

Ascension St. John Broken Arrow

**2021 Community Health Needs Assessment
Tulsa County, Oklahoma**



Ascension

The goal of this report is to offer a meaningful understanding of the most significant health needs across Tulsa County, as well as to inform planning efforts to address those needs. Special attention has been given to the needs of individuals and communities who are more vulnerable, unmet health needs or gaps in services, and input gathered from the community. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

St. John Broken Arrow, Inc. (dba Ascension St. John Broken Arrow)

1000 W. Boise Circle | Broken Arrow, OK 74012

<https://healthcare.ascension.org/locations/oklahoma/oktul/broken-arrow-ascension-st-john-broken-arrow>

918-994-8000

Hospital EIN: 38-3833117

The 2021 community health needs assessment report was approved by the Ascension St. John Broken Arrow board of directors on April 21, 2022 (2021 tax year and 2022 fiscal year), and applies to the following three-year cycle: July 2022 to June 2025. This report, as well as the previous report, can be found on our public website (<https://healthcare.ascension.org/chna>).

We value the community's voice and welcome feedback on this report. Comments can be submitted via our public website.

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Executive Statement

The 2021 community health needs assessment (CHNA) represents a true collaborative effort to gain a meaningful understanding of the most pressing health needs across Tulsa County. Ascension St. John Broken Arrow is exceedingly thankful to the many community organizations and individuals who shared their views, knowledge, expertise, and skills with us. In particular, we would like to recognize the authors and consultants of this report:

Authors

Ascension St. John

- Annie Smith, LMSW, MPH, Community Benefit Director
- Kimberly Will, Community Benefit Manager

Consultants

Seven Rivers Consulting LLC

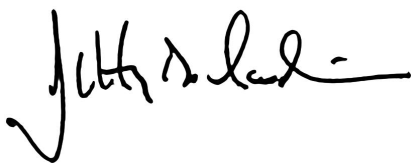
- Jeffrey Alderman, MD, MS, Lead Principal and Project Director
- Suzannah Alwardt, MBA, Project Manager
- Mary Beth Sawyer, MBA, Project Manager

Tulsa Health Department

- Cristi Almader-Quiroz, Community Connector

We would also like to acknowledge the many contributions to the research for this report by individuals from the University of Tulsa, Tulsa Health Department, City of Tulsa and other organizations, listed in [Appendix H](#). A complete description of participant contributions is included in this report as well.

We look forward to continuing collaborative work with the community to promote a healthier and more equitable place to live, work and play. We would also like to thank you for reading this report, and for your interest in improving the health and well-being of Tulsa County.



Jeffrey D. Nowlin, FACHE
CEO, Ascension St. John
Ascension Oklahoma Ministry Market Executive



Dwan Borens, BSN, RN, MHA
Interim President and CEO
Ascension St. John Broken Arrow

Executive Summary

The goal of the 2021 community health needs assessment (CHNA) report is to offer a meaningful understanding of the most significant health needs across Tulsa County. Findings from this report can be used to identify, develop, and focus hospital, health system, and community initiatives and programming to better serve the health and wellness needs of the community.

Purpose of the CHNA

As part of the Patient Protection and Affordable Care Act of 2010, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. The purpose of the CHNA is to understand the health needs and priorities of those who live and/or work in the communities served by the hospital, with the goal of addressing those needs through the development of an implementation strategy plan.

Community Served

Although Ascension St. John Broken Arrow serves eastern Oklahoma and southeastern Kansas, we have defined its community served as Tulsa County for the 2021 CHNA. Tulsa County was selected as Ascension St. John Broken Arrow's community served because it is our primary service area as well as our partners' primary service area. Additionally, community health data is readily available at the county level.

Data Analysis Methodology

The 2021 CHNA was conducted from September 2021 to February 2022 and followed the assessment model developed by the County Health Rankings & Roadmaps and Robert Wood Johnson Foundation, utilizing a social determinants of health framework for community health improvement. As an evidence-based practice, we gathered both community input and secondary data. Community input sources included residents, health care professionals, public health experts, multi-sector representatives, and other stakeholders. Special attention was given to the needs of individuals and populations who are more vulnerable, and to unmet health needs or gaps in services.

For Tulsa County, 10 community focus groups (59 total participants) and 34 interviews with vulnerable population groups, key stakeholders, and civic leaders (40 total participants) were conducted to obtain community input from across the community. Many participants represented populations considered vulnerable — disadvantaged, marginalized, or other people who have historically been disenfranchised from the health care system. Secondary data was compiled and reviewed to understand the health status of the community. Measures reviewed included chronic disease, social and economic factors, and health care access and utilization trends in the community, and were gathered from reputable and reliable sources.

Community Needs

Ascension St. John Broken Arrow, with contracted assistance from Seven Rivers Consulting LLC, analyzed secondary data of a broad number of indicators and gathered community input through interviews with community residents, vulnerable population groups, key stakeholders, and civic leaders to identify the needs in Tulsa County. In collaboration with community partners, Ascension St. John Broken Arrow used a phased prioritization approach to determine the most crucial needs to be addressed. The most significant needs we devised from our research are as follows, in order of importance:

1. Access to care: high costs of care
2. Mental and behavioral health
3. Racism
4. Diet and exercise: access to healthy food
5. Education: health literacy
6. COVID-19
7. Alcohol and drug use: access to treatment and recovery services
8. Access to care: barriers to primary care

Following the completion of the assessment, the significant needs selected as priority needs for the 2021 CHNA implementation strategy were **access to care, mental and behavioral health, and racism**, with focus on any specific measures that rose to the top in significance. For access to care, that includes high costs of care.

**Ascension's need terminology is based on the [County Health Rankings Model](#). However, if applicable, a measure within that need is noted after the colon to further specify or clarify the need.*

About Ascension

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

Ascension

Ascension is a faith-based health care organization dedicated to transformation through innovation across the continuum of care. The national health system operates more than 2,600 sites of care – including 146 hospitals and more than 40 senior living facilities – in 19 states and the District of Columbia, while providing a variety of services including clinical and network services, venture capital investing, investment management, biomedical engineering, facilities management, risk management, and contracting through Ascension’s own group purchasing organization.

Ascension’s Mission provides a strong framework and guidance for the work done to meet the needs of communities across the U.S. It is foundational to transform health care and express priorities when providing care and services, particularly to those most in need.

Mission: Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

For more information about Ascension, visit <https://www.ascension.org>.

Ascension St. John

Serving eastern Oklahoma and southeastern Kansas, Ascension St. John operates and manages six hospitals with 940 total licensed beds, as well as around 100 health care clinics and facilities. More than 5,000 associates are directly employed by the health system, including 324 providers. Across the region, Ascension St. John provided more than \$119 million in community benefit and care for persons living in poverty in fiscal year 2021. It has served Oklahoma since its establishment in 1926.

**Note: The total number of associates provided for the health system only includes associates who are directly employed by Ascension St. John. This number includes Ascension Medical Group and Regional Medical Laboratory, but does not include Ascension Technologies, TouchPoint Support Services, Medxcel, TRIMEDX, R1, or associates employed within a ministry-wide function of Ascension.*

Ascension St. John Broken Arrow



As a Ministry of the Catholic Church, Ascension St. John Broken Arrow is a non-profit hospital governed by a local board of trustees represented by community members, medical staff, and sister sponsors, and has been providing medical care to Tulsa County for more than 12 years.

Ascension St. John Broken Arrow is a six-story, 44-bed facility located in the city of Broken Arrow, Okla. The community's only hospital, Ascension St. John Broken Arrow offers a wide range of health care services,

including 24/7 emergency care, orthopedics, sports medicine, general surgery, and all-digital diagnostic imaging services. In addition, the facility is home to two medical/surgical floors and a regionally renowned joint replacement center that specializes in knee and hip replacement. The emergency department has air ambulance capabilities, and a 100,000-square-foot medical office building connected to the hospital offers easy access to outpatient services for patients.

Since 2010, Ascension St. John Broken Arrow has continued the long and valued tradition of addressing the health needs of people in our community, following in the footsteps of our legacy sponsor, the Sisters of the Sorrowful Mother. For more information about Ascension St. John Broken Arrow, visit <https://healthcare.ascension.org/locations/oklahoma/oktul/broken-arrow-ascension-st-john-broken-arrow>.

With quality as a top priority, Ascension St. John Broken Arrow has received national recognition, including:

- ★ Five-star quality rating, the highest achievement level possible, from the Centers for Medicare & Medicaid Services (CMS)
- ★ TMF Hospital Quality Improvement Silver award
- ★ Recognition as a High Performing Hospital for 2019-2020 by U.S. News & World Report, with a "High Performing" rating in hip and knee replacements
- ★ Numerous Excellence in Healthcare awards from Professional Research Consultants for 2020-2021

About the Community Health Needs Assessment

A community health needs assessment, or CHNA, is essential for community building and health improvement efforts, and directing resources where they are most needed. CHNAs can be powerful tools that have the potential to be catalysts for immense community change.

Purpose of the CHNA

A CHNA is “a systematic process involving the community to identify and analyze community health needs and assets in order to prioritize, plan, and act upon unmet community health needs.”¹ The process serves as a foundation for promoting the health and well-being of the community by identifying the most pressing needs, leveraging existing assets and resources, developing strategic plans, and mobilizing hospital programs and community partners to work together. This community-driven approach aligns with Ascension St. John Broken Arrow’s commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) hospitals under the ACA are described in Code Section 501(r)(3) and include making the CHNA reports (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and implementation strategy can be found at <https://healthcare.ascension.org/CHNA>, and paper versions can be requested from the Ascension St. John Broken Arrow Administration office by calling 918-994-8100 or from the health system’s Mission Integration office by calling 918-744-2504.

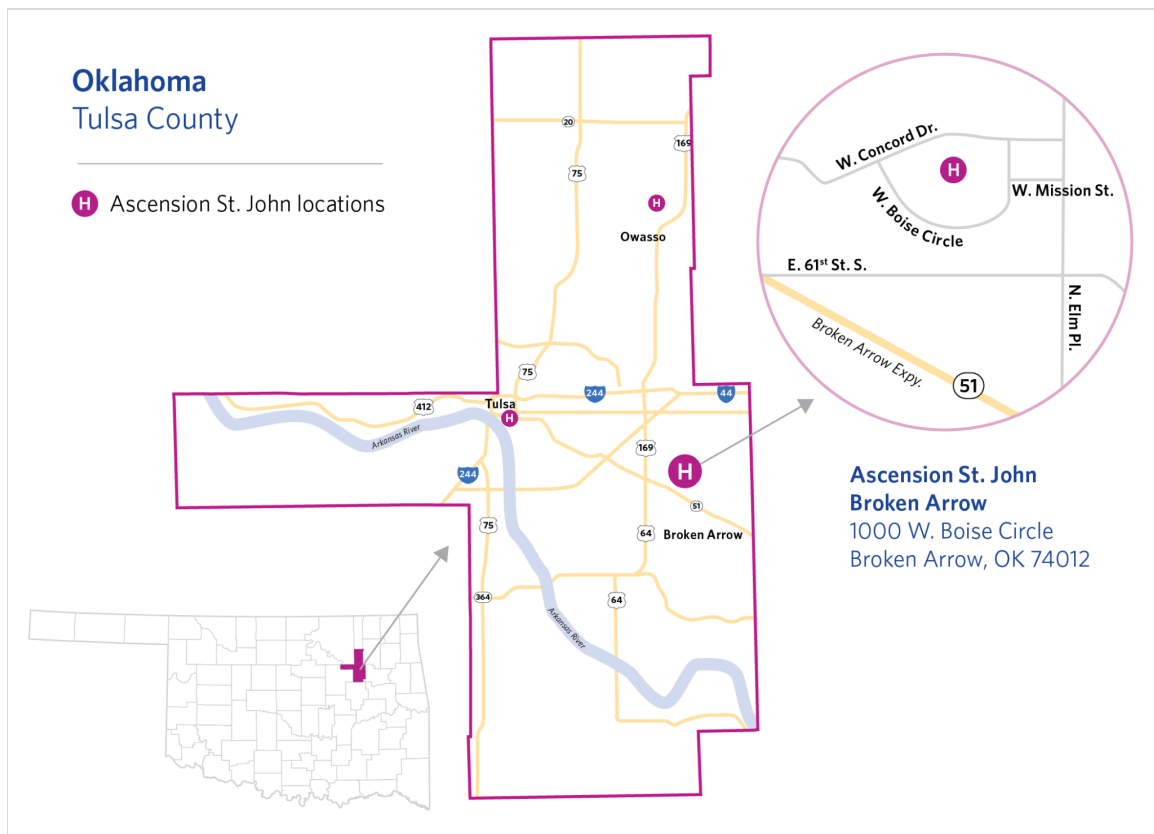
¹ Catholic Health Association of the United States (<https://www.chausa.org>)

Community Served and Demographics

A first step in the assessment process is clarifying the geography within which the assessment occurs and understanding the community demographics.

Community Served

For the purpose of the 2021 community health needs assessment (CHNA), Ascension St. John Broken Arrow has defined its community served as Tulsa County. Located in Broken Arrow, Okla., Ascension St. John Broken Arrow serves eastern Oklahoma and southeastern Kansas and surrounding areas. However, the “community served” was defined as Tulsa County because (a) most of our service area is in each county; (b) most of our assessment partners define their service area at the county level; and (c) most community health data is available at the county level.



Map of Community Served

Tulsa County is located in northeastern Oklahoma and is part of the Tulsa-Broken Arrow-Owasso Metropolitan Statistical Area. The county seat and largest city in Tulsa County is Tulsa. Other significant

towns include Broken Arrow, Owasso, Jenks, Glenpool, and Sand Springs. According to the U.S. Census, Tulsa County grew by 10.9 percent from 2010 to 2020. The largest industries in the county include health care, social assistance, manufacturing, educational services, and retail trade. Some of Tulsa County's top employers include the Williams Cos., ONEOK, QuikTrip, American Airlines, Saint Francis Health System, Hilti, and Tulsa Public Schools.*

*Sources: DataUSA, TulsaCounty.org

Demographic Data

Located in northeastern Oklahoma, Tulsa County has a population of 651,552 and is the second-most populous county in the state. Below are demographic data highlights for Tulsa County:

- 14.8 percent of the residents of Tulsa County are 65 or older, compared to 16.1 percent in Oklahoma.
- 86.7 percent of residents are non-Hispanic; 13.3 percent are Hispanic or Latinx (any race).
- 61.2 percent of residents are white; 3.6 percent are Asian; and 10.3 percent are Black or African American.
- The total population increase from 2010 to 2020 was 10.9 percent. The percentage of people identifying as Hispanic or Latinx in Tulsa County climbed from 11 percent in 2010 to 13.3 percent in 2020.
- The median household income is above the state median income (\$57,668 for Tulsa County; \$54,447 for Oklahoma).
- The percent of all ages of people in poverty was significantly lower than the state (12.8 percent for Tulsa County; 14.3 percent for Oklahoma).
- The <65 years uninsured rate for Tulsa County is lower than the state (15.7 percent for Tulsa County; 16.6 percent for Oklahoma).

Demographic Highlights		
Indicator	Tulsa County	Description
Population		
% living in a rural community	4.8%	The U.S. Census Bureau does not actually define "rural." Rather, rural areas include all geographic areas that are not classified as urban areas (more than 50,000 people) or urban clusters (more than 2,500 people but less than 50,000 people).
% below 18 years of age	25.1%	Percentage of people under age 18.
% 65 years of age and older	14.8%	Percentage of people age 65 and older.
% Hispanic	13.3%	A person having origins in any of the original peoples of Latin America. Those who identify their origin as Hispanic, Latinx, or Spanish may be of any

		race.
% Asian	3.6%	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
% non-Hispanic Black	10.3%	A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black or African American."
% non-Hispanic white	61.2%	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "white."
Social and Community Context		
English proficiency	3.1%	Proportion of community members that speak English "less than well"
Median household income	\$57,668	Income where half of households in a county earn more and half of households earn less.
% children in poverty	19.6%	Percentage of people under age 18 in poverty.
% uninsured	15.7%	Percentage of population under age 65 without health insurance.
% educational attainment	89.4%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
% unemployment	3.2%	Percentage of population ages 16 and older unemployed but seeking work

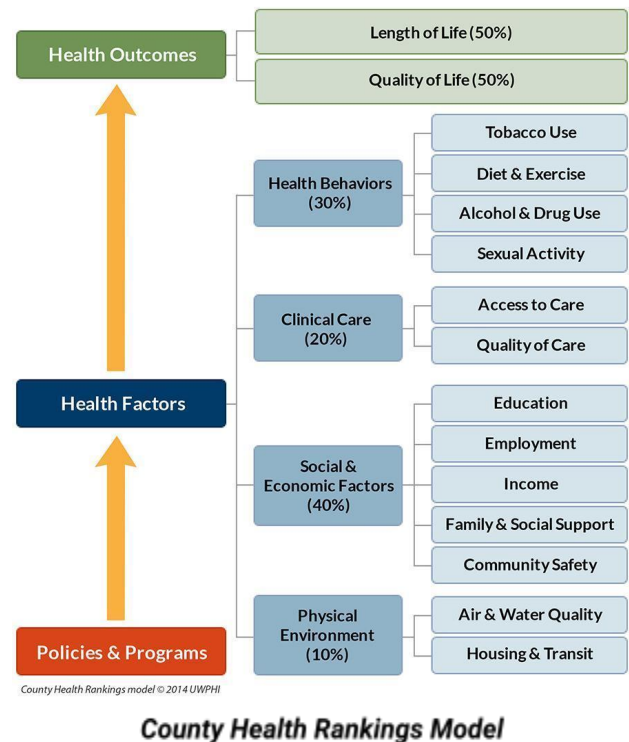
Sources: U.S. Census Bureau, 2020; County Health Rankings & Roadmaps, 2021

To view community demographic data in its entirety, see [Appendix B](#).

Process and Methods Used

Ascension St. John Broken Arrow is committed to using national best practices in conducting the community health needs assessment (CHNA). Health needs and assets for Tulsa County were determined by gathering and analyzing a combination of secondary data and community input.

Ascension St. John Broken Arrow's approach followed the model developed by [County Health Rankings & Roadmaps](#) and the Robert Wood Johnson Foundation, utilizing a social determinants of health framework for community health improvement. The model emphasizes the various factors that influence how long and how well the residents of a community live. According to County Health Rankings & Roadmaps, the set of secondary data measures helps communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors).



Collaborators and/or Consultants

With the contracted assistance of Seven Rivers Consulting LLC, Ascension St. John Broken Arrow completed its 2021 CHNA in collaboration with the Tulsa Health Department.

Seven Rivers Consulting is a small, grassroots firm with deep relationships across northeastern Oklahoma's health care and social welfare sectors. To date, Seven Rivers Consulting has completed several community-based participatory research projects by working with key agencies, leaders, and citizens throughout the region. Every Seven Rivers Consulting associate is trained in health care delivery sciences, and all have past and/or present affiliation with the University of Tulsa.

Data Collection Methodology

Community Input

In collaboration with various community partners, Ascension St. John Broken Arrow collected and analyzed community input for Tulsa County. Seven Rivers Consulting conducted community-based interviews with:

- Community members
- Vulnerable population groups, with a combination of organization/agency leaders and patients/clients in each session
- Community organization/agency key stakeholders
- Civic leaders

Notes from every encounter were transcribed. The raw qualitative text was analyzed, sorted by themes, and placed into one of eight domains:

- Health needs
- Economic and social concerns
- Barriers to positive health outcomes
- Services lacking for certain populations
- Ways health systems can improve community health and wellness
- Suggestions to close gaps or reduce barriers
- Effects of the COVID-19 pandemic on certain populations
- Hope for the future

In each of the eight domains, several key themes emerged, leading to the results reported herein. But, qualitative data is often nuanced, meaning that many participant responses fit poorly into predefined categories. Therefore, we further clarified our findings in this report's appendices, with direct quotes from several of the people who were interviewed.

In addition to summarizing barriers and challenges in their community, research participants also indicated ways health care providers could best support their needs and speculated about hopes for the future.

Secondary data

Secondary data were collected primarily from the County Health Rankings & Roadmaps public website (<https://www.countyhealthrankings.org>) and analyzed. In addition, this report intentionally explores the effects of the COVID-19 pandemic on physical, mental, emotional, and social health, as well as health equity.

Summary of Community Input

Recognizing its vital importance in understanding the health needs and assets of the community, Seven Rivers Consulting consulted with a range of public health and social service providers that represent the broad interests of Tulsa County. A concerted effort was made to ensure that the individuals and organizations represented the needs and perspectives of: 1) public health practice and research; 2) individuals who are medically underserved, low-income, or considered among the minority populations served by the hospital; and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Multiple methods were used to gather community input, including interviews with community residents, vulnerable population groups, key stakeholders, and civic leaders. These methods provided additional perspectives on how to select and address top health issues facing Tulsa County. A summary of the process and results is outlined below.

Community Focus Groups

A series of 10 focus groups were conducted by Seven Rivers Consulting to gather feedback from community members on the health needs and assets of Tulsa County. Because of the COVID-19 pandemic (particularly the Omicron spike in early 2022), focus groups were conducted entirely online, using Zoom video conferencing. Fifty-nine individuals participated in the focus groups, held in January and February 2022. During participant recruitment, many people expressed interest in the focus groups but were unable to join a live session due to scheduling conflicts. Therefore, an additional 53 participants completed an electronic survey in lieu of attending a live session, answering identical questions.

This group of participants was defined as general community members of various demographics residing in Tulsa County. Males represented 37 percent of all participants, while ages ranged from 23 to 77 years old. Thirteen participants shared input in a Spanish-speaking focus group session.

While the focus groups do not portray an exact representation of the region's diverse population, we estimate they represent the collective spirit of assets, needs, concerns, and fears among those living in Tulsa County. All interviewees received an incentive for their participation: a \$20 gift card to a local gas station chain.

Community Focus Groups

Key Summary Points

The need to leave the county or even Oklahoma to access specialty care was a major concern for citizens in Tulsa County. But regardless of whether they can be seen in their local communities, Tulsa County residents find themselves confused about how to navigate the health care system. Many reported feeling overwhelmed by the number of choices they are asked to make, confused by medical instructions, and frustrated trying to get basic health questions answered. When attempting to access mental health services, residents face long wait times and experience stigma in their own communities, which can deter access to therapists and counselors. Many admitted that purchasing affordable, healthy food is difficult due to the lack of high-quality food stores in less-wealthy parts of the county. Even when nutritious food is accessible, there is a notable lack of nutritional literacy. Finally, despite Medicaid expansion in Oklahoma, frustrations are growing over the lack of insurance coverage for health care in Tulsa County. Many wish to see a greater number of accessible resources and stronger links between health systems and non-profit resources.

Populations Represented

- Black or African American
- Asian American
- Hispanic/Latinx
- White
- Individuals whose income is near or below the federal poverty line
- Individuals who are medically underserved
- LGBTQ+
- Individuals living with chronic diseases

Common Themes

- In order of ranked importance:
- Mental and behavioral health
 - Access to healthy food
 - High costs of care
 - Health literacy

Meaningful Quotes

- “We have a very supportive and engaged community. People are here to make the community better, and everyone gets involved to do it.”
- “There is no clear expectation of what long-run costs are, so people end up forgoing care.”
- “There is a lack of diversity in providers. For example, if you are a member of the LGBT community, then you will have a really hard time finding a provider who will relate and is also trained more specifically on those things. This goes for other things like race or sexual assault.”
- “A lot of my clients will use — well, really, overuse — the ER or urgent care because they cannot make it during normal hours.”
- “Often, wait times are months long, and by the time I see someone, I would probably have had to make a trip to the ER, which would cost me money and then I could see someone sooner.”

Interviews with Vulnerable Population Groups, Key Stakeholders and Civic Leaders

A series of 34 interviews were conducted by Seven Rivers Consulting to gather feedback from vulnerable population groups, key stakeholders, and civic leaders on the health needs and assets of Tulsa County. These groups of participants were defined as follows:

- Vulnerable population groups: one or more staff members of an organization or agency whose principal mission includes serving marginalized and/or historically discriminated people in Tulsa County AND one or more clients/patients served by the organization/agency
- Key stakeholders: members of an organization or agency operating in and/or serving people from Tulsa County
- Civic leaders: people serving in a civic leadership role (e.g., mayor, city councilor, public health director, etc.)

Some individuals and organizations interviewed represent populations both in and beyond Tulsa County. Forty representatives from 34 different organizations/agencies participated in the interviews, held between October 2021 and January 2022.

Vulnerable Population Group Interviews	
Key Summary Points	
<p>In our research, we intentionally focused on marginalized populations in Tulsa County, to best understand their health and social needs. Therefore, we interviewed several non-profit agencies whose principal mission includes serving populations with a legacy of trauma, discrimination, and/or exclusion from mainstream society. Certain disadvantaged populations are at greater risk of experiencing health disparities. Health People 2020 asserts “health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”</p>	
Populations Represented	Common Themes
<ul style="list-style-type: none"> • LGBTQ+ community • Hispanic community • Individuals experiencing homelessness or transience • Individuals whose income is near or below the federal poverty line • Individuals with disabilities • Black and African American community • Native American community • Justice-involved individuals 	<ul style="list-style-type: none"> • Mental and behavioral health • Barriers to primary care • High costs of care • Access to healthy food • Health literacy

Meaningful Quotes

- “Discrimination against people identifying as LGBTQ in the United States is legally permissible, and there is little recourse for when discrimination occurs.”
- “A lot of the African American population is scared to receive the [COVID-19] vaccine or other care due to a perpetuated fear that stems from the Tuskegee Study [of Untreated Syphilis in the Negro Male] and other miscarriages of justice.”
- “Older Cherokee citizens generally do not speak about their illnesses and diseases, especially if there are mental health issues. There is still a great deal of stigma around being sick.”

Key Stakeholder Interviews

Key Summary Points

The dominant theme that emerged from these interviews was a widespread lack of mental health and alcohol and drug abuse recovery services. While initial access remains somewhat problematic, many admitted that long-term follow-up with therapists and counselors is nearly impossible in Tulsa County – even for those with health insurance. Others admitted that too many residents lack the knowledge and skills to secure community resources. Gaining access to Medicaid in Oklahoma (Soonercare) is complex and bureaucratic; the same could be said for securing housing assistance, food benefits and child care resources. Compounding the problem is that none of these sectors seem to connect with one another, making it overwhelmingly difficult for individuals and families who require multiple health and economic resources. Still, others felt the costs of medical care were far too high, especially for those uninsured, and that discrimination and structural racism still exists across the county, including within large and small health systems.

Sectors Represented

- Academia
- Criminal justice
- First responders
- Health care
- Mental health
- Non-profit and philanthropy
- Public health
- Public K-12 education

Common Themes

- In order of ranked importance:
- High costs of care
 - Racism
 - Mental and behavioral health
 - Access to drug/alcohol treatment and recovery services
 - Health literacy
 - Access to healthy food
 - COVID-19

Meaningful Quotes

- “Everything is interconnected. You can’t throw money at improving hospital systems without simultaneously addressing the social and mental determinants of health.”
- “Incarceration usually doesn’t help people that have made poor decisions for themselves in the past. Recovery, economic opportunity, and mentorship is what really works.”
- “Many mental health issues are out of the clinician’s hands because they are a result of inadequate social and community support. Health care delivery could be improved, but the real issue is lack of funded social services for children and families.”

Civic Leader Interviews	
Key Summary Points	
Interviewing civic leaders helped give us greater insight into current and future trends in Tulsa County's health delivery system. Most of those we interviewed shared feedback honestly with us, accurately identifying gaps and unmet needs, while proposing reasonable plans to reverse negative trends.	
Sectors Represented	Common Themes
<ul style="list-style-type: none"> • City of Tulsa • Tulsa County • Tulsa Health Department 	<ul style="list-style-type: none"> • Mental and behavioral health • High costs of care • Racism • COVID-19 • Access to healthy food
Meaningful Quotes	
<ul style="list-style-type: none"> • "Our resilience strategy will realign Tulsa's priorities, especially as we become a non-majority-white city. We want Tulsa to be a place that welcomes everyone, which in turn will drive better health and wellness outcomes for all." • "There is far too much disagreement between federal, state, and local politicians; it's too much for a fatigued and skeptical public to absorb. Future efforts must focus on streamlining communications so the people have credible and consistent information coming from their leaders." 	

The same questions were posed in the Spanish-speaking focus groups. In those sessions, a number of concerns were revealed that were unique to the Hispanic community. For example, some spoke about clinicians unable or unwilling to provide translators for non-English-speaking patients and lack of informational materials written in Spanish. Immigrants in particular experience unique fears and concerns. Others noted a general lack of cultural awareness by the health care sector. Some participants said sensitive issues, such as sexual and reproductive health and end-of-life decisions, were discussed in direct ways by their providers, which was a cultural shock. Such differences could lead to prolonged mistrust.

To view community input data in its entirety, see [Appendix C](#).

Summary of Secondary Data

Secondary data is information that has already been collected and published by another party. Both governmental and non-governmental agencies routinely collect secondary data reflective of the health status of the population at the state and county levels through surveys and surveillance systems. Secondary data was compiled from various sources that are reputable and reliable.

Health indicators in the following categories were reviewed:

- Health outcomes
- Social and economic factors that impact health
- Health behaviors
- Access to health care
- Health disparities

When comparing secondary data results from the 2018 (fiscal year 2019) CHNA, there are several significant changes to report. Most notably, people in Tulsa County seem to experience higher median household income, lower unemployment, and higher educational attainment. These factors likely played a role in a higher rate of home ownership, less childhood poverty, fewer severe housing difficulties, and lower food insecurity. Unfortunately, numerous physical and mental health indicators have worsened over the past three years. Perhaps in part due to the COVID-19 pandemic, premature death rates increased, while many in the county report more physical and mental distress. Excessive alcohol, violent crime, diabetes incidence, fatal injuries, and HIV prevalence have all increased since the last CHNA report was published. However, the rates of death from suicide, opioid overdose and cancer have improved over the past three years. Some of these findings mirror observations seen across the entire northeastern Oklahoma region.

A summary of the secondary data collected and analyzed through this assessment is outlined below. To view secondary data and sources in its entirety, see [Appendix D](#).

Summary of COVID-19 Impact on Tulsa County

The COVID-19 pandemic has had an impact on communities worldwide. In the U.S., urban communities took the hardest hit for both COVID-19 cases and deaths. Profound disparities emerged as the pandemic grew. Older Americans have the highest risk of death from COVID-19 than any other age group, with 81 percent of deaths from COVID-19 in people over 65 years of age. There are significant disparities by race and ethnicity as well. Americans of color have higher risk of exposure, infection, and death compared with non-Hispanic white Americans.²

Significant COVID-19 disparities include:

- Hispanic persons at 2.3 times the risk of death
- Non-Hispanic Black persons at 1.9 times the risk of death
- American Indian or Alaska Native at 2.4 times the risk of death

Some reasons for these differences include:

- Systemic and structural racism
- More likely to live in crowded housing with close physical contact

² Centers for Disease Control and Prevention (<https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities>)

- More likely to work in an environment in which social distancing is not possible
- Inadequate access to health care
- Multigenerational families
- Higher rates of underlying conditions
- Other disparities and inequities

COVID-19 Impact on Tulsa County (as of Feb. 25, 2022)			
Indicator	Tulsa County	Oklahoma	Description
Total cases	167,771	1,021,595	Total number of confirmed COVID-19 cases in the population.*
Confirmed cases per 100,000	25,067	25,817	Total number of confirmed COVID-19 cases recorded per 100,000 population.*
Total deaths	1,979	14,612	Total number of confirmed cases of individuals who died of COVID-19 in the population.*
Deaths per 100,000	296	369	Total number of confirmed cases of individuals who died of COVID-19 recorded per 100,000 population.*
Case fatality percentage	1.2%	1.4%	Percentage of total confirmed cases of individuals who died of COVID-19.*

*Confirmed cases include presumptive positive cases.

Source: Johns Hopkins University & Medicine Coronavirus Resource Center (<https://coronavirus.jhu.edu>)

Written Comments on Previous CHNA and Implementation Strategy

Ascension St. John Broken Arrow's previous CHNA and implementation strategy were made available to the public and open for public comment via our website (<https://healthcare.ascension.org/chna>). No comments from the community were received.

Data Limitations and Information Gaps

Although it is quite comprehensive, this assessment cannot measure all possible aspects of health and cannot represent every possible population within Tulsa County. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak

a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.

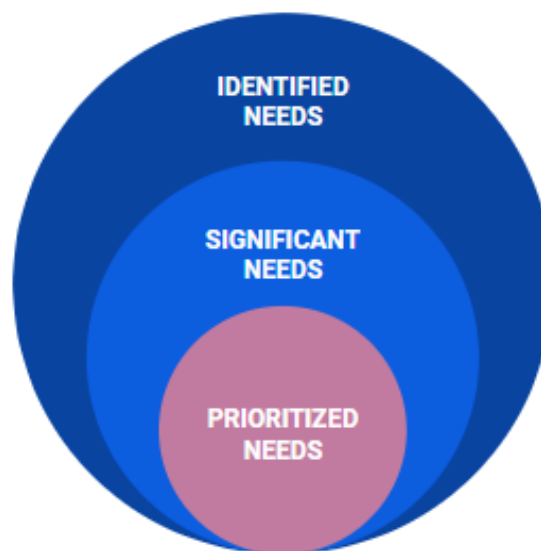
- Secondary data is limited in a number of ways, including timeliness, reach, and descriptive ability with groups as identified above.
- An acute community concern may significantly impact a hospital's ability to conduct portions of the CHNA. An acute community concern is defined by Ascension as an event or situation that may be severe and sudden in onset or newly affects a community. These events may impact the ability to collect community input, may not be captured in secondary data, and/or can present in the middle of the three-year CHNA cycle. For the 2021 CHNA, the following acute community concerns were identified:
 - The COVID-19 pandemic
 - Spike in inflation / economic instability
 - Widespread confusion about how to access newly expanded Medicaid in Oklahoma
 - Climate change
 - Increased racial tensions following high-profile incidents (e.g., the George Floyd murder)
 - Worsening political divisiveness that trickles down into everyday social interactions
 - Lack of services/resources to meet refugee intake

Despite the data limitations, Ascension St. John Broken Arrow is confident of the overarching themes and health needs represented through the assessment data. This is based on the fact that the data collection included multiple methods, both qualitative and quantitative, and engaged the hospital as well as participants from the community.

Community Needs

Ascension St. John Broken Arrow, with contracted assistance from Seven Rivers Consulting LLC, analyzed secondary data of over a broad number of indicators and gathered community input through interviews with community residents, vulnerable population groups, key stakeholders, and civic leaders to identify the needs in Tulsa County. In collaboration with community partners, Ascension St. John Broken Arrow used a phased prioritization approach to identify the needs. The first step was to determine the broader set of **identified needs**. Identified needs were then narrowed to a set of **significant needs** that were determined most crucial for community stakeholders to address.

Following the completion of the community health needs assessment (CHNA), Ascension St. John Broken Arrow will select all or a subset of the significant needs as the hospital's **prioritized needs** to develop a three-year implementation strategy. Although the hospital may address many needs, the prioritized needs will be at the center of a formal CHNA implementation strategy and corresponding tracking and reporting. The image above also describes the relationship between the needs categories.



Identified Needs

Ascension has defined “identified needs” as the health outcomes or related conditions (e.g., social determinants of health) impacting the health status of Tulsa County. The identified needs were categorized into groups such as health behaviors, social determinants of health, length of life, quality of life, clinical care, and systemic issues in order to better develop measures and evidence-based interventions that respond to the determined condition.

Significant Needs

In collaboration with community partners, Ascension St. John Broken Arrow utilized the Catholic Health Association’s “A Guide for Planning & Reporting Community Benefit” to develop a list of significant needs for Tulsa County. Ascension has defined “significant needs” as the identified needs that have been deemed most significant to address based on established criteria and/or prioritization methods.

Using Guideline 5 - Defining and Validating Priorities, we analyzed our data using recommended criteria and/or prioritization methods. The process occurred as follows:

- We combined and reviewed all of the data sets obtained from our research, including:
 - Focus group sessions
 - Vulnerable population group interviews
 - Key stakeholder interviews
 - Civic leader interviews
 - Secondary data

Our review revealed several key themes/problems (e.g., access to care, mental and behavioral health, etc.) that spanned across each of the data sets listed above. We further analyzed and prioritized each of the problems according to the following criteria:

- The relative number of people in the county impacted by the problem
- The importance of the problem to county residents and stakeholders
- Existing resources available in the county to address the problem
- The risk of disease/death associated with the problem
- The way the problem has improved or worsened in the county over the past several years
- The impact of the problem on vulnerable populations (e.g., Black or African American, LGBTQ+, etc.)

Through the prioritization process for the 2021 CHNA, we identified the following significant needs* for Tulsa County:

- Access to care: high costs of care
- Mental and behavioral health
- Racism
- Diet and exercise: access to healthy food
- Education: health literacy
- COVID-19
- Alcohol and drug use: access to treatment and recovery services
- Access to care: barriers to primary care

*Ascension's need terminology is based on the [County Health Rankings Model](#). However, if applicable, a measure within that need is noted after the colon to further specify or clarify the need.

To view health care facilities and community resources available to address the significant needs, please see [Appendix F](#).

A description (including data highlights, community challenges and perceptions, and local assets and resources) of each significant need are on the following pages.

Access to Care: High Costs of Care

Why Is It Important?

With a high number of people living near or below the poverty line, combined with rising out-of-pocket medical costs, many people in Tulsa County found care to be unaffordable. As a result, people are less likely to engage in preventive measures and wait to access care only when emergencies arise.

Local Assets & Resources

- Arms Around BA (minor medical)
- Ascension St. John and Saint Francis Health System financial assistance programs
- Broken Arrow Neighbors
- Catholic Charities of Eastern Oklahoma
- Community Health Connection
- Crossover Health Services
- Good Samaritan Health Services
- H.O.P.E. Testing
- Morton Comprehensive Health Services
- Neighbors Along the Line
- Neighbor for Neighbor
- Oklahoma Project Woman
- Other free and low-cost health care providers
- OU Bedlam Clinic
- Tulsa CARES
- Tulsa County Social Services
- Tulsa Day Center
- Tulsa Health Department
- Tulsa Healthcare Coverage Project (health care insurance enrollment assistance)
- Xavier Medical Clinic

Community Challenges & Perceptions

- People are frustrated when they perceive that their medical care is simultaneously expensive and low-quality.
- Often, people without insurance pay the highest prices for health care services.
- Employers often disallow low-income workers (and their dependents) the flexibility to access medical care during business hours. As a result, some inappropriately visit an urgent care or emergency center for primary care.

Individuals Who Are More Vulnerable

- Individuals whose income is near or below the federal poverty line
- Low-wage employees, particularly those with more than one job
- Individuals who are uninsured or underinsured
- Non-English speakers

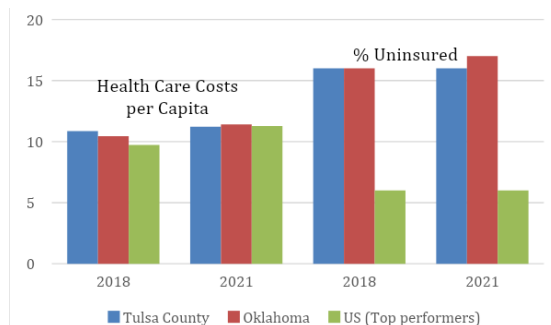
Data Highlights

	Health costs*		Uninsured**	
	2018	2021	2018	2021
Tulsa County	\$10.87	\$11.23	16	16
Oklahoma	\$10.45	\$11.41	16	17
U.S. (top performers)	\$9.72	\$11.28	6	6

*Amount of age- and price-adjusted Medicare reimbursements per enrollee (dollars in thousands)

**Percentage of population under age 65 without health insurance

Sources: County Health Rankings & Roadmaps, 2018 and 2021; The Dartmouth Atlas



Mental and Behavioral Health

Why Is It Important?

Without mental wellness, many people struggle with daily functioning in their roles as students, parents, or employees, leading to a less productive community. Across the region, access to comprehensive mental health services was limited, despite an adequate number of providers in Tulsa County.

Local Assets & Resources

- A New Way Center
- CALM Center (Counseling and Recovery Services of Oklahoma)
- Community Health Connection
- COPES (Family and Children's Services)
- Counseling and Recovery Services of Oklahoma
- CREOKS Health Services
- CrisisCare Center (Family and Children's Services)
- Dayspring Community Services
- Family and Children's Services
- Laureate Psychiatric Clinic and Hospital
- Mental Health Association Oklahoma
- Morton Comprehensive Health Services
- Oklahoma State University Behavioral Medicine Clinic
- Parkside Psychiatric Hospital & Clinic
- Private providers
- True Blue Neighbors Behavioral Health Clinic
- Tulsa Center for Behavioral Health
- Tulsa VA Behavioral Medicine Clinic

Community Challenges & Perceptions

- The COVID-19 pandemic increased isolation, depression, and stress.
- Stigma remains problematic.
- Lack of affordable housing often produces mental distress.
- Poor mental health places additional burdens on society:
 - Police, fire and EMSA
 - Schools
 - Health systems
 - Law enforcement and criminal justice.

Individuals Who Are More Vulnerable

- Blacks and African Americans
- Hispanics
- Native Americans
- Elders
- LGBTQ+ individuals
- Individuals experiencing alcohol and/or drug use disorders
- Males (with respect to suicide risk)

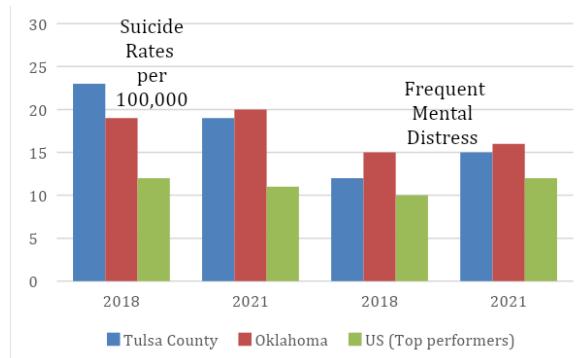
Data Highlights

	Suicide*		Frequent mental distress**	
	2018	2021	2018	2021
Tulsa County	23	19	12	15
Oklahoma	19	20	15	16
U.S. (top performers)	12	11	10	12

*Number of deaths due to suicide per 100,000 population (age-adjusted)

**Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted)

Sources: County Health Rankings & Roadmaps, 2018 and 2021; Oklahoma State Department of Health, 2021



Racism

Why Is It Important?

Over the past several centuries, systemic racism has created health disparities between people of color and their white counterparts. Residents of Tulsa County are coming to terms with the historical legacy of racism, looking for ways to foster healing and inclusion across diverse and multicultural populations. Given their stated missions, health systems should ensure that all people are treated equally – with dignity, compassion, and cultural competency.

Local Assets & Resources

- Greenwood Art Project
- Greenwood Rising
- Oklahoma Center for Community and Justice
- Oklahoma State University - Center for Truth, Racial Healing and Transformation
- 1921 Tulsa Race Massacre Centennial Commission
- Terence Crutcher Foundation
- Tulsa Area United Way
- YWCA Tulsa

Community Challenges & Perceptions

- Non-whites are more likely than whites to report mistrust, discrimination, and/or abuse when accessing health care services.
- People of color are more likely to recount histories of trauma, neglect, and abuse, while revealing higher adverse childhood experience (ACE) scores.
- Tulsa's predominantly Black and Hispanic neighborhoods see less investment in infrastructure, schools, green spaces, and health facilities compared with wealthier, whiter communities.
- People of color disproportionately represent the incarcerated population across Tulsa County and Oklahoma.

Individuals Who Are More Vulnerable

- Black, Indigenous, and other people of color (BIPOC)
- Immigrants and refugees
- Individuals whose income is near or below the federal poverty line
- Justice-involved individuals

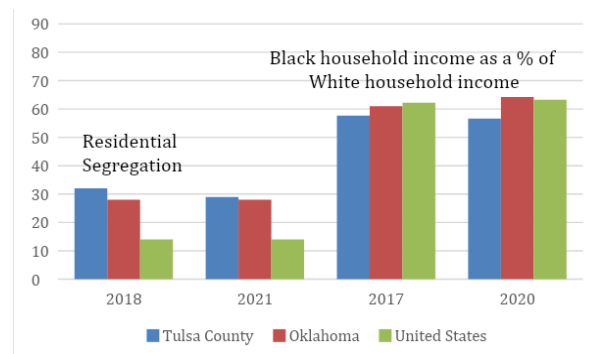
Data Highlights

	Residential segregation*		Median household income**	
	2018	2021	2017	2020
Tulsa County	23	19	12	15
Oklahoma	19	20	15	16
United States	12	11	10	12

*Index of dissimilarity, where higher values indicate greater residential segregation between Black and white county residents

**Median household income: Black household income as a percentage of white household income

Sources: County Health Rankings & Roadmaps, 2018 and 2021; American Community Survey Single-Year Estimates, U.S. Census Bureau, 2017 and 2020



Diet and Exercise: Access to Healthy Food

Why Is It Important?

Without access to healthy food, people are at higher risk of diet-related illnesses, such as obesity, diabetes, and cardiovascular disease. Access to low-cost, nutritious food is limited; many in our region live in “food deserts.” Those with limited income and/or who do not live within close proximity of a grocery store often suffer from diet-related illnesses at the highest rates. While regular physical activity rates are low across the county, exercise was not identified as a priority need among participants.

Community Challenges & Perceptions

- Access to grocery stores containing fresh, nutritious food can be limited in some neighborhoods.
- Fast food restaurants are ubiquitous across the county.
- Many lack health literacy, not understanding the links between the food they consume and related outcomes.
- Children and senior citizens are at highest risk for malnutrition and/or severe vitamin and mineral deficiencies.
- Even with good nutrition options, improving overall health is challenging because of a lack of reliable transportation and physical activity barriers.

Individuals Who Are More Vulnerable

- Elders
- Infants and young children
- Individuals with disabilities
- Individuals whose income is near or below the federal poverty line
- Individuals without reliable transportation

Local Assets & Resources

- Broken Arrow Neighbors
- Catholic Charities of Eastern Oklahoma
- Community Food Bank of Eastern Oklahoma
- Emergency Infant Services
- Food on the Move
- Healthy Community Store Initiative
- Hunger Free Oklahoma
- Iron Gate
- John 3:16 Mission
- Loaves and Fishes
- Meals on Wheels of Metro Tulsa
- Neighbors Along the Line
- Neighbor for Neighbor
- Oklahoma State Department of Education Office of Child Nutrition Services
- Owasso Community Resources Inc.
- Salvation Army - Tulsa Area
- South Tulsa Community House
- Supplemental Nutrition Assistance Program
- The Women, Infants, and Children Supplemental Nutrition Program (WIC)
- Tulsa & Creek Counties Senior Nutrition Program
- Tulsa County Social Services
- Tulsa Day Center
- Tulsa Dream Center
- Tulsa Farmers' Market (accepts SNAP and Double-Up Bucks Program)

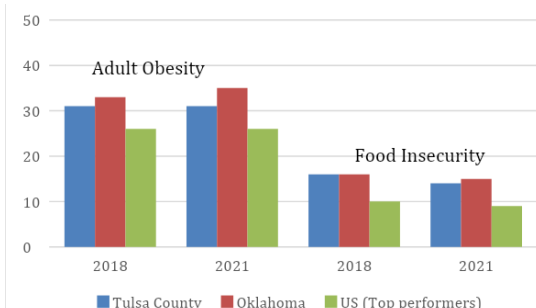
Data Highlights

	Obesity*		Food insecurity**	
	2018	2021	2018	2021
Tulsa County	31	31	16	14
Oklahoma	33	35	16	15
U.S. (top performers)	26	26	10	9

*Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m²

**Percentage of the population that lacks adequate access to food

Source: County Health Rankings & Roadmaps, 2018 and 2021



Health Literacy	
Why Is It Important?	Community Challenges & Perceptions
Lack of health literacy emerged as one of the most common themes identified among focus group participants, key stakeholders, and civic leaders. Despite recent attempts to “improve patient experience,” the entire health sector seems complex, poorly coordinated, and overwhelming to many seeking care. Furthermore, people reported difficulty with accessing safe housing, good nutrition, and reliable transportation. No clear reason emerged as a single cause, but bureaucratic processes, language barriers, and intimidation kept many from accessing health and social resources available in the community.	<ul style="list-style-type: none"> • Locating primary care providers is difficult, and the wait to be seen as a new patient can span many months. • Locating mental health and drug abuse recovery care is even more challenging. • Verbal and written instructions from health care providers seemed to confuse a great number of individuals. • Housing assistance, health care, and food benefit agencies generally do not coordinate with one another, leading to further confusion and inconvenience. • Many people we spoke with retain a strong sense of Individualism. That is, people often require basic services but are too prideful to accept help from the community.
Local Assets & Resources	Individuals Who Are More Vulnerable
<ul style="list-style-type: none"> • Community Service Council • Tulsa-City County Library • Tulsa Health Department • University of Oklahoma Health Literacy Library 	<ul style="list-style-type: none"> • Individuals whose income is near or below the federal poverty line • Elders • Individuals whose first language is not English • Individuals with only a high school education (or less) • Individuals experiencing mental and behavioral health conditions
Data Highlights	
There is no data to report for this significant need.	

COVID-19

Why Is It Important?

The COVID-19 pandemic has led to unprecedented morbidity and mortality across the region. It has also created widespread social and economic dysfunction. Many people suddenly lost their employment and housing, while educational institutions were closed for months at a time, stymieing childhood intellectual and social development. The pandemic exposed lingering issues of inequality and racial discrimination, setting the stage for conflict between those favoring individual rights vs. protecting the public. Unfortunately, misinformation continues to thwart the ability to keep citizens healthy and thriving in their communities.

Local Assets & Resources

- Local health systems
- Local pharmacies
- Oklahoma State Department of Health
- Tulsa Health Department
- Private providers

Community Challenges & Perceptions

- The pandemic promoted stress and isolation among all communities, regardless of wealth, education, or health status.
- Many medical and mental health conditions flared during the pandemic because of a lack of access to personnel, facilities, screening, and treatment.
- Domestic violence, crime, and substance abuse also rose during the pandemic.
- Some believe that fatigue, fear, and skepticism associated with the pandemic is contributing to widespread societal breakdown.

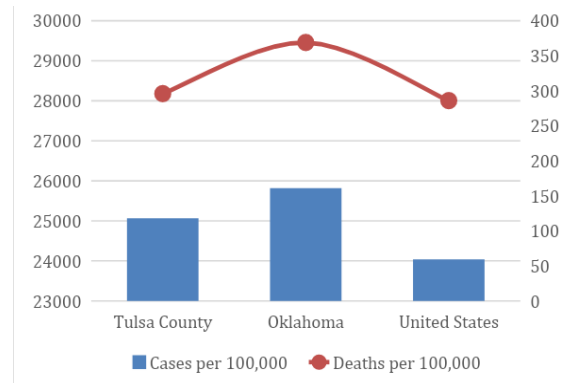
Individuals Who Are More Vulnerable

- Elders
- Individuals experiencing chronic medical conditions:
 - Diabetes
 - Cardiovascular disease
 - Cancer
 - Pulmonary conditions
- Immunocompromised individuals
- Individuals diagnosed with obesity
- Pregnant women
- Individuals whose income is near or below the federal poverty line

Data Highlights

	Cases per 100,000*	Deaths per 100,000**
	As of 02/25/22	As of 02/25/22
Tulsa County	25,067	296
Oklahoma	25,817	369
United States	24,038	286

Sources: Johns Hopkins University Coronavirus Resource Center, Centers for Disease Control and Prevention (CDC)



Also, see pages 21-22.

Alcohol and Drug Use: Access to Treatment and Recovery Services

Why Is It Important?

Abuse of alcohol and illicit drugs remains a leading reason for societal dysfunction, which can lead to the breakdown of relationships, families, economic stability, and long-term illness, and even entanglements with the criminal justice system. Yet, many people abuse alcohol and drugs to “escape” from a variety of everyday issues, including mental distress, anguish, and boredom. Nearly everyone we interviewed agreed that recovery resources are limited across the region, particularly for those requiring long-term treatment and counseling.

Local Assets & Resources

- CALM Center
- Counseling and Recovery Services of Oklahoma
- CREOKS Health Services
- Faith-based organizations
- Family and Children's Services
- Laureate Psychiatric Clinic and Hospital
- Parkside Psychiatric Hospital & Clinic
- Private facilities
- Resonance Center for Women
- Sangha Tulsa
- Tulsa Boys Home
- 12&12 Addiction Recovery Center
- Women in Recovery (Family and Children's Services)

Community Challenges & Perceptions

- When people fail to meet their social, economic, and mental health needs, alcohol and drugs offer immediate relief.
- Sometimes it's easier to obtain illicit drugs than prescribed ones.
- Fentanyl and methamphetamine abuse rates are rising across northeastern Oklahoma.
- Accessing acute recovery intervention services (detox) is straightforward, but long-term treatment is under-resourced, understaffed, and generally inaccessible, even with insurance.

Individuals Who Are More Vulnerable

- Individuals whose income is near or below the federal poverty line
- Individuals with pre-existing chronic physical disorders (e.g., chronic pain)
- Individuals with pre-existing mental health disorders
- Individuals who drink alcohol and use prescribed opioids in the community
- Individuals who are uninsured or have trouble accessing primary care and/or mental health services
- Individuals who are unemployed and underemployed

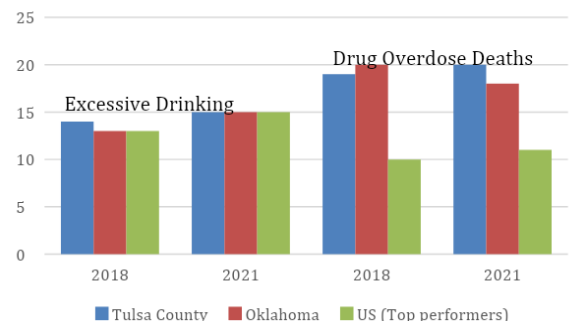
Data Highlights

	Excessive drinking*		Drug deaths**	
	2018	2021	2018	2021
Tulsa County	14	15	19	20
Oklahoma	13	15	20	18
U.S. (top performers)	13	15	10	11

*Percentage of adults reporting binge or heavy drinking (age-adjusted)

**Number of drug poisoning deaths per 100,000 population

Sources: County Health Rankings & Roadmaps, 2018 and 2021; Oklahoma State Department of Health



Access to Care: Barriers to Primary Care

Why Is It Important?

Primary care is an essential pillar for reducing health disparities and helping people thrive in their communities. However, accessing primary care services can be quite challenging. Lack of health insurance, language barriers, inability to take time off work to attend appointments, caregiving responsibilities, transportation-related barriers, and a shortage of providers all erode primary care's ability to keep communities healthy.

Local Assets & Resources

- Arms Around BA (minor medical)
- Ascension St. John and Saint Francis Health System financial assistance programs
- Broken Arrow Neighbors
- Catholic Charities of Eastern Oklahoma
- Community Health Connection
- Crossover Health Services
- Good Samaritan Health Services
- Local health systems
- Morton Comprehensive Health Services
- Neighbors Along the Line
- Neighbor for Neighbor
- Other free and low-cost health care providers
- OU Bedlam Clinic
- Tulsa County Social Services
- Tulsa Day Center
- Tulsa Health Department
- Tulsa Healthcare Coverage Project (health care insurance enrollment assistance)
- Xavier Medical Clinic

Community Challenges & Perceptions

- Accessing appointments outside of business hours is limited.
- Inappropriate urgent care and emergency department use is in direct response to poor access to primary care.
- There are long waits for scheduling new appointments with primary care providers.
- There is a general lack of understanding the health system (i.e., low health literacy).
- The health care workforce is diminishing due to aging providers and clinician burnout.
- Lack of health insurance severely restricts primary care access and choice.

Individuals Who Are More Vulnerable

- Low-wage employees, particularly those with more than one job
- Individuals who are uninsured or underinsured
- Non-English speakers
- Individuals with poor health literacy

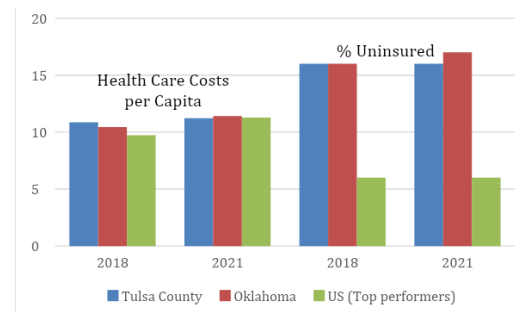
Data Highlights

	Health costs*		Uninsured**	
	2018	2021	2018	2021
Tulsa County	\$10.87	\$11.23	16	16
Oklahoma	\$10.45	\$11.41	16	17
U.S. (top performers)	\$9.72	\$11.28	6	6

*Amount of age- and price-adjusted Medicare reimbursements per enrollee (dollars in thousands)

**Percentage of population under age 65 without health insurance

Sources: County Health Rankings & Roadmaps, 2018 and 2021; The Dartmouth Atlas



Prioritized Needs

Following the completion of the assessment, Ascension St. John Broken Arrow, in collaboration with Seven Rivers Consulting, has selected the prioritized needs outlined below for its 2021 CHNA implementation strategy. Ascension has defined “prioritized needs” as the significant needs that have been prioritized by the hospital to address through the three-year CHNA implementation strategy:

- **Access to care: high costs of care** – This need was selected because the number of people living in poverty in northeastern Oklahoma exceeds national averages. The root causes of intergenerational poverty are complex and often involve many predisposing factors, including lack of access to education, economic opportunities, and medical care. Those who are impoverished often focus on immediate priorities, such as shelter, food, and transportation. With out-of-pocket medical costs rising faster than the rates of wages and inflation, accessing medical care is simply not a priority, unless there is an acute emergency.
- **Mental and behavioral health** – This need was selected because across the region, access to comprehensive mental health care is limited. Chronic stress, the COVID-19 pandemic, poverty, and ongoing alcohol and drug use disorders all fuel poor mental health across Tulsa County. Regular counseling is difficult to access and is generally available only to wealthy individuals, given that most mental health care providers only accept cash (rather than insurance) payments for therapy services. While secondary data on adverse childhood experiences (ACEs) are not universally captured, the issue was referenced several times by community input participants, particularly as they affect the development of many mental health conditions. Ascension St. John recognizes that ACEs disproportionately affect the county and intends to continue its work to address them through implementation strategy efforts.
- **Racism** – This need was selected because even though the U.S. will become a majority non-white nation by the middle of this century, systemic injustice and racism remain part of many American core structures today. Blacks and African Americans, Hispanics and Native Americans often have lower survival rates, higher infant mortality figures, lower wages, less homeownership, and poorer nutrition, and are more likely to live in poverty than their white counterparts. Many community input participants for Tulsa County recognized that these lasting disparities are damaging our society and hope that health systems will more fully embrace diversity, equity, and inclusion among people of color.

Ascension St. John Broken Arrow understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. For the purposes of this CHNA, Ascension St. John Broken Arrow has chosen to focus its efforts on the priorities listed above.

Diet and exercise, education, COVID-19, and alcohol and drug use were not selected in this CHNA cycle. A thorough analysis of data was performed, and while many needs were deemed important, these did not rise to the same level of prioritization as the three needs listed above.

While all of these issues continue to plague residents living across the county, they did not match the numbers concerned about access to care, mental and behavioral health, and racism. Furthermore, people reported that access to healthy food, health literacy, COVID-19, and alcohol and drug use were important, but less likely to impact daily life. Still, these issues deserve further attention and study by health systems, as they reflect important secondary factors adversely affecting health and prosperity in Tulsa County.

Summary of Impact from the Previous CHNA Implementation Strategy

An important piece of the three-year CHNA cycle is revisiting the progress made on priority needs set forth in the preceding CHNA. By reviewing the actions taken to address the significant needs and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next CHNA cycle.

Highlights from the Ascension St. John Broken Arrow's previous implementation strategy include:

- Removed barriers of access to health care within the service area by advocating Medicaid expansion in Oklahoma to increase coverage for community members living in poverty.
- Addressed racial inequities and disparities through new and existing community partnerships.
- Participated in the Accountable Health Communities (AHC) program in partnership with MyHealth Access Network, the Tulsa Health Department and more than 4,800 community service providers to screen patients for needs pertaining to social determinants of health (SDoH) and provide navigation services to address needs.
- Promoted access to health care for underserved populations through community-based Medical Mission at Home events and free drive-through and on-site vaccine clinics.
- Explored various opportunities to develop initiatives to address food insecurity in the community, forging new partnerships and connections with areas of the hospital.
- Assessed opportunities for systematic screening and intervention for patients identified as tobacco users in ambulatory and inpatient settings to reduce the health impact of tobacco use in the community. Streamlined a tobacco cessation process that allows e-referrals from the electronic medical record to the Hospitals Helping Patients Quit program.
- Conducted education on adverse childhood experiences (ACEs) and human trafficking to more than 20 community agencies and organizations to increase awareness on the correlation between high ACE scores and human trafficking, as well as their impact on health outcomes.
- Expanded the Ascension St. John suspected child abuse and neglect (SCAN) committee to include community experts and liaisons.
- Since the program inception in August 2018 (through March 2022), the Ascension St. John Human Trafficking Education and Response Program has offered assistance to a total of 171 suspected victims of human trafficking. Additionally, the program offered human trafficking education to 5,500 associates and community partners thus far.
- The Ascension St. John Human Trafficking Education & Response Program received a federal grant totaling \$350,000 over three years. This grant is awarded by the Office for Victims of Crime of the U.S. Department of Justice's Office of Justice Programs. Ascension St. John was the only recipient of this award in Oklahoma.

- Geared grant funding programs to prioritize community programs and services that address one or more of the priority health needs identified through the CHNA.

A full evaluation of our efforts to address the priority health needs identified in the 2018 (fiscal year 2019) CHNA can be found in [Appendix G](#).

Approval by Hospital Board of Directors

To ensure the Ascension St. John Broken Arrow's efforts meet the needs of the community and have a lasting and meaningful impact, the 2021 community health needs assessment (CHNA) was presented to the Ascension St. John Broken Arrow board of directors for approval and adoption on April 21, 2022, as well as the Ascension St. John health system board of directors on April 27, 2022. Although an authorized body of the hospital must adopt the CHNA and implementation strategy reports to be compliant with the provisions in the Affordable Care Act, adoption of the CHNA also demonstrates that the board is aware of the findings from the CHNA, endorses the priorities identified, and supports the strategy that has been developed to address prioritized needs.

Conclusion

The purpose of the community health needs assessment (CHNA) process is to develop and document key information on the health and well-being of the community Ascension St. John Broken Arrow serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Ascension St. John Broken Arrow to guide the implementation strategies and community health improvement efforts as required by the Affordable Care Act. The 2021 CHNA will also be made available to the broader community as a useful resource for further health improvement efforts.

Ascension St. John Broken Arrow hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Tulsa County. As a Catholic health ministry, Ascension St. John Broken Arrow is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals, but the community it serves. With special attention to those who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. Ascension St. John Broken Arrow is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch. The hospital values the community's voice and welcomes feedback on this report. Please visit our public website (<https://healthcare.ascension.org/chna>) to submit your comments.

Appendices

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Appendix A: Definitions and Terms

Acute Community Concern

An acute community concern is an event or situation that may be severe and sudden in onset, or newly affects a community. This could describe anything from a health crisis (e.g., COVID-19, water poisoning) to an environmental disaster (e.g., tornado, flood) or other event that suddenly impacts a community. The framework is a defined set of procedures to provide guidance on the impact (current or potential).

Source: Ascension Acute Community Concern Assessment Framework

Collaborator

A collaborator is a third-party, external community partner that is working with the hospital to complete the assessment. Collaborators might help shape the process, identify key informants, set the timeline, contribute funds, etc.

Community Focus Groups

A focus group is a group discussion with selected individuals. A skilled moderator is needed to lead focus group discussions. Members of a focus group can include internal staff, volunteers and the staff of human service and other community organizations, users of health services, and members of minority or disadvantaged populations.

Source: Catholic Health Association, Assessing and Addressing Community Health Needs, 2015 Edition II

Community Served

A hospital facility may take into account all the relevant facts and circumstances in defining the community it serves. This includes: the geographic area served by the hospital facility; target populations served, such as children, women, or the aged; and principal functions, such as a focus on a particular specialty area or targeted disease.

Consultant

A consultant is a third-party, external entity paid to complete specific deliverables on behalf of the hospital (or coalition/collaborators); it is alternatively referred to as a vendor.

Demographics

Demographics are the population characteristics of the community. Sources of information may include population size, age structure, racial and ethnic composition, population growth, and density.

Source: Catholic Health Association, Assessing and Addressing Community Health Needs, 2015 Edition II

Identified Need

An identified need is a health outcome or related condition (e.g., social determinant of health) impacting the health status of the community served.

Key Stakeholder Interviews

Key stakeholder interviews are a method of obtaining input from community leaders, organization/agency representatives, and public health experts one-on-one. Interviews can be conducted in person or over the telephone. In structured interviews, questions are prepared and standardized prior to the interview to ensure consistent information is solicited on specific topics. In less structured interviews, open-ended questions are

asked to elicit a full range of responses. Individuals with a special knowledge or expertise in public health may include representatives from a state or local health department, faculty from schools of public health, and providers with a background in public health. Key stakeholders may also be referred to as key informants.

Source: Catholic Health Association, Assessing and Addressing Community Health Needs, 2015 Edition II

Medically Underserved Populations

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Source: Internal Revenue Service

Prioritized Need

A prioritized need is one of the significant needs that has been selected by the hospital to address through the CHNA implementation strategy.

Significant Need

A significant need is an identified need that has been deemed important to address based on established criteria and/or prioritization methods.

Appendix B: Community Demographic Data and Sources

The tables below provide a description of the community's demographics. The description of the importance of the data is largely drawn from the County Health Rankings and Roadmaps website.

Population

Why it is important: The composition of a population, including related trends, is important for understanding the community context and informing community planning.

Population	Tulsa County	Oklahoma	U.S.
Total	651,552	3,956,971	331,839,745
Male	48.8%	49.5%	49.2%
Female	51.2%	50.5%	50.8%
Data sources: U.S. Census Bureau, 2020; County Health Rankings & Roadmaps, 2021			

Population by Race or Ethnicity

Why it is important: The race and ethnicity composition of a population is important in understanding the cultural context of a community. The information can also be used to better identify and understand health disparities.

Race or Ethnicity	Tulsa County	Oklahoma	U.S.
Asian	3.6%	2.4%	5.9%
Black / African American	10.3%	7.4%	13.4%
Hispanic / Latinx	13.3%	11.1%	18.5%
Native American	6.9%	9.4%	1.3%
White	61.2%	65%	60.1%
Data sources: U.S. Census Bureau, 2020; County Health Rankings & Roadmaps, 2021			

Population by Age

Why it is important: The age structure of a population is important in planning for the future of a community, particularly for schools, community centers, health care and child care. A population with more youths will have greater education needs and child care needs, while an older population may have greater health care needs.

Age	Tulsa County	Oklahoma	U.S.
Median age	35.7	36.9	38.2
Age 0-17	25.1%	24.1%	22.3%
Age 18-64	60.1%	59.8%	61.2%
Age 65+	14.8%	16.1%	16.5%
Data sources: U.S. Census Bureau, 2020; County Health Rankings & Roadmaps, 2021			

Income

Why it is important: Median household income and the percentage of children living in poverty, which can compromise physical and mental health, are well-recognized indicators. People with higher incomes tend to live longer than people with lower incomes. In addition to affecting access to health insurance, income affects access to healthy choices, safe housing, safe neighborhoods and quality schools. Chronic stress related to not having enough money can have an impact on mental and physical health. ALICE, an acronym for Asset Limited, Income Constrained, Employed, are households that earn more than the U.S. poverty level, but less than the basic cost of living for the county. Combined, the number of poverty and ALICE households equals the total population struggling to afford basic needs.

Income	Tulsa County	Oklahoma	U.S.
Median household income	\$47,650	\$52,919	\$62,843
Per capita income	\$30,970	\$28,422	\$34,103
People with incomes below the federal poverty guideline	12.8%	14.3%	11.4%
ALICE households	N/A	27%	29%
Data sources: U.S. Census Bureau, 2020; County Health Rankings & Roadmaps, 2021; UnitedforAlice.org			

Education

Why is it important: There is a strong relationship between health, lifespan and education. In general, as income increases, so does lifespan. The relationship between more schooling, higher income, job opportunities (e.g., pay, safe work environment) and social support, help create opportunities for healthier choices.

Income	Tulsa County	Oklahoma	U.S.
High school grad or higher	89.4%	88%	88%
Bachelor's degree or higher	31.5%	25.5%	32.1%
Data sources: U.S. Census Bureau, 2020; County Health Rankings & Roadmaps, 2021			

Insured/Uninsured

Why it is important: Lack of health insurance can have serious health consequences due to lack of preventive care and delays in care that can lead to serious illness or other health problems.

Income	Tulsa County	Oklahoma	U.S.
Uninsured (<65 years old)	15.7%	16.6%	10.2%
Medicaid participation	30.4%	30.1%	25.6%
Data sources: County Health Rankings & Roadmaps, 2021; Kaiser Family Foundation, 2020; Oklahoma Health Care Authority, 2020			

Appendix C: Community Input Data and Sources

Focus Groups

Fifty-nine anonymous individuals participated in 10 focus groups. An additional 53 individuals completed online surveys, for a total of 112 interviewees in Tulsa County. One focus group of three participants and nine electronic surveys were completed entirely in Spanish.

Interviews with Vulnerable Population Groups, Key Stakeholders, and Civic Leaders

211 Eastern Oklahoma	Ashlie Casey
Catholic Charities of Eastern Oklahoma	Peter Chacon
The Center for Individuals with Physical Challenges	Wendi Fralick
Child Abuse Network	Michael Baxter, DO
City of Tulsa, Mayor's Office	Krystal Reyes
Community Action Project	Karen Kiely
Community Health Connection	Jim McCarthy
Domestic Violence Intervention Services	Tracy Lyall
EMSA	John Graham
Family & Children's Services	Mimi Tarrasch
George Kaiser Family Foundation	Monica Basu
Hospice of Green Country	Carol Goldstein
Morton Comprehensive Health Services	Jan Figart, NP
MyHealth Access Network	David Kendrick, MD, MPH
Oak Street Health	John Schumann, MD
Oklahoma State University Center for Health Sciences	Sara Coffey, DO
Oklahomans for Equality	Toby Jenkins
Terence Crutcher Foundation	Tiffany Crutcher, PhD
Tulsa Area United Way	Brent Sadler
Tulsa County District Court, Juvenile Division	Judge Theresa Dreiling
Tulsa County Medical Society	Peter Aran, MD
Tulsa County Public Defender's Office	Zach Stegman
Tulsa County Sheriff's Office	Amy Santee
Tulsa County Social Services	Linda Johnston
Tulsa Day Center	Leslie Petty
Tulsa Educare	Cindy Decker
Tulsa Health Department	Bruce Dart, PhD



Ascension St. John

Tulsa Police Department
Tulsa Public Schools
University of Oklahoma Bedlam Clinics
University of Oklahoma-Tulsa
University of Tulsa, Office of Diversity,
Equity & Inclusion
Utica Park Clinic
Youth Services of Tulsa

Capt. Shellie Seibert
Chrystal Lewis, DC, RN
Janelle Whitt, DO
Blanca Charles, RN
Kelli McLoud-Schingen

Nydia Parks, APRN-CNP
Craig Henderson, LCSW

Appendix D: Secondary Data and Sources

The tables below are based on data vetted, compiled, and made available on the County Health Rankings and Roadmaps (CHRR) website (<https://www.countyhealthrankings.org>). The site is maintained by the University of Wisconsin Population Health Institute, School of Medicine and Public Health, with funding from the Robert Wood Johnson Foundation. CHRR obtains and cites data from other public sources that are reliable. CHRR also shares trending data on some indicators.

CHRR compiles new data every year and shares it with the public in March. The data below is from the 2021 publication. It is important to understand that reliable data is generally two to three years behind due to the importance of careful analysis. Note: Data in the charts do not reflect the effects that the COVID-19 pandemic has had on communities.

How to Read These Charts

Why they are important: Explains why we monitor and track these measures in a community and how it relates to health. The descriptions of “why they are important” are largely drawn from the CHRR website as well.

County vs. state: Describes how the county’s most recent data for the health issue compares to state.

Trending: CHRR provides a calculation for some measures to explain whether a measure has worsened or improved since the 2018 (fiscal year 2019) CHNA was completed.

- Red: The measure is worsening in this county.
- Green: The measure is improving in this county.
- Empty: There is no data trend to share or the measure has remained the same.

Top U.S. counties: The best 10 percent of counties in the country. It is important not just to compare with Oklahoma overall but also to know how the best counties are doing and how our county compares.

Description: Explains what the indicator measures, how it is measured, and who is included in the measure.

N/A: Not available or not applicable. There might not be available data for the community on every measure. Some measures will not be comparable.

Health Outcomes

Why they are important: Health outcomes reflect how healthy a county is right now. They reflect the physical and mental well-being of residents within a community.

Indicators	Trend	Tulsa County	Oklahoma	Top U.S. Counties	Description
Length of Life					
Premature death		10,440	12,295	5,500	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life expectancy		76.8	76	81.1	How long the average person should live.
Infant mortality		7.4	7.4	4	Number of all infant deaths (within 1 year) per 1,000 live births.
Physical Health					
Poor or fair health		19.6%	20.9%	12%	Percent of adults reporting fair or poor health.
Poor physical health days		4.5	4.5	3.1	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent physical distress		13.2%	14.2%	9%	Percent of adults reporting 14 or more days of poor physical health per month.
Low birth weight		8.3%	8%	6%	Percent of babies born too small (less than 2,500 grams).
Injury deaths		83.2	94.4	58	Number of unintentional injury deaths per 100,000 population.
Mental Health					
Poor mental health days		4.9	4.8	3.4	Average number of mentally unhealthy days reported in the past 30 days.
Frequent mental distress		15.2%	15.6%	12%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide		18.8	20.2	11	Number of deaths due to suicide per 100,000.
Morbidity					
Diabetes prevalence		10.8%	12.3%	7%	Percent of adults aged 20 and above with diagnosed diabetes.
Cancer incidence		472.7	439.2	442.4	Number of new cancer diagnoses per 100,000.

Communicable Disease					
HIV prevalence		303	192	41	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Sexually transmitted infections		692	559	161	Number of newly diagnosed chlamydia cases per 100,000.
Sources: https://www.countyhealthrankings.org/explore-health-rankings ; Centers for Disease Control and Prevention, 2018					

Social and Economic Factors

Why they are important: These factors have a significant effect on our health. They affect our ability to make healthy decisions, afford medical care, afford housing and food, manage stress and more.

Indicators	Trend	Tulsa County	Oklahoma	Top U.S. Counties	Description
Economic Stability					
Median household income		\$47,650	\$52,919	\$69,000	Income where half of households in a county earn more and half of households earn less.
Unemployment		3.2%	3.3%	2.6%	Percentage of population ages 16 and older unemployed but seeking work.
Poverty		12.8%	14.3%	11.4%*	Percentage of population living below the federal poverty line.
Children eligible for free or reduced-price lunch		56%	62%	32%	Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch.
Childhood poverty		19.6%	19.7%	11%	Percentage of people under age 18 in poverty.
Educational Attainment					
High school completion		89.4%	88%	96%	Percentage of ninth grade cohort that graduates in four years.
Some college		64.7%	59.5%	73%	Percentage of adults ages 25-44 with some post-secondary education.
Social/Community					
Children in single-parent homes		28.4%	26.5%	20%	Percentage of children that live in a household headed by a single parent.
Social associations		11.6	11.6	18.4	Number of membership associations per 10,000 population.

Disconnected youth		7.6%	8%	4%	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Juvenile arrests		25.6	20.6	N/A	Rate of delinquency cases per 1,000 juveniles.
Violent crime		685	428	63	Number of reported violent crime offenses per 100,000 population.
Access to Healthy Foods					
Food environment index		7.2	5.8	8.6	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food insecurity		13.9%	15.1%	9%	Percent of the population who lack adequate access to food.
Limited access to healthy foods		9.3%	8.6%	2%	Percent of the population who are low-income and do not live close to a grocery store.
Source: https://www.countyhealthrankings.org/explore-health-rankings					

*All U.S. counties (not just top U.S. counties)

Physical Environment

Why it is important: The physical environment is where people live, learn, work, and play. The physical environment impacts our air, water, housing and transportation to work or school . Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.

Indicators	Trend	Tulsa County	Oklahoma	Top U.S. Counties	Description
Physical Environment					
Severe housing cost burden		12.1%	11%	7%	Percentage of households that spend 50% or more of their household income on housing.
Severe housing problems		15.1%	14%	9%	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

Air pollution / particulate matter		9.5	8.2	6.1	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership		58.8%	65.6%	81%	Percentage of occupied housing units that are owned.
Year structure built		81.5%	78.9%	82.5%*	Percentage of homes built before the year 2000.
Long commute, driving alone		19%	16%	27%	Percentage of people driving alone >30 minutes to their workplace.
Sources: https://www.countyhealthrankings.org/explore-health-rankings ; American Community Survey (U.S. Census Bureau), 2020 and 2017					

*All U.S. counties (not just top U.S. counties)

Clinical Care

Why it is important: Access to affordable, quality care can help detect issues sooner and prevent disease. This can help individuals live longer and have healthier lives.

Indicators	Trend	Tulsa County	Oklahoma	Top U.S. Counties	Description
Health Care Access					
Uninsured		15.7%	16.6%	6%	Percentage of population under age 65 without health insurance.
Uninsured adults		19.3%	20.2%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children		7.6%	8.3%	3%	Percentage of children under age 19 without health insurance.
Primary care physicians		906:1	1642:1	1030:1	Ratio of the population to primary care physicians.
Other primary care providers		768:1	989:1	665:1	Ratio of the population to primary care providers other than physicians.
Mental health providers		213:1	244:1	290:1	Ratio of the population to mental health providers.
Hospital Utilization					
Preventable hospital stays		4,852	4,781	2,761	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.

Preventive Health Care					
Flu vaccinations		53%	49%	53%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography screenings		40%	38%	50%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: https://www.countyhealthrankings.org/explore-health-rankings					

Health Behaviors

Why they are important: Health behaviors are actions individuals take that can affect their health. These actions can lead to positive health outcomes or they can increase someone's risk of disease and premature death. It is important to understand that not all people have the same opportunities to engage in healthier behaviors.

Indicators	Trend	Tulsa County	Oklahoma	Top U.S. Counties	Description
Healthy Life					
Adult obesity		30.6%	34.5%	26%	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.
Physical inactivity		26.4%	26.8%	20%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to exercise opportunities		91.7%	71.3%	91%	Percentage of population with adequate access to locations for physical activity.
Insufficient sleep		34.9%	37.5%	27%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor vehicle crash deaths		11.9	17.4	9	Number of motor vehicle crash deaths per 100,000 population.
Substance Use and Misuse					
Adult smoking		19%	20%	14%	Percentage of adults who are current smokers.
Excessive drinking		15%	14.9%	13%	Percentage of adults reporting binge or heavy drinking.

Alcohol-impaired driving deaths		31.6%	26.5%	11%	Percent of alcohol-impaired driving deaths.
Opioid-related hospitalizations		N/A	207.2	286.1*	Opioid-related inpatient hospital stays per 100,000 population.
Unintentional drug overdose deaths		20	18	10.8	Rate of unintentional drug overdose deaths per 100,000 population.
Sexual Health					
Teen births		31	33.3	13	Number of births per 1,000 female population ages 15-19.
Sexually transmitted infections		692	559	161	Number of newly diagnosed chlamydia cases per 100,000 population.
Sources: https://www.countyhealthrankings.org/explore-health-rankings ; Oklahoma State Department of Health; Agency for Healthcare Research and Quality, 2018					

*All U.S. counties (not just top U.S. counties)

Appendix E: Significant Need Highlights

The following list of significant needs is listed in order of most pressing concerns as identified through community input and secondary data methods:

1. Access to care: high costs of care
2. Mental and behavioral health
3. Racism
4. Diet and exercise: access to healthy food
5. Education: health literacy
6. COVID-19
7. Alcohol and drug use: access to treatment and recovery services
8. Access to care: barriers to primary care

Access to Care: High Costs of Care

Rising housing, food, transportation, and health care prices are placing increasing pressure on American families. Out-of-pocket medical costs are rising exponentially faster than the rate of wages and inflation. Meanwhile, the number of people living in poverty in northeastern Oklahoma exceeds national averages. The root causes of intergenerational poverty are complex and often include many predisposing factors, including lack of access to education, medical care, and economic opportunities. Other factors, including widespread poor mental health, childhood trauma and structural racism entrap people within cycles of poverty. Research demonstrates that those who are impoverished often focus on immediate priorities, such as shelter, food, and transport. Unless there is an acute medical emergency, healthy living habits and preventive care are simply not prioritized.

Key themes that arose in our interviews include the following:

- People become frustrated when they perceive that their medical care is simultaneously expensive and of low value. Situations often worsen when providers communicate poorly or test results prove inconclusive.
- Often, people without insurance pay the highest prices for health care services. Without good negotiation skills, discounted care is difficult to secure.
- Employers often disallow low-income workers (and their dependents) the flexibility to access medical care during business hours. As a result, some inappropriately visit urgent care centers or emergency rooms for primary care.

What can health systems and policy makers do?

- Consider offering evening and weekend primary care clinics that provide sliding-scale fee schedules for low-income patients.
- Broaden chronic disease management programs, especially those that require fewer in-person office visits to manage ongoing illnesses (e.g., congestive heart failure).
- Expand telehealth clinical visits.
- Consider co-sponsoring school-based clinics for K-12 students and staff.
- Offer low-income patients the opportunity to work out payment plans over time, thereby reducing risk for medical debt and bankruptcy.

Notable Quotes

"Walking into the doctor's office will set me back at least \$200. Most of the time, they don't even fix the issue; all they seem to do is deliver bad news and prolong my problems. Quite honestly, I'd rather go without care."

"I just can't afford my insulin anymore. No way."

"When you tell them you can't pay [the medical bill] they look at you funny, like you're less than a human being. That's the worst feeling I've ever had."

Stories of Resilience

"Even after my insurance kicked in, the hospital bill totaled \$2,500, and I had no idea how I was going to pay it. I mentioned this to a friend, who agreed to accompany me to a meeting with a hospital business manager. After I pleaded my case, they agreed to lower my bill by a third and accepted a gradual payment plan. The hospital staff was so nice; they treated me with dignity. But I never would've gone back [to the hospital] had someone not pushed me to go."

Mental and Behavioral Health

Health leaders and laypeople alike identified mental health as the No. 1 issue that requires wider access and greater support. Without mental wellness, many people are unable to succeed in their roles as students, parents, or employees, leading to a less productive community. Across the region, access to comprehensive mental health was limited. While many felt it was easy to access a provider for initial assessment, ongoing treatment is only available to wealthy individuals. Many mental health providers/therapists hesitantly accept insurance, despite the fact that high out-of-pocket costs are prohibitively expensive to most people living in the community. While secondary data on adverse childhood experiences (ACEs) are not universally captured, the issue was referenced several times by community input participants, particularly as they affect the development of many mental health conditions. Ascension St. John recognizes that ACEs disproportionately affect the county and intends to continue its work to address them through implementation strategy efforts.

Key themes that arose in our interviews include the following:

- The COVID-19 pandemic fragmented individuals and communities, leading to increased isolation, depression, and stress.
- Stigma around having a mental health condition remains problematic.
- The widespread availability of alcohol and now medical marijuana become easy, short-term “escapes” for those dealing with mental distress, but complicates matters in the long run.
- Lack of adequate, affordable housing often causes mental distress and/or exacerbates behavioral disorders. Restoring housing often reduces stress.
- Poor mental health places additional and unnecessary burdens on many different sectors of society, including first responders, schools, health systems, and criminal justice.

What can health systems and policy makers do?

- Offer information and resources on not just where to find low-cost mental health services, but step-by-step recommendations on how to access them.
- Partner with schools to identify and intervene in children at risk for poor mental health.
- Integrate mental health services into everyday medical care clinics.
- Improve funding for state-funded community behavioral health centers.

Notable Quotes

“Too many people are unemployed or underemployment. The pandemic made this worse. Earning a living wage and having job-related benefits can help people suffering from many health issues, including mental health disorders.”

“Many mental health issues are out of the clinician’s hands because they are a result of inadequate social and community support. Health care delivery could be improved, but the real issue is lack of funded social services for children and families.”

Stories of Resilience

[Name omitted] was facing years in prison for issues related to substance abuse. Her pathway to addiction included childhood abuse and neglect, sexual trauma, domestic violence, and mental health issues, which led to addiction and criminal behavior. Intensive treatment that includes addiction recovery, mental health counseling, job training, and parenting/life skills is by far better than long-term incarceration. Today, [name omitted] and many others like her are sober, have good jobs, and are reconnected with their children — all because of alternatives to incarceration, like the Tulsa County Drug and Mental Health Courts and the Family & Children’s Services Women in Recovery program.

Racism

Systemic injustice and racism have deep historical roots, particularly in the South, including Oklahoma. Racist actions, ways of thinking, practices, and policies that have persisted over centuries remain embedded within many core structures of American society today. In recent years, protests and movements around racial injustice, discrimination and historical trauma across the globe have highlighted health disparities/inequities among racial minorities and others who have been historically marginalized. In Tulsa County, conversations around these issues have largely centered around the 1921 Tulsa Race Massacre. Even though the U.S. is expected to become a majority non-white nation by the middle of this century, populations of color continue to lag their white counterparts on a variety of health and social indices. Blacks and African Americans, Hispanics and Native Americans often have lower survival rates, higher infant mortality figures, lower wages, less homeownership, and poorer nutrition, and are more likely to live in poverty. Many participants in our research recognized these lasting disparities are damaging to society, hoping that we will become more inclusive as a nation, as we confront our past legacies.

Key themes that arose in our interviews include the following:

- Incarcerated populations across Tulsa and Oklahoma are disproportionately represented by people of color.
- Tulsa's predominantly Black and Hispanic neighborhoods see less investment in infrastructure, schools, green spaces, and health facilities compared with wealthier, whiter communities.
- People of color are less likely to own their own homes.
- Non-whites are more likely to recount histories of trauma, neglect, and abuse, while revealing higher adverse childhood experience (ACE) scores.

What can health systems and policymakers do?

- Demonstrate empathy and warmth to all people seeking care.
- Urge clinicians to participate in cultural competency and implicit bias training to reduce microaggressions.
- Ensure that signs, materials, and written instructions are written in culturally sensitive ways, and in multiple languages when appropriate.
- Strengthen partnerships with non-profit organizations to ensure access to resources and services is available in all communities.

Notable Quotes

"We want transformative justice – where problems in our communities can be solved by people that actually live in the neighborhood, not by increasing the presence of law enforcement or enhancing harsher sentencing. Health systems can help change the culture of our communities, without being punitive to our citizens."

"Incarceration usually doesn't help people that have made poor decisions for themselves in the past. Recovery, economic opportunity, and mentorship is what really works."

Stories of Resilience

"I know America is increasingly divided, but I'm glad that schools, churches, and civic leaders are increasingly recognizing our historical disparities. If we are going to get along, we need to create more opportunities for dialogue. There's a lot of distrust and ill-will that we must overcome. While some will continue to harbor racist beliefs, the vast majority of the American people want to see healing and reconciliation as we strive to become a better nation. I firmly believe that."

Diet and Exercise: Access to Healthy Food

Without access to healthful foods, people are at higher risk of diet-related illnesses, such as obesity, diabetes, and cardiovascular disease. There are several reasons why Oklahoma ranks among the bottom for daily consumption of fresh fruit and vegetables, not the least of which is lack of access to nutritious but low-cost food. In fact, many northeastern Oklahomans live in so-called food deserts*, where there is limited or no access to healthy foods. Those with limited income or who live far away from grocery stores suffer from diet-related illnesses at the highest rates. Both experts and laypeople alike agreed that poor nutrition is a principal reason why our state endures such unhealthy outcomes. Better policies, education, and community partnerships — along with tax incentives to build full-service groceries — can help reverse these trends.

Key themes that arose in our interviews include the following:

- Many people lack health literacy, in which they fail to see clear links between the food they consume and chronic health outcomes.
- Fast food and convenience stores are ubiquitous, offering low-quality but cheap, pre-prepared food to busy people with low incomes.
- Access to grocery stores containing fresh, nutritious food is unreliable, as transportation is not always available in many communities.
- Children and senior citizens are at the highest risk for malnutrition and/or severe vitamin and mineral deficiencies.

What can health systems and policymakers do?

- Strengthen partnerships with non-profit organizations (e.g., food banks) to ensure patients can access highly nutritional foods.
- Facilitate low-cost or no-cost outpatient nutritional seminars and cooking classes, and even co-sponsor community gardening efforts.
- Train clinicians to focus on healthy eating habits, just as much as they emphasize medicines, tests, and procedures.

Notable Quotes

"There are many places to buy prepared meals in our community, but unfortunately, most of it is fast food or comfort food (e.g., chicken fried steak). The one healthy restaurant in town recently closed."

"Eating is more than just meeting your daily nutritional requirements. Food is cultural — it is served at everyday occasions: from business meetings to celebrations to recreation. Portion sizes have increased over the years and many of us [over]eat to feed unmet emotional needs."

Stories of Resilience

"I knew I was in trouble when I was no longer fitting into my usual clothes. My mom took me to shop at the Big & Tall store — but that didn't stop my obsession with junk foods. When my doctor diagnosed me with diabetes, I cried so hard for weeks. Fortunately, I got hooked up with Sandra, a diabetes educator. She pushed me, but over the course of six months I lost 15 pounds, and today I no longer take insulin. I still have a long way to go, but diabetes is something that no one should try to handle alone. I don't know what I'd do without Sandra and my mom."

*The United States Department of Agriculture (USDA) defines a food desert as an area that has a poverty rate $\geq 20\%$ and at least 500 people (or 33% of the population) lives >1 mile from the nearest large grocery store (>10 miles from the nearest large grocery store in rural areas).

Education: Health Literacy

A top issue among many participants, lack of health literacy emerged as one of the dominant themes that stymies access to health and wellness services across the region. From enrolling in SoonerCare, to securing primary care appointments, to following medical instructions, the whole health care system seems complex, poorly coordinated, and overwhelming to many in the community. Furthermore, participants knew that housing, nutrition, and transportation resources were available throughout the community. However, many did not know how to access such resources or weren't sure if they qualified for assistance. They were also intimidated by meeting with resource counselors, governmental agencies, or other community-based organizations.

Key themes that arose in our interviews include the following:

- It's difficult to access primary care services. Many people don't know how to locate a provider, and the wait to be seen as a new patient can span many months.
- Locating mental health and substance abuse recovery providers is especially challenging due to a lack of clinicians that accept insurance.
- While many people value their relationships with clinicians, they have trouble following verbal and written instructions on everything from securing medications to following up with a specialty provider.
- Individualism reigns across the region. Some admitted to knowing how to access resources but were too prideful to accept help from anyone else.
- The COVID-19 pandemic closed many non-profit and governmental agencies. Services were often still available, but only via phone or internet, which seemed daunting to many.

Notable Quotes

"When it comes to health policy, everything is interconnected. You can't throw money at improving hospital systems without simultaneously addressing housing, food, transportation, and economic opportunities."

"It is still a mystery that 211 is widely available, yet so few people contact us to be connected with resources across the region."

"Unless you have the right insurance, health systems don't want to see you."

What can health systems and policymakers do?

- Offer clear post-visit clinical instructions in simple, easy-to-read formats.
- Ensure that health care staff are trained to work with people from a variety of backgrounds and cultures.
- Build stronger partnerships with community-based organizations to ensure coordination of care and ease of access to resources.
- Leverage care navigators and community health workers to help people access services that can benefit their health and wellness.

Stories of Resilience

It took a lot of support from friends and family members, but [name omitted] was eventually able to connect with staff at the Oklahoma Department of Human Services. After they helped her locate formula for her baby and rides to the pediatrician's office, [name omitted] wondered why she felt so intimidated to reach out to DHS in the first place.

COVID-19

The COVID-19 pandemic has not only led to unprecedented deaths across the region, but it has also created widespread social and economic dysfunction. With contagion rapidly spreading in early 2020, large numbers of health care and community resource agencies quickly shut down and stayed closed for months. As a result, many people were unable to access vital care and resources; job losses numbered in the thousands. Educational institutions were closed for months at a time, keeping kids at home, stymieing their intellectual and social development. Meanwhile, misinformation clogged social media channels, leading to increased political tensions and widespread distrust within communities. Many public health officials agree that the pandemic exposed lingering issues of inequality and racial discrimination, setting the stage for conflict between those favoring individual rights vs. protecting the public.

Key themes that arose in our interviews include the following:

- The pandemic created unprecedented stress and isolation among all communities, regardless of wealth, education, or health status.
- Many medical and mental health conditions flared during the pandemic because of a lack of access to personnel, facilities, screenings, and treatment.
- Domestic violence, crime, and substance abuse also increased during the pandemic.
- Some believe that fatigue, fear, and skepticism associated with the pandemic is contributing to widespread societal breakdown.

What can health systems and policymakers do?

- Community managers, politicians, businesses, religious entities, and neighborhood leaders must agree on clear messaging to the public, from disease mitigation policies to help with accessing vaccines.
- Educate the public on the best ways to reduce the spread of COVID-19 infection, while seeking non-inflammatory ways to build trust with the community.
- Identify clinical personnel at risk for burnout and intervene accordingly.
- Allow for greater flexibility in appointments, including telehealth visits.

Notable Quotes

"COVID is arresting the development of not just schoolchildren but also adults. Time will tell what long-term effects emerge from the pandemic."

"While everyone was touched by the pandemic, those with behavioral health conditions, people of color, and those living in poverty were disproportionately affected by the breakdown in health care and community-based resources."

"The pandemic strengthened an 'us-against-them' mentality. I wish it would stop – there are no winners here."

Stories of Resilience

"I lost two grandparents and a dear family friend to COVID. They were all unvaccinated and didn't seem to heed messages coming from public health leaders. We talked openly at church about the people we'd lost and invited our fellow congregants from the health community to speak about dangers stemming from the pandemic. We organized a vaccine drive in the church parking lot. People came from the congregation and beyond. If there's one thing COVID taught me is that we have to all hang together through this. This is not a time to turn on your brother or sister."

Alcohol and Drug Use: Access to Treatment and Recovery Services

Enjoying alcoholic beverages is part of a cultural foundation to many societies around the world. Yet, too many people abuse alcohol and illicit substances to “escape” from a variety of issues, including mental trauma, anguish and/or boredom. Abuse of alcohol and/or drugs remains a leading reason for societal dysfunction, which can lead to breakdown of relationships, families, economic stability, long-term illness, and even entanglements with the criminal justice system. Many of the participants we interviewed agreed that alcohol and drug abuse undermines community stability, while pandemic-related isolation and stress seemed to accelerate patterns of addiction. While people were divided on best ways to combat the problem, nearly everyone agreed that alcohol and substance abuse recovery resources were limited across the region, particularly for those requiring long-term care and treatment.

Key themes that arose in our interviews include the following:

- Alcohol abuse has always been problematic in society, but the number of people abusing fentanyl and methamphetamine has recently accelerated across northeastern Oklahoma.
- When people cannot meet their social, economic, and mental health needs, alcohol and drugs offer immediate relief, and are sometimes the only therapeutic agents that are widely available.
- Many people can access acute recovery intervention (detox), but long-term treatment is under-resourced, understaffed, and often inaccessible.

What can health systems and policymakers do?

- Combine primary care and mental health and recovery services in more integrated ways. Address underlying reasons why people abuse drugs and alcohol in the first place.
- Improve insurance reimbursement for alcohol and substance recovery services.
- Educate the public on destigmatizing those seeking recovery for their addiction behaviors.
- Identify alternative pathways in the criminal justice system to lessen jail time for non-violent drug offenders.

Notable Quotes

“I can get a mammogram, a PAP smear, and my blood pressure monitored without too much difficulty. But no one will help me or my family with my alcohol struggles.”

“I went through rehab once. But a few months after I finished the program, I relapsed, and lost my job and my fiancée in the process. All my friends around me were doing drugs – and that’s when I fell back off the wagon. I hope to go through rehab again, but I’m not sure where to start, or if they’ll take me back.”

Stories of Resilience

“I was so lucky to get into a methamphetamine rehab program. I hit bottom and cried a lot of tears in the process. But when I graduated [from the program] I was able to reconnect with my babies and earn a decent living; I’ve stayed clean and sober for 8 months now. But I also recognize that I could easily be sitting in a jail cell right now – and how many people will never get the second chance that I received.”

Access to Care: Barriers to Primary Care

Primary medical care is associated with preventive services such as vaccinations, cardiovascular risk reduction, and cancer screenings. But perhaps more importantly, primary care providers develop deep relationships with patients, providing therapeutic alliance and health education — which produces better outcomes. Therefore, primary care is an essential pillar for reducing health disparities and helping people to thrive in their communities. However, accessing primary care services can be quite challenging. Lack of health insurance, language barriers, inability to take time off work to attend appointments, caregiving responsibilities, transportation-related barriers, and a shortage of providers all erode primary care's mission to keep communities healthy. The COVID-19 pandemic exacerbated many of these challenges, leading to fewer people being seen by their primary care physicians. If we are to build a more equitable health system, we must improve primary care access and funding, while strengthening their relationships with non-profit organizations, government agencies, and health insurers.

Key themes that arose in our interviews include the following:

- Securing access to new primary care providers varies, but some report waiting up to 12 months to get an appointment.
- An aging workforce combined with widespread turnover significantly reduces access to primary care providers.
- Patients enrolled in medical homes report greater ease receiving preventive care, mental health, social work services and health education.
- People without health insurance are ostensibly cut off from regular primary care providers, missing opportunities to receive health education while building therapeutic relationships and trust.

What can health systems and policymakers do?

- Consider offering evening and weekend primary care clinics that provide sliding-scale fee schedules for low-income patients.
- Expand medical home models when possible.
- Leverage nurse practitioners, clinical educators, and social workers to provide comprehensive prevention, education, and wellness services.
- Increase the neighborhood presence of primary care clinics and medical homes, rather than consolidate health services at large medical campuses.

Notable Quotes

"I know the U.S. has the best health care in the world, but what good is it if I need 12 appointments with 12 different clinics. Can't things be simplified somewhat?"

"Before COVID-19, my primary care doctor changed over four times in two years. Since the pandemic began, appointments have dried up, and I haven't been able to see anyone."

"I wish my [primary care] doctor would open up evening appointments, or perhaps on weekends. That would really make things easier for my crushing work schedule."

Stories of Resilience

"The real problem was my anxiety, but no one at my doctor's office seemed to take it seriously. A case worker at the hospital suggested I change doctors so I could receive care at a 'medical home.' I had no idea what that was, but boy did it make a difference! After seeing my new doctor, his assistant arranged for me to speak with a mental health therapist later that same day. My anxiety is still a problem, but finally someone is addressing it."

Appendix F: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension St. John Broken Arrow has cataloged resources available in Tulsa County and the region that address the significant needs identified in this CHNA. Resources may include acute care facilities (hospitals), primary and specialty care clinics and practices, mental health providers, and other non-profit services. State and national resources can also provide information regarding programs that can better serve the needs of a person experiencing a specific problem.

The resources listed under each significant need heading is not intended to be exhaustive.

Access to Care: High Costs of Care

Organization Name	Phone	Website
Arms around BA (minor medical)	918-258-7714	www.armsaroundba.org
Broken Arrow Neighbors	918-251-7781	www.baneighbors.org
Catholic Charities of Eastern Oklahoma	918-949-4673	https://cceok.org
Community Health Connection	918-622-0641	https://communityhealthconnection.org
Crossover Health Services	918-398-9460	https://crossoverhealthservices.org
Financial assistance programs: Ascension St. John	918-744-2451	https://healthcare.ascension.org/financial-assistance/oklahoma www.saintfrancis.com/patients-and-quests/for-patients/billing-and-insurance/financial-assistance
Saint Francis Health System	918-494-2200	
Good Samaritan Health Services	918-710-4222	www.goodsamaritanhealth.org
H.O.P.E. Testing	918-749-8378	https://hopetesting.org
Morton Comprehensive Health Services	918-587-2171	www.mortonhealth.com
Neighbors Along the Line	918-584-1111	www.neighborsalongtheline.org

Neighbor for Neighbor	918-425-5578	www.neighborforneighbor.org
Oklahoma Project Woman	1-877-550-7465	www.oklahomaprojectwoman.org
Tulsa Cares	918-834-4194	www.tulsacares.org
Tulsa County Social Services	918-596-5560	www.tulsacounty.org/Tulsacounty/dynamic.aspx?id=716
Tulsa Day Center	918-583-5588	https://tulsadaycenter.org
Tulsa Healthcare Coverage Project (health care insurance enrollment assistance)	918-619-4749	N/A
Tulsa Health Department	918-582-WELL (9355)	www.tulsa-health.org
University of Oklahoma Tulsa Alliance for Community Health (Bedlam)	918-660-3615	www.ou.edu/tulsa/ou_physicians/community-health-clinics
Xavier Medical Clinic	918-583-7233	www.saintfrancis.com/location/xavier-medical-clinic

Mental and Behavioral Health

Organization Name	Phone	Website
A New Way Center	918-599-7277	https://anewwaycenter.com
CALM Center (Counseling and Recovery Services of Oklahoma)	918-394-2256	http://crsok.org/the-calm-center
Community Health Connection	918-622-0641	https://communityhealthconnection.org
COPES (Family and Children's Services)	918-744-4800	www.fcsok.org/services/crisis-services
Counseling and Recovery Services of Oklahoma	918-492-2554	https://crsok.org

CREOKS Health Services	1-877-327-3657	www.creoks.org
CrisisCare Center (Family and Children's Services)	918-921-3200	www.fcsok.org/services/crisis-services
Dayspring Community Services	1-888-882-0859	https://pfh.org/dayspring
Family and Children's Services	918-587-9471	www.fcsok.org
Laureate Psychiatric Clinic and Hospital	918-481-4000	www.saintfrancis.com/location/laureate-psychiatric-clinic-and-hospital-1?utm_campaign=website-link&utm_medium=organic&utm_source=local-listing
Mental Health Association Oklahoma	918-585-1213	https://mhaok.org
Morton Comprehensive Health Services	918-587-2171	www.mortonhealth.com
Oklahoma State University Behavioral Medicine Clinic	918-236-4000	https://osumedicine.com/services/behavioral-medicine
Parkside Psychiatric Hospital & Clinic	918-588-8888	https://parksideinc.org
True Blue Neighbors Behavioral Health Clinic	918-631-3342	https://tbn-bhc.business.site
Tulsa Center for Behavioral Health	918-293-2140	http://ok.gov/odmhsas
Tulsa VA Behavioral Medicine Clinic	918-610-2000	www.muskogee.va.gov/locations/Tulsa_VA_Behavioral_Medicine_Clinic.asp

Racism

Organization Name	Phone	Website
1921 Tulsa Race Massacre Centennial Commission	N/A	www.tulsa2021.org
Greenwood Art Project	N/A	www.greenwoodartproject.org
Greenwood Rising	539-867-3173	www.greenwoodrising.org
Oklahoma Center for Community and Justice	918-583-1361	www.occjok.org
Oklahoma State University - Center for Truth, Racial Healing and Transformation	918-594-8135	https://tulsa.okstate.edu/trht
Terence Crutcher Foundation	539-867-1304	www.terencecrutcherfoundation.org
Tulsa Area United Way	918-583-7171	www.tauw.org
YWCA Tulsa	918-587-2100	www.ywcatulsa.org

Diet and Exercise: Access to Healthy Food

Organization Name	Phone	Website
Broken Arrow Neighbors	918-251-7781	www.baneighbors.org
Catholic Charities of Eastern Oklahoma	918-508-7160	https://cceok.org
Community Food Bank of Eastern Oklahoma	918-585-2800	https://okfoodbank.org
Emergency Infant Services	918-582-2469	www.eistulsa.org
Food on the Move	N/A	www.foodonthemoveok.com
Healthy Community Store Initiative	918-346-3788	www.tulsarealgoodfood.org/home

Hunger Free Oklahoma	918-591-2491	https://hungerfreeok.org
Iron Gate	918-879-1702	www.irongatetulsa.org
John 3:16 Mission	918-587-1186	www.john316mission.org
Loaves and Fishes	918-234-8577	https://loavesandfishes.net
Meals on Wheels - Metro Tulsa	918-627-4105	www.mealsonwheelstulsa.org
Neighbors Along the Line	918-584-1111	www.neighborsalongtheline.org
Neighbor for Neighbor	918-425-5578	www.neighborforneighbor.org
Oklahoma State Department of Education Office of Child Nutrition Services (OSDE-CNP)	405-521-3327	https://sde.ok.gov/child-nutrition-programs
Owasso Community Resources Inc.	918-272-4969	www.owassohelps.org
Salvation Army - Tulsa Area	918-582-7201	https://southernusa.salvationarmy.org/tulsa-area-command
South Tulsa Community House	918-742-5597	https://southtulsacommunityhouse.org
Supplemental Nutrition Assistance Program (SNAP)	1-877-760-0114	www.okdhslive.org/Default.aspx?aspxerrorpath=/AuthApplicantLogin.aspx
The Women, Infants, and Children Supplemental Nutrition Program (WIC)	1-888-655-2942	www.okdhslive.org/Default.aspx?aspxerrorpath=/AuthApplicantLogin.aspx
Tulsa & Creek Counties Senior Nutrition Program	918-835-4160	www.tccsnp.com
Tulsa County Social Services	918-596-5560	www.tulsacounty.org/Tulsacounty/dynamic.aspx?id=716
Tulsa Day Center	918-583-5588	https://tulsadaycenter.org

Tulsa Dream Center	918-430-9984	www.tulsadreamcenter.org
Tulsa Farmers' Market (accepts SNAP and Double Up Oklahoma program)	918-636-8419	http://tulsafarmersmarket.org

**Food pantries at local faith-based organizations are not listed.*

Education: Health Literacy

Organization Name	Phone	Website
Community Service Council	918-585-5551	https://csctulsa.org
Tulsa-City County Library	918-549-7323	www.tulsalibrary.org
Tulsa Health Department	918-582-WELL (9355)	www.tulsa-health.org
University of Oklahoma Health Literacy Library	918-619-4880	https://library.tulsa.ou.edu/mhl

COVID-19

Organization Name	Phone	Website
Oklahoma State Department of Health	1-877-836-2111	https://oklahoma.gov/covid19.html
Tulsa Health Department	918-582-WELL (9355)	www.tulsa-health.org

**Local health systems, pharmacies, and private providers are not listed.*

Alcohol and Drug Use: Access to Treatment and Recovery Services

Organization Name	Phone	Website
CALM Center	918-394-2256	http://crsok.org/the-calm-center
Counseling and Recovery Services of Oklahoma	918-492-2554	https://crsok.org
CREOKS Health Services	1-877-327-3657	www.creoks.org
Family and Children's Services	918-587-9471	www.fcsok.org
Laureate Psychiatric Clinic and Hospital	918-481-4000	www.saintfrancis.com/location/laureate-psychiatric-clinic-and-hospital-1?utm_campaign=website-link&utm_medium=organic&utm_source=local-listing
Parkside Psychiatric Hospital & Clinic	918-588-8888	https://parksideinc.org
Resonance Center for Women	918-587-3888	www.resonancetulsa.org
Sangha Tulsa	918-913-0430	https://sanghatulsa.org
Tulsa Boys Home	918-245-0231	www.tulsaboyshome.org/substance-abuse
12&12 Addiction Recovery Center	1-800-680-8979	https://12and12.org

Women in Recovery (Family and Children's Services)	918-947-4200	www.fcsok.org/services/women-in-recovery
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**Faith-based organizations and other private facilities are not listed.*

Access to Care: Barriers to Primary Care

Organization Name	Phone	Website
Arms around BA (minor medical)	918-258-7714	www.armsaroundba.org
Broken Arrow Neighbors	918-251-7781	www.baneighbors.org
Catholic Charities of Eastern Oklahoma	918-949-4673	https://cceok.org
Community Health Connection	918-622-0641	https://communityhealthconnection.org/
Crossover Health Services	918-398-9460	https://crossoverhealthservices.org
Financial assistance programs:		
Ascension St. John	918-744-2451	https://healthcare.ascension.org/financial-assistance/oklahoma
St. Francis Health System	918-494-2200	www.saintfrancis.com/patients-and-quests/for-patients/billing-and-insurance/financial-assistance
Good Samaritan Health Services	918-710-4222	www.goodsamaritanhealth.org
Morton Comprehensive Health Services	918-587-2171	www.mortonhealth.com
Neighbors Along the Line	918-584-1111	www.neighborsalongtheline.org
Neighbor for Neighbor	918-425-5578	www.neighborforneighbor.org
Tulsa County Social Services	918-596-5560	www.tulsacounty.org/Tulsacounty/dynamic.aspx?id=716
Tulsa Day Center	918-583-5588	https://tulsadaycenter.org

Tulsa Healthcare Coverage Project (health care insurance enrollment assistance)	918-619-4749	N/A
Tulsa Health Department	918-582-WELL (9355)	www.tulsa-health.org
University of Oklahoma Tulsa Alliance for Community Health (Bedlam)	918-660-3615	www.ou.edu/tulsa/ou_physicians/community-health-clinics
Xavier Medical Clinic	918-583-7233	www.saintfrancis.com/location/xavier-medical-clinic

**Faith-based organizations and private providers are not listed.*

Appendix G: Evaluation of Impact from the Previous CHNA Implementation Strategy

Ascension St. John Broken Arrow's previous CHNA implementation strategy was completed in November 2019, and addressed the following priority health needs: Access to Care, Behavioral Health, Healthy Lifestyles, and Adverse Childhood Experiences (ACEs).

The table below describes the actions taken during the fiscal years 2020-2022 (tax years 2019-2021) to address each priority need and indicators of improvement.

Note: At the time of the report publication (June 2022), the third year of the cycle will not be fully complete. Individual hospitals will accommodate for that variable.

PRIORITY NEED	Access to care	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Medicaid expansion: Participated as a collaborating partner with the Yes on 802 campaign to put a question on the 2020 ballot to expand Medicaid coverage to eligible residents with an income of up to 133 percent of the FPL.	Complete	<ul style="list-style-type: none"> Helped attain 178,000 signatures to put a question on the 2020 ballot to expand Medicaid coverage to eligible residents.
Medicaid expansion: Advocated for voters in the state of Oklahoma to adopt a ballot initiative to expand Medicaid coverage to eligible residents with an income of up to 133 percent of the FPL.	Complete	<ul style="list-style-type: none"> A ballot initiative to expand Medicaid coverage was successfully adopted.
Medicaid expansion: Provided support to the health care community to prepare for Medicaid expansion.	Complete	<ul style="list-style-type: none"> Supported increased staffing of temporary workforce to assist with the surge in need for Medicaid enrollment assistance. Provided financial support (\$90,000) from the Ascension St. John Foundation of a community effort led by the Healthcare Education Fund of Tulsa Community Foundation for Medicaid education, outreach,

		<p>enrollment and re-enrollment, to be operated by a consortium of partners, including Tulsa Responds and Tulsa Healthcare Coverage Program.</p> <ul style="list-style-type: none"> Increased physician coverage as needed in response to Medicaid expansion in an effort to assist patients with enrollment and access.
<p>Racial equity: Worked with the community to address racial inequities and disparities.</p>	Ongoing	<ul style="list-style-type: none"> Helped to address racial inequities and disparities through new and existing community partnerships.
<p>Social determinants of health (SDoH) screening: Participated in the Accountable Health Communities (AHC) program in partnership with MyHealth Access Network, the Tulsa Health Department and more than 4,800 community service providers to screen patients for needs pertaining to SDoH and provide navigation services to address needs.</p>	Ongoing	<ul style="list-style-type: none"> From the Accountable Health Communities program launch in August 2019 to the end of the calendar year 2021, 724,715 texts were sent to Ascension St. John patients, with a delivery rate of 86 percent (621,899 texts). There were more than 102,816 responses identifying 30,473 social needs. Ascension St. John's response rate was 25.5 percent compared with a state average of 20 percent, and the need rate was 19.2 percent, which is almost in line with the 20.1 percent for the state. Facilities and providers have had staggered implementation dates, but all emergency departments are participating in addition to all primary care and urgent care clinics. Food insecurity has been identified as the greatest need. Living need remains the second highest need present.

Reduction in regional inequities and disparities in access to care: Targeted specific ZIP codes in the communities we serve identified as experiencing health disparities and poor health outcomes for possible development of telemedicine services.	Ongoing / plan development delayed due to COVID-19 pandemic	<ul style="list-style-type: none"> A number of meetings were held to explore opportunities for school-based telehealth programs. Investigated inpatient and telemedicine visits for unsheltered homeless individuals, potentially using the ASJMC transitional care clinic.
Reduction in regional inequities and disparities in access to care: Promoted awareness of, and access to, health care for underserved populations.	Complete	<ul style="list-style-type: none"> Promoted awareness of, and access to, health care for underserved populations through community-based Medical Mission at Home events and free, drive-through and on-site vaccine clinics.
Community support: Geared grant funding programs to prioritize community programs and services that promote access to care.	Complete	<ul style="list-style-type: none"> Provided small grant funding for around 50 community programs and services that promote access to care.

PRIORITY NEED	Behavioral health	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Access to behavioral health care: Supported navigation services for vulnerable populations to help address barriers to accessing health care.	Complete	<ul style="list-style-type: none"> Secured funds through the ASJ Foundation to support social workers for the Tulsa CARES and Mental Health Association Oklahoma Mobile Medical Intervention programs, as well as a social work navigator dedicated to helping discharge hospital patients with a primary diagnosis of a psychiatric condition or substance abuse.
Community engagement: Increased associate engagement in the community to promote behavioral health through collaboration.	Complete	<ul style="list-style-type: none"> Advanced associate engagement in community coalitions and collaborations to promote behavioral health, especially for those most vulnerable.

Community support: Geared grant funding programs to prioritize community programs and services that address behavioral health.	Complete	<ul style="list-style-type: none"> • Provided small grant funding for around 15 community programs and services that promote behavioral health.
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PRIORITY NEED	Healthy lifestyles	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Community engagement: Increased associate engagement in the community to promote healthy lifestyles through collaboration.	Complete	<ul style="list-style-type: none"> • Advanced associate engagement in community coalitions and collaborations to promote healthy lifestyles, especially for those most vulnerable.
Food security: Explored various opportunities to develop initiatives to address food insecurity in the community.	Complete	<ul style="list-style-type: none"> • Forged new partnerships and connections with areas of the hospital to address food insecurity experienced by the communities we serve. • Invited food pantries to participate in pop-up flu vaccine clinics to provide food assistance. Partnered with the Community Food Bank of Eastern Oklahoma, Food on the Move, and Catholic Charities of Eastern Oklahoma for Tulsa County events. • Launched an associate food voucher program as an internal pilot initiative to help address food insecurity during the pandemic. Partnered with the Community Food Bank of Eastern Oklahoma to provide boxes of fresh food based on household size. A community food resources document was also developed to distribute to all program applicants. • Piloted a healthy food initiative to learn how to improve access to healthy food among associates. More than 730 unique associate surveys were recorded through the four-week pilot in March 2022.

Tobacco cessation: Assessed opportunities for systematic screening and intervention for patients identified as tobacco users in ambulatory and inpatient settings to reduce the health impact of tobacco use in the community.	Complete	<ul style="list-style-type: none"> Streamlined a tobacco cessation process that allows e-referrals from the electronic medical record to the Oklahoma Hospital Association's Hospitals Helping Patients Quit program.
Tobacco cessation: Explored opportunities for systematic screening and intervention for associates identified as tobacco users to reduce the health impact of tobacco use in the community.	Delayed due to COVID-19 pandemic	<ul style="list-style-type: none"> Explored opportunities for associate tobacco use screening and tobacco cessation support. Progress was significantly delayed due to COVID-19 surges.
Community support: Geared grant funding programs to prioritize community programs and services that promote healthy lifestyles.	Complete	<ul style="list-style-type: none"> Provided small grant funding for more than 50 community programs and services that promote healthy lifestyles.

PRIORITY NEED	Adverse childhood experiences (ACEs)	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
Community awareness: Promoted community awareness on the correlations between high ACE scores and human trafficking as well as the impact of ACEs on health outcomes.	Complete	<ul style="list-style-type: none"> Conducted education on ACEs and human trafficking to 23 community agencies and organizations to increase awareness on the correlation between high ACE scores and human trafficking, as well as their impact on health outcomes.
Service for victims of human trafficking: Advanced the Ascension St. John Human Trafficking Education & Response Program to identify and respond to victims of human trafficking.	Complete	<ul style="list-style-type: none"> Since the program inception in August 2018 (through March 2022), the program has offered assistance to a total of 171 suspected victims of human trafficking. Offered human trafficking education to 5,500 associates and community partners thus far.

		<ul style="list-style-type: none"> • About 3,070 associates took the education program evaluation survey. Results were statistically significant and indicated that 73 percent of associates felt confident or very confident in identifying a potential victim of HT after receiving HT education (only 37.6 percent felt confident or very confident in identification prior to HT education). • Received a federal grant totaling \$350,000 over three years. This grant is awarded by the Office for Victims of Crime of the U.S. Department of Justice's Office of Justice Programs. ASJ is the only recipient of this award in Oklahoma. • Completed dissemination of assessment pocket tools to key entry points at Ascension St. John hospitals and clinics. • Developed more than three additional community partnerships to strengthen awareness and collaboration to combat human trafficking in the communities we serve.
Response to suspected child abuse and neglect: Explored opportunities to enhance the Ascension St. John suspected child abuse and neglect (SCAN) committee and response.	Complete / ongoing	<ul style="list-style-type: none"> • Expanded the Ascension St. John suspected child abuse and neglect (SCAN) committee to include community experts and liaisons. • Work to define a reporting structure of the quality metrics related to SCAN has been delayed due to COVID-19 surges and reduced associate capacity with hope to continue in the near future.
Community engagement: Explored opportunities for community partnership and collaboration to address ACEs in the communities served by Ascension St. John.	Complete / ongoing	<ul style="list-style-type: none"> • Met with Asemio to learn more about a local ACEs surveillance system and opportunities for partnership. • Continued exploration of this opportunity and other partnerships has been delayed due to COVID-19 surges and reduced associate capacity with hope to continue in the near future.

Maternal/child health services and partnerships: Explored opportunities for advancing services and partnerships targeting care of pregnant women and children birth to 3 years of age throughout Ascension St. John.	Delayed due to COVID-19 surges / ongoing	<ul style="list-style-type: none"> A number of preliminary meetings were held to explore opportunities to enhance maternal/child health services and community partnerships. This work has been delayed due to COVID-19 surges, but is expected to continue.
Associate support: Initiated participation in the Ascension THRIVE program designed to develop solutions to address general benefit needs, social determinants of health, and economic issues experienced by economically vulnerable associates, some of whom experience or are at risk of adverse outcomes as a result of ACEs.	Delayed due to COVID-19 surges	<ul style="list-style-type: none"> Initiated listening sessions to and preliminary participation in the program. This work is delayed/on pause due to COVID-19 surges.
Community support: Geared grant funding programs to prioritize community programs and services that address ACEs.	Complete	<ul style="list-style-type: none"> Provided small grant funding for more than 15 community programs and services that promote ACEs.

Appendix H: Report Acknowledgements

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