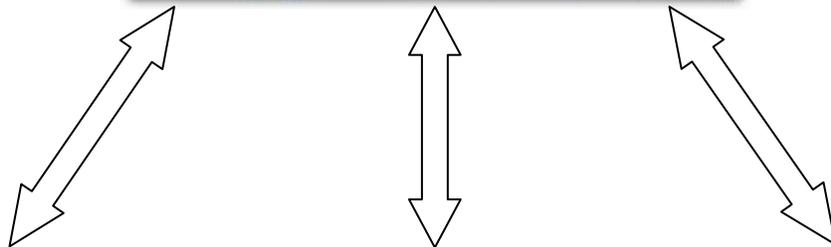


Seiling Community Hospital Medical Service Area Telephone Survey Form and Results



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

**Oklahoma Cooperative Extension Service
Oklahoma State University**

August 2010

Seiling Community Hospital Medical Service Area Telephone Survey Form and Results

**Community Health Engagement Process documents available online at:
www.okruralhealthworks.org**

Lara Brooks, Assistant Extension Specialist, OSU, Stillwater
405-744-6083; Fax: 405-744-9835, Email: lara.brooks@okstate.edu

Brian Whitacre, Assistant Professor and Extension Economist, OSU, Stillwater
405-744-6083

Stan Ralstin, Area Community Development Specialist, OSU, Enid
580-237-7677

Mike Weber, Dewey County Extension Director, Taloga
580-623-5195

Corie Kaiser, Assistant Director, Oklahoma Center for Rural Health, Oklahoma City
405-840-6500

Val Schott, Director, Oklahoma Center for Rural Health, Oklahoma City & Tulsa
405-840-6500

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

Oklahoma Cooperative Extension Services
Oklahoma State University

August 2010

**Seiling Community Hospital
Medical Service Area
Telephone Survey Form**

Survey Date: July 12-18, 2010

NOTE TO INTERVIEWER: All questions are optional and respondent may, of course, choose not to answer. All answers provided on this form are for facilitation purposes only. If an answer does not "fit" into one of the provided answers, please take down the exact answer given. Thank you.

Introduction and screener:

Hello. My name is _____ with _____. I am calling on behalf of the Seiling Community Hospital committee. We are conducting a brief survey on the topic of health care in Dewey County. The community is reviewing the health care situation in Dewey County. It is very important that we include the opinion of you or someone in your household in this brief but important survey. To ensure confidentiality, all responses are completely anonymous.

Qualifier 1: May I ask, are you over the age of 18?

- Yes
- No (*Ask to speak to someone over the age of 18. TERMINATE if there is no one over the age of 18 in the household.*)

1. What is your zip code?

- | | |
|---|--|
| <input type="checkbox"/> 73663, Seiling | <input type="checkbox"/> 73659, Putnam |
| <input type="checkbox"/> 73835, Camargo | <input type="checkbox"/> 73667, Taloga |
| <input type="checkbox"/> 73838, Chester | <input type="checkbox"/> 73859, Vici |
| <input type="checkbox"/> 73724, Canton | <input type="checkbox"/> Other _____(<i>TERMINATE</i>) |

2a. Do you use a family doctor for most of your routine health care?

- Yes (*Skip to Q.3a*)
- No
- (*Do not read*) Don't know/Refused (*Skip to Q.3a*)

2b. If no, then what kind of medical provider do you use for routine care? (*Record exact response. Probe for clarification. Do not read list.*)

- | | |
|--|---|
| <input type="checkbox"/> Community Health Center | <input type="checkbox"/> Rural Health Clinic |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Specialist |
| <input type="checkbox"/> Emergency Room/Hospital | <input type="checkbox"/> Indian Health Services |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Other (<i>Specify</i>) _____ |

- 3a. Which city do you go to for most of your family's routine health care needs? (*Do not read list*)
- | | |
|--|--|
| <input type="checkbox"/> Seiling (<i>Skip to Q.4a</i>) | <input type="checkbox"/> Weatherford |
| <input type="checkbox"/> Woodward | <input type="checkbox"/> Enid |
| <input type="checkbox"/> Shattuck | <input type="checkbox"/> Other (<i>Specify</i>) _____ |
| <input type="checkbox"/> Fairview | <input type="checkbox"/> (<i>Do not read</i>) Don't know/Refused (<i>Skip to Q.4a</i>) |
| <input type="checkbox"/> Watonga | |
| <input type="checkbox"/> Okeene | |
- 3b. Why do you or someone in your household use a medical provider for routine health care needs outside of Dewey County? (*Record exact response. Probe for clarification. Do not read list.*)
- | | |
|--|--|
| <input type="checkbox"/> Better quality of providers | <input type="checkbox"/> Speed of getting an appointment |
| <input type="checkbox"/> Closer/Convenient location | <input type="checkbox"/> Approved provider for insurance/Health benefits program |
| <input type="checkbox"/> Have used for years/Personal relationship | <input type="checkbox"/> Other (<i>Specify</i>) _____ |
| <input type="checkbox"/> Nicer facilities | <input type="checkbox"/> (<i>Do not read</i>) Don't know/Refused |
| <input type="checkbox"/> Specialist | |
- 4a. Have you or someone else in your household been to a family doctor in Dewey County in the past 24 months?
- Yes
- No (*Skip to Q.5a*)
- (*Do not read*) Don't know/Refused (*Skip to Q.5a*)
- 4b. How satisfied were you or someone in your household with the quality of care received in Dewey County? Would you say that you were...(*Read List*) ?
- Satisfied
- Dissatisfied
- (*Do not read*) Don't know/Refused (*Skip to Q.5a*)
- 4c. Why do you say that? (*Record exact response. Probe for clarification.*)
-
-
- 5a. Have you or someone in your household been to a specialist in the past 24 months?
- Yes
- No (*Skip to Q.6*)
- (*Do not read*) Don't know/Refused (*Skip to Q.6*)

5b. What type of specialist have you or someone in your household been to and in which city are they located?

| Type of Specialist | City |
|--------------------|------|
| | |
| | |
| | |
| | |
| | |

6. How many people live in your household? (**Record response below**)
 _____ (*If respondent is the only person who lives in household, ask for "you" only in Q.7*)

7. What type of health insurance covers you and your family? (*Read list if needed. Ask for "you" and "family" (if applicable). Can provide more than one response.*)

| | <u>You</u> | <u>Family</u> |
|--|--------------------------|--------------------------|
| Champus/TriCare Program | <input type="checkbox"/> | <input type="checkbox"/> |
| Insurance through Employer/Previous employer | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicaid | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicare | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicare Part D (Prescriptions) | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicare Advantage (Private pay) | <input type="checkbox"/> | <input type="checkbox"/> |
| Medicare Supplement (Private pay) | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-Paid Insurance Plan | <input type="checkbox"/> | <input type="checkbox"/> |
| VA benefits | <input type="checkbox"/> | <input type="checkbox"/> |
| Native American/Tribal Benefits | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| * Do Not Have Health Insurance | <input type="checkbox"/> | <input type="checkbox"/> |

8. Have you or someone in your household used the non-emergency services of a hospital in the past 24 months?

- Yes
- No (*Skip to Q.15*)
- (*Do not read*) Don't know/Refused (*Skip to Q.15*)

9. At which hospital(s) were services received? *(Do not read list unless prompt is needed. Record exact responses. Allow for responses for more than one hospital.)*

- Seiling Community Hospital, Seiling *(Skip to Q.12)*
- Woodward Regional Hospital, Woodward
- Weatherford Regional Hospital, Weatherford
- INTEGRIS Clinton Regional Hospital, Clinton
- Newman Memorial Hospital, Shattuck
- Fairview Regional Hospital, Fairview
- Watonga Municipal Hospital, Watonga
- Okeene Municipal Hospital, Okeene
- INTEGRIS Bass Baptist Health Center, Enid
- St. Mary's Regional Medical Center, Enid
- Other *(Specify)* _____
- (Do not read)* Don't know/Refused

10. *(If any hospital other than Seiling Community Hospital was indicated in Q.9, ask Q.10, Q.11a, and Q.11b; otherwise, skip to Q.12)* You mentioned that you or someone in your household received care at a hospital other than Seiling Community Hospital. Why did you or your family member choose this/these hospital(s)? *(Record exact response. Probe for clarification.)*

- | | |
|---|--|
| <input type="checkbox"/> Insurance reasons | <input type="checkbox"/> Service not available |
| <input type="checkbox"/> Closer/convenient location | <input type="checkbox"/> Specialty doctor |
| <input type="checkbox"/> Better Service | <input type="checkbox"/> Where my doctor works |
| <input type="checkbox"/> Referral/Recommended/Transferred | <input type="checkbox"/> Other <i>(Specify)</i> _____ |
| | <input type="checkbox"/> <i>(Do not read)</i> Don't know/Refused |

11a. What hospital services were used there? *(Do not read list unless prompt is needed. Record exact response.)*

- | | |
|---|--|
| <input type="checkbox"/> Birthing services | <input type="checkbox"/> MRI |
| <input type="checkbox"/> Bone density | <input type="checkbox"/> Outpatient surgery |
| <input type="checkbox"/> CT Scan (CAT Scan) | <input type="checkbox"/> Physical therapy |
| <input type="checkbox"/> Dietary services/Diabetic counseling | <input type="checkbox"/> Radiology (X-Ray) |
| <input type="checkbox"/> Emergency room | <input type="checkbox"/> Respiratory therapy |
| <input type="checkbox"/> Inpatient stay | <input type="checkbox"/> Sleep study |
| <input type="checkbox"/> Inpatient surgery | <input type="checkbox"/> Specialty doctor |
| <input type="checkbox"/> Laboratory (blood) tests | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> Other <i>(Specify)</i> _____ |
| <input type="checkbox"/> Mental health/Substance abuse | <input type="checkbox"/> <i>(Do not read)</i> Don't know/Refused |

- 11b. How satisfied were you or someone in your household with the services you received at this hospital? Would you say you were... **(Read list)**
- Satisfied
 - Dissatisfied
 - (Do not read)** Don't know/Refused **(Skip to Q.15)**

12. **(If Seiling Community Hospital is mentioned in Q.9, ask Q.12, Q.13, Q.14a, and Q.14b; otherwise, skip to Q. 15.)** What hospital services were used at Seiling Community Hospital? **(Do not read list unless prompt is needed. Record exact response.)**

- | | |
|---|--|
| <input type="checkbox"/> Immunizations | <input type="checkbox"/> Radiology (X-Ray) |
| <input type="checkbox"/> CT Scan (CAT Scan) | <input type="checkbox"/> Respiratory therapy |
| <input type="checkbox"/> Dietary services/Diabetic counseling | <input type="checkbox"/> Specialty doctor |
| <input type="checkbox"/> Emergency room | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Inpatient stay | <input type="checkbox"/> Outpatient treatment/procedures |
| <input type="checkbox"/> Laboratory (blood) tests | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> (Do not read) Don't know/Refused |
| <input type="checkbox"/> MRI | |

13. Please rank on a scale from 1 -5 (where 1 = very poor, 5 = excellent) how you felt about the following aspects of your hospital visit:

| | Rank (1 - 5) |
|--|--------------|
| a) Services provided by the doctors | |
| b) The hospital's facilities | |
| c) Services provided by the nurses | |
| d) Services provided by the administrative staff | |

- 14a. How satisfied were you or someone in your household with the services you received at Seiling Community Hospital? Would you say you were...**(Read list)**
- Satisfied
 - Dissatisfied
 - (Do not read)** Don't know/Refused **(Skip to Q.15)**

- 14b. Why do you say that? **(Record exact response. Probe for clarification.)**

15. Have you or someone in your household used emergency room services in the past 24 months?
- Yes
 - No **(Skip to Q.21)**
 - (Do not read)** Don't know/Refused **(Skip to Q.21)**

16. At which hospital(s) were emergency room services received? *(Do not read list unless prompt is needed. Record exact responses. Allow for responses for more than one hospital.)*
- Seiling Community Hospital, Seiling *(Skip to Q.19)*
 - Woodward Regional Hospital, Woodward
 - Weatherford Regional Hospital, Weatherford
 - INTEGRIS Clinton Regional Hospital, Clinton
 - Newman Memorial Hospital, Shattuck
 - Fairview Regional Hospital, Fairview
 - Watonga Municipal Hospital, Watonga
 - Okeene Municipal Hospital, Okeene
 - INTEGRIS Bass Baptist Health Center, Enid
 - St. Mary's Regional Medical Center, Enid
 - Other *(Specify)* _____
 - (Do not read)* Don't know/Refused
17. *(If any hospital other than Seiling Community Hospital was indicated in Q.16, ask Q.17, and Q.18; otherwise, skip to Q.19)* You mentioned that you or someone in your household received emergency room care at a hospital other than Seiling Community Hospital. What type of emergency room services have you or someone in your household used in the past 24 months at this hospital? *(Do not read list unless prompt is needed. Record exact response.)*
- Cardiac evaluation/Heart
 - Laboratory
 - CT Scan
 - Respiratory distress/Breathing difficulties
 - Routine illness
 - Trauma care
 - Radiology (X-Ray)
 - Other *(Specify)* _____
 - (Do not read)* Don't know/Refused
18. How satisfied were you or someone in your household with the services you received at the emergency room in this hospital? Would you say you were... *(Read list)*
- Satisfied
 - Dissatisfied
 - (Do not read)* Don't know/Refused *(Skip to Q.21)*
19. *(If Seiling Community Hospital is mentioned in Q.16, ask Q.19, Q.20a, and Q.20b; otherwise, skip to Q. 21)* What type of emergency room services have you or someone in your household used in the past 24 months at Seiling Community Hospital? *(Do not read list unless prompt is needed. Record exact response.)*
- Cardiac evaluation/Heart
 - Laboratory
 - CT Scan
 - Respiratory distress/Breathing difficulties
 - Routine illness
 - Trauma care
 - Radiology (X-Ray)
 - Other *(Specify)* _____
 - (Do not read)* Don't know/Refused

20. How satisfied were you or someone in your household with the services you received at the emergency room in Seiling Community Hospital? Would you say you were...**(Read list)**
- Satisfied
 - Dissatisfied
 - (Do not read)** Don't know/Refused **(Skip to Q.21a)**
- 21a. Have you or someone in your immediate family used the services of the Seiling or Vici Nursing Home(s) in the past 24 months?
- Yes
 - No **(Skip to Q22)**
 - (Do not read)** Don't know/Refused **(Skip to Q22)**
- 21b. How satisfied were you or your family member with the services you received at the Seiling or Vici Nursing Home(s)? Would you say you were...**(Read list)**
- Satisfied
 - Dissatisfied
 - (Do not read)** Don't know/Refused **(Skip to Q.22)**
- 21c. Why do you say that? **(Record exact response. Probe for clarification.)**
-
- 22a. Have you or someone in your immediate family used the services of any OTHER nursing home(s) in the past 24 months? (Other than Seiling or Vici)
- Yes
 - No **(Skip to Q23a)**
 - (Do not read)** Don't know/Refused **(Skip to Q23a)**
- 22b. Why did you or your family member choose this/these nursing home(s)?
- | | |
|--|--|
| <input type="checkbox"/> Closer/More convenient location | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Better service | <input type="checkbox"/> (Do not read) Don't know/Refused |
| <input type="checkbox"/> Nicer facilities | |
23. Do you believe that quality air and ground ambulance services and first responder services are available in Dewey County?
- Yes
 - No
 - (Do not read)** Don't know/Refused **(Skip to Q24)**

24. Do you think there are enough doctors in the Seiling area?
- Yes
 - No
 - (Do not read)** Don't know/Refused
25. What additional services would you like to see offered at Seiling Community Hospital? **(Do not read list unless prompt is needed. Record exact response.)**
- | | |
|--|--|
| <input type="checkbox"/> Birthing Services | <input type="checkbox"/> Orthopedist |
| <input type="checkbox"/> Cardiologist | <input type="checkbox"/> Respiratory therapy |
| <input type="checkbox"/> Gastroenterologist | <input type="checkbox"/> Sleep study |
| <input type="checkbox"/> Mental health/Substance abuse | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> MRI | <input type="checkbox"/> (Do not read) Don't know/Refused |
| <input type="checkbox"/> Physical Therapy | |
26. Would you be more likely to use Seiling Community Hospital if it were new?
- Yes
 - No
 - (Do not read)** Don't know/Refused
27. What concerns you most about health care in your community? **(Record exact response.)**
-
-

The last few questions are for statistical purposes only and like any of the other questions, respondents may choose not to answer.

28. What is your age?
- | | |
|--------------------------------|--|
| <input type="checkbox"/> 18-20 | <input type="checkbox"/> 61-70 |
| <input type="checkbox"/> 21-30 | <input type="checkbox"/> 71-80 |
| <input type="checkbox"/> 31-40 | <input type="checkbox"/> 80+ |
| <input type="checkbox"/> 41-50 | <input type="checkbox"/> (Do not read) Don't know/Refused |
| <input type="checkbox"/> 51-60 | |
29. What is your ethnicity?
- | | |
|---|--|
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> (Do not read) Don't know/Refused |
| <input type="checkbox"/> African American | |

30. What is your annual household income?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$100,000 to \$149,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$150,000 to \$199,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$200,000 or more |
| <input type="checkbox"/> \$35,000 to \$49,999 | <input type="checkbox"/> (<i>Do not read</i>) Don't know/Refused |
| <input type="checkbox"/> \$50,000 to \$74,999 | |

31. ***INTERVIEWER: RECORD ANSWER BASED ON OBSERVATION ONLY. DO NOT ASK.***

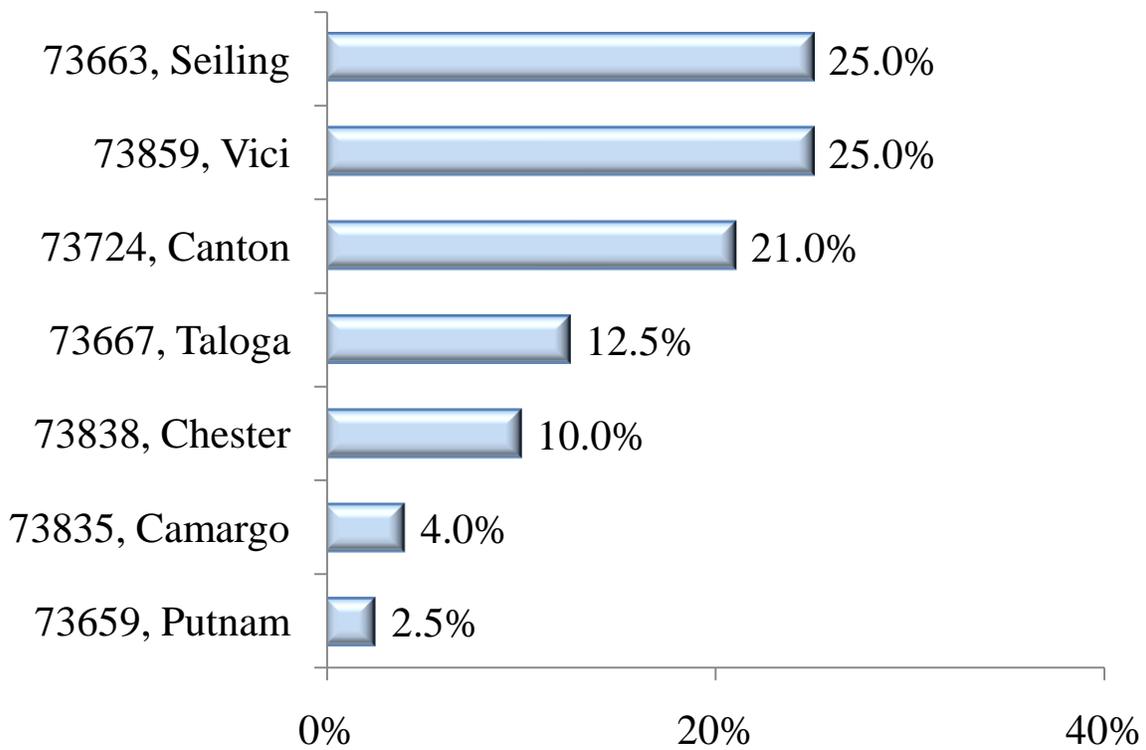
- Male
- Female
- Unknown (Can't Tell)

That completes the survey. Thank you for your time!

**Seiling Community Hospital
Medical Service Area
Telephone Survey Results**

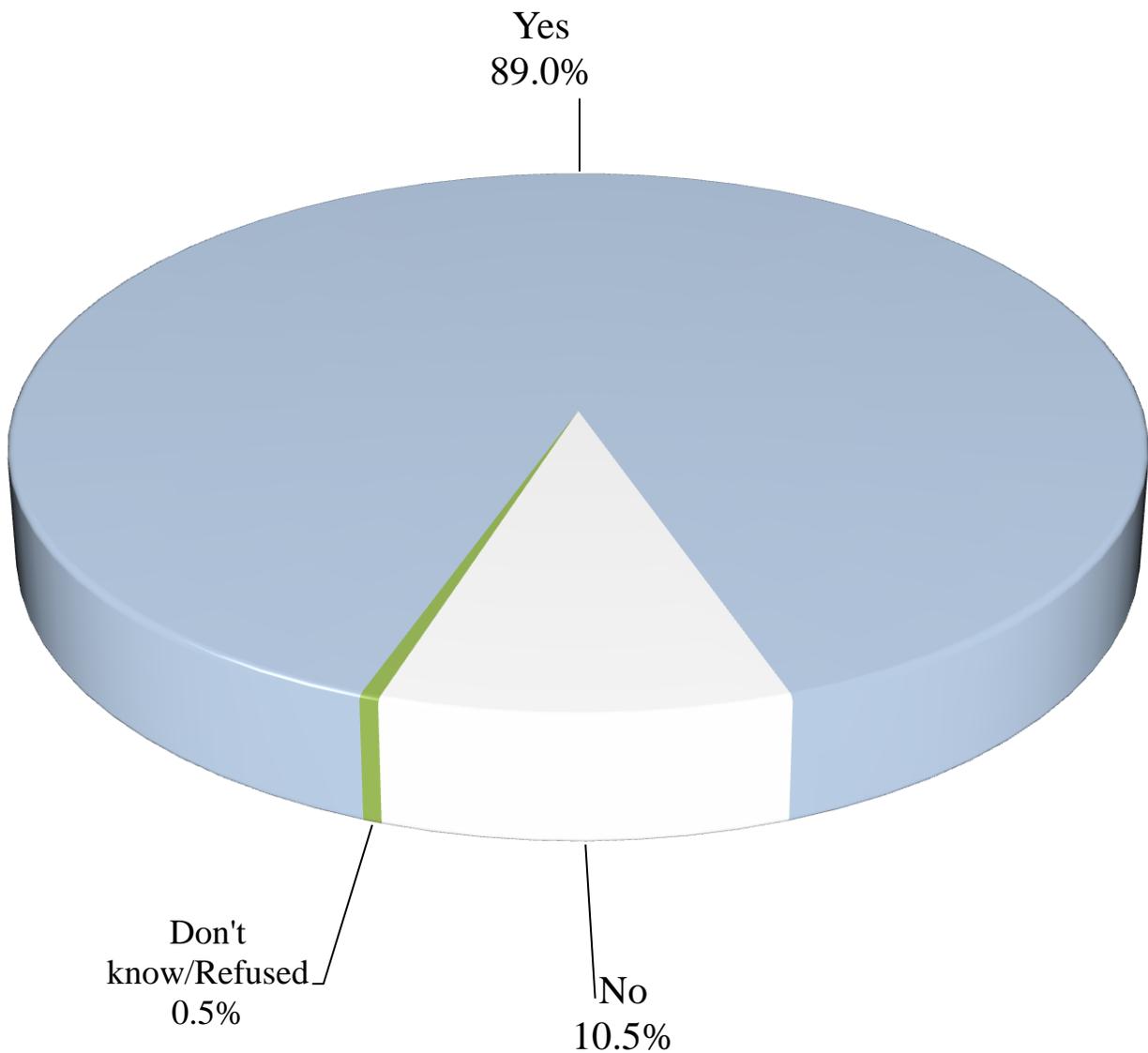
Q1. What is your zip code?

| Response Category | No. | Percent |
|-------------------|------------|---------------|
| 73663, Seiling | 50 | 25.0% |
| 73859, Vici | 50 | 25.0% |
| 73724, Canton | 42 | 21.0% |
| 73667, Taloga | 25 | 12.5% |
| 73838, Chester | 20 | 10.0% |
| 73835, Camargo | 8 | 4.0% |
| 73659, Putnam | <u>5</u> | <u>2.5%</u> |
| Total | <u>200</u> | <u>100.0%</u> |



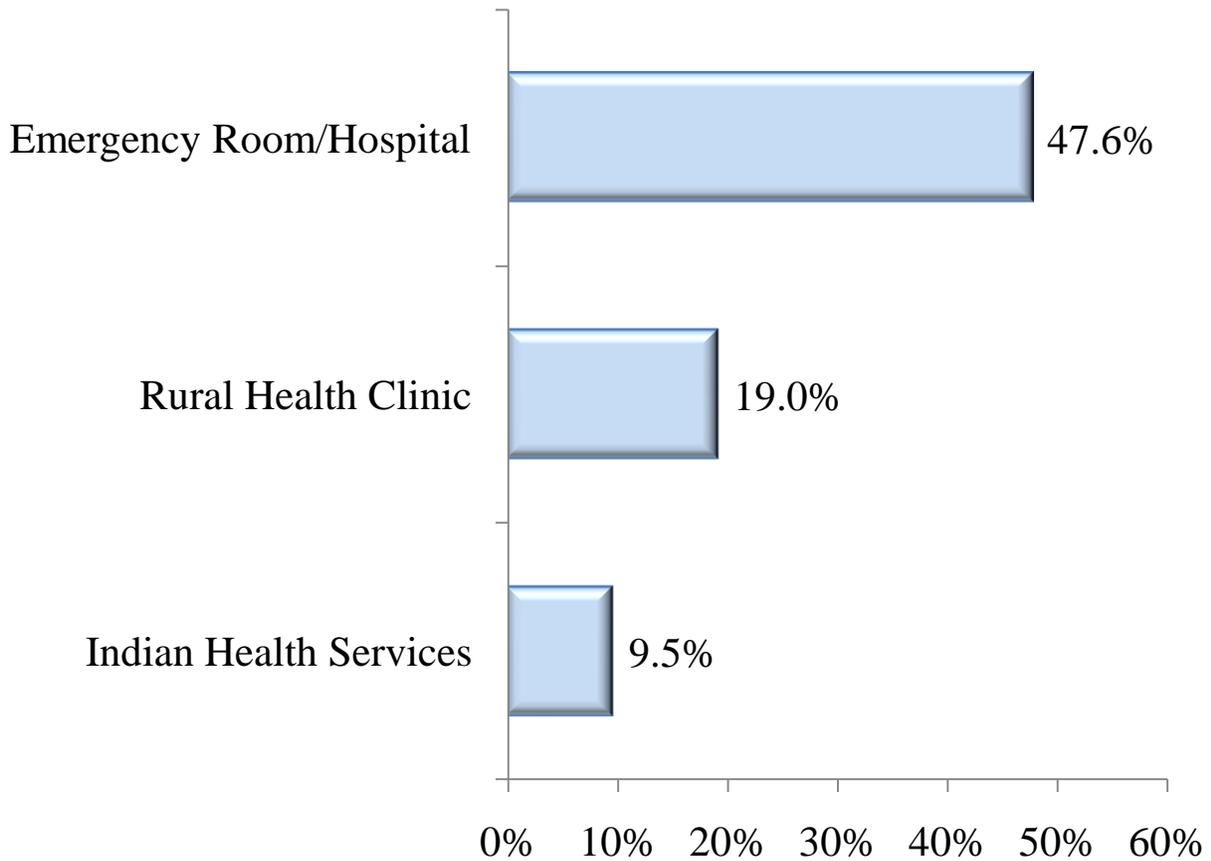
Q2a. Do you use a family doctor for most of your routine health care?

| Response Category | No. | Percent |
|--------------------|------------|---------------|
| Yes | 178 | 89.0% |
| No | 21 | 10.5% |
| Don't know/Refused | <u>1</u> | <u>0.5%</u> |
| Total | <u>200</u> | <u>100.0%</u> |



Q2b. If no, then what kind of medical provider do you use for routine care?

| Response Category | No. | Percent |
|--|------------------|----------------------|
| Emergency Room/Hospital | 10 | 47.6% |
| Rural Health Clinic | 4 | 19.0% |
| Indian Health Services | 2 | 9.5% |
| Health Department | 1 | 4.8% |
| VA | 1 | 4.8% |
| Just moved here | 1 | 4.8% |
| None, religious reasons | 1 | 4.8% |
| Elders of church for any health care needs | <u>1</u> | <u>4.8%</u> |
| Total | <u>21</u> | <u>100.0%</u> |



**Q3a. Which city do you go to for most of your family's
routine health care needs?**

| Response Category | County | No. | Percent |
|------------------------|----------|-------------------|----------------------|
| Seiling | Dewey | 91 | 45.5% |
| Woodward | Woodward | 22 | 11.0% |
| Okeene | Blaine | 20 | 10.0% |
| Vici | Dewey | 11 | 5.5% |
| Shattuck | Ellis | 11 | 5.5% |
| Fairview | Major | 11 | 5.5% |
| Watonga | Blaine | 6 | 3.0% |
| Clinton | Custer | 6 | 3.0% |
| Enid | Garfield | 5 | 2.5% |
| Elk City | Beckham | 4 | 2.0% |
| Oklahoma City | Oklahoma | 4 | 2.0% |
| Canton | Blaine | 1 | 0.5% |
| Weatherford | Custer | 1 | 0.5% |
| Tulsa | Tulsa | 1 | 0.5% |
| Ft. Worth, TX | | 1 | 0.5% |
| Arkansas City, KS | | 1 | 0.5% |
| None | | 1 | 0.5% |
| Don't know/No response | | <u>3</u> | <u>1.5%</u> |
| Total | | <u>200</u> | <u>100.0%</u> |

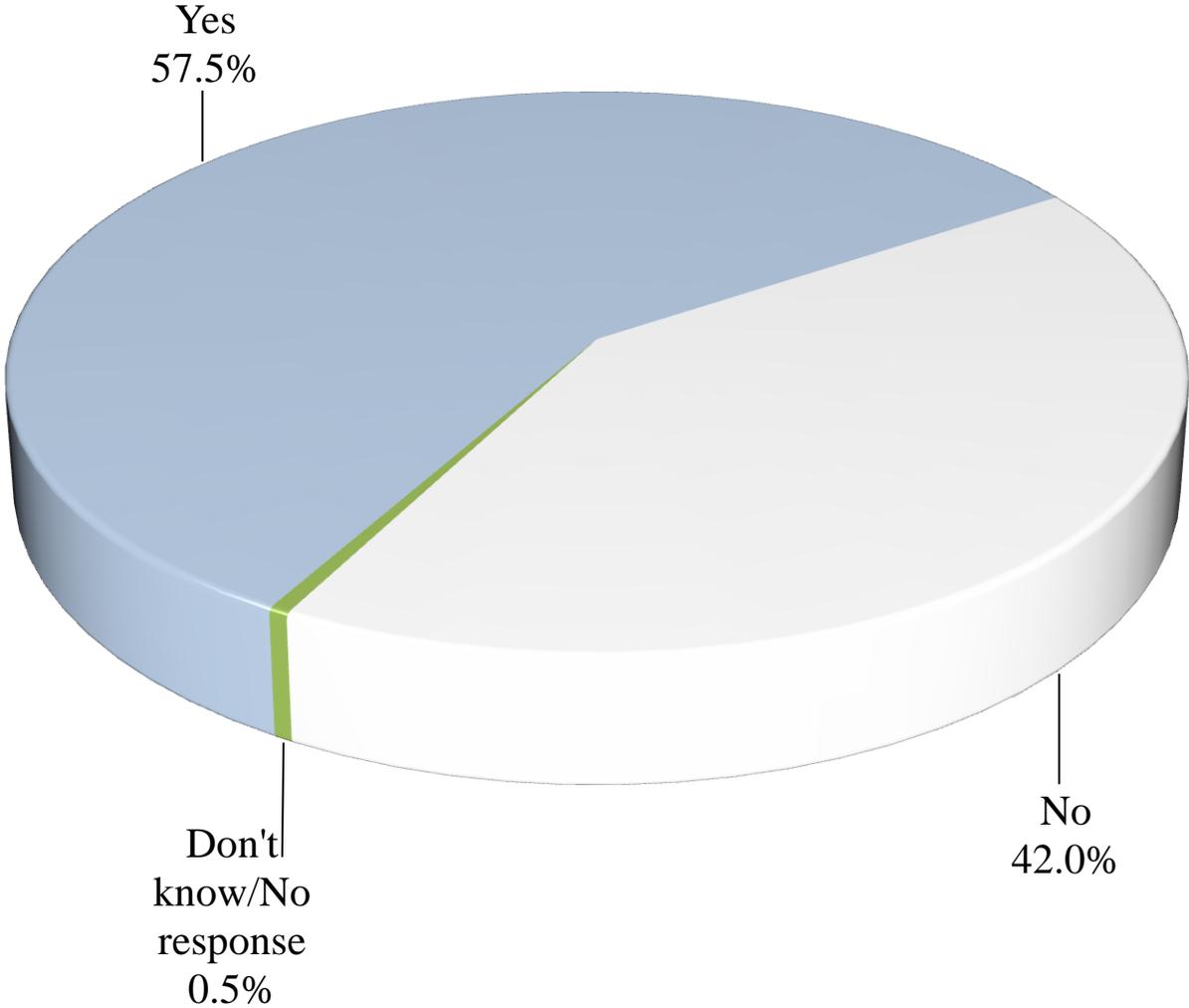
Q3b. Why do you or someone in your household use a medical provider for routine health care needs outside of Dewey County?

| Response Category | No. | Percent |
|---|-------------------|----------------------|
| Closer/Convenient location | 46 | 32.4% |
| Have used for years/Personal relationship | 44 | 31.0% |
| Better quality of providers | 18 | 12.7% |
| Approved provider for insurance/Health benefits program | 10 | 7.0% |
| Specialist | 6 | 4.2% |
| Nicer facilities | 6 | 4.2% |
| Speed of getting an appointment | 3 | 2.1% |
| Recommended/Referred | 2 | 1.4% |
| Not enough local doctors/Specialists | 2 | 1.4% |
| New in town/Not familiar with local doctors | 2 | 1.4% |
| Do not use doctors/Religion | 1 | 0.7% |
| Don't know/No response | <u>2</u> | <u>1.4%</u> |
| Total | <u>142</u> | <u>100.0%</u> |

Some respondents answered more than once.

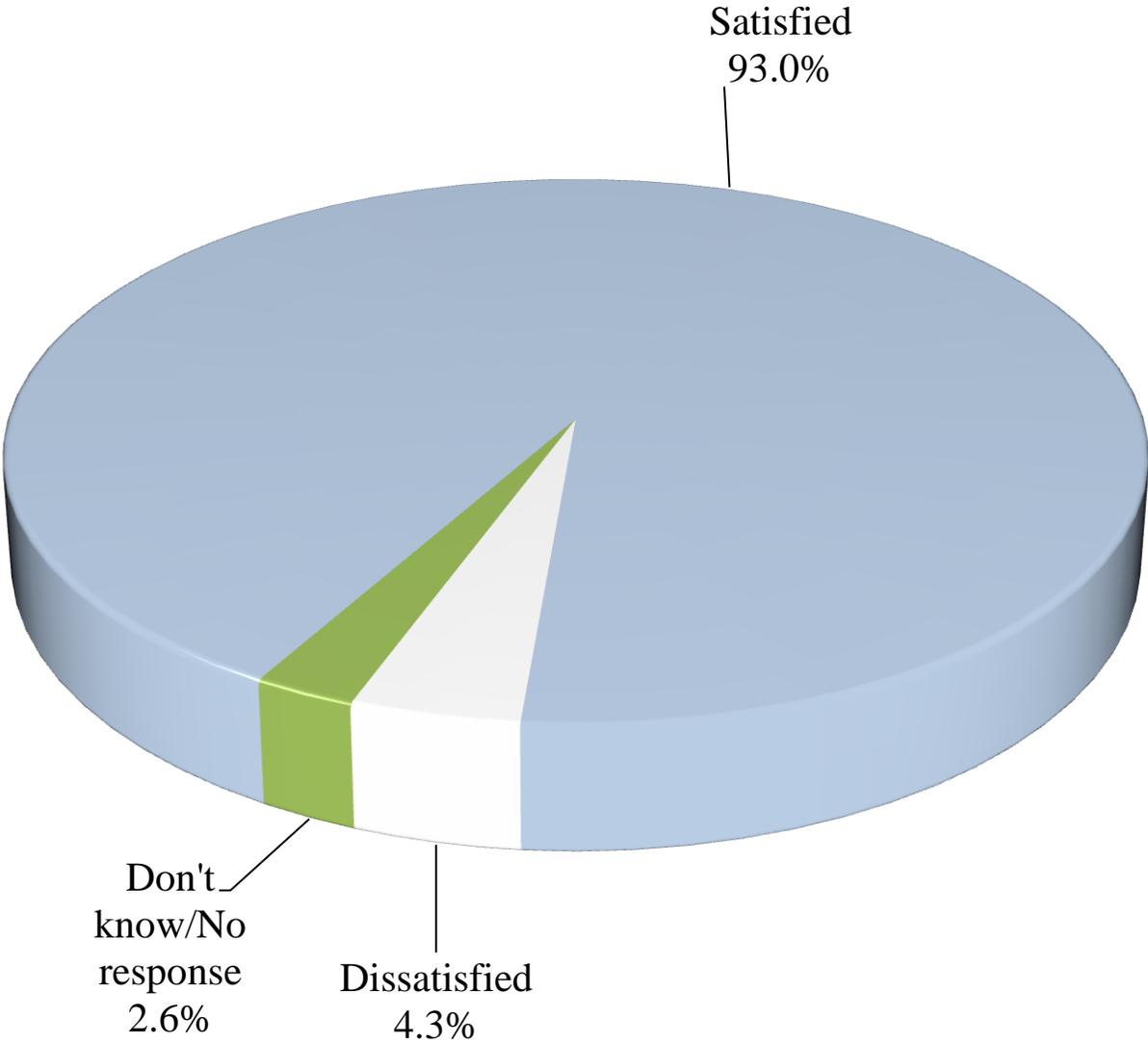
Q4a. Have you or someone else in your household been to a family doctor in Dewey County in the past 24 months?

| Response Category | No. | Percent |
|------------------------|------------|---------------|
| Yes | 115 | 57.5% |
| No | 84 | 42.0% |
| Don't know/No response | <u>1</u> | <u>0.5%</u> |
| Total | <u>200</u> | <u>100.0%</u> |



Q4b. How satisfied were you or someone in your household with the quality of care received in Dewey County? Would you say that you were...

| Response Category | No. | Percent |
|------------------------|------------|---------------|
| Satisfied | 107 | 93.0% |
| Dissatisfied | 5 | 4.3% |
| Don't know/No response | 3 | 2.6% |
| Total | <u>115</u> | <u>100.0%</u> |



Q4c-1. Why do you say that you are satisfied with the services received in Dewey County?

| Response | No. | Percent |
|---|------------|---------------|
| Satisfied with doctors/Nurses/Staff | 35 | 28.2% |
| Resolved medical issue(s)/Needs were met | 32 | 25.8% |
| Satisfied, because the services were local and personal | 24 | 19.4% |
| Good treatment/care | 15 | 12.1% |
| Short waiting time | 6 | 4.8% |
| Service was good | 4 | 3.2% |
| Friendly staff | 3 | 2.4% |
| Satisfied, no reason given | 3 | 2.4% |
| Satisfied, but concerned about billing | <u>2</u> | <u>1.6%</u> |
| Total | <u>124</u> | <u>100.0%</u> |

Some respondents answered more than once.

Q4c-2. Why do you say that you are dissatisfied with the services you received in Dewey County?

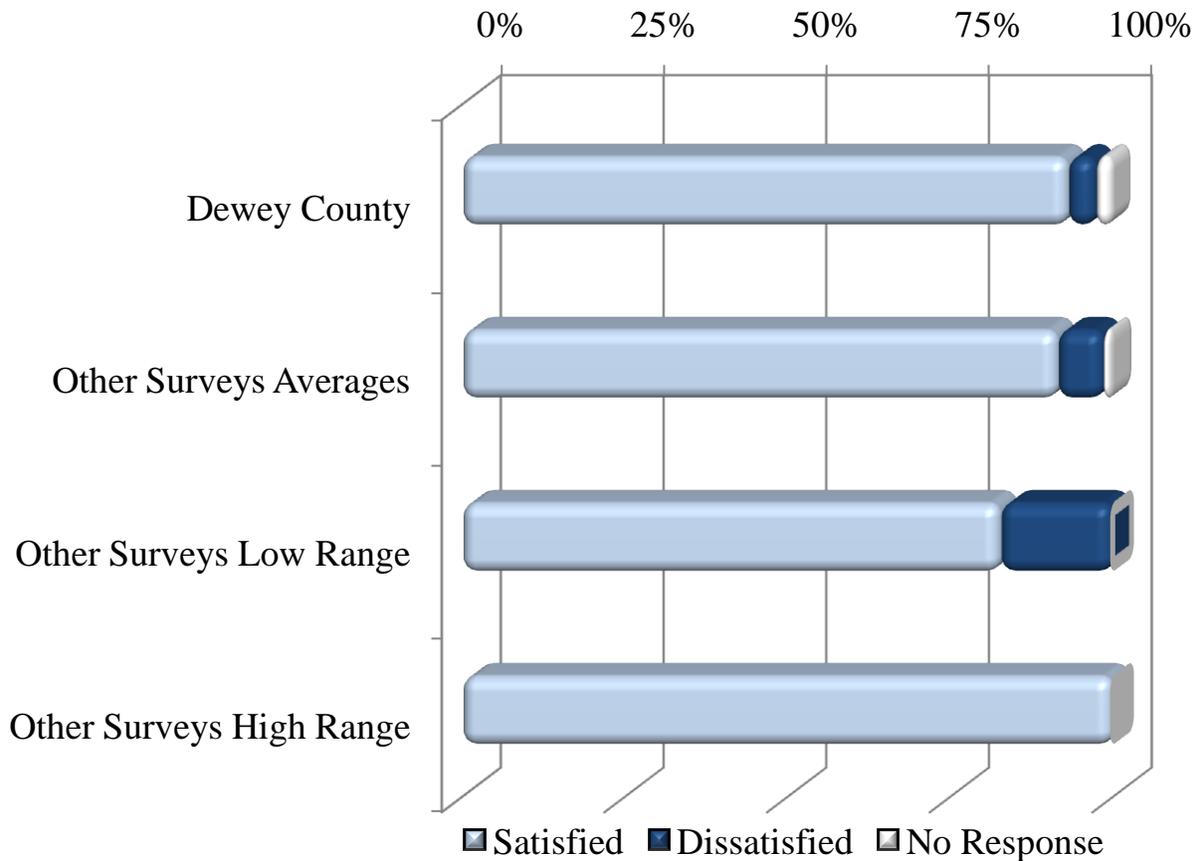
| Response | No. | Percent |
|---------------------------------------|----------|---------------|
| Problems filing claims with insurance | 2 | 33.3% |
| Unsatisfied with physicians | 1 | 16.7% |
| Medical issue(s) not resolved | 1 | 16.7% |
| Dissatisfied with billing | 1 | 16.7% |
| Dissatisfied, no reason given | <u>1</u> | <u>16.7%</u> |
| Total | <u>6</u> | <u>100.0%</u> |

Some respondents answered more than once.

Q4d. How satisfied were you or someone in your household with the quality of care you received in Dewey County?

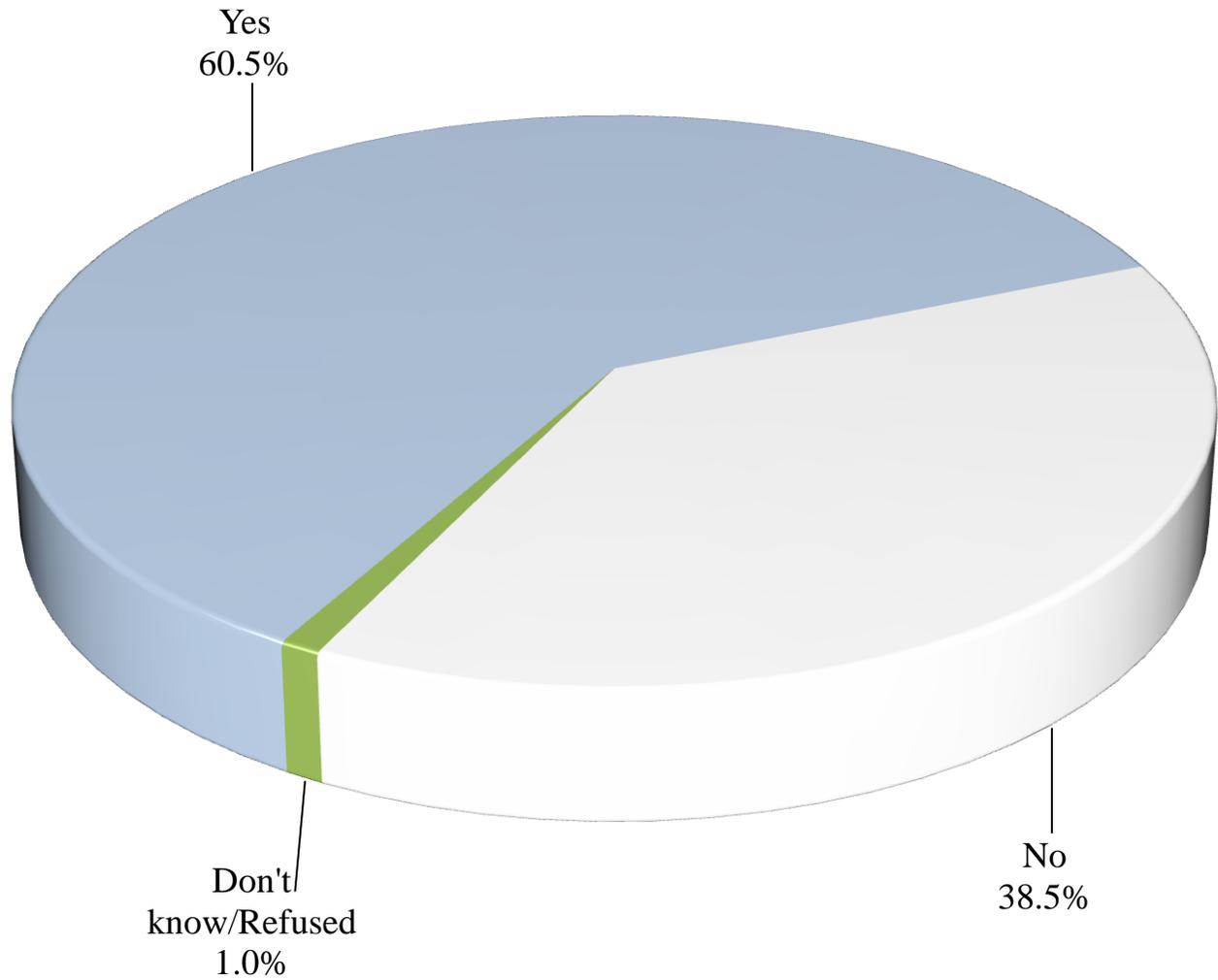
Compared to Other Studies

| Survey Area | Satisfied | Dissatisfied | No Response |
|--------------------------|-----------|--------------|-------------|
| Dewey County | 93.0% | 4.3% | 2.6% |
| Other Surveys Averages | 91.6% | 7.1% | 1.4% |
| Other Surveys Low Range | 82.7% | 17.3% | 0.0% |
| Other Surveys High Range | 100.0% | 0.0% | 0.0% |



Q5a. Have you or someone in your household been to a specialist in the past 24 months?

| Response Category | No. | Percent |
|--------------------|------------|---------------|
| Yes | 121 | 60.5% |
| No | 77 | 38.5% |
| Don't know/Refused | <u>2</u> | <u>1.0%</u> |
| Total | <u>200</u> | <u>100.0%</u> |



Q5b-1. What type of specialist have you or someone in your household been to?

| Type of Specialist | No. | Percent |
|-------------------------------|-------------------|----------------------|
| <i>Top 7 Responses</i> | | |
| Cardiologist | 30 | 15.9% |
| Orthopedist | 19 | 10.1% |
| Oncologist | 14 | 7.4% |
| Orthopedic Surgeon | 14 | 7.4% |
| Ophthalmologist | 11 | 5.8% |
| Urologist | 11 | 5.8% |
| Gastroenterologist | 10 | 5.3% |
| All others | <u>80</u> | <u>42.3%</u> |
| Total | <u>189</u> | <u>100.0%</u> |

Some respondents answered more than once.

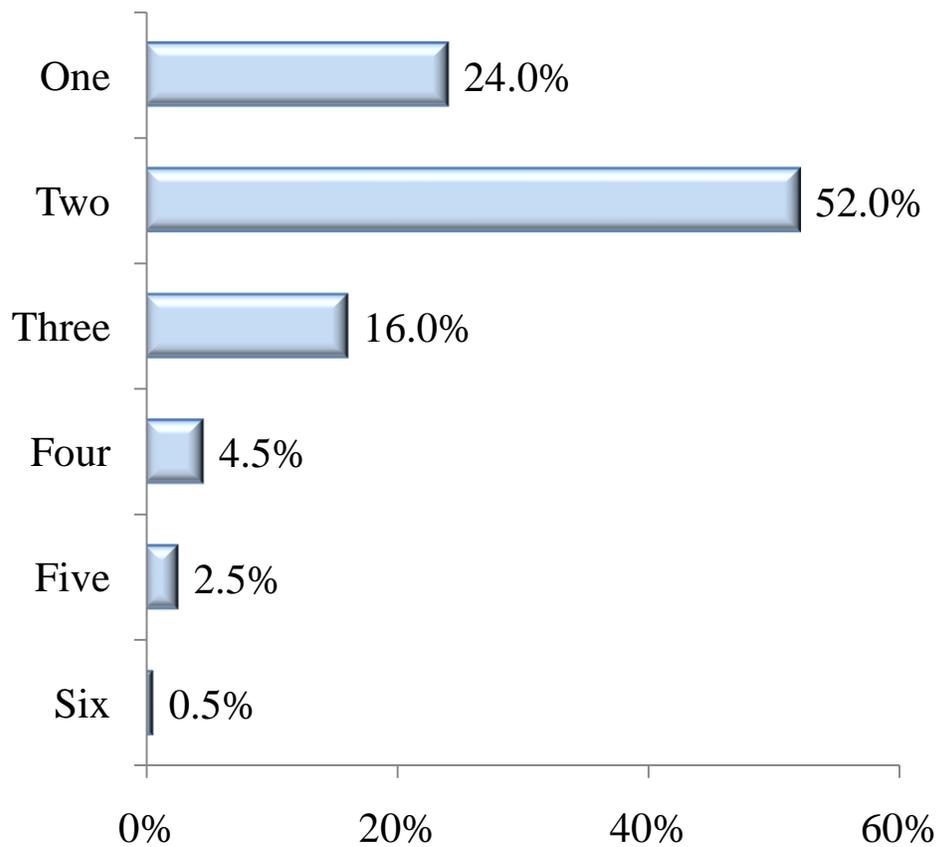
**Q5b-2. What type of specialist have you or someone in your household been to
and in which city are they located?**

| Type of Specialist | City | No. | Percent |
|------------------------------|--|------------|---------------|
| Cardiologist | Oklahoma City (10); Enid (8); Woodward (4); Elk City (2); Shattuck (2); Seiling (1); Woodward (1); Ft. Worth, TX (1); Zapata, TX (1) | 30 | 15.9% |
| Orthopedist | Oklahoma City (10); Enid (8); Woodward (1) | 19 | 10.1% |
| Oncologist | Enid (9); Oklahoma City (2); Edmond (1); Woodward (1); Fayetteville, AR (1) | 14 | 7.4% |
| Orthopedic Surgeon | Oklahoma City (7); Enid (3); Liberal, KS (1); Wichita, KS (1); Bethlehem, PA (1); Amarillo, TX (1) | 14 | 7.4% |
| Ophthalmologist | Enid (5); Oklahoma City (3); Woodward (2); Edmond (1) | 11 | 5.8% |
| Urologist | Enid (5); Woodward (5); Oklahoma City (1) | 11 | 5.8% |
| Gastroenterologist | Enid (10) | 10 | 5.3% |
| OB/GYN | Enid (5); Seiling (1); Norman (1); Oklahoma City (1); Woodward (1) | 9 | 4.8% |
| General Surgeon | Enid (4); Woodward (2); Elk City (1); Shattuck (1) | 8 | 4.2% |
| Pulmonologist | Enid (4); Woodward (2); Seiling (1); Oklahoma City (1) | 8 | 4.2% |
| Neurologist | Oklahoma City (4); Enid (3) | 7 | 3.7% |
| Nephrologist | Oklahoma City (3); Enid (2); Amarillo, TX (1) | 6 | 3.2% |
| Dermatologist | Elk City (3); Enid (1); Ft. Worth, TX (1) | 5 | 2.6% |
| Endocrinologist | Enid (1); Oklahoma City (1); Weatherford (1); Woodward (1) | 4 | 2.1% |
| Neurosurgeon | Oklahoma City (3); Enid (1) | 4 | 2.1% |
| Retinologist | Oklahoma City (3); Woodward (1) | 4 | 2.1% |
| Rheumatologist | Oklahoma City (3); Norman (1) | 4 | 2.1% |
| Plastic Surgeon | Enid (2); Oklahoma City (1) | 3 | 1.6% |
| Optometrist | Enid (1); Fairview (1) | 2 | 1.1% |
| Otolaryngologist | Enid (1); Ft. Worth (1) | 2 | 1.1% |
| Podiatrist | Enid (1); Oklahoma City (1) | 2 | 1.1% |
| Sleep Specialist | Kingfisher (1); Oklahoma City (1) | 2 | 1.1% |
| Cardiac Surgeon | Oklahoma City (1) | 1 | 0.5% |
| Dentist | Woodward (1) | 1 | 0.5% |
| Fertility Specialist | Oklahoma City (1) | 1 | 0.5% |
| Pediatric Gastroenterologist | Oklahoma City (1) | 1 | 0.5% |
| Pediatrician | Oklahoma City (1) | 1 | 0.5% |
| Periodontist | Oklahoma City (1) | 1 | 0.5% |
| Don't know/Refused | | 4 | 2.1% |
| Total | | 189 | 100.0% |

Some respondents answered more than once.

Q6. How many people live in your household?

| Response Category | No. | Percent |
|-------------------|------------|---------------|
| One | 48 | 24.0% |
| Two | 104 | 52.0% |
| Three | 32 | 16.0% |
| Four | 9 | 4.5% |
| Five | 5 | 2.5% |
| Seven | 1 | 0.5% |
| Fifteen | <u>1</u> | <u>0.5%</u> |
| Total | <u>200</u> | <u>100.0%</u> |



Q7a. What type of health insurance covers you?

| Response Category | All Categories | Percent | Major Categories | Percent |
|--|-------------------|----------------------|-------------------|----------------------|
| <i>All Medicare</i> | | | <u>115</u> | <u>38.9%</u> |
| Medicare | 70 | 23.6% | | |
| Medicare Part D | 24 | 8.1% | | |
| Medicare Supplement | 18 | 6.1% | | |
| Medicare Advantage | 3 | 1.0% | | |
| Insurance through employer/Previous employer | 81 | 27.4% | 81 | 27.4% |
| Self-paid insurance plan | 47 | 15.9% | 47 | 15.9% |
| Medicaid (Sooner Care) | 8 | 2.7% | 8 | 2.7% |
| VA benefits | 8 | 2.7% | 8 | 2.7% |
| Champus/TriCare Program | 7 | 2.4% | 7 | 2.4% |
| Native American/Tribal benefits | 4 | 1.4% | 4 | 1.4% |
| None/Not covered by health insurance | <u>26</u> | <u>8.8%</u> | <u>26</u> | <u>8.8%</u> |
| Total | <u>296</u> | <u>100.0%</u> | <u>296</u> | <u>100.0%</u> |

Some respondents answered more than once.

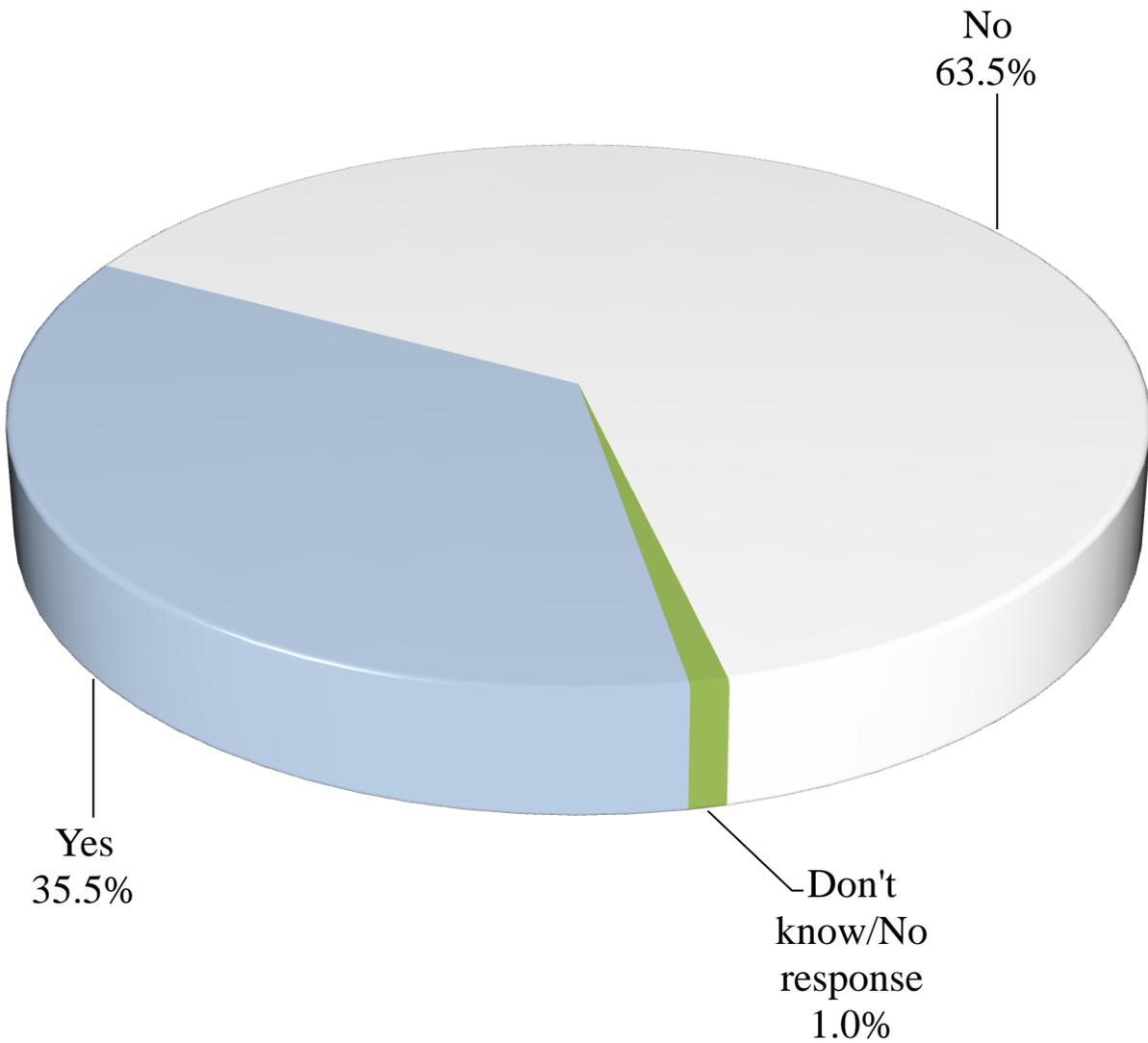
Q7b. What type of health insurance covers your family?

| Response Category | All Categories | Percent | Major Categories | Percent |
|--|-------------------|----------------------|-------------------|----------------------|
| <i>All Medicare</i> | | | <u>66</u> | <u>33.5%</u> |
| Medicare | 41 | 20.8% | | |
| Medicare Part D | 13 | 6.6% | | |
| Medicare Supplement | 11 | 5.6% | | |
| Medicare Advantage | <u>1</u> | <u>0.5%</u> | | |
| Insurance through employer/Previous employer | 79 | 40.1% | 79 | 40.1% |
| Self-paid insurance plan | 36 | 18.3% | 36 | 18.3% |
| Medicaid (Sooner Care) | 8 | 4.1% | 8 | 4.1% |
| Champus/TriCare Program | 5 | 2.5% | 5 | 2.5% |
| Native American/Tribal benefits | 3 | 1.5% | 3 | 1.5% |
| None/Not covered by health insurance | <u>15</u> | <u>7.6%</u> | <u>15</u> | <u>7.6%</u> |
| Total | <u>197</u> | <u>100.0%</u> | <u>197</u> | <u>100.0%</u> |

Some respondents answered more than once.

Q8. Have you or someone in your household used the non-emergency services of a hospital in the past 24 months?

| Response Category | No. | Percent |
|------------------------|------------|---------------|
| Yes | 71 | 35.5% |
| No | 127 | 63.5% |
| Don't know/No response | <u>2</u> | <u>1.0%</u> |
| Total | <u>200</u> | <u>100.0%</u> |



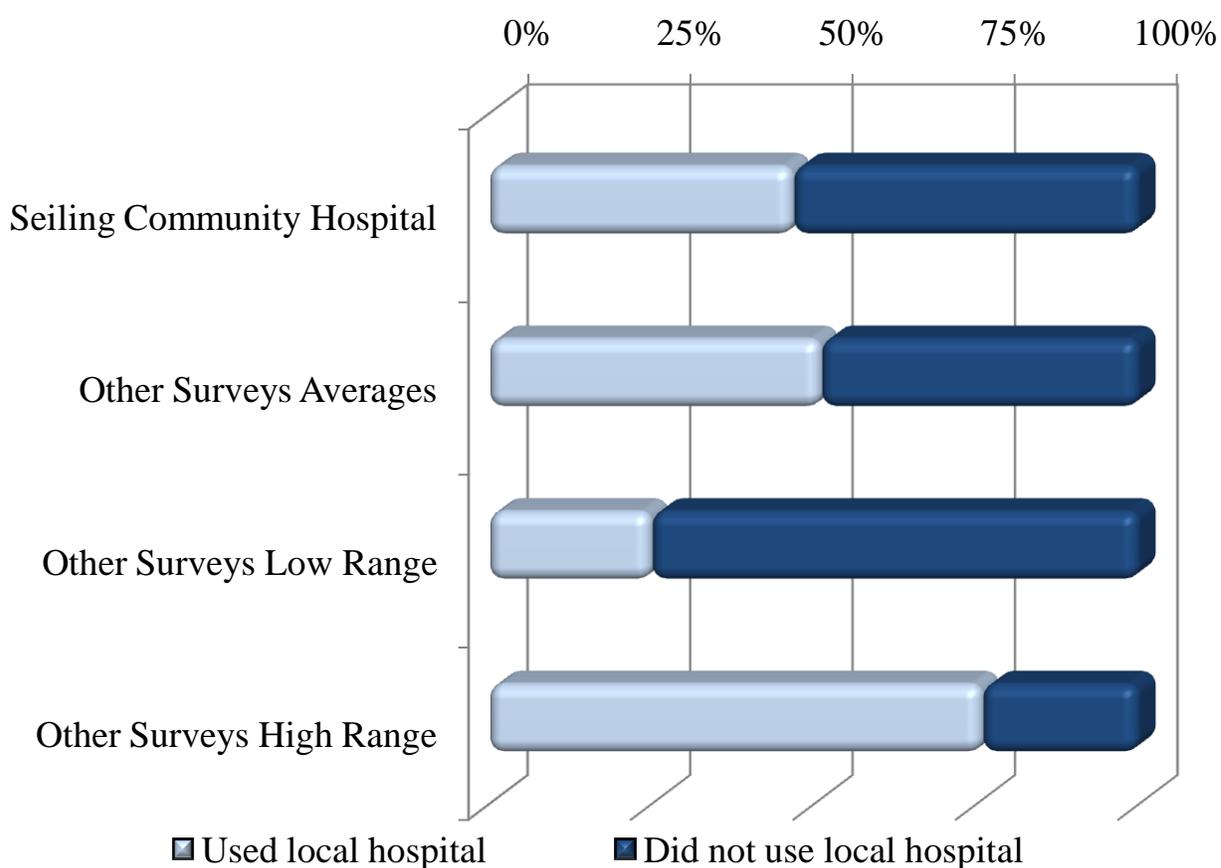
Q9a. At which hospital(s) were services received?

| Response Category | Location | No. | Percent |
|--------------------------------------|---------------|------------------|----------------------|
| Seiling Community Hospital | Seiling | 37 | 46.8% |
| Okeene Municipal Hospital | Okeene | 7 | 8.9% |
| Newman Memorial Hospital | Shattuck | 5 | 6.3% |
| St. Mary's Regional Medical Center | Enid | 4 | 5.1% |
| Fairview Regional Hospital | Fairview | 4 | 5.1% |
| Woodward Regional Hospital | Woodward | 3 | 3.8% |
| INTEGRIS Bass Baptist Health Center | Enid | 3 | 3.8% |
| McBride Clinic Orthopedic Hospital | Edmond | 2 | 2.5% |
| Weatherford Regional Hospital | Weatherford | 1 | 1.3% |
| INTEGRIS Clinton Regional Hospital | Clinton | 1 | 1.3% |
| Watonga Municipal Hospital | Watonga | 1 | 1.3% |
| Norman Regional Hospital | Norman | 1 | 1.3% |
| Oklahoma Heart Hospital | Oklahoma City | 1 | 1.3% |
| Great Plains Regional Medical Center | Elk City | 1 | 1.3% |
| Lakeside Women's Hospital | Oklahoma City | 1 | 1.3% |
| INTEGRIS Baptist Medical Center | Oklahoma City | 1 | 1.3% |
| OU Medical Center | Oklahoma City | 1 | 1.3% |
| Oklahoma Surgicare | Oklahoma City | 1 | 1.3% |
| Laredo Medical Center | Laredo, TX | 1 | 1.3% |
| Southwest Medical Center | Liberal, KS | 1 | 1.3% |
| Urgent Care | Woodward | 1 | 1.3% |
| Hospital in OKC, Don't remember name | Oklahoma City | <u>1</u> | <u>1.3%</u> |
| Total | | <u>79</u> | <u>100.0%</u> |

Some respondents answered more than once.

**Q9b. Which hospital(s) were services received?
Seiling Community Hospital
Compared to Other Studies**

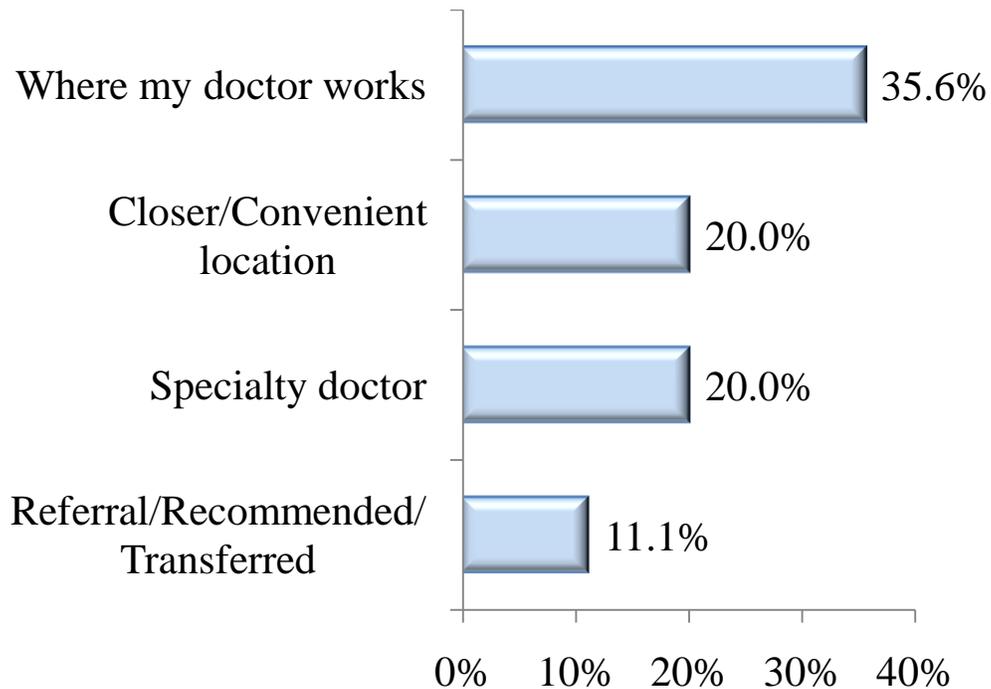
| Survey Area | Used local hospital | Did not use local hospital |
|----------------------------|---------------------|----------------------------|
| Seiling Community Hospital | 46.8% | 53.2% |
| Other Surveys Averages | 51.1% | 48.9% |
| Other Surveys Low Range | 25.0% | 75.0% |
| Other Surveys High Range | 75.9% | 24.1% |



Q10. You mentioned that you or someone in your household received care at a hospital other than Seiling Community Hospital. Why did you or your family member choose this/these hospital(s)?

| Response Category | No. | Percent |
|----------------------------------|------------------|----------------------|
| Where my doctor works | 16 | 35.6% |
| Closer/Convenient location | 9 | 20.0% |
| Specialty doctor | 9 | 20.0% |
| Referral/Recommended/Transferred | 5 | 11.1% |
| Better Service | 3 | 6.7% |
| Service not available | 2 | 4.4% |
| Insurance reasons | <u>1</u> | <u>2.2%</u> |
| Total | <u>45</u> | <u>100.0%</u> |

Some respondents answered more than once.



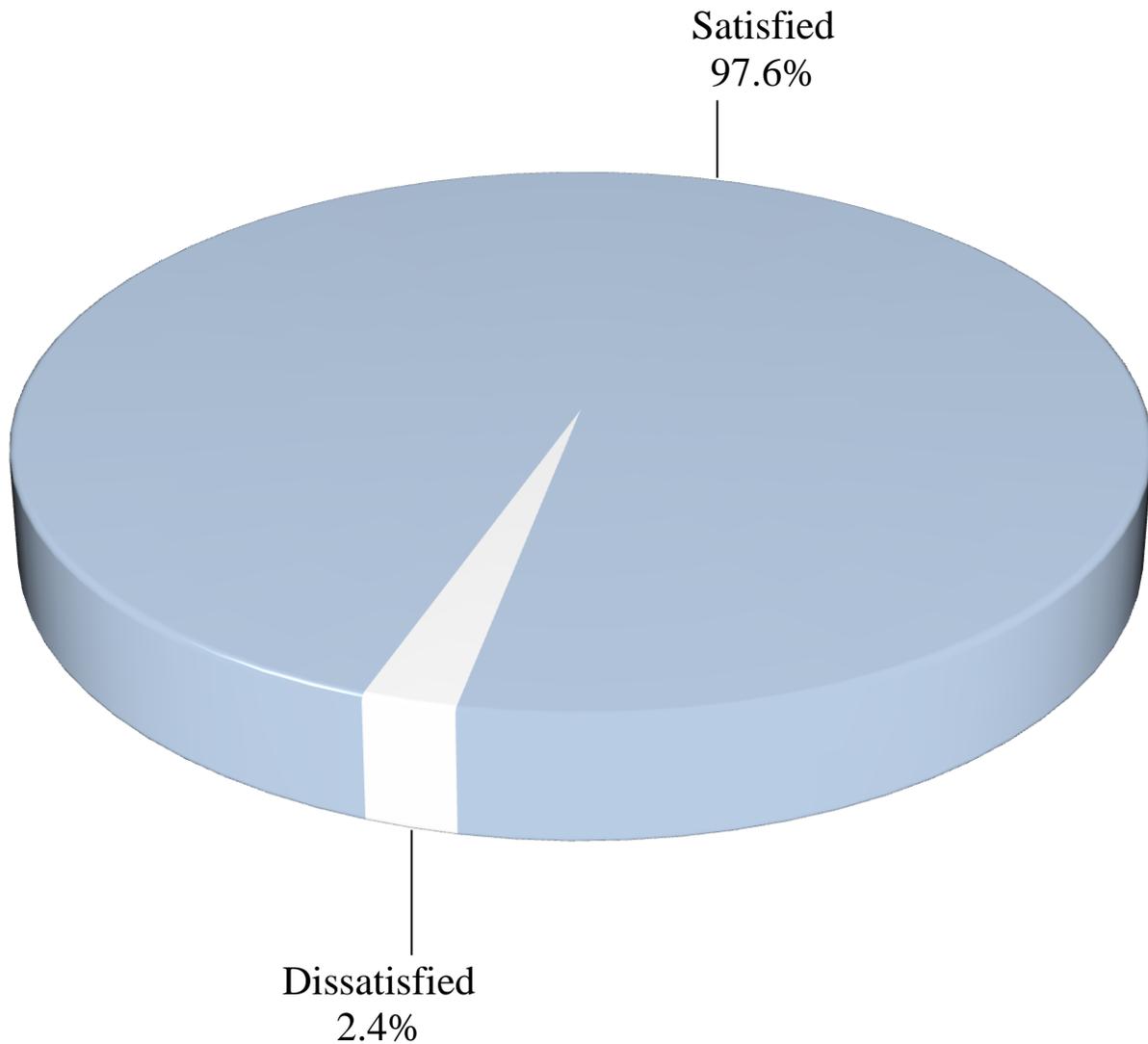
Q11a. What hospital services were used there?

| Response Category | Subcategories | All Categories | Percent |
|--------------------------------------|------------------|-------------------|----------------------|
| <i>All Diagnostic Imaging</i> | | 31 | 29.2% |
| Radiology (X-Ray) | 15 | | |
| MRI | 8 | | |
| Mammogram | 3 | | |
| CT Scan (CAT Scan) | 3 | | |
| Ultrasound | 2 | | |
| Laboratory (Blood) Tests | | 25 | 23.6% |
| Inpatient stay | | 11 | 10.4% |
| Inpatient surgery | | 8 | 7.5% |
| Specialty doctor | | 8 | 7.5% |
| Emergency room | | 5 | 4.7% |
| Physical therapy | | 5 | 4.7% |
| Outpatient surgery | | 4 | 3.8% |
| Heart/EKG | | 2 | 1.9% |
| Birthing services | | 1 | 0.9% |
| Bone density | | 1 | 0.9% |
| Dietary services/Diabetic counseling | | 1 | 0.9% |
| Mental health/Substance abuse | | 1 | 0.9% |
| Routine Illness | | 1 | 0.9% |
| Radiation | | 1 | 0.9% |
| Prescription/Shot in each knee | | <u>1</u> | <u>0.9%</u> |
| Total | <u>31</u> | <u>106</u> | <u>100.0%</u> |

Some respondents answered more than once.

Q11b. How satisfied were you or someone in your household with the services you received at this hospital? Would you say you were...

| Response Category | No. | Percent |
|-------------------|-----------|---------------|
| Satisfied | 40 | 97.6% |
| Dissatisfied | <u>1</u> | <u>2.4%</u> |
| Total | <u>41</u> | <u>100.0%</u> |



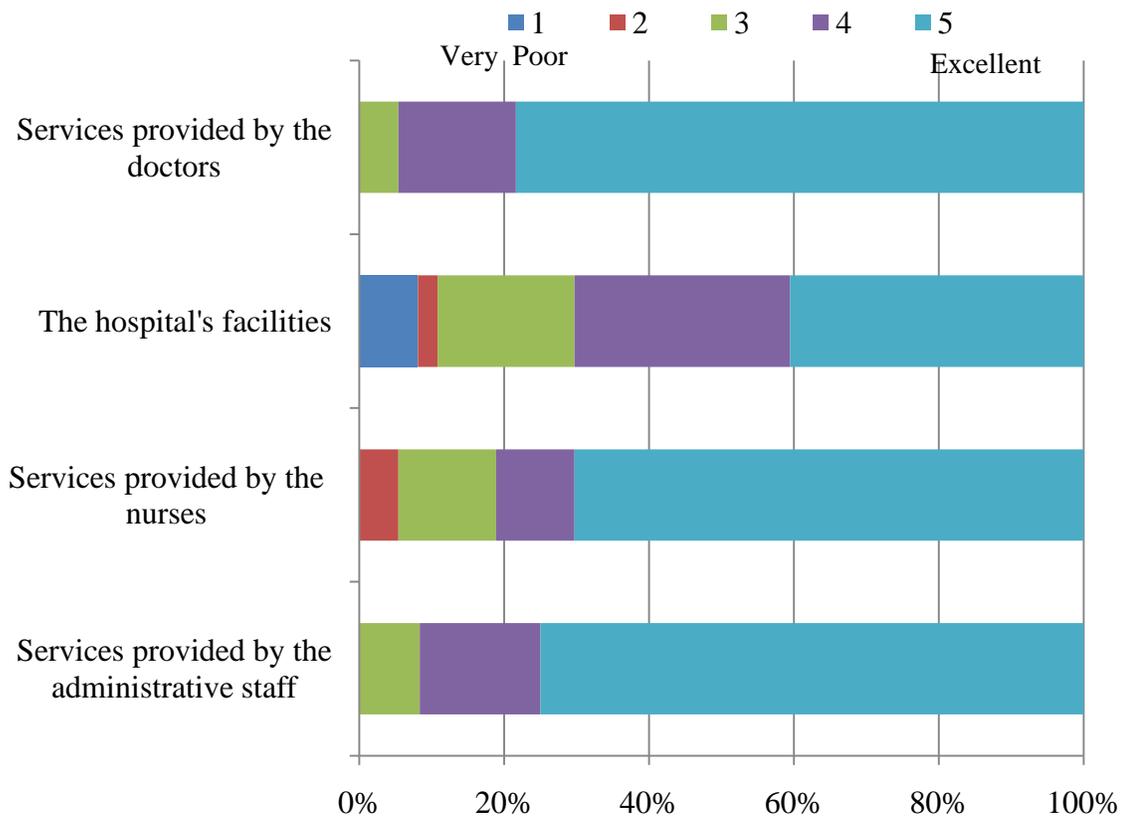
**Q12. What hospital services were used at
Seiling Community Hospital?**

| Responses | Subcategories | All Categories | Percent |
|---------------------------------|------------------|------------------|----------------------|
| <i>All Diagnostic Imaging</i> | | 25 | 40.3% |
| Radiology (X-Ray) | 17 | | |
| CT Scan (CAT Scan) | 5 | | |
| MRI | 1 | | |
| Mammogram | 1 | | |
| Ultrasound | 1 | | |
| Laboratory (blood) test | | 22 | 35.5% |
| Inpatient stay | | 5 | 8.1% |
| Outpatient treatment/Procedures | | 3 | 4.8% |
| EKG | | 2 | 3.2% |
| Immunizations | | 1 | 1.6% |
| Emergency room | | 1 | 1.6% |
| Don't know/No response | | <u>3</u> | 4.8% |
| Total | <u>25</u> | <u>62</u> | <u>100.0%</u> |

Some respondents answered more than once.

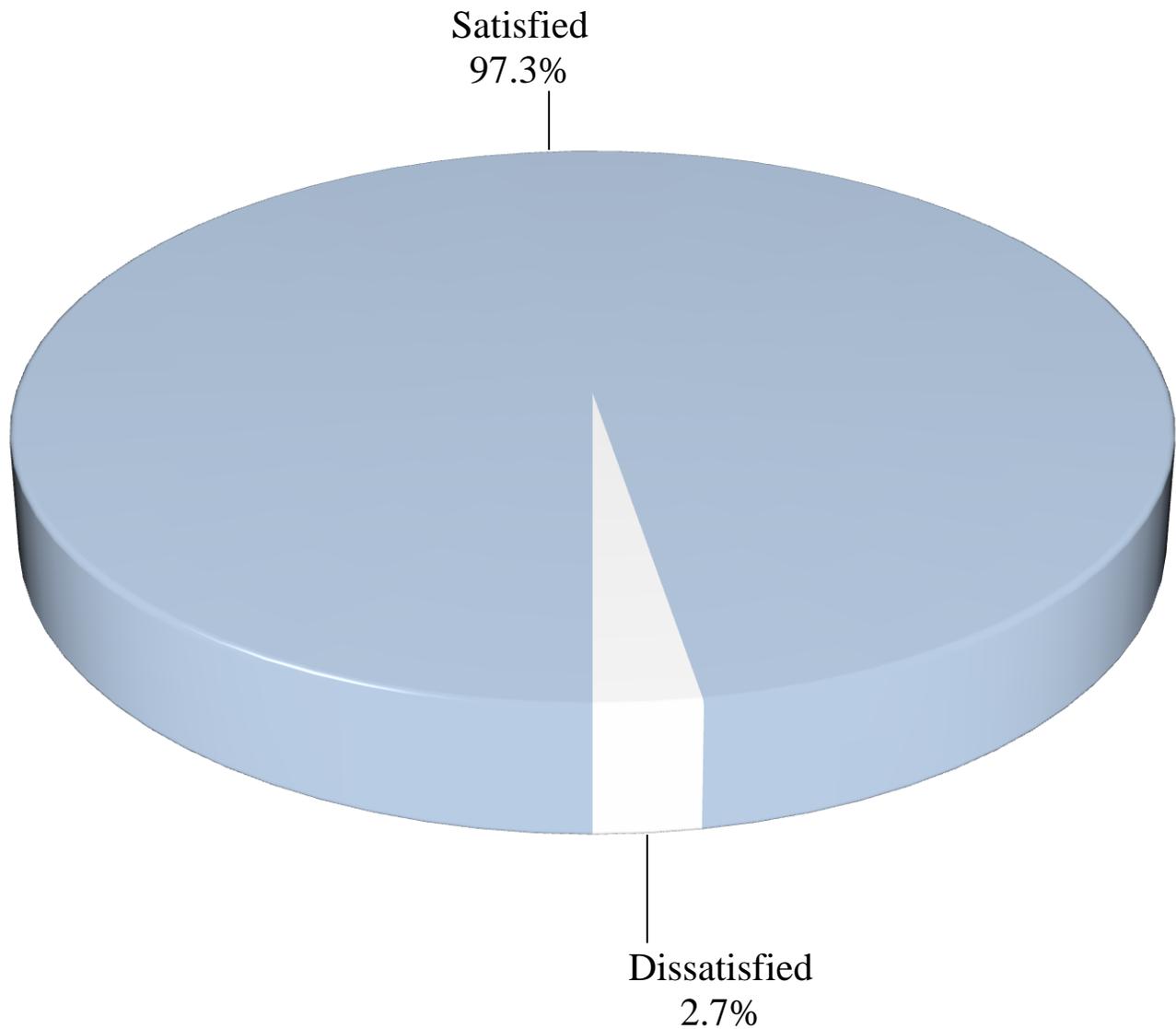
Q13. Please rank on a scale from 1 -5 (where 1 = very poor, 5 = excellent) how you felt about the following aspects of your hospital visit

| Response Category | Very poor ←————→ Excellent | | | | | Total |
|---|----------------------------|---|---|----|----|-------|
| | 1 | 2 | 3 | 4 | 5 | |
| Services provided by the doctors | 0 | 0 | 2 | 6 | 29 | 37 |
| The hospital's facilities | 3 | 1 | 7 | 11 | 15 | 37 |
| Services provided by the nurses | 0 | 2 | 5 | 4 | 26 | 37 |
| Services provided by the administrative staff | 1 | 0 | 3 | 6 | 27 | 37 |



Q14a. How satisfied were you or someone in your household with the services you received at Seiling Community Hospital? Would you say that you were...

| Response Category | No. | Percent |
|-------------------|-----------|---------------|
| Satisfied | 36 | 97.3% |
| Dissatisfied | <u>1</u> | <u>2.7%</u> |
| Total | <u>37</u> | <u>100.0%</u> |



Q14b-1. Why do you say that you are satisfied with the services received at Seiling Community Hospital?

| Response | No. | Percent |
|--|-----------|--------------|
| Good treatment/care | 11 | 24.4% |
| Satisfied with doctors/Nurses/Staff | 11 | 24.4% |
| Resolved medical issue(s) | 9 | 20.0% |
| Satisfied because services were local and personal | 4 | 8.9% |
| Short waiting time | 4 | 8.9% |
| Satisfied, but concerned about care | 2 | 4.4% |
| Friendly staff | 2 | 4.4% |
| Satisfied with facilities | 1 | 2.2% |
| Satisfied, no reason given | <u>1</u> | <u>2.2%</u> |
| Total | <u>45</u> | <u>97.8%</u> |

Some respondents answered more than once.

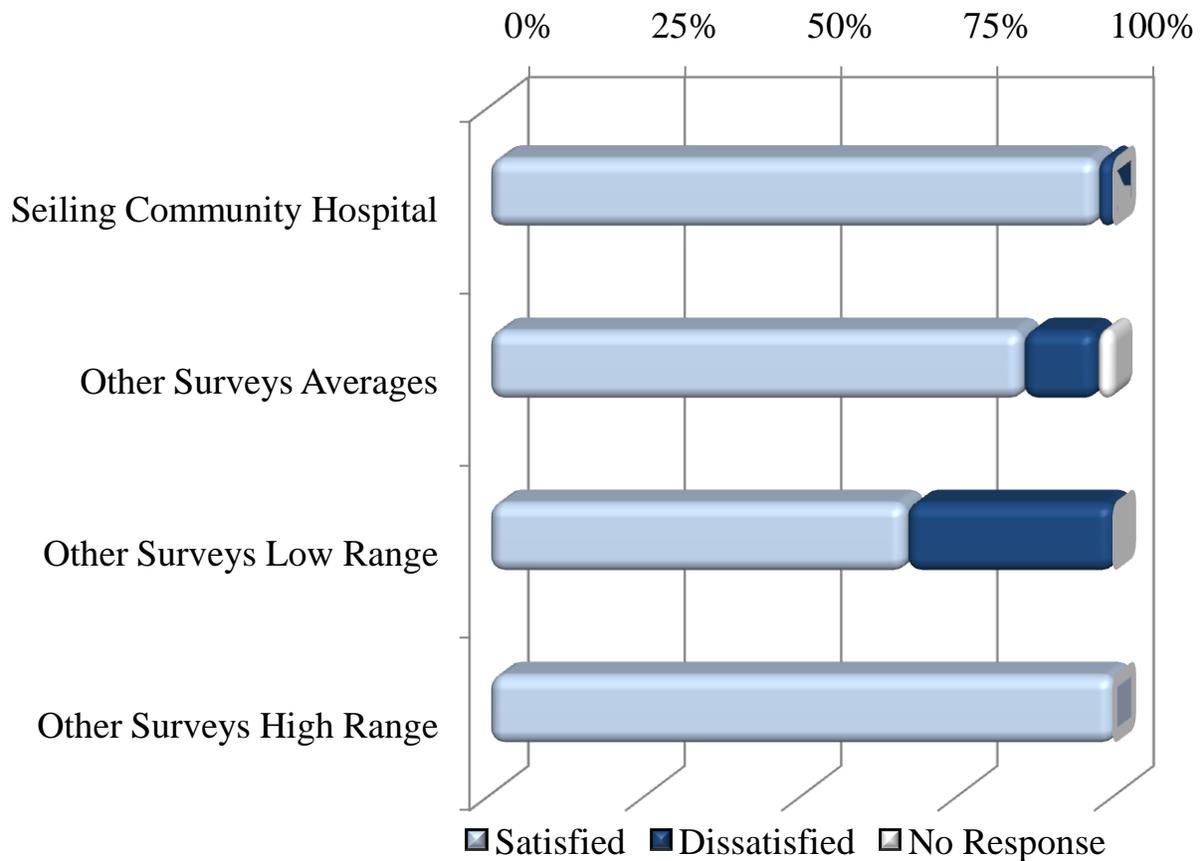
Q14b-2. Why do you say that you are dissatisfied with the services received at Seiling Community Hospital?

| Response | No. | Percent |
|-----------|----------|---------------|
| Long wait | <u>1</u> | <u>100.0%</u> |
| Total | <u>1</u> | <u>100.0%</u> |

Q14c. How satisfied were you or someone in your household with the services you received at Seiling Community Hospital

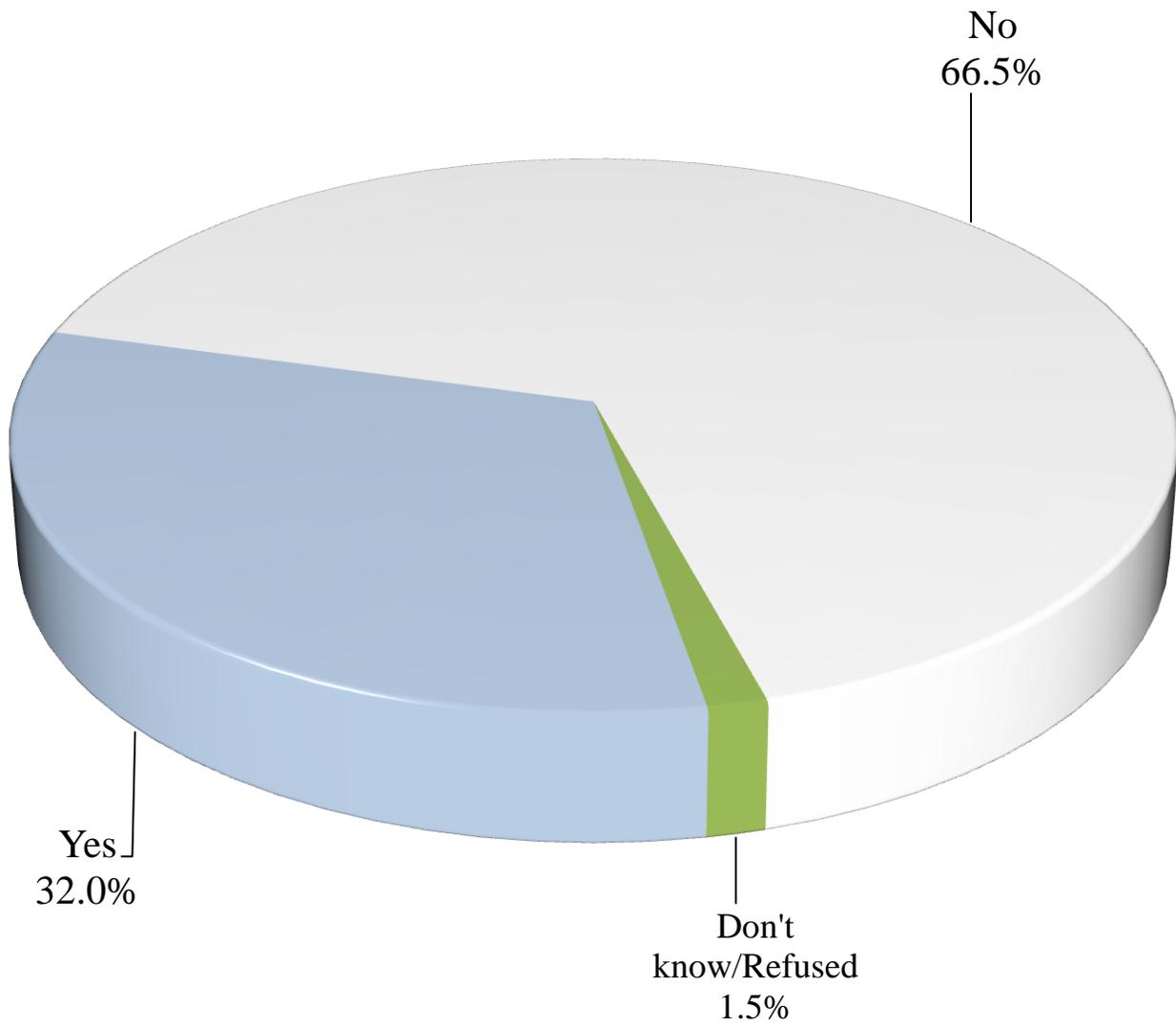
Compared to Other Studies

| Survey Area | Satisfied | Dissatisfied | No Response |
|----------------------------|-----------|--------------|-------------|
| Seiling Community Hospital | 97.3% | 2.7% | 0.0% |
| Other Surveys Averages | 85.4% | 11.9% | 2.8% |
| Other Surveys Low Range | 66.7% | 33.3% | 0.0% |
| Other Surveys High Range | 100.0% | 0.0% | 0.0% |



Q15. Have you or someone in your household used emergency room services in the past 24 months?

| Response | No. | Percent |
|--------------------|------------|---------------|
| Yes | 64 | 32.0% |
| No | 133 | 66.5% |
| Don't know/Refused | <u>3</u> | <u>1.5%</u> |
| Total | <u>200</u> | <u>100.0%</u> |



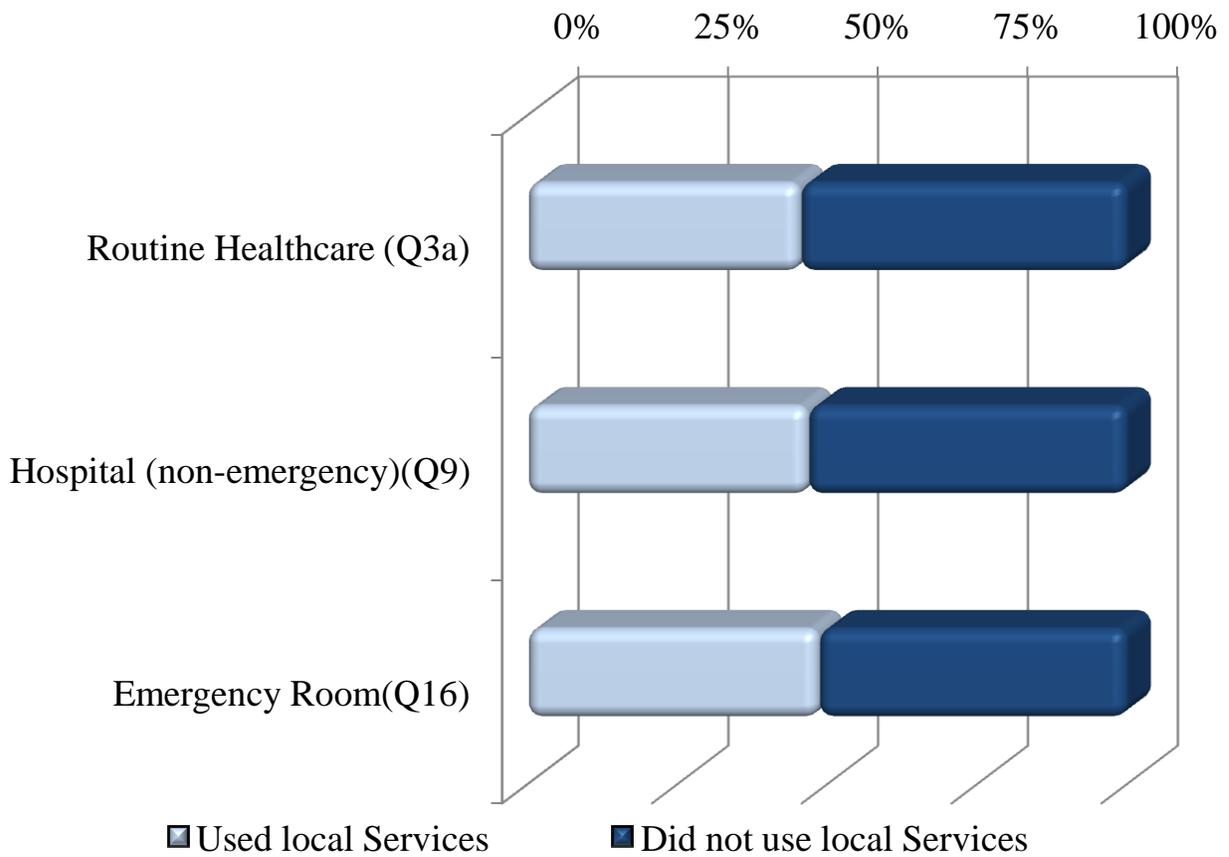
Q16a At which hospital(s) were emergency room services received?

| Response Category | Location | No. | Percent |
|---------------------------------------|---------------|-----------|---------------|
| Seiling Community Hospital | Seiling | 36 | 48.6% |
| Woodward Regional Hospital | Woodward | 14 | 18.9% |
| Okeene Municipal Hospital | Okeene | 4 | 5.4% |
| INTEGRIS Baptist Health Center Center | Enid | 4 | 5.4% |
| St. Mary's Regional Medical Center | Enid | 3 | 4.1% |
| Newman Memorial Hospital | Shattuck | 3 | 4.1% |
| Fairview Regional Hospital | Fairview | 1 | 1.4% |
| INTEGRIS Clinton Regional Hospital | Clinton | 1 | 1.4% |
| Share Medical Center | Alva | 1 | 1.4% |
| Memorial Hospital of Texas County | Guymon | 1 | 1.4% |
| Midwest Regional Medical Center | Midwest City | 1 | 1.4% |
| The Children's Hospital | Oklahoma City | 1 | 1.4% |
| Oklahoma Heart Hospital | Oklahoma City | 1 | 1.4% |
| Baptist St. Anthony Health System | Amarillo, TX | 1 | 1.4% |
| Laredo Medical Center | Laredo, TX | 1 | 1.4% |
| Holy Cross New Mexico | Taos, NM | <u>1</u> | <u>1.4%</u> |
| Total | | <u>74</u> | <u>100.0%</u> |

Some respondents answered more than once.

**Q16b. Percentage of respondents using local services
Seiling Community Hospital**

| Survey Area | Used local Services | Did not use local Services |
|------------------------------|---------------------|----------------------------|
| Routine Healthcare (Q3a) | 45.5% | 54.5% |
| Hospital (non-emergency)(Q9) | 46.8% | 53.2% |
| Emergency Room(Q16) | 48.6% | 51.4% |



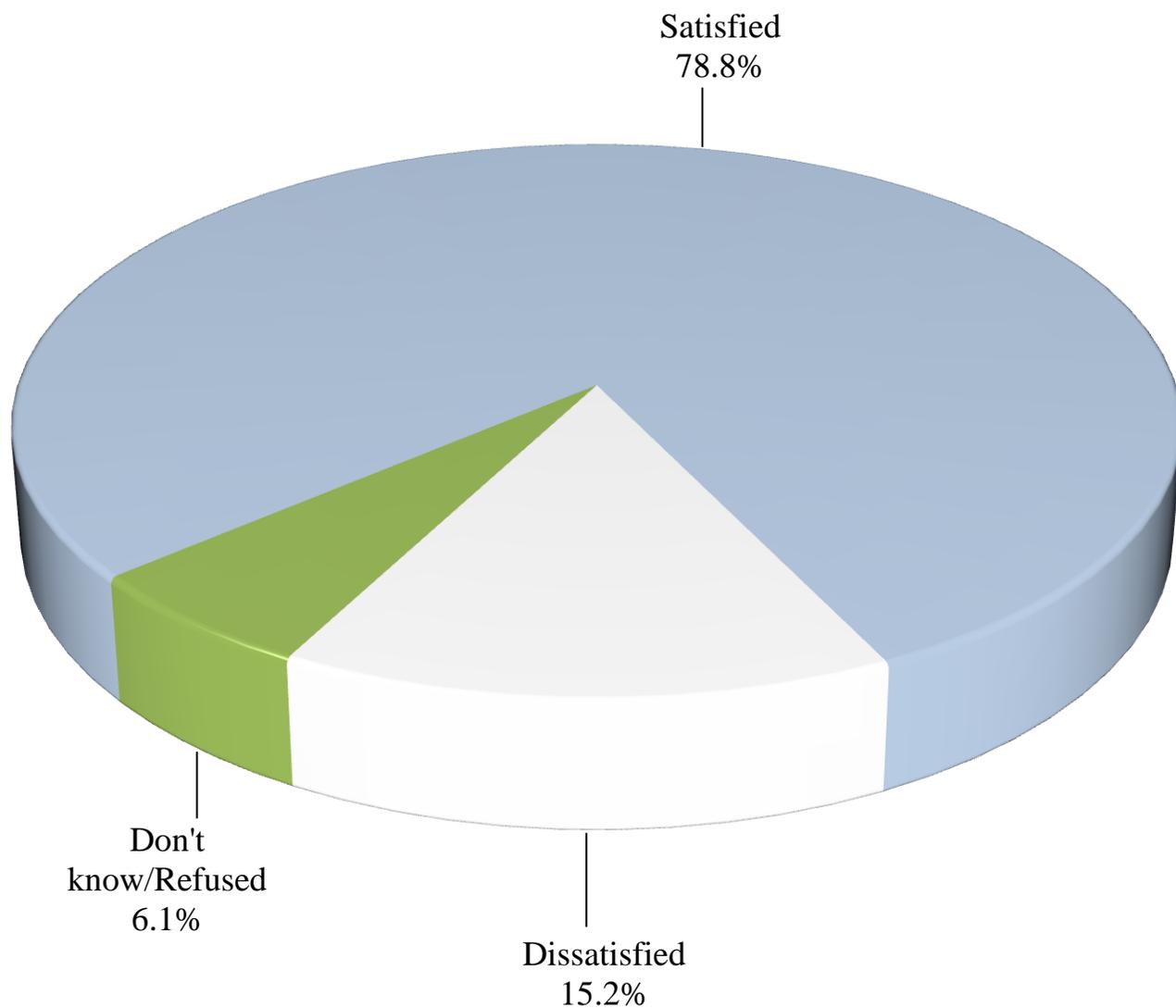
Q17. What type of emergency room services were used at this hospital?

| Response Category | Subcategories | All Categories | Percent |
|---|---------------|----------------|---------------|
| <i>All Diagnostic Imaging</i> | | 18 | 27.7% |
| Radiology (X-Ray) | 13 | | |
| CT Scan (CAT Scan) | 4 | | |
| MRI | 1 | | |
| Routine Illness | | 14 | 21.5% |
| Laboratory (Blood) Tests | | 12 | 18.5% |
| Cardiac evaluation/Heart | | 9 | 13.8% |
| Trauma care | | 5 | 7.7% |
| Respiratory distress/Breathing difficulties | | 2 | 3.1% |
| Port removed from shoulder | | 1 | 1.5% |
| Kidney stones | | 1 | 1.5% |
| Prescriptions/Steroid | | 1 | 1.5% |
| Concussion | | 1 | 1.5% |
| Wifed passed away in ER, not sure of procedures | | <u>1</u> | <u>1.5%</u> |
| Total | <u>18</u> | <u>65</u> | <u>100.0%</u> |

Some respondents answered more than once.

Q18. How satisfied were you or someone in your household with the emergency room services you or someone in your household received in this hospital? Would you say that you were...

| Response Category | No. | Percent |
|--------------------|-----------|---------------|
| Satisfied | 26 | 78.8% |
| Dissatisfied | 5 | 15.2% |
| Don't know/Refused | 2 | 6.1% |
| Total | <u>33</u> | <u>100.0%</u> |



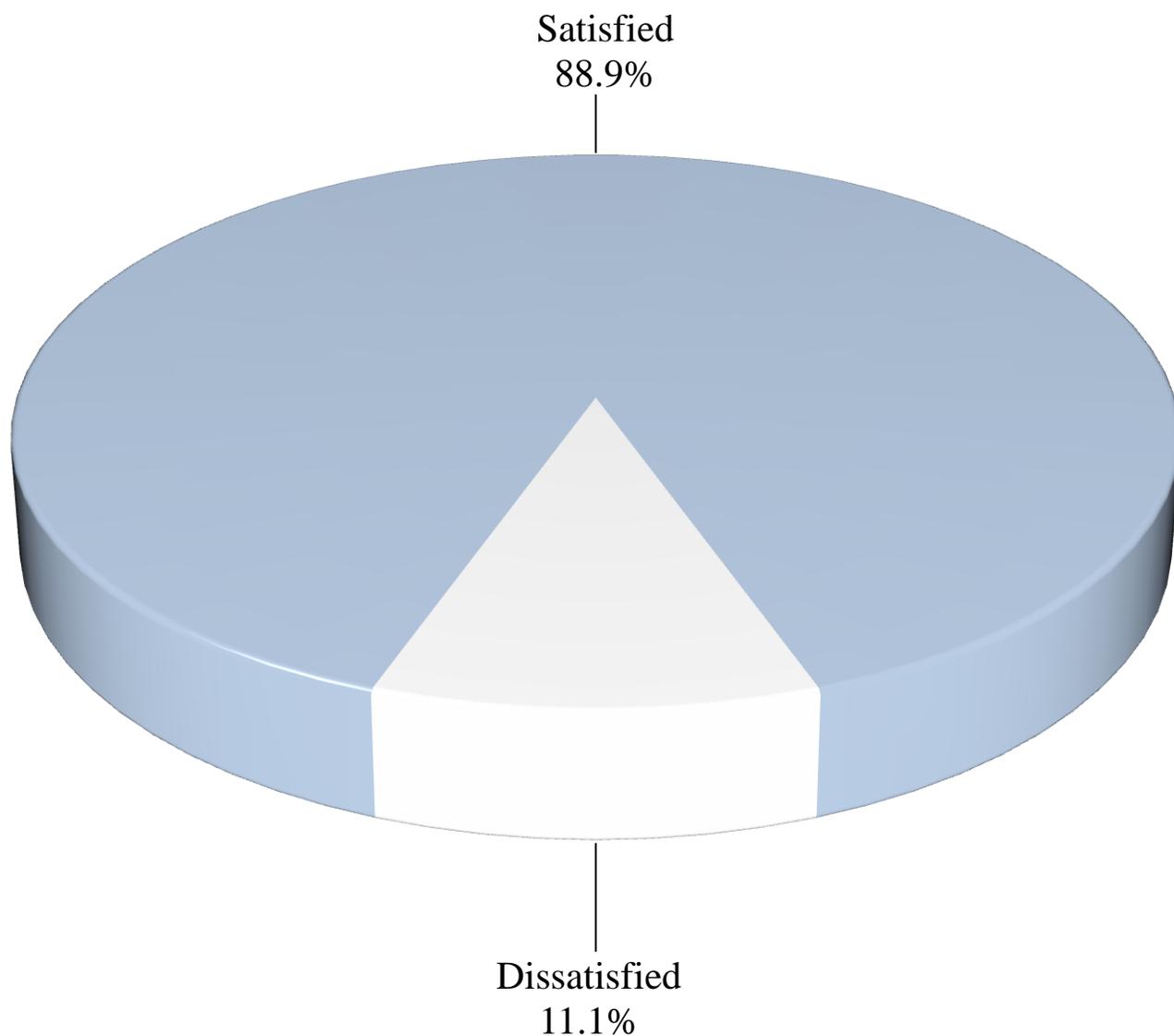
Q19. What type of emergency room services were used at Seiling Community Hospital?

| Response Category | Subcategories | All Categories | Percent |
|---|------------------|------------------|----------------------|
| <i>All Diagnostic Imaging</i> | | 24 | 32.0% |
| Radiology (X-Ray) | 15 | | |
| MRI | 4 | | |
| CT Scan (CAT Scan) | 4 | | |
| Ultrasound | 1 | | |
| Laboratory (Blood) Tests | | 22 | 29.3% |
| Routine Illness | | 11 | 14.7% |
| Cardiac evaluation/Heart | | 7 | 9.3% |
| Respiratory distress/Breathing difficulties | | 5 | 6.7% |
| Trauma care | | 4 | 5.3% |
| High blood pressure | | 1 | 1.3% |
| Wrong medications | | <u>1</u> | <u>1.3%</u> |
| Total | <u>24</u> | <u>75</u> | <u>100.0%</u> |

Some respondents answered more than once.

Q20a. How satisfied were you or someone in your household with the emergency room services you or someone in your household received in the Seiling Community Hospital? Would you say that you were...

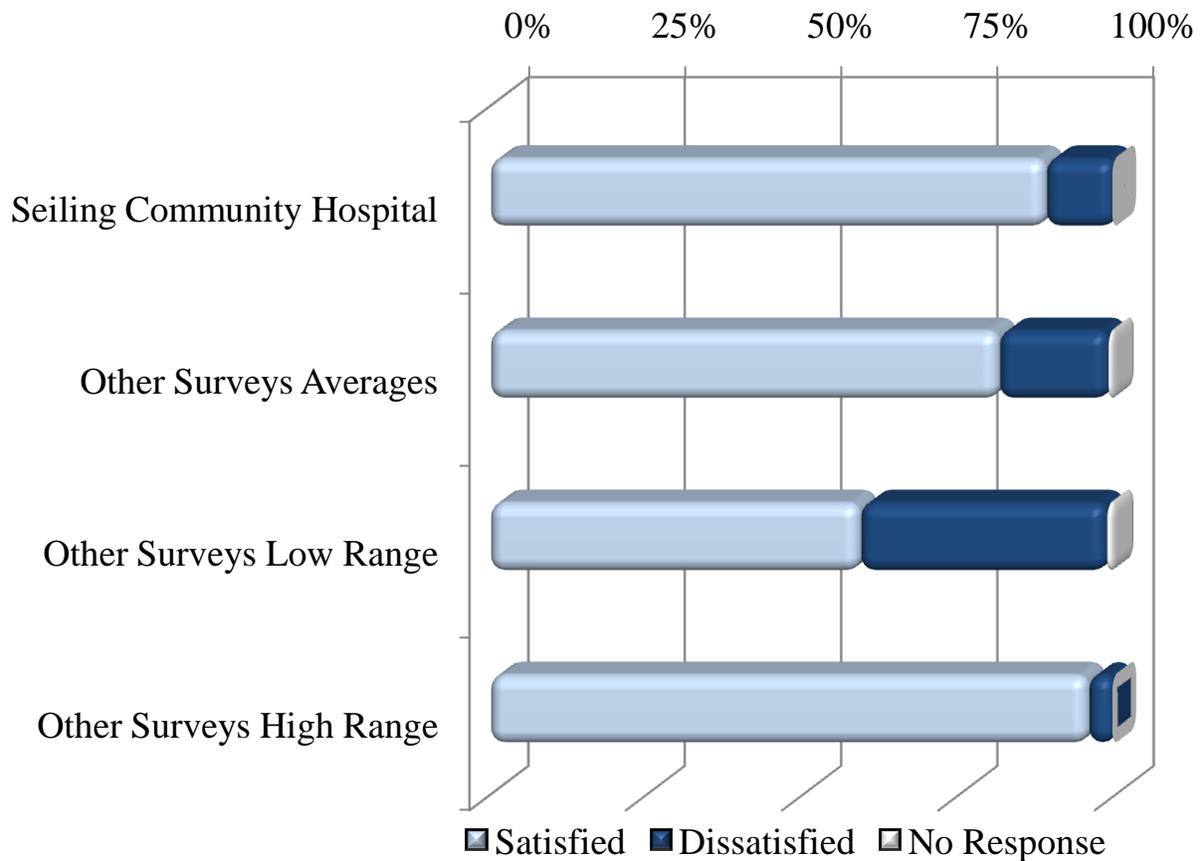
| Response Category | No. | Percent |
|-------------------|-----------|---------------|
| Satisfied | 32 | 88.9% |
| Dissatisfied | 4 | 11.1% |
| Total | <u>36</u> | <u>100.0%</u> |



Q20b. How satisfied were you or someone in your household with the services you received at Seiling Community Hospital Emergency Room

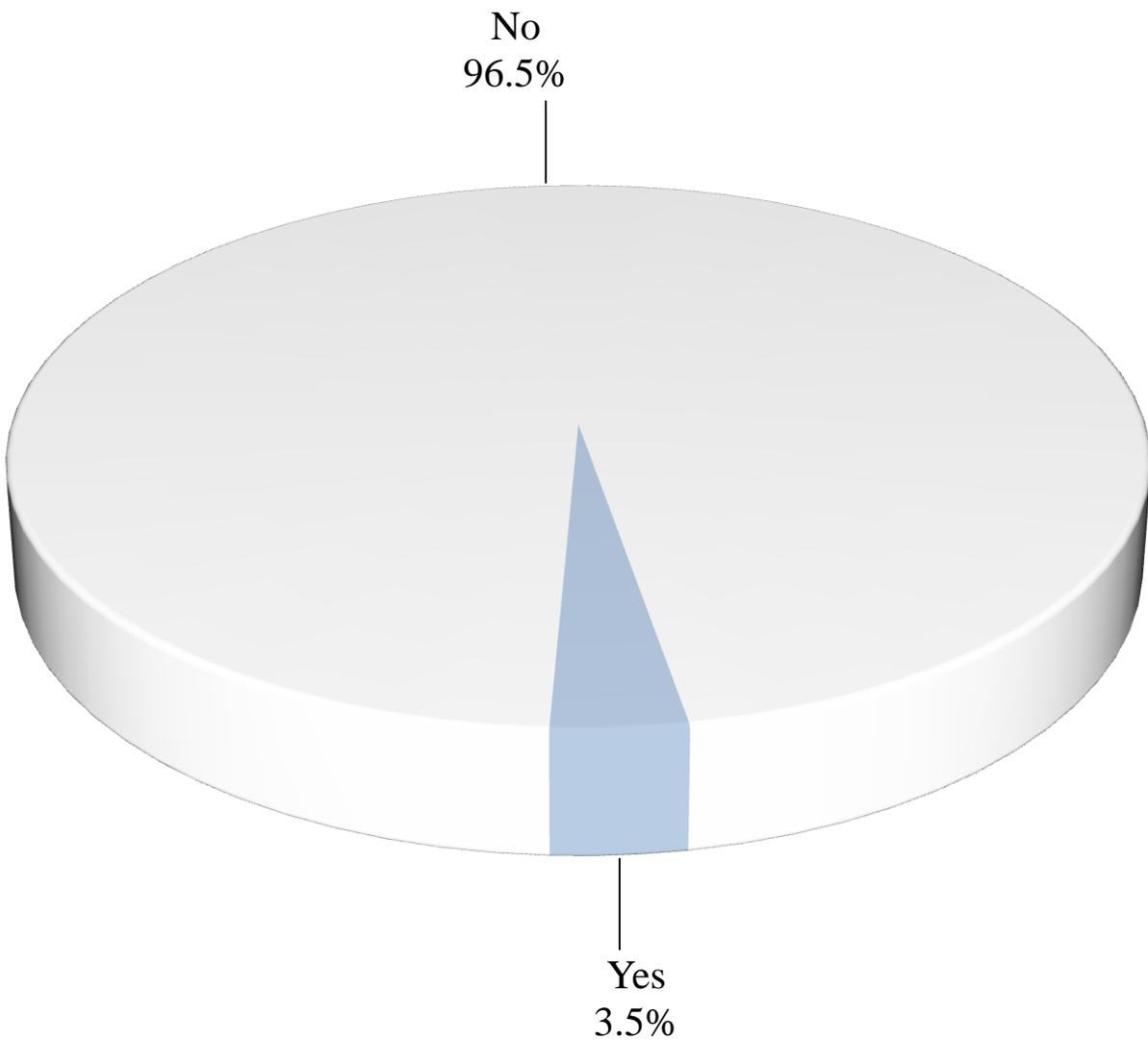
Compared to Other Studies

| Survey Area | Satisfied | Dissatisfied | No Response |
|----------------------------|-----------|--------------|-------------|
| Seiling Community Hospital | 88.9% | 11.1% | 0.0% |
| Other Surveys Averages | 81.4% | 17.6% | 1.0% |
| Other Surveys Low Range | 59.2% | 39.5% | 1.3% |
| Other Surveys High Range | 95.7% | 4.3% | 0.0% |



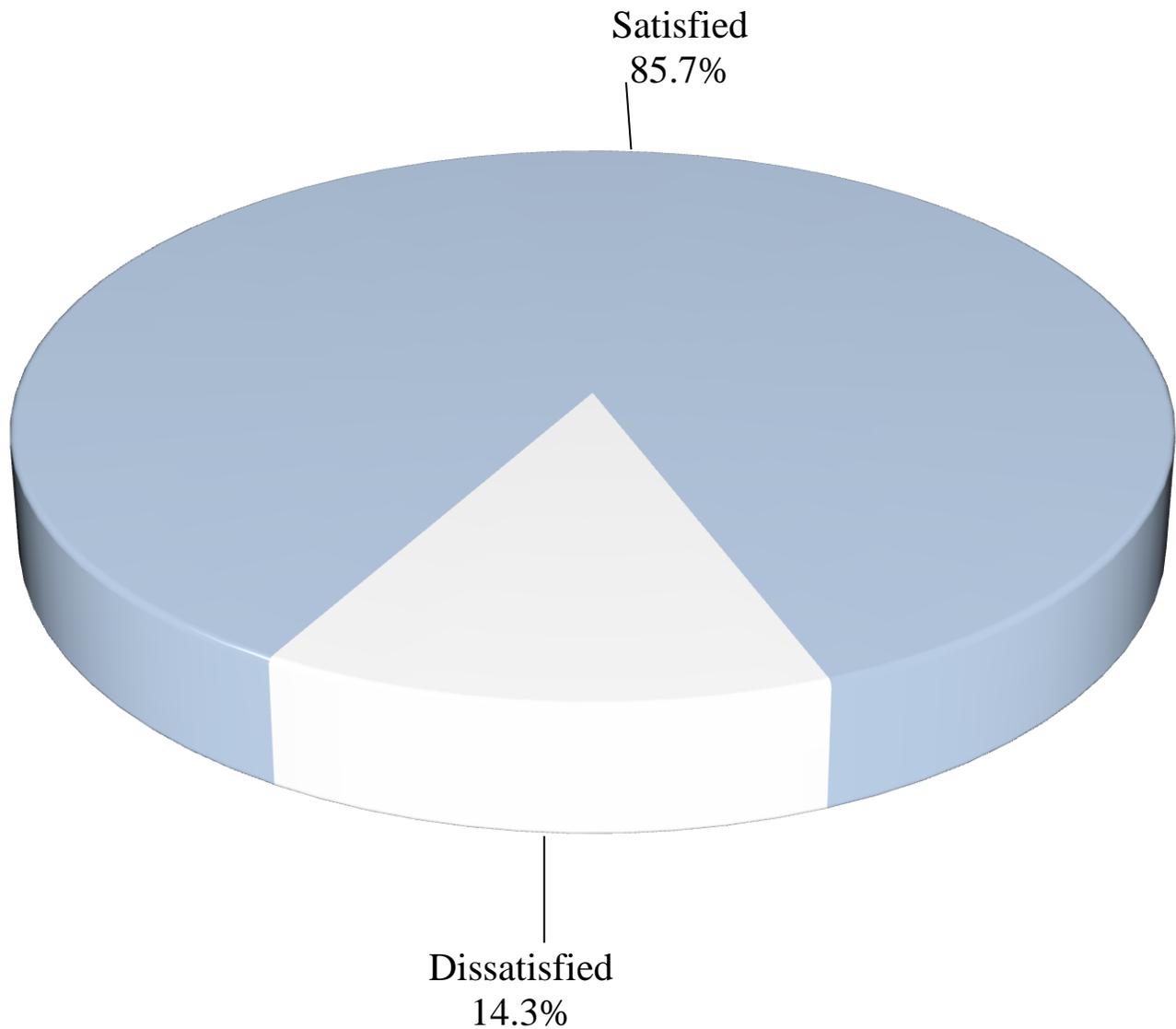
Q21a. Have you or someone in your immediate family used the services of the Seiling or Vici Nursing Home(s) in the past 24 months?

| Response Category | No. | Percent |
|-------------------|------------|---------------|
| Yes | 7 | 3.5% |
| No | <u>193</u> | <u>96.5%</u> |
| Total | <u>200</u> | <u>100.0%</u> |



Q21b. How satisfied were you or your family member with the services received at the Seiling or Vici Nursing Home(s)? Would you say that you were...

| Response Category | No. | Percent |
|-------------------|----------|---------------|
| Satisfied | 6 | 85.7% |
| Dissatisfied | 1 | 14.3% |
| Total | <u>7</u> | <u>100.0%</u> |



Q21c-1. Why do you say that you are satisfied with the Seiling or Vici Nursing Home(s)?

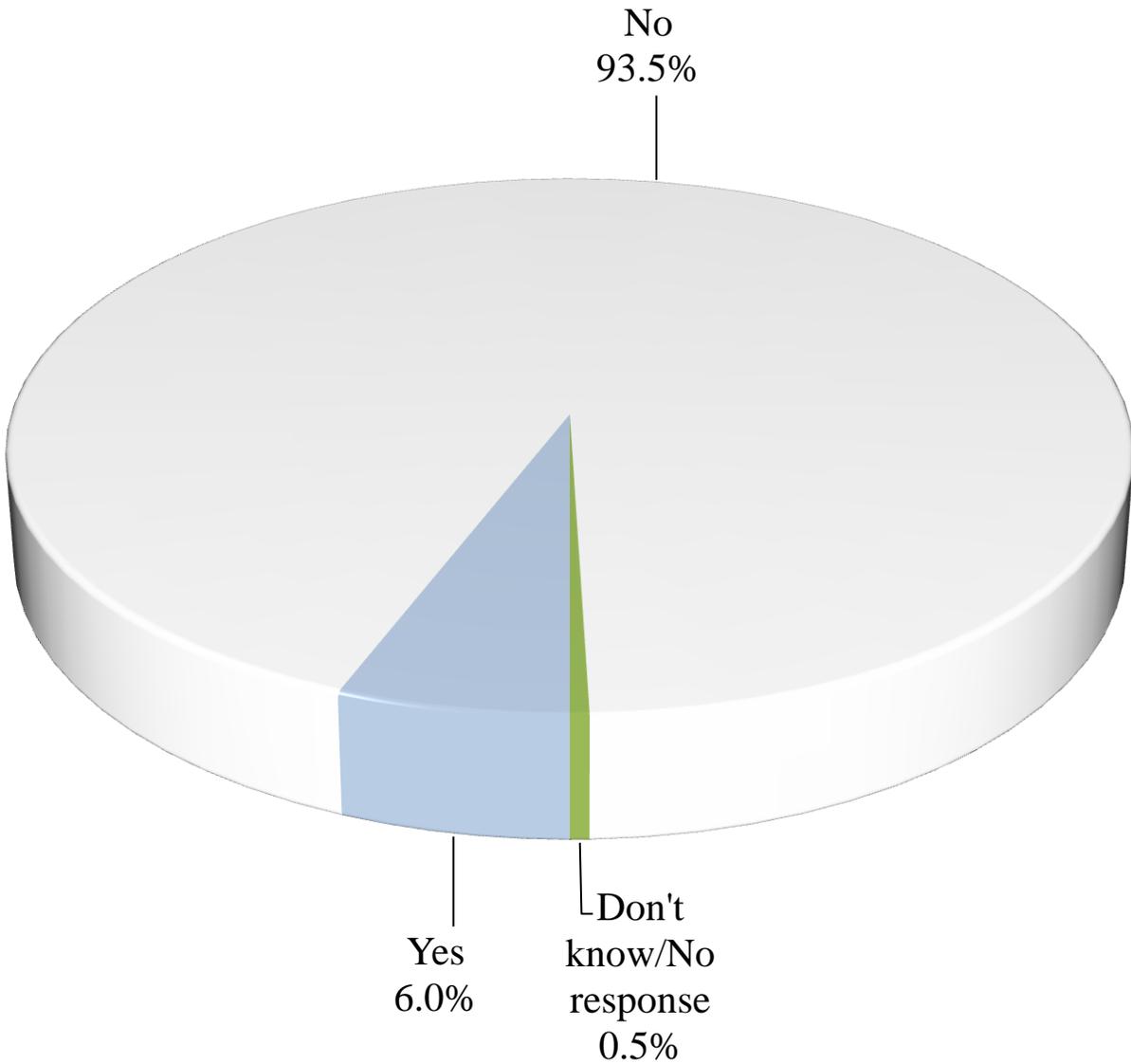
| Response | No. | Percent |
|---------------------|----------|--------------|
| Good treatment/care | 3 | 50.0% |
| Friendly/Kind staff | 2 | 33.3% |
| Good service | <u>1</u> | <u>16.7%</u> |
| Total | <u>6</u> | <u>50.0%</u> |

Q21c-2. Why do you say that you are dissatisfied with the Seiling or Vici Nursing Home(s)?

| Response | No. | Percent |
|---|----------|---------------|
| Family was never accepted into nursing care/No psych facility | <u>1</u> | 100.0% |
| Total | <u>1</u> | <u>100.0%</u> |

Q22a. Have you or someone in your immediate family used the services of any OTHER nursing home(s) in the past 24 months? (Other than Seiling or Vici)

| Response Category | No. | Percent |
|------------------------|------------|---------------|
| Yes | 12 | 6.0% |
| No | 187 | 93.5% |
| Don't know/No response | <u>1</u> | <u>0.5%</u> |
| Total | <u>200</u> | <u>100.0%</u> |



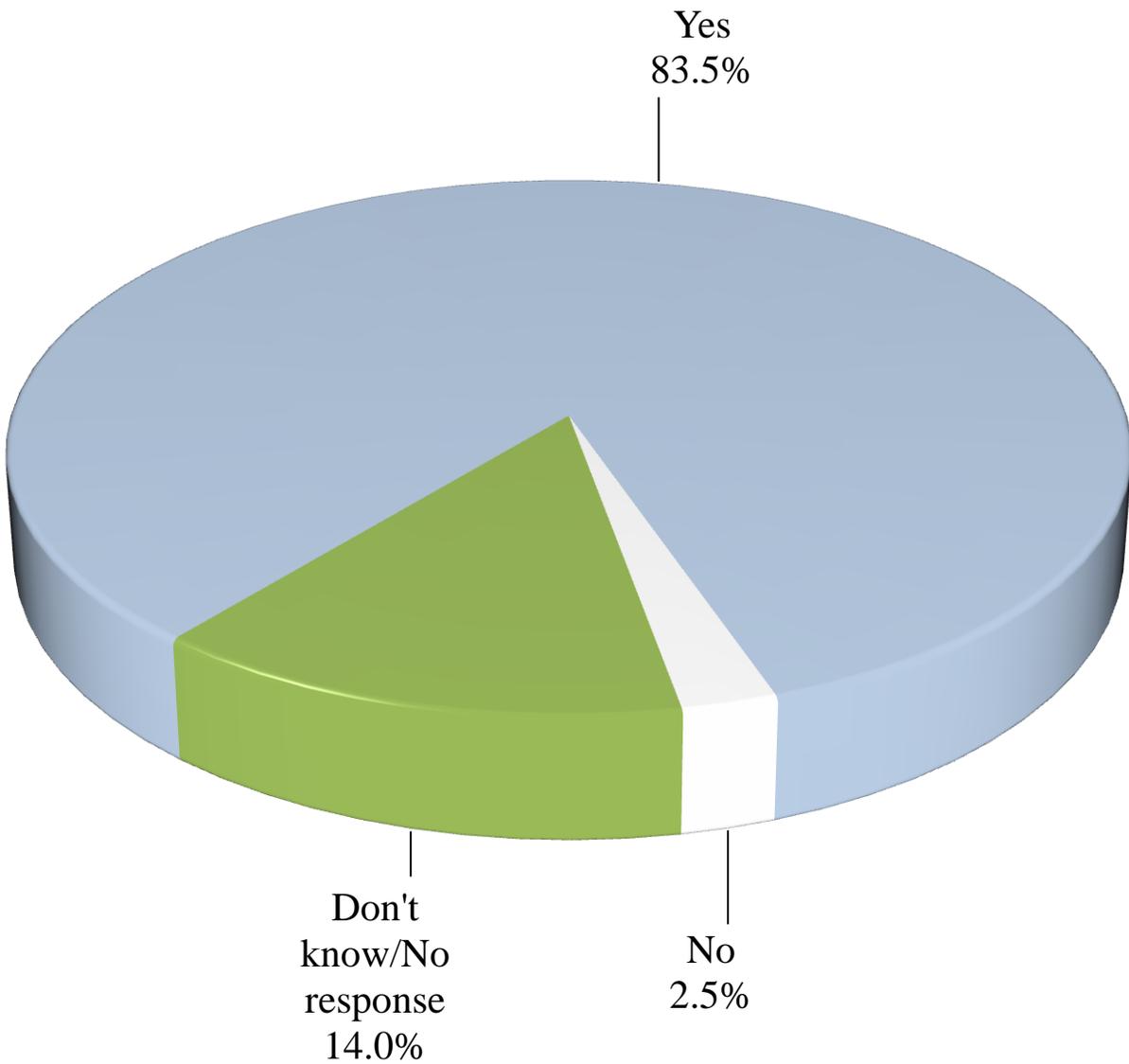
Q22b. Why do you or your family member choose this/these nursing homes?

| Response Category | No. | Percent |
|---------------------------------|-----------|---------------|
| Closer/Convenient location | 8 | 44.4% |
| Better services | 5 | 27.8% |
| Nicer facilities | 2 | 11.1% |
| Used VA nursing home in Clinton | 2 | 11.1% |
| Closer to family in Tennessee | <u>1</u> | <u>5.6%</u> |
| Total | <u>18</u> | <u>100.0%</u> |

Some respondents answered more than once.

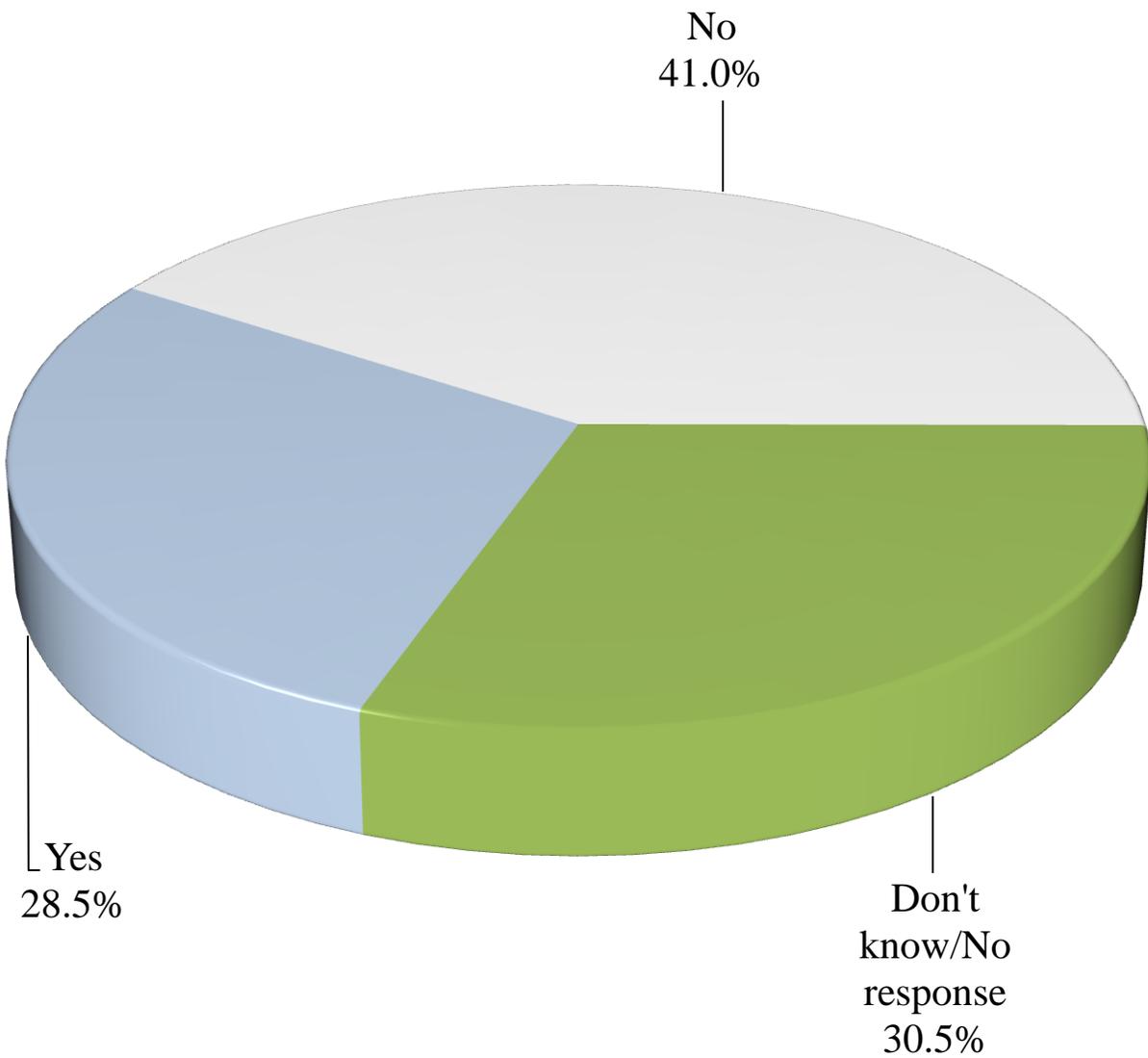
Q23. Do you believe that quality air and ground ambulance services and first responder services are available in Dewey County?

| Response Category | No. | Percent |
|------------------------|------------|---------------|
| Yes | 167 | 83.5% |
| No | 5 | 2.5% |
| Don't know/No response | <u>28</u> | <u>14.0%</u> |
| Total | <u>200</u> | <u>100.0%</u> |



Q24. Do you think there are enough doctors in the Seiling area?

| Response Category | No. | Percent |
|------------------------|------------|---------------|
| Yes | 57 | 28.5% |
| No | 82 | 41.0% |
| Don't know/No response | <u>61</u> | <u>30.5%</u> |
| Total | <u>200</u> | <u>100.0%</u> |



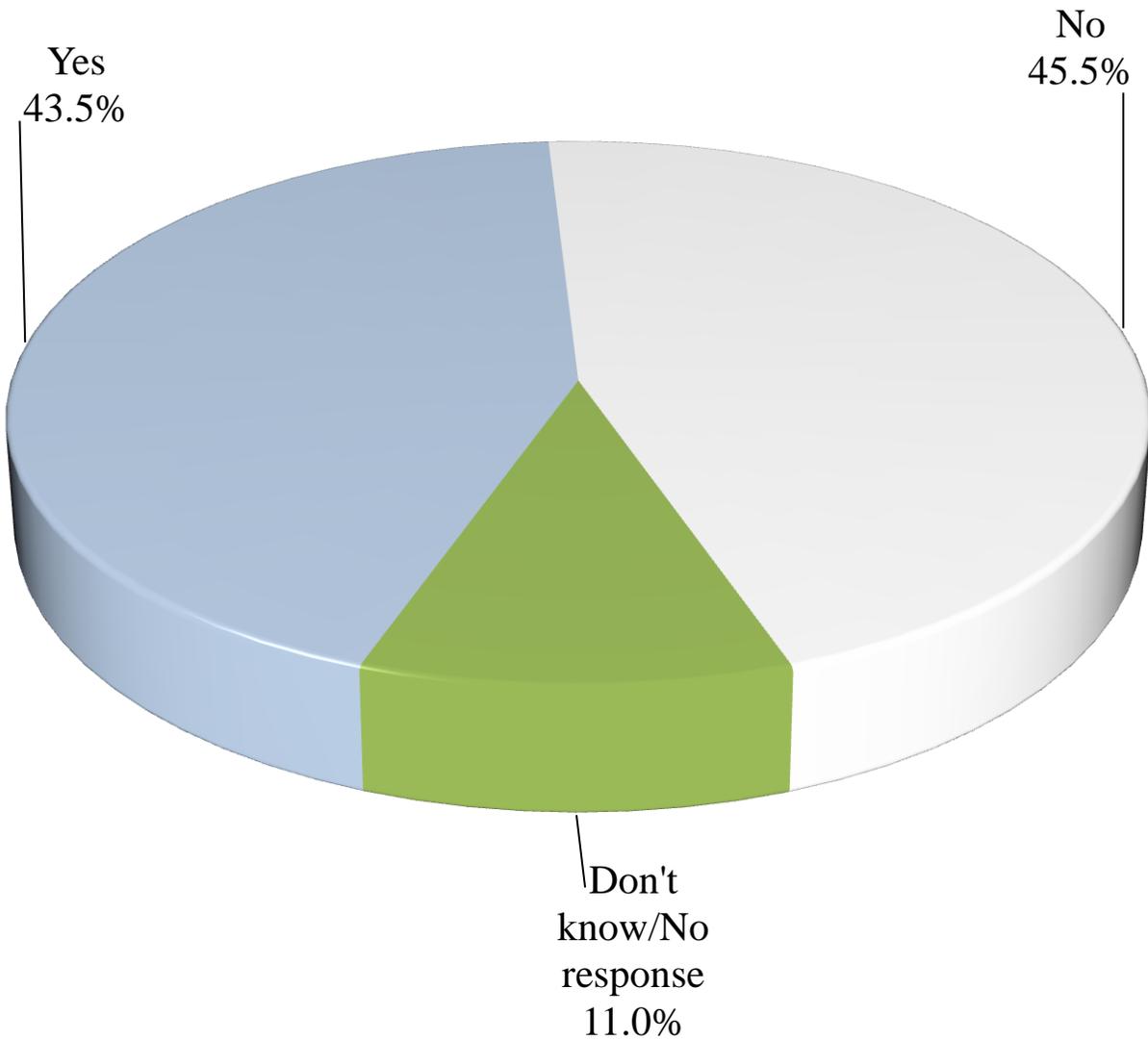
**Q25. What additional services would you like to see offered at Seiling
Community Hospital?**

| Response Category | No. | Percent |
|---|-------------------|---------------------|
| Specialists including: Cardiologisty (13); Orthopedist (4); Specialists in general (4); Urologist (3); Surgeons (3); OB/GYN (3); Gastroenterologist (2); Pediatrician (2); Rheumatologist (2); Dermatologist (1); Podiatrist (1); Endocrinologist (1) | 39 | 16.2% |
| More physicians/Better physicians/Nurse Practitioners/MDs | 19 | 7.9% |
| Radiology Department/ Better CT Scan/Ultrasound Equipment/MRI | 13 | 5.4% |
| Physical therapy | 6 | 2.5% |
| CT Scan Room/More up to date | 4 | 1.7% |
| More up to date equipment/New hospital | 3 | 1.2% |
| Dental services | 2 | 0.8% |
| Lab testing | 2 | 0.8% |
| Better equiped ER | 2 | 0.8% |
| Transportation to OKC & Enid to see specialists | 1 | 0.4% |
| Health care for uninsured | 1 | 0.4% |
| Surgical Suite | 1 | 0.4% |
| Speech Therapist | 1 | 0.4% |
| Vision Services | 1 | 0.4% |
| Better Ambulance Services | 1 | 0.4% |
| Outpatient Care | 1 | 0.4% |
| More clinic space | 1 | 0.4% |
| Mammograms | 1 | 0.4% |
| Renal Dialysis | 1 | 0.4% |
| Diabetes Center | 1 | 0.4% |
| Chiropractic care | 1 | 0.4% |
| Hospice | 1 | 0.4% |
| Full Paid staffing in ambulances | 1 | 0.4% |
| More local help instead of registry | 1 | 0.4% |
| Don't know/No response | <u>136</u> | <u>56.4%</u> |
| Total | <u><u>241</u></u> | <u><u>83.8%</u></u> |

Some respondents answered more than once.

Q26. Would you be more likely to use Seiling Community Hospital if it were new?

| Response Category | No. | Percent |
|------------------------|------------|---------------|
| Yes | 87 | 43.5% |
| No | 91 | 45.5% |
| Don't know/No response | <u>22</u> | <u>11.0%</u> |
| Total | <u>200</u> | <u>100.0%</u> |



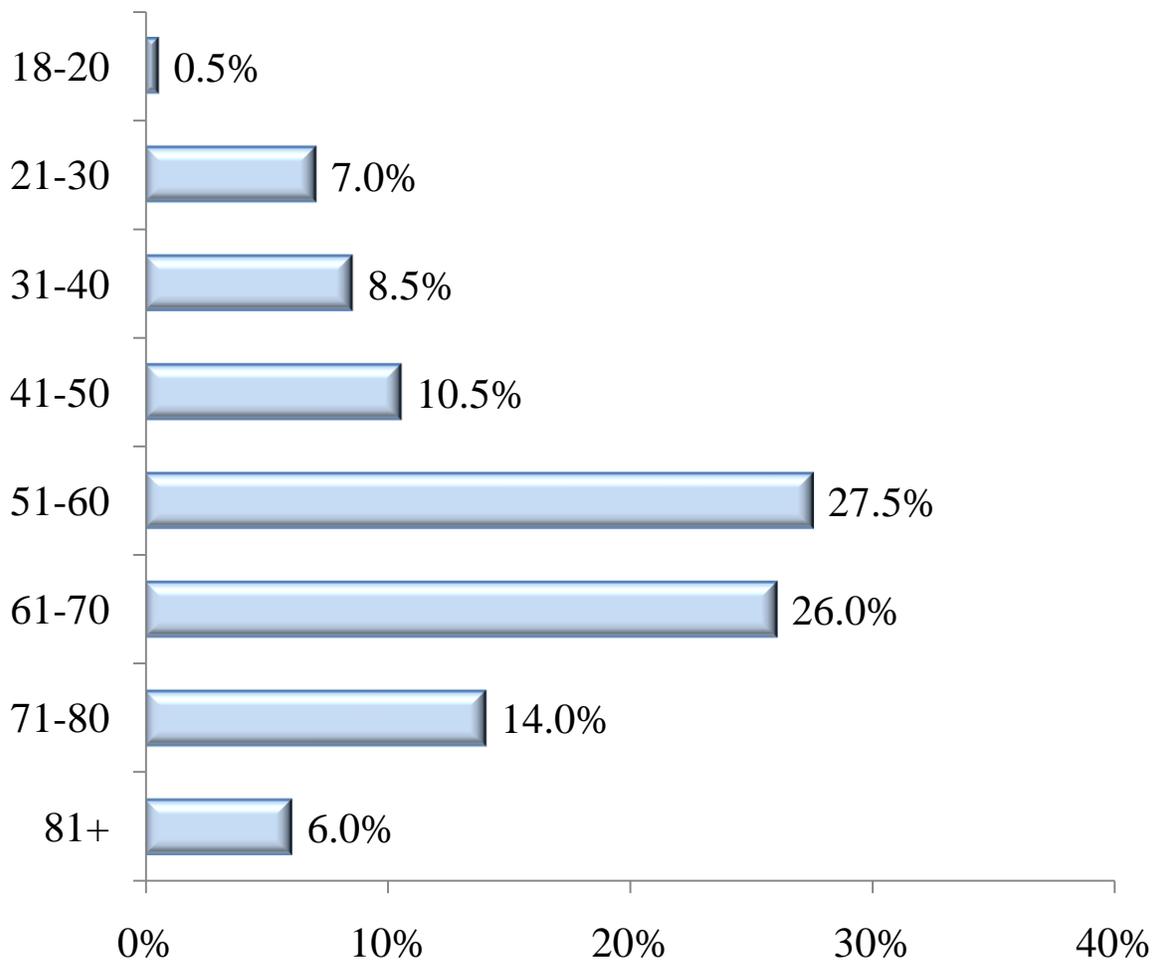
Q27. What concerns you most about health care in your community?

| Response Category | No. | Percent |
|---|-------------------|----------------------|
| No concerns/complaints | 35 | 15.6% |
| Distance to health facilities/Distance to specialists | 31 | 13.8% |
| High cost of care/Prescriptions/Insurance | 20 | 8.9% |
| More physicians/Specialists | 20 | 8.9% |
| Quality of care | 16 | 7.1% |
| Hospital moving/Closing/No health care in community | 10 | 4.4% |
| Availability of services | 10 | 4.4% |
| Uninsured populations | 8 | 3.6% |
| EMS services/New ambulance | 8 | 3.6% |
| Government influence in health care | 6 | 2.7% |
| Lack of services | 6 | 2.7% |
| Retiring physicians/Physicians moving out of town | 5 | 2.2% |
| More assistance for elderly and children | 5 | 2.2% |
| Acquiring newer medical technology/New hospital | 4 | 1.8% |
| Distance for surgeries | 4 | 1.8% |
| Not enough nurses/More staff | 3 | 1.3% |
| Distance to trauma facility | 3 | 1.3% |
| Long wait to see physician | 3 | 1.3% |
| Health services for uninsured | 2 | 0.9% |
| Availability of specialists | 2 | 0.9% |
| After hours care | 1 | 0.4% |
| Need for Health Department | 1 | 0.4% |
| Dental for children | 1 | 0.4% |
| More local physicians accepting insurance | 1 | 0.4% |
| Lack of financial resources for hospital | 1 | 0.4% |
| Don't know/No response | <u>19</u> | <u>8.4%</u> |
| Total | <u>225</u> | <u>100.0%</u> |

Some respondents answered more than once.

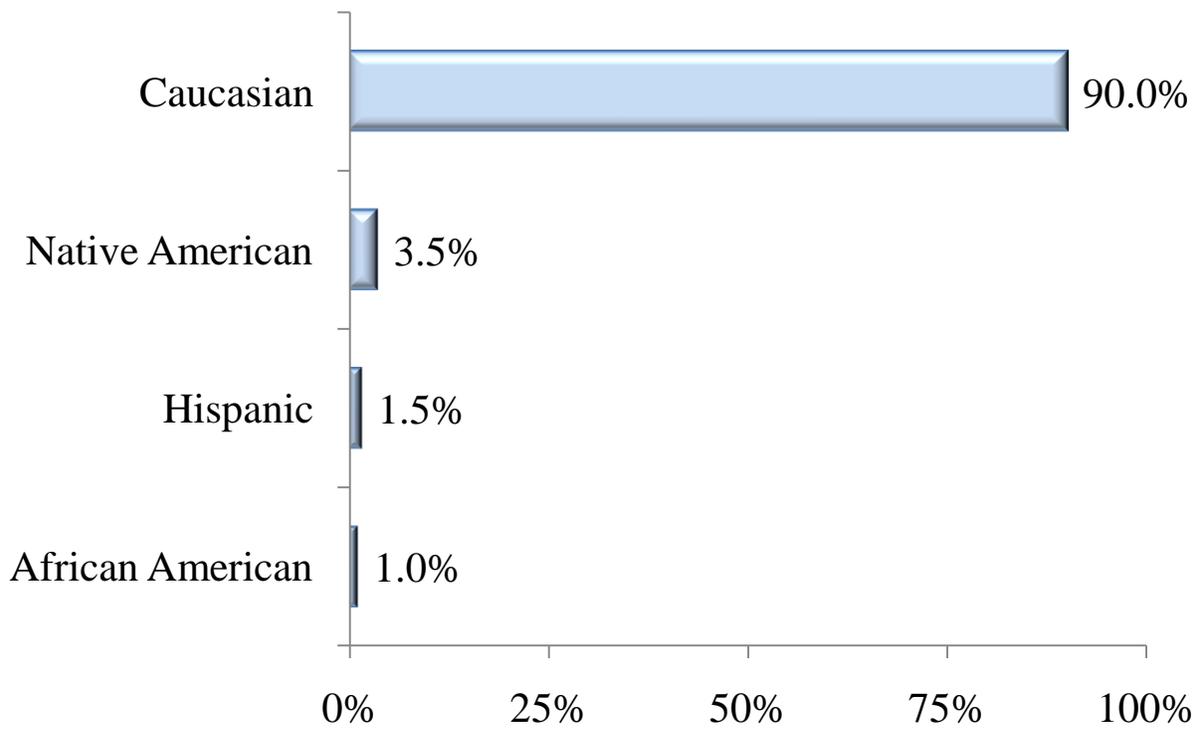
Q28. What is your age?

| Response Category | No. | Percent |
|-------------------|------------|---------------|
| 18-20 | 1 | 0.5% |
| 21-30 | 14 | 7.0% |
| 31-40 | 17 | 8.5% |
| 41-50 | 21 | 10.5% |
| 51-60 | 55 | 27.5% |
| 61-70 | 52 | 26.0% |
| 71-80 | 28 | 14.0% |
| 81+ | <u>12</u> | <u>6.0%</u> |
| Total | <u>200</u> | <u>100.0%</u> |



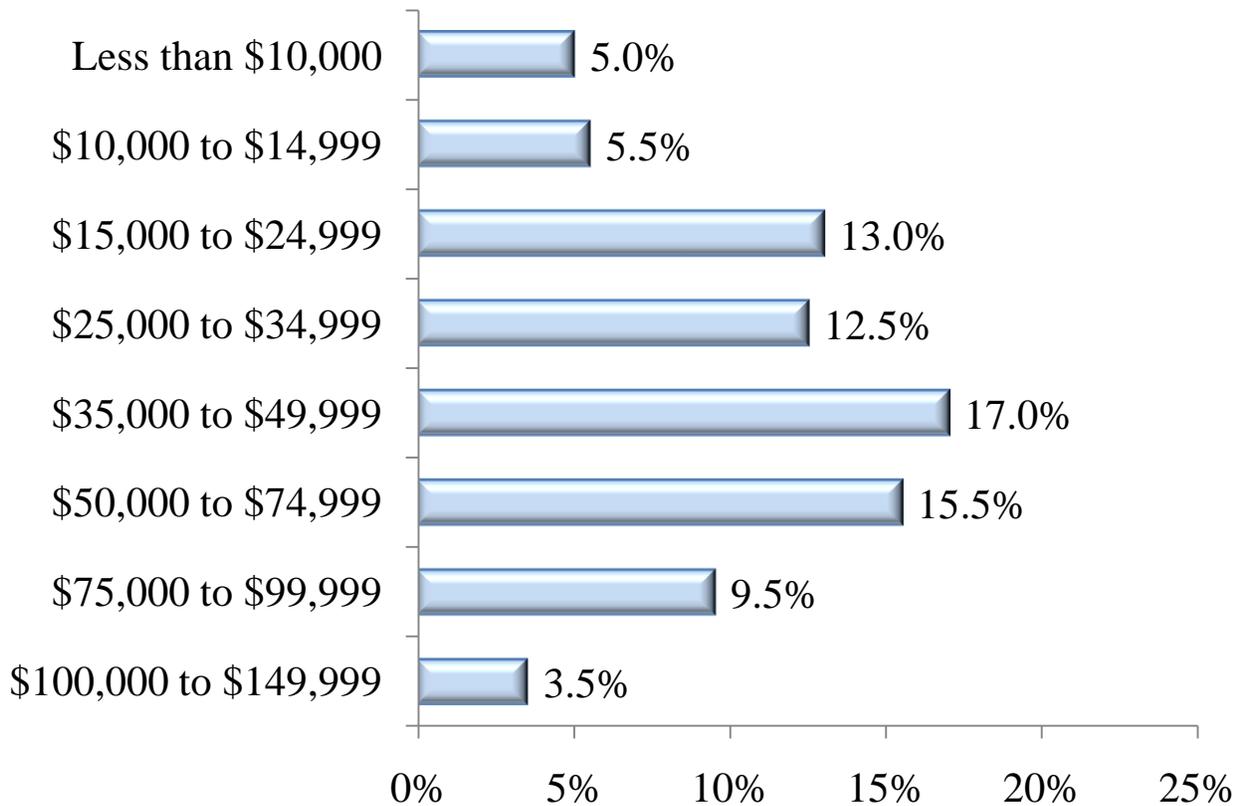
Q29. What is your ethnicity?

| Response Category | No. | Percent |
|--------------------|------------|---------------|
| Caucasian | 180 | 90.0% |
| Native American | 7 | 3.5% |
| Hispanic | 3 | 1.5% |
| African American | 2 | 1.0% |
| Don't know/Refused | <u>8</u> | <u>4.0%</u> |
| Total | <u>200</u> | <u>100.0%</u> |



Q30. What is your annual household income?

| Response Category | No. | Percent |
|------------------------|------------|---------------|
| Less than \$10,000 | 13 | 6.5% |
| \$10,000 to \$14,999 | 19 | 9.5% |
| \$15,000 to \$24,999 | 25 | 12.5% |
| \$25,000 to \$34,999 | 22 | 11.0% |
| \$35,000 to \$49,999 | 24 | 12.0% |
| \$50,000 to \$74,999 | 26 | 13.0% |
| \$75,000 to \$99,999 | 17 | 8.5% |
| \$100,000 to \$149,999 | 10 | 5.0% |
| \$150,000 to \$199,999 | 2 | 1.0% |
| \$200,000 or more | 1 | 0.5% |
| Don't know/No Response | <u>41</u> | <u>20.5%</u> |
| Total | <u>200</u> | <u>100.0%</u> |



Q31. What is your gender?

| Response Category | No. | Percent |
|-------------------|------------|---------------|
| Female | 135 | 67.5% |
| Male | <u>65</u> | <u>32.5%</u> |
| Total | <u>200</u> | <u>100.0%</u> |

