

# Eastern Oklahoma Medical Center Community Health Needs Assessment Summary and Implementation Strategy

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**Oklahoma Office of Rural Health  
OSU Center for Rural Health**

**Oklahoma Cooperative Extension Service  
Oklahoma State University**

**March 2014**



# **Eastern Oklahoma Medical Center Community Health Needs Assessment Summary and Implementation Strategy**

**Community Health Needs Assessment documents available online at:  
[www.okruralhealthworks.org](http://www.okruralhealthworks.org)**

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## Introduction

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

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

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

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

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

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

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

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

<sup>2</sup> Ibid

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

### **Oklahoma Cooperative Extension and Oklahoma Office of Rural Health’s Roles**

The Oklahoma Office of Rural Health and Oklahoma Cooperative Extension Service have transitioned the previous Community Health Engagement Process program to meet the needs of CHNA. The Community Health Engagement Process proved to be very successful during its nearly 20 year history of working with rural hospitals and healthcare providers to increase awareness of the local health sector.

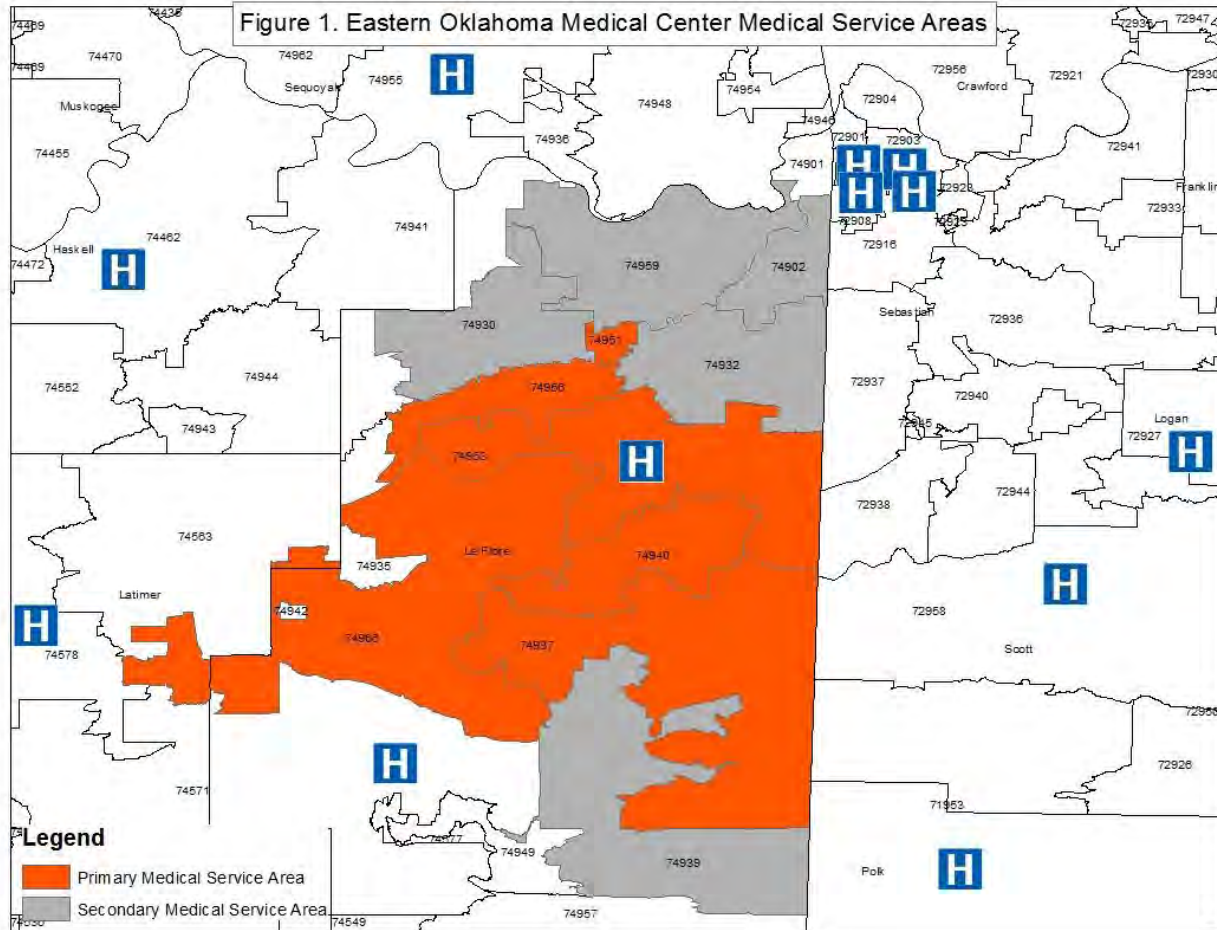
This program is available to all rural facilities in Oklahoma free of charge. The Oklahoma Office of Rural Health and Oklahoma Cooperative Extension Service work closely with the hospital and community members to develop an economic impact of the local health sector, develop and analyze a local health services survey, and gather and analyze local health data. The community meetings are facilitated by a resource team that includes Corie Kasier and Rod Hargrave of the Oklahoma Office of Rural Health and Dr. Brian Whitacre and Lara Brooks of Oklahoma Cooperative Extension Service.

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 Eastern Oklahoma Medical Center in 2013. 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.

### **Eastern Oklahoma Medical Center Medical Services Area Demographics**

Figure 1 displays the Eastern Oklahoma Medical Center medical services area. Eastern Oklahoma Medical Center 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.



City	County	Hospital	No. of Beds
Stigler	Haskell	Haskell Community Hospital	25
Wilburton	Latimer	Latimer County General Hospital	33
<b>Poteau</b>	<b>LeFlore</b>	<b>Eastern Oklahoma Medical Center</b>	<b>84</b>
Talihina	LeFlore	Choctaw National Health Care Center	44
Sallisaw	Sequoyah	Sequoyah Memorial Hospital	41
Booneville, AR	Logan, AR	Booneville Community Hospital	25
Mena, AR	Polk, AR	Medan Regional Health System	65
Waldron, AR	Scott, AR	Mercy Hospital Waldron	24
Fort Smith, AR	Sebastian, AR	Advance Care Hospital of Fort Smith	25
Fort Smith, AR	Sebastian, AR	Mercy Hospital Fort Smith	336
Fort Smith, AR	Sebastian, AR	Select Specialty Hospital- Fort Smith, Inc.	34
Fort Smith, AR	Sebastian, AR	Sparks Regional Medical Center	492

As delineated in Figure 1, the primary medical service area of the Eastern Oklahoma Medical Center includes the zip code area of Poteau, Panama, Shady Point, Howe, Heavener, and Wister. The primary medical service area experienced a population increase of 18.0 percent from the 1990 Census to the 2000 (Table 1). This same service area experienced another increase of 10.4 percent from the 2000 Census to 2010.

The secondary medical services area is comprised of the zip code areas Spiro, Pocola, Bokoshe, Cameron, and Hodgen. There was a slight increase of 0.2 percent from 1990 to 2000 followed by a 0.8 percent increase from 2000 to 2010.

**Table 1. Population of Eastern Oklahoma Medical Center Medical Service Areas**

Population by Zip Code	1990 Population	2000 Population	2010 Population	% Change 1990-2000	% Change 2000-2010
<i>Primary Medical Service Area</i>					
74953 Poteau	9,466	10,841	11,632	14.5%	7.3%
74951 Panama	n/a	1,722	1,504	n/a	-12.7%
74956 Shady Point	937	1,622	1,905	73.1%	17.4%
74940 Howe	1,352	2,328	2,697	72.2%	15.9%
74937 Heavener	5,628	5,296	5,959	-5.9%	12.5%
74966 Wister	3,656	3,016	3,719	-17.5%	23.3%
<b>Total</b>	<b>21,039</b>	<b>24,825</b>	<b>27,416</b>	<b>18.0%</b>	<b>10.4%</b>
<i>Secondary Medical Service Area</i>					
74959 Spiro	7,368	7,129	6,736	-3.2%	-5.5%
74902 Pocola	3,575	4,439	4,095	24.2%	-7.7%
74930 Bokoshe	3,931	1,727	2,155	-56.1%	24.8%
74932 Cameron	935	1,919	2,286	105.2%	19.1%
74939 Hodgen	756	1,380	1,455	82.5%	5.4%
<b>Total</b>	<b>16,565</b>	<b>16,594</b>	<b>16,727</b>	<b>0.2%</b>	<b>0.8%</b>

SOURCE: Population data from the U.S. Bureau of Census, 1990, 2000, 2010 (September 2013)

Table 2 displays the current existing medical services in the primary service area of the Eastern Oklahoma Medical Center medical services area. Most of these services would be



expected in a community of Poteau’s size: doctors, dentists, nursing home and pharmacies are present. Eastern Oklahoma Medical Center is an 84 bed facility located in LeFlore County, Oklahoma. Services offered by Eastern Oklahoma Medical Center include acute in patient services, swing bed, physical therapy, laboratory, surgery, pharmacy, and obstetrics/newborn are also available at Eastern Oklahoma Medical Center. In terms of outpatient services, laboratory, surgery, radiology, physical therapy, and home health are a few of the services provided. A complete list of hospital services and community involvement activities can be found in Appendix A.

**Table 2. Existing Medical Services in Eastern Oklahoma Medical Center Medical Services Area**

<b>Count</b>	<b>Service</b>
1	Eastern Oklahoma Medical Center
11	Physician Offices and clinics
4	Dental Offices
5	Optometrist Offices
2	Chiropractic Offices
6	Nursing Homes
10	Home Health and Hospice Services
1	EMS service (LeFlore County EMS)
1	Health Department (LeFlore County)
6	Pharmacies

In addition to examining the total population trends of the medical service areas, it is important to understand the demographics of those populations. Table 3 displays trends in age groups for the primary and secondary medical service areas as well as LeFlore County in comparison to the state of Oklahoma. The age group of 45-64 has experienced an overall increase from 2000 to 2010 for all geographies listed. In particular, this cohort accounted for 25.4 percent of the primary medical service area and 28.9 percent of the secondary medical service area in 2010. This is compared to the state rate of 25.7 percent. The primary (14.3%) and secondary (15.4%) medical service area has a larger share of the over 65 population compared to the state (13.5%).

**Table 3. Percent of Total Population by Age Group for Eastern Oklahoma Medical Center Medical Service Areas, LeFlore County and Oklahoma**

Age Groups	Primary Medical Service Area	Secondary Medical Service Area	LeFlore County	Oklahoma
<b>2000 Census</b>				
0-14	21.9%	21.4%	21.5%	21.2%
15-19	8.3%	7.2%	7.9%	7.8%
20-24	7.1%	6.0%	6.5%	7.2%
25-44	26.4%	29.0%	27.0%	28.3%
45-64	22.2%	24.3%	23.3%	22.3%
65+	<u>14.1%</u>	<u>12.1%</u>	<u>13.8%</u>	<u>13.5%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	24,825	16,594	48,109	3,450,654
<b>2010 Census</b>				
0-14	21.9%	18.6%	20.5%	20.7%
15-19	7.5%	7.0%	7.1%	7.1%
20-24	6.7%	5.1%	6.0%	7.2%
25-44	24.2%	25.0%	24.3%	25.8%
45-64	25.4%	28.9%	26.9%	25.7%
65+	<u>14.3%</u>	<u>15.4%</u>	<u>15.2%</u>	<u>13.5%</u>
Totals	100.0%	100.0%	100.0%	100.0%
Total Population	27,416	16,727	50,384	3,751,351

SOURCE: U.S. Census Bureau, Census data for 2000 and 2010 (www.census.gov [September 2013]).

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% of the total state population. This trend is somewhat evident in LeFlore County with 6.9% of the local population of Hispanic Origin. The growth of the Hispanic Origin population is more evident when examining the zip code level aggregated data that make up the medical service areas. For example, the Hispanic

Origin population accounted for 10.4% of the primary medical service area compared to 2.8% of the secondary medical service area in 2010. Another notable trend is the share of the Native American population. LeFlore County's Native American population accounts for 12.3 percent of the population compared to the state rate of 8.2 percent.

**Table 4. Percent of Total Population by Race and Ethnicity for Eastern Oklahoma Medical Center Medical Service Areas, LeFlore County and Oklahoma**

Race/Ethnic Groups	Primary Medical Service Area	Secondary Medical Service Area	LeFlore County	Oklahoma
<b>2000 Census</b>				
White	81.2%	80.9%	80.4%	74.1%
Black	0.8%	4.9%	2.2%	7.5%
Native American <sup>1</sup>	10.9%	7.7%	10.7%	7.7%
Other <sup>2</sup>	2.5%	0.9%	1.7%	1.5%
Two or more Races <sup>3</sup>	4.6%	5.6%	1.4%	4.1%
Hispanic Origin <sup>4</sup>	5.9%	1.7%	3.8%	5.2%
Total Population	24,825	16,594	48,109	3,450,654
<b>2010 Census</b>				
White	74.0%	78.2%	75.1%	68.7%
Black	0.7%	4.8%	2.1%	7.3%
Native American <sup>1</sup>	11.9%	9.9%	12.3%	8.2%
Other <sup>2</sup>	7.4%	1.4%	4.6%	1.9%
Two or more Races <sup>3</sup>	6.0%	5.7%	6.0%	5.1%
Hispanic Origin <sup>4</sup>	10.4%	2.8%	6.9%	8.9%
Total Population	27,416	16,727	50,384	3,751,351

SOURCE: U.S. Census Bureau, Census data for 2000 and 2010 (www.census.gov [September 2013]).

<sup>1</sup> Native American includes American Indians and Alaska Natives.

<sup>2</sup> Other is defined as Asian Americans, Native Hawaiians, Pacific Islanders and all others.

<sup>3</sup> Two or more races indicate a person is included in more than one race group.

<sup>4</sup> Hispanic population is not a race group but rather a description of ethnic origin; Hispanics are included in the five race groups.

## Summary of Community Meetings

Eastern Oklahoma Medical Center hosted three community meetings between October 3, 2013 and December 12, 2013. The Oklahoma Office of Rural Health and Oklahoma Cooperative Extension Service 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:

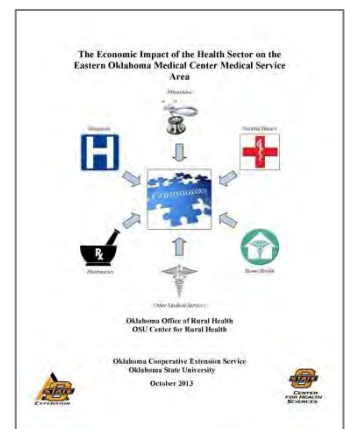
- Eastern Oklahoma Medical Center Representatives
- Chamber of Commerce
- LeFlore County Health Department
- Bankers
- Local EMS
- Hospital board members
- Retired individuals

Average attendance at the community meetings was 10-15 community members. Meeting attendance was impacted due to inclement weather in December 2013. Community members in attendance were sought out due to their deep understanding of the community's needs and current situation, and those who touch many different populations, both racially and economically. Meeting attendees were initially contacted by Eastern Oklahoma Medical Center representatives via phone calls and emails. Eastern Oklahoma Medical Center also issued a press release prior to the first community meeting to create awareness of the needs assessment in the medical service area.

## Economic Impact and Community Health Needs Assessment Overview, October 3, 2013

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.

Table 5 below summarizes the overall economic impact of the health sector on the LeFlore County, Oklahoma economy. A representative from Eastern Oklahoma Medical Center contacted health service entities in each of the sectors listed for the medical service area. Along with identifying each establishment, the hospital representative also gathered information on the number of FTE employees per establishment. 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.



AE-13171, The Economic Impact of the Health Sector on the Eastern Oklahoma Medical Center Medical Service Area (30 pages)

The health sector in the Eastern Oklahoma Medical Center medical service area employs 811 FTE individuals. After applying a county-specific employment multiplier to each respective sector, there is a total employment impact of 931 FTE employees. The same methodology is applied to income. The local health sector has a direct income impact of over \$43 million. When the appropriate income multiplier is applied, the total income impact is over \$50 million. The last two columns examine the impact this has on the retail sector of the local community. Recent data suggest that just 23.5% of personal income in LeFlore County will be spent on taxable goods and services locally. Therefore, if we just examine the impact made on retail from those employed in the health sector, this would account for over \$11.8 million spent locally, generating \$118,310 on a 1% tax.

**Table 5. Eastern Oklahoma Medical Center Medical Service Area Health Sector Impact on Employment and Income and Retail Sales and Sales Tax**

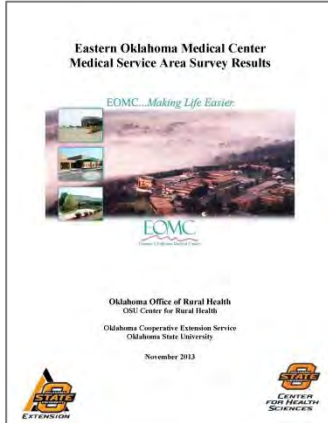
Health Sectors	Employment			Income			Retail	1 Cent
	Employed	Multiplier	Impact	Income	Multiplier	Impact	Sales	Sales Tax
Hospitals	226	1.14	257	\$13,148,694	1.16	\$15,291,852	\$3,593,585	\$35,936
Physicians, Dentists, & Other Medical Professionals	109	1.33	144	\$9,595,943	1.18	\$11,319,298	\$2,660,035	\$26,600
Nursing Homes	270	1.08	291	\$10,131,756	1.18	\$11,947,407	\$2,807,641	\$28,076
Home Health	121	1.16	140	\$5,436,846	1.15	\$6,252,302	\$1,469,291	\$14,693
Other Medical & Health Services	46	1.15	53	\$2,509,008	1.19	\$2,986,954	\$701,934	\$7,019
Pharmacies	<u>39</u>	1.19	<u>46</u>	<u>\$2,201,304</u>	1.16	<u>\$2,546,874</u>	<u>\$598,515</u>	<u>\$5,985</u>
<b>Total</b>	<b>811</b>		<b>931</b>	<b>\$43,023,551</b>		<b>\$50,344,687</b>	<b>\$11,831,001</b>	<b>\$118,310</b>

SOURCE: 2011 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

\* Based on the ratio between LeFlore County retail sales and income (23.5%) – from 2012 County Sales Tax Data and 2011 Personal Income Estimates from the Bureau of Economic Analysis.

## Community Survey Methodology and Results, October 3, 2013- November 7, 2013

A survey was designed to gauge hospital usage, satisfaction, and community health needs. The survey was available in both paper and web format. The paper surveys were distributed at the hospital and during the first community meeting on October 3, 2013.



AE-13182, Eastern Oklahoma Medical Center Medical Service Area Survey Results (29 pages)

Community members present at the hospital each took a survey, and many took extra surveys to distribute to friends, neighbors, and colleagues. Surveys were also available at the hospital and local civic organizations. A copy of the survey form can be found in Appendix C. Community members were asked to return their completed surveys to Eastern Oklahoma Medical Center. The electronic survey was first distributed on October 3, 2013. The electronic survey was distributed through email, Facebook, and Twitter. The survey link was also available on the hospital's website.

The survey ran from October 3, 2013 to October 25, 2013. A total of 260 surveys from the Eastern Oklahoma Medical Center medical service area were completed. Of the surveys returned, 177 were electronic responses, and 83 were hard copy surveys. The survey results were presented at the October 25, 2013, community meeting.

Table 6 below shows the survey respondent representation by zip code. The largest share of respondents was from the Poteau (74953) zip code. Heavener (74937) followed with 7.7% of the survey responses. Wister (7.3%), Howe (6.5%), and Shady Point (5.4%) were all well represented in the community survey.

**Table 6. Zip Code of Residence**

Response Category	No.	%
74953- Poteau	134	51.5%
74937- Heavener	20	7.7%
74966- Wister	19	7.3%
74940- Howe	17	6.5%
74956- Shady Point	14	5.4%
74959- Spiro	10	3.8%
74951- Panama	6	2.3%
74932- Cameron	6	2.3%
74930- Bokoshe	5	1.9%
74563- Red Oak	4	1.5%
74902- Pocola	3	1.2%
74571- Talihina	3	1.2%
74939- Hodgen	2	0.8%
74941- Keota	2	0.8%
73165- Oklahoma City	1	0.4%
74574- Tuskahoma	1	0.4%
74957- Smithville	1	0.4%
74901- Arkoma	1	0.4%
74944- McCurtain	1	0.4%
74578- Wilburton	1	0.4%
74955- Sallisaw	1	0.4%
72958- Waldron, AR	1	0.4%
72936- Greenwood, AR	1	0.4%
No response	6	2.3%
	260	100.0%

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

***Primary Care Physician Visits***

- 63.5% of respondents had used a primary care physician in the Poteau service area during the past 24 months
- 90.9% of those responded being satisfied
- Only 56 respondents or 21.5% believe there are enough primary care physicians practicing in Poteau
- 57.7% of the respondents would consider seeing a midlevel provider for their healthcare needs



- 73.1% responded they were able to get an appointment with their primary care physician when they needed one

***Specialist Visits***

Summary highlights include:

- 69.8% of all respondents report some specialist visit in past 24 months
- Most common specialty visited displayed in Table 7
- Only 10.6% of specialist visits occurred in Poteau

**Table 7. Type of Specialist Visits**

Type of Specialist	No.	Percent
<b><i>Top 5 Responses</i></b>		
Cardiologist ( 3 visits in Poteau)	39	14.2%
OB/GYN (5 visits in Poteau)	26	9.5%
Surgeon (7 visits in Poteau)	20	7.3%
Orthopedist (0 visits in Poteau)	18	6.5%
Dermatologist (0 visits in Poteau)	17	6.2%
All others (15 visits in Poteau)	<u>155</u>	<u>56.4%</u>
<b>Total</b>	<u>158</u>	<u>100.0%</u>

Some respondents answered more than once.

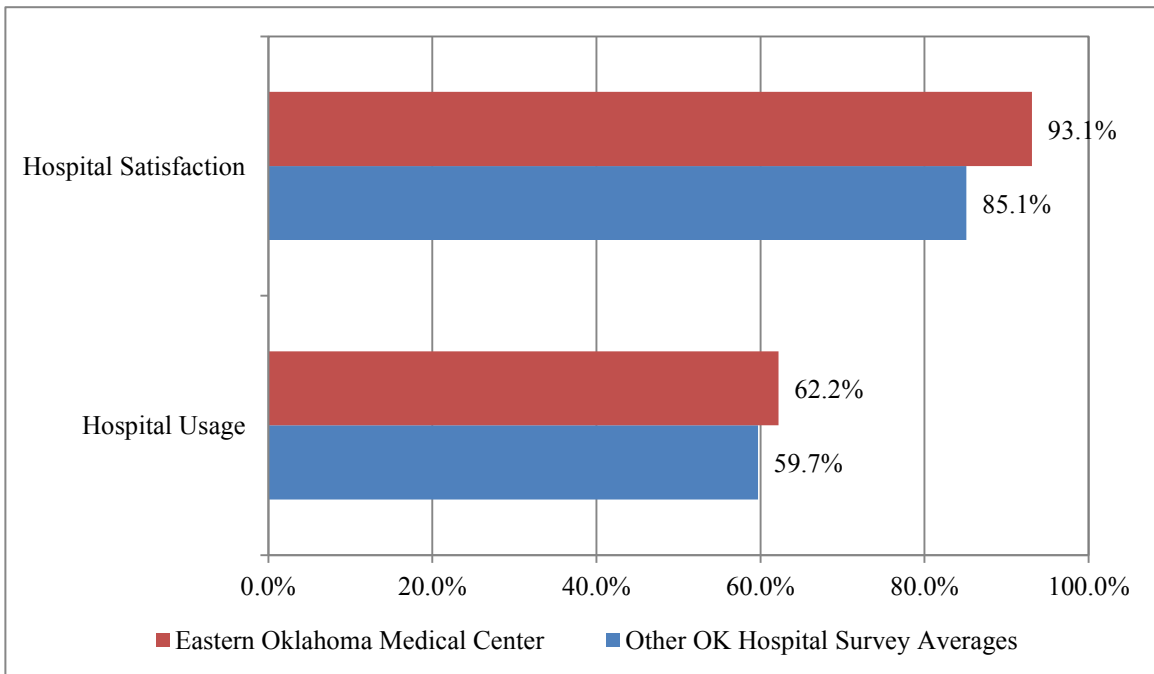
***Hospital Usage and Satisfaction***

Survey highlights include:

- 62.2% of survey respondents used hospital services at Eastern Oklahoma Medical Center
  - o Mercy Ft. Smith, AR (St. Edwards) (14.4%), and Sparks Health System, Ft. Smith, AR (8.6%) followed
  - o The most common response for using a hospital other than Eastern Oklahoma Medical Center was availability of specialty care (24.6%)

- The usage rate of 62.2% was higher than the state average of 59.7% for usage of other rural Oklahoma hospitals surveyed
- 93.1% of survey respondents were satisfied with the services received at Eastern Oklahoma Medical Center
  - This is above the state average for other hospitals (85.1%)
- Most common services used at Eastern Oklahoma Medical Center:
  - Emergency Room (26.4%)
  - Radiological imaging (24.2%)

**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 availability of specialists/lack of specialists (14.1%) followed by quality of care (13.4%), no concerns/don't know (11.9%), and lack of physicians (11.2%). Table 8 displays all responses and the frequencies.

**Table 8. Top Healthcare Concerns in Poteau Medical Service Area**

Response Category	No.	%
Availability of specialists/Lack of specialists	38	14.1%
Quality of care	36	13.4%
No Concerns/ Don't Know	32	11.9%
Lack of physicians	30	11.2%
Government impact on healthcare	9	3.3%
Physician/Staff turnover	9	3.3%
Cost of care	9	3.3%
Level of care provided in Poteau	7	2.6%
Reputation of hospital	6	2.2%
Possibility of losing hospital/Existing services	6	2.2%
People bypassing local care	4	1.5%
Availability of care	3	1.1%
After hours care	3	1.1%
Limited resources	2	0.7%
Technology/Equipment for emergency situations	2	0.7%
Faster ER service	2	0.7%
Doctors accepting SoonerCare patient	1	0.4%
Distance from hospital	1	0.4%
Out-of-date facilities	1	0.4%
ER used for primary care	1	0.4%
Care for uninsured	1	0.4%
Completing labs and X-rays locally	1	0.4%
Lack of doctors with hospital privileges	1	0.4%
Access to modern technology	1	0.4%
Choice of healthcare providers	1	0.4%
Delays in critical care	1	0.4%
Physicians who take all payer sources	1	0.4%
Physicians for all age groups	1	0.4%
The age of local residents and their need for care	1	0.4%
High prescription drug abuse	1	0.4%
Those abusing SoonerCare	1	0.4%
Don't know which provider to use	1	0.4%
Education about using services other than ER	1	0.4%
No response	54	20.1%
<b>Total*</b>	<b>269</b>	<b>100.0%</b>

\*Some respondents answered more than once. Average responses equal 1.03

Survey respondents also had the opportunity to identify what additional services they would like to see offered at Eastern Oklahoma Medical Center. The most common response was some type of specialist (33.1%). Within this category, orthopedist had 20 responses, cardiologist had 17, and specialists in general had 14. No additional services or don't know was the next most common response with 49 responses or 14.9% of the total. Table 9 displays the full listing of responses.

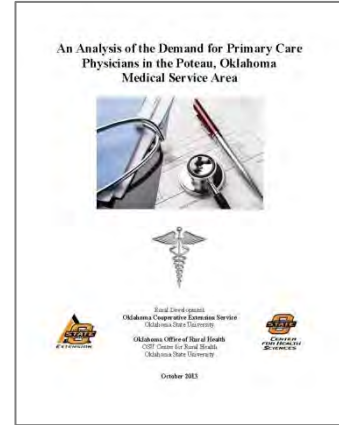
**Table 9. Additional Services Community Members would like to see offered at Eastern Oklahoma Medical Center**

Response Category	No.	%
More specialists: Orthopedist (20); Cardiologist (17); Specialists in general (14); Urologist (9); Pediatrician (7); Dermatologist (5); Oncologist (5); Pulmonologist (5); Otolaryngologist (4); Neurologist (4); Endocrinologist (4); OB/GYN (3); Surgeon (3); Rotating/shared specialists (2); Allergist (1); Ophthalmologist (1); Optical Pediatrics (1); Wound care (1); Psychiatrist (1); Pain management (1); Rheumatologist (1)	109	33.1%
No additional services/ Don't know	49	14.9%
After hours care/Walk in clinic/Affordable after hours	12	3.6%
Improved quality of care/Improved ER care	8	2.4%
Family practice/Internal Med.	7	2.1%
24-hour cafeteria	6	1.8%
More education/marketing of available services	4	1.2%
Geriatric services/Wellness programs	3	0.9%
Greater level of care/More services	3	0.9%
Day care/Day care for hospital employees	3	0.9%
Improved reputation	3	0.9%
Sleep study	2	0.6%
Dialysis	2	0.6%
Cancer services	2	0.6%
Cleaner/Updated facility	2	0.6%
Diabetic care/counseling	2	0.6%
Holistic/Alternative medicine	2	0.6%
Resourceful staff	1	0.3%
Higher level of emergency care/Less transfers	1	0.3%
Mental health services	1	0.3%
Upgrade with new technology	1	0.3%
Friendly service	1	0.3%
Women's clinic	1	0.3%
In-house physician	1	0.3%
More physicians admitting to local hospital	1	0.3%
On-site radiologist	1	0.3%
Senior group activities	1	0.3%
MRI on-site	1	0.3%
More doctors	1	0.3%
Less turnover	1	0.3%
Board certified providers	1	0.3%
Heart monitors that can transfer results to other facilities	1	0.3%
Smoking cessation/Nicotine replacement	1	0.3%
Improved waiting area	1	0.3%
Alzheimer care facility	1	0.3%
Affordable weight loss programs	1	0.3%
Group practices	1	0.3%
Neonatal ICU	1	0.3%
Massage therapy	1	0.3%
Expansion of outpatient services	1	0.3%
Drug recovery program	1	0.3%
Specialty consultation	1	0.3%
Fast track though ER	1	0.3%
No response	84	25.5%
<b>Total*</b>	<b>329</b>	<b>100.0%</b>

\*Some respondents answered more than once. Average number of responses equal 1.27

### Primary Care Physician Demand Analysis, November 7, 2013

A demand analysis of primary care physicians was completed for the zip codes that comprise the Eastern Oklahoma Medical Center 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 10 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 Eastern Oklahoma Medical Center medical services area, a total of 49,189 annual visits would occur. This would suggest that the Eastern Oklahoma Medical Center medical services area would need 11.8 FTE primary care physicians to meet the needs of their existing population. Table 10 displays the estimated number of visits by share of medical services area.



AE-13173, An Analysis of the Demand for Primary Care Physicians in the Poteau, Oklahoma, Medical Service Area (12 pages)

**Table 10. Primary Care Physician Office Visits Given Usage by Local Residents in the Poteau, Oklahoma Medical Service Areas**

Usage by Residents of Primary Service Area

	70%	75%	80%	85%	90%	95%	100%
5%	37,438	40,007	42,576	45,145	47,714	50,282	52,851
10%	38,914	41,483	44,051	46,620	<b>49,189</b>	51,758	54,327
15%	40,389	42,958	45,527	48,095	<b>50,664</b>	53,233	55,802
20%	41,864	44,433	47,002	49,571	52,139	54,708	57,277
25%	43,340	45,908	48,477	51,046	53,615	56,184	58,752
30%	44,815	47,384	49,952	52,521	55,090	57,659	60,228
35%	46,290	48,859	51,428	53,996	56,565	59,134	61,703
40%	47,765	50,334	52,903	55,472	58,041	60,609	63,178
45%	49,241	51,809	54,378	56,947	59,516	62,085	64,653
50%	50,716	53,285	55,854	58,422	60,991	63,560	66,129

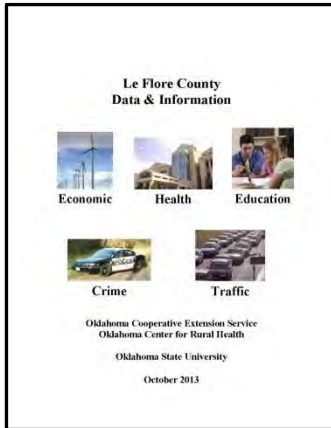
If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 49,189 to 50,664 total primary care physician office visits in the Poteau area for an estimated **11.8** to **12.1** Total Primary Care Physicians.

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

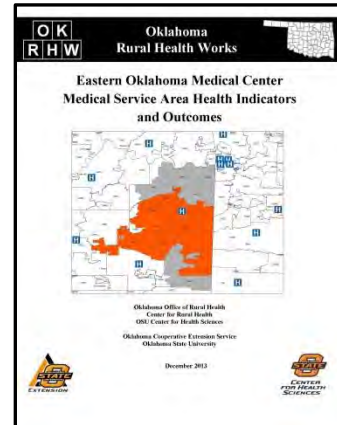
## Health Data, December 12, 2013

A community meeting was held December 12, 2013, to

examine various sources of local health data in addition to the community survey results. Data were presented from the LeFlore County Data and Information Report (AE-13111). Health Data were also presented from the Eastern Oklahoma Medical Center Medical Service Area Health Indicators and Outcomes Report (AE-13189).



AE-13111, Economic Data, Health/Behavioral Data, Education Data, Traffic Accident Data, and Crime Data for LeFlore County and the State of Oklahoma (60 pages)



AE-13189, Eastern Oklahoma Medical Center Medical Service Area Health Indicators and Outcomes (23 pages)

Various sources of health data were examined including data from the County Health Rankings and Roadmaps Program through the University of Wisconsin Population Health Institute, and the Robert Woods Johnson Foundation. The County Health Rankings program evaluates and ranks counties based on two distinct areas: Health Factors and Health Outcomes. Along with these two areas counties receive an overall rank within their state; therefore 1=best and 77=worst.

Health factors are comprised of health behaviors (rank: 42), clinical care (rank: 67), social and economic factors (rank: 64), and physical environment (rank: 45). LeFlore County's overall health factors rank is 64. This suggests, in general, the health status of LeFlore County residents is similar to that of neighboring counties. However, some areas of concern remain. In particular, LeFlore County's smoking rate, adult obesity rate and physical inactivity rate are higher than the national benchmark as well as the state rate. Also, the rate of uninsured individuals, the number of preventable hospital stays, and the dentist per population ratio, are all areas of concern in LeFlore County. All health factors variables are presented in Table 11 along with LeFlore County specific data, the national benchmark, and the state average. The bold italicized categories are the areas identified by the County Health Rankings and Roadmaps as areas to explore (generally where LeFlore County ranks very poorly compared to the national benchmark). A more detailed report on LeFlore County's health factors and outcomes can be found in AE-13189.

**Table 11. Health Factors (Overall Rank 64)**

Category (Rank)	Le Flore County	Error Margin	National Benchmark	Oklahoma
<b>Health Behaviors (42)</b>				
<i>Adult Smoking</i>	<b>26%</b>	<b>22-30%</b>	<b>13%</b>	<b>25%</b>
<i>Adult Obesity</i>	<b>32%</b>	<b>27-37%</b>	<b>25%</b>	<b>32%</b>
<i>Physical Inactivity</i>	<b>38%</b>	<b>33-43%</b>	<b>21%</b>	<b>31%</b>
Excessive Drinking	9%	6-14%	7%	14%
Motor Vehicle Crash Death Rate	35	28-41	10	20
Sexually Transmitted Infections	236		92	381
Teen Birth Rate	72	67-77	21	55

<b>Clinical Care (67)</b>				
<i>Uninsured</i>	<b>26%</b>	<b>24-28%</b>	<b>11%</b>	<b>22%</b>
Primary Care Physicians	3,609:1		1,067:1	1,618:1
<i>Dentists</i>	<b>6,517:1</b>		<b>1,516:1</b>	<b>1,980:1</b>
<i>Preventable Hospital Stays</i>	<b>114</b>	<b>105-122</b>	<b>47</b>	<b>81</b>
<i>Diabetic Screening</i>	<b>70%</b>	<b>65-76%</b>	<b>90%</b>	<b>77%</b>
Mammography Screening	53%	47-59%	73%	58%

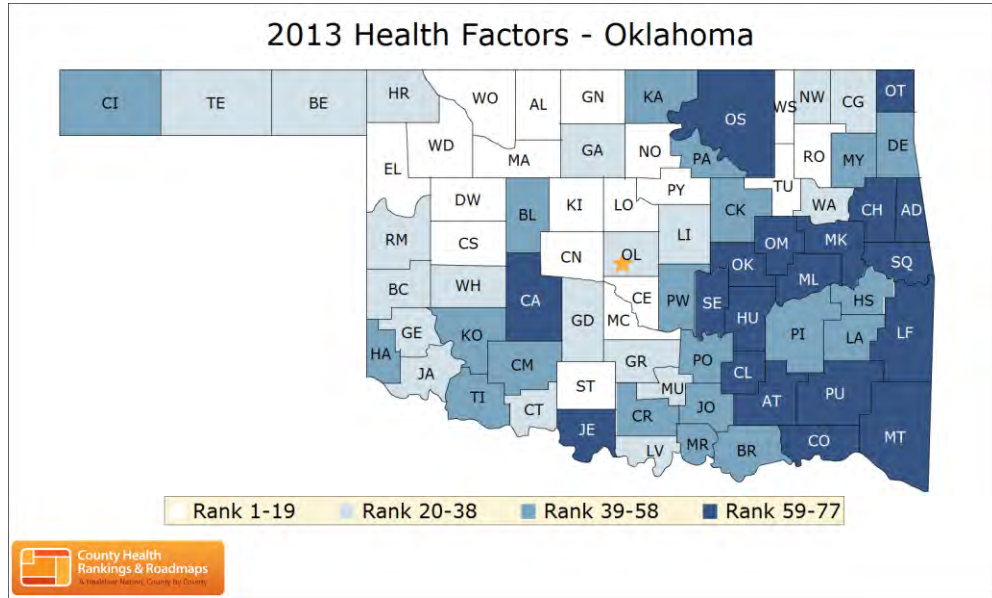
<b>Social &amp; Economic Factors (64)</b>				
High School Graduation	84%			78%
Some College	45%	41-49%	70%	57%
<i>Unemployment</i>	<b>9.4%</b>		<b>5.0%</b>	<b>6.2%</b>
Children in Poverty	27%	19-34%	14%	24%
Inadequate Social Support	22%	18-27%	14%	20%
Children in Single-Parent Household	35%	30-40%	20%	33%
Violent Crime Rate	276		66	503

<b>Physical Environment (45)</b>				
Daily Fine Particle Matter	10.8	10.8-10.9	8.8	10.1
Drinking Water Safety	3%		0%	15%
Access to Recreational Facilities	4		16	7
Limited Access to Healthy Foods	7%		1%	9%
Fast Food Restaurants	44%		27%	51%

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. LeFlore County's overall health factors ranking is comparable to many of the neighboring counties. This is accurately depicted in the image.



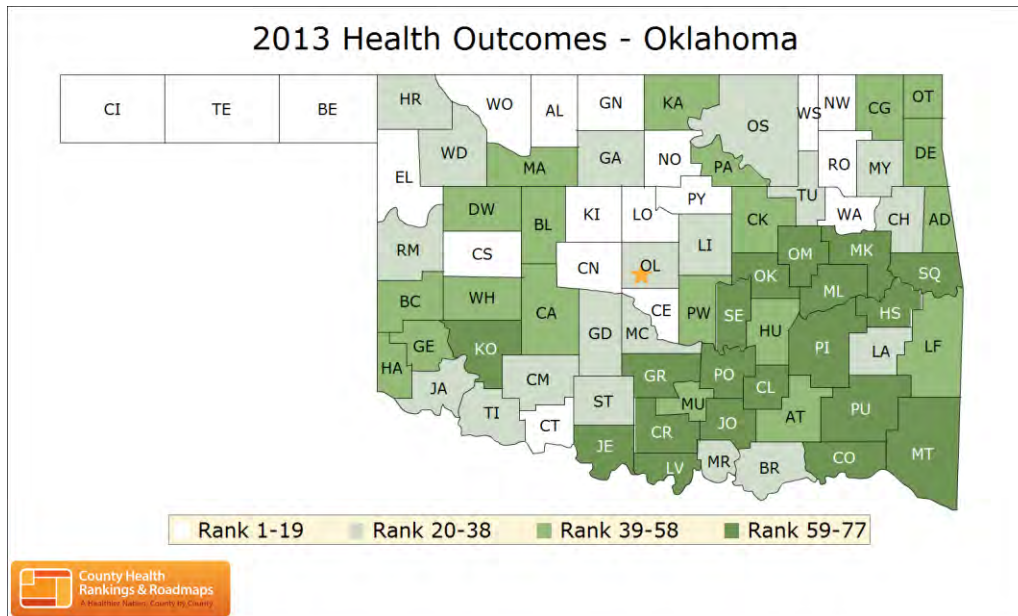
In terms of health outcomes, LeFlore County's ranking is 49th in the state. Health outcomes are comprised of two areas: morbidity (quality of life) and mortality (length of life). The variables for each of these sections are presented in Table 12.

**Table 12. Health Outcomes (Overall Rank 49)**

Category (Rank)	Le Flore County	Error Margin	National Benchmark	Oklahoma
Mortality (61)				
Premature Death	11,578	10,513-12,644	5,317	9,291
Morbidity (28)				
Poor or Fair Health	23%	19-27%	10%	19%
Poor Physical Health Days	4.2	3.5-4.8	2.6	4.2
Poor Mental Health Days	4.5	3.6-5.4	2.3	4.1
Low Birth Weight	7.1%	6.4-7.8%	6.0%	8.2%

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. LeFlore County fares more favorably than many of the neighboring counties in terms of health outcomes (with the exception of Latimer County).



## Community Health Needs Recommendations

Following the presentation of the health data on December 12, 2013, county data and information report, and the community survey results, community members were then asked to identify their top concerns from evaluating the data, survey results, and their experience within the community. A discussion among meeting attendees followed, with many different observations/concerns raised. The top health concerns identified were as follows:

- Socioeconomic infrastructure
- Mental Health
- Keep people local- awareness of services- don't have to go to Ft. Smith
- Teen pregnancy
- Uninsured rate and high ER utilization
- Importance of a Healthy Lifestyle: Diabetes, COPD, Obesity, Fruit and Vegetable Consumption, Inactivity
- Prescription drug abuse
- Recruitment and retention of providers to the area

## Community Health Needs Implementation Strategy

During the December 12, 2013, meeting, hospital representatives and community members discussed how these concerns can be addressed. The following lists the concerns along with steps the hospital and community plan to take to remedy the situation.

- Socioeconomic infrastructure- This priority was included as community members have noticed others “falling through the gaps” in terms of coverage. Many providers and types of assistance are in place; however, there seems to be a gap between hospital care, home health and the county health department.
  - As a regular part of discharge planning, hospital representatives work very hard to identify the patient’s situation upon discharge. Caregivers are identified as well as referrals to local resources.
  - The hospital would like to have representatives more involved in the local health coalition as this could be a beneficial outlet for learning of local services and resources.
- Mental Health- This item was listed as an ongoing concern. However, the health data from County Health Rankings (2013) noted 2 mental health providers providing services in LeFlore County. It was noted in the community meeting on December 12 that there are many providers that fit outside of the County Health Rankings definition of child psychiatrists, psychiatrists, and psychologists. Also, one of the providers covers multiple locations in multiple counties and might not be counted in this figure.
  - Community members present did note there has been improvement in this area. In particular, the Health and Wellness Center in Poteau has made an impact in providing mental health services to community members including the un- and underinsured.
  - The hospital has a geropsych program offered on-site. This is a 10 bed inpatient unit. The next steps will be to look further into providing outpatient services.
  - There is definitely a need for adolescent and youth services. However, at this time, this is beyond the scope of the services at the hospital due to availability of physicians certified to treat under 18 patients.
- Keep people local- Hospital representatives and community members voiced concerns of community members bypassing local care for the larger metro area of Ft. Smith, AR. Along with this concern, community members noted a lack of awareness of local services and quality of local services. Overcoming a negative reputation passed through generations at the hospital was also mentioned.
  - The hospital has been actively marketing their services. Modes of marketing include print in the local newspaper and electronic both on the hospital’s website and Facebook page. This will be an ongoing effort at the local hospital to showcase available local services and the quality of local care.
- Teen pregnancy- This item was previously identified as a concern from the local health coalition.
  - Local health coalition provides sex education to local 8<sup>th</sup> graders (gender divided).

- The hospital does not directly provide education at this time, but would join the coalition and support the coalition's education.
- Uninsured rate and High ER utilization- The high rate of uninsured residents was noted in the health data. In particular, according to the Census data, 27% of LeFlore County residents under the age of 65 were categorized as uninsured. Along with this discussion, high utilization of the emergency room for uninsured and primary care purposes was mentioned.
  - The local Health and Wellness Clinic assists in providing services, especially primary care, to the un- and underinsured residents.
  - Hospital staff in the emergency room refer un and under insured patients to the local FQHC. The hospital also regularly provides education to hospital staff of the services available, so they can provide the best fit referrals for patients.
- Importance of a Healthy Lifestyle: Diabetes, COPD, Obesity, Fruit and Vegetable Consumption, Inactivity- The importance of a healthy lifestyle was mentioned multiple times throughout the discussion. In particular, the link was made with consumption of fruits and vegetables, activity level and obesity, diabetes, and COPD, which continue to be concerns witnessed at the hospital on a regular basis.
  - The hospital does have a nutritionist available to provide services to inpatients. The nutritionist also provides consultations free of charge to patients with a doctor's referral.
  - The county health department provides nutrition education to their patients through various programs. In particular, family planning patient who are overweight or obese have the option to see a local nutritionist for assistance. WIC (women, infants, and children) patients also have access to nutrition education through the county health department.
  - The LeFlore County Extension Office provides nutrition education to LeFlore County residents through various avenues. Possible collaboration opportunities are being explored between Extension and the hospital to provide educational events to community members.
  - The local health coalition, Tobacco Free LeFlore, is working towards the certified healthy status which will provide greater grant opportunities with the focus on physical activity.
- Prescription drug abuse- This concern was voiced from what community members see on a daily basis in their community. Unfortunately, data on this topic are sparse, especially at the local level.
  - The hospital continues to strive to assist physicians and drug enforcement agencies in limiting and monitoring the prescribing of certain medications through the hospital facility.
  - Narcotics dispensed out of hospital must be entered into system within 5 minutes with patient information.

- Hospital runs narcotic list of all patients in ER to see if they are seeking physicians.
- Recruitment and retention of providers to the area- This item was mentioned by both community members and hospital representatives present as an upcoming significant concern as current providers retire. It was also mentioned the medical community in Poteau has experienced substantial turnover recently which adds obstacles to retention of providers.
  - This is an on-going process for the hospital to continue to recruit and retain providers.

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

The hospital will make the Community Health Needs Assessment Summary and Implementation Strategy Plan available upon request at Eastern Oklahoma Medical Center, and a copy will be available to be downloaded from the hospital's website. This document will also be available on the Oklahoma Rural Health Works website ([www.okruralhealthworks.org](http://www.okruralhealthworks.org))

## **Appendix A- Hospital Services/Community Benefits**

### **Eastern Oklahoma Medical Center**

#### **Hospital Services and Community Benefits**

##### **24/7 Emergency Department**

A 10 bed unit with 4 monitored trauma/cardiac beds, an orthopedic room, and 5 exam rooms

RNs staffed 24/7 with patients triaged by a RN

ER physicians on duty 24/7

Full service lab and radiology 24/7

All nursing staff trained in Advanced Cardiac Life Support, Pediatric Life Support, and Trauma Nursing

State of the Art Cardiac Monitoring System

Resuscitation equipment for both adult and pediatric emergency

Radio communications with all EMS providers in the area

Patients are treated in order of severity of injury or illness regardless of time of arrival

Inpatient Surgery

Intensive Care Unit

Obstetrics

Birth Services

Nursery Services

Physical therapy

Respiratory therapy

Radiology (MRI, CT, X-Ray, Mammography, Ultrasound, Bone Density, and Nuclear Medicine)

Home Health

Laboratory

Pharmacy

Case Management

Education/Training, American Heart Training Site

AHA Courses include:

Basic Life Support (CPR)

Advanced Cardiac Life Support (ACLS)

Pediatric Advanced Life Support (PALS)

Trauma Nursing Core Curriculum

Neonatal Resuscitation Program

Certified Stroke Center

**Outpatient Surgical Services**

Major, minor, diagnostic, and endoscopies

Colonoscopy

Gastroscopy

Bronchoscopy

**Community Benefits**

Member and represented at the following:

Chamber of Commerce

Rotary Club

LeFlore County Development Coalition

AOK Consortium

Training site for healthcare professionals in all fields

The hospital provides meeting space for a variety of nonprofit organizations and clubs

Translation services for non-English speaking patients

Blood drives

Meals for underprivileged

Corporate Sponsors of:

March of Dimes

Boys and Girls Clubs

## Appendix B Community Meeting Attendees

### Eastern Oklahoma Medical Center Community Health Needs Assessment Process Overview and Economic Impact Study

3-Oct-13

<b>First Name</b>	<b>Last Name</b>	<b>Title</b>	<b>Organization</b>
Mike	Carter	CEO	EOMC
Audra	Farrar	Marketing Director	EOMC
Melinda	Davis	CNO	EOMC
Nancy	Frier	CFO	EOMC
David	Grovdahl	EMS Dir.	LeFlore Co. EMS
Leslie	Covey	Public Information Officer	OK State Dept. of Health
Karen	Wages	CEO	Poteau Chamber
Chris	Fenton	President	Central National Bank
Brian	Wren	Facility Director	Choctaw Nation Health Clinic
Lara	Brooks	Extension Associate	OSU Extension
Corie	Kaiser	Director	OK Office of Rural Health

### Eastern Oklahoma Medical Center Community Health Needs Assessment Presentation of survey results and physician study

7-Nov-13

<b>First Name</b>	<b>Last Name</b>	<b>Title</b>	<b>Organization</b>
Melinda	Davis	CNO	EOMC
Sevilla	Vance	County Director	DHS
David	Groudahl	EMS Director	LeFlore Co. EMS
Leslie	Covey	Public Information Officer	State Dept. of Health
Bob	Reed	Chairman	Community State Bank
Mike	Kennerson	City Manager	City of Heavener
Audrey	Balentine	Hospital Authority	EOMC
Ron	Hall	VP	CNB
Mary Helen	Lucas	Hospital board	EOMC
Nancy	Frier	CFO	EOMC
Audra	Farrar	Marketing Director	EOMC
Mike	Carter	CEO	EOMC
Lara	Brooks	Extension Associate	OSU Extension
Rod	Hargrave	Flex Coordinator	OK Office of Rural Health



**Eastern Oklahoma Medical Center Community Health Needs Assessment  
Presentation of survey results and physician study**

**12-Dec-13**

<b>First Name</b>	<b>Last Name</b>	<b>Title</b>	<b>Organization</b>
Melinda	Davis	CNO	EOMC
Mike	Carter	CEO	EOMC
Audra	Farrar	Marketing Director	EOMC
Ron	Hall	VP	CNB
Beverly	Anderson	Accreditation Coord.	Health Department
Lara	Brooks	Extension Associate	OSU Extension
Rod	Hargrave	Flex Coordinator	OK Office of Rural Health

# Appendix C- Survey Form

## Local Health Services Survey Eastern Oklahoma Medical Center



Please return your completed survey to the hospital by October 25, 2013

The zip code of my residence is: \_\_\_\_\_



LeFlore County Health Department  
"Charting a State of Health"

- 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*)
- At which hospital(s) were services received?  
 Eastern Oklahoma Medical Center (*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 Eastern Oklahoma Medical Center, why did you or your family member choose that hospital? (*Please answer then skip to Q7*)  
 Physician referral       Quality of care/Lack of confidence  
 Closer, more convenient location       Availability of specialty care  
 Insurance reasons       Other (*Please list below*)

- If you responded in Q2 that your household received care at Eastern Oklahoma Medical Center, what hospital service(s) was used?  
 Emergency room (ER)       Inpatient services  
 Laboratory       Physician services  
 Radiological imaging (X-ray, MRI, CT, Ultrasound, Mammogram)       Other (*Please list below*)

- How satisfied was your household with the services you received at Eastern Oklahoma Medical Center?  
 Satisfied       Dissatisfied       Don't know

6. Why were you satisfied/dissatisfied?

7. What type of specialist have you or someone in your household been to in the past 24 months and in which city did you receive that care?

Type of Specialist	City

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

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



10. Do you use a primary care (family) doctor in a private practice for most of your routine health care?

- Yes (Skip to Q12)       No (Go to Q11)       Don't know (Skip to Q12)

11. If no, then what kind of medical provider do you use for routine care?

- Emergency Room/Hospital       Rural Health Clinic  
 Health Department       Specialist  
 Income Based Health Center       Tribal Health Center  
 Mid-Level Clinic (Nurse Practitioner or PA)       Other (Please list below)

12. Has your household been to a primary care (family) doctor in the Poteau service area?

- Yes (Go to Q13)       No (Skip to Q15)       Don't know (Skip to Q15)

13. How satisfied was your household with the quality of care received in the Poteau service area?

- Satisfied       Dissatisfied       Don't know

14. Why were you satisfied/dissatisfied?

15. Do you think there are enough primary care (family) doctors practicing in the Poteau service area?

- Yes       No       Don't know

16. Would you consider seeing a midlevel provider (nurse practitioner or PA) for your routine healthcare needs?

- Yes       No       Don't know

17. Are you able to get an appointment with your primary care (family) doctor when you need one?

- Yes       No       Don't know

18. What concerns you most about health care in the Poteau service area?

19. What other services would you like to see offered at Eastern Oklahoma Medical Center?

20. Over the past 12 months, has your household used the services of the LeFlore County Health Department?

- Yes       No       Don't know

21. 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                               | _____         |

Please return survey to:  
Eastern Oklahoma Medical  
Center  
105 Wall St.  
Poteau, OK 74953

(Return by mail, or drop  
off in Administration)

22. 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 |                    |

