

St. Anthony Hospital

1000 North Lee | Oklahoma City, OK 73102



2016-2018

Community Health Needs Assessment



Table of Contents



Message to Our Community3

Executive Summary4

About SSM Health and St. Anthony Hospital5

About Our Community6

The Health of Our Community7

The Health Needs of Our Community8

- Priority #1: Mental Health.....9
- Priority #2: Diabetes.....10
- Priority #3: Heart Disease.....11

Going Forward12

Appendices13

- Additional Demographics14
- Healthy Communities Institute scorecard.....15 - 26
- IRS Form 990, Schedule H Requirements.....27 - 31
 - *The tax year the hospital last conducted a Community Health Needs Assessment*
 - *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*
 - *How the data was obtained*
 - *The health needs of the community*
 - *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons and minority groups*
 - *The process for identifying and prioritizing community health needs and services to meet the community health needs*
 - *Information gaps that limit the hospital facility’s ability to assess all of the community’s health needs*
 - *How the hospital took into account input from persons who represent the community, and identify the persons with whom the hospital consulted*
 - *Which needs the hospital will not address and the reasons*
 - *Other hospital facilities, participating in the hospital’s Community Health Needs Assessment process*
 - *How St. Anthony Hospital will make its needs assessment widely available to the public*



Message to Our Community



St. Anthony Hospital, a member of SSM Health, has delivered exceptional, compassionate care to Canadian, Cleveland, Oklahoma and Pottawatomie Counties and surrounding areas for many years. Inspired by our founding Franciscan Sisters of Mary and guided by our Mission – Through our exceptional health care services, we reveal the healing presence of God – we cherish the sacredness and dignity of each person as demonstrated through our Values of compassion, respect, excellence, stewardship and community.

Consistent with our Mission, we will provide these services in collaboration with our medical staff, employees, and organizations within our communities. We rely on these relationships to help us identify and develop plans in order to address high-priority population health needs. We are grateful for the opportunity to partner with local organizations in our efforts to improve the health of our communities.

Over the last 12 months, in collaboration with our community partners, St. Anthony Hospital conducted a Community Health Needs Assessment (CHNA) by gathering health-related information from Healthy Communities Institute (HCI) specific to Canadian, Cleveland, Oklahoma and Pottawatomie Counties and the surrounding areas. We have conducted community health surveys to identify concerns about the health of these communities, while assessing the number of area-based programs and organizations that exist to address the community's needs. The identified needs were prioritized based on the level of importance to community members and the hospital's ability to make a significant impact.

The priorities we will address over the next three years include:

- Mental health
- Diabetes
- Heart disease

During this time, St. Anthony Hospital will further develop its community partnerships and deliver an exceptional experience through high-quality, accessible and affordable care. Please visit our website at saintsok.com to learn more about how we will continue to make a difference in our community.

I welcome your thoughts on how we can create a healthier community together.

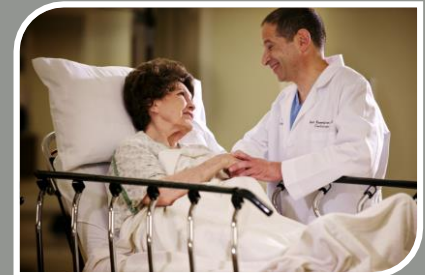
Sincerely,

A handwritten signature in black ink that reads "Tammy Powell".

Tammy Powell

President

St. Anthony Hospital



Contact us for more information or to take part in improving the health of our community by calling **405-272-6522** or visit our website at saintsok.com.

Background

St. Anthony Hospital is pleased to present the 2016 - 2018 (2016 Tax Year) Community Health Needs Assessment (CHNA). This CHNA report provides an overview of the health needs and priorities associated with our service area. The goal of this report is to provide persons with a deeper understanding of the health needs in their community, as well as help guide the hospital in its community benefit planning efforts and development of an implementation strategy to address evaluated needs. The SSM Health Care of Oklahoma Regional Board approved this CHNA on Nov. 11, 2015. St. Anthony Hospital last conducted a CHNA in 2012.

The Affordable Care Act (ACA) requires 501(c)(3), tax-exempt hospitals to conduct a CHNA every three tax years and adopt a strategic implementation plan for addressing identified needs.



Priorities

St. Anthony Hospital determined priorities for the 2016-2018 CHNA and strategic implementation plan:

- **Mental health:** Resources include Heartline 211, Oklahoma Department of Mental Health and Substance Abuse, National Alliance for Mental Illness, Oklahoma Psychiatric Hospital, Coalition of Advocates, Depression and Bipolar Alliance, primary care physicians and psychiatrists
- **Diabetes:** Resources include American Diabetes Association, primary care physicians, specialists and local churches
- **Heart disease:** Resources include American Heart Association, long-term care facilities, assisted living centers, skilled nursing facilities, acute care hospitals, cardiologists, primary care physicians, pharmacists, Southwestern State University and SSM Home Care

Goals

Mental Health

- Decrease the age-adjusted death rate per 100,000 persons due to suicide in the following counties:
 - Canadian: 17.9 in 2015 to 15.9 by 2018
 - Cleveland: 13 in 2015 to 11 by 2018
 - Oklahoma: 17.7 in 2015 to 15.7 by 2018
 - Pottawatomie: 22.4 in 2015 to 20.4 by 2018
- Decrease the percentage of readmissions with a mental health diagnosis at St. Anthony Hospital from 4.18% (Aug YTD) in 2015 to 3.18 % by 2018 (Epic)

Diabetes

- Decrease the age-adjusted death rate per 100,000 persons due to diabetes in the following counties:
 - Canadian: 28.3 in 2015 to 26.3 by 2018
 - Cleveland: 19.2 in 2015 to 17.2 by 2018
 - Oklahoma: 27.7 in 2015 to 25.7 by 2018
 - Pottawatomie: 31.6 in 2015 to 29.6 by 2018
- Reduce the average hemoglobin A1C level in St. Anthony' Hospital Physician's Organization by 1% between 2015 and 2018 (baseline measures in development)

Heart Disease

- Decrease the age-adjusted death rate per 100,000 persons due to coronary heart disease in the following counties:
 - Canadian: 119.7 in 2015 to 117.7 by 2018
 - Cleveland: 122.1 in 2015 to 120.1 by 2018
 - Oklahoma: 126.5 in 2015 to 124.5 by 2018
 - Pottawatomie: 161.1 in 2015 to 141.1 by 2018
- Reduce congestive heart failure (CHF) readmissions at St. Anthony Hospital from 19.94% (Jan.-Aug.) in 2015 to 15.3% by 2018

About SSM Health and St. Anthony Hospital



SSM Health

SSM Health is a Catholic, not-for-profit health system that has provided exceptional care to community members regardless of their ability to pay for more than 140 years. Guided by its Mission and Values, SSM Health is one of the largest integrated care delivery systems in the nation, serving the comprehensive health needs of communities across the Midwest.

SSM Health strives to provide a consistently exceptional experience through excellent service and high-quality, accessible and affordable care.

The SSM Health system spans four states, with care delivery sites in Illinois, Missouri, Oklahoma and Wisconsin. SSM Health includes 20 hospitals, more than 60 outpatient care sites, a pharmacy benefit company, an insurance company, two nursing homes, comprehensive home care and hospice services, a telehealth and technology company and two Accountable Care Organizations. With more than 31,000 employees, 1,100 employed physicians and 8,500 medical staff physicians, SSM Health is one of the largest employers in every community it serves.



Through our exceptional health care services, we reveal the healing presence of God.

St. Anthony Hospital

Highlight of services

St. Anthony Hospital offers a comprehensive array of acute inpatient services, along with an ambulatory network consisting of urgent care, primary care and specialist providers.

Highlights of our clinical programs include the Saints Heart and Vascular Institute, Frank C. Love Cancer Institute, behavioral medicine, critical care and emergency services, inpatient and outpatient surgery, rehabilitation, labor and delivery, newborn and pediatric services, endoscopy lab, dialysis, sleep center, diagnostic center, certified advanced stroke center, Saints First affiliates and SSM Health at Home.

Community benefit

In 2014, St. Anthony Hospital provided \$9.9 million in unreimbursed care and over \$6.7 in other community benefits for a total of \$16.6 million.

Additional affiliations and partnerships

St. Anthony Hospital has affiliations with 19 rural hospitals to expand inpatient and outpatient health care services. These partnerships are formed through alignment, service line development and systematic clinical integration.

2014

Hospital at a Glance

Admissions: 18,424

Outpatient Visits: 160,533

ER Visits: 105,820

Births: 1,260

Beds: 601

Employees: 3,305

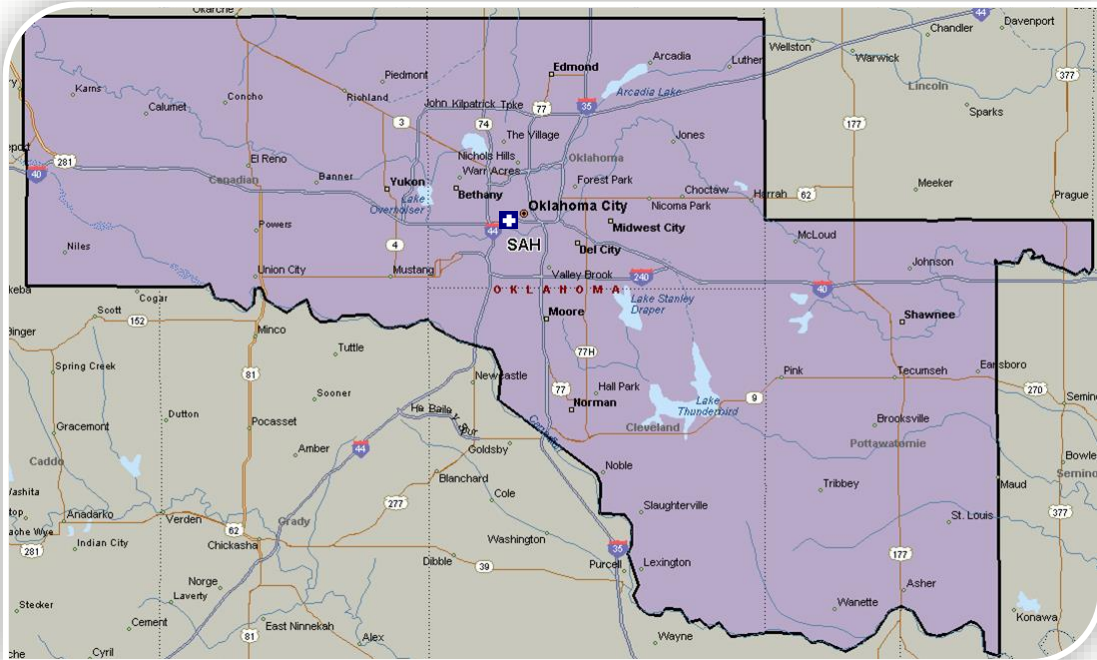
Medical Staff: 780+

Volunteers: 53

About our Community



St. Anthony Hospital is located in Oklahoma City, Oklahoma and defines its community as Canadian, Cleveland, Oklahoma and Pottawatomie Counties. In 2015, this service area had an estimated population of 1,264,987 people. The following pages of information include demographic and health indicator statistics specific to this community.



St. Anthony Hospital

Our community by the numbers

Race/Ethnicity



64.0% White/Non-Hispanic
 10.6% African American/Non-Hispanic
 13.1% Hispanic
 12.3% All Others

Education Levels

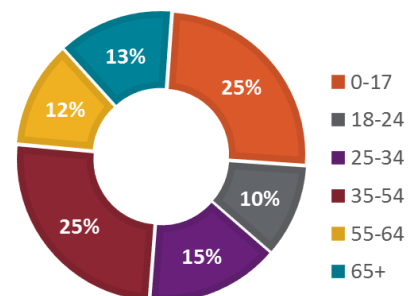


12.1% No High School Degree
 26.9% High School Degree
 32.1% Some College/Associates Degree
 28.9% Bachelor's Degree or Greater

Income Levels



Age Groups



About the data

The data was derived from a variety of sources including the Healthy Communities Institute (HCI) analytics platform. The HCI website includes the most up-to-date, publicly available data for approximately 140 community indicators from over 20 sources and covering 20 topics in the areas of population health, determinants of health and quality of life. Below is a statistical overview of both the strengths and weaknesses within the St. Anthony Hospital community that factored into discussions with local stakeholders regarding the priority health needs of the population within the identified service area.

Our community by the numbers

	<p>Mental Health</p> <p>Depression in Medicare population higher than state and/or national averages; Suicide death rate higher than national average across all hospital service area counties</p>		<p>Heart Disease</p> <p>Death rate due to coronary heart disease is greater than state and/or national averages across all hospital service area counties</p>
<p>Smoking</p> <p>30.8% of adults smoke in Pottawatomie County, which was higher than state average</p>		<p>Preventable Hospital Stays</p> <p>The number of preventable hospital stays for Medicare patients was generally better than state average</p>	
	<p>Poverty</p> <p>27.5% of children live below poverty level in Oklahoma County and 18.6% of people live below poverty level in Pottawatomie County</p>		<p>Diabetes</p> <p>Both the percentage of adults with diabetes and the age adjusted death rate due to diabetes in Pottawatomie County was higher than state average.</p>
<p>Cancer</p> <p>Incidence and/or death rates were generally higher than both state and national averages. Specific types of concern include prostate, cervical, breast, lung, colorectal and oral cancers</p>		<p>Exercise Opportunity</p> <p>Percentages higher across all hospital service area counties than state average</p>	
	<p>Obesity</p> <p>The percentage of obese adults was generally greater than state average</p>		<p>Drug Abuse</p> <p>Death rate from drug poisoning higher in Pottawatomie and Oklahoma Counties than state average</p>

Voice of the community

St. Anthony Hospital conducted a community perception survey including key stakeholders from the community. Health questionnaires were distributed to a random sample of 21 community leaders, of which 71.4% responded (see appendix, page 29). The questionnaire covered a wide range of topics from access to care, quality of life, chronic disease and lifestyle factors. The survey responses were tabulated, evaluated and analyzed for health and demographic trends. The full results were distributed and discussed by the St. Anthony Hospital leadership team.

Issues identified and discussed included lack of affordable health insurance, cost of care (including medications), poverty, financial assistance, dental care, health care access, provider shortage, physicians prescribing pain pills vs. addressing cause of pain, drug/substance abuse, mental health, depression in Medicare population, suicide, affordable healthy food, affordable exercise programs, affordable housing, access to grocery stores, lack of fresh foods, fast food density, nutrition education, chronic disease management education/support, outdoor exercise opportunity, domestic violence, social inequities, transportation limitations, smoking, asthma, breast cancer, cancer, sedentary (inactive) lifestyle, health literacy, lack of public health programs, heart disease, high blood pressure, high cholesterol, COPD, obesity, diabetes, migraine management, rheumatoid arthritis, anemia, bone density, allergies, endometriosis, back and nerve pain management, deep vein thrombosis, city planning (limit of sidewalks, green space and food sources), perinatal care, pregnancy prevention, lack of employer support for needed time off, carbon emission, political leadership not focused on issues that impact people's health and lack of personal accountability.

Key priorities



Mental Health

Mental health was a significant issue brought up in the feedback from our community and was verified by the data research.

Mental health disorders are the leading cause of disability in the US. An estimated 1 in 17 American adults have a seriously debilitating mental illness. Suicide is the 11th leading cause of death in the US with approximately 30,000 deaths reported annually.



Diabetes

Diabetes was confirmed by community feedback and data research to be a priority.

Diabetes is one of the leading causes of death in the US. According to the Centers for Disease Control and Prevention (CDC), more than 25 million people have diabetes, including both diagnosed and undiagnosed cases.



Heart Disease

Heart disease was a common concern within the community feedback and was verified by the data research.

According to the CDC, coronary heart disease is the most common type of heart disease, causing nearly 400,000 deaths per year and costing over \$100 billion in health services, medication and lost productivity.

Mental Health



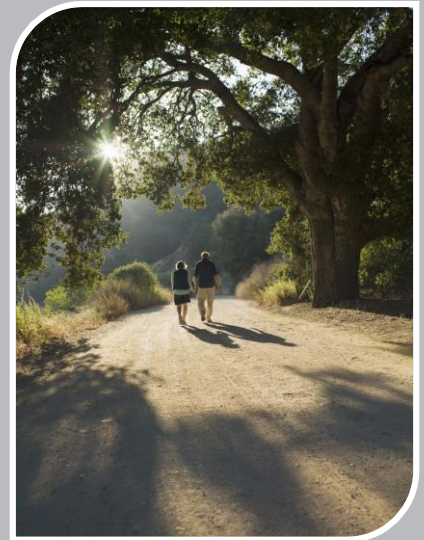
Priority
#1

The US Department of Health and Human Services defines mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.”

Adversely, mental illness is defined as “collectively all diagnosable mental disorders” or “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.”¹ Unfavorable health effects of mental illness are often caused and/or compounded with substance abuse. Mental health and substance abuse disorders are the leading cause of disability worldwide and about 800,000 people commit suicide every year.

One of the state’s largest behavioral health facilities, the St. Anthony Behavioral Medicine Center, exists to heal the patient mind, spirit and body. The behavioral medicine department treats adults, geriatric patients, as well as children through inpatient and outpatient services. St. Anthony Behavioral Medicine Center is licensed for 272 beds.

Mental health was selected as a priority because it was one of the greatest needs identified through the community health survey, as well as in the data from Healthy Communities Institute. Furthermore, St. Anthony Hospital believes it can make an impact on mental health in the community with the resources of St. Anthony Hospital behavioral medicine department.



Additional facts and figures

- According to the National Comorbidity Survey of Mental Health Disorders, people over the age of 60 have lower rates of depression than the general population - 10.7% in people over the age of 60, compared to 16.9% overall³
- Oklahoma County has 4.3 poor mental health days* and Pottawatomie County has 4.5 poor mental health days, both more than the state value of 4.2 poor mental health days¹
- The 2014 State of the State’s Health Report Card shows the following results** for Poor Mental Health days by county:
 - Canadian: 24% - grade C
 - Cleveland: 23% - grade C
 - Oklahoma: 25% - grade D
 - Pottawatomie: 26% - grade D

**Results show adults who reported 4+ days of poor mental health in the previous month²

For information about our behavioral medicine services, visit our website at saintsok.com.

Sources: ¹ Healthy Communities Institute. ² Oklahoma State of the State’s Health Report Card 2014. ³ National Comorbidity Survey of Mental Health Disorders

Diabetes is a leading cause of death in the US. This disease can have a harmful effect on most of the organ systems in the human body. It is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation and a leading cause of blindness among working-age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy and stroke.

Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the US population ages.

The St. Anthony Hospital Diabetes Education Program is designed to provide education to help individuals living with a diabetes diagnosis. The qualified educators on staff provide guidance to diabetic patients.

Diabetes was chosen as a priority for St. Anthony Hospital because it was identified as a serious health issue in the community health survey. Furthermore, it is believed the reduction of diabetes will have a secondary impact of improving the overall health of the community.

Additional facts and figures

- More than 25 million people have diabetes, including both diagnosed and undiagnosed cases ¹
- The direct medical expenditures attributable to diabetes are over \$116 billion ¹
- Diabetes was the 7th leading cause of death in Oklahoma in 2012. In 2014, the State of the State's Health Report Card shows that every county in St. Anthony's primary service area scored a C or below in diabetes with the exception of Cleveland County. Pottawatomie County scored the lowest grade, an F, while Canadian and Oklahoma Counties scored a C ²
- 13.9% of adults in Pottawatomie County have diabetes, compared to the state rate of 11.6% ³

Priority
#2



For information about our diabetes education program, visit our website at saintsok.com.

Sources: ¹ Centers for Disease Control and Prevention. ² Oklahoma State of the State's Health Report Card 2014.

³ Healthy Communities Institute

Heart Disease



Heart disease includes a range of conditions that affect the health of one's heart. There are a number of deficiencies within our community that correlate to poor heart health. Some of these lifestyle behaviors that increase the risk of heart disease include:

- Smoking
- Uncontrolled blood pressure
- High cholesterol levels
- Uncontrolled diabetes
- Stress and depression
- Unhealthy food choices
- Lack of exercise

In some cases, minorities and those living under financial distress are often segments of the population who are most affected by factors contributing to heart disease.

SSM Health and St. Anthony Hospital offer a wide scope of programs with the goal of creating healthy lifestyle behaviors and reducing the risk of heart disease in our communities.

Additional facts and figures

- Coronary heart disease is the most common type of heart disease, causing nearly 400,000 deaths per year and costing over \$100 billion overall in health services, medication and lost productivity ¹
- In 2010, Oklahoma had the third highest death rate for heart disease in the nation, and in 2012 heart disease accounted for 1 in 4 Oklahoma deaths ²
- Death rate due to coronary heart disease and hypertension in the Medicare population is higher in all four hospital service area counties compared to state and/or national averages ³
- The state of Oklahoma has a 16.2% rate of heart failure in the Medicare population compared to the national average of 14.6% ³

Priority
#3



For information about our heart and vascular services, visit our website at saintsok.com.

Sources: ¹ Centers for Disease Control and Prevention. ² Oklahoma State of the State's Health Report Card 2014.

³ Healthy Communities Institute

Achieving our Goals, Now and in the Future

SSM Health is committed to improving the health of our communities through collaborative efforts to address unmet needs.



SSM Health

St. Anthony Hospital is pleased to make this source of reliable, current community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement.

Please visit ssmhealth.com/system for more information.

Explore Data



FIND HEALTH DATA



FIND DEMOGRAPHIC DATA



FIND HEALTH DISPARITIES

Healthy People 2020 Progress Tracker

The Healthy People 2020 progress tracker provides a platform for measuring improvement of population health metrics associated with the US Healthy People 2020 objectives. The health objectives and 2020 goals allow communities to assess their health status through a comprehensive set of key disease indicators and create action plans relative to key priorities.

Indicator	Current and Target	Data	Since Prior Period	Status
Access to Health Services				
Adults with Health Insurance <small>MAP</small>	Current: 78.1 Target: 100.0 percent	78.1 100.0 Current Target	⬇️	⚠️ TARGET NOT MET
Children with Health Insurance <small>MAP</small>	Current: 93.4 Target: 100.0 percent	93.4 100.0 Current Target	⬇️	⚠️ TARGET NOT MET

Contact us to learn more at 405-272-6552.

St. Anthony Hospital

1000 North Lee | Oklahoma City, OK 73102



2016-2018

Appendices

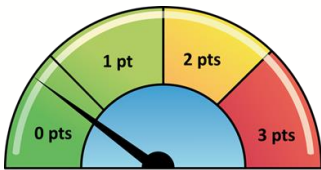


Additional demographic information

DEMOGRAPHIC CHARACTERISTICS										
		Selected Area		USA				2015	2020	% Change
2010 Total Population		1,170,908		308,745,538		Total Male Population		622,998	665,726	6.9%
2015 Total Population		1,264,987		319,459,991		Total Female Population		641,989	684,852	6.7%
2020 Total Population		1,350,578		330,689,365		Females, Child Bearing Age (15-44)		262,594	274,310	4.5%
% Change 2015 - 2020		6.8%		3.5%						
Average Household Income		\$68,557		\$74,165						
POPULATION DISTRIBUTION					HOUSEHOLD INCOME DISTRIBUTION					
Age Distribution					Income Distribution					
Age Group	2015	% of Total	2020	% of Total	USA 2015 % of Total	2015 Household Income	HH Count	% of Total	USA % of Total	
0-14	266,021	21.0%	280,732	20.8%	19.1%	<\$15K	63,763	12.9%	12.7%	
15-17	49,975	4.0%	56,273	4.2%	4.0%	\$15-25K	55,369	11.2%	10.8%	
18-24	130,037	10.3%	132,275	9.8%	9.9%	\$25-50K	127,570	25.8%	23.9%	
25-34	187,893	14.9%	184,237	13.6%	13.3%	\$50-75K	91,053	18.4%	17.8%	
35-54	319,286	25.2%	340,271	25.2%	26.3%	\$75-100K	58,859	11.9%	12.0%	
55-64	149,440	11.8%	158,892	11.8%	12.7%	Over \$100K	98,293	19.9%	22.8%	
65+	162,335	12.8%	197,898	14.7%	14.7%	Total	494,907	100.0%	100.0%	
Total	1,264,987	100.0%	1,350,578	100.0%	100.0%					
EDUCATION LEVEL					RACE/ETHNICITY					
Education Level Distribution					Race/Ethnicity Distribution					
2015 Adult Education Level	Pop Age 25+		USA		Race/Ethnicity	2015 Pop	USA			
Less than High School	38,508	4.7%	5.9%		White Non-Hispanic	809,445	64.0%	61.8%		
Some High School	60,531	7.4%	8.0%		Black Non-Hispanic	134,359	10.6%	12.3%		
High School Degree	219,980	26.9%	28.1%		Hispanic	166,219	13.1%	17.6%		
Some College/Assoc. Degree	263,065	32.1%	29.1%		Asian & Pacific Is. Non-Hispanic	41,003	3.2%	5.3%		
Bachelor's Degree or Greater	236,870	28.9%	28.9%		All Others	113,961	9.0%	3.1%		
Total	818,954	100.0%	100.0%		Total	1,264,987	100.0%	100.0%		

Source: Truven Health Analytics 2015

Healthy Communities Institute scorecard – Canadian County

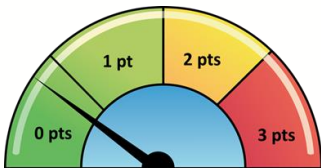


- St. Anthony Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement
- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at ssmhealth.com/system

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
2.78	Workers who Walk to Work	percent	0.7	1.8	2.8	3.1
2.67	Oral Cavity and Pharynx Cancer Incidence Rate	cases/100,000 population	14.2	12.7	11.2	
2.61	Prostate Cancer Incidence Rate	cases/100,000 males	163.8	142.7	142.3	
2.56	Workers Commuting by Public Transportation	percent	0.1	0.5	5	5.5
2.53	Age-Adjusted Death Rate due to Falls	deaths/100,000 population	13.5	12.1	8.3	7.2
2.44	Workers who Drive Alone to Work	percent	85.4	82.1	76.3	
2.42	Age-Adjusted Death Rate due to Suicide	deaths/100,000 population	17.9	17.8	12.5	10.2
2.28	Asthma: Medicare Population	percent	5.1	4.8	4.9	
2.25	Social Associations	membership associations/10,000 populat	7.2	11.8		
2.11	Colorectal Cancer Incidence Rate	cases/100,000 population	46.7	44.9	43.3	38.6
2.08	Drinking Water Violations	percent	43.3	22.6		
2.08	Student-to-Teacher Ratio	students/teacher	17.4	16.2		
2	All Cancer Incidence Rate	cases/100,000 population	479	461.1	459.8	
2	Lung and Bronchus Cancer Incidence Rate	cases/100,000 population	77	75.1	64.9	
2	Mean Travel Time to Work	minutes	23	21	25.5	
2	SNAP Certified Stores	stores/1,000 population	0.5			
1.94	Grocery Store Density	stores/1,000 population	0.1			
1.92	Adults who are Obese	percent	34.2	32.4		30.5
1.92	Non-Physician Primary Care Provider Rate	providers/100,000 population	37	60		
1.92	Solo Drivers with a Long Commute	percent	30.8	24.6		
1.89	Cancer: Medicare Population	percent	7.7	7	7.9	
1.86	Adults who Drink Excessively	percent	14.8	13.2		25.4
1.86	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/100,000 population	15.8	18.2	10.7	12.4
1.86	Annual Ozone Air Quality	(blank)	5			
1.83	Children with Low Access to a Grocery Store	percent	7.6			
1.75	Alcohol-Impaired Driving Deaths	percent	35.2	33		
1.75	Mammography Screening: Medicare Population	percent	57.3	55		
1.75	Primary Care Provider Rate	providers/100,000 population	42	64		
1.72	Violent Crime Rate	crimes/100,000 population	483.6	468.4		
1.67	Age-Adjusted Death Rate due to Diabetes	deaths/100,000 population	28.3	29.3	21.3	
1.67	Atrial Fibrillation: Medicare Population	percent	7	6.8	7.8	
1.67	Depression: Medicare Population	percent	15.6	17.9	15.4	
1.67	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	29.4	31.3	29	
1.64	Farmers Market Density	markets/1,000 population	0		0	
1.58	Dentist Rate	dentists/100,000 population	42	55		
1.58	Physical Environment Ranking	(blank)	53			
1.56	Babies with Low Birth Weight	percent	8.1		8	7.8
1.53	Poor Mental Health Days	days	3.8	4.2		
1.53	Poor Physical Health Days	days	3.9	4.3		
1.5	Fast Food Restaurant Density	restaurants/1,000 population	0.5			
1.5	Gonorrhea Incidence Rate	cases/100,000 population	76.7	139	106.1	
1.5	Low-Income and Low Access to a Grocery Store	percent	6.3			
1.5	People 65+ with Low Access to a Grocery Store	percent	3.1			
1.44	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/100,000 population	47.7	61	39.2	36.4

Source: Healthy Communities Institute

Healthy Communities Institute scorecard – Canadian County (continued)

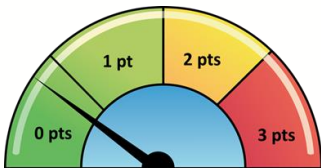


- St. Anthony Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement
- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at ssmhealth.com/system

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
1.39	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/100,000 population	119.7	149.8	105.7	103.4
1.39	Breast Cancer Incidence Rate	cases/100,000 females	118.3	120.4	122.7	
1.39	Recognized Carcinogens Released into Air	pounds	3094			
1.33	Hypertension: Medicare Population	percent	50.9	56.3	55.5	
1.31	Mothers who Received Early Prenatal Care	percent	75.1			77.9
1.28	Adults who are Sedentary	percent	29.4			32.6
1.28	Child Abuse Rate	cases/1,000 children	12.3	15		
1.28	High School Graduation	percent	84.6	77.8		82.4
1.25	Adults with Diabetes	percent	11.3	11.6		
1.25	Clinical Care Ranking	(blank)	4			
1.25	Health Behaviors Ranking	(blank)	12			
1.25	Morbidity Ranking	(blank)	12			
1.25	Mortality Ranking	(blank)	6			
1.25	Social and Economic Factors Ranking	(blank)	5			
1.22	Age-Adjusted Death Rate due to Chronic Lower Respiratory Disease	deaths/100,000 population	53.3	62.6	42.1	
1.22	Ischemic Heart Disease: Medicare Population	percent	30.3	31.6	28.6	
1.22	Syphilis Incidence Rate	cases/100,000 population	1.6	3.1	5.5	
1.19	Children with Health Insurance	percent	91.8	89.4		100
1.17	Age-Adjusted Death Rate due to Lung Cancer	deaths/100,000 population	52.8	60	48.4	45.5
1.17	Chlamydia Incidence Rate	cases/100,000 population	283.9	479.1	446.6	
1.17	Chronic Kidney Disease: Medicare Population	percent	12.7	14.2	15.5	
1.17	Infant Mortality Rate	deaths/1,000 live births	5.9		6	6
1.17	People 25+ with a Bachelor's Degree or Higher	percent	25.3	23.5	28.8	
1.14	Adults who Smoke	percent	20.9	24.1		12
1.14	Diabetic Screening: Medicare Population	percent	83.9	78		
1.11	COPD: Medicare Population	percent	11.6	13.4	11.3	
1.11	Diabetes: Medicare Population	percent	24.5	26.2	27	
1.11	Hyperlipidemia: Medicare Population	percent	37.1	39.3	44.8	
1.06	Adults with Health Insurance	percent	81.6	75.1	79.7	100
1.06	Life Expectancy for Females	years	80.1	78	80.8	
1.06	Life Expectancy for Males	years	75.8	73.2	76.1	
1.03	Self-Reported General Health Assessment: Poor or Fair	percent	12.8	18.7		
1	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/100,000 population	15.4	17.7	15.9	14.5
1	Households with No Car and Low Access to a Grocery Store	percent	0.9			
0.97	Mothers who Smoked During Pregnancy	percent	8.3	13.3	8.5	1.4
0.94	Liquor Store Density	stores/100,000 population	7.9	9.9	10.4	
0.92	Age-Adjusted Death Rate due to Breast Cancer	deaths/100,000 females	20.7	23.5	22.2	20.7
0.92	Death Rate due to Drug Poisoning	deaths/100,000 population	10.6	18.3		
0.92	Food Environment Index	(blank)	7.9	6.7		
0.92	Premature Death	years/100,000 population	7345.4	9121		
0.92	Severe Housing Problems	percent	10.3	14.2		
0.89	Alzheimer's Disease or Dementia: Medicare Population	percent	8.7	9.4	9.8	
0.86	Cervical Cancer Incidence Rate	cases/100,000 females	6.9	9.9	7.8	7.1
0.86	Persons with Disability Living in Poverty	percent	12.6	27.3	28.2	
0.86	Students Eligible for the Free Lunch Program	percent	31	51.1		
0.83	Child Food Insecurity Rate	percent	20.3	26	21.4	
0.81	Recreation and Fitness Facilities	facilities/1,000 population	0.1		0.1	
0.81	Teen Birth Rate	live births/1,000 females aged 15-19	25.9	42.9	26.5	
0.78	Age-Adjusted Death Rate due to Cancer	deaths/100,000 population	169.5	192.4	173.8	161.4

Source: Healthy Communities Institute

Healthy Communities Institute scorecard – Canadian County (continued)

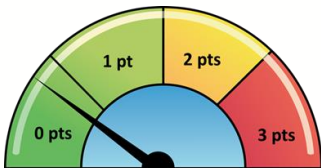


- St. Anthony Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement
- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at ssmhealth.com/system

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
0.75	Access to Exercise Opportunities	percent	81.4	71.8		
0.72	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	23.3	27.3	24	
0.72	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/100,000 population	37.9	45.4	37	34.8
0.72	Babies with Very Low Birth Weight	percent	0.9		1.4	1.4
0.72	Osteoporosis: Medicare Population	percent	4.9	5.5	6.4	
0.72	People 25+ with a High School Degree or Higher	percent	91.5	86.4	86	
0.72	Per Capita Income	dollars	27552	24208	28155	
0.67	Food Insecurity Rate	percent	12.6	17	15.8	
0.64	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/100,000 population	11	17.6	15.4	
0.64	Age-Adjusted Death Rate due to Kidney Disease	deaths/100,000 population	10.8	13.7	13.3	
0.61	Homeownership	percent	70.3	58	56.9	
0.61	Households without a Vehicle	percent	3.1	5.7	9.1	
0.61	Single-Parent Households	percent	24.9	33.9	33.3	
0.58	Preventable Hospital Stays	discharges/1,000 Medicare enrollees	59	71		
0.56	Households with Cash Public Assistance Income	percent	1.9	3.4	2.8	
0.56	Renters Spending 30% or More of Household Income on Rent	percent	38.3	47	52.3	
0.5	Heart Failure: Medicare Population	percent	13.5	16.2	14.6	
0.5	Stroke: Medicare Population	percent	3.3	3.7	3.8	
0.47	Age-Adjusted Death Rate due to Prostate Cancer	deaths/100,000 males	18.4	23.1	22.3	21.8
0.39	Houses Built Prior to 1950	percent	8.4	14.6	18.9	
0.39	Median Household Income	dollars	63629	45339	53046	
0.39	People 65+ Living Alone	percent	23.7	28.2	27	
0.39	People Living 200% Above Poverty Level	percent	77.3	61.2	65.8	
0.39	Unemployed Workers in Civilian Labor Force	percent	3	3.7	5.6	
0.39	Young Children Living Below Poverty Level	percent	10.5	27.3	24.7	
0.17	Children Living Below Poverty Level	percent	9.3	23.7	21.6	
0.17	Families Living Below Poverty Level	percent	5.1	12.6	11.3	
0.17	People 65+ Living Below Poverty Level	percent	4.6	9.5	9.4	
0.17	People Living Below Poverty Level	percent	7	16.9	15.4	

Source: Healthy Communities Institute

Healthy Communities Institute scorecard – Cleveland County

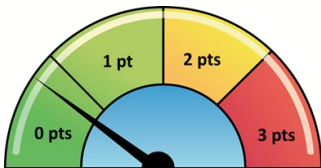


- St. Anthony Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement
- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at ssmhealth.com/system

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
2.83	Depression: Medicare Population	percent	20.5	17.9	15.4	
2.75	Age-Adjusted Death Rate due to Falls	deaths/100,000 population	15	12.1	8.3	7.2
2.67	Workers who Drive Alone to Work	percent	84	82.1	76.3	
2.5	Asthma: Medicare Population	percent	5.3	4.8	4.9	
2.36	Farmers Market Density	markets/1,000 population	0		0	
2.25	Cervical Cancer Incidence Rate	cases/100,000 females	10.4	9.9	7.8	7.1
2.25	Social Associations	membership associations/10,000 populat	8.2	11.8		
2.22	Stroke: Medicare Population	percent	4.1	3.7	3.8	
2.17	COPD: Medicare Population	percent	13.9	13.4	11.3	
2.17	Renters Spending 30% or More of Household Income on Rent	percent	50.5	47	52.3	
2.11	Workers who Walk to Work	percent	1.8	1.8	2.8	3.1
2.08	Student-to-Teacher Ratio	students/teacher	16.9	16.2		
2	Atrial Fibrillation: Medicare Population	percent	7.4	6.8	7.8	
2	Fast Food Restaurant Density	restaurants/1,000 population	0.8			
2	Grocery Store Density	stores/1,000 population	0.2			
2	Prostate Cancer Incidence Rate	cases/100,000 males	151.2	142.7	142.3	
1.94	Cancer: Medicare Population	percent	7.5	7	7.9	
1.92	Non-Physician Primary Care Provider Rate	providers/100,000 population	49	60		
1.92	Solo Drivers with a Long Commute	percent	30.3	24.6		
1.89	Lung and Bronchus Cancer Incidence Rate	cases/100,000 population	76.7	75.1	64.9	
1.89	SNAP Certified Stores	stores/1,000 population	0.6			
1.86	Adults who Drink Excessively	percent	15.7	13.2		25.4
1.86	Annual Ozone Air Quality	(blank)	5			
1.83	Mean Travel Time to Work	minutes	22.9	21	25.5	
1.75	Alcohol-Impaired Driving Deaths	percent	33.3	33		
1.72	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/100,000 population	42.9	45.4	37	34.8
1.72	All Cancer Incidence Rate	cases/100,000 population	474.4	461.1	459.8	
1.72	Breast Cancer Incidence Rate	cases/100,000 females	123.8	120.4	122.7	
1.67	Alzheimer's Disease or Dementia: Medicare Population	percent	9.7	9.4	9.8	
1.67	Ischemic Heart Disease: Medicare Population	percent	32	31.6	28.6	
1.61	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/100,000 population	50.3	61	39.2	36.4
1.61	Gonorrhea Incidence Rate	cases/100,000 population	101.6	139	106.1	
1.61	Hyperlipidemia: Medicare Population	percent	40.5	39.3	44.8	
1.61	Hypertension: Medicare Population	percent	55.6	56.3	55.5	
1.61	Osteoporosis: Medicare Population	percent	5.5	5.5	6.4	
1.61	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	31	31.3	29	
1.61	Violent Crime Rate	crimes/100,000 population	347	468.4		
1.58	Dentist Rate	dentists/100,000 population	42	55		
1.58	Drinking Water Violations	percent	21.6	22.6		
1.58	Physical Environment Ranking	(blank)	51			
1.58	Primary Care Provider Rate	providers/100,000 population	51	64		
1.56	Age-Adjusted Death Rate due to Chronic Lower Respiratory Disease	deaths/100,000 population	60.6	62.6	42.1	
1.56	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/100,000 population	17.1	17.7	15.9	14.5
1.56	Babies with Very Low Birth Weight	percent	1.4		1.4	1.4

Source: Healthy Communities Institute

Healthy Communities Institute scorecard – Cleveland County (continued)

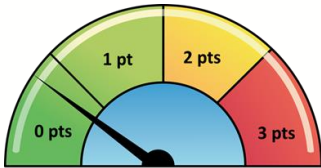


- St. Anthony Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement
- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at ssmhealth.com/system

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
1.56	Colorectal Cancer Incidence Rate	cases/100,000 population	45.1	44.9	43.3	38.6
1.56	Workers Commuting by Public Transportation	percent	0.5	0.5	5	5.5
1.53	Poor Mental Health Days	days	3.9	4.2		
1.5	Children with Low Access to a Grocery Store	percent	5.4			
1.44	Life Expectancy for Females	years	79.6	78	80.8	
1.44	Syphilis Incidence Rate	cases/100,000 population	1.5	3.1	5.5	
1.42	Age-Adjusted Death Rate due to Breast Cancer	deaths/100,000 females	22.2	23.5	22.2	20.7
1.42	Children with Health Insurance	percent	90.8	89.4		100
1.42	Severe Housing Problems	percent	13.4	14.2		
1.39	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/100,000 population	122.1	149.8	105.7	103.4
1.39	Age-Adjusted Death Rate due to Lung Cancer	deaths/100,000 population	54.3	60	48.4	45.5
1.39	High School Graduation	percent	81.5	77.8		82.4
1.39	Recognized Carcinogens Released into Air	pounds	1			
1.36	Mammography Screening: Medicare Population	percent	59.7	55		
1.33	Chlamydia Incidence Rate	cases/100,000 population	360.3	479.1	446.6	
1.33	Chronic Kidney Disease: Medicare Population	percent	13.1	14.2	15.5	
1.33	Diabetes: Medicare Population	percent	24.5	26.2	27	
1.31	Age-Adjusted Death Rate due to Suicide	deaths/100,000 population	13	17.8	12.5	10.2
1.28	Homeownership	percent	61.5	58	56.9	
1.25	Clinical Care Ranking	(blank)	7			
1.25	Death Rate due to Drug Poisoning	deaths/100,000 population	15.5	18.3		
1.25	Health Behaviors Ranking	(blank)	4			
1.25	Morbidity Ranking	(blank)	9			
1.25	Mortality Ranking	(blank)	2			
1.25	Self-Reported General Health Assessment: Poor or Fair	percent	14.4	18.7		
1.25	Social and Economic Factors Ranking	(blank)	10			
1.19	Mothers who Received Early Prenatal Care	percent	76.7			77.9
1.19	Poor Physical Health Days	days	3.7	4.3		
1.17	Babies with Low Birth Weight	percent	7.6		8	7.8
1.17	Food Insecurity Rate	percent	15.1	17	15.8	
1.17	Low-Income and Low Access to a Grocery Store	percent	5.9			
1.17	People 65+ with Low Access to a Grocery Store	percent	2			
1.17	Single-Parent Households	percent	28.1	33.9	33.3	
1.14	Adults who Smoke	percent	20.9	24.1		12
1.14	Diabetic Screening: Medicare Population	percent	83.3	78		
1.11	Child Abuse Rate	cases/1,000 children	9.2	15		
1.08	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/100,000 population	16.2	17.6	15.4	
1.08	Mothers who Smoked During Pregnancy	percent	11	13.3	8.5	1.4
1.08	Preventable Hospital Stays	discharges/1,000 Medicare enrollees	69	71		
1.06	Households with Cash Public Assistance Income	percent	2.6	3.4	2.8	
1.06	People 65+ Living Alone	percent	25.9	28.2	27	
1.03	Adults who are Obese	percent	29.9	32.4		30.5
1.03	Recreation and Fitness Facilities	facilities/1,000 population	0.1		0.1	
1.03	Students Eligible for the Free Lunch Program	percent	38.3	51.1		
1	Adults who are Sedentary	percent	25.4			32.6
1	Child Food Insecurity Rate	percent	21.6	26	21.4	
1	Households with No Car and Low Access to a Grocery Store	percent	1			
1	People Living 200% Above Poverty Level	percent	68.9	61.2	65.8	

Source: Healthy Communities Institute

Healthy Communities Institute scorecard – Cleveland County (continued)

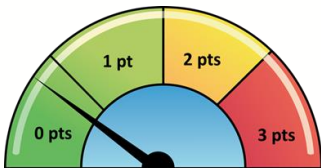


- St. Anthony Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement
- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at ssmhealth.com/system

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
0.94	Liquor Store Density	stores/100,000 population	8.2	9.9	10.4	
0.92	Adults with Diabetes	percent	10.2	11.6		
0.92	Food Environment Index	(blank)	7.4	6.7		
0.89	Oral Cavity and Pharynx Cancer Incidence Rate	cases/100,000 population	11.2	12.7	11.2	
0.83	Adults with Health Insurance	percent	80.8	75.1	79.7	100
0.83	Families Living Below Poverty Level	percent	8	12.6	11.3	
0.81	Premature Death	years/100,000 population	6454.5	9121		
0.78	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	21.2	27.3	24	
0.78	Age-Adjusted Death Rate due to Cancer	deaths/100,000 population	170.8	192.4	173.8	161.4
0.78	People Living Below Poverty Level	percent	12.9	16.9	15.4	
0.75	Access to Exercise Opportunities	percent	87.1	71.8		
0.72	Infant Mortality Rate	deaths/1,000 live births	5.4		6	6
0.72	People 25+ with a High School Degree or Higher	percent	90.9	86.4	86	
0.72	Per Capita Income	dollars	26920	24208	28155	
0.69	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/100,000 population	9.5	18.2	10.7	12.4
0.67	Life Expectancy for Males	years	76.2	73.2	76.1	
0.64	Teen Birth Rate	live births/1,000 females aged 15-19	20.3	42.9	26.5	
0.61	Children Living Below Poverty Level	percent	13.9	23.7	21.6	
0.61	People 65+ Living Below Poverty Level	percent	6.4	9.5	9.4	
0.61	Young Children Living Below Poverty Level	percent	15.2	27.3	24.7	
0.58	Age-Adjusted Death Rate due to Prostate Cancer	deaths/100,000 males	15.6	23.1	22.3	21.8
0.56	People 25+ with a Bachelor's Degree or Higher	percent	31.4	23.5	28.8	
0.5	Age-Adjusted Death Rate due to Diabetes	deaths/100,000 population	19.2	29.3	21.3	
0.5	Heart Failure: Medicare Population	percent	14.3	16.2	14.6	
0.42	Age-Adjusted Death Rate due to Kidney Disease	deaths/100,000 population	10.9	13.7	13.3	
0.42	Persons with Disability Living in Poverty	percent	20.7	27.3	28.2	
0.39	Households without a Vehicle	percent	3.4	5.7	9.1	
0.39	Houses Built Prior to 1950	percent	4.9	14.6	18.9	
0.33	Median Household Income	dollars	54989	45339	53046	
0.17	Unemployed Workers in Civilian Labor Force	percent	2.9	3.7	5.6	

Source: Healthy Communities Institute

Healthy Communities Institute scorecard – Oklahoma County

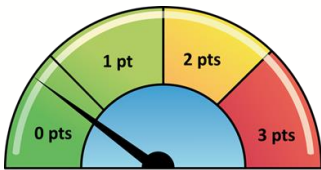


- St. Anthony Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement
- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at ssmhealth.com/system

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
2.83	Asthma: Medicare Population	percent	6	4.8	4.9	
2.83	Chlamydia Incidence Rate	cases/100,000 population	579.7	479.1	446.6	
2.83	Gonorrhea Incidence Rate	cases/100,000 population	251	139	106.1	
2.75	Age-Adjusted Death Rate due to Falls	deaths/100,000 population	15.7	12.1	8.3	7.2
2.61	Single-Parent Households	percent	38	33.9	33.3	
2.61	Syphilis Incidence Rate	cases/100,000 population	9.3	3.1	5.5	
2.5	Depression: Medicare Population	percent	17.9	17.9	15.4	
2.5	Families Living Below Poverty Level	percent	14.2	12.6	11.3	
2.5	Homeownership	percent	53.2	58	56.9	
2.39	Prostate Cancer Incidence Rate	cases/100,000 males	159.2	142.7	142.3	
2.33	People Living Below Poverty Level	percent	18.5	16.9	15.4	
2.28	Children Living Below Poverty Level	percent	27.5	23.7	21.6	
2.28	Young Children Living Below Poverty Level	percent	30.6	27.3	24.7	
2.25	Age-Adjusted Death Rate due to Suicide	deaths/100,000 population	17.7	17.8	12.5	10.2
2.25	Poor Mental Health Days	days	4.3	4.2		
2.25	Severe Housing Problems	percent	16.8	14.2		
2.22	People 65+ Living Alone	percent	30.9	28.2	27	
2.17	Chronic Kidney Disease: Medicare Population	percent	14.9	14.2	15.5	
2.11	Cancer: Medicare Population	percent	7.8	7	7.9	
2.08	Student-to-Teacher Ratio	students/teacher	17.5	16.2		
2.06	Adults with Health Insurance	percent	73.5	75.1	79.7	100
2.06	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/100,000 population	46.9	45.4	37	34.8
2.06	Workers who Walk to Work	percent	1.7	1.8	2.8	3.1
2.03	Cervical Cancer Incidence Rate	cases/100,000 females	9.4	9.9	7.8	7.1
2.03	Children with Health Insurance	percent	89.1	89.4		100
2	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/100,000 population	59.8	61	39.2	36.4
2	Fast Food Restaurant Density	restaurants/1,000 population	0.9			
2	Food Insecurity Rate	percent	17.3	17	15.8	
2	High School Graduation	percent	72.1	77.8		82.4
2	People Living 200% Above Poverty Level	percent	60.3	61.2	65.8	
1.94	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	27.5	27.3	24	
1.94	Households without a Vehicle	percent	6.9	5.7	9.1	
1.94	Renters Spending 30% or More of Household Income on Rent	percent	50.7	47	52.3	
1.94	Workers who Drive Alone to Work	percent	82.3	82.1	76.3	
1.92	Age-Adjusted Death Rate due to Prostate Cancer	deaths/100,000 males	23.5	23.1	22.3	21.8
1.92	Death Rate due to Drug Poisoning	deaths/100,000 population	18.9	18.3		
1.92	Food Environment Index	(blank)	6.4	6.7		
1.92	Poor Physical Health Days	days	4.2	4.3		
1.92	Social Associations	membership associations/10,000 populat	11.1	11.8		
1.89	Babies with Very Low Birth Weight	percent	1.6		1.4	1.4
1.89	Households with Cash Public Assistance Income	percent	3.4	3.4	2.8	
1.89	Infant Mortality Rate	deaths/1,000 live births	7.6		6	6
1.89	Liquor Store Density	stores/100,000 population	11.4	9.9	10.4	
1.89	Violent Crime Rate	crimes/100,000 population	695.4	468.4		

Source: Healthy Communities Institute

Healthy Communities Institute scorecard – Oklahoma County (continued)

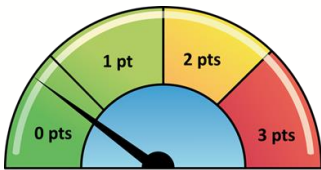


- St. Anthony Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement
- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at ssmhealth.com/system

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
1.81	Age-Adjusted Death Rate due to Breast Cancer	deaths/100,000 females	24.2	23.5	22.2	20.7
1.81	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/100,000 population	13.6	18.2	10.7	12.4
1.75	Annual Ozone Air Quality	(blank)	5			
1.75	Teen Birth Rate	live births/1,000 females aged 15-19	51.8	42.9	26.5	
1.72	Age-Adjusted Death Rate due to HIV	deaths/100,000 population	2.8	1.5	2.2	3.3
1.72	Alzheimer's Disease or Dementia: Medicare Population	percent	9.8	9.4	9.8	
1.69	Self-Reported General Health Assessment: Poor or Fair	percent	18.8	18.7		
1.67	Breast Cancer Incidence Rate	cases/100,000 females	126.8	120.4	122.7	
1.67	Child Food Insecurity Rate	percent	24.6	26	21.4	
1.67	Children with Low Access to a Grocery Store	percent	6.7			
1.67	Hyperlipidemia: Medicare Population	percent	39.6	39.3	44.8	
1.67	Ischemic Heart Disease: Medicare Population	percent	32.4	31.6	28.6	
1.67	Life Expectancy for Females	years	78.1	78	80.8	
1.67	Low-Income and Low Access to a Grocery Store	percent	9.1			
1.67	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	29.5	31.3	29	
1.64	Farmers Market Density	markets/1,000 population	0		0	
1.64	Mothers who Received Early Prenatal Care	percent	68.2			77.9
1.64	Students Eligible for the Free Lunch Program	percent	54	51.1		
1.61	Babies with Low Birth Weight	percent	8.2		8	7.8
1.61	PBT Released	pounds	4227			
1.61	SNAP Certified Stores	stores/1,000 population	0.9			
1.58	Alcohol-Impaired Driving Deaths	percent	31.5	33		
1.58	Annual Particle Pollution	(blank)	1			
1.58	Mammography Screening: Medicare Population	percent	58	55		
1.58	Morbidity Ranking	(blank)	52			
1.58	Social and Economic Factors Ranking	(blank)	48			
1.56	Age-Adjusted Death Rate due to Cancer	deaths/100,000 population	186.2	192.4	173.8	161.4
1.56	Age-Adjusted Death Rate due to Diabetes	deaths/100,000 population	27.7	29.3	21.3	
1.56	People 25+ with a High School Degree or Higher	percent	85.8	86.4	86	
1.5	Adults who are Overweight or Obese	percent	65.4	67.8	63.4	
1.5	Age-Adjusted Death Rate due to Lung Cancer	deaths/100,000 population	56.4	60	48.4	45.5
1.5	Diabetes: Medicare Population	percent	25.3	26.2	27	
1.5	People 65+ Living Below Poverty Level	percent	8.6	9.5	9.4	
1.5	People 65+ with Low Access to a Grocery Store	percent	3.1			
1.47	Premature Death	years/100,000 population	9175	9121		
1.44	Atrial Fibrillation: Medicare Population	percent	7	6.8	7.8	
1.44	Child Abuse Rate	cases/1,000 children	14.6	15		
1.44	Grocery Store Density	stores/1,000 population	0.3			
1.44	Workers Commuting by Public Transportation	percent	0.6	0.5	5	5.5
1.42	Adults who Drink Excessively	percent	15.1	13.2		25.4
1.42	Health Behaviors Ranking	(blank)	25			
1.42	Mortality Ranking	(blank)	25			
1.42	Physical Environment Ranking	(blank)	38			
1.39	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/100,000 population	126.5	149.8	105.7	103.4
1.39	All Cancer Incidence Rate	cases/100,000 population	459.7	461.1	459.8	
1.39	Life Expectancy for Males	years	73.3	73.2	76.1	
1.39	Recognized Carcinogens Released into Air	pounds	26803			
1.33	Age-Adjusted Death Rate due to Chronic Lower Respiratory Disease	deaths/100,000 population	62.2	62.6	42.1	
1.33	COPD: Medicare Population	percent	11.7	13.4	11.3	

Source: Healthy Communities Institute

Healthy Communities Institute scorecard – Oklahoma County (continued)

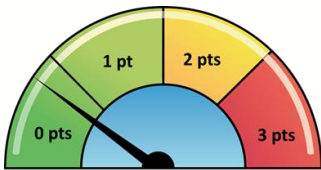


- St. Anthony Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement
- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at ssmhealth.com/system

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
1.33	Lung and Bronchus Cancer Incidence Rate	cases/100,000 population	71.5	75.1	64.9	
1.33	Median Household Income	dollars	45215	45339	53046	
1.33	Stroke: Medicare Population	percent	3.7	3.7	3.8	
1.28	Hypertension: Medicare Population	percent	55.4	56.3	55.5	
1.25	Adults who Smoke	percent	23.5	24.1		12
1.25	Clinical Care Ranking	(blank)	5			
1.17	Adults who are Sedentary	percent	28.8			32.6
1.17	Osteoporosis: Medicare Population	percent	5.5	5.5	6.4	
1.14	Age-Adjusted Death Rate due to Kidney Disease	deaths/100,000 population	12.9	13.7	13.3	
1.14	Diabetic Screening: Medicare Population	percent	83.2	78		
1.14	Persons with Disability Living in Poverty	percent	26.4	27.3	28.2	
1.11	Mean Travel Time to Work	minutes	20.2	21	25.5	
1.03	Adults who are Obese	percent	30.1	32.4		30.5
1.03	Recreation and Fitness Facilities	facilities/1,000 population	0.1		0.1	
1	Households with No Car and Low Access to a Grocery Store	percent	1.4			
0.92	Adults with Diabetes	percent	10.4	11.6		
0.92	Drinking Water Violations	percent	0.7	22.6		
0.89	Colorectal Cancer Incidence Rate	cases/100,000 population	42.1	44.9	43.3	38.6
0.89	Oral Cavity and Pharynx Cancer Incidence Rate	cases/100,000 population	11	12.7	11.2	
0.83	Houses Built Prior to 1950	percent	15	14.6	18.9	
0.75	Access to Exercise Opportunities	percent	92.7	71.8		
0.75	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/100,000 population	14.3	17.6	15.4	
0.75	Dentist Rate	dentists/100,000 population	93	55		
0.75	Mothers who Smoked During Pregnancy	percent	8.3	13.3	8.5	1.4
0.75	Non-Physician Primary Care Provider Rate	providers/100,000 population	97	60		
0.75	Primary Care Provider Rate	providers/100,000 population	86	64		
0.75	Solo Drivers with a Long Commute	percent	20.4	24.6		
0.67	Per Capita Income	dollars	26561	24208	28155	
0.58	Preventable Hospital Stays	discharges/1,000 Medicare enrollees	55	71		
0.56	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/100,000 population	15.6	17.7	15.9	14.5
0.5	Heart Failure: Medicare Population	percent	14.4	16.2	14.6	
0.5	Unemployed Workers in Civilian Labor Force	percent	3.4	3.7	5.6	
0.33	People 25+ with a Bachelor's Degree or Higher	percent	29.6	23.5	28.8	

Source: Healthy Communities Institute

Healthy Communities Institute scorecard – Pottawatomie County

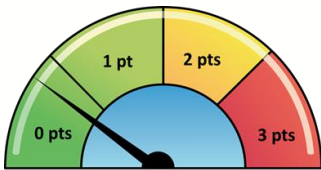


- St. Anthony Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement
- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at ssmhealth.com/system

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
2.83	Asthma: Medicare Population	percent	5.5	4.8	4.9	
2.75	Age-Adjusted Death Rate due to Suicide	deaths/100,000 population	22.4	17.8	12.5	10.2
2.67	Depression: Medicare Population	percent	18.9	17.9	15.4	
2.53	Adults who Smoke	percent	30.8	24.1		12
2.53	Age-Adjusted Death Rate due to Breast Cancer	deaths/100,000 females	27.3	23.5	22.2	20.7
2.5	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/100,000 population	161.1	149.8	105.7	103.4
2.5	Children Living Below Poverty Level	percent	27.1	23.7	21.6	
2.5	COPD: Medicare Population	percent	14.4	13.4	11.3	
2.5	Families Living Below Poverty Level	percent	14.2	12.6	11.3	
2.5	People Living Below Poverty Level	percent	18.6	16.9	15.4	
2.5	Prostate Cancer Incidence Rate	cases/100,000 males	172.4	142.7	142.3	
2.5	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	33.1	31.3	29	
2.5	Workers who Drive Alone to Work	percent	83.9	82.1	76.3	
2.44	Chlamydia Incidence Rate	cases/100,000 population	530	479.1	446.6	
2.42	Adults who are Obese	percent	36.4	32.4		30.5
2.42	Age-Adjusted Death Rate due to Prostate Cancer	deaths/100,000 males	27.9	23.1	22.3	21.8
2.42	Cervical Cancer Incidence Rate	cases/100,000 females	13.3	9.9	7.8	7.1
2.42	Premature Death	years/100,000 population	10866.3	9121		
2.39	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/100,000 population	21.3	17.7	15.9	14.5
2.36	Poor Physical Health Days	days	5.3	4.3		
2.33	Gonorrhea Incidence Rate	cases/100,000 population	141.3	139	106.1	
2.33	Hyperlipidemia: Medicare Population	percent	43.5	39.3	44.8	
2.33	Workers Commuting by Public Transportation	percent	0.2	0.5	5	5.5
2.28	Breast Cancer Incidence Rate	cases/100,000 females	130.3	120.4	122.7	
2.25	Adults with Diabetes	percent	13.9	11.6		
2.25	Age-Adjusted Death Rate due to Falls	deaths/100,000 population	12.8	12.1	8.3	7.2
2.25	Death Rate due to Drug Poisoning	deaths/100,000 population	22.3	18.3		
2.25	Mothers who Smoked During Pregnancy	percent	19.9	13.3	8.5	1.4
2.17	Chronic Kidney Disease: Medicare Population	percent	14.7	14.2	15.5	
2.17	Diabetes: Medicare Population	percent	27.3	26.2	27	
2.17	Hypertension: Medicare Population	percent	58.6	56.3	55.5	
2.11	Age-Adjusted Death Rate due to Diabetes	deaths/100,000 population	31.6	29.3	21.3	
2.11	Grocery Store Density	stores/1,000 population	0.1			
2.11	Workers who Walk to Work	percent	1.9	1.8	2.8	3.1
2.08	Adults who Drink Excessively	percent	15.5	13.2		25.4
2.08	Teen Birth Rate	live births/1,000 females aged 15-19	49.9	42.9	26.5	
2.06	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/100,000 population	32.9	27.3	24	
2.06	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/100,000 population	61.6	61	39.2	36.4
2.06	Per Capita Income	dollars	20937	24208	28155	
2.03	Poor Mental Health Days	days	4.5	4.2		
2	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	deaths/100,000 population	73.7	62.6	42.1	
2	Child Food Insecurity Rate	percent	26.8	26	21.4	
2	Fast Food Restaurant Density	restaurants/1,000 population	1.1			
2	Life Expectancy for Males	years	72	73.2	76.1	

Source: Healthy Communities Institute

Healthy Communities Institute scorecard – Pottawatomie County (continued)

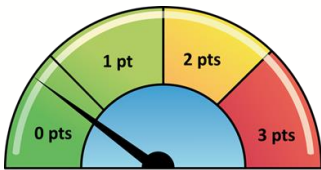


- St. Anthony Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement
- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at ssmhealth.com/system

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
1.94	Age-Adjusted Death Rate due to Cancer	deaths/100,000 population	191.3	192.4	173.8	161.4
1.94	Single-Parent Households	percent	35.4	33.9	33.3	
1.92	Primary Care Provider Rate	providers/100,000 population	40	64		
1.92	Solo Drivers with a Long Commute	percent	29.9	24.6		
1.89	Households with Cash Public Assistance Income	percent	3.4	3.4	2.8	
1.89	Lung and Bronchus Cancer Incidence Rate	cases/100,000 population	77.2	75.1	64.9	
1.89	People 25+ with a Bachelor's Degree or Higher	percent	17.6	23.5	28.8	
1.89	People 65+ Living Below Poverty Level	percent	10.6	9.5	9.4	
1.86	Recreation and Fitness Facilities	facilities/1,000 population	0		0.1	
1.83	Households with No Car and Low Access to a Grocery Store	percent	3.2			
1.81	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/100,000 population	17.6	18.2	10.7	12.4
1.78	People Living 200% Above Poverty Level	percent	59.6	61.2	65.8	
1.75	Age-Adjusted Death Rate due to Kidney Disease	deaths/100,000 population	14.7	13.7	13.3	
1.75	Health Behaviors Ranking	(blank)	72			
1.75	Mothers who Received Early Prenatal Care	percent	65.8			77.9
1.75	Persons with Disability Living in Poverty	percent	29.8	27.3	28.2	
1.75	Social Associations	membership associations/10,000 populat	11.7	11.8		
1.72	Age-Adjusted Death Rate due to Lung Cancer	deaths/100,000 population	59.8	60	48.4	45.5
1.72	Infant Mortality Rate	deaths/1,000 live births	6.9		6	6
1.72	Mean Travel Time to Work	minutes	23.2	21	25.5	
1.72	Renters Spending 30% or More of Household Income on Rent	percent	48.7	47	52.3	
1.72	Stroke: Medicare Population	percent	3.9	3.7	3.8	
1.72	Violent Crime Rate	crimes/100,000 population	473.5	468.4		
1.69	Diabetic Screening: Medicare Population	percent	78.6	78		
1.69	Self-Reported General Health Assessment: Poor or Fair	percent	19.4	18.7		
1.69	Students Eligible for the Free Lunch Program	percent	53.1	51.1		
1.67	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/100,000 population	46.6	45.4	37	34.8
1.67	Alzheimer's Disease or Dementia: Medicare Population	percent	9.4	9.4	9.8	
1.67	Food Insecurity Rate	percent	16.6	17	15.8	
1.67	Life Expectancy for Females	years	77.3	78	80.8	
1.61	Recognized Carcinogens Released into Air	pounds	12			
1.58	Mammography Screening: Medicare Population	percent	57.7	55		
1.58	Mortality Ranking	(blank)	53			
1.58	Non-Physician Primary Care Provider Rate	providers/100,000 population	53	60		
1.58	Physical Environment Ranking	(blank)	43			
1.58	Social and Economic Factors Ranking	(blank)	45			
1.58	Student-to-Teacher Ratio	students/teacher	15.5	16.2		
1.56	Adults with Health Insurance	percent	76	75.1	79.7	100
1.56	High School Graduation	percent	78.1	77.8		82.4
1.5	All Cancer Incidence Rate	cases/100,000 population	467.8	461.1	459.8	
1.5	Children with Low Access to a Grocery Store	percent	4.5			
1.5	Low-Income and Low Access to a Grocery Store	percent	8.3			
1.5	Median Household Income	dollars	42764	45339	53046	
1.5	People 65+ Living Alone	percent	25.7	28.2	27	
1.44	Young Children Living Below Poverty Level	percent	26.3	27.3	24.7	
1.42	Clinical Care Ranking	(blank)	20			
1.42	Dentist Rate	dentists/100,000 population	49	55		
1.42	Drinking Water Violations	percent	12.1	22.6		
1.42	Food Environment Index	(blank)	6.9	6.7		

Source: Healthy Communities Institute

Healthy Communities Institute scorecard – Pottawatomie County (continued)



- St. Anthony Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement
- Indicators below are pre-sorted in order of decreasing severity
- Indicator HCI score correlates with severity gauge pictured
- Updated data can be found online at ssmhealth.com/system

HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
1.42	Morbidity Ranking	(blank)	37			
1.42	Severe Housing Problems	percent	12.9	14.2		
1.39	Colorectal Cancer Incidence Rate	cases/100,000 population	43.5	44.9	43.3	38.6
1.39	Households without a Vehicle	percent	5.9	5.7	9.1	
1.39	PBT Released	pounds	63			
1.33	Cancer: Medicare Population	percent	7	7	7.9	
1.31	Children with Health Insurance	percent	90.9	89.4		100
1.31	Farmers Market Density	markets/1,000 population	0		0	
1.28	Adults who are Sedentary	percent	29.9			32.6
1.22	Heart Failure: Medicare Population	percent	14.6	16.2	14.6	
1.22	SNAP Certified Stores	stores/1,000 population	1			
1.22	Syphilis Incidence Rate	cases/100,000 population	0	3.1	5.5	
1.17	Child Abuse Rate	cases/1,000 children	12.3	15		
1.17	Ischemic Heart Disease: Medicare Population	percent	31.3	31.6	28.6	
1.17	People 65+ with Low Access to a Grocery Store	percent	2.4			
1.08	Access to Exercise Opportunities	percent	73.1	71.8		
1.08	Alcohol-Impaired Driving Deaths	percent	29.6	33		
1.06	Houses Built Prior to 1950	percent	15.2	14.6	18.9	
1.06	Unemployed Workers in Civilian Labor Force	percent	3.8	3.7	5.6	
1	People 25+ with a High School Degree or Higher	percent	86.1	86.4	86	
0.97	Preventable Hospital Stays	discharges/1,000 Medicare enrollees	65	71		
0.94	Homeownership	percent	63.1	58	56.9	
0.89	Babies with Very Low Birth Weight	percent	1.1		1.4	1.4
0.72	Babies with Low Birth Weight	percent	5.8		8	7.8
0.61	Atrial Fibrillation: Medicare Population	percent	5.8	6.8	7.8	
0.56	Liquor Store Density	stores/100,000 population	7	9.9	10.4	
0.5	Osteoporosis: Medicare Population	percent	4.5	5.5	6.4	
0.42	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/100,000 population	12.8	17.6	15.4	
0.39	Oral Cavity and Pharynx Cancer Incidence Rate	cases/100,000 population	9	12.7	11.2	

Source: Healthy Communities Institute

The tax year the hospital last conducted a needs assessment

St. Anthony Hospital last conducted a CHNA in 2012.

Existing health care facilities and resources within the community that are available to respond to the health needs of the community

St. Anthony Hospital determined priorities for the 2016-2018 CHNA and strategic implementation plan:

- Mental health: Resources include Heartline 211, Oklahoma Department of Mental Health and Substance Abuse, National Alliance for Mental Illness, Oklahoma Psychiatric Hospital, Coalition of Advocates, Depression and Bipolar Alliance, primary care physicians and psychiatrists
- Diabetes: Resources include American Diabetes Association, primary care physicians, specialists and local churches
- Heart disease: Resources include American Heart Association, Long-term care facilities, assisted livings, skilled nursing facilities, long-term acute care hospitals, cardiologists, primary care physicians, pharmacists, Southwestern State University and SSM Home Care

How the data was obtained

St. Anthony Hospital conducted a community perception survey including key stakeholders within Canadian, Cleveland, Oklahoma and Pottawatomie Counties. The survey was conducted over a one-month period. St. Anthony Hospital distributed health questionnaires to a random sample of 21 community leaders. The fifty-question survey covered a wide range of topics from access to care, quality of life, chronic disease and lifestyle factors. The response rate was 71.4%. Once the survey responses were tabulated, the survey results were evaluated and analyzed for health and demographic trends. The full results were distributed and discussed by the St. Anthony Hospital leadership team.

Additional data were derived from a variety of sources including Healthy Communities Institute (HCI). The website platform includes the most up-to-date publicly available data for approximately 140 community indicators from over 20 sources and covering 20 topics in the areas of health, determinants of health and quality of life. Other demographic and health impact factors were collected through SSM Health's data analytics platforms.

The health needs of the community

Please see "The Health of Our Community" and "The Health Needs of Our Community" sections for analysis of health indicators specific to the health of our community and the identified priorities to be addressed going forward.

Primary and chronic disease needs and other health issues of uninsured persons, low-income persons and minority groups

To be maximally effective, health programs must meet a tangible need of the community. They must be presented to and accessible by the very people who need them most. The previous study of demographics, community health indicators and community feedback is necessary to assist the hospital in the planning, development, implementation and evaluation of population health programs in order to reduce disease burden within the community. St. Anthony Hospital acknowledges the populations for which disparities exist and the unique burdens associated with their demographic status.

It is SSM Health's Vision that through our participation in the healing ministry of Jesus Christ, communities, especially those that are economically, physically and socially marginalized, will experience improved health in mind, body, spirit and environment within the financial limits of the system.

The process for identifying and prioritizing community health needs and services to meet the community health needs

Prior to review of the data, a list of criteria was developed to aid in the selection of priority needs. During the data review process, attention was directed to health issues that met any of these criteria:

- Health issues that impact a significant portion of the population, or for which disparities exist, and which put a greater burden on some population groups
- Poor rankings for health issues within the service area as compared to other counties, state average, national average or Healthy People 2020 national health goals
- Health issues for which trends are worsening

The St. Anthony Hospital CHNA team also considered indicators that relate to problems the Centers for Disease Control and Prevention and other state agencies have identified through their own assessments.

In addition, the St. Anthony Hospital team examined "social determinants of health," or factors in the community that can either contribute to poor health outcomes or, conversely, support a healthy community. This data is available on our website ssmhealth.com/system and in the County Health Rankings Report.

Information gaps that limit the hospital facility's ability to assess all of the community's health needs

Please note that insights provided by key community informants are opinions about their observations of the community health needs of Canadian, Cleveland, Oklahoma and Pottawatomie County residents.

St. Anthony Hospital observes that, while some health status indicators for Canadian, Cleveland, Oklahoma and Pottawatomie Counties are better than average, they may still represent problems that are highly prevalent, place a heavy burden on our population, and might be worsening or fall short of benchmarks. In addition, aggregate health data for the entire population often masks the unfair, heavy burden on some population groups.

Persons representing the community with whom the hospital consulted

St. Anthony Hospital benefited from input derived through consultation of numerous community leaders representing diverse constituencies. The leaders associated with primary data collection are listed with their affiliations below. Additionally, St. Anthony Hospital benefited from guidance and input from individuals with expertise in public/population health.

Date	Solicitation Type	Panel Member Title	Panel Member Organization
21-Jul	Survey	Executive Director	Health Alliance for the Uninsured
21-Jul	Survey	Director of Informatics	Health Alliance for the Uninsured
21-Jul	Survey	Executive Director	Oklahoma City Community Foundation
21-Jul	Survey	Program Admin, Epidemiology Services Program	Oklahoma City-County Health Department
21-Jul	Survey	Deputy Director Community Services	Oklahoma City-County Health Department
21-Jul	Survey	Director	Oklahoma County Social Services
21-Jul	Survey	Director	Oklahoma DHS, Aging Division
21-Jul	Survey	Chief of Community Development Services	Oklahoma State Department of Health
21-Jul	Survey	Director for Health Care Policy	Oklahoma State Medical Association
21-Jul	Survey	Former Patient	St. Anthony Hospital Oncology Patient Advisory Council
21-Jul	Survey	Former Patient	St. Anthony Hospital Oncology Patient Advisory Council
21-Jul	Survey	Former Patient	St. Anthony Hospital Oncology Patient Advisory Council
21-Jul	Survey	Former Patient	St. Anthony Hospital Oncology Patient Advisory Council
21-Jul	Survey	Assistant to Executive Director - forwarding survey	Cleveland County Health Department
21-Jul	Survey	President and CEO	United Way of Central Oklahoma
21-Jul	Survey	Director of Research, Convening and Advocacy	United Way of Central Oklahoma
21-Jul	Survey	Physician	Variety Care
21-Jul	Survey	COO/President OPHA	Shadow Mountain Behavioral Health System/President of Oklahoma Psychiatric Hospital Association
21-Jul	Survey	Program Manager/Attendee	Garrett Lee Smith Youth Suicide Prevention Grant/Oklahoma State Suicide Prevention Council
21-Jul	Survey	Deputy Commissioner	Communications & Prevention Oklahoma Department of Mental Health & Substance Abuse Services
21-Aug	Survey	CFO/COO	Mark 5 Care Group

Needs the hospital will not address and the reasons why

Because St. Anthony Hospital has limited resources, not every health indicator which has an identified need for improvement will be directly addressed. Those community needs identified, but not “prioritized” for improvement included the following:

- Lack of affordable health insurance, cost of care (including medications), poverty, financial assistance: St. Anthony Hospital attempts to alleviate these economic constraints on a regular basis through the provision of charity care and the St. Anthony Foundation programs.
- Lack of public health programs, city planning (limit of sidewalks, green space and food sources), affordable housing, lack of employer support for needed time off, political leadership not focused on issues that impact people’s health, lack of personal accountability, transportation limitations and carbon emissions: St. Anthony Hospital is not prepared to address these needs, and relies on government and city programs to address and improve these issues.
- Health care access and health literacy: St. Anthony Hospital is currently addressing health care access through St. Anthony Healthplexes and St. Anthony North. The physician offices and emergency rooms at the healthplexes, as well as urgent care at St. Anthony North, allow for increased access to providers. Furthermore, SSM Health and St. Anthony Hospital are constantly assessing areas of physician need within our service areas and are developing recruitment plans to increase access to primary care and other specialist providers in the region. Lastly, St. Anthony Hospital is working to improve health literacy through its MyChart application. MyChart is designed to inform and educate patients on diagnosis, test results and provide preventative care reminders.
- Dental care: The St. Anthony Physician’s Group is not equipped to provide dental services but relies on and collaborates with other independent dental care providers within the community to provide associated services.
- Affordable healthy food, affordable exercise programs, access to grocery stores, lack of fresh foods, fast food density, nutrition education, outdoor exercise opportunity and sedentary/inactive lifestyle: The Oklahoma Health Improvement Plan of Healthy Oklahoma 2020 addresses these issues through its goal to reduce adolescent obesity. St. Anthony Hospital also promotes and participates in numerous healthy community activities, such as walks and 5k runs.
- Domestic violence and social inequities: The Oklahoma Coalition against Domestic Violence and Sexual Assault is working to improve these needs through its prevention programs and advocacy.
- Smoking: The Oklahoma Health Improvement Plan through Healthy Oklahoma 2020 addresses these issues through its goal to reduce adult smoking prevalence. SSM Health and St. Anthony Hospital have a tobacco free environment preventing employees, patients, visitors and medical staff from any tobacco use.
- Breast cancer and overall cancer incidence: There are various organizations such as the American Cancer Society currently working to address all types of cancer. St. Anthony Hospital partners with these organizations when possible to promote and educate the public on cancer prevention and awareness.
- Pregnancy prevention: There are Ethical and Religious Directives for Catholic healthcare entities that limit St. Anthony Hospital’s ability and capacity to intervene on this issue.
- Perinatal care, endometriosis, back and nerve pain management, allergies, asthma, physicians prescribing pain pills vs. addressing cause of pain, deep vein thrombosis, anemia, rheumatoid arthritis, bone density and migraine management: These health needs accounted for a very small group of issues identified by the community, to such a limited extent that prioritization was not deemed appropriate. However, St. Anthony Hospital is constantly working to address these needs through the St. Anthony Physician’s Group and other services.



Other hospital facilities who participated in St. Anthony Hospital CHNA process

Primary data collection was performed in collaboration with St. Anthony Hospital Shawnee, a member of SSM Health.

How St. Anthony Hospital makes its needs assessment widely available to the public

St. Anthony Hospital's 2016-2018 CHNA is available online at saintsok.com and upon request from the hospital facility at 405-272-6552. See section on "Going Forward" for more information.

St. Anthony Hospital

1000 North Lee | Oklahoma City, OK 73102



2016-2018

Strategic Implementation Plan



Prior to review of the data, a list of criteria was developed to aid in the selection of priority areas. During the data review process, attention was directed to health issues that met any of these criteria:

- Health issues that impact many people or for which disparities exist, and which put a greater burden on some population groups
- Health issues for which trends are worsening
- Poor rankings for health issues within the service area, other counties or Healthy People 2020 national health goals

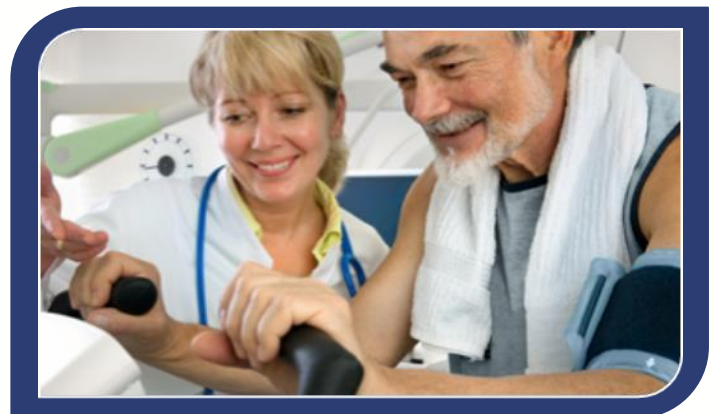


The St. Anthony Hospital CHNA team also considered indicators that relate to problems the Centers for Disease Control and Prevention and other state agencies have identified through their own assessments. In addition, the St. Anthony Hospital team examined “social determinants of health,” or factors in the community that can either contribute to poor health outcomes or support a healthy community. These data elements are available on our website ssmhealth.com/system and in the County Health Rankings report.

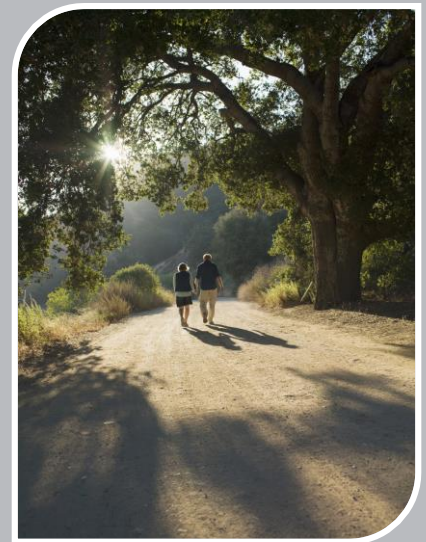
Priority #1 Mental Health

Priority #2 Diabetes

Priority #3 Heart Disease



Priority
#1



For information about our behavioral medicine services, visit our website at saintsok.com.

The US Department of Health and Human Services defines mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.”

Adversely, mental illness is defined as “collectively all diagnosable mental disorders” or “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.”¹ Unfavorable health effects of mental illness are often caused and/or compounded with substance abuse. Mental health and substance abuse disorders are the leading cause of disability worldwide and about 800,000 people commit suicide every year.

One of the state’s largest behavioral health facilities, the St. Anthony Behavioral Medicine Center, exists to heal the patient mind, spirit and body. The behavioral medicine department treats adults, geriatric patients, as well as children through inpatient and outpatient services. St. Anthony Behavioral Medicine Center is licensed for 272 beds.

Mental health was selected as a priority because it was one of the greatest needs identified through the community health survey, as well as in the data from Healthy Communities Institute. Furthermore, St. Anthony Hospital believes it can make an impact on mental health in the community with the resources of St. Anthony Hospital behavioral medicine department.

Additional facts and figures

- According to the National Comorbidity Survey of Mental Health Disorders, people over the age of 60 have lower rates of depression than the general population - 10.7% in people over the age of 60, compared to 16.9% overall³
- Oklahoma County has 4.3 poor mental health days* and Pottawatomie County has 4.5 poor mental health days, both more than the state value of 4.2 poor mental health days¹
- The 2014 State of the State’s Health Report Card shows the following results** for Poor Mental Health days by county:
 - Canadian: 24% - grade C
 - Cleveland: 23% - grade C
 - Oklahoma: 25% - grade D
 - Pottawatomie: 26% - grade D

**Results show adults who reported 4+ days of poor mental health in the previous month²

Sources: ¹ Healthy Communities Institute. ² Oklahoma State of the State’s Health Report Card 2014. ³ National Comorbidity Survey of Mental Health Disorders

Strategic Implementation Plan Mental Health



Goals

The goals of St. Anthony Hospital include:

- Decrease the age-adjusted death rate per 100,000 persons due to suicide in the following counties (HCI):
 - Canadian: 17.9 in 2015 to 15.9 by 2018
 - Cleveland: 13 in 2015 to 11 by 2018
 - Oklahoma: 17.7 in 2015 to 15.7 by 2018
 - Pottawatomie: 22.4 in 2015 to 20.4 by 2018
- Decrease the percentage of readmissions with a mental health diagnosis at St. Anthony Hospital from 4.18% (Aug YTD) in 2015 to 3.18 % by 2018 (Epic)



Action plan

- Improve continuity of care by transmitting the after visit summary to next level of care for acute behavior medicine patients (START included) from 86.3% (Jan.-Jul.) in 2015 to 90% by 2018 (Epic)
- Work with the Oklahoma Department of Mental Health and Substance Abuse Services and Heartline 211 to manage patients with suicidal thoughts who enter the St. Anthony emergency department by establishing a process for follow-up calls for those patients who did not qualify for inpatient services in order to reduce suicides in St. Anthony's service area
- Provide continuing medical education to primary care providers in St. Anthony network on suicide prevention
- Research feasibility on training staff members at primary care provider offices for mental health first aide
- Develop a plan to train direct care staff at St. Anthony Hospital on Question, Persuade, Refer (QPR)
- Recruit two new psychiatrists by 2018
- Implement pilot heartmath training on one BMC unit
- Increase the number of outpatient visits treated by St. Anthony Hospital's behavior medicine department by 3% each year

Community partners and supporting resources

- Heartline 211
- Oklahoma Department of Mental Health and Substance Abuse
- National Alliance for Mental Illness
- Oklahoma Psychiatric Hospital
- Coalition of Advocates
- Depression and Bipolar Alliance
- Primary care physicians and psychiatrists

Priority
#2



For information about our diabetes education program, visit our website at saintsok.com.

Diabetes is a leading cause of death in the US. This disease can have a harmful effect on most of the organ systems in the human body. It is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation and a leading cause of blindness among working-age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy and stroke.

Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the US population ages.

The St. Anthony Hospital Diabetes Education Program is designed to provide education to help individuals living with a diabetes diagnosis. The qualified educators on staff provide guidance to diabetic patients.

Diabetes was chosen as a priority for St. Anthony Hospital because it was identified as a serious health issue in the community health survey. Furthermore, it is believed the reduction of diabetes will have a secondary impact of improving the overall health of the community.

Additional facts and figures

- More than 25 million people have diabetes, including both diagnosed and undiagnosed cases ¹
- The direct medical expenditures attributable to diabetes are over \$116 billion ¹
- Diabetes was the 7th leading cause of death in Oklahoma in 2012. In 2014, the State of the State's Health Report Card shows that every county in St. Anthony's primary service area scored a C or below in diabetes with the exception of Cleveland County. Pottawatomie County scored the lowest grade, an F, while Canadian and Oklahoma Counties scored a C ²
- 13.9% of adults in Pottawatomie County have diabetes, compared to the state rate of 11.6% ³

Sources: ¹ Centers for Disease Control and Prevention. ² Oklahoma State of the State's Health Report Card 2014.

³ Healthy Communities Institute

Strategic Implementation Plan

Diabetes



Goals

The goals of St. Anthony Hospital include:

- Decrease the age-adjusted death rate per 100,000 persons due to diabetes in the following counties (HCI):
 - Canadian: 28.3 in 2015 to 26.3 by 2018
 - Cleveland: 19.2 in 2015 to 17.2 by 2018
 - Oklahoma: 27.7 in 2015 to 25.7 by 2018
 - Pottawatomie: 31.6 in 2015 to 29.6 by 2018
- Reduce the average hemoglobin A1C level in St. Anthony' Hospital Physician's Organization by 1% between 2015 and 2018 (baseline measures in development)



Action plan

- Increase diabetes hemoglobin A1C testing for the St. Anthony Physician's Group from 84.9% in 2015 (Aug. 2014–Jul. 2015) to 89% by 2018 (Epic)
- Meet with all new primary care providers and endocrinologists at St. Anthony Hospital to discuss the Diabetes Education Center
- Work with marketing director to promote healthy living through social media and community events in order to reduce obesity
- Reduce the obesity score in St. Anthony Hospital service area (2014 State of the State Health Report Card):
 - Canadian County: 31.7 in 2014 to 29.7 by 2018
 - Cleveland County: 30 in 2014 to 28 by 2018
 - Oklahoma County: 32.1 in 2014 to 30.1 by 2018
 - Pottawatomie County: 32.9 in 2014 to 30.9 by 2018
- Increase the number of endocrinology visits to the St. Anthony network by 3% by 2018
- Ensure St. Anthony Physician's Group staff review patient lists and identify patients needing A1C testing during daily huddles

Community partners and supporting resources

- American Diabetes Association
- Primary care physicians and specialists
- Local churches

Heart Disease



Priority
#3

Heart disease includes a range of conditions that affect the health of one's heart. There are a number of deficiencies within our community that correlate to poor heart health. Some of these lifestyle behaviors that increase the risk of heart disease include:

- Smoking
- Uncontrolled blood pressure
- High cholesterol levels
- Uncontrolled diabetes
- Stress and depression
- Unhealthy food choices
- Lack of exercise

In some cases, minorities and those living under financial distress are often segments of the population who are most affected by factors contributing to heart disease.

SSM Health and St. Anthony Hospital offer a wide scope of programs with the goal of creating healthy lifestyle behaviors and reducing the risk of heart disease in our communities.



Additional facts and figures

- Coronary heart disease is the most common type of heart disease, causing nearly 400,000 deaths per year and costing over \$100 billion overall in health services, medication and lost productivity ¹
- In 2010, Oklahoma had the third highest death rate for heart disease in the nation, and in 2012 heart disease accounted for 1 in 4 Oklahoma deaths ²
- Death rate due to coronary heart disease and hypertension in the Medicare population is higher in all four hospital service area counties compared to state and/or national averages ³
- The state of Oklahoma has a 16.2% rate of heart failure in the Medicare population compared to the national average of 14.6% ³



For information about our heart and vascular services, visit our website at saintsok.com.

Sources: ¹ Centers for Disease Control and Prevention. ² Oklahoma State of the State's Health Report Card 2014.

³ Healthy Communities Institute

Strategic Implementation Plan Heart Disease



Goals

The goals of St. Anthony Hospital include:

- Decrease the age-adjusted death rate per 100,000 persons due to coronary heart disease in the following counties (HCI):
 - Canadian: 119.7 in 2015 to 117.7 in 2018
 - Cleveland: 122.1 in 2015 to 120.1 in 2018
 - Oklahoma: 126.5 in 2015 to 124.5 in 2018
 - Pottawatomie: 161.1 in 2015 to 141.1 in 2018
- Reduce congestive heart failure (CHF) readmissions at St. Anthony Hospital from 19.94% (Aug YTD) in 2015 to 15.3% by 2018 (Epic)



Action plan

- Increase home health referrals for patients diagnosed with congestive heart failure (CHF) in order to reduce hospital readmissions
- Schedule follow-up appointments with primary care physicians through the St. Anthony Referral Center for CHF patients within 3-5 days post-discharge
- Improve protocol for medication reconciliation upon admission and discharge for patients diagnosed with CHF using the St. Anthony Pharmacy and Southwestern State University Pharmacy to ensure patients understand medications and discharge home with the correct medications to manage their disease
- Establish process to setup Medicaid Advantage for CHF patients with Medicaid to increase home care services
- Hire two additional cardiologists in 2016
- Increase the number of cardiology visits to the St. Anthony Hospital network by 3% each year between 2016 and 2018 in order to prevent and better manage heart disease patients

Community partners and supporting resources

- American Heart Association
- Long-term care facilities, assisted livings, skilled nursing facilities, long-term acute care hospitals
- Cardiologists, primary care physicians and pharmacists
- Southwestern State University
- SSM Health at Home

Achieving our Goals, Now and in the Future

SSM Health is committed to improving the health of our communities through collaborative efforts to address unmet needs.



SSM Health

St. Anthony Hospital is pleased to make this source of reliable, current community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues and plan strategies for improvement.

Please visit ssmhealth.com/system for more information.

Explore Data



FIND HEALTH DATA



FIND DEMOGRAPHIC DATA



FIND HEALTH DISPARITIES

Healthy People 2020 Progress Tracker

The Healthy People 2020 progress tracker provides a platform for measuring improvement of population health metrics associated with the US Healthy People 2020 objectives. The health objectives and 2020 goals allow communities to assess their health status through a comprehensive set of key disease indicators and allow them to create action plans relative to key priorities.

Indicator	Current and Target	Data	Since Prior Period	Status
Access to Health Services				
Adults with Health Insurance <small>MAP</small>	Current: 78.1 Target: 100.0 percent	78.1 100.0 Current Target	⬇️	TARGET NOT MET
Children with Health Insurance <small>MAP</small>	Current: 93.4 Target: 100.0 percent	93.4 100.0 Current Target	⬇️	TARGET NOT MET

Contact us to learn more at 405-272-6552.