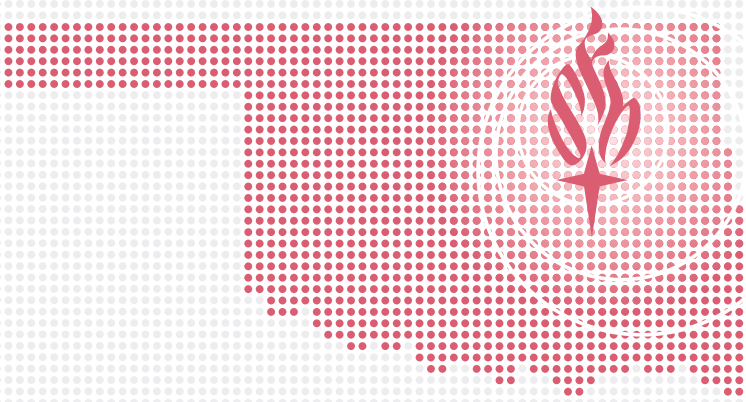

FY 2016 SAINT FRANCIS HEALTH SYSTEM

COMMUNITY HEALTH NEEDS ASSESSMENT

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SaintFrancis Health System

GENERAL INFORMATION

Contact Person:

Tom Neff, Senior Vice President/Strategic Planning and Corporate Business Development

Date of Assessment Completion:

May 2016

Date Assessment Adopted by Authorized Governing Body:

May 24, 2016

Date Assessment Plan Was Required to Be Adopted:

June 30, 2016

Authorized Governing Body that Adopted the Written Plan:

Saint Francis Health System Board of Directors

Was the Written Plan Adopted by Authorized Governing Body by End of Tax Year in Which Community Health Needs Assessment was Made Available to the Public?

Yes ☑ *No* ☐

Date Assessment was Posted for Public Consumption:

June 21, 2016

Name and EIN of Hospital Facilities Covered by the Community Health Needs Assessment:

Saint Francis Hospital, Inc. 73-0700090, Saint Francis Hospital South, LLC 01-0603214, Laureate Psychiatric Clinic and Hospital, Inc. 73-1308273

COMMUNITY HEALTH OVERVIEW

COMMUNITY HEALTH OVERVIEW

The health of Americans continues to improve. Life expectancy at birth has never been higher. Age-adjusted death rates for the four leading causes of death—heart disease, cancer, chronic lower respiratory diseases, and stroke—are all falling. Immunization rates for children are high, and most vaccine-preventable diseases of childhood are now at historically low levels. Deaths from car accidents are at the lowest levels since 1950, and teen pregnancies have fallen to their lowest rate in seven decades.

Substantial progress has been made in the US; however, the prevalence of other chronic diseases and conditions, such as diabetes and obesity, continues to increase, threatening to offset the gains.

Although the growth rate in US health care costs has recently slowed, health spending is estimated to have reached $3.207 trillion in 2015. As the US population is around 320 million, 2015 appears to be the first year that national health care expenditures will reach $10,000 per person. These expenditures vastly exceed those of other developed countries in Europe, Asia, and North America, and analyses continually find that US life expectancy and other health outcomes are largely worse than in other Organization for Economic Co-operation and Development countries. A fragmented health care delivery system, physical and social environments, and individual risk behaviors all contribute to this disparity.

Differences in health outcomes as great as those found between the US and peer countries also occur among populations and geographical areas within the US. The age-adjusted death rate of people living in Mississippi is 59 percent higher than for people living in Hawaii. While the US mortality rate dropped 20 percent over the last 20 years, Oklahoma's mortality rate only decreased 5 percent.

In the US, chronic diseases are the main causes of poor health, disability, and death, and account for most of health care expenditures. Chronic diseases are responsible for 7 of 10 deaths each year, and treating people with chronic diseases accounts for 86 percent of our nation's health care costs per the Centers for Disease Control and Prevention (CDC). Around half of adults in the US have at least one chronic condition and 26 percent have two or more conditions.

The chronic disease burden in the US largely results from a short list of risk factors—including socioeconomic status, tobacco use, poor diet and physical inactivity (both strongly associated with obesity)—that can be effectively addressed for individuals and populations.

To effectively and equitably address the chronic disease burden, public health and health care systems need to deploy integrated approaches that bundle strategies and interventions, address many risk factors and conditions simultaneously, create population-wide changes, help the population subgroups most affected, and rely on implementation by many sectors, including public–private partnerships and involvement from all stakeholders.

As US health care undergoes further structural changes with implementation of the Affordable Care Act, and as fiscal challenges continue, opportunities and needs to further improve the health status of Americans will become clearer. We need to increase our attentiveness to data, be even more vigilant with surveillance systems, and use comprehensive approaches that can be scaled up to reach the entire population, with a focus on people with the poorest health status. To reduce the chronic disease burden in the US will require work across several sectors, including health care,

FY2016 Overview Community Health Needs

COMMUNITY HEALTH OVERVIEW

to ensure that community environments promote and sustain behaviors that contribute most to health.

To foster the common good, the Saint Francis Health System aims to cooperate with the other agencies of the Church, such as parishes and other health agencies. Meeting community need is a notable part of the operational plans that the health system implements and funds each fiscal year with the creation and approval of the health system's budget.

As a Catholic health system, the development and expansion of services and programs targeted to meet these specific health needs, is integral to accomplishing the health system's broader organizational mission as well as improving community health status.

Coordination of these preventative and treatment services and programs among local health care providers, community health and social service providers, and other health promotion agencies is necessary so that Tulsa residents get the appropriate prevention, diagnostic and treatment services needed.

This past year the Saint Francis Health System returned a total of $81,190,910 to the Tulsa community through charity and uncompensated care, programmatic subsidization, donations to nonprofit agencies and support of the area's educational institutions. Saint Francis Health System reinvests its earnings after expenses back into the community with its mission in mind: To extend the presence and healing ministry of Christ. Providing access to quality health care for those in greatest need is fundamental to the mission of Saint Francis Health System.

As Tulsa's only locally owned and operated health system, Saint Francis views giving back to the community it as both a responsibility and a privilege.

In fiscal year 2015, Saint Francis Health System provided $50,348,536 in charity care.

In fiscal year 2015, Saint Francis Health System provided $18,900,375 in uncompensated care.

In fiscal year 2015, Saint Francis Health System provided $4,847,415 in support of local and regional nonprofit organizations.

In fiscal year 2015, Saint Francis Health System allocated $7,094,584 to provide emergency services to the region—including the Saint Francis Trauma Institute—Tulsa's only trauma service that offers in-house, round-the-clock coverage by surgical intensivists to meet the needs of the community.

One of Saint Francis Health System's duties as a Catholic institution is to demonstrate a preferential option for the poor. This duty may be fulfilled in two ways: by offering charity care for the poor and by acting as advocates for the poor in the political forum. Though socioeconomic challenges are difficult to eliminate, Tulsa area residents will benefit from our specific efforts to improve access to health services, preventative health and management services, and health education programming.

This assessment was sponsored by the Saint Francis Health System, St. John Health System, Morningcrest Healthcare Foundation, and the Tulsa City-County Health Department. It was conducted by the Oklahoma State University College of Public Health. The development of the Community Health Needs Assessment (CHNA) plan was a collaborative effort of the previously mentioned partners as well as the University of Oklahoma, Pathways 2 Health, and other community partners. The top needs identified by the Community Health Needs Assessment were (in order of highest priority): poor diet/inactivity; chronic diseases; alcohol/drug abuse; access to health care; tobacco use; lack of education; aging problems; safety/crime; poverty/unemployment and mental health.

This report attempts to highlight opportunities to meet community needs in the Saint Francis Health System primary service area of Tulsa County, and will be available on the Saint Francis Health System website, www.saintfrancis.com.

COMMUNITY HEALTH NEEDS ASSESSMENT

Purpose of the Study

Justice is one of the core values of Saint Francis Health System. It calls for the organization to advocate for systems and structures that are attuned to the needs of the vulnerable and disadvantaged and that promote a sense of community among all persons.

To effectively do this requires that the Saint Francis Health System:

- Gather and obtain information identifying those needs; and
- Develop programs and services that address and provide access to those in greatest need of health care services.

In keeping with its Catholic values, Saint Francis will use the information discovered by the Community Health Needs Assessment to carry on the healing ministry of Christ, to express Gospel values (e.g., social justice, equity, compassion), to respect human dignity and to foster a holistic view of health care, affirming the physiological, psychological, social, and spiritual aspects of human health and healing.

Scope of Study: Primary Service Area

The Primary Service Area (PSA) of the Saint Francis Health System consists of Tulsa County, where a significant majority of inpatient admissions originate for each of the three hospital components of the health system. These three hospitals include:

Saint Francis Hospital

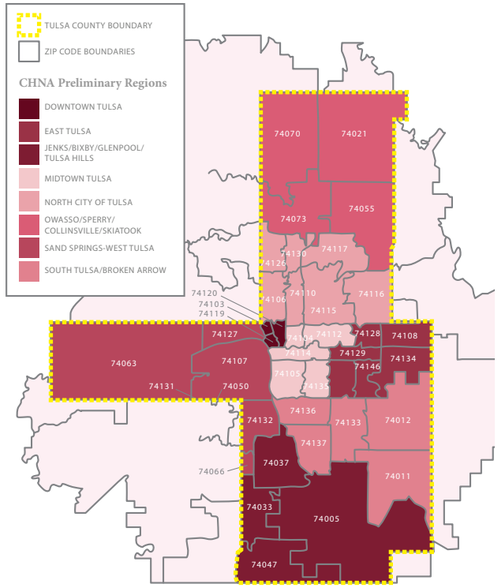
Saint Francis Hospital is an acute care community hospital licensed for 1,112 beds.

Saint Francis Hospital South

Saint Francis Hospital South is a community hospital in southeast Tulsa County licensed for 96 beds. Services include labor and delivery, imaging, orthopedics and emergency services, among others.

Laureate Clinic and Psychiatric Hospital

Laureate Clinic and Psychiatric Hospital is a freestanding psychiatric facility offering a full spectrum of inpatient and outpatient services.



The scope of this community health needs assessment will be the above hospitals' Primary Service Area (PSA) of Tulsa County. The tertiary service area is encompassed by the whole of Eastern Oklahoma:

The study area of the survey includes all of Tulsa County in Oklahoma. Tulsa County is further divided into seven geographical regions based on school district zoning and zip codes (Downtown Tulsa, East Tulsa, Jenks/Bixby/Glenpool/Tulsa Hills, Midtown Tulsa, North City of Tulsa, Owasso/Sperry/Collinsville/Skiatook, Sand Springs-West Tulsa, South Tulsa/Broken Arrow).

FY2016 Overview Community Health Needs

EXECUTIVE SUMMARY COMMUNITY NEEDS

EXECUTIVE SUMMARY PRIMARY SERVICE AREA

(Stats per the Census Bureau; Bureau of Labor Statistics)

Demographics

The Primary Service Area (PSA) of Tulsa County is home to around 630,000 people. Over one-quarter of Tulsa County residents are under the age of 18, and 13 percent of the population is over the age of 65. Both of these figures indicate that the PSA has a slightly younger population than both the state of Oklahoma and the nation as a whole.

Caucasians (not Hispanic or Latino) comprise 64 percent of the service area, with the Black or African American population comprising slightly less than 11 percent and Native Americans at slightly less than 7 percent.

Economic Outlook

August 2015 estimates indicate that the official Tulsa County unemployment rate (total unemployed, as a percent of the civilian labor force) is 4.4 percent. Out of the population 16 years and over: 67.5 percent are in the labor force; 63.9 percent are employed; and 32.5 percent are not in the labor force.

Educational Attainment

As of 2014, the estimated educational attainment for Tulsa County was as follows: For those over the age of 25, over 88 percent possess at least a high school diploma; 8 percent hold an associate's degree; nearly 31 percent hold a bachelor's degree or higher; and graduate or professional degrees are held by 9.5 percent of the population.

Income Statistics

In 2014, the median household income in Tulsa County was $50,460 (about 6 percent below the US median). 2014 mean household income was $70,200 (about 7 percent below the US average). Over one-third of all households earn less than $35,000 per year.

The per capita income is slightly below the national median, but higher than the average for Oklahoma. Approximately 15 percent of the PSA's population lives in poverty, with the number climbing to almost 22 percent for those under 18. Nearly 13 percent of households in the county had received food stamp/Supplemental Nutrition Assistance Program (SNAP) benefits within the last year.

Insurance Coverage

The uninsured rate in Tulsa County is approximately 15 percent. Of those in the PSA that do have insurance, 65 percent of hold private insurance policies. Distressingly, when narrowing focus to the PSA civilian population age 18 to 64 that participates in the labor force, the uninsured rate rises to nearly 18 percent.

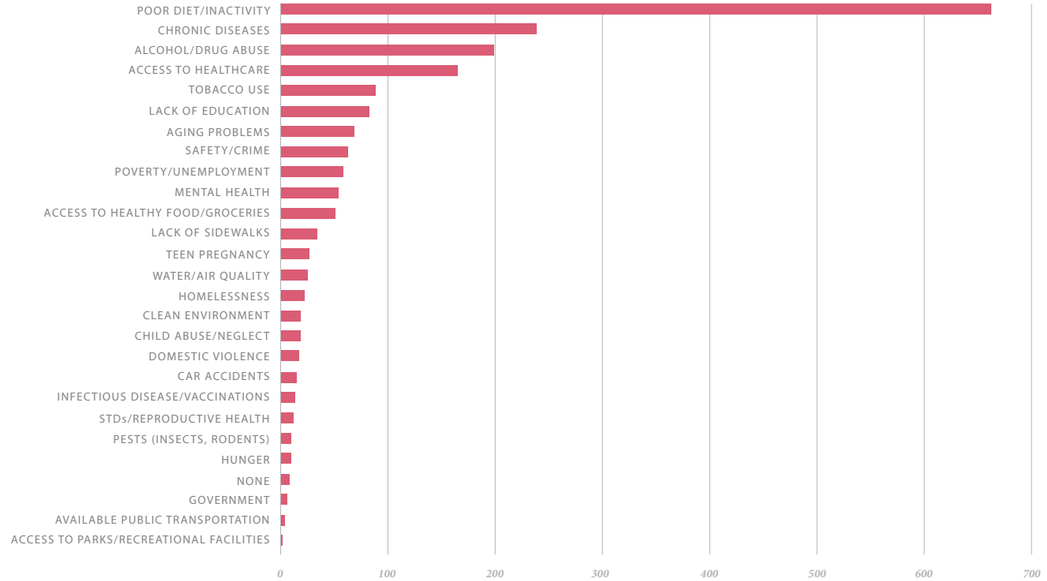
During Oklahoma's 2014 fiscal year, there were 1,033,114 unduplicated Medicaid enrollees; meaning over 26 percent of the state's population was enrolled in the Medicaid program at some point in time. Tulsa County was home to 164,327 of those unduplicated enrollees.

EXECUTIVE SUMMARY COMMUNITY NEEDS

Surveys of 2,428 Tulsa County residents were conducted between May 18, 2015 and September 29, 2015. The cell phone frame yielded 715 completed calls, while the landline frame yielded 1,710 completed surveys. Although all participants were initially called, they were also given the option to complete the survey via text or email. The breakdown of mode of completion was 2,273 phone (29 conducted in Spanish), 118 email, and 37 text. CHNA respondents were asked about what they perceive as community concerns. The top five community concerns were healthy behaviors and lifestyles (839 respondents), access to health care and other services (562 respondents), low crime/safe neighborhood (467 respondents), community involvement (430 respondents), and good schools (412 respondents). Although not included in this graph, 138 individuals responded with 'don't know/not sure/refused.' Individuals were able to choose multiple responses.

Individuals were able to select more than one response. Concern regarding poor diet/inactivity was more than three times higher than the next highest health concern (657 respondents). Nine individuals responded that they had no health concerns, and there were 60 'other' responses. Although not shown in the graph below, 297 individuals refused to provide a health concern. The top health needs were prioritized as follows , with the top ten needs being selected as significant health needs for the purposes of the implementation strategy.

Health Concerns in Tulsa County | 2015



EXECUTIVE SUMMARY COMMUNITY NEEDS

Overall, a total of 47.7 percent of CHNA respondents were male and 52.3 percent were female. The largest percentages of respondents were 25 – 34 years and 45 – 54 years (19.5 percent and 18.2 percent, respectively). This matched very closely with Tulsa County gender and age percentages from the 2014 American Community Survey (ACS) 5 year estimates. The majority of Tulsa County CHNA respondents were white and non-Hispanic (72.7 percent and 94.2 percent, respectively).

Although white and black races matched well with 2014 ACS estimates, American Indian/Alaska Native was over represented while Asian/Native Hawaiian and other/multiple races were under represented. Additionally, Hispanics were underrepresented in the CHNA survey sample (5.6 percent of the weighted survey sample, 11.4 percent of the ACS estimates). The largest percentage of Tulsa County CHNA respondents were college graduates (38.4 percent), followed by individuals who had some college or technical school (35.1 percent). When comparing the ACS estimates, the CHNA survey sample under represents individuals with less than 12th grade and high school diploma or equivalent and over represents college graduates. The largest percentage of Tulsa County CHNA respondents had a household income over $75,000 (34.0 percent). Compared to ACS estimates, CHNA respondents with a household income of less than $15,000 and $50,000 – $74,999 were under represented in the sample, while individuals with all other incomes were over represented.

The majority of Tulsa County CHNA respondents were employed full time (52.3 percent). Due to differences in the way employment status is asked in the American Community Survey, the sample population cannot be compared to ACS estimates.

CHNA FINDINGS

General Health Status

Measures of general health are often used as indicators of health-related quality of life. Poor self-reported health status and high self-reported stress can be indicators of poor physical and mental health, which can contribute to a lower quality of life. Chronic diseases, mental health disorders and other health-related conditions can cause disability and premature death—they can also have economic consequences for the individual as well as a community.

Self-reported Health Status

A total of 49.2 percent of Tulsa County adults rated their overall health as 'excellent' or 'very good.' An additional 33.1 percent rated their health as 'good.' However, 17.7 percent of Tulsa County adults rated their health as 'fair' or 'poor.' This was lower than Oklahoma overall, but higher than the US. The region with the highest percentage of unfavorable self-reported health status was Tulsa North (27.3 percent), while the lowest percentage (most favorable) was Jenks/Bixby/Glenpool/Tulsa Hills (11.0 percent).

Number of Days Missed Due to Illness

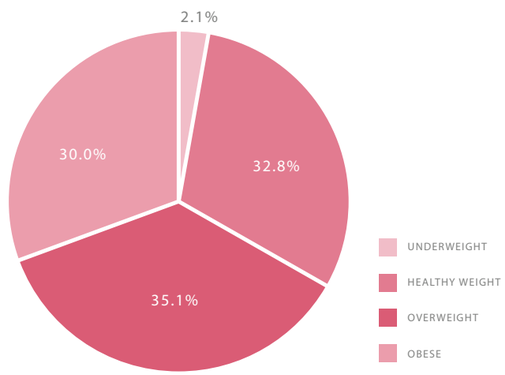
Overall, Tulsa County adults missed an average of 0.85 days of work or activities in the previous month due to physical illness. The region with the highest average number of days missed was Sand Springs/West Tulsa (1.51 days) and the region with the lowest average was Jenks/Glenpool/Bixby/Tulsa Hills (0.58 days).

Weight Status

The following chart shows the breakdown of weight status for Tulsa County adults, based on self-reported height and weight. Weight status was calculated using Body Mass Index (BMI), which is a ratio of weight to height (weight divided by height squared). BMI is broken down into four categories: underweight (BMI less than 18.5), healthy weight (BMI between 18.5 – 24.9), overweight (BMI between25.0 – 29.9), and obese (BMI greater than 30.0).

Almost one-third of Tulsa County adults were a healthy weight (32.8 percent). This was slightly higher than Oklahoma (more favorable) and slightly lower than the US (less favorable). None of these areas met the Healthy People 2020 goal of 33.9 percent of adults at a healthy weight.

Weight Status Tulsa County | 2015



** 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items D10-D11]*

Jenks/Bixby/Glenpool/Tulsa Hills was the region with the highest percentage of adults at a healthy weight (37.9 percent). Owasso/Sperry/Skiatook/Collinsville and East Tulsa had the lowest percentages (23.5percent and 26.6 percent, respectively).

However, nearly two-thirds of Tulsa County adults were overweight or obese (65.1 percent). This was lower than Oklahoma (68.2 percent) but higher than the United States (64.8 percent).

Owasso/Sperry/Skiatook/Collinsville and East Tulsa had the highest percentages of obese or overweight adults (74.5 percent and 72.3 percent, respectively). Downtown Tulsa had the lowest (most favorable) percentage of overweight and obese adults (55.9 percent).

Furthermore, 30 percent of Tulsa County adults reported that they were obese, based on their height and weight. This was lower than the rate in Oklahoma (33.0 percent) and similar to the rate in the US (29.4 percent). Tulsa County and the US both met the Healthy People 2020 goal of 30.5 percent of adults obese.

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CHNA FINDINGS

Owasso/Sperry/Skiatook/Collinsville and Sand Springs/West Tulsa had the highest percentages of obese adults (38.5 percent and 37.7 percent, respectively), while Downtown and midtown had the lowest percentages (23.5 percent and 21.5 percent, respectively).

Access to Health Services

Access to comprehensive, quality health services is necessary for health equity and a healthy quality of life for individuals in our community. Access to health care can impact physical, social and mental health, disease and disability prevention, and life expectancy, among other things.

In order to achieve this, individuals must gain entry into the health care system, find a health care location with their needed services, and find a provider with whom they can communicate and trust. Each of these actions come with unique barriers that can hinder access to care.

Barriers to services include lack of availability, high cost, and lack of insurance coverage. Uninsured people are less likely to receive medical care, more likely to die early, and more likely to have poor health status. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to health care among the general population.

Health Care Coverage

Almost two-thirds of Tulsa County adults surveyed ages 18 – 64 reported that they had employer provided or private insurance (63.1 percent). An additional 14.3 percent reported insurance through a government sponsored program (Medicaid, Medicare, military benefits, or tribal/Indian health benefits). This age group was defined in order to exclude the Medicare population age 65 and older. However, 13.4 percent of Tulsa County adults ages 18-64 reported having no health coverage. This was lower than both Oklahoma (17.2 percent) and the US (20.0 percent). None of these regions met the Healthy People 2020 goal of universal coverage (no one without insurance).

Primary Care Services

A total of 77.5 percent of Tulsa County adults stated that they had at least one person who they think of as their personal doctor or health care provider. This was slightly higher than Oklahoma (75.3 percent) and very similar to the US (77.1 percent). This was lowest in Downtown and Tulsa North (62.2 percent and 60.3 percent, respectively). The percentages of adults with a personal doctor were very similar in the other regions.

Mental Health

A total of 13.2 percent of Tulsa County adults reported that they had utilized mental health services in the past year. This was highest in Downtown (28.6 percent) and lowest in Jenks/Bixby/Glenpool/Tulsa Hills (5.9 percent). These individuals who had utilized mental health services in the past year were asked the reason. The most common reason reported was depression (218 individuals). Please note that respondents were able to choose multiple reasons for utilizing mental health services in the past year.

Specialty Care

Ensuring access to specialty services is important to providing comprehensive quality care to all individuals. However, provider shortages and low provider participation in Medicaid, especially among specialists, are a major concern, especially as more individuals have access to health care coverage through the Affordable Care Act.

Specialty Care Referrals

Overall, a total of 31.5 percent of Tulsa County adults reported that they had been referred to specialty health care for some health condition. This was highest in Jenks/Bixby/Glenpool/Tulsa Hills (40.3 percent) and lowest in Downtown (21.6 percent).

The primary reason for specialty care was 'other health issues,' followed by diabetes. Respondents were able to choose multiple health reasons.

Healthy Behaviors

Physical Activity

Regular physical activity can improve the health and quality of life of people of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of early death, coronary heart disease, stroke, high blood pressure, type 2 diabetes, breast and colon cancer, falls, and depression. Among children and adolescents, physical activity can improve bone health, improve cardiorespiratory and muscular fitness, decrease levels of body fat, and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits. Factors that may positively or negatively affect physical activity include age, socioeconomic status, safe neighborhoods, and access to recreational facilities, among other things.

Level of Activity at Work

Over half of employed Tulsa County adults reported low levels of physical activity at work (mostly sitting or standing). Low physical activity at work was most common in Jenks/Bixby/Glenpool/Tulsa Hills and Owasso/Sperry/Skiatook/Collinsville (70.5 percent and 69.6 percent, respectively) and least common in Tulsa North (45.4 percent).

Leisure time

About half of Tulsa County adults reported that they 'regularly' participated in physical activities in the previous month (51 percent). An additional 30.2 percent 'sometimes' participated in physical activities. However, a total of 7.1 percent of Tulsa County adults reported that they 'never' participated in physical activities in the previous month. This was highest in Tulsa North (14.6 percent). Three regions had less than five percent of respondents report 'never' participating in physical activities: Downtown (2.7 percent), Jenks/Bixby/Glenpool/Tulsa Hills (4 percent), and South Tulsa/Broken Arrow (4.8 percent).

Physical Activity Levels

Overall, a total of 67.2 percent of Tulsa County adults met aerobic physical activity recommendations. This is defined as engaging in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination. Tulsa County met the Healthy People 2020 goal of 47.9 percent.

> Overall, a total of 67.2 percent of Tulsa County adults met aerobic physical activity recommendations.

The proportion of adults who met aerobic physical activity guidelines was highest in Midtown and South Tulsa/Broken Arrow (74.4 percent and 73.5 percent, respectively). It was lowest in Tulsa North (55.2 percent).

Substance Abuse

Alcohol Dependence

Overall, 2.3 percent of Tulsa County adults reported that they had been told by a health care or support service provider that they had an alcohol dependency. This was highest in Downtown (5.3 percent) and lowest in Jenks/Bixby/Glenpool/Tulsa Hills (0.9 percent).

Drug Dependence

A total of 2.3 percent of Tulsa County adults reported that they had been told by a health care or support service provider that they had a drug dependency. The percentage of individuals who reported a drug dependency was over twice as high in Downtown compared to any other region. No one in the Jenks/Bixby/Glenpool/Tulsa Hills region reported a drug dependency.

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CHNA FINDINGS

Heavy Drinking

Overall, 5.8 percent of Tulsa County residents reported heavy drinking in the previous month, based on their average number of drinks per day (two drinks for men and one drink for women). This was higher than the percentage in Oklahoma (4.2 percent), but lower than the US (6.2 percent). Heavy drinking in Downtown Tulsa was over four times as high as Owasso/Sperry/Skiatook/Collinsville (13.2 percent compared to 3 percent).

Binge Drinking

Twelve percent of Tulsa County adults reported binge drinking in the previous month, based on their maximum alcohol consumption in one sitting (five drinks for men or four drinks for women). This was very similar to the percentage in Oklahoma (12.7 percent) and lower than the US (16.8 percent). All three of these localities met the Healthy People 2020 goal of 24.4 percent of adults reporting binge drinking in the past month. Binge drinking was highest in Downtown (21.6 percent) and lowest in East Tulsa, Jenks/Bixby/Glenpool/Tulsa Hills, and Owasso/Sperry/Skiatook/Collinsville (9.2 percent, 8.0 percent and 7.3 percent, respectively).

Among binge drinkers, the average maximum number of drinks an individual consumed in one sitting over the past month was 8.65 drinks. This was highest in Owasso/Sperry/Skiatook/Collinsville (11.10 average max drinks) and lowest in Downtown and Jenks/Bixby/Glenpool/Tulsa Hills (5.81 drinks and 5.21 drinks, respectively). It is interesting to note that although Owasso/Sperry/Skiatook/Collinsville had one of the lowest percentages of binge drinkers, those individuals who did binge drink had a much higher average max number of drinks. Conversely, Downtown had a high percentage of binge drinkers but a lower average max number of drinks.

Tobacco Use

Prevalence of Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the US. Tobacco use causes cancer, heart disease, lung diseases (including emphysema, bronchitis, and chronic airway obstruction), premature birth, low birth weight, stillbirth, and infant death. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections, and is associated with Sudden Infant Death Syndrome (SIDS). There is no risk-free level of exposure to secondhand smoke.

Overall, 24.7 percent of Tulsa County adults reported some type of tobacco use. Downtown Tulsa had the highest percentage of individuals who reported tobacco use (35.1 percent). Four regions had tobacco use below 25 percent (East Tulsa, Jenks/Bixby/Glenpool/Tulsa Hills, Midtown, and South Tulsa/Broken Arrow).

None of these regions met the Healthy People 2020 goal of 12.0 percent current smokers. Current smokers were most common in Downtown and Tulsa North (24.3 percent and 21.5 percent, respectively), and least common in Jenks/Bixby/Glenpool/Tulsa Hills (8.4 percent).

Smokeless Tobacco

A total of 4.1 percent of Tulsa County adults reported that they currently use smokeless tobacco (every day or some days). This was lower than in Oklahoma and very similar to the US (6.3 percent and 4.2 percent, respectively). None of these regions met the Healthy People 2020 goal of 0.3 percent.

Smokeless tobacco use was above 5.0 percent in three regions: Downtown (5.4 percent), Jenks/Bixby/Glenpool/Tulsa Hills (5.4 percent), and Owasso/Sperry/Skiatook/Collinsville (5.8 percent). No one reported smokeless tobacco use in East Tulsa.

Willingness to Change

Regardless of education, knowledge, or type of intervention, it is difficult to change people's behaviors until they are ready. 'Willingness to Change' questions can help identify groups of individuals who are positively interested in (or absolutely unwilling) to change their behaviors. This can allow for more effective interventions that can be tailored to these specific groups.

CHNA FINDINGS

Overall, 89.9 percent of Tulsa County residents reported that they would like to engage in a positive change in their health in at least one area. Individuals were asked about seven different areas of health.

The area with the highest reported desired positive change was 'having a more fit and healthy lifestyle' (81 percent). The least commonly desired positive change was avoiding tobacco products (28.8 percent).

This question was asked of everyone so there is a possibility that many people may have responded 'no' because they do not currently use tobacco products.

Food Security

According to the United States Department of Agriculture (USDA), about 48.1 million Americans lived in food-insecure households in 2014, including 7.9 million children. Although food insecurity can be harmful for anyone, it is especiallly harmful to children due to potential long-term developmental consequences. Programs to help combat hunger include the National School Lunch Program, the Supplemental Nutrition Assistance Program (SNAP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Food Security

A total of 16.8 percent of Tulsa County residents reported that they worried about their food running out before they had money to buy more in the previous year. This was more than five times as high in Tulsa North compared to Owasso/Sperry/Skiatook/Collinsville (38 percent compared to 7.4 percent). Additionally, 14.3 percent of Tulsa County adults reported that there was a time in the previous year when they did not have enough money to buy food. This was most common in Tulsa North (30.9 percent) and least common in Owasso/Sperry/Skiatook/Collinsville (8.1 percent).

Public Transportation

Transportation choices are an important part of building and maintaining healthy communities. Increasing a community's ability to choose to walk or bike can provide health benefits such as increased physical activity levels, decreased obesity, and improved accessibility for all residents regardless of income, age, or ability. It can also help reduce stress and allow for more social and family time. Improved public transit and lower vehicle usage can also reduce injuries, and reduce air pollution and related respiratory diseases.

Public Transportation Utilization

A total of 5.3 percent of Tulsa County residents reported that they used public transportation such as a bus. This was most common in Tulsa North (15.2 percent) and least common in Jenks/Bixby/Glenpool/Tulsa Hills and Owasso/Sperry/Skiatook/Collinsville (0 percent and 0.4 percent, respectively).

EVALUATION OF IMPACT OF ACTIONS SINCE THE 2013 CHNA

EVALUATION OF IMPACT OF ACTIONS SINCE THE 2013 CHNA

The health system's prior efforts to address ***Poor Diet/Inactivity*** (including: Health Teacher; ShapeDown; Cardiac Rehab; Nutrition Counseling; Weight Watchers; Healthy Choice Menus; Obesity Conference; Farmer's Market; Health Zone; Point of Balance; Summer Challenge; Saint Francis Health Park; Bariatric Surgery) have had positive impacts on those that access them, but have not markedly impacted the PSA obesity rate. Furthermore, 30 percent of Tulsa County adults reported that they were obese, based on their height and weight, a higher rate than in the prior CHNA. This was lower than the rate in Oklahoma (33.0 percent) and similar to the rate in the US (29.4 percent). Tulsa County and the US both met the Healthy People 2020 goal of 30.5 percent of adults obese.

The health system's prior efforts to address ***Access to Health Care*** (including: Xavier Clinic; Outpatient Expansion; Medical Home Initiative; Medicaid Advocacy; Health Fairs; CommunityCare managed health plans; Physician recruitment; Comprehensive Primary Care Initiative (CPCI); Free Clinic Coordination) have been mixed. While the health system has increased the ability of the community to access it's services, broader socioeconomic and political factors have complicated this progress. The CHNA revealed that 13.4 percent of Tulsa County adults ages 18-64 reported having no health coverage. This was lower than both Oklahoma (17.2 percent) and the US (20.0 percent), but did not meet the Healthy People 2020 goal of universal coverage (no one without insurance). This does mark an improvement from the previous CHNA, though as noted above CHNA respondents with a household income of less than $15,000 and between $50,000 – $74,999 were likely underrepresented in this sample. Also, much of the improvement is likely attributable to increased enrollment in the health insurance marketplaces established by the Patient Protection and Affordable Care Act.

About 15 percent of Tulsa County adults reported difficulty in seeing a health care provider in the past year because of cost (14.8 percent). This was very similar to both Oklahoma and the US. This was most common in Tulsa North and East Tulsa (22 percent and 19.9 percent, respectively). A total of 77.5 percent of Tulsa County adults stated that they had at least one person who they think of as their personal doctor or health care provider. This was slightly higher than Oklahoma (75.3 percent) and very similar to the US (77.1 percent). This was lowest in Downtown and Tulsa North (62.2 percent and 60.3 percent, respectively). The percentages of adults with a personal doctor were very similar in the other regions and least common in Owasso/Sperry/Collinsville/Skiatook (8.4 percent).

Almost three-quarters of Tulsa County adults reported that they had received a routine physical exam in the past year (73.6 percent). This was higher than both Oklahoma and the US (61 percent and 68.2 percent, respectively). This percentage was above 75 percent in four regions (Jenks/Bixby/Glenpool/Tulsa Hills, Tulsa North, Owasso/Sperry/Skiatook/Collinsville, and Sand Springs/ West Tulsa), but was below 70 percent in East Tulsa.

The health system's prior efforts to address ***Alcohol and Drug Abuse*** via Laureate Psychiatric Clinic and Hospital have been inconclusive. Substance abuse has a major impact on individuals, families, and communities, and contributes to poor public health outcomes. These costly social, physical, mental, and public health problems include teenage pregnancies, HIV/AIDS and other STDs, domestic violence, child abuse, motor vehicle accidents, physical fights, crime, homicide, and suicide. Estimates of individuals who have a substance abuse disorder are high, indicating the importance of prevention efforts and improved access to treatment for substance abuse. Overall, 2.3 percent of Tulsa County adults reported that they had been told by a health care or support service provider that they had an alcohol dependency, and a total of 2.3 percent of Tulsa County adults reported that they had been told by a health care or support service provider that they had a drug dependency. These self-reported rates appear to be lower than much literature would suggest, lending support to the theory that mental health needs in general are a major area of need for both the service area and the nation as a whole.

FY2016 Overview Community Health Needs

EVALUATION OF IMPACT OF ACTIONS SINCE THE 2013 CHNA

The health system's prior efforts to address ***Chronic Disease*** in Tulsa County (including: Service Lines; Physician recruitment; Medical home initiative; Congestive Heart Failure Clinic efforts) have improved access in the service area to those that suffer from chronic disease and have improved the quality of care for those patients that enter the health system. However, the aging of the population and the growing magnitude of the impact chronic diseases are having on the American health care system are such that more must be done to address these needs throughout the community.

The health system's prior efforts to address ***Tobacco Use*** in Tulsa County (including: the Clear Direction Program; Tobacco free campus; Stress Management; Tobacco Settlement endowment trust) have contributed to the overall reduction of Tobacco use in the primary service area to about 16 percent of Tulsa County adults smoked either regularly or occasionally (15.8 percent). The rate of current smokers (regular or occasional) was lower in Tulsa County than both Oklahoma and the US (21.1 percent and 19.0 percent, respectively). While an improvement from the FY2013 CHNA; none of these regions met the Healthy People 2020 goal of 12.0 percent current smokers. Current smokers were most common in Downtown and Tulsa North (24.3 percent and 21.5 percent, respectively), and least common in Jenks/ Bixby/Glenpool/Tulsa Hills (8.4 percent). Cessation of employee tobacco use has become a primary focus of future employee health efforts and initiatives.

Written Comments on Prior CHNA and Implementation

Many copies of the health system's CHNA were distributed to both internal and external stakeholders in print form in addition to being published online in order to be used as a resource for community planning efforts. However, no specific written comments were received regarding the health system's previous CHNA and implementation plans.

FY2016 Overview Community Health Needs

CHNA COMMUNITY INPUT FOCUS GROUPS

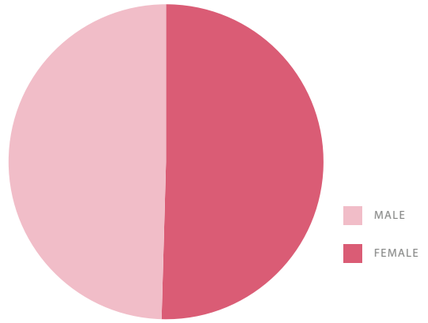
FY2016 Overview Community Health Needs

CHNA COMMUNITY INPUT FOCUS GROUPS

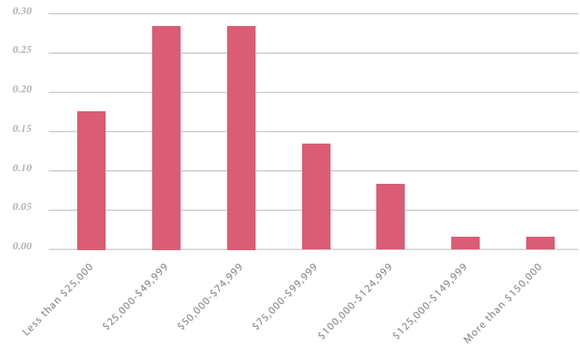
Methodology

- Sixteen (16) 1 ½ hour focus group sessions were conducted between April 11-28, 2016.
- Two focus group sessions were conducted for each of the eight (8) CHNA regions.
- Respondents were recruited by a third party vendor via telephone and e-mail by zip code. For each group, eight respondents were recruited in planning for 6-8 to attend each session.
- Respondent requirements included a mix of gender, age, race and ethnicity and household income levels. Each participant was provided a $100 Visa gift card.
- There were 119 total focus group participants.

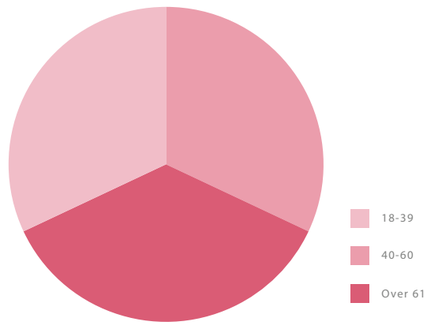
Gender



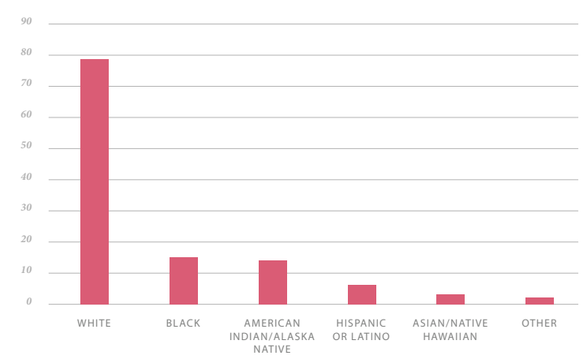
Household Income



Age Ranges



Race and Ethnicity



CHNA COMMUNITY INPUT FOCUS GROUPS

Top Health Concerns

Affordability and Access to Quality Health Care

- Top health concern almost universally
- Rising insurance costs
- Insurance companies viewed as enemy number one – primary source of overall health care access and quality decline
- Pharmaceutical companies are a close second for blame on rising costs
- High deductibles are barrier to seeking preventive treatment
- Question what true cost of service is and who benefits from perceived inflated charges
- Medical system does not allow for diagnosis of underlying causes of disease only treatment with prescription medications
- Complex and challenging system to navigate for both insured and uninsured
- Feelings of no control over their own health care choices

Obesity and Link to Chronic Disease

- Respondents had a very high awareness of the link between obesity and chronic diseases
- Often use the word obesity to describe overall poor health issues
- Concern for all generations
- Quality of US food – US products have ingredients other countries have banned
- Confusion about best nutrition plan and how to implement it (beyond no soda and increase in fruit and vegetable consumption)
- Desire for simplified health education
- Understand (and have experienced) proper nutrition and physical activity often results in reduction of prescription medicine use
- Believe mental health can be connected to nutrition and physical activity
- Stress and anxiety lead to overeating
- Early onset of chronic diseases in children

Mental Health Services

- Lack of mental health service providers
- Concerns about affordability of mental health services
- Easy, quick access to mental health services in crisis situations
- High concern about homeless and veteran populations receiving mental health services
- Treatment for mental health illnesses seen as prevention of alcohol and drug abuse

Elderly Care

- Nursing home closures
- Aging population will continue to increase
- Lack of transportation services for the elderly
- Lack of patient advocates
- Understanding their medications and potentially harmful interactions of multiple medications
- Challenge navigating new technologies

Lack of Health Education

- Nutrition – food labels, low fat, fat free, calories or fat grams
- Free/affordable exercise programs available in the community
- Consequences of poor health choices on future health – untreated blood pressure, tobacco usage, overweight
- How to care for yourself in different stages of life
- School-based health education

Barriers

- Corporate greed of insurance and pharmaceutical companies
- Government policy (Affordable Care Act)
- High number of uninsured/underinsured
- Family structure
- Fast-paced, over-scheduled lifestyles
- Culture that lacks compassion and care
- Lack of easily accessible walking and biking paths
- Affordability of nutritious foods
- School-based health education
- High level of poverty
- State budget cuts to education and critical health care services

FY2016 Overview Community Health Needs

CHNA COMMUNITY INPUT FOCUS GROUPS

Community Resources

- Overwhelming majority could not identify more than a few community resources even if they had referenced accessing local resources for assistance.
- Resources most cited included:
  - Family & Children's Services
  - Tulsa Health Department
  - Department of Human Services
  - Primary care physician
  - Community Food Bank of Eastern Oklahoma
  - Churches and Catholic charities specifically

Key Insights

- Affordability of health care, obesity and mental health services are top of mind across the board and generate the most passionate opinions
- Insurance companies perceived to be the main reason for rising health care costs with pharmaceutical companies a close second
- Strong understanding of obesity connection to chronic diseases
- Two distinct groups were most vocal about importance of good nutrition – millennial mothers and baby boomer generation
- High awareness and concern about lack of access to timely and quality mental health services
- Perceive elderly care to be an ongoing crisis with no end in sight
- Desire for simplified health education on living a healthy lifestyle
- Extremely low awareness of community health resources
- There is a general concern about overuse of prescription medications but strongest in East Tulsa
- Transportation concern is primarily isolated to Tulsa North

"The cost of health care and prescription drugs spirals up and spirals up but our income doesn't spiral up."
- Bob

"The price for medical care and insurance is ridiculous unless you make money. If you make enough to qualify for Medicaid, nobody can live on that kind of income."
- Talyssa

"A lot of people don't even realize that they have mental health issues and then with the stigma associated, people don't know how to cope."
- Ebony

"Without mental health facilities, the mentally ill are roaming around but have nowhere to go."
- Clint

"There is such a discrepancy in quality for the retirement homes in the area."
- Terry

"Lower income communities just get the food stamps but not the tools that they need to meal plan and budget and actually prepare healthy meals for their families."
- Aisha

FY2016 Overview Community Health Needs

APPENDIX A IMPLEMENTATION STRATEGY

APPENDIX A IMPLEMENTATION STRATEGY

Section I. General Information

Contact Person: *Tom Neff, Senior Vice President/Strategic Planning and Corporate Business Development*

Date of Written Plan: *May 2016*

Date Written Plan Was Adopted by Authorized Governing Body: *May 24, 2016*

Date Written Plan Was Required to Be Adopted: *June 30, 2016*

Authorized Governing Body that Adopted the Written Plan:
Saint Francis Health System Board of Directors

Was the Written Plan Adopted by Authorized Governing Body by End of Tax Year in Which Community Health Needs Assessment was Made Available to the Public?
Yes ☑ *No* ☐

Date Facility's Prior Written Plan Was Adopted by Organization's Governing Body: *October 23, 2012*

Name and EIN of Hospital Facilities Implementation Strategy Applies to:
Saint Francis Hospital, Inc. 73-0700090, Saint Francis Hospital South, LLC 01-0603214, Laureate Psychiatric Clinic and Hospital, Inc. 73-1308273

Section II. About Saint Francis Health System

These three hospitals include:

Saint Francis Hospital

Saint Francis Hospital is an acute care community hospital licensed for 1,112 beds.

Saint Francis Hospital South

Saint Francis Hospital South is a community hospital in southeast Tulsa County licensed for 96 beds. Services include labor and delivery, imaging, orthopedics and emergency services, among others.

Laureate Clinic and Psychiatric Hospital

Laureate Clinic and Psychiatric Hospital is a freestanding psychiatric facility offering a full spectrum of inpatient and outpatient services.

The Saint Francis Health System also includes the Warren Clinic physician group, All Saints Durable Medical Equipment, Saint Francis Home Health, Saint Francis Hospice, and the Health Zone fitness center.

Last year the Saint Francis Health System (SFHS) returned a total of $81,190,910 to the Tulsa community through charity and uncompensated care, programmatic subsidization, donations to nonprofit agencies and support of the area's educational institutions. Saint Francis Health System reinvests its earnings after expenses back into the community with its mission in mind: To extend the presence and healing ministry of Christ. Providing access to quality health care for those in greatest need is fundamental to the mission of Saint Francis Health System.

In fiscal year 2015, Saint Francis Health System provided $50,348,536 in charity care.

In fiscal year 2015, Saint Francis Health System provided $18,900,375 in uncompensated care.

In fiscal year 2015, Saint Francis Health System provided $4,847,415 in support of local and regional nonprofit organizations (including medical education and training).

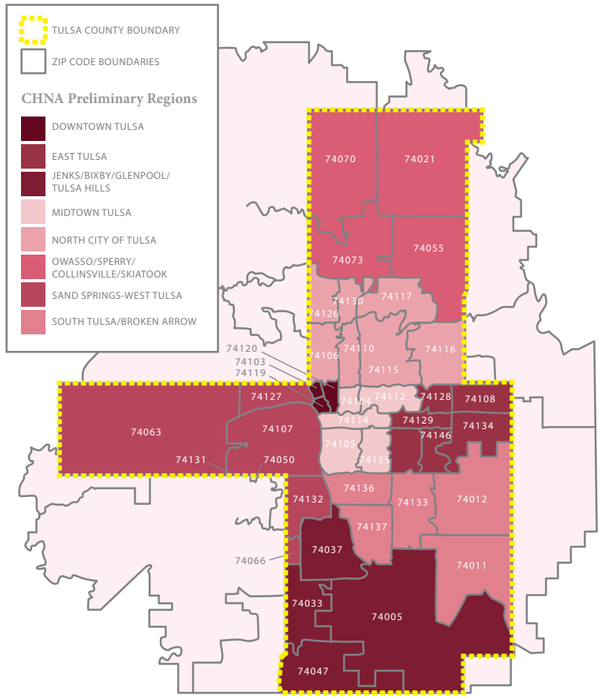
In fiscal year 2015, Saint Francis Health System allocated $7,094,584 to provide emergency services to the region—including the Saint Francis Trauma Institute.

In addition to providing local educational institutions with financial support, Saint Francis works with local educational institutions to provide supervised clinical rotations for students in nursing, pharmacy, surgical and radiology technology and various allied health disciplines. Furthermore, Saint Francis serves as the primary teaching hospital for the pediatric residency programs of The University of Oklahoma (OU) and Oklahoma State University (OSU); as well as OU's psychiatry program and OSU's cardiology fellowship.

Section III. SFHS (Saint Francis Hospital, Saint Francis Hospital South, and Laureate Psychiatric Clinic and Hospital) Service Area

The Primary Service Area (PSA) of the Saint Francis Health System consists of Tulsa County, where a significant majority of inpatient admissions originate for each of the three hospital components of the health system (Saint Francis Hospital, Saint Francis Hospital South, Laureate Psychiatric Clinic and Hospital).

The scope of this implementation plan will be the above hospitals' PSA of Tulsa County. The tertiary service area is encompassed by the whole of Eastern Oklahoma:



The study area of the survey includes all of Tulsa County in Oklahoma. Tulsa County is further divided into seven geographical regions based on school district zoning and zip codes (Downtown Tulsa, East Tulsa, Jenks/Bixby/Glenpool/Tulsa Hills, Midtown Tulsa, North City of Tulsa, Owasso/Sperry/Collinsville/Skiatook, Sand Springs-West Tulsa, South Tulsa/Broken Arrow).

FY2016 Overview Community Health Needs
APPENDIX A IMPLEMENTATION STRATEGY

Section IV. Purpose of Implementation Strategy

This implementation strategy has been prepared in order to comply with federal tax law requirements set forth under Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a community health needs assessment (CHNA) at least once every three years and adopt an implementation strategy to meet the community health needs identified through the community health needs assessment.

Saint Francis Hospital, Saint Francis Hospital South, and Laureate Psychiatric Clinic and Hospital are facilities that share the same service area and for which all community benefit functions are centralized at the health system level. Health system staff completed the CHNA and subsequent implementation strategy (IS) in 2016. The health needs and strategies identified in the CHNA and IS enabled Saint Francis Health System to immediately and strategically address local health needs and build strong community partnerships. The CHNA will continue to guide the health system's community benefit activities and partnerships until a new comprehensive CHNA process is conducted in 2019.

Section V. List of Community Health Needs Identified in CHNA Report

1. Poor diet/inactivity
2. Chronic diseases
3. Alcohol/drug abuse
4. Access to health care
5. Tobacco use
6. Lack of education
7. Aging problems
8. Safety/crime
9. Poverty/unemployment
10. Mental health

Section VI. Who was Involved in the Implementation Strategy Development

The staff of the Strategic Planning Department of Saint Francis Health System developed the 2016 implementation strategy and 2016 CHNA.

Section VII. Health Needs that SFHS Plans to Address

1. Access to health care
2. Alcohol/drug abuse
3. Chronic diseases
4. Poor diet/inactivity
5. Tobacco use
6. Mental health

Section VIII. SFHS's Implementation Strategies

Saint Francis Interventions

1. Access to Health Care

Xavier Clinic

The Xavier Medical Clinic is an entity fully owned and operated by Saint Francis Health System offering the resources of volunteer physicians, pharmacists, nurses and other health care professionals to women, children and men who are uninsured or underserved. In fiscal year 2015, Xavier Medical Clinic provided care for 5,145 patient visits and the Xavier Pregnancy Program assisted 482 women, resulting in 379 births at Saint Francis Hospital. Xavier Medical Clinic seeks to provide free, limited outpatient primary health care services, facilitate referrals to volunteer specialists, provide prenatal care, educate in good health practices and increase access to traditional health care. The Xavier Clinic is located in a medically underserved area of Tulsa County and serves a significant english second language population.

Anticipated impact of strategy: Ensure access to a population within Tulsa County that would otherwise have difficulty reaching this level of health care services. In addition to primary care services, the Xavier Clinic serves a population that would often otherwise have difficulty accessing prenatal health care in traditional settings.

Resources to be used: Volunteer physician labor, a full time clinical and administrative staff, financial resources are provided by the health system.

Entity-specific actions to be taken: Patients at the Xavier Clinic are referred to Saint Francis Hospital for inpatient care including childbirth, as well as surgery and ancillary services.

Medicaid Advocacy

For the past several years, Saint Francis Health System has actively worked with members of the Oklahoma state legislature and other local stakeholders to advance strategies to expand health insurance coverage as laid out by the Patient Protection and Affordable Care Act and to maximize public health funding in the state of Oklahoma.

Anticipated impact of strategy: Increase access so those in the surrounding area will receive comprehensive, quality health care services in order to increase both quality of life and socioeconomic stability by allowing patients to become consistent members of the health care system.

Resources to be used: The time and effort of both the planning and business department of the Saint Francis Health System as well as the individual advocacy efforts of the providers and staff of the Saint Francis Health System, including case management staff.

Entity-specific actions to be taken: Patients presenting at both Saint Francis Hospital and Saint Francis Hospital South without insurance will be visited by financial counselors should they elect to, and be assisted with the Medicaid enrollment process.

Outpatient Expansion

As the employed physicians of the Saint Francis Health System, the Warren Clinic has a goal to expand the base of available primary care physicians in northeastern Oklahoma. Warren Clinic has expanded to locations in northeastern Oklahoma cities including Tulsa, Vinita, Broken Arrow, Coweta, Owasso, Jenks, Sand Springs and McAlester. The health system plans to continue to expand the physical presence of the Warren Clinic sites along with urgent care clinics, as well as providing specialty clinics in communities where access to specialty services is limited.

Anticipated impact of strategy: The strategy will extend the physical presence of the Saint Francis Health System, allowing the population of Tulsa County and Northeastern Oklahoma as a whole to better access a health care location staffed by providers that the patients can rely on to provide quality care and have a consistent presence in their community.

Resources to be used: The resources of the Saint Francis Health System, notably the providers of the Warren Clinic employed physician group.

Entity-specific actions to be taken: Saint Francis Hospital, Saint Francis Hospital South, and Laureate Psychiatric Clinic and Hospital will serve as acute care hubs for the patients that utilize the health system's primary, urgent, and specialty care at outlying locations.

Community Health Offerings

An integral part of providing excellent health care for fellow community members—of all ages—is the promotion of fitness and healthy lifestyles. Providing children and their families with the guidance they need to engage in healthier behaviors is one of the many goals set by Saint Francis to improve the lives of those living in our community. Community health efforts include:

- Warren Clinic flu vaccine clinics: All Warren Clinic primary care offices provide patients the ability to walk-in, no appointment necessary, and walk-in patients will not be obligated to be an established patient with Warren Clinic. Flu vaccine clinics will also be held at various locations around Tulsa County.
- The Health Zone's annual Health and Wellness Expo, which is free and open to the public, provides cholesterol, blood pressure, hearing and body composition screenings.
- Saint Francis Medical Town Hall events are hosted to educate the public about medical advancements and health topics. These free and open to the public events feature physician lecturers representing multiple specialties.

Anticipated impact of strategy: The above strategies will help improve health and quality of life in the community. Also, the vaccine clinic will promote "herd immunity" a form of indirect protection from infectious disease that occurs when a large percentage of a population has become immune to an infection, thereby providing a buffer of protection for individuals who are not immune.

Resources to be used: The financial resources of the Saint Francis Health System will fund the above efforts.

Entity-specific actions to be taken: The vaccine clinics will be staffed by volunteers provided by all of the entities of the Saint Francis Health System including Saint Francis Hospital and Saint Francis Hospital South.

FY2016 Overview Community Health Needs
APPENDIX A IMPLEMENTATION STRATEGY

Provider Recruitment

Saint Francis Health System has a stated goal of increasing the number of employed physicians in the Warren Clinic by 2020 to manage a defined population in northeast Oklahoma. In the 2015 fiscal year, 37 primary and specialty physicians were recruited to the Warren Clinic, growing the Warren Clinic to 306 physician providers. Advanced practitioners within the Warren Clinic total 92, meaning the Saint Francis Health System directly employed 398 providers by the end of fiscal year 2015. The health system will increase the reach of primary care services via practice acquisitions or recruitment, and as growth occurs, continue to strive for and demand a high level of service and clinical quality within offices as measured by a set of defined quality measures.

Anticipated impact of strategy: Recruitment of physicians and other health professionals to serve Tulsa County and the surrounding area, an area containing many medically underserved (MUAs) as designated by the Health Resources and Services Administration.

Resources to be used: The financial resources of the Saint Francis Health System will fund the above efforts to be carried out by the physician recruitment department of the health system.

Entity-specific actions to be taken: The recruited physicians will provide primary care and specialty care services to the patients served by Saint Francis Hospital, Saint Francis Hospital South, and Laureate Psychiatric Clinic and Hospital.

Needs Also Addressed Locally By: St. John Health System, Hillcrest Health System, Oklahoma State University Medical Center, Morton Comprehensive Health Services, Community Health Connection, OU Physicians - Tulsa, Tulsa Health Department.

2. Alcohol/Drug Abuse

Laureate Psychiatric Clinic and Hospital

As a part of the Saint Francis Health System, Laureate Psychiatric Clinic and Hospital offers substance abuse counseling for adults on an inpatient basis, and adults and adolescents on an outpatient basis. Laureate offers psychologists, licensed therapists, nurse practitioners and physicians when medications are involved. Patients, families and caregivers are encouraged to gain positive long-term results through regular outpatient visits.

Anticipated impact of strategy: Provide effective treatments and services in the community for substance use disorders.

Resources to be used: The staff and resources of the Laureate Psychiatric Clinic and Hospital.

Entity-specific actions to be taken: This strategy is met via programs and services available at Laureate Psychiatric Clinic and Hospital.

Needs Also Addressed Locally By: Parkside Psychiatric Hospital, Brookhaven Hospital, Indian Healthcare Resource Center of Tulsa, Oxford House, St. John Health System, Hillcrest Health System, Alcoholics Anonymous, Shadow Mountain Behavioral Health System, Tulsa Center for Behavioral Health.

3. Chronic Diseases

Service Lines

Saint Francis Health System offers a complete continuum of health care services. Almost 1,000 physicians on staff serve the patients of Saint Francis Health System through primary care medicine and advanced medical specialties. Service lines that cater to the needs of chronic disease patients include: Cardiology, Oncology, Primary care, Pulmonology, Endocrinology, Mental health, Home health, Nephrology, Neurology, and Radiology.

Anticipated impact of strategy: Going forward the aforementioned service lines of the Saint Francis Health System will enhance their capabilities with chronic disease management to at risk populations — critical to the community cost of health services and quality of life.

Resources to be used: The physician providers of Saint Francis Hospital and Saint Francis Hospital South.

Entity-specific actions to be taken: The physician providers of Saint Francis Hospital and Saint Francis Hospital South will meet the needs of chronic disease patients including Cardiology, Oncology, Primary care, Pulmonology, Endocrinology, Mental health, Home health, Nephrology, Neurology, and Radiology.

Need Also Addressed Locally By: St. John Health System, OSU Medical Center, Hillcrest Health System, Cancer Treatment Center of America - Southwestern Regional Medical Center, Indian Healthcare Resource Center, Kindred Hospital, OU Physicians Clinic, Tulsa County Health Department, Community Health Connection, Morton Comprehensive Care Services.

4. Poor Diet/Inactivity; Obesity

Obesity Conference

The Children's Hospital at Saint Francis and Health Zone hosts Childhood Obesity Conferences that include public town halls featuring educational programs and guest lecturers of national renown.

Anticipated impact of strategy: Promote healthy living, prevent chronic disease and bring the greatest health benefit to the greatest number of people in need. It also helps to reduce health gaps caused by differences in race and ethnicity, location, social status, income, and other factors affecting health.

Resources to be used: The education staff, the Health Zone staff and the providers of the Saint Francis Health System.

Entity-specific actions to be taken: These events are hosted open to the public on the campus of Saint Francis Hospital.

Health Fairs

Through the Health Zone, a medically based fitness facility offering an array of exercise equipment, classes and programs, Saint Francis Hospital puts on a series of health fairs that are free and open to the public. In fiscal year 2015, 33 such corporate and community health fairs were held impacting 20,100 adult Tulsa residents.

Anticipated impact of strategy: Health fairs are opportunities to provide both local organizations and the community at large with the opportunity to disseminate health information and/or to provide health screenings.

Resources to be used: The time and effort of the Health Zone staff, the Saint Francis Marketing Department, and volunteer staff from Saint Francis Hospital, Saint Francis Hospital South, Laureate Psychiatric Clinic and Hospital.

Entity-specific actions to be taken: The health fairs are hosted by departments of Saint Francis Hospital, and any volunteer clinical/provider participation is fulfilled by employees of Saint Francis Hospital, Saint Francis Hospital South, and Laureate Psychiatric Clinic and Hospital.

Saint Francis Health Park

On the site of a demolished out of use building in the suburb of Broken Arrow, Saint Francis constructed a park that encompasses about five acres and includes a walking/jogging trail dotted by exercise stations, benches and picnic tables. Saint Francis owns and maintains this park while making it available to the public.

Anticipated impact of strategy: Improve the environment of the community in a way that is more conducive to health lifestyles.

Resources to be used: The financial resources of the Saint Francis Health System.

Entity-specific actions to be taken: This park is maintained by the Saint Francis Hospital South staff.

Needs Also Addressed Locally By: The Hillcrest Health System, the St. John Health System, Tulsa County Health Department, Oklahoma State University College of Medicine, University of Oklahoma School of Community Medicine.

5. Tobacco Use

Cigarette smoking is the leading cause of preventable death in the United States, accounting for over one of every five deaths each year. Smoking also disproportionately harms those with socioeconomic challenges. Over 30 percent of adults living at or below the poverty line are estimated to be smokers. Smoking rates have declined in Oklahoma, yet remain considerable higher than the national average. Lung cancer is the third most commonly diagnosed cancer in Oklahomans behind prostate cancer and female breast cancer and is the cancer responsible for the most deaths.

Saint Francis is committed to the promotion of quality health care, which includes prevention of disease. To establish and maintain the safest and healthiest possible environment in which to deliver health care, all Saint Francis campuses are tobacco free. The policy applies to everyone: all employees, patients, medical staff, students, contracted personnel, volunteers, visitors and vendors of the Health System as well as the general public. The policy also covers any type of electronic cigarettes.

Saint Francis Health System, as well as the Board of Directors, has maintained a high level of involvement with the Oklahoma Tobacco Settlement Endowment Trust. The Oklahoma Tobacco Settlement Endowment Trust was established through a constitutional amendment approved by Oklahoma voters in November 2000 to assure that tobacco settlement funds for tobacco prevention and other programs to improve health will be available for these purposes for generations to come. The Health Zone, a Saint Francis integrated health system entity, offers tobacco cessation programs providing adults with quitting techniques, group support, an understanding of nicotine addiction, stress management, nutrition and food management, exercise and health management, motivational tools and provides the many benefits of quitting.

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APPENDIX A IMPLEMENTATION STRATEGY

Cancer Screening Program

Saint Francis Hospital offers low-dose computerized tomography (CT) screening to both employees and the public who are high risk for developing lung cancer. Lung cancer screening has been proven to lower mortality by 20 percent. High risk is defined as people age 55–79 with a smoking history of at least 30 pack years (i.e., one pack-per-day for 30 years or two packs-per-day for 15 years). People age 50–54 with a smoking history of at least a pack-a-day for 20 years; and one or more of the following:

- with a history of cancer and/or radiation therapy;
- have an immediate family member with history of lung cancer;
- have documented chronic obstructive pulmonary disease (COPD); or
- have had radon or other environmental exposure (i.e., asbestos).

Anticipated impact of strategy: Promote health, assist in preventing disease and offer early detection.

Resources to be used: The financial resources and clinical staff of Saint Francis Hospital.

Entity-specific actions to be taken: The screenings are conducted at Saint Francis Hospital.

Clear Direction Program

Clear Direction is a six week long tobacco cessation program for adults offered through the Saint Francis Health Zone. Program Highlights include: program materials developed at the US Army Center for Health Promotion; tests for nicotine dependence using the Fagerstrom Scale and the Addiction Triangle; and research based methods and quitting techniques. The six week, one hour per week program features: group support; understanding nicotine addiction; coupons for nicotine replacement therapy; stress management; nutrition and food management; exercise and weight management; and motivational tools.

Anticipated impact of strategy: Reduce the number of tobacco users in the community.

Resources to be used: Saint Francis Health System personnel and resources.

Entity-specific actions to be taken: Counseling or assistance is delivered by trained, non-smoking counselors or health care providers at the Health Zone, or at the Laureate Psychiatric Clinic and Hospital. Sessions follow a standardized approach to providing advice and counseling, and can be combined with other efforts, such as distributing materials about quitting, formal counseling sessions for an individual or group.

Need Also Addressed Locally By: 1-800-QUIT-NOW, a tobacco-cessation quit line sponsored by the MATCH Project, a tobacco-use prevention and cessation program that works in conjunction with the Oklahoma State Department of Health. Freedom From Smoking Program, a program run by the American Lung Association.

6. Mental Health

Laureate Psychiatric Clinic and Hospital

Laureate Psychiatric Clinic and Hospital offers mental health counseling and treatment for adolescents and adults on an inpatient basis, and children, adolescents and adults on an outpatient basis. Laureate offers qualified psychologists, licensed therapists, nurse practitioners and physicians when medications are involved. Patients, families and caregivers are encouraged to gain positive long-term results through regular outpatient visits.

Anticipated impact of strategy: Provide effective treatments and services in the community for mental health disorders. Data from SAMHSA's National Survey on Drug Use and Health (NSDUH) show that in 2014, 15.7 million adults reported having a major depressive episode (MDE) in the past 12 months. Of those, about one-third of adults (33.2%) did not seek professional help during the previous 12 months.

Resources to be used: The staff and resources of the Laureate Psychiatric Clinic and Hospital.

Entity-specific actions to be taken: This strategy is met via programs and services available at Laureate Psychiatric Clinic and Hospital.

Need Also Addressed Locally By: Parkside Psychiatric Hospital, Brookhaven Hospital, Indian Healthcare Resource Center of Tulsa, St. John Health System, Hillcrest Health System, Shadow Mountain Behavioral Health System, Tulsa Center for Behavioral Health.

APPENDIX A IMPLEMENTATION STRATEGY

Saint Francis Intervention Summary

The CHNA will inform the development of further implementation strategies for each health priority identified through the assessment process. This implementation plan will continue to develop over the next three years, from fiscal year 2016 through the end of fiscal year 2018. The Saint Francis Health System will work with our community partners and health issue experts on each of the interventions to continue to address the health needs of our community:

- Identify what other local organizations are doing to address the health priorities
- Develop support and participation for these approaches to address health needs
- Develop specific and measurable goals so that the effectiveness of these approaches can be measured
- Develop detailed work plans

Saint Francis Health System is committed to conducting another health needs assessment in three years. This assessment summary is available on the website of Saint Francis Health System at saintfrancis.com.

The Saint Francis Health System will monitor and evaluate the strategies listed above for the purpose of tracking the implementation of those strategies as well as to document the anticipated impact. Plans to monitor will be tailored to each strategy and will include the collection and documentation of tracking measures, such as the number of contributions made, number of dollars spent, number of people reached/ served, number and role of volunteers, and volunteer hours. In addition, the Saint Francis Health System will require applicable beneficiaries to propose, track and report outcomes, including health outcomes, as appropriate.

Section IX.Health Needs Facility Does Not Intend to Address

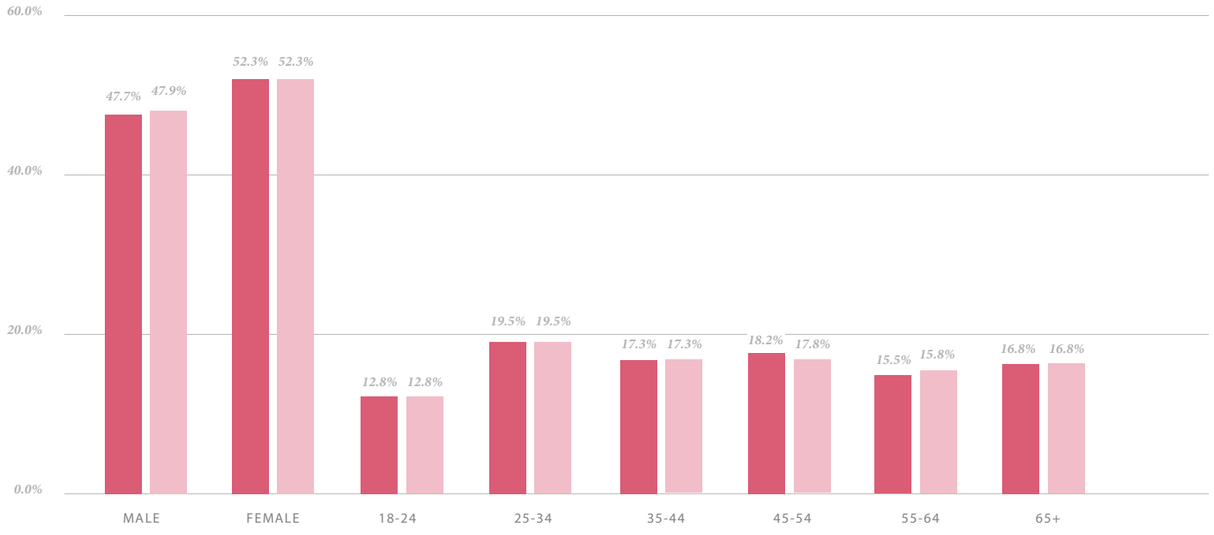
1. Lack of education
2. Aging problems
3. Safety/Crime
4. Poverty/Unemployment

It is an unfortunate matter of course that certain socioeconomic burdens to the health of our community cannot be fully or effectively addressed by individual private institutions. The hospitals comprising the Saint Francis Health System provide millions of dollars each year in uncompensated care to the poor in the form of free or discounted care to the uninsured, the underinsured, and to Medicaid beneficiaries. Saint Francis Hospital, Saint Francis Hospital South, Laureate Psychiatric Clinic and Hospital, as well as the senior leadership and Board of Directors of the Saint Francis Health System will continue to work with community and state-level policy and political leaders, safety net providers, and community advocates to build sustainable partnerships to better address these broader community needs. Saint Francis Health System and all of its entities, including those not covered by this implementation strategy, will continue to be an advocate for the poor, the vulnerable and the underserved.

Need Also Addressed Locally By: Oklahoma Health Care Authority, Oklahoma Department of Health, Oklahoma Department of Mental Health and Substance Abuse, St. John Health System, Hillcrest Health System, Oklahoma State University Medical Center, Morton Comprehensive Health Services, Community Health Connection, OU Physicians - Tulsa, Tulsa Health Department.

APPENDIX B SUPPLEMENTAL CHARTS & MAPS

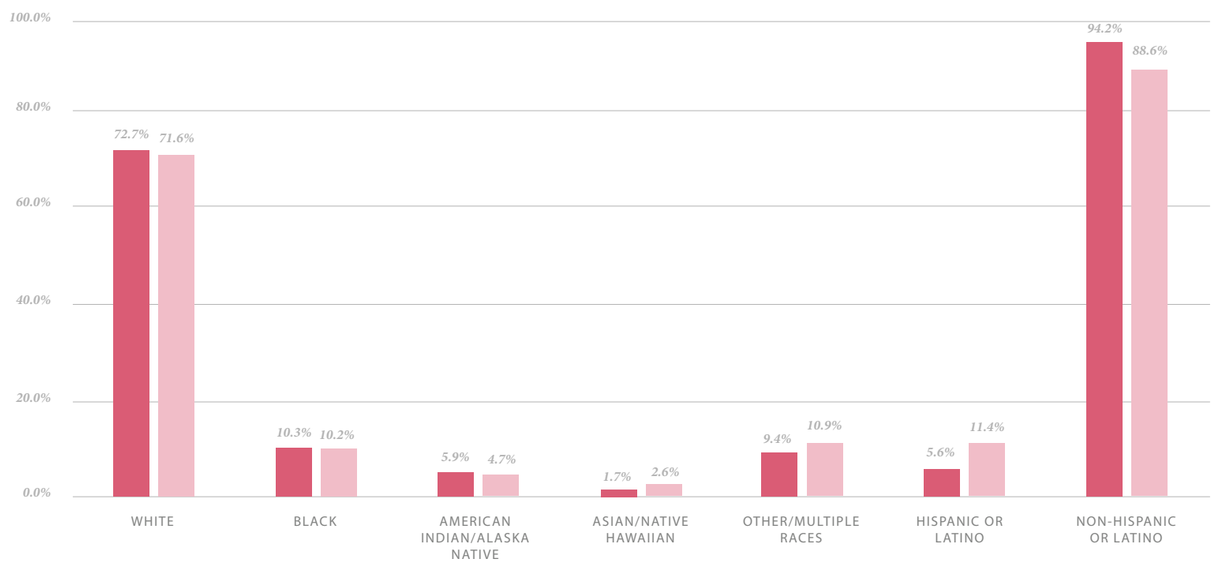
Age and Gender Tulsa County | 2015



** 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D1]*

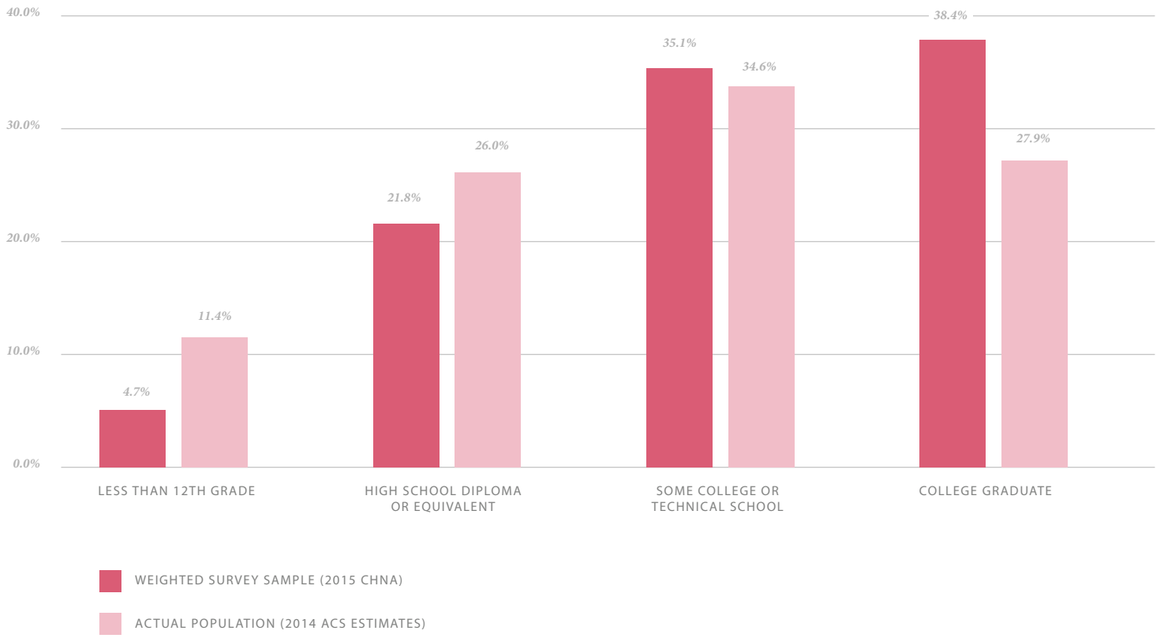
FY2016 Overview Community Health Needs
APPENDIX B SUPPLEMENTAL CHARTS & MAPS

Race and Ethnicity Tulsa County | 2015



** 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Items D2-D3]*

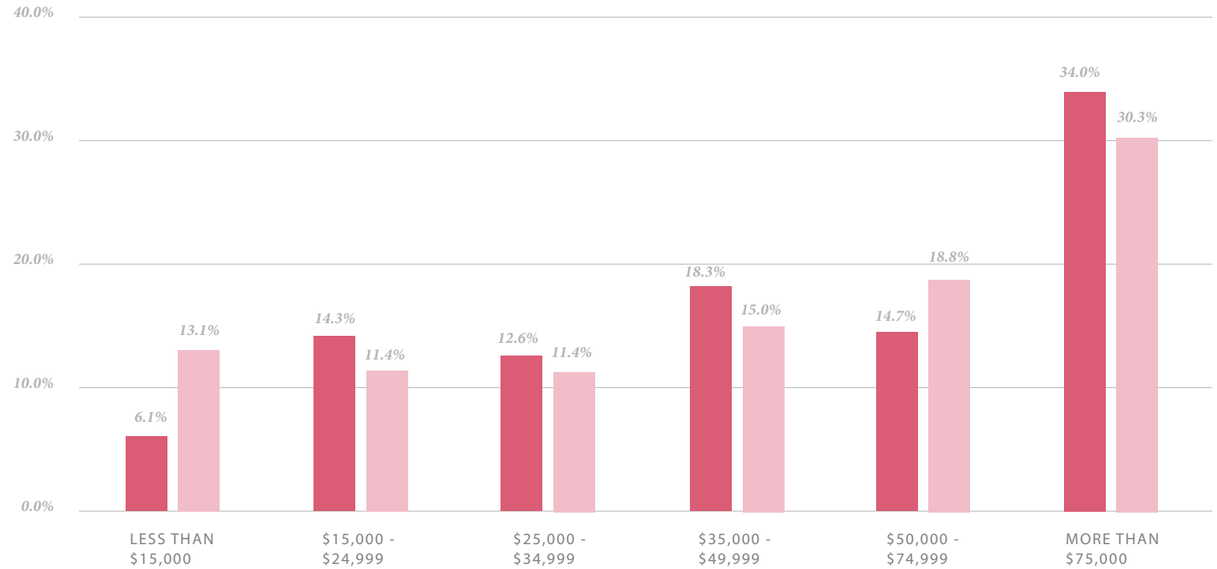
Education Level Tulsa County | 2015



** 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D7]*

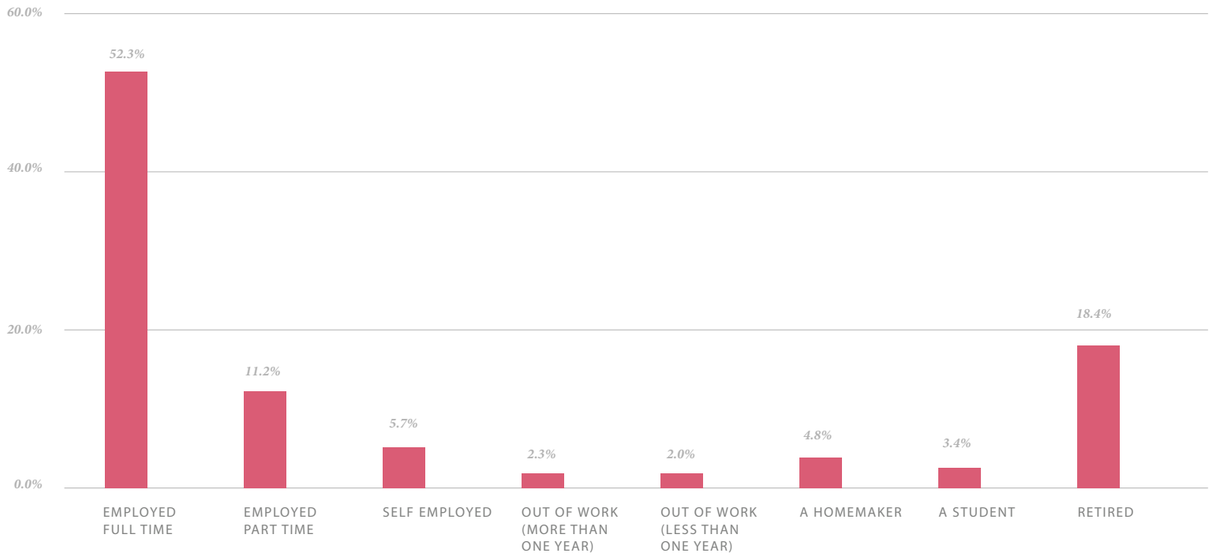
FY2016 Overview Community Health Needs
APPENDIX B SUPPLEMENTAL CHARTS & MAPS

Income Level Tulsa County | 2015



** 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D9]*

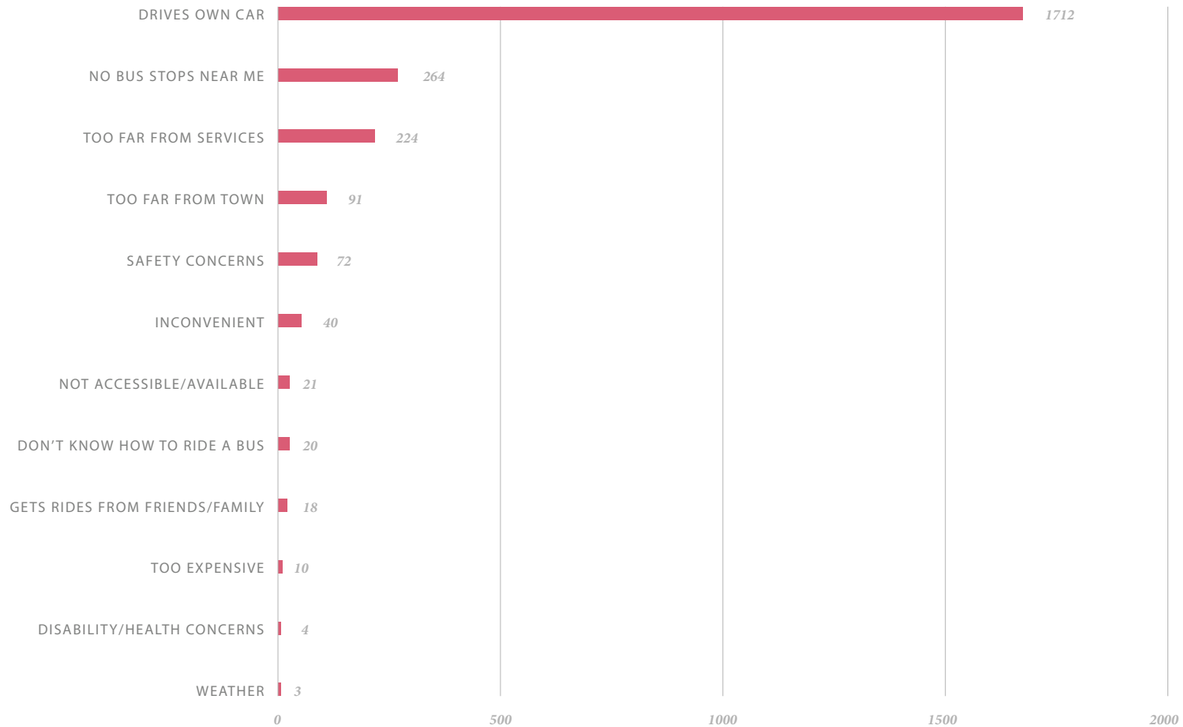
Tulsa County CHNA Respondents by Employment Status | 2015



** 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item D8]*

FY2016 Overview Community Health Needs
APPENDIX B SUPPLEMENTAL CHARTS & MAPS

Reasons Why Public Transportation Was Not Utilized Tulsa County | 2015



** 2015 Tulsa County Community Health Needs Assessment, OSU College of Public Health. [Item 78]*
** Asked of all respondents who reported that they did not use pulic transportation (n+2140)*
** Respondents were able to select multiple responses*

FY2016 Overview Community Health Needs

APPENDIX C METHODOLOGY

This report uses quantitative data derived from primary research (Tulsa County Community Health Needs Assessment survey) and secondary data (American Community Survey data, Census Bureau data). These components allow for comparison between the primary data and benchmark data at the state and national level.

Survey Instrument

The survey instrument used for this study was created by the Tulsa City-County Health Department, Health Data & Evaluation Division, with input from community partners. Many of the questions from the 2012 CHNA were utilized again for comparison purposes; however, data requests since the last report provided insight into which questions were not as useful and which questions should have been asked.

These data requests demonstrated what information was most valuable to community partners and explains why certain questions were omitted and others added.

Community Defined for this Assessment

The study area includes all of Tulsa County, Oklahoma. Tulsa County was divided into eight geographical regions based on ZIP codes and associated communities: Downtown Tulsa, East Tulsa, Jenks/Bixby/Glenpool/Tulsa Hills, Midtown Tulsa, north City of Tulsa, Owasso/Sperry/Collinsville/Skiatook, Sand Springs/West Tulsa, and South Tulsa/Broken Arrow. All ZIP codes that are fully or partially within Tulsa County were assigned regions, although only Tulsa County residents were able to complete the survey. The map on the following page shows the breakdown of regions by ZIP code.

Sample Approach and Design

The sample was drawn from the total non-institutionalized adult population residing in Tulsa County, Oklahoma in telephone-equipped dwellings. The study was completed through random digit dialing of both landlines and cell phones by utilizing current area code and prefix combinations and randomly generating the last four digits of the phone number.

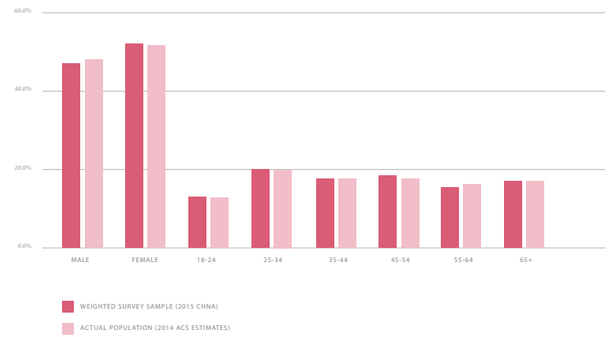
Surveys with 2,428 Tulsa County residents were conducted between May 18, 2015 and September 29, 2015. The cell phone frame yielded 715 completed calls, while the landline frame yielded 1,710 completed surveys. Although all participants were initially called, they were also given the option to complete the survey via text or email. The breakdown of mode of completion was 2,273 phone (29 conducted in Spanish), 118 email, and 37 text. The achieved county-wide confidence interval for the 2015 CHNA was 95% +/- 2%.

Once the interviews were completed, they were weighted in proportion to the actual population distribution so as to appropriately represent Tulsa County as a whole. All administration of the surveys and data collection was conducted by the Oklahoma State University College of Public Health. Data analysis was conducted by the Tulsa City-County Health Department, Health Data & Evaluation Division.

Sample Characteristics

This study incorporated a simple random sample (SRS) design, meaning that every member of the target population had an equal probability of selection. However, even though an SRS was conducted, the demographic variables (e.g., gender, age, race, and ethnicity) are unlikely to perfectly match with the demographic makeup of Tulsa County. To account for this gap, the data has been weighted back to the population of interest using age and gender. The sample design and quality control procedures used during data collection ensure that the sample is representative and can be generalized to the total population with a high degree of confidence.

The following chart outlines the characteristics of the Tulsa County sample for key demographic variables, compared to actual population characteristics from census data.



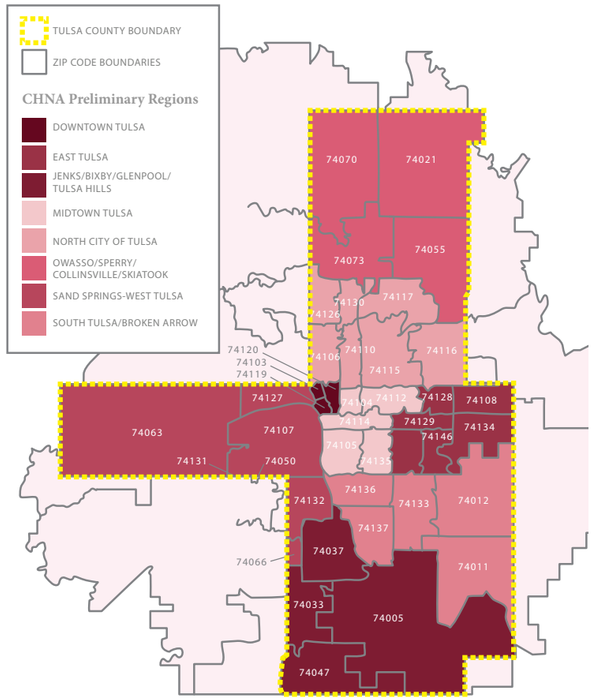
APPENDIX C METHODOLOGY

Survey Results

Cross-tabulations were conducted using IBM SPSS Statistics Version 22.0. For this report, results were tabulated by Tulsa County overall and by regions, which were determined by ZIP codes and associated communities. A total of 15 people responded that they did not live in Tulsa County or refused to answer what county they lived in. These individuals were excluded from the results. Additionally, 130 respondents refused to give their ZIP code or gave a ZIP code that did not correspond to a known ZIP code for Tulsa County. Since they had previously confirmed that they lived in Tulsa County, these individuals were included in the analysis for the county overall, but were not included in any specific regional breakdown.

Although results were not tabulated by any additional demographics (e.g., gender, age category, race/ethnicity, education level, and income level), the demographics section includes a breakdown of each region by these demographics.

Unless otherwise noted, 'don't know' and refusal responses were treated as missing values and were not included in analysis. However, for some survey questions, a response of 'don't know' may be very informative for assessing the needs and perceptions of the community. In these instances, 'don't know' was treated as a valid response.



Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and also cannot represent every possible population within Tulsa County. These gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups such as the transient population, institutionalized people or those who only speak a language other than English or Spanish are not represented in the survey data. Other population groups such as lesbian/gay/bisexual/ transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups might not be identifiable or might not be represented in numbers sufficient for independent analysis.

Benchmark Data

A variety of secondary data sources were used for comparisons to Oklahoma and the US Specific citations are included throughout the report. Healthy People 2020 goals were also utilized as indicators for areas for improvement or success.

APPENDIX D CHNA SURVEY QUESTIONS

APPENDIX D CHNA SURVEY QUESTIONS

Community Health Status
Community Health
Individual

1. Would you say in general your health is…?
Read 1-5
01. Excellent
02. Very Good
03. Good
04. Fair
05. Poor
77. Don't know / Not sure
99. Refused

2. In your opinion, would you rate the health of your community as…?
Read 1-5
01. Excellent
02. Very Good
03. Good
04. Fair
05. Poor
77. Don't know / Not sure
99. Refused

3. How safe do you feel in your community?
Read 1-5
01. Very Safe
02. Safe
03. Somewhat safe
04. Unsafe
05. Very Unsafe
77. Don't know / Not sure
99. Refused

4. In your opinion, how safe do you think your community is for children and families?
Read 1-5
01. Very Safe
02. Safe
03. Somewhat safe
04. Unsafe
05. Very Unsafe
77. Don't know / Not sure
99. Refused

5. How many days in the past month have you missed work or daily activities because of personal illness?
__ Days
88. None
77. Don't know / Not sure
99. Refused

6. In general, how often are you stressed at work? *Read 1-4*
01. Regularly
02. Sometimes
03. Rarely
04. Never
77. Don't know / Not sure
99. Refused

7. In general, how often are you stressed at home? *Read 1-4*
01. Regularly
02. Sometimes
03. Rarely
04. Never
77. Don't know / Not sure
99. Refused

8. How often in the last month did you participate in physical activities?
Read 1-4
01. Regularly
02. Sometimes
03. Rarely
04. Never
77. Don't know / Not sure
99. Refused

Demographics
D.1 What is your age?
__ Code age in years
77. Don't know / Not sure
99. Refused

D.2 Are you Hispanic or Latino?
01. Yes
02. No
77. Don't know / Not sure
99. Refused

D.3 Which one or more of the following would you say is your race?
(Check all that apply) *Please read:*
01. White
02. Black or African American
03. Asian
04. Native Hawaiian or Other Pacific Islander
05. American Indian or Alaska Native
Or
06. More than one race
07. Other [specify]_____
Do not read:
08. No additional choices
77. Don't know / Not sure
99. Refused

D.5 Are you…?
Please read:
01. Married
02. Divorced
03. Widowed
04. Separated
05. Never married
Or
06. A member of an unmarried couple
Do not read:
99. Refused

D.6 How many children less than 18 years of age live in your household?
__ Number of children
88. None
99. Refused

D.7 What is the highest grade or year of school you completed?
Read only if necessary:
01. Never attended school or only attended kindergarten
02. Grades 1 through 8 (Elementary)
03. Grades 9 through 11 (Some high school)
04. Grade 12 or GED (High school graduate)
05. College 1 year to 3 years (Some college or technical school)
06. College 4 years or more (College graduate)
Do not read:
99. Refused

D.8 Are you currently…?
Please read:
01. Employed for wages full time
02. Employed for wages part time
03. Self-employed
04. Out of work for more than 1 year
05. Out of work for less than 1 year
06. A Homemaker
07. A Student
08. Retired
Or
88. Unable to work
Do not read:
99. Refused

D.9 Is your annual household income from all sources—
If respondent refuses at ANY income level, code '99' (Refused) Read only if necessary:
04. Less than $25,000
If "no" ask 05; if "yes," ask 03
($20,000 to less than $25,000)
03. Less than $20,000
If "no," code 04; if "yes," ask 02
($15,000 to less than $20,000)
02. Less than $15,000
If "no," code 03; if "yes," ask 01
($10,000 to less than $15,000)
01. Less than $10,000
If "no," code 02
05. Less than $35,000
If "no," ask 06
($25,000 to less than $35,000)
06. Less than $50,000
If "no," ask 07
($35,000 to less than $50,000)
07. Less than $75,000
If "no," code 08
($50,000 to less than $75,000)
08. $75,000 or more
Do not read:
77. Don't know / Not sure
99. Refused

D.10 About how much do you weigh without shoes?
NOTE: If respondent answers in metrics, put "9" in column 118. Round fractions up
____ Weight (pounds/kilograms)
7777 Don't know / Not sure
9999 Refused

APPENDIX D CHNA SURVEY QUESTIONS

D.11 About how tall are you without shoes?
NOTE: If respondent answers in metrics, put "9" in column 122. Round fractions down
__/__ Height (ft / inches/meters/centimeters)
77/77 Don't know / Not sure
99/99 Refused

D.12 What county do you live in?
___ ANSI County Code (formerly FIPS county code)
777 Don't know / Not sure
999 Refused

D.13 What is the ZIP Code where you live?
_____ ZIP Code
77777 Don't know / Not sure
99999 Refused

D.14 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.
01. Yes
02. No
77. Don't know / Not sure
99. Refused

D.15 How many of these telephone numbers are residential numbers?
__ Residential telephone numbers [6 = 6 or more]
77. Don't know / Not sure
99. Refused

D.16 Do you own or rent your home?
01. Own
02. Rent
03. Other arrangement
77. Don't know / Not sure
99. Refused

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.
Note: Home is defined as the place where you live most of the time/the majority of the year.

D.17 Indicate sex of respondent.
Ask only if necessary.
01. Male [Go to Q11]
02. Female
03. Transgender
99. Refused [Go to Q11]

D.18 Are you currently pregnant?
01. Yes
02. No
77. Don't know / Not sure
99. Refused

Physician Access
Health Care Access
Individual

9. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs or government plans such as Medicare?
01. Yes
02. No
77. Don't know / Not sure
99. Refused

10. Is it…?
Read 1-8. Probe for the type used most frequently if more than one is mentioned.
01. Employer Provided or Private
02. Self-purchased
03. Medicaid
04. Medicare
05. Medicare Supplemental
06. Tribal/Indian Health
07. Active Military
08. Retired Military
77. Don't know / Not sure
99. Refused
Skip to Question 12

11. What is the main reason for NOT having insurance?
Do not read
01. Employer does not provide
02. Cannot afford to purchase
03. Not eligible/denied
04. Unemployed
05. Doesn't need/is healthy
06. Hasn't thought about it
07. Doesn't understand/doesn't know how to obtain support
08. Ended/ran out
09. Other [specify]_____
77. Don't know / Not sure
99. Refused

12. Do you have one person you think of as your personal doctor or health care provider?
01. Yes
02. No
77. Don't know / Not sure
99. Refused
If yes, skip to Question 15

13. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
01. Yes
02. No
77. Don't know / Not sure
99. Refused
If no, skip to Q17

14. 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?
Read only if necessary
01. Less than 12 months ago [Go to Q16]
02. 1 year but less than 2 years
03. 2 years but less than 5 years
04. 5 or more years ago
77. Don't know / Not sure
88. Never
99. Refused

15. What is the MAIN reason you have not had a general physical exam in the past year?
Do not read
01. No insurance
02. Insurance does not cover
03. Unable to afford co-pay
04. No doctor
05. Doesn't like drs/going to drs
06. Couldn't get off work
07. Cost/can't afford (non-specific)
08. Seen for other health problems
09. No time
10. Not needed/healthy
11. No motivation or reason to go
12. No transportation
13. Other [specify]_____
77. Don't know / Not sure
99. Refused

16. Where do you most frequently go to receive health care services?
Read 1-10
01. University Clinic
02. Federally Qualified Health Care Center (like Morton, Community Health Connection)
03. Indian Health Clinic
04. Health Department
05. Emergency Room
06. Urgent Care Center
07. Doctor's Office
08. Free Clinic
09. I don't have a place
10. Other [specify]_____
77. Don't know / Not sure
99. Refused

17. How many times a year do you receive service at this/these facilities?
Read only if necessary
01. 0-3 times a year
02. 4-6
03. 7-9
04. 10-12
05. 13-15
06. 16-20
07. 21+

General Health Care Access
Dental Care
Individual

18. About how long has it been since you lasted visited a dentist for a routine teeth cleaning?
Read only if necessary
01. Less than 12 months ago [Go to Q20]
02. 1 year but less than 2 years
03. 2 years but less than 5 years
04. 5 or more years ago
77. Don't know / Not sure
88. Never
99. Refused

19. What is the MAIN reason you have not had a routine teeth cleaning in the past year?
Do not read
01. No insurance
02. Insurance does not cover
03. Unable to afford co-pay
04. No doctor
05. No time
06. Not needed/healthy
07. No motivation or reason to
08. Cost/can't afford (not specific)
09. Fear/don't like the dentist
10. No teeth
11. No transportation
12. Other Specify
77. Don't know / Not sure
88. No teeth
99. Refused

Mental Health Care
Individual

For the next set of questions, I am going to ask you about your access to mental health and social support services.

20. Have you accessed any of the following services within the past 12 months?

20a. Medical assistance for depression
01. Yes
02. No
77. Don't know / Not sure
99. Refused

20b. Medical assistance for alcohol use
01. Yes
02. No
77. Don't know / Not sure
99. Refused

20c. Medical assistance for other drug use
01. Yes
02. No
77. Don't know / Not sure
99. Refused

20d. Medical assistance for other mental health issues
01. Yes
02. No
77. Don't know / Not sure
99. Refused

20e. Social support, such as Alcoholics Anonymous, for alcohol use
01. Yes
02. No
77. Don't know / Not sure
99. Refused

20f. Social support for depression or other mental
01. Yes
02. No
77. Don't know / Not sure
99. Refused
If no to all of he above, continue to Q21, otherwise go to Q23

21. When was the last time you accessed mental/social support services?
01. Less than 12 months ago [Go to Q24
02. 1 year but less than 2 years
03. 2 years but less than 5 years
04. 5 or more years ago
77. Don't know / Not sure
88. Never
99. Refused

22. What is the main reason you do not use mental health/support services?
Do not read
01. No insurance
02. Insurance does not cover
03. Unable to afford co-pay
04. No doctor
05. No time
06. Not needed/healthy
07. Transportation
08. Stigma
09. Other [specify] _____
77. Don't know / Not sure
99. Refused

Auditory Health Care
Individual

23. Do you use a hearing aid?
01. Yes [Go to Q26]
02 . No
07. Don't know / Not sure
09. Refused

24. Do you have difficulty hearing?
01. Yes
02. No [Go to Q26]
77. Don't know / Not sure
99. Refused

25. Do you think you would benefit from a hearing aid?
01. Yes
02. No
77. Don't know / Not sure
99. Refused

Specialty Care
Individual

26. In the past 12 months, has a provider referred you to specialty health care for one of the following health conditions?

26a. Heart attack or other heart problems
01. Yes
02. No
77. Don't know / Not sure
99. Refused

26b. Stroke
01. Yes
02. No
77. Don't know / Not sure
99. Refused

26c. Diabetes
01. Yes
02. No
77. Don't know / Not sure
99. Refused

26d. Asthma
01. Yes
02. No
77. Don't know / Not sure
99. Refused

26e. Cancer
01. Yes
02. No
77. Don't know / Not sure
99. Refused

26f. Other health issues
01. Yes
02. No
77. Don't know / Not sure
99. Refused
If no to all, go to Q29, otherwise continue to Q27

27. Do you have difficulty obtaining specialty services?
01. Yes
02. No [Go to Q29]
77. Don't know / Not sure
99. Refused

28. What challenges did you face?
Do not read. Mark all that apply.
01. Time to apt too long
02. Insurance approval
03. Don't know where to go
04. Couldn't get off work
05. Limited openings/hours
06. Language barrier
07. Cost too much
08. Fear
09. Transportation
10. Other [specify]_____
77. Don't know / Not sure
99. Refused

Individual Risk Factor Assessment

29. About how many days a week do you drink regular soda, pop, sports drinks, energy drinks, sweetened fruit drinks (such as Koo-Aid), cranberry juice, lemonade, or other drinks that contain sugar? Do no include diet soda or other diet drinks.
01. _____
02. None
77. Don't know / Not sure
99. Refused

NOTES:
1) Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

2) Hookahs are pipes that pull tobacco over water. They are usually large and shared by multiple people at once in a hookah lounge or bar.

3) Electronic cigarettes or vaping devices are battery-powered, produce vapor instead of smoke, and may or may not contain nicotine. There are types of these electronic devices and many names for them, including e-cigarettes, e-hookahs, hookah pens, refillable tank systems, and rebuildable atomizers. Some common brands include NJOY, Blu, Smoking Everywhere, Starbuzz, Joyetech, Halq, and Nirvana.

30. Do you use...?
Read 1-8. Mark all that apply
01. Cigarettes
02. Cigars
03. Smokeless Tobacco, such as chewing tobacco, snuff, dip or snus
04. Little cigars or cigarillos, such as Black and Milds
05. Electronic cigarette or vaping device
06. Other tobacco product [specify]
_____
07. I do not use any tobacco products, electronic cigarettes or vaping devices
77. Don't know / Not sure
99. Refused

31. Have you smoked at least 100 cigarettes in your entire life?
NOTE: 5 packs = 100 cigarettes
01. Yes
02. No [Go to Q36]
77. Don't know / Not sure
99. Refused

32. Do you now smoke cigarettes every day, some days, or not at all?
01. Every day
02. Some days
03. Not at all [Go to Q34]
77. Don't know / Not sure
99. Refused

33. During the past 12 months, how many times have you stopped smoking for one day or longer because you were trying to quit smoking for good?
01. _____
02. None
77. Don't know / Not sure
99. Refused

34. How long has it been since you last smoked a cigarette, even one or two puffs?
Read only if necessary
__ Days
__ Months
__ Years
77. Don't know / Not sure
99. Refused

35. Thinking back to the last time you quit or tried to quit smoking in the past 12 months, did you use any of the following products? *Read 1-10, select all that apply*
01. OK Quitline
02. Personal Support
03. Health Care Provider
04. Nicotine Replacement (Gum, Patch)
05. Cold Turkey
06. Religion
07. Electronic cigarette or vaping device
08. Other tobacco product(s)
09. Prescription pill (like Chantix, Wellbutrin)
10. Other [specify]_____
77. Don't know / Not sure
99. Refused

36. Are you exposed to secondhand smoke...? *Read 1-4*
01. Regularly
02. Sometimes
03. Rarely
04. Never [GO TO Q38]
77. Don't know / Not sure
99. Refused

37. Where do you most frequently encounter secondhand smoke? *Read 1-9*
01. My home
02. Family/Friends Home
03. Restaurants
04. Parks
05. Other public areas
06. Car(s)
07. Bar(s)
08. Casino(s)
09. Other [specify]_____
77. Don't know / Not sure
99. Refused

38. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.
01. Every day
02. Some days
03. Not at all [GO TO Q40]
77. Don't know / Not sure
99. Refused

39. Have you tried to quit tobacco use in the last 12 months?
01. Yes
02. No
77. Don't know / Not sure
99. Refused

40. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
__ Days per week
__ Days in past 30 days
888. No drinks in past 30 days [Go to Q44]
777. Don't know / Not sure
999. Refused

41. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?
NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.
__ Number of drinks
77. Don't know / Not sure
99. Refused

42. Considering all types of alcoholic beverages, how many times during the past 30 days did you have one or more drinks on an occasion?
__ Number of times
88. None
77. Don't know / Not sure
99. Refused

43. During the past 30 days, what is the largest number of alcoholic drinks you had on any occasion?
__ Number of drinks
77. Don't know / Not sure
99. Refused

44. Have you ever been told by a health care or support service provider you have an alcohol dependency?
01. Yes
02. No
77. Don't Know
99. Refused

45. Have you ever been told by a health care or support service provider you have a drug dependency?
01. Yes
02. No
77. Don't Know
99. Refused
If D8 = 1 (employed for wages full-time), 2 (employed for wages part-time) or 3 (self-employed) then continue. Otherwise, continue to Q46.

46. Have you ever been told by a health care or support service provider you have a drug dependency?
If respondent has multiple jobs, include all jobs. Please read:
01. Mostly sitting or standing
02. Mostly walking
03. Mostly heavy labor or physically demanding work
77. Don't know / Not sure
99. Refused
Please read: We are interested in two types of physical activity--vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

47. Now, thinking about the moderate activities you do in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?
01. Yes
02. No [Go to Q50]
77. Don't know / Not sure [Go to Q50]
99. Refused [Go to Q50]

48. How many days do you do these moderate activities for at least 10 minutes at a time?
__ Days per week
__ Days per month
77. Don't know / Not sure [Go to Q50]
99. Refused [Go to Q50]

49. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
_:__ Hours and minutes per day
777 Don't know / Not sure
999 Refused

APPENDIX D CHNA SURVEY QUESTIONS

50. Now, thinking about the vigorous activities you do in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work like shoveling, or anything else that causes large increases in breathing or heart rate?
    01. Yes
    02. No [Go to Q53]
    77. Don't know / Not sure [Go to Q53]
    99. Refused [Go to Q53]

51. How many days per week do you do these vigorous activities for at least 10 minutes at a time?
    __ Days per week
    __ Days per month
    77. Don't know / Not sure [Go to Q53]
    99. Refused [Go to Q53]

52. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
    _:__ Hours and minutes per day
    777 Don't know / Not sure
    999 Refused

53. What do you think is the most important factor that defines a Healthy Community?
    Read only if necessary. Select all that apply.
    01. Access to health care and other services
    02. Access to public transportation
    03. Affordable housing
    04. Arts and cultural events
    05. Clean environment
    06. Community Involvement
    07. Good jobs/healthy economy
    08. Good schools
    09. Healthy behaviors and lifestyles
    10. Low crime/safe neighborhoods
    11. Low death/disease rates
    12. Parks and recreation
    13. Religious/Spiritual values
    14. Strong family life
    15. Tolerance for diversity
    16. Other[specify]_____
    77. Don't know / Not sure
    99. Refused

54. What do you think is the biggest health concern in your community?
    Read only if necessary.
    01. Access to health care
    02. Access to healthy food/groceries
    03. Aging problems
    04. Alcohol/Drug Abuse
    05. Available Public Transportation
    06. Car accidents
    07. Child Abuse/Neglect
    08. Chronic Diseases
    09. Domestic Violence
    10. Homelessness
    11. Hunger
    12. Lack of education
    13. Lack of sidewalks
    14. Mental Health
    15. Poor Diet/Inactivity
    16. Poverty
    17. STDs
    18. Teen pregnancy
    19. Tobacco Use
    20. Violent Crime
    21. Other[specify]_____
    77. Don't know / Not sure
    99. Refused

55. What do you think is the biggest safety concern in your community?
    Read only if necessary.
    01. Access to firearms
    02. Alcohol and drug abuse
    03. Drug production/distribution
    04. Gang violence
    05. Racism/Intolerance
    06. School violence
    07. Seat belt, safety seats and helmet use
    08. Unsafe driving
    09. Other[specify]_____
    77. Don't know / Not sure
    99. Refused

56. Are you satisfied with your housing situation?
    01. Yes [Go to Q58]
    02. No
    77. Don't know / Not sure [Go to Q58]
    99. Refused [Go to Q58]

57. Why not?
    Do not read. Mark all that apply.
    01. Too small/crowded
    02. Problems with others
    03. Too run down
    04. Too expensive
    05. Dangerous
    06. Too far from services
    07. Too far from town
    08. Too far from services
    09. Other[specify]_____
    77. Don't know / Not sure
    99. Refused

58. Are you consistently able to pay your household bills, including mortgage or rent and utility bills?
    01. Yes
    02. No
    77. Don't know / Not sure
    99. Refused

59. In your neighborhood or community, is it easy to buy tobacco products?
    01. Yes
    02. No
    77. Don't know / Not sure
    99. Refused

60. In your neighborhood or community, is it easy to buy electronic cigarettes or vaping products?
    01. Yes
    02. No
    77. Don't know / Not sure
    99. Refused

61. In your neighborhood or community, is it common to see people smoking in public places?
    01. Yes
    02. No
    77. Don't know / Not sure
    99. Refused

62. In your neighborhood, is it easy to buy fresh fruits and vegetables?
    01. Yes
    02. No
    77. Don't know / Not sure
    99. Refused

63. In your neighborhood, are fresh fruit and vegetables affordable?
    01. Yes
    02. No
    77. Don't know / Not sure
    99. Refused

64. Within the past 12 months did you ever worry whether your food would run out before you had money to buy more?
    01. Yes
    02. No
    77. Don't know / Not sure
    99. Refused

65. Within the past 12 months was there ever a time when you did not have enough money to buy food?
    01. Yes
    02. No
    77. Don't know / Not sure
    99. Refused

66. In your neighborhood or community, is it easy to find a safe place to exercise?
    01. Yes
    02. No
    77. Don't know / Not sure
    99. Refused

67. In your neighborhood or community, is it common to see people exercising?
    01. Yes
    02. No
    77. Don't know / Not sure
    99. Refused

68. Do you have regular access to indoor recreational facilities?
    (Read if necessary: such as a place with exercise equipment, jogging/walking trail or track, indoor tennis courts, etc.)
    01. Yes
    02. No
    77. Don't know / Not sure
    99. Refused

69. Do you have regular access to outdoor recreational facilities?
    (Read if necessary: such as a sports field., jogging/walking trail or track, tennis courts, etc.)
    01. Yes
    02. No
    77. Don't know / Not sure
    99. Refused

FY2016 Overview Community Health Needs

APPENDIX D CHNA SURVEY QUESTIONS

70. Do you ride a bicycle?
    01. Yes [Go to Q72]
    02. No
    77. Don't know / Not sure [Go to Q74]
    99. Refused [Go to Q74]

71. Why not? *Do not read. Mark all that apply.*
    01. Do not have a bike
    02. Don't know how to ride a bike
    03. Safety concerns
    04. Too expensive
    05. Weather
    06. Too far from services
    07. Too far from town
    08. No streets or sidewalks to ride on
    09. Other[specify]_____
    77. Don't know / Not sure
    99. Refused
    Skip to Q74

72. Why do you bike outside?
    Do not read. Mark all that apply.
    01. For exercise or physical fitness
    02. For mental health or stress relief
    03. To get to work
    04. To get to school
    05. To get to the store
    06. To get to some other destination
    07. For fun or entertainment
    08. Other [specify]_____
    77. Don't know / Not sure
    99. Refused

73. In general, how often do you bike?
    Do not read.
    __ Days per week
    __ Days per month
    77. Don't know / Not sure
    99. Refused

74. In general, how often do you walk or run outside?
    __ Days per week
    __ Days per month
    88. Do not run or walk outside [Go to Q76]
    77. Don't know / Not sure [Go to Q77]
    99. Refused [Go to Q77]

75. Why do you walk/run outside?
    Do not read. Mark all that apply.
    01. For exercise or physical fitness
    02. For mental health or stress relief
    03. To get to work
    04. To get to school
    05. To get to the store
    06. To get to some other destination
    07. For fun or entertainment
    08. Other [specify]_____
    77. Don't know / Not sure
    99. Refused
    Skip to Q77

76. Why not?
    Do not read. Mark all that apply.
    01. Not able / health or physical limitations
    02. Safety concerns
    03. Too expensive
    04. Weather
    05. Too far from services
    06. Too far from town
    07. No streets or sidewalks to ride on
    08. Other [specify]_____
    77. Don't know / Not sure
    99. Refused

77. Do you use mass transit like a bus or other transit service?
    01. Yes [Go to Q79]
    02. No
    77. Don't know / Not sure
    99. Refused

78. Why not?
    Do not read. Mark all that apply.
    01. Drives own car
    02. Don't know how to ride a bus
    03. Safety concerns
    04. Too expensive
    05. Weather
    06. Too far from services
    07. Too far from town
    08. No bus stops near me
    09. Other [specify]_____
    77. Don't know / Not sure
    99. Refused

79. Would you say that you would like to engage in positive change for yourself regarding your health in the following areas?

79a. Your overall health
    01. Yes
    02. No
    77. Don't know / Not sure
    99. Refused

79b. Being physically active
    01. Yes
    02. No
    77. Don't know / Not sure
    99. Refused

79c. Practicing good eating habits
    01. Yes
    02. No
    77. Don't know / Not sure
    99. Refused

79d. Avoiding tobacco products
    01. Yes
    02. No
    77. Don't know / Not sure
    99. Refused

79e. Losing weight and/or maintaining a healthy weight
    01. Yes
    02. No
    77. Don't know / Not sure
    99. Refused

79f. Handling stress
    01. Yes
    02. No
    77. Don't know / Not sure
    99. Refused

79g. Having a more fit and healthy lifestyle
    01. Yes
    02. No
    77. Don't know / Not sure
    99. Refused

Closing Statement

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in Tulsa County. Thank you very much for your time and cooperation.


SaintFrancis
Health System