

# 2021

## Community Health Needs Assessment



**SSM Health St. Anthony Hospital - Shawnee**

1102 W MacArthur St | Shawnee, OK 74804

# Message to our community

St. Anthony Hospital - Shawnee, a member of SSM Health, has delivered exceptional, compassionate care to Pottawatomie County for 54 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.

Our sustained community commitment can be seen through our collaborative partnerships with residents and organizations. We rely on these relationships to help us identify and develop plans to address high-priority community health needs. We are grateful for the support the following organizations offered during this CHNA: the Avedis Foundation, Blue Zones of Pottawatomie County, the Cities of Asher, McCloud, Shawnee, Tecumseh, and Wanette, Community Market of Pottawatomie County, Community Renewal of Pottawatomie County, First United Bank – Tecumseh, Gateway to Prevention and Recovery, Pioneer Library System, Union Missionary Baptist Church, and many more.

Over the last 12 months, in collaboration with our community partners, we have conducted a community health needs assessment by gathering health-related information regarding Pottawatomie County from the Center for Applied Research and Engagement Systems (CARES), the Centers for Disease Control and Prevention (CDC), County Health Rankings, and the State of the State's Health Report (issued by the Oklahoma State Board of Health). We have also interviewed key leaders in the community, conducted community focus groups, and distributed a community survey to identify concerns about the health of the county and the number of area-based programs and organizations that exist to address current needs. These discussions identified needs that were prioritized based on the level of importance to community members and the hospital's ability to truly make an impact.

A special word of thanks is owed to the Avedis Foundation, Blue Zones, and Gateway to Prevention and Recovery for their collaboration on this assessment. We are grateful for your shared commitment to the most vulnerable members of Pottawatomie County.

Sincerely,

Angi Mohr  
President  
St. Anthony Hospital - Shawnee



# Executive summary

## Background

St. Anthony Hospital - Shawnee is pleased to present the 2021 Community Health Needs Assessment (CHNA). This 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 identified needs.

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

## Priorities

As a result of the 2021 CHNA, St. Anthony Hospital - Shawnee determined three priorities for the 2022-2024 Community Health Improvement Plan:

- **Food Insecurity**
- **Mental Health**
- **Access to Primary Care**

## Strategies

**Food Insecurity:** We will continue our work with community partners to find creative solutions to increase access to healthy food for our patients and other vulnerable members of the community.

**Mental Health:** We will utilize our health ministry's internal resources and partner with mental health providers and other community organizations to improve mental wellness in the community and increase access to counseling services and other mental health resources for vulnerable populations identified in this needs assessment.

**Access to Primary Care:** We will partner with local government, public health, and nonprofit organizations to find creative solutions to increase access to primary care services for marginalized members of the community.



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# About SSM Health and St. Anthony Hospital - Shawnee

## SSM Health

SSM Health is a Catholic not-for-profit health system serving the comprehensive health needs of communities across the Midwest through a robust and fully integrated health care delivery system.

Headquartered in St. Louis, SSM Health has care delivery sites in Missouri, Illinois, Oklahoma, and Wisconsin. The

health system includes 24 hospitals, more than 300 physician offices and other outpatient care sites, 10 post-acute facilities, comprehensive home care and hospice services, a pharmacy benefit company, an insurance company, a technology company and an Accountable Care Organization.

With more than 10,000 providers and 40,000 employees in four states, SSM Health is one of the largest employers in every community it serves. An early adopter of the electronic health record (EHR), SSM Health is a national leader for the depth of its EHR integration.

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

## St. Anthony Hospital - Shawnee

### Highlight of services

We offer more than 7 medical specialty areas:

- Emergency Services
- Women's Health
- Surgical Services
- Cancer Care
- Pulmonology
- Cardiology
- Orthopedics

### Community partnerships

We are proud to be part of community projects that work to improve health outcomes in the areas we serve:

- Community Market: Mobile Market
- Drug Drop Boxes & Take-Back Days
- Well-Being District Designation
- Healthy Food at YMCA Concessions

### Community benefit

In 2019, St. Anthony Hospital - Shawnee provided \$4,720,125 in community benefit, comprised of \$4,197,621 in charity care and \$522,504 in community services.

Examples of our community benefit programs include:

- VeggieRx
- Food insecurity screenings
- Staff education on food insecurity
- Oklahoma Tobacco Quitline referrals
- Support for County Free Clinic

### Additional affiliations and partnerships

- Pott. County Nonprofit Roundtable
- Shawnee Homelessness Taskforce
- United Way

## Hospital at a glance

Admissions | **3,570**

Outpatient visits | **70,649**

ER visits | **37,039**

Births | **788**

Beds | **96**

Employees | **737**

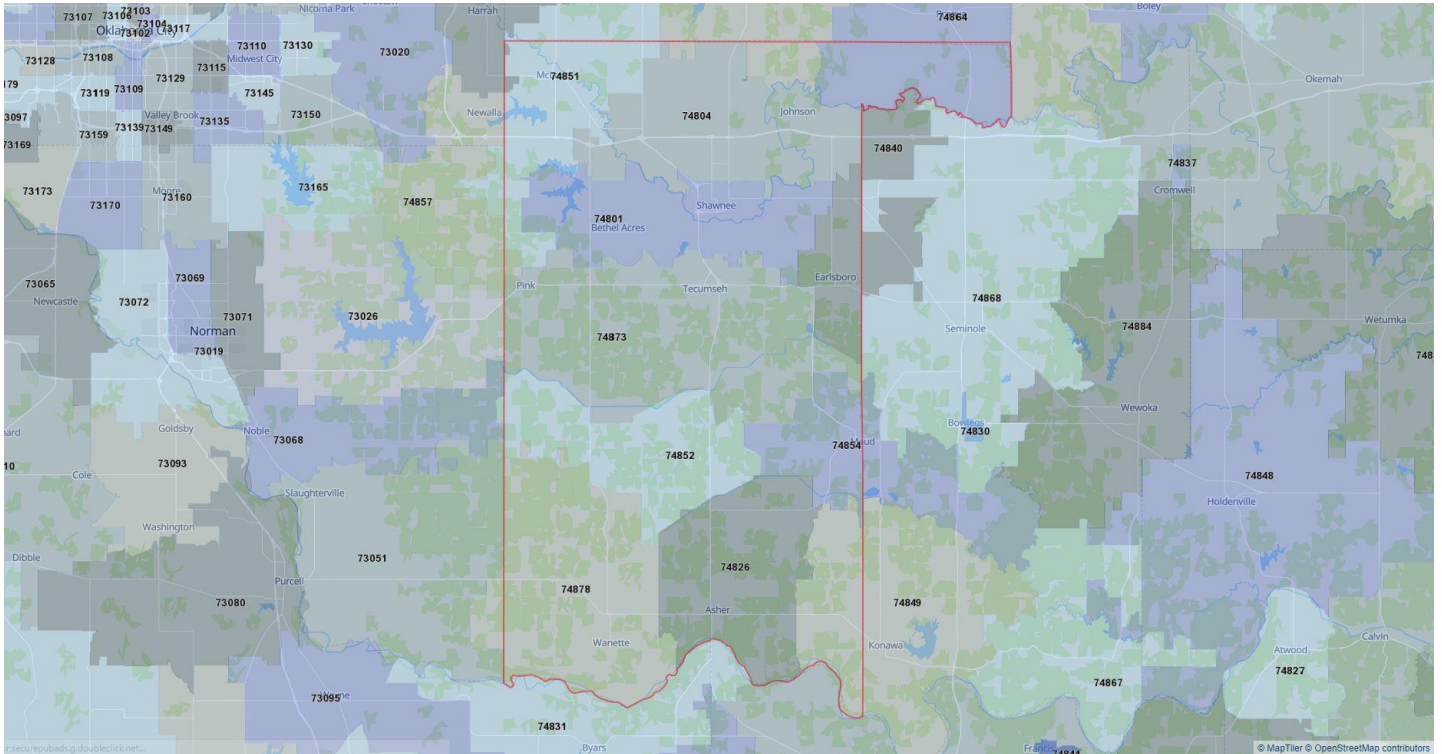
Medical staff | **78**

Volunteers | **40+**

Charity care | **\$4,197,621**

# Definition of community

The community we serve is defined as Pottawatomie County, which accounts for 71.68% of the total patients served by the hospital. Pottawatomie County is located in central Oklahoma, occupying 788 square miles. There are 13 zip codes that are contained within or overlap the service area. The hospital is located on the north side of Shawnee in the 74804 zip code. With a population of 31,476, Shawnee is the 14<sup>th</sup> largest city in Oklahoma. In 2020, the total population for Pottawatomie County was 72,454. No group within the community was excluded from this needs assessment.



## Pottawatomie County Demographics (additional demographic information can be found in Appendix D)

AGE		Race/Ethnicity		Household Income		Education	
0-9	11.5%	American Indian	12.6%	\$0-\$25K	25.4%	No degree	11%
10-19	15.8%	Asian/Pacific Islander	0.8%	\$25K-\$50K	19.8%	High School	37%
20-24	18.1%	Black	3.1%	\$50K-\$75K	22.3%	Some college	32%
25-34	11.9%	Hispanic/Latino	5.9%	\$75K-\$100K	12.6%	Bachelor's degree	13%
35-44	13.2%	White	69.7%	Over \$100K	19.8%	Graduate degree	7%
45-54	11.8%	Other	2.0%				
55-64	13.1%	Two or more	11.8%				
65+	16.4%						

## Vulnerable and/or underserved population

As a Catholic ministry committed to a preferential option for the poor, SSM Health conducts its community health needs assessments with a health equity lens. Consequently, this assessment highlights the needs of the some of the most underserved members of Pottawatomie County.

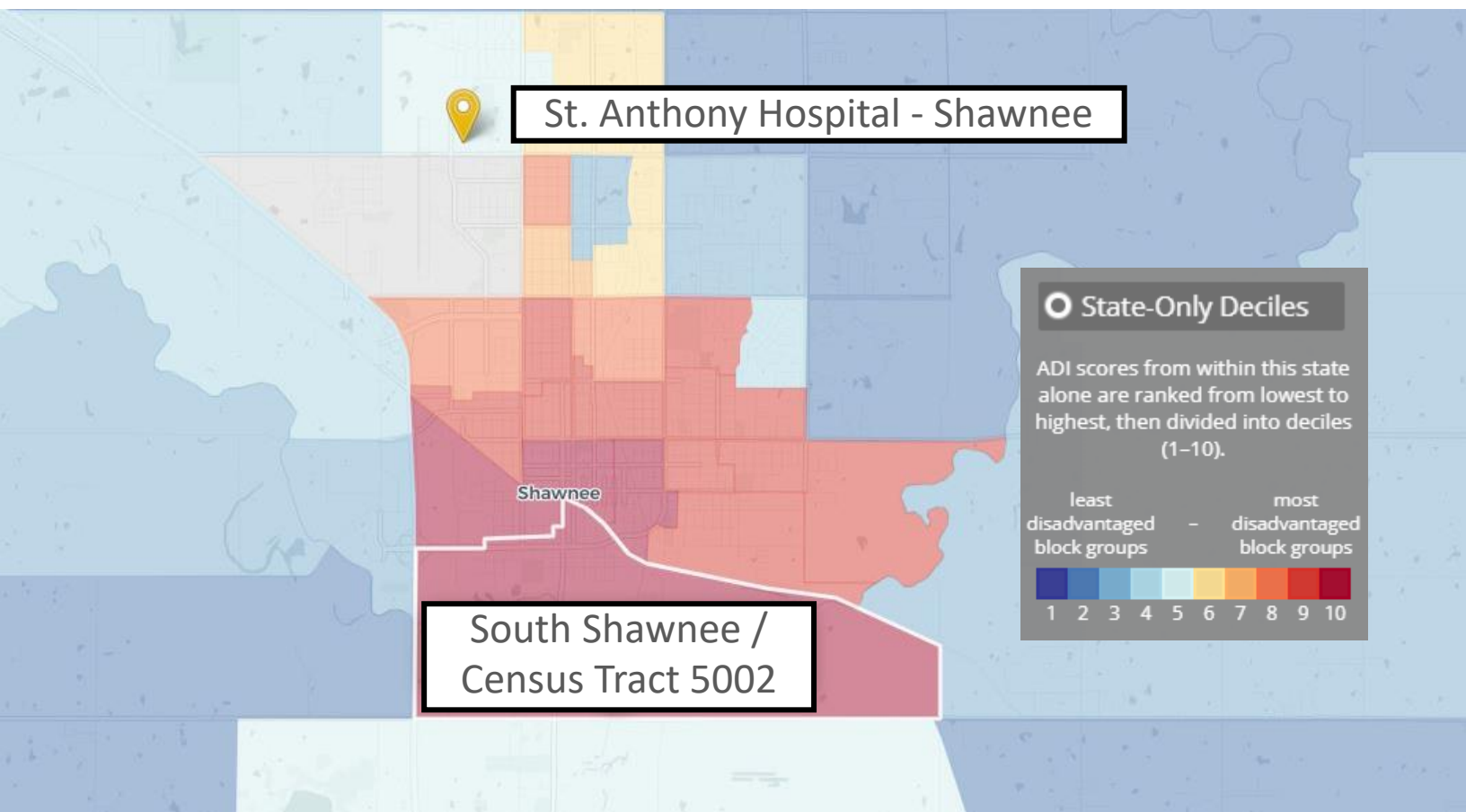
The residents of the south side of Shawnee are some of most vulnerable in the state of Oklahoma, including census tract 5002. The overall population for census tract 5002 is 3,221 persons, with a median age of 34.2 and a median household income of \$20,038. According to the CDC's Social Vulnerability Index (SVI), census tract 5002 has an SVI score of .9502 [possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability)].

Where possible, this assessment highlights health data from this census tract along with data for Pottawatomie County and the state of Oklahoma (US Census).

## Area Deprivation Index

(Kind & Buckingham)

The Area Deprivation Index ranks census tracts based upon income, education, employment, education, and housing quality. The map below shows the Shawnee area, displaying census tracts' vulnerability relative to the rest of the state of Oklahoma. This maps shows how the southern half of Shawnee compares to the rest of the state.



# Methods of assessment

During 2021 St. Anthony Hospital - Shawnee's community health team gathered data to determine the health needs of the community of Pottawatomie County. Pottawatomie County was defined as the community because the majority of the patients served by St. Anthony Hospital - Shawnee live in the county. The county was also defined as the community because quantitative data is readily available at the county-level, and because many of the hospital's community partners and area coalitions define their service area as Pottawatomie County.

## Community partners

We are grateful for our community partners who helped with survey distribution, community chats, and key informant interviews:

- Avedis Foundation
- Blue Zones of Pottawatomie County
- City of Asher
- City of McLoud
- City of Shawnee
- City of Tecumseh
- City of Wanette
- Community Market of Pottawatomie County
- Community Renewal of Pottawatomie County
- First United Bank – Tecumseh
- Gateway to Prevention and Recovery
- Pioneer Library System
- Union Missionary Baptist Church



## Local public health department

Pottawatomie County is in Region 6 of Oklahoma's county health departments, which also includes Cleveland, Grady, Hughes, McClain, and Seminole counties. In June 2021 the hospital's community health team met with the Director of Community Engagement and Planning and the Health Planning Coordinator for Region 6 to discuss opportunities for data sharing and collaboration on community needs assessments and implementation strategies. Region 6's staff was also invited to participate in a community stakeholder meetings to provide feedback during the health needs prioritization process.



## Community input – Primary data

Primary/qualitative data was gathered from residents of Pottawatomie County through three methodologies:

- Community health survey
- Community chats/focus groups
- Key informant interviews

Each of these data collection tactics was designed with our focus on health equity in mind. This was done to ensure that the voices of the most vulnerable members of the community and the voices of those who care for them were heard in the primary data collection process.

Primary data collection instruments were also designed to help identify assets in the community that are making a positive impact on the health of the community. This health asset data was used to help prioritize the health needs identified in this assessment and will be used in the creation of the hospital's 2022-2024 Community Health Improvement Plan.



### Community health survey

A 28-question community health survey was designed to collect primary data on the health needs of Pottawatomie County. The survey questions were based on the themes of access to healthcare, food, education, and employment. The survey was distributed electronically, and hard copies were made available to community partners such as the public library. Language options for the survey included English and Spanish, and it was available for completion from June 10, 2021 through August 31, 2021.

The organizations that make up the Pottawatomie County Nonprofit Round Table helped distribute electronic copies of the survey. St. Anthony Hospital - Shawnee also distributed the survey to its employees and through social media and other public-facing methodologies. A total of 125 surveys were returned. Over the past year many community organizations and the county health department conducted surveys for their respective assessments. The low response rate to SSM Health’s CHNA survey may have been due in part to the fact that members of the community had been asked to complete other health and wellness surveys in preceding months.

Common themes that emerged from the community health surveys included food access (cost of healthy food and lack of produce close to home), transportation (need for public transit, bike lanes, sidewalks, and a more walkable city), and access to healthcare (affordability of healthcare and the need for more mental health providers). The survey questions and results can be found in Appendix A.

### Community conversations/focus groups

Four “community chats” were arranged by a coordinating task force made up of representatives from the Avedis Foundation, Blue Zones Project of Pottawatomie County, Gateway to Prevention and Recovery, and SSM Health St. Anthony. The task force designed the community chats to gather input from throughout the county, with a special focus on health equity and identifying community assets. Each session was designed for 4-10 attendees, and four host sites were identified:

Community	Host Location
Tecumseh	First United Bank
South Shawnee/Dunbar Heights	Union Missionary Baptist Church
Asher/Wanette	Asher City Hall
McCloud	Pioneer Library System - McCloud Public Library



The health concerns mentioned most frequently in the community chats included:

- Affordable housing and homelessness
- Food insecurity
- Transportation
- Need for more primary care & urgent care access
- Mental health

## Key Informant Interviews

11 community leaders were interviewed, representing healthcare, nonprofits, and government entities in Pottawatomie County. Leaders were asked to share their insights into changes and trends they have recently seen in the county, their concerns about health in the community, assets that already exist in the county, and possible interventions that could improve the community's health, especially for the poor and vulnerable. The health concerns mentioned most frequently by these leaders during the interviews included:

- Homelessness
- Substance abuse
- Food insecurity
- Transportation
- Mental health
- Healthcare access – especially primary care for the homeless and low-income residents of south Shawnee

## Community feedback on previous CHNAs

To offer the public a means to provide written feedback, SSM Health posts all of the hospital's previous CHNAs and its most recent Community Health Improvement Plan on its website, along with a contact where written feedback can be provided. At the time the 2021 CHNA was completed, the hospital had not received any written comments about the 2018 CHNA or the 2019-2022 CHIP. The hospital will continue to track submissions made and will ensure that all relevant comments are reviewed and addressed by the appropriate staff.



## Secondary Data

The purpose of this section of the CHNA is to analyze quantitative (secondary) community health data. This data presents notable health disparities in Pottawatomie County and in the state of Oklahoma. Where possible, it also includes data specific to census tract 5002 in south Shawnee because of the health equity lens mentioned earlier in this report. Data sources include the CDC, County Health Rankings, the Center for Applied Research and Engagement Systems (CARES), the State of the State Report, and the United States Department of Agriculture (USDA).

The data presented below is broken up into three main sections: chronic disease outcomes, substance abuse, and other notable health concerns.

### Chronic Disease Outcomes

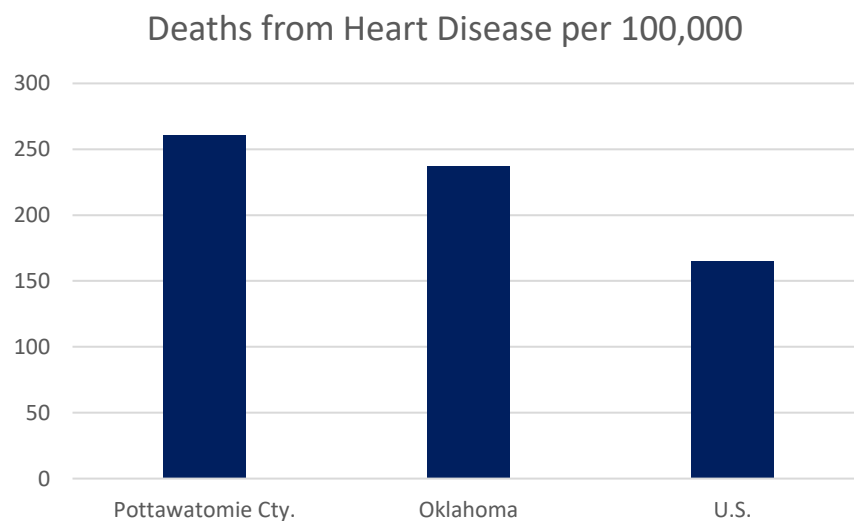
#### Heart Disease

Census tract 5002: the estimated prevalence of coronary heart disease among adults aged 18 years and older was **10.9%** (2018) (CDC Places).

Pottawatomie County: **260.3** deaths per 100,000 from heart disease (2017) (State of States Reports).

Oklahoma: **237.2** deaths per 100,000 from heart disease (2017) (CDC Places).

United States: **165** deaths per 100,000 from heart disease (2017) (CDC Places).

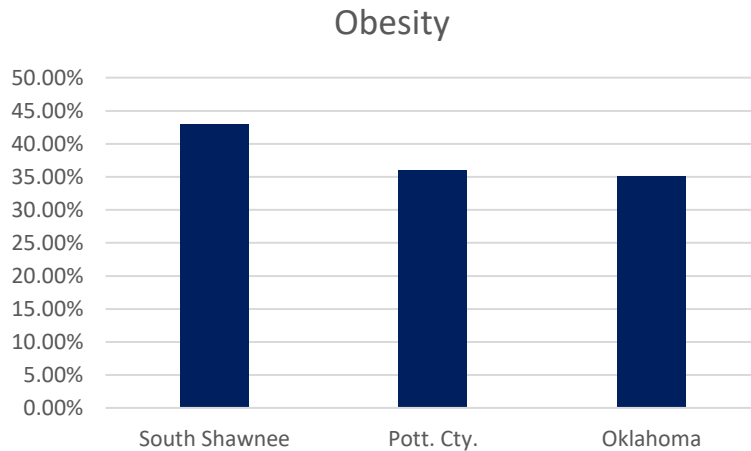


## Obesity

Census tract 5002: the prevalence of obesity among adults aged 18 years and older was **43.4%** (2018) (CDC Places).

Pottawatomie County: **36%** of adults are obese (2017) (County Health Rankings).

Oklahoma: **35%** of adults are obese in (2017) (County Health Rankings).

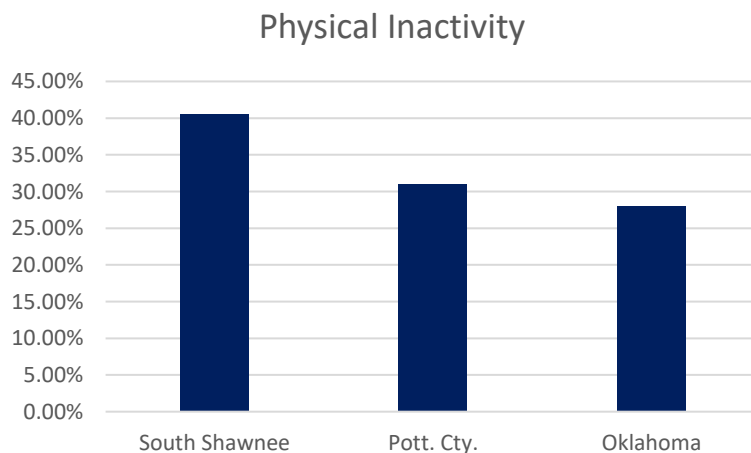


## Physical Inactivity

Census tract 5002: by tract, the estimated prevalence of physical inactivity among adults aged 18 years and older was **40.5%** (2018) (CDC Places).

Pottawatomie County: **31%** of ages 20 and over report no physical activity (2017) (County Health Rankings).

Oklahoma: **28%** of ages 20 and over report no physical activity (2017) (County Health Rankings).

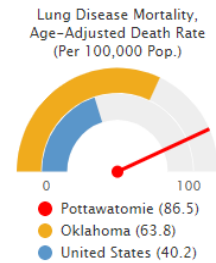


## Lung Disease Mortality (CARES)

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Pottawatomie County, OK	72,332	381	105.3	<b>86.5</b>
Oklahoma	3,933,163	14,769	75.1	63.8
United States	325,134,494	786,303	48.4	40.2

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County → Show more details

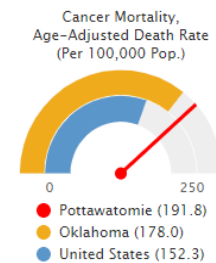


## Cancer Mortality Rates (CARES)

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Pottawatomie County, OK	72,332	847	234.2	<b>191.8</b>
Oklahoma	3,933,163	41,331	210.2	178.0
United States	325,134,494	2,991,951	184.0	152.3

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County → Show more details

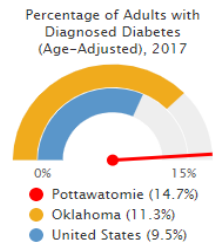


## Diabetes (CARES)

Report Area	Population Age 20+	Adults with Diagnosed Diabetes	Adults with Diagnosed Diabetes, Age-Adjusted Rate
Pottawatomie County, OK	52,731	8,437	<b>14.7%</b>
Oklahoma	2,869,051	353,173	11.3%
United States	245,628,960	25,942,874	9.5%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2017. Source geography: County → Show more details

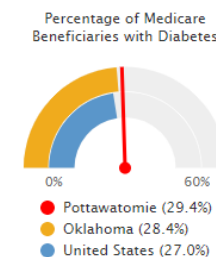


## Diabetes among Medicare population (CARES)

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Diabetes	Beneficiaries with Diabetes, Percent
Pottawatomie County, OK	10,385	3,054	<b>29.4%</b>
Oklahoma	531,805	151,019	28.4%
United States	33,499,472	9,029,582	27.0%

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, CMS Geographic Variation Public Use File . 2018. Source geography: County → Show more details



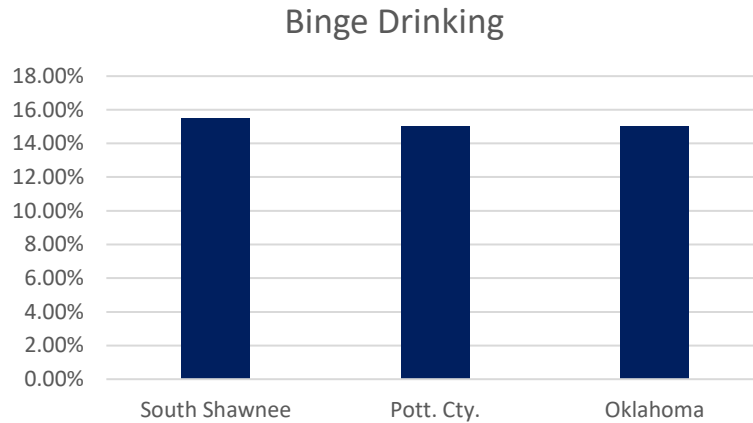
## Substance Abuse

### Alcohol abuse

Census tract 5002: the estimated prevalence of binge drinking among adults aged 18 years and older was **15.5%** (2018) (CDC).

Pottawatomie County: **15%** of adults binge drink (County Health Rankings).

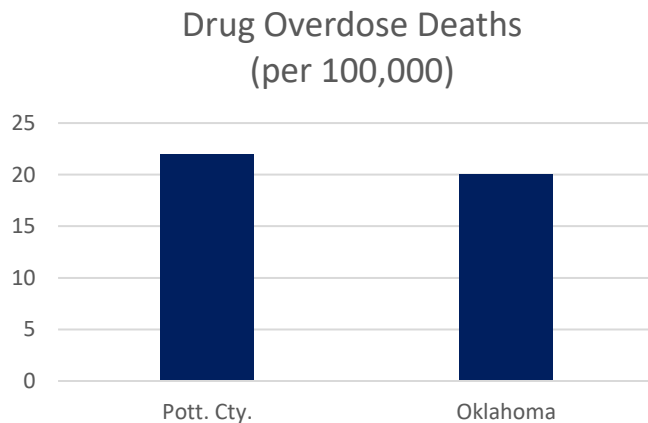
Oklahoma: **15%** of adults binge drink (County Health Rankings).



### Drug abuse

Pottawatomie County: **21** of adults per 100,000 died from a drug overdose (3-year avg. from 2017-2019) (County Health Rankings).

Oklahoma: **18** of adults per 100,000 died from a drug overdose (3-year avg. from 2017-2019) (County Health Rankings).

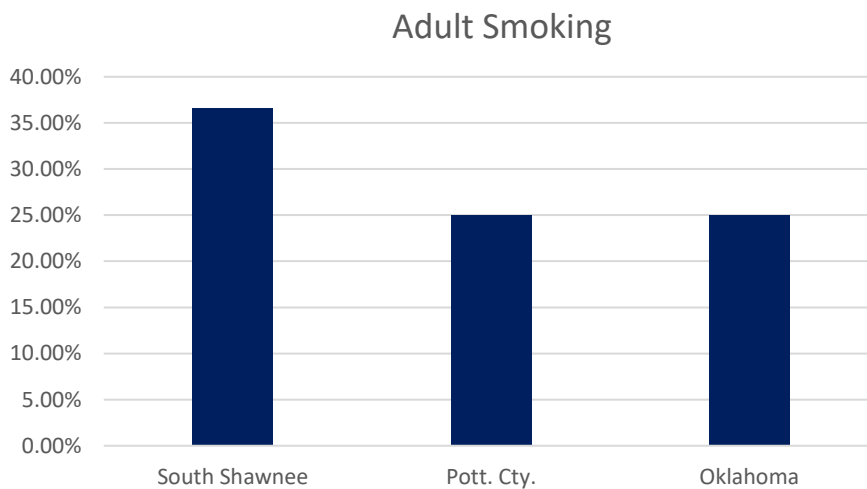


## Adult Smoking

Census tract 5002: by tract, the estimated prevalence of current smoking among adults aged 18 years and older was **36.6%** (2018) (CDC).

Pottawatomie County: **25%** of adults smoke (County Health Rankings).

Oklahoma: **25%** of adults smoke (County Health Rankings).



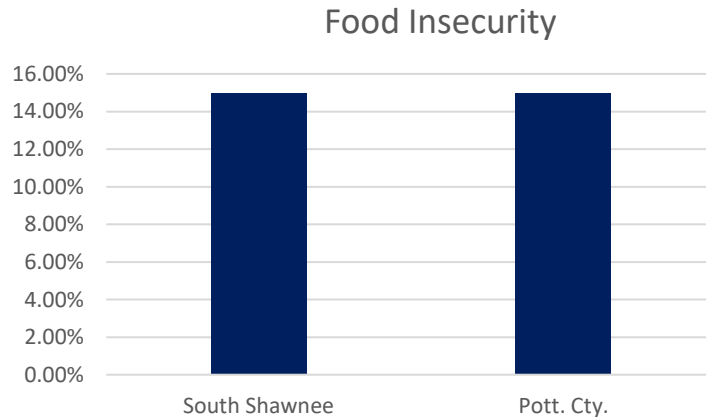


## Other Notable Health Concerns

### Food Insecurity

Pottawatomie County: **15%** of adults are food insecure (County Health Rankings).

Oklahoma: **15%** of adults are food insecure (County Health Rankings).

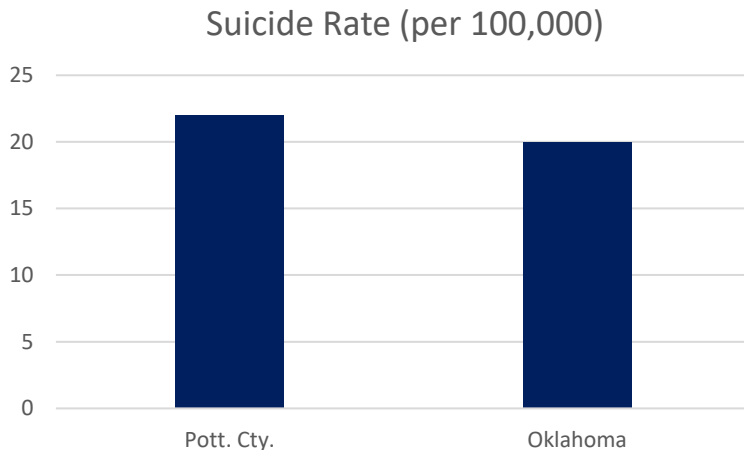


### Mental health/suicide

Census tract 5002: the estimated prevalence of mental health not good for  $\geq 14$  days among adults aged 18 years and older was **24.7** per 100,000 (2018) (CDC).

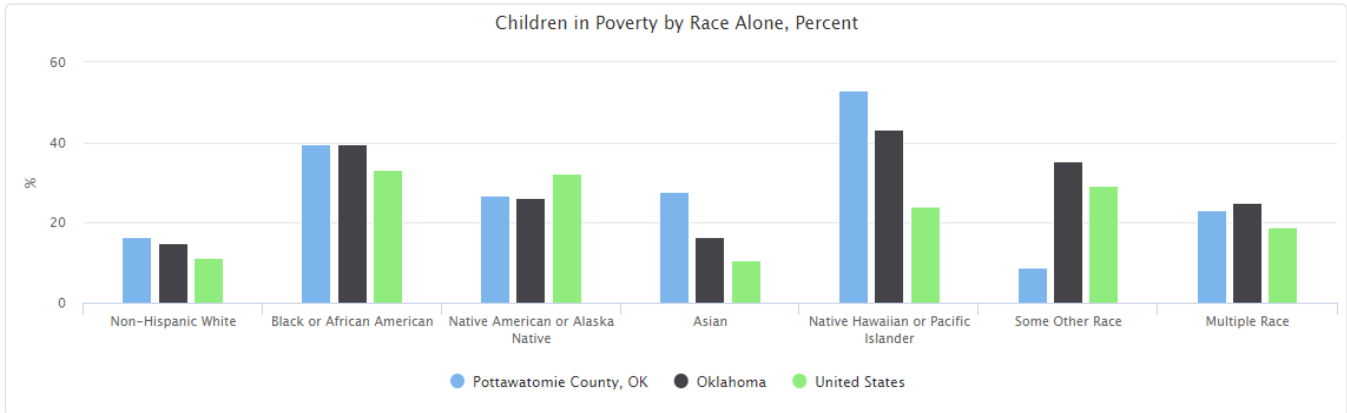
Pottawatomie County: **22** suicides. (avg. from 2015 – 2019, per 100,000) (County Health Rankings).

Oklahoma: **20** suicides. (avg. from 2015 – 2019, per 100,000) (State of State Reports).



## Childhood poverty by race/ethnicity (CARES)

Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Pottawatomie County, OK	16.46%	39.74%	26.72%	27.69%	52.94%	8.70%	23.00%
Oklahoma	15.04%	39.68%	26.27%	16.49%	43.39%	35.32%	24.84%
United States	11.13%	33.23%	32.23%	10.64%	24.13%	29.19%	18.78%

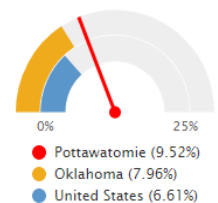


## Young People Not in School and Not Working

This indicator reports the percentage of youth age 16-19 who are not currently enrolled in school and who are not employed. The report area has a total population of 4,424 between the ages, of which 9.52% are not in school and not employed.

Report Area	Population Age 16-19	Population Age 16-19 Not in School and Not Employed, Percent
Pottawatomie County, OK	4,424	9.52%
Oklahoma	210,535	7.96%
United States	17,025,696	6.61%

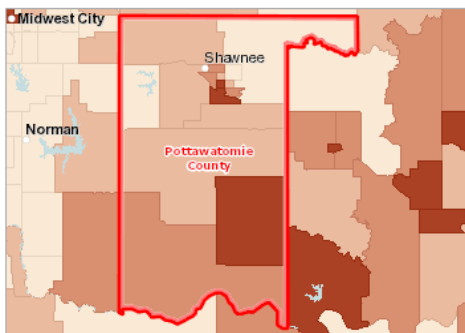
Population Age 16-19 Not in School and Not Employed, Percent



Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. Source geography: Tract → Show more details

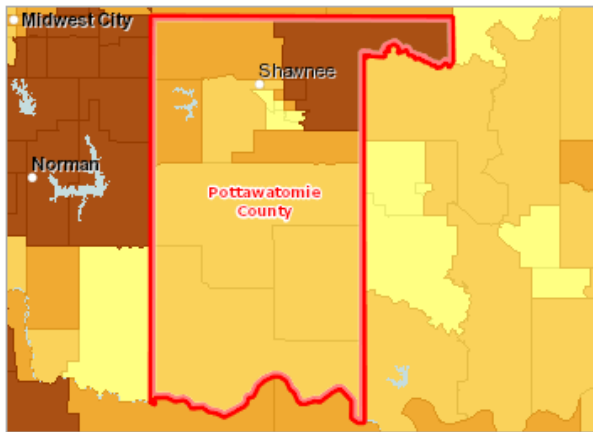
## Childhood poverty (CARES)



Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2015-19

- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed
- Pottawatomie County, OK

## Income map of Pottawatomie County (CARES)

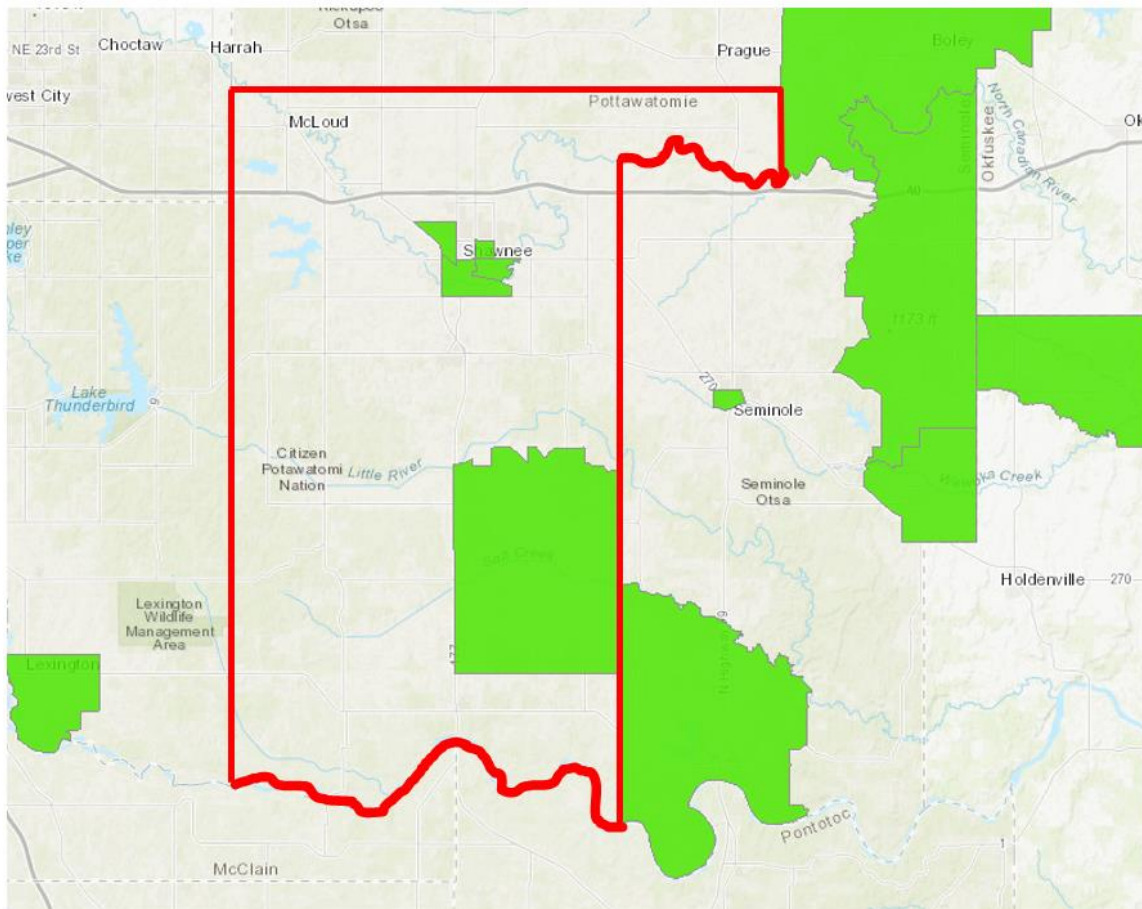


### Per Capita Income by Tract, ACS 2015-19

- Over \$30,000
- \$25,001 - \$30,000
- \$20,001 - \$25,000
- Under \$20,001
- No Data or Data Suppressed
- Pottawatomie County, OK

## Food Deserts (USDA)

Low-income census tracts where a significant number or share of residents is more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket.



# Prioritization of health needs

As part of the CHNA requirements, hospitals are required to evaluate the needs that are identified and validated through the data analysis. In order to do so, hospitals must establish specific criteria that will be used to assess each of the identified community needs. The method used to evaluate the needs as well as potential weighting is customizable based on the hospital's approach.

A two-step prioritization process was used. Step one of this process focused on collecting input from community members to evaluate the identified needs. Complete results of the primary and secondary data were shared with members of the Pottawatomie County Nonprofit Roundtable, government leaders, community chat hosts, and county health department leaders. These leaders met to discuss the data and were asked to rank the health needs considering this criteria:

- What's the importance of this issue to the community?
- Who is positively and negatively affected by the issue and how?
- What ability does the health system have to impact this issue within the community?
- Are there resources in the community to help address this issue?
- What are the benefits and burdens that the community experiences with this issue?
- How are we meaningfully including or excluding people (vulnerable populations) who are affected?

Once the community leaders evaluated their needs based on their perceptions, the list was sorted in descending order based upon the community leaders' priority ranking.

Step two was for the hospital's internal prioritization team to review the primary and secondary data and the community leaders' priority ranking. The hospital's prioritization team evaluated these priorities by focusing on alignment to key strategies, resources, magnitude of the issue, and overall capability. Based upon this internal prioritization process, top-ranking priorities were established as the areas of focus for the upcoming Community Health Improvement Plan.



## Prioritized Health Needs

### Priority 1: Food Insecurity

15%

of the county continues to struggle with Food Insecurity, including 3,930 children.

(Regional Food Bank of Oklahoma)

Top reasons residents report struggling to access healthy food:

1. Too expensive
2. Fresh produce not available close to home
3. Transportation

Identified as a top concern throughout the primary data collection process.

### Priority 2: Behavioral Health

26%

of survey respondents struggle to access mental health services.

Named consistently in primary data in connection to homelessness and social isolation throughout the county.

330:1 population to provider ratio in the county, compared to 240:1 for Oklahoma and 270:1 for the U.S. (County Health Rankings)

### Priority 3: Primary Care Access

2,600:1

Population to PCP ratio in the county, compared to 1642:1 in OK & 1319:1 in the U.S. (2018, County Health Rankings)

Top barriers for poor and vulnerable:

- Fear of cost
- Lack of providers in south Shawnee and in southern half of the county
- Trust (esp. for homeless and racial minorities)

22% of survey respondents report their own health makes it difficult for them to work.

# Impact on 2019-2021 Priority Areas

## **Priority 1: Chronic Disease Prevention and Management**

In 2019 St. Anthony Hospital - Shawnee piloted its VeggieRx program to address the high prevalence of chronic diet-related diseases in the community. VeggieRx is a 12-week healthy eating and wellness program which doctors can “prescribe” for patients struggling with diet-related disease and/or food insecurity. These prescriptions are “filled” at partnering grocery stores during the 12-week program free of charge. An SSM Health dietician and physician provide classes about how nutrition can affect health and well-being, while learning how to cook, identify, and shop for health foods that families will enjoy.

From 2019-2021 225 community members participated in VeggieRx, including patients served by the Pottawatomie County Free Health Clinic. In 2020:

- 76% reported an average increase of 2 vegetable servings each day
- 74% reported their family’s food insecurity decreased
- 58% of patients lowered their BMI on average 2 points or more

## **Priority 2: Substance Abuse**

Hospital leadership served as a key stakeholder on the Well-Being Coalition to facilitate completion of the four components of the “Well-Being District,” an area which includes St. Anthony Hospital - Shawnee approximately one-third of the city. Well-Being District designation was accomplished in 2019, which included implementation and ongoing enforcement of tobacco-specific criteria:

- Have and enforce a tobacco free policy
- Eliminate sales of tobacco products in all grocery stores in district
- All public parks in district posted as tobacco free, including signage and an enforcement number

The hospital partners with the Oklahoma Hospital Association to provide electronic referrals to the Oklahoma Tobacco Quitline for inpatients identified as users of tobacco products. From 2019-2021 our ministry in Shawnee referred over 400 patients to the Quitline.

Our health ministry partnered with community organizations to offer opportunities for community members to safely store and dispose of medications. From 2019-2021 St. Anthony Hospital - Shawnee worked with Gateway to Prevention and Recovery to host drug takeback days and issued a \$10,000 grant to increase the number of medication drop boxes and lock boxes throughout the county.

## **Priority 3: Food Scarcity**

In addition to establishing VeggieRx, St. Anthony Hospital - Shawnee partnered with Community Market of Pottawatomie County (CMPC) to support food insecure community members:

- Issued a \$50,000 grant to CMPC to purchase a mini-semi and trailer for its new “Mobile Market”
- Reframed food insecurity as a health issue by educating 488 SSM employees about food scarcity in the county
- Hospital leaders provided more than 100 hours of community service at CMPC
- Case Management implemented food insecurity screenings for inpatients. In 2021 over 75% of patients were screened, and patients identified as food insecure were connected with appropriate resources.

# Health equity lens

Equity is defined as “the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically” (World Health Organization, 2016). As a Catholic health ministry, we believe healthcare is a fundamental human right. Interventions to address health disparities need to be effective and sustainable, focused on empowering those experiencing inequities.

A characteristic common to groups that experience health inequities – such as poor and marginalized persons, racial and ethnic minorities, and women – is a lack of political, social, or economic power. Research indicates a strong relationship between self-reported racism and discrimination with negative mental health outcomes and negative health-related behaviors.

Research also indicates that chronic stress from experiencing discrimination, such as racism, throughout the lifespan can lead to negative health outcomes. Those outcomes are seen even after controlling for differences such as socio-economic status and access to adequate healthcare. The effects can include the following:

- Higher blood pressure
- Lower immune function
- Higher rates of nicotine and alcohol use and poor nutritional intake
- Lower rates of exercise and social support
- Higher rates of infant mortality

## Social Determinants of Health (SDoH)

The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. Examples of these factors include safe and affordable housing, access to quality education, public safety, availability of healthy foods, accessible health care services, and positive social support systems.

Research shows that the SDoH can be more important than healthcare or lifestyle choices in influencing health. For example, numerous studies suggest that SDoH account for between 30-55% of health outcomes. In addition, estimates show that the contribution of sectors outside health to community health outcomes exceeds the contribution from the healthcare sector. By applying what we know about SDoH, we can not only improve individual and community health but also advance health equity.

The primary data collection tools were rooted in questions regarding SDoH. This health equity lens was used when prioritizing health needs and will inform the development of the hospital’s implementation strategy.



# Community assets

While assessing community health needs, the hospital also collected data on the county's strengths and health assets – organizations, initiatives, resources, and collaborations that are making a difference in the health and wellbeing of Pottawatomie County. This data informs the prioritization process and development of the implementation strategy.

One of the strengths of Pottawatomie County is the number of nonprofit organizations that exists to care for vulnerable members of the community, especially in Shawnee. The primary data collected indicated a high level of community collaboration to address food insecurity, homelessness, and transportation. The following is a list of community organizations named during the needs assessment process as making a difference in the health of the community:

- **Absentee Shawnee Tribe**
- **Citizen Pottawatomie Nation**
- **Kickapoo Tribe**
- **Iowa Tribe**
- **Sac and Fox Tribe**
- **Avedis Foundation**
- **Blue Zones of Pottawatomie County**
- **Churches and other Faith Communities**
- **Community Market of Pottawatomie County (incl. the Mobile Market)**
- **Community Renewal of Pottawatomie County**
- **Georg Fischer Central Plastics (health programs)**
- **Gateway to Prevention and Recovery**
- **Legacy Parenting**
- **Oklahoma Baptist University**
- **PATCH (promoting healthy foods in the school system)**
- **Pioneer Library System (many resources for vulnerable community members and programs for health education and promotion)**
- **Pottawatomie County Free Health Clinic**
- **Red Rock Behavioral Health**
- **Salvation Army**





# 2021

## Appendices

**SSM Health St. Anthony Hospital - Shawnee**

1102 W MacArthur St | Shawnee, OK 74804

# Appendix A:

## Community health survey questions and results

### Survey Methodology

#### 28 Questions

Questions based on the themes of access to:

- Healthcare
- Food
- Education
- Employment

Available in English and Spanish, electronic and hard copies

Survey available June 10, 2021 – August 31, 2021

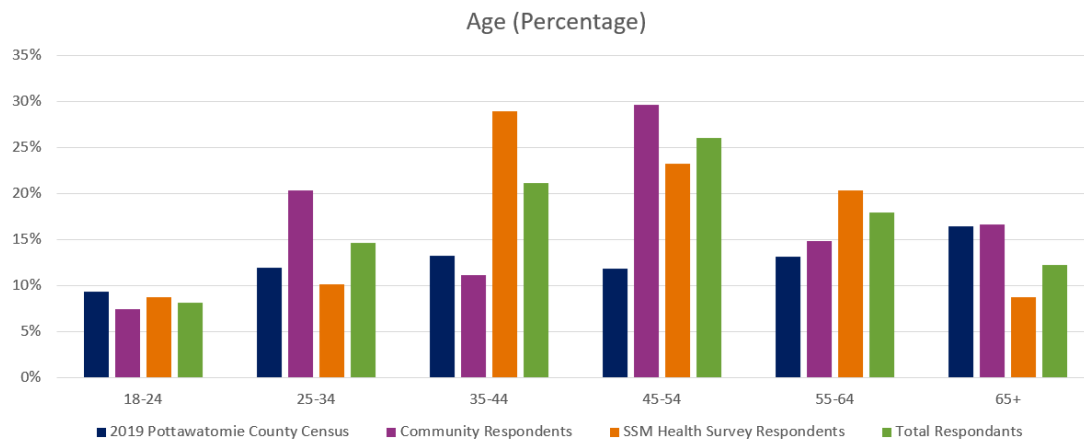
Survey distributed through two groups:

1. **Pottawatomie County Non-Profit Round Table Organizations**
  - 69 responses
  - Designated as “Community Respondents” in survey results
2. **SSM Health St. Anthony Hospital – Shawnee: Internal employee communications and external social media posts in the community (56 responses)**
  - Comprised of SSM employees and community members
  - Designated as “SSM Health Survey Respondents” in survey results

1



### Respondent Characteristics



2

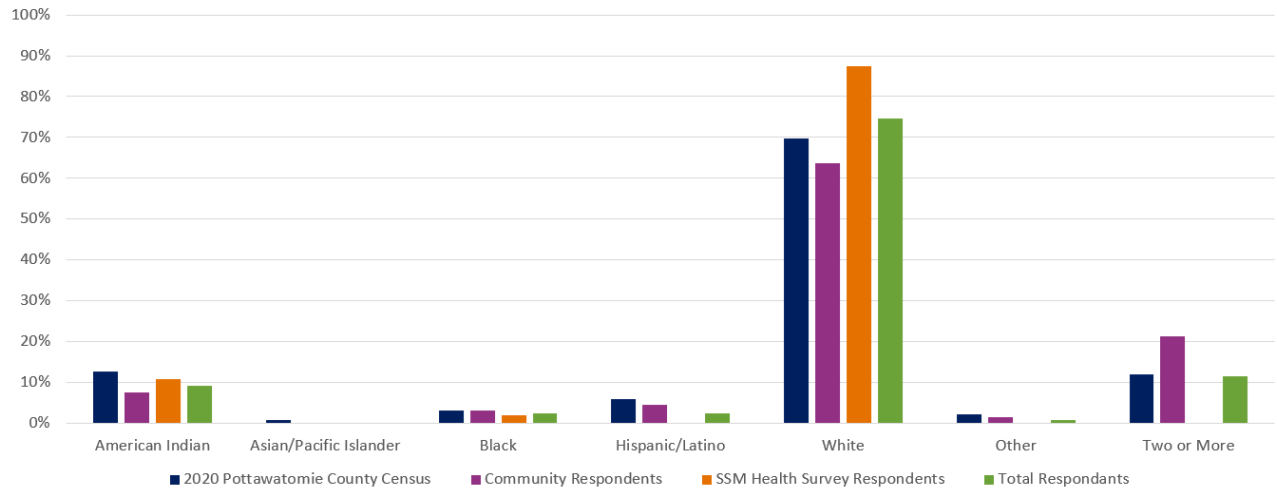
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Date



# Respondent Characteristics

Race/Ethnicity (Percentage)

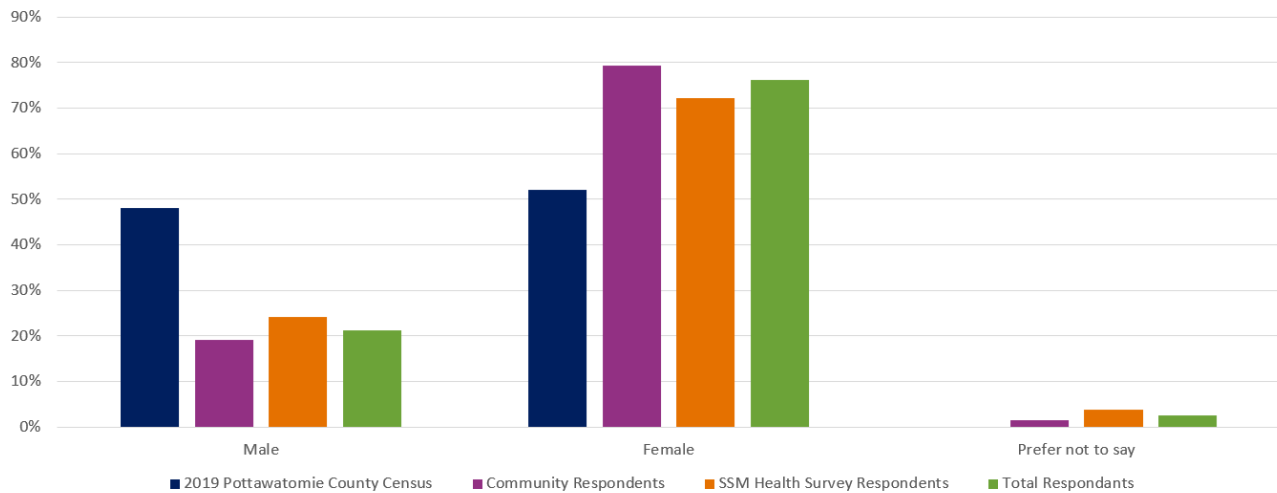


3



# Respondent Characteristics

What sex were you assigned at birth? (Percentage)

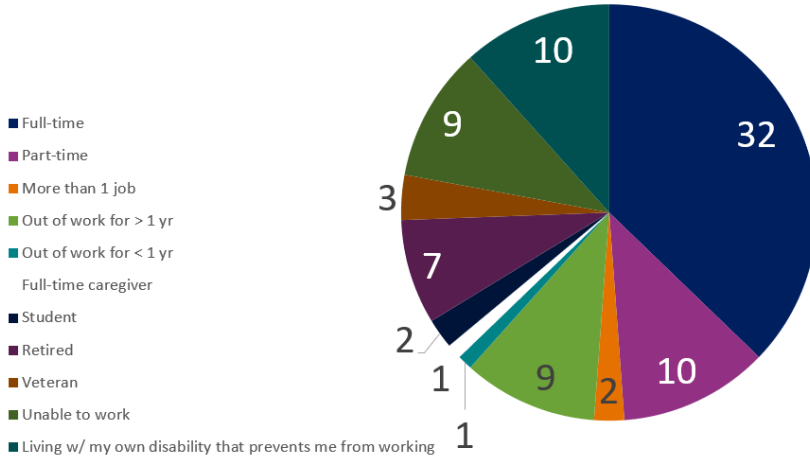


4



# Respondent Characteristics

What is your employment status? Please select all that apply.  
(Only community members - not including SSM respondents.)



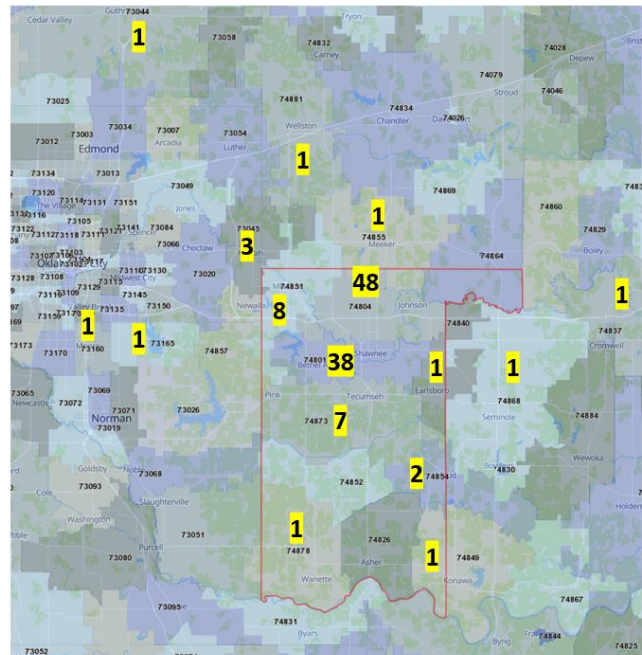
5



# Respondent Zip Codes

Zip	Community Respondents	SSM Respondents	Total
73044	1		1
73045	2	1	3
73160		1	1
73165		1	1
<b>74801</b>	<b>24</b>	<b>14</b>	<b>38</b>
<b>74804</b>	<b>24</b>	<b>24</b>	<b>48</b>
<b>74840</b>	<b>1</b>		<b>1</b>
<b>74849</b>	<b>1</b>		<b>1</b>
<b>74851</b>	<b>5</b>	<b>3</b>	<b>8</b>
<b>74854</b>	<b>2</b>		<b>2</b>
74855		1	1
74859		1	1
74868		1	1
<b>74873</b>	<b>4</b>	<b>3</b>	<b>7</b>
<b>74878</b>	<b>1</b>		<b>1</b>
74881	1		1

**Within Pottawatomie County**  
*Outside Pottawatomie County*

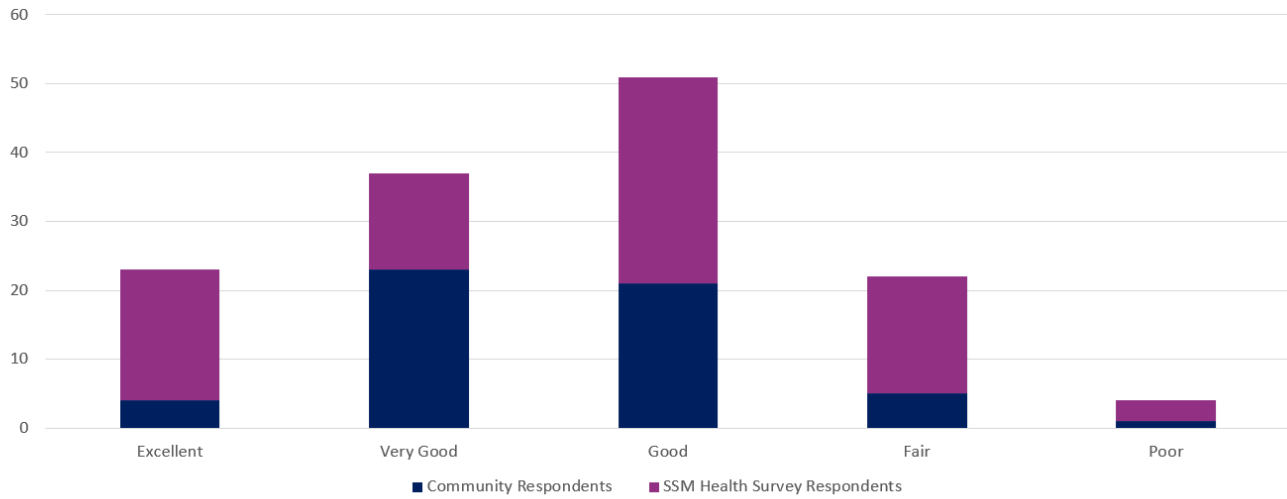


6



# General Health

In general, would you say your health is....?

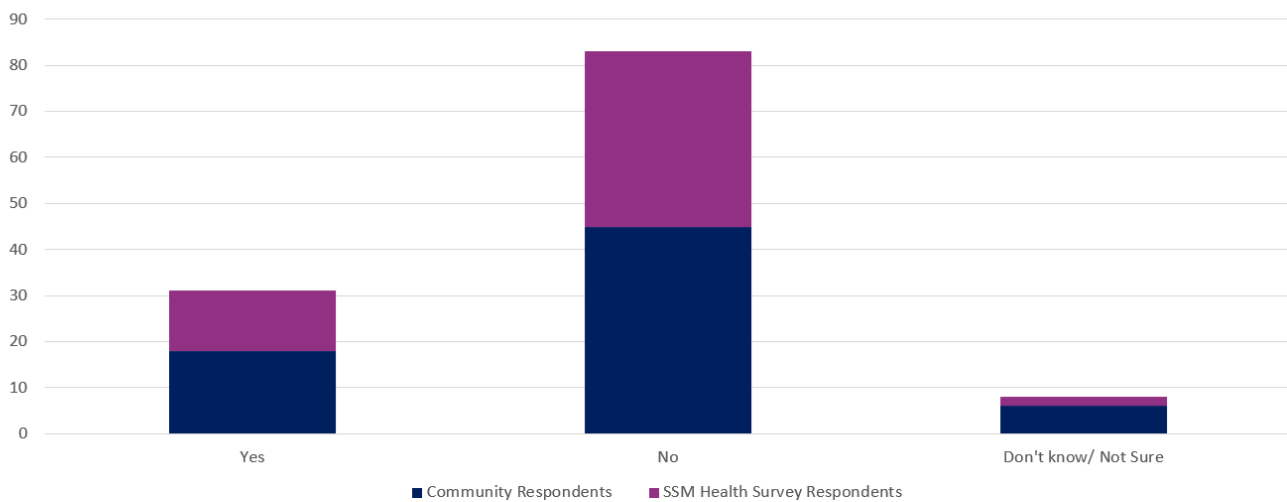


7



# General Health

Are you at your ideal weight for your height?

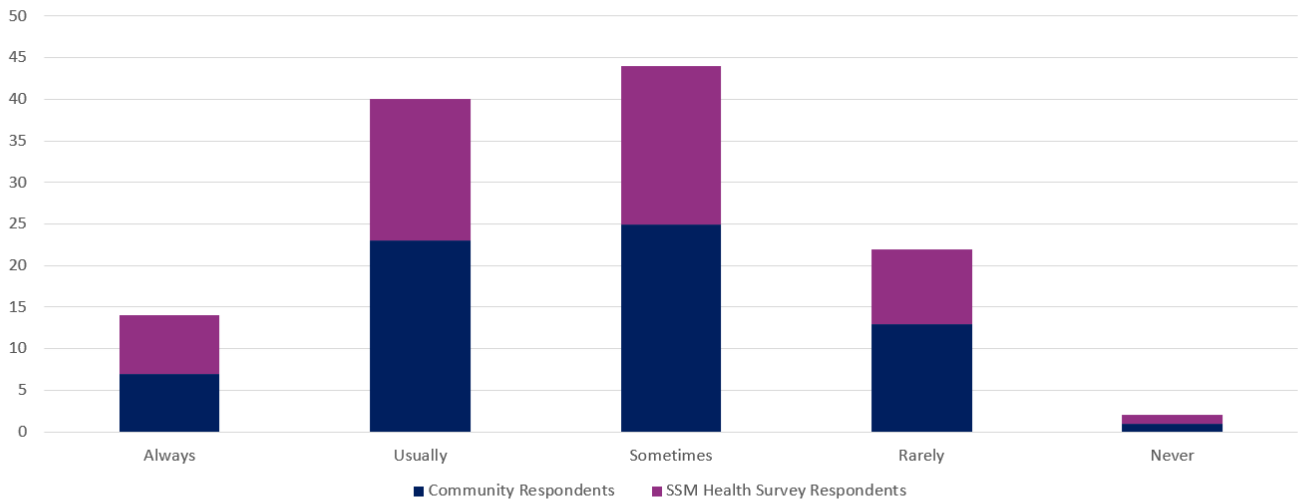


8



# Access to Healthcare

When you are sick, how likely are you to visit a healthcare provider?

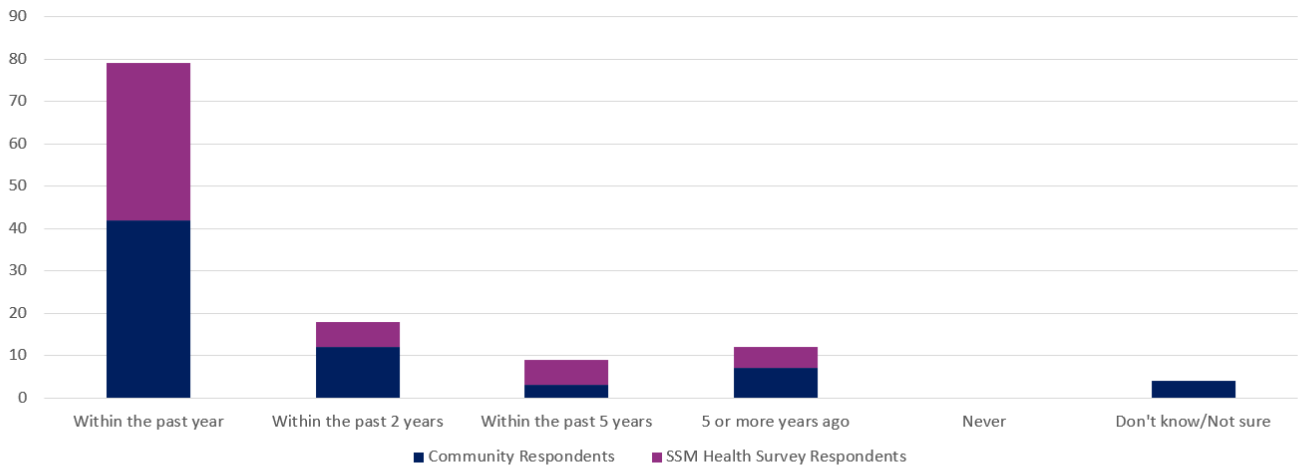


9



# Access to Healthcare

About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.

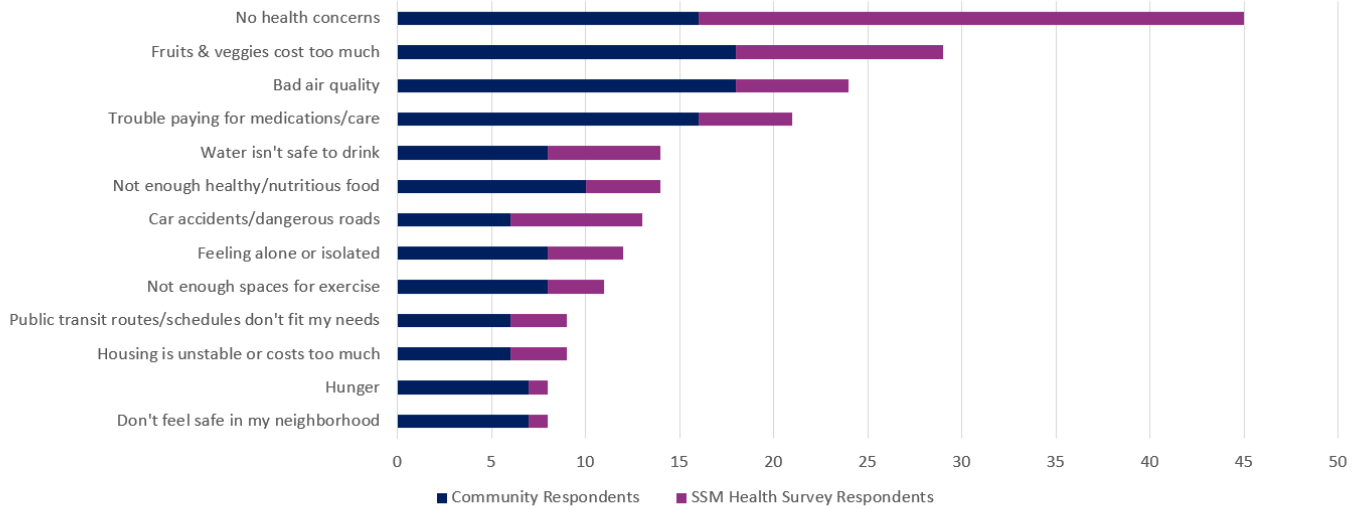


10



# General Health

Which of the following have a negative effect on your health and well-being?  
(Select up to 5 that are most important to you.)



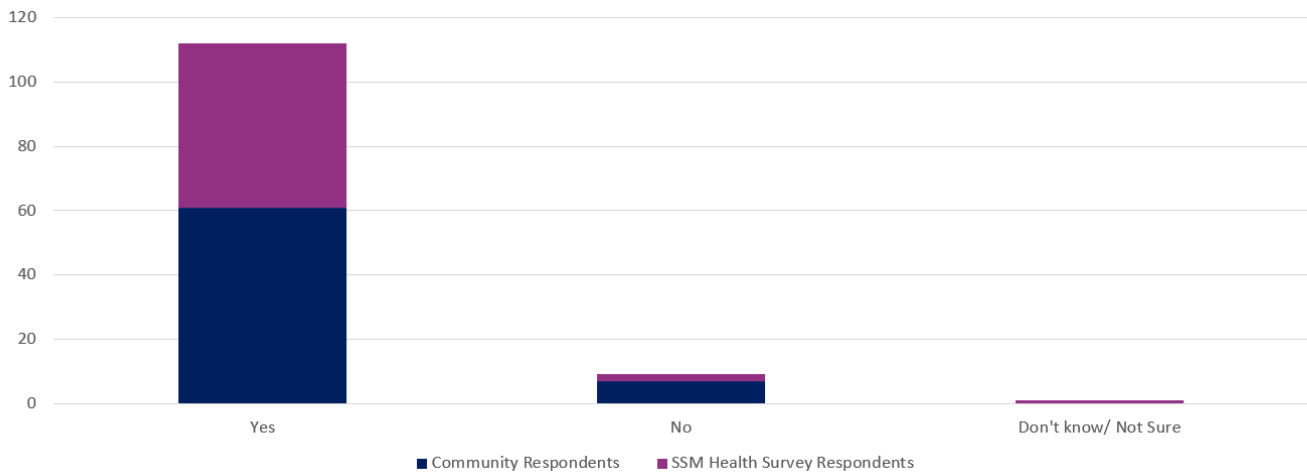
\*Top 13 responses listed. 13 additional options were selected by less than 8 participants.



11

# Access to Health Care

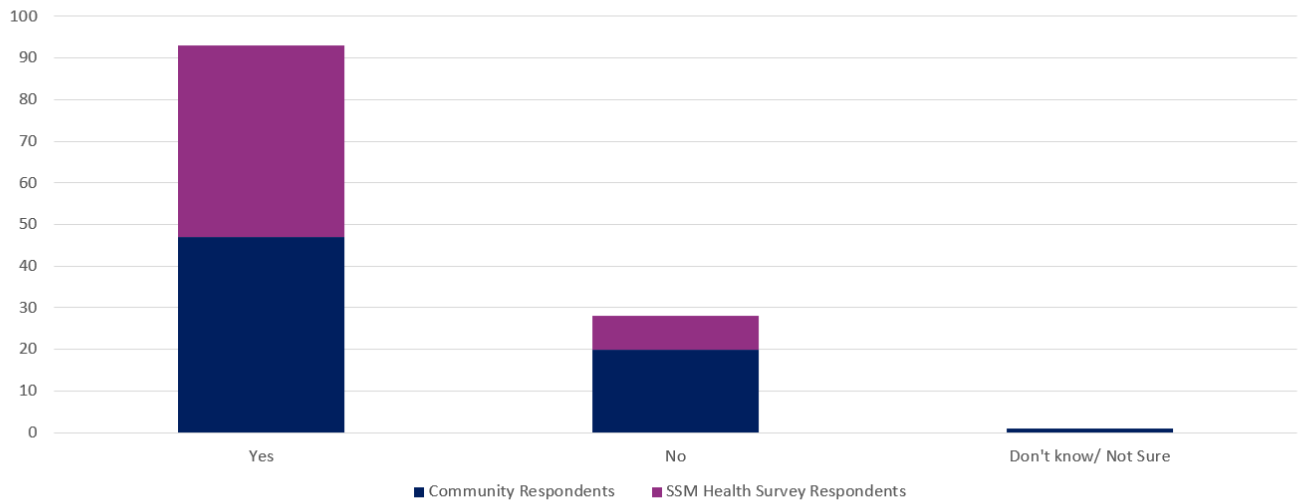
Do you have any kind of health insurance (through an employer, the government, Medicaid/Medicare, Indian Health Services, etc.)?



12

# Access to Health Care

Do you have dental insurance?

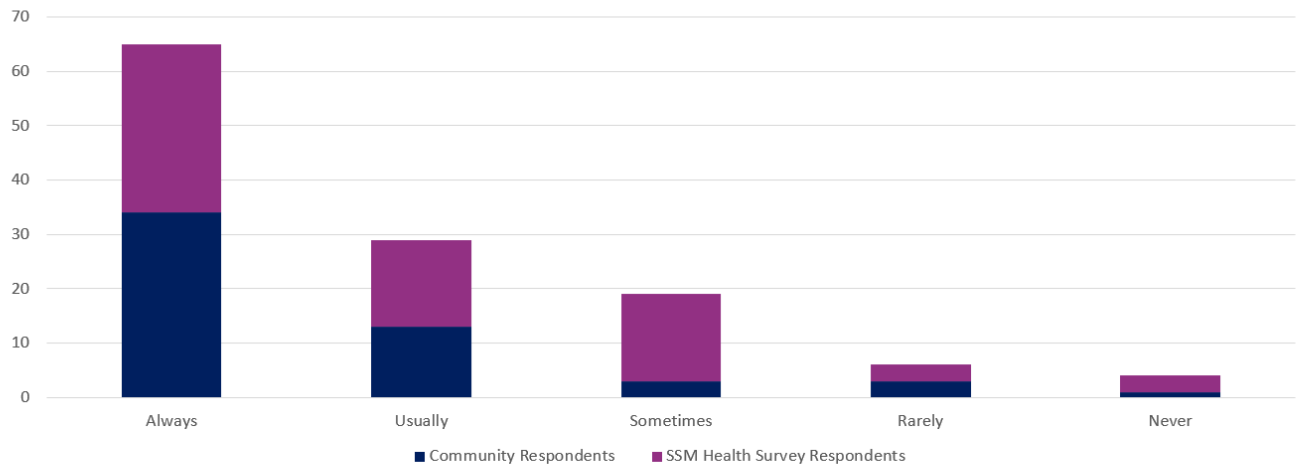


13



# Access to Health Care

Everyone in my household can get the health services we want and need including physical, mental and dental health services.



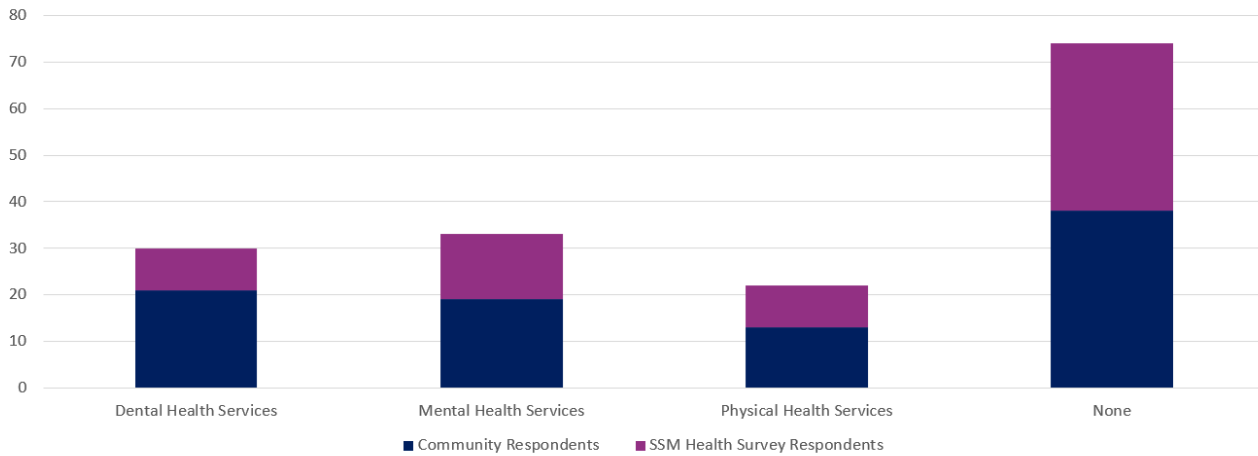
14





# Access to Health Care

Which types of health services are difficult to get for your household members? Please select all that apply.

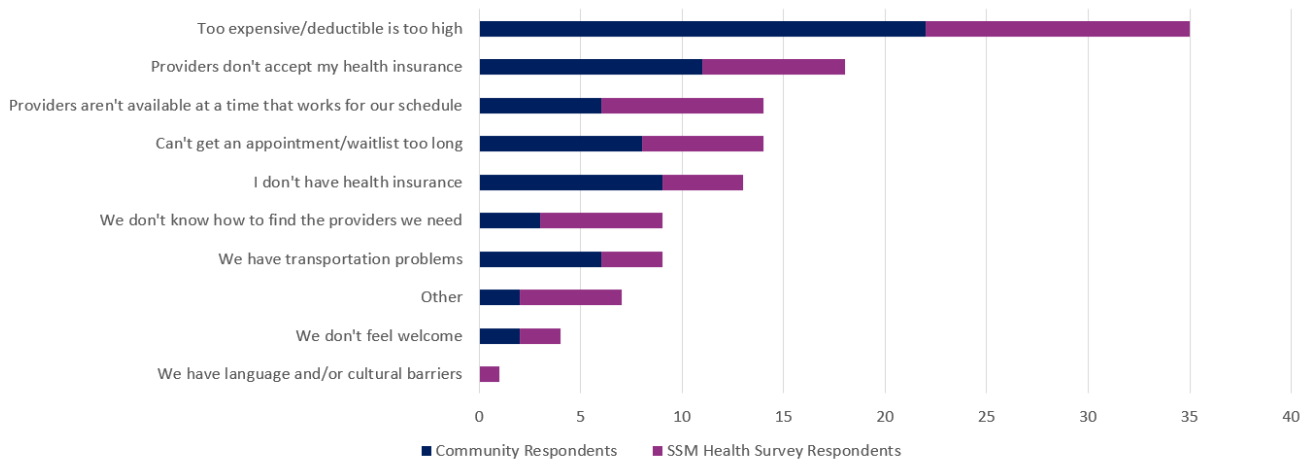


15



# Access to Health Care

Why is getting this/these health service(s) a challenge for your household members? Please select all that apply.



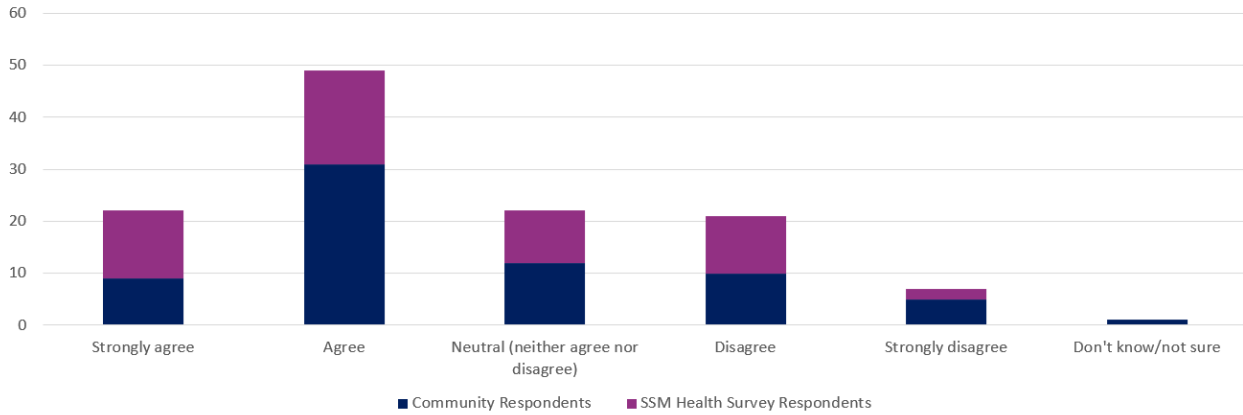
\* "It is not a challenge for us" was chosen by 28 community members and 32 SSM respondents

16



# Access to Healthy Food

Consider your community as the area within 10 miles from your home. How much do you agree with this statement, "It is easy to purchase a variety of affordable fresh fruits and vegetables in my community."

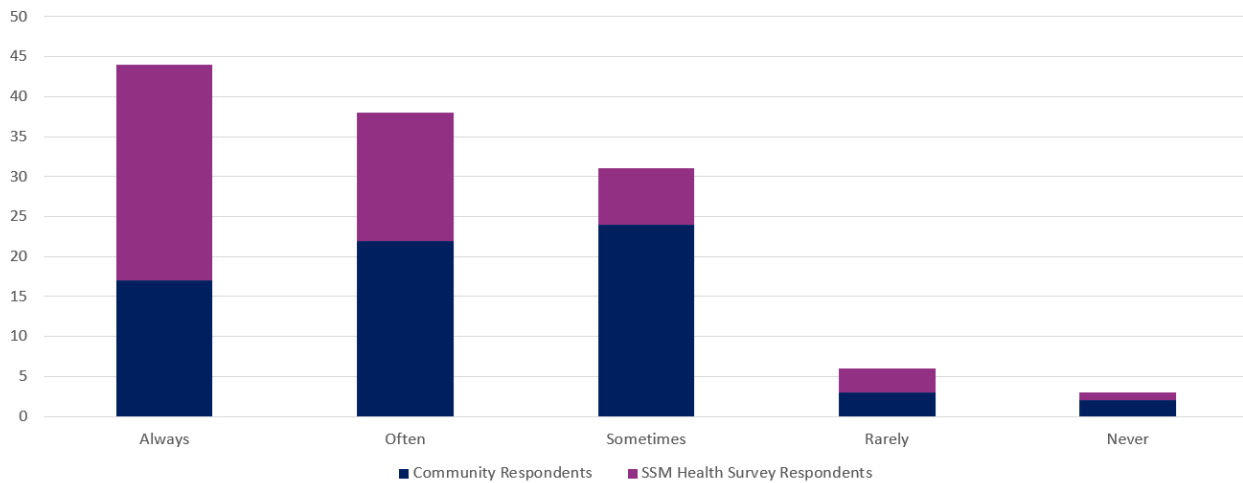


17



# Access to Healthy Food

I can get healthy food for my family.

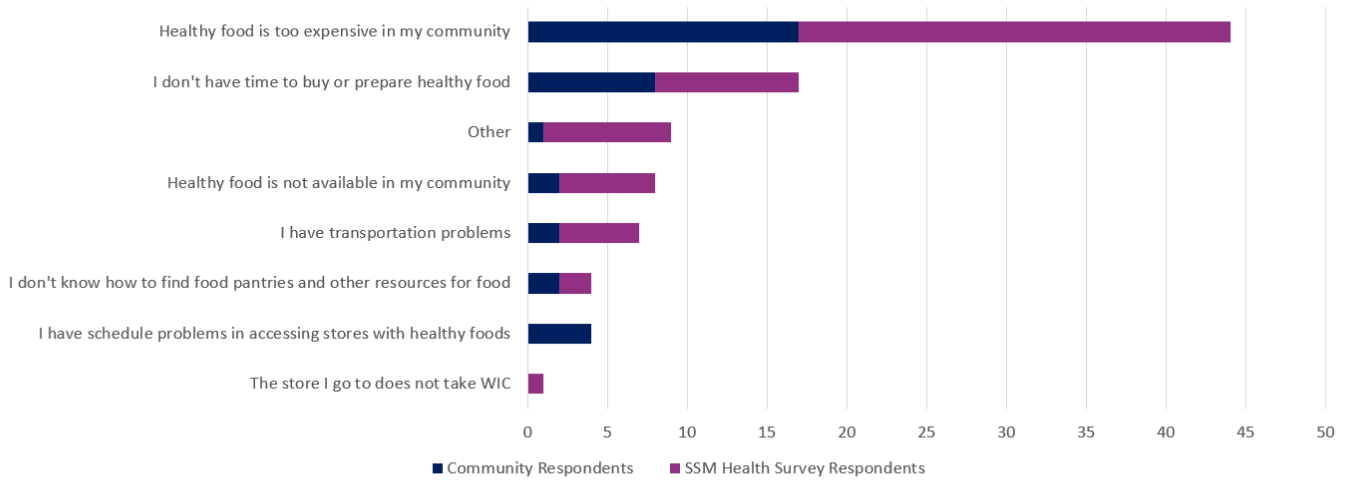


18



# Access to Healthy Food

Why is getting healthy food a challenge for you? Select all that apply.



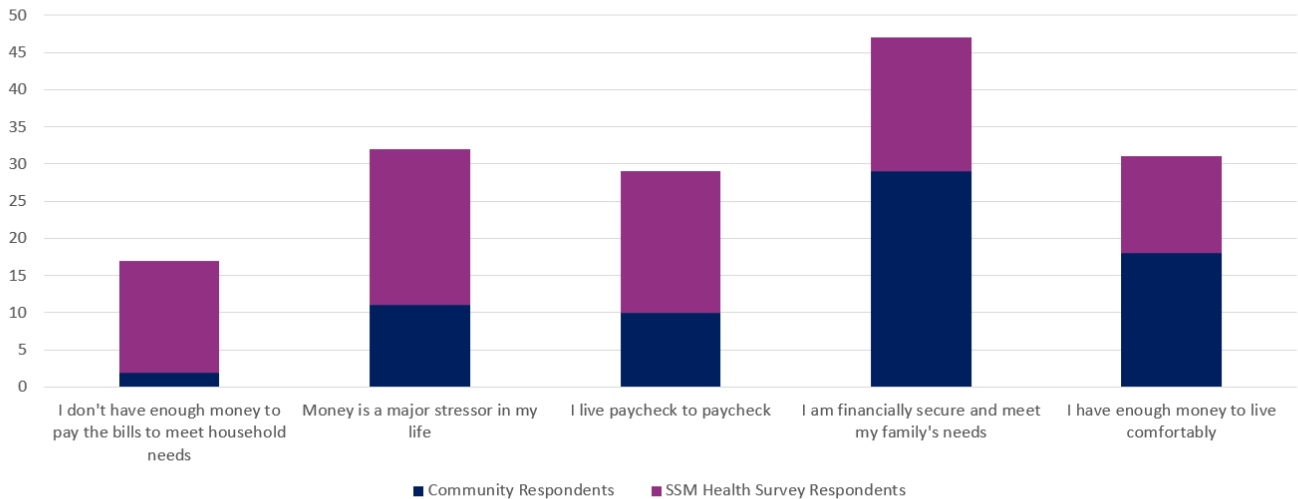
\* "Getting healthy food is not a challenge for me" was chosen by 28 community members and 26 SSM respondents. "The store I go to does not take EBT/Food stamps" was chosen by 0 respondents.

19



# Access to Employment

How would you describe your current financial situation? Please select all that apply.



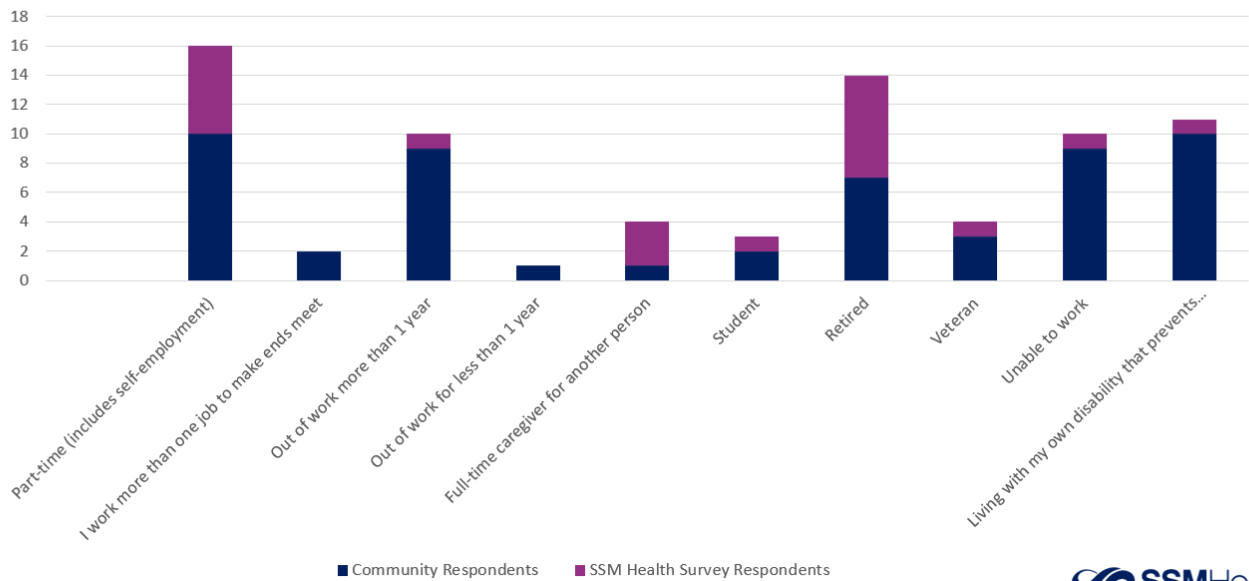
20



# Access to Employment

\* "Full-time" was chosen by 32 community members and 41 SSM respondents

What is your employment status? Please select all that apply



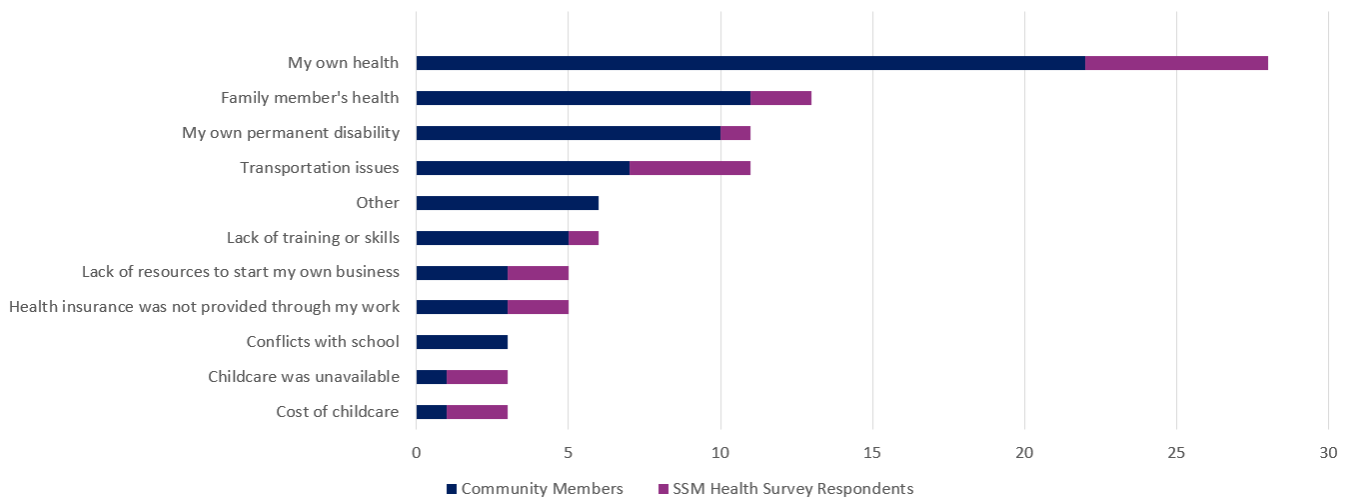
21



# Access to Employment

\* "None" was chosen by 33 community members and 40 SSM respondents

In the past year, have any of the following things made it hard for you to work? Please select all that apply

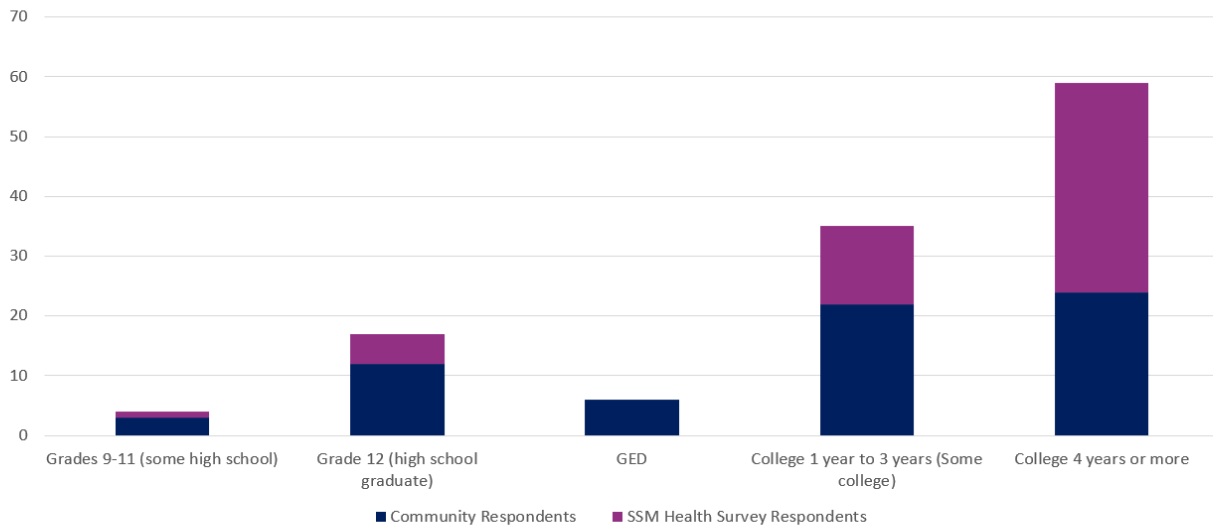


22



# Access to Education

What is the highest grade or year of school you completed?



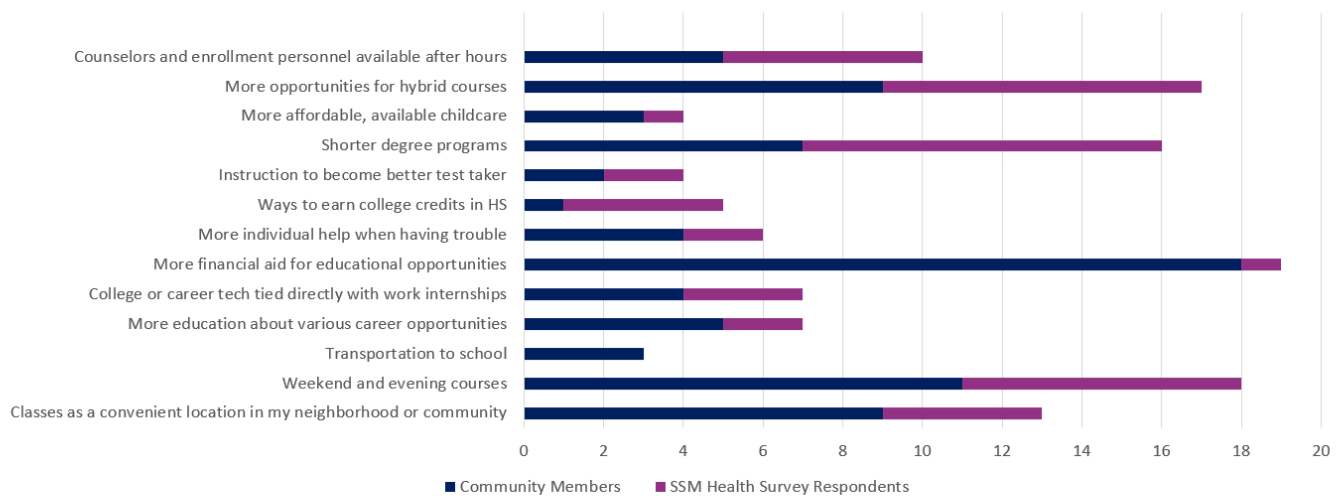
23



# Access to Employment

\* "I am not interested in going back to school" was chosen by 41 community members and 37 SSM respondents

In the past year, have any of the following things made it hard for you to work? Please select all that apply



24



# Open ended question at the end of the community survey: *What suggestions do you have that you believe would improve the health and well-being of our community?*

Responses categorized below by topic

## **Childcare**

“More affordable, quality childcare. I see so many families struggling with this issue!...”

“I have two young children and no one to watch them. Barely making it on unemployment. Kids get sick. No one to watch them. It goes around and around. They're around other kids. They get sick. We all get sick. I can't work. Home again.”

## **Food Insecurity**

“...eat better and lose weight...”

“Access to...fresh veg and fruit”

“I would really like to see healthier restaurants move into the area. (Cool greens, Salada)”

“Increased education on healthy food, and easier access to healthy food and exercise places”

“grocery store”

“Make healthy food options as plentiful and convenient as fast food.”

“More fruits and vegetables”

“...Community planted and maintained organic vegetable gardens”

“Having access to the basic needs: food and housing”

“food access...”

“...We purchase many of our groceries and household items from Norman or OKC because we can go to Sprouts, Wholefoods, or Crest where they offer better quality organic foods.”

“...More quick healthy food options. More grocery stores or markets in different areas of the community”

“Farmer markets and food pantries”

“I wish it were easier to find great affordable vegetable/fruit or vegetarian options when grabbing fast food at lunch time. I really do love vegetables, but McDonalds stopped selling salads during the pandemic and they haven't come back. Sonic currently has no salad options.”

“Access to fresh, healthy food within the city proper. We have a couple of convenience type stores, but the fresh food selection there is extremely limited. The best selections and availability for fresh food are 4 miles out of town. Access to transportation to those locations can be a problem. It is unsafe (and impractical) to try to walk to those locations.”

“Healthy food choices are way too expensive at the local markets”

# ***What suggestions do you have that you believe would improve the health and well-being of our community?***

## **Responses con'td**

### **Healthcare**

"More alternative medicine alternatives"

"Mental health availability"

"Affordable healthcare"

"Lower health care cost, better providers, and up front pricing that you do not have to wait and see how much the insurance will cover or not. Everyone hates getting additional medical bills in the mail!"

"Cheaper insurance and health care."

"Better health and dental care opportunities for those who don't have insurance or transportation within our community"

"Affordable Clinics for lower to middle income persons"

"Continued education on overall health, including moving naturally, eating fruits and vegetables"

"Mental health and wellbeing"

"Community needs a child psychologist and more specialty doctors available."

### **Housing**

"...Housing costs are a struggle for young and single-parent families..."

"We have a significant homeless issue ..."

"Help the elderly with house repairs when they're on a fixed income that doesn't even met their monthly expenses"

"Having access to the basic needs: food and housing"

# ***What suggestions do you have that you believe would improve the health and well-being of our community?***

## **Responses con'td**

### **Transportation**

"There is a lack of public transportation in our community..."

"We have a significant need...for public transportation"

"Bike lanes..."

"...transportation help"

"Access to public transport..."

"public transportation during all hours"

"Sidewalks"

"Public transportation"

"...transportation..."

"Better health and dental care opportunities for those who don't have insurance or transportation within our community"

"More walking trails/ green spaces. More consistent sidewalks/bike paths."

"Continue increasing safe and accessible walking trails"

"Affordable Public Transportation available in the evening, night, and early morning hours."

"Better accessibility around town by foot and by bike. There are pockets of town that feel safe for this but they don't connect."

"Covered walking areas, either with structures or trees. More bike friendly streets."

"more sidewalks, safe biking routes"

"A more walkable community. We are small enough to walk many places but there are not enough sidewalks-would have to walk in the street many places."

"SIDEWALKS!!!!..."

"...Multimodal transportation options..."

"City (bus/van) public transportation, regular routes and stops, 7 days a week!!!!!!!!!!!! North and South, East and West REGULAR ROUTES WITH REGULARLY TIMED BUS STOPS THAT PEOPLE COULD PLAN AND BE ASSURED THEY COULD GO TO THE MALL, GROCERY STORES, CLINICS, FOOD PANTRIES, ETC."



# ***What suggestions do you have that you believe would improve the health and well-being of our community?***

## **Responses con'td**

### **General/Other**

"Full time job with insurance"

"More job help..."

"Programs in Shawnee should have more access to funding."

"Community health events at the fair grounds and mall ( mostly free ) and maybe in conjunction with blood mobile."

"...stop tobacco use (i never used)"

"...indoor public swimming pools, indoor tennis courts, racquetball courts"

"Needing your help in my community. I'm the mayor and would love to get some help for them."

"Promoting 'WeCare.' neighborhoods."

"Right now I think we need to go back to wearing mask."

"Keeping programs such as this one up and running for individuals in need."

"Exercise"

"People being nicer to each other"

"that we all live together in charity."

"Return to respectful, Christian-American, conservative family values. Increased wholesome exercise activity opportunities..."

"food access, education, transportation, collaboration among partners"

"Cleaning up our streets, and providing better resources to our homeless or drug addicts. We feel unsafe going to certain parts of Shawnee that we feel we should be safe walking around in..."

"We have an entire section of our community who works shift work, not traditional 8-5 and it would be great if we could find ways to include them or at least off services to them for a healthy lifestyle."

"Built environment initiatives..."

"People taking responsibility for themselves."

"Enforce current and expand Well-being District. Continue efforts to ban smoking. Continue to work with legislators to change smoking laws so that our community can make as strict laws as we desire even if Oklahoma doesn't desire to make changes."

# Appendix B:

## Community chats/focus groups

### Focus group questions

- Have you seen a lack of affordable housing or rise of homelessness in your community?
- What are some things that make people in the community decide to drop out of school or to not seek more education?
- What do you think would make it easier for students to stay in school?
- What would you say are the biggest health assets or good things about healthcare in the community?
- What are the biggest barrier that keep people from accessing healthcare?
- Do you feel that many households in the community have difficulty getting healthy food?
- Are there any food related issues you notice in your community?
- What are some of the top challenges most people face on the path to their ideal job?
- What do most people need to overcome these challenges?
- What do you think should be the top public health priority areas for Pottawatomie County to concentrate on in the next three to five years?

# Appendix C:

## Key informant interviews

### Interview questions

- In your time living or working in Pottawatomie County, how have you seen it change?
- What are your concerns about health in the community?
- Have you seen these concerns grow?
- What would you say are the biggest health assets or good things about health in the community?
- What could be done to help the more vulnerable or underserved groups in the community?
- Do you have any additional thoughts about health in the community and/or approaches to improving community health?








# Appendix D: Supplemental community data

## Demographics (County Health Rankings)

### County Demographics –

	County	State
Population	72,592	3,956,971
% below 18 years of age	23.4%	24.1%
% 65 and older	16.6%	16.1%
% Non-Hispanic Black	3.0%	7.4%
% American Indian & Alaska Native	13.8%	9.4%
% Asian	0.7%	2.4%
% Native Hawaiian/Other Pacific Islander	0.1%	0.2%
% Hispanic	5.4%	11.1%
% Non-Hispanic White	71.9%	65.0%
% not proficient in English	1%	2%
% Females	51.9%	50.5%
% Rural	50.7%	33.8%

## Social and economic factors (County Health Rankings)

	Pottawatomie (PW) County	Trend 	Error Margin	Top U.S. Performers 	Oklahoma
<b>Social &amp; Economic Factors</b>					
High school completion	88%		87-89%	94%	88%
Some college	55%		53-58%	73%	60%
Unemployment	3.6%			2.6%	3.3%
Children in poverty	<b>18%</b>		11-24%	10%	20%
Income inequality	4.5		4.2-4.9	3.7	4.6
Children in single-parent households	24%		21-27%	14%	27%
Social associations	11.8			18.2	11.5
Violent crime	474			63	428
Injury deaths	<b>110</b>		99-121	59	94
<b>Additional Social &amp; Economic Factors (not included in overall ranking) -</b>					
High school graduation	83%			95%	82%
Disconnected youth	10%		7-12%	4%	8%
Reading scores	<b>2.9</b>			3.3	2.9
Math scores	<b>2.9</b>			3.4	2.9
Median household income	<b>\$52,700</b>		\$49,100-56,400	\$72,900	\$54,400
Children eligible for free or reduced price lunch	65%			32%	60%
Residential segregation - Black/White	33			23	55
Residential segregation - non-white/white	16			14	28
Homicides	6		4-8	2	7
Suicides	<b>22</b>		17-28	11	20
Firearm fatalities	<b>17</b>		13-21	8	18
Juvenile arrests	25				21

## Health Trends in Pottawatomie County 2005-2017 (State of the State's Health Report)

### Grades

Grades were created by comparing each indicator to the national average.

**Better:** ● A or ● B  
**National Avg:** ● C  
**Worse:** ● D or ● F

### Causes of Death

prevalence per 100,000 (age-adjusted)

	2005	2010	2015	2016	2017
Alzheimer's Disease Deaths	25.5	33.6	38.9	41.3	53.9
Cerebrovascular Disease Deaths	66.6	60.5	39.9	43.9	48.8
Chronic Lower Respiratory Disease Deaths	70.1	92.9	94.2	97.1	92.5
Diabetes Deaths	36.2	27.7	33.0	36.3	37.4
Heart Disease Deaths	321.1	235.5	233.4	252.9	260.3
Influenza/Pneumonia Deaths	35.2	20.2	14.1	13.0	12.9
Intentional Injury Deaths	17.9	22.2	25.4	28.8	32.6
Malignant Neoplasm Deaths	192.1	194.0	199.2	195.6	192.2
Nephritis Deaths	12.0	17.9	16.4	15.0	13.2
Suicides	15.4	15.5	19.9	22.5	24.4
Unintentional Injury Deaths	59.8	69.3	71.3	80.2	76.1
Unintentional Poisoning Deaths	10.0	20.0	18.3	20.5	20.8

### Disease Rates

	2005	2010	2015	2016	2017	
Asthma Prevalence			11.4	12.1	10.8	% of adult pop.
Colon Cancer Incidence (excluding rectum)	42.6	33.4	27.9			per 100K (age adj.)
Depression (Ever)			26.6	24.7	28.3	% of adult pop.
Diabetes Prevalence			13.5	12.7	13.3	% of adult pop.
High Blood Pressure (Ever)			37.3		41.6	% of adult pop.
High Cholesterol Diagnosis (Ever)			44.3		38.8	% of adult pop.
Invasive Breast Cancer Incidence (female only)	115.4	131.1	123.9			per 100K (age adj.)
Lung Cancer Incidence	78.4	81.5	76.6			per 100K (age adj.)
Prostate Cancer Incidence	163.9	187.9	68.1			per 100K males (age adj.)

### Mortality

	2005	2010	2015	2016	2017	
Infant Mortality	9.1	9.2	9.9	10.4	9.8	per 1K live births
Life Expectancy at Birth	75.3	73.9	74.0	72.7		age (years)
Total Mortality	1,042.6	984.2	984.1	1,019.1	1,033.2	per 100K (age adj.)

### Socio-economic Factors

percentage of population

	2010	2015	2016	2017
No Insurance Coverage		14.7	15.5	14.7
Poverty	18.5	17.0	18.0	15.2

## Risk Factors and Behaviors

	2005	2010	2015	2016	2017	
Adverse Childhood Experiences (3 or more)				22.2		% of pop.
Binge Drinking			11.6	10.8	14.0	% of adult pop.
Current Smoking Prevalence (Adults)			24.5	20.6	23.1	% of adult pop.
Dental Visits (Adults)				53.4		% of adult pop.
First Trimester Prenatal Care	84.6		66.5	63.5	67.1	% of live births
Frequent Poor Health Days (≥14 days in the past 30 days) that Limited Usual Activities			12.5	11.2	11.9	% of adult pop.
Frequent Poor Mental Health Days (≥14 days in the past 30 days)			17.8	18.3	17.2	% of adult pop.
Frequent Poor Physical Health Days (≥14 days in the past 30 days)			15.0	14.9	13.3	% of adult pop.
Good or Better Health Rating			72.2	76.3	76.0	% of adult pop.
Heavy Drinkers			3.9	2.7	3.8	% of adult pop.
Low Birth Weight	7.8	7.6	7.3	7.6	7.7	% of live births < 2500 g.
Minimal Fruit Consumption (<1/day)					46.9	% of adult pop.
Minimal Fruit Consumption (<1/day) (Historical)			50.1			% of adult pop.
Minimal Vegetable Consumption (<1/day)					16.2	% of adult pop.
Minimal Vegetable Consumption (<1/day) (Historical)			25.9			% of adult pop.
No Physical Activity			32.5	27.2	34.0	% of adult pop.
Obesity (Adults)			39.6	38.2	39.9	% of pop.
Seniors Influenza Vaccination			73.6	68.6	71.6	% of pop.
Seniors Pneumococcal Vaccination			81.4	80.8	82.8	% of pop.
Teen Births	30.5	30.7	21.4	19.4	17.9	per 100K girls age 15-17
Usual Source of Care			75.7	74.3	73.9	% of adults w/ a PCP



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