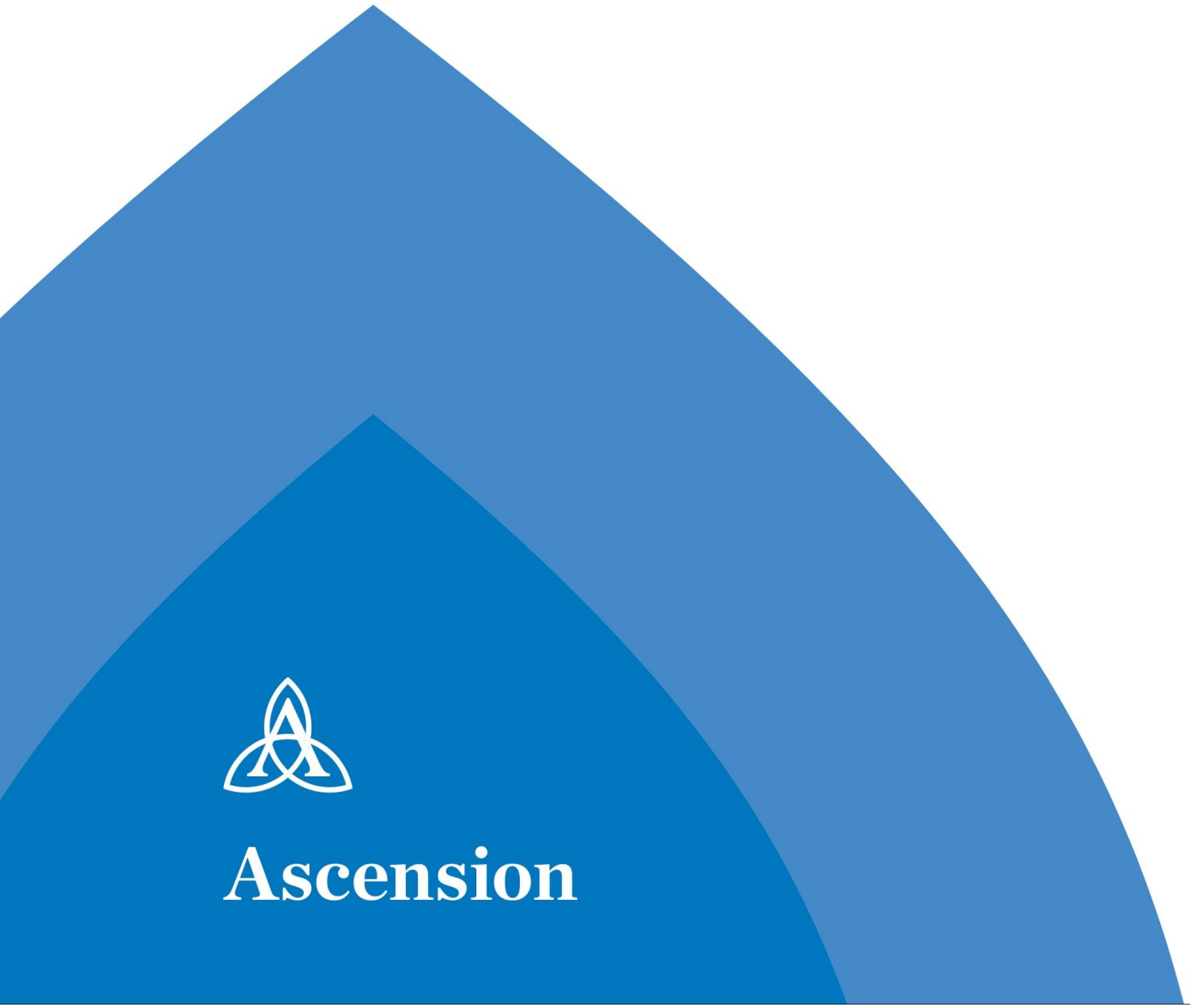
Ascension St. John Jane Phillips

2021 Community Health Needs Assessment
Washington County, Oklahoma



Ascension

The goal of this report is to offer a meaningful understanding of the most significant health needs across Washington 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.

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Hospital EIN: 73-0606129

The 2021 community health needs assessment report was approved by the Ascension St. John Jane Phillips board of directors on April 28, 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.

Table of Contents

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 Washington County. Ascension St. John Jane Phillips 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
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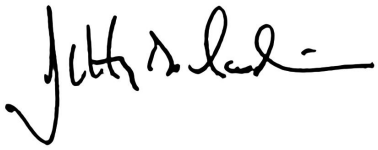
Tulsa Health Department

- 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 Washington County.



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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 Washington 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 Jane Phillips serves eastern Oklahoma and southeastern Kansas, we have defined its community served as Washington County for the 2021 CHNA. Washington County was selected as Ascension St. John Jane Phillips'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 Washington County, two community focus groups (eight total participants) and 20 interviews with vulnerable population groups, key stakeholders, and civic leaders (24 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 Jane Phillips, 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 Washington County. In collaboration with community partners, Ascension St. John Jane Phillips 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. Mental and behavioral health
2. Access to care: health insurance
3. Housing and transit: reliable transportation
4. Diet and exercise: access to healthy food
5. Education: health literacy
6. Alcohol and drug use: access to treatment and recovery services
7. Access to care: barriers to primary care
8. COVID-19

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

**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 Jane Phillips

As a Ministry of the Catholic Church, Ascension St. John Jane Phillips 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 Washington County for more than 25 years.

Ascension St. John Jane Phillips is a 133-bed facility located in the city of Bartlesville, Okla. The facility became affiliated with the health system in 1996 and was fully integrated in 2002. Ascension St. John Jane Phillips offers a full range of services, including 24/7 emergency care, general medicine, surgery, cardiopulmonary care, maternal and infant care, cancer treatment, orthopedics, sleep diagnostics, rehabilitation and physical medicine, imaging, critical care and wound care. Physicians, nurses, and specialists work with state-of-the-art technologies to provide high-quality care.

Since 1996, Ascension St. John Jane Phillips 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 Jane Phillips, visit https://healthcare.ascension.org/locations/oklahoma/oktul/bartlesville-ascension-st-john-jane-phillips.

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

- ★ Both the Mission: Lifeline® Gold Plus Receiving Award and Mission: Lifeline® NSTEMI Gold Quality Achievement Award from the American Heart Association
- ★ Named one of the "Top 100 Rural & Community Hospitals" in the U.S. by iVantage Health Analytics and The Chartis Center for Rural Health
- ★ Named one of the nation's top performing hospitals for heart attack treatment
- ★ Performance recognition from the American Diabetes Association for the hospital's Diabetes and Nutrition Center Self-Management Program
- ★ Five-star award (top 10% nationally) from Professional Research Consultants for outpatient surgery services, 2019-2020
- ★ Platinum recognition for the Workplace Partnership for Life

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 Jane Phillips'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 Jane Phillips Administration office by calling 918-331-1550 or from the health system's Mission Integration office by calling 918-744-2504.

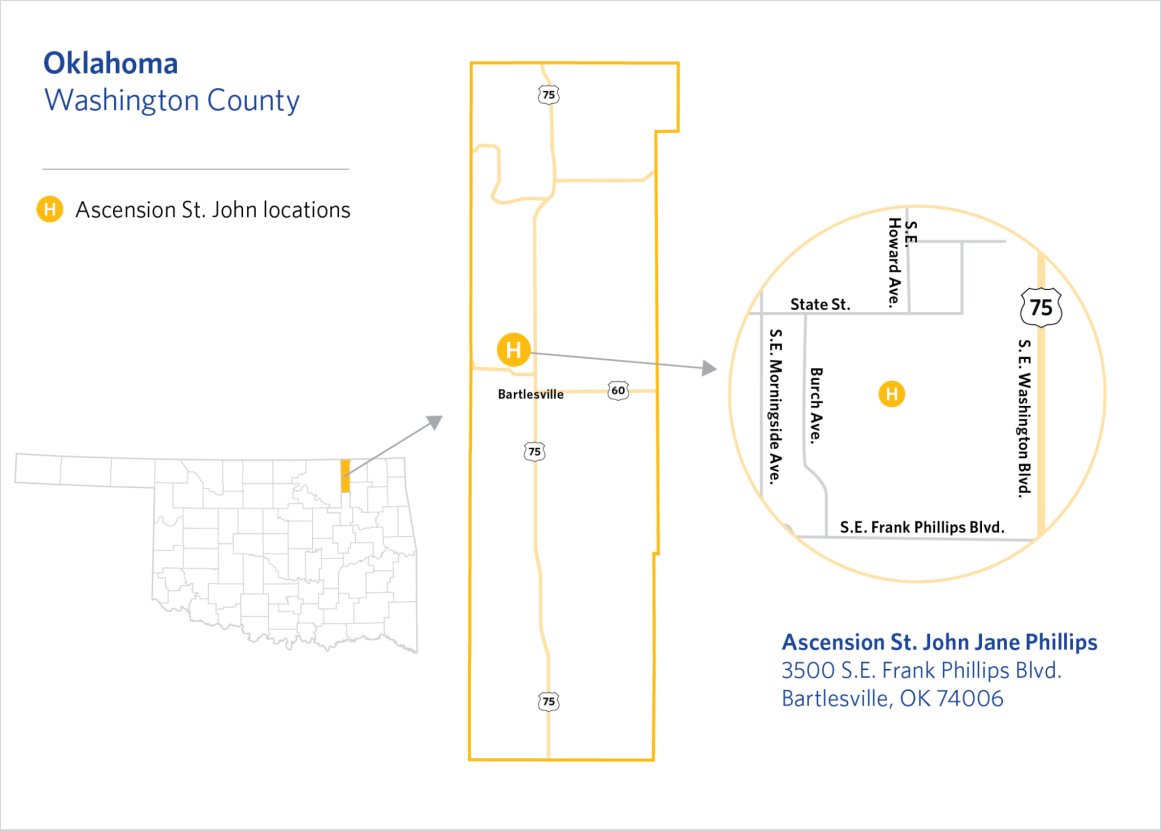
[1] Catholic Health Association of the United States (https://www.chausa.org)

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 Jane Phillips has defined its community served as Washington County. Although Ascension St. John Jane Phillips serves eastern Oklahoma and southeastern Kansas, the "community served" was defined as such 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

Washington County is located in northeastern Oklahoma and is part of the Bartlesville Micropolitan Statistical Area (also included in the Tulsa-Muskogee-Bartlesville Combined Statistical Area). The

county seat and the largest city in Washington County is Bartlesville. Other significant towns include Dewey, Copan, Ochelata, and Ramona. According to the U.S. Census, Washington County grew by 2.9 percent from 2010 to 2020. The largest industries in the county include office & administrative support, management, and sales occupations. The county has an unusually high number of people working in the life, physical, & social sciences, computing & mathematical occupations, and business & financial operations. Some of Washington County's top employers include ConocoPhillips, Ascension St. John Jane Phillips, Schlumberger, and the Bartlesville Public Schools.*

**Sources: DataUSA, Bdaok.gov*

Demographic Data

Located in northeastern Oklahoma, Washington County has a population of 51,527 and is the 14th most populous county (out of 77) in the state. Below are demographic data highlights for Washington County:

- 19.8 percent of the residents of Washington County are 65 or older, compared with 16.1 percent in Oklahoma.
- 93.7 percent of residents are non-Hispanic; 6.3 percent are Hispanic or Latinx (any race).
- 72.3 percent of residents are white; 2.3 percent are Asian; and 2.5 percent are Black or African American.
- The total population increase from 2010 to 2020 was 0.9 percent. The percentage of people identifying as Hispanic or Latinx in Washington County remained unchanged in 2020.
- The median household income is significantly above the state median income ($62,515 for Washington County; $54,447 for Oklahoma).
- The percent of all ages of people in poverty was slightly higher than the state (14.8 percent for Washington County; 14.3 percent for Oklahoma).
- The <65 years uninsured rate for Washington County is slightly lower than the state (16.4 percent for Washington County; 16.6 percent for Oklahoma).

Demographic Highlights		
Indicator	**Washington County**	**Description**
Population		
% living in a rural community	23.9%	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	23.8%	Percentage of people under age 18.
% 65 years of age and older	19.8%	Percentage of people age 65 and older.

% Hispanic	6.3%	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	2.3%	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
% non-Hispanic Black	2.5%	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	72.3%	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	0.8%	Proportion of community members that speak English "less than well"
Median household income	$62,515	Income where half of households in a county earn more and half of households earn less.
% children in poverty	17.3%	Percentage of people under age 18 in poverty.
% uninsured	16.4%	Percentage of population under age 65 without health insurance.
% educational attainment	90.4%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
% unemployment	3.4%	Percentage of population ages 16 and older unemployed but seeking work

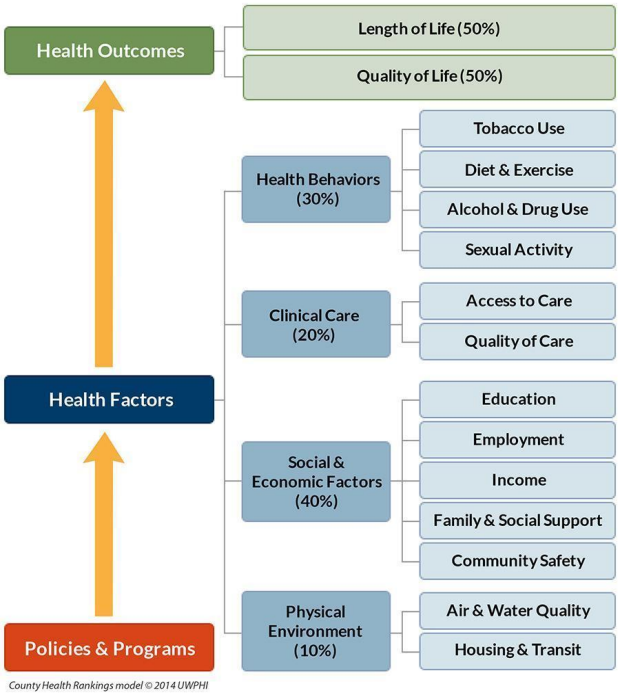
Sources: U.S. Census Bureau, 2020; County Health Rankings & Roadmaps, 2021

To view community demographic data in its entirety, see Appendix B.

Process and Methods Used

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

Ascension St. John Jane Phillips'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).



County Health Rankings Model

Collaborators and/or Consultants

Ascension St. John Sapulpa completed its 2021 CHNA with the contracted assistance of Seven Rivers Consulting LLC. 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 Jane Phillips collected and analyzed community input for Washington 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 Washington 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 Washington County. A summary of the process and results is outlined below.

Community Focus Groups

Two focus groups were conducted by Seven Rivers Consulting to gather feedback from community members on the health needs and assets of Washington County. Because of the pandemic (particularly the Omicron spike in early 2022), focus groups were conducted entirely online, using Zoom video conferencing. This group of participants was defined as general community members of various demographics residing in Washington County. Eight individuals participated in the focus groups, held in January and February 2022. 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 Washington 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
A key theme that derived from focus group discussions was a lack of affordable access to health care, with many participants stating they deliberately avoided doctors and hospitals due to cost concerns. Another key barrier was transportation, with many participants lacking access to reliable cars to secure everyday needs, including health care. Most felt the county would benefit from expanded telehealth and mobile clinic units. Residents of the county identified concerns with mental health and substance abuse treatment, citing a lack of care facilities available in Washington County. Our focus groups revealed that stigma toward mental health and alcohol/drug use has improved in recent years. But many participants acknowledged experiencing poor mental health themselves during the pandemic, causing a shift in their own personal views about behavioral illness. Still, elders and racial/ethnic minority groups were more likely to stigmatize those requiring mental health and substance abuse services. Finally, many admitted to lacking literacy and knowledge about ways to access

health and social resources. Many complained that they did not know how to even access basic clinical services across the county. Compounding this was a widespread feeling of being incompletely heard by their doctors and nurses.	
Populations Represented	**Common Themes**
• Residents of Washington County • Racial/ethnic minorities (African American, Asian American, and Latinx) • Individuals whose income is near or below the federal poverty line • Individuals who are medically underserved • Individuals with chronic health conditions	In order of ranked importance: • Mental and behavioral health • Health insurance • Health literacy • Reliable transportation • Access to treatment and recovery services • COVID-19
Meaningful Quotes	
• "I'm proud of how we work together and solve our differences and how we uphold each other in our community." • "A lot of people struggle to access care physically, via transportation. Transportation is an issue for those who have disabilities or can't afford to go to the hospital." • "Health insurance coverage and cost is way out of line. Many people can't access the care that they need."	

Interviews with Vulnerable Population Groups, Key Stakeholders and Civic Leaders

A series of 20 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 Washington 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 Washington 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 Washington 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 Washington County. Twenty-four representatives from 20 different organizations/agencies participated in the interviews, held between October 2021 and January 2022.

Vulnerable Population Group Interviews

Key Summary Points

In our research, we intentionally focused on historically marginalized populations in Washington 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. Our interviews generally included both agency staff and consumers/patients served by the organization.

Populations Represented	Common Themes
• Hispanic community • Individuals experiencing homelessness or transience • Individuals with disabilities • Black and African American community • Native American community	In order of ranked importance: • Health insurance • Mental and behavioral health • Access to treatment and recovery services • Access to healthy food • COVID-19 • Barriers to primary care

Meaningful Quotes

- "Why start a new job if you lose so many entitlements that were available to you when you were unemployed? The incentives to work in Oklahoma make no sense."
- "I bring my school laptop to a McDonald's during the evening so I can get internet access."
- "I've had tons of bullies who would call me a 'cripple,' even on my Facebook page. It's sad, and it really hurts. I don't understand why people are so mean. Where does the hate come from?"

Interviews with Key Stakeholders and Civic Leaders

Key Summary Points

As was the case in other counties across northeastern Oklahoma, the dominant theme that emerged from our research was a widespread lack of mental health and alcohol/drug use recovery services. In Washington County, most can access initial services, but long-term follow-up with therapists and treatment services is problematic, even for those with health insurance. Others, particularly rural dwellers, live in food deserts, where grocery stores and access to nutritious food is in short supply. Our interviews revealed that many people lack knowledge about how to secure community resources, such as food, housing, transportation and health care. Compounding the problem is that few of these social services intersect with one another, making it overwhelmingly difficult for individuals and families that require multiple health and economic resources. Despite Oklahoma having expanded Medicaid last year, quite a few participants commented that securing comprehensive health insurance remains increasingly difficult. Finally, many felt the COVID-19 pandemic led to

increasing isolation, stress, and division across the county — making it harder to access health care and social services. Intellectual and social development suffered among children, as schools were forced to pivot to online learning.	
Sectors Represented	**Common Themes**

• First responders
• Health care providers
  ○ Tribal health care
• Health insurance
• Higher education
• Mental and behavioral health
• Non-profits
  ○ Children's services
  ○ Faith-based services
  ○ Social services
  ○ Veterans' services
• Public health
• Public K-12 education
	In order of ranked importance:
	• Mental and behavioral health
	• Health insurance
	• Reliable transportation
	• Health literacy
	• Access to healthy food
	• Access to treatment and recovery services
	• COVID-19

Meaningful Quotes	
• "Some believe schools should only be focused on reading, writing, and arithmetic. Others want schools to 'do it all,' like discussing topics on health, nutrition, sex ed, etc. Either way, parents must be at the table to help their children succeed in school." • "We see too many people are caught in an impossible gap, where they are too rich for state aid and too poor to afford food, secure housing, and routine child care. We ought to help meet people where they're at — particularly when they're in the middle." • "We all need to lean on each other. At one time, all of us have had or will have vulnerabilities and major problems. None of us is better than any of us."	

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 Washington County seem to experience higher median household income, lower unemployment, higher educational attainment, and more children living in two-parent homes. These factors likely played a role in the higher rate of life expectancy and lower rate of 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, many in the county have reported greater physical and mental distress. Excessive alcohol, violent crimes, diabetes incidence, tobacco use, and HIV prevalence have all increased since the last CHNA report was published. However, adult obesity, physical inactivity and teen birth rates have improved. 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 Washington 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]

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

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
- 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[2]
- Other disparities and inequities

COVID-19 Impact on Washington County (as of Feb. 25, 2022)

Indicator	Washington County	Oklahoma	Description
Total cases	12,533	1,021,595	Total number of confirmed COVID-19 cases in the population.*
Confirmed cases per 100,000	23,931	25,817	Total number of confirmed COVID-19 cases recorded per 100,000 population.*
Total deaths	236	14,612	Total number of confirmed cases of individuals who died of COVID-19 in the population.*
Deaths per 100,000	458	369	Total number of confirmed cases of individuals who died of COVID-19 recorded per 100,000 population.*
Case fatality percentage	1.9%	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 Jane Phillips'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 Washington County. This constraint limits the ability to fully assess all the community's needs.

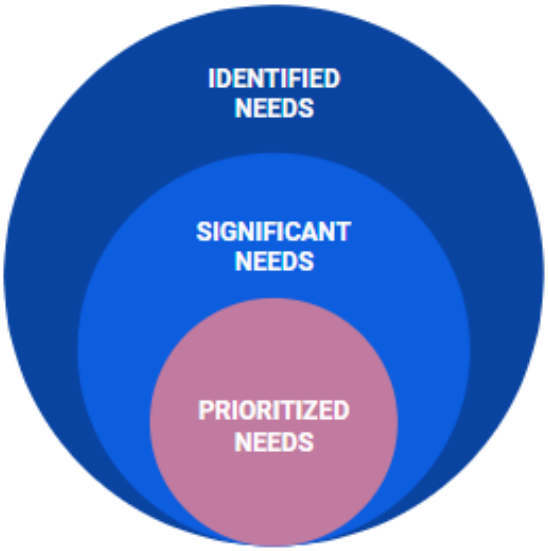
For this assessment, three types of limitations were identified:

- 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

Despite the data limitations, Ascension St. John Jane Phillips 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 Jane Phillips, 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 Washington County. In collaboration with community partners, Ascension St. John Jane Phillips 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 Jane Phillips 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 Washington 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 Jane Phillips utilized the Catholic Health Association's "A Guide for Planning & Reporting Community Benefit" to develop a list of significant needs for Washington County. Ascension has defined "significant needs" as the identified needs that have been deemed most signficant 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 Washington County:

- Mental and behavioral health
- Access to care: health insurance
- Housing and transit: reliable transportation
- Diet and exercise: access to healthy food
- Education: health literacy
- Alcohol and drug use: access to treatment and recovery services
- Access to care: barriers to primary care
- COVID-19

**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.

Mental and Behavioral Health

Why Is It Important?

Without mental wellness, many people experience difficulty functioning in their roles as students, parents, or employees, leading to a less productive community. Across the region, access to comprehensive mental and behavioral health services was limited, as were the numbers of providers able to provide counseling and support.

Local Assets & Resources

- Ascension St. John Jane Phillips Behavioral Services (geropsychiatric health services to persons 55+ who require intensive or crisis care)
- Center for Therapeutic Interventions
- Cherokee Nation Health Services: Will Rogers Health Center (located in Nowata, Okla.)
- Cooweescoowee Health Center
- CREOKS Health Services
- Daybreak Family Services
- Dayspring Community Services
- Generations Family Medical Clinic
- Grand Lake Mental Health Center
- Morton Comprehensive Services: Nowata Family Health Center (located in Nowata, Okla.)
- Private facilities and providers
- Samaritan Counseling & Growth Center
- Stage 2 Changes LLC

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 and behavioral health places additional burdens on the following organizations:
  - First responders
  - Schools
  - Health systems
  - Criminal justice

Individuals Who Are More Vulnerable

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

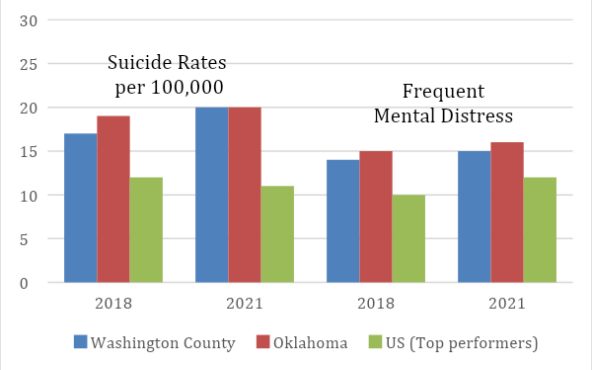
Data Highlights

	Suicide*		Frequent mental distress**	
	2018	2021	2018	2021
Washington County	17	20	14	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; Centers for Disease and Prevention (CDC) WONDER database; Oklahoma State Department of Health



Access to Care: Health Insurance

Why Is It Important?

The price of health care is rising in the U.S. faster than inflation or wages. Without health insurance, people often cannot pay their medical bills, and therefore forgo care until emergencies occur. Additionally, many Americans are significantly underinsured, meaning that despite having health insurance, out-of-pocket spending requirements are prohibitive. Thus, many people are receiving inadequate preventive care while remaining at risk for medical debt and/or bankruptcy.

Local Assets & Resources

- Bartlesville Regional United Way
- Cooweescoowee Health Center
- Family Healthcare Clinic
- Free or low-cost clinics
- GAP Medical Clinic & Urgent Care
- Green Country Free Clinic
- Hope Clinic
- Morton Comprehensive Services: Nowata Family Health Center (located in Nowata, Okla.)
- Private providers
- Washington County Health Department

Community Challenges & Perceptions

- Free and low-cost primary care clinics are available in Washington County, but specialty care and advanced treatments (e.g., surgery) require patients to have health insurance.
- Those eligible for Medicaid sometimes don't realize it.
- The price of health insurance continues to escalate — both employer-sponsored plans and products available on health exchanges.
- Switching health plans often disrupts long-standing relationships between providers and their patients.

Individuals Who Are More Vulnerable

- Individuals who are uninsured or underinsured
- Individuals with high-deductible health plans and/or high out-of-pocket health costs
- Individuals earning low wages, particularly at small companies without health benefits
- Racial/ethnic minorities
- Immigrants and non-U.S. citizens

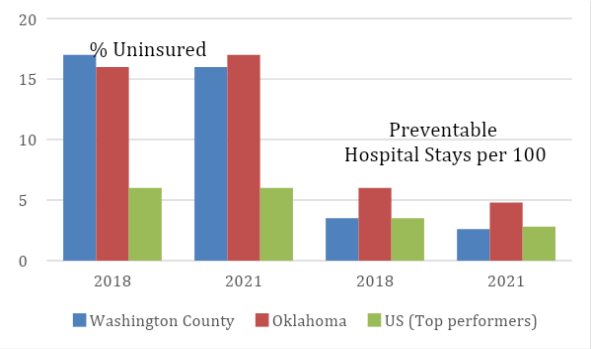
Data Highlights

	Uninsured*		Preventable hospital stays**	
	2018	2021	2018	2021
Washington County	17	16	3.5	2.6
Oklahoma	16	17	6	4.8
U.S. (top performers)	6	6	3.5	2.8

Percentage of population under age 65 without health insurance

**Rate of hospital stays for ambulatory-care sensitive conditions per 100 Medicare enrollees*

Source: County Health Rankings & Roadmaps, 2018 and 2021



Housing and Transit: Reliable Transportation

Why Is It Important?

Northeastern Oklahomans struggle with reliable transportation. While some people take their cars for granted, automobiles are an out-of-reach, luxury item to many living in the community. With rising fuel, insurance, and maintenance costs, the average family pays $713 per month (or 56 cents per mile*) to own an automobile. Recently, used car prices have skyrocketed due to supply chain issues related to the pandemic. Rural communities (including most of Washington County) are particularly dependent on cars, given the long distances one must travel between home, work, school, shopping, health facilities, places of worship, and recreational activities.

Community Challenges & Perceptions

- The price of gasoline is rising fast, and many cannot afford to fill their gas tanks regularly, maintain their cars, or purchase auto insurance.
- Driving long distances can be daunting, especially to elders.
- State-provided transportation resources (e.g., Sooner Ride, The Lift) are bureaucratic and limited.

Local Assets & Resources

- Bartlesville Ambulance
- Cherokee Nation Transit
- Cimarron Public Transit System
- CityRide
- WorkRide

Unless individuals, families, or friends have reliable access to a working automobile, transportation across rural parts of the county is challenging.

Individuals Who Are More Vulnerable

- Elders
- Children
- Employed individuals whose income is near or below the federal poverty line
- Individuals with disabilities

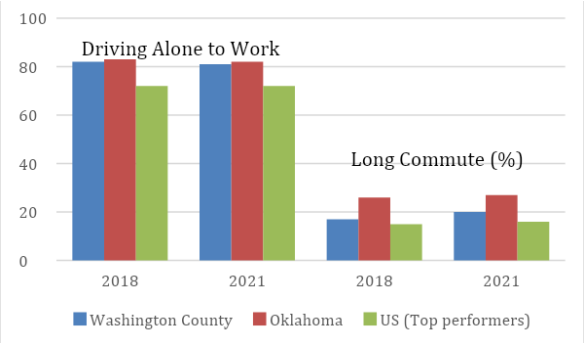
Data Highlights

	Driving alone*		Long commute**	
	2018	2021	2018	2021
Washington County	82	81	17	20
Oklahoma	83	82	26	27
U.S. (top performers)	72	72	15	16

**Percentage of the workforce that drives alone to work*

***Among workers who commute in their car alone, the percentage that commute more than 30 minutes*

Source: County Health Rankings & Roadmaps, 2018 and 2021



**AAA estimates, 2018*

Diet and Exercise: Access to Healthy Food

Why Is It Important?

Without access to healthy foods, people are at higher risk of diet-related illnesses, such as obesity, diabetes, and cardiovascular disease. Access to low-cost, nutritious foods is limited; many in the region live in so-called food deserts. Those with limited income or who do not live in close proximity to 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 area among our participants.

Local Assets & Resources

- Agape Mission
- Boys & Girls Club of Bartlesville
- CARD Seniors (Dewey)
- Community Food Bank of Eastern Oklahoma
- Concern Emergency Services
- Faith-based organizations
- Iron Sharp Foundation
- Mary Martha Outreach
- Oklahoma State Department of Education Office of Child Nutrition Services
- Salvation Army
- Supplemental Nutrition Assistance Program (SNAP)
- The Women, Infants, and Children Supplemental Nutrition Program (WIC)

Community Challenges & Perceptions

- Access to grocery stores containing fresh, nutritious food is limited.
- Fast food and convenience stores are ubiquitous across the county.
- Many people lack health literacy, not understanding the links between the food they consume and related health outcomes.
- Children and elders are at the 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 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

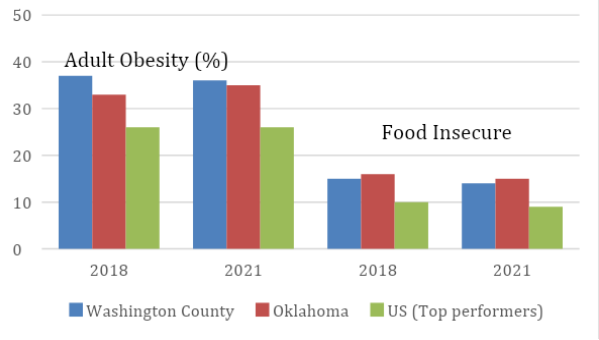
Data Highlights

	Obesity*		Food insecurity**	
	2018	2021	2018	2021
Washington County	82	81	17	20
Oklahoma	83	82	26	27
U.S. (top performers)	72	72	15	16

**Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m^2*

***Percentage of population who lack adequate access to food*

Source: County Health Rankings & Roadmaps, 2018 and 2021



Education: Health Literacy

Why Is It Important?

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 system 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.

Local Assets & Resources

- Bartlesville Public Library Literacy Services
- Local health systems
- Nowata City-County Library (located in Nowata, Okla.)
- Private providers
- Washington County Health Department

Community Challenges & Perceptions

- Locating primary care providers is difficult, and the wait to be seen as a new patient can span months.
- Locating mental and behavioral health and alcohol/drug abuse recovery care is challenging.
- Verbal and written instructions from health providers seemed to confuse a great number of individuals.
- Housing assistance, health care, and food distribution agencies generally do not coordinate with one another, leading to further confusion and widespread 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.

Individuals Who Are More Vulnerable

- 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.

Alcohol and Drug Use: Access to Treatment and Recovery Services

Why Is It Important?

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

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 or use prescribed opioids
- Individuals who are uninsured or underinsured
- Individuals who have trouble accessing primary care and/or mental and behavioral health services
- Individuals who are unemployed or underemployed

Community Challenges & Perceptions

- When people are unable to meet their social, economic, and mental and behavioral 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 — even with insurance — generally inaccessible.

Local Assets & Resources

- CREOKS Health Services
- Dayspring Community Services
- Faith-based organizations
- Grand Lake Mental Health Center
- Private facilities and providers
- 12&12 Addiction Recovery Center (located in Tulsa, Okla.)

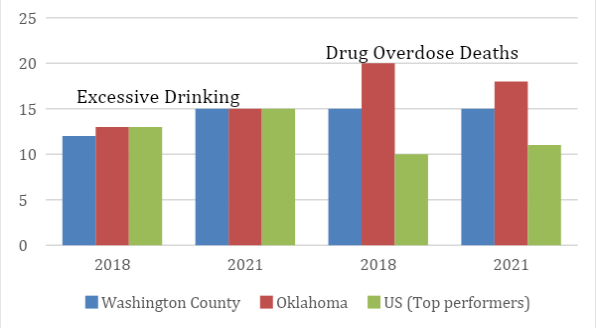
Data Highlights

	Excessive drinking*		Drug deaths**	
	2018	2021	2018	2021
Washington County	12	15	15	15
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 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 ability to keep communities healthy.

Local Assets & Resources

- Catholic Charities of Eastern Oklahoma
- Cooweescoowee Health Center
- Faith-based organizations
- Family Healthcare Clinic
- GAP Medical Clinic & Urgent Care
- Green Country Free Clinic
- Hope Clinic
- Morton Comprehensive Services: Nowata Family Health Center (located in Nowata, Okla.)
- Private providers
- Washington County Health Department

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 (low health literacy).
- The health care workforce is diminishing due to aging provider and clinician burnout.
- Lack of health insurance severely restricts primary care access and choice.

Individuals Who Are More Vulnerable

- Individuals earning low wages, particularly those with more than one job
- Individuals who are uninsured or underinsured
- Non-English speakers
- Individuals with poor health literacy

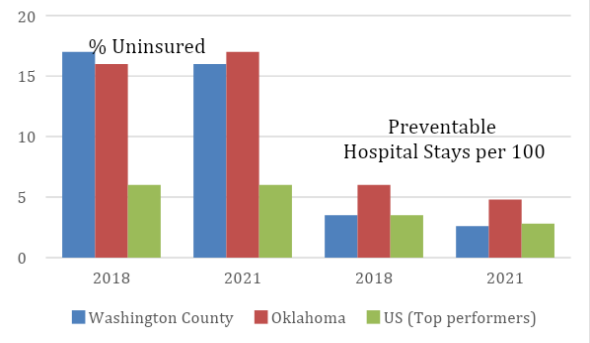
Data Highlights

	Uninsured*		Preventable hospital stays**	
	2018	2021	2018	2021
Washington County	17	16	3.5	2.6
Oklahoma	16	17	6	4.8
U.S. (top performers)	6	6	3.5	2.8

*Percentage of population under age 65 without health insurance

**Rate of hospital stays for ambulatory-care sensitive conditions per 100 Medicare enrollees

Source: County Health Rankings & Roadmaps, 2018 and 2021



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.

Individuals Who Are More Vulnerable

- Elders
- Individuals with chronic medical conditions, such as:
  - Diabetics
  - Cardiac disease
  - Cancer
  - Pulmonary conditions
- Individuals who are immunocompromised
- Individuals diagnosed with obesity
- Pregnant women
- Individuals whose income is near or below the federal poverty line

Community Challenges & Perceptions

- The pandemic exacerbated stress and isolation among all communities, regardless of wealth, education, or health status.
- Many medical and mental/behavioral 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.

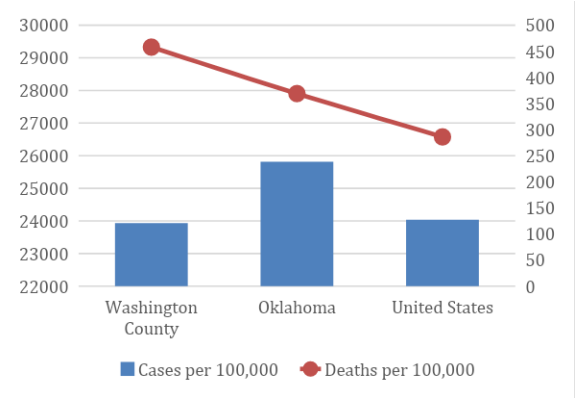
Local Assets & Resources

- Ascension St. John Jane Phillips and other local health systems
- Local pharmacies
- Oklahoma State Department of Health
- Private providers
- Washington County Health Department

Data Highlights

	Cases per 100,000	Deaths per 100,000
	As of 02/25/22	As of 02/25/22
Washington County	23,931	458
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 20-21.

Prioritized Needs

Following the completion of the assessment, Ascension St. John Jane Phillips, 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:

- Mental and behavioral health – This need was selected because across the region, access to comprehensive mental health was limited. Chronic stress, the COVID-19 pandemic, poverty, and ongoing alcohol/drug use disorder all fuel poor mental health across Washington County. Regular counseling is difficult to access and is generally only available to wealthy individuals, given that most mental health 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.
- Access to care: health insurance – This need was selected because without health insurance, people often delay doctor visits, preventive care, and medication purchases. Moreover, many Americans are significantly underinsured, meaning their plan fails to provide sufficient coverage and/or requires substantial out-of-pocket spending. Thus, many people are at risk for overwhelming medical debt and/or declaring bankruptcy because of escalating health care costs.
- Housing and transit*: reliable transportation – This need was selected because rural communities in Washington County are particularly dependent on personal vehicles, given the long distances one must travel between home, work, school, shopping, health facilities, places of worship, and recreational activities. Unfortunately, automobile travel has become a luxury item, especially among low-income communities. With rising fuel, insurance, and maintenance costs, the average family pays $713 per month (or 56 cents per mile**) to own an automobile. More recently, new and used car prices have skyrocketed due to supply chain issues related to the pandemic, making replacement of vehicles nearly impossible for many people.

  **Ascension's need terminology is based on the County Health Rankings Model, which is why "housing" was included. However, reliable transportation was the need that rose to the top in significance. Accordingly, that need will be the focus of implementation strategy efforts.*

  ***AAA estimates, 2018*

Ascension St. John Jane Phillips 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 Jane Phillips has chosen to focus its efforts on the priorities listed above.

Diet and exercise, education, alcohol and drug use, and COVID-19 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 mental and behavioral health, access to care, and housing and transit. Furthermore, people reported that access to healthy food, health literacy, access to treatment and recovery services, and COVID-19 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 Washington 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 Jane Phillips'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.
- 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.
- 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 Jane Phillips'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 Jane Phillips board of directors for approval and adoption on April 28, 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 Jane Phillips serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Ascension St. John Jane Phillips 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 Jane Phillips hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Washington County. As a Catholic health ministry, Ascension St. John Jane Phillips 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 Jane Phillips 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

Table of Contents

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	Washington County	Oklahoma	U.S.
Total	51,527	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	Washington County	Oklahoma	U.S.
Asian	2.3%	2.4%	5.9%
Black / African American	2.5%	7.4%	13.4%
Hispanic / Latinx	6.3%	11.1%	18.5%
Native American	10.8%	9.4%	1.3%
White	72.3%	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	Washington County	Oklahoma	U.S.
Median age	40.2	36.9	38.2
Age 0-17	23.8%	24.1%	22.3%
Age 18-64	56.4%	59.8%	61.2%
Age 65+	19.8%	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	Washington County	Oklahoma	U.S.
Median household income	$62,515	$52,919	$62,843
Per capita income	$30,847	$28,422	$34,103
People with incomes below the federal poverty guideline	14.8%	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	Washington County	Oklahoma	U.S.
High school grad or higher	90.4%	88%	88%
Bachelor's degree or higher	28.5%	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	Washington County	Oklahoma	U.S.
Uninsured (<65 years)	16.4%	16.6%	10.2%
Medicaid participation	29.5%	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

Eight anonymous individuals participated in two focus groups in Washington County. An additional two individuals completed an online survey, for a total of 10 participants.

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

Bartlesville Ambulance Service	Kary Cox
Bartlesville Public Schools	Jason Langham
Bartlesville Regional United Way	Lisa Cary
Boys & Girls Club of Nowata	Brynn Barron
Catholic Charities of Eastern Oklahoma	Peter Chacon
Cherokee Nation Health Services	Sky Poole
Cimarron Public Transit System	Laura Corff
Concern Center	Peggy Crowder
Family Healthcare Clinic	Molly Collins
Grand Lake Mental Health Center	Jennifer Glenn
MyHealth Access Network	David Kendrick, MD, MPH
Oklahoma Department of Human Services	Denise McKinnon
Ray of Hope Advocacy Center	Rhonda Hudson
Oklahoma State Department of Health	Brandi Larmon
SAFE-NOW	Lori Moynihan
Tri County Tech	Tammie Strobel
Tulsa 211	Ashlie Casey
Veterans Connection Organization	Sharon Reese
Visiting Angels Living Assistance Services	De Ritter
Washington County Emergency Management	Kary Cox

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	Washington County	Oklahoma	Top U.S. Counties	Description
Length of Life					
Premature death		8,674	12,295	5,500	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life expectancy		76.6	76	81.1	How long the average person should live.
Infant mortality		6.8	7.4	4	Number of all infant deaths (within 1 year) per 1,000 live births.
Physical Health					
Poor or fair health		19.2%	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		13.8%	14.2%	9%	Percent of adults reporting 14 or more days of poor physical health per month.
Low birth weight		7.4%	8%	6%	Percent of babies born too small (less than 2,500 grams).
Injury deaths		84.8	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		15.4%	15.6%	12%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide		20.3	20.2	11	Number of deaths due to suicide per 100,000.
Morbidity					
Diabetes prevalence		15.6%	12.3%	7%	Percent of adults aged 20 and above with diagnosed diabetes.

Cancer incidence		444.4	439.2	442.4	Number of new cancer diagnoses per 100,000.
Communicable Disease					
HIV prevalence		105	192	41	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Sexually transmitted infections		308	559	161	Number of newly diagnosed chlamydia cases per 100,000.
Source: 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	Washington County	Oklahoma	Top U.S. Counties	Description
Economic Stability					
Median household income		$62,515	$52,919	$69,000	Income where half of households in a county earn more and half of households earn less.
Unemployment		3.4%	3.3%	2.6%	Percentage of population ages 16 and older unemployed but seeking work.
Poverty		14.8%	14.3%	11.4%*	Percentage of population living below the federal poverty line.
Childhood poverty		17.3%	19.7%	11%	Percentage of people under age 18 in poverty.
Children eligible for free or reduced-price lunch		51.4%	60.2%	32%	Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch.
Educational Attainment					
High school completion		90.4%	88%	96%	Percentage of ninth grade cohort that graduates in four years.
Some college		58%	59.5%	73%	Percentage of adults ages 25-44 with some post-secondary education.

Social/Community					
Children in single-parent homes		23.7%	26.6%	20%	Percentage of children that live in a household headed by a single parent.
Social associations		13.7	11.5	18.4	Number of membership associations per 10,000 population.
Disconnected youth		6.7%	8%	4%	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Juvenile arrests		34.5	20.9	N/A	Rate of delinquency cases per 1,000 juveniles.
Violent crime		239	428	63	Number of reported violent crime offenses per 100,000 population.
Access to Healthy Foods					
Food environment index		6.9	5.8	8.6	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food insecurity		14%	15.1%	9%	Percent of the population who lack adequate access to food.
Limited access to healthy foods		13.4%	8.6%	2%	Percent of the population who are low-income and do not live close to a grocery store.
Sources: https://www.countyhealthrankings.org/explore-health-rankings; U.S. Census Bureau, 2020					

**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	Washington County	Oklahoma	Top U.S. Counties	Description
Physical Environment					
Severe housing cost burden		9.6%	11.2%	7%	Percentage of households that spend 50% or more of their household income on housing.

Severe housing problems		11.4%	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	8.2	6.1	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership		70.8%	65.6%	81%	Percentage of occupied housing units that are owned.
Year structure built		87.8%	78.9%	82.5%*	Percentage of housing units built prior to 1950.
Long commute, driving alone		20.1%	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					

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	Washington County	Oklahoma	Top U.S. Counties	Description
Health Care Access					
Uninsured		16.4%	16.6%	6%	Percentage of population under age 65 without health insurance.
Uninsured adults		19.6%	20.2%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children		9.3%	8.3%	3%	Percentage of children under age 19 without health insurance.
Primary care physicians		2160:1	1642:1	1030:1	Ratio of the population to primary care physicians.
Other primary care providers		1052:1	989:1	665:1	Ratio of the population to primary care providers other than physicians.
Mental health providers		324:1	244:1	290:1	Ratio of the population to mental health providers.

Hospital Utilization					
Preventable hospital stays		2,621	4,781	2,761	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.
Preventive Health Care					
Flu vaccinations		58%	49%	53%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography screenings		41%	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	Washington County	Oklahoma	Top U.S. Counties	Description
Healthy Life					
Adult obesity		35.7%	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		30.4%	27.8%	20%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to exercise opportunities		52.7%	71.3%	91%	Percentage of population with adequate access to locations for physical activity.
Insufficient sleep		37.7%	37.5%	27%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor vehicle crash deaths		10.8	17.4	9	Number of motor vehicle crash deaths per 100,000 population.

Substance Use and Misuse					
Adult smoking		21.2%	20%	14%	Percentage of adults who are current smokers.
Excessive drinking		14.6%	14.9%	13%	Percentage of adults reporting binge or heavy drinking.
Alcohol-impaired driving deaths		19.2%	26.5%	11%	Percent of alcohol-impaired driving deaths.
Unintentional drug overdose deaths		15	18	10.8	Rate of unintentional drug overdose deaths per 100,000 population.
Opioid-related hospitalizations		N/A	207.2	286.1*	Opioid-related inpatient hospital stays per 100,000 population.
Sexual Health					
Teen births		28.5	33.3	13	Number of births per 1,000 female population ages 15-19.
Sexually transmitted infections		308	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. Mental and behavioral health
2. Access to care: health insurance
3. Housing and transit: reliable transportation
4. Diet and exercise: access to healthy food
5. Education: health literacy
6. Alcohol and drug use: access to treatment and recovery services
7. Access to care: barriers to primary care
8. COVID-19

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 is limited. While many felt it is 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.

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."

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 policymakers 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.

Stories of Resilience

[Name omitted] was facing years in prison for substance abuse related issues. Her pathway to addiction included childhood abuse and neglect, sexual trauma, domestic violence, and mental health issues – which led to addiction and criminal activity and 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 Oklahoma Drug and Mental Health Court programs.

Access to Care: Health Insurance

Studies show that comprehensive health insurance helps people access medical care and preventive services. But, unlike many countries around the globe, the U.S. does not guarantee health insurance to all its citizens. Roughly 10.2 percent of Americans (and 16.6 percent of Oklahomans) remain uninsured. Without health insurance, people often delay doctor visits, preventive care, and medication purchases. Moreover, many Americans are significantly underinsured, meaning their plan fails to provide sufficient coverage and/or requires substantial out-of-pocket spending (e.g., high-deductible health plans). Racial and ethnic minorities, individuals with disabilities, full-time caregivers, and those with mental health conditions are particularly at risk for insufficient coverage. The outcome is that many people are at risk for overwhelming medical debt and/or bankruptcy because of escalating health care costs. Almost everyone we interviewed agreed that insurance is necessary to achieving good health — but they remain divided on whether the government should ensure its fair and equitable delivery.

Notable Quotes

"I really don't like my job, but I depend on it for my health benefits. I have good coverage for myself, my wife and our three children."

"If you don't have health insurance, they'll see you for acute detox [for alcohol use disorder]. But after 24 hours, they throw you out. What I really need is a therapist to help me control my drinking and my anxiety."

"I make too much money to qualify for Medicaid, but I can't really afford a decent health insurance plan. It seems like there should be something for those of us stuck in the middle."

Key themes that arose in our interviews include the following:

- Limited free clinics are available to those without insurance. And, specialty-level care and advanced treatments (e.g., surgery) require patients to have health insurance.
- Those eligible for Medicaid sometimes don't realize it. Care navigators can help people enroll in the system.
- The price of health insurance continues to escalate — both employer-sponsored plans and products available on health exchanges.
- Contracts between corporations and insurance plans are in constant flux. Switching health plans often disrupts long-standing relationships between providers and their patients.

What can health systems and policy makers do?

- Leverage community health navigators that can help people access commercial plans and/or Medicaid.
- Enact policies that seek to clarify health insurance plans for the public. Many do not understand the fine print that details premium, deductible, and co-pay costs.
- Corporations must do a better job educating employees on the tiers of health insurance plans (and associated out-of-pocket costs) offered in benefits packages.

Stories of Resilience

"If Carla [my health navigator] didn't help me complete the paperwork or assist with locating my required documents, I would never have enrolled into SoonerCare last year. For the first time in my life, I have a regular doctor that I really like. Now I get mammograms, and I'm on medicines to control my high blood pressure and depression."

Housing and Transit: Reliable Transportation

Like in most parts of the country, northeastern Oklahomans struggle with transportation. Many communities were designed and planned with the automobile in mind, shunning the development of public transit infrastructure. While some of us take our cars for granted, they are an out-of-reach, luxury item to many living in our communities. With rising fuel, insurance, and maintenance costs, the average family pays $713 per month (or 56 cents per mile*) to own an automobile. Recently, used car prices have skyrocketed due to supply chain issues related to the pandemic. Even with a single functioning car, many nuclear families confront multiple demands every day, necessitating two or more automobiles — which can break household budgets. Rural communities are particularly dependent on cars, given the long distances one must travel between home, work, school, shopping, health facilities, places of worship, and recreational activities.

**American Automobile Association (AAA) estimates, 2018*

Key themes that arose in our interviews include the following:

- The price of gasoline is rising fast. Many cannot afford $30-50 to fill their gas tanks.
- The state provides limited transportation resources (e.g., Sooner Ride, The Lift). However, reliability is problematic, and pre-arranged reservations are required, which is a barrier to some people.
- Universally, people enjoy the convenience of telehealth. But medical practices have varying policies around telehealth, which is confusing to patients. Lack of broadband also hinders telehealth access.

What can health systems and policy makers do?

- Strengthen partnerships with non-profit organizations to assist patients with ridesharing and state-funded transportation resources. This can help improve people's access to clinical visits and appointments.
- Instead of opening additional buildings on flagship campuses, health systems can leverage smaller neighborhood medical and mental health clinics to reduce transportation burdens.
- Increase telehealth visits, with concomitant expansion of broadband services in rural communities.
- Leverage mobile health units to serve far-flung rural communities with known transportation burdens.

Notable Quotes

"The social worker told me, 'You don't need to worry about securing rides to see your doctor; Uber and Lyft are available everywhere.' 'Yes,' I countered. 'But those companies require a credit card. No one I know (including me) has a credit card. Some of us don't even have smartphones.'"

"There are two primary care clinics in my hometown, but I have to travel to Tulsa to see specialists or undergo testing, procedures, and receive advanced treatments. Yes, I have a car, but as an older person, I really don't feel comfortable driving more than 10 minutes away from my home."

Stories of Resilience

"For as long as I can remember, Doug owned the local mechanic shop. If your car is broken, Doug will fix it. I told Doug, 'I have no money to pay for a new transmission.' He told me not to worry about the cost: 'Pay what you can, and I'll repair your car eventually.' That's why I like living in a small town — we all pull for each other, especially when we're in need."

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.

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."

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.

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 ≥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.

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."

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.

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.

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.

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."

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.

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 eight 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.

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."

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.

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."

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.

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."

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.

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."

Appendix F: Health Care Facilities and Community Resources

As part of the CHNA process, Ascension St. John Jane Phillips has cataloged resources available in Washington County 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.

Mental and Behavioral Health

Organization Name	Phone	Website
Ascension St. John Jane Phillips Behavioral Services (geropsychiatric health services to persons 55+ who require intensive or crisis care)	918-333-7200	https://healthcare.ascension.org/locations/oklahoma/oktul/bartlesville-ascension-st-john-jane-phillips-behavioral-services?utm_campaign=gmb&utm_medium=organic&utm_source=local
Center for Therapeutic Interventions (CTI)	918-333-3828	N/A
Cherokee Nation Health Services: Will Rogers Health Center (located in Nowata, Okla.)	918-273-7500	https://health.cherokee.org/health-center-and-hospital-locations/outpatient-care
Cooweescoowee Health Center	918-535-6000	https://health.cherokee.org/health-center-and-hospital-locations/outpatient-care
CREOKS Health Services	1-877-327-3657	www.creoks.org
Daybreak Family Services	918-561-6000	www.daybreakfamilyservices.com
Dayspring Community Services	918-876-4211	https://pfh.org/dayspring
Generations Family Medical Clinic	918-333-3136	N/A

Grand Lake Mental Health Center	918-273-1841	www.glmhc.net
Morton Comprehensive Services: Nowata Family Health Center (located in Nowata, Okla.)	918-273-9911	www.mortonhealth.com/locations-1-2/
Samaritan Counseling & Growth Center	918-336-1463	www.samaritanbartlesville.org
Stage 2 Changes, LLC.	918-327-0683	N/A

**Other private facilities and providers are not listed.*

Access to Care: Health Insurance

Organization Name	Phone	Website
Bartlesville Regional United Way	918-336-1044	https://www.bartlesvilleuw.org
Cooweescoowee Health Center	918-535-6000	https://health.cherokee.org/health-center-and-hospital-locations/outpatient-care
Family Healthcare Clinic	918-336-4822	www.familyhealthcareclinic.org/index.html
GAP Medical Clinic & Urgent Care	918-213-4977	http://gap-medical-clinic.edan.io
Green Country Free Clinic	918-337-5222	N/A
Hope Clinic	918-440-7692	https://hopeclinicbartlesville.weebly.com
Morton Comprehensive Services: Nowata Family Health Center (located in Nowata, Okla.)	918-273-9911	www.mortonhealth.com/locations-1-2
Washington County Health Department	918-335-3005	https://oklahoma.gov/health/county-health-departments/washington-county-health-department.html

**Other local free or low-cost health care providers and private providers are not listed.*

Housing and Transit: Reliable Transportation

Organization Name	Phone	Website
Bartlesville Ambulance	918-336-1111	www.bartlesvilleambulance.com
Cherokee Nation Transit	918-207-3929	https://transit.cherokee.org
Cimarron Public Transit System	918-336-2233	https://ucapinc.org
CityRide	918-336-2233	www.cityofbartlesville.org/cityride-offers-2-1-days-programs
WorkRide	918-336-2233	www.cityofbartlesville.org/cityride-offers-2-1-days-programs

**Unless individuals, families, or friends have reliable access to a working automobile, transportation across rural parts of the county is challenging.*

Diet and Exercise: Access to Healthy Food

Organization Name	Phone	Website
Agape Mission	918-336-5410	https://agapebartlesville.com
Boys & Girls Club - Bartlesville	918-336-3636	https://bgcbville.org
CARD Seniors - Dewey	918-534-1270	www.cardcaa.org/District/1312-Senior-Nutrition.html
Community Food Bank of Eastern Oklahoma	918-585-2800	https://okfoodbank.org
Concern Emergency Services	918-336-4693	www.cufcc.org
Iron Sharp Foundation	918-230-7807	https://ironsharpfoundation.org
Mary Martha Outreach	918-337-3703	https://cceok.org/marymarthaoutreach
Oklahoma State Department of Education Office of Child Nutrition Services (OSDE-CNP)	405-521-3327	https://sde.ok.gov/child-nutrition-programs

Salvation Army	918-336-6454	www.salvationarmyusa.org/usn
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

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

Education: Health Literacy

Organization Name	Phone	Website
Bartlesville Public Library Literacy Services (located in Bartlesville, Okla.)	918-338-4161	www.bartlesville.lib.ok.us
Nowata City-County Library (located in Nowata, Okla.)	918-273-3363	https://nowataok.gov/nowata-city-county-library
Washington County Health Department	918-335-3005	https://oklahoma.gov/health/county-health-departments/washington-county-health-department.html

Alcohol and Drug Use: Access to Treatment and Recovery Services

Organization Name	Phone	Website
CREOKS Health Services	1-877-327-3657	www.creoks.org
Dayspring Community Services	918-876-4211	https://pfh.org/dayspring
Grand Lake Mental Health Center	918-273-1841	www.glmhc.net
12&12 Addiction Recovery Center (located in Tulsa, Okla.)	1-800-680-8979	https://12and12.org

**Faith-based organizations and other private facilities are not listed.*

Access to Care: Barriers to Primary Care

Organization Name	Phone	Website
Catholic Charities of Eastern Oklahoma	918-949-4673	https://cceok.org
Cooweescoowee Health Center	918-535-6000	https://health.cherokee.org/health-center-and-hospital-locations/outpatient-care
Family Healthcare Clinic	918-336-4822	www.familyhealthcareclinic.org/index.html
GAP Medical Clinic & Urgent Care	918-213-4977	http://gap-medical-clinic.edan.io
Green Country Free Clinic	918-337-5222	N/A
Hope Clinic	918-440-7692	https://hopeclinicbartlesville.weebly.com
Morton Comprehensive Services: Nowata Family Health Center	918-273-9911	www.mortonhealth.com/locations-1-2
Washington County Health Department	918-335-3005	https://oklahoma.gov/health/county-health-departments/washington-county-health-department.html

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

COVID-19

Organization Name	Phone	Website
Oklahoma State Department of Health	1-877-836-2111	https://oklahoma.gov/covid19.html
Washington County Health Department	918-335-3005	https://oklahoma.gov/health/county-health-departments/washington-county-health-department.html

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

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

Ascension St. John Jane Phillips'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	• 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	• 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	• Supported increased staffing of temporary workforce to assist with the surge in need for Medicaid enrollment assistance. • Increased physician coverage as needed in response to Medicaid expansion in an effort to assist patients with enrollment and access.

Racial equity: Worked with the community to address racial inequities and disparities.	Ongoing	• Helped to address racial inequities and disparities through new and existing community partnerships.
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.	Ongoing	• 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	• A number of meetings were held to explore opportunities for school-based telehealth programs.
Reduction in regional inequities and disparities in access to care: Promoted awareness of, and access to, health care for underserved populations.	Complete	• 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	• Provided small grant funding for around 50 community programs and services in the market that promote access to care.

PRIORITY NEED	**Behavioral health**	
ACTIONS TAKEN	**STATUS OF ACTIONS**	**RESULTS**
Community engagement: Increased associate engagement in the community to promote behavioral health through collaboration.	Complete	• 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	• Provided small grant funding for around 15 community programs and services in the market that promote behavioral health.

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	• 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	• Forged new partnerships and connections with areas of the hospital to address food insecurity experienced by the communities we serve. • 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	● 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	● 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	● Provided small grant funding for more than 50 community programs and services in the market 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	● 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	• 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. • 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 community 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	• 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	• 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	• 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	• 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	• Provided small grant funding for more than 15 community programs and services that promote ACEs.

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