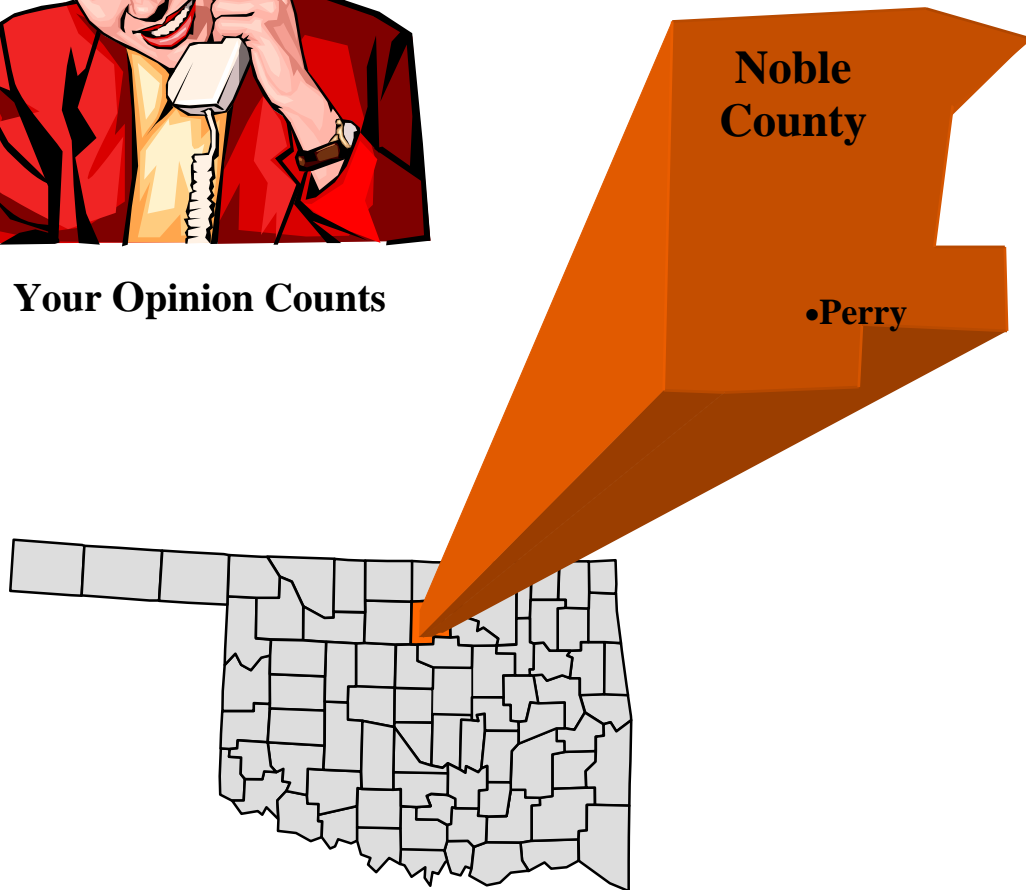


**Perry Memorial Hospital Medical Service Area
Telephone Survey Form and Results**



Your Opinion Counts



**Oklahoma Cooperative Extension Service
Oklahoma Center for Rural Health**

June 2007

Perry Memorial Hospital Medical Service Area Telephone Survey Form and Results

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

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

Oklahoma Cooperative Extension Services
Oklahoma State University

June 2007

**Perry Memorial Hospital
Medical Service Area
Telephone Survey Form**

Survey Date: TO BE DETERMINED

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 _____. We are an independent research company and today/this evening, we are conducting a brief survey on the topic of healthcare for the Perry Memorial Hospital service area. The community is reviewing the health care situation in Noble 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: 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? (Read list if necessary.)

- 74630, Billings
 73757, Lucien
 74644, Marland
 73061, Morrison
 73077, Perry
 74651, Red Rock
 Other _____ (*TERMINATE*)

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 not, then what kind of medical provider do you use for routine care? (*Record exact response. Probe for clarification. Do not read list.*)

- County Health Department
 Emergency Room/Hospital
 Physician Assistant
 Medicaid
 Specialist
 Other (*Specify*) _____

3a. Which city do you go to for most of your family's routine health care needs? (*DO NOT READ LIST*)

- Blackwell
 Enid
 Guthrie
 Pawnee
 Perry (*Skip to Q4a.*)
 Ponca City
 Stillwater
 Other (*Specify*) _____
 (*Do not read*) Don't Know / Refused (*Skip to Q.4a*)

3b. Why do you or your family use a doctor for routine health care needs outside of Noble County? (*Record exact response. Probe for clarification. Do not read list.*)

- Closer/Convenient Location
- Have used for Years/Personal relationship
- Specialist
- Approved provider for insurance/Health benefits program
- Other (**Specify**) _____

4a. Have you or someone else in your household been to a doctor in Noble County in the past 24 months? (*If yes to Q.4a, ask Q.4b, Q.4c, Q.4d, Q.4e and Q.4f; otherwise, skip to Q.5*)

- Yes
- No (*Skip to Q.5*)
- (*Do not read*) Don't Know / Refused (*Skip to Q.5*)

4b. How satisfied were you or someone in your household with the quality of care received in Noble County? Would you say that you were... (**READ LIST**)?

- Satisfied
- Dissatisfied
- (*Do not read*) Don't Know / Refused (*skip to Q.4d*)

4c. Why do you say that? (**RECORD VERBATIM RESPONSES. Probe for clarification.**)

4d. How long was the wait at the doctor's office in Noble County?

- Less than 15 minutes
- 15 to 30 minutes
- 30 minutes to an hour
- More than an hour
- (*Do not read*) Don't Know / Refused

4e. How satisfied were you or someone in your household with the waiting room environment in Noble County? Would you say that you were... (**READ LIST**)?

- Satisfied
- Dissatisfied
- (*Do not read*) Don't Know / Refused (*skip to Q.5*)

4f. Why do you say that? (**RECORD VERBATIM RESPONSES. Probe for clarification.**)

5. Do you think there are enough family doctors in Noble County?

- Yes
- No
- (Do not read)** Don't Know / Refused

6. Are you able to get an appointment with your medical provider when you need one?

- Yes
- No
- (Do not read)** Don't Know / Refused

7a. Have you or someone else in your household been to a specialist in the past 24 months?

- Yes
- No **(Skip to Q.8)**
- (Do not read)** Don't Know / Refused **(Skip to Q.8)**

7b. What type of specialist have you or someone in your household been to and in what city are they located?

Type of Specialist	City

8. How many people are living in your household? **(Record response below)**

_____ **(If respondent is the only person living in household, ask for "you" only in Q.9)**

9. 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>
Insurance through Employer/ Previous Employer	<input type="checkbox"/>	<input type="checkbox"/>
Self-Paid Insurance Plan	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Advantage	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Part D	<input type="checkbox"/>	<input type="checkbox"/>
Medicare Supplement	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
SoonerCare	<input type="checkbox"/>	<input type="checkbox"/>
Champus/TriCare Program	<input type="checkbox"/>	<input type="checkbox"/>
VA benefits	<input type="checkbox"/>	<input type="checkbox"/>
Health Choice	<input type="checkbox"/>	<input type="checkbox"/>
Community Care	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Community Choice	<input type="checkbox"/>	<input type="checkbox"/>
*Do Not Have Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

10. *(If respondent does not have health insurance, ask Q10; otherwise, skip to Q.11)*

Why do you not have health insurance for yourself? *(Do not read list. Record verbatim response.)*

- Too expensive
- Pre-existing medical condition
- Other *(Specify)* _____
- (Do not read)* Don't Know / Refused

11. Have you or someone else in your household used the services of a hospital in the past 24 months?

- Yes
- No *(Skip to Q.17)*
- (Do not read)* Don't know / Refused *(Skip to Q.17)*

12. At which hospital(s) were services received? *(Do not read list unless prompt is needed. Record verbatim responses.)*

- Integris Blackwell Regional Hospital – Blackwell
- Integris Bass Baptist Health Center - Enid
- St. Mary's Regional Medical Center - Enid
- Logan Medical Center - Guthrie
- Pawnee Municipal Hospital - Pawnee
- Perry Memorial Hospital-Perry *(skip to Q.15)*
- Ponca City Medical Center – Ponca City
- Stillwater Medical Center - Stillwater
- Other *(Specify)* _____
- (Do not read)* Don't Know / Refused

13. *(If any hospital other than Perry Memorial Hospital was indicated in Q.12, ask Q.13, Q.14a, Q.14b, and Q.14c; otherwise, skip to Q.15)* You mentioned that you or someone else in your household received care at a hospital other than Perry Memorial Hospital, why did you or your family member choose this/these hospital(s)? *(RECORD VERBATIM RESPONSES. Probe for clarification.)*

14a. What hospital services were used there? *(Do not read list unless prompt is needed. Record verbatim responses)*

- | | |
|--|--|
| <input type="checkbox"/> Birthing Services | <input type="checkbox"/> Outpatient Surgery |
| <input type="checkbox"/> Bone Density | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> CT Scan (CAT Scan) | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Dietary Services | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Sleep Study |
| <input type="checkbox"/> Inpatient Stay | <input type="checkbox"/> Specialty Doctor |
| <input type="checkbox"/> Inpatient Surgery | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Laboratory (Blood) Tests | <input type="checkbox"/> X-ray |
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mental Health/Substance Abuse | <input type="checkbox"/> <i>(Do not read)</i> Don't know / Refused |
| <input type="checkbox"/> MRI | |

18. Have you or your family used emergency room services in the past 24 months?

- Yes
- No (*Skip to Q.23*)
- (*Do not read*) Don't know / Refused (*Skip to Q.23*)

19. (*If yes to Q.18 ask; otherwise skip to Q.23*) At which hospital(s) were emergency room services received? (*Do not read list unless prompt is needed. Record verbatim responses.*)

- Integris Blackwell Regional Hospital – Blackwell(*skip to Q.21*)
- Integris Bass Baptist Health Center - Enid(*skip to Q.21*)
- St. Mary's Regional Medical Center - Enid(*skip to Q.21*)
- Logan Medical Center - Guthrie(*skip to Q.21*)
- Pawnee Municipal Hospital - Pawnee(*skip to Q.21*)
- Perry Memorial Hospital-Perry (*skip to Q.19*)
- Ponca City Medical Center – Ponca City(*skip to Q.21*)
- Stillwater Medical Center - Stillwater(*skip to Q.21*)
- Other (*Specify*) _____(*skip to Q.21*)
- (*Do not read*) Don't Know / Refused(*skip to Q.23*)

20a. How satisfied were you or someone in your household with the services you received at the emergency room in Perry Memorial Hospital? Would you say you were... (*Read List*)

- Satisfied
- Dissatisfied
- (*Do not read*) Don't Know / Refused (*skip to Q.21*)

20b. Why do you say that? (**RECORD VERBATIM RESPONSES. Probe for clarification.**)

21. (*If a hospital other than Perry Memorial Hospital is mentioned in Q.19, ask Q.21, Q.22a, and Q.22b; otherwise, skip to Q.23*) What type of emergency room services have you or your family used in the past 24 months at this hospital? (*Do not read list unless prompt is needed. Record verbatim responses.*)

- | | |
|--|--|
| <input type="checkbox"/> Cardiac Evaluation/Heart | <input type="checkbox"/> Trauma Care |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> X-Ray (Radiology) |
| <input type="checkbox"/> Respiratory Therapy/Breathing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Routine Illness | <input type="checkbox"/> (<i>Do not read</i>) Don't know / Refused |

22a. 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.23*)

22b. Why do you say that? (**RECORD VERBATIM RESPONSES. Probe for clarification.**)

14b. 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*)

14c. Why do you say that? (**RECORD VERBATIM RESPONSES. Probe for clarification**)

15. (*If Perry Memorial Hospital is mentioned in Q.12, ask Q.15, Q.16a and Q.16b; otherwise, skip to Q.17*)
 What hospital services were used at Perry Memorial Hospital? (*Do not read list unless prompt is needed. Record verbatim responses.*)

- | | |
|---|--|
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> Outpatient Procedures |
| <input type="checkbox"/> Inpatient Stay/Medical Surgical Unit | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Swing Bed Unit | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Outpatient IV Therapy | <input type="checkbox"/> MRI |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Specialty Clinics |
| <input type="checkbox"/> Drug Screening | <input type="checkbox"/> Therapy (Physical/Occupational) |
| <input type="checkbox"/> X-ray | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> CT | <input type="checkbox"/> (<i>Do not read</i>) Don't know / Refused |

16a. How satisfied were you or someone in your household with the services you received at Perry Memorial Hospital? Would you say you were... (Read list)

- Satisfied
- Dissatisfied
- (*Do not read*) Don't Know / Refused (*skip to Q.17*)

16b. Why do you say that? (**RECORD VERBATIM RESPONSES. Probe for clarification**)

17. Does Perry Memorial Hospital offer the following services?

	Yes	No	Don't Know
CT Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammography Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MRI Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Therapy Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Clinic*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(Includes: Cardiology, Ophthalmology, Orthopedics, Podiatry, & General Surgery)

29a. How satisfied were you or someone in your household with the services you received from the home health services? Would you say you were... *(Read List)*

- Satisfied
- Dissatisfied
- (Do not read)* Don't know / Refused *(Skip to Q.30)*

29b. Why do you say that? *(RECORD VERBATIM RESPONSES. Probe for clarification.)*

30. Have you or someone in your household used the services of the Noble County health department in the past 24 months?

- Yes
- No *(Skip to Q.32)*
- (Do not read)* Don't know / Refused *(Skip to Q.32)*

31a. How satisfied were you or someone in your household with the services you received at the Noble County health department?

- Satisfied
- Dissatisfied
- (Do not read)* Don't know / Refused *(Skip to Q.32)*

31b. Why do you say that? *(RECORD VERBATIM RESPONSES. Probe for clarification.)*

32. What concerns you most about healthcare in your community? *(RECORD VERBATIM RESPONSES)*

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

33. What is your age?

- 18-20
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71-80
- 81+
- (Do not read)* Don't know / Refused

34. What is your ethnicity?

- Caucasian
- Asian
- Hispanic
- African American
- Native American
- Other _____
- (Do not read)** Don't know / Refused

35. What is your annual household income?

- Less than \$10,000
- \$10,000 to less than \$15,000
- \$15,000 to less than \$20,000
- \$20,000 to less than \$25,000
- \$25,000 to less than \$35,000
- \$35,000 to \$50,000
- Over \$50,000
- (Do not read)** Don't know / Refused

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

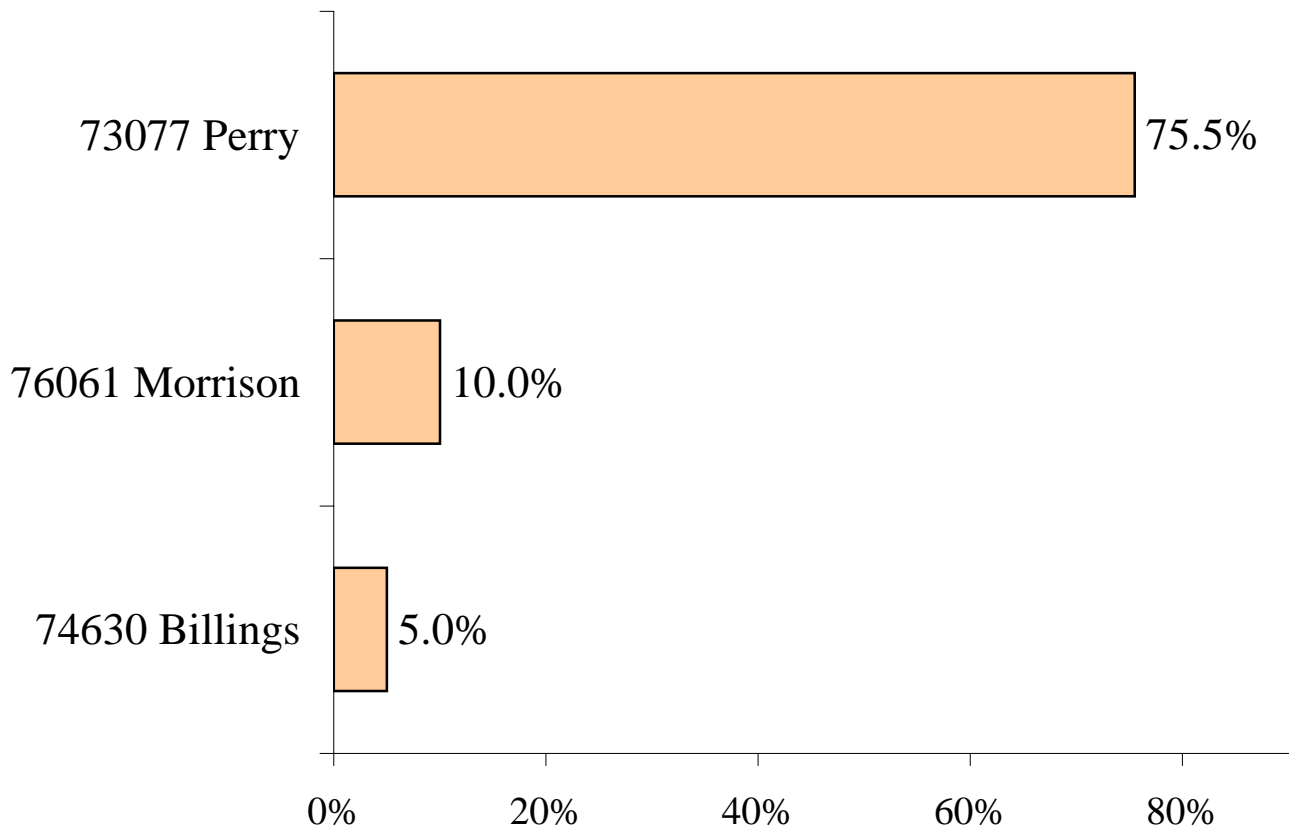
- Male
- Female
- Unknown (Can't Tell)

That completes the survey. Thank you for your time!

**Perry Memorial Hospital
Medical Service Area
Telephone Survey Results**

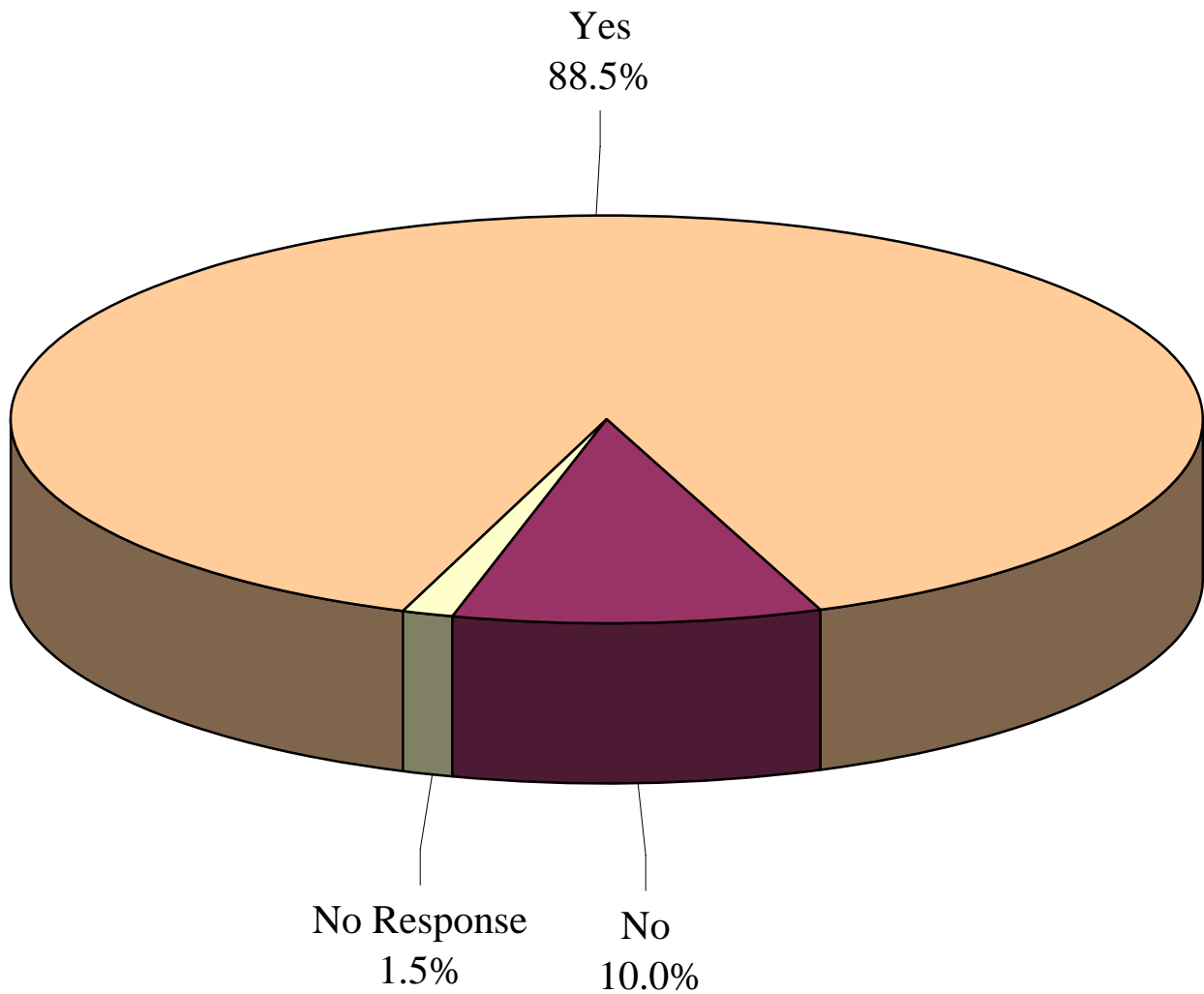
Q1. What is your zip code?

Response Category	No.	Percent
73077 Perry	151	75.5%
76061 Morrison	20	10.0%
74630 Billings	10	5.0%
74644 Marland	7	3.5%
73757 Lucien	6	3.0%
74651 Red Rock	6	3.0%
Total	200	100.0%



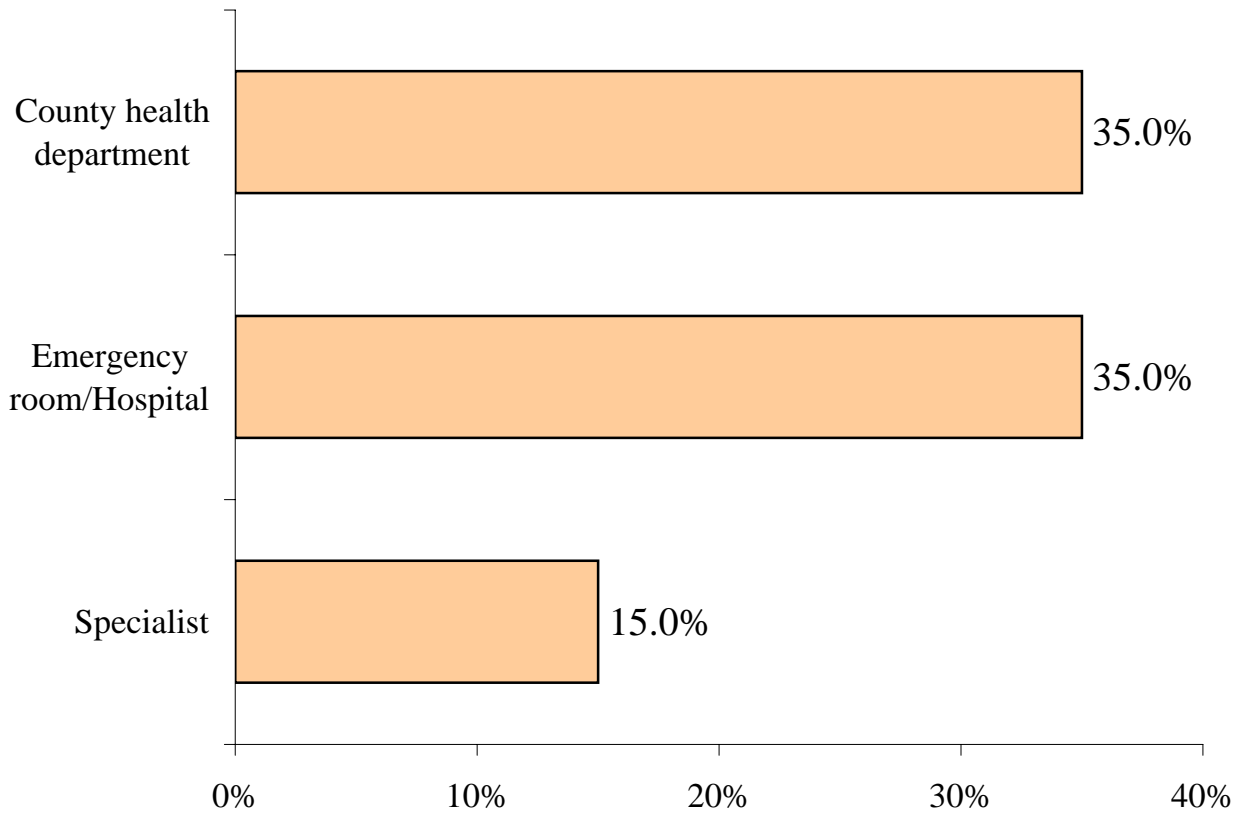
Q2a. Do you use a family doctor for most of your routine health care?

Response Category	No.	Percent
Yes	177	88.5%
No	20	10.0%
No Response	3	1.5%
Total	200	100.0%



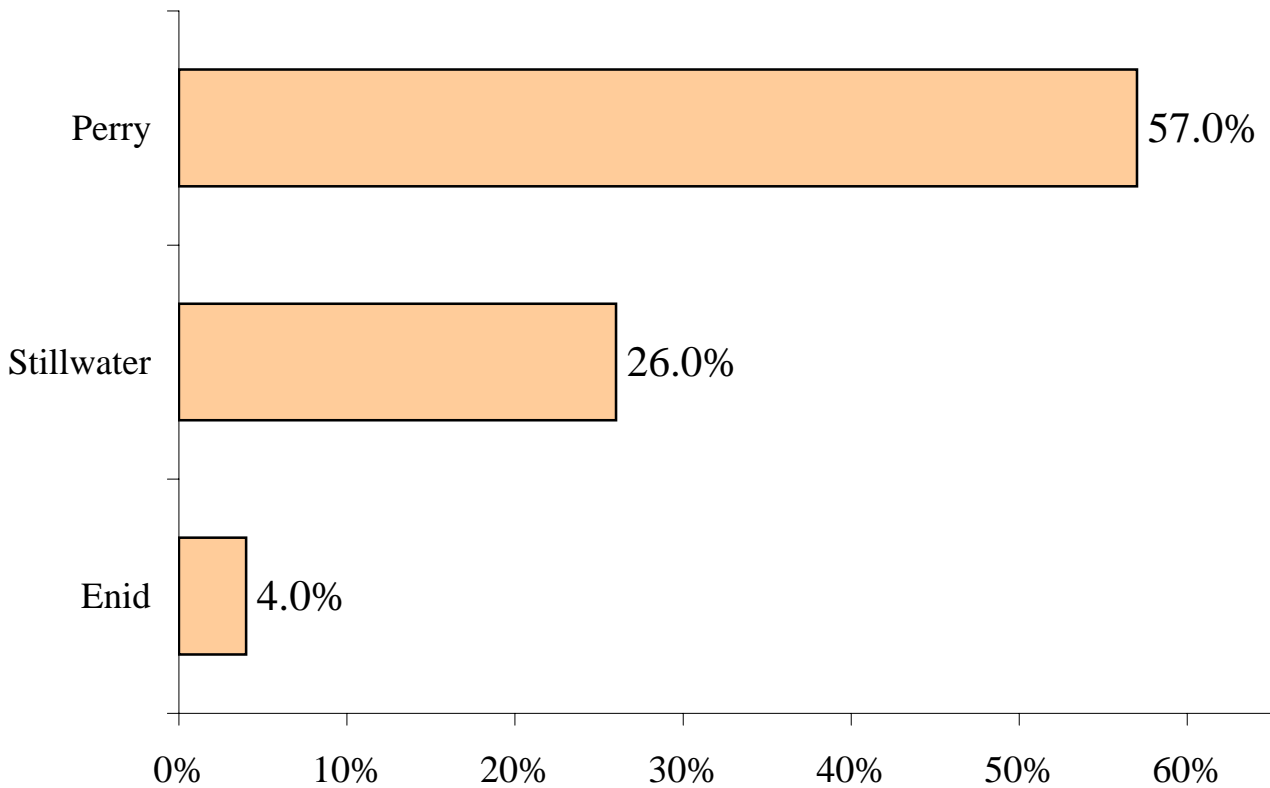
Q2b. If not, then what kind of medical provider do you use for routine care?

Response Category	No.	Percent
County health department	7	35.0%
Emergency room/Hospital	7	35.0%
Specialist	3	15.0%
Military doctor	1	5.0%
Urgent care clinic	1	5.0%
Veterans' clinic	<u>1</u>	<u>5.0%</u>
Total	20	100.0%



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

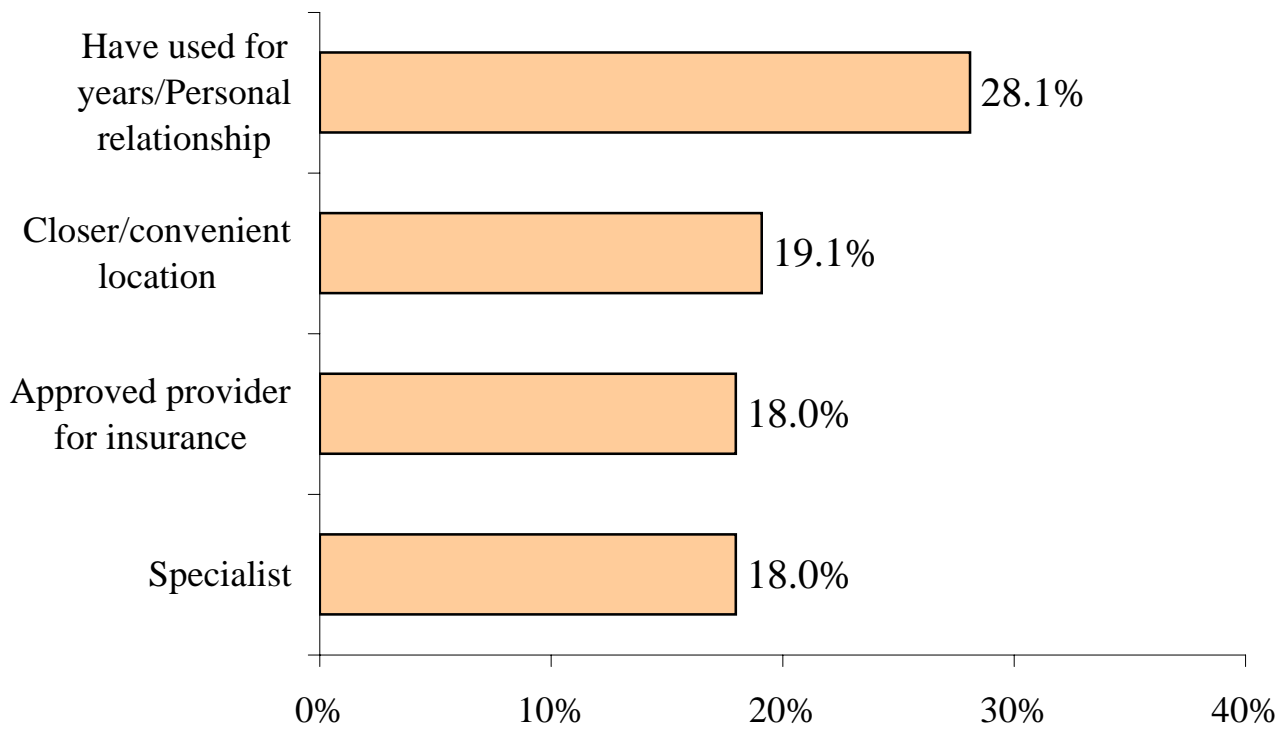
Response Category	County	No.	Percent
Perry	Noble	114	57.0%
Stillwater	Payne	52	26.0%
Enid	Garfield	8	4.0%
Ponca City	Kay	7	3.5%
Pawnee	Pawnee	6	3.0%
Oklahoma City	Oklahoma	5	2.5%
Morrison	Noble	3	1.5%
Edmond	Oklahoma	1	0.5%
Tonkawa	Kay	1	0.5%
No Response		3	1.5%
Total		200	100.0%



Q3b. Why do you or your family use a doctor for routine health care needs outside of Noble County?

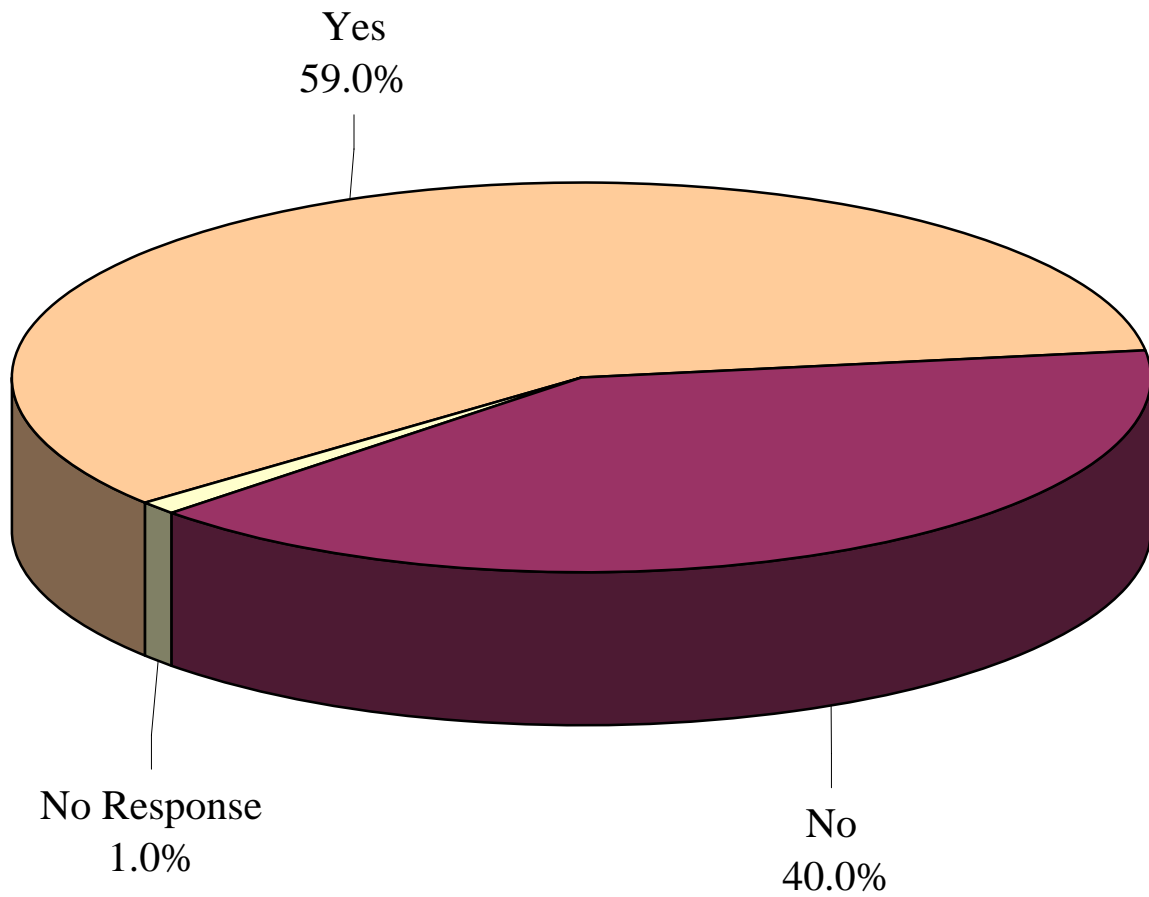
Response Category	No.	Percent
Have used for years/Personal relationship	25	28.1%
Closer/convenient location	17	19.1%
Approved provider for insurance	16	18.0%
Specialist	16	18.0%
Dissatisfied with local doctors	6	6.7%
Personal preference	4	4.5%
Referral	2	2.2%
Better system	1	1.1%
Lack of doctors	1	1.1%
No Response	1	1.1%
Total	89	100.0%

Some respondents answered more than once.



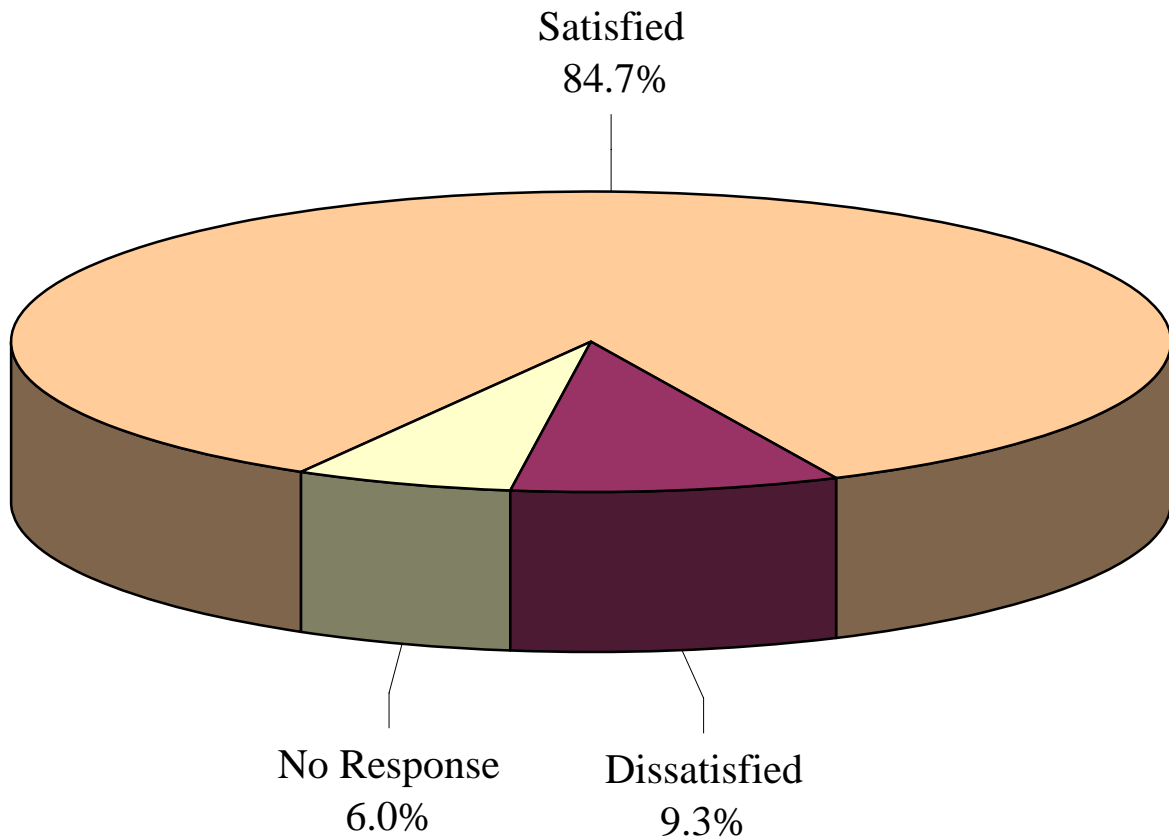
Q4a. Have you or someone else in your household been to a doctor in Noble County in the past 24 months?

Response Category	No.	Percent
Yes	118	59.0%
No	80	40.0%
No Response	<u>2</u>	<u>1.0%</u>
Total	200	100.0%



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

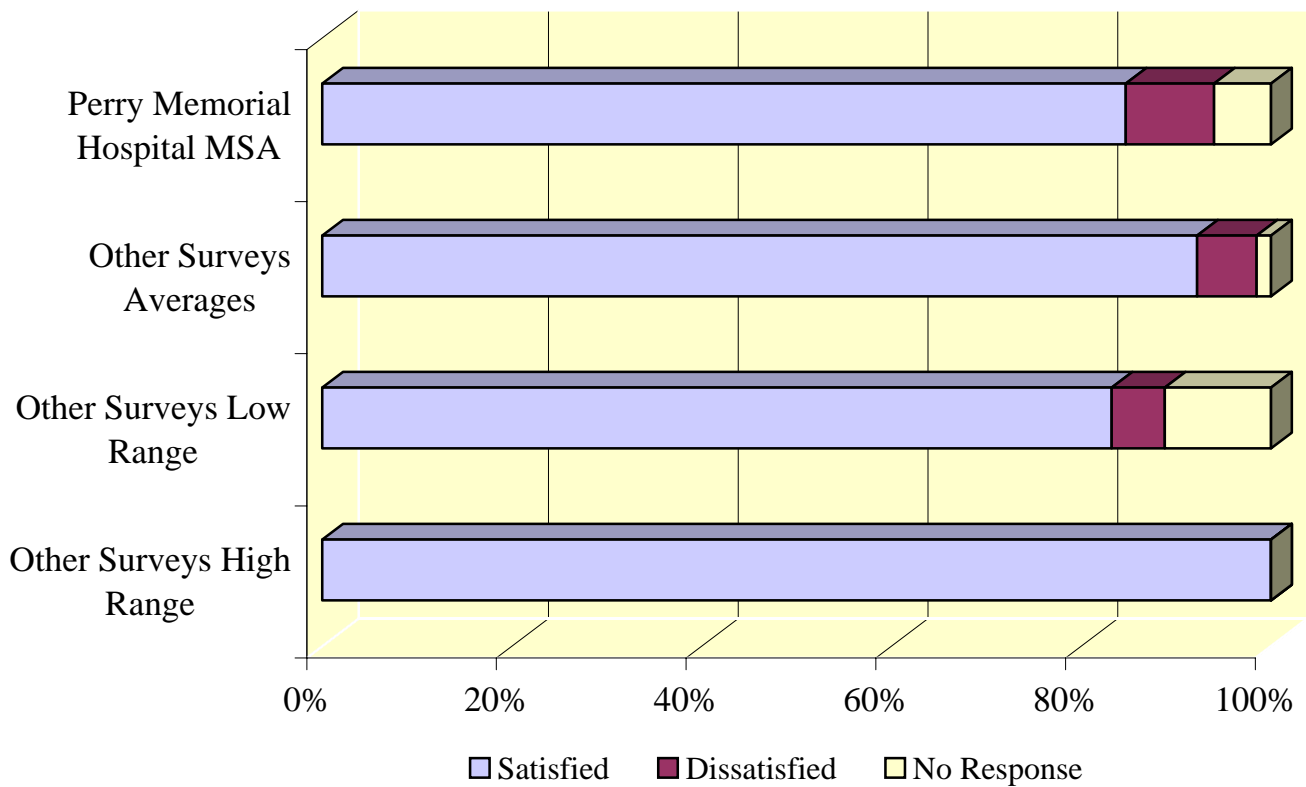
Response Category	No.	Percent
Satisfied	100	84.7%
Dissatisfied	11	9.3%
No Response	7	6.0%
Total	118	100.0%



Q4b-2. How satisfied were you or someone in your household with the quality of care you received in Noble County?

Compared to Other Oklahoma Communities

Survey Area	Satisfied	Dissatisfied	No Response
Perry Memorial Hospital MSA	84.7%	9.3%	6.0%
Other Surveys Averages	92.2%	6.3%	1.5%
Other Surveys Low Range	83.2%	5.6%	11.2%
Other Surveys High Range	100.0%	0.0%	0.0%



Q4c-1. Why do you say that you are satisfied with the quality of care in Noble County?

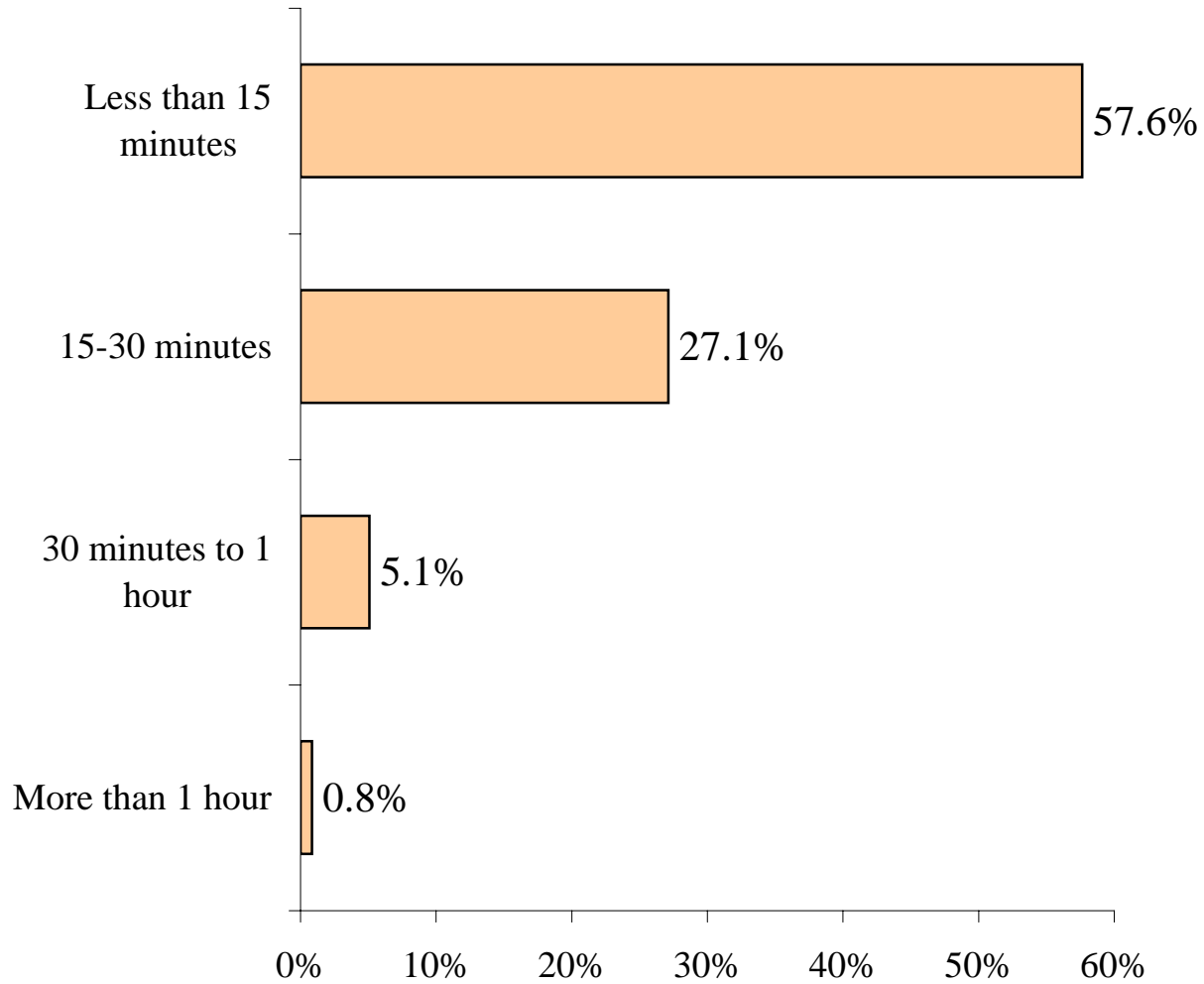
Response Category	No.	Percent
Satisfied with doctors/nurses	32	32.0%
Good treatment/care	30	30.0%
Resolved medical issue(s)	11	11.0%
Service was good	9	9.0%
Established relationship with doctor	9	9.0%
Just satisfied, no reason	5	5.0%
Glad to have hospital	2	2.0%
Prefer Perry Memorial Hospital to others in area	1	1.0%
Short waiting time	<u>1</u>	<u>1.0%</u>
Total	100	100.0%

Q4c-2. Why do you say that you are dissatisfied with the quality of care in Noble County?

Response Category	No.	Percent
Incompetent/Uncaring medical professionals	7	63.6%
Not meeting my needs	2	18.2%
Privacy of information concerns	1	9.1%
Long waiting time	<u>1</u>	<u>9.1%</u>
Total	11	100.0%

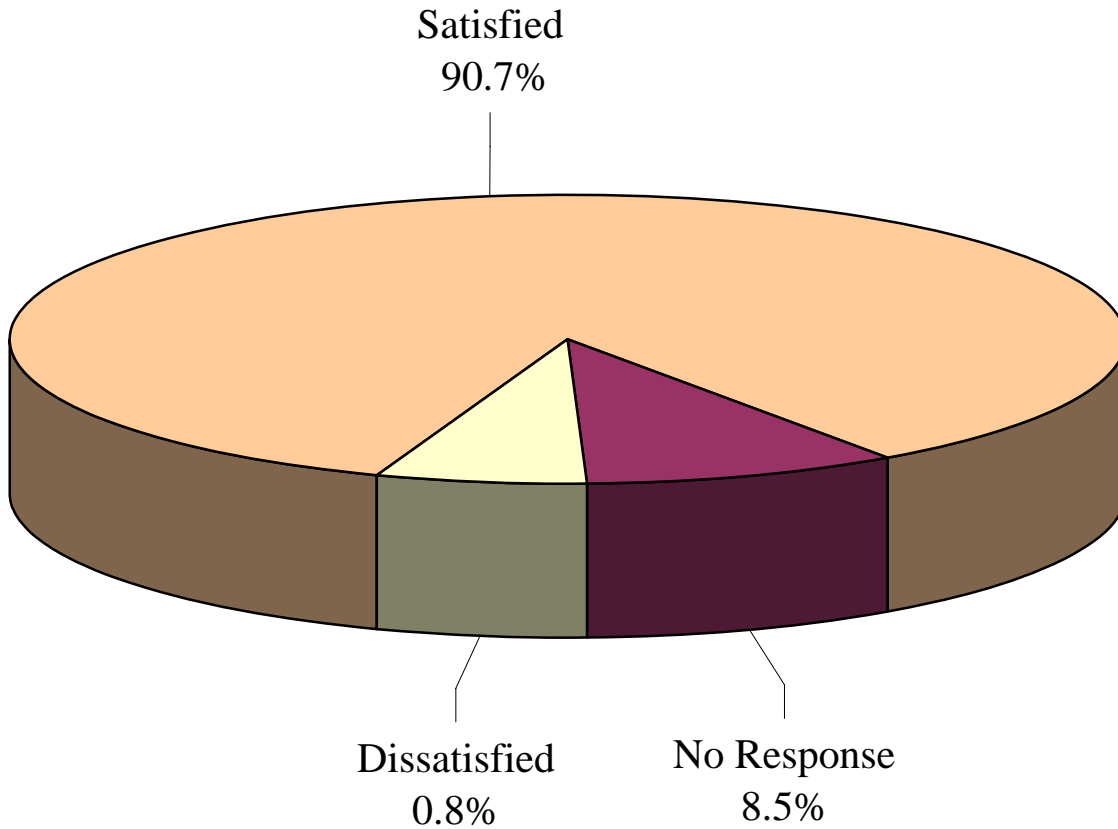
**Q4d. How long was the wait at the doctor's office
in Noble County?**

Response Category	No.	Percent
Less than 15 minutes	68	57.6%
15-30 minutes	32	27.1%
30 minutes to 1 hour	6	5.1%
More than 1 hour	1	0.8%
Don't know/No response	<u>11</u>	<u>9.3%</u>
Total	118	100.0%



**Q4e. How satisfied were you or someone in your household
with the waiting room environment in Noble County?
Would you say that you were...**

Response Category	No.	Percent
Satisfied	107	90.7%
Dissatisfied	1	0.8%
No Response	<u>10</u>	<u>8.5%</u>
Total	118	100.0%



Q4f-1. Why do you say that you are satisfied with the waiting room environment in Noble County?

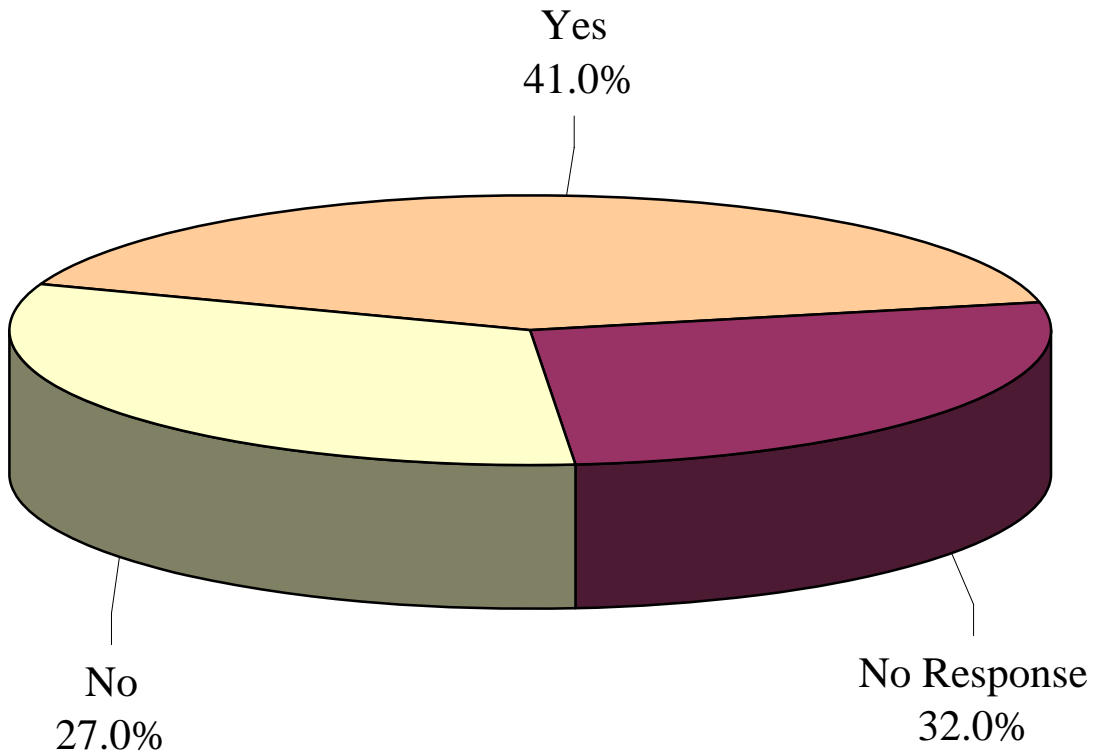
Response Category	No.	Percent
Pleasant/Comfortable	31	29.0%
Clean/Normal	28	26.2%
Liked magazines/TV/toys for children	21	19.6%
Just satisfied, no reason	9	8.4%
Short waiting time	6	5.6%
Nice people/staff	5	4.7%
Acquainted with other patients - we visited	3	2.8%
Met my needs	3	2.8%
Not busy	<u>1</u>	<u>0.9%</u>
Total	107	100.0%

Q4f-2. Why do you say that you are dissatisfied with the waiting room environment in Noble County?

Response Category	No.	Percent
Long waiting time	<u>1</u>	<u>100.0%</u>
Total	1	<u>100.0%</u>

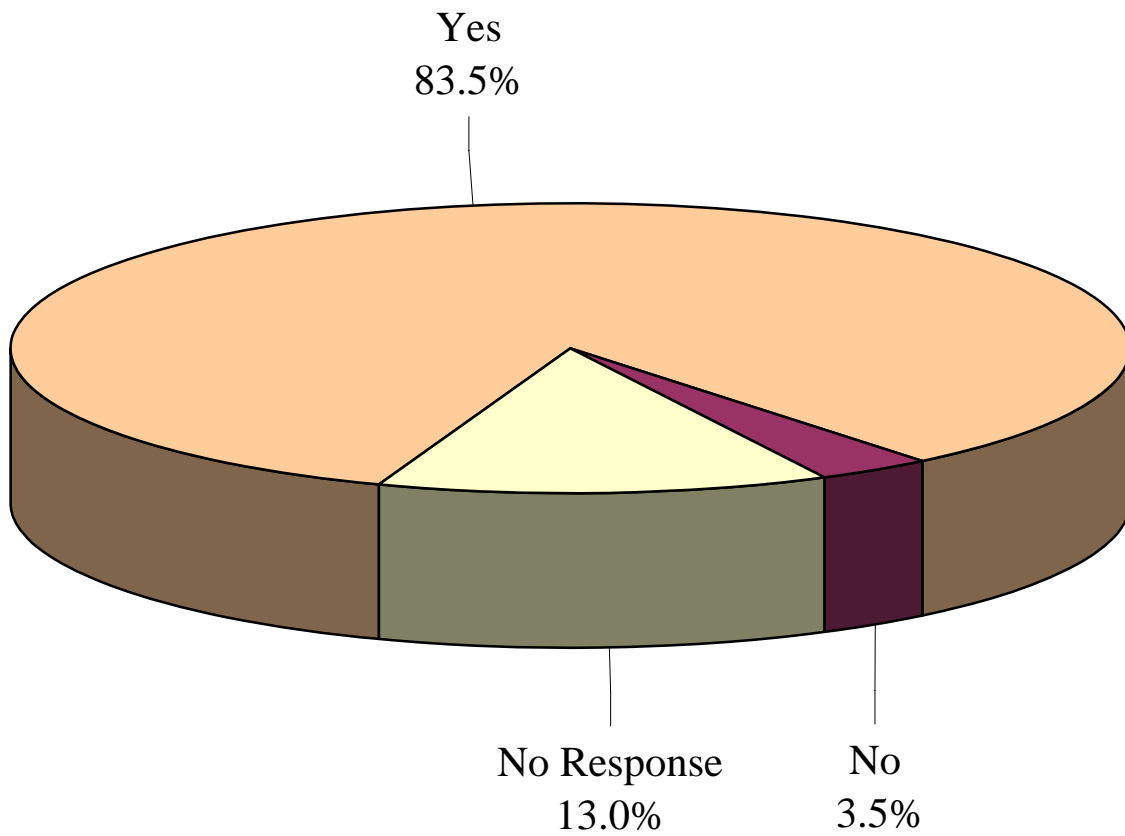
Q5. Do you think there are enough family doctors in Noble County?

Response Category	No.	Percent
Yes	82	41.0%
No	54	27.0%
No Response	64	32.0%
Total	200	100.0%



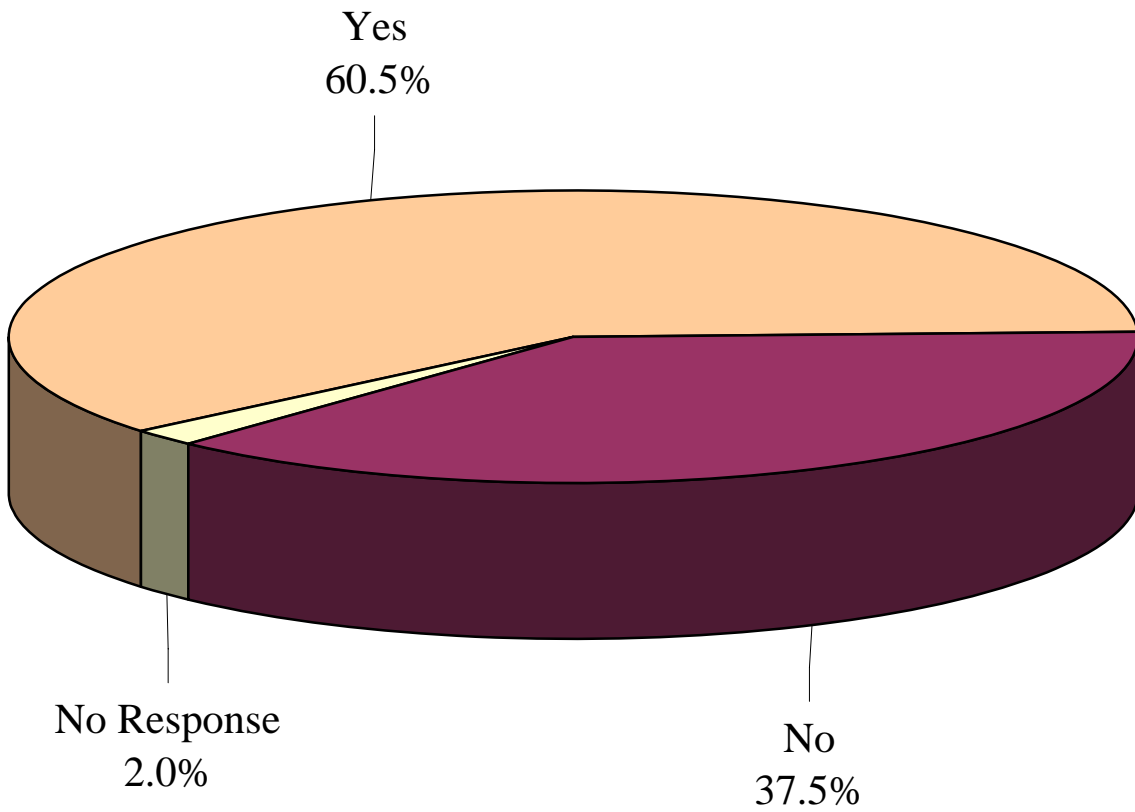
Q6. Are you able to get an appointment with your medical provider when you need one?

Response Category	No.	Percent
Yes	167	83.5%
No	7	3.5%
No Response	<u>26</u>	<u>13.0%</u>
Total	200	100.0%



Q7a. Have you or someone else in your household been to a specialist in the past 24 months?

Response Category	No.	Percent
Yes	121	60.5%
No	75	37.5%
No Response	4	2.0%
Total	200	100.0%



Q7b-1. What type of specialist have you or someone in your household been to to and in what city are they located?

Type of Specialist	No.	Percent
<i>Top 5 Responses</i>		
Cardiologist	31	19.6%
Orthopedist	19	12.0%
OB/GYN	11	7.0%
Oncologist	9	5.7%
Urologist	9	5.7%

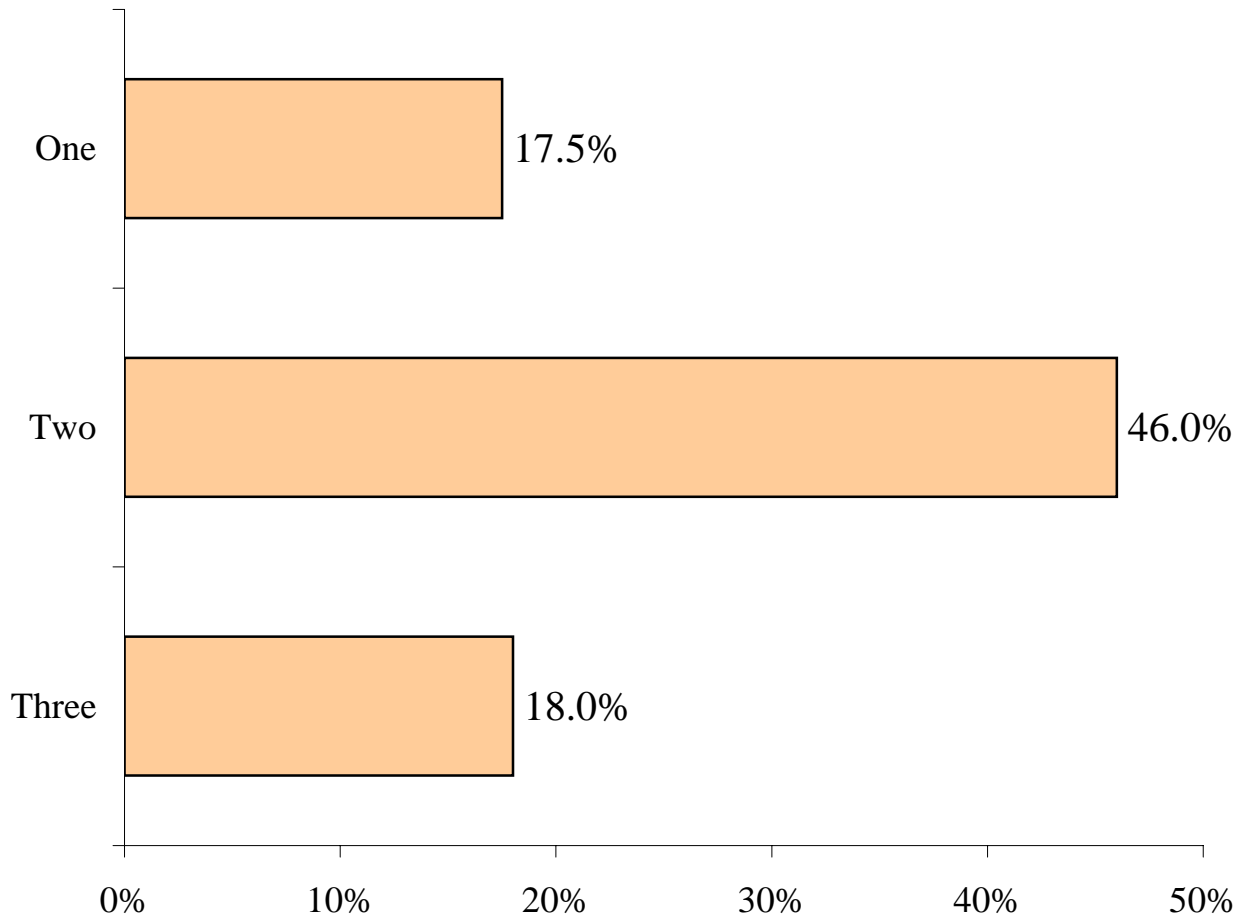
Q7b-2. What type of specialist have you or someone in your household been to and in what city are they located?

Type of Specialist	City	No.	Percent
Cardiologist	OKC (17); Perry (5); Ponca City (3); Tulsa (3); Stillwater (2); Enid (1)	31	19.6%
Orthopedist	OKC (9); Stillwater (7); Perry (2); Edmond (1)	19	12.0%
OB/GYN	Stillwater (6); Edmond, (1); Enid, (1); OKC (1); Perry (1); Tulsa (1)	11	7.0%
Oncologist	OKC (5); Stillwater (4)	9	5.7%
Urologist	Stillwater (4); Enid, (2); Edmond (1); OKC (1); Tulsa (1)	9	5.7%
Neurologist	OKC (3); Ponca City (2); Enid (1); Norman (1); Stillwater (1)	8	5.1%
Dermatologist	Stillwater (3); Dallas, TX (1); Edmond (1); Enid (1); OKC (1)	7	4.4%
Gastroenterologist	OKC (2); Perry (2); Not given (1); Tulsa (1)	6	3.8%
Ophthalmologist	OKC (2); Edmond (1); Perry (1); Stillwater (1); Tulsa (1)	6	3.8%
General Surgeon	Perry (2); Stillwater (2); Not given (1)	5	3.2%
Orthopedic Surgeon	Stillwater (2); Norman (1); OKC (1); Perry (1)	5	3.2%
Endocrinologist	OKC (2); Enid (1); Stillwater (1)	4	2.5%
ENT	OKC (2); Stillwater (2)	4	2.5%
Internist	Stillwater (3); OKC (1)	4	2.5%
Podiatrist	OKC (2); Perry (2)	4	2.5%
Allergist	OKC (1); Stillwater (1); Tulsa (1)	3	1.9%
Nephrologist	Enid (1); OKC (1); Stillwater (1)	3	1.9%
Pain management specialist	OKC (3)	3	1.9%
Pediatrician	OKC (1); Stillwater (1); Tulsa (1)	3	1.9%
Pulmonologist	OKC (1); Ponca City (1); Stillwater (1)	3	1.9%
Rheumatologist	OKC (2); Edmond (1)	3	1.9%
Vascular specialist	Pawnee (1); Stillwater (1)	2	1.3%
Audiologist	OKC (1)	1	0.6%
Neurosurgeon	OKC (1)	1	0.6%
Proctologist	OKC (1)	1	0.6%
Sleep study specialist	Stillwater (1)	1	0.6%
Transplant specialist	OKC (1)	1	0.6%
Not given	Edmond (1)	1	0.6%
Total		158	100.0%

Some individuals responded more than once.

Q8. How many people are living in your household?

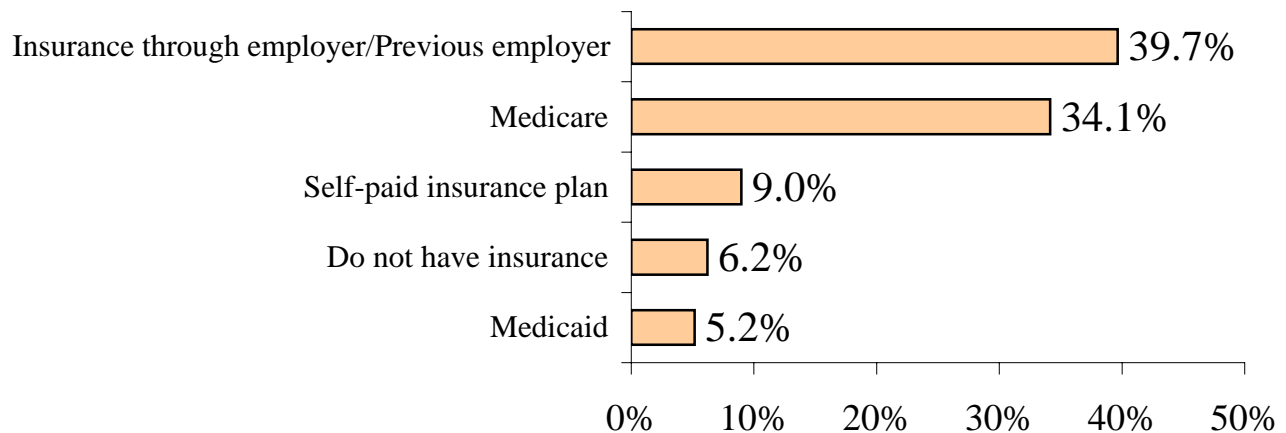
Response Category	No.	Percent
One	35	17.5%
Two	92	46.0%
Three	36	18.0%
Four	14	7.0%
Five	16	8.0%
Six	5	2.5%
Seven	1	0.5%
Eight	1	0.5%
Total	200	100.0%



Q9a. What type of health insurance plan covers you?

Response Category	No.	Total	Percent
Insurance through employer/Previous employer		115	39.7%
General	99		
Health Choice	14		
Community Care	1		
Preferred Community Choice	<u>1</u>		
Medicare		99	34.1%
General	54		
Supplemental	22		
Part D	16		
Medicare Advantage	<u>7</u>		
Self-paid insurance plan		26	9.0%
Do not have insurance		18	6.2%
Medicaid		15	5.2%
General	11		
SoonerCare	<u>4</u>		
Champus/TriCare Program		10	3.4%
VA benefits		4	1.4%
Native American benefits		2	0.7%
No name given		<u>1</u>	<u>0.3%</u>
Total		290	100.0%

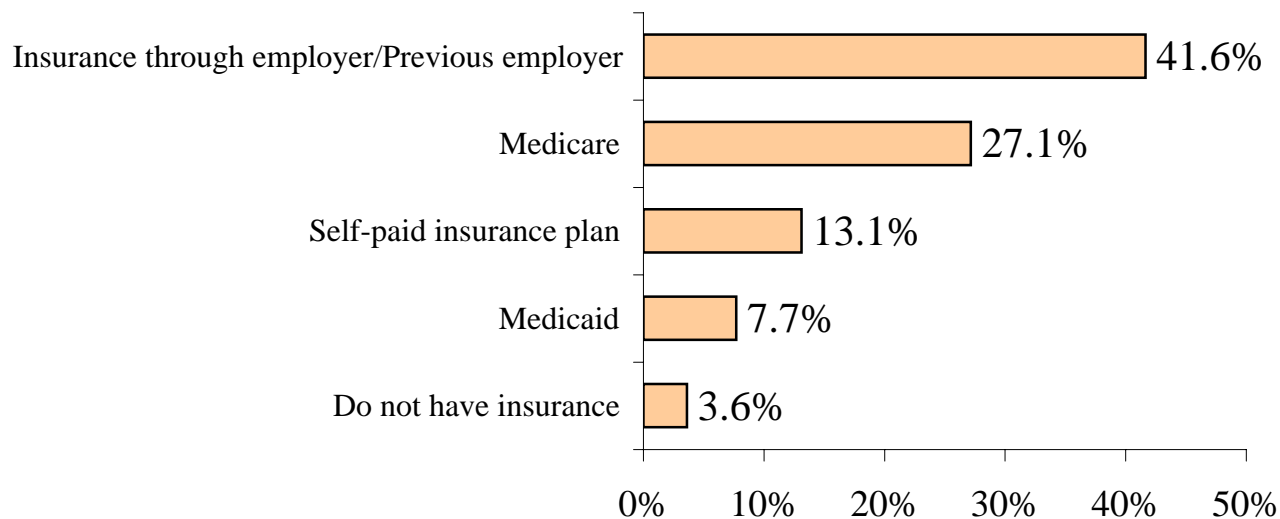
Some respondents answered more than once.



Q9b. What type of health insurance plan covers your family?

Response Category	No.	Total	Percent
Insurance through employer/Previous employer		92	41.6%
General	83		
Health Choice	8		
Preferred Community Choice	1		
Community Care	<u>0</u>		
Medicare		60	27.1%
General	40		
Supplemental	14		
Part D	3		
Medicare Advantage	<u>3</u>		
Self-paid insurance plan		29	13.1%
Medicaid		17	7.7%
General	7		
SoonerCare	<u>10</u>		
Do not have insurance		8	3.6%
Champus/TriCare Program		8	3.6%
VA benefits		6	2.7%
Native American benefits		1	0.5%
No name given		<u>1</u>	<u>0.5%</u>
Total		221	100.0%

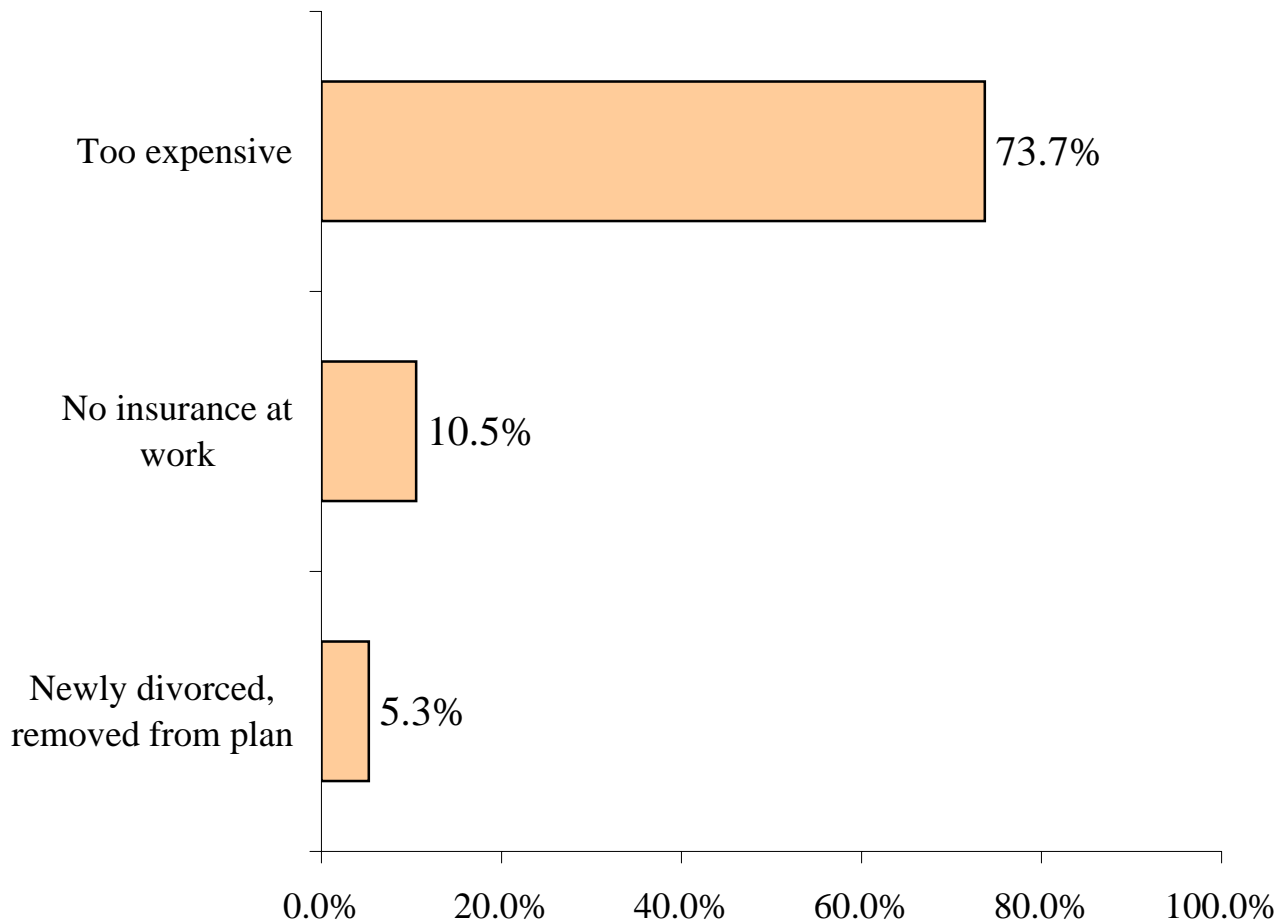
Some respondents answered more than once.



Q10. Why do you not have health insurance for yourself?

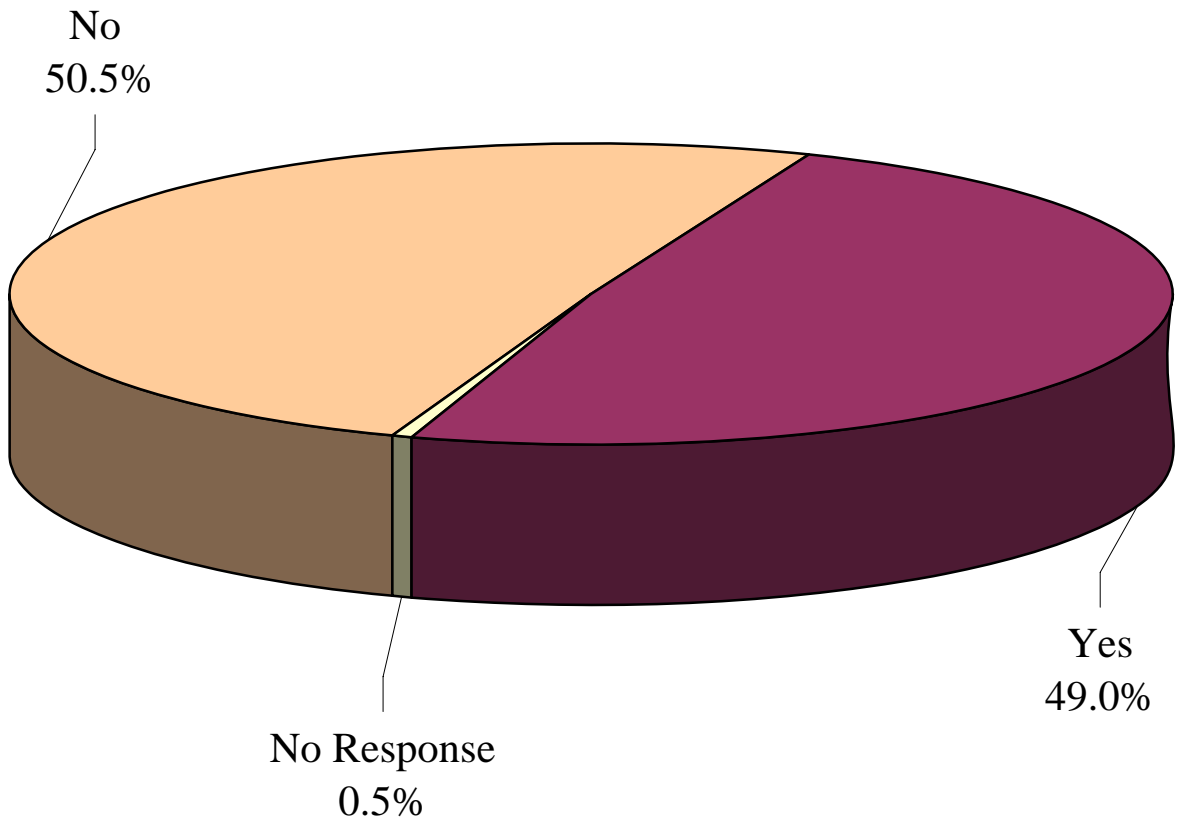
Response Category	No.	Percent
Too expensive	14	73.7%
No insurance at work	2	10.5%
Newly divorced, removed from plan	1	5.3%
Don't know/No Response	<u>2</u>	<u>10.5%</u>
Total	19	100.0%

One respondent answered more than once.



Q11. Have you or someone else in your household used the services of a hospital in the past 24 months?

Response Category	No.	Percent
No	101	50.5%
Yes	98	49.0%
No Response	<u>1</u>	<u>0.5%</u>
Total	200	100.0%



Q12a. At which hospital(s) were services received?

Response Category	Location	No.	Percent
Perry Memorial Hospital	Perry, OK	49	42.6%
Stillwater Medical Center	Stillwater, OK	30	26.1%
St. Mary's Regional Medical Center	Enid, OK	5	4.3%
Integrus Baptist Hospital	Oklahoma City, OK	4	3.5%
Mercy Health Center	Oklahoma City, OK	4	3.5%
Integrus Bass Baptist Health Center	Enid, OK	2	1.7%
Pawnee Municipal Hospital	Pawnee, OK	2	1.7%
Ponca City Medical Center	Ponca City, OK	2	1.7%
St. John's Medical Center	Tulsa, OK	2	1.7%
Children's Hospital of OU Medical Center	Oklahoma City, OK	1	0.9%
Community Hospital	Oklahoma City, OK	1	0.9%
Deaconess Hospital	Oklahoma City, OK	1	0.9%
No name given	Oklahoma City, OK	1	0.9%
Oklahoma Heart Hospital	Oklahoma City, OK	1	0.9%
OU Medical Center	Oklahoma City, OK	1	0.9%
Presbyterian Hospital	Oklahoma City, OK	1	0.9%
Veteran's Administration Hospital	Oklahoma City, OK	1	0.9%
Tinker AFB Hospital	Midwest City, OK	1	0.9%
Hillcrest Medical Center	Tulsa, OK	1	0.9%
St. Francis Hospital	Tulsa, OK	1	0.9%
Edinburg Regional Medical Center	Edinburg, TX	1	0.9%
Hutchinson Hospital	Hutchinson, KS	1	0.9%
Don't know/No Response		<u>2</u>	<u>1.7%</u>
Total		115	100.0%

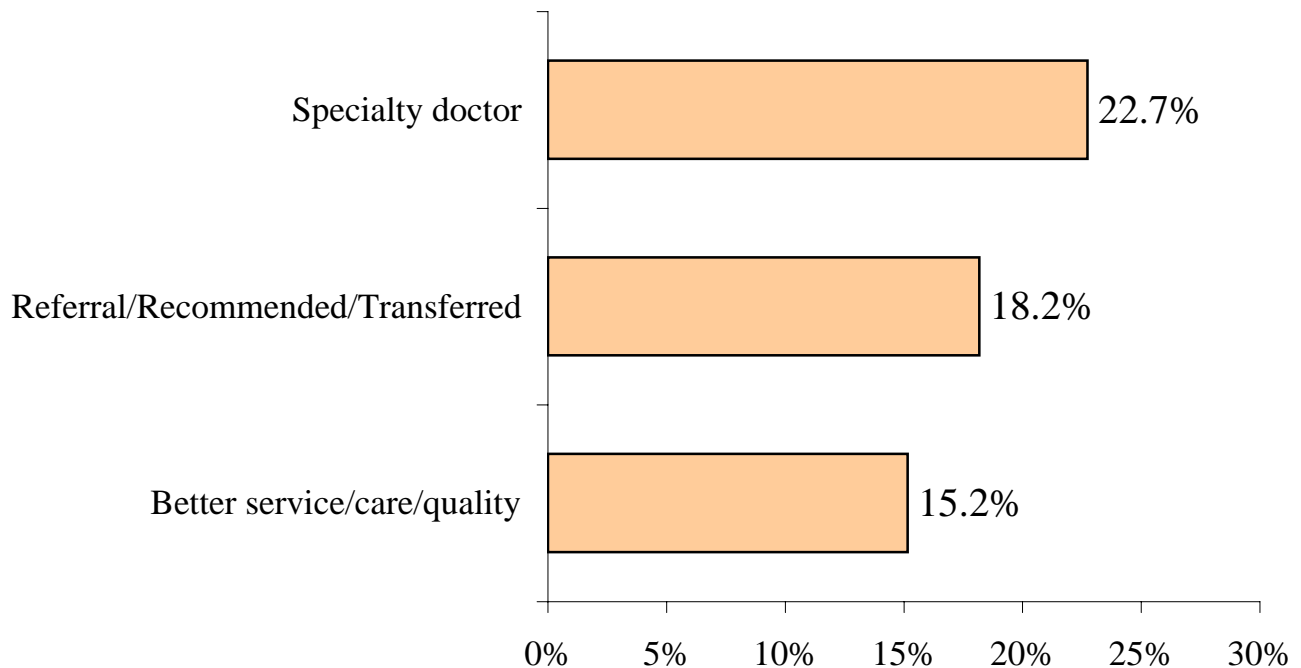
Some individuals responded more than once.

Q12b. At which hospital(s) were services received?

Response Category	No.	City total	Percent
<i>Perry</i>		<u>49</u>	42.6%
Perry Memorial Hospital	49		
<i>Stillwater</i>		<u>30</u>	26.1%
Stillwater Medical Center	30		
<i>Oklahoma City Metro Area</i>		<u>17</u>	14.8%
Integris Baptist Hospital	4		
Mercy Health Center	4		
Children's Hospital of OU Medical Center	1		
Community Hospital	1		
Deaconess Hospital	1		
No name given	1		
Oklahoma Heart Hospital	1		
OU Medical Center	1		
Presbyterian Hospital	1		
Tinker AFB Hospital (Midwest City)	1		
Veteran's Administration Hospital	1		
<i>Enid</i>		<u>7</u>	6.1%
St. Mary's Regional Medical Center	5		
Integris Bass Baptist Health Center	2		
<i>Tulsa</i>		<u>4</u>	3.5%
St. John's Medical Center	2		
Hillcrest Medical Center	1		
St. Francis Hospital	1		
<i>Pawnee</i>		<u>2</u>	1.7%
Pawnee Municipal Hospital	2		
<i>Ponca City</i>		<u>2</u>	1.7%
Ponca City Medical Center	2		
<i>Out of State Hospitals</i>		<u>2</u>	<u>1.7%</u>
Edinburg Regional Medical Center - Edinburg, TX	1		
Hutchinson Hospital - Hutchinson, KS	1		
Don't know/No Response		<u>2</u>	<u>1.7%</u>
Total		115	100.0%

Q13. You mentioned that you or someone else in your household received care at a hospital other than Perry Memorial Hospital. Why did you or your family member choose this/these hospital(s)?

Response Category	No.	Percent
Specialty doctor	15	22.7%
Referral/Recommended/Transferred	12	18.2%
Better service/care/quality	10	15.2%
Where my doctor works	8	12.1%
Established relationship	5	7.6%
Closer/Convenient	5	7.6%
Insurance reasons	5	7.6%
Relative works there	2	3.0%
Where testing was performed	1	1.5%
No Response	<u>3</u>	<u>4.5%</u>
Total	66	100.0%



Q14a. What hospital services were used there?

Response Category	No.	Percent
Specialty doctor	18	15.3%
Emergency room	16	13.6%
Inpatient surgery	15	12.7%
Laboratory	14	11.9%
Outpatient surgery	11	9.3%
Inpatient stay	9	7.6%
Birthing services	6	5.1%
CT scan	6	5.1%
X-ray	5	4.2%
Ultrasound	4	3.4%
Physical therapy	4	3.4%
Mammogram	3	2.5%
Radiology	2	1.7%
MRI	2	1.7%
Sleep study	1	0.8%
Dialysis	1	0.8%
EKG	<u>1</u>	<u>0.8%</u>
Total	118	100.0%

Some respondents answered more than once.

Q14b. How satisfied were you or someone in your household with the services services you received at a hospital other than Perry Memorial Hospital? Would you say that you were...

Response Category	No.	Percent
Satisfied	55	83.3%
Dissatisfied	1	1.5%
No Response	<u>10</u>	<u>15.2%</u>
Total	66	100.0%



Q14c-1. Why do you say that you are satisfied with the services you received at a hospital other than Perry Memorial Hospital?

Response Category	No.	Percent
Good treatment/care	31	56.4%
Good service	10	18.2%
Satisfied with doctors/nurses	7	12.7%
Quick response to needs	3	5.5%
Resolved medical issue(s)	2	3.6%
Just satisfied, no reason	1	1.8%
Don't know	<u>1</u>	<u>1.8%</u>
Total	55	100.0%

Q14c-2. Why do you say that you are dissatisfied with the services you received at a hospital other than Perry Memorial Hospital?

Response Category	No.	Percent
Dissatisfied with nurses	<u>1</u>	<u>100.0%</u>
Total	1	100.0%

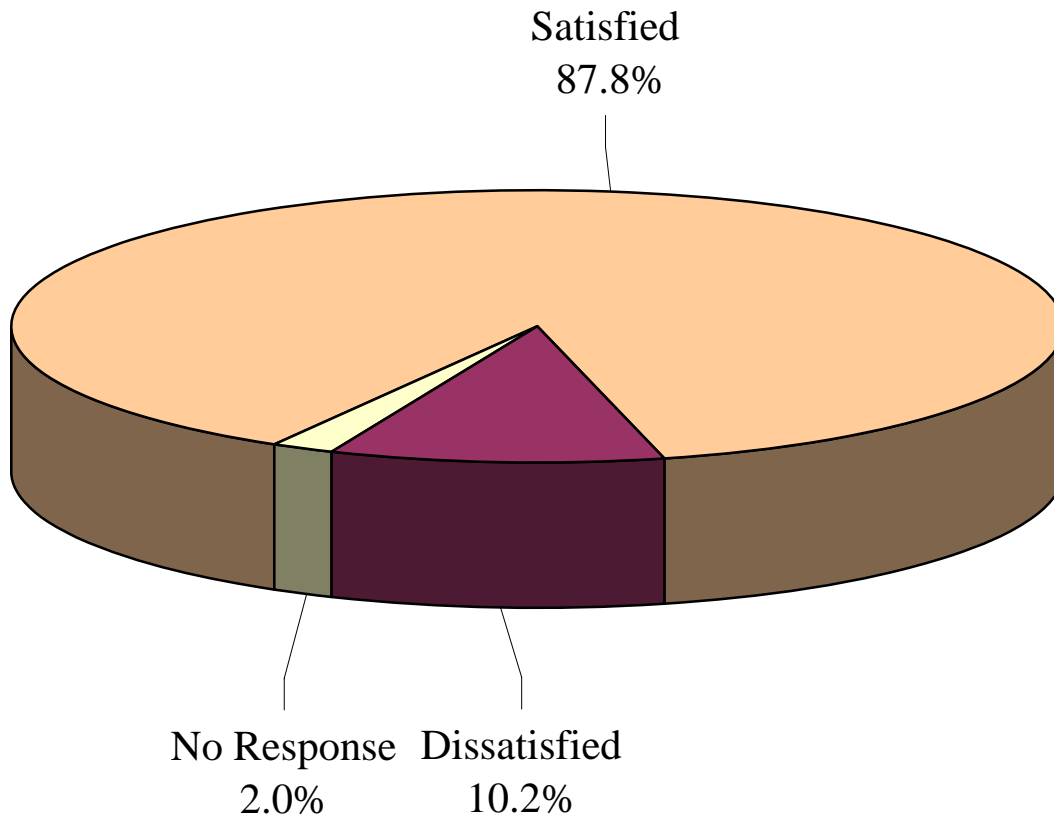
Q15. What hospital services were used at Perry Memorial Hospital?

Responses	No.	Percent
Emergency room	16	19.8%
Laboratory	15	18.5%
Inpatient stay/Medical surgical unit	10	12.3%
Outpatient procedures	10	12.3%
X-ray	9	11.1%
Outpatient IV therapy	4	4.9%
MRI	4	4.9%
Specialty clinic	3	3.7%
CT scan	2	2.5%
Surgery	2	2.5%
Ultrasound	2	2.5%
EKG	1	1.2%
Therapy (physical/occupational)	1	1.2%
Don't know/No Response	2	2.5%
Total	81	100.0%

Respondents answered more than once.

Q16a. How satisfied were you or someone in your household with the services you received at Perry Memorial Hospital? Would you say you were...

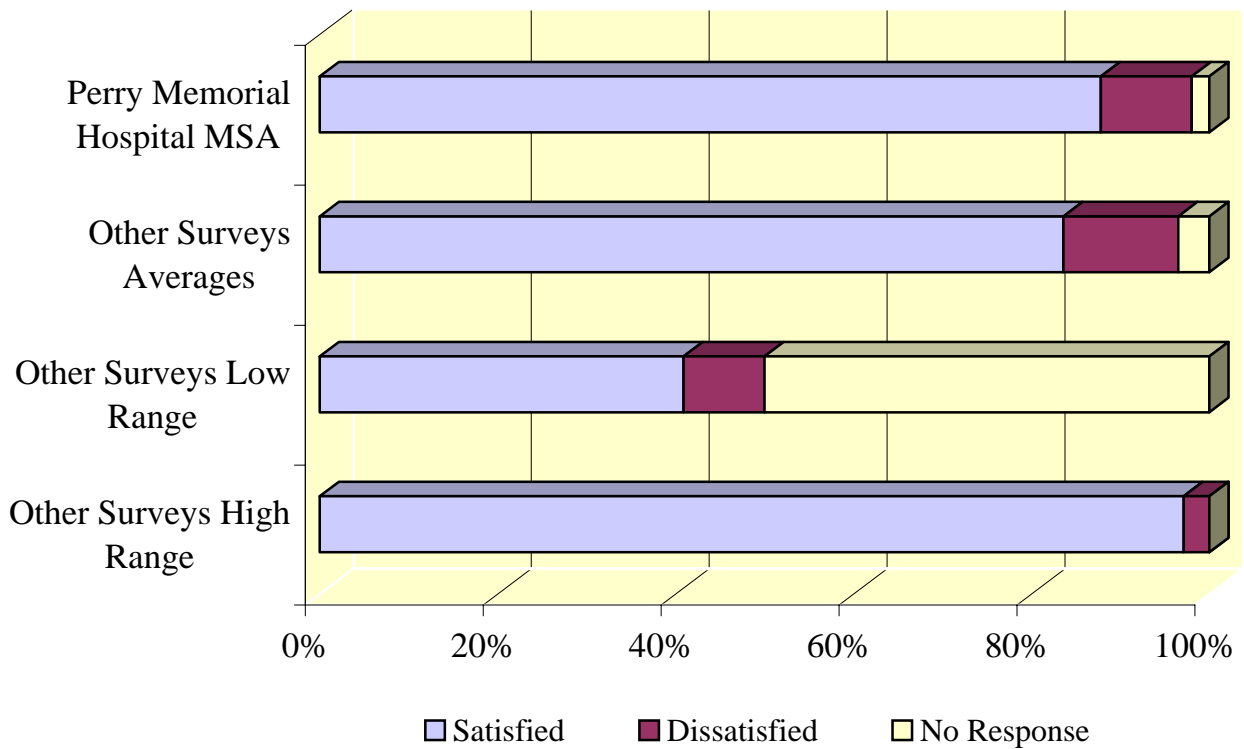
Response Category	No.	Percent
Satisfied	43	87.8%
Dissatisfied	5	10.2%
No Response	1	2.0%
Total	49	100.0%



Q16a-2. How satisfied were you or someone in your household with the hospital services you received at Perry Memorial Hospital?

Compared to Other Oklahoma Communities

Survey Area	Satisfied	Dissatisfied	No Response
Perry Memorial Hospital MSA	87.8%	10.2%	2.0%
Other Surveys Averages	83.6%	12.9%	3.5%
Other Surveys Low Range	40.9%	9.1%	50.0%
Other Surveys High Range	97.1%	2.9%	0.0%



Q16b-1. Why do you say that you are satisfied with the services you received at Perry Memorial Hospital?

Response	No.	Percent
Professional, caring doctors/nurses/staff	12	27.9%
Good care	9	20.9%
Quick service/Quick response	8	18.6%
Good service	6	14.0%
Resolved medical issue	5	11.6%
Satisfied, but had problems with doctors	2	4.7%
Made a good transfer decision	<u>1</u>	<u>2.3%</u>
Total	43	100.0%

Q16b-2. Why do you say that you are dissatisfied with the services you received at Perry Memorial Hospital?

Response	No.	Percent
Dissatisfied with nurse	1	20.0%
DME issue unresolved/DME billing	1	20.0%
Nurse did not use blood precautions	1	20.0%
Took too long for results	1	20.0%
Unprofessional doctors/nurses/staff	<u>1</u>	<u>20.0%</u>
Total	5	100.0%

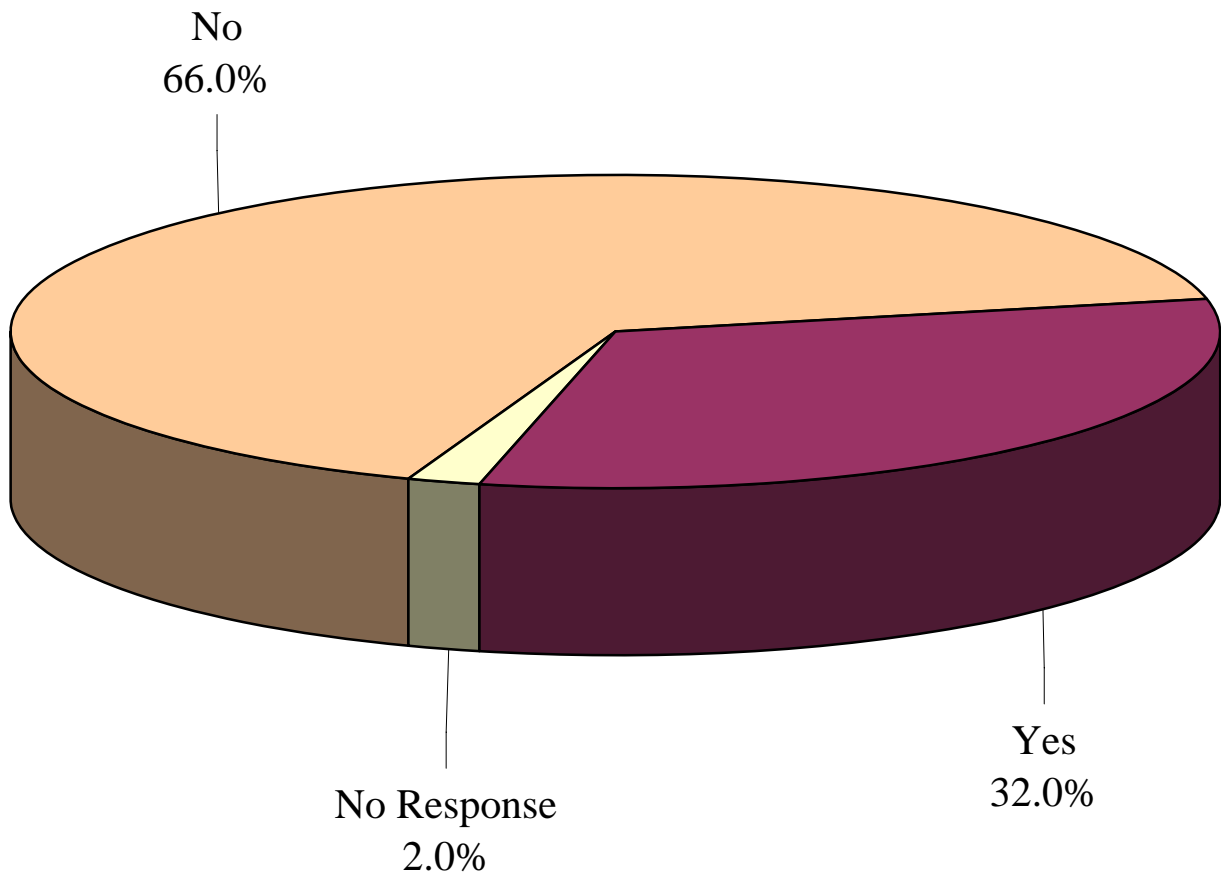
Q17. Does Perry Memorial Hospital offer the following services?

Service	Number of Responses				Percent of Total			
	Yes	No	Don't Know	Total	Yes	No	Don't Know	Total
Physical Therapy Services	137	2	61	200	68.5%	1.0%	30.5%	100.0%
Mammography Services	102	7	91	200	51.0%	3.5%	45.5%	100.0%
Specialty Clinic*	97	13	90	200	48.5%	6.5%	45.0%	100.0%
Outpatient Surgery Services	85	12	103	200	42.5%	6.0%	51.5%	100.0%
Home Health Services	82	11	107	200	41.0%	5.5%	53.5%	100.0%
CT Services	80	8	112	200	40.0%	4.0%	56.0%	100.0%
MRI Services	72	27	101	200	36.0%	13.5%	50.5%	100.0%

*Includes Cardiology, Ophthalmology, Orthopedics, Podiatry & General Surgery

Q18. Have you or your family used emergency room services in the past 24 months?

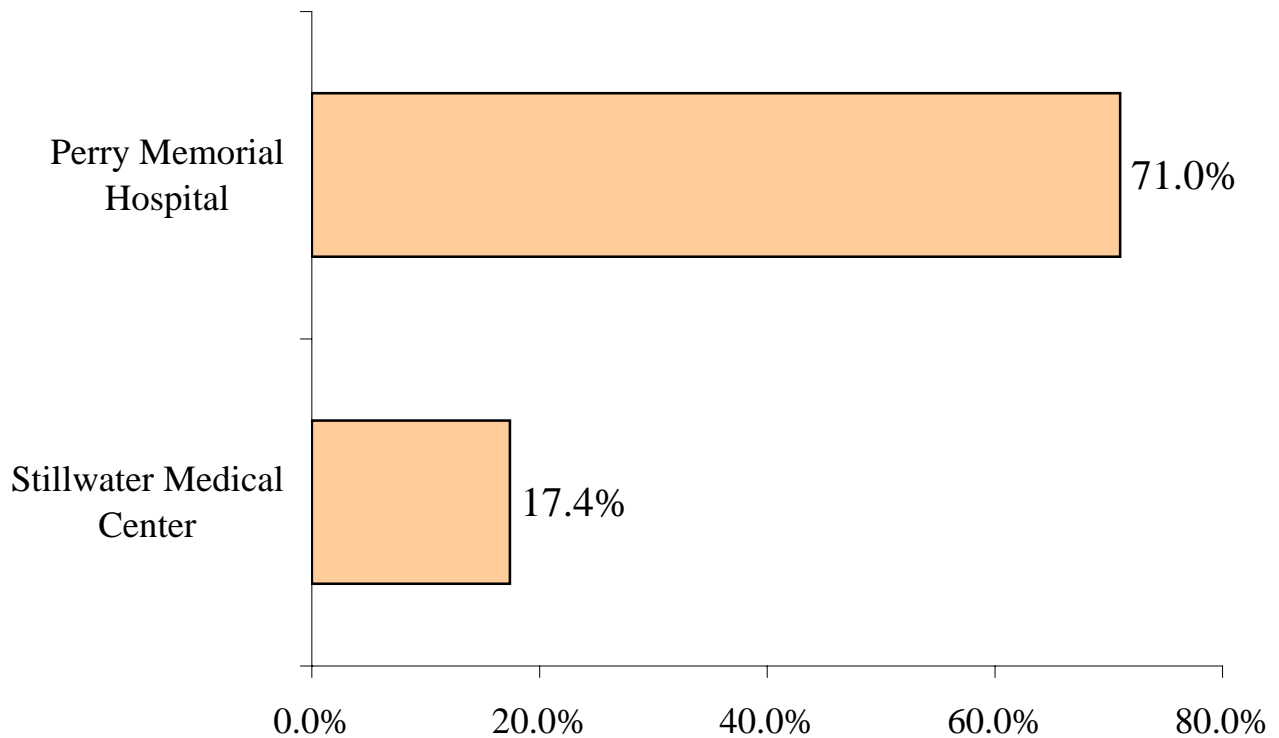
Response	No.	Percent
No	132	66.0%
Yes	64	32.0%
No Response	<u>4</u>	<u>2.0%</u>
Total	200	100.0%



Q19. At which hospital(s) were emergency room services received?

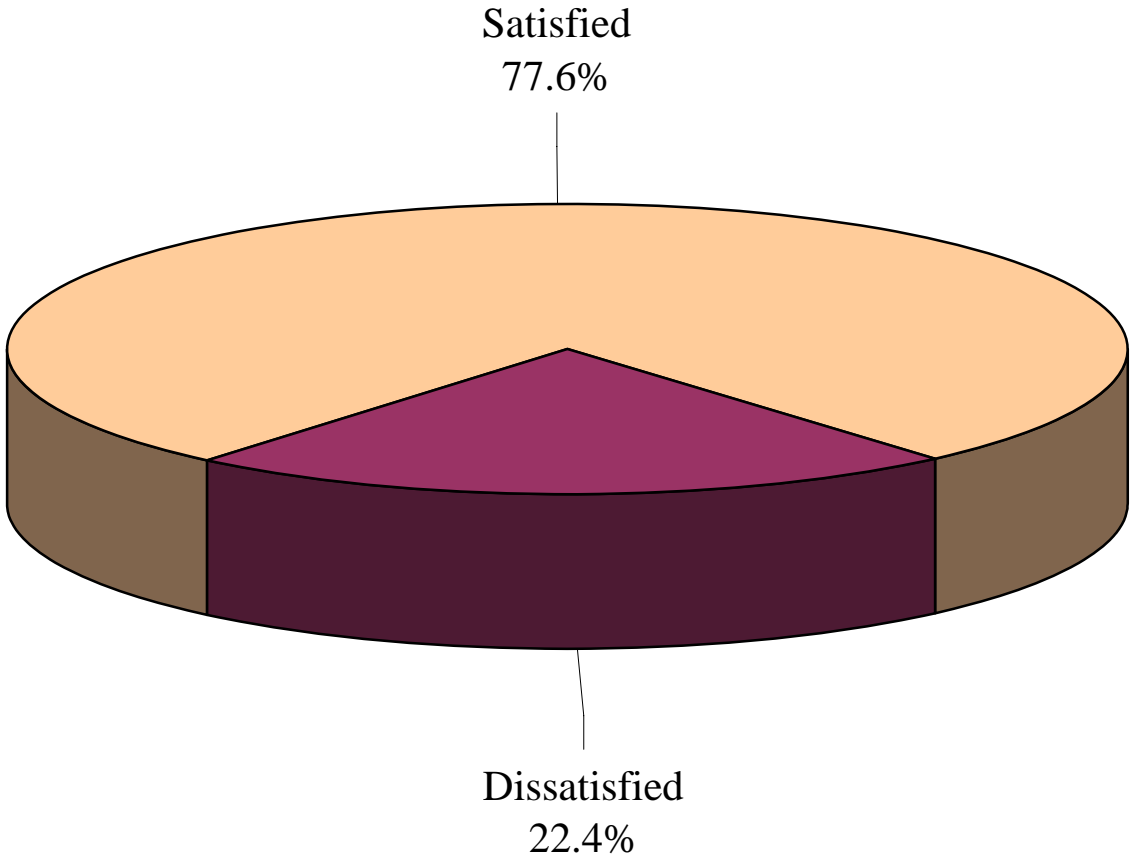
Response Category	City	No.	Percent
Perry Memorial Hospital	Perry	49	71.0%
Stillwater Medical Center	Stillwater	12	17.4%
Ponca City Medical Center	Ponca City	2	2.9%
St. Mary's Regional Medical Center	Enid	2	2.9%
Integrus Blackwell Regional Hospital	Blackwell	1	1.4%
Pawnee Municipal Hospital	Pawnee	1	1.4%
Integrus Baptist Hospital	Oklahoma City	1	1.4%
Veteran's Administration Hospital	Oklahoma City	<u>1</u>	<u>1.4%</u>
Total		69	100.0%

Some respondents answered more than once.



**Q20a-1. How satisfied were you or someone in your household
with the services you received at the emergency
room in Perry Memorial Hospital?
Would you say that you were...**

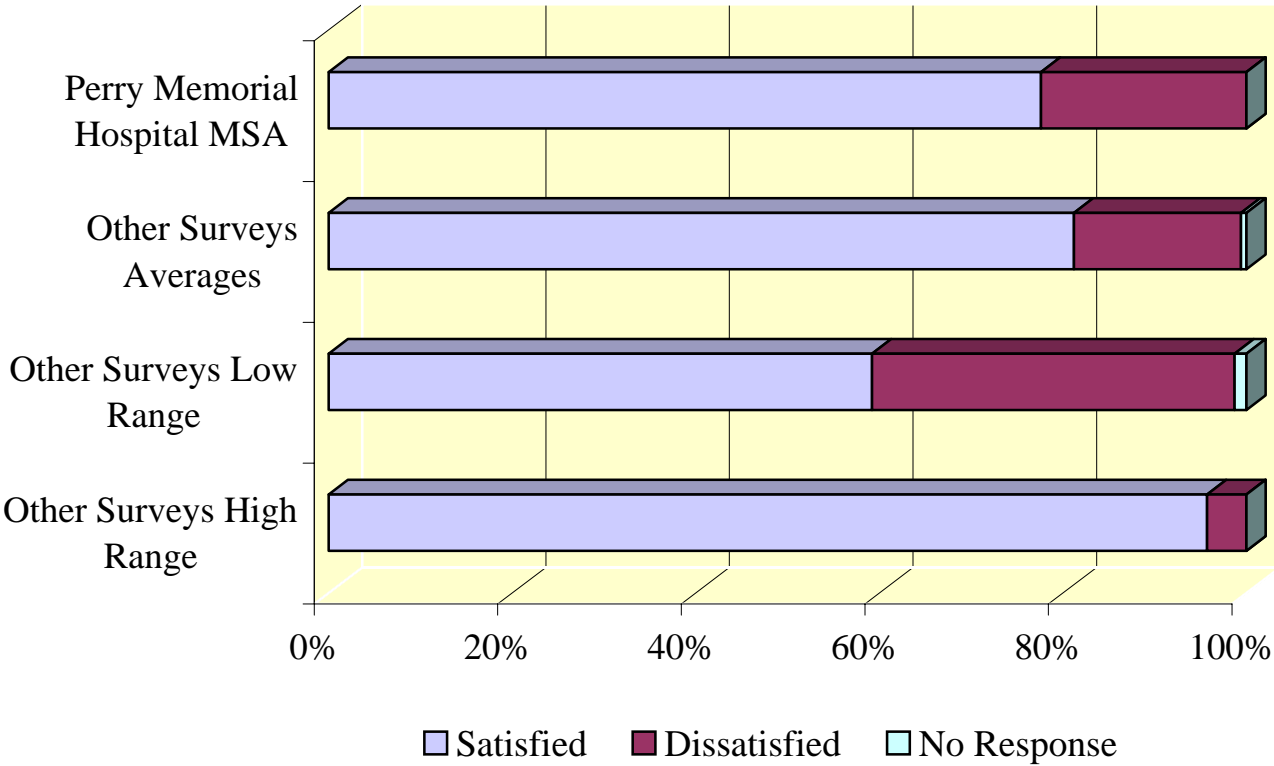
Response	No.	Percent
Satisfied	38	77.6%
Dissatisfied	<u>11</u>	<u>22.4%</u>
Total	49	100.0%



**Q20a-2. How satisfied were you or someone in your household with the services you received at the emergency room in Perry Memorial Hospital?
Would you say that you were...**

Compared to Other Oklahoma Communities

Survey Area	Satisfied	Dissatisfied	No Response
Perry Memorial Hospital MSA	77.6%	22.4%	0.0%
Other Surveys Averages	81.2%	18.2%	0.6%
Other Surveys Low Range	59.2%	39.5%	1.3%
Other Surveys High Range	95.7%	4.3%	0.0%



Q20b-1. Why do you or someone in your household say that you were satisfied with the services you received at the emergency room in Perry Memorial Hospital?

Response Category	No.	Percent
Professional, caring doctors/nurses/staff	14	36.8%
Quick service/Quick response	10	26.3%
Good care/service	7	18.4%
Doctors explained well and were thorough	3	7.9%
Resolved medical issue(s)	3	7.9%
Just satisfied, no reason	<u>1</u>	<u>2.6%</u>
Total	38	100.0%

Q20b-2. Why do you or someone in your household say that you were dissatisfied with the services you received at the emergency room in Perry Memorial Hospital?

Response Category	No.	Percent
Poor Care/service	4	36.4%
Long waiting time	4	36.4%
Not satisfied with doctors/nurses	<u>3</u>	<u>27.3%</u>
Total	11	100.0%

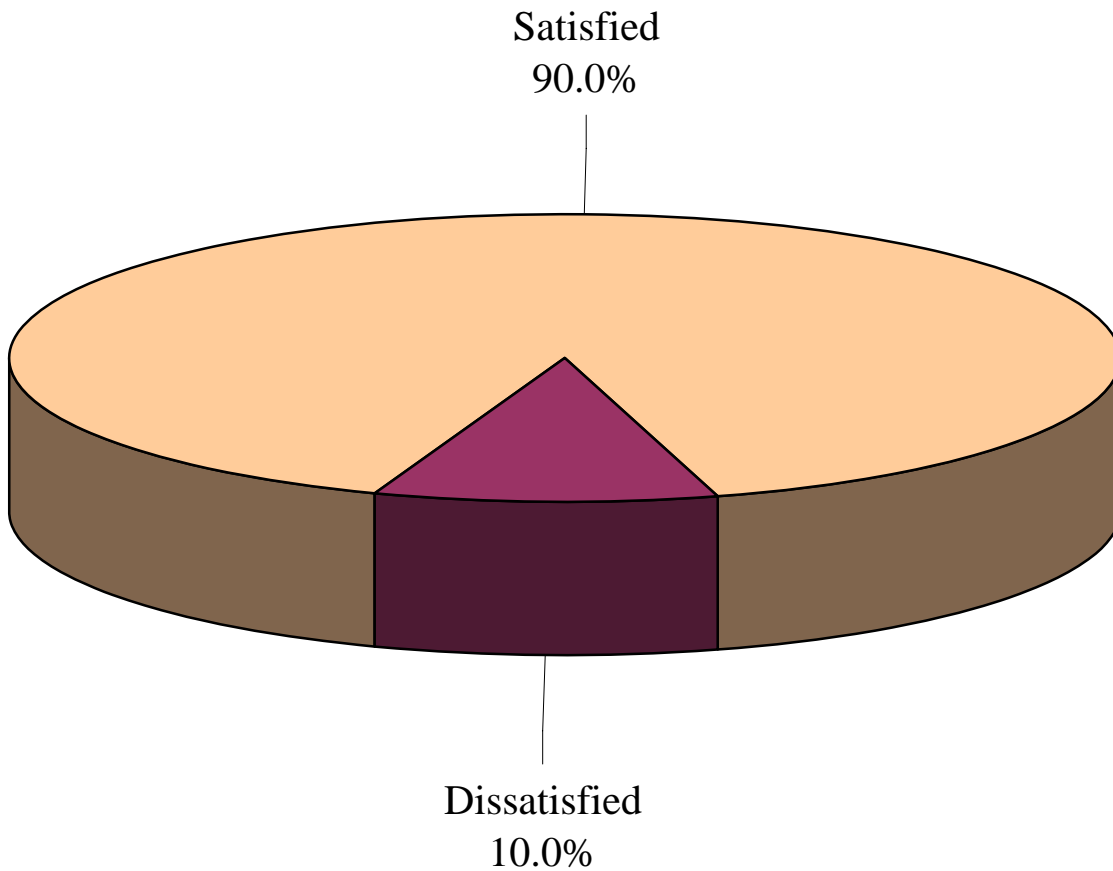
Q21. What type of emergency room services have you or your family used in the past 24 months at a hospital other than Perry Memorial Hospital?

Response Category	No.	Percent
Cardiac evaluation	6	25.0%
Trauma care	6	25.0%
Respiratory therapy/breathing	3	12.5%
Routine illness	3	12.5%
Laboratory	2	8.3%
X-ray	2	8.3%
Obstetrical admission	1	4.2%
Don't know/No Response	<u>1</u>	<u>4.2%</u>
Total	24	100.0%

Some respondents answered more than once.

Q22a. How satisfied were you or someone in your household with the services you received at the emergency room in a hospital other than Perry Memorial Hospital? Would you say you were...?

Response Category	No.	Percent
Satisfied	18	90.0%
Dissatisfied	<u>2</u>	<u>10.0%</u>
Total	20	100.0%



Q22b-1. Why do you or someone in your household say that you were satisfied with the emergency room services you received at a hospital other than Perry Memorial Hospital?

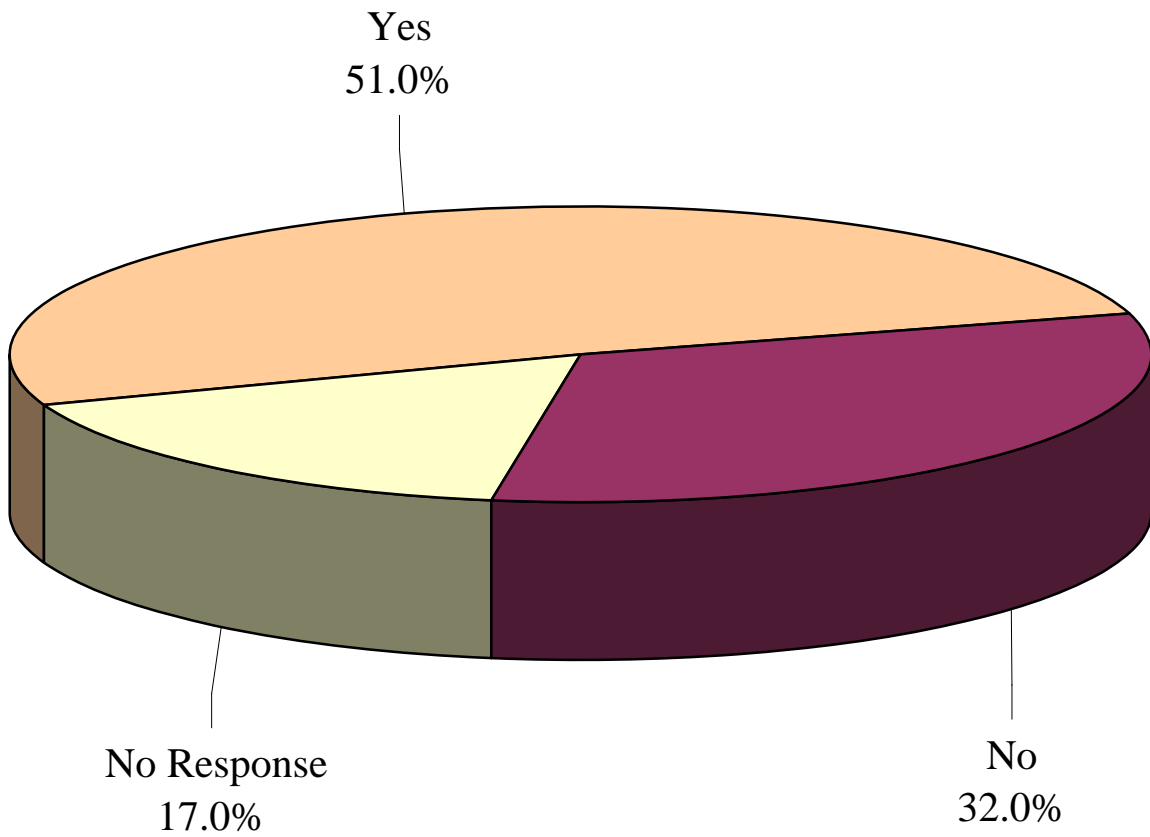
Response Category	No.	Percent
Good care/service	5	27.8%
Doctors explained well and were thorough	4	22.2%
Quick service/Quick response	4	22.2%
No Response	2	11.1%
Professional, caring doctors/nurses/staff	2	11.1%
Resolved medical issue(s)	<u>1</u>	<u>5.6%</u>
Total	18	100.0%

Q22b-2. Why do you or someone in your household say that you were dissatisfied with the emergency room services you received at a hospital other than Perry Memorial Hospital?

Response Category	No.	Percent
Poor service/treatment	1	50.0%
Unprofessional staff	<u>1</u>	<u>50.0%</u>
Total	2	100.0%

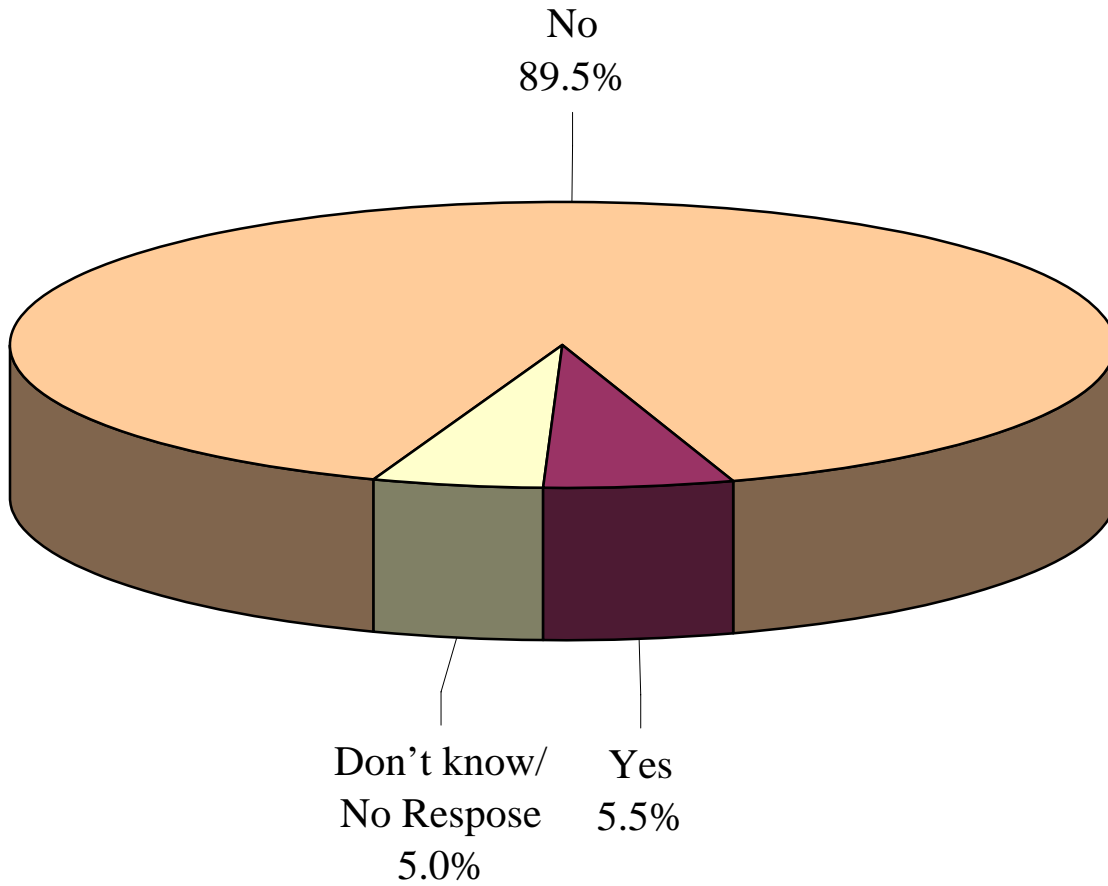
Q23. Would you be satisfied using a physician assistant or a nurse practitioner for your emergency room services?

Response Category	No.	Percent
Yes	102	51.0%
No	64	32.0%
No Response	34	17.0%
Total	200	100.0%



Q24. Have you or a family member used the services of an ambulatory surgery center in the past 24 months?

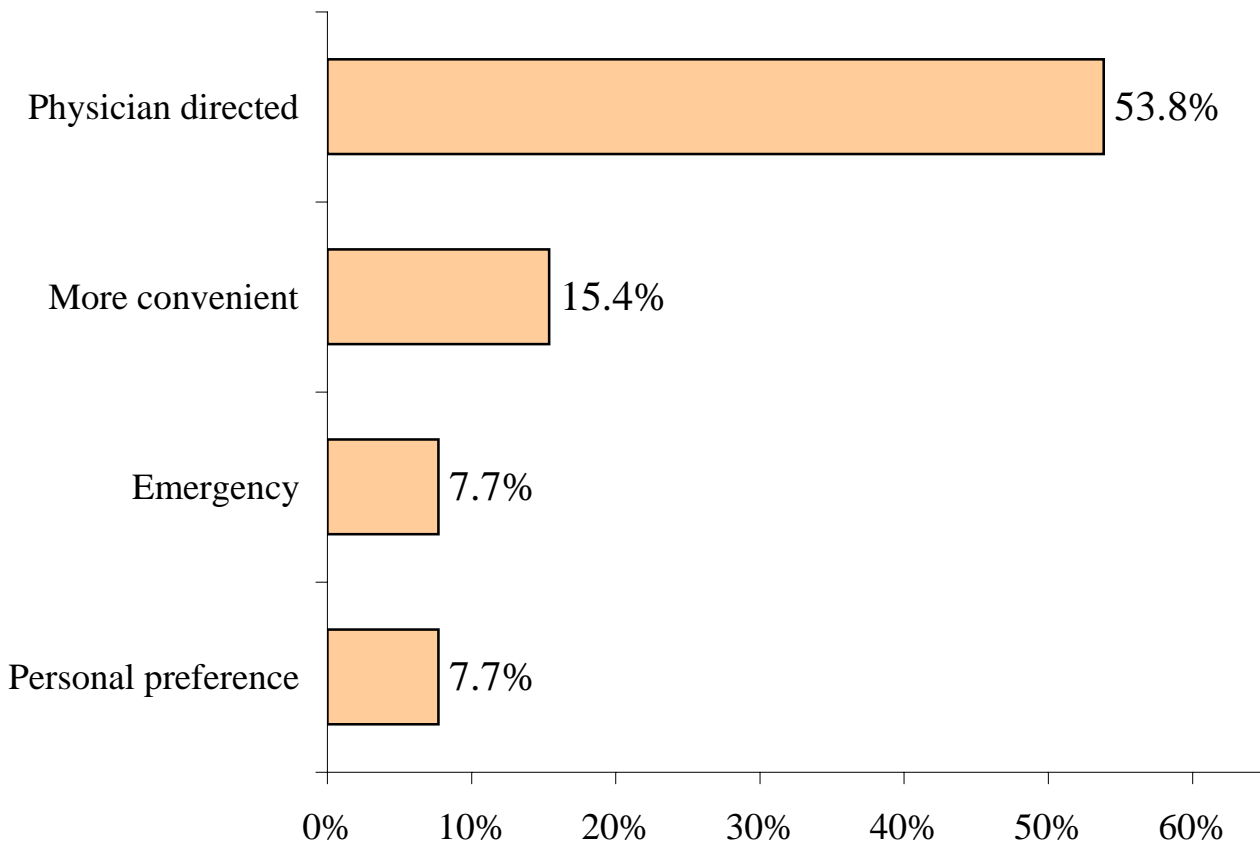
Response	No.	Percent
No	179	89.5%
Yes	11	5.5%
Don't know/No Response	10	5.0%
Total	200	100.0%



Q25. Why did you use the ambulatory service center?

Response Category	No.	Percent
Physician directed	7	53.8%
More convenient	2	15.4%
Emergency	1	7.7%
Personal preference	1	7.7%
Don't know/No Response	2	15.4%
Total	13	100.0%

Some respondents answered more than once.



Q26a. How satisfied were you or someone in your household with the services you received at the ambulatory surgery center? Would you say that you were...

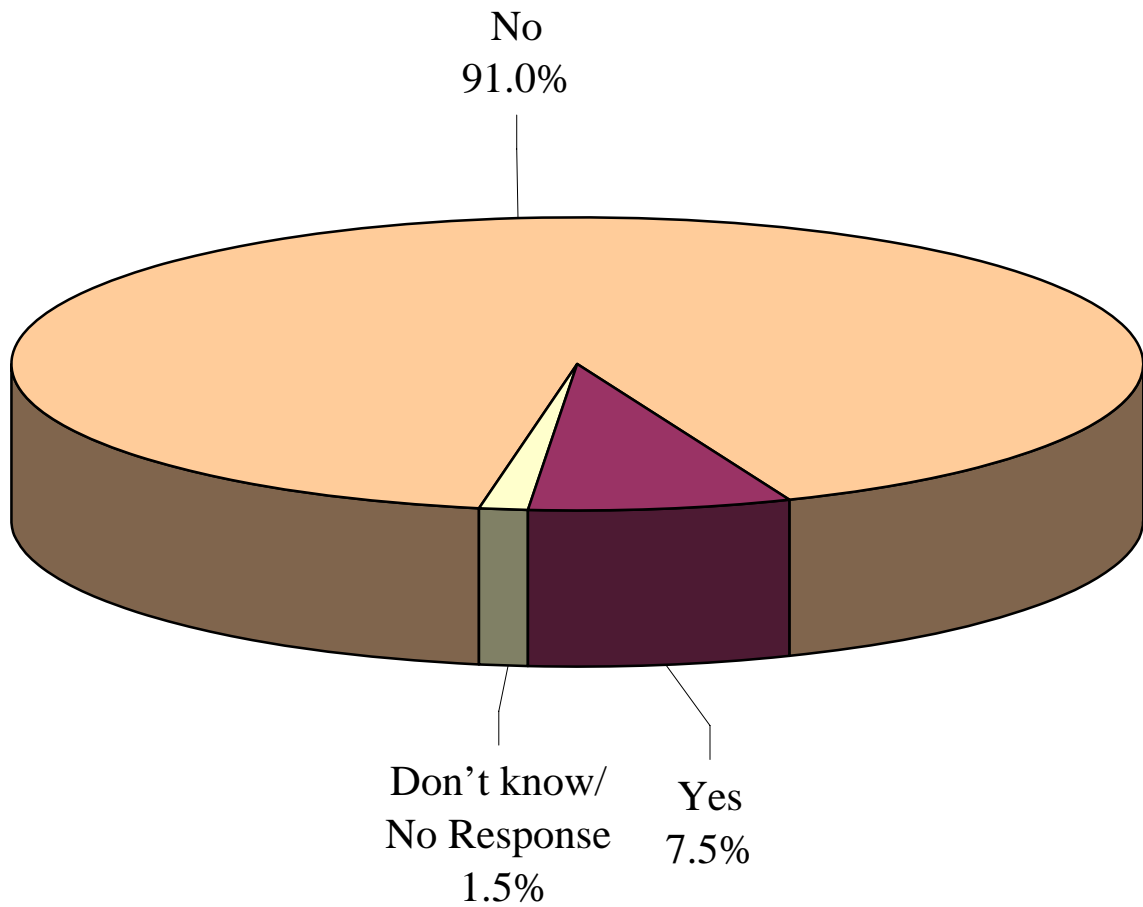
Response	No.	Percent
Satisfied	<u>11</u>	<u>100.0%</u>
Total	11	100.0%

Q26b. Why do you say that you were satisfied with the services you received at the ambulatory surgery center?

Response Category	No.	Percent
Good care/service	4	36.4%
Quick service/Quick response	4	36.4%
Professional, caring doctors/nurse	2	18.2%
Resolved medical issue(s)	<u>1</u>	<u>9.1%</u>
Total	11	100.0%

Q27. Have you or a family member used a home health service in the past 24 months?

Response Category	No.	Percent
No	182	91.0%
Yes	15	7.5%
Don't know/No Response	3	1.5%
Total	200	100.0%



Q28. Which home health services have you or a family member used and in which city is it located?

City Location/Type of Service	No.	Totals	Percent	Totals
By City and Type of Service				
<i>Perry</i>				
Home Health	2		13.3%	
Unknown Service	<u>6</u>		<u>40.0%</u>	
Perry Subtotal		8		53.3%
<i>Stillwater</i>				
Home Health	1		6.7%	
Unknown Service	<u>1</u>		<u>6.7%</u>	
Stillwater Subtotal		2		13.3%
<i>Ponca City</i>				
Home Health	1		6.7%	
Unknown Service	<u>1</u>		<u>6.7%</u>	
Ponca City Subtotal		2		13.3%
<i>Enid</i>				
Unknown	<u>1</u>		<u>6.7%</u>	
Enid Subtotal		1		6.7%
<i>Not Sure of Location</i>				
Physical Therapy	1		6.7%	
Unknown	<u>1</u>		<u>6.7%</u>	
No Location Subtotal		<u>2</u>		<u>13.3%</u>
Totals		<u>15</u>		<u>100.0%</u>
<hr/>				
By Type of Service				
Home Health	4		26.7%	
Physical Therapy	1		6.7%	
Unknown	<u>10</u>		<u>66.7%</u>	
Totals		<u>15</u>		<u>100.0%</u>

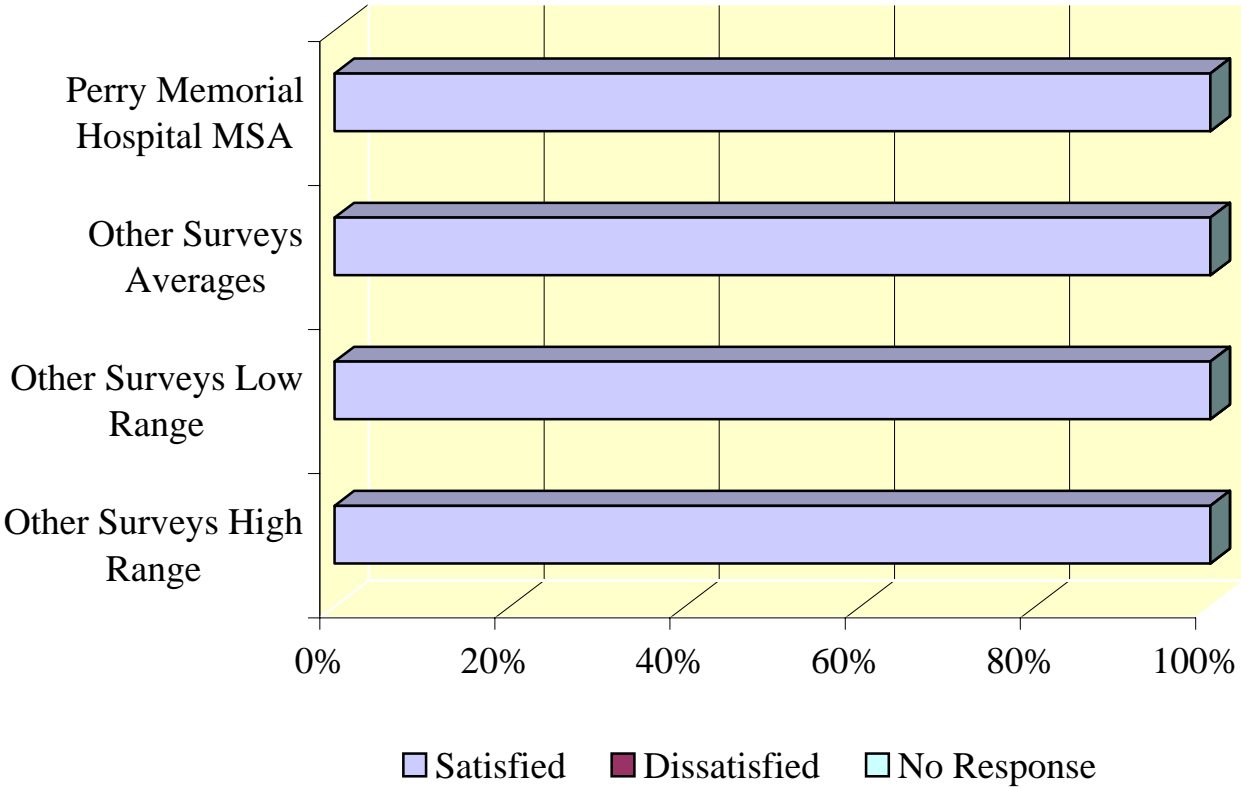
Q29a. How satisfied were you or someone in your household with the services you received from the home health service? Would you say that you were...

Response	No.	Percent
Satisfied	<u>15</u>	<u>100.0%</u>
Total	15	100.0%

Q29a-2. How satisfied were you or someone in your household with the services you received from the home health services? services? Would you say you were...

Compared to Other Oklahoma Communities

Survey Area	Satisfied	Dissatisfied	No Response
Perry Memorial Hospital MSA	100.0%	0.0%	0.0%
Other Surveys Averages	100.0%	0.0%	0.0%
Other Surveys Low Range	100.0%	0.0%	0.0%
Other Surveys High Range	100.0%	0.0%	0.0%

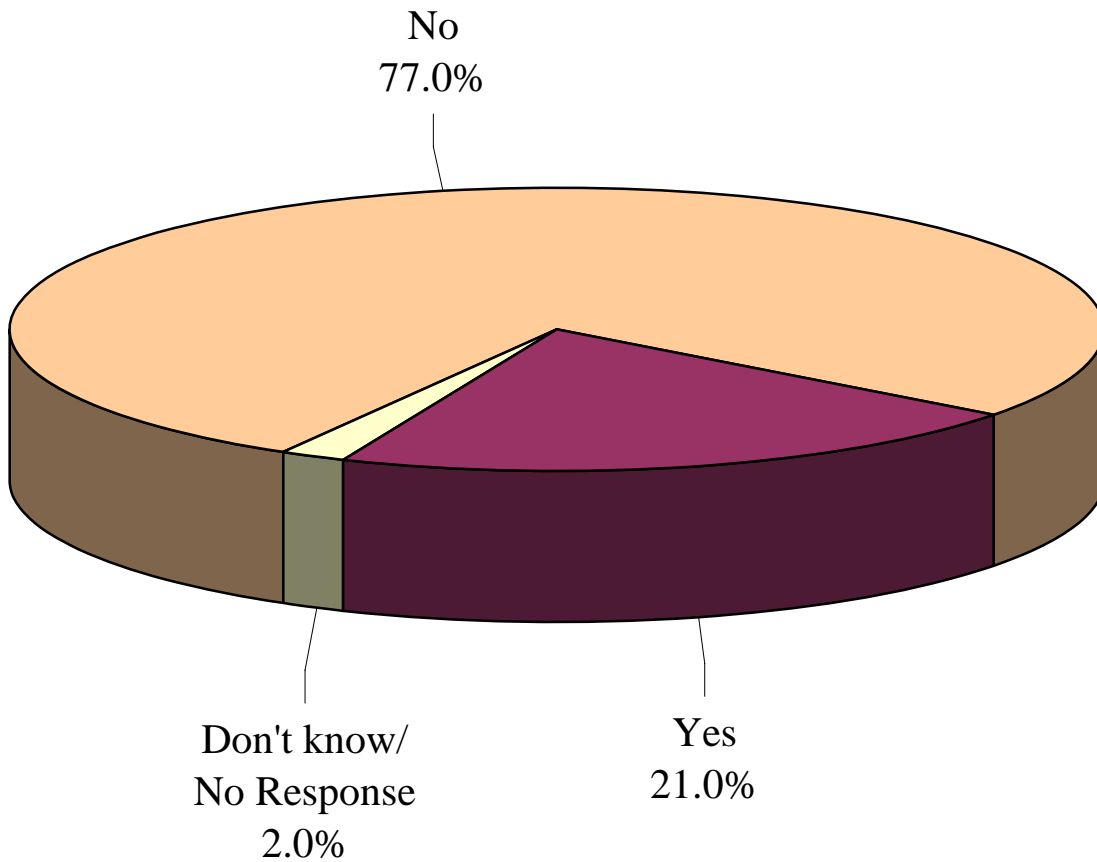


**Q29b. Why do you or someone in your household say that
you were satisfied with the services received from the
home health services providers?**

Response	No.	Percent
Nice/helpful/knowledgeable staff	7	46.7%
Dependable	4	26.7%
Good treatment/care	2	13.3%
Good, caring professionals	<u>2</u>	<u>13.3%</u>
Total	15	100.0%

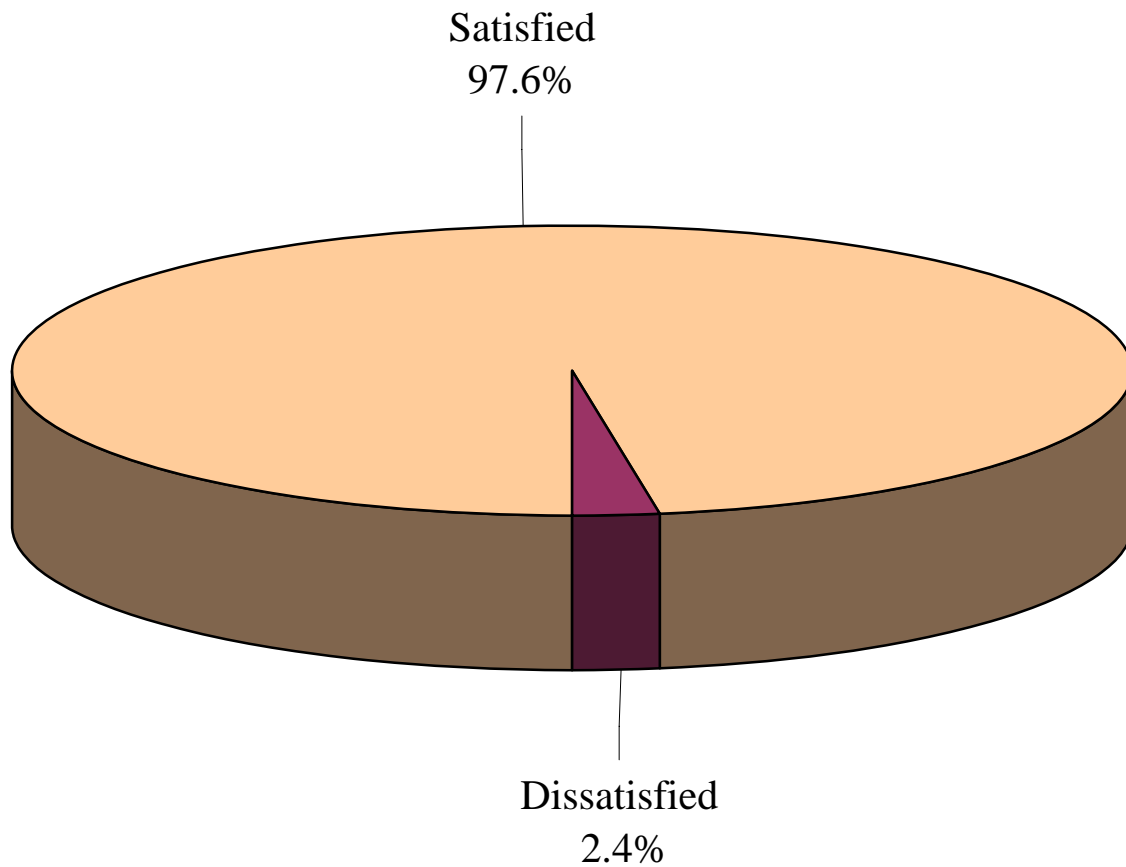
Q30. Have you or someone in your household used the services of the Noble County Health Department in the past 24 months?

Response	No.	Percent
No	154	77.0%
Yes	42	21.0%
Don't know/No Response	4	2.0%
Total	200	100.0%



Q31a. How satisfied were you or someone in your household with the services you received at the Noble County Health Department? Would you say that you were...

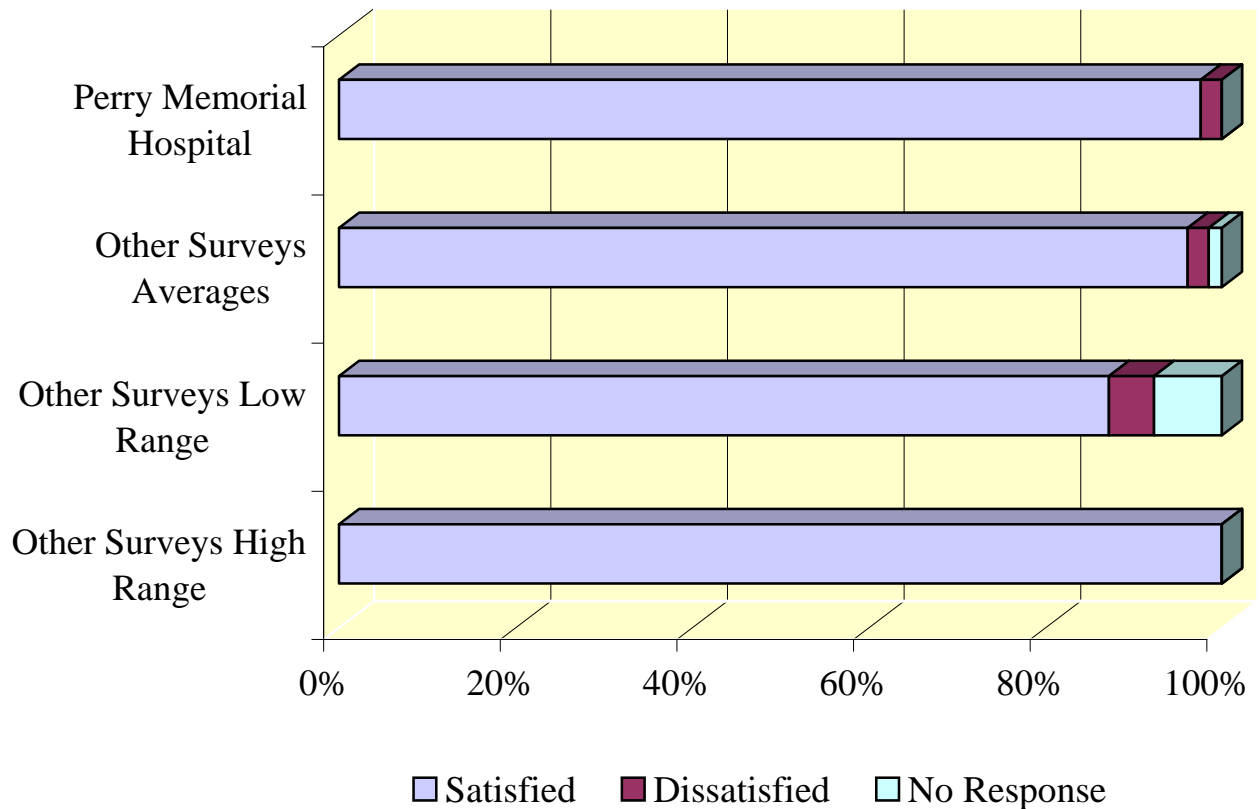
Response	No.	Percent
Satisfied	41	97.6%
Dissatisfied	<u>1</u>	<u>2.4%</u>
Total	42	100.0%



Q31a-2. How satisfied were you or someone in your household with the Noble County Health Department?

Compared to Other Oklahoma Communities

Survey Area	Satisfied	Dissatisfied	No Response
Perry Memorial Hospital	97.6%	2.4%	0.0%
Other Surveys Averages	96.1%	2.4%	1.5%
Other Surveys Low Range	87.2%	5.1%	7.7%
Other Surveys High Range	100.0%	0.0%	0.0%



**Q31b-1. Why do you or someone in your household say that
you were satisfied with the services you received at
the Noble County Health Department?**

Response Category	No.	Percent
Convenient location and knowledgeable staff	29	67.4%
Flu vaccination availability	8	18.6%
New building	2	4.7%
Immunizations	2	4.7%
Shot records	1	2.3%
Just satisfied, no reason	<u>1</u>	<u>2.3%</u>
Total	43	100.0%

Some respondents answered more than once.

**Q31b-2. Why do you or someone in your household say that
you were dissatisfied with the services you received at
the Noble County Health Department?**

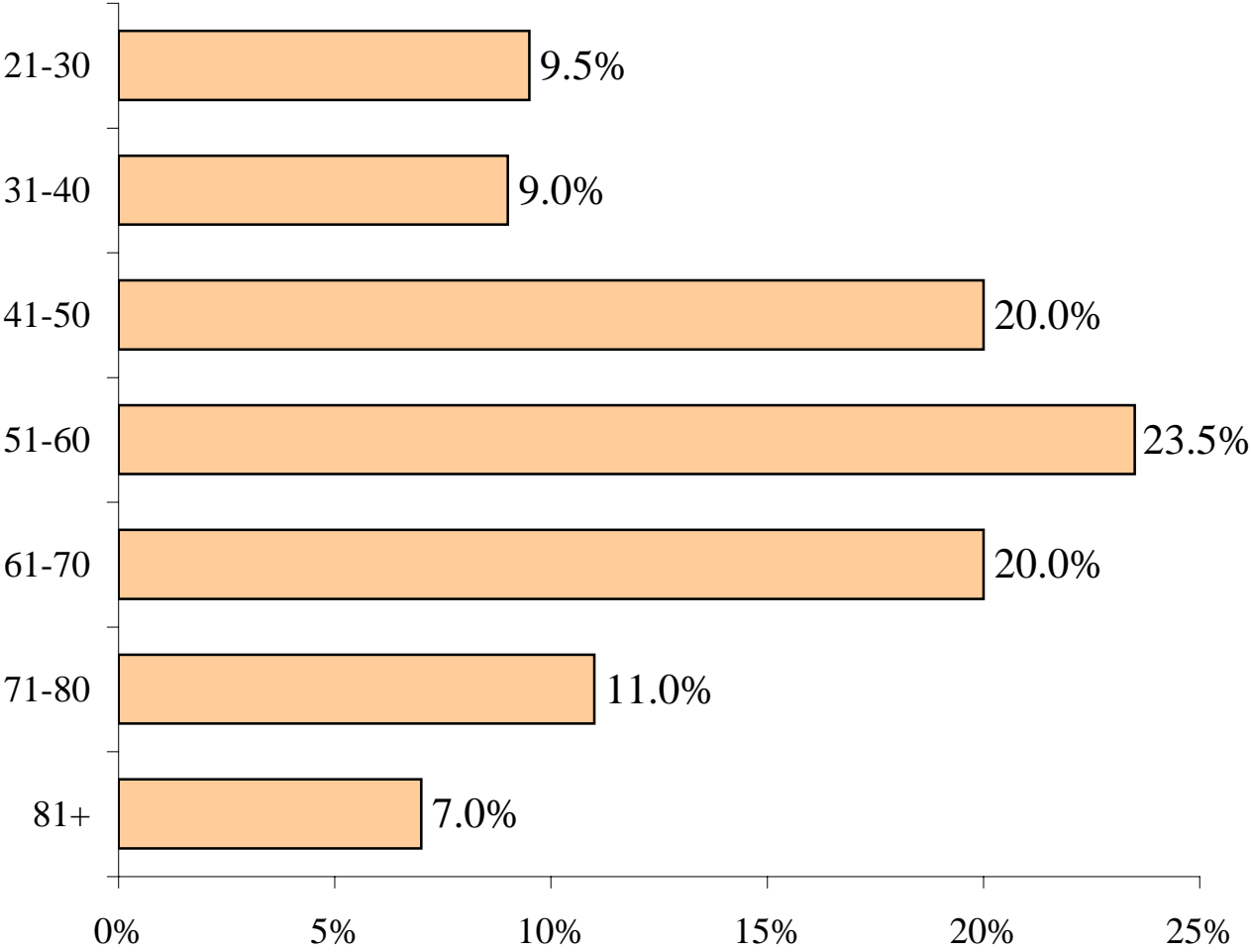
Response Category	No.	Percent
Long waiting time	<u>1</u>	<u>100.0%</u>
Total	1	100.0%

Q32. What concerns you most about healthcare in your community?

Response Category	No.	Percent
No concerns/complaints	82	41.0%
High cost of care/Affordability of health care	32	16.0%
Physician availability/competence	20	10.0%
Ambulance response time/Emergency care	15	7.5%
Availability of specialists	7	3.5%
Insurance companies dictating treatments	6	3.0%
Uninsured population	5	2.5%
Physician apathy	5	2.5%
Lack of home health care	5	2.5%
Distance to health facilities	5	2.5%
Lack of thoroughness	4	2.0%
Nursing home availability	3	1.5%
Lack of geriatric services	3	1.5%
High Medicaid/Medicare populations	3	1.5%
Acquiring newer medical technology	3	1.5%
Physicians who accept Soonercare	<u>2</u>	<u>1.0%</u>
Total	200	100.0%

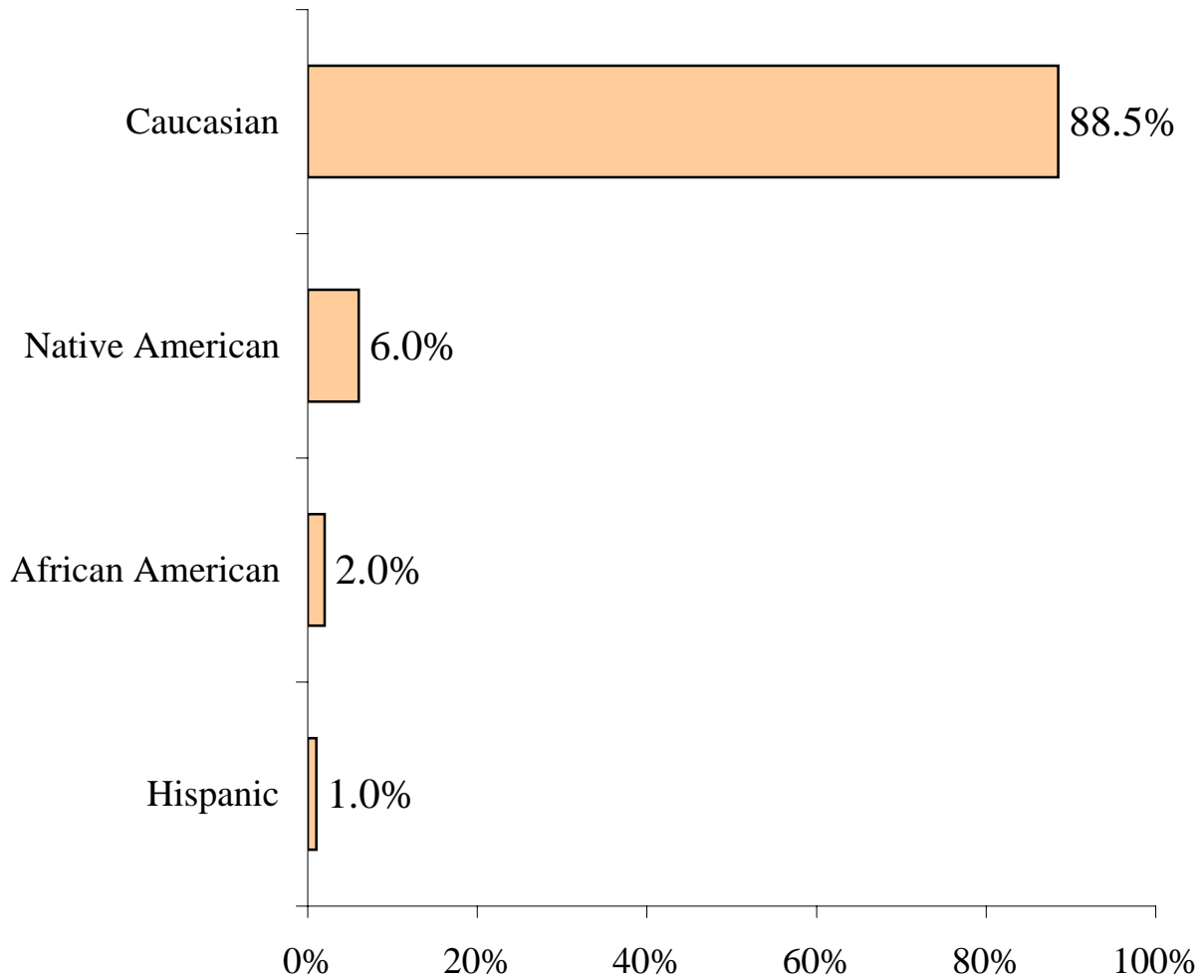
Q33. What is your age?

Response Category	No.	Percent
21-30	19	9.5%
31-40	18	9.0%
41-50	40	20.0%
51-60	47	23.5%
61-70	40	20.0%
71-80	22	11.0%
81+	14	7.0%
Total	200	100.0%



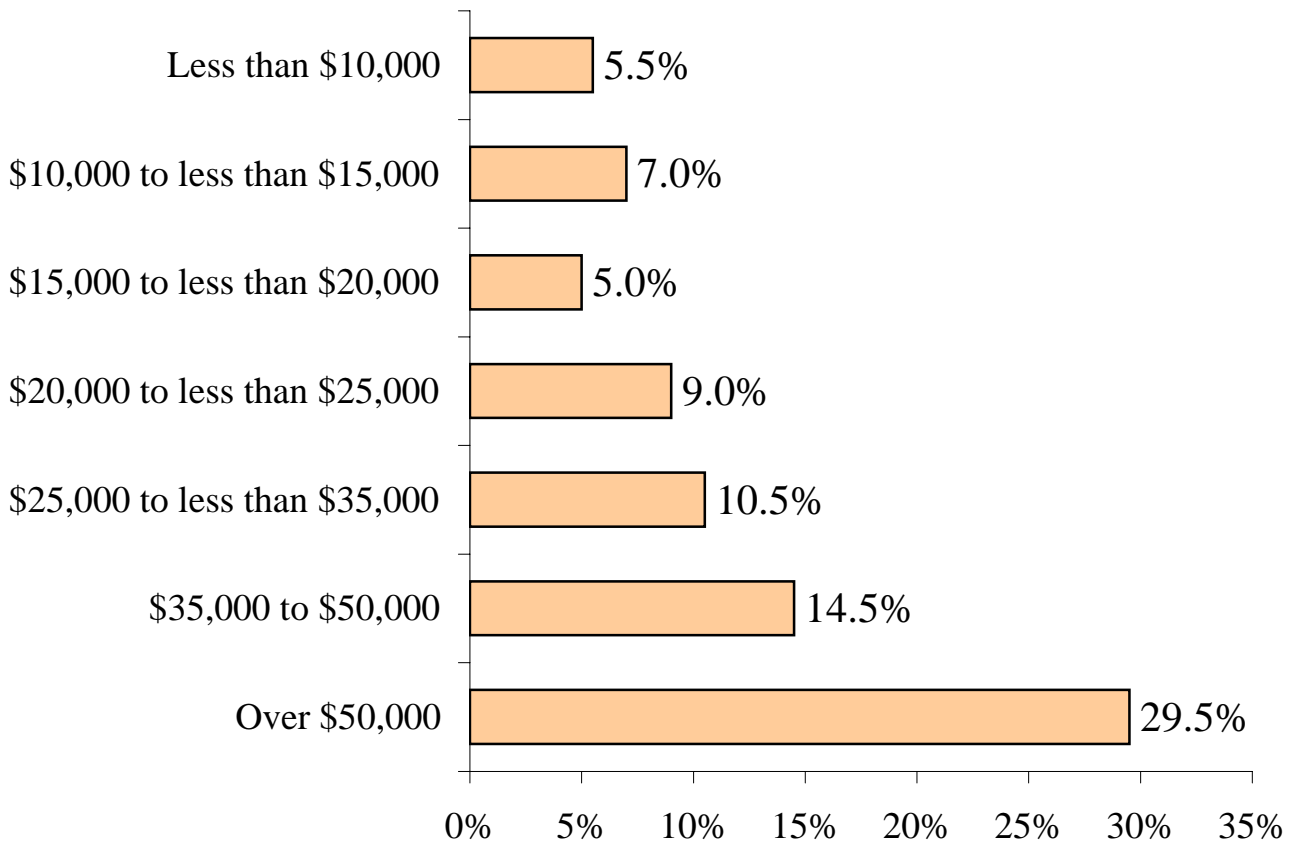
Q34. What is your ethnicity?

Response Category	No.	Percent
Caucasian	177	88.5%
Native American	12	6.0%
African American	4	2.0%
Hispanic	2	1.0%
Asian/Caucasian	1	0.5%
Don't know/No Response	4	2.0%
Total	200	100.0%



Q35. What is your annual household income?

Response Category	No.	Percent
Less than \$10,000	11	5.5%
\$10,000 to less than \$15,000	14	7.0%
\$15,000 to less than \$20,000	10	5.0%
\$20,000 to less than \$25,000	18	9.0%
\$25,000 to less than \$35,000	21	10.5%
\$35,000 to \$50,000	29	14.5%
Over \$50,000	59	29.5%
Don't know/No Response	<u>38</u>	<u>19.0%</u>
Total	200	100.0%



Q36. What is your gender?

Response Category	No.	Percent
Female	137	68.5%
Male	63	31.5%
Total	200	100.0%

