

Cimarron Memorial Hospital Community Health Needs Assessment Summary and Implementation Strategy



Oklahoma Office of Rural Health

OSU Center for Rural Health

December 2017

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



Table of Contents

Introduction.....	1
Oklahoma Office of Rural Health Partnership.....	2
Cimarron Memorial Hospital Medical Services Area Demographics	1
Table 1. Percent of Total Population by Age Group for Cimarron County and Oklahoma.....	3
Table 2. Percent of Total Population by Race and Ethnicity for Cimarron County and Oklahoma	4
Table 3. Existing Medical Services in Cimarron Memorial Hospital Medical Services Area.....	5
Summary of Community Meetings.....	5
Economic Impact and Community Health Needs Assessment Overview, November 14, 2017.....	6
Table 4. Cimarron Memorial Hospital Medical Service Area Health Sector Impact on Employment and Income, and Retail Sales and Sales Tax.....	7
Health Data Presentation.....	8
Table 5. Health Factors (Overall Rank 20)	9
Table 6. Health Outcomes (Overall Rank 69).....	10
Community Survey Methodology and Results, November 14, 2017-December 5, 2017	11
Table 7. Zip Code of Residence.....	12
Table 9. Type of Specialist Visits	13
Figure 2. Summary of Hospital Usage and Satisfaction Rates	14
Table 9. Top Healthcare Concerns in the Boise City Area	15
Table 10. Additional Services Survey Respondents Would Like to See Offered at Cimarron Memorial Hospital	16
Primary Care Physician Demand Analysis, December 5, 2017	17
Table 11. Primary Care Physician Office Visits Given Usage by Local Residents in Cimarron County, Oklahoma	17
Community Health Needs Implementation Strategy	17
Community Health Needs Assessment Marketing Plan	18
Appendix A- Hospital Services/Community Benefits	19
Appendix B Community Meeting Attendees.....	20
Appendix C- Meeting 1 Materials, November 14, 2017.....	21
Appendix D- Survey Form and Meeting 2 Materials, December 5, 2017	26

Introduction

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

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

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

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

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

- Describe how the hospital facility plans to meet the health need, or
- Identify the health need as one the hospital facility does not intend to meet and explain why the hospital facility does not intend to meet the health need¹

After the needs are identified that the hospital can address, the implementation strategy must take into account specific programs, resources, and priorities for that particular facility. This can include existing programs, new programs, or intended collaboration with governmental, nonprofit, or other health care entities within the community.²

¹ Internal Revenue Service. 2011. Notice and Requests for Comments Regarding the Community Health Needs Assessment Requirements for Tax-Exempt Hospitals. Internal Revenue Bulletin: 2011-30.

² Ibid

The facility must make the recommendations and implementation strategy widely available to community members. The facility must adopt the implementation strategy in that same taxable year.

Oklahoma Office of Rural Health Partnership

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

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

This document discusses the steps taken to conduct a CHNA for Cimarron Memorial Hospital in 2017. It begins with a description of the hospital's medical service area, including a demographic analysis, and then summarizes each meeting that took place during the CHNA process. The report concludes by listing the recommendations that came out of the process and presenting the hospital's implementation strategy and marketing plan.

Cimarron Memorial Hospital Medical Services Area Demographics

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

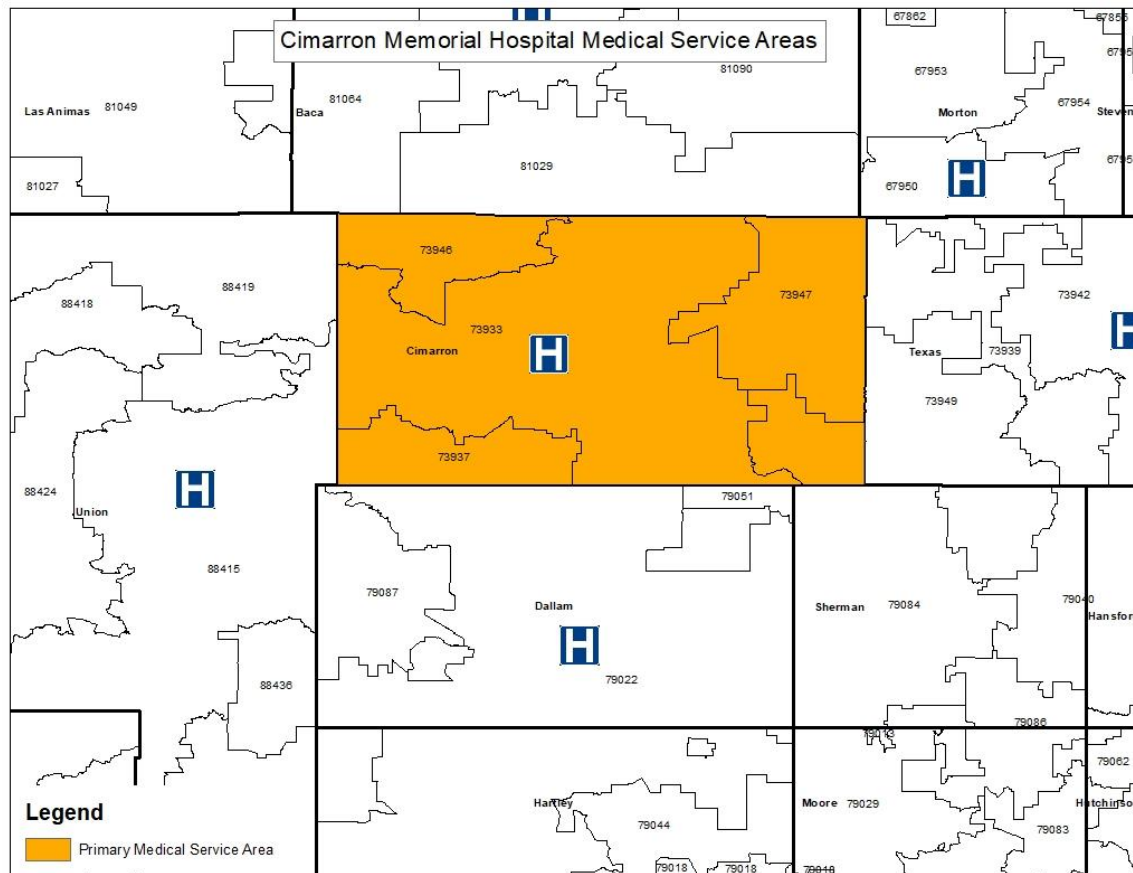


Figure 1. Cimarron Memorial Hospital Medical Service Areas

City	County	Hospital	No. of Beds
Boise City	Cimarron	Cimarron Memorial Hospital	25
Guymon	Texas	Memorial Hospital of Texas County	47
Elkhart, KS	Morton	Morton County Health Systems	n/a
Springfield, CO	Baca	Southeast Colorado Hospital District	n/a
Clayton, NM	Union	Union County General Hospital	n/a
Dalhart, TX	Dallam	Coon Memorial Hospital	n/a

As delineated in Figure 1, the primary medical service area of Cimarron Memorial Hospital includes the entire county of Cimarron County. This area experienced a population

decrease of 5.4 percent from the 2010 Census to the 2011-2015 American Community Survey. Cimarron County is projected to experience a population decrease of 21.1 percent from the 2010 Census to 2050 (Woods & Poole Economics).

Table 1 also displays the population by age groups for Cimarron County and Oklahoma. The 65 and over population in Cimarron County accounted for 21.4 percent of the population in 2010. This cohort increased to 23 percent during the 2011-2015 American Community Survey. The projection for 2020 shows another increase to 24.4 percent followed by a decline in 2050 to 15.2 percent. The 45-64 age range accounts for the largest share of the total population of Cimarron County with 28 percent of the population in 2010 and 26.3 percent during the 2011 to 2015 American Community Survey. This population group is expected to decrease some by 2020 to 23.2 percent of the total and then 17.6 percent of the total by 2050. The largest age group projected in 2050 is the 25-44 age cohort with 26.4 of the total.

Table 1. Percent of Total Population by Age Group for Cimarron County and Oklahoma

Age Groups	2010 Census	11-15 ACS	2020 Projection	2050 Projection
Cimarron County				
0-14	21.3%	19.5%	22.0%	26.1%
15-19	5.9%	5.7%	6.2%	7.5%
20-24	4.1%	4.1%	6.0%	7.2%
25-44	19.2%	21.4%	18.3%	26.4%
45-64	28.0%	26.3%	23.2%	17.6%
65+	<u>21.4%</u>	<u>23.0%</u>	<u>24.4%</u>	<u>15.2%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	2,475	2,341	2,194	1,953
Oklahoma				
0-14	20.7%	20.6%	20.8%	20.5%
15-19	7.1%	6.7%	6.6%	6.7%
20-24	7.2%	7.4%	6.5%	6.9%
25-44	25.8%	25.9%	26.3%	25.9%
45-64	25.7%	25.1%	23.5%	22.5%
65+	<u>13.5%</u>	<u>14.2%</u>	<u>16.2%</u>	<u>17.6%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	3,751,351	3,849,733	4,064,236	4,893,862

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2011-2015 (www.census.gov [November 2017]). 2020 and 2050 projections are from Woods & Poole Economics.

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 2011-2015 suggest that this population group has experienced an increase to 9.6 percent of the total population. This trend is even more evident in Cimarron County with 20.8 percent of the population identifying as Hispanic Origin in 2010 and then 20.9 percent in 2011-2015. This trend is expected to continue through 2050 with this cohort accounting for 35.6 percent of Cimarron County and 19.8 percent of the state's population.

Table 2. Percent of Total Population by Race and Ethnicity for Cimarron County and Oklahoma

Race/Ethnic Groups	2010 Census	11-15 ACS	2020 Projection	2050 Projection
Cimarron County				
White	84.7%	84.5%	72.4%	63.0%
Black	0.2%	0.2%	1.3%	1.0%
Native American	0.8%	0.9%	1.4%	0.2%
Other	12.5%	12.4%	0.2%	0.2%
Two or more Races	1.8%	2.0%	--	--
Hispanic Origin	20.8%	20.9%	24.7%	35.6%
Total Population	2,475	2,341	2,194	1,953
Oklahoma				
White	72.2%	73.1%	68.1%	57.3%
Black	7.4%	7.2%	8.5%	9.1%
Native American	8.6%	7.3%	9.6%	9.3%
Other	5.9%	4.6%	2.7%	4.4%
Two or more Races	5.9%	7.8%	--	--
Hispanic Origin	8.9%	9.6%	11.1%	19.8%
Total Population	3,751,351	3,849,733	4,064,236	4,893,862

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2011-2015 (www.census.gov [November 2017]). 2020 and 2050 projections are from Woods & Poole Economics.

Table 3 displays the current existing medical services in the primary service area of the Cimarron Memorial Hospital medical services area. The medical service area includes a hospital, primary care office, one nursing home, and two local pharmacies. The hospital provides radiology, CT, laboratory services, inpatient physical therapy, 24/7 emergency room, wound care, respiratory therapy, and social services. A complete list of hospital services and community involvement activities can be found in Appendix A.

Table 3. Existing Medical Services in Cimarron Memorial Hospital Medical Services Area

Count	Service
1	Hospital: Cimarron Memorial Hospital
1	Primary Care office
1	EMS Provider
1	Pharmacy

Summary of Community Meetings

Cimarron Memorial Hospital hosted two community meetings between November 14, 2017 and December 5, 2017. The Oklahoma Office of Rural Health facilitated these meetings. Summaries of the information presented at each meeting are included below in chronological order.

Community members in attendance at these meetings included:

- Cimarron Memorial Hospital representatives
- Ministerial Alliance
- City management
- Keyes Public Schools
- Boise City Public Schools
- EMS
- Local nutrition center

Attendance at the community meetings ranged from 9 to 14 community members. Community leaders were identified to be invited to attend to speak on behalf of the larger groups of people in the community that they serve. Those representing minorities and underserved populations were identified. The selected list of potential community members to invite received invitation letters along with phone calls and email follow ups.

Economic Impact and Community Health Needs Assessment Overview, November 14, 2017

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

Table 4 below summarizes the overall economic impact of the health sector on the Cimarron County, Oklahoma economy. The local healthcare data outside of the hospital were collected by a representative from the hospital. When available, payroll information was also collected from the establishments. When payroll information was not available, payroll was estimated using state level averages from the Bureau of Labor Statistics.

The health sector in the Cimarron Memorial Hospital medical service area employs 47 FTE individuals. After applying a county-specific employment multiplier to each respective sector, there is a total employment impact of 60 FTE employees. The same methodology is applied to income. The local health sector has a direct income impact of over \$2.2 million. When the appropriate income multiplier is applied, the total income impact is nearly \$2.5 million. The last two columns examine the impact this has on the retail sector of the local community. Recent data suggest that just 15.5% of personal income in Cimarron County will be spent on taxable goods and services locally. Therefore, if we just examine the impact made on retail from those employed in the health sector, this would account for nearly \$387,000 spent locally, generating \$3,869 on a 1% tax. A copy of the meeting materials that were distributed can be found in Appendix C.

Table 4. Cimarron Memorial Hospital Medical Service Area Health Sector Impact on Employment and Income, and Retail Sales and Sales Tax

Health Sectors	Employment			Income			Retail	1 Cent
	Direct	Multiplier	Impact	Direct	Multiplier	Impact	Sales	Sales Tax
Hospitals	39	1.32	51	\$1,884,214	1.13	\$2,124,838	\$329,350	\$3,293
Other Medical & Health Services & Pharmacies	<u>7</u>	1.18	<u>8</u>	<u>\$332,483</u>	1.12	<u>\$371,343</u>	<u>\$57,558</u>	<u>\$576</u>
Total	46		60	\$2,216,697		\$2,496,180	\$386,908	\$3,869

SOURCE: 2015 IMPLAN database, Minnesota IMPLAN Group, Inc.; Local data for employment, employee compensation and proprietor's income; income estimated based on state average incomes if local data not available; employment data from local survey.

* Based on the ratio between Cimarron County taxable sales and income (15.5%) – from 2015 Sales Tax Data and 2015 Personal Income Estimates from the Bureau of Economic Analysis.

Health Data Presentation

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 and the 2014 Oklahoma State of the State's Health Report compiled by the Oklahoma State Department of Health. 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.

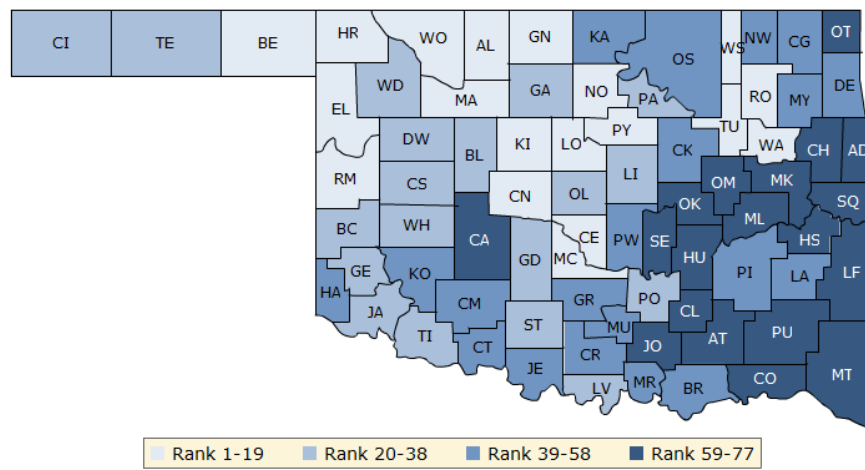
Health factors, considered tomorrow's health, are comprised of health behaviors (rank: 6), clinical care (rank: 73), social and economic factors (rank: 20), and physical environment (rank: 1). Cimarron County's overall health factors rank is 20. Areas of concern include Cimarron County's smoking rate, adult obesity rate, teen birth rate, share of uninsured individuals, preventable hospital stays, and diabetic monitoring. All health factors variables are presented in Table 5 along with Cimarron County specific data, the top U.S. performers, and the state average. The yellow highlighted items are categories identified by the County Health Rankings and Roadmaps as areas to explore (generally where Cimarron County ranks very poorly compared to the national benchmark) while the green highlighted categories are the areas where Cimarron County does well, or are viewed as areas of strength.

Table 5. Health Factors (Overall Rank 20)

Category (Rank)	Cimarron County	Error Margin	Top U.S. Performers	Oklahoma
Health Behaviors (6)				
Adult Smoking	18%	18-19%	14%	22%
Adult Obesity	33%	26-41%	26%	33%
Food Environment Index	6.3		8.4	6.6
Physical Inactivity	31%	23-39%	19%	29%
Access to Exercise Opportunities	54%		91%	69%
Excessive Drinking	11%	11-12%	12%	14%
Alcohol-Impaired Driving Deaths	0%	0-36%	13%	30%
Sexually Transmitted Infections			146	537
Teen Birth Rate	63	41-93	17	49
Clinical Care (73)				
Uninsured	27%	24-29%	8%	18%
Primary Care Physicians	2,290:1		1,040:1	1,560:1
Dentists	2,220:1		1,320:1	1,740:1
Mental Health Providers			360:1	270:1
Preventable Hospital Stays	97	69-125	36	59
Diabetic Monitoring	72%	47-96%	91%	78%
Mammography Screening			71%	56%
Social & Economic Factors (20)				
High School Graduation			93%	83%
Some College	49%	37-61%	48-58%	59%
Unemployment	2.2%		3.3%	4.2%
Children in Poverty	30%	22-38%	12%	22%
Income Inequality	4.5	3.2-5.8	3.7	4.6
Children in Single-Parent Household	34%	20-49%	21%	34%
Social Associations	30.5		22.1	11.6
Violent Crime Rate	56		62	439
Injury Deaths	111	59-190	53	90
Physical Environment (1)				
Air-Pollution- Particulate Matter	6.1		6.7	9.2
Drinking Water Violations	No			
Severe Housing Problems	8%	5-12%	9%	14%
Driving Alone to Work	82%	76-89%	72%	82%
Long Commute- Driving Alone	19%	13-24%	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. Cimarron County's health is comparable to Texas County, but does not fare as well as Beaver or Harper Counties.



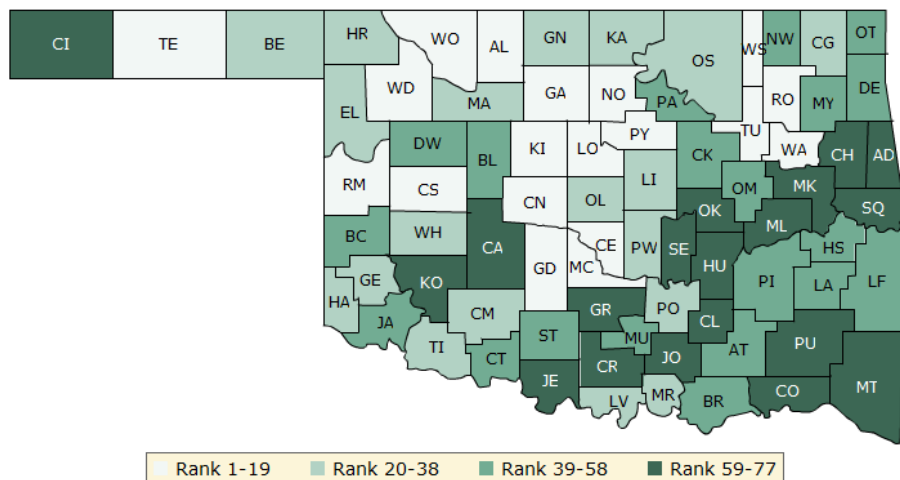
In terms of health outcomes, considered, today's health, Cimarron County's ranking is 69th in the state. Health outcomes are comprised of two areas: length of life and quality of life. The variables for each of these sections are presented in Table 6.

Table 6. Health Outcomes (Overall Rank 69)

Category (Rank)	Cimarron County	Error Margin	Top U.S. Performers	Oklahoma
Length of Life (76)				
Premature Death	14,600	10,700-19,400	5,200	9,300
Quality of Life (34)				
Poor or Fair Health	21%	20-22%	12%	21%
Poor Physical Health Days	4.3	4.1-4.5	3.0	4.4
Poor Mental Health Days	4.2	4.0-4.3	3.0	4.1
Low Birth Weight	8%		6%	8%

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

The following figure shows county health outcomes rankings by shades. Cimarron County's ranking is less favorable than all nearby counties in northwest Oklahoma. All meeting materials distributed at this meeting can be found in Appendix C.



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

- Lack of resources for caregivers and elderly for people to stay in their homes
- Uninsured/Underinsured
 - Large share of residents who do not qualify for SoonerCare
 - Large share of residents who have insurance plans with high deductibles and large out of pocket charges
- Increasing diabetes rates
 - This has also been noted as an increase among younger populations
- Cancer- high rates of incidence and cancer deaths
 - It was noted that Cimarron County has a large farming community and foods have a long shelf life (preservatives)

Community Survey Methodology and Results, November 14, 2017-December 5, 2017

A survey was designed to gauge hospital usage, satisfaction, and community health needs. The survey was available in both paper and web format. Hospital and clinic representatives provided surveys to customers and patients and encouraged them to complete either a hard copy of electronic survey. Surveys were also distributed at the first community meeting on November 14, 2017. Community members in attendance also received a follow-up email with a PDF copy of the survey and the electronic survey link. A copy of the survey form and results can be found in Appendix D. Community members were asked to return their completed surveys to Cimarron Memorial Hospital.

The survey ran from November 14, 2017 to November 28, 2017. A total of 171 surveys from the Cimarron Memorial Hospital medical service area were completed. Of the surveys returned, 73 were electronic responses, and 98 were hard copy surveys. The survey results were presented at the December 5, 2017, community meeting.

Table 7 below shows the survey respondent representation by zip code. The largest share of respondents was from the Boise City (73933) zip code with 126 responses or 73.7 percent of the total. Keyes followed with 22 responses, and Kenton had 9.

Table 7. Zip Code of Residence

Response Category	No.	%
73933-Boise City	126	73.7%
73947- Keyes	22	12.9%
73946- Kenton	9	5.3%
73937- Felt	5	2.9%
73949- Texhoma	3	1.8%
73944-Hardesty	1	0.6%
73942- Guymon	1	0.6%
73703- Enid	1	0.6%
67950- Elkhart, KS	1	0.6%
No Response	2	1.2%
Total	171	100.0%

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

Primary Care Physician Visits

- 70.2% of respondents had used a primary care physician in the Boise City service area during the past 24 months
- 85% of those responded being satisfied
- Only 16 respondents or 9.4% believe there are enough primary care physicians practicing in Boise City
- 60.2% of the respondents would consider seeing a midlevel provider for their healthcare needs
- 67.3% responded they were able to get an appointment, within 48 hours, with their primary care physician when they needed one

Specialist Visits

Summary highlights include:

- 54.4% of all respondents report some specialist visit in past 24 months
- Most common specialty visited are displayed in Table 9
- No specialist visits occurred in Boise City

Table 9. Type of Specialist Visits

Type of Specialist	No.	Percent
<i>Top 5 Responses</i>		
Orthopedist/Orthopedic Surg. (0 visits in Boise City)	19	16.7%
Cardiologist (0 visits in Boise City)	16	14.0%
Urologist (0 visits in Boise City)	8	7.0%
Ophthalmologist (0 visits in Boise City)	7	6.1%
OB/GYN (0 visits in Boise City)	7	6.1%
All others (0 visits in Boise City)	<u>57</u>	<u>50.0%</u>
Total	<u>114</u>	<u>100.0%</u>

Some respondents answered more than once.

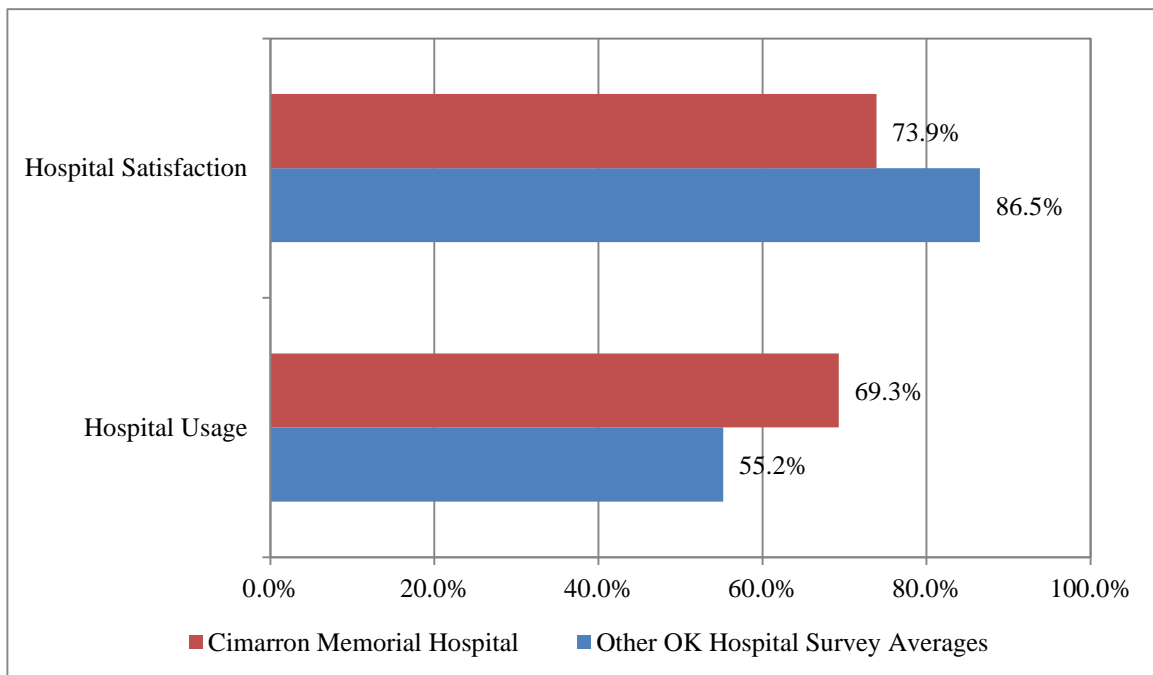
Hospital Usage and Satisfaction

Survey highlights include:

- 69.3% of survey respondents that have used hospital services in the past 24 months used services at Cimarron Memorial Hospital
 - o BSA, Amarillo, TX (6.6%), Memorial Hospital of Texas County in Guymon (6.6%) followed with the second most responses
 - o The most common response for using a hospital other than Cimarron Memorial Hospital was availability of specialty care (including surgery, labor and delivery) (35.6%) and physician referral (28.8%)
 - o The usage rate of 69.3% was higher than the state average of 55.2% for usage of other rural Oklahoma hospitals surveyed

- 73.9% of survey respondents were satisfied with the services received at Cimarron Memorial Hospital
 - This is below the state average for other hospitals (86.5%)
- Most common services used at Cimarron Memorial Hospital:
 - Laboratory (23.3%)
 - Emergency Room (23.0%)
 - Physician services (18.5%)

Figure 2. Summary of Hospital Usage and Satisfaction Rates



Local Healthcare Concerns and Additional Services

Survey respondents were asked what concerns them most about healthcare in their community. The most common response was Lack of physicians/Difficult to see provider/Rotating providers with 23.5 percent of the total had the largest share of responses. Losing services/Hospital/Continued availability of services/Lack of resources followed with 9.5 percent. Table 9 displays all responses and the frequencies.

Table 9. Top Healthcare Concerns in the Boise City Area

	No.	%
Lack of physicians/Difficult to see provider/Rotating providers	42	23.5%
Losing services/Hospital/Continued availability of services/Lack of resources	17	9.5%
Level of care/Limited services available/Specialized care	13	7.3%
Quality of care/Compassion for patient	10	5.6%
No Concerns/ Receive good care/Don't Know	9	5.0%
Distance to services/Specialized care	7	3.9%
Cost of care/Cost of office visits	4	2.2%
Facilities update/Equipment Update	3	1.7%
Insurance not accepted	2	1.1%
Home health	1	0.6%
Mental health	1	0.6%
Cleanliness	1	0.6%
Mismanagement by experts from the cities	1	0.6%
Billing concerns	1	0.6%
Need for exercise and diet programs	1	0.6%
Need a surgeon	1	0.6%
Need more paramedics	1	0.6%
Ability to get prescription refills	1	0.6%
Patient privacy	1	0.6%
No response	62	34.6%
Total	179	100.0%

Survey respondents also had the opportunity to identify what additional services they would like to see offered at Cimarron Memorial Hospital. The most common response was No additional services/Satisfied with what is available/Don't know. Table 10 displays the full listing of responses.

Table 10. Additional Services Survey Respondents Would Like to See Offered at Cimarron Memorial Hospital

Response Category	No.	%
No additional services/Satisfied with what is available/Don't know	15	7.8%
Specialists: OB/GYN (5); Pediatrician (2); Cardiologist (2); Specialists in general (1); Neurologist (1); Psychiatry (1); Surgeon (1)	13	6.8%
More physicians	11	5.7%
Nursing home	9	4.7%
Dental care/Space at hospital for visiting dentist	8	4.2%
MRI/Higher grade imaging/Advanced testing	6	3.1%
Optometrist/Space at hospital for optometrist	5	2.6%
Mental health services	4	2.1%
Physical therapy	4	2.1%
Labor and delivery	3	1.6%
Improve existing services	3	1.6%
Nutrition education/Dietician	2	1.0%
Surgery	2	1.0%
Vaccination clinics that accept insurance	1	0.5%
Correct flu and RSV testing	1	0.5%
Adult day care	1	0.5%
Diet programs	1	0.5%
Exercise programs (Tai Chi)	1	0.5%
Proper and quick treatment for broken bones	1	0.5%
Cardiac care	1	0.5%
Shots for non SoonerCare patients	1	0.5%
Ability to treat serious injuries	1	0.5%
Providers that can write pain prescriptions	1	0.5%
Home health	1	0.5%
Respiratory health	1	0.5%
Elderly care	1	0.5%
After hours care/Saturday clinic	1	0.5%
First aid courses	1	0.5%
Sleep study	1	0.5%
Telemedicine	1	0.5%
Care center	1	0.5%
All	1	0.5%
No response	88	45.8%
Total	192	100.0%

Primary Care Physician Demand Analysis, December 5, 2017

A demand analysis of primary care physicians was completed for Cimarron County. 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 for the service area (Cimarron County). Table 11 displays potential primary care physician rates by shares of service area. For example, if 90% of residents in Cimarron County utilize services of primary care physicians in Boise City, a total of 3,822 annual visits would occur. This would suggest that the Boise City medical services area would need 0.9 FTE primary care physicians to meet the needs of their existing population. Table 121 displays the estimated number of visits by share of Cimarron County residents.

Table 11. Primary Care Physician Office Visits Given Usage by Local Residents in Cimarron County, Oklahoma

Usage by Residents of Primary Service Area							
	70%	75%	80%	85%	90%	95%	100%
	2,973	3,185	3,397	3,610	3,822	4,034	4,247

If 90% to 95% of the medical service area used primary care services in Boise City then the usage would be: 3,822 to 4,034 total primary care physician office visits in the Boise City area for an estimated 0.9 to 1.0 Total Primary Care Physicians.

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

Community Health Needs Implementation Strategy

During the December 5, 2017, meeting, hospital representatives and community members further discussed health concerns and prioritized the previously mentioned health concern. The following lists the concerns along with steps the hospital and community plan to take to remedy the situation.

- Elderly services- This concern was mentioned as a need to keep residents living in their community as long as possible. Long term care is not available, so residents have to choose to move outside of the county.
 - Two home health providers cover Cimarron County. They both are located outside of the county and travel in once per week.
 - Boise City has senior citizen lunches Monday through Thursday. Meals are delivered to residents and caregivers who are homebound (in the Boise City area). Beneficiaries must be at least 60 years of age.
 - Keyes has a senior citizens' meal once per month.
 - Elder care was previously available in the county.
 - Many of the residents in need still drive (out of necessity) and don't meet the income requirements- which eliminates many services for them.

- It was noted the need for caregiving services or training for caregiving.
- Cancer rates- This concern was mentioned during the first meeting. Cimarron County has one of the worst rates for cancer as a cause of death in Oklahoma. It was noted in the meetings that the types of cancers range. There is not one particular type that impacts the residents. It was also noted that the younger population is also impacted with a high cancer diagnosis rate. However, according to the environmental data presented, Cimarron County has a very low air pollution rate and no health related water violations in city and/or rural water supplies.
 - Mammograms are currently available in Cimarron County.
 - Prostate exams are referred to Amarillo, TX.
- Other items that were mentioned include a long distance for SoonerCare patients to visit a specialist. Many travel to Oklahoma City for these visits which is 6-7 hours one way. It was also mentioned the need for greater immunization coverage. The rural health clinic provides immunizations for SoonerCare and uninsured children. Others seeking immunizations must travel out of the county and sometimes the state. Another item that was mentioned was the need for dialysis. There is not a dialysis provider in the Oklahoma panhandle. Residents must travel to Liberal, KS or Amarillo, TX for these services. This can be very difficult for patients (and their caregivers) to make this commute 2 to 3 times per week.

Community Health Needs Assessment Marketing Plan

The hospital will make the Community Health Needs Assessment Summary and Implementation Strategy Plan available upon request at Cimarron Memorial Hospital. 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

Cimarron Memorial Hospital Services and Community Benefits



Inpatient Services:

Acute Inpatient
Observation
Swing Bed
Respite Care
Inpatient Physical Therapy
Laboratory
Radiology- CT
EKG
Wound Care
In facility Pharmacy
Social Services
Dietary
Respiratory Therapy

Outpatient Services:

Laboratory
Radiology
Emergency Department
Procedure Room

Clinics:

Rural Health Clinic including:
Primary care services
Child Immunizations
Physicals for sports, bus drivers, and employment

Community Activities:

Health Fair
Flu shot clinic during fall

Internal Hospital Activities

Hospital website/social media

Appendix B Community Meeting Attendees

Boise City Community Health Needs Assessment: Meeting #1: Economic Impact, Demographic Data, and Health Data

14-Nov-17

Name	Title	Organization
Michael Shannon	ED	PREDCI
John W. Farmer	Admin	Boise City Schools
Sherri Hitchings	Superintendent	Keyes Public Schools
Theresa Stafford	Pres.	Senior Citizens Keyes
Sherry James	Clinic Manager	Cimarron Rural Health Clinic
Cheryl Taylor	CCEMS Director	Cimarron County EMS
Sug Farrington	CED	OSU Extension
Julie Cook	DON	Cimarron Memorial Hospital
Lynn Jones	Keyes EMS Director	Keyes EMS/Town of Keyes
Kathy Roberts	Business Office	Cimarron Memorial Hospital
Tom Craiker	Pastor- Boise City Christian	Cimarron County Ministerial Alliance
Wayne Twyman	City Manager	City of Boise City
Donna Cain	Medical Records	Cimarron Memorial Hospital
Tim Beard	CEO	Cimarron Memorial Hospital

Boise City Community Health Needs Assessment: Meeting #2: Survey Results, Primary Care Physician Demand Analysis, Health Concern Prioritization

5-Dec-17

Name	Title	Organization
Kathy Roberts	Business Office	Cimarron Memorial Hospital
John W. Farmer	Admin	Boise City Schools
Julie Cook	DON	Cimarron Memorial Hospital
Sherri Hitchings	Superintendent	Keyes Public Schools
Tom Craiker	Pastor- Boise City Christian	Cimarron County Ministerial Alliance
Cheryl Taylor	CCEMS Director	Cimarron County EMS
Wayne Twyman	City Manager	City of Boise City
Tim Beard	CEO	Cimarron Memorial Hospital
Verlene Hughes	Outreach	Wheatheart Nutrition

Appendix C- Meeting 1 Materials, November 14, 2017

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

As part of the Community Health Needs Assessment

Economic Data

2015 Per Capita Income ¹	\$65,254 (2nd highest in state)
Employment (September 2017, preliminary) ²	1,357 (-2.0% from 2016)
Unemployment (September 2017, preliminary) ²	37 (2.8% from 2016)
Unemployment rate (September 2017, preliminary) ²	2.7% (2nd lowest in state)
2015 Poverty rate ³	17.0% (41st lowest in state)
2015 Child poverty rate ³	29.6% (62nd lowest in state)
2015 Transfer Payments ¹	\$21,680,000 (15% of total personal income, 12th lowest in state)
2015 Medical Benefits as a share of Transfer Payments ¹	45.5% (69th lowest in state)

¹Bureau of Economic Analysis, Regional Data, 2015, ² Bureau of Labor Statistics 2016-2017, ³ U.S. Census Bureau, Small Area Income and Poverty, 2015

Education Data

At Least High School Diploma ¹	84.2% (51st highest in state)
Some College ¹	47.9% (34th highest in state)
At Least Bachelor's Degree ¹	19.0% (31st highest in state)
2014-2015 Free and Reduced Lunch Eligible ²	72.0% (57th lowest in state)

¹U.S. Census Bureau, American Community Survey, 2011-2015, ²National Center for Education Statistics, 2014-2015.

Payer Source Data

2015 Uninsured Rate (under 65) ¹	26.6% (77th lowest in state)
2015 Uninsured Rate (under 19) ¹	20.0% (77th lowest in state)
2015 Medicare share of total population ²	25.0% (74th lowest in state)
2016 Medicaid share of total population ³	28.0% (37th lowest in state)

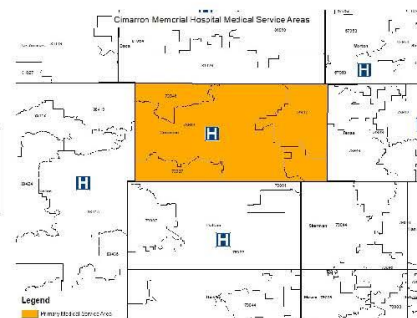
¹ U.S. Census Bureau, Small Area Health Insurance Estimates, 2014, ² Centers for Medicare & Medicaid Services, Medicare Aged and Disabled by State and County, 2015

³ Oklahoma Health Care Authority, Total Enrollment by County, 2016

Population (2011-2015)

Cimarron County	2,341 (-5.4% from 2010)
Oklahoma	3,849,733 (2.6% from 2010)

U.S. Census Bureau, 2011-2015 American Community Survey 2010 Decennial Census



Percent of Total Population by Age Group for Cimarron County

Age Groups	2010 Census	11-15 ACS	2020 Projection	2050 Projection
0-14	21.3%	19.5%	22.0%	26.1%
15-19	5.9%	5.7%	6.2%	7.5%
20-24	4.1%	4.1%	6.0%	7.2%
25-44	19.2%	21.4%	18.3%	26.4%
45-64	28.0%	26.3%	23.2%	17.6%
65+	21.4%	23.0%	24.4%	15.2%
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	2,475	2,341	2,194	1,953

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2011-2015 (www.census.gov [November 2017]). 2020 and 2050 projections are from Woods & Poole Economics.

Percent of Total Population by Race and Ethnicity for Cimarron County

Race/Ethnic Groups	2010 Census	11-15 ACS	2020 Projection	2050 Projection
White	84.7%	84.5%	72.4%	63.0%
Black	0.2%	0.2%	1.3%	1.0%
Native American	0.8%	0.9%	1.4%	0.2%
Other	12.5%	12.4%	0.2%	0.2%
Two or more Races	1.8%	2.0%	--	--
Hispanic Origin	20.8%	20.9%	24.7%	35.6%
Total Population	2,475	2,341	2,194	1,953

SOURCE: U.S. Census Bureau, Decennial Census data for 2010 and American Community Survey data for 2011-2015

For additional information, please contact:

Lara Brooks, Rural Health Analyst, lara.brooks@okstate.edu

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

Oklahoma Office of Rural Health

Phone: 405.945.8609



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



Health Indicators and Outcomes for Cimarron County

As part of the Community Health Needs Assessment

Table 1. Health Factors (Overall Rank 20)

Category (Rank)	Cimarron County	Error Margin	Top U.S. Performers	Oklahoma
Health Behaviors (6)				
Adult Smoking	18%	18-19%	14%	22%
Adult Obesity	33%	26-41%	26%	33%
Food Environment Index	6.3		8.4	6.6
Physical Inactivity	31%	23-39%	19%	29%
Access to Exercise Opportunities	54%		91%	69%
Excessive Drinking	11%	11-12%	12%	14%
Alcohol-Impaired Driving Deaths	0%	0-36%	13%	30%
Sexually Transmitted Infections			146	537
Teen Birth Rate	63	41-93	17	49
Clinical Care (73)				
Uninsured	27%	24-29%	8%	18%
Primary Care Physicians	2,290:1		1,040:1	1,560:1
Dentists	2,220:1		1,320:1	1,740:1
Mental Health Providers			360:1	270:1
Preventable Hospital Stays	97	69-125	36	59
Diabetic Monitoring	72%	47-96%	91%	78%
Mammography Screening			71%	56%
Social & Economic Factors (20)				
High School Graduation			93%	83%
Some College	49%	37-61%	48-58%	59%
Unemployment	2.2%		3.3%	4.2%
Children in Poverty	30%	22-38%	12%	22%
Income Inequality	4.5	3.2-5.8	3.7	4.6
Children in Single-Parent Household	34%	20-49%	21%	34%
Social Associations	30.5		22.1	11.6
Violent Crime Rate	56		62	439
Injury Deaths	111	59-190	53	90
Physical Environment (1)				
Air-Pollution- Particulate Matter	6.1		6.7	9.2
Drinking Water Violations	No			
Severe Housing Problems	8%	5-12%	9%	14%
Driving Alone to Work	82%	76-89%	72%	82%
Long Commute- Driving Alone	19%	13-24%	15%	26%

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

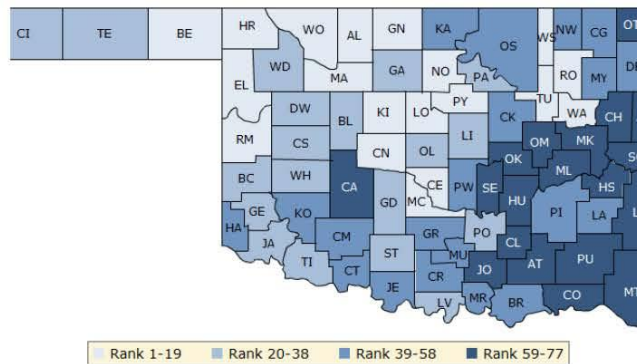
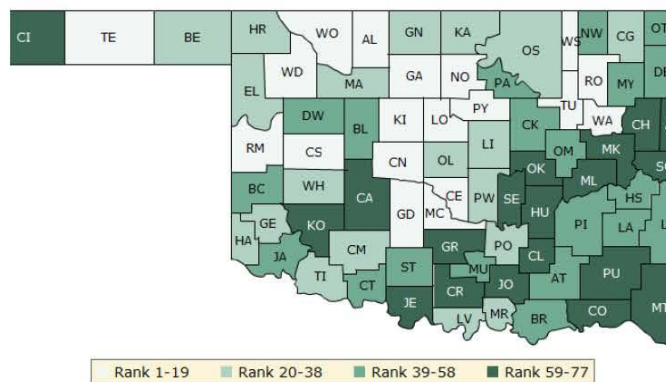


Table 2. Health Outcomes (Overall Rank 69)

Category (Rank)	Cimarron County	Error Margin	Top U.S. Performers	Oklahoma
Length of Life (76)				
Premature Death	14,600	10,700-19,400	5,200	9,300
Quality of Life (34)				
Poor or Fair Health	21%	20-22%	12%	21%
Poor Physical Health Days	4.3	4.1-4.5	3.0	4.4
Poor Mental Health Days	4.2	4.0-4.3	3.0	4.1
Low Birth Weight	8%		6%	8%

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



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



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





CIMARRON COUNTY

Mortality and Leading Causes of Death

- Cimarron County had the 3rd lowest total mortality rate (age-adjusted) in the state.
- Cimarron County had the highest rate of deaths in the state due to cancer.

Disease Rates

- The cancer incidence rate was 12% higher than that of the nation.

Risk Factors, Behaviors and Socioeconomic Factors

- At 4.8%, Cimarron County had the lowest percentage of low birth weight births in the state.
- Cimarron County had the 2nd lowest rate of preventable hospitalizations in the state.
- Nearly half (49%) of Cimarron County adults ate less than 1 piece of fruit per day and approximately 1 in 4 (27%) ate less than one vegetable per day.
- Approximately 1 in 6 people in Cimarron County lived in poverty (18%).
- 1 in 6 adults reported 3+ days with limited activity in the past month (17%).
- Nearly 1 in 4 adults reported 4+ days of poor physical health (23%) and 1 in 5 reported 4+ days of poor mental health (20%) in the previous month.

Changes from Previous Year

- Total mortality rates declined by 8% from the previous year.
- The rate of deaths due to heart disease improved by 25%.
- The rate of deaths attributed to cancer more than doubled (increased 108%).
- The rate of low birth weight babies improved by 19%.
- The rate of births to teens aged 15-17 increased 80%.

	PREVIOUS	CURRENT	GRADE
MORTALITY			
INFANT (RATE PER 1,000)	*	*	
TOTAL (RATE PER 100,000)	837.2	767.0	C
LEADING CAUSES OF DEATH (RATE PER 100,000)			
HEART DISEASE	214.0	161.1	B
MALIGNANT NEOPLASM (CANCER)	121.7	252.7	F
CEREBROVASCULAR DISEASE (STROKE)	36.9	*	
CHRONIC LOWER RESPIRATORY DISEASE	*	*	
UNINTENTIONAL INJURY	106.6	*	
DIABETES	42.0	*	
INFLUENZA/PNEUMONIA	*	*	
ALZHEIMER'S DISEASE	47.5	*	
NEPHRITIS (KIDNEY DISEASE)	*	*	
SUICIDES	*	*	
DISEASE RATES			
DIABETES PREVALENCE	12.4%	12.7%	F
CURRENT ASTHMA PREVALENCE	8.4%	8.8%	C
CANCER INCIDENCE (RATE PER 100,000)	477.5	512.8	F
RISK FACTORS & BEHAVIORS			
MINIMAL FRUIT CONSUMPTION	NA	49.3%	F
MINIMAL VEGETABLE CONSUMPTION	NA	26.5%	D
NO PHYSICAL ACTIVITY	36.4%	33.2%	F
CURRENT SMOKING PREVALENCE	23.5%	20.9%	C
OBESITY	30.8%	31.9%	D
IMMUNIZATIONS < 3 YEARS	67.6%	75.3%	B
SENIORS INFLUENZA VACCINATION	63.9%	69.4%	A
SENIORS PNEUMONIA VACCINATION	73.2%	75.4%	A
LIMITED ACTIVITY DAYS	15.6%	16.8%	C
POOR MENTAL HEALTH DAYS	21.9%	20.4%	B
POOR PHYSICAL HEALTH DAYS	22.9%	23.3%	C
GOOD OR BETTER HEALTH RATING	74.6%	76.1%	F
TEEN FERTILITY (RATE PER 1,000)	18.2	32.8	F
FIRST TRIMESTER PRENATAL CARE	57.5%	62.9%	F
LOW BIRTH WEIGHT	5.9%	4.8%	A
ADULT DENTAL VISITS	50.4%	51.9%	F
USUAL SOURCE OF CARE	78.1%	77.9%	C
OCCUPATIONAL FATALITIES (RATE PER 100,000 WORKERS)	*	*	
PREVENTABLE HOSPITALIZATIONS (RATE PER 100,000)	1251.0	526.8	A
SOCIOECONOMIC FACTORS			
NO INSURANCE COVERAGE	21.8%	18.3%	C
POVERTY	16.3%	17.8%	D

* Denotes <5 events in mortality fields and <5 or <50 in the sample population for BRFSS data, which result in unstable rates.

Appendix D- Survey Form and Meeting 2 Materials, December 5, 2017

Cimarron Memorial Hospital Local Health Services Survey

Please return completed survey by TBD, 2017



The zip code of my residence is: _____

What is your current age: _____ What is your gender: _____

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

If you responded in Q2 that your household received care at a hospital other than Cimarron Memorial Hospital,

3. why did you or your family member choose that hospital? (*Please answer then skip to Q7*)
- | | |
|---|---|
| <input type="checkbox"/> Physician referral | <input type="checkbox"/> Quality of care/Lack of confidence |
| <input type="checkbox"/> Closer, more convenient location | <input type="checkbox"/> Availability of specialty care |
| <input type="checkbox"/> Insurance reasons | <input type="checkbox"/> Other (<i>Please list below</i>) |

If you responded in Q2 that your household received care at Cimarron Memorial Hospital, what hospital

4. service(s) were used?
- | | |
|---|---|
| <input type="checkbox"/> Diagnostic imaging (X-ray, CT, Ultrasound) | <input type="checkbox"/> Hospital Inpatient |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Skilled nursing (swing bed) |
| <input type="checkbox"/> Outpatient infusion/Shots | <input type="checkbox"/> Emergency room (ER) |
| <input type="checkbox"/> Physician services | <input type="checkbox"/> Other (<i>Please list below</i>) |
| <input type="checkbox"/> Physical or speech therapy | |

5. How satisfied was your household with the services you received at Cimarron Memorial Hospital?
☐ Satisfied ☐ Dissatisfied ☐ Don't know

6. Why were you satisfied/dissatisfied with services received at Cimarron Memorial Hospital?

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

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

- 8.
- | Type of Specialist | City |
|--------------------|------|
| | |
| | |
| | |
| | |

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

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

Continue on reverse side...

11. Do you use a primary care (family doctor) for most of your routine health care?
☐ Yes (*Skip to Q13*) ☐ No (*Go to Q12*) ☐ Don't know (*Skip to Q13*)

12. If no, then what kind of medical provider do you use for routine care?
☐ Tribal Health Center ☐ Emergency Room/Hospital
☐ Income Based Health Center ☐ Specialist
☐ Mid-Level Clinic (Nurse Practitioner or PA) ☐ Other (*Please list below*)
☐ Health Department

13. Has your household been to a primary care (family) doctor in the Boise City area?
☐ Yes (*Go to Q14*) ☐ No (*Skip to Q16*) ☐ Don't know (*Skip to Q16*)

14. How satisfied was your household with the quality of care received in the Boise City area?
☐ Satisfied ☐ Dissatisfied ☐ Don't know

15. Why were you satisfied/dissatisfied with the care received in the Boise City area?

16. Do you think there are enough primary care (family) doctors practicing in the Boise City area?
☐ Yes ☐ No ☐ Don't know

17. Would you consider seeing a midlevel provider (nurse practitioner or PA) for your routine healthcare needs?
☐ Yes ☐ No ☐ Don't know

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

19. What concerns you most about health care in the Boise City area?

20. What other services would you like to see offered at Cimarron Memorial Hospital?

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

Please list the community program(s)

22. How are you currently informed of community events? (*Please check all that apply with the outlet*)

<u>Outlet</u>	<u>Source</u>
<input type="checkbox"/> Newspaper	_____
<input type="checkbox"/> Radio	_____
<input type="checkbox"/> Email	_____
<input type="checkbox"/> Website	_____
<input type="checkbox"/> Social Media (Facebook and Twitter)	_____
<input type="checkbox"/> Other	_____

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

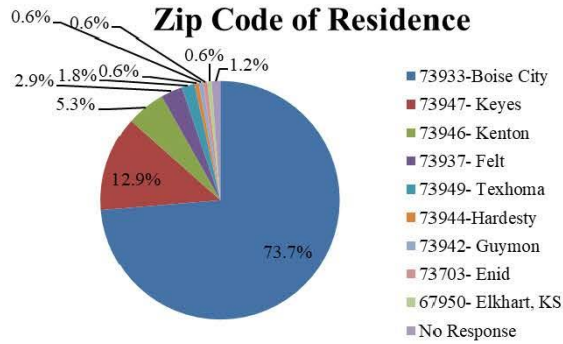
_____ Newspaper	_____ Email	_____ Social Media
_____ Radio	_____ Website	

Please mail completed survey to:
Cimarron Memorial Hospital
100 S Ellis St.
Boise City, OK 73933

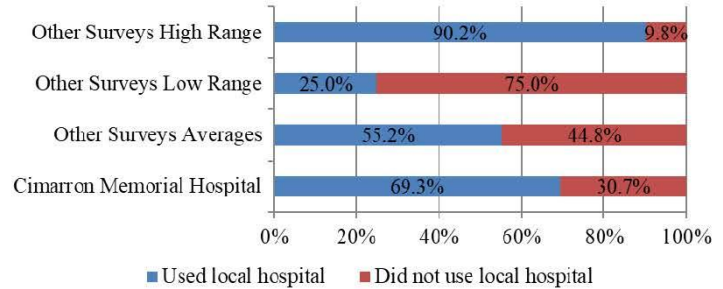
Or, return to hospital administration

Cimarron Memorial Hospital Community Survey Results

As part of the Community Health Needs Assessment



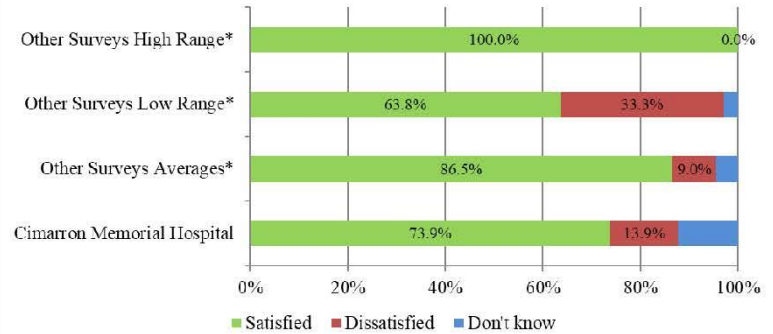
Hospital Utilization Comparison



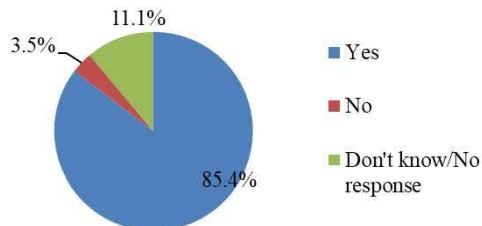
Type of Specialist Visits

Specialist	No.	Percent
Top 5 Responses		
Orthopedist/Orthopedic Surg. (0 visits in Boise City)	19	16.7%
Cardiologist (0 visits in Boise City)	16	14.0%
Urologist (0 visits in Boise City)	8	7.0%
Ophthalmologist (0 visits in Boise City)	7	6.1%
OB/GYN (0 visits in Boise City)	7	6.1%
All others (0 visits in Boise City)	57	50%
Total	114	100.0%

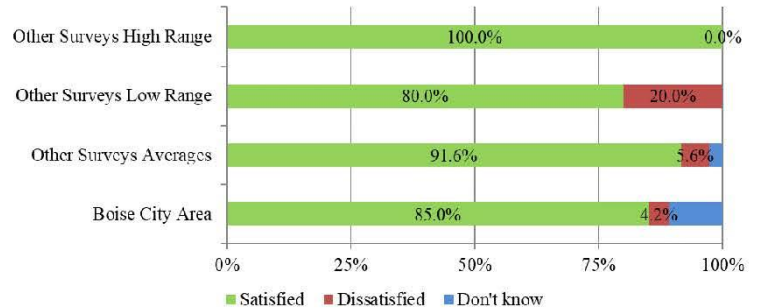
Satisfaction with Cimarron Memorial Hospital



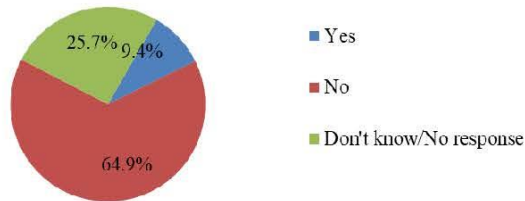
Use Family Doctor for Routine Health Care



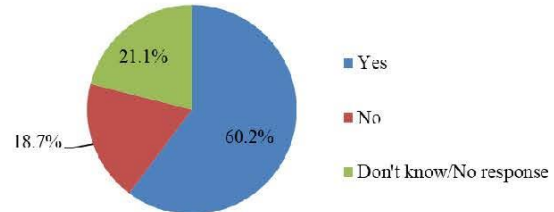
Satisfaction with Boise City Area Primary Care Doctor



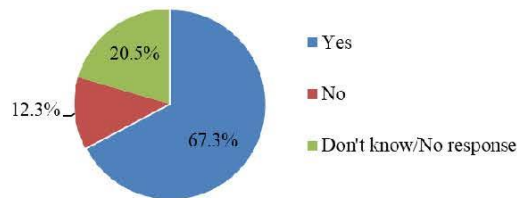
Do you think there are enough primary care doctors practicing in the Boise City area?



Would you see a midlevel provider for routine healthcare needs?



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



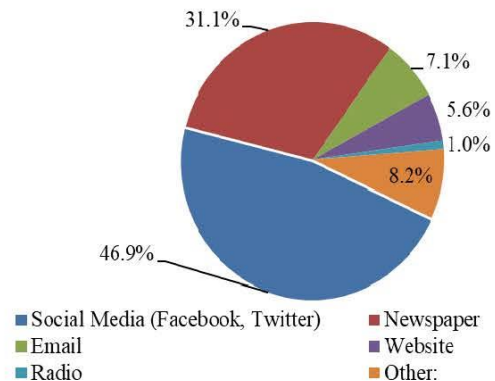
Healthcare concerns- Top 3 Responses

Concern	No.	Percent
Lack of physicians/Difficult to see provider/ Rotating providers	42	23.5%
Losing services/Hospital/Continued availability of services/Lack of resources	17	9.5%
Level of care/Limited services available/ Specialized care	13	7.3%
All others	102	57.0%
Total	179	100.0%

Additional Services to Offer- Top 3 Responses

Services	No.	Percent
No additional services/Satisfied with what is available/Don't know	15	7.8%
Specialists: OB/GYN (5); Pediatrician (2); Cardiologist (2); Specialists in general (1); Neurologist (1); Psychiatry (1); Surgeon (1)	13	6.8%
More physicians	11	5.7%
All others	153	79.9%
Total	192	100.0%

Outlets Used for Information about Community Events



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

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



Primary Care Physician Demand Analysis for the Cimarron Memorial Hospital Medical Service Area

As part of the Community Health Needs Assessment

Table 1. Annual Primary Care Physician Office Visits Generated in Cimarron County, Oklahoma

PRIMARY MEDICAL SERVICE AREA							
Age	Male			Female			Total Visits
	11-15 Population	Visit Rate ^[3]	Visits	11-15 Population	Visit Rate ^[3]	Visits	
Under 15	232	2.2	510	224	2.1	470	981
15-24	138	1.2	166	92	1.9	175	340
25-44	261	1.5	392	239	2.9	693	1,085
45-64	300	3.1	930	316	3.8	1,201	2,131
65-74	137	5.3	726	145	6.0	870	1,596
75+	96	6.8	653	161	6.7	1,079	1,732
Total	1,164		3,376	1,177		4,488	7,864

Cimarron County - Local Primary Care Physician office visits per year: 4,247

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: 2013 Summary.

Table 2. Primary Care Physician Office Visits Given Usage by Local Residents in Cimarron County, Oklahoma

Usage by Residents of Primary Service Area							
	70%	75%	80%	85%	90%	95%	100%
	2,973	3,185	3,397	3,610	3,822	4,034	4,247

If 90% to 95% of the medical service area used primary care services in Boise City then the usage would be: 3,822 to 4,034 total primary care physician office visits in the Boise City area for an estimated 0.9 to

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

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



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

