

St. Anthony Shawnee Hospital

1102 West MacArthur | Shawnee, OK 74804



2016-2018

## Community Health Needs Assessment



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## Message to Our Community



St. Anthony Shawnee Hospital, a member of SSM Health, has delivered exceptional, compassionate care to Pottawatomie County 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 Shawnee Hospital conducted a Community Health Needs Assessment (CHNA) by gathering health-related information from Healthy Communities Institute (HCI) specific to Pottawatomie County and the surrounding areas. We have interviewed key health officials and 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:

- Prescription Drug Abuse
- Heart Disease
- Obesity

During this time, St. Anthony Shawnee Hospital will further develop its community partnerships and deliver an exceptional experience through high-quality, accessible, and affordable care. Please visit our website at [www.stanthonyshawnee.com](http://www.stanthonyshawnee.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 "Chuck Skillings".

Charles E. "Chuck" Skillings

President

St. Anthony Shawnee Hospital

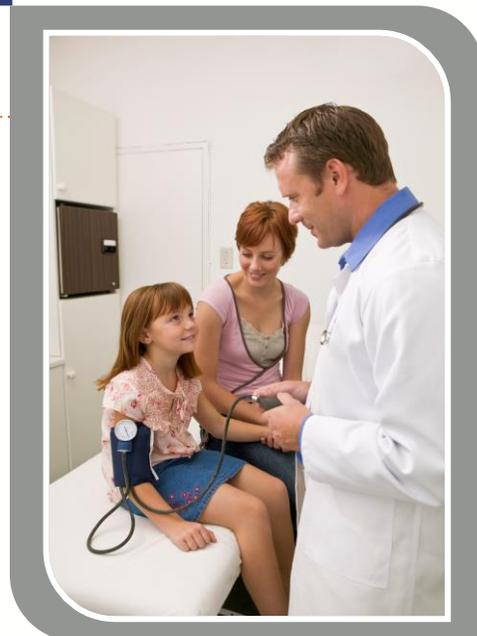


Contact us for more information or to take part in improving the health of our community by calling 405-273-2270 or visit our website at [stanthonyshawnee.com](http://www.stanthonyshawnee.com).

## Background

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

- Prescription Drug Abuse: Resources include Gateway to Prevention, Clinic Pharmacy, urgent care, local pharmacies and clinics, as well as the Pottawatomie County Health Department
- Heart Disease: Resources include Gateway to Prevention, American Lung Association, Community Health Improvement Organization, Mobilizing for Action through Planning and Partnerships (MAPP), Oklahoma State Department of Health and Pottawatomie County Health Department
- Obesity: Resources include Gateway to Prevention, American Diabetes Association, Mobilizing for Action through Planning and Partnerships (MAPP), Pottawatomie and state-wide tribal agencies, local fitness centers and programs, as well as the Pottawatomie County Health Department

## Goals

### Prescription Drug Abuse

- Decrease the number of deaths due to drug poisoning in Pottawatomie County from 22.3 deaths per 100,000 persons in 2015 to 21.2 deaths per 100,000 persons by 2018
- Reduce the percentage of drug overdose cases admitted into the emergency room at St. Anthony Shawnee Hospital by from 167 cases in 2015 to 158 cases by 2018

### Heart Disease

- Reduce the number of deaths due to coronary heart disease in Pottawatomie County from 161.1 deaths per 100,000 persons in 2015 to 159.1 deaths per 100,000 persons by 2018
- Decrease the percentage of 30-day congestive heart failure readmissions at St. Anthony Shawnee Hospital from 12.6% in 2015 to 11.6% by 2018

### Obesity

- Decrease the percentage of obese adults in Pottawatomie County from 36.4% in 2015 to 31.4% by 2018
- Decrease the number of admitted diabetic patients at St. Anthony Shawnee Hospital with a BMI of greater than or equal to 30 from 44 per year in 2015 to 39 per year by 2018

# About SSM Health and St. Anthony Shawnee 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 Shawnee Hospital

### Highlight of services

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

Some of our specialties include family practice, internal medicine, general surgery, obstetrics, gynecology, pediatrics, orthopedics, cardiology, pulmonology, medical and radiation oncology, physiatry, radiology, pathology and emergency medicine.

### Community benefit

In 2014, St. Anthony Shawnee Hospital provided \$7.2 million in unreimbursed care and over \$228,000 in other community benefits for a total of over \$7.4 million.

### Additional affiliations and partnerships

- American Heart Association
- American Lung Association
- Strategic Prevention Framework State Incentive Grant (SPFSIG)
- Rx Alliance Group
- US Foods
- Gateway to Prevention
- Pottawatomie Alliance Toward Community Health (PATCH)

## 2014

### Hospital at a Glance

Admissions: 3,828

Outpatient Visits: 53,223

ER Visits: 44,347

Births: 865

Beds: 114

Employees: 500

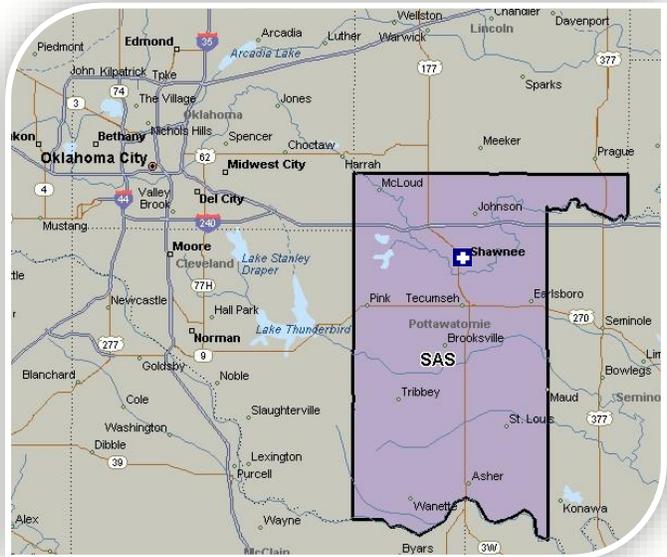
Medical Staff: 150+

Volunteers: 48

# About our Community



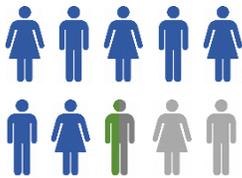
St. Anthony Shawnee Hospital is located in Shawnee, Ok. and defines its community as Pottawatomie County. In 2015, this service area had an estimated population of 70,191 people. The following pages of information include demographic and health indicator statistics specific to this community.



St. Anthony Shawnee Hospital

## Our community by the numbers

### Race/Ethnicity



73.0% White/Non-Hispanic  
 3.0% African American/Non-Hispanic  
 4.9% Hispanic  
 19.1% All Others

### Education Levels

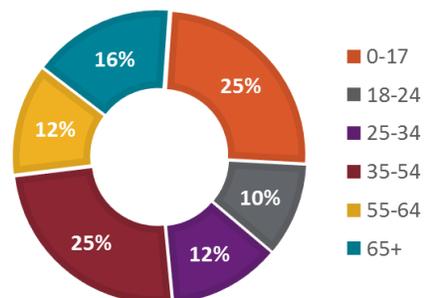


13.4% No High School Degree  
 37.0% High School Degree  
 32.7% Some College/Associates Degree  
 16.9% Bachelor's Degree or Greater

### 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 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 strengths and weaknesses within the community that factored into our discussions with local stakeholders regarding the priority health needs of the population within our service area.

### *Our community by the numbers*



## Voice of the community

The voice of the community was derived from focus groups and online surveys. In June 2015, St. Anthony Shawnee Hospital distributed interview questions to over 50 individuals with a range of expertise including public health officials, educators, public servants, and clinicians – all considered key informants in the community in the area of public health. In addition, the online survey was distributed to over 200 community members and residents of Pottawatomie County. The questions were designed to get information on how they perceive Pottawatomie County in regards to access and utilization of health services, insurance status, health status and risk factors/behaviors, as well as social/physical/environmental concerns.

The goal was to verify initial data research and make sure the findings were reflective of the experiences of the Pottawatomie County community, identify any information gaps that may limit the ability to assess the community's health needs and develop a better understanding of the health issues of uninsured persons, low-income persons, and minority groups in the community (see appendix, pages 19-22).

Issues identified and discussed included drug abuse, mental health, nutrition education, chronic disease, health care access, health literacy, medication cost, physician prescriptions, transportation limitations, financial assistance, smoking, asthma, breast cancer, sedentary lifestyle, heart disease, high blood pressure, COPD, obesity, diabetes, high cholesterol, migraine management, rheumatoid arthritis, anemia, bone density, allergies, endometriosis, back pain management and deep vein thrombosis.

## Key priorities



### Prescription Drug Abuse

Prescription drug abuse was a significant issue brought up in the feedback from our community and was verified by the data research.

Everyday, 44 people in the US die from overdose of prescription pain medications and many more become addicted. Problematic prescribing practices are a leading contributor to the epidemic.



### Heart Disease

Heart disease was a common issue brought up from the community and was verified by the data research.

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.



### Obesity

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

Throughout the US, the number of individuals considered overweight or obese continues to rise. In addition to being costly for the health care system, obesity can also lead to or complicate other health conditions, including heart disease, stroke, diabetes and certain types of cancer.

# Prescription Drug Abuse



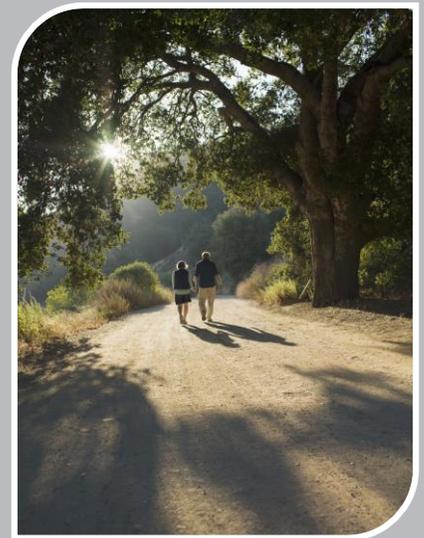
The Center for Disease Control and Prevention reports the amount of prescription pain medications prescribed and sold in the US has nearly quadrupled since 2000. Every day, 44 people in the US die from overdose of prescription pain medications and many more become addicted. Problematic prescribing practices are a leading contributor to epidemic. Safe and informed prescribing practices and instituting sensible prescribing guidelines can help stop the epidemic. It is highly recommended that patients: <sup>1</sup>

- Discuss with their physician the risks of prescription pain medications and other ways to manage pain
- Make a plan with their physician on when and how to stop, if a choice is made to use prescription pain medications
- Use prescription pain medications only as instructed by their doctor
- Store prescription pain medications in a safe place and out of reach of others
- Help prevent misuse and abuse by not selling or sharing prescription pain medications. Never use another person's prescription pain medications

## Additional facts and figures

- Of the 800 prescription drug abuse deaths in the state of Oklahoma from 2007-2013, 135 of them (17%) were from Pottawatomie County <sup>2</sup>
  - 60 of the 135 Pottawatomie deaths occurred in 2013
  - 70% of deaths involving a prescription pain medication occurred within the home or apartment
  - 50% of persons overdosing on prescription pain medication had a history of substance abuse
- 17.9-21% of all drug overdose deaths in Pottawattamie County are attributable to prescription pain medications, ranking the county 25<sup>th</sup> in the state <sup>2</sup>
- The death rate dues to overall drug poisoning in Pottawatomie County is 22.3 deaths per 100,000 persons, which was higher than the state death rate of 18.3 deaths per 100,000 persons <sup>3</sup>

Priority  
#1



For information about substance abuse, visit our website at [stanthonysawnee.com](http://stanthonysawnee.com).

Sources: <sup>1</sup> Centers for Disease Control and Prevention . <sup>2</sup> poison.health.ok.gov.

<sup>3</sup> 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 Shawnee 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

- Heart disease alone accounts for over \$90 million a year in medical cost for Pottawatomie County and is the number one cause of death for all ages <sup>1</sup>
- In 2010, the number of heart disease cases were 239,699 for Oklahoma. By 2030, the number of heart disease cases is expected to be 1,081,186 <sup>1</sup>
- Age-adjusted death rate due to coronary heart disease is 161.1 deaths per 100,000 persons for Pottawatomie County, which is slightly less than state rate of 149.8 deaths per 100,000 persons <sup>2</sup>
- Heart failure in the Pottawatomie Medicare population is 14.6%, which is slightly less than state percentage of 16.2% <sup>2</sup>
- Ischemic heart disease in the Pottawatomie Medicare population is 31.3%, which is comparable to the state percentage of 31.6% <sup>2</sup>

Priority  
#2



For information about heart and vascular services, visit our website at [stanthonysawnee.com](http://stanthonysawnee.com).

Sources: <sup>1</sup> healthyamericans.org. <sup>2</sup> Healthy Communities Institute

## Priority #3



For information about our obesity education program, visit our website at [stanthonysawnee.com](http://stanthonysawnee.com).

Obesity is defined as a life-long, progressive, life-threatening, genetically related, and costly disease of excess fat storage. This disorder is associated with illnesses directly caused or worsened by significant weight. Morbid obesity (or clinically severe obesity) is defined as being over 200% of ideal weight, more than 100 pounds overweight, or a body mass index (BMI) of 40 or higher, at which serious medical conditions occur as a direct result of the obesity. Obesity and unhealthy weight management can also contribute to the development of other diseases such as diabetes and heart disease.

Lifestyle complications that lead to increased risk of obesity mainly include physical inactivity combined with unhealthy diet and eating habits. In some cases, minorities and those living under financial distress are often segments of the population most affected by factors contributing to obesity.

Childhood obesity has both immediate and long-term health impacts. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and are more likely than normal to be teased and stigmatized, which can lead to poor self-esteem. Moreover, obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. Childhood obesity has more than tripled in the past thirty years.

Healthy eating and regular physical activity can lower the risk of becoming obese.

### Additional facts and figures

- 36.4% of adult residents in Pottawatomie County are obese <sup>1</sup>
- 13.9% of adult residents in Pottawatomie County have diabetes <sup>1</sup>
- 29.9% of adult residents in Pottawatomie County report having sedentary lives <sup>1</sup>
- The age-adjusted death rate due to diabetes is 31.6 deaths per 100,000 persons in Pottawatomie County, compared to state rate of 29.3 deaths per 100,000 persons <sup>1</sup>
- Diabetic screening in the Medicare population is 78.6% for Pottawatomie County, compared to state rate of 78% <sup>1</sup>
- Oklahoma is reported to have the seventh highest adult obesity rate in the nation <sup>2</sup>
- Oklahoma ranks 11th in the nation in diabetes prevalence.
- In 2010, there were 337,823 diabetes cases in Oklahoma. This is predicted to increase to 512,801 by 2030 <sup>2</sup>

Sources: <sup>1</sup>healthyamericans.org. <sup>2</sup>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 Shawnee 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](http://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
<b>Access to Health Services</b>				
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
<b>Adolescent Health</b>				
High School Graduation <small>MAP</small>	Current: 62.3 Target: 82.4 percent	62.3 82.4 Current Target	⬆️	⚠️ TARGET NOT MET

Contact us to learn more at 405-273-2270.

St. Anthony Shawnee Hospital

1102 West MacArthur | Shawnee, OK 74804



2016-2018

## Appendices

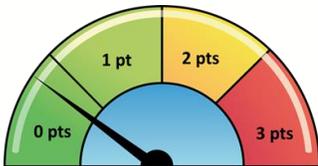


Additional demographic information

DEMOGRAPHIC CHARACTERISTICS										
		Selected Area		USA				2015	2020	% Change
2010 Total Population		67,857		308,745,538		Total Male Population		33,628	34,957	4.0%
2015 Total Population		70,191		319,459,991		Total Female Population		36,563	37,882	3.6%
2020 Total Population		72,839		330,689,365		Females, Child Bearing Age (15-44)		14,109	14,534	3.0%
% Change 2015 - 2020		3.8%		3.5%						
Average Household Income		\$59,403		\$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	14,329	20.4%	14,706	20.2%	19.1%	<\$15K	3,971	15.1%	12.7%	
15-17	3,026	4.3%	3,146	4.3%	4.0%	\$15-25K	3,151	12.0%	10.8%	
18-24	7,236	10.3%	7,685	10.6%	9.9%	\$25-50K	7,259	27.7%	23.9%	
25-34	8,667	12.3%	8,899	12.2%	13.3%	\$50-75K	4,839	18.5%	17.8%	
35-54	17,249	24.6%	16,802	23.1%	26.3%	\$75-100K	3,032	11.6%	12.0%	
55-64	8,625	12.3%	8,904	12.2%	12.7%	Over \$100K	3,974	15.2%	22.8%	
65+	11,059	15.8%	12,697	17.4%	14.7%					
<b>Total</b>	<b>70,191</b>	<b>100.0%</b>	<b>72,839</b>	<b>100.0%</b>	<b>100.0%</b>	<b>Total</b>	<b>26,226</b>	<b>100.0%</b>	<b>100.0%</b>	
EDUCATION LEVEL					RACE/ETHNICITY					
Education Level Distribution					Race/Ethnicity Distribution					
2015 Adult Education Level	Pop Age 25+	% of Total	USA % of Total		Race/Ethnicity	2015 Pop	% of Total	USA % of Total		
Less than High School	1,510	3.3%	5.9%		White Non-Hispanic	51,271	73.0%	61.8%		
Some High School	4,563	10.0%	8.0%		Black Non-Hispanic	2,102	3.0%	12.3%		
High School Degree	16,874	37.0%	28.1%		Hispanic	3,406	4.9%	17.6%		
Some College/Assoc. Degree	14,933	32.7%	29.1%		Asian & Pacific Is. Non-Hispanic	477	0.7%	5.3%		
Bachelor's Degree or Greater	7,720	16.9%	28.9%		All Others	12,935	18.4%	3.1%		
<b>Total</b>	<b>45,600</b>	<b>100.0%</b>	<b>100.0%</b>		<b>Total</b>	<b>70,191</b>	<b>100.0%</b>	<b>100.0%</b>		

Source: Truven Health Analytics 2015

## Healthy Communities Institute scorecard – Pottawatomie County

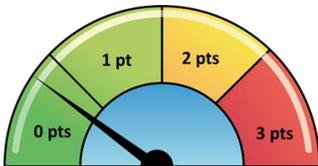


- St. Anthony Shawnee Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues 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](http://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)

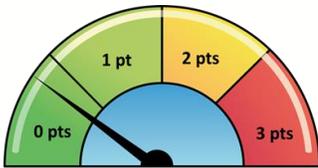


- St. Anthony Shawnee Hospital is pleased to make this source of community health and population data available to our community. We invite community organizations, planners, policy makers, educational institutions and residents to use this site as a tool to understand and track community health issues 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](http://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 population	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	

Source: Healthy Communities Institute

## Healthy Communities Institute scorecard – Pottawatomie County (continued)



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HCI Score	Indicator	Units	County Value	State Value	National Value	HP2020 Value
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		
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

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St. Anthony Shawnee 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

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

- Prescription drug abuse: Resources include Gateway to Prevention, Clinic Pharmacy, urgent care, local pharmacies and clinics, as well as the Pottawatomie County Health Department
- Heart disease: Resources include Gateway to Prevention, American Lung Association, Community Health Improvement Organization, Mobilizing for Action through Planning and Partnerships (MAPP), Oklahoma State Department of Health and Pottawatomie County Health Department
- Obesity: Resources include Gateway to Prevention, American Diabetes Association, Mobilizing for Action through Planning and Partnerships (MAPP), Pottawatomie and state-wide tribal agencies, local fitness centers and programs, as well as the Pottawatomie County Health Department

## How the data was obtained

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The voice of the community was derived from focus groups and online surveys. In June 2015, St. Anthony Shawnee Hospital distributed interview questions to over 50 individuals with a range of expertise including public health officials, educators, public servants, and clinicians – all considered key informants in the community in the area of public health. In addition, the online survey was distributed to over 200 community members and residents of Pottawatomie County. The questions were designed to get information how they perceive Pottawatomie County in regards to access and utilization of health services, insurance status, health status and risk factors/behaviors, as well as social/physical/environmental concerns.

The goal was to verify initial data research and ensure the findings were reflective of the Pottawatomie County community's perspective, identify any information gaps that may limit the ability to assess the community's health needs, and develop to a better understanding of the health issues of uninsured persons, low-income persons and minority groups in the community.

Additional data was derived from a variety of sources including the 2014 St. Anthony Shawnee Hospital Community Health Needs Assessment and from the Healthy Communities Institute (HCI), which can be found at SSM Health's homepage at [ssmhealth.com/system](http://ssmhealth.com/system). The website platform includes the most up-to-date publicly available data for approximately 140 community indicators from over 20 sources, covering 20 topics in the areas of health, determinants of health, and quality of life. Additional demographic and health impact factors were collected through SSM Health's data analytics platforms.

## The health needs of the community

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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

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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 Shawnee 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

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After completing the interviews and community survey, all the data was analyzed. All identified needs were used to create a second online survey for prioritization by assigning numeric scores in four criteria categories:

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"
4. Existing community resources: "In my opinion, there are no resources for addressing this health need within the community"

The survey tool was emailed to all of the participating community partners. In addition, representatives were selected to include public health experts, physicians, nursing, case management, social workers, school system representatives, hospital/practice management, patient/family advocates and the faith community. The survey collection period was conducted during Aug. 2015. 48 responses were received, with an approximate 25% response rate.

Through the use of the criteria scoring system, ten top health needs were identified and reviewed by an internal hospital work group who further refined the needs the hospital could address.

The hospital work group ranked the needs based on the following criteria:

1. Magnitude: "The number of people within the primary hospital service area impacted by the problem as compared to a state benchmark"
2. Alignment with Hospital Mission, strategies and priorities: "Number of hospital strategies consistent with addressing the problem"
3. Resources Needed: "Additional resources required to address the health needs"
4. Hospital's Ability to Impact: "Ability to measure improved health outcomes"

This process resulted in the final three priorities that will be addressed over the next three years.

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## The process for identifying and prioritizing community health needs and services to meet the community health needs (survey prioritization results)

2015 Survey Prioritization	FINAL/TOTAL Score	Severity Score	Importance Score	Impact Score	Resources Score
<b>Top 10</b>					
Prescription Drug Abuse	159	42	41	41	35
Mental Health	157	43	41	38	35
Local doctors not accepting new patients i.e. Sooner Care	155	40	40	38	37
Chronic disease Management Education/Support	153	39	38	40	36
Smoking	153	41	39	38	35
Lack of Personal Accountability	153	42	40	35	36
Limited care for low income patients	152	39	38	40	35
Health Literacy	151	39	38	38	36
Nutrition Education	149	36	42	37	34
Sedentary (inactive) lifestyle	149	39	40	36	34
Heart Disease	149	39	39	37	34
Diabetes/Pre-Diabetes	149	39	41	35	34
Migraine Management	149	38	37	37	37
Lack of foundational prevention services	148	36	39	37	36
Physicians prescribing pain pills vs. addressing cause of pain	148	39	40	35	34
Medication Cost	147	39	40	34	34
Transportation Limitations	146	39	38	35	34
Breast Cancer	146	38	39	36	33
High Blood Pressure	146	38	39	36	33
Obesity	146	40	40	33	33
Back and Nerve Pain Management	146	38	38	34	36
COPD	145	38	37	37	33
Rheumatoid Arthritis	145	37	37	35	36
Anemia	145	37	36	34	38
Bone Density	145	37	36	37	35
Deep Vein Thrombosis	145	38	35	36	36
Financial Assistance	144	38	38	35	33
Asthma	144	37	40	34	33
High Cholesterol	144	37	38	36	33
Allergies	144	36	38	34	36
Endometriosis	144	37	36	35	36

## Interview questions

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### Community Health Needs Assessment Interview Questions

For St. Anthony Shawnee Hospital's Community Health Needs Assessment (CHNA), we are required to gather input from the community about the specific health needs of our primary service area of Pottawatomie County.

The CHNA will address how good or bad our primary service area's population is in regards to:

- Access to and utilization of health services
- Insurance status
- Health status and risk factors/behaviors
- Social/physical/environmental concerns

From that data, we will determine:

- What health needs trends are identified that exist throughout the counties
- How to prioritize the community needs
- How to meet priority needs by aligning with our current programs and services or developing new hospital initiatives

Based on the above information, would you please consider the questions below:

**Q1.** How would describe your observations on the health status of our primary service area of Pottawattomie County? What needs are or 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? *This would be a commitment of 1 in-person meeting and 1 webinar at most.*

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

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

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St. Anthony Shawnee Hospital observes that, while many health status indicators for its service area might score above average, they may still represent problems that are above the medically preferable prevalence rate (i.e. nonexistent), place a heavy burden on our population, trends might be worsening and/or fall short of acceptable benchmarks. In addition, aggregate health data for the entire population often masks the unfair, heavy burdens on certain groups within the population. St. Anthony Shawnee Hospital made a conscious effort to reveal and acknowledge these disparities when possible.

## Persons representing the community with whom the hospital consulted

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

Date	Solicitation Type	Panel Member Title	Panel Member Organization	Panel Member Name (Optional)
7/31/2015	Interview/Survey	City Mayor	City of Shawnee	Wes Mainord
7/31/2015	Interview/Survey	Public Housing FSS Coordinator	Shawnee Housing Authority	Shirely Campbell
7/31/2015	Interview/Survey	CPS Director of Training	Gateway To Prevention	Jan Tipton
7/31/2015	Interview/Survey	TANIF Supervisor	Department of Human Services	Carol Hinex
7/31/2015	Interview/Survey	Counselor/Wellness Educator	Gateway To Prevention	Alicia Carter
7/31/2015	Interview	Program Director	Avedis Foundation	Paula Waters
7/31/2015	Interview	Dean of Students	Pleasant Grove Elementary	Timmy Young
7/31/2015	Interview	Community Relations Officer	City Of Shawnee	Dan Shumaker
7/31/2015	Interview/Survey	Marketing/Public Relations Director	MacArthur Park Home Health	Loretta Groves
7/31/2015	Interview/Survey	Vice President Community Leader	First United Bank	Denoda Martin
7/31/2015	Interview/Survey	Police Chief	City of Shawnee	Russell Frantz
7/31/2015	Interview	Shawnee Youth Coalition	Gateway To Prevention	Korbin Williams
8/7/2015	Survey	BancFirst President	BancFirst/SSMOK Board Member	Marion McMillian
8/7/2015	Survey	Director	Oklahoma Health Department	Brend Potts
8/7/2015	Survey	Pharmacist	Clinic Pharmacy	Tim Barrick
8/7/2015	Survey	Community Director	Canadian Valley Co-Op	Bob Weaver
8/7/2015	Survey	Retired Educator	Retired Educator	Charely Shields
8/7/2015	Survey	Fire Marshall	City of Shawnee	David Anderson
8/7/2015	Survey	Counselor	Shawnee High School	Donna Houston
8/7/2015	Survey	Hospitalist	St. Anthony Shawnee Hospital	Gaynell Anderson, MD
8/7/2015	Survey	School Nurse	South Rock Creek School	Jeanie Skillings, RN
8/7/2015	Survey	Manager	Central Disposal	JonMark Adcock
8/7/2015	Survey	Owner	Action Physical Therapy	Katie Landes
8/7/2015	Survey	Politician	State of Oklahoma	Kris Steele
8/7/2015	Survey	Speech Pathologist	Shawnee Public Schools	Marly Landreth
8/7/2015	Survey	Dentist	Shawnee Dental	Nan Shadid
8/7/2015	Survey	Publisher	Countywide News	Gloria Trotter
8/7/2015	Survey	State Senate	Oklahoma Senate	Ron Sharp
8/7/2015	Survey	Director of Business Services	Admin. Consultant Service, LLC	Candace Shields
8/7/2015	Survey	Employment & Social Services Counselor	Citizen of Pottawatomie	Gina Bundy
8/7/2015	Survey	Regional Turning Point Consultant	Oklahoma Department of Health	Jessi Bridgeman
8/7/2015	Survey	Reporter	Shawnee News-Star	Lindsey Allen
8/7/2015	Survey	Director	Gateway To Prevention	Amy Dunn-Walton
8/7/2015	Survey	Communities fo Excellence Consultant	Gateway To Prevention	Jessica Eddings
8/7/2015	Survey	Healthy Living Consultant	Gateway To Prevention	Holly Gordon
8/7/2015	Survey	President/CEO	Avedis Foundation	Michelle Briggs
8/7/2015	Survey	Family & Consumer Science Extension Coordinator	OSU Extension	Sonya McDaniel
8/7/2015	Survey	SPF-SIG Coordinator	Gateway To Prevention	Lisa Watson
8/7/2015	Survey	School Nurse	Pleasant Grove Elementary	Rhianna Webb
8/7/2015	Survey	Personal Trainer	Progression in Fitness	Paul Brown
8/7/2015	Survey	Chair of Business Department	St. Gregory's University	Angela James
8/7/2015	Survey	Executive Director	Shawnee Senior Center	Kate Joyce
8/7/2015	Survey	Licensed Dietitian	Anytime Fitness	Andrea Beck
8/7/2015	Survey	Staff Nurse	St.Anthony Shawnee Hospital	Cleda Byrum
8/7/2015	Survey	VP Support	St.Anthony Shawnee Hospital	Linda Brown
8/7/2015	Survey	Marketing Director	St. Anthony Shawnee Hospital	Carla Tollett
8/7/2015	Survey	Community Wellness Educator	St. Anthony Shawnee Hospital	Trilbya Anderson
8/7/2015	Survey	Employment Specialist	Goodwill, Industries of Central Oklahoma	Chiquita Carbajal
8/7/2015	Survey	Merchant Services/ Business Development Officer	BancFirst	Molly Weaver-Forsythe
8/7/2015	Survey	Senior Vice President	Bancfirst	Chad Meiler
8/7/2015	Survey	Hospice Consultant	Faith Hospice	Kristin Haskins
8/7/2015	Survey	Former Project Coordinator- Shawnee	University of Oklahoma	Cara Thomas
8/7/2015	Survey	Regional Prevention Coordinator, Youth Coalition	Gateway To Prevention	Jon Greenwood
8/7/2015	Survey	Boom-A-Rang Diners,Inc/3D Resturant Group	Boom-A-Rang Diner, Inc	Gordona Rowell
8/7/2015	Survey	Admin. Asst./Marketing Specialist	Heart of Oklahoma Exposition Center	Stephanie Meiler-Gideon
8/7/2015	Survey	Adminstrator	Heartland Home Health Care and Hospice	Susan Ward
8/7/2015	Survey	Diabetes Educator	Citizen of Pottawatomie	Kathy Barrett

## Needs the hospital will not address and the reasons

Because St. Anthony Shawnee 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 Shawnee Hospital attempts to alleviate these economic constraints on a regular basis through the provision of charity care and the St. Anthony Shawnee Foundation programs.
- Transportation limitations: St. Anthony Shawnee 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: SSM Health and the St. Anthony Shawnee 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.
- 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 Shawnee Hospital partners with these organizations when possible to promote and educate the public on cancer prevention and awareness.
- Endometriosis, back and nerve pain management, allergies, asthma, 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 Shawnee Hospital is constantly working to address these needs through the St. Anthony Physician’s Organization and other services.

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

The CHNA was conducted in partnership with St. Anthony Hospital of Oklahoma City.

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

St. Anthony Shawnee Hospital’s 2016-2018 CHNA is available online at [stanthonyshawnee.com](http://stanthonyshawnee.com) and upon request from the hospital facility at 405-273-2270. See section on “Going Forward” for more information.

St. Anthony Shawnee Hospital

1102 West MacArthur | Shawnee, OK 74804



2016-2018

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## 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 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 in Pottawatomie County as compared to the state of Oklahoma average, other counties or Healthy People 2020 national health goals



The St. Anthony Shawnee 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 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](http://ssmhealth.com/system) and in the County Health Rankings Report for Pottawatomie County, Ok.

*Priority #1 Prescription Drug Abuse*

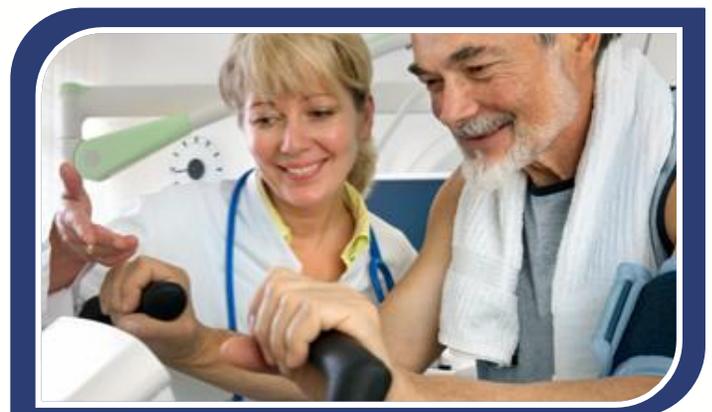
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*Priority #2 Heart Disease*

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*Priority #3 Obesity*

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# Prescription Drug Abuse



Priority  
#1

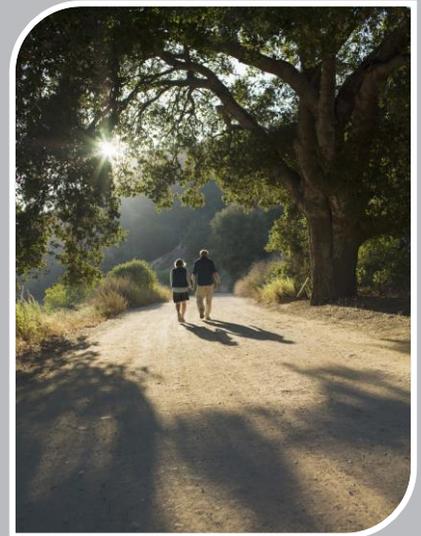
The Center for Disease Control and Prevention reports the amount of prescription pain medications prescribed and sold in the US has nearly quadrupled since 2000. Every day, 44 people in the US die from overdose of prescription pain medications and many more become addicted. Problematic prescribing practices are a leading contributor to epidemic. Safe and informed prescribing practices and instituting sensible prescribing guidelines can help stop the epidemic. It is highly recommended that patients: <sup>1</sup>

- Discuss with their physician the risks of prescription pain medications and other ways to manage pain
- Make a plan with their physician on when and how to stop, if a choice is made to use prescription pain medications
- Use prescription pain medications only as instructed by their doctor
- Store prescription pain medications in a safe place and out of reach of others
- Help prevent misuse and abuse by not selling or sharing prescription pain medications. Never use another person's prescription pain medications



## Additional facts and figures

- Of the 800 prescription drug abuse deaths in the state of Oklahoma from 2007-2013, 135 of them (17%) were from Pottawatomie County <sup>2</sup>
  - 60 of the 135 Pottawatomie deaths occurred in 2013
  - 70% of deaths involving a prescription pain medication occurred within the home or apartment
  - 50% of persons overdosing on prescription pain medication had a history of substance abuse
- 17.9-21% of all drug overdose deaths in Pottawattamie County are attributable to prescription pain medications, ranking the county 25<sup>th</sup> in the state <sup>2</sup>
- The death rate dues to overall drug poisoning in Pottawatomie County is 22.3 deaths per 100,000 persons, which was higher than the state death rate of 18.3 deaths per 100,000 persons <sup>3</sup>



For information about substance abuse, visit our website at [stanthonysawnee.com](http://stanthonysawnee.com).

Sources: <sup>1</sup> Centers for Disease Control and Prevention . <sup>2</sup> poison.health.ok.gov.

<sup>3</sup> Healthy Communities Institute

# Strategic Implementation Plan Prescription Drug Abuse



## Goals

The goals of St. Anthony Shawnee Hospital include:

- Decrease the number of deaths due to drug poisoning in Pottawatomie County from 22.3 deaths per 100,000 persons in 2015 to 21.2 deaths per 100,000 persons by 2018 (HCI)
- Reduce the number of drug overdose deaths seen in St. Anthony Shawnee Hospital from \_\_ in 2016 to \_\_ by 2018 (baseline data TBD pending Epic tracking report to be developed in 2016)



## Action plan

- Develop drug overdose reporting metrics in Epic, pending transition from Meditech in 2016
- Partner with Gateway to Prevention to distribute proper disposal guidelines and inserts for all prescriptions filled by pharmacies and distributed by the emergency room and urgent care clinics
- Continue to collaborate with Gateway to Prevention to offer prescription drug take back program in Pottawatomie County
- Provide prescription drug abuse educational information to patients at discharge
- Distribute lockboxes to patients at discharge with large amounts of prescription drugs, especially the elderly and physically disabled
- Provide patients with alternative therapeutic education and options for pain control in the emergency room, inpatient and outpatient settings
- Provide physicians with educational opportunities for alternative therapy and pain management

## Community partners and supporting resources

- Gateway to Prevention
- Clinic Pharmacy
- Urgent care clinics
- Local pharmacies and clinics
- Pottawatomie County Health Department
- St. Anthony Shawnee Medical Staff

# 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 Shawnee 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

- Heart disease alone accounts for over \$90 million a year in medical cost for Pottawatomie County and is the number one cause of death for all ages <sup>1</sup>
- In 2010, the number of heart disease cases were 239,699 for Oklahoma. By 2030, the number of heart disease cases is expected to be 1,081,186 <sup>1</sup>
- Age-adjusted death rate due to coronary heart disease is 161.1 deaths per 100,000 persons for Pottawatomie County, which is slightly less than state rate of 149.8 deaths per 100,000 persons <sup>2</sup>
- Heart failure in the Pottawatomie Medicare population is 14.6%, which is slightly less than state percentage of 16.2% <sup>2</sup>
- Ischemic heart disease in the Pottawatomie Medicare population is 31.3%, which is comparable to the state percentage of 31.6% <sup>2</sup>

Priority  
#2



For information about heart and vascular services, visit our website at [stanthonysawnee.com](http://stanthonysawnee.com).

Sources: <sup>1</sup> healthyamericans.org. <sup>2</sup> Healthy Communities Institute

# Strategic Implementation Plan

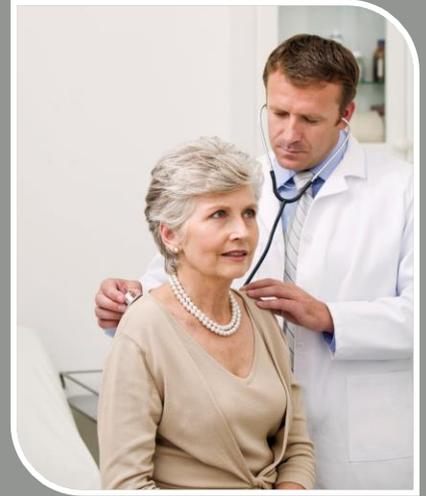
## Heart Disease



### Goals

The goals of St. Anthony Shawnee Hospital include:

- Reduce the number of deaths due to coronary heart disease in Pottawatomie County from 161.1 deaths per 100,000 persons in 2015 to 159.1 deaths per 100,000 persons by 2018 (HCI)
- Decrease the percentage of 30-day congestive heart failure readmissions at St. Anthony Shawnee Hospital from 12.6% in 2015 to 11.6% by 2018 (PIR)



### Action plan

- Establish a prevention program at St. Anthony Shawnee Hospital for Pottawatomie County residents focused on physical activity, healthy eating, smoking cessation, high blood pressure, high cholesterol and diabetes. The prevention program will be designed to educate the community on the dangers, risks and prevention measures of those conditions listed above
- Increase awareness of the relationship between smoking and heart/chronic disease by hosting the following programs:
  - "Freedom from Smoking" programs at community-based events and quarterly "Freedom From Smoking" classes
  - "Breathe Smart from the Start" classes geared toward pregnant mothers and families who smoke during "Baby Basic" classes
- Assess effectiveness of smoking programs via comparison of surveys administered pre-and-post program attendance
- Start a "Shape Up Shawnee Campaign" to get Pottawatomie County residents active with a community-wide healthy eating and exercise contest, including local business and community members
- Continue follow-up visits from St. Anthony Shawnee Medical Staff to prevent and/or decrease readmissions

### Community partners and supporting resources

- Gateway To Prevention
- American Lung Association
- Community Health Improvement Organization (CHIO)
- Mobilizing for Action through Planning and Partnerships (MAPP)
- Oklahoma State Department of Health
- Pottawatomie County Health Department
- St. Anthony Shawnee hospital staff

Obesity is defined as a life-long, progressive, life-threatening, genetically related, and costly disease of excess fat storage. This disorder is associated with illnesses directly caused or worsened by significant weight. Morbid obesity (or clinically severe obesity) is defined as being over 200% of ideal weight, more than 100 pounds overweight, or a body mass index (BMI) of 40 or higher, at which serious medical conditions occur as a direct result of the obesity. Obesity and unhealthy weight management can also contribute to the development of other diseases such as diabetes and heart disease.

Lifestyle complications that lead to increased risk of obesity mainly include physical inactivity combined with unhealthy diet and eating habits. In some cases, minorities and those living under financial distress are often segments of the population most affected by factors contributing to obesity.

Childhood obesity has both immediate and long-term health impacts. Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and are more likely than normal to be teased and stigmatized, which can lead to poor self-esteem. Moreover, obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. Childhood obesity has more than tripled in the past thirty years.

Healthy eating and regular physical activity can lower the risk of becoming obese.

## Additional facts and figures

- 36.4% of adult residents in Pottawatomie County are obese <sup>1</sup>
- 13.9% of adult residents in Pottawatomie County have diabetes <sup>1</sup>
- 29.9% of adult residents in Pottawatomie County report having sedentary lives <sup>1</sup>
- The age-adjusted death rate due to diabetes is 31.6 deaths per 100,000 persons in Pottawatomie County, compared to state rate of 29.3 deaths per 100,000 persons <sup>1</sup>
- Diabetic screening in the Medicare population is 78.6% for Pottawatomie County, compared to state rate of 78% <sup>1</sup>
- Oklahoma is reported to have the seventh highest adult obesity rate in the nation <sup>2</sup>
- Oklahoma ranks 11th in the nation in diabetes prevalence.
- In 2010, there were 337,823 diabetes cases in Oklahoma. This is predicted to increase to 512,801 by 2030 <sup>2</sup>

Sources: <sup>1</sup>healthyamericans.org. <sup>2</sup>Healthy Communities Institute

Priority  
#3



For information about our obesity education program, visit our website at [stanthonysawnee.com](http://stanthonysawnee.com).

# Strategic Implementation Plan

## Obesity



### Goals

The goals of St. Anthony Shawnee Hospital include:

- Reduce the age-adjusted death rate due to diabetes in Pottawatomie County from 31.6 deaths per 100,000 persons reported in 2015 to 29.3 deaths per 100,000 persons (state average) by 2018 (HCI)
- Decrease the percentage of obese adults in Pottawatomie County from 36.4% in 2015 to 34.4% by 2018 (HCI)
- Reduce the average BMI of individuals enrolled in the prevention program from \_\_\_ in 2016 to \_\_\_ by 2018 (baseline data TBD pending program tracking report to be developed once program has been initiated)



### Action plan

- Establish a prevention program at St. Anthony Shawnee Hospital for Pottawatomie County residents focused on physical activity, healthy eating, smoking cessation, high blood pressure, high cholesterol and diabetes. The prevention program will be designed to educate the community on the dangers, risks and prevention measures of those conditions
- Develop database for monitoring prevention program metrics of enrollees
- Increase the number of healthy options in hospital café and continue with "Try It Tuesdays," noting healthy options on weekly menus
- Continue the Health Week for Pottawatomie County by hosting fitness classes with local instructors and providing healthy snacks and lunches for volunteers and participating businesses
- Continue with National Walk Day Event for the community held at St. Anthony Shawnee Hospital
- Start a "Shape Up Shawnee Campaign" to get Pottawatomie County residents active with a community-wide healthy eating and exercise contest, including local business and community members
- Implement an evidence-based outpatient referral program for diabetic patients that is based on fun and engaging adult-learning principles

### Community partners and supporting resources

- Gateway to Prevention
- Mobilizing for Action through Planning and Partnerships (MAPP)
- American Diabetes Association
- Pottawatomie and state-wide tribal agencies
- Local fitness centers and programs
- Pottawatomie County Health Department
- St. Anthony Shawnee Hospital social work, case management and dieticians

## 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 Shawnee 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](http://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
<b>Access to Health Services</b>				
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
<b>Adolescent Health</b>				
High School Graduation <small>MAP</small>	Current: 62.3 Target: 82.4 percent	62.3 82.4 Current Target	↑	TARGET NOT MET

Contact us to learn more at 405-273-2270.