

# 2019 CHNA Executive Summary

St. John Owasso | Tulsa County, Okla.

 St. John

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 Ascension

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St. John Owasso (SJO), part of Ascension St. John, is pleased to present its fiscal year 2019 community health needs assessment (CHNA). As federally required by the Affordable Care Act, this report provides an overview of the methods and process used to identify and prioritize significant health needs in the community served by SJO. For the purposes of this assessment, SJO's primary service area, or community, is defined as Tulsa County, Okla. SJO consulted with Conduent Healthy Communities Corp., the Tulsa Health Department and The University of Oklahoma Anne and Henry Zarrow School of Social Work to conduct the CHNA.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across the Tulsa County community, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community.

Findings from this report will be used to identify, develop and target health system, hospital and community initiatives and programming to better serve the health and wellness needs of our community.

### Community Served



The community served by SJO is defined as the geographical boundary of Tulsa County, Okla. The county is often referred to as Oklahoma's gateway to "Green Country" due to its lush and rolling hills. The area has a rich and, at times, turbulent history. This history includes early Native American inhabitants, cattlemen, the advent of the railroads, the 1920s Tulsa Race Riot and the oil boom. Tulsa County is located in northeastern Oklahoma on the Arkansas River. For the purposes of this assessment, Tulsa County is divided into eight geographic regions based on ZIP codes and associated communities: downtown Tulsa; east Tulsa; Jenks, Bixby and Glenpool; midtown Tulsa; Tulsa north; Owasso, Sperry, Collinsville and Skiatook; Sand Springs and west Tulsa; and south Tulsa and Broken Arrow.

SJO is based out of the city of Owasso. Accordingly, the Owasso, Sperry, Collinsville and Skiatook region serves as the primary area of focus within the Tulsa County community. SJO's community health improvement efforts that result from this CHNA will primarily center on the Owasso, Sperry, Collinsville and Skiatook region. However, an effort was made to consider the health needs and assets of Tulsa County as a whole. Other Tulsa County regions will be the focus of community health improvement efforts of St. John Medical Center and SJO.

### Demographics

Tulsa County has a population of approximately 629,823. Along with the rest of the state and nation, the population is going through a major demographic shift, both in terms of age and race/ethnicity. Older age groups have captured a greater relative share of the population over the past several decades, while the share represented by children has declined. Tulsa County's overall population is becoming increasingly diverse racially, but the trend is most evident among children. The racial makeup of Tulsa County currently consists of 70.6% of the population identifying as White. Black or African American is the second highest of all races in Tulsa County, and is the only other race that makes up just under 10% of the population. Tulsa County has a relatively high percentage of those that identify as Hispanic living in the community (11.8%). Regarding economic stability, families living in Tulsa north, downtown, and west Tulsa have the highest rates of poverty. The Owasso, Sperry, Collinsville and Skiatook region had relatively lower rates of poverty.

## Methods for Identifying Community Health Needs

### Secondary data

Ascension St. John consulted with the Tulsa Health Department to collect and analyze the secondary data used in the assessment's community overview. A review of publicly available secondary data was conducted. Some data comparisons were made at the ZIP code, region, county, state and national levels. Other data considerations included trends over time, county and state level rankings, benchmark comparisons at the state and national levels, disparities by age, gender, race/ethnicity, income level and educational attainment.

St. John also consulted with Conduent Healthy Communities Corp. for support with secondary data analysis. The analysis included a comprehensive set of more than 100 community health and quality-of-life indicators covering more than 20 topic areas. Indicator values for Tulsa County were compared with other counties in Oklahoma and nationwide to compare social, economic and health topics. Other considerations for areas of health need included trends over time; Healthy People 2020 targets; Oklahoma targets; and disparities by age, gender and race/ethnicity. The value for each of these indicators was compared with other communities, nationally or locally set targets and previous time periods. A data scoring tool was used to systematically summarize multiple comparisons of the data to rank indicators based on highest need.

In addition, St. John consulted with Conduent Healthy Communities Corp. for support with identifying geographic areas of greatest need in Tulsa County. To do so, Conduent developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This tool incorporates estimates for six different social and economic determinants of health — income, poverty, unemployment, occupation, educational attainment and linguistic barriers — that are associated with poor health outcomes, including preventable hospitalizations and premature death.

### Primary data (community input)

Community input is a principal focus of this assessment and is a form of primary data. St. John employed several methods of community input to yield the desired results, including the following:

- **Six community health forums** with around 120 community leaders and 13 health system leaders (three forums with more than 80 community leaders and six health system leaders in Tulsa County)
- **Twenty-two focus groups** with 233 community members (18 focus groups with 193 community members in Tulsa County)
- **Online survey** of 801 community members (682 in Tulsa County)
- **Input from the public health workforce and local coalitions/partnerships**
- **Input from the health system's Community Engagement Committee**

*The focus groups and online survey were conducted in collaboration with The University of Oklahoma Anne and Henry Zarrow School of Social Work and Tulsa Health Department.*

Community input is best obtained from a diverse set of community stakeholders such as community members, community organizations and the public health workforce. A variety of sources ensures that as many different perspectives as possible are represented while satisfying the broad interests of the community. Sources of community input for this assessment were as follows:

- Community members who participated in the online survey and focus groups
- Community leaders and representatives

- Public health workforce and local coalitions/partnerships
- Members and representatives of medically underserved, low-income, minority, at-risk and otherwise vulnerable populations
- Health system and hospital leadership



Community stakeholders who provided input represented a variety of community sectors, including healthcare, education and academia, nonprofit, private business, community development, faith-based communities and organizations, government, safety-net services, economic and workforce development, behavioral health, law enforcement and first responders, public health and other interest groups working with at-risk and vulnerable populations. This assessment especially focused on community input from those with special knowledge or expertise in public health, as well as members and representatives of medically underserved, low-income, minority, at-risk or otherwise vulnerable populations.

## How Are We Doing?

### County health rankings

Published online at [countyhealthrankings.org](http://countyhealthrankings.org), the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings are unique in their ability to measure the current overall health of nearly every county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. The data indicators included in our assessment follow the county health rankings model. Below is a summary; see the SJO CHNA for a full listing of data indicators.

### Health outcomes ranking

This indicator demonstrates overall rankings in health outcomes for counties throughout the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live (length of life) and how healthy people feel while alive (quality of life). The distribution of health outcomes is based on an equal weighting of length and quality of life. This information is based on the County Health Rankings & Roadmaps courtesy of the University of Wisconsin Population Health Institute.

The overall rankings in health outcomes represent how healthy counties are within the state. In 2019, Tulsa County ranked 13th out of 77 counties in Oklahoma in health outcomes. This was an improvement from 15th out of 77 in 2018, 18th out of 77 in 2017, and 20th out of 77 in 2016.

### Health factors ranking

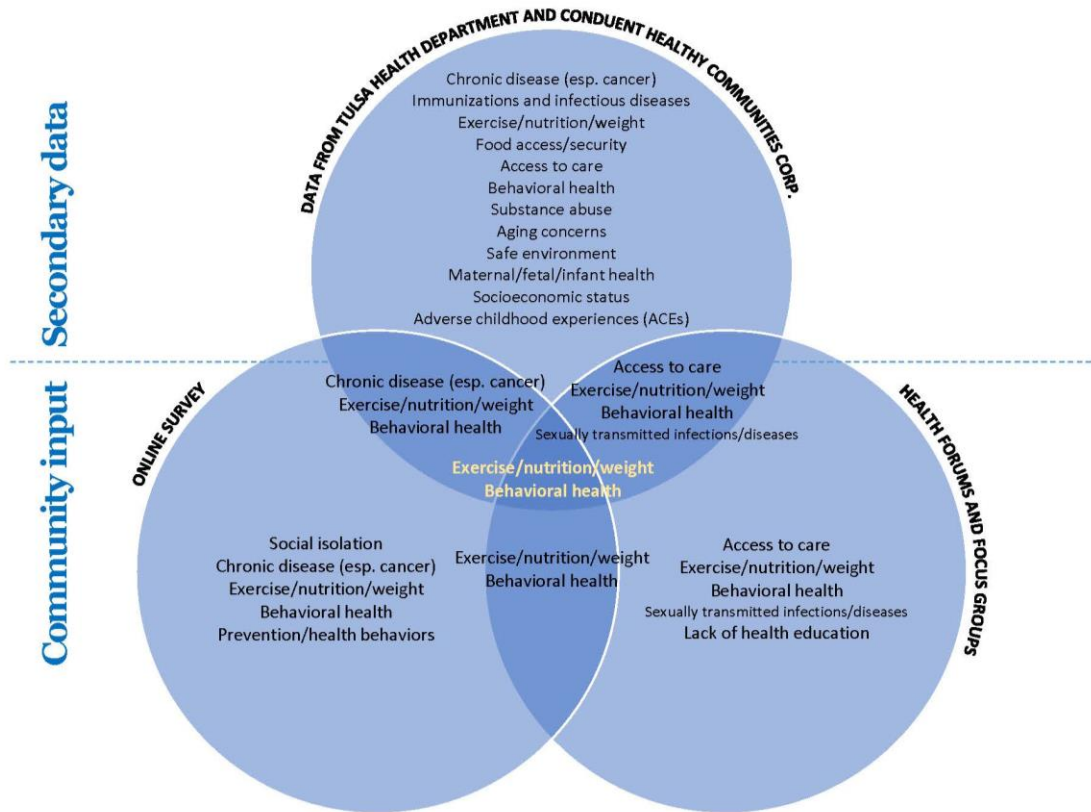
This indicator demonstrates the overall rankings in health factors for counties throughout the state. The ranks are based on weighted scores four types of measures: health behaviors, clinical care, social and economic, and physical environment factors. The healthiest county in the state is ranked #1. This information is based on the County Health Rankings & Roadmaps courtesy of the University of Wisconsin Population Health Institute.

The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. In 2019, Tulsa County ranked 12th out of 77 counties in Oklahoma in health factors. This was an improvement from 14th out of 77 in 2018, 18th out of 77 in 2017, and 17th out of 77 in 2016.

## Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data and in-depth primary data from community leaders, non-health professionals, and organizations that serve the community at large, vulnerable

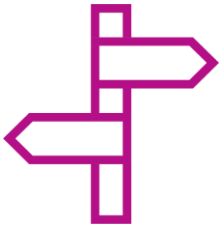
populations, and/or populations with unmet health needs. The results of secondary and primary data analysis were visually displayed in synthesis charts. Below is the SJO chart, with the most significant health needs that arose from each CHNA activity for SJO and Tulsa County.



Through these syntheses, the following top health needs were determined:

- Behavioral health
- Exercise/nutrition/weight
- Prevention/health behaviors (e.g., smoking, missing doctor’s visits, etc.)
- Access to care
- Chronic disease (esp. cancer)
- Adverse childhood experiences (ACEs)
- Food access/security
- Safe environment
- Substance abuse
- Socioeconomic status
- Immunizations and infectious diseases
- Lack of health education
- Maternal/fetal/infant health

## Disparities and geographic areas of greatest need



The identification of disparities along race/ethnicity, gender, age, and geographic lines is important for informing and focusing strategies that will address the prioritized health needs. Primary and secondary data revealed community health disparities along racial lines, with Black or African American and American Indian/Alaskan Native populations more negatively impacted in Tulsa County. In many ways, women and children face a variety of challenges in Tulsa County. Many families struggle to be self-sufficient, even while holding down jobs. Medically underserved, low-income, minority, at-risk or otherwise vulnerable populations such as LGBTQ+ and individuals experiencing homelessness face discrimination and a myriad of barriers to healthy lifestyles and accessing healthcare and other resources, negatively impacting health outcomes. Further, the data shows that older adults face increased health issues, while populations in certain geographic areas, were identified as having higher socioeconomic need and potentially poorer health outcomes. There is a difference of 16.4 years between two ZIP codes in Tulsa County: the ZIP code with the lowest life expectancy was 74130, which is in north Tulsa (65.4 years) and the ZIP code with the highest life expectancy was 74120, which is close to downtown Tulsa (81.8 years).

Overall, Tulsa County has a significant number ZIP codes identified as having high socioeconomic need, with the highest need in several ZIP codes of north Tulsa, and east Tulsa and west Tulsa ZIP codes next in ranking for highest need. Women and minority populations experience the highest socioeconomic need in the county. The Owasso, Sperry, Collinsville and Skiatook region ZIP codes were identified as having relatively lower socioeconomic need in comparison to other Tulsa County ZIP codes.

## Prioritized Areas

On March 25, 2019, 13 members of Ascension St. John's Community Engagement Committee (CEC) came together to participate in an individual assessment exercise and group discussion to help prioritize the most significant community health needs identified through community health needs assessment (CHNA) secondary and primary (community input) data analysis and synthesis.

While considering several criteria for prioritization, the following four health needs were identified as priorities to address:



*Behavioral health*



*Access to care*



*Healthy lifestyles*



*Adverse childhood experiences (ACEs)*

It was decided that substance abuse will be a component of the behavioral health category. The areas of prevention / health behaviors and exercise, nutrition and weight were combined to become "healthy lifestyles," with chronic disease as a component of this category.

In addition, social determinants of health was deemed an underlying current of all priorities. It was discussed at length that the remaining health topics, not chosen as priorities, can be interrelated to the four chosen priorities. It

was also important that the four chosen priorities correlated strongly with the St. John mission to serve all people, with special attention to those who are poor and vulnerable, as well as the organization's internal Catholic Identity Matrix, which in part evaluates work related to "solidarity with those who live in poverty."

## **Conclusion**

This report describes the findings of a comprehensive health needs assessment for the residents of Tulsa County, Okla. The prioritization of the identified significant health needs will guide the community health improvement efforts of St. John Owasso and Ascension St. John as a whole. From this process, St. John will outline how it plans to address the top four prioritized health needs in the fiscal year 2020-2022 implementation strategy.

Our Catholic health ministry is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals, but the communities we serve. With special attention to those who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. St. John is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch.