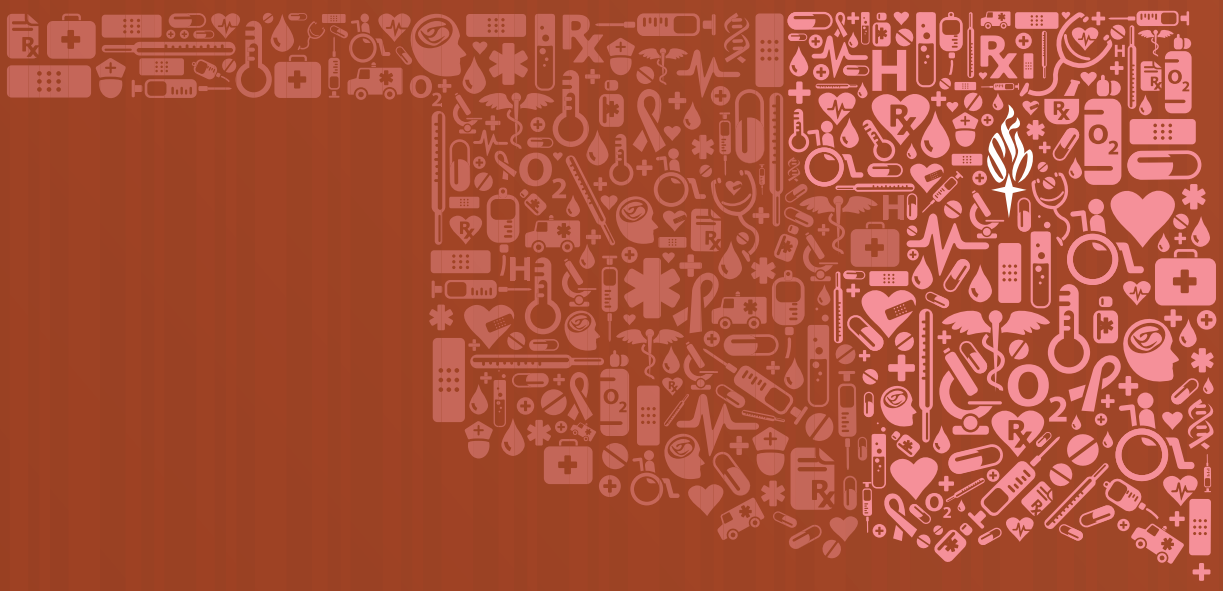
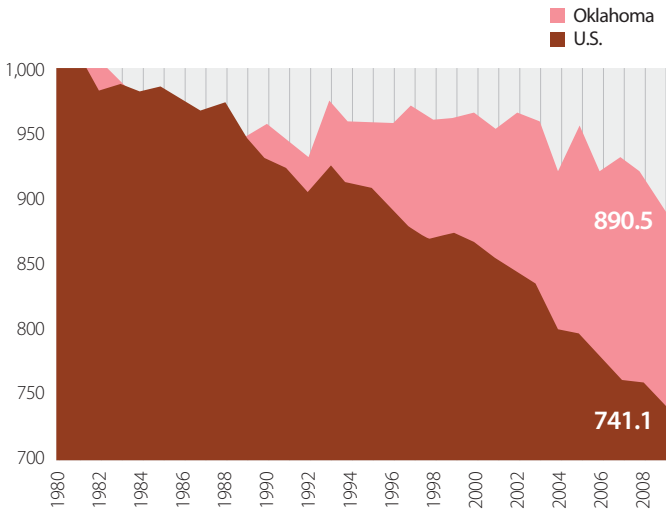


FY 2013 SAINT FRANCIS HEALTH SYSTEM

# COMMUNITY HEALTH NEEDS ASSESSMENT




Mortality Rates 1980-2009

(Age-adjusted death rates per 100,000 population)

| | |
|---|---|
| Colorado | 79.9 |
| United States | 78.6 |
| Kansas | 78.4 |
| Texas | 78.3 |
| New Mexico | 78.2 |
| Missouri | 77.4 |
| Arkansas | 76.1 |
| **Oklahoma** | **75.6** |

State Life Expectancy at Birth (Years) 2008

*American Human Development Project calculations*

# FY 2013 Saint Francis Health System Community Health Needs Assessment

## Table of Contents

# Community Health

## Overview

*"Chronic diseases are among the most prevalent, costly and preventable of all health problems… Access to high-quality and affordable prevention measures are essential steps in saving lives, reducing disability and lowering costs for medical care."* **– CDC Report: Burden of Chronic Disease**

With healthcare spending in America now exceeding 2.5 trillion dollars annually, tens of millions of Americans continue to live with preventable illness and chronic disease. More than half of all American adults live with one or more chronic diseases, including heart disease, stroke, diabetes and cancer. These diseases lead to seven out of ten deaths and have a direct impact on business expenses, jobs and contribute to weakening the economy.

"Studies now rank Oklahoma 46th in the nation for the health of our citizens. That ranking is unacceptable, and comes hand in hand with lost workforce productivity, hundreds of millions of dollars in medical bills, and thousands of preventable deaths." – (2011 State of the State's Address, Governor Mary Fallin)

Historically, the focus of the healthcare system is caring for those who are sick or in harm's way; promoting disease prevention; combating obesity; preventing tobacco use; preventing infectious disease; promoting healthy eating; promoting the health of low-income and minority communities and planning for the changing needs of our seniors.

Historically, around four percent of our healthcare dollars are spent on prevention. Arguably, this is where the greatest return could be derived from meeting community needs. It has been estimated that chronic disease treatment accounts for as much as 75 percent of national health expenditures. The role and responsibility of prevention thus lies with families, healthcare providers, schools, businesses and communities. Local leaders can help shoulder the burden of engaging constituents while making it easier to make healthier lifestyles the clear choice.

With respect to prevention, Centers for Disease Control and Prevention estimate that smokers cost the country $96 billion a year in direct healthcare costs. Similarly distressing, six in ten people in the United States are overweight, with a third meeting the clinical definition of obesity. The extra weight is estimated to lead to at least 100,000 deaths annually in the treatment of heart disease.

Many organizations that evaluate the health status of populations (such as the Commonwealth Fund, the Kaiser Foundation and the United Health Foundation) consistently rank the state of Oklahoma at or near the bottom in most common measures of health status. The Saint Francis Health System service area is no exception to this trend.

Particularly of concern is heart disease, often linked to high tobacco use; diabetes, which is closely associated with obesity; and the high rate of infant mortality. Progress has been seen in the state's high immunization rates and implementation of smoking cessation programs. These programs are proof that progress can and will be made. Action today is necessary to saving a future generation.

A large portion of Oklahomans live in rural communities making availability to care scarcer and time to receive treatment longer. In a state with well over 600,000 uninsured individuals, this lack of access to preventive care is greatly exacerbated. The impact of these factors is multiplied by unhealthy lifestyle behaviors such as obesity, lack of physical activity, diabetes, hypertension, high cholesterol and smoking.

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.

# Saint Francis FY 2013 Community Health Needs Assessment

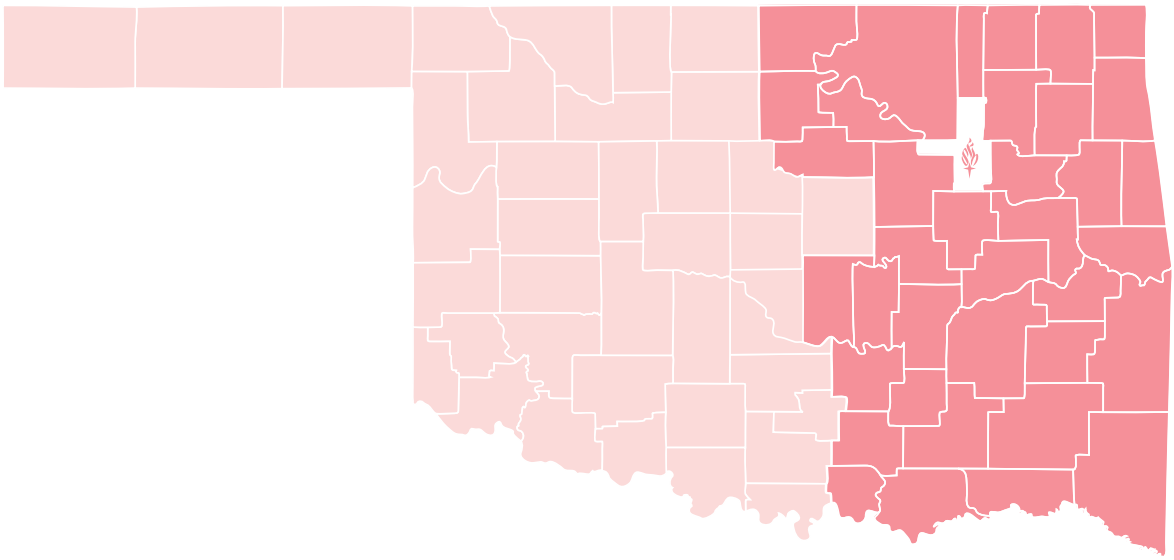
## Purpose of the Study

One of the fundamental goals of this organization is to identify and address the needs of the communities it serves. To 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 healthcare services.

### Scope of Study: Primary Service Area

The Primary Service Area of the Saint Francis Health System consists of Tulsa County, where a significant majority of inpatient admissions originate. The tertiary service area is encompassed by the whole of eastern Oklahoma:



One of the fundamental goals of this organization is to identify and address the needs of the communities it serves.

# **Executive Summary** – Primary Service Area

## Demographics

The primary service area (PSA) of about 611,000 people is just under 70 percent Caucasian, with limited but growing minority representation. Nearly 11 percent of the PSA is African-American, while Native-Americans and multiracial persons form the next largest minority groups, at 10 and 7.5 percent respectively. Nearly 10 percent of the PSA population consists of Hispanic or Latino persons.

## Educational Attainment

Education attainment is fairly consistent across the service area. As of 2009, the estimated educational attainment for the primary service area of Tulsa County was as follows: For those over the age of 25, 88 percent possess at least a high school diploma; 7.3 percent hold an associate's degree; and 20.3 percent hold a bachelor's degree.

## Income Statistics

Median household income in Tulsa County in 2011 was $46,465 (about 8 percent below the U.S. average). In the same year, mean household income was $65,953 (about 6 percent below the U.S. average).

The region contains 13 counties with median incomes more than 15 percent below the national average. Rogers and Wagoner Counties are the only counties in the service area that have median household incomes exceeding the national average. The per capita income is in the bottom quartile in the U.S.

Approximately 16 percent of the state's population lives in poverty. Adair, Craig, Cherokee, McIntosh, Muskogee, Okmulgee and Payne Counties all possess poverty rates exceeding 20 percent. Adair County has the worst poverty rate in eastern Oklahoma at 25.5 percent. The poverty rate within Tulsa County is 14.6 percent.

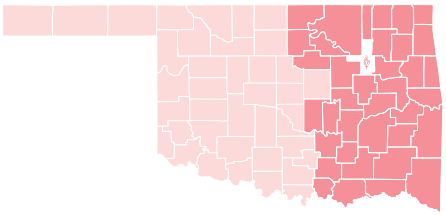
## Economic Outlook

July 2012 estimates indicate that within the primary service area of Tulsa County unemployment approximates 5.3 percent. Sequoyah County had the highest rate of unemployment in the tertiary service area at 9.2 percent. Though the highest in the region, Sequoyah County's rate is still comparable to the national rates of 8.6 percent unemployment. The trend of unemployment rates favorable to those for the nation at large are expected to continue.

## Insurance Coverage

The uninsured rate in Oklahoma stands near 16 percent. During Oklahoma's 2011 fiscal year, over 25 percent of the state's population was enrolled in the Medicaid program at some point in time. Of those on the Medicaid rolls, anywhere from 60 to 70 percent are children. Around 50 percent of the population is covered by employer-provided insurance. This represents a marked decrease from around 60 percent in 2005, and 70 percent in 2000. The Saint Francis service area reflects these trends.

The importance of Medicare coverage is increasing in the service area. The aging of Oklahoma's population, though not as dramatic as in other states, will be a major factor of community health that must be addressed. When 2007 age-specific mortality rates are applied to the current population of the Tulsa Metropolitan Area, the 65 and older population is projected to see an increase of 25 to 30 percent by 2020.



# **Executive Summary** – Community Needs

***"To reduce America's obesity rates we must start with the basics. In addition to exercise, we know that maintaining a balanced diet is key to long-term health and fitness."*** **– Too Fat to Fight, A Report by Mission: Readiness**

## Poor Diet, Inactivity & Obesity

The national obesity rate among adults in 2009 was 27.6 percent. This is a notable increase from 23.1 percent in 2005 and more than double the rate of 11.6 percent in 1990. This means that over 85 million U.S. adults are now obese. A recent report released from the Centers for Disease Control and Prevention (CDC) stated that Oklahoma is one of 12 states with an adult obesity prevalence of 30 percent or more. Without adding a staple of better eating habits and daily physical activity, the prevalence of obesity will almost certainly intensify.

***The total economic cost of the overweight & obesity epidemic in the United States is estimated to be $270 billion per year.***

Putting obesity into perspective, the total economic impact of cancer patients in the United States has been estimated at $228.1 billion. The direct medical costs of obesity are almost entirely a result of treating diseases that obesity promotes. In aggregate, very few dollars are associated with medical and surgical interventions to specifically treat the condition of obesity.

The scale of this epidemic is rivaled only by the speed with which it has beset the nation. In 1990, 10 states had a prevalence of obesity of less than 10 percent and no state had a rate equal to or greater than 15 percent. Now Oklahoma is one of the 12 states in the nation with over 30 percent of the adult population considered obese, according to the CDC. As recently as 2000, Oklahoma's obesity rate of 19.7 percent was slightly better than the U.S. average. The prevalence of obesity has more than doubled in Oklahoma since 1995, when the rate was 13.5 percent.

The only county in eastern Oklahoma that has an obesity rate near the U.S. average is Tulsa County, at around 27 percent. All others counties within eastern Oklahoma fall between 29 and 34 percent. Ominously, the realities of data, combined with recent trends in the state, imply that these are worsening with every passing month. Based on BMI, 60.8 percent of adults surveyed in the CHNA are overweight or obese in Tulsa County (33 percent are overweight and 27.8 percent are obese). Those individuals whose BMI qualifies them of being obese report the quality of their health in this way: 7.5 percent say their health is excellent; 27.4 percent say their health is very good; 34.5 percent say their health is good; 22.9 percent say their health is fair; and 7.8 percent say their health is poor.

More than one-third of American adults are obese. It is estimated that over two-thirds of Americans are at least overweight. Oklahoma routinely ranks near the bottom of the nation in terms of lack of physical activity and consumption of fruits and vegetables. This culture has resulted in 17 percent of children in the state being obese.

Obesity and physical inactivity are preventable conditions that contribute directly to more than 20 chronic diseases including:

- Coronary heart disease
- Type 2 diabetes
- Cancers (endometrial, breast and colon)
- Hypertension (high blood pressure)
- Dyslipidemia (ex: high total cholesterol or high levels of triglycerides)
- Stroke
- Liver and gallbladder disease
- Sleep apnea and respiratory problems
- Osteoarthritis (a degeneration of cartilage and its underlying bone within a joint)
- Gynecological problems (abnormal menses, infertility)

The Center for Disease Control ranks Oklahoma as the sixth most obese state with over 31 percent of all adults considered obese.

## Alcohol & Drug Abuse

Despite the 2010 Behavioral Risk Factor Surveillance System survey showing that Oklahoma and the Tulsa Metropolitan Area are below the national average both in terms of heavy drinkers and binge drinkers, alcohol and drug abuse was perceived as the third most pressing issue in community health by survey participants. It is likely that drug abuse weighed heavier on the minds of survey takers, since according to the Drug Enforcement Administration's National Clandestine Laboratory Register police have identified 979 contaminated meth lab sites in Tulsa county from 2004 to 2012 — the most of any county in the nation.

While this is a deplorable statistic, the problem with methamphetamines frequently overshadows the fact that 81 percent of drug-related deaths in Oklahoma are caused by prescription drugs. According to the state medical examiner's office, the number of fatal drug overdoses in Oklahoma more than doubled in the past 10 years, climbing to 739 in 2010. The number of drug overdose deaths was higher than the number of motor vehicle fatalities, which totaled 683.

## Chronic Disease

### Diabetes

Over 380,000 Oklahoma adults (age 18 and over) have diabetes, or approximately 10 percent of adults according to the CDC. The number of adults with diagnosed diabetes has more than doubled in Oklahoma since 2000. Access issues and economics result in an indeterminate number of undiagnosed diabetics in the state. Nationally, it has been estimated that as many as 26 percent of those over 65 could be undiagnosed diabetics. The state's health expenditures attributable to diabetes have been estimated at $1.27 billion in direct medical care. This dollar amount falls just shy of 20 percent of state appropriations for State Fiscal Year 2012.

***"One of every five healthcare dollars is spent caring for someone with diabetes."***

**– Economic Costs of Diabetes in the U.S.," American Diabetes Association**

### Heart Disease

Oklahoma has an annual incidence rate of deaths attributable to heart disease of 247 per 100,000, or 29.6 percent higher than the national average of 190.5 per 100,000. It is noteworthy that this gap has widened in recent years. This is partially attributable to the rural nature of the state; the long travel distances to reach cardiovascular (or any other specialty) providers; and lack of access for those without insurance. The age-adjusted (35 and older) heart disease mortality rate for Oklahoma is 552 per 100,000. In this measure, not one county in the state comes within eight percent of meeting the national average.

"Today's children are the first generation in recent history whose life expectancy may not be as long as their parent's lifespans, if current health trends continue." - Dr. Mary Anne McCaffree

## Cancer

Oklahoma consistently ranks in the bottom 10 states in terms of cancer incidence rates. Fortunately, recent trends in the 50 states and District of Columbia show that cancer mortality rates are declining throughout the country. While that stands as a positive sign, the fact remains that cancer mortality rates in Oklahoma are still above the mean, with cancer continuing to be the second leading killer among adults. The high mortality rates in Oklahoma are a result of the high incidence of diagnoses within the state: Cancer incidence (per 100,000); U.S. = 481.7; Oklahoma = 498.9; Tulsa County= 542.7

## Behavioral Risk Factors

Heart disease, cancer and diabetes are chronic health issues that can be preventable to a certain extent. Many of the same behavioral risk factors intensify the prevalence of these conditions. Given the socioeconomic status and education status of Oklahoma, there are three key areas of focus that offer realistic paths to the reduction of chronic disease within the community: tobacco use, nutrition and physical activity. Unsurprisingly, these areas of focus were identified during the Community Health Needs Assessment as top priority health needs of the community.

## Access to Care

Not having healthcare coverage obstructs the ability to access medical care; reduces utilization of preventive services; and contributes greatly to the costs of healthcare. Individuals without health insurance tend to delay treatment; experience diagnoses at later stages of disease progression; and may receive less medical care than patients with health insurance. These factors result in large numbers of patients seeking care in emergency rooms that have non-urgent conditions, straining the ability of emergency departments to serve their intended purpose.

The Census Bureau estimates that Tulsa County's uninsured rate stands near 19 percent. During Oklahoma's 2011 fiscal year, nearly 25 percent of the county population was enrolled in the Medicaid program at some point during the year, with about 20 percent enrolled on a monthly basis. Of those on the state Medicaid rolls, 60 to 70 of the total are children. Approximately 12 percent of the Tulsa County population is estimated to be age 65 or older and thus qualifying for Medicare. The fluctuations in the uninsured and Medicaid rates means that only 50 percent or so of the population is covered by employer-sponsored private insurance.

The importance of Medicare coverage is increasing in the service area. The aging of Oklahoma's population, though not as dramatic as in other states, will be a major factor of community health that must be addressed. When 2007 age-specific mortality rates are applied to the current population of the Tulsa Metropolitan Area, the 65 and older population is projected to see an increase of 25 to 30 by 2020.

Consistent with all areas in the nation, Tulsa's uninsured population has a direct correlation to income. Indeed, of those surveyed during the CHNA in Tulsa County that did not have insurance coverage of any type, over 85 percent reported incomes of less than $25,000. Only 9.6 percent of those with incomes of $50,000 or more reported lacking coverage.

Median household income in Tulsa County in 2011 was $46,465 (about 8 percent below the U.S. average). Mean household income during the same year was $65,953 (about 6 percent below the U.S. average).

Approximately 16 percent of the state's population lives in poverty. Adair, Craig, Cherokee, McIntosh, Muskogee, Okmulgee and Payne Counties all possess poverty rates exceeding 20 percent. Adair County has the worst poverty rate in the region at 25.5 percent. The poverty rate within Tulsa County is 14.6 percent

The supply of primary care physicians (PCPs) in Oklahoma creates access issues as well, even for those with insurance coverage. The statewide ratio of primary care: Statewide 1618:1; Tulsa County 1011:1; National benchmark (90th percentile) 631:1

Adults who report they do not have a PCP account for 21.8 percent. Those who make less than $15,000 annually consist of 30.3 percent of these individuals. Those who make $15,000 to $24,999 annually make up 38.1 percent.

Adults say they need specialty healthcare consist of 20.4 percent and 2.9 percent of adults say they have trouble obtaining specialty healthcare. Challenges cited include that it costs too much (71.4 percent), insurance approval (18.1 percent), and the time it takes to make an appointment is too long (8.8 percent).

The top three reasons adults cite for not having a general exam in the past year are include: 'Not needed' (35.4 percent), 'no insurance' (19.9 percent) and 'no time' (12.6 percent).

## 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. More deaths are caused each year by tobacco use than by all deaths from human immunodeficiency virus (HIV), illegal drug use, alcohol use, motor vehicle injuries, suicides and murders combined. Smoking also disproportionately harms those with low incomes and lesser educational attainment. Only 11.1 percent of adults with an undergraduate college degree are estimated to be smokers, contrasted to 49.1 percent of adults with a GED diploma. Over 30 percent of adults living at or below the poverty line are estimated to be smokers.

Smoking rates have declined in the state, yet remain considerably higher than the national average. Nationally, the percentage of adult smokers is at 17.3 percent with a state low in Utah of 9.1 percent. Oklahoma was expected to see the rate drop to a record low of 23.7 percent in 2010.

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. Since tobacco use is the leading cause of lung cancer, these statistics are a direct reflection of Oklahoma ranking behind only West Virginia and Kentucky in percent of population that are current smokers.

## Community Health Needs Assessment

# Preliminary Findings

# Preliminary Findings

The CHNA conducted from January 1, 2012, to March 30, 2012, has provided an abundance of meaningful data to the Tulsa community. This work was undertaken by The Tulsa County Health Department with assistance and input from multiple community partners, including Saint Francis, who endeavor to change the health status of the community by seeking out community input and promoting initiatives and programming that will benefit the community in areas of most concern. The method by which the data was obtained and the health department assessed is detailed in Appendix C. We look forward to building on this initial foundation of assessment that the CHNA has established. The completed study will be published on the Saint Francis Health System website.

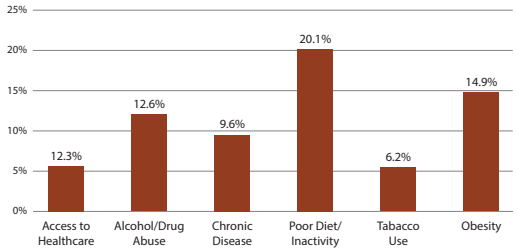
The following document is broken down into sections that will demonstrate:

1. The depth of information collected in the survey
   Questions are broken down into categories so that more information can be requested at any time. The survey questions are added as an appendix to this document. The group that conducted the survey was skilled in asking questions to get the highest quality answers.

2. Demographic data
   For all questions, we are able to cross-tabulate by multiple factors, including demographics to provide a comprehensive picture of Tulsa County. The regional map shows the regions referenced throughout the rest of the document.

3. Access to care areas of interest
   For this purpose, we have provided information specific to access to care by region and insurance status. If the exhaustive report is more beneficial, it can be provided; however, since it is over 700 pages, we pulled what we felt was the most relevant information. The Tulsa Health Department will be working with Littlefield Marketing firm to determine the proper strategy for focus groups. We plan to follow up on five areas of the survey where residents indicated they were most concerned for their community:

Top 6 Community Health Problems According to Survey Participants




- **Access to Care**- we have provided data by region and reported insurance status in areas where we feel follow up will be the most beneficial. We are more than open to suggestions and want to make this process meaningful to Saint Francis, as well.
- **Poor Diet/Inactivity and Obesity**- several graphs are included in this report.
- **Chronic Disease**- we feel this is an area that will benefit greatly from focus group information and are anxiously awaiting further community feedback.
- **Tobacco Use**- because there is a tremendous amount of smoking prevalence data and additional information collected by THD's Community of Excellence program as well as TSET, we feel this is another area that will benefit from additional data sources, as well as focus groups.
- **Drug and Alcohol Use**- this area will also benefit greatly from focus group information. We see this as an opportunity to broach a mental health conversation with community members, as well.

The CHNA provides a foundation for meaningful community discussion. The data collected will guide the focus groups and when results are combined, will show a comprehensive view of what Tulsa County residents perceive as barriers to healthier living, what intervention areas they are open to as we try to improve health outcomes; and what the next steps will be for area community partners to execute strategies to meet these community needs.

Section 1:

# Community Health Needs Assessment Measurements and Cross-tabulations

**All measurements were gained through interview questions (Appendix B).*

## Demographics

- Gender
- Age
- Race
- Ethnicity
- Education level
- Annual household income
- Region
- Marital status
- Number of children under 18 years living in household
- Employment status
- BMI
- Own/rent/other
- Pregnancy status

## General and Community Health

- General health
- Work days missed due to illness
- Community health
- Community safety
- Community safety for family
- Most important factor of a healthy community
- Most important health problem in the community
- Most important safety problem in the community
- Access to fresh food
- Fresh food affordability

## Insurance and Healthcare Access

- Healthcare coverage
- Type of health insurance
- Reasons for no insurance
- Amount of people who use one PCP
- Amount of people who use none or multiple PCPs
- No doctor access due to cost (last 12 months)
- Average $ amount affordable for healthcare for yourself
- Length of time since last doctor visit
- Reason for not having a physical in the last year
- Place healthcare is received
- Frequency of main provider
- Access care–week or weekend
- Access care– time of day
- Place prescription is filled
- Type of payment used for prescriptions

## Dental Health

- Length of time since last teeth cleaning
- Main reason for not having a routine teeth cleaning
- Access to dental care based on cost
- Average $ amount affordable for dental care for yourself

## Mental Health

- Length of time since last accessed mental health/social support services
- Main reason for no mental health/support services
- No access to mental health provider due to cost
- Average $ amount affordable for mental healthcare for yourself

## Auditory Health

- Number of people with auditory problems
- Number of people who would benefit from a hearing aid
- Main reason for not using a hearing aid

## Specialized and Chronic Health

- Number of people who have been diagnosed with: diabetes, cancer, heart disease, lung disease, asthma, HIV/AIDS, high blood pressure, hepatitis, alcohol/drug dependency, arthritis, vision/hearing loss, other
- Use of specialty healthcare (i.e. cardiology, etc)
- Type of specialty services referred for
- Difficulty obtaining specialty services
- Challenges faced when obtaining specialty services

## Tobacco and Alcohol Usage

- Number of people who have smoked at least 100 cigarettes in their lifetime
- Frequency of smoking cigarettes
- Number of people who have tried to quit smoking for a day or longer
- Time of last cigarette
- Methods used to quit smoking
- Exposure to secondhand smoke
- Place of exposure to secondhand smoke
- Frequency of chewing tobacco/snuff/snus usage
- Usage of any tobacco product
- Type of tobacco product used
- Number of people who have tried to quit tobacco usage in the last 12 months
- Number of days, in the last 30 days, when an alcoholic beverage was consumed
- Number of people who are heavy drinkers
- Number of people who are binge drinkers

## Physical Activity

- Number of people who meet moderate and/or vigorous physical activity requirements
- Access to recreational facilities
- Physical activity required for job

## Housing

- Satisfaction with housing situation
- Reasons for not being satisfied with housing situation
- Consistency in payment of mortgage/rent, utility and household bills

## Household Health

- Birthdates of children under 18 living in household
- Gender of children under 18 living in household
- Relation to children under 18 living in household
- Health of children under 18 living in household
- Physical activeness of children under 18 living in household
- Number of days the child has missed (in the last 30 days) due to illness
- Access for the child to a Recreational Facility
- Healthcare coverage of children under 18 living in household
- Type of Healthcare coverage of children under 18 living in household
- Main Reason for the child/children having no healthcare coverage
- Number of PCPs/healthcare providers the child/children visit
- Access to healthcare for the child/children due to cost
- Average $ amount affordable for the child/children's healthcare
- Length of time since the child/children's last routine checkup
- Main reason for the child/children to not have a physical exam
- Most frequented place of healthcare for the child/children
- Number of different providers seen at one location by the child/children
- Access care for the child/children-week or weekend
- Access care for the child/children-time of day
- Place prescription is filled for the child/children
- Type of payment used for prescriptions for the child/children

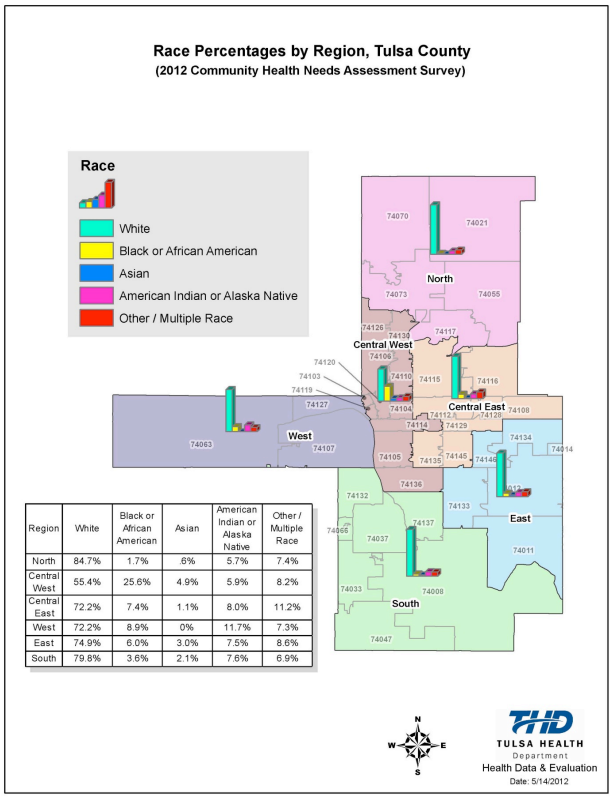
**All categories have also been cross-tabulated by gender, age, race, ethnicity, education, income and region. Any category can be cross-tabulated with another. (For example, as you can see from the report below, we are able to cross-tabulate the time of day people access healthcare by the region in which they live.)*

Sections 2 & 3:

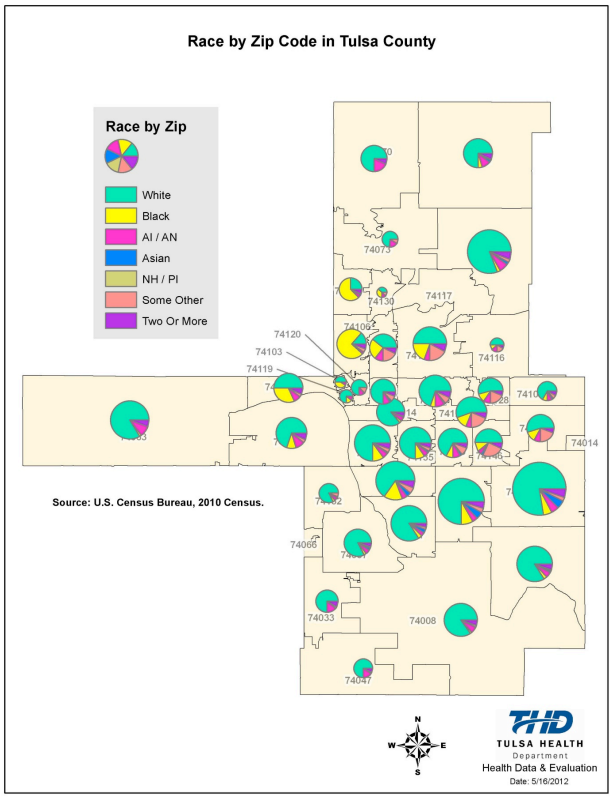
# Preliminary Findings Including Specific "Access to Care" Information

## Demographics

- Race- 68.8 percent white; 10.4 percent black; 2.4 percent Asian; 7.5 percent American Indian; 9.9 percent multiple races
- Ethnicity- 9.6 percent Hispanic or Latino
- Education- Those that never graduated from high school account for 12.6 percent of the population; 31 percent graduated from high school or received their GED; 26.7 percent attended college education or technical school; and 29.3 percent are college graduates
- Marital Status- 49 percent married; 13.3 percent divorced; 7.2 percent widowed; 2.8 percent separated, 21.6 percent never married; 6.1 percent a member of an unmarried couple
- Adults who smoke a cigarette every day account for 41 percent of smokers; 15 percent are regularly exposed to secondhand smoke, mainly from their home or friends and family



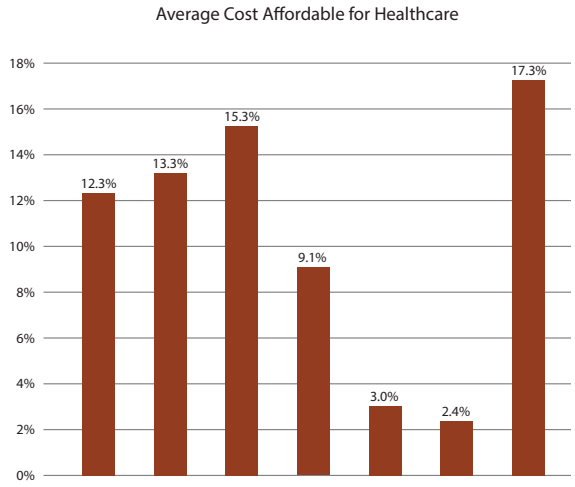

| Region | White | Black or African American | Asian | American Indian or Alaska Native | Other / Multiple Race |
|---|---|---|---|---|---|
| North | 84.7% | 1.7% | .6% | 5.7% | 7.4% |
| Central West | 55.4% | 25.6% | 4.9% | 5.9% | 8.2% |
| Central East | 72.2% | 7.4% | 1.1% | 8.0% | 11.2% |
| West | 72.2% | 8.9% | 0% | 11.7% | 7.3% |
| East | 74.9% | 6.0% | 3.0% | 7.5% | 8.6% |
| South | 79.8% | 3.6% | 2.1% | 7.6% | 6.9% |




**Please see the appendix at the end of the report for supplemental map*

## Poverty and Healthcare

- The chart (right) shows the average cost a participant is able to afford and willing to pay to see their own doctor when needed. The table below illustrates the average affordable cost broken down by regions. While some regions follow the county-wide average, there are certain regions, such as central west, that do not follow the same curve pattern. Its average dollar is much smaller.




| $ AMOUNT | NORTH | CENTRAL WEST | CENTRAL EAST | WEST | EAST | SOUTH |
|---|---|---|---|---|---|---|
| < $10 | 6.7% | 20.5% | 8.1% | 16.7% | 4.8% | 14.0% |
| $10 - $24 | 6.7% | 9.8% | 20.0% | 5.6% | 9.5% | 9.3% |
| $25 - $39 | 33.3% | 14.3% | 9.6% | 3.7% | 29.8% | 4.7% |
| $40 - $54 | 3.3% | 11.6% | 7.4% | 13.0% | 11.9% | 2.3% |
| $55 - $74 | 10.0% | 0.0% | 0.7% | 3.7% | 4.8% | 11.6% |
| $75 - $99 | 3.3% | 0.9% | 1.5% | 3.7% | 2.4% | 9.3% |
| $100 + | 0.0% | 19.6% | 18.5% | 22.2% | 20.2% | 11.6% |

## Community Health

- Other community health problems mentioned were cost of medicines, insurance and access to exercise.
- According to Oklahoma's Health Improvement Plan 2010-2014, Oklahoma's key health indicators are heart disease, tobacco usage, no physical activity and obesity, uninsured adults and poverty. This is confirmed in Oklahoma Public Health Data- Trust for America's Health (healthyamericans.org).

## Healthcare Coverage

- Participants who reported having no healthcare coverage of any kind were 22.8 percent
- Age groups with the highest incidences of no healthcare coverage are 18 to 24 years at 30.4 percent; 25 to 34 years at 40.4 percent; and 45 to 54 years at 24.1 percent

**Of those participants reporting no health insurance:**

- 48.3 percent reported having less than a 12th grade education
- 25.2 percent reported having a GED or made it through grade 12

**The reasons listed for not having insurance are as follows:**

- 47.4 percent cannot afford to purchase it
- 11.2 percent were not eligible or denied coverage,
- 10 percent claim their employer does not provide it,
- 7.5 percent are unemployed, and
- 3.9 percent claim they don't need it

**Based upon participant responses, there are 4.8 percent of children with no insurance.**

## Insurance source by region:

| INSURANCE TYPE | NORTH | CENTRAL WEST | CENTRAL EAST | WEST | EAST | SOUTH | TOTAL |
|---|---|---|---|---|---|---|---|
| Employer-Provided or Private | 58.6% | 35.2% | 33.6% | 37.7% | 49.6% | 60.8% | 42.8% |
| Self-purchased | 5.7% | 5.3% | 3.7% | 5.3% | 5.0% | 7.8% | 5.2% |
| Medicaid | 3.4% | 9.6% | 5.8% | 5.7% | 5.7% | 1.5% | 5.6% |
| Medicare | 10.3% | 18.3% | 16.0% | 18.6% | 15.7% | 7.5% | 14.8% |
| Medicare Supplemental | 1.7% | 2.0% | 1.9% | 2.8% | 2.4% | 2.7% | 2.1% |
| Tribal/Indian Health | 1.7% | 2.0% | 2.3% | 4.0% | 2.8% | 1.2% | 2.3% |
| Active Military | 1.1% | 0.0% | 0.0% | 0.0% | 1.7% | 1.8% | 0.7% |
| Retired Military | 2.3% | 0.7% | 1.4% | 2.8% | 1.5% | 0.9% | 1.3% |
| NO Insurance | 12.6% | 25.8% | 31.1% | 21.5% | 13.3% | 13.3% | 22.8% |

## General Health

- Based on BMI: 60.8 percent of adults are overweight or obese in Tulsa County; (33 percent are overweight; and 27.8 percent are obese)
- Individuals whose BMI qualifies them as obese report the quality of their health in this way: 7.5 percent say their health is excellent; 27.4 percent say their health is very good; 34.5 percent say their health is good; 22.9 percent say their health is fair; and 7.8 percent say their health is poor
- Adults who rarely or never participate in physical activity over the course of a month account for 21.7 percent of respondents. Those with an income level under $15,000 and who rarely or never exercise consist of 36.7 percent
- Those who rarely or never exercise by region: North-21.7 percent; Central West-23.1 percent; Central East-22.9 percent; West- 19.8 percent; East- 20.1 percent; and South-19 percent
- Overall, 20.8 percent of adults say they do not have regular access to an indoor or outdoor recreational facility.
- Adults who say they do not have access to fresh fruits and produce account for 4.1 percent of respondents. The majority of these individuals come from an income level of under $15,000 annually. When asked whether or not fresh fruit and produce are affordable, 9 percent said rarely or never. Those living in Central West, Central East and West say they have the highest percentages of adults who feel that access and affordability to fresh fruit and produce is a problem.
- Of the participants who took the survey, 9.7 percent responded it has been between one to five years since their child has received a routine checkup.
- When it comes to their child's healthcare, 25.4 percent of adults can afford $100 or more on their child; 21.8 percent can only spend $25 to $39 on their child; and 14.8 percent have less than $10 to spend on their child's healthcare. The two regions that have the most trouble paying for their child's healthcare are North and Central East.

## Healthcare Accessed and Barriers

- Adults who report they do not have a PCP account for 21.8 percent. Those who make less than $15,000 annually consist of 30.3 percent of these individuals. Those who make $15,000-$24,999 annually make up 38.1 percent
- Adults claiming they need specialty healthcare consist of 20.4 percent and 2.9 percent of adults say they have trouble obtaining specialty healthcare. The main challenges they say they face are that it cost too much (71.4 percent); insurance approval (18.1 percent); and the time it takes to make an appointment is too long (8.8 percent)
- The top three reasons why an adult has not had a general exam in the past year are include: 'Not needed' (35.4 percent); 'no insurance' (19.9 percent); and 'no time' (12.6 percent).

## Times of day healthcare services are accessed by region:

| TIME OF DAY | NORTH | CENTRAL WEST | CENTRAL EAST | WEST | EAST | SOUTH |
|---|---|---|---|---|---|---|
| 5:01 am – 8:00 am | 7.5% | 3.4% | 0.4% | 0.5% | 4.4% | 4.1% |
| 8:01 am – 12:00 pm | 56.5% | 53.2% | 53.1% | 55.6% | 53.7% | 56.8% |
| 12:01 pm – 5:00 pm | 34.2% | 34.2% | 39.7% | 35.1% | 37.0% | 33.4% |
| 5:01 pm – 8:00 pm | 1.9% | 7.3% | 5.8% | 4.4% | 4.0% | 3.4% |
| 8:01 pm – 12:00 am | 0.0% | 1.5% | 0.4% | 2.4% | 0.9% | 1.7% |
| 12:01 am – 5:00 am | 0.0% | 0.4% | 0.4% | 0.0% | 0.0% | 0.7% |

# Assessor Qualifications

**The following are the primary personnel who were involved in conducting the Community Health Needs Assessment as contracted by the Tulsa County Health Department:**

Larry Andelt, Ph.D. is the Survey Program Manager for BRFSS at the University of Nebraska Medical Center. He received his doctoral training from the University of Nebraska – Lincoln, and has more than 25 years of research experience. His experience includes 12 years with the Behavior Risk Factor Surveillance System (BRFSS) phone survey program, as well as other surveys conducted for the Veterans Administration. He leads a team of full- and part-time staff in conducting timely and high quality telephone interviews. He has a strong interest in survey research and collecting quality data. He will serve as the lead for this survey project.

The University of Nebraska Public Policy Center (PPC) is a University-wide research and engagement unit, located in Lincoln, Nebraska. The products of the PPC's work have been cited as support in the introduction of Congressional bills; discussed in White House meetings; used as models by federal agencies; televised nationally on PBS; served as the basis for understanding complicated research and policy problems; and provided the foundation for standards adopted by public and private organizations. The PPC has applied technology to solve the needs of health organizations, and conducted evaluations of numerous human service programs. The Center is involved in approximately 15 projects at any one time, and has a gross budget of approximately $1.5 million annually. The PPC enriches public policy by catalyzing policy change, creating effective partnerships, conducting policy-relevant research, deploying University expertise and facilitating public participation.

Mark DeKraai, J.D., Ph.D. is a Senior Research Director with the University of Nebraska Public Policy Center, where he directs projects related to public health and behavioral health evaluation. He is courtesy Research Associate Professor, UNL Department of Psychology, a faculty affiliate with the UNL Center for Research on Children, Youth, Families and Schools and a Research Participant at the Centers for Disease Control and Prevention. Over the past five years, Dr. DeKraai has directed numerous program evaluations in the healthcare field including a gap analysis of the Veterans Administration Chaplaincy Program; evaluations of two healthcare information technology planning and implementation projects; seven projects by the Centers for Disease Control and Prevention related to public engagement for pandemic influenza/vaccine policy; a substance abuse prevention program in a frontier area of western Nebraska; a rural Healthy Communities Access Program; local and statewide drug court programs; and a wraparound program for youth with mental health and substance abuse disorders.

Jill Heese, MS Survey Analyst College of Public Health University of Nebraska Medical Center was our contact for conducting the survey. She was the supervisor over the students who actually made the calls. The Nebraska Call Center (NCC) has been conducting Behavioral Risk Factor Surveillance System (BRFSS) and other telephone surveys since 1985 and in that time has successfully completed over 450,000 telephone interviews. Responsibility for staffing and managing the Nebraska Call Center was contractually transferred from the Nebraska Health and Human Services System (NHHSS) to the Section on Health Services Research and Rural Health Policy (Section), Department of Preventive and Societal Medicine (PSM) at the University of Nebraska Medical Center (UNMC) in November 2001.

# Community Input Focus Groups

## Methodology

Twelve focus group sessions were conducted on six dates from November 5 to 15, 2012. Two focus group sessions were conducted in each of the six Tulsa Health Department (THD) defined regions. Six groups included respondents aged 18 to 45, and six groups included those aged 45+. Potential respondents were recruited via telephone from purchased lists by zip code in the various THD-defined regions. For each group, a total of eight respondents were recruited for six to eight to show. Respondent recruitment specifications required a mix by gender, age, income, education, employment status, medical insurance coverage, children in household and marital status. Respondents who were personally employed or had an immediate family member employed in the medical, marketing, market research, advertising or PR were not recruited. A participation incentive of $100 was paid to participants.

## Respondents

A total of 91 respondents participated as follows:

49 females and 42 males

Ages ranged from 18 to 75

Annual household income levels ranged from <$10,000 to $100,000+

Education varied from less than high school to bachelor's degree or higher

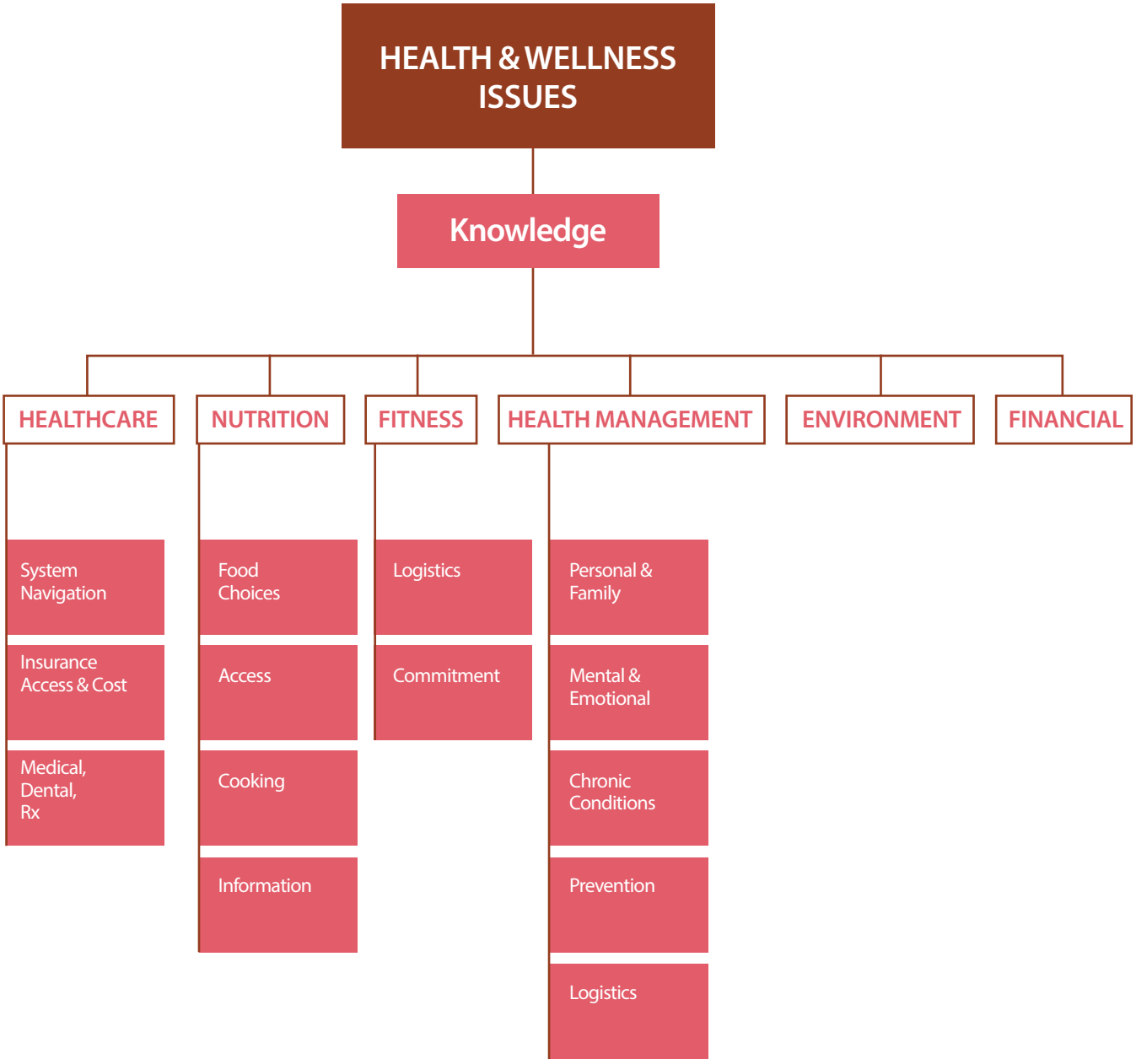
Employment status included unemployed, part-time, full-time, disabled and retired

## Results

Tulsans' views of health and wellness concerns and gaps are as varied as the individuals themselves.

When discussing personal and family health and wellness issues, several broad categories emerge:

- Knowledge & Information
- Heathcare System
- Nutrition
- Fitness
- Health Management
- Environment
- Financial


HEALTH & WELLNESS ISSUES
Knowledge
HEALTHCARE
NUTRITION
FITNESS
HEALTH MANAGEMENT
ENVIRONMENT
FINANCIAL
System Navigation
Insurance Access & Cost
Medical, Dental, Rx
Food Choices
Access
Cooking
Information
Logistics
Commitment
Personal & Family
Mental & Emotional
Chronic Conditions
Prevention
Logistics

## Respondents were asked to list the top five Health and Wellness Concerns for their community.

***When categorized, the following are the top concerns:***

- Healthcare/Insurance/Access/Cost (Medical, Dental & RX)
- Physical Health (Nutrition, Diet & Exercise)
- Addictions (Drugs & Alcohol)
- Obesity/Childhood obesity (Includes school nutrition)
- Health & Wellness information & knowledge
- Environmental (Water, air, food, soil)
- Smoking
- Crime/Safety/Domestic Violence
- Elder Care Issues
- Financial/Economy/Jobs
- Mental Health Issues
- Child Health/Abuse
- Transportation

Among all Tulsans, the most commonly held concerns center around the future of the healthcare system including access to care, coverage, affordability, quality of care, personal choice and the ultimate impact of the Affordable Care Act. These concerns are both short- and long-term.

The level and degree of health and wellness concerns seem to vary as much by socioeconomic level as by geographic area. The concerns and needs for those at lower levels involve the most basic short-term physiological needs including access to food, the cost of healthy food, shelter and safety. The issues for those at higher socioeconomic levels center on longer term needs such as improving overall health, nutrition, fitness and prevention initiatives.

Knowledge and information regarding health and wellness are common needs among all socioeconomic groups. Knowledge appears to be a key factor impacting how successful Tulsans are in managing their health and wellness issues. There is much to be gained by providing our community with updated and specific information to empower and motivate them in their health management efforts.

When asked to rate community resources to address key health and wellness concerns, ratings are as follows:

- Above Average Resources – Hunger, Diet & Exercise
- Average Resources – Elder Care/Aging, Information/ Knowledge and Prescriptions
- Below Average Resources – Healthcare, Nutrition, Environment, Child Health, Obesity/Childhood Obesity, Addictions, Economy/Jobs, Crime/ Community, Mental Health, Smoking, ER Services and Transportation

Tulsans who seem to have the most apparent need for services seem to be unaware of key information sources. There is a clear need for one highly publicized local/ regional clearinghouse of information providing quick and easy access to information in support of Tulsan's health and wellness initiatives. This clearinghouse should be:

- Easily recalled (211 or similar)
- Relevant & applicable information ("Did you know?", "Top 2 things", "Eat this not that…")
- Informative with a personal and conversational tone
- Highly advertised on an ongoing basis

Some key information needs include:

- Information regarding available health insurance plans, costs, options & comparisons for all income levels
- Insurance options for dental, vision and prescription drugs
- Alternatives to traditional healthcare solutions
- Screenings for common healthcare issues (heart disease, diabetes, cholesterol, obesity)
- One stop shop for accessing services for health and human service issues

Respondents provided innovative and detailed recommendations to address information gaps regarding practical information for healthcare, diet, exercise, nutrition & including:

- Healthy cooking basics, meal ideas and recommendations
- Information on local/regional access to fresh, healthy, locally grown foods including farmers markets and coops
- Nutritional guidelines and eating dos & don'ts
- Summary information on healthy local restaurant options & family activities

# Implementation Strategy

# Implementation Strategy

One of Saint Francis Health System's planning guidelines is to "Contribute to the Health of the Communities We Serve." As such, meeting community need is a vital 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.

While the Saint Francis Health System addresses all of the top community needs identified by the survey, addressing the root cause of many of these community needs falls out of the scope of expertise and resources of the hospital. While these foundational problems are difficult to eliminate, the community will benefit from our specific efforts, as well as those provided in partnership with and exclusively by other local organizations already active in the service area community.

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 healthcare 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. 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.

Saint Francis has partnered with the Tulsa County Health Department, St. John Health System and the George Kaiser Family Foundation for purposes of conducting a survey of community needs that meets these new requirements. The top needs identified by the Community Health Needs Assessment were (in order of highest priority): poor diet/inactivity; obesity; alcohol and drug use; chronic disease; access to healthcare; tobacco use.

The survey process has identified essentially the same community needs as those identified in the fiscal year 2013 strategic planning process, as well as in previous Community Needs Assessments, the most recent published in February 2010. As a result, our implementation strategy will be the same as that outlined in the strategic plan and operational budget for the current fiscal year. The strategic planning committee of the Board of Directors approved this implementation strategy for meeting community needs on October 23, 2012. The Board of Directors approved the Fiscal Year 2013 Strategic Plan on May 22, 2012.

The following is a list of top priority services provided by Saint Francis Health System, as well as additional Tulsa County resources that are available to meet the needs identified by the CHNA:

Implementation Strategy

# Poor Diet/Inactivity; Obesity

## Saint Francis Interventions

### Health Teacher

HealthTeacher is an online resource of health education tools including lessons, interactive presentations and additional resources to integrate health into any classroom. Saint Francis has funded the program for schools in nine Oklahoma counties - Tulsa, Creek, Okmulgee, Osage, Pawnee, Payne, Rogers, Wagoner and Washington.

### ShapeDown

Saint Francis Health Zone and The Children's Hospital at Saint Francis teamed up to offer a unique program for overweight and obese children and teens aged 7 to 15. The program, called ShapeDown, is a family-based pediatric weight management and wellness program that teaches healthy lifestyle behaviors, including eating and activity habits. The program offers nutrition and physical activity sessions focusing on the whole family making positive lifestyle changes.

### Cardiac Rehabilitation

Cardiac Rehab at the Heart Hospital at Saint Francis provides a safe, nurturing environment for people diagnosed and treated for heart disease to recover and develop a healthy lifestyle. This includes those recovering from a heart attack or heart surgery; those treated for coronary artery disease or valve disease; and those at high risk for developing heart disease. Research has proven that those who participate in Cardiac Rehab are 25 percent less likely to experience future heart problems or complications from heart treatments. Participants in Cardiac Rehab are taught how the heart works and ways to improve heart health.

### Nutrition Counseling

The Saint Francis Health System provides clinical nutrition counseling services by licensed dieticians on both an inpatient and outpatient basis.

### Weight Watchers

Saint Francis Health System desires to support its employees' efforts to create healthy lifestyles by offering on-site Weight Watchers meetings. The components of a Weight Watchers Meeting are: Food Plan; Exercise/ActiveLink; Self-Discovery; Group Support; Maintenance; Products and Celebrations.

### Healthy Choice Menus

The cafeterias at health system locations now offer 500-calorie meal options in order to provide healthy choices for everyone eating at system locations. The nutritional information for other food choices is also posted for public viewing in the cafeterias.

### 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.

### Farmers Market

Farmers Markets are held on the Saint Francis Hospital Main campus from May through August on payday Thursdays from 0700 to noon, providing a convenient place for employees to find locally sourced produce, animal products, herbs, spices and prepared foods.

## Health Zone

The Saint Francis Health Zone is a medically-based, state-of-the-art, 70,000 square-foot fitness facility that offers an array of exercise equipment, an extensive selection of classes and a variety of programs. The facility is equipped with a 15,000 square-foot exercise area with the latest equipment, cardiovascular and strength training machines, free weights, three-lane indoor track, aerobics class studios, basketball, volleyball, racquetball and volleyball courts, two heated pools, a massage studio, snack bar and onsite child care.

## Point of Balance

To support those who have resolved to lose weight or adopt a healthier lifestyle, Health Zone offers a comprehensive weight-loss program for adults called Point of Balance. Point of Balance is a 12-week program designed to help participants lose weight, develop health and nutrition habits and increase physical activity. The program begins with a health assessment followed by regular sessions two evenings a week.

## Summer Challenge

During the summer, the Health Zone offers fun activities for kids ages 4 to 14. Summer Challenge is program packed with fun activities appropriate to every child's age group and fitness level. Summer Challenge is open to children of Health Zone members and non-members.

## 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 encompass 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.

## Bariatric Surgery

The bariatric surgical procedure performed at Saint Francis Hospital is the Roux-en-Y gastric bypass. Roux-en-Y gastric bypass surgery is a major procedure restricting the size of the stomach and reducing the functional length of the small bowel.

## 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

Implementation Strategy

# Access to Healthcare

## Saint Francis Interventions

### Xavier Clinic

Xavier Medical Clinic offers free services of volunteer physicians, nurses and other health professionals to those in the community who are uninsured or do not have access to adequate healthcare. Xavier Medical Clinic seeks to provide free, limited outpatient primary healthcare services, facilitate referrals to volunteer specialists, educate in good health practices and increase access to traditional healthcare. In addition, to help local women in need of prenatal care, the Xavier Medical Clinic also provides a pregnancy clinic with referrals for patients to local physicians for pre-natal care. Saint Francis Health System is responsible for all medical aspects of the Xavier Medical Clinic.

### 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 over 310 physicians including primary care and specialists with locations in 10 northeastern Oklahoma cities including Tulsa, Stillwater, 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, as well as providing specialty clinics in communities where access to specialty services is limited.

### Medical Home Initiative

The health system has launched a pilot project to improve the access to and efficiency of primary care physicians by establishing medical homes. As defined by the NCQA, a Patient-Centered Medical Home (PCMH) is an innovative program for improving primary care via a set of standards that describe clear and specific criteria, the program gives practices information about organizing care around patients, working in teams and coordinating and tracking care over time. The Patient-Centered Medical Home is a healthcare setting that facilitates partnerships between individual patients, their personal physicians, and when appropriate, the patient's family. Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

### Medicaid Advocacy

For the past several years, Saint Francis Health System has actively worked with members of the Oklahoma state legislature to advance strategies designed to assure Medicaid rates paid to healthcare providers cover the cost of the care delivered. The goal of these strategies has been to maintain Medicaid rates at the "upper payment limit." "Upper payment limit" funding is commonly defined as the difference between the rates ordinarily paid by Medicaid for a given clinical service versus the rate paid by Medicare for that same service. More recently, the health system has supported the expansion of the Medicaid program as prescribed in the Patient Protection and Affordable Care Act.

### Health Fairs

Through the Health Zone, Saint Francis holds several health fairs over the course of the year. A health fair is an event where organizations have an opportunity to disseminate health information and/or to provide health screenings to the community at large.

### CommunityCare Managed Healthcare Plans

CommunityCare is an insurance company owned jointly by Saint Francis and St. John health systems. CommunityCare provides a cost-effective, community-based insurance product. CommunityCare offers comprehensive medical services through its own established network of local hospitals, doctors and other healthcare providers.

## Physician Recruitment

Saint Francis Health System has a stated goal of increasing the number of employed physicians in the Warren Clinic to 400 physicians by 2015 to manage a defined population in northeast Oklahoma. In the previous fiscal year, 41 primary and specialty physicians were recruited to the Warren Clinic. Warren Clinic now has 315 physician providers. The health system endeavors to 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.

## CPCI

Physicians employed by the Warren Clinic participate in the Comprehensive Primary Care Initiative (CPCI), a four-year, multi-payer initiative led by the Centers for Medicare and Medicaid Services (CMS). The CPCI is designed to test a service delivery model of comprehensive and accountable primary care that includes a monthly, per-patient care management fee and the potential to share in any savings to the Medicare program, in addition to traditional fee-for-service payment. CMS planned a tiered approach towards project implementation including market, payer and practice selection to meet a tentative project start date of October 1, 2012. CMS announced nine key milestones that must be achieved by the end of the first year of the initiative along with five primary care functions that must be achieved during the four year initiative. This document will be updated ongoing as additional information becomes available.

## Free Clinic Coordination

Tulsa Hospital Council, of which Saint Francis is a member, has launched an effort to coordinate and publicize the availability of free medical and dental clinics in the Tulsa area.

## Needs 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, OU Physicians Clinic, Tulsa County Health Department, Community Health Connection, Morton Comprehensive Care Services, Parkside Psychiatric Hospital, Brookhaven Hospital, Shadow Mountain Behavioral Health System, Tulsa Center for Behavioral Health, Family & Children's Services

Implementation Strategy

# Alcohol/Drug Abuse

## Saint Francis Interventions

### Laureate Psychiatric Clinic and Hospital

As a part of the Saint Francis Health System, Laureate Psychiatric Clinic and Hospital offers substance abuse counseling for children, adolescents and adults on both an inpatient and 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.

### 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, Family & Children's Services

Implementation Strategy

# Chronic Disease

## Saint Francis Interventions

### Service Lines

Saint Francis Health System offers a complete continuum of healthcare services. Almost 1,000 physicians serve the patients of Saint Francis Health System through primary care medicine and advanced medical specialties. From the tiniest premature newborns to end-of-life support, to all the needs in between, the physicians and staff of Saint Francis treat each patient with dignity and integrity. 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.

### Physician Recruitment

Saint Francis Health System has a stated goal of increasing the number of employed physicians in the Warren Clinic to 400 physicians by 2015 to manage a defined population in northeast Oklahoma. In the previous fiscal year, 41 primary and specialty physicians were recruited to the Warren Clinic. Warren Clinic now has 315 physician providers. The health system endeavors to 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.

### Medical Home Initiative

The health system has launched a pilot project to improve the efficiency and preventive capability of primary care physicians by establishing medical homes. As defined by the NCQA, a Patient-Centered Medical Home (PCMH) is an innovative program for improving primary care via a set of standards that describe clear and specific criteria. The program also provides information to practices about organizing care around patients, working in teams and coordinating and tracking care over time. The Patient Centered Medical Home is a healthcare setting that facilitates partnerships between individual patients, their personal physicians, and when appropriate, the patient's family. Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.

### CHF Clinic Efforts

As part of the health system's participation in the CMMI Bundled Payment for Care Improvement pilot project, the Saint Francis Health System is in the process of establishing a congestive heart failure clinic that aims to deliver reliable, evidence-based care for congestive heart failure in order to reduce readmissions Desired outcomes include: decreased re-admission rates, decreased cost of care; decreased LOS of in-hospital CHF program patients; maximizing quality of life for CHF patients; and enhance community/patient relations.

### Needs 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

Implementation Strategy

# Tobacco Use

## Saint Francis Interventions

### Clear Direction Program

Clear Direction is a six-week tobacco cessation program for adults offered through the Saint Francis Health Zone. Program highlights include: program materials developed at the U.S. Army Center for Health Promotion; tests for nicotine dependence using the Fagerstrom Scale and the Addiction Triangle; Research-based methods and quitting techniques;  six weeks in duration; one hour per week

Program features include: group support; understanding nicotine addiction; coupons for nicotine replacement therapy; stress management; nutrition and food management; exercise and weight management; motivational tools

### Tobacco-Free Campus Initiative

To encourage the health of our patients, employees and community the Saint Francis Health System became a tobacco-free organization. No tobacco use or the sale or distribution thereof is permitted in buildings or property of Saint Francis Health System or in company vehicles. This policy applies to all employees, patients, medical staff, students, contracted personnel, volunteers, visitors, vendors and tenants of the Health System or property and the general public. Tobacco products include pipes, smokeless tobacco, cigarettes, cigars, snuff and herbal smoking and/or tobacco products. This policy also covers any type of electronic cigarettes.

### Stress Management Program

The Saint Francis Health System offers Mind Over Matters - A Mind and Body Stress Reduction Program through the Health Zone. Components of the program include: making a commitment to improve your quality of life, tap into inner resources, and learn to use them for coping with stress, pain, illness and the demands of life. Learning objectives include: practical coping skills to improve your ability to handle stressful situations; methods for being physically and mentally relaxed and at ease; gentle, full body conditioning exercises to strengthen your body and release muscular tension; how to recognize “automatic pilot” thinking and ways to interrupt habitual thought patterns; how to have a choice to respond rather than reacting to people, events and thoughts; how to step back from unproductive thinking and worry; and how to cope with uncomfortable feelings without getting overwhelmed by them or running from them.

### Tobacco Settlement Endowment Trust

Saint Francis Health System along with the William K. Warren Foundation 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.

### Needs 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

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 FY2013 through the end of FY2015. The Saint Francis Health System will work with our community partners and health issue experts on the following for each of the approaches to continue to address the health needs listed above:

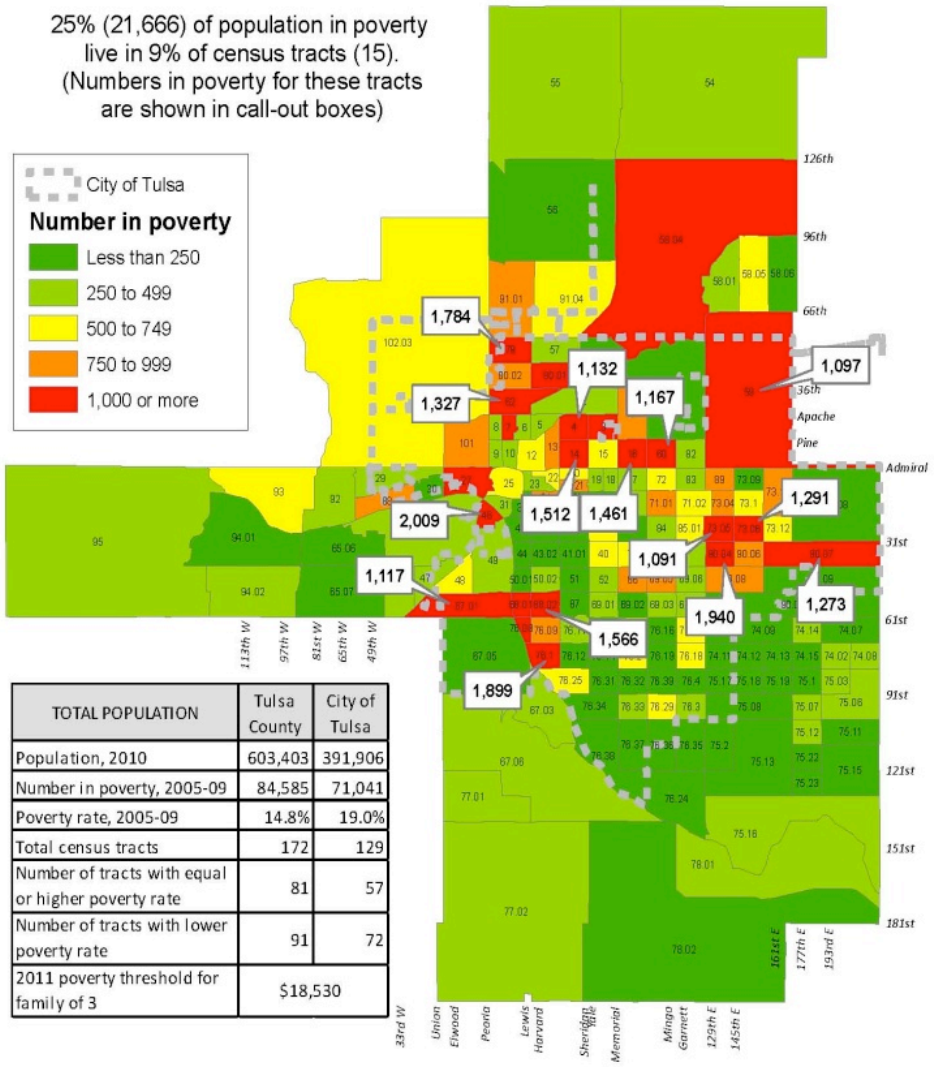
- Identify what other local organizations are doing to address the health priority
- Develop support and participation for these approaches to address health needs
- Develop specific and measurable goals so that the effectiveness of these approaches can be measured
- Develop detailed work plans

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

# Appendix A: Supplemental Maps

*The following are maps that will be taken into consideration when interpreting the data gained from the survey, as well as follow up conversations in focus groups. The sources for each map are cited.*

## Estimated Number of People Living in Poverty, 2005-09




| TOTAL POPULATION | Tulsa County | City of Tulsa |
|---|---|---|
| Population, 2010 | 603,403 | 391,906 |
| Number in poverty, 2005-09 | 84,585 | 71,041 |
| Poverty rate, 2005-09 | 14.8% | 19.0% |
| Total census tracts | 172 | 129 |
| Number of tracts with equal or higher poverty rate | 81 | 57 |
| Number of tracts with lower poverty rate | 91 | 72 |
| 2011 poverty threshold for family of 3 | $18,530 | |

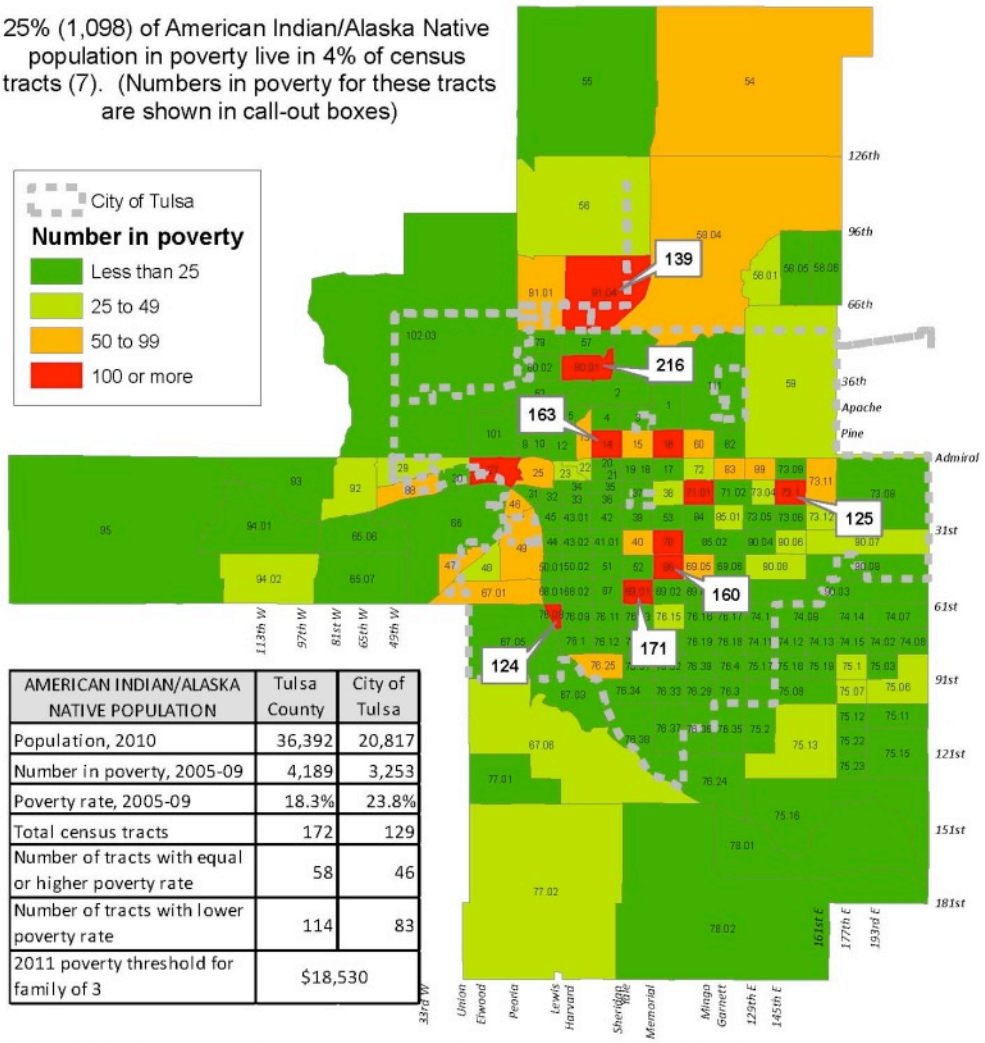
Note: Data estimates used for this map are based on a sample survey, and due to the small geographic area, margins of error are very high. Therefore, caution should be exercised when describing or analyzing census tract level data.

*Source: US Census Bureau, 2005-09 American Community Survey*

*Prepared by the Community Service Council with support from the Metropolitan Human Services Commission (11/30/11)*

# Estimated American Indian/Alaska Native Population Living in Poverty, 2005-09

25% (1,098) of American Indian/Alaska Native population in poverty live in 4% of census tracts (7). (Numbers in poverty for these tracts are shown in call-out boxes)

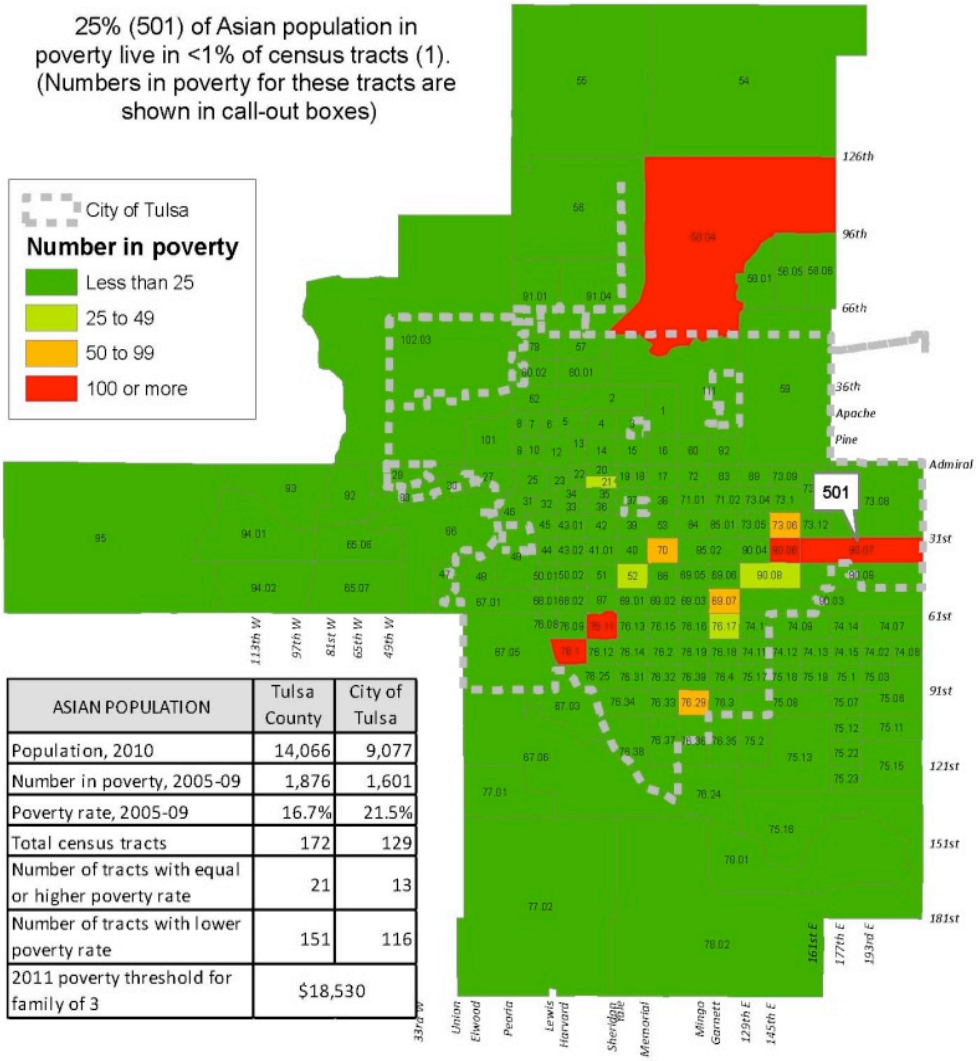



| AMERICAN INDIAN/ALASKA NATIVE POPULATION | Tulsa County | City of Tulsa |
|---|---|---|
| Population, 2010 | 36,392 | 20,817 |
| Number in poverty, 2005-09 | 4,189 | 3,253 |
| Poverty rate, 2005-09 | 18.3% | 23.8% |
| Total census tracts | 172 | 129 |
| Number of tracts with equal or higher poverty rate | 58 | 46 |
| Number of tracts with lower poverty rate | 114 | 83 |
| 2011 poverty threshold for family of 3 | $18,530 | |

Note: Data estimates used for this map are based on a sample survey, and due to the small geographic area, margins of error are very high. Therefore, caution should be exercised when describing or analyzing census tract level data.

# Estimated Asian Population Living in Poverty, 2005-09

25% (501) of Asian population in poverty live in <1% of census tracts (1). (Numbers in poverty for these tracts are shown in call-out boxes)




| ASIAN POPULATION | Tulsa County | City of Tulsa |
|---|---|---|
| Population, 2010 | 14,066 | 9,077 |
| Number in poverty, 2005-09 | 1,876 | 1,601 |
| Poverty rate, 2005-09 | 16.7% | 21.5% |
| Total census tracts | 172 | 129 |
| Number of tracts with equal or higher poverty rate | 21 | 13 |
| Number of tracts with lower poverty rate | 151 | 116 |
| 2011 poverty threshold for family of 3 | $18,530 | |

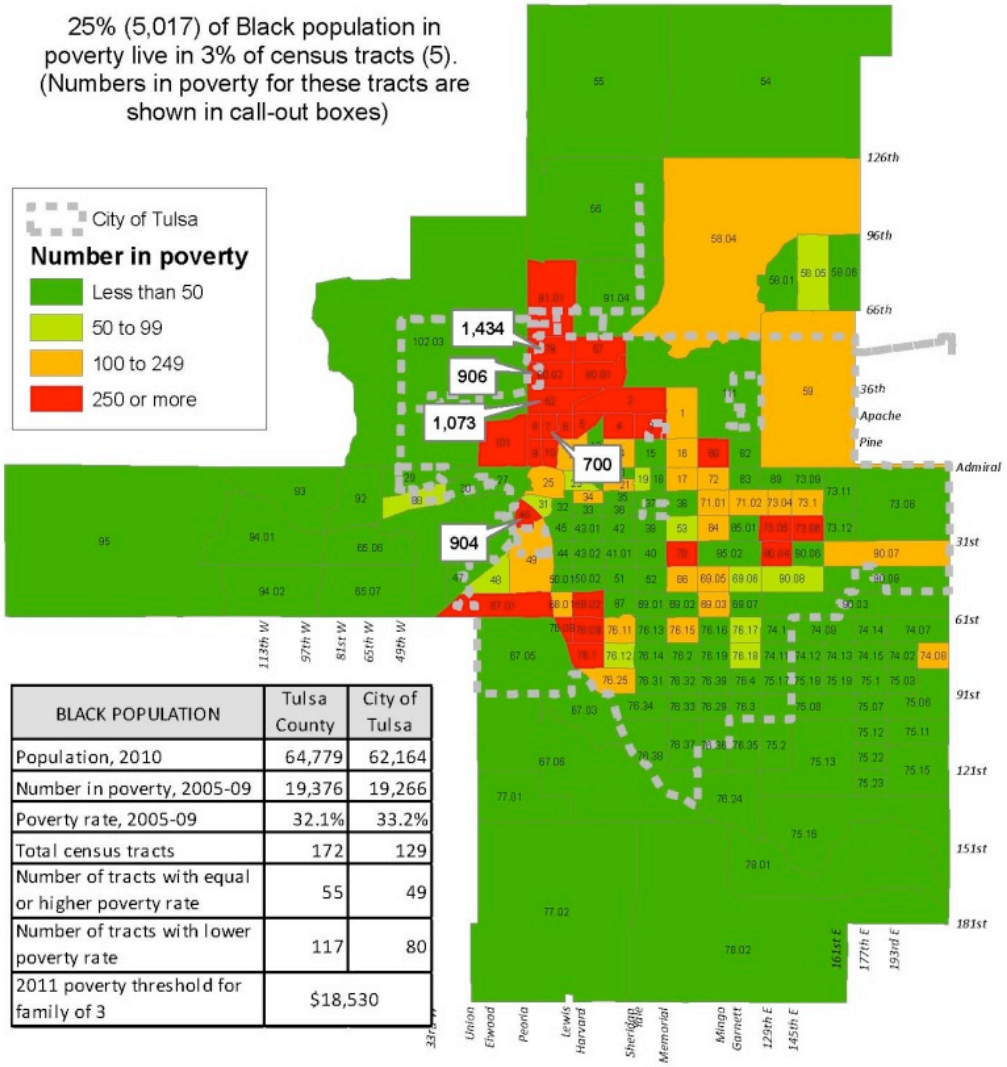
Note: Data estimates used for this map are based on a sample survey, and due to the small geographic area, margins of error are very high. Therefore, caution should be exercised when describing or analyzing census tract level data.

*Source: US Census Bureau, 2005-09 American Community Survey*

*Prepared by the Community Service Council with support from the Metropolitan Human Services Commission (11/30/11)*

# Estimated Black Population Living in Poverty, 2005-09

25% (5,017) of Black population in poverty live in 3% of census tracts (5). (Numbers in poverty for these tracts are shown in call-out boxes)




| BLACK POPULATION | Tulsa County | City of Tulsa |
|---|---|---|
| Population, 2010 | 64,779 | 62,164 |
| Number in poverty, 2005-09 | 19,376 | 19,266 |
| Poverty rate, 2005-09 | 32.1% | 33.2% |
| Total census tracts | 172 | 129 |
| Number of tracts with equal or higher poverty rate | 55 | 49 |
| Number of tracts with lower poverty rate | 117 | 80 |
| 2011 poverty threshold for family of 3 | $18,530 | |

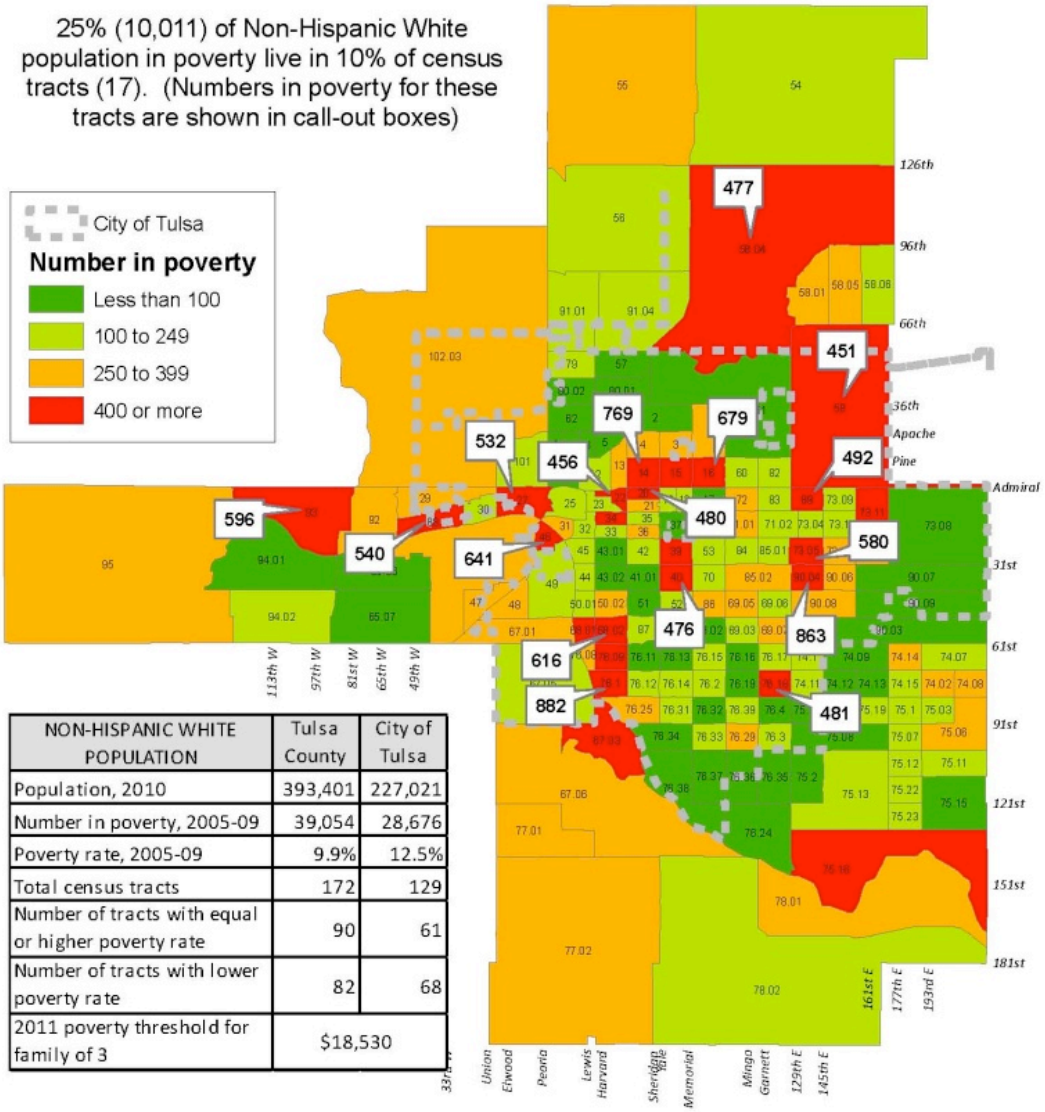
Note: Data estimates used for this map are based on a sample survey, and due to the small geographic area, margins of error are very high. Therefore, caution should be exercised when describing or analyzing census tract level data.

*Source: US Census Bureau, 2005-09 American Community Survey*

*Prepared by the Community Service Council with support from the Metropolitan Human Services Commission (11/30/11)*

# Estimated Non-Hispanic White Population Living in Poverty, 2005-09

25% (10,011) of Non-Hispanic White population in poverty live in 10% of census tracts (17). (Numbers in poverty for these tracts are shown in call-out boxes)

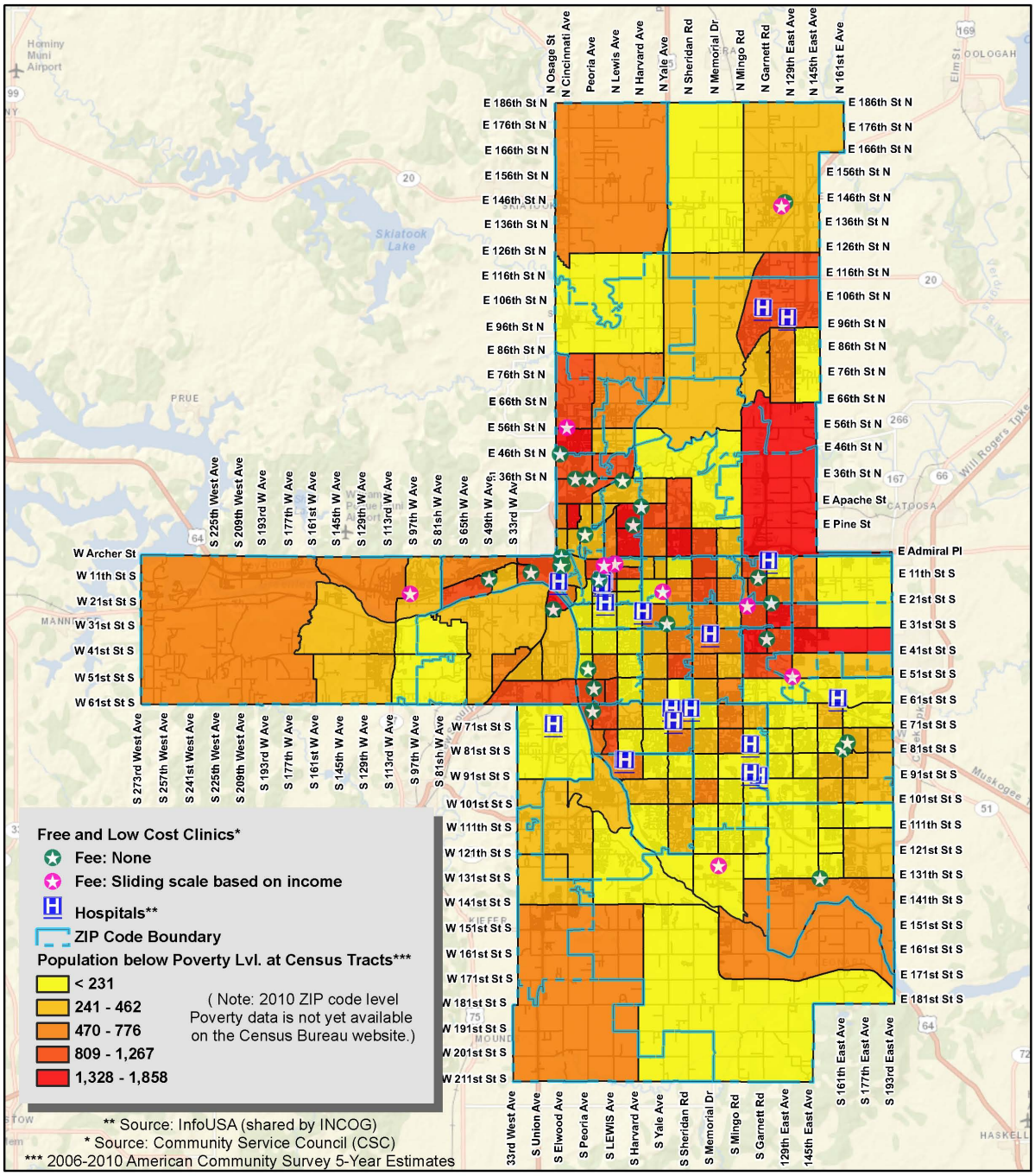



| NON-HISPANIC WHITE POPULATION | Tulsa County | City of Tulsa |
|---|---|---|
| Population, 2010 | 393,401 | 227,021 |
| Number in poverty, 2005-09 | 39,054 | 28,676 |
| Poverty rate, 2005-09 | 9.9% | 12.5% |
| Total census tracts | 172 | 129 |
| Number of tracts with equal or higher poverty rate | 90 | 61 |
| Number of tracts with lower poverty rate | 82 | 68 |
| 2011 poverty threshold for family of 3 | $18,530 | |

Note: Data estimates used for this map are based on a sample survey, and due to the small geographic area, margins of error are very high. Therefore, caution should be exercised when describing or analyzing census tract level data.

*Source: US Census Bureau, 2005-09 American Community Survey*

*Prepared by the Community Service Council with support from the Metropolitan Human Services Commission (11/30/11)*


Free and Low Cost Clinics*
Fee: None
Fee: Sliding scale based on income
Hospitals**
ZIP Code Boundary
Population below Poverty Lvl. at Census Tracts***
< 231
241 - 462
470 - 776
809 - 1,267
1,328 - 1,858
( Note: 2010 ZIP code level Poverty data is not yet available on the Census Bureau website.)
** Source: InfoUSA (shared by INCOG)
* Source: Community Service Council (CSC)
*** 2006-2010 American Community Survey 5-Year Estimates
N
W
E
S
Free Clinics, Low Cost Clinics and Hospitals VS. Population below Poverty Lvl.
Tulsa County, OK
TULSA HEALTH Department
Health Data & Evaluation
Date: 9/17/2012

# Appendix B: CHNA Survey Questions

*The following are maps that will be taken into consideration when interpreting the data gained from the survey, as well as follow up conversations in focus groups. The sources for each map are cited.*

## Community Health Status

### Community Health

Individual

1. Would you say in general your health is. . .? *Read 1-5*
   1. Excellent
   2. Very Good
   3. Good
   4. Fair
   5. Poor
   7. DON'T KNOW/NOT SURE
   9. REFUSED

2. In your opinion, would you rate the health of your community as. . .? *Read 1-5*
   1. Excellent
   2. Very Good
   3. Good
   4. Fair
   5. Poor
   7. DON'T KNOW/NOT SURE
   9. REFUSED

3. How safe do you feel in your community? *Read 1-5*
   1. Very Safe
   2. Safe
   3. Somewhat safe
   4. Unsafe
   5. Very Unsafe
   7. DON'T KNOW/NOT SURE
   9. REFUSED

4. In your opinion, how safe do you think your community is for children and families? *Read 1-5*
   1. Very Safe
   2. Safe
   3. Somewhat safe
   4. Unsafe
   5. Very Unsafe
   7. DON'T KNOW/NOT SURE
   9. REFUSED

5. Do you have access to fresh fruit and produce. . .? *Read 1-5*
   1. Always
   2. Frequently
   3. Sometimes
   4. Rarely
   5. Never
   7. DON'T KNOW/NOT SURE
   9. REFUSED

6. Are fresh fruit and produce affordable. . .? *Read 1-5*
   1. Always
   2. Frequently
   3. Sometimes
   4. Rarely
   5. Never
   7. DON'T KNOW/NOT SURE
   9. REFUSED

7. How often in the last month did you participate in physical activities?
   *Read 1-4*
   1. Regularly
   2. Sometimes
   3. Rarely
   4. Never
   7. DON'T KNOW/NOT SURE
   9. REFUSED

8. How many days in the past month have you missed work or daily activities because of illness? _____
   88. None
   77. DON'T KNOW/NOT SURE
   99. REFUSED

9. Do you have regular access to indoor or outdoor recreational facilities?
   1. Yes
   2. No
   7. DON'T KNOW/NOT SURE
   9. REFUSED

### Demographics

D.1 What is your age?
   _ _ Code age in years
   0 7 Don't know / Not sure
   0 9 Refused

D.2 Are you Hispanic or Latino?
   1 Yes
   2 No
   7 Don't know / Not sure
   9 Refused

D.3 Which one or more of the following would you say is your race?
(Check all that apply) *Please read:*
   1 White
   2 Black or African American
   3 Asian
   4 Native Hawaiian or Other Pacific Islander
   5 American Indian or Alaska Native
   Or
   6. Other [specify]_____
   *Do not read:*
   8. No additional choices
   7. Don't know / Not sure
   9. Refused
   *CATI note: If more than one response to Q7.3; continue. Otherwise, go to Q7.5.*

D.4 Which one of these groups would you say best represents your race?
   *Please read:*
   1. White
   2. Black or African American
   3. Asian
   4. Native Hawaiian or Other Pacific Islander
   5. American Indian or Alaska Native
   Or
   6. Other [specify]_____
   *Do not read:*
   7. Don't know / Not sure
   9. Refused

D.5 Are you. . .?
   *Please read:*
   1. Married
   2. Divorced
   3. Widowed
   4. Separated
   5. Never married
   Or
   6. A member of an unmarried couple
   *Do not read:*
   9. Refused

D.6 How many children less than 18 years of age live in your household?
   _ _ Number of children
   8 8 None
   9 9 Refused

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

D.8 Are you currently. . .?
   *Please read:*
   1. Employed for wages full time
   2. Employed for wages part time
   3. Self-employed
   4. Out of work for more than 1 year
   5. Out of work for less than 1 year
   6. A Homemaker
   7. A Student
   8. Retired
   Or
   8. Unable to work
   *Do not read:*
   9. 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:*
   0 4 Less than $25,000
   *If "no," ask 05; if "yes," ask 03*
   ($20,000 to less than $25,000)
   0 3 Less than $20,000
   *If "no," code 04; if "yes," ask 02*
   ($15,000 to less than $20,000)
   0 2 Less than $15,000
   *If "no," code 03; if "yes," ask 01*
   ($10,000 to less than $15,000)
   0 1 Less than $10,000
   *If "no," code 02*
   0 5 Less than $35,000
   *If "no," ask 06*
   ($25,000 to less than $35,000)
   0 6 Less than $50,000
   *If "no," ask 07*
   ($35,000 to less than $50,000)
   0 7 Less than $75,000
   *If "no," code 08*
   ($50,000 to less than $75,000)
   0 8 $75,000 or more
   *Do not read:*
   7 7 Don't know / Not sure
   9 9 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)
   7 7 7 7 Don't know / Not sure
   9 9 9 9 Refused

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.

1. Yes
2. No
7. Don't know / Not sure
9. Refused

D.15 How many of these telephone numbers are residential numbers?

_ Residential telephone numbers
[6 = 6 or more]
7. Don't know / Not sure
9. Refused

D.16 Do you own or rent your home?

1. Own
2. Rent
3. Other arrangement
7. Don't know / Not sure
9. 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.

1. Male
2. Female

## Physician Access

### Healthcare Access

Individual

10. Do you have any kind of healthcare coverage, including health insurance, prepaid plans such as HMOs or government plans such as Medicare?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

*If no, skip to Question 12*

11. 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 13*

12. What is the main reason for NOT having insurance?

*Do not read*

1. Employer does not provide
2. Cannot afford to purchase
3. Other [specify]_____
7. DON'T KNOW/NOT SURE
9. REFUSED

13. Do you have one person you think of as your personal doctor or healthcare provider?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

*If yes, skip to Question 15*

14. Is there no person or is there more than one person you think of as your personal doctor or healthcare provider?

1. No one
2. More than one
7. DON'T KNOW/NOT SURE
9. REFUSED

15. Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

*If no, skip to Q17*

16. What is the average cost you can afford and are willing to pay for yourself?

*Do not read*

01. <$10
02. $10 - $24
03. $25 - $39
04. $40 - $54
05. $55 - $74
06. $75 - $99
07. $100 +
77. DON'T KNOW/NOT SURE
99. REFUSED

17. 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*

1. Less than 12 months ago
2. 1 year but less than 2 years
3. 2 years but less than 5 years
4. 5 or more years ago
7. DON'T KNOW/NOT SURE
8. Never
9. REFUSED

*If answer is "1," skip to 19*

18. 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. No time
06. Not needed/healthy
07 Other Specify
77. DON'T KNOW/NOT SURE
99. REFUSED

19. Where do you most frequently go to receive healthcare services?

*Read only if necessary*

01. OU Clinic (University of Oklahoma)
02. OSU Clinic (Oklahoma State University)
03. Morton Clinic
04. CHS
05. Indian Health Clinic
06. Planned Parenthood
07. Health Department
08. Emergency Room
09. Urgent Care Center
10. Doctor's Office
11. Free Clinic
12. I don't have a place
13. Other [specify]_____
77. DON'T KNOW/NOT SURE
99. REFUSED

20. Do you see the same provider each time?

*Read 1-5*

1. Yes, always
2. Most of the time
3. Sometimes
4. Rarely
5. Never
7. DON'T KNOW/NOT SURE
8. I NEVER ACCESS CARE
9. REFUSED

21. Do you typically access care during the week or weekend?

1. Week
2. Weekend
7. DON'T KNOW/NOT SURE
8. I NEVER ACCESS CARE
9. REFUSED

22. What time of day do you typically access healthcare services?

1. 5:01 am – 8:00 am
2. 8:01am – 12:00pm
3. 12:01pm – 5:00pm
4. 5:01pm – 8:00pm
5. 8:01 pm – 12:00 am
6. 12:01am – 5:00 am
7. DON'T KNOW/NOT SURE
8. I NEVER ACCESS CARE
9. REFUSED

23. When/if you are prescribed medication, where do you go to fill your prescription?

*Mark all that apply*

01. County Pharmacy
02. CVS
03. Free Clinic
04. Med-X
05. Reasors
06. Target
07. Wal-Mart
08. Walgreen's
09. Other [specify] _____
77. DON'T KNOW/NOT SURE
88. DOESN'T APPLY – NO PRESCRIPTIONS
99. REFUSED

24. What payment method do you use when filling prescriptions?

*Do not read. Mark all that apply*

1. Self-pay
2. Insurance pays in full
3. Insurance co-pay
4. Free samples
5. Can't afford
6. Other [specify]_____
7. DON'T KNOW/NOT SURE
8. DOESN'T APPLY – NO PRESCRIPTIONS
9. REFUSED

## General Healthcare Access

### Dental Care

Individual

25. About how long has it been since you lasted visited a dentist for a routine teeth cleaning?

*Read Only if Necessary*

1. Less than 12 months ago

2. 1 year but less than 2 years
3. 2 years but less than 5 years
4. 5 or more years ago
7. DON'T KNOW/NOT SURE
8. Never
9. REFUSED

*If Q25 = 1, skip to Q27*

**26. 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. Other Specify
77. DON'T KNOW/NOT SURE
88. NO TEETH
99. REFUSED

**27. Was there a time in the past 12 months when you needed to see a dentist but could not because of cost?**

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

*If no, skip to Q29*

**28. What is the average cost you can afford and are willing to pay for yourself?**

*Do not read*

01. <$10
02. $10 - $24
03. $25 - $39
04. $40 - $54
05. $55 - $74
06. $75 - $99
07. $100 +
77. DON'T KNOW/NOT SURE
99. REFUSED

## Mental Healthcare
Individual

**29. When was the last time you accessed mental health/social support services?**

*Read only if necessary*

1. Less than 12 months ago
2. 1 year but less than 2 years
3. 2 years but less than 5 years
4. 5 or more years ago
7. DON'T KNOW/NOT SURE
8. Never
9. REFUSED

*If 29 = 1-4, skip to Q31.*

**30. 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. Other Specify
77. DON'T KNOW/NOT SURE
99. REFUSED

**31. Was there a time in the past 12 months when you needed to see a mental health provider but could not because of cost?**

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

*If no, skip to Q33*

**32. What is the average cost you can afford and are willing to pay for yourself?**

*Do not read*

01. <$10
02. $10 - $24
03. $25 - $39
04. $40 - $54
05. $55 - $74
06. $75 - $99
07. $100 +
77. DON'T KNOW/NOT SURE
99. REFUSED

## Auditory Healthcare
Individual

**33. Do you have difficulty hearing?**

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

*If no, skip to Q36*

**34. Do you think you would benefit from a hearing aid?**

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

*If no, skip to Q36*

**35. What is the main reason you do not use hearing aids?**

*Do not read*

1. Cosmetic Appeal
2. Expense
3. Don't know where to go
4. Other [specify]_____
7. DON'T KNOW/NOT SURE
9. REFUSED

## Specialty Care
Individual

**36. For this next question, we are referring to specialty healthcare, for example, care for things like cardiovascular disease, diabetes, asthma, etc. In the past 12 months has any provider referred you for any type of specialty healthcare?**

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

*If no, skip to Q40*

**37. What services were you referred for?**

_____
77. DON'T KNOW/NOT SURE
99. REFUSED

**38. Did you have difficulty obtaining specialty services?**

1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

*If no, skip to Q40*

**39. 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. Other [specify]_____
77. DON'T KNOW/NOT SURE
99. REFUSED

**40. Have you smoked at least 100 cigarettes in your entire life?**

*NOTE: 5 packs = 100 cigarettes*

1. Yes
2. No *[Go to Q45]*
7. Don't know / Not sure *[Go to Q45]*
9. Refused [Go to Q45

**41. Do you now smoke cigarettes every day, some days, or not at all?**

1. Every day
2. Some days
3. Not at all *[Go to Q43]*
7. Don't know / Not sure *[Go to Q45]*
9. Refused *[Go to Q45]*

**42. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?**

1. Yes *[Go to Q45]*
2. No *[Go to Q45]*
7. Don't know / Not sure *[Go to Q45]*
9. Refused *[Go to Q45]*

**43. How long has it been since you last smoked a cigarette, even one or two puffs?**

*Read only if necessary*

01. Within the past month (less than 1 month ago)
02. Within the past 3 months (1 month but less than 3 months ago)
03. Within the past 6 months (3 months but less than 6 months ago)
04. Within the past year (6 months but less than 1 year ago)
05. Within the past 5 years (1 year but less than 5 years ago)
06. Within the past 10 years (5 years but less than 10 years ago)
07. 10 years or more
08. Never smoked regularly
77. Don't know / Not sure
99. Refused

**43a. What methods or services did you use to help you quit?**

*Do not read. Mark all that apply.*

1. OK Quitline
2. Personal Support
3. Healthcare Provider
4. Nicotine Replacement (Gum, Patch)
5. Other [specify]_____
7. DON'T KNOW/NOT SURE
9. REFUSED

**44. Are you exposed to secondhand smoke. . .?** *Read 1-4*

1. Regularly
2. Sometimes
3. Rarely
4. Never
7. DON'T KNOW/NOT SURE
9. REFUSED

*If Q44=4 (never), skip to Q46*

**45. Where do you most frequently encounter secondhand smoke?**

*Do not read*

1. My home
2. Family/Friends Home
3. Restaurants
4. Parks
5. Other public areas
6. Other [specify]_____
7. DON'T KNOW/NOT SURE
9. REFUSED

**46. 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.*

1. Every day
2. Some days
3. Not at all
7. DON'T KNOW/NOT SURE
9. REFUSED

**46a. Do you use any type of tobacco product?**

1. Yes
2. No
9. REFUSED

*If no, skip to Q48*

**46b. Do you use. . .?**

*Read 1-4. Mark all that apply*

1. Cigarettes
2. Cigars
3. Smokeless Tobacco
4. Other
7. DON'T KNOW/NOT SURE
9. REFUSED

**47. Have you tried to quit tobacco use in the last 12 months?**

1. Yes
2. No
9. REFUSED

*CATI note: If D8 = 1 (employed for wages full-time), 2 (employed for wages part-time) or 3 (self-employed) then continue. Otherwise, Go to Q47.*

**48. When you are at work, which of the following best describes what you do? Would you say. . .**

*If respondent has multiple jobs, include all jobs.*
*Please read:*

1. Mostly sitting or standing
2. Mostly walking
3. Mostly heavy labor or physically demanding work
7. Don't know / Not sure
9. 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.*

**49. Now, thinking about the moderate activities you do [filif "employed full-time" or "employed part-time" or self-employed"] 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?**

1. Yes
2. No *[Go to Q52]*
7. Don't know / Not sure *[Go to Q52]*
9. Refused *[Go to Q52]*

**50. How many days per week do you do these moderate activities for at least 10 minutes at a time?**

__ Days per week
88. Do not do any moderate physical activity for at least 10 minutes at a time *[Go to Q52]*
77. Don't know / Not sure *[Go to Q52]*
99. Refused *[Go to Q52]*

**51. 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

**52. Now, thinking about the vigorous activities you do [fill in "employed full-time" or "employed part-time" or self-employed"] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?**

1. Yes
2. No *[Go to Q52]*
7. Don't know / Not sure *[Go to Q52]*
9. Refused *[Go to Q52]*

**53. How many days per week do you do these vigorous activities for at least 10 minutes at a time?**

__ Days per week
88. Do not do any vigorous physical activity for at least 10 minutes at a time *[Go to Q55]*
77. Don't know / Not sure *[Go to Q55]*
99. Refused *[Go to Q55]*

**54. 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

**55. 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?**

1__ Days per week
2__ Days in past 30 days
888. No drinks in past 30 days *[Go to Q52]*
777. Don't know / Not sure *[Go to Q59]*
999. Refused *[Go to Q59]*

**56. 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

**57. Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?**

__ Number of times
88. None
77. Don't know / Not sure
99. Refused

**58. During the past 30 days, what is the largest number of drinks you had on any occasion?**

__ Number of drinks
77. Don't know / Not sure
99. Refused

**59. What do you think is the most important factor that defines a Healthy Community?** *Read only if necessary*

01. Access to healthcare 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

**59a. What do you think are some of the other most important factors that define a Healthy Community?**

*Read only if necessary*

01. Access to healthcare 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

**60. What do you think is the most important health problem in your community?** *Read only if necessary*

01. Access to healthcare
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

**60a. What do you think are some of the other most important health problems in your community?**

*Read only if necessary*

01. Access to healthcare
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

**61. What do you think is the most important safety problem 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

**61a. What do you think are some of the other most important safety problems 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

**62a. Have you ever been told you have of the following?**
**Diabetes**
Yes
No
7. Don't Know
9. Refused

**62b. Have you ever been told you have of the following?**
**Cancer**
Yes
No
7. Don't Know
9. Refused

**62c. Have you ever been told you have of the following?**
**Heart Disease**
Yes
No
7. Don't Know
9. Refused

**62d. Have you ever been told you have of the following?**
**Lung Disease**
Yes
No
7. Don't Know
9. Refused

**62e. Have you ever been told you have of the following?**
**Asthma**
Yes
No
7. Don't Know
9. Refused

**62f. Have you ever been told you have of the following?**
**HIV/AIDS**
Yes
No
7. Don't Know
9. Refused

**62g. Have you ever been told you have of the following?**
**High Blood Pressure**
Yes
No
7. Don't Know
9. Refused

**62h. Have you ever been told you have of the following?**
**Hepatitis**
Yes
No
7. Don't Know
9. Refused

**62i. Have you ever been told you have of the following?**
**Alcohol/Drug Dependency**
Yes
No
7. Don't Know
9. Refused

**62j. Have you ever been told you have of the following?**
**Arthritis**
Yes
No
7. Don't Know
9. Refused

**62k. Have you ever been told you have of the following?**
**Vision/Hearing Loss**
Yes
No
7. Don't Know
9. Refused

**62l. Have you ever been told you have of the following?**
**Any other type of chronic disease?**
[specify]_____
Yes
No
7. Don't Know
9. Refused

**63. Are you satisfied with your housing situation?**
1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED
*If yes, skip to question 65*

**64. 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

**65. Are you consistently able to pay your household bills, including mortgage or rent and utility bills?**
1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

## Healthcare Access

### Household

*We are almost finished.*
*If D12 = 1, proceed with: Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." [Go to C1]*

*If D12 > 1, proceed with: Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth."*
*I would like you to think of these ___ children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last child. Please include children with the same birth date, including twins, in the order of their birth.*

*CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child. Please substitute "Xth" child's number in all questions below.*

*I have some additional questions about one specific child. The child I will be referring to is the "Xth" [CATI: please fill in correct number] child in your household. All following questions about children will be about the "Xth" [CATI: please fill in] child.*

**C1. What is the birth month and year of the "Xth" child?**
__/____ Code month and year
77/7777 Don't know / Not sure
99/9999 Refused

**C2. Is this child a boy or a girl?**
1. Male
2. Female
9. REFUSED

**C3. How are you related to the child?**
*Please read:*
1. Parent
(include biologic, step, or adoptive parent)
2. Grandparent
3. Foster parent or guardian
4. Sibling
(include biologic, step, and adoptive sibling)
5. Other relative
6. Not related in any way
7. DON'T KNOW/NOT SURE
9. REFUSED
*If C3 = 4, 5 or 6, skip to closing statement.*

**C4. Would you say in general his/her health is. . .?**
*Read 1-5*
1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
7. DON'T KNOW/NOT SURE
9. REFUSED

**C5. How often in the last month did he/she participate in physical activities?**
*Read 1-4*
1. Regularly
2. Sometimes
3. Rarely
4. Never
7. DON'T KNOW/NOT SURE
9. REFUSED

**C6. How many days in the past month has this child missed school or daily activities because of illness?**
_____
8. None
7. DON'T KNOW/NOT SURE
9. REFUSED

C7. Does this child have regular access to indoor or outdoor recreational facilities?
1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

C8. Does (he/she) have any kind of healthcare coverage, including health insurance, prepaid plans such as HMOs or government plans such as Medicaid?
1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED
*If no, skip to Question C10*

C9. Is it. . .?
*Read 1-8. Probe for the type used most frequently if more than one is mentioned.*
1. Employer Provided or Private
2. Self-purchased
3. Medicaid
4. Tribal/Indian Health
5. Active Military
6. Retired Military
7. DON'T KNOW/NOT SURE
9. REFUSED
*Skip to Question C11*

C10. What is the main reason (he/she) does NOT have healthcare coverage?
*Do not read*
1. Employer does not provide
2. Cannot afford to purchase
3. Other [specify]_____
7. DON'T KNOW/NOT SURE
9. REFUSED

C11. Does this child have one person you think of as (his/her) personal doctor or healthcare provider?
1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED
*If yes, skip to Question C13*

C12. Is there no person or is there more than one person you think of as (his/her) personal doctor or healthcare provider?
1. No one
2. More than one
7. DON'T KNOW/NOT SURE
9. REFUSED

C13. Was there a time in the past 12 months when you needed to take this child to see a doctor but could not because of cost?
1. Yes
2. No
7. DON'T KNOW/NOT SURE
9. REFUSED

C14. What is the average cost you can afford and are willing to pay for this child?
*Do not read*
01. <$10
02. $10 - $24
03. $25 - $39
04. $40 - $54
05. $55 - $74
06. $75 - $99
07. $100 +
77. DON'T KNOW/NOT SURE
99. REFUSED

C15. About how long has it been since your this child 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*
1. Less than 12 months ago
2. 1 year but less than 2 years
3. 2 years but less than 5 years
4. 5 or more years ago
7. DON'T KNOW/NOT SURE
8. Never
9. REFUSED
*If Answer is "1" skip to C17*

C16. What is the MAIN reason this child has not had a general physical exam in the past year?
*Do not read*
1. No Insurance
2. Insurance does not cover
3. Unable to afford co-pay
4. No doctor
5. No time
6. Not needed/healthy
7. DON'T KNOW/NOT SURE
9. REFUSED

C17. Where do you most frequently take this child to receive healthcare services?
*Read only if necessary*
01. OU Clinic (University of Oklahoma)
02. OSU Clinic (Oklahoma State University)
03. Morton Clinic
04. CHS
05. Indian Health Clinic
06. Planned Parenthood
07. Health Department
08. Emergency Room
09. Urgent Care Center
10. Doctor's Office
11. Free Clinic
12. I don't have a place
13. Other [specify] _____
77. DON'T KNOW/NOT SURE
99. REFUSED

C18. Does (he/she) see the same provider each time?
*Read 1-5*
1. Yes, always
2. Most of the time
3. Sometimes
4. Rarely
5. Never
7. DON'T KNOW/NOT SURE
8. CHILD NEVER ACCESSES CARE
9. REFUSED

C19. Do you typically access care for (him/her) during the week or weekend?
1. Week
2. Weekend
7. DON'T KNOW/NOT SURE
8. CHILD NEVER ACCESSES CARE
9. REFUSED

C20. What time of day do you typically access healthcare services for this child?
1. 5:01am – 8:00am
2. 8:01am – 12:00pm
3. 12:01pm – 5:00pm
4. 5:01pm – 8:00pm
5. 8:01pm – 12:00am
6. 12:01am – 5:00am
7. DON'T KNOW/NOT SURE
8. CHILD NEVER ACCESSES CARE
9. REFUSED

C21. When/if this child is prescribed medication, where do you go to fill the prescription?
*Mark all that apply*
01. County Pharmacy
02. CVS
03. Free Clinic
04. Med-X
05. Reasors
06. Target
07. Wal-Mart
08. Walgreen's
09. Other [specify]_____
77. DON'T KNOW/NOT SURE
88. DOESN'T APPLY – NO PRESCRIPTIONS
99. REFUSED

C22. What payment method do you use when filling prescriptions for this child?
*Mark all that apply*
1. Self-pay
2. Insurance pays in full
3. Insurance co-pay
4. Free samples
5. Can't afford
6. Other [specify]_____
7. DON'T KNOW/NOT SURE
8. DOESN'T APPLY – NO PRESCRIPTIONS
9. REFUSED

# Appendix C: Methodology

The 2012 Tulsa City-County Health Department Community Health Needs Assessment (CHNA) was a survey tool designed to determine the programs and services needed to increase the overall health of the Tulsa Community. Data collection was conducted by the University of Nebraska Medical Center's (UNMC) Survey research in Lincoln, Nebraska, by experienced, supervised interviewing personnel using a computer-assisted telephone interviewing software package.

The population from which the sample was drawn was the total non-institutionalized adult population residing in Tulsa County, Oklahoma in telephone-equipped dwelling units. The study was completed through random digit dialing incorporating both landlines and cell phones by utilizing current area code and prefix combinations and randomly generating the last four digits of a phone number. The study was designed to ensure a county-wide sample size that would meet or exceed a confidence level of 95 percent plus or minus 3 percent through the formula $\pi = p \pm Z \sigma p$.

Given that the true value of the sample proportion in unknown, the safest estimate is to assume the proportion of people answering "yes" to a question is the same as the proportion of the people answering "no" to the same question (i.e., $\rho = .50$). For large samples at 95 percent confidence, the corresponding z-critical value is 1.96. According to 2010 U.S. Census figures, the total population of Tulsa County was 603,403. Utilizing the above formula, it was determined that a minimum of 1,065 completed surveys were required in order to ensure desired precision levels. Therefore, telephone surveys consisting of approximately 75 closed and open-ended questions were conducted with 2,573 Tulsa County residents allowing for a county-wide confidence interval of 95 percent plus or minus 1.392 percent to be analyzed at the county level or by regions (six) within the county. Analysis was done through cross-tabulations and initial results were tabulated by (but not limited to) gender, age-category, race, education level, income level, and region. Further analysis will be completed through multiple focus groups within the six regions.

The assessment developed rich data regarding the depth of needs and health status of Tulsa County residents that both the Health Department and hospital/health systems can use to develop their own community health improvement plans. Before the plans can be developed we must conduct between 15 to 20 community focus groups within the county to determine why assessment participants answered questions the way they did and identify other ancillary issues affecting individual and community health.

These focus groups will add qualitative data to the quantitative results achieved in the survey that will result in in-depth planning and implementation of health improvement plans. Saint Francis partnered with the Health Department in sponsoring this study.

## MISSION

## VISION

## VALUES

*EXCELLENCE*

*DIGNITY*

*JUSTICE*

*INTEGRITY*

*STEWARDSHIP*

SaintFrancis
Health System

Saint Francis Hospital • The Children's Hospital at Saint Francis • Heart Hospital at Saint Francis • Warren Clinic
Saint Francis Hospital South • Laureate Psychiatric Clinic and Hospital • Saint Francis Broken Arrow • Saint Francis Home Care Companies