

# A Summary of Community Health Needs Assessments Completed in 2018



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

Oklahoma Office of Rural Health

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## Introduction

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

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

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

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

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

- Describe how the hospital facility plans to meet the health need, or
- Identify the health need as one the hospital facility does not intend to meet and explain why the hospital facility does not intend to meet the health 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 Office of Rural Health Partnership**

The Oklahoma Office of Rural Health makes this program available to all rural facilities in Oklahoma free of charge for facilities completing the CHNA for IRS requirements or just for the information. 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.

### **Community Health Needs Assessment Process**

In 2018, the Community Health Needs Assessment (CHNA) process was updated to include three community meetings. The CHNA process incorporates three methodologies of secondary data analysis, primary data collection through a community survey, and town-hall type community meetings. The resource team presents data and information at each of the three community meetings. The remainder of the time of the community meetings is spent with the attendees in round-table type discussions where groups identify health concerns in their community and then prioritize those previously listed concerns at the conclusion of the third community meeting.

The outline of the content of each of the following community meetings follows:

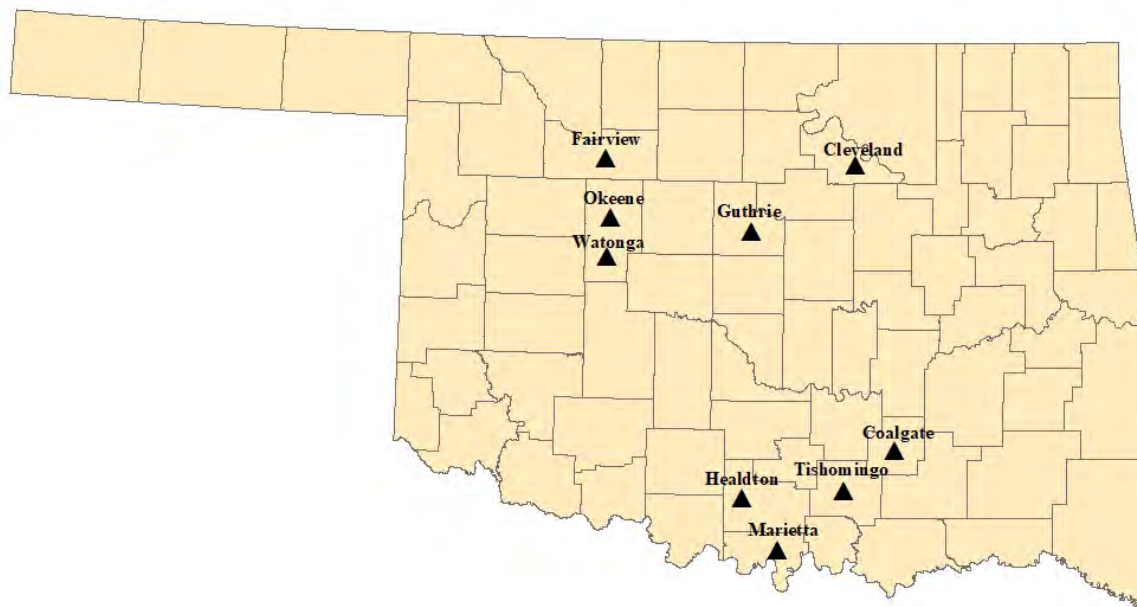
Meeting 1: Overview of process, economic data, demographic data, and economic impact of local health sector; the survey is also distributed at this community meeting

Meeting 2: Health data

Meeting 3: Survey results and primary care physician demand analysis

Typically, about a month or longer after the conclusion of the community meetings, the resource team has a meeting on-site with the hospital administrative team to discuss the implementation strategy for the selected priorities. The entire process including the implementation strategy is then documented into a comprehensive report that is posted on the hospital's website and the [OSU Center for Rural Health](#).

This document will summarize the overarching priorities identified in 2018 along with brief summaries of each CHNA completed. Figure 1 displays the locations of each CHNA completed in 2018. All community meetings were completed in 2018; however, a few of the reports were approved by their governing boards in 2019.



**Figure 1. 2018-2019 CHNA Communities**

### **Mercy Health Love County**

Mercy Health Love County hosted three community meetings in collaboration with the standing monthly scheduled Love County Coalition meetings. The meetings were held in February through April 2018. Attendance varied from 24-34 participants at each community meeting. Those in attendance were representatives from Mercy Health Love County, ambulance board members, Love County DHS, Love County Health Department, Oklahoma Healthcare Authority, city council, and local pastors. A total of 193 surveys from the medical service area were completed. Of the 193, 14 responses were electronic via Survey Monkey.

Through the process of three community meetings, community members identified and prioritized the following health concerns:

- Mental health and access to care including the need for drug counseling for younger community members
- Access to specialists including both availability and access to care as well as greater marketing of what is currently available in terms of specialists
- Dental care

The [report](#) was finalized and posted in June 2018.

### **Coal County General Hospital**

Coal County General Hospital hosted three community meetings between March 14, 2018 and April 4, 2018. Average attendance at each of the community meetings was 9-12 community members. Those in attendance included representatives from Coal County General Hospital, Coal County Health Department, Coalgate Public Schools administration, local bankers, County Assessor, County Clerk, and a hospital board member. A total of 141 surveys were completed within the medical service area. Of the total, 138 responses were electronic via Survey Monkey.

Through the process of three community meetings, community members identified and prioritized the following health concerns:

- Lack of mental health resources especially for a younger population (ongoing funding cuts) including lack of available beds in the area
- Recruitment of providers- Coal County is home to one physician who is nearing retirement age. Based on the number of office visits and commitments, filling this provider's role could potentially need two or more providers to meet the needs of the local population.
- Lack of transportation- EMS transfers, transfers for mental health needs- This issue is faced by not having enough staff on duty and the availability of a paramedic for the transfer.

The [report](#) was finalized and posted in May 2018.

### **Mercy Hospital Logan County**

Mercy Hospital Logan County hosted three community meetings between April 3, 2018 and May 1, 2018. Average attendance at each of the community meetings was 14-18 community members. Those in attendance included representatives from Mercy Hospital Logan County and Mercy Clinic Logan County, Logan County Health Department, Senior Care representatives, Job Corp, YMCA, and the Guthrie Chamber of Commerce. A total of 123 surveys were collected from the medical service area. Ninety-eight of these responses were via the electronic survey option.

Through the process of three community meetings, community members identified and prioritized the following health concerns:

- Preventative education
- Mental health

The [report](#) was finalized and posted in June 2019.

### **Blaine County Collaboration: Mercy Hospital Watonga and Okeene Municipal Hospital**

Mercy Hospital Watonga and Okeene Municipal Hospital complete the assessment jointly in collaboration with the Blaine County Coalition. Each community hosted three community meetings to identify priorities, and a county-wide meeting was then held to bring both communities together to discuss implementation and collaboration.

A single, county-wide survey was created to include questions for Mercy Hospital Watonga, Okeene Municipal Hospital, and the Blaine County Health Department. All three entities distributed the survey. A total of 282 responses were collected throughout Blaine County and surrounding communities.

The three meetings held in Watonga were between May 3 and May 31, 2018. An average of 9-12 community members were present at the meetings. Those in attendance were representatives from Mercy Hospital Watonga, Blaine County Health Department, Indian Health Services, Opportunities, Inc., and Watonga Indian Health. This group identified and prioritized the following priorities:

- Physical activity
- Mental health
- Healthy eating and childhood nutrition
- Childcare as a need for all of Blaine County

The [report](#) was finalized and posted in May 2019.

The three meetings held in Okeene were between April 17 and June 12, 2018. Average attendance at the community meetings was 15-20 community members. Those in attendance were representatives from Okeene Municipal hospital and board, Blaine County Health Department, local business owners and the Okeene Chamber of Commerce. Community members in attendance collectively identified and prioritized the following concerns:

- Affordable childcare
- Mental health
- Poverty

The [report](#) was finalized and posted in November 2018.

Both communities identified the need of childcare/affordable childcare. However, this is beyond the scope of services each hospital provides.

### **Fairview Regional Medical Center**

Fairview Regional Medical Center hosted three community meetings between September 11 and October 2, 2018. Average attendance at each of the community meetings was 10-15

community members. Those in attendance included representatives from Fairview Regional Medical Center and board, Major County Cooperative Extension Service, local physician, local business owners and Fairview Chamber of Commerce. A total of 154 surveys were collected from the medical service area. Of these responses, 146 were via the electronic survey option.

Through the process of three community meetings, community members identified and prioritized the following health concerns:

- Future of rural health care and planning for the future in terms of delivery of care
- Diabetes and heart disease are due to similar factors, and implementation to address both will be similar
- Cancer
- Mental health including suicide

The [report](#) was finalized and posted in November 2018.

### **Mercy Hospital Healdton**

Mercy Hospital Healdton hosted three community meetings between September 12 and October 3, 2018. Average attendance at each of the community meetings was 15 community members. Those in attendance included representatives from Mercy Hospital Healdton, Mercy Hospital Ardmore, City of Healdton and Healdton Chamber of Commerce. A total of 164 surveys were collected from the medical service area. Of these responses, 130 were via the electronic survey option.

Through the process of three community meetings, community members identified and prioritized the following health concerns:

- Hunger and food needs for all ages
- School supply drive to benefit local schools
- Mental health

The [report](#) was finalized and posted in April 2019.

### **Mercy Hospital Tishomingo**

Mercy Hospital Tishomingo hosted three community meetings between October 9 and November 6, 2018. Average attendance at each of the community meetings was 15-25 community members. Those in attendance included representatives from Mercy Hospital Tishomingo, Family Health Center of Southern Oklahoma, Johnston County Health Department, a State Senator, Murray State College, local EMS, Juvenile Affairs, Chickasaw Nation, City Council, local business owners and a local mental health provider. A total of 79 surveys were



collected from the medical service area. Of these responses, 24 were via the electronic survey option.

Through the process of three community meetings, community members identified and prioritized the following health concerns:

- Child nutrition, food, hunger and senior hunger
- Mental health and substance abuse
- Accessing specialists
- Attracting and keeping primary care physicians in the area

The report [was](#) finalized and posted in January 2019.

### **Cleveland Area Hospital**

Cleveland Area Hospital partnered with the Pawnee County Health Coalition to complete their community meetings. The three community meetings were held as part of the regularly scheduled coalition meetings between September 17 and December 3, 2018. This group was identified as a partner due to their cross-section representation of Pawnee County. Those in attendance included representatives from Cleveland Area Hospital, Pawnee County Health Department, Pawnee Nation, Pawnee County Extension Office, CREOKS, Cimarron Transportation, Strong Mind, and Cleveland Chamber of Commerce. Attendance at each meeting ranged from 10-15 community members. A total of 190 surveys were collected from the medical service area. Of these responses, 159 were via the electronic survey option.

Through the process of three community meetings, community members identified and prioritized the following health concerns:

- Mental health including substance abuse and addiction in general (including gambling and vaping)
- Obesity and eating habits

The [report](#) was finalized and posted in January 2019.

## **Conclusions**

While each community used the overall same format for completing their CHNA, those in attendance and the meetings themselves varied greatly from community to community. It also must be noted that some facilities completed their CHNA as a community building activity, rather than as a requirement per the IRS. However, trends in concerns and priorities are evident. Mental health was widely discussed and identified as a priority. Also, prevention and the importance of nutrition information and access to healthy foods was also widely discussed. Access to care including primary care, and planning for the future, and specialty services was also discussed in a large share of the communities.