2019 Community Health Needs Assessment for Oklahoma County

INTEGRIS

SSMHealth
St. Anthony Hospital

Mercy

OKC-COUNTY HEALTH DEPARTMENT

United Way
United Way of Central Oklahoma

Oklahoma State Department of Health
Creating a State of Health

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I. Executive Summary

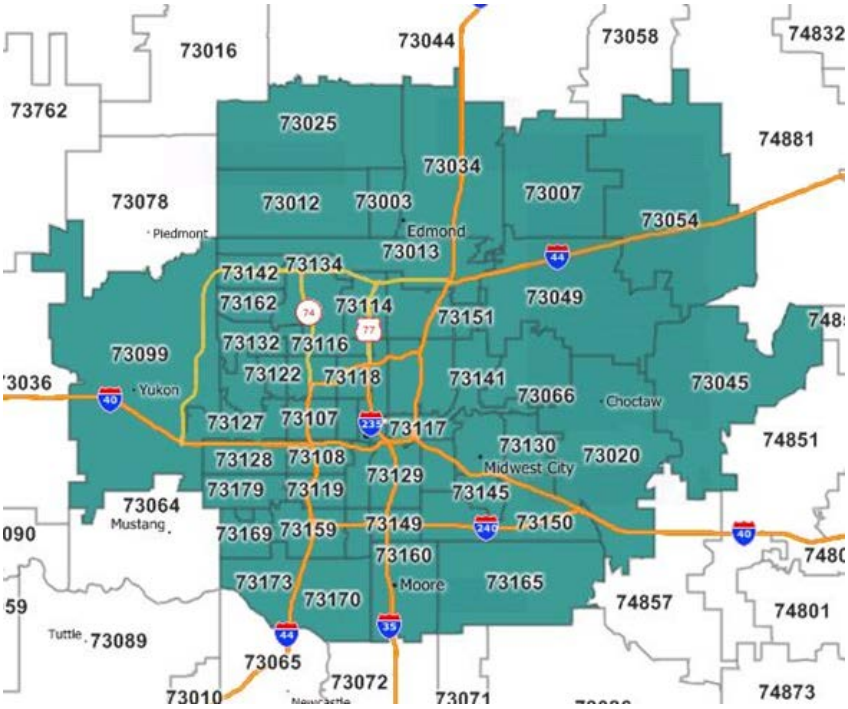
INTEGRIS, Mercy Hospital Oklahoma City, and SSM Health St. Anthony, in partnership with the Oklahoma City-County Health Department, the Oklahoma State Department of Health and the United Way of Central Oklahoma, are pleased to present the 2019-2021 Community Health Needs Assessment (CHNA). This CHNA report provides an overview of the health needs and priorities associated within Oklahoma County. The goal of this report is to provide residents with a deeper understanding of the health needs in their community, as well as help guide the hospitals in their community benefit planning efforts and development of an implementation strategy to address assessed needs. The CHNA involved review of both quantitative and qualitative data to attain the full scope of the community needs as they relate to health with a focus on the economically poor and underserved populations.

This summary is documentation that INTEGRIS Health is in compliance with IRS requirements for conducting a community health needs assessments. INTEGRIS Health last conducted a CHNA in 2015.

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.

Identified priorities for the next three years include: access to care, food access/insecurity, mental/behavioral health, obesity, and tobacco. Many of the initiatives identified and implemented in the previous Community Health Needs Assessment will be continued along with new programs.

II. Community Served by the Hospital



Oklahoma County is located in the central part of Oklahoma. Oklahoma City is the county seat and the largest city in the state. There are 20 cities and small towns located in the county.(1)

Oklahoma County employs 366,894 people. The economy specializes in mining, oil, gas, quarrying, extraction, management of companies and enterprises, and public administration. According to the 2016 population estimates, the population of Oklahoma County was 770,101.(1)

The county occupies 718 square miles. As of 2010 census, there were 1,013 persons per square mile.(1)

Oklahoma County has 14 hospitals, two federally qualified health centers with 14 satellite clinics, approximately 17 free community clinics, one tribal clinic, and a city-county health department with multiple locations throughout the county, and a state health department. Public transportation, taxi services, two public and several private airports, and paramedic-level ambulance service are also located within the county.

Oklahoma County has over 3,600 inpatient hospital beds from nine different healthcare systems. With five inpatient facilities in the county, INTEGRIS has 1,048 beds. SSM Health St. Anthony has three inpatient facilities with 773 beds. Mercy Hospital OKC has nearly 450 beds system-wide in Oklahoma County.

Source: U.S. Census Bureau, 2012-2016 Quick Facts

Oklahoma County Demographics

Age Group and Sex

30+

Median Age

The median age for Oklahoma County is 34.3 while the median age for the State of Oklahoma is 36.2.

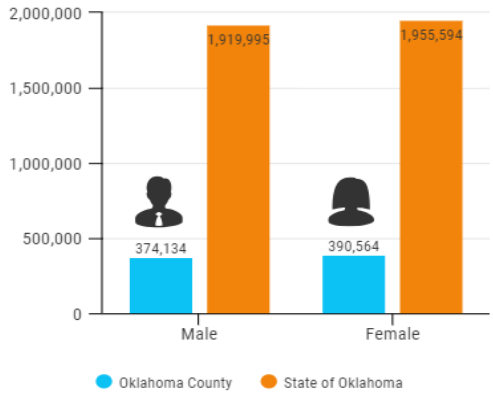
16 of 100

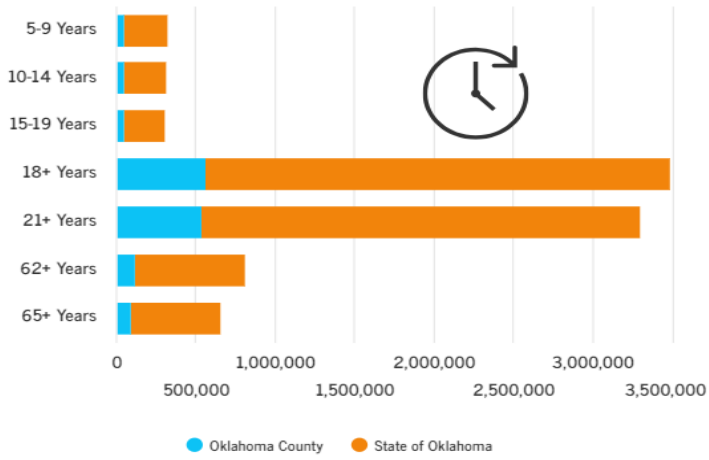
Persons in Poverty

There are 16.3% of persons in poverty for both Oklahoma County and the State of Oklahoma.

Median Household Income

The Oklahoma County median household income is $48,987 compared to $48,038 for the State of Oklahoma.

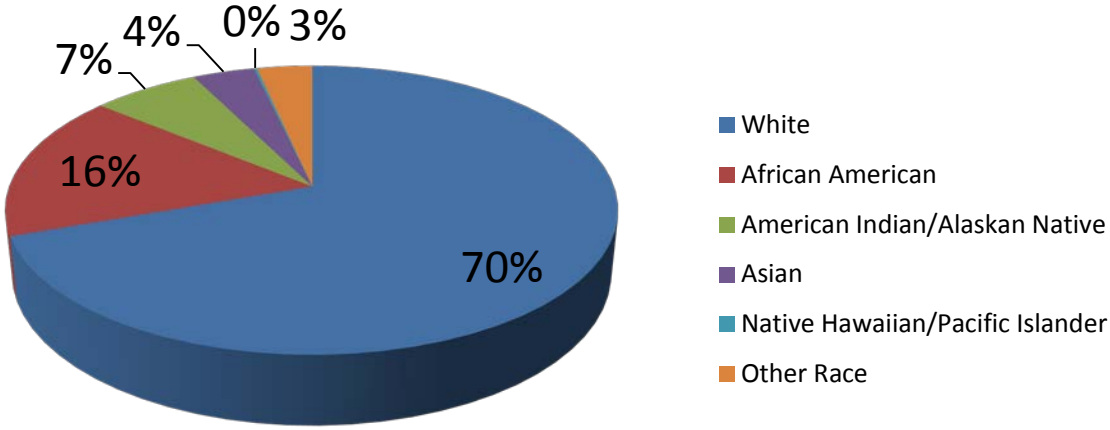




NOTE

74.4% of Oklahoma County residents are over 18

Oklahoma County Ethnicity, Estimate



Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates. See Table 1 in appendix.

Oklahoma County Resident Demographics

	Oklahoma	Oklahoma County
EDUCATION		
High School Graduate or Higher, age 25+ (1)	87.3%	86.4%
Bachelor's degree or higher, age 25+ (1)	24.5%	30.8%
HEALTH		
With a disability, <65 years (1)	11.3%	9.8%
Persons without health insurance, <65 years (1)	16.1%	15.8%
Persons under 18 without health insurance (2)	8%	9.5%
Persons enrolled in Medicaid (3)	795,577	166,505
Persons enrolled in Medicare (4)	578,271	124,591
FAMILIES & LIVING ARRANGEMENTS		
Households (2012-2016) (1)	1,461,500	294,672
Persons per household (2012-2016) (1)	2.58	2.54
Living in the same house 1 year ago, age 1+ year (1)	82.7%	80.5%
Language other than English spoken at home (1)	10%	17%
TRANSPORTATION (minutes)		
Mean travel time to work (for workers 16+ years) (1)	21.4	20.9
ACCESS TO CARE (people per one provider)		
Primary Care Physicians (5)	1,590	1,170
Dentists (5)	1,700	1,000
Mental Health Professionals (5)	260	160

Sources: (1) U.S. Census Bureau, 2012-2016 Quick Facts
(2) Kaiser Family Foundation, State Health Facts. 2016.
(3) Oklahoma Health Care Authority. SoonerCare Fast Facts. July 2018.
(4) Centers for Medicare and Medicaid Services. Medicare Enrollment Dashboard. August 2018.
(5) 2017 County Health Rankings: Measures and National/State Results: Oklahoma

INTEGRIS

highlight of services

Excellence in medical care, along with research, staff education, support groups for patients and their families and educational programs for the community allow members of INTEGRIS to achieve the organization's mission. INTEGRIS Metro Centers of Excellence include INTEGRIS Bennett Fertility, INTEGRIS Cancer Institute, INTEGRIS Heart Hospital, Hough Ear Institute, INTEGRIS James R. Daniel Cerebrovascular and Stroke Centers, INTEGRIS Jim Thorpe Rehabilitation, INTEGRIS M.J. and S. Elizabeth Schwartz Sleep Disorders Center of Oklahoma, INTEGRIS Nazih Zuhdi Transplant Institute, INTEGRIS Neuromuscular Center, INTEGRIS Paul Silverstein Burn Center and INTEGRIS Southwest Breast Health and Imaging Center.

community benefit

As a not-for-profit corporation, we are able to invest one hundred percent of any money earned back into our health care system through hiring of world-class physicians, purchase of the latest technologies and construction of the finest health care facilities, as well as programs and services to improve the health and quality of life for all Oklahomans.

affiliations and partnerships

INTEGRIS affiliated health providers are located in 50 Oklahoma towns and cities.

2017

Hospital at a Glance

Admissions:	38,109
ER Visits:	153,376
Births:	4,545
Beds:	913
Employees:	3,735
Medical Staff:	1,088
Volunteers:	640
Charity Care:	$59 million

SSM Health St. Anthony Hospital – Oklahoma City

2017

Hospital at a Glance

Admissions:	23,746
ER Visits:	133,051
Births:	1,151
Beds:	773
Employees:	3,300
Medical Staff:	756
Volunteers:	100+
Charity Care:	$38.4 million

highlight of services

St. Anthony Hospital offers a comprehensive array of acute inpatient services, along with an ambulatory network consisting of convenient care, primary care, and specialist providers. Highlights of our clinical programs include St. Anthony Heart Hospital, Frank C. Love Cancer Institute, behavioral medicine, critical care and emergency services, inpatient and outpatient surgery, rehabilitation, labor and delivery, newborn and pediatric services, endoscopy lab, dialysis, sleep center, diagnostic center, certified advanced stroke center, wound care, affiliate network and SSM Health Home Care. In 2018, St. Anthony Hospital was voted "Best Hospital" by Journal Record readers. Also in 2018, the hospital received an "A" grade from the LeapFrog Group for hospital safety.

community benefit

In 2017, St. Anthony Hospital provided $25.9 million in unreimbursed care, $11.1 million in health professional education, and over $1 million in other community benefits for a total of $38.4 million.

affiliations and partnerships

SSM Health serves the Oklahoma region through their physician medical groups, various healthplexes and hospitals including SSM Health St. Anthony Hospital - Oklahoma City, SSM Health St. Anthony Hospital - Shawnee, SSM Health Bone & Joint Hospital at St. Anthony, SSM Health St. Anthony South and 17 affiliate hospitals giving rural communities better access to different types of healthcare across the state.

Mercy Hospital Oklahoma City

highlight of services

Mercy Hospital Oklahoma City is a three-time Truven award winner and was awarded an "A" grade from LeapFrog Group in 2017. Highlights of Mercy services include the Cancer Resource Center, GammaKnife technology, the Stroke Prevention Clinic and the Herman Meinders Center for Movement Disorders at the NeuroScience Institute, the Oklahoma Heart Hospital, Mercy Rehabilitation Center, a Level-III Neonatal Intensive Care Unit within seconds of BirthPlace, Palliative Care, and the Sleep Center.

community benefit

In fiscal year 2018, Mercy Hospital Oklahoma City provided $31.1 million in unreimbursed care and other community benefits.

affiliations and partnerships

In Mercy Oklahoma City's primary service area, there are eight Mercy hospital facilities, including critical access hospitals in El Reno, Watonga, Kingfisher, and Guthrie. Mercy Health System has four additional hospitals in southern Oklahoma. Mercy has over 100 clinics in the state of Oklahoma to meet the primary care and specialty needs of the community. Additionally, Mercy's Good Samaritan Clinic provides primary care services for the uninsured at no cost.

2017

Hospital at a Glance

Admissions:	19,781
ER Visits:	52,924
Births:	3,899
Beds:	245
Employees:	2,700
Integrated Providers:	357
Volunteers:	300+
Charity Care:	$27.5 million

III. Community Health Needs Assessment Process

INTEGRIS, Mercy Hospital Oklahoma City, and SSM Health St. Anthony collaborated with the Oklahoma City-County Health Department (OCCHD), Oklahoma State Department of Health (OSDH), and the United Way of Central Oklahoma (UWCO) to conduct the community health needs assessment process.

Methods of collecting and analyzing data and information included online surveys, community chats, published data, and hospital specific data.

Community chats were conducted to dialogue directly with local community members. There was a targeted effort to conduct chats with at-risk populations in low socioeconomic zip codes and at minority health fairs throughout the county. Community partners that assisted in data collection for community chats included Linwood Elementary School, the Wellness Now Coalition, Reaching Our City, and Men's Zion Group.

Community surveys were available online. Each partner utilized social media to publicize the survey to residents of Oklahoma County. Partners assisting in the dissemination of the online survey included Oklahoma City Indian Clinic, Southern Plains Tribal Health Board, Men's Health University, Hispanic Initiative, Crossings Community Center, and the Wellness Now Coalition.

PRIMARY DATA

INTEGRIS, Mercy Hospital OKC, SSM Health St. Anthony Hospital, OCCHD, OSDH, and UWCO collaborated to gather community input from Oklahoma County residents of all backgrounds, socioeconomic status, and demographics. Additionally, the hospitals provided internal data for analysis and consideration in the CHNA process.

PUBLISHED SECONDARY DATA

In addition to the input from community chats, online surveys and dot voting, the compilation of public health data, state and national data, gave a broader view of the overall health status of the county. By looking at past and present data and identifying trends, strategic development for the Community Health Improvement Plan will be more efficient and ultimately more effective.

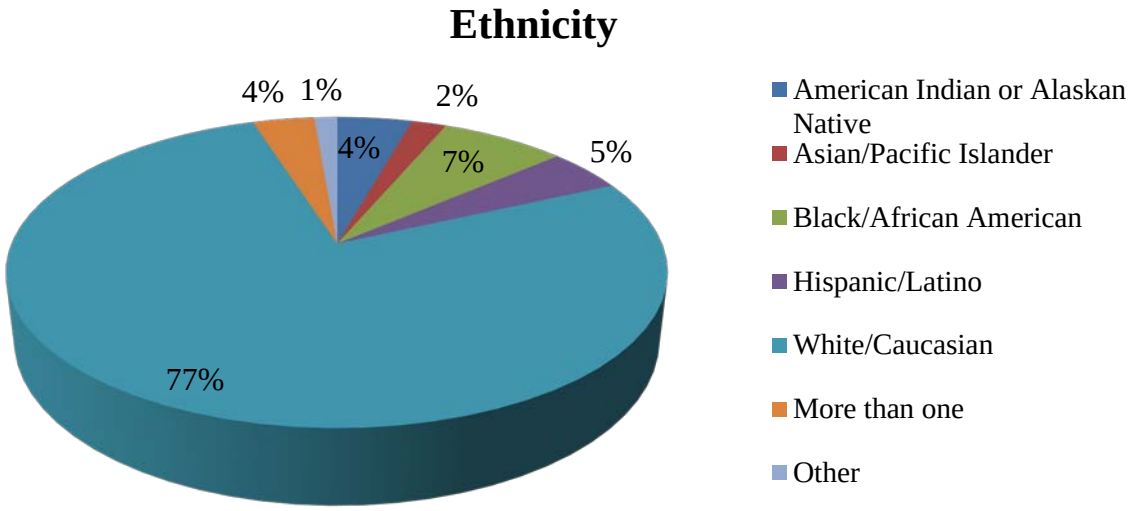
IV. Community Input

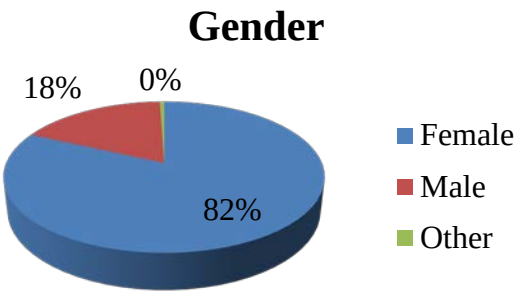
The voices of the people of Oklahoma County were essential to the health needs assessment process. Community input was obtained through online surveys, community chats, hospital leadership, and healthcare providers.

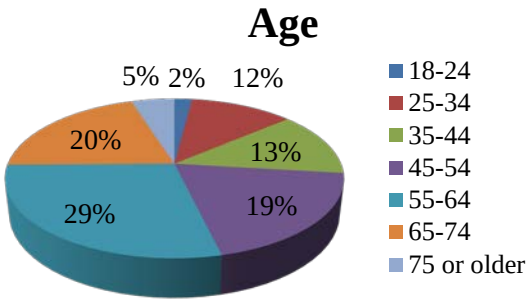
ONLINE SURVEYS

A Qualtrics survey was designed to assess the perceptions and thoughts of community members about the health needs in their community. There were 815 participants from 57 zip codes who completed the survey from April to June 2018. Efforts were made to engage underserved populations by requesting community partners to share the online link on their organization's social media pages. Surveys included questions on social determinants of health, chronic disease, healthcare access, and the participant's personal health.

Respondent demographics were closely monitored and an effort was made to have survey responses reflective of the county's demographics. Outreach to multiple organizations in the American Indian and Hispanic communities were successful in increasing survey responses. However, outreach with two organizations in the African American community, including a school district with 99% minority enrollment, went unanswered. Facebook marketing was also employed to target zip codes with high concentration of minority residents.







COMMUNITY CHATS

A total of eight community chats were held throughout Oklahoma County from January through June 2018 with 140 total participants. After a low turnout at the Linwood Elementary event it was determined that utilizing existing groups and organizations for chats would be the most efficient use of resources. One chat was cancelled due to inclement weather and was unable to be rescheduled. Child care was provided by the Boys and Girls Clubs of Oklahoma County at Linwood and Fit Club chats. Participants signed in with their first name and zip code at each chat, and had the option to leave their email address for the completed CHNA to be sent to them electronically.

Date	Zip Code	Group	Responses	Target Population
January 16, 2018	73107	Linwood Elementary Parents/Staff	2	Hispanic
January 18, 2018	73109	INTEGRIS Fit Club	9	Hispanic, Low Income
March 14, 2018	73111	Wellness Now Coalition	36	Public Health, Stakeholders
March 21, 2018	73102	St. Anthony Community Class	10	General public
April 7, 2018	73111	Ebenezer Baptist Church Health Fair	Cancelled	African American
April 14, 2018	73069	INTEGRIS Hispanic Health Fair	22	Hispanic, Underserved
May 18, 2018	73127	Reaching Our City Women's Luncheon	38	Underserved, Females
May 18, 2018	73109	INTEGRIS Men's Zion Group	19	Males
June 9, 2018	73111	INTEGRIS African American Men's Health Fair	4	African American, Male, Underserved

Linwood Elementary is the official partner school of Mercy Hospital Oklahoma City. Linwood is located in a high poverty zip code in the Oklahoma City Public Schools district. Linwood Elementary has 93.4% eligible for free/reduced lunch and is ethnically diverse with only 12.5% Caucasian students. Fliers were sent out to parents requesting their presence and input at the community chat. Childcare and refreshments were provided. Linwood also posted the online survey link on their Facebook page.

The Wellness Now Coalition is coordinated by the Oklahoma City-County Health Department. There are over 200 members who are associated with numerous agencies and organizations from the private, government, and community sectors. Membership in the coalition is open to anyone in the general public. The coalition's eight workgroups seek to improve the health and wellness of all Oklahoma County residents through programming and advocating for policy changes.

INTEGRIS Fit Club, men's Zion group and SSM Health St. Anthony community education classes are free health education programming open to any community members.

A vendor booth was set up at both the INTEGRIS Hispanic and African American Men's health fairs. These events targeted underserved minority populations in the Oklahoma County area and were free to the public. Attendees were asked to give input by completing the written questionnaire and dot voting boards.

Reaching Our City is a faith-based non-profit offering community services in northwest Oklahoma City. Each Friday "The Vine" women's support group meets for free lunch, encouragement, resource sharing, and a presentation from a community agency. Most participants are low income from high poverty areas of northwest Oklahoma City.

QUESTIONNAIRE AND GROUP DISCUSSION

A facilitator led each community chat and followed a written script to ensure consistent messaging at all events. Questionnaires were available in both English and Spanish, and translators were present to assist with facilitation. Written responses from each participant were collected at the end of each chat for data analysis.

Chat Questions:

1. Tell us what a healthy community looks like to you.
2. What is preventing you or your neighbors from achieving a healthy community?
3. What do you see as the priority needs in your community?
4. What resources are available to meet your current priority needs?
5. What resources do you wish were available to help meet your priority needs?

A template was created for analysis of free response data collected during community chats. Each variable mentioned by respondents was entered into a table and for each response a tally was made. If a written response listed numerous variables, each individual variable was counted; one respondent may have had multiple variables counted. A representative from each of the six partner agencies completed the tracking template. Median and mode were utilized to scrutinize data and identify top themes.

DOT VOTING

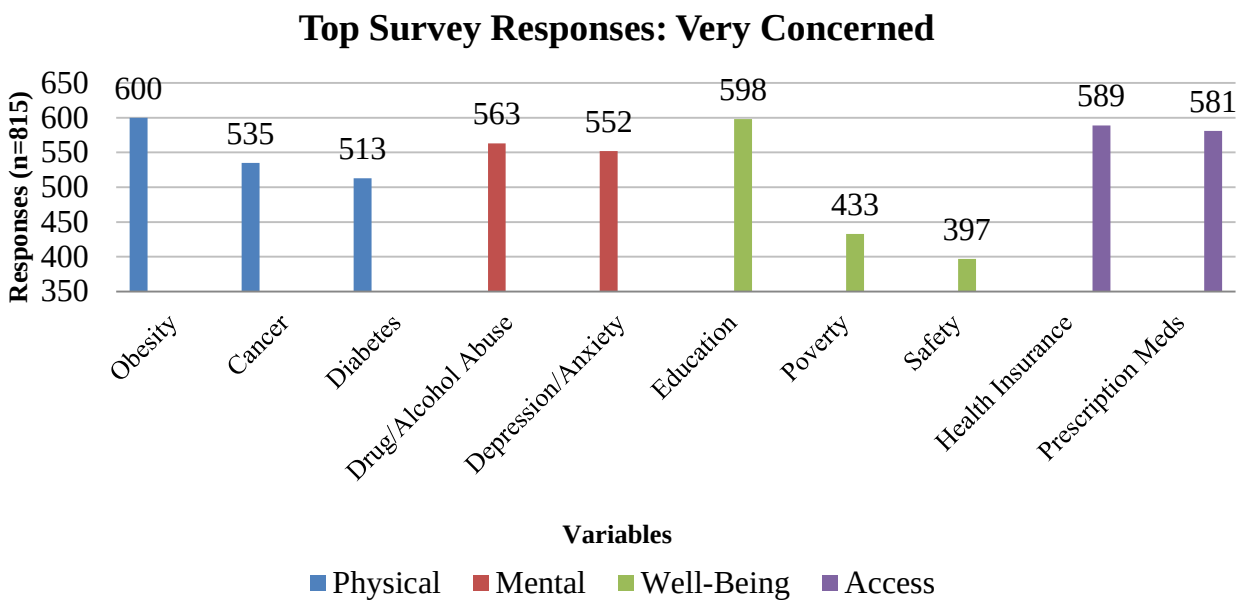
In addition to written questionnaires, dot voting boards were employed at the end of each community chat. Participants prioritized their most important issue on each of the three voting boards: social determinants of health, healthcare access issue, and chronic disease. These same variables were also utilized as questions on the online survey.

V. Conducting the Needs Assessment

PRIMARY DATA

ONLINE SURVEYS

To determine the priority needs of the community, online surveys asked respondents to rank their level of concern (very concerned, moderately concerned, concerned, not at all concerned) for physical, mental, well-being, and healthcare access issues. Respondents were allowed to mark "very concerned" on every variable if they chose to do so.



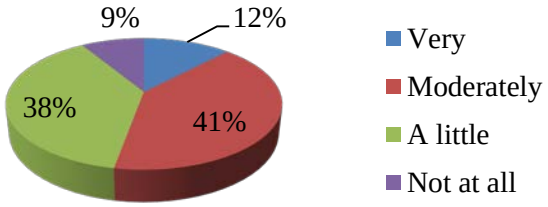
Health insurance was listed as "affordable and adequate health insurance" on the survey. Additionally, "affordable prescription medication(s)" was written out for survey respondents as an option.

Aggregate	
Cardiovascular	152
Endocrine	117
Musculoskeletal	105

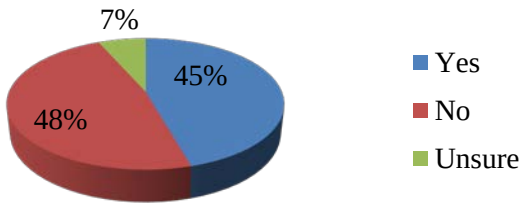
Conditions	
Hypertension	92
Diabetes	78
Arthritis (all types)	58

Over 45% of respondents indicated that they suffered from at least one chronic condition with 365 self-reported responses. Two in five reported suffering from a cardiovascular related illness, including heart disease, hypertension, stroke, and hyperlipidemia. One in three reported having a chronic endocrine condition such as diabetes, thyroid disease, and kidney disease.

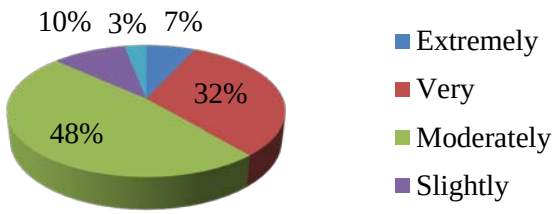
How stressed do you feel in a typical week?



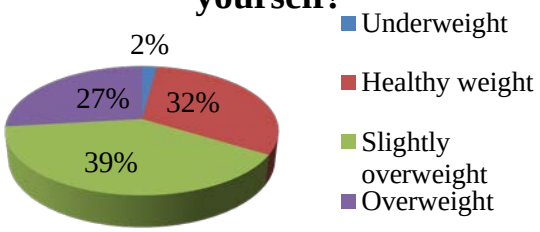
Do you experience anxiety/depression?



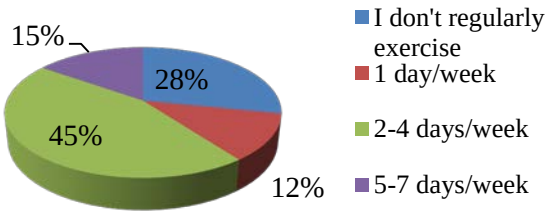
How physically healthy are you?



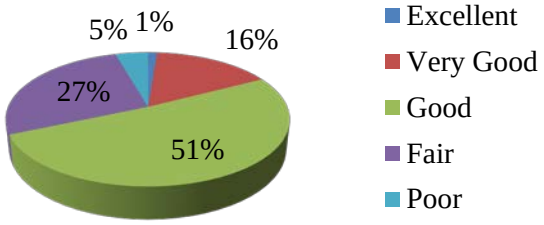
How would you describe yourself?



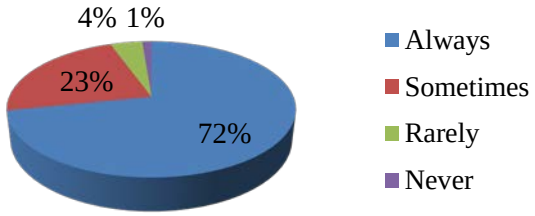
How many days do you exercise in a typical week?



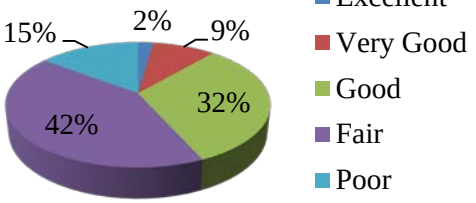
How would you rate OK County as a safe community?



Do you have enough money to pay for essentials?



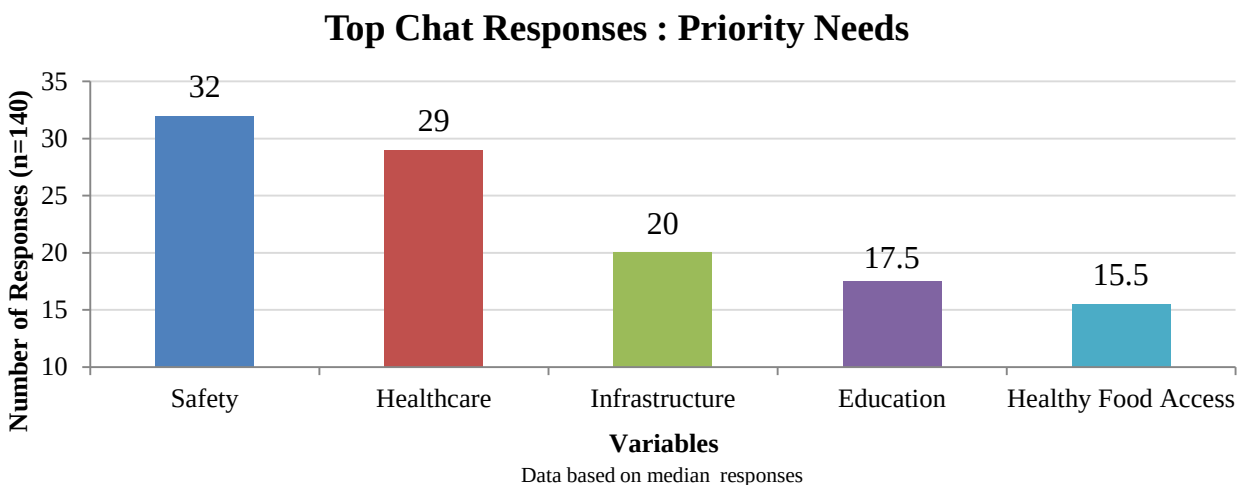
How would you rate OK County as a healthy community?



COMMUNITY CHATS

Questionnaires

The third question from the community chat questionnaire addressed perceived priority needs in the community. Respondents gave free form responses on their ideas for health related needs in Oklahoma County at community chats occurring from January to June 2018.



The safety variable included responses regarding safe environments, street lights, and low crime. The healthcare variable included access, affordability, and quality of care. Infrastructure responses included sidewalks, bike lanes, walkability, and safe streets. Education included schools, funding, curriculum, and teachers. The healthy food access variable included responses about community gardens, grocery store availability, and health restaurant options.

Theme	Overall Score
Obesity	49.5
Healthcare	35
*Physical Activity	34
Safety	32
Social	30.5
Education	28.5
*Nutrition	15.5
Transportation	14
Poverty	12
Mental Health	6

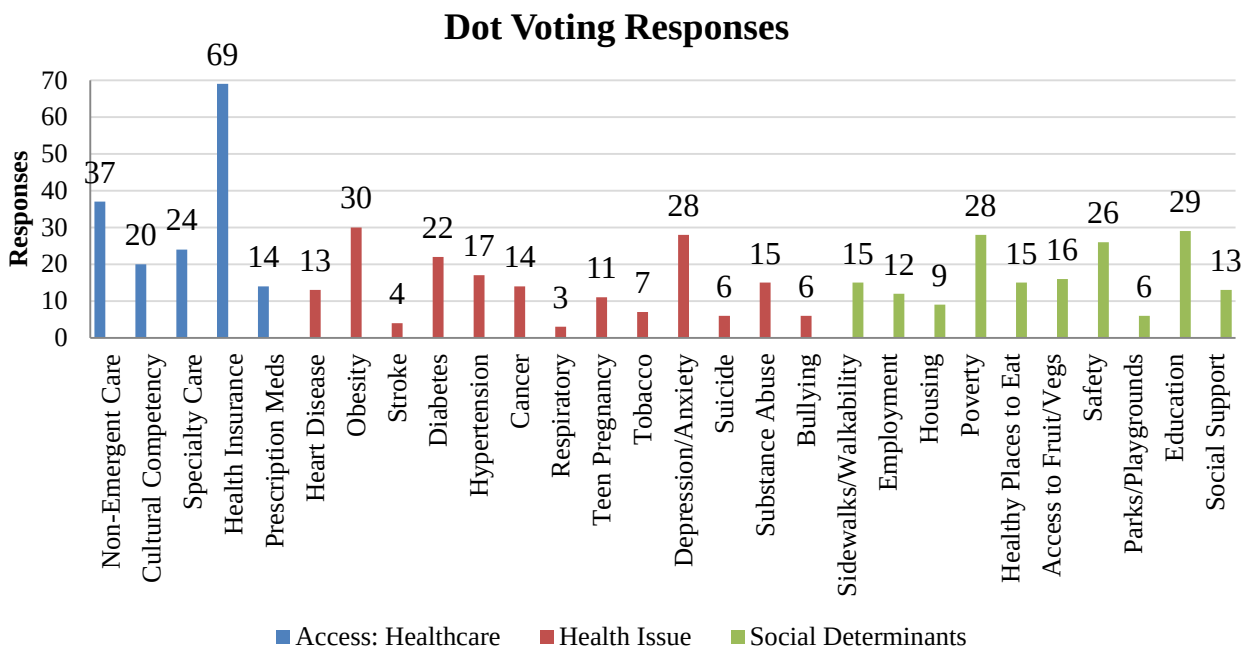
Note: Only variables with a median frequency of 5 or more were used to calculate overall scores.
*Combined to create one obesity theme score. See Table 2 in appendix.

Dot Voting

Top 3 social determinant indicators:
1. Education
2. Poverty
3. Safety

Top 3 chronic health issue indicators:
1. Obesity
2. Depression/Anxiety
3. Diabetes

Top healthcare access issue indicators:
1. Access to affordable and adequate health insurance
2. Access to timely non-emergent care when needed



Healthcare access variables had a total of 164 responses. Health issue responses totaled 176. Social determinants had a total of 169 responses.

The varied number of responses are attributed to a variety of factors. The language barrier and lack of a fluent translator at the Hispanic Health Fair left inconsistent responses across all three boards. Additionally, some chat attendees did not follow instructions and used multiple stickers on one board instead of one sticker for each of the boards.

PRIMARY DATA REMARKS:

Education was one of the most frequent responses on dot voting, in community chats, and the online surveys. Data collection occurred at the same time as the second regular session of the 56th Oklahoma Legislature which adjourned sine die on Thursday, May 3rd, 2018. Teacher pay raises, the education funding crises, and a teacher walkout were trending current events. This most likely impacted the high rate of responses. During the same time multiple bills to increase the tobacco tax were in the legislature, but ultimately went towards funding teacher pay raises instead of healthcare funding. While tobacco remains a hot button issue in Oklahoma, it was most likely overlooked due to the intensity of the coverage surrounding education.

Of the top three chronic disease indicators from dot voting, both obesity and diabetes share the root causes of poor diet and inactivity. Additionally, obesity, diabetes, and cancer were the top indicators for the online survey and are also tied to nutrition and physical activity. When looking at the top five needs identified in the chat, infrastructure responses (20) centered around physical activity related themes and access to healthy foods (15.5). Access to physical activity (8.5) and parks/recreation opportunities (5.5) are additional fitness themes. When these four variables are combined, they could be considered as an obesity variable with 49.5 as its combined median score. This would make obesity the top need identified in the chat responses.

On dot voting, the “healthy places to eat” and “access to fruit and vegetables” responses are food accessibility indicators. When combined, they total 31 votes making it the most popular response for social determinants of health. Food access was the fifth most frequent response for the community chats.

When combining suicide (6), substance abuse (15), and depression/anxiety (28) from dot voting, a mental health variable was created with a total score of 49.

There are a number of chronic health issues that share risk factors. Tobacco related issues (heart disease, stroke, hypertension, cancer, respiratory, tobacco) yields a combined score of 58. An obesity related theme created by combining the variables of heart disease, obesity, stroke, diabetes, hypertension, and cancer total 100 responses.

For social determinant responses in dot voting, healthy places to eat and access to fruits and vegetables combine for a food access variable totaling 31 points. Sidewalks/walkability (15) and parks/playgrounds (6) totaled 21 points for physical activity. This would allow for obesity related issues to rank first in the social determinants category with a total of 52 dot voting responses.

The chat performed at "The Vine" ladies group at Reaching our City was in a low socioeconomic area. Out of the 41 total dot voting responses on healthcare access, the indicator of health insurance access and affordability was the top choice with 15 votes and access to affordable prescription medications was the second with 10 votes. The prescription medication variable was uncharacteristically high for this group. Overall, prescription medications only received 14 votes out of 164 total responses. Knowing that "The Vine" chat was the most underserved chat location, it was a noteworthy revelation that also correlated with the second most popular response for healthcare access on the online survey.

Hospital specific primary data can be found in the appendix starting on page 36. The primary data collected during the needs assessment process is supported by secondary public health data.

SECONDARY DATA

Health Outcomes

	Oklahoma County		State	Nation	State Grade
Indicator	**2013**	**2016**	**2016**	**2016**	**2016**
Asthma (1)	9.8%	9.7%	10.0%	-	C
Depression (1)	22.3%	20.5%	22%	-	D
Diabetes Prevalence (1, 3)	10.2%	10.8%	12.0%	9.9%	D
High Blood Pressure (1, 10)	34.5%	32.3% (2015)	36.2%	15.1%	D
High Cholesterol (adults 20+) (1, 10)	39.5%	36.1% (2015)	38.3%	36.7%	D
Breast Cancer Incidence (female only per 100,000) (1, 9)	120.6	123.9 (2014)	120.4 (2014)	123.6 (2014)	C
Lung Cancer Incidence (per 100,000) (1, 9)	70.2	68.8 (2014)	69.5 (2014)	61.5 (2014)	D
Prostate Cancer Incidence (per 100,000) (1,9)	134.2	115.2 (2014)	80.6 (2014)	114.9 (2014)	B

Leading Causes of Death

	Oklahoma County			State	Nation	State Grade
Indicator (age-adjusted per 100,000)	**2010**	**2013**	**2016**	**2016**	**2016**	**2016**
Alzheimer's Disease Deaths (1, 8, 11)	27.1	27.4	40.5	36.1	25.3 (2014)	D
Cerebrovascular Disease Deaths (1, 11)	50.5	46.5	44.4	41.8	47.5	D
Chronic Lower Respiratory Disease Deaths (1, 11)	67.5	64.6	61.8	61.4	44.8	F
Diabetes Deaths (1, 11)	29.7	28.7	32.8	30.8	24.2	F
Heart Disease Deaths (1, 11)	224.7	219.5	266.0	228.2	212.9	F
Influenza/Pneumonia Deaths (1, 11)	20.1	14.9	11.8	12.4	19.1	C
Intentional Injury Deaths (1, 11)	23.1	28.8	29.4	29.7	-	F
Malignant Neoplasm Deaths (1, 11)	193.7	191.5	177.1	177.8	188.5	D
Nephritis Deaths (1, 11)	15.3	13.0	13.7	12.9	14.9	C
Suicides (1, 11)	14.2	17.7	18.6	20.5	12.0	D
Unintentional Injury Deaths (1, 11)	48.3	58.5	60.3	64.1	40.4	F
Unintentional Poisoning Deaths (1, 13)	15.9	19.2	18.9	20.6	660	C

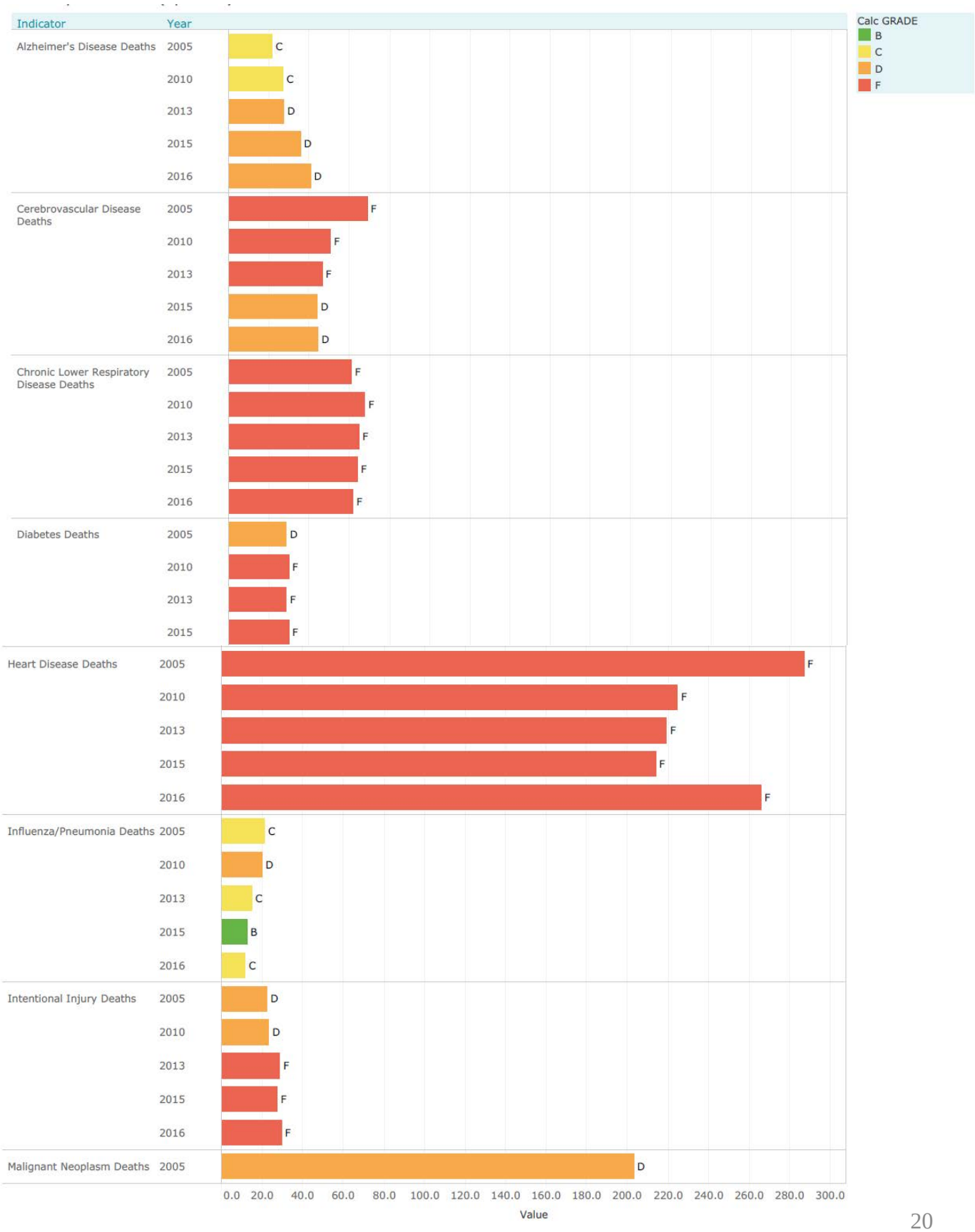
Mortality Rates

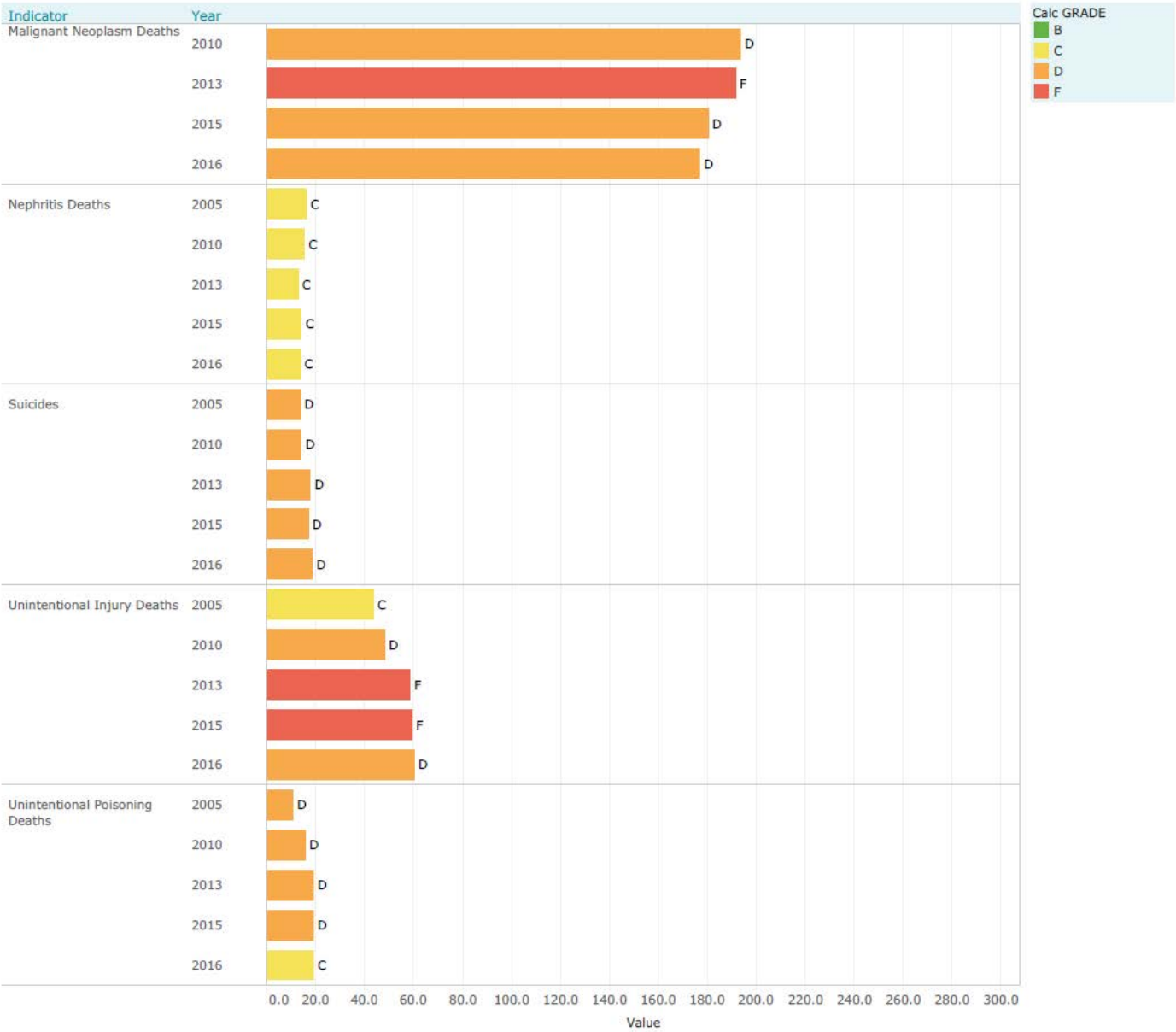
	Oklahoma County			State	Nation	State Grade
Indicator	**2010**	**2013**	**2016**	**2016**	**2016**	**2016**
Infant Mortality (live births per 1,000) (1, 3)	8.0	8.0	7.3	7.4	5.9	D
Life Expectancy at Birth (In years) (1, 12, 18)	76.0	75.5	76.1	75.9	78.6	-
Total Mortality (Age-adjusted per 100,000) (1, 3)	904.1	903.6	891.2	888.4	740.8 (2015)	F

Health Behaviors/Risk Factors

	Oklahoma County		State	Nation	State Grade
Indicator	**2013**	**2016**	**2016**	**2016**	**2016**
Excessive Drinking (1, 3)	14.7%	13.2%	11.9%	17.7%	A
Smoking (adults) (1)	22.3%	18.3%	19.6%	17.5%	D
First Trimester Prenatal Care (1, 17)	69.1%	60.5%	72.8%	71.0%	D
Frequent Poor Physical Health Days (in last 30 days) (3)	4.2	4.2	4.6	3.8	D
Frequent Poor Mental Health Days (in last 30 days) (3)	4.1	4.3	4.4	3.8	D
Low Birth Weight (1, 3)	8.4%	8.7%	7.8%	8%	C
Minimal Fruit Consumption (<1/day) (1, 16)	48.8%	50.5% (2015)	51.1%	40.2%	F
Minimal Vegetable Consumption (<1/day) (1, 16)	25.2%	24.6% (2015)	24.5%	22.1%	D
No Physical Activity (1)	32.8%	27.0%	28.5%	26.2%	D
Obesity (adults) (1)	31.0%	30.7%	32.8 %	29.8%	D
Poverty (1)	17.5%	16.3%	16.1% (2015)	15.1% (2014-15)	C
Seniors Influenza Vaccination (1, 15)	66.6%	64.3%	64.3%	65.3%	B
Teen Births (per 1,000 women aged 15-19) (2, 14)	60	-	33.4	20.3	F

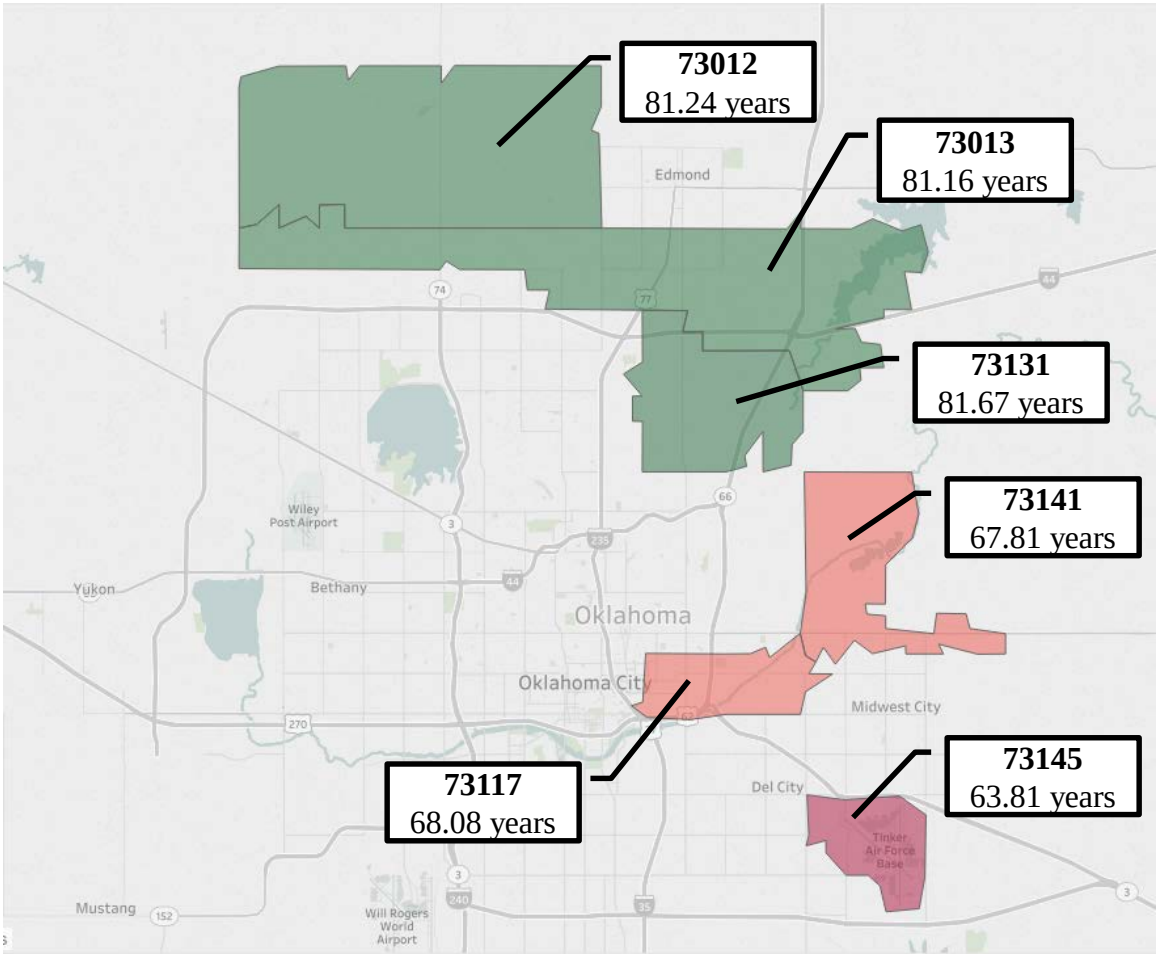
Sources: (1) Source: State of the State's Health Report, Indicators. 2016.
(2) 2016 County Health Rankings: Measures and National/State Results: Oklahoma
(3) America's Health Rankings, United Health Foundation, americanshealthrankings.org
4) Centers for Disease Control and Prevention.
5) Mental Health American. Parity or Disparity: the state of mental health in America. (Online) 2015.
(6) U.S. Census Bureau
(7) College Board. Lifetime earnings by education level. Trends in Higher Education. (Online) 2009.
(8) CDC Morbidity and Mortality Weekly Report . Vol. 66, No. 20. (Online) 2017.
(9) American Cancer Society Cancer Statistics Center. 2010-2014.
(10) CDC Division for Heart Disease and Stroke Prevention: Data Trends and Maps. 2013-2014.
(11) CDC. Underlying Cause of Death (crude) 1999-2016 on CDC WONDER Online Database.
(12) CDC. National Center for Health Statistics. Mortality in the United States. 2016.
(13) National Capital Poison Center. Poison Statistics National Data. 2016.
(14) U.S. Department of Health and Human Services, Office of Adolescent Health. 2016
(15) CDC Flu Vaccination Coverage, United States, 2016-2017 Influenza Season.
(16) CDC. Chronic Disease and Health Promotion Data Indicators. BRFSS. 2015.
(17) U.S. Department of Health and Human Services, Child Health USA. 2011.
(18) Henry J. Kaiser Family Foundation. State Health Facts. Life Expectancy at Birth. 2009.


Indicator
Year
Calc GRADE
B
C
D
F
Alzheimer's Disease Deaths
2005 C
2010 C
2013 D
2015 D
2016 D
Cerebrovascular Disease Deaths
2005 F
2010 F
2013 F
2015 D
2016 D
Chronic Lower Respiratory Disease Deaths
2005 F
2010 F
2013 F
2015 F
2016 F
Diabetes Deaths
2005 D
2010 F
2013 F
2015 F
Heart Disease Deaths
2005 F
2010 F
2013 F
2015 F
2016 F
Influenza/Pneumonia Deaths
2005 C
2010 D
2013 C
2015 B
2016 C
Intentional Injury Deaths
2005 D
2010 D
2013 F
2015 F
2016 F
Malignant Neoplasm Deaths
2005 D
0.0 20.0 40.0 60.0 80.0 100.0 120.0 140.0 160.0 180.0 200.0 220.0 240.0 260.0 280.0 300.0
Value



Source: State of the State's Health Report, Indicators. 2016.

Oklahoma County Life Expectancy Map



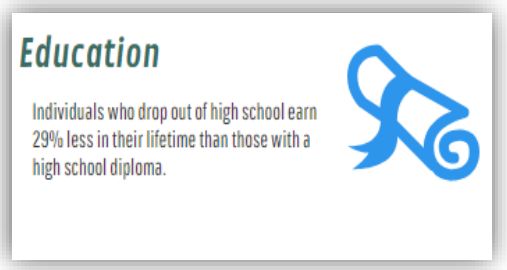
Source: Oklahoma City-County Wellness Score 2017

Average overall life expectancies vary widely throughout Oklahoma County. In the 73131 zip code citizens have an average overall life expectancy of almost 82 years. Meanwhile, further south in the 73145 zip code, residents have an overall life expectancy of less than 64 years. While there is fewer than 15 miles between 73131 and 73145, there is a difference of 18 years in average life expectancy.

VI. Prioritized Significant Community Health Needs

COMMUNITY PRIORITY ISSUES

SOCIAL DETERMINANTS OF HEALTH



Education(7)
Educational attainment can be an important factor that influences the overall health and well-being of an individual and the community as a whole. Almost 14% of Oklahoma County residents have not attained a high school diploma or equivalent.(6) Education level affects behavior and lifestyle choices which can impact community health. It is vital that communities invest in education from early childhood through adulthood to boost employment, career prospects and improve health outcomes.

Poverty(6)
Over 16% of people in Oklahoma County live below the poverty level(6) and are not always able to meet their basic needs like affordable housing, health care, healthy food, transportation, and social services. In 2017, 1,368 people were considered homeless whether they were living in a shelter or in transitional housing.(11) Accessing affordable and reliable transportation affects health outcomes. Additionally, living in a food desert or experiencing food insecurity can lead to malnutrition and poor weight status. Families living in poverty usually have limited or no access to communication about community resources, events and programs which poorly impacts health outcomes.

Unemployment for African Americans is 12.2%, which is double that of other races.(6) The Hispanic unemployment rate is 6.6%.(6) These rates negatively impact their health outcomes.

Food Insecurity

Access to healthy foods was the fifth most common response in the community chats and identified as a priority issue in dot voting. In Oklahoma, one in six people struggle with hunger with one in four children being food insecure.(8) Nearly half of the households that receive Supplemental Nutrition Assistance Program (SNAP) benefits in Oklahoma have children.(8) Over 16% of Oklahoma County residents are food insecure, with an annual food budget shortfall of $63,422,000.(8)

Food Access (8, 9)	**Oklahoma**	**Oklahoma County**
Food Insecurity Rate	16.2%	16.2%
Food Insecure Individuals (Estimate)	635,740	124,250
Below 130% Poverty (SNAP eligible)	51.7%	54%
Between 130%-185% poverty (WIC, reduced lunch pricing)	15.0%	16%
Above 185% poverty (other nutrition program threshold)	33.3%	30%
Population living in a food desert	17.2%	10.3%
Population living in low access area	44.9%	25.2%

Safety(10)

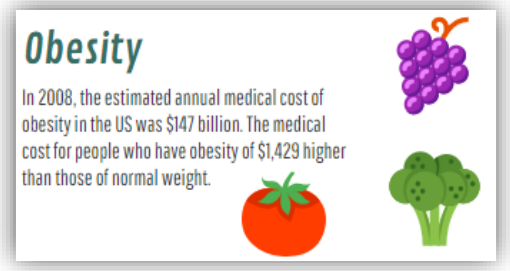
Oklahoma County received a "D" grade on unintentional injuries when compared to the national average.(1) In 2016, 60.3 deaths occurred per 100,000 people and have trended upward since 2005.(1) In the community chats, many concerns revolved around needing additional police, better street lighting, friendlier neighbors, more places for people to gather and a decrease in racism.

Oklahoma County has a higher homicide rate than the national average, and is highest among American Indians and males.(1) Violence has a direct and adverse effect on health outcomes for a community. Even if safety is only perceived, it can inhibit social interaction. Parental concern about the safety of their neighborhood can influence children's level of physical activity. Safety affects how people commute. Lack of sidewalks and poor lighting inhibits movement and interaction with others.

Total Number of Hate/Bias Crimes - Oklahoma (10)

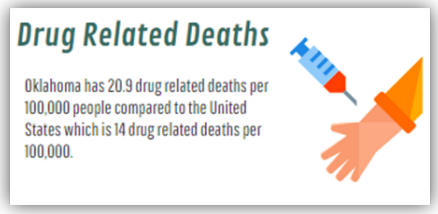
Year	Offenses	Victims
2007-2008	84	109
2009-2010	102	117
2011-2012	85	115
2013-2014	70	86
2015-2016	81	99

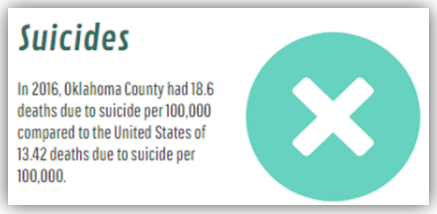
CHRONIC HEALTH ISSUES



Obesity(3,1)

Obese people are at increased risk for many serious diseases and health conditions.(3) These risks include: premature death, high blood pressure, high cholesterol, diabetes, heart disease, stroke, sleep apnea and breathing problems, osteoarthritis and body pain, some cancers, low quality of life, depression, anxiety, and difficulty with daily activities.(3) Oklahoma's obesity ranking has rapidly jumped from the bottom to the top of the charts in less than 20 years.(4) Citizens rely on cars, trucks, and buses more than ever for their commute to work and school. This can often lead to sedentary lifestyles that contribute significantly to weight gain. The increased convenience of unhealthy, inexpensive fast food coupled with the inability to access low-cost healthy food is also a contributing factor to the obesity epidemic. Poor nutrition and obesity drive up health care costs. For persons under age 65, health care costs average $395 more for obese individuals and are more for persons over the age of 65.(2)





Mental Health: Depression/Anxiety(1,3)

One in four people have been diagnosed with some form of mental health issue.(5) Depression is a significantly debilitating mental health condition and is a leading cause of disability.(5) Feelings of hopelessness, sadness, and fatigue can be overwhelming and may potentially lead to substance abuse as a form of self-medication.(5) Suicide rates are high among those suffering from depression and addiction.(5) Unfortunately, the lack of mental health resources for low income and uninsured persons is a barrier to seeking life changing treatment. Intervention and prevention are key steps in combating this multifaceted health indicator.

Diabetes(4)

Oklahoma County's high rates of sedentary lifestyles and poor nutrition contribute to an increase in a number of poor health outcomes. Over 10% of residents have diabetes.(2) People who have diabetes are at an increased risk for stroke, and three times more likely to have heart disease.(4) Complications from diabetes occur due to lack of education about the disease, the expense of monitoring and medications, lack of access to medical care and healthy food options, and lack of physical activity. Living in poverty further complicates this disease and limits the ability to care for oneself. Free diabetes education for those with prediabetes and diabetes provides people the tools needed to avoid developing devastating complications from the disease.

HEALTHCARE

Access(2)

Lack of access to affordable and timely medical care was a reverberating theme throughout the chat surveys and dot voting. Access to comprehensive, quality health care services is important. It promotes and maintains good health, prevents and manages diseases, reduces unnecessary disability and premature death, and encourages health equity. Good health also requires oral and mental health care access. Three components of access are insurance coverage, health services, and timeliness of care. Potential barriers include: high cost of care, underinsured or uninsured, lack of primary or specialty services, and culturally sensitive care. Language is a barrier in Oklahoma County with 17% of residents speaking a language other than English at home.(6) Almost 16% of the population (under age 65) are living without any health insurance and 9.5% (under age 18) are uninsured.(6) The uninsured and underinsured populations experience delays in receiving timely care, lack the ability to receive preventative measures, and seek care in the local emergency rooms which results in preventable hospital admissions.

Sources: (1) State of the State's Health Report, Indicators. 2016. (2) 2016 County Health Rankings: Measures and National/State Results: Oklahoma. (3) America's Health Rankings, United Health Foundation, americanshealthrankings.org. 4) Centers for Disease Control and Prevention. 2017. 5) Mental Health American. Parity or Disparity: the state of mental health in America. (Online) 2015. (6) U.S. Census Bureau. (7) College Board. Lifetime earnings by education level. Trends in Higher Education. (Online) 2009. (8) Feeding America. What Hunger Looks Like in Oklahoma. 2016. (9) Regional Food Bank of Oklahoma. An Overview of Food Deserts in Oklahoma. 2017. (10) Oklahoma Bureau of Investigation. Information Services Division, Data Collection and Reporting Section. Crime in Oklahoma. (Online) 2001-2045. (11) Oklahoma City Planning Department-Housing & Community Development Division. 2017Point in Time: A snapshot of Homelessness in Oklahoma City. 2017.

HOSPITAL PRIORITY ISSUES

INTEGRIS, Mercy Hospital Oklahoma City, and SSM Health St. Anthony and partners met to discuss the primary data and the secondary public health data collected during the community health needs assessment. Five themes emerged upon review of the data.

Each hospital will develop an individual Community Health Improvement Plan (CHIP) in a separate document to address the needs identified based on their internal priorities and resources. The following list is in alphabetical order.

ACCESS TO CARE

As healthcare organizations, it is important that each hospital continue to be accessible to all members of the community regardless of insurance status, race, socioeconomic status, and other factors. Access to affordable and quality healthcare were resounding messages heard from community members as the second most frequent response in community chats. Secondary data supports a need for access to culturally competent and affordable primary and specialty care, health insurance, and prescription medications.

FOOD ACCESS/INSECURITY

There is growing momentum on addressing food access and insecurity in Oklahoma County. Access to healthy food was identified by the community and secondary data as a need. Food access issues combined to make the top social determinant issue on dot voting, and it was the fifth most frequent chat response. Food insecurity is an important variable tied to the social determinant of poverty which was also ranked highly by community members. INTEGRIS, Mercy Hospital OKC, and SSM Health St. Anthony are collaborating with the Regional Food Bank of Oklahoma to address hunger and malnutrition in the county.

MENTAL/BEHAVIORAL HEALTH

Nearly half of online survey respondents indicated that they experience anxiety/depression and a third of dot voters marked mental health issues as a priority health issue. With alarming public health statistics, mental health is easily one of the top identified health needs in Oklahoma County. Scarce resources leave those suffering from mental health issues with few options for treatment, especially for the uninsured and underinsured members of the community. Identified mental health needs can include, but are not limited to, anxiety, depression, substance abuse disorders, and suicide.

OBESITY

Community chat data presented obesity as the top identified health need in Oklahoma County. Two in five survey respondents indicated that they were physically active on one or fewer days a week. For dot voting on health issues, obesity was the most frequently chosen indicator, with obesity related issues like diabetes not far behind. Obesity can be addressed through education and behavior changes targeting poor nutrition and a lack of physical activity. Addressing food access can also improve obesity related issues. Co-morbidities for obesity include, but are not limited to, cardiovascular disease, diabetes, hyperlipidemia, hypertension, stroke, and some cancers and respiratory issues.

TOBACCO

While tobacco may not have been specifically identified by the community as a priority need, INTEGRIS, Mercy Hospital OKC, SSM Health St. Anthony, and their partners agree that it is a health issue that should continue to be addressed. As previously mentioned, education was at the forefront of legislative issues during the data collection period. While the tobacco tax was advocated for and passed, much of the revenue to support healthcare was reallocated to fund education. One in three dot votes were for tobacco related health issues such as cancer, respiratory problems, stroke, and heart disease. Over 40% of online survey participants responded that they suffered from cardiovascular disease which is linked to tobacco use and second hand smoke. Oklahoma County is still above the national average for adults who smoke. (1) The state of Oklahoma continues to have a grade of “F” in heart disease deaths and a grade of “D” in lung cancer incidence.(1) With the expansion of electronic cigarettes and vapes, nicotine dependency continues to be a widespread public health concern for Oklahoma County residents.

Source: State of the State’s Health Report, Indicators. 2016.

VII. Significant Community Health Needs Not Being Addressed

Because the hospitals have 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:

EDUCATION

Data collection occurred at the same time as the 2018 Oklahoma legislative session when teacher pay raises, education funding crises, and a teacher walkout were trending current events. This most likely impacted the high rate of responses showing education as a need.

Health education programs including physical activity and prevention and wellness were mentioned numerous times in community chat feedback. It is believed that through the focus of obesity, tobacco, food access, mental health and healthcare access, these needs will be indirectly addressed.

HEALTH INSURANCE AND PRESCRIPTION MEDICATIONS

The hospitals attempt to alleviate these economic constraints on a regular basis through the provision of charity care and the foundation programs.

POVERTY

Although poverty as a standalone item was not chosen as a priority, the hospitals believe the selected priorities will positively impact poverty through improved food, healthcare access, and mental health.

SOCIAL

This variable includes, but is not limited to, the following comments from chat questionnaires: classes for adults; community gathering spaces; affordable housing; political representation; employment; funding, systems and government; infrastructure, parks and recreation; environment; social support; respect and tolerance; transportation issues; elder care; safety; and intrinsic factors. The hospitals are not prepared to address these needs, and rely on federal, state, and local government based programs to address and improve these issues.

TEEN PREGNANCY

There are Ethical and Religious Directives for Catholic healthcare entities (SSM Health St. Anthony and Mercy Hospital OKC) that limit the ability and capacity to intervene on this issue. There are several organizations in Oklahoma County that are addressing teen pregnancy in the community including THRIVE, Variety Care, and the Oklahoma City-County Health Department.

VIII. Potentially Available Resources

Available community resources were identified through conducting the needs assessment. Barriers, whether potential or perceived, were also identified. By understanding the relevance of available resources and barriers, greater public health awareness will bolster and foster strong partnerships with existing resources. This will allow for duplicate efforts to be identified, and help pinpoint gaps in care. Listed below are resources documented at community chats. These organizations are currently addressing the identified needs and targeted for partnerships for the next three years.

IX. Evaluation of Impact

INTEGRIS, Mercy Hospital Oklahoma City, and SSM St. Anthony previously conducted their own individual community health needs assessments. The following is a highlight of some of the initiatives for each hospital's identified areas of need that have been addressed over the past three years.

INTEGRIS

INTEGRIS Baptist Medical Center, INTEGRIS Health Edmond and INTEGRIS Southwest Medical Center focused on the following priority health indicators: Obesity, Heart Disease and Mental Health. The following programs were developed after the conclusion of the previous CHNA and will continue throughout the next year. Here are a few highlighted programs pertaining to each indicator. The programs are based around *Prevention/Education/Collaboration*. Major partnerships include American Diabetes Association, American Heart Association, Central Baptist Church, Crossings, East Zion District Baptist Men's Association, Edmond Senior Center, Healthy Living Center, Lynn Institute of Health, Oklahoma City Community Foundation, Oklahoma Regional Food Bank, and the YMCA.

OBESITY:

- Changing Your Weighs is an eight- week program focusing on weight loss with an emphasis on healthy food choices and increased physical activity.
- DEEP: Diabetes Empowerment Education program is a six-week program that provides the community tools to better manage their diabetes.
- FitClub and Senior FitClub are weekly programs designed to increase access to free fitness classes while also providing routine screenings. Classes available at 4 Oklahoma City locations.
- Nutrition classes for English and Spanish are offered monthly to educate on the importance of cooking at home, reading food labels, managing food while living with chronic conditions and offering food demonstrations.
- Stanley Hupfeld Academy at Western Village is our charter school which provides free healthcare to the surrounding underserved area. Services also include a mentoring program and education of healthy lifestyles.

HEART DISEASE:

- INTEGRIS Community Clinic is a free medical clinic in the inner city of Oklahoma City. The clinic offers care of chronic diseases, diabetes classes, some vision services and has a pharmacy.
- Hispanic Initiative's Health Promotor program trains lay persons to transmit health information to immigrants in targeted neighborhoods.
- Men's Health University is a series of events throughout the year to educate men about the benefits of receiving routine health care and screenings.
- African American Men's Health Summit is an event that offers health education including eight different free screenings.
- Hispanic Health Fair is an annual event offering multiple free screenings such as vision, cholesterol and glucose, blood pressure and stroke assessment. Cancer screenings are also provided.
- Madrina Training Program educates and trains people to take action towards their cardiovascular health.

MENTAL HEALTH

- Laughter Yoga teaches participants a fun and innovative resilience tool that has physical, mental and emotional benefits.
- Various support groups provide the community with the support they need to cope with Grief, Cancer and loved ones suffering from Alzheimers. Cancer support group is also in Spanish.
- Mental Health First Aid is an eight-hour course to train people to recognize when someone might be having a mental health issue.

MERCY HOSPITAL OKLAHOMA CITY

OBESITY: AWARENESS/EDUCATION/RESOURCE/ADVOCACY/DIABETES

- Action Based Learning Lab at Linwood Elementary with $25,000 Caritas grant funding for FY18
- Initial diabetes summit (70 attendees) in Oct. 2016 served as a springboard for the statewide Diabetes Caucus leading to an interim study and improving access to care and resources for diabetic Oklahomans
- World Diabetes Day event chairs in November 2016
- Wellness Now Coalition Physical Activity and Nutrition workgroup, Mercy co-chair
- Outpatient diabetes monthly support group averaging 15 patients per meeting
- Plans for a Diabetes Prevention Program (DPP) are scheduled to begin in 2019

TOBACCO: PREVENTION & CESSATION

- OK to Quit tobacco cessation campaign
  - Doubled partnerships, developed toolkit, increased campaign website hits by 67% compared to campaign's first year
- Two Mercy coworkers completed American Lung Association's *Freedom from Smoking* facilitator training in October 2017
- Wellness Now Coalition Tobacco Use Prevention workgroup, one member and Mercy co-chair
- Mercy leader continues to serve on the Tobacco Settlement Endowment Trust Board of Directors
- Mercy OKC's accepted service rate for cessation referrals averaged 20% with the OK Tobacco Helpline averaging 25%
- 44% of inpatient tobacco users were prescribed nicotine replacement therapy and 4% were referred for cessation services in 2017
- Better Breathers bimonthly respiratory support group averaging 42 participants at each meeting.
- Cancer Resource Center anti-tobacco rally to approximately 175 Linwood 5th-6th graders in March 2017

ACCESS TO CARE

- Longstanding partnership with the Health Alliance for the Uninsured (HAU)
  - Support for HAU nurse salary
  - Over $1.5 million support in FY18 for lab and imaging services
- Mercy's Good Samaritan free clinic is open four afternoons a week averaging 90 patients a month
- Mercy Project Early Detection served approximately 400 uninsured women with breast health services
- Community Health Workers impacted approximately 160 uninsured patients with chronic disease diagnosis in FY18
- Community flu shot program provided 2,500 free flu shots from 2016-2018 to the underserved
- Wellness Now Coalition Care Coordination workgroup, Mercy co-chair
- 576 underserved patients were provided medical transportation and cab vouchers ($42,600) in FY18

SCHOOL HEALTH

- Mercy in Schools has provided 855 eye and hearing screenings to Catholic school students and assisted with 12 screening events for Edmond Public Schools
- Linwood Elementary
  - Annual health fairs and flu clinic (227 total participants), parent education and healthy cooking classes
  - Wellness Wednesday impacting over 500 Linwood students with weekly health/wellness education
  - Healthy snacks for students during testing week, healthy breakfast and nutrition education for staff
  - Weekly tutoring program and two classroom reading events per school year

BEHAVIORAL HEALTH

- Mercy in Schools Call SAM case management 819 contacts in the Edmond Public Schools district from 2016-2018

SSM HEALTH ST. ANTHONY HOSPITAL – OKLAHOMA CITY

MENTAL HEALTH

- Provided continuing medical education to 30+ primary care providers within the SSM Health St. Anthony network on suicide prevention
- Over 500 hospital employees completed training on QPR (Question, Persuade, Respond)
- Supported the Tri-County Youth & Family Center in Choctaw, OK by sponsoring their annual 5K
- Supported The Care Center, an organization dedicated to the prevention of Child Abuse, by sponsoring their annual Brave Ball
- Participated in the Alzheimer's and NAMI (National Alliance on Mental Illness walks)
- Participated in the Heartline 211 Festival of Hope
- Collaborated with Oklahoma Department of Mental Health and Substance Abuse for a CAMS (Collaborative Assessment and Management of Suicidality) continuing education training which utilizes a collaborative approach to managing suicide risk
- SSM Health behavioral health leaders continued to support the community and state by participating and serving on a number boards.
- Recruited two psychiatrists as well as an advance practitioner to improve mental health access in Oklahoma County and surrounding areas.
- Of the patients that had a history of tobacco use in acute behavioral health treatment, 94% were offered outpatient cessation services.

DIABETES

- Participated in Diabetes Awareness at the Oklahoma state capitol in 2016 and 2017 for World Diabetes Day.
- Diabetes Educator participates in the Oklahoma Legislative Diabetes Caucus monthly at the state capitol.
- Partnered with the Oklahoma Diabetes Prevention Group to promote more Diabetes Prevention Programs to the underserved and vulnerable in Oklahoma County.
- Published over 300 social media posts promoting healthy living in 2017.
- Utilized daily huddles to review patient lists and identify patients needing A1C testing.
- Met with new primary care providers to ensure awareness of the Diabetes Education Center and its capabilities.

HEART DISEASE

- Continued to utilize the referral center to schedule follow-up appointments for patients discharged with AMI (Acute Myocardial Infarction) in addition to CHF (Congestive Heart Failure)
- Supported the American Heart Association through participation of their annual Heart Ball.
- Participated and sponsored the Redbud Classic in an effort to promote healthy living and physical activity.
- Led a collaborative effort with community and civic leaders to renovate the Red Andrews Park located within 2 blocks of SSM Health St. Anthony Hospital in order to support an environment for healthy activities and living in the SoSA (South of St. Anthony) neighborhood
- SSM Health St. Anthony Hospital's accepted rate for cessation referrals averaged 14% for 2017. As a region, SSM Health – Oklahoma refers an average of 118 patients to the Tobacco Helpline monthly.

OTHER

- Donated 6,244.34 pounds of food through the Needs Foundation
- Two to four times a year, SSM Health St. Anthony Hospital employees set aside an evening when they volunteer at the Regional Food Bank.
- Committed practices to 5-year Federal Innovation Center's Comprehensive Primary Care (CPC+) program to improve access and continuity of care, care management, patient and family engagement, planned care and population health.

X. Appendices

Table 1
Oklahoma State and County Race Data Table

	Oklahoma		Oklahoma County, Oklahoma	
RACE	Estimate	Percent	Estimate	Percent
Total population	3,875,589		764,698	
White	2,823,497	72.9%	526,547	68.9%
Black or African American	281,295	7.3%	114,349	15%
American Indian and Alaska Native	286,231	7.4%	22,351	2.9%
Asian	77,541	2.0%	24,944	3.3%
Native Hawaiian and Other Pacific Islander	4,969	0.1%	576	0.1%
Some other race	102,292	2.6%	27,944	3.2%
Two or more races	299,764	7.7%	51,187	6.7%

Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates

Table 2
Community Chat Question 3 Responses

Scores: What do you see as priority needs in your community?		
Variable	**Category**	**Median Score**
Community gathering spaces	Social	11.5
Education: schools, teachers, curriculum	Education	17.5
Employment	Poverty	7
Health Education programs	Education	10.5
Healthcare: access, affordability	Healthcare	29
Healthy food access	Nutrition	15.5
Infrastructure: sidewalks, walkability, safe streets	Physical Activity	20
Mental health: resources, access	Mental Health	6
Parks/recreation opportunities	Physical Activity	5.5
Physical activity: access, opportunities	Physical Activity	8.5
Political representation, voice	Social	5
Poverty	Poverty	5
Prevention and wellness: self care,	Healthcare	6
Resources: communicated	Social	7
Safety: environment, street lights, low crime	Safety	32
Social support: youth programs, neighborhood associations, events	Social	7
Transportation	Transportation	14

Note: Only variables with a median frequency of 5 or more are shown.

INTEGRIS Primary Data

Facility	Drg Name Code	Cases	Rank
IBMC	0795 - NORMAL NEWBORN	1810	1
IBMC	0775 - VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1399	2
IBMC	0871 - SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	715	3
IBMC	0766 - CESAREAN SECTION W/O CC/MCC	596	4
IBMC	0470 - MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	443	5
IBMC	0794 - NEONATE W OTHER SIGNIFICANT PROBLEMS	399	6
IBMC	0190 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	380	7
IBMC	0765 - CESAREAN SECTION W CC/MCC	362	8
IBMC	0683 - RENAL FAILURE W CC	312	9
IBMC	0247 - PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	277	10
IHE	0795 - NORMAL NEWBORN	493	1
IHE	0775 - VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	383	2
IHE	0470 - MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	154	3
IHE	0766 - CESAREAN SECTION W/O CC/MCC	145	4
IHE	0794 - NEONATE W OTHER SIGNIFICANT PROBLEMS	92	5
IHE	0871 - SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	86	6
IHE	0190 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	55	7
IHE	0392 - ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	47	8
IHE	0189 - PULMONARY EDEMA & RESPIRATORY FAILURE	47	9
IHE	0765 - CESAREAN SECTION W CC/MCC	46	10
ISMC	0795 - NORMAL NEWBORN	838	1
ISMC	0871 - SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	600	2
ISMC	0775 - VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	598	3
ISMC	0190 - CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	279	4
ISMC	0766 - CESAREAN SECTION W/O CC/MCC	258	5
ISMC	0189 - PULMONARY EDEMA & RESPIRATORY FAILURE	258	6
ISMC	0065 - INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	202	7
ISMC	0765 - CESAREAN SECTION W CC/MCC	178	8
ISMC	0794 - NEONATE W OTHER SIGNIFICANT PROBLEMS	171	9
ISMC	0682 - RENAL FAILURE W MCC	161	10

IBMC: INTEGRIS Baptist Medical Center; IHE: INTEGRIS Health Edmond, ISMC: INTEGRIS Southwest Medical Center

Mercy Hospital OKC Primary Data

Inpatient Discharges – Top Ten Causes July 1, 2017 – June 30, 2018				Age Breakouts				
MSDRG Code	FY18 Inpatient Discharges	FY18 Total Discharges	% of Total Discharges	0-17	18-44	45-64	65-74	75+
775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	2,173	12%	1%	99%	0%	0%	0%
766	CESAREAN SECTION W/O CC/MCC	911	5%	0%	100%	0%	0%	0%
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	853	5%	0%	5%	25%	24%	46%
794	NEONATE W OTHER SIGNIFICANT PROBLEMS	663	4%	100%	0%	0%	0%	0%
470	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	475	3%	0%	2%	34%	37%	27%
765	CESAREAN SECTION W CC/MCC	455	3%	1%	99%	0%	0%	0%
64	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W MCC	327	2%	0%	3%	21%	21%	55%
65	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS	294	2%	0%	3%	32%	26%	39%
682	RENAL FAILURE W MCC	266	2%	0%	11%	20%	29%	41%
177	RESPIRATORY INFECTIONS & INFLAMMATIONS W MCC	261	1%	0%	5%	21%	26%	48%

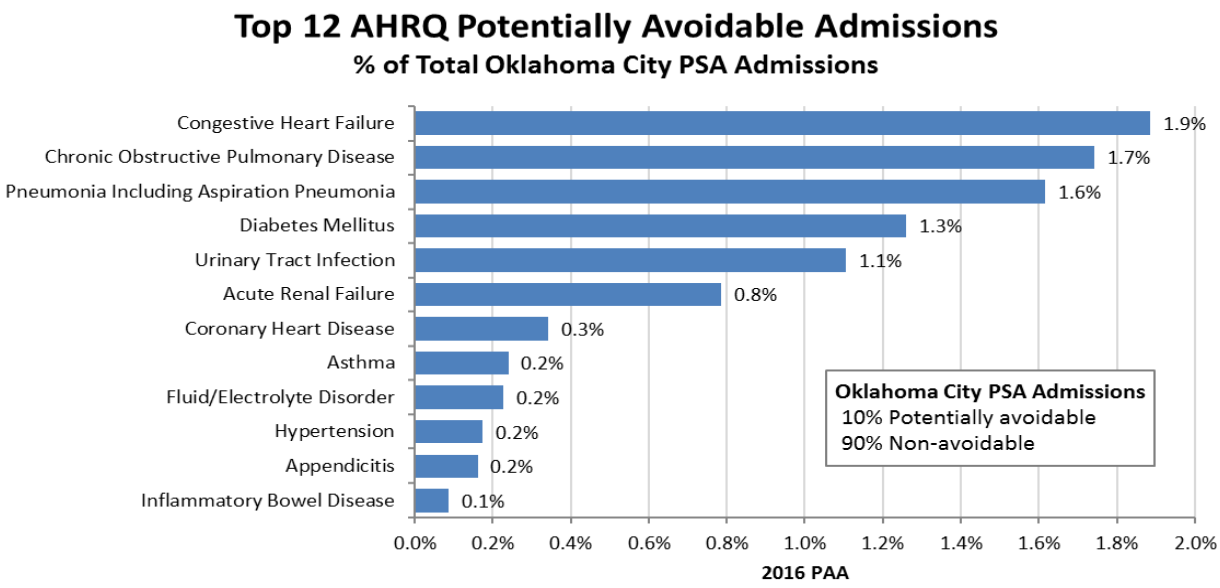


Table 3
Mercy Hospital Chronic Disease Diagnoses

Principal or secondary diagnoses	Emergency Department (n=52,842 patients)		Inpatient (n=19,781)	
	Visits	Percentage	Visits	Percentage
Diabetes	8,469	16.0%	3,825	19.3%
Behavioral Health	15,398	29.1%	6,142	31.0%
Cardiovascular Disease	7,679	14.5%	5,035	25.5%
Lung Disease	7,968	15.1%	4,704	23.8%
Total	39,514	74.7%	19,706	99.6%

SSM Health St. Anthony Primary Data

DRG Code	Billing DRG Name	Cases
885	PSYCHOSES	3,102
470	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	1,549
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	878
795	NORMAL NEWBORN	713
775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	630
897	ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC	519
189	PULMONARY EDEMA & RESPIRATORY FAILURE	492
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	392
881	DEPRESSIVE NEUROSES	390
683	RENAL FAILURE W CC	381
Grand Total		9,046