2012

Community Health Needs Assessment

St. Anthony Hospital, Oklahoma City

St. Anthony Hospital
www.saintsok.com
(405) 272-7000

St. Anthony
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Executive Summary

Geographic Primary Service Area

St. Anthony Hospital is located in Oklahoma City, OK, in the center of Oklahoma County. In addition to Oklahoma County, St. Anthony Hospital's Primary Service Area (PSA) includes Canadian, Cleveland and Pottawatomie Counties (Image 1).

Image1. St. Anthony Hospital's Primary Service Area (PSA) Counties
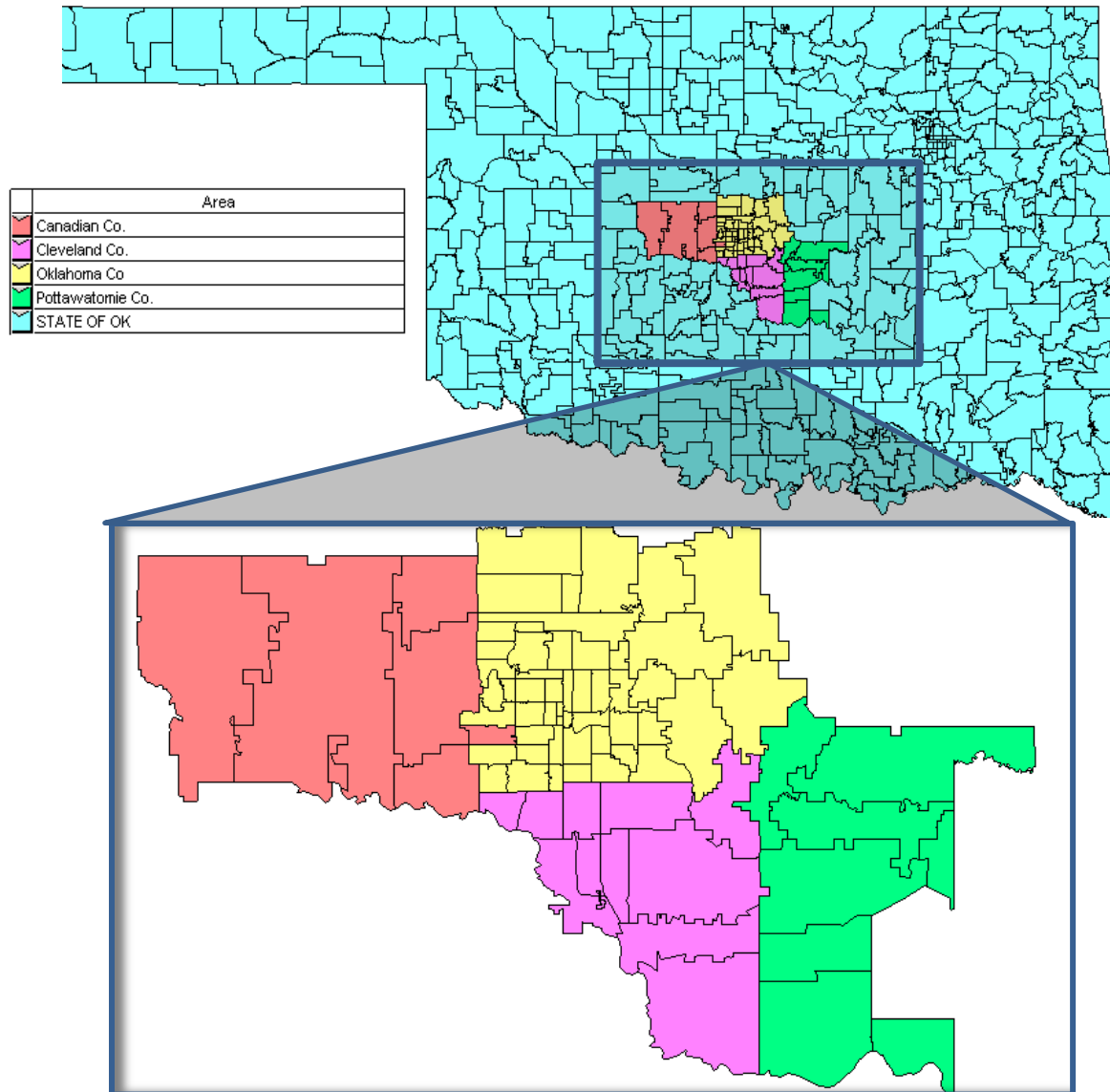
Community Health Needs Assessment Overview

St. Anthony Hospital's Community Health Needs Assessment (CHNA) is a snapshot of the health status in the hospital's PSA. The CHNA analyzes the health of the people in the community through data and statistics; identifies and prioritizes health needs that exist; and proposes how these concerns can be addressed to help improve the community's health status.

The process of conducting the CHNA began with collecting and analyzing secondary data on local, state and national health statistics and population demographics. Input was also provided by the hospital's internal work group, which was comprised of senior leadership and staff members in strategy, marketing, finance, legal, community benefits, and physician practice management. Interviews were held with community representatives (Appendix 1 & 2) to build on the secondary data analysis and to discover what other health issues we face as a community. After completing the interviews, all primary and secondary data was analyzed and the identified health needs were categorized into four groups:

1.   "Leading Causes of Death & Disease Rates"
2.   "Risk Factors & Behaviors"
3.   "Socioeconomic Factors"
4.   "Access & Utilization of Health Services"

A web-based survey (Appendix 3) was used to rank and prioritize the needs identified during the data collection process, and results identified the following top ten community health needs (listed in ranking order):

1. Diabetes
2. Obesity
3. Heart Disease
4. Mental Health
5. Substance Abuse
6. Cost of Medications
7. Navigating System
8. Access to Healthy Foods
9. Health Literacy
10. Chronic Disease Management
See Appendix 4 for the full list of ranked needs

St. Anthony's internal work group further refined this list to determine which of the top ten identified needs would develop into strategic action plans. This was done by using an internal rating scale that considered: the number of people in the PSA that are affected by the problem; how well the concern aligns with the hospital's mission and strategies; what resources are required to address the issue; and could the health need be measurably impacted. This process resulted in the five needs below being prioritized. Mental health and substance abuse will be combined together when strategic action plan development begins in 2012.

1.   **Mental Health (Rank 1) /Substance Abuse (Rank 3)**
2.   **Heart Disease (Rank 2)**
3.   **Obesity (Rank 4)**
4.   **Diabetes (Rank 5)**

The implementation plans will serve as a framework for improvement by detailing each prioritized community health need, setting SMART goals (Specific, Measureable, Aligned, Realistic and Time-Bound), and listing actions items throughout 2012 -2016 that will help to achieve the hospital's goals and service line initiatives. The plans will hold designated staff and team members accountable to monitor and measure the effectiveness of actions taken.

Overall Services Currently Available

St. Anthony Hospital has long served the needs of Oklahomans with a wide range of services in state-of-the-art facilities with physicians and staff who are dedicated to providing exceptional health care consistent with our mission. Many of St. Anthony's current programs and services will help to build the foundation for our community health improvement efforts. St. Anthony will use this opportunity to build on existing partnerships and create new relationships with community health organizations focused on improving health outcomes in our priority areas. This added support will be crucial as we expand our service to include health prevention as it related to the CHNA-prioritized needs.

Prioritized Needs #1 & #3: Mental Health/Substance Abuse

As one of the state's largest providers of mental health services in the region, St. Anthony Hospital has a strong foundation of knowledge and skills to address mental health and substance abuse. St. Anthony's Behavioral Medicine Center exists to help heal the mind, spirit, and body of patients at every age. The hospital's START program stands for St. Anthony Recovery and Treatment and is offered on a residential (inpatient) or intensive outpatient basis. For those suffering with an addiction, START can be the beginning of a new life free of substance abuse. START begins with medically supervised detox (if necessary), and continues with the necessary support for medically safe passage from alcohol and drug withdrawal. After program completion, ongoing evening sessions promote continued healthy life choices.

Prioritized Need #2: Heart Disease

Saints Heart & Vascular Institute staff and physicians care for patients using the latest technology and treatments. The Heart & Vascular Institute includes four floors of patient care areas with 65 private rooms. The facility also hosts three cardiovascular surgery suites, four cardiac catheterization labs, and one peripheral lab. The Institute has the latest in diagnostics capabilities, treatment modalities, and special care services. As a preventive measure, the hospital offers a $50 heart scan that uses the latest CT technology to determine if calcium deposits are present in coronary arteries. Detecting calcium deposits helps determine risk for heart disease early, long before symptoms appear. The hospital also offers a cardiac rehabilitation program that helps patients who are recovering from a heart attack, bypass surgery or other related cardiac condition with a combination of medical intervention, exercise, nutrition, and lifestyle changes – all in a safe and supportive environment.

Prioritized Need #4: Obesity

Currently, St. Anthony is supporting an Obesity Clinic pilot program. The clinic has served over 200 patients since April 2011. The free pilot is open to patients over age 18 with a BMI up to 39. The program takes place over the course of a year, and participants have access to a dietician, physician, fitness trainer and psychologist. The year-long program starts with a weekly appointment for the first month; monthly appointments for the following three months; and quarterly appointments for the final months. Baseline data has been collected on each patient's quality of life, nutrition knowledge, education, depression scale and diet history. It involves partnerships with the Oklahoma State Department of Health, the Oklahoma City Community Foundation, and Blue Cross Blue Shield.

Prioritized Need #5: Diabetes

The St. Anthony Diabetes Program is designed to diagnosis, care for and manage a patient's diabetes. The program staff consists of a team of highly qualified medical specialists, and if needed, additional specialists can be brought in for unique patient needs to form a multi-disciplinary team to ensure the best possible results for the patient.

Background & Community Partners

St. Anthony Hospital has conducted this CHNA to analyze the health status of the community we serve and to align our programs and services to address local and regional health concerns. Throughout the CHNA process quantitative and qualitative data was collected on the PSA's health indicators and outcomes, access and utilization of health services, insurance status, health behaviors and risk factors, socio-economical factors, and the physical environment.

Primary data analysis included a review of information from the Thomson Reuters demographic database; the Oklahoma Employment Security Commission; the Oklahoma State Department of Health; the Robert Wood Johnson Foundation; and the U.S. Census Bureau. Secondary data collection, in the form of interviews, included input from local community health leaders at the Oklahoma City-County Health Department; Oklahoma State Department of Health; Oklahoma State Medical Association; Health Alliance for the Uninsured; Oklahoma County Social Services; Oklahoma Department of Human Services, Aging Division; Oklahoma City Community Foundation; and the United Way of Central Oklahoma.

In 2012, St. Anthony will work internally and with community partners to develop a strategic plan that will lay out a roadmap for how the CHNA findings will be used to enhance and strengthen current initiatives, as well as building the case for new program development.

Communication Plan Summary

The results of St. Anthony's CHNA will be made widely available through the hospital's website and social media networks. A press release will also be issued to local media outlets about the availability of the report.

All contributors to this CHNA will be sent a copy of the assessment and encouraged to share it with their stakeholders and the local community. The report will be advertised throughout the hospital to reach employees, visitors and patients. It will also be shared with the hospital's foundation board.

Introduction

Objective of Conducting a Community Health Needs Assessment

St. Anthony Hospital's CHNA is a snapshot of the health status in the hospital's PSA (Oklahoma, Canadian, Cleveland, and Pottawatomie Counties).   It takes into account the health of the people in the community through data and statistics, identifies and prioritizes the health needs that exist, and proposes how these concerns can be addressed to help improve the health of the community.

The CHNA addresses how the PSA's population is in regards to:
- Leading causes of death and disease rates
- Health behaviors and risk factors
- Socioeconomic factors
- Access and utilization of health services
- Physical environment

The CHNA is a valuable tool for the hospital to better understand the market in which we provide health care services. It will serve as a guide when considering how to best allocate scarce resources and when developing or expanding programs and services. The CHNA can also be a resource to health departments, community organizations and foundations as they work towards improving the health status of the local community.

Community Partners

The strength of this CHNA can be largely attributed to the diverse group of community leaders who took the time to be interviewed on their opinions of the health status of our PSA.   The first interviews were with leaders at the Oklahoma State Department of Health, the Oklahoma City-County Health Department, and the United Way of Central Oklahoma. The hospital's internal CHNA committee suggested that interviews also be conducted with representatives from the Oklahoma State Medical Association; the Health Alliance for the Uninsured; Oklahoma County Social Services; the Oklahoma Department of Human Services, Aging Division; and the Oklahoma City Community Foundation. A full list of contacts can be found in Appendix 1.

This group of stakeholders represents the aging, uninsured, unemployed and underserved. Their interests are to improve quality of life for their stakeholders, and their collective knowledge of our community's health needs is profound.

Methodology

The process of conducting the CHNA began with collecting and analyzing secondary data on local, state and national health statistics and population demographics through reports from a variety of sources, including: Thomson Reuters Market Expert demographic database; the Oklahoma Employment Security Commission; the Oklahoma State Department of Health; the Robert Wood Johnson Foundation; and the U.S. Census Bureau. The most current data available at the time was used in the statistical analysis. For a detailed list of source materials, please refer to the "References" page at the end of this report.

The process continued to move forward with input from the hospital's internal work group, which was comprised of senior leadership and staff members in strategy, marketing, finance, legal, community benefits, and physician practice management. The group reviewed data collected from the secondary sources listed above and discussed which community organizations should be interviewed.

Throughout the first and second quarters of 2012, interviews were conducted with community partners at the Oklahoma State Department of Health, the Oklahoma City-County Health Department, the United Way of Central Oklahoma, the Oklahoma State Medical Association; the Health Alliance for the Uninsured; the Oklahoma County Social Services; the Oklahoma Department of Human Services, Aging Division; and the Oklahoma City Community Foundation. Interviews included an overview of the CHNA objectives and had a pre-determined set of questions, but the contacts were free to discuss anything they deemed important for the assessment. Interview questions can be found in Appendix 2.

After completing the interviews, all primary and secondary data was analyzed and the identified needs were categorized into four groups:

1. **"Leading Causes of Death & Disease Rates"**
   - Diabetes
   - Cancer
   - Heart disease
   - Chronic lower respiratory disease
   - Asthma
   - Stroke

2. **"Risk Factors & Behaviors"**
   - High teen birth rate
   - Children completing primary immunization series
   - Mental health
   - Obesity
   - Tobacco use
   - Binge drinking
   - Substance abuse
   - Sedentary lifestyles
   - General nutrition
   - Prenatal care
   - Dental health and hygiene
   - Chronic disease management

3. **"Socioeconomic Factors"**
   - Health Literacy
   - Access to healthy foods / "food deserts"
   - Neighborhood crime (prohibiting outdoor activity)
   - Limited availability of public transportation (to office visits or grocery stores)
   - Cost of medications

4. **"Access & Utilization of Health Services"**
    - Shortage of primary care physicians
    - Shortage of physicians who accept Medicare
    - Shortage of geriatric medicine physicians
    - Access to specialty physicians for the un(der)insured
    - Access to diagnostic imaging for the un(der)insured
    - Limited medical office hours for full-time workers
    - Coordination of care between clinics, hospitals and specialists
    - Lack of patient understanding on how to navigate the health care system

Using the above list, an online survey was created using SurveyMonkey®. The intention of the survey was to use a ranking scale that would assign a numeric value to each health need based on four criteria: Severity, Importance to Community, Impact, and Existing Community Resources (see below for survey question).

1. **Severity:** "In my opinion, this is a serious health need within this community."
2. **Importance to Community:** "In my opinion, addressing this health need is very important to the community."
3. **Impact:** "In my opinion, addressing this health need will improve the quality of life within this community."
4. **Existing Community Resources:** "In my opinion, there are *no* resources for addressing this health need within the community."

The response ratings were: Strongly Agree (7 points); Agree (6 points); Somewhat Agree (5 points); Neutral (4 points); Somewhat Disagree (3 points); Disagree (2 points); Strongly Disagree (1 point); and Unsure/No Opinion (0 points). Each criteria received a point total that was added together to get a final score. The final score was used for the first round of prioritization.

The survey was emailed to all of the community partners and over one hundred local representatives in case management, the faith community, fundraising, hospital/practice management, nursing, physicians, patient/family advocates, social workers, public health and school officials. The survey collection period was between May 7, 2012 to May 23, 2012; twenty-five responses were collected (approximately 20% response rate).

Using the point rating system, the top ten community health needs were identified. They are listed below in ranking order (to review the full list of needs and point totals, see Appendix 4).
1. Diabetes
2. Obesity
3. Heart Disease
4. Mental Health
5. Substance Abuse
6. Cost of Medications
7. Navigating System
8. Access to Healthy Foods
9. Health Literacy
10. Chronic Disease Management

Once the survey closed and the findings had been analyzed, St. Anthony's internal work group further refined the needs that the hospital could best address. The process of selecting which of the top ten identified needs would develop into strategic action plans involved another level of rating and ranking based on new criteria: Magnitude; Alignment with Mission, Key Strategies & Priorities; Resources Needed; and the Hospital's Ability to Impact (see below for full description).

1. **Magnitude:** "The number of people within the PSA impacted by the problem as compared to a State benchmark."
2. **Alignment with Key Mission, Strategies & Priorities:** "Number of hospital strategies consistent with addressing the problem."
3. **Resources Needed:** "Additional resources required to address the health need."
4. **Hospital's Ability to Impact:** "Ability to measurably improve health outcomes."

The work group members assigned points ranging from 1-5 for each criteria (for a full description of the rating scale, please see Appendix 5). Similar to the survey method, points were totaled to produce a final ranking order. This process resulted in the five needs below being prioritized. Mental health and substance abuse will be combined together when strategic action plan development begins in 2012.

1. **Mental Health (Rank 1) /Substance Abuse (Rank 3)**
2. **Heart Disease (Rank 2)**
3. **Obesity (Rank 4)**
4. **Diabetes (Rank 5)**

Background of Hospital

Our Network

SSM Health Care of Oklahoma is a member of SSM Health Care headquartered in St. Louis, Missouri. The system is sponsored by the Franciscan Sisters of Mary and is one of the largest Catholic health care systems in the United States.

The Oklahoma region includes St. Anthony Hospital and Bone and Joint Hospital at St. Anthony. In addition to the St. Anthony main campus in Downtown Oklahoma City, the region also encompasses St. Anthony North, located in North Oklahoma City, and St. Anthony South, located in South Oklahoma City. St. Anthony physicians and Saints Medical Group physicians are geographically spread among the communities we serve.

Two new, three-story facilities, St. Anthony Healthplex East and St. Anthony Healthplex South, are now open in east and south Oklahoma City. These state-of-the-art campuses feature freestanding emergency rooms, ambulatory services and physicians.

Quick Facts

- **Employees:** 3,118 people work for St. Anthony and throughout the hospital's Oklahoma region.
- **Physicians:** St. Anthony employs 16 hospitalists, 39 primary care physicians and 34 specialists.
- **Beds:** St. Anthony Hospital is licensed for 686 beds.
- **Admissions/Visits/Births:** In 2011, there were 19,354 inpatient admissions, 108,695 outpatient visits, 54,060 emergency room visits, and 1,422 deliveries.
- **Volunteers:** In 2011, 75 volunteers gave their time to the hospital, and an additional 50 teenage "volunteens" lent a hand in the summer.
- **Services:** St. Anthony Hospital has long served the needs of Oklahomans with a wide range of services in state-of-the-art facilities with physicians and staff who are dedicated to providing exceptional health care consistent with our mission. The major service lines offered to the community are listed below; and for more information on each service, please visit www.saintsok.com.
  - Alcohol and Drug Abuse
  - Behavioral Medicine
  - Breast Center
  - Cancer: Frank C. Love Cancer Institute
  - Diabetes
  - Diagnostic Institute
  - Emergency Services
  - Epilepsy Monitoring Unit
  - Heart: Saints Heart & Vascular Institute
  - Home Care
  - Interventional Radiology
  - Labor & Delivery: Joyful Beginnings
  - Kidney Transplant

- Neurosciences
- Occupational Medicine
- Orthopedics: Bone and Joint Hospital at St. Anthony
- Physical Therapy
- Rehabilitation Center
- Saints Medical Group / Healthfirst Physician Clinics
- Sleep Lab
- Surgery
- Surgical Weight Loss
- Vein Center
- Wellness
- Wound Care Center

- **Community Benefit:** In 2011, St. Anthony Hospital provided $5,713,721 in health professionals education (i.e. physicians/medical students; nurses/nursing students, etc.); and $7,825,905 in charity care - both as community benefit services. St. Anthony also supports various local programs as a community benefit, which includes, but is not limited to:
    - Little Flower Clinic
    - Health Improvement Advocacy
    - Blood Drives
    - Child Birth & Breast Feeding Classes
    - Community Seminars
    - Stroke Education
    - Health & Safety Fair
    - Bone Density Screening

- **Community Partnerships:** St. Anthony Hospital and Bone and Joint Hospital at St. Anthony are proud to be a part of community projects that work to improve health outcomes in the region:
    - *Turning Point*
        - Issue: Oklahoma consistently ranks poorly in health indicators such as smoking, substance abuse, high-risk lifestyles & behaviors resulting in high death rates from heart disease, cancer and trauma.
        - Initiative: St. Anthony participates in Turning Point, a national program to promote local health initiatives building healthy communities through public/private partnerships. St. Anthony Community Health Fellow (a SAH employee) is a member of the Central Oklahoma Turning Point Executive Committee.
        - Other Collaborators: State Agencies, health care providers, education/business leaders, and leaders of local foundations.

    - *Schools for Healthy Lifestyles*
        - Issue: Results of the Oklahoma 2009 Youth Risk Behavior Survey indicate that 22.6% of Oklahoma adolescents currently smoke cigarettes, with 16.4% considered overweight. Almost half (47.46%) of students were physically active for 60 minutes or more, 5 days or more in the past 7

days, up from 38.2% in 2005. To encourage healthy lifestyles & behaviors, education needs to start at an early age to address the long-term risks associated with such behaviors & lifestyle choices. The Oklahoma legislature passed a bill in 2008 that doubles PE requirements in K-5 from 60 to 120 minutes per week.

- o Initiative: Support programs & curriculum in Oklahoma Schools to promote healthy lifestyles.
- o Other Collaborators: 62 Oklahoma Schools, Schools for Healthy Lifestyles, University of Oklahoma Health Sciences Center: Department of Pediatrics, Oklahoma County Medical Society, Oklahoma City County Health Department, Oklahoma State Department of Health, Oklahoma State Department of Education, area hospitals including St. Anthony Hospital.

- *Radiology Services for Cross & Crown Free Clinic*
  - o Issue: Cross & Crown Clinic is a free medical clinic primarily for uninsured Hispanic individuals.
  - o Initiative: Bone and Joint Hospital at St. Anthony is responding to the clinic's need for providing free orthopedic radiological services to uninsured adults within Oklahoma county who utilize Cross & Crown Clinic.
  - o Collaborators: Bone and Joint Hospital at St. Anthony, four primary care physicians, two orthopedic physicians, one optometrist, four nurses, nursing students, medical students, pre-med students and numerous area churches.

- *Osteoporosis Screenings*
  - o Issue: Portions of SSM of Oklahoma's service areas have a higher than average elderly population that is more susceptible to arthritis and osteoporosis.
  - o Initiative: Provide osteoporosis screening and education in the community to increase awareness and provide earlier intervention.
  - o Other Collaborators: Bone and Joint Hospital at St. Anthony, Health fair/event organizers.

Demographic Data of Community

Population Projections

St. Anthony Hospital's PSA includes Oklahoma, Canadian, Cleveland and Pottawatomie Counties. Based on an analysis of the 2012 Thomson Reuters Market Expert demographic database, the four-county PSA will experience a growth rate of 5.0% (or 59,244 residents) from 2011 to 2016. This is greater than Oklahoma's projected growth rate of 3.0%; and also above the national projection of 4.0%.

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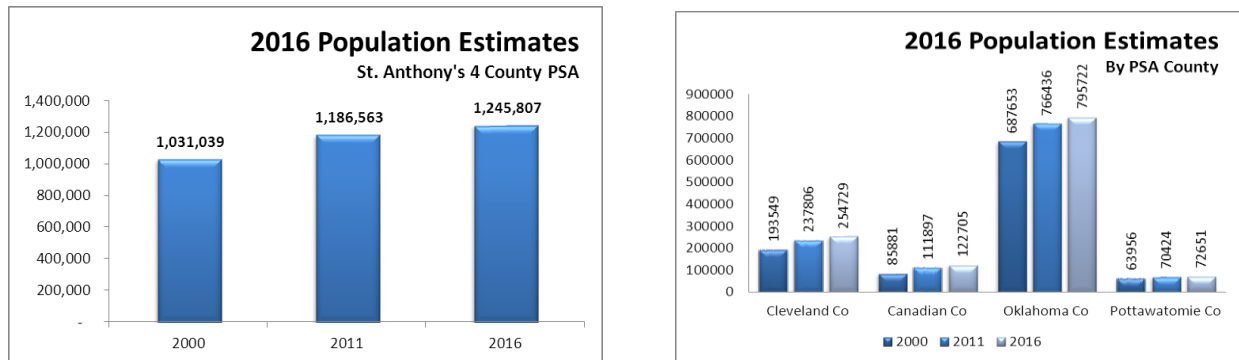
Source: 2012 Thomson Reuters

The largest growth for a single county in the PSA is projected to be Canadian County, with 9.66% growth from 2011 to 2016. However, the majority of the PSA's growth is expected to come from Oklahoma County at 49%. Cleveland County will account for 29%; Canadian County will bring 18% growth and Pottawatomie will attribute 4%.

County	2000 Population Count	2011 Population Est. Count	2016 Population Est. Count	2011-2016 Change Count	% Change
Cleveland Co	193549	237806	254729	16923	7.12%
Canadian Co	85881	111897	122705	10808	9.66%
Oklahoma Co	687653	766436	795722	29286	3.82%
Pottawatomie Co	63956	70424	72651	2227	3.16%
Total PSA	1031039	1186563	1245807	59244	4.99%

Source: 2012 Thomson Reuters
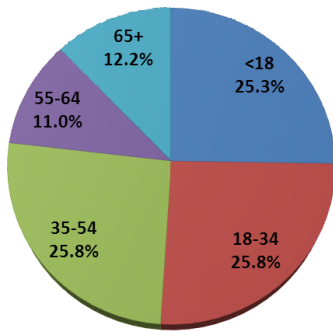
Population Projections: Age & Gender

When comparing 2011 projections, the PSA population is slightly younger than the national average, with 51.1% under age 35, compared to 47.4% nationwide. However, projections for 2016 show a negative growth rate of -2.42% for the 18-34 age range. Estimates suggest that the largest growing segment of the population from 2011 to 2016 is the 65+ age cohort at 16.0%. Gender comparisons show a relatively equal distribution in both 2011 and 2016 projections.

Age Cohort	2011 Population Est. Count	2016 Population Est. Count	2011-2016 Change Count	% Change
<18	299,688	321,823	22,135	7.4%
18-34	305,769	298,382	-7,387	-2.4%
35-54	306,407	311,952	5,545	1.8%
55-64	130,095	145,877	15,782	12.1%
65+	144,604	167,773	23,169	16.0%
Total PSA	1,186,563	1,245,807	59,244	5.0%

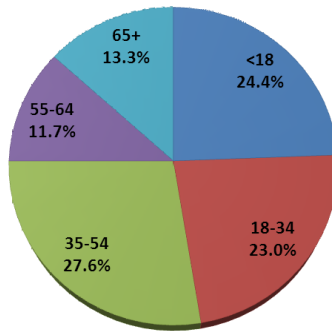Source: 2012 Thomson Reuters

2011 Population Estimates
Segmented by Age Cohort
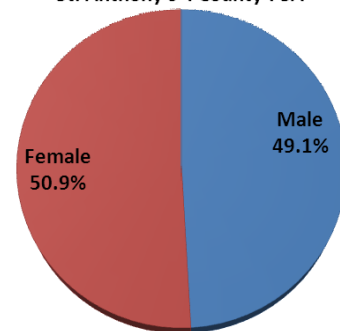St. Anthony's 4 County PSA

2011 Population Estimates
Segmented by Age Cohort
USA

2011 Population Estimates
Segmented by Gender
St. Anthony's 4 County PSA

Source: 2012 Thomson Reuters

Population Projections: Pediatrics

All four PSA counties are projected to see an increase in the number of infants and youth under age 18 from 2011 to 2016, with the highest percent change expected for Oklahoma County at 8.55%.

Age Cohort 0-17	2011 Population Est.	2016 Population Est.	2011-2016 Change		2011 % of Total Pop.	
County	Count	Count	Count	% Change	PSA	USA
Cleveland Co	53,835	55,981	2146	3.99%	22.6%	24.40%
Canadian Co	28,729	31,123	2394	8.33%	25.7%	24.40%
Oklahoma Co	200,059	217,171	17112	8.55%	26.1%	24.40%
Pottawatomie Co	17,065	17,548	483	2.83%	24.2%	24.40%
Total PSA	299688	321823	22135	7.39%	25.3%	24.4%

Source: 2012 Thomson Reuters

Population Projections: Females of Childbearing Age

It is estimated that within the PSA's female population of childbearing age (15-44) there will be a 1.0% growth rate from 2011 to 2016, with the largest percent change expected for Canadian County at 5.7%.

Females Childbearing Age (15-44)	2011 Population Est.	2016 Population Est.	2011-2016 Change	
County	Count	Count	Count	% Change
Cleveland Co	54634	56185	1551	2.8%
Canadian Co	22113	23366	1253	5.7%
Oklahoma Co	157478	157138	-340	-0.2%
Pottawatomie Co	14477	14582	105	0.7%
Total PSA	248702	251271	2569	1.0%

Source: 2012 Thomson Reuters

Population Projections: Seniors

The total PSA region is expected to see a growth rate of 16.0% for seniors age 65 and above, with the largest growth projected for Cleveland and Canadian Counties at 28.2% and 27.3% respectively from 2011-2016.

| Age Cohort Seniors 65+	2011 Population Est.	2016 Population Est.	2011-2016 Change		2011 % of Total Pop.	
County	Count	Count	Count	% Change	PSA	USA
Cleveland Co	24,169	30,979	6810	28.2%	10.2%	13.3%
Canadian Co	13,224	16,830	3606	27.3%	11.8%	13.3%
Oklahoma Co	96,859	108,359	11500	11.9%	12.6%	13.3%
Pottawatomie Co	10,352	11,605	1253	12.1%	14.7%	13.3%
Total PSA	144604	167773	23169	16.0%	12.2%	13.3%

Source: 2012 Thomson Reuters

Population Projections: Race & Ethnicity

Within the PSA, there is greater representation of White Non-Hispanic residents and fewer Hispanic, Black and Asian residents than the national average in 2011. However, projections for 2016 show an increase in the number of Hispanic, Black and Asian residents.
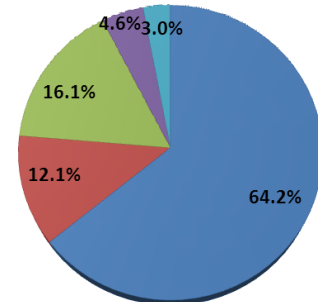
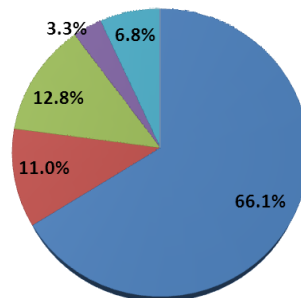### 2011 Race/Ethnicity Estimates
St. Anthony's 4 County PSA
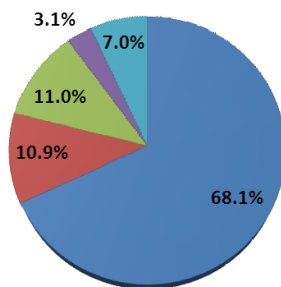
3.1%
7.0%
11.0%
10.9%
68.1%

2016 Race/Ethnicity Estimates
St. Anthony's 4 County PSA

3.3%
6.8%
12.8%
11.0%
66.1%

2011 Race/Ethnicity Estimates
USA

4.6%
3.0%
16.1%
12.1%
64.2%

■ White Non-Hispanic   ■ Black Non-Hispanic

■ Hispanic   ■ Asian & Pacific Is. Non-Hispanic
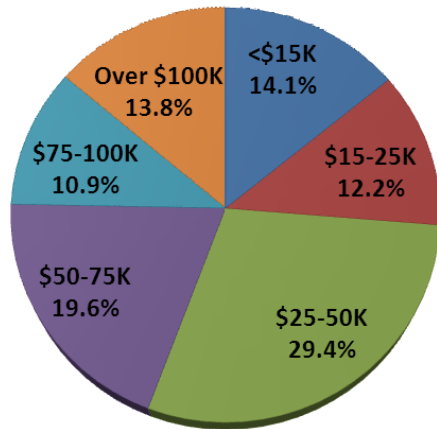
■ All Others

Source: 2012 Thomson Reuters

Unemployment, Poverty & Household Income

Within the PSA, the percent of households in the lower income segments (<$15K - $50K) is greater than the national average. Nationwide 49.7% of households have income greater than $50,000; in the four-county PSA only 44.3% reach that threshold. The percent of individuals in poverty is also higher than the national average in Oklahoma and Pottawatomie Counties. However, when compared to national and state statistics, all four PSA counties have a lower unemployment rate.
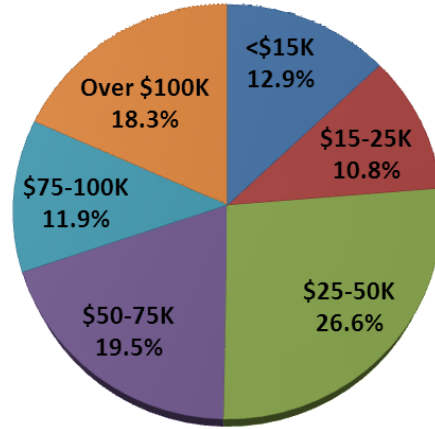
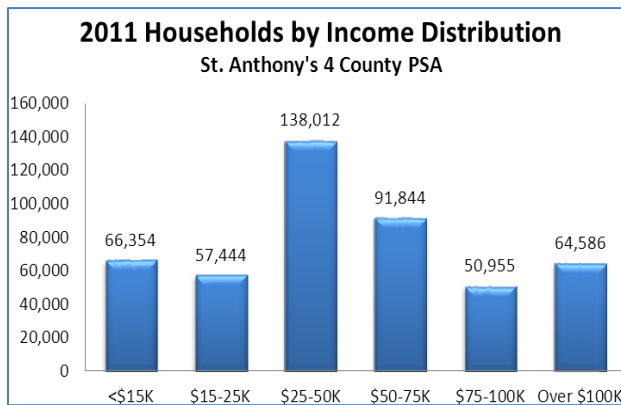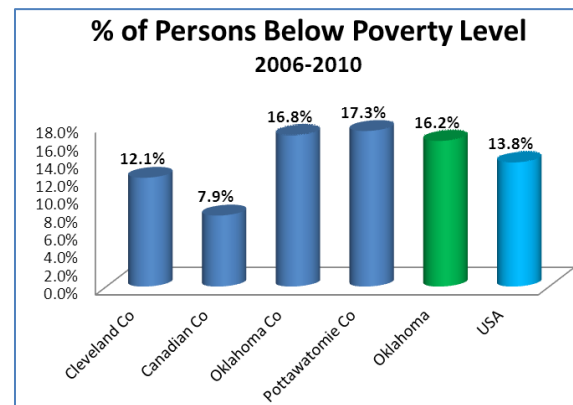### 2011 Household Income Estimates
St. Anthony's 4 County PSA

- <$15K 14.1%
- $15-25K 12.2%
- $25-50K 29.4%
- $50-75K 19.6%
- $75-100K 10.9%
- Over $100K 13.8%

2011 Household Income Estimates
USA

- <$15K 12.9%
- $15-25K 10.8%
- $25-50K 26.6%
- $50-75K 19.5%
- $75-100K 11.9%
- Over $100K 18.3%

Source: 2012 Thomson Reuters

2011 Households by Income Distribution
St. Anthony's 4 County PSA

Income	Households
<$15K	66,354
$15-25K	57,444
$25-50K	138,012
$50-75K	91,844
$75-100K	50,955
Over $100K	64,586

Source: 2012 Thomson Reuters

% of Persons Below Poverty Level
2006-2010

Area	%
Cleveland Co	12.1%
Canadian Co	7.9%
Oklahoma Co	16.8%
Pottawatomie Co	17.3%
Oklahoma	16.2%
USA	13.8%

Source: U.S. Census Bureau

Unemployment Rate	April 2012	12 Month Avg. May11-Apr12
County	% of Pop	% of Pop
Cleveland Co	3.5%	4.9%
Canadian Co	3.3%	4.8%
Oklahoma Co	4.4%	5.9%
Pottawatomie Co	4.0%	5.6%
Oklahoma	5.0%	6.0%
USA	8.1%	8.7%

Source: 2012 Oklahoma Employment Security Commission &
U.S. Department of Labor, Bureau of Labor Statistics

Secondary Data Collection & Analysis

Overview of Health Measures
The health of a community can be determined by a complex relationship between individual health behaviors, socioeconomic factors, the physical environment and overall access to health care services. The Oklahoma State Department of Health (OSDH) produces an annual "State of the State's Health Report" that reviews Mortality, Leading Causes of Death, Disease Rates, Risk Factors & Behaviors, and Socioeconomic Factors at the national, state and county levels.

Health outcomes at the county level are also analyzed by the Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute through an interactive web tool called "County Health Rankings," which compares county, state and national data based on *health outcomes* (how healthy a county currently is) and *health factors* (how healthy a county could be with intervention).

This analysis of health measures will incorporate data from both the OSDH and RWJF reports, and is focused on comparing outcomes in each of the the hospital's PSA counties and to a state benchmark when available. Data from both reports illustrate a population in desperate need of improved health management and healthier lifestyles to reduce the rate of disease and mortality.

2011 County Health Rankings
When analyzing the county rankings for both health outcomes and health factors, Cleveland and Canadian Counties are in the top ten percent of all 77 Oklahoma Counties, signifying that they are two of the healthiest geographic areas. In contrast, Oklahoma and Pottawatomie Counties are closer to the average state health rating.
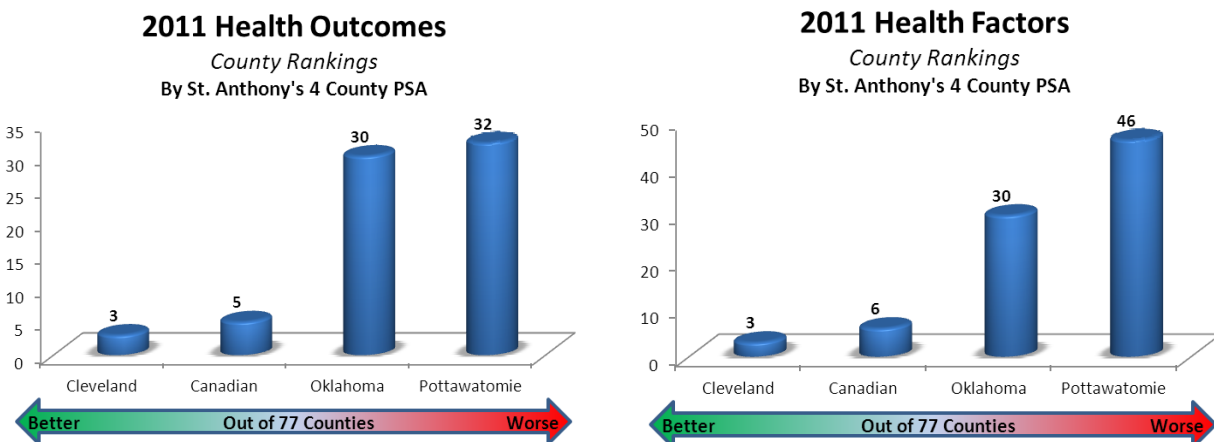

Source: 2011 County Health Rankings

Leading Causes of Death

According to the OSDH "State of the State's Health Report," the top five leading causes of death are the same for Oklahoma and the four PSA counties studied:

1. Heart Disease
2. Cancer
3. Chronic Lower Respiratory Disease (e.g. COPD, emphysema, bronchitis, asthma)
4. Unintentional Injury (e.g. motor vehicle crashes, drowning, fire/burns)
5. Stroke

The number of stroke deaths in Cleveland and Pottawatomie Counties is significantly higher than the two other PSA counties and the state average. Pottawatomie County has the highest rate of deaths in the PSA region due to respiratory disease and cancer; Cleveland County has the highest rate of death due to heart disease and stroke.
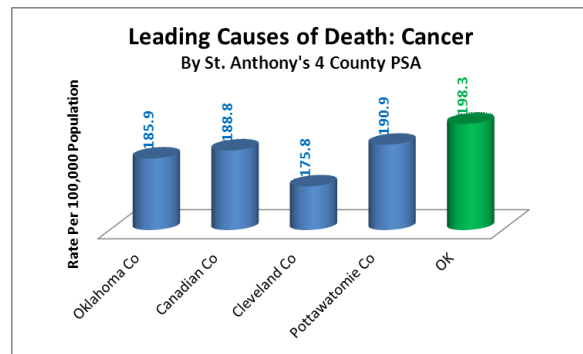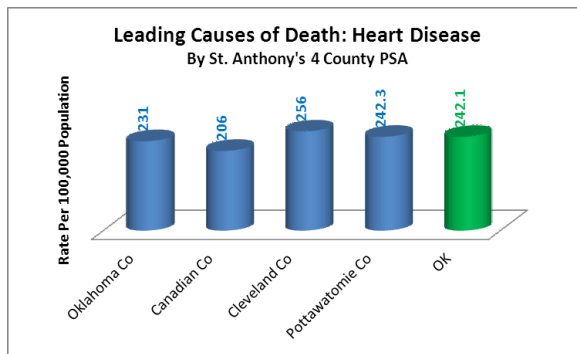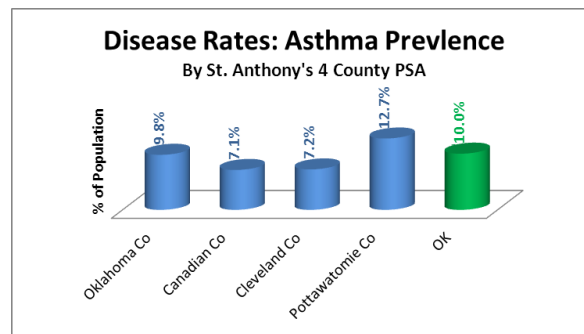

Source: 2011 State of the State Report
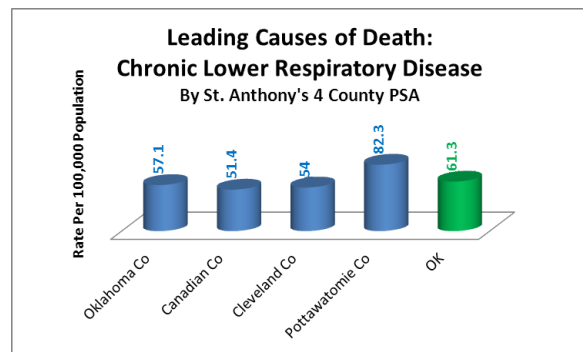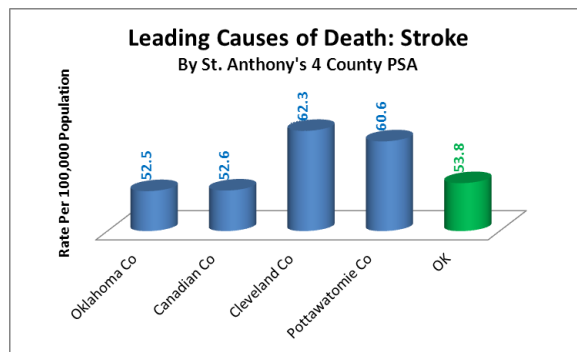
Source: 2011 State of the State Report

Disease Rates

The prevalence or incidence of disease serves as a barometer of health in an overall population. In Oklahoma, the number of people with diabetes has grown steadily over the last ten years, and in our service area the rate of diabetes floats near the state average. The incidence of cancer is much higher in the PSA than in the rest of the state.
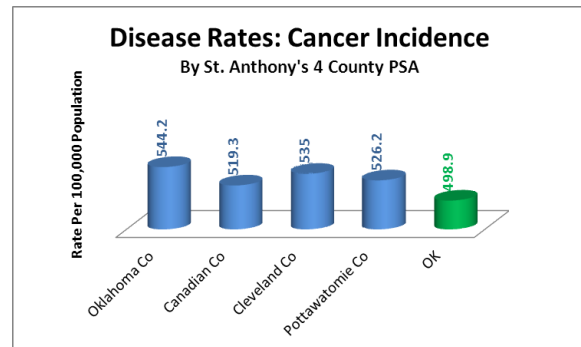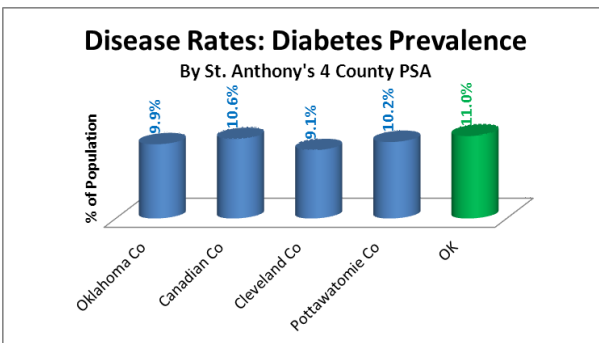
Source: 2011 State of the State Report

Health Behaviors & Risk Factors

A health behavior is an activity undertaken by an individual that inherently has a strong influence on the increase or decrease in the risk of illness. A large percent of the PSA population report that they are not physically active and are also obese. A very low percent report they regularly consume fruit and vegetables.
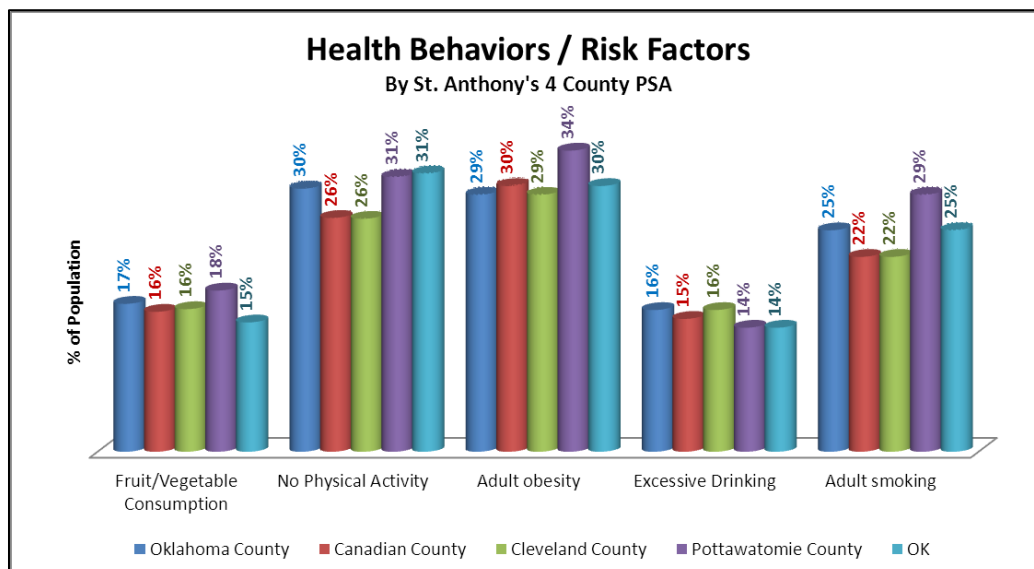
Source: 2011 County Health Rankings & 2011 State of the State Report

A large number of PSA residents are going without dental care; only 57%-69% adults have regular visits, although utilization rates are still higher than the state average. The number of residents to each primary care physician (PCP) is much higher than the state average in Canadian, Cleveland and Pottawatomie Counties – validating concerns that there is a PCP shortage in the region.

Health Behaviors / Risk Factors
By St. Anthony's 4 County PSA

% of Population

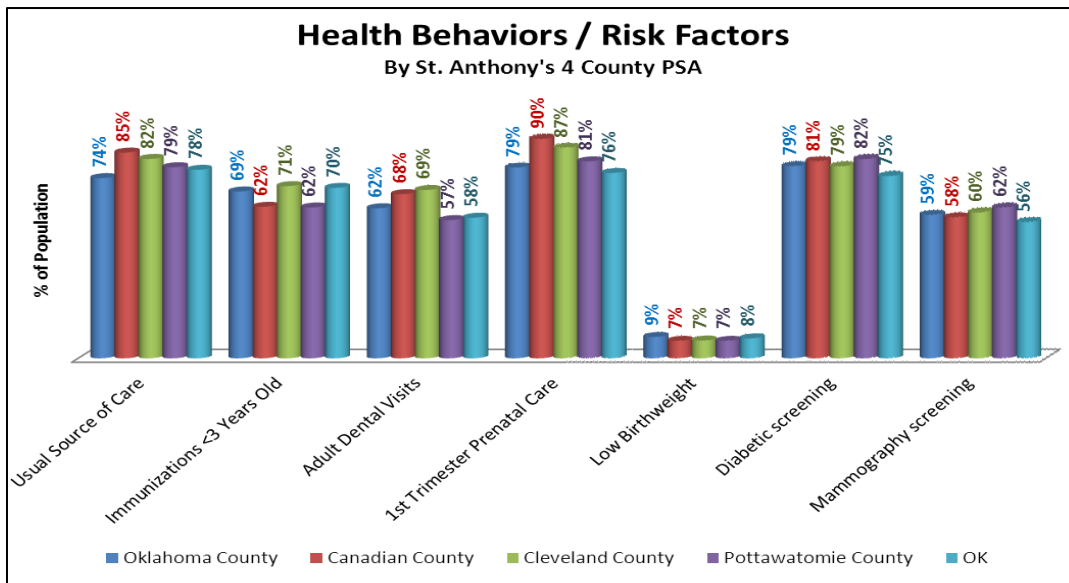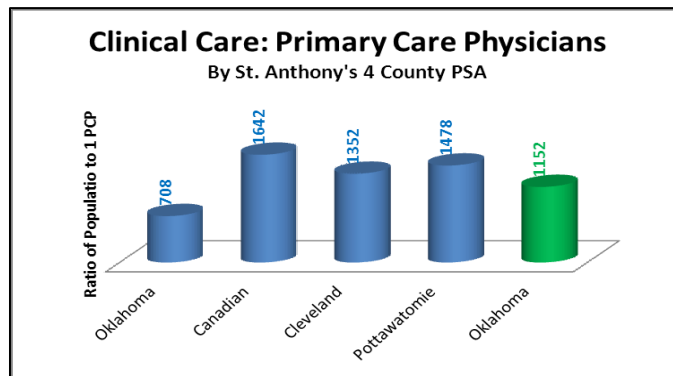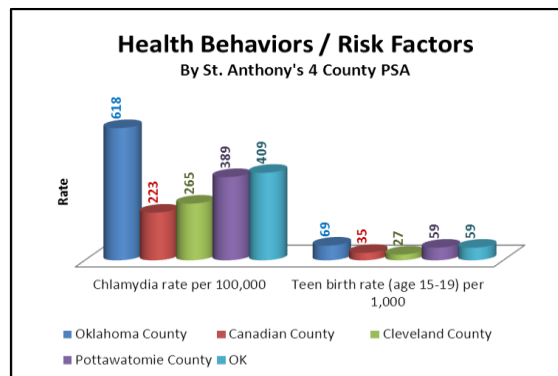| Category	Oklahoma County	Canadian County	Cleveland County	Pottawatomie County	OK
Usual Source of Care	74%	85%	82%	79%	78%
Immunizations <3 Years Old	69%	62%	71%	62%	70%
Adult Dental Visits	62%	68%	69%	57%	58%
1st Trimester Prenatal Care	79%	90%	87%	81%	76%
Low Birthweight	9%	7%	7%	7%	8%
Diabetic screening	79%	81%	79%	82%	75%
Mammography screening	59%	58%	60%	62%	56%

Source: 2011 County Health Rankings & 2011 State of the State Report

Clinical Care: Primary Care Physicians
By St. Anthony's 4 County PSA

Ratio of Populatio to 1 PCP

Oklahoma	Canadian	Cleveland	Pottawatomie	Oklahoma
708	1642	1352	1478	1152

Source: 2011 County Health Rankings

Residents in Pottawatomie County report having more mentally unhealthy days each month than the rest of the state and PSA counties. The chlamydia rate in Oklahoma County is significantly greater than the rest of the PSA and the state average; the teen birth rate is also highest in Oklahoma County when compared to the other PSA counties.

Health Behaviors / Risk Factors
By St. Anthony's 4 County PSA

30 Day Averge of Self-Reported Mentally Unhealthy Days

Oklahoma County	Canadian County	Cleveland County	Pottawatomie…	OK
3.9	3.5	3.7	4.4	4

Health Behaviors / Risk Factors
By St. Anthony's 4 County PSA

Rate

	Oklahoma County	Canadian County	Cleveland County	Pottawatomie County	OK
Chlamydia rate per 100,000	618	223	265	389	409
Teen birth rate (age 15-19) per 1,000	69	35	27	59	59

Source: 2011 County Health Rankings

Socioeconomic Factors

Health outcomes are more favorable for those with the ability to afford care. Uninsured adults are less likely to utilize preventive health care services and put off receiving treatment when needed. In the four PSA counties 20% or more of the population under age 65 do not have health insurance, which means that one in five people will encounter barriers to access care.

Uninsured Adults
By St. Anthony's 4 County PSA

% of Population under 65 w/out health insurance

- Oklahoma: 22.0%
- Canadian: 20.0%
- Cleveland: 22.0%
- Pottawatomie: 21.0%
- Oklahoma: 23.0%
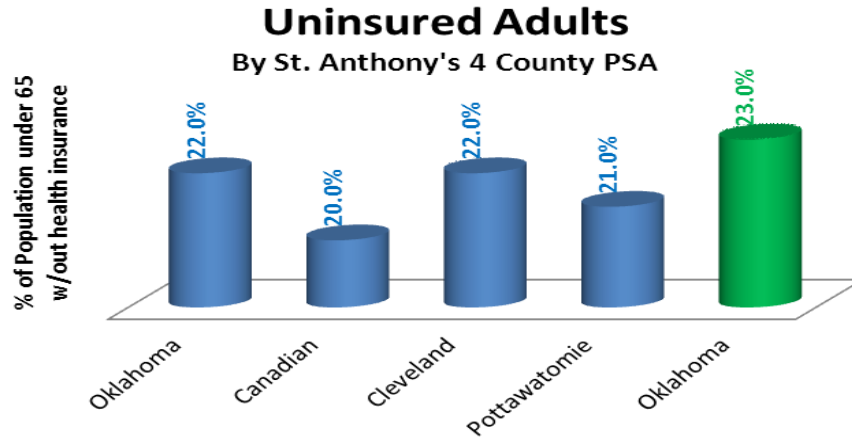
Source: 2011 County Health Rankings

The PSA is near the national average on almost all adult education levels. Compared to the national average, a greater percent of the PSA population has taken some college level coursework or attained an associate degree.

2011 Adult Education Level
St. Anthony's 4 County PSA

- 4%
- 9%
- 27%
- 32%
- 28%

2011 Adult Education Level
USA

- 6%
- 9%
- 29%
- 28%
- 28%

- Less than High School
- Some High School
- High School Degree
- Some College/Assoc. Degree
- Bachelor's Degree or Greater
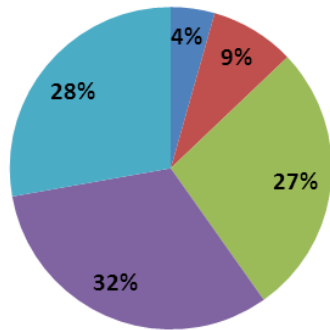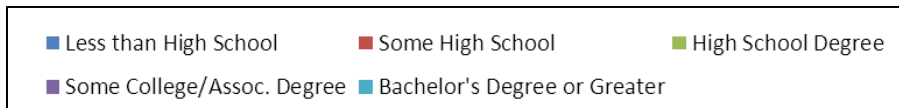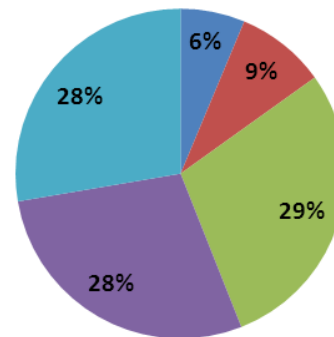
Source: 2012 Thomson Reuters

Physical Environment

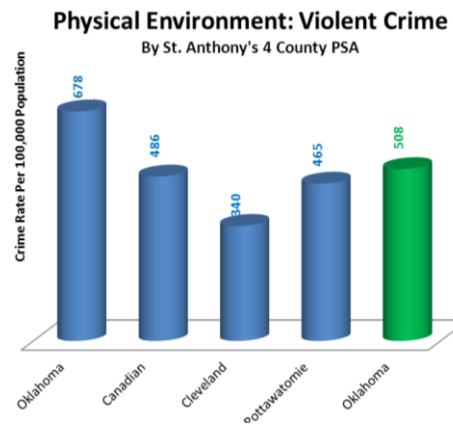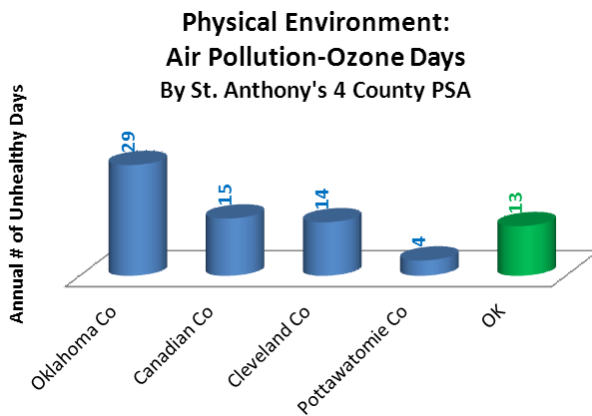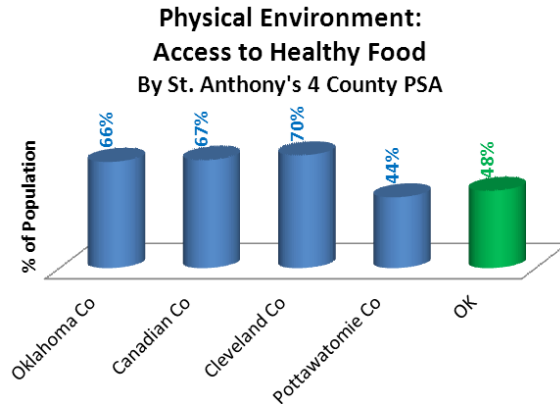Neighborhood crime is a deterrent to outdoor activity – especially those with limited access to transportation. Oklahoma County has a significantly higher violent crime rate than the other PSA counties. In two of the four PSA counties, residents state that they have better access to recreational facilities than the state average, and three of four PSA counties have better access to healthy food. In all but Pottawatomie County, the PSA has more air pollution days than the state average.

Physical Environment:
Access to Recreational Facilities
By St. Anthony's 4 County PSA

Rate per 100,000 Population

- Oklahoma Co: 10
- Canadian Co: 8
- Cleveland Co: 10
- Pottawatomie Co: 4
- OK: 8

Physical Environment:
Access to Healthy Food
By St. Anthony's 4 County PSA

% of Population

- Oklahoma Co: 66%
- Canadian Co: 67%
- Cleveland Co: 70%
- Pottawatomie Co: 44%
- OK: 48%

Physical Environment:
Air Pollution-Ozone Days
By St. Anthony's 4 County PSA

Annual # of Unhealthy Days

- Oklahoma Co: 29
- Canadian Co: 15
- Cleveland Co: 14
- Pottawatomie Co: 4
- OK: 13

Physical Environment: Violent Crime
By St. Anthony's 4 County PSA

Crime Rate Per 100,000 Population

- Oklahoma: 678
- Canadian: 486
- Cleveland: 340
- Pottawatomie: 465
- Oklahoma: 508

Source: 2011 County Health Rankings

Primary Data Collection & Analysis

Data Collection
After collecting and analyzing the secondary data previously reported on local, state and national health statistics and population demographics, the CHNA process continued to move forward as interviews were conduced with community leaders at the Oklahoma State Department of Health, the Oklahoma City-County Health Department, the United Way of Central Oklahoma, the Oklahoma State Medical Association; the Health Alliance for the Uninsured; the Oklahoma County Social Services; the Oklahoma Department of Human Services, Aging Division; and the Oklahoma City Community Foundation.   See Appendix 1 for a full list of representatives' names.

This group of stakeholders was selected because they collectively represent the aging, uninsured, unemployed and underserved. Their interests are to improve the quality of life for these groups of residents, and their combined knowledge of our community's health needs in regards to these sub-groups is profound.

Interviews were conduced over the phone, in-person, and through email. Each one included an overview of the CHNA objectives and had a pre-determined set of questions, but the contacts were free to discuss anything they deemed important for the assessment. Please see Appendix 2 for a full set of interview questions.
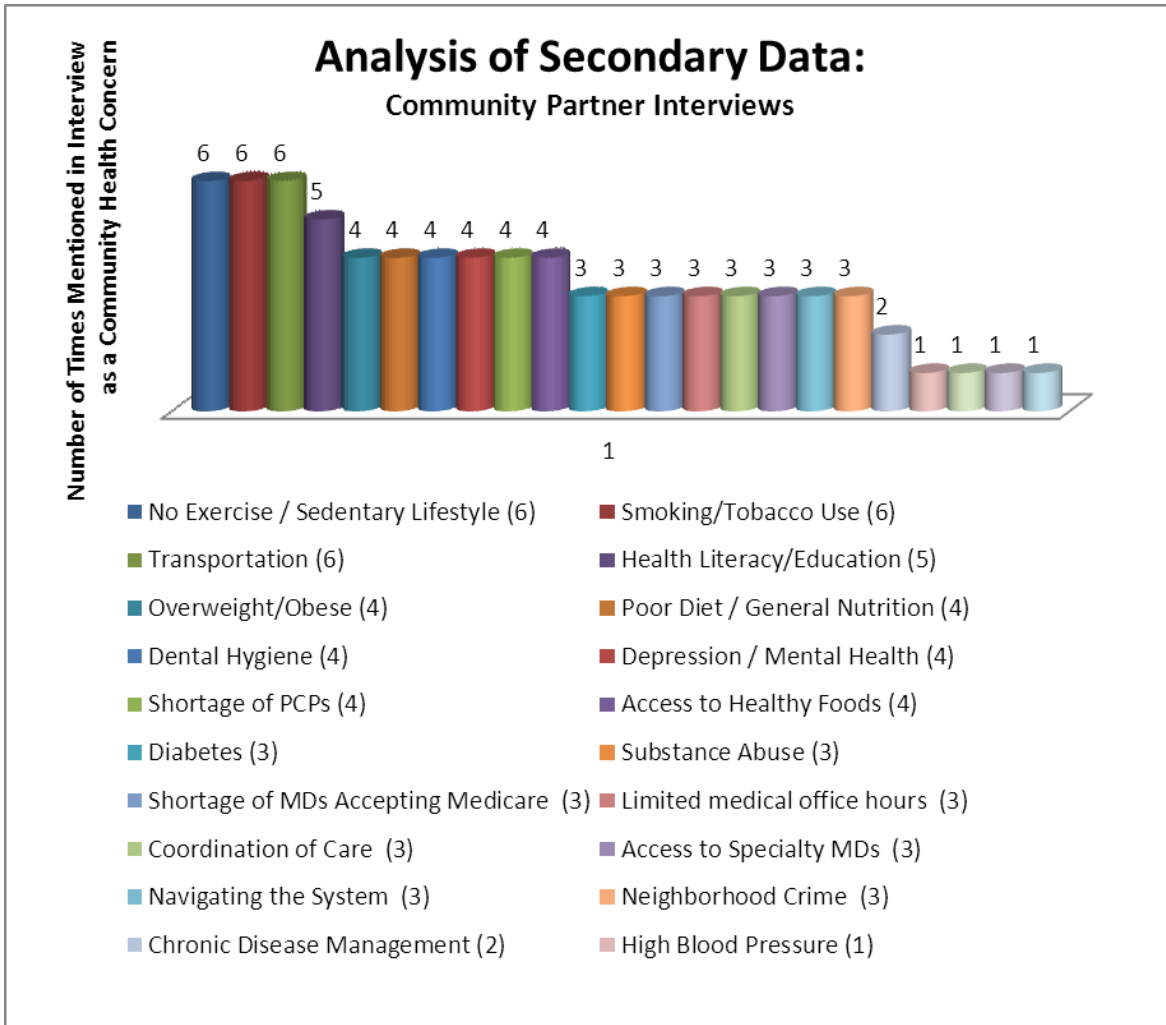
Data Analysis
Throughout the majority of interviews, community representatives would echo the biggest health concerns that were found in the secondary data analysis: tobacco use, lack of physical activity, poor diet/nutrition, lack of access to healthy food options, obesity, diabetes, substance abuse, neighborhood crime, inadequate dental health care, poor mental health and lack of primary care providers.

Beyond those correlations, the interviews also highlighted concerns with the community's public transportation system, the general education and health literacy of residents, the difficulties with scheduling medical office visits outside normal working hours, everyday trouble navigating the health care system, a broken cycle of care coordination, shortages in the number of physicians who accept Medicare patients and specialist physicians for the un(der)insured. Certain topics were commonly discussed:

- **Sedentary Lifestyles:** Many poor and/or rural communities lack good sidewalks for walking and other outdoor physical activity; violent crime also keeps people indoors.
- **Poor General Nutrition:** Unhealthy foods are generally cheaper than healthy counterparts. Additionally, many families lack the time to cook meals with fresh ingredients or the knowledge of how to prepare healthy recipes.
- **Transportation:** People without access to a car are reliant on others to take them to medical office visits. Without that support or a quality public transportation system, many will go without care (both preventive services and treatments), because they have no way to make it to an appointment. This is also true for access to grocery stores and healthy food options.
- **Mental Health:** Poor mental health largely affects the judgment a person exhibits to handle physical health issues. Within the elderly population, isolation is a problem that often stems from or results in depression.
- **Lack of Primary Care Physicians (PCP) / Coordination of Care:** Many patients will end up in the emergency room because they do not have a PCP to discuss their symptoms with. When a patient utilizes the ER instead of a PCP, the patient is typically treated for the immediate need and may go without the proper follow-up care coordination.

The number listed next to each health need identifies how many of the interview contacts listed it as a barrier to quality health care in the community. The common sentiment from the interviews was that these issues do not occur in silos for the un(der)insured or those in poverty. In order to truly improve community health outcomes, it is critical to consider the entire daily life of someone who is caught in the midst of these issues.

Analysis of Secondary Data:
Community Partner Interviews

Number of Times Mentioned in Interview as a Community Health Concern

6 6 6 5 4 4 4 4 4 4 3 3 3 3 3 3 3 3 2 1 1 1 1

- No Exercise / Sedentary Lifestyle (6)
- Smoking/Tobacco Use (6)
- Transportation (6)
- Health Literacy/Education (5)
- Overweight/Obese (4)
- Poor Diet / General Nutrition (4)
- Dental Hygiene (4)
- Depression / Mental Health (4)
- Shortage of PCPs (4)
- Access to Healthy Foods (4)
- Diabetes (3)
- Substance Abuse (3)
- Shortage of MDs Accepting Medicare (3)
- Limited medical office hours (3)
- Coordination of Care (3)
- Access to Specialty MDs (3)
- Navigating the System (3)
- Neighborhood Crime (3)
- Chronic Disease Management (2)
- High Blood Pressure (1)

CHNA-Identified Health Needs

Prioritization & Strategic Goals
After analyzing secondary data sources and compiling a list of health concerns identified through the community leader interviews, the needs were categorized into four groups:

1. **"Leading Causes of Death & Disease Rates"**
   - Diabetes
   - Cancer
   - Heart disease
   - Chronic lower respiratory disease
   - Asthma
   - Stroke

2. **"Risk Factors & Behaviors"**
   - High teen birth rate
   - Children completing primary immunization series
   - Mental health
   - Obesity
   - Tobacco use
   - Binge drinking
   - Substance abuse
   - Sedentary lifestyles
   - General nutrition
   - Prenatal care
   - Dental health and hygiene
   - Chronic disease management

3. **"Socioeconomic Factors"**
   - Health Literacy
   - Access to healthy foods / "food deserts"
   - Neighborhood crime (prohibiting outdoor activity)
   - Limited availability of public transportation (to office visits or grocery stores)
   - Cost of medications

4. **"Access & Utilization of Health Services"**
   - Shortage of primary care physicians
   - Shortage of physicians who accept Medicare
   - Shortage of geriatric medicine physicians
   - Access to specialty physicians for the un(der)insured
   - Access to diagnostic imaging for the un(der)insured
   - Limited medical office hours for full-time workers
   - Coordination of care between clinics, hospitals and specialists
   - Lack of patient understanding on how to navigate the health care system

A web-based survey was used to rank and prioritize the needs identified during the data collection process, and results identified the following top ten community health needs (listed in ranking order):

1. Diabetes
2. Obesity
3. Heart Disease
4. Mental Health
5. Substance Abuse
6. Cost of Medications
7. Navigating System
8. Access to Healthy Foods
9. Health Literacy
10. Chronic Disease Management

St. Anthony's internal work group further refined this list to determine which of the top ten identified needs would develop into strategic action plans. This was done by using an internal rating scale that considered: the number of people in the PSA that are affected by the problem; how well the concern aligns with the hospital's mission and strategies; what resources are required to address the issue; and could the health need be measurably impacted. This process resulted in the five needs below being prioritized. Mental health and substance abuse will be combined together when strategic action plan development begins in 2012.

1. **Mental Health (Rank 1) /Substance Abuse (Rank 3)**
2. **Heart Disease (Rank 2)**
3. **Obesity (Rank 4)**
4. **Diabetes (Rank 5)**

Community Resources

Existing Health Care Facilities

While the number of community health needs and those who need them is long, there are existing facilities and resources that work to bridge the gap. This list is by no means extensive, but includes some of the most often used resources within the PSA:

Community Health Centers, Inc.

From CHC's Website: "The Center's primary focus is on early detection and diagnosis of conditions, disease prevention and health promotion. It serves as the entry point into the health care delivery system for many of its users and offers primary care, dental, lab and x-ray services, pharmacy, women's health care, family support services, pediatric care, WIC program, and mental health care. The center also provides complimentary transportation services for clients. Fees are adjusted on a sliding scale according to family size and income."
Site: www.chciokc.org

Oklahoma Department of Mental Health and Substance Abuse Services

From ODMHSAS's Website: "ODMHSAS operates facilities in communities throughout the State of Oklahoma. These sites are dedicated to providing the best possible behavioral healthcare, support services and outreach assistance. Each facility is staffed by capable and caring professionals who are committed to creating healthier Oklahoma communities. Collaborating with leaders from multiple state agencies, advocacy organizations, consumers and family members, providers, community leaders and elected officials, the way has been paved for meaningful mental health and substance abuse services transformation in Oklahoma. The result is a renewed focus on recovery and consumer needs."
Site: www.ok.gov/odmhsas

Below is a list of health-related United Way of Central Oklahoma partner agencies:

A Chance To Change

A Chance to Change provides substance abuse prevention, education and treatment programs to the community.
Site: http://www.achancetochange.org

American Heart Association

Supports research and education programs in schools, businesses, and community organizations to lower the incidence of cardiovascular disease and stroke.
Site: http://www.americanheart.org

American Lung Association in Oklahoma

To promote better breathing and serve Oklahomans affected by asthma and other lung diseases.
Site: http://www.breathehealthy.org

Areawide Aging Agency

Helps older adults maintain their independence through a variety of programs and agencies.
Site: http://www.areawideaging.org

Arthritis Foundation
Supports research to prevent and find a cure for arthritis and provides pain management programs for those affected by arthritis.
Site: http://www.arthritis.org

Catholic Charities
Counseling and social services for needy families, children and the elderly. Legal assistance for immigrants. Maternity home for teens.
Site: http://www.catholiccharitiesok.org

Central Oklahoma CARE LINK
The Central Oklahoma CARE LINK mission is to conduct various activities to enhance and improve the provision of quality health care services to member's clients and to improve the health status of their communities including the establishment of a network of health care providers to enhance service delivery and improve access to health care services for the medically underserved population in service area.
Site: http://www.coinsaccess.org

Coffee Creek Riding Center
Therapeutic horseback riding program for children with mental and physical disabilities.
Site: http://www.coffeecreek.org

Community Literacy Centers
Teaches basic reading skills to people in our community.
Site: http://www.communityliteracy.com

D-DENT, Inc.
Free dental care for low-income seniors and developmentally disabled citizens.
Site: http://www.d-dentok.org

Easter Seals of Oklahoma
Helps elderly citizens and disabled children through various facilities and programs so they may live with equality, dignity and independence.
Site: http://www.ok.easterseals.com

Health Alliance for the Uninsured
The Health Alliance for the Uninsured is a catalyst for improved health care services for those who otherwise would be unable to obtain them.
Site: http://www.hauonline.org

HeartLine
Provides 24/7 health and human services referrals through 211, compassionate listening through the CareLine, suicide prevention through suicide hotlines and elderly support through Gatekeeper
Site: http://www.heartlineoklahoma.org

Mental Health Association in Oklahoma County
A leading community advocate and referral agency for the mentally ill. Education programs and low-cost counseling services.
Site: http://www.mhaokc.org

Metropolitan Better Living Center
Provide an array of health and support services to the aged, aging and developmentally disabled to improve wellness, foster independence and improve quality of life.
Site: http://www.metropolitanbetterliving.com

Moore Youth and Family Services
Counseling, community education, alternative education and treatment and licensed alcohol and drug abuse outpatient treatment.
Site: http://www.mooreyouthandfamily.org

Neighborhood Services Organization
Provides nutritional health, housing, educational services and programs to low-income individuals and the homeless.
Site: http://www.nsookc.org

NorthCare
NorthCare is a dynamic outpatient behavioral health center providing sensitive and diverse services to children, families and adults in communities throughout Oklahoma, since 1981.
Site: http://www.northcare.com

Oklahoma Foundation for the Disabled
Recreational activities and social development for the physically and mentally disabled.
Site: http://www.okfd.org

Oklahoma Medical Research Foundation (OMRF)
An independent biomedical research institute that searches for better treatments and cures of Alzheimer's and other human diseases.
Site: http://www.omrf.org

RSVP of Central Oklahoma, Inc.
RSVP's mission is: "To link volunteers age 55 and older with essential community needs throughout Central Oklahoma". RSVP has over 1200 local volunteers providing a wide variety of assistance in the community. Sponsored programs include: Provide-A-Ride, providing transportation to medical appointments for low-to-moderate income elderly persons; Telephone Buddies, providing friendship and wellness checks through regular telephone contact with isolated persons; Professional Volunteer Services, which provides professional level services to local nonprofit organizations; and America Reads Tutoring & Mentoring, which tutors and/or mentors persons of all ages.
Site: http://www.rsvpokc.org

Salvation Army

Provides food, shelter, meals, clothing, utility assistance, transportation, disaster relief, Boys & Girls Clubs, senior and youth activities, character-building programs, and substance abuse rehabilitation.
Site: http://www.salvationarmyokcac.org

Special Care, Inc.

A unique care environment blending children with and without disabilities in an atmosphere of acceptance and caring support.
Site: http://www.specialcareinc.org

Sunbeam Family Services

Serving OKC Metro's low-income families and individuals needing specialized childcare, therapeutic foster care, counseling, in-home support or emergency shelter for the elderly.
Site: http://www.sunbeamfamilyservices.org

Variety Care

Comprehensive, family-focused community health centers that offer primary medical, dental, vision, pediatric, WIC and behavioral health care to any Oklahoman. We accept Medicaid, Medicare and private insurances, and uninsured patients access services along a sliding-fee scale based on family income. Variety Care has several locations in Oklahoma City and in southwestern Oklahoma, and call us today for more information or to schedule an appointment.
Site: http://www.varietycare.org

Appendix 1: Collaborative Input & Community Partners

Organizations & Individuals Participating in CHNA Process

This analysis could not have been possible without the valuable input from community leaders who represent the aging, uninsured, unemployed and underserved. As St. Anthony moves forward with developing strategic action plans to address the health needs prioritized for our PSA, we will continue to collaborate with these stakeholders. St. Anthony would like to thank each person for their time and continued commitment to improving lives in the local community.

(Organizations Listed Alphabetically)

Health Alliance for the Uninsured

Pamela S. Cross, MPH, Executive Director
Joe Denney, Director of Informatics
www.Hauonline.org

Oklahoma City Community Foundation

Nancy Anthony, Executive Director
www.Occf.org

Oklahoma City-County Health Department

Bob Jamison, Deputy Director Community Services Division
Jon Lowry, Program Administrator, Epidemiology Services Program
www.Occhd.org

Oklahoma County Social Services

Christi Jernigan, Director
www.Okcounty.org

Oklahoma Department of Human Services, Aging Division

Jennifer K. Case, Programs Supervisor
www.Okdhs.org

Oklahoma State Department of Health

Neil Hann, MPH, CHES, Chief of Community Development Service
www.Health.ok.gov

Oklahoma State Medical Association

Melissa Johnson, Director of Health Care Policy
www.Okmed.org

United Way of Central Oklahoma

Blair Schoeb, Vice President of Community Investment & Research
Keith Kleszynski, Director of Central Oklahoma Turning Point
Ashleigh Sorrell Rose, Director of Research
www.Unitedwayokc.org

Appendix 2: Community Leader Interview Questions

- **Q1.** How would describe your observations on the health status of our primary service area (Oklahoma, Canadian, Cleveland, and Pottawatomie Counties)?   What needs **are** and **are not** being met?

- **Q2.** Based on your work in the local community (again, as it relates to our primary service area) how would you rate the population's ability to access health services? What are the barriers to access?

- **Q3.** What do you consider to be the major risk factors and behaviors are that contribute to poor health status in this community (e.g. tobacco use, sedentary lifestyles, etc.)?

- **Q4.** Can you comment on trends that you see as social or environmental concerns in our population?

- **Q5.** Would you be willing to serve on a team to validate trends and prioritize the community's needs?

- **Q6.** Do you have any suggestions for other experts to speak with about the CHNA?

Appendix 3: External Prioritization Survey

Survey Welcome

Over the past several months, St. Anthony Hospital has been gathering information on our community's health needs through a series of interviews and secondary data collection.

We appreciate your contribution to the hospital's "Community Health Needs Assessment" and would like your input as we undergo the process of prioritizing the health needs that have been identified for Oklahoma, Canadian, Cleveland and Pottawatomie Counties. The following survey lists the most common findings on our community's greatest health concerns. In order to prioritize this list, a ranking scale has been developed that takes into account four criteria: Severity; Importance to Community; Impact; and Existing Community Resources.

The survey should take approximately 15 minutes to complete. If you have any questions please contact Colleen Allen, business development analyst, at 272-6552 or colleen_allen@ssmhc.com. Thank you in advance for your time and assistance with important project!

1. Which of the following best describes your line of work?

- ○ Case Management
- ○ Faith Community
- ○ Fundraising/Foundation
- ○ Hospital/Practice Administrator
- ○ Nurse
- ○ Patient/Family Representative
- ○ Physician
- ○ Policy Maker / Elected Official
- ○ Public Health
- ○ School Official
- ○ Social Worker
- ○ Other / None of the Above

2. Health Measure - "Leading Causes of Death & Disease Rates"

For each identified community need, please select the rating that best describes your agreement with the statements below. Ratings are: Strongly Agree; Agree; Somewhat Agree; Neutral (Neither Agree or Disagree); Somewhat Disagree; Disagree; Strongly Disagree; and Unsure/No Opinion.

	Severity: In my opinion, this is a serious health need within this community.	**Importance to Community:** In my opinion, addressing this health need is very important to the community.	**Impact:** In my opinion, addressing this health need will improve the quality of life within this community.	**Existing Community Resources:** In my opinion, there are NO resources for addressing this health need within the community.
Diabetes				
Cancer				
Heart disease				
Chronic lower respiratory disease				
Asthma				
Stroke				

3. Health Measure - "Risk Factors & Behaviors"

For each identified community need, please select the rating that best describes your agreement with the statements below. Ratings are: Strongly Agree; Agree; Somewhat Agree; Neutral (Neither Agree or Disagree); Somewhat Disagree; Disagree; Strongly Disagree; and Unsure/No Opinion.

	Severity: In my opinion, this is a serious health need within this community.	Importance to Community: In my opinion, addressing this health need is very important to the community.	Impact: In my opinion, addressing this health need will improve the quality of life within this community.	Existing Community Resources: In my opinion, there are NO resources for addressing this health need within the community.
High teen birth rate	▾	▾	▾	▾
Children completing primary immunization series	▾	▾	▾	▾
Mental health	▾	▾	▾	▾
Obesity	▾	▾	▾	▾
Tobacco use	▾	▾	▾	▾
Binge drinking	▾	▾	▾	▾
Substance abuse	▾	▾	▾	▾
Sedentary lifestyles	▾	▾	▾	▾
General nutrition	▾	▾	▾	▾
Prenatal care	▾	▾	▾	▾
Dental health and hygiene	▾	▾	▾	▾
Chronic disease management	▾	▾	▾	▾

4. Health Measure - "Socioeconomic Factors"

For each identified community need, please select the rating that best describes your agreement with the statements below. Ratings are: Strongly Agree; Agree; Somewhat Agree; Neutral (Neither Agree or Disagree); Somewhat Disagree; Disagree; Strongly Disagree; and Unsure/No Opinion.

	Severity: In my opinion, this is a serious health need within this community.	Importance to Community: In my opinion, addressing this health need is very important to the community.	Impact: In my opinion, addressing this health need will improve the quality of life within this community.	Existing Community Resources: In my opinion, there are NO resources for addressing this health need within the community.
Health literacy	▾	▾	▾	▾
Access to healthy foods / "food desserts"	▾	▾	▾	▾
Neighborhood crime (prohibiting outdoor activity)	▾	▾	▾	▾
Limited availability of public transportation (to office visits or grocery stores)	▾	▾	▾	▾
Cost of medications	▾	▾	▾	▾

5. Health Measure - "Access and Utilization of Health Services"

For each identified community need, please select the rating that best describes your agreement with the statements below. Ratings are: Strongly Agree; Agree; Somewhat Agree; Neutral (Neither Agree or Disagree); Somewhat Disagree; Disagree; Strongly Disagree; and Unsure/No Opinion.

	Severity: In my opinion, this is a serious health need within this community.	**Importance to Community:** In my opinion, addressing this health need is very important to the community.	**Impact:** In my opinion, addressing this health need will improve the quality of life within this community.	**Existing Community Resources:** In my opinion, there are NO resources for addressing this health need within the community.
Shortage of primary care physicians	☑	☑	☑	☑
Shortage of physicians who accept Medicare	☑	☑	☑	☑
Shortage of geriatric medicine physicians	☑	☑	☑	☑
Access to specialty physicians for the un(der)insured	☑	☑	☑	☑
Access to diagnostic imaging for the un(der)insured	☑	☑	☑	☑
Limited medical office hours for full-time workers	☑	☑	☑	☑
Coordination of care between clinics, hospitals and specialists	☑	☑	☑	☑
Lack of patient understanding on how to navigate the health care system	☑	☑	☑	☑

6. Additional Comments:

Appendix 4: External Survey Prioritization Results

Prioritized Highest to Lowest, based on FINAL/TOTAL Score"

Needs Prioritized in Survey	FINAL/TOTAL Score	Severity Score	Importance Score	Impact Score	Resources Score
Top 10					
1. Diabetes	544	169	149	150	76
2. Obesity	524	161	137	144	82
3. Heart Disease	523	168	148	147	60
4. Mental Health	516	157	137	140	82
5. Substance Abuse	497	148	127	134	88
6. Cost of Medications	495	148	137	129	81
7. Navigating System	494	140	130	126	98
8. Access to Healthy Foods	487	135	130	126	96
9. Health Literacy	482	130	133	130	89
10. Chronic Disease Management	472	139	132	120	81
Tobacco Use	471	147	134	138	52
Cancer	470	139	147	132	52
Sedentary Lifestyles	469	146	121	126	76
High Teen Birth Rate	468	136	130	136	66
Coordination of Care	463	130	128	122	83
Stroke	462	132	139	126	65
Access to Diag. Imaging for un(der)insured	457	122	132	118	85
Access to Specialty MDs for un(der)insured	456	129	128	120	79
General Nutrition	454	120	132	120	82
Neighborhood Crime	449	115	125	126	83
Shortage of PCPs	448	116	128	124	80
Limited med office hours	440	129	118	116	77
Limited Public Transportation	439	126	118	112	83
Shortage of MDs Accepting Medicare	435	105	129	117	84
Prenatal Care	432	124	123	126	59
Dental Health	427	111	120	112	84
Binge Drinking	424	112	121	114	77
Shortage of Geriatric MDs	423	115	115	113	80
Asthma	415	118	120	124	53
Chronic Lower Respiratory Disease	399	116	112	111	60
Children completing primary immunizations	384	106	113	112	53

Appendix 5: Internal Work Group Prioritization Results

<table>
<tr>
<td colspan="5">St. Anthony Hospital * Community Health Needs Assessment
Internal Prioritization / Criteria Rating Scale</td>
</tr>
<tr>
<td colspan="5"><i>Consider the Primary Service Area (PSA) in your rating selections.</i>
PSA = Oklahoma, Canadian, Cleveland & Pottawatomie Counties</td>
</tr>
<tr>
<td>Points to Assign
In Each Category</td>
<td>Magnitude
<i>The number of people within the PSA impacted by the problem as compared to State benchmark.</i></td>
<td>Alignment with Mission, Key Strategies & Priorities
<i>Number of hospital strategies consistent with addressing the problem.</i></td>
<td>Resources Needed to Address the Issue
<i>Additional resources required to address the health need.</i></td>
<td>Hospital's Ability to Impact
<i>Ability to measurably improve health outcomes.</i></td>
</tr>
<tr>
<td>5 points</td>
<td>Problem <i>unfavorably affects</i> greater than 10% of the PSA population, as compared to the state benchmark</td>
<td>Consistent with 2 or more SFHRP <i>strategies</i></td>
<td>No additional <i>resources</i> needed; service is currently in place</td>
<td>Can provide a service likely to <i>measurably</i> improve the community's health status</td>
</tr>
<tr>
<td>3 points</td>
<td>Problem <i>unfavorably affects</i> approximately 10% of the PSA population, as compared to the state benchmark</td>
<td>Consistent with 1 SFHRP <i>strategy</i></td>
<td>Minimal <i>resources</i> needed to extend a current service</td>
<td>Can provide a service likely to <i>measurably</i> improve the community's health status with expertise from a community organization partner</td>
</tr>
<tr>
<td>1 point</td>
<td>Problem within the PSA is equal to or more <i>favorable</i> than the state benchmark</td>
<td>Inconsistent with SFHRP <i>strategies</i></td>
<td>Requires significant <i>resources;</i> service not currently in place</td>
<td>Unable or unlikely to <i>measurably</i> improve community health by addressing this need</td>
</tr>
</table>

Final Point Totals

Top 10 Identified Community Needs	Magnitude	Alignment with Mission, Key Strategies & Priorities	Resources Needed to Address the Issue	Hospital's Ability to Impact	TOTAL
1. Diabetes	25	15	5	5	**50**
2. Obesity	25	15	5	5	**50**
3. Heart Disease	25	25	15	5	**70**
4. Mental Health	15	23	23	12	**73**
5. Substance Abuse	15	23	13	5	**56**
6. Cost of Medications	15	5	5	5	30
7. Helping Patients Navigate Health Care System	10	7	12	8	37
8. Access to Healthy Foods; "Food Deserts"	7	5	5	5	22
9. Health Literacy	11	5	5	5	26
10. Chronic Disease Management	9	9	5	3	26

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