

Mercy Health/Love County Hospital Community Health Needs Assessment Summary and Implementation Strategy



Oklahoma Office of Rural Health
OSU Center for Rural Health

Oklahoma Cooperative Extension Service
Oklahoma State University



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**Community Health Needs Assessment documents available online at:
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 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 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 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.

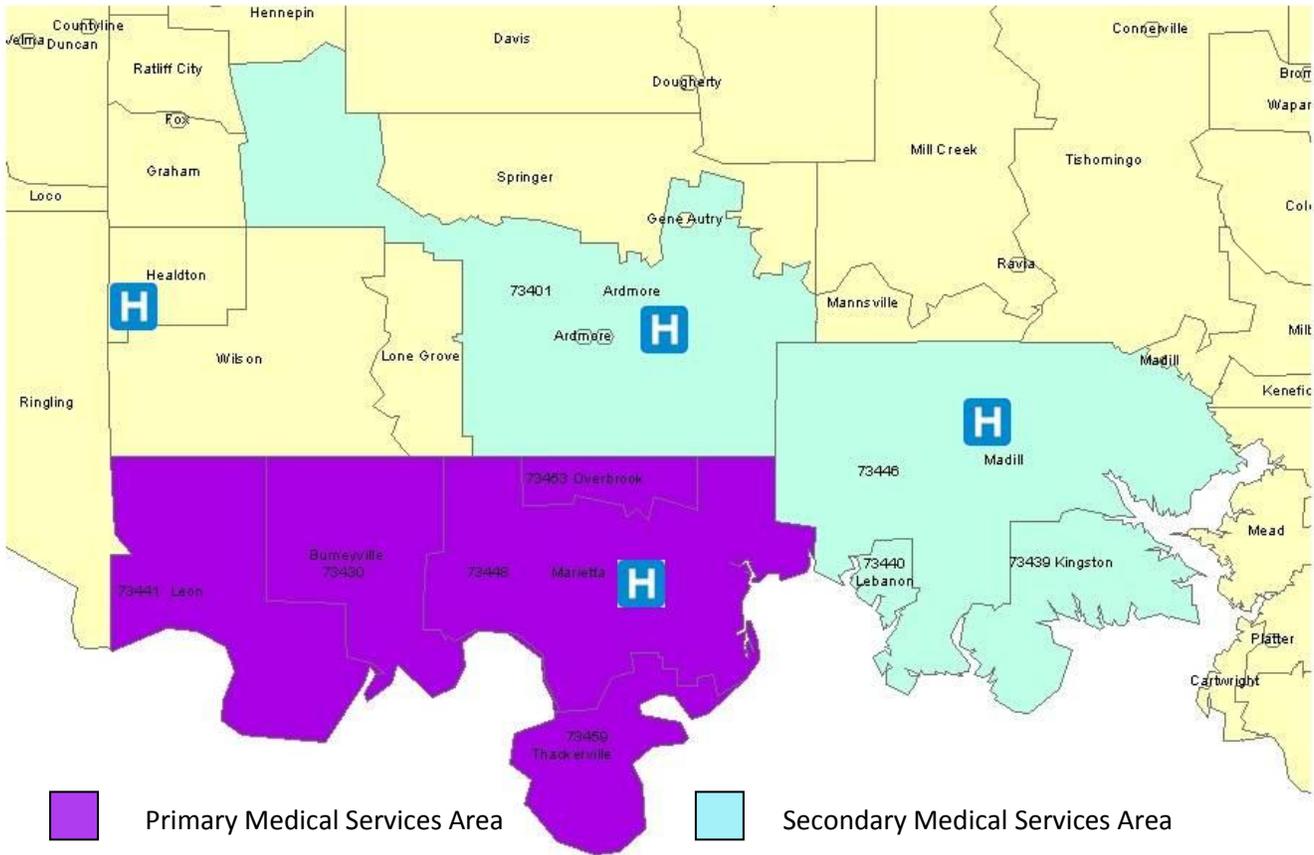
This document discusses the steps taken to conduct a CHNA for Mercy Health/Love County Hospital in 2012. It begins with a description of the hospital's medical service area, including a demographic analysis, and then summarizes each meeting that took place during the CHNA process. The report concludes by listing the recommendations that came out of the process and presenting the hospital's implementation strategy and marketing plan.

All documents completed through the CHNA will be made available on the Oklahoma Rural Health Works website (www.okruralhealthworks.org).

Mercy Health/Love County Hospital Medical Services Area Demographics

Figure 1 displays the Mercy Health/Love County Hospital medical services area. Mercy Health/Love County Hospital and all other area hospitals are delineated in the figure. The surrounding hospitals are identified in the table below by county along with their respective bed count. The medical service areas were estimated based on conversations with hospital personnel and proximity to other facilities.

Figure 1. Mercy Health/Love County Hospital Medical Services Area



City	County	Hospital	No. of Beds
Marietta	Love	Mercy Health/Love County Hospital	25
Ardmore	Carter	Mercy Memorial Health Center	166
Healdton	Carter	Healdton Municipal Hospital	25
Madill	Marshall	INTEGRIS Marshall County Medical Center	25

As delineated in Figure 1, the primary medical service area of Mercy Health/Love County Hospital includes all communities and zip codes within Love County. This area experienced population growth of 13.4% from the 1990 decennial Census to the 2000 Census (Table 1); however, population gains between 2000 and 2010 were smaller (6.7%).

The secondary medical services area is comprised of the zip code areas of Ardmore, Madill, and Kingston. The secondary medical services area experienced a population increase of

4.1% from the 1990 decennial Census to 2000. This trend continued with a 4.0% increase from the 2000 Census to the 2010 Census.

Table 1. Population of Mercy Health/Love County Hospital and Clinic Medical Service Area

Population by Place	Populations				
	1990 Census	2000 Census	2010 Census	% Change 1990-2000	% Change 2000-2010
<i>Primary Medical Service Area</i>					
Marietta	2,430	2,445	2,626	0.62%	7.40%
Thackerville	290	404	445	39.31%	10.15%
Leon	101	96	91	4.95%	-5.21%
Rest of County	4,967	5,886	6,261	18.50%	6.37%
Total	7,788	8,831	9,423	13.39%	6.70%
<i>Secondary Medical Service Area</i>					
Ardmore	23,079	23,711	24,283	2.74%	2.41%
Madill	3,069	3,410	3,770	11.11%	10.56%
Kingston	1,237	1,390	1,601	12.37%	15.18%
Total	27,385	28,511	29,654	4.11%	4.01%

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

Table 2 displays the current, as of November 2011, existing medical services in the Mercy Health/Love County Hospital primary medical services area. This includes a physician office, dental office, optometrist office, a nursing home, a county health department, and two pharmacies. These medical services are centered around Mercy Health/Love County Hospital. Mercy Health/Love County Hospital is a 25 bed Critical Access Hospital located in Love County, Oklahoma. Services offered by Mercy Health/Love County Hospital include a 24 hour emergency room, radiological imaging (x-ray, CT, and ultrasound), and laboratory services. Physician services, physical therapy, speech therapy, occupational therapy, home health referrals, wound care (Mercy Hospital Ardmore), and coming soon, senior life services are also available through the hospital. A complete list of hospital services and community activities can be found in Appendix A.

Table 2. Existing Medical Services in the Mercy Health/Love County Hospital Medical Services Area

Count	Service
1	Hospital, Mercy Health/Love County
1	Physician Led Primary Care Facility (mid-level, PA, FNP)
1	Dental Office
1	Optometrist Office
1	Nursing Home
1	County Health Department, Love County
2	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 Love County in comparison to the state of Oklahoma. Since 1990, the age group of 45-64 has seen substantial growth. This age group has gone from accounting for 20.8% of the total population in 1990 to accounting for 27.7% in 2010. This trend is present at the state level as well. The age group of 65+ has experienced growth fluctuations over this same time span that mirrors those of the state. The age group to experience the largest decline is the 25-44 range. In 1990, this age group accounted for 28.8% of the total population. In 2010, this cohort declined to only 23.5% of the total population.

Table 3. Age Groups - Percent of Total Population for Love County and Oklahoma

Age Groups	Love County			State of Oklahoma		
	1990 Census	2000 Census	2010 Census	1990 Census	2000 Census	2010 Census
0-14	20.3%	20.6%	20.3%	22.3%	21.2%	20.8%
15-19	7.4%	7.4%	6.2%	7.4%	7.8%	7.0%
20-24	6.2%	4.7%	5.1%	7.1%	7.2%	7.6%
25-44	28.8%	25.4%	23.5%	30.6%	28.3%	26.0%
45-64	20.8%	25.7%	27.7%	19.1%	22.3%	25.2%
65+	<u>16.5%</u>	<u>16.2%</u>	<u>17.2%</u>	<u>13.5%</u>	<u>13.2%</u>	<u>13.5%</u>
Totals	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>

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 1990, this cohort accounted for 2.7% of the population. A substantial increase

followed, and in 2010, those of Hispanic origin accounted for 8.9% of the total population. This same trend is evident in Love County with an increase from 4.1% in 1990 to 10.6% in 2010. Table 4 displays these trends.

Table 4. Race and Ethnic Groups- Percent of Total Population for Love County and Oklahoma

Race/Ethnic Groups	Love County			State of Oklahoma		
	1990 Census	2000 Census	2010 Census	1990 Census	2000 Census	2010 Census
White	85.7%	78.6%	70.5%	81.0%	74.1%	68.7%
Black	4.4%	2.0%	1.6%	7.4%	7.5%	7.3%
Native American	6.9%	6.0%	5.6%	7.8%	7.7%	8.2%
Other	2.9%	3.6%	7.4%	1.1%	1.5%	1.9%
Two or more Races	--	3.2%	4.4%	--	4.1%	5.1%
Hispanic Origin	4.1%	6.6%	10.6%	2.7%	5.2%	8.9%

Summary of Community Meetings

Mercy Health/Love County Hospital hosted six community meetings starting in between November 28, 2011 and October 24, 2012. 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 representatives from the following groups:

- Hospital
- Dental office
- Retired individuals
- Local police
- School administration
- Health Department
- City Council members
- County commissioners
- Hospital board
- Small business owners
- Local attorneys

Average attendance at each of the community meetings was 26 people.

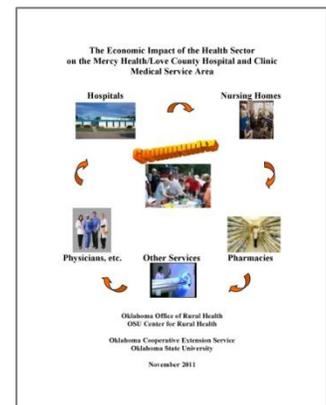
Economic Impact and Community Health Needs Assessment Overview, November 28, 2011

The first community meeting was held to discuss the economic impact of the health sector and explain the process and need of the Community Health Needs Assessment.

Table 5 below summarizes the overall economic impact of the health sector on the Love County, Oklahoma economy. A representative from the Mercy Health/Love County Hospital 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 full time equivalent (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.

The health sector in the Mercy Health/Love County Hospital medical services area employs 219 FTE individuals. After applying a county-specific employment multiplier to each respective sector, there is a total employment impact of 260 FTE employees. The same methodology is applied to income. The local health sector has a direct income impact of nearly \$12 million. When the appropriate income multiplier is applied, the total income impact is over \$13 million. The last two columns examine the impact this has on the retail sector of the local community. Recent data suggest that just over 10% of one's income in Love County will be spent on 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 \$1.4 million spent locally, generating \$13,914 on a 1% tax.

The overarching theme of the Economic Impact Study is that the health sector plays a dramatic role in influencing economic activity in the Marietta area. Promoting this information should help the hospital defend its importance not only in terms of the general health of Marietta and surrounding areas, but on the local economy as well.



AE- 11046, The Economic Impact of the Health Sector on the Mercy Health/Love County Hospital and Clinic Service Area (27 pages)

Table 5. Mercy Health/Love County Hospital and Clinic Medical Service Area Health Sector Impact on Employment and Income and Retail Sales and Sales Tax

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
Health Sectors	Employment			Income			Retail	1 Cent
	Employed	Multiplier	Impact	Income	Multiplier	Impact	Sales	Sales Tax
Hospitals	135	1.24	167	\$8,441,844	1.14	\$9,660,205	\$1,003,038	\$10,030
Physicians, Dentists, & Other Medical Professionals	10	1.17	12	\$781,505	1.12	\$873,526	\$90,700	\$907
Nursing and Protective Care	59	1.11	66	\$1,787,694	1.10	\$1,961,966	\$203,715	\$2,037
Other Medical & Health Services, Home Health & Pharmacies	15	1.09	16	\$835,748	1.08	\$904,654	\$93,932	\$939
Total	219		260	\$11,846,792		\$13,400,350	\$1,391,384	\$13,914

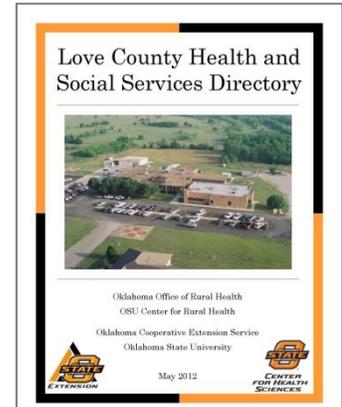
SOURCE: 2009 IMPLAN database, Minnesota IMPLAN Group, Inc.; Local data for employment, employee compensation and proprietor's income; income estimated based on state average incomes if local data not available

* Based on the ratio between Love County retail sales and income (10.38%) – from 2009 County Sales Tax Data and 2009 Personal Income Estimates from the Bureau of Economic Analysis.

Health Services Directory March 2012

To help create awareness of the health sector the development of a local health services directory was drafted. A draft directory was shared with representatives from Mercy Health/Love County Hospital. This goal of the health services directory was to accurately display all existing health and social services within the community. Fifty hard copy booklets of the survey were distributed to community members in March 2012. Hospital representatives also received an electronic version to place

on the hospital's website and make updates as necessary. An electronic copy of the directory can be found on the hospital's website.



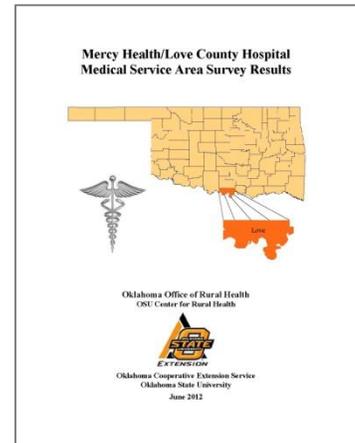
AE-12008, Mercy Health/Love County Hospital Medical Service Area Health and Social Services Directory (47 pages)

Community Survey Design and Results, November 28, 2011- June 25, 2012

A survey was designed to gauge hospital usage, satisfaction, and community health needs. The survey was available in paper format. The surveys were distributed to community members during the economic impact meeting (November 28, 2011). The community members present each took several copies of the survey to distribute throughout the community. Survey copies were also made available at the hospital and the Love County Coalition. Electronic copies were made available on the hospital's website for respondents to print and complete. A copy of the survey form can be found in Appendix B.

The survey ran from November 28, 2011 to February 28, 2012. A total of 186 surveys were completed in the Mercy Health/Love County Hospital medical services area. The survey results were presented at the June 25, 2012, community meeting.

Table 6 below shows the survey respondent representation by zip code. Marietta accounted for the largest share of survey respondents with a percentage of 56.5. The zip codes areas such as Burneyville, Leon, and Thackerville that comprise the primary and secondary medical services area all had a sizable share of survey respondents.



AE-12016, Mercy Health/Love County Hospital Medical Service Area Survey Results (21 pages)

Table 6. Zip Code of Residence

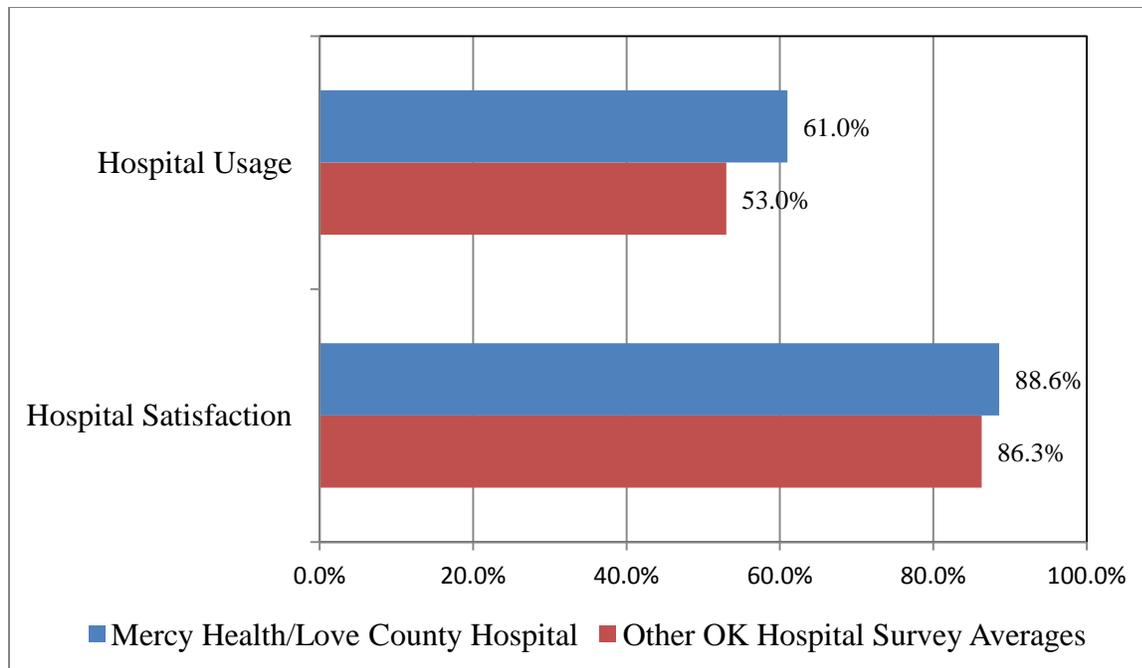
Response Category	No.	Percentage
73448 Marietta	105	56.5%
73430 Burneyville	28	15.1%
73401 Milo or Poolerville	14	7.5%
73441 Leon	12	6.5%
73459 Thackerville	10	5.4%
73453 Overbrook	6	3.2%
73446 Madill	2	1.1%
73463 Wilson or Rubottom	2	1.1%
73456 Ringling or Cornish	2	1.1%
73071 Norman	1	0.5%
73443 Lone Grove	1	0.5%
73458 Springer	1	0.5%
73460 Tishomingo	1	0.5%
76240 Gainesville, TX	1	0.5%
Total	186	100.0%

Hospital Utilization and Satisfaction

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

- 61.0% using local (Marietta) hospital services (Figure 2)
 - o Common responses for using another hospital: physician referral (35.0%), availability of specialty care (27.2%), and closer/more convenient location (15.5%)
 - o Common responses of other hospitals visited: Ardmore (16.6%) and Oklahoma Heart Hospital (1.1%)
- Services used most often:
 - o 25.6% emergency room
 - o 24.3% laboratory
- 88.6% satisfied with services received at Mercy Health/Love County Hospital
 - o Quality of care (32.2%) and demeanor of staff (16.9%) were the most common reasons for satisfaction
 - o Long wait (66.7%) was the most common responses for dissatisfaction

Figure 2. Summary of Hospital Usage and Satisfaction



Specialist Visits

Summary highlights include:

- Most common specialist visits displayed in Table 7
- Only 0.5% of specialist visits occurred in Marietta
- 73.0% of specialist visits requested further testing, laboratory work and/or x-rays
- 13.9% had further testing completed in Marietta
 - o Common responses on where other testing took place: Ardmore (48.5%), Oklahoma City (16.8%), and Denton and Dallas, TX (10.9%)
- 58.1% of total survey respondents would use mobile mammography services, if available, through Mercy Health/Love County Hospital
 - o 14.0% would prefer a referral to Mercy Memorial, Ardmore

Table 7. Type of Specialist Visits

Type of Specialist	No.	Percent
Top 5 Responses		
Cardiologist (1 visit in Marietta)	36	20.3%
Orthopedist (0 visits in Marietta)	22	12.4%
Dermatologist (0 visits in Marietta)	13	7.3%
OB/GYN (0 visits in Marietta)	12	6.8%
Surgeon (0 visits in Marietta)	11	6.2%
All others (0 visits in Marietta)	<u>83</u>	<u>46.9%</u>
Total	<u>177</u>	<u>100.0%</u>

Some respondents answered more than once.

Primary Care Physicians

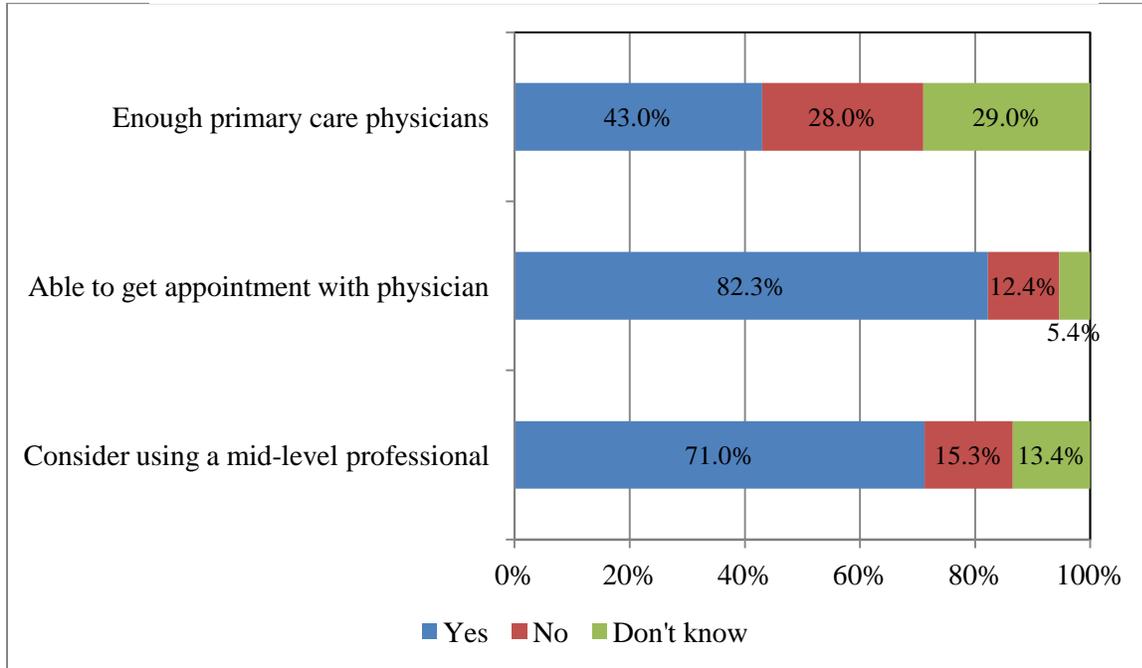
Summary highlights include:

- 87.1% uses a family doctor for most routine healthcare
 - o Those who responded they did not use a family doctor noted Rural Health Clinic (38.5%), Community Health Center (15.4%) and ER/Hospital (11.5%) as type of provider used for routine care
- 82.3% of total survey respondents have visited a primary care physician in the Mercy Health/Love County Hospital medical services area in the past 24 months
- 94.1% were satisfied with the quality of care received from a primary care physician in the Mercy Health/Love County Hospital medical services area
 - o Quality of care (26.4%) and demeanor of staff (12.2%) were the most reported reasons of satisfaction

Additional Services and Concerns

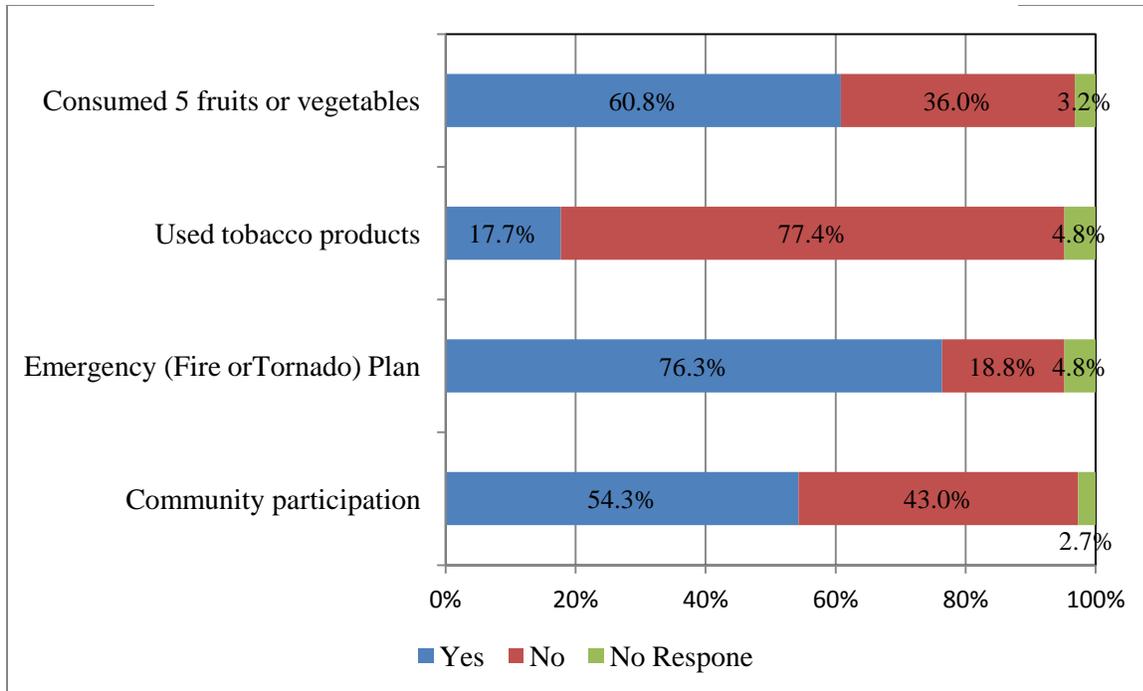
Survey respondents were asked a variety of questions to gauge concerns or potential gaps in services. Figure 3 shows the results of the series of questions pertaining to survey respondents' view of the availability of primary care physicians. Also, survey respondents were also asked if they would consider using the services of a mid-level professional such as a physician assistant or nurse practitioner.

Figure 3. Access to Primary Care Physicians



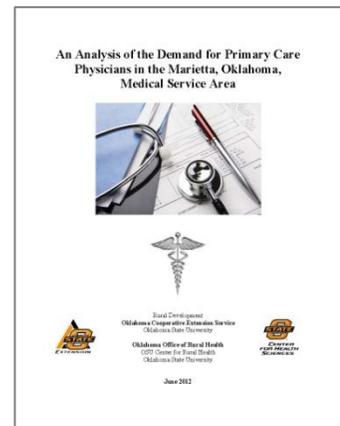
Another series of yes/no questions focused more on the behaviors and emergency preparedness of the survey respondents. Those who reported consuming at least five fruits or vegetables in the 24 hours preceding the survey accounted for 60.8% of the total (Figure 4). Nearly 18% of survey respondents indicated they used tobacco products during that same time period. Just over 76% of survey respondents do have an emergency plan in case of fire or tornado. Finally, survey respondents were asked if they have participated in a community project or charity event in Love County in the past 12 months. Over 54% reported they had while 43% replied no.

Figure 4. Behaviors of Survey Respondents



Primary Care Physician Demand Analysis, June 25, 2012

A demand analysis of primary care physicians was completed for the zip codes that comprise the Mercy Health/Love County Hospital primary and secondary medical services areas. This analysis examined average primary care physician 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 Mercy Health/Love County Hospital medical services area, a total of 23,619 annual visits would occur. This would suggest that the Mercy Health/Love County Hospital medical services area would need 5.6 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-12020, An Analysis of the Demand for Primary Care Physicians in the Marietta, Oklahoma, Medical Service Area (10 pages)

Table 10. Primary Care Physician Office Visits Given Usage by Local Residents in the Marietta, Oklahoma Medical Services Area

Usage by Residents of Primary Service Area

	70%	75%	80%	85%	90%	95%	100%
5%	16,697	17,675	18,652	19,630	20,607	21,585	22,562
10%	19,708	20,686	21,664	22,641	23,619	24,596	25,574
15%	22,720	23,697	24,675	25,652	26,630	27,608	28,585
20%	25,731	26,709	27,686	28,664	29,641	30,619	31,596
25%	28,742	29,720	30,698	31,675	32,653	33,630	34,608
30%	31,754	32,731	33,709	34,686	35,664	36,642	37,619
35%	34,765	35,743	36,720	37,698	38,675	39,653	40,630
40%	37,777	38,754	39,732	40,709	41,687	42,664	43,642
45%	40,788	41,765	42,743	43,721	44,698	45,676	46,653
50%	43,799	44,777	45,754	46,732	47,709	48,687	49,665

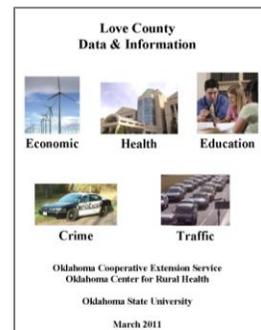
Usage by Residents of Secondary Service Area

If 90% primary medical service area and 10 to 15% secondary medical service area, then the usage would be: 23,619 to 36,630 total primary care physician office visits in the Marietta area for an estimated 5.6 to 6.4 Total Primary Care Physicians.
 (Based on 83.7 average weekly primary care physician visits with a 50 week year)

Health Data and Community Health Needs Recommendations

At the August 27, 2012 community meeting, several location-specific sources of health data were presented in addition to data from the Love County Data and Information Report (the full presentation of health related data is located in Appendix C). At the conclusion of this meeting, community members were asked to think about all data presented (community survey results, primary care physician demand analysis, and local health data) and return to the next community meeting to discuss concerns they view.

Two follow-up community meetings were held September 24, 2012 and October 24, 2012, to re-examine various sources of local health data in addition to the community survey results. Representatives from Mercy Health/Love County Hospital, local health providers, and community members were in attendance. Following the presentation, community members were then asked to



Economic Data, Health/Behavioral Data, Education Data, Traffic Accident Data, and Crime Data for Love County and the State of Oklahoma (59 pages)

identify their top concerns from evaluating the data, survey results, and their experience within the community. The top health concerns identified were as follows:

- Mammography Screening
- Diabetes Wound Care
- Education in Pre-Natal Care

Community Health Needs Implementation Strategy

- Mammography Screening

Mercy Health/Love County is currently working with Mercy Health System of Rural OK to determine feasibility, a combination of referral rates and funding sources. This will be a mobile mammography unit that would be available certain days/times.

- Diabetes Wound Care

Mercy Health/Love County is working with the school nurse that covers Love County which encompasses four school districts, to conduct diabetes screenings. This project will be accomplished through working with the Oklahoma State Department of Health and will be partially funded through a grant through Mercy Health System for diabetes education. It is also a collaborated effort through Good Shepherd to come to Marietta to host a diabetes education program.

- Education in Pre-Natal Care

Mercy Health/Love County is currently working with specialists in Ardmore to offer pre-natal care services to expecting mothers. This service will soon be available through the rural health clinic.

Community Health Needs Assessment Marketing Plan

The Community Health Needs Assessment Summary and Implementation Plan will be made available on Mercy Health/Love County's website (www.mercyhealthlovecounty.com). The document will also be available upon request at the hospital (Emergency Room, front desk, and the rural health facility). Mercy Health/Love County will share the findings and the report with the local newspaper media to distribute highlights of the process and outcomes to community members. The document will also be available on the OK Rural Health Works website (www.okruralhealthworks.org).

Appendix A- Hospital Services/Community Benefits



Mercy Health/Love County Hospital

Established 1972 by and for the People of Love County

300 Wanda • Marietta, OK 73448 • Phone 580.276.3347 • Fax 580.276.2182

Overview of Mercy Health/Love County Hospital Services And Community Benefits 2011-2012

Inpatient Services:

Acute Beds*	Swing Beds*
Skilled Nursing Beds*	Physical Therapy
Occupational Therapy	Speech Therapy
Respiratory Care	Radiology – X-ray, CT, Ultrasound, Bone Density
Laboratory	Drug Room
Health Information Management	Dietary
– Electronic Health Record	Specialist Referral

Outpatient Services:

Emergency Department	Laboratory
Management of Love County EMS	Radiology
Ground and Air Ambulance Availability	Physical Therapy
Fire Brigade/Prevention and Suppression	Occupational Therapy
Partner of Love County Search and Rescue and Emergency Responders	Speech Therapy
Home Health Care	Physicals
Bilingual Services	Medical Counseling

Mercy Health/Love County Rural Health Clinic:

Physicians, Physician Assistants, Family Nurse Practitioner

Community Activities:

Charitable Care for Uninsured	Licensed Food Pantry
United Way of South-Central Oklahoma	Relay for Life
Oklahoma Blood Institute	Eighth Grade Health Conference
Leadership Love County	<i>(Cont'd)</i>

*All 25 beds of Mercy Health-Love County are “swing” beds that may be used in any combination for hospital “acute care” or “skilled nursing care.” Acute care means the patient is a bed patient in the hospital because of a serious illness or injury that requires frequent monitoring by medical professionals but is expected to be temporary. Under terms of our licensure, after 96 hours, inpatients requiring further acute care must be transferred to a larger hospital. Skilled nursing is care by registered nurses or licensed practical nurses for a patient whose condition does not rise to the level of “acute care” but still needs 24-hour medical or nursing care or rehabilitative services. Skilled nursing stays may extend beyond 96 hours. A skilled nursing patient generally is receiving care either before or after a stay in a larger hospital.

Community Activities (Cont'd):

Partner of Love County E911
Sooner Care/Medicaid Enroller
Medicare Part D Volunteer Enroller
Grant Founder of
- Love County Victim Advocate

Host for
- Love County Chamber of Commerce
- Love County Community Coalition
Administrative Support for
- Child Abuse Multidisciplinary Team
- Fit Communities After-School Program

Charitable Trusts:

Ed F. and Jessie McGehee Estate
C.C. Wilkins Estate

Brannan Family Trust – Love County Health
Center Foundation

Internal Hospital/EMS Activities:

Hospital website
- www.mercyhealthlovecounty.com
Hospital Auxiliary
Gift Shop
Chapel
Scholarships for nursing and
medical technology students
Conference room for health seminars
and other events

Love County EMS website
- www.lovecountyems.com
Hospital/EMS Training Center
- Education leading to certification for
Paramedics and Basic EMTs
- Community training in American Heart
Association CPR, Defibrillation
- Videoconferencing
- Full-time trainer

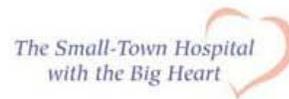
Accreditation:

Certified by Medicare/Medicaid as Critical Access Hospital and Rural Health Clinic.
Certified by Oklahoma State Department Health as Emergency Department and Paramedic Life
Support Ambulance with a Rural Trauma Team.

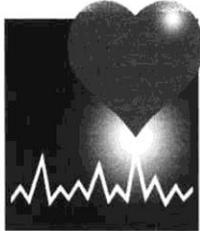
Governance:

The Love County Health Center Board of Control governs the hospital. The Love County EMS Board governs the EMS. Both Boards are appointed by the Board of County Commissioners. The hospital has a management agreement with Mercy Health System of Oklahoma. The EMS has a management agreement with the hospital.

The people of Love County established the hospital in 1972 and own the hospital, rural health clinic, and ambulance service (EMS). A county sales tax subsidizes a portion of hospital operations. A county property tax subsidizes a portion of EMS operations. A county sales tax goes toward replacement EMS vehicles.



Appendix B- Survey Form



Mercy Health/Love County Hospital

Established 1972 by and for the People of Love County

300 Wanda • Marietta, OK 73448 • Phone 580.276.3347 • Fax 580.276.2182

Survey About Your Usage of Mercy Health/Love County Hospital and Other Health Services

Please complete only 1 survey per person. Mail to 300 Wanda, Marietta, OK 73448 or drop off at any of the following locations: Mercy Health/Love County, OSU Extension, Love County Health Dept. Thank you!

The zip code of my residence is: _____

1. Have you or someone in your household used the services of a hospital in the past 24 months?
 - Yes
 - No (*Skip to Q7*)
 - Don't know (*Skip to Q7*)

3. If you responded in Q. 2. that you or someone in your household received care at a hospital other than **Mercy Health/Love County Hospital**, why did you or your family member choose that hospital(s)?
 - Physician referral
 - Closer, more convenient location
 - Insurance reasons
 - Quality of care/Lack of confidence
 - Availability of specialty care
 - Other (Please list below)

(Please answer Q3 and then Skip to Q7)

4. What hospital service(s) were used at **Mercy Health/Love County Hospital**? (*Please Specify*)
 - Radiological imaging (X-ray, MRI, CT, Ultrasound, Mammogram)
 - Laboratory
 - Other outpatient
 - Physician
 - Inpatient services
 - Emergency room (ER)
 - Other (Please list below)

5. How satisfied were you or someone in your household with the services you received at **Mercy Health/Love County Hospital**? Would you say you were...
 - 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 and in which city did you receive that care?

Type of Specialist		City

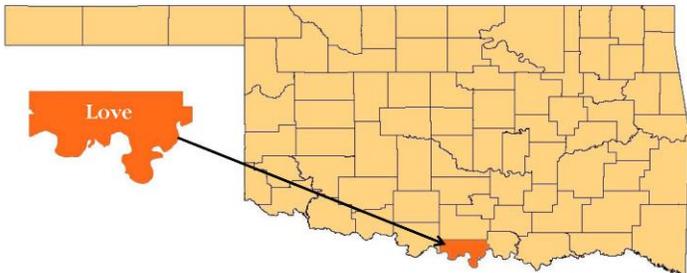
8. Did the specialist request further testing, laboratory work and/or x-rays?
 - Yes
 - No
 - Don't know

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

10. If mobile mammography were made available, would you use the service at *Mercy Health/Love County Hospital* or would you prefer a referral to Mercy Memorial in Ardmore?
- Will use at Mercy Health/Love County Prefer a referral to Mercy Memorial, Ardmore
 Not applicable
11. Do you use a family doctor for most of your routine health care?
- Yes (*Skip to Q13*) Don't know (*Skip to Q13*)
 No
12. If no, then what kind of medical provider do you use for routine care?
- Community Health Center Rural Health Clinic
 Health Department Specialist
 Emergency Room/Hospital Other (*Specify*)
-
13. Have you or someone else in your household been to a primary care doctor in the *Marietta* service area?
- Yes No (*Skip to Q16*) Don't know (*Skip to Q16*)
14. How satisfied were you or someone in your household with the quality of care received in the *Marietta* service area? Would you say that you were...?
- Satisfied Dissatisfied Don't know
15. Why were you satisfied/dissatisfied?
-
16. Do you think there are enough primary care (family) doctors practicing in the *Marietta* service area?
- Yes No Don't know
17. Would you consider seeing a midlevel provider (nurse practitioner or physician assistant) for your routine healthcare needs?
- Yes No Don't know
18. Are you able to get an appointment with your primary care (family) doctor when you need one?
- Yes No Don't know
19. Over the past 12 months, have you or someone in your household used the services of the Love County Health Department?
- Yes No Don't know
20. During the past 24 hours have you:
Eaten 5 fruits or vegetables?
 Yes No
Used tobacco products?
 Yes No
21. Does your family have a plan in case of an emergency like a tornado or fire?
- Yes No Don't know
22. Over the past 12 months, have you participated in a community project or charity event in Love County?
- Yes No

Appendix C- Health Data and Sources Presentation

Love County - Data and Information
Health Indicators and Outcomes
Local Health Services Survey Highlights



The map shows the state of Oklahoma with county boundaries. Love County is highlighted in a darker orange color. An inset map to the left shows the outline of Love County with the word "Love" written inside it. An arrow points from the inset map to the corresponding location on the main state map.



Health and Behavioral Data

Love County
Data & Information



Economic



Health



Education



Crime



Traffic

Oklahoma Cooperative Extension Service
Oklahoma Center for Rural Health
Oklahoma State University
March 2011

Source: Love County Data and Information Report

**Section B, Table 1
Economic Distress Indicators
For Love County and the State of Oklahoma**

	Love County				State of Oklahoma			
	2006	2007	2008	2009	2006	2007	2008	2009
Persons in Poverty								
Number	1,304	1,212	1,279	1,268	576,689	552,915	554,237	575,711
Percent of People in Poverty*	14.4%	13.5%	14.2%	14.1%	16.7%	15.8%	15.7%	16.1%
County Ranking (1 = Most Favorable)	16	17	24	18	--	--	--	--
Children < 18 in Poverty								
Number	498	460	458	471	205,832	196,160	195,823	199,277
Percent of Children in Poverty*	23.5%	21.6%	21.5%	21.6%	23.5%	22.2%	22.0%	22.1%
County Ranking (1 = Most Favorable)	32	27	30	31	--	--	--	--

SOURCE: U.S. Census Bureau (www.census.gov).

*Poverty is measured by using 48 thresholds that vary by family size and number of children within the family and age of householder. To determine whether a person is in poverty, one compares the total income of that person's family with the threshold appropriate for that family. If the total income is less than the threshold, then the person is considered in poverty, together with every member of his or her family. Institutionalized people, people in military quarters, people living in college dormitories, and unrelated individuals less than 15 years old are excluded from the calculation of poverty rates.



**Section B, Table 2
Assistance Programs
For Love County and the State of Oklahoma**

	Love County			State of Oklahoma		
	2008	2009	2010	2008	2009	2010
TANF (Monthly Averages)						
Total Cases	19	25	41	9,020	8,756	9,760
Total Persons Receiving TANF	40	50	95	19,649	19,092	22,131
Rate per 1,000 Population	4.4	5.5	10.4	5.4	5.2	6.0
Total Children Receiving TANF	34	41	74	16,409	15,831	17,832
Rate per 1,000 Children	15.1	18.3	33.3	18.2	17.5	19.4
SNAP (Monthly Averages)						
Total Unduplicated Cases	710	802	944	274,255	285,079	338,711
Payments per Case	\$ 218	\$ 256	\$ 299	\$229	\$260	\$298
No. of Persons	1,066	1,185	1,570	415,397	445,364	559,626
Rate per 1,000 Population	117.6	130.3	172.1	114.8	122.3	151.8
Medicaid (Monthly Averages)						
Total Medicaid Cases	1,053	1,127	1,246	373,283	383,178	413,097
Total Persons Receiving Medicaid	1,715	1,810	2,077	606,699	620,285	678,868
Rate per 1,000 Population	189.3	199.0	227.6	167.7	170.3	184.1
Total Children Receiving Medicaid	1,105	1,146	1,307	388,642	398,902	439,359
Rate per 1,000 Children	491.1	511.6	589.0	432.0	440.3	478.2
Age 5 and Under	467	473	529	165,370	169,685	185,379
Rate per 1,000 Children	207.6	211.2	238.4	183.8	187.3	201.8
Age 6-12	392	424	503	141,123	146,697	163,913
Rate per 1,000 Children	174.2	189.3	226.7	156.9	161.9	178.4
Age 13-17	246	249	275	82,149	82,520	90,067
Rate per 1,000 Children	109.3	111.2	123.9	91.3	91.1	98.0

SOURCE: Oklahoma Department of Human Services, Facts and Figures (www.okdhs.org) U.S. Census Bureau, Population Estimates (www.census.gov).



**Section B, Table 3
Elderly Support Services
For Love County and the State of Oklahoma**

	For Love County			State of Oklahoma		
	2005	2006	2007	2005	2006	2007
Medicare						
Persons Receiving Medicare	1,656	1,732	1,781	529,370	548,027	563,034
Percent of Total Population	18.3%	19.1%	19.5%	14.9%	15.3%	15.6%
	2008	2009	2010	2008	2009	2010
Medicaid > 65						
Total Persons Receiving > 65	208	220	242	55,742	55,371	55,627
Percent of Population > 65	13.6%	14.3%	15.5%	11.6%	11.3%	11.2%
Food Services						
Congregate Meals	6,227	7,990	8,914	2,151,752	2,083,247	1,821,353
Meals Served at Home	5,099	3,850	5,278	1,853,495	1,819,750	1,401,105
Total Meals Served	11,326	11,840	14,192	4,005,247	3,902,997	3,222,458
Rate per Person > 65	7.4	7.7	9.1	8.3	8.0	6.5
Adult Day Care						
Total Persons Served	0	0	NA	665	1,272	NA
Percent of Population > 65	0.0%	0.0%	NA	0.1%	0.3%	NA

SOURCE: Oklahoma Department of Human Services, Facts and Figures (www.okdhs.org); Center for Medicare and Medicaid Services (www.cms.hhs.gov); Oklahoma State Department of Health (www.ok.gov/health); U.S. Census Bureau (www.census.gov).
NA = Not Available



**Section B, Table 4
Child Abuse and Child Deaths
For Love County and the State of Oklahoma**

	Love County			State of Oklahoma		
	2006	2007	2008*	2006	2007	2008*
Child Abuse and Neglect						
No. of Confirmed Cases	45	22	15	13,827	13,191	11,714
Rate per 1,000 Children	20.8	9.8	6.7	18.7	20.8	15.6
County Ranking (1 = Most Favorable)	51	17	15	--	--	--
Child Deaths						
Ages 1-4	0	NA	1	89	85	95
Ages 5-9	0	NA	NA	52	60	41
Ages 10-14	0	NA	NA	60	53	60
Total Ages 1-14	0	0	1	201	198	196
Child Death Rates Ages 1-14	0.0	0.0	0.6	0.1	0.1	0.1
County Ranking (1 = Most Favorable)	17	15	66	--	--	--

SOURCE: Oklahoma Department of Human Services, Data and Statistics (www.okdhs.org); Oklahoma Department of Health, OK2SHARE (www.ok.gov/health).
*2008 data are preliminary.



**Section B, Table 5
Infant Mortality
For Love County and the State of Oklahoma**

	Love County			State of Oklahoma		
	2006	2007	2008	2006	2007	2008
Total Infant Mortality						
Total Infant Deaths	2	4	2	434	470	392
Rate per 1,000 Live Births	14.6	30.8	18.5	0.8	0.9	0.7
County Ranking (1 = Most Favorable)	70	76	75	--	--	--
Neonatal Mortality						
Total Neonatal Deaths	0	1	0	238	263	247
Rate per 1,000 Live Births	0.0	7.7	0.0	0.4	0.5	0.5
Post-Neonatal Mortality						
Total Post-Neonatal Mortality	2	3	2	196	207	145
Rate per 1,000 Live Births	14.6	23.1	18.5	0.4	0.4	0.3

SOURCE: Oklahoma State Department of Health, OK2SHARE (www.ok.gov/health).



**Section B, Table 6
Births by Age of Mother, Birth Weights, and Mother's Marital Status
For Love County and the State of Oklahoma**

	2006		2007		2008		2006		2007		2008	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Births by Age of Mother												
Ages 10-14	0	0.0%	0	0.0%	0	0.0%	96	0.2%	93	0.2%	89	0.2%
Ages 15-17	5	3.6%	8	6.2%	8	7.4%	2,281	4.2%	2,293	4.2%	2,300	4.2%
Ages 18-19	20	14.6%	9	6.9%	12	11.1%	4,944	9.2%	5,230	9.5%	5,192	9.5%
Ages 20-24	49	35.8%	47	36.2%	36	33.3%	17,998	33.3%	17,943	32.7%	17,576	32.1%
Ages 25-29	29	21.2%	41	31.5%	41	25.0%	15,426	28.6%	15,932	29.0%	16,166	29.5%
Ages 30-34	21	15.3%	17	13.1%	17	11.1%	8,709	16.1%	8,856	16.1%	8,957	16.4%
Ages 35-39	10	7.3%	7	5.4%	12	11.1%	3,784	7.0%	3,809	6.9%	3,724	6.8%
Ages 40-44	3	2.2%	1	0.8%	1	0.9%	724	1.3%	741	1.3%	707	1.3%
Ages 45-54	0	0.0%	0	0.0%	0	0.0%	42	0.1%	46	0.1%	37	0.1%
Total Births	137	100.0%	130	100.0%	108	100.0%	54,004	100.0%	54,943	100.0%	54,748	100.0%
Total births < Age 20	25	18.2%	17	13.1%	20	18.5%	7,321	13.6%	7,616	13.9%	7,581	13.8%
Low Weight Births												
Low Birth Weight ¹	12	8.8%	14	10.8%	9	8.3%	3,647	6.8%	4,481	8.2%	4,535	8.3%
Very Low Birth Weight ²	5	3.6%	4	3.1%	2	1.9%	866	1.6%	798	1.5%	769	1.4%
% of Births to Single Women	37.2%		40.8%		32.4%		40.9%		41.3%		42.2%	

SOURCE: Oklahoma State Department of Health, OK2SHARE (www.ok.gov/health).

¹Low birth weight is defined as 1500 to 2499 grams.

²Very low birth weight is defined as less than 1500 grams.



Section B, Table 9
Leading Causes of Death in 2008 by County of Residence
For Love County, the State of Oklahoma, and the United States

Leading Causes	Love County			State of Oklahoma ¹			United States ¹		
	Deaths	Rate per 1,000	Rank	Deaths	Rate per 1,000	Rank	Deaths	Rate per 1,000	Rank
Diseases of heart	31	3.4	1	9,632	2.6	1	617,527	2.0	1
Malignant neoplasms	21	2.3	2	7,534	2.1	2	566,137	1.9	2
Chronic lower respiratory diseases	10	1.1	3	2,655	0.7	3	141,075	0.5	3
Accidents (unintentional injuries)	7	0.8	4	2,047	0.6	4	121,207	0.4	5
Influenza / pneumonia	4	0.4	5	916	0.3	8	56,335	0.2	8
Alzheimer's disease	3	0.3	6	1,053	0.3	7	82,476	0.3	6
Cerebrovascular diseases	2	0.2	7	2,042	0.6	5	133,750	0.4	4
Septicemia	1	0.1	8	427	0.1	12	35,961	0.1	10
Chronic liver disease and cirrhosis	1	0.1	8	455	0.1	11	29,963	0.1	12
Diseases of Kidney	1	0.1	8	652	0.2	9	48,283	0.2	9

SOURCE: Oklahoma State Department of Health, OK2SHARE (www.health.state.ok.us); Center for Disease Control and Prevention, National Vital Statistics Report (www.cdc.gov); U.S. Census Bureau, Population Estimates (www.census.gov).
¹2008 data for the United States and the State of Oklahoma are preliminary data.
 N/A = Not Applicable due to some counties having less than 10 rankable causes of death.
 NA = Not Available.



Section B, Table 11
Primary Diagnosis of Mental Health Clients Treated by ODMHSAS¹
For Love County and the State of Oklahoma

	Love County						State of Oklahoma					
	2007		2008		2009		2007		2008		2009	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Diagnosis												
Alcohol Related	2	1.8%	2	1.6%	1	0.9%	795	1.7%	944	1.9%	1,016	1.8%
Drug Related	3	2.7%	3	2.3%	3	2.7%	1,758	3.7%	1,732	3.5%	1,771	3.2%
Abuse	3	2.7%	6	4.7%	8	7.1%	209	0.4%	179	0.4%	138	0.2%
Developmental	5	4.5%	8	6.3%	1	0.9%	3,109	6.6%	3,120	6.2%	4,288	7.8%
Mood	57	50.9%	56	43.8%	71	62.8%	26,155	55.3%	28,401	56.7%	31,895	57.8%
Non Alcohol Related	1	0.9%	0	0.0%	0	0.0%	186	0.4%	174	0.3%	181	0.3%
Other Non-Psychotic	11	9.8%	12	9.4%	0	0.0%	5,361	11.3%	5,906	11.8%	5,965	10.8%
Other Psychotic	18	16.1%	22	17.2%	26	23.0%	5,314	11.2%	5,279	10.5%	5,477	9.9%
Personality	0	0.0%	0	0.0%	0	0.0%	74	0.2%	84	0.2%	86	0.2%
Schizophrenia	12	10.7%	17	13.3%	3	2.7%	3,750	7.9%	3,568	7.1%	3,700	6.7%
Social Conditions	0	0.0%	2	1.6%	0	0.0%	519	1.1%	691	1.4%	679	1.2%
Unknown/Other	0	0.0%	0	0.0%	0	0.0%	4	0.0%	4	0.0%	4	0.0%
Deferred/ No Diagnosis	0	0.0%	0	0.0%	0	0.0%	22	0.0%	17	0.0%	22	0.0%
Total²	112	100.0%	128	100.0%	113	100.0%	47,256	100.0%	50,099	100.0%	55,222	100.0%

SOURCE: Oklahoma Department of Mental Health and Substance Abuse Service (www.ok.gov/odmhsas).
¹The agencies represented are only those that are funded by DMHSAS, either a state-operated facility or a private, nonprofit which contracts with DMHSAS.
²State totals might include multiple diagnoses.



**Section B, Table 17
Primary Diagnosis of Substance Abuse Persons Treated by ODMHSAS¹
For Love County and the State of Oklahoma**

Diagnosis	Love County						State of Oklahoma					
	2007		2008		2009		2007		2008		2009	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Alcohol Related	6	24.0%	3	13.0%	4	12.5%	3,777	18.7%	4,346	19.5%	4,765	20.7%
Drug Related	15	60.0%	13	56.5%	17	53.1%	12,878	63.7%	13,724	61.7%	14,125	61.3%
Abuse Victim	0	0.0%	0	0.0%	0	0.0%	1	0.0%	1	0.0%	0	0.0%
Developmental Disorder	1	4.0%	0	0.0%	0	0.0%	1,340	6.6%	1,249	5.6%	1,346	5.8%
Mood Disorder	3	12.0%	4	17.4%	10	31.3%	1,133	5.6%	1,685	7.6%	1,489	6.5%
Non-Alcohol	0	0.0%	0	0.0%	0	0.0%	2	0.0%	1	0.0%	1	0.0%
Other Non-Psychotic	0	0.0%	3	13.0%	0	0.0%	260	1.3%	377	1.7%	394	1.7%
Other Psychotic	0	0.0%	0	0.0%	1	3.1%	73	0.4%	75	0.3%	98	0.4%
Personality Disorder	0	0.0%	0	0.0%	0	0.0%	1	0.0%	2	0.0%	2	0.0%
Schizophrenia	0	0.0%	0	0.0%	0	0.0%	46	0.2%	51	0.2%	53	0.2%
Social Conditions	0	0.0%	0	0.0%	0	0.0%	683	3.4%	682	3.1%	620	2.7%
Unknown/Other	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Deferred/No Diagnosis	0	0.0%	0	0.0%	0	0.0%	21	0.1%	62	0.3%	140	0.6%
Total²	25	100.0%	23	100.0%	32	100.0%	19,311	100.0%	21,089	100.0%	22,144	100.0%

SOURCE: Oklahoma Department of Mental Health and Substance Abuse Service (www.ok.gov/odmhsas).

Percentages represent the percent of all occurrences in a particular category.

¹Substance Abuse is defined as the excessive use of a potentially addictive substance, especially one that may modify body functions.

²State totals may include multiple diagnoses

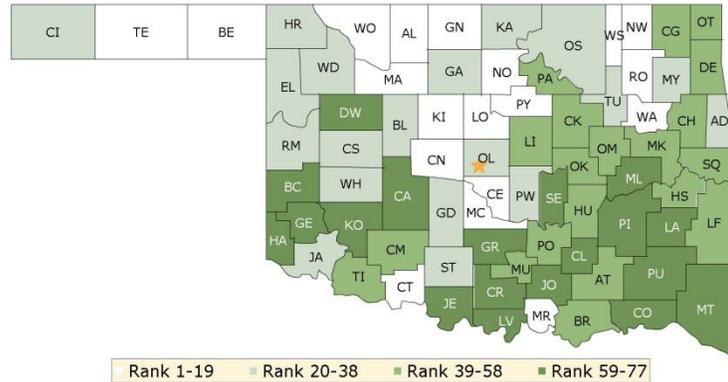


Love County Health Indicators & Outcomes

Source: www.countyhealthranking.org
www.communityhealth.hhs.gov

2012 Oklahoma Health Outcomes

Health Outcomes are the primary ranking used to rank the overall health of counties. The county ranked number 1 is considered the healthiest county in the state.



Source: University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation, County Health Rankings. Available at: www.countyhealthranking.org (July 2012).



Love County

	Rank (of 77)	Love County	State of Oklahoma	National Benchmark
Health Outcomes (Overall ranking)	74			
Mortality	67			
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)		12,705	9,448	5,466
Morbidity	75			
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)		26.0%	19.0%	10.0%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)		5.4	4.1	2.6
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)		4.8	4.0	2.3
Low birthweight - Percent of live births with low birthweight (< 2500 grams)		9.3%	8.1%	6.0%



SOURCE: University of Wisconsin Population health Institute and Robert Wood Johnson Foundation, County Health Rankings (www.countyhealthranking.org [July 2012]).

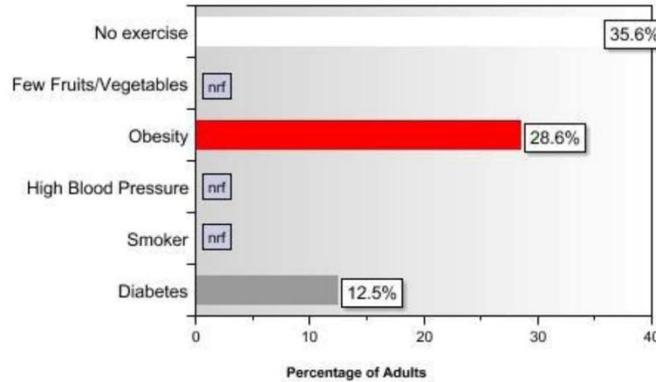


County Health Rankings & Roadmaps	Love County	Rank (of 77)	Love County	State of Oklahoma	National Benchmark
Health Factors		46			
Health Behaviors		58			
Adult smoking			36.0%	25.0%	14.0%
Adult obesity			29.0%	32.0%	25.0%
Physical inactivity			33.0%	31.0%	21.0%
Excessive drinking			15.0%	14.0%	8.0%
Motor vehicle crash death rate (per 100,000)			39	22	12
Sexually transmitted infections rate (per 100,000)			251	413	84
Teen birth rate (per 1,000 females aged 15-19)			58	58	22
Clinical Care		63			
Uninsured adults			23.0%	21.0%	11.0%
Primary care physicians (ratio of people to physician)			3,032:1	1,152:1	631:1
Preventable hospital stays			128	82	49
Diabetic screening			72.0%	77.0%	89.0%
Mammography screening			48.0%	60.0%	74.0%
Social & Economic Factors		29			
High school graduation			79.0%	78.0%	
Some college			37.0%	56.0%	68.0%
Unemployment			5.2%	7.1%	5.4%
Children in poverty			24.0%	24.0%	13.0%
Inadequate social support				20.0%	14.0%
Children in single-parent households			29.0%	33.0%	20.0%
Homicide rate (per 100,000)			170	510	73
Physical Environment		63			
Air pollution - particulate matter days			0	0	0
Air pollution - ozone days			19	13	0
Access to recreational facilities rate (per 100,000)			0	7	16
Limited access to healthy foods			8.0%	11.0%	0.0%
Fast food restaurants			22.0%	50.0%	25.0%



SOURCE: University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation, County Health Rankings (www.countyhealthrankings.org [July 2012]).

Risk Factors for Premature Death: Love County



nfr: No report, survey sample size fewer than 50



Source: U.S. Department of Health and Human Services, Community Health Statistics Indicators. Available at: www.communityhealth.hhs.gov



Access to Care for Love County, Oklahoma

ACCESS TO CARE

In addition to use of services, access to care may be characterized by medical care coverage and service availability.

Uninsured individuals (age under 65) ¹	2,127
Medicare beneficiaries ²	
Elderly (age 65+)	1,437
Disabled	344
Medicaid beneficiaries ²	2,068
Primary care physicians per 100,000 population ²	21.8
Dentists per 100,000 population ²	10.9
Community/Migrant Health Centers ³	No
Health Professional Shortage Area ³	No

SOURCE: U.S. Department of Health and Human Services, Community Health Status Indicators (www.communityhealth.hhs.gov [July 2012]).

¹The Census Bureau, Small Area Health Insurance Estimates Program, 2006.

²HRSA, Area Resource File, 2008.

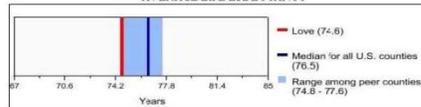
³HRSA, Geospatial Data Warehouse, 2009.



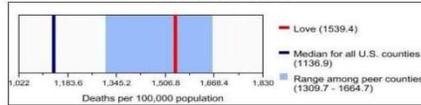
Summary Measures of Health for Love County, Oklahoma

SUMMARY MEASURES OF HEALTH

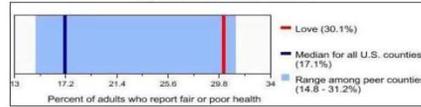
AVERAGE LIFE EXPECTANCY¹



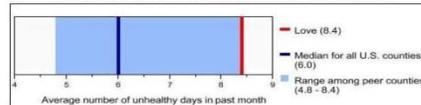
ALL CAUSES OF DEATH²



SELF-RATED HEALTH STATUS³



AVERAGE NUMBER OF UNHEALTHY DAYS IN PAST MONTH³



SOURCE: U.S. DHS, Community Health Status Indicators (www.communityhealth.hhs.gov/ [July 2012]).

¹Marazay et al., PLoS Medicine 2006 Vol. 3, No. 9, e260 doi:10.1371/journal.pmed.0030260.

²NCHS, Vital Statistics Reporting System, 1998-2005.

³CDC, Behavioral Risk Factor Surveillance System, 2000-2006.

⁴NRF No report, survey sample size fewer than 50.



Relative Health Importance for Love County, Oklahoma

RELATIVE HEALTH IMPORTANCE

Your Health Status Compared to Peers

		UNFAVORABLE	FAVORABLE
Your County's Health Compared to US Rates	UNFAVORABLE	<ul style="list-style-type: none"> • Births to Women Under 18 • Infant Mortality • White Non-Hispanic Infant Mortality • Post-Neonatal Infant Mortality • Breast Cancer (Female) • Coronary Heart Disease • Motor Vehicle Injuries • Suicide • Unintentional Injury 	<ul style="list-style-type: none"> • No Care in First Trimester • Colon Cancer • Lung Cancer • Stroke
	FAVORABLE	<ul style="list-style-type: none"> • Low Birth Wt. (<2500 g) • Very Low Birth Weight (<1500 g) • Births to Women age 40-54 	<ul style="list-style-type: none"> • Premature Births (<37 weeks) • Births to Unmarried Women • Neonatal Infant Mortality

SOURCE: U.S. Department of Health and Human Services, Community Health Status Indicators (www.communityhealth.hhs.gov/ [July 2012]).



Measures of Birth and Death¹ for Love County, Oklahoma

Measures of Birth and Death¹

County Percent	Peer County Range	Birth Measures	U.S. Percent 2005	Healthy People 2010 Target
7.3	↗ 5.5-9.5	Low Birth Wt. (<2500 g)	8.2	5.0
1.3	↗ 0.6-1.9	Very Low Birth Wt. (<1500 g)	1.5	0.9
11.2	↗ 9.1-14.4	Premature Births (<37 weeks)	12.7	7.6
5.6	↗ 2.9-7.5	Births to Women under 18	3.4	No objective
1.4	↗ 0.9-2.3	Births to Women age 40-54	2.7	No objective
31.6	↗ 24.6-42.9	Births to Unmarried Women	36.9	No objective
17.8	↗ 13.1-23.4	No Care in First Trimester ²	16.1	10.0
County Percent	Peer County Range	Infant Mortality ³	U.S. Percent 2005	Healthy People 2010 Target
7.5	↗ 3.3-11.3	Infant Mortality	6.9	4.5
9.9	↗ 2.3-10.7	White non Hispanic Infant Mortality	5.8	4.5
NRF ⁵	↗ 0.0-20.8	Black non Hispanic Infant Mortality	13.6	4.5
NRF ⁵	↗ 0.0-11.7	Hispanic Infant Mortality	5.6	4.5
3.7	↗ 2.1-7.7	Neonatal Infant Mortality	4.5	2.9
3.7	↗ 1.2-4.3	Post-Neonatal Infant Mortality	2.3	1.2
County Percent	Peer County Range	Death Measures	U.S. Percent 2005	Healthy People 2010 Target
46.7	↗ 25.7-55.0	Breast Cancer (Female)	24.1	21.3
25.6	↗ 21.1-45.5	Colon Cancer	17.5	13.7
369.7	↗ 229.7-395.8	Coronary Heart Disease	15.0	162.0
NRF ⁵	↗ 0.0-14.1	Homicide	6.1	2.8
98.9	↗ 70.5-119.4	Lung Cancer	52.6	43.3
61.6	↗ 31.8-75.8	Motor Vehicle Injuries	14.6	8.0
91.7	↗ 69.6-127.6	Stroke	47.0	50.0
26.8	↗ 11.3-30.8	Suicide	10.9	4.8
57.3	↗ 32.3-57.2	Unintentional Injury	39.1	17.1

The total number of births during this time period was 1,073 and the total number of deaths was 1,027.

SOURCE: U.S. Department of Health and Human Services, Community Health Status Indicators (www.communityhealth.hhs.gov/ [July 2012]).

↗ Indicates a status favorable to peers.

↘ Indicates a status less than favorable.

¹NCHS. Vital Statistics Reporting System, 2001-2005.

²Include 37 states, New York City and DC (see the Data Sources, Definitions, and Notes for details).

³Infant mortality: deaths per 1,000 live births (Neonatal: <28 days, post-neonatal: day 28 to under 1 year).

⁴Rates are age-adjusted to the year 2000 standard, per 100,000 population.

⁵ NRF No report, fewer than 500 births and 5 events (birth measures and infant mortality) or fewer than 10 events (death measures) occurred during the specified time period.

⁶CDNA comparable data not available.

