

**2012**

**Community  
Health Needs  
Assessment**



**St. Anthony**  
SHAWNEE HOSPITAL<sup>SM</sup>

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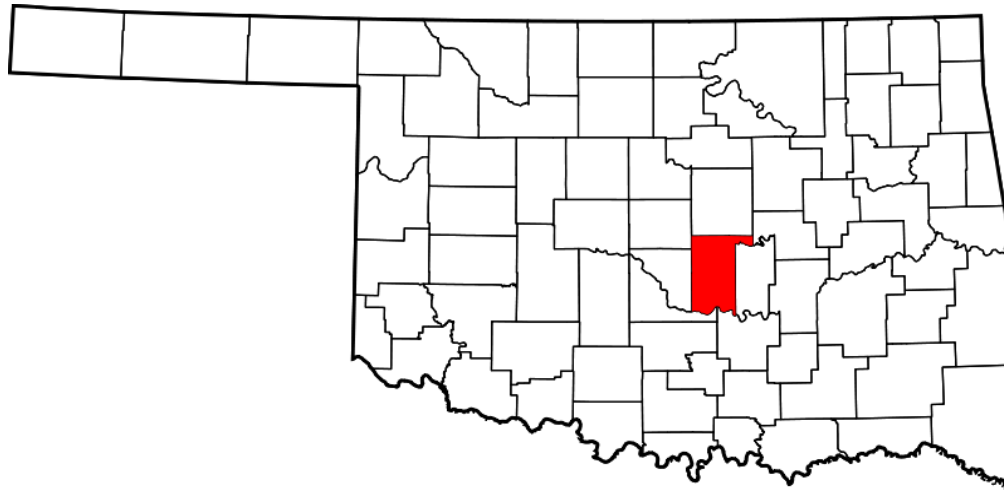
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## Executive Summary

- St. Anthony Shawnee Hospital is a not-for-profit faith-based healthcare facility in Shawnee, OK. St. Anthony Shawnee Hospital (formerly Unity Health Center) became a member of the SSM Health Care System July 1, 2012. SSM is based in St. Louis, MO, and they have healthcare facilities in Missouri, Wisconsin, Illinois, and Oklahoma. As a faith-based organization, the mission of St. Anthony Shawnee Hospital, as well as all of SSM facilities, is “Through our exceptional healthcare services, we reveal the healing presence of God.”
- St. Anthony Shawnee Hospital is located in Shawnee, OK, in the northern section of Pottawatomie County. (Image 1). Pottawatomie County is considered the Primary Service Area.

**Image1.** St. Anthony Shawnee Hospital Primary Service Area (PSA)



- With close to 50 years of healthcare delivery, the Hospital has been a well recognized provider of exceptional quality care, receiving statewide and nationally recognition with many honors for top decile performance.
- In an effort to better serve the community and to meet the IRS requirements, St. Anthony Shawnee Hospital performed a Community Health Needs Assessment (CHNA). This is a snapshot of the health status in the hospital’s PSA. The CHNA analyzes the health of the people in the community through data and statistics; identifies and prioritizes health needs that exist; and proposes how these concerns can be addressed to help improve the community’s health status.
- Conducting the CHNA began with a process of data collection and analysis of local, state, and national health statistics, as well as population demographics. In addition, data was obtained from the hospital information system and reviewed by the Administrative Council from the hospital. Input was sought from community stakeholders who represent not only the broad interests of the community, but also could address the needs of the aging, uninsured, unemployed, and underserved, including

those with expertise in public health, to build on the secondary data analysis and to discover additional health issues the community faces.

- After completion of all the analysis, the data demonstrated that the PSA overall was found to be ranked comparatively in the middle of the state. In regard to the identified health needs, they were categorized into four groups listed below:
  1. Leading Causes of Death and Disease Rates;
  2. Risk Factors and Behaviors;
  3. Socioeconomic Factors; and
  4. Access and Utilization of Health Services.
  
- A web-based survey tool was utilized that allowed for ranking and prioritization of the needs that had been identified during the data collection process. This was distributed to close to 100 participants through an email mechanism. The results obtained identified the top ten ranked community health needs as identified below:
  1. Obesity
  2. Substance Abuse: Meth
  3. Diabetes
  4. Heart Disease
  5. Substance Abuse: Alcohol
  6. Prescription Drug Abuse
  7. Unaffordable Health Insurance
  8. Unable to Afford Healthcare
  9. Cancer
  10. Poverty
  
- The list was then further refined by the St. Anthony Shawnee Hospital internal group with the use of a prioritization tool to determine those needs which would be further developed into strategic action plans for the upcoming year. In addition to evaluating the number of individuals affected by the problem, the rating scale utilized also took into account how well the concern aligned with the hospital's mission and current strategies and the resources needed and available to address the issue. The result of this process resulted in the following issues being prioritized as the top issues that have the greatest ability to be impacted and to be measured.
  1. Obesity
  2. Heart Disease
  3. Cancer
  4. Prescription Drug Abuse
  
- A subsequent implementation strategy and plans will address how the organization can best use its limited charitable resources to address the priority needs. The plan will detail each prioritized community health need, establishing SMART goals (Specific, Measurable, Aligned, Realistic, and Time-bound), and listing action items that will assist in achieving the hospital's goals and initiatives. Designated staff will be held accountable as the primary driver for implementation, as well as monitoring to measure the effectiveness of actions taken.
  
- St. Anthony Shawnee Hospital has been an instrumental participant in the community and has been integral in serving the needs of the this area through a wide range of services with an exceptional staff of physicians and team members who are dedicated to

providing healthcare consistent with the mission. Many of the current programs that are provided through the Hospital will continue to be a part of the foundation of care that is provided. For over ten years the Hospital has provided the community with a mechanism for yearly flu vaccinations through in a drive through setting. This event was offered free made possible by the generous donation of the Foundation. Partnerships with the school system have been beneficial to faculty, staff, and students for health improvement. An emphasis on breast feeding has also had a positive impact in the community with initiatives to decrease formula usage to strive toward healthier babies.

- Through the development of new partnerships, new strategies will be implemented to continue to work toward community health improvement. In addition, St. Anthony Shawnee will utilize this opportunity to add new partnerships to those already firmly established, which will continue to focus on improving the outcomes in the priority focus areas.
  - Prioritized Need #1: Obesity. While Obesity may seem like a simple problem to correct – eat less and move more – it’s not that simple. A myriad of social, economic, and environmental factors combine to discourage the efforts of monitoring calorie intake, choosing healthy foods, and increasing physical activity. The Nutritional Services department of the hospital not only provides meals for hospitalized patients, but operates a full service Café for employees and visitors. Increasing the availability of healthy options, with a focus on increasing fruits and vegetables in the diet, as well as educating employees, will not only affect their health, but make an impact on their families as well.
  - Prioritized Need #2: Heart Disease: Not only has the Hospital provided medical care and treatment for patients with heart disease, there has been an emphasis for prevention education and emergency training for CPR, serving as a community training center. With the importance placed on “activity” as a positive term versus the connotation of “exercise,” the focus on “movement” will be prominent through the development of the first annual walk/run for employees and the community.
  - Prioritized Need #3: Cancer. Cancer treatment through the use of medical and radiation oncology have been used for over 40 year. In addition, accreditation by American College of Surgeons demonstrates a commitment to the patients and the exceptional care through the Cancer Center. Prevention, as well as early diagnosis strategies, has also been a component of the care. The emphasis of “Think Pink” cancer awareness has brought 15 years of education to the community to encourage women to provide self breast exams and obtain mammograms. Fundraising opportunities have provided opportunities for mammograms to be provided to women who have no available resources to obtain this service. The development of a mechanism to identify and provide this service will be provided.
  - Prioritized Need #4: Prescription Drug Abuse. Many societal and health factors have influenced the increase in the use and ease of availability of prescription pain medication. Offering a variety of alternative methods for chronic and acute pain treatment is an avenue to assist with decrease use of pain medication. In addition, creating mechanisms to remove unused and expired drugs in a home creates a safer, healthier community. Having a knowledgeable medical staff in

regard to opiate use and alternative options further enhances the health benefits of the community.

- The results of this Community Health Needs Assessment will be made available through the hospital's website and social media networks. Contributors will be sent a copy of the assessment. In addition, the report will be made available to employees and medical staff.

## **Introduction**

### **Objective of Conducting a Community Health Needs Assessment**

The CHNA for St. Anthony Shawnee Hospital is a snapshot of the health status in the hospital's primary service area of Pottawatomie County. It takes into account the health of the people in the community through data and statistics, identifies and priorities the health needs that exist, and proposes how these concerns can be addressed to impact the improvement of the health of the community. Specifically the areas addressed included the leading causes of death and disease rates, health behaviors and risk factors, socioeconomic factors, access and utilization of health services, and the physical environment.

St. Anthony Shawnee Hospital's CHNA is a valuable tool for the hospital as it seeks to better understand the environment in which health services are provided. It will be useful as a tool when consideration is given to the best use of allocation of limited resources and when developing and expanding programs and service lines.

### **Community Partners**

The participation by a largely diverse group of community leaders who shared their time and expertise in regard to the health status of the community contributed to the overall strength of this assessment. Community partners were identified that are knowledgeable about the state of Pottawatomie County, as well as the City of Shawnee. Those identified included: Pottawatomie County Health Department, the Oklahoma Department of Human Services, the United Way of Pottawatomie County, Gateway to Prevention and Recovery, Growthlines, and COEDD Area Agency on Aging. (See Appendix 1)

This group of stakeholders serves to impact the quality of life for the individuals that they represent, such as the aging, uninsured, unemployed and underserved. They demonstrate a great level of concern, as well as a deep level of knowledge regarding the community.

### **Methodology**

The process of conducting the CHNA began with collecting the most current data available on local, state, and national health statistics and population demographics through reports from a variety of sources, including: Thomson Reuters Market Expert demographic database; the Oklahoma State Department of Health; and the U.S. Census Bureau. Data analysis compared Pottawatomie County to the State of Oklahoma and to the US, as available.

The above mentioned community partners were identified for their wealth of information regarding those served. After receiving an explanation of the intent and purpose of the data collection, a representative from each agreed to participate in the CHNA by answering a set of pre-determined questions. In addition, each were invited to contribute any additional data as they deemed important to the health needs of the community. (See Appendix 2)

The information provided was analyzed, collated, and itemized into a listing of identified issues and concerns. In order to establish a priority of these items, an online ranking tool was built. (See Appendix 3)

The survey was emailed to each of the participating community partners, as well as community representatives in the medical and nursing field, the faith community, case management, hospital/practice management, public health, school officials, as well as patient and family

advocates. The survey collection period was during the month of September 2012. A 30% response rate was achieved.

The scoring of this tool created a ranking of the items. The top ten items were identified as those with the most pressing community need. (See Appendix 4)

A final prioritization tool was used to further rank and allow for the Hospital to establish the needs based on available resources. (See Appendix 5)



## Background of Hospital

### Network

On July 1, 2012, St. Anthony Shawnee Hospital was named the newest member of the SSM Health Care system through the acquisition of Unity Health Center. SSM Health Care System is headquartered in St. Louis, Missouri, and has healthcare facilities in the states of Missouri, Illinois, Wisconsin, and Oklahoma. The system is sponsored by the Franciscan Sisters of Mary and ranks as one of the largest Catholic health care systems in the United States.

The Oklahoma region includes St. Anthony Shawnee Hospital (Shawnee), St. Anthony Hospital (Oklahoma City) and Bone and Joint Hospital at St. Anthony (Oklahoma City). In addition the region encompasses St. Anthony Physicians Shawnee, as well as other physician and hospital affiliates throughout the state.

St. Anthony Shawnee Hospital is comprised of two campus locations with acute care, newborn deliveries, Intensive Care and Emergency facilities located at MacArthur Street Campus, and Inpatient Rehabilitation and Urgent Care located at the Center for Rehab Campus. St. Anthony Shawnee Physician offices for Heart Center, Family Healthcare and Specialty Clinic are located in the Medical Plaza.

### Quick Facts

- Employees: 498 full time equivalents at St. Anthony Shawnee Hospital and are apart of the over 3,000 SSM employees throughout Oklahoma's region.
- Physicians: St. Anthony Shawnee has a medical staff of over 100 physicians which provides services in family practice, internal medicine, general surgery, obstetrics, gynecology, pediatrics, orthopedics, cardiology, pulmonology, medical and radiation oncology, physiatry, as well as radiology, pathology, and emergency medicine.
- Beds: St. Anthony Shawnee is licensed for 102 acute care beds and 12 inpatient rehabilitation beds.
- Admissions: In 2011, there were 5,121 inpatient admissions (4,843 Acute and 278 Rehab), 50,912 outpatient visits, 39,984 Emergency Department visits, 6,574 Urgent Care visits, and 984 newborn deliveries.
- Volunteers: The individuals that give of their time in various services and capacities include 56 volunteer auxiliaries, 10 junior volunteers, and 15 volunteer chaplains.
- Services: For close to 50 years, healthcare services have been provided to Shawnee and the surrounding communities of Pottawatomie County to address the healthcare needs. These services include:
  - Acute Care
  - Emergency Department
  - Intensive / Cardiac Care
  - Orthopedics
  - Heart Cath Lab
  - Diagnostic Imaging
    - CT
    - MRI
    - Ultrasound
    - Echo
    - Mammography
  - Sleep Lab
  - Physical Therapy

- Occupational Therapy
- Speech Therapy
- Lymphadema Therapy
- Cancer Center
  - Radiation Oncology
  - Nuclear Medicine
  - Medical Oncology
- Surgical Services
- Chaplain Services
- Women's Center
- Wound Care Center
- Hyperbaric Chamber
- Rehabilitation Center
- Community Benefit: In 2011, St. Anthony Shawnee Hospital provided \$364,862 in community benefit services, including professional education, charity care, and donations. Local programs supported through Community Benefit include such services as:
  - Volunteer Health Clinic of Pottawatomie County
  - Positive Aging for Life
  - Childbirth classes
  - Lactation (breast feeding) classes
  - Drive through flu vaccine clinic
  - Salvation Army meal preparation and Angel Tree
  - Health Fairs
  - Stroke Education
  - Breast Cancer Awareness
  - Heart Disease Awareness
  - Health Screenings
  - Blood Drives
  - Health Improvement Advocacy
- Community Partnerships: St. Anthony Shawnee Hospital is active in the community proudly working collaboratively on community projects that work to improve health outcomes in the area.
  - Volunteer Health Center of Pottawatomie County
    - Issue: Uninsured and underinsured individuals are at a disadvantage in obtaining access to for acute and chronic medical care. VHC is a free medical clinic for uninsured individuals.
    - Initiative: The Hospital is responding to the clinic's need by providing free basic lab and radiology services to uninsured adults from Pottawatomie County.
    - Collaborators: Physicians, nurses, pharmacists, Department of Human Resource workers, and interested volunteers provide their time. Pottawatomie County Health Department provides space for the weekly evening clinic.
  - PATCH (Pottawatomie Alliance Toward Community Health)
    - Issue: Oklahoma consistently ranks poorly in health indicators such as smoking, substance abuse, high-risk lifestyles and behaviors resulting in high death rates from heart disease, cancer, and trauma.
    - Initiative: St. Anthony Shawnee Hospital participates in PATCH which is an initiative of Turning Point, a national program to promote local

health initiatives building healthy communities through public/private partnerships.

- Collaborators: Gateway to Prevention and Recovery, Shawnee Youth Coalition, Pottawatomie County Health Department, Department of Human Services, Oklahoma Healthcare Authority, Project SAFE, and Shawnee Housing Authority.
- LEPC (Local Emergency Planning Council)
  - Issue: In times of emergency events, having a team that is well prepared in Emergency Preparedness response planning is critical to the safety and security of the community
  - Initiative: The community depends on St. Anthony Shawnee Hospital as a key stakeholder in any and all emergency events and preparation for communication and preparedness is critical.
  - Collaborators: City of Shawnee, Law enforcement, Fire Department, EMS – REACT, County of Pottawatomie, Public Health, Red Cross, local industry.
- Safe Community
  - Issue: Providing for a safe community environment is beneficial to having a healthy community.
  - Initiative: A cross sectional partnership for the promotion of community safety, creating sustainable programs for all ages, environments and situations, to identify and prevent injuries.
  - Collaborators: Public Health, City of Shawnee, Senior Citizens Center, St. Anthony Shawnee Hospital, local agencies.

## Demographic Data of Community

### Population Projections

The St. Anthony Shawnee Hospital service area includes Pottawatomie County, with a population of 70,424. Based on an analysis of the 2012 Thomson Reuter Market Expert demographic database, Pottawatomie County is predicted to experience a projected growth rate of 3.16% by 2016. This is only slightly higher than the projected growth for the state of Oklahoma, at 3%, and lower than the national projection of 4%.

	2000 Population Count	2011 Population Est. Count	2016 Population Est. Count	2011-2016 Change % Change
Pottawatomie Co	63,956	70,424	72,651	3.16%

Source: 2012 Thomson Reuters

### Population Projections: Age and Gender

When comparing 2011 data and projections for 2016 it shows a negative growth rate for the 15-17 and 25-54 age groups. Estimates suggest that the largest growing segment of the population from 2011 to 2016 will be the 65+ cohort, with an estimated increase of 1.3% to reach 16% of the county's population by 2016.

<b>Population Distribution by Age</b>					
Age Group	2011	%of Total	2016	% of Total	USA 2011 % of Total
0-14	14,152	20.1%	14,612	20.1%	20.2%
15-17	2,913	4.1%	2,936	4.0%	4.2%
18-24	7,302	10.4%	7,714	10.6%	9.7%
25-34	9,602	13.6%	9,257	12.7%	13.3%
35-54	18,034	25.6%	17,775	24.5%	27.6%
55-64	8,069	11.5%	8,752	12.0%	11.7%
65+	10,352	14.7%	11,605	16.0%	13.3%
<b>Total</b>	<b>70,424</b>	<b>100.0%</b>	<b>72,651</b>	<b>100.0%</b>	<b>100.0%</b>

Source: 2012 Thomson Reuters

Gender comparisons show a relatively equal distribution of 48% males to 52% females, and no appreciable projected change is expected from 2011 to 2016.

### Population Projections: Pediatrics

An increase is expected in the number of infants and youth under the age of 18 from 2011 to 2016; however, the total percent at 24.2% is only slightly lower than the US population at 24.40%.

### Population Projections: Females of Childbearing Age

It is estimated that within the PSA's female population of childbearing age (15-44) there will be only a 0.7% positive growth from 2011 to 2016.

**Population Projections: Seniors**

The 65+ age group in Pottawatomie County is expected to see a growth rate of 12.1% from 2011 to 2016. The percent of population at 14.7% places the PSA higher than the nation at 13.3%.

**Population Projections: Race and Ethnicity**

Within Pottawatomie County, there is a greater representation of White Non-Hispanic residents (75.6% of total population) than the national average (64.2%). However, even with growing numbers, the percentage of White Non-Hispanic's in the total county population is predicted to decline to 74.2%, and the percentage of Hispanics in the total county population is projected to increase from 3.8% to 4.4%.

Race / Ethnicity Distribution	2011	% of Total	2016	% of Total	USA 2011 % of Total
White Non-Hispanic	53,272	75.6%	53,925	74.2%	64.2%
Black Non-Hispanic	2,397	3.4%	2,628	3.6%	12.1%
Hispanic	2,651	3.8%	3,181	4.4%	16.1%
Asian & Pacific Is, Non-Hispanic	610	0.9%	678	0.9%	4.6%
All others	11,494	16.3%	12,240	16.8%	3.0%
<b>Total</b>	<b>70,424</b>	<b>100.0%</b>	<b>72,651</b>	<b>100.0%</b>	<b>100%</b>

Source: 2012 Thomson Reuters

**Unemployment, Household Income, Poverty and Homeless**

The unemployment rate for Pottawatomie County as of April 2012 was 4.0%, as compared to a prior month average of 5.6%. This is significantly lower than the national average.

Unemployment Rate	April 2012 % of Population	12 Month Avg May 12 – April 12 % of Population
Pottawatomie County	4.0%	5.6%
Oklahoma	5.0%	6.0%
USA	8.1%	8.7%

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

Sixty-three percent of the households rank below the \$50,000 level, as compared to 50.3% nationally.

2011 Household Income	Pottawatomie Co. HH Count	Pottawatomie Co. % of Total	USA % of Total
< \$15 K	4,363	16.9%	12.9%
\$15 – 25 K	3,859	15.0%	10.8%
\$25 – 50 K	8,096	31.4%	26.6%
\$50 – 75 K	4,751	18.5%	19.5%
\$75 – 100 K	2,374	9.2%	11.9%
Over \$100 K	2,300	8.9%	18.3%
<b>Total</b>	<b>25,743</b>	<b>100%</b>	<b>100%</b>

Source: 2012 Thomson Reuters

The percent of individuals in poverty as reported by the U.S. Census Bureau is also higher in Pottawatomie County than the average for Oklahoma and for the nation.

<b>% Persons Below Poverty Level</b> 2006-2010	
Pottawatomie County	17.3%
Oklahoma	16.2%
USA	13.8%

Source: U.S. Census Bureau

In Pottawatomie County, the number of homeless individuals and family members decreased by 16% within one year's time.

<b>"Point-In-Time" Count</b> <b>Homeless</b> Pottawatomie County	
August 2011	104
August 2012	87
% change	16%

Source: Central Oklahoma Community Action Agency

## Secondary Data Collection and Analysis

### County Health Rankings

Determining the health of a community is a compilation of the relationships between several factors. The primary influencing factors include individual health behaviors, socioeconomic factors, the physical environment and overall access to health care services.

The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to develop County Health Rankings for each state. These rankings are based on the following:

- Health Outcomes: Health Outcomes represent how healthy a county is.
- Health Factors: Health Factors represent what influences the health of a county

Source:: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

Health Outcomes look at two measures in mortality (how long people live) and morbidity (how healthy people feel when alive).

Out of the 77 counties in Oklahoma, Pottawatomie was ranked 32 for Health Outcomes, which include both mortality and morbidity. The measure for Mortality is premature death (years of potential life lost before age 75 per 100,000 population).

<b>Mortality (Premature Death) – Rank #30</b>	
Pottawatomie County	9,520
Oklahoma	9,466
National Benchmark (90 <sup>th</sup> percentile)	5,466

Source: 2011 County Health Rankings

Pottawatomie was ranked 41<sup>st</sup> for morbidity. The measures that make up this category included: poor or fair health (age-adjusted percent of adults reporting fair or poor health), poor physical health days (age-adjusted average number of physically unhealthy days, report in past 30 days), poor mental health days (age-adjusted average number of mentally unhealthy days reported in past 30 days), and low birthweight (percent of live births with low birthweight of < 2500 grams).

<b>Morbidity – Rank #41</b>				
	Poor or fair health	Poor physical health days	Poor mental health days	Low birthweight
Pottawatomie	19%	5.1	4.4	7.6%
Oklahoma	19%	4.1	4.0	8.0%
National Benchmark	10%	2.6	2.3	6.0%

Source: 2011 County Health Rankings

When analyzing the county health rankings for both health outcomes and health factors, Pottawatomie County sits in the approximately the middle of the state. However, the data analysis from these resources also presents a picture of a county that is in need of significant lifestyle changes to improve their health management. Healthier lifestyles will be required to reduce the rate of disease and death.

### Leading Causes of Death

According to the Oklahoma State Health Department “State of the State’s Health Report,” the top five leading causes of death for Pottawatomie County are:

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

	<b>Pottawatomie County</b>	<b>Oklahoma</b>	<b>USA</b>
Heart Disease	242.3	242.1	190.1
Cancer	190.9	198.3	178.4
Chronic Lower Respiratory Disease	82.3	61.3	40.8
Unintentional Injury	65.1	58.5	40.0
Stroke	60.6	53.8	42.2

Oklahoma’s death rate is one of the highest in the United States, with 933.0 (per 100,000) as compared to national rate of 760.2 (per 100,000). Unhealthy lifestyles and behaviors contribute to most of today’s leading causes of deaths.

Out of the 77 Oklahoma counties, Pottawatomie County was ranked 32<sup>nd</sup> for Health Factors, which included Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment. A health behavior is an activity undertaken by an individual that inherently has a strong influence on the increase or decrease in the risk of illness.

However, for Health Behaviors, Pottawatomie County ranked 70<sup>th</sup> out of the 77 counties. Included in this section were Adult Obesity (percent of adults that report a BMI  $\geq$  30), Adult Smoking (percent of adults reporting smoking  $\geq$  100 cigarettes and still smoking), and Excessive Drinking (percent of adult population that reports either binge drinking defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in past 30 days, or heavy drinking defined as drinking more than 1 (women) and 2 (men) drinks per day average).

<b>Health Behaviors – Rank #70</b>					
	Adult Obesity	Adult Smoking	Excessive drinking	Fruit/Vegetable Consumption	No Physical Activity
Pottawatomie	34%	29%	14%	18%	31%
Oklahoma	30%	25%	14%	15%	31%
National Benchmark	25%	15%	8%	23%	24%

Source: 2011 County Health Rankings

Oklahomans report that they are the least likely to eat fruits and vegetables, as evidenced by only 1 in 7 (15%) adults reported eating fruits and vegetables five times or more per day. This ranks Oklahoma at 51<sup>st</sup> in the nation. In addition, Oklahoma ranked 49<sup>th</sup> worst in the nation for lack of physical activity. (2011 State of the State’s Health Report)



Pottawatomie County ranked 7 in the Clinical Care category.

Over one-fifth of the PSA is currently without health insurance. Both diabetic screening and mammography screening rank better than compared to the state, however, still lower than the national average. Also of note is the amount of residents compared to the number of primary care physicians, which demonstrates a significant need for more physician opportunities in the county.

<b>Clinical Care – Rank 7</b>				
	Uninsured adults	Diabetic Screening	Mammography Screening	Primary Care Physicians
Pottawatomie	21%	82%	62%	2,043:1
Oklahoma	23%	75%	56%	1,618:1
National Benchmark	13%	89%	74%	631:1

**Health Factors: Social & Economic Factors**

Pottawatomie County is consistent with the state in regard to the need of greater social support opportunities. In addition, the number of single parent households in this county rank even with the state, and much greater than the national average.

<b>Social &amp; Economic Factors – Rank 43</b>		
	Inadequate Social Support	Children in single parent households
Pottawatomie	21%	32%
Oklahoma	21%	32%
National Benchmark (90 <sup>th</sup> percentile)	14%	20%

Source: County Health Rankings

For Pottawatomie County, the 17.3% of adult residents who have not completed high school is higher than the 15.1% average for the nation. Even with two universities in the county and two additional colleges within 20 miles, the percent of those residents who have a college education is 47.4% as compared with the nation average of 56%.

<b>2011 Adult Education Level</b>			
	Pop Age 25+	% of Total	USA % of Total
Less than High School	2,155	4.7%	6.3%
Some High School	5,826	12.6%	8.8%
High School Degree	16,222	35.2%	28.9%
Some College / Assoc Degree	14,287	31.0%	28.3%
Bachelor's Degree or Greater	7,567	16.4%	27.7%
<b>Total</b>	<b>46,057</b>	<b>100.0%</b>	<b>100.0%</b>

Source: 2012 Thomson Reuters

## Prescription Drug Abuse

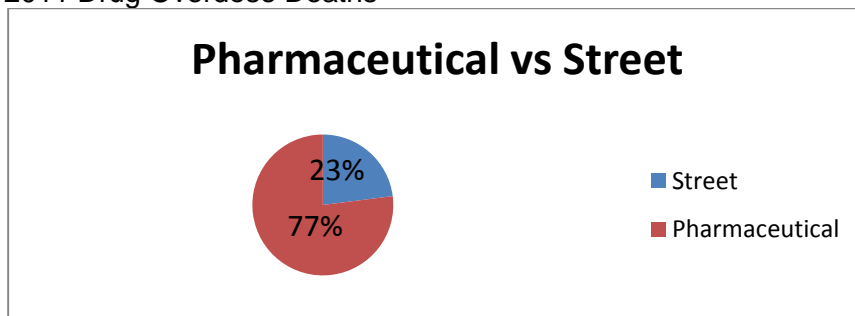
While specific numbers were not available for Pottawatomie County, it is interesting to note that the trend for deaths due to drug overdose has been on a significant upward trend for the state of Oklahoma. Over three-fourths of the deaths were attributable to prescription drugs.

## Drug Overdose Death – 10 year comparison

2002	470
2003	467
2004	527
2005	514
2006	567
2007	565
2008	612
2009	646
2010	814
2011	795*

Source: Oklahoma Bureau of Narcotics; Oklahoma State Medical Examiner: \* 2011 Drug overdose deaths are incomplete due to backlog of ME Reports and are subject to change.

## 2011 Drug Overdose Deaths



Source: OBN: Oklahoma State Medical Examiner, \*2011 data not complete

## Health Factors: Physical Environment

Fast food opportunities are abundant in this PSA and easily accessible in every community. While some restaurants are attempting healthier options, they still are not the first things chosen. The opportunities for fresh, in-season fruits and vegetables, locally grown through the farmer's market, while available, are not easily accessible to those with limited transportation options. Access to recreational facilities are half that of the state and less than one fourth of what is available nationally. While Pottawatomie County's rate of violent crimes is less than the state of Oklahoma, it is still a significantly higher percent than the national rate.

Physical Environment – Rank 33				
	Access to healthy food	Access to Recreational Facilities	Air Pollution Ozone Days	Violent Crime
Pottawatomie	44%	4	4	465
Oklahoma	45%	8	13	508
National Benchmark	92%	17	0	100

Source: County Health Rankings

## Disease Rates

The prevalence or incidence of disease serves as a barometer of health in an overall population.

Diabetes prevalence for Pottawatomie County of 10.2% is slightly lower than the state average of 11.0%. However, this is an increase from 9.4% prior year of which has been a historical trend. (Source: 2011 State of the State Report) Cancer incidence for Pottawatomie County of 526.2 is slightly lower than previous year of 536.3, but is still significantly higher than the state of 498.9.

	Pottawatomie Co.	Oklahoma
Diabetes Prevalence	10.2%	11.1%
Cancer Incidence	526.2 / 100,000 population	498.9 / 100,000 population
Asthma Prevalence	12.7%	10%

Source: 2011 State of the State Report

While most immunizations fall within the average range for the county, the population under three years of age who completed the primary immunization series took a significant decrease of 19% in the most recent year. According to the State of the State Report, Pottawatomie County has the 10<sup>th</sup> largest percentage of seniors who have ever received a pneumonia vaccination.

	Previous	Current
Immunizations < 3 years	76.6%	62.1%
Seniors Flu Vaccination	76.5%	75.8%
Seniors Pneumonia Vaccination	70.7	75.7%

Source: 2011 State of the State Report

## Inpatient Hospitalization – Top 5 Diagnosis

For 2011, Rehabilitation as an admission diagnosis was the top reason for admission to St. Anthony Shawnee Hospital. Uncomplicated vaginal deliveries ranked second. Pneumonia was the top medical reason for admission, followed by Congestive Heart Failure and COPD.

## Top 5 Admissions

1. Rehabilitation
2. Newborn deliveries
3. Pneumonia
4. Congestive Heart Failure
5. Chronic Obstructive Pulmonary Disease

Source: St. Anthony Shawnee Hospital Meditect database

## Primary Data Collection and Analysis

### Data Collection

With the use of the data collected and analyzed as identified in the local, state, and national health statistics and demographics for the primary service area as identified as Pottawatomie County, the Community Health Needs Assessment moved to the next phase with input obtained from community leaders. The interviewees were selected because of their knowledge of the various groups in the community representing the aging, uninsured, unemployed, underserved, across the age spectrum. Participants included representatives from Pottawatomie County Health Department, Pottawatomie County Department of Human Services, COEDD Area Agency on Aging, United Way of Pottawatomie County, Shawnee Public Schools, Gateway to Prevention and Recovery, and City Government. A listing of the individuals who participated is available in Appendix 1. It was very obvious that their interests and passion are to improve the quality of life for these groups of residents, and they individually and collectively had an intense depth of knowledge.

As each interviewee was recruited, they were individually given an explanation of the intent of the Community Health Needs Assessment and the purpose of the data collection. The representative from each agreed to participate in the CHNA by answering a set of pre-determined questions. In addition, each were invited to contribute any additional data as they deemed important to the health needs of the community. The specific detailed interview questions are available in Appendix 2.

### Data Analysis

As the interviews were being completed, it was obvious that consistent themes were prominent as the participants reflected upon the biggest health concerns, and these themes were reflective of the secondary data that had been previously identified. The highest priority of concerns focused around obesity in the community, along with poor diet, poor nutrition and lack of healthy options in the fast food arena. The perception exists that unhealthy foods are cheaper than the healthy counterparts. In addition, many families do not take or have the time to actually cook meals with fresh ingredients or have the knowledge to prepare healthy meals.

Lack of physical activity was identified, which contributes to a sedentary lifestyle, and thereby impacting obesity, heart disease and cancer. It was identified that there is a lack of places for free healthy lifestyle options, such as walking and hiking trails, and safe bicycle paths, as well as other affordable options for organized activities. Concerns for a safe environment outside were also recognized as being a reason for keeping people indoors.

Substance use and addictive behaviors such as tobacco, alcohol, and meth were identified as areas of high concern and issues of keeping the community from being healthy. Ease of alcohol access was identified, particularly in underage drinking. The perception is as well that there is a large population of meth production and thereby usage in this community. In addition, there were issues identified of gambling addictions that have become more present in recent years.

Transportation issues identified required support from others for necessary tasks such as getting to the grocery store or medical appointments, in some cases, causing those individuals to do without the food and the care (for both preventative and treatment). There is currently in process a study entitled "2012 Transportation Needs Assessment of Pottawatomie County, OK" being funded and conducted through AARP State Research, Washington, DC.

There was concern addressed with lack of primary care physician access due to reported issues of physicians not taking Medicare or Medicaid patients. Individuals will then seek care in the Emergency Department to deal with a crisis issue and not still have the care needed for follow up or even preventative care. The benefit of the volunteer health center is that there is a point of care to meet some of this need. However, it still doesn't address all of the needs.

## Community Identified Health Needs

### Prioritization and Strategic Goals

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

1. Leading Causes of Death and Death Rates
  - Diabetes
  - Cancer
  - Heart Disease
  - Chronic lower respiratory disease
  - Asthma
  
2. Risk Factors and Behaviors
  - Obesity
  - Tobacco use
  - Substance abuse: alcohol
  - Substance abuse: meth
  - Gambling addiction
  - Teen substance abuse
  - Prescription drug abuse
  - Sedentary lifestyle
  - Mental health issues
  - Poor nutrition
  - High teen birth rate
  - Drug overdose rates
  - Suicide
  - Unhealthy attitude / apathy
  - Lack of hope / desire to be something better / “owed mentalilty”
  - Cost of medications
  - Chronic disease management
  
3. Socioeconomic Factors
  - High poverty
  - Inability to afford health insurance
  - Unable to afford medical care
  - Limited availability of public transportation
  - Lack of walking trails/sidewalks/bike paths
  - Access / ease of use of alcohol
  - Access / ease of use of prescription medications
  - Access to healthy foods
  - Health literacy
  - Limited access to healthy activities
  - Grandparents “parenting”
  - Multigenerational dysfunctional families
  - High meth manufacturing
  - Readily accessible fast food
  - Crime – fear for outside activities

- Homeless
4. Access and Utilization of Health Services
    - Shortage of primary care physicians
    - Access to primary care physicians for the un(der)insured
    - Access to primary care in the rural areas of the county
    - Access to mental health care services
    - Shortage of physicians accepting Medicare/Medicaid
    - Shortage of geriatric physicians
    - Shortage of specialty physicians
    - Limited medial office hours
    - Coordination of care between clinics, specialists, hospital
    - Lack of patient understanding of how to navigate health system
    - Youth not aware how to access healthcare system

Taking the above list of categories and specifically identified issues, a web-based survey utilizing the Survey Monkey tool was created. The purpose of this specific methodology was to create a priority list by assigning a numeric value to each health need. The ranking criteria were:

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

The survey tool (Appendix 3) was emailed to all of the participating community partners. In addition, representatives were selected from public health, physicians, nursing, case management, social work, school system, hospital/practice management, patient / family advocates, and the faith community. The survey collection period was the month of September 2012. Twenty-seven responses were received which correlated to a 30% response rate.

The response ratings were scored according to the following grid, and then used for the first round of prioritization:

- |                      |          |
|----------------------|----------|
| 1. Strongly Agree    | 7 points |
| 2. Agree             | 6 points |
| 3. Somewhat Agree    | 5 points |
| 4. Neutral           | 4 points |
| 5. Somewhat Disagree | 3 points |
| 6. Disagree          | 2 points |
| 7. Strongly Disagree | 1 point  |
| 8. Unsure/No Opinion | 0 points |

Through the use of the point system, all of the items were ranked then in total priority. After the survey was closed, the top ten health needs according to this survey were identified as:

1. Obesity
2. Substance Abuse: Meth
3. Diabetes

4. Heart Disease
5. Substance Abuse: Alcohol
6. Prescription Drug Abuse
7. Unaffordable Health Insurance
8. Unable to Afford Healthcare
9. Cancer
10. Poverty

See Appendix 4 for a complete ranked listing

This data was then analyzed by an internal working group in order to further refine the needs that the hospital could address. To select which of the top ten identified needs that the hospital would develop into strategic action plans involved one more level of rating and ranking by the internal working group. This tool was based on new criteria as detailed:

1. Magnitude: “The number of people within the PSA impacted by the problem as compared to a State benchmark;”
2. Alignment with the Mission, Strategies & Priorities: “Number of hospital strategies consistent with addressing the problem;”
3. Resources Needed: “Additional resources required to address the health need;” and
4. Hospital’s Ability to Impact: “Ability to measure improved health outcomes.”

As each of the top ten health needs were evaluated, the work group members assigned points ranging from 5 to one for each criterion. For a full description of the rating scale and grid, see Appendix 5. Similar to the survey method, points were totaled to produce a final ranking order. This process resulted in the following prioritized list, indicating the highest prioritized most pressing need that will be addressed in plans over the next three years:

1. Obesity
2. Heart Disease
3. Cancer
4. Prescription Drug Abuse



## Community Resources

Even though there was an extensive list of identified community health needs, there are currently existing resources that include services and agencies that work to meet those needs. The following list includes many of the utilized services, as well as health-related United Way partner agencies.

American Red Cross  
Robin Outland  
232 North Broadway  
Shawnee, OK 74801

Big Brothers Big Sisters  
Alfonso Nieves  
200 North Beard  
Shawnee, OK 74801

Central Oklahoma Community Action Agency  
Cody Swearingen  
429 North Union  
Shawnee, OK 74801

Family Promise  
Peggy Johnson  
P O Box 3044  
Shawnee, OK 74802-3044

Gateway to Prevention and Recovery  
Sallie McLaughlin  
1010 East 45<sup>th</sup> Street  
Shawnee, OK 74804

Heartline 211  
Matt Cordry  
P O Box 12832  
Oklahoma City, OK 73157

Legal Aid Services  
Richard Vreeland  
316 North Broadway #C  
Shawnee, OK 74801

Mission Shawnee  
Bob Dawson  
126 South Center  
Shawnee, OK 74801

Retired Senior Volunteer Program  
Thixie Totty  
401 North Bell  
Shawnee, OK 74801

South Central Industries  
Tinna Hanna  
130 North Louisa  
Shawnee, OK 74801

The Salvation Army  
Phillip Canning  
200 East 9<sup>th</sup> Street  
Shawnee, OK 74801

Crossroads Smart Start  
Donald Pyeatt  
501 North Union  
Shawnee, OK 74801

Volunteer Health Center  
Tina Johnson  
1904 Gordon Cooper Drive  
Shawnee, OK 74801

Troy & Dollie Smith Family YMCA  
Theresa Hendrix  
700 West Saratoga  
Shawnee, OK 74804

Youth & Family Resource Center  
Sharon Trammell  
326 West 11<sup>th</sup> Street  
Shawnee, OK 74801

In addition, the new relationship with SSM Healthcare of Oklahoma and St. Anthony Hospital in Oklahoma City has the opportunity to provide resources that have not previously been directly available.

## **Appendix 1: Collaborative Input and Community Partners**

### **Organizations and Individuals Participating in the Community Health Needs Process**

Valuable input from community leaders was critical to the success of providing an assessment of the health and health needs of the identified PSA for St. Anthony Shawnee Hospital. It is with great appreciation that we recognize their collaboration while representing the aging, uninsured, unemployed and underserved.

COEDD Area Agency on Aging  
John Shea, Director

Gateway to Prevention and Recovery  
Holly Gordon, Communities of Excellence Coordination  
Jon Greenwood, Regional Prevention Coordinator, Youth Coalition  
Lisa Watson, MS, Certified Prevention Specialist, Strategic Prevention Framework State  
Incentive Grant Coordinator

Growthlines, LLC  
Paulann Canty, MS  
Licensed Family and Marital Therapist

Oklahoma Department of Human Services  
Stephanie Scrutchins

Pottawatomie County Health Department  
Tina Johnson, RN, Director

United Way of Pottawatomie County  
Audrey Seeliger, Executive Director

Safe Communities  
Kate Joyce, Chair  
Executive Director,  
Shawnee Senior Center

Shawnee Public Schools  
Donna Houston, Counselor

## **Appendix 2: Community Leader Interview Questions**

**Q1.** How would describe your observations on the health status of our primary service area of Pott County? What needs **are** and **are not** being met?

**Q2.** Based on your work in your local community, how would you rate the population's ability to access health services? What are the barriers to access?

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

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

**Q5.** Once I have been able to compile a community health profile from various resources, would you be willing to serve on a team to validate trends and prioritize the community's needs?

**Q6.** Do you have any suggestions for other experts that I should be speaking with about the CHNA?

# Appendix 3: External Prioritization Survey

Survey Welcome

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

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

The survey should take approximately 15 minutes to complete. If you have any questions please contact Linda Brown, Vice President Support Services, at (405)878-8183 or Linda\_E\_Brown@ssmhc.com. Thank you in advance for your time and assistance with important project!

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

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

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

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

	Severity: In my opinion, this is a serious health need within this community.	Importance to Community: In my opinion, addressing this health need is very important to the community.	Impact: In my opinion, addressing this health need will improve the quality of life within this community.	Existing Community Resources: In my opinion, there are NO resources for addressing this health need within the community.
Heart disease	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cancer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chronic lower respiratory disease	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diabetes	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asthma	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accidental death	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**3. Health Measure - "Risk Factors & Behaviors"**

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

	Severity: In my opinion, this is a serious health need within this community.	Importance to Community: In my opinion, addressing this health need is very important to the community.	Impact: In my opinion, addressing this health need will improve the quality of life within this community.	Existing Community Resources: In my opinion, there are NO resources for addressing this health need within the community.
Obesity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tobacco use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Substance Abuse: Alcohol	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Substance Abuse: Meth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gambling addiction	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Teen substance abuse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prescription drug abuse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sedentary lifestyle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mental health issues	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Poor nutrition	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
High teen birth rate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drug overdose deaths	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suicide	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unhealthy attitude / apathy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lack of hope/desire to be something better ("owed" mentality)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cost of medications	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chronic disease management	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Health Measure - "Socioeconomic Factors"

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

	Severity: In my opinion, this is a serious health need within this community.	Importance to Community: In my opinion, addressing this health need is very important to the community.	Impact: In my opinion, addressing this health need will improve the quality of life within this community.	Existing Community Resources: In my opinion, there are NO resources for addressing this health need within the community.
High poverty	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inability to afford health insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unable to afford medical care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Limited availability of public transportation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lack of walking trails/sidewalks/bike paths	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Access / ease of use of alcohol	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Access / ease of use of prescription medications	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Access to healthy foods	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health literacy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Limited access to healthy activities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grandparents "parenting"	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Multigenerational dysfunctional families	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
High meth manufacturing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Readily accessible fast food	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Crime – fear for outside activities	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Homeless	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

	Severity: In my opinion, this is a serious health need within this community.	Importance to Community: In my opinion, addressing this health need is very important to the community.	Impact: In my opinion, addressing this health need will improve the quality of life within this community.	Existing Community Resources: In my opinion, there are NO resources for addressing this health need within the community.
Shortage of primary care physicians	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Access to primary care physicians for the un(der) insured	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Access to primary care in the rural areas of county	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Access to mental health care services	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shortage of physicians accepting Medicare/Medicaid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shortage of geriatric physicians	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Shortage of specialty physicians	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Limited medical office hours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coordination of care between clinics, specialists, hospital	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lack of patient understanding of how to navigate health system	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Youth not aware how to access healthcare system	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**6. Additional Comments:**



## Appendix 4: External Survey Prioritization Results

2012 Survey Prioritization	FINAL / TOTAL Score	Severity Score	Importance Score	Impact Score	Resources Score
<b>Top 10</b>					
Obesity	618	166	179	165	108
Substance Abuse: Meth	600	168	158	164	110
Diabetes	595	161	171	167	96
Heart Disease	583	172	168	169	74
Substance Abuse: Alcohol	582	148	157	149	128
Prescription Drug Abuse	573	153	159	149	112
Unaffordable Health Insurance	572	160	156	139	117
Unable to afford healthcare	571	156	149	137	129
Cancer	569	170	158	156	85
Poverty	567	145	157	152	113
Tobacco Use	567	145	157	152	113
Multigen dysfunctional families	560	148	149	147	116
Sedentary Lifestyle	558	150	153	156	99
High Meth Manufacturing	547	153	150	144	100
Easily Accessible Fast Foods	544	144	140	143	117
Lack of walking/bike paths/trails	544	139	139	138	128
Grandparents "parenting"	544	151	146	140	107
Limited Access to Healthy Foods	543	133	141	146	123
Lack of knowledge to navigate system	540	142	143	147	108
Lack of public transportation	537	142	134	138	123
Ease of access to Alcohol	536	138	141	147	110
Access to Mental Health Services	529	140	143	140	106
Chronic Respiratory Disease	525	137	145	138	105
Teen Substance Abuse	524	148	141	149	86
Asthma	523	134	133	156	100
Cost of Prescriptions	518	144	138	140	96
Health Literacy	515	133	132	137	113
Mental Health Issues	504	130	135	140	99
Unhealthy Attitude / Apathy	500	130	136	129	105
Crime - fear of outside activities	499	122	136	140	101
Access to PC in Rural County	498	122	133	136	107
Youth inability to access HC System	495	120	136	132	109
Shortage of Specialty Physicians	493	131	132	132	98
Accidental Death	492	132	144	129	87
Homeless	488	126	145	129	88

<b>Care Coordination: clinics/hospital</b>	486	124	125	131	106
<b>Gambling Addiction</b>	483	128	129	129	97
<b>Chronic Disease Management</b>	482	127	129	140	86
<b>Limited Access to Healthy Activities</b>	476	122	126	136	92
<b>Suicide</b>	467	127	125	119	96
<b>Lack of hope / desire for better</b>	464	118	130	121	95
<b>Shortage of Primary Care Physicians</b>	464	106	130	150	78
<b>Limited Medical Office Hours</b>	463	116	126	130	91
<b>Shortage of MC / MDC providers</b>	463	115	122	133	93
<b>Drug Overdose Deaths</b>	458	120	128	126	84
<b>Access to Primary Care for uninsured</b>	457	112	133	128	84
<b>Shortage of Geriatric Physicians</b>	404	83	112	111	98
<b>Access /ease of RX meds</b>	382	137	144	133	98

## Appendix 5: Internal Work Group Prioritization Grid

St. Anthony Shawnee Hospital * Community Health Needs Assessment Internal Prioritization / Criteria Rating Scale				
<i>Consider the Primary Service Area (PSA) in your rating selections. PSA = Pottawatomie County</i>				
Points to Assign In Each Category	Magnitude <i>The number of people within the PSA impacted by the problem as compared to State benchmark.</i>	Alignment with Mission, Key Strategies & Priorities <i>Number of SFHRP strategies consistent with addressing the problem.</i>	Resources Needed to Address the Issue <i>Additional resources required to address the health need.</i>	Hospital's Ability to Impact <i>Ability to measurably improve health outcomes.</i>
<b>5 points</b>	Problem <b>unfavorably affects</b> greater than 10% of the PSA population, as compared to the state benchmark	Consistent with 2 or more SFHRP <b>strategies</b>	No additional <b>resources</b> needed; service is currently in place	Can provide a service likely to <b>measurably</b> improve the community's health status
<b>3 points</b>	Problem <b>unfavorably affects</b> approximately 10% of the PSA population, as compared to the state benchmark	Consistent with 1 SFHRP <b>strategy</b>	Minimal <b>resources</b> needed to extend a current service	Can provide a service likely to <b>measurably</b> improve the community's health status with expertise from a community organization partner
<b>1 point</b>	Problem within the PSA is equal to or more <b>favorable</b> than the state benchmark	Inconsistent with SFHRP <b>strategies</b>	Requires significant <b>resources</b> ; service not currently in place	Unable or unlikely to <b>measurably</b> improve community health by addressing this need
<b>Please select your point allocation from the drop down menu below, based on the above definitions:</b>				
Top 10 Identified Community Needs	Magnitude	Alignment with Mission, Key Strategies & Priorities	Resources Needed to Address the Issue	Hospital's Ability to Impact
Obesity				
Substance Abuse: Meth				
Diabetes				
Heart Disease				
Substance Abuse: Alcohol				
Prescription Drug Abuse				
Unaffordable Health Insurance				
Unable to afford healthcare				
Cancer				
Poverty				

## References

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