

# Ascension St. John Nowata

## 2021 Community Health Needs Assessment Nowata County, Oklahoma



**Ascension**

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

Jane Phillips Nowata Hospital, Inc. (dba Ascension St. John Nowata)

237 S. Locust St. | Nowata, OK 74048

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

918-273-3102

Hospital EIN: 73-1440267

The 2021 community health needs assessment report was approved by the Ascension St. John Nowata 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

<b>Table of Contents</b>	<b>3</b>
<b>Executive Statement</b>	<b>5</b>
<b>Executive Summary</b>	<b>6</b>
<b>About Ascension</b>	<b>8</b>
Ascension	8
Ascension St. John	8
Ascension St. John Nowata	9
<b>About the Community Health Needs Assessment</b>	<b>10</b>
Purpose of the CHNA	10
IRS 501(r)(3) and Form 990, Schedule H Compliance	10
<b>Community Served and Demographics</b>	<b>11</b>
Community Served	11
Demographic Data	11
<b>Process and Methods Used</b>	<b>14</b>
Collaborators and/or Consultants	14
Data Collection Methodology	15
<b>Community Needs</b>	<b>23</b>
Identified Needs	23
Significant Needs	23
Prioritized Needs	34
<b>Summary of Impact from the Previous CHNA Implementation Strategy</b>	<b>36</b>
<b>Approval by Hospital Board of Directors</b>	<b>37</b>
<b>Conclusion</b>	<b>38</b>

<b>Appendices</b>	<b>39</b>
Table of Contents	39
Appendix A: Definitions and Terms	40
Appendix B: Community Demographic Data and Sources	42
Appendix C: Community Input Data and Sources	45
Appendix D: Secondary Data and Sources	46
Appendix E: Significant Need Highlights	53
Appendix F: Health Care Facilities and Community Resources	61
Appendix G: Evaluation of Impact from the Previous CHNA Implementation Strategy	65
Appendix H: Report Acknowledgements	72

## 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 Nowata County. Ascension St. John Nowata 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

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- Kimberly Will, Community Benefit Manager

### Consultants

Seven Rivers Consulting LLC

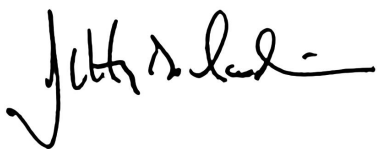
- Jeffrey Alderman, MD, MS, Lead Principal and Project Director
- Suzannah Alwardt, MBA, Project Manager
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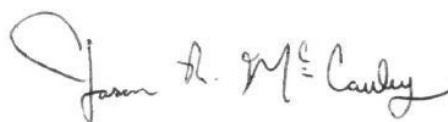
- Cristi Almader-Quiroz, Community Connector

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 Nowata County.



Jeffrey D. Nowlin, FACHE  
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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 Nowata 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 Nowata serves eastern Oklahoma and southeastern Kansas, we have defined its community served as Nowata County for the 2021 CHNA. Nowata County was selected as Ascension St. John Nowata'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 Nowata County, one community focus group with four total participants and 17 vulnerable population group, key stakeholder, and civic leader interviews with 19 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 Nowata, 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 Nowata County. In collaboration with community partners, Ascension St. John Nowata 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. Diet and exercise: access to healthy food
2. Alcohol and drug use: access to treatment and recovery services
3. Housing and transit: reliable transportation
4. Mental and behavioral health
5. Education: health literacy
6. Access to care: high costs of care
7. COVID-19

Following the completion of the assessment, the significant needs selected as priority needs for the 2021 CHNA implementation strategy were **diet and exercise**, **alcohol and drug use**, and **housing and transit**, with focus on any specific measures that rose to the top in significance. For diet and exercise, that includes access to healthy food; for alcohol and drug use, that includes access to treatment and recovery services; and 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 Nowata**



As a Ministry of the Catholic Church, Ascension St. John Nowata 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 Nowata County for more than 75 years.

Ascension St. John Nowata is a 25-bed critical access hospital located in the city of Nowata, Okla. Founded in 1946, it was the first hospital financed through the Hill-Burton Act. In 1989, the facility

joined the regional system of care that includes Ascension St. John Jane Phillips in Bartlesville. Ascension St. John Nowata offers a wide range of services, including acute inpatient care, skilled nursing care, 24/7 emergency care, on-site radiology (X-ray, ultrasound and CT) and laboratory services, and home health. In addition, it has “swing beds” for easy transition from acute care to skilled care. Swing beds can also be utilized for rehabilitation therapy to help patients transition home or to a long-term care facility and to help rehabilitate patients from an illness, accident or surgery. The hospital serves as an important provider of health care to the area, as it is the only hospital located within the county’s geographical boundaries.

Since 1989, Ascension St. John Nowata 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 Nowata, visit <https://healthcare.ascension.org/locations/oklahoma/oktul/nowata-ascension-st-john-nowata>.

## 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.”<sup>1</sup> 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 Nowata’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 Nowata Administration office by calling 918-273-5473 or from the health system’s Mission Integration office by calling 918-744-2504.

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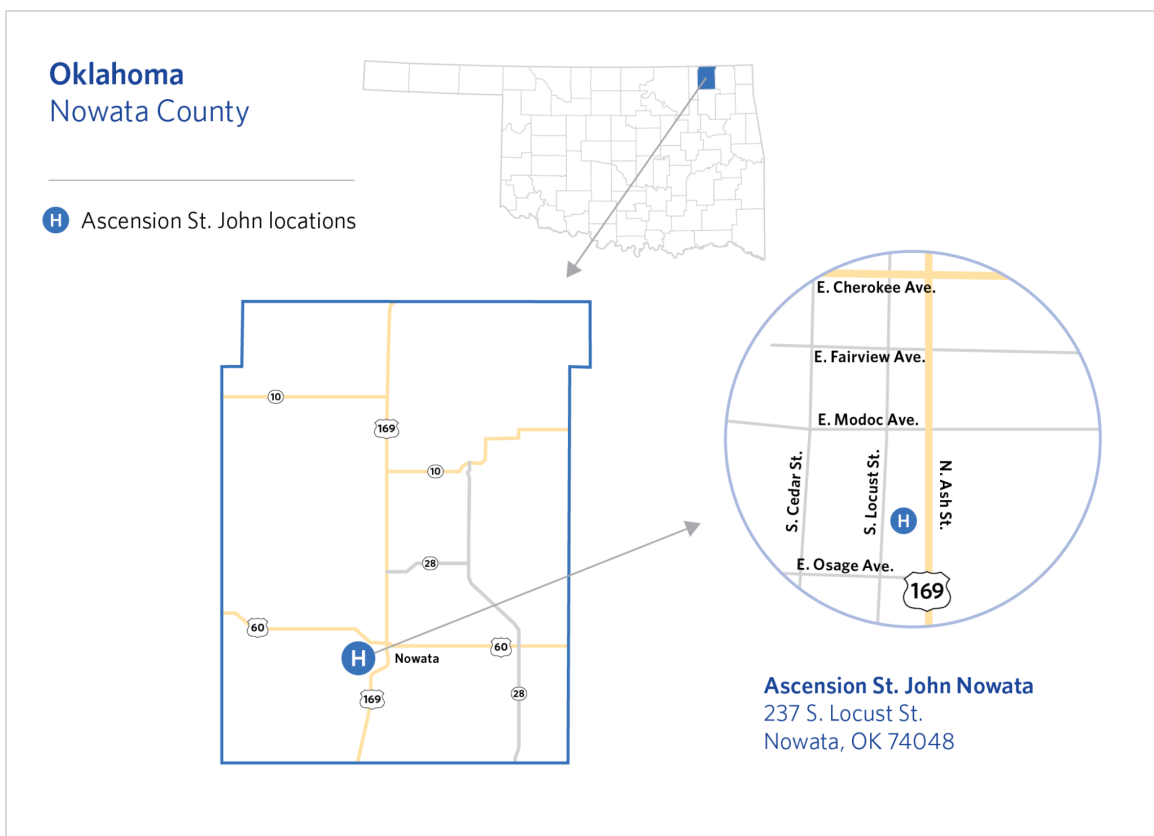
<sup>1</sup> Catholic Health Association of the United States (<https://www.chausa.org>)

## 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 Nowata has defined its community served as Nowata County. Although Ascension St. John Nowata 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**

Nowata County is located in northeastern Oklahoma and is not part of any metropolitan or micropolitan statistical area. The county seat and largest city in Nowata County is the city of Nowata. Other significant towns include South Coffeyville, Lenapah and New Alluwe. According to the U.S. Census

Bureau, Nowata County's population decreased by 4.4 percent from 2010 to 2020. The largest industries in the county include office and administrative support, production, and sales. The county has an unusually high number of residents working in farming, fishing, and forestry occupations. Some of the top employers include the Jonell Systems (formerly Mahle Industrial Filtration), Disan Engineering Corp., and the Cherokee Nation.\*

\*Sources: DataUSA, Nowataok.gov

## Demographic Data

Located in northeastern Oklahoma, Nowata County has a population of 10,076 and is the 58th most populous county (out of 77) in the state. Below are demographic data highlights for Nowata County:

- 19.8% percent of the residents of Nowata County are 65 or older, compared with 16.1 percent in Oklahoma.
- 96.7 percent of residents are non-Hispanic; 3.3 percent are Hispanic or Latinx (any race).
- 66 percent of residents are white; 0.2 percent are Asian; and 2.3 percent are Black or African American.
- The total population decrease from 2010 to 2020 was 2 percent. The percentage of people identifying as Hispanic or Latinx in Nowata County was unchanged from 2010 to 2020.
- The median household income is below the state median income (\$47,456 for Nowata County; \$54,447 for Oklahoma).
- The percent of all ages of people in poverty was higher than the state (16.5 percent for Nowata County; 14.3 percent for Oklahoma).
- The <65 years uninsured rate for Nowata County is higher than the state (19 percent for Nowata County; 16.6 percent for Oklahoma).

Demographic Highlights		
Indicator	Nowata County	Description
<b>Population</b>		
% living in a rural community	57.9%	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	22.3%	Percentage of people under age 18.
% 65 years of age and older	19.8%	Percentage of people age 65 and older.
% Hispanic	3.3%	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	0.2%	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
% non-Hispanic Black	2.3%	A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black or African American."
% non-Hispanic white	66%	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."
<b>Social and Community Context</b>		
English proficiency	0.13%	Proportion of community members that speak English "less than well"
Median household income	\$47,456	Income where half of households in a county earn more and half of households earn less.
% children in poverty	23.7%	Percentage of people under age 18 in poverty.
% uninsured	19%	Percentage of population under age 65 without health insurance.
% educational attainment	89%	Percentage of adults ages 25 and over with a high school diploma or equivalent.
% unemployment	3.5%	Percentage of population ages 16 and older unemployed but seeking work

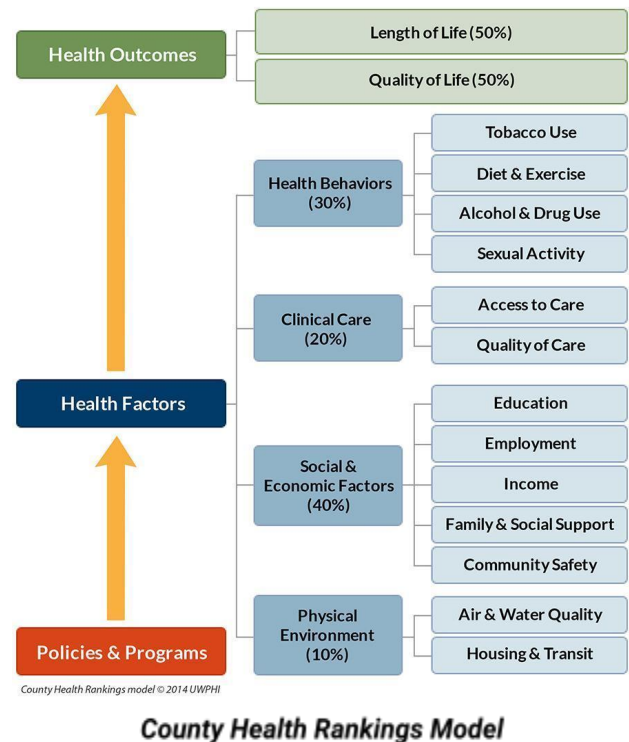
Sources: U.S. Census Bureau, 2020; County Health Rankings & Roadmaps, 2021

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

## Process and Methods Used

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

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



## Collaborators and/or Consultants

Ascension St. John Nowata 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 Nowata collected and analyzed community input for Nowata 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 Nowata 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 Nowata County. A summary of the process and results is outlined below.

### Community Focus Group

A focus group was conducted by Seven Rivers Consulting to gather feedback from community members on the health needs and assets of Nowata County. Because of the pandemic (particularly the Omicron spike in early 2022), the focus group was conducted entirely online, using Zoom video conferencing. Two men and two women, each of non-Hispanic white origin, participated in the focus group, held in January 2022. Nowata Community Advancement Network, a local non-profit, was instrumental in assembling the focus group. While the focus group does not portray an exact representation of the region's diverse population, we estimate it represents the collective spirit of assets, needs, concerns, and fears among those living in Nowata 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

Intergenerational poverty negatively impacts the health of Nowata County. The production and consumption of illicit drugs among many towns in the county is increasing which further contributes to negative outcomes in Nowata County. The city of Nowata (the county seat) lies on the main road connecting Tulsa and Kansas City, through which drugs are regularly trafficked across the midwest. In addition, citizens in the county have very limited access to affordable and healthy food. County residents also expressed that they have few opportunities to participate in physical activity. Health literacy is an additional challenge for many living across the county. Participants cited schools and nonprofits (e.g. the Boys and Girls Club of Nowata) as venues to gain valuable health and wellness information. Furthermore, participants were cautiously optimistic about the future, but acknowledged that many health and economic challenges exist today – most of which were exacerbated by the COVID-19 pandemic.



Populations Represented	Common Themes
<ul style="list-style-type: none"> <li>Residents of Nowata County</li> <li>Individuals associated with the Nowata Community Advancement Network (Nowata CAN)</li> </ul>	<p>In order of ranked importance:</p> <ul style="list-style-type: none"> <li>Health literacy</li> <li>Access to alcohol/drug treatment and recovery services</li> <li>Reliable transportation</li> <li>Mental and behavioral health</li> <li>COVID-19</li> </ul>
Meaningful Quotes	
<ul style="list-style-type: none"> <li>"People have to drive an hour or two to get access to good, quality food. This is a huge issue."</li> <li>"There is not as much of a stigma around mental health as there has been before. But there is a huge turnover in health care professionals in mental health services."</li> <li>"Since it is a tight-knit community, COVID has brought everyone together despite vastly different views on COVID policies."</li> <li>"A large population of people in generational poverty. The majority of people don't know what is good to eat or healthy to eat. Many people go for the fast-food option due to the lack of available affordable food."</li> </ul>	

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

A series of 17 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 Nowata 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 historically marginalized and/or discriminated people in Nowata 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 Nowata 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 Nowata County. Nineteen representatives from 17 different organizations/agencies participated in the interviews, held between November 2021 and February 2022.

## Interviews with Vulnerable Population Groups, 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 Nowata County, most can access initial services, but long-term follow-up with therapists and treatment services is problematic, even for those with health insurance. Other participants, particularly rural dwellers, noted that locating healthy food remains problematic. Food deserts are common in rural areas and fast-food outlets are plentiful. Participants reported few restaurants in the area offer nutritious and healthy meal options. 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. 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

- First responders
- Health care providers
  - Federally qualified health centers (FQHCs)
  - Tribal health care
- Health insurance
- Higher education
- Mental and behavioral health
- Non-profits
  - Children's services
  - Elder's services
  - Faith-based services
  - Social services
- Public health
- Public K-12 education

### Common Themes

In order of ranked importance:

- Access to healthy food
- Access to alcohol/drug treatment and recovery services
- Reliable transportation
- Mental and behavioral health
- Health literacy

### Meaningful Quotes

- "Drug trafficking is taking its toll in Nowata County, and we lack a drug and alcohol rehabilitation facility here. With lack of transportation and money being a barrier, those that need services the most really can't get them."
- "Our [Cherokee] citizens must become fiercer advocates for their own health and well-being. They shouldn't leave it up to others to decide and address."
- "Kids are generally resilient. But kids that fall behind in school often get labeled as such — and can sometimes never excel. These kids need a mentor that can help nurture their talents and gifts."

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 Nowata County seem to experience higher median household income, lower unemployment, and more educational attainment. These factors likely played a role in the higher rate of life expectancy, fewer children living in poverty, fewer uninsured citizens, and less 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 more physical and mental distress. Adult obesity, violent crime, diabetes incidence, excessive alcohol, and HIV prevalence have all increased since the last CHNA report was published. However, we note that with a population of just over 10,000, there is a scarcity of available secondary data about Nowata County's health outcomes, especially when compared with more populous counties across the 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 Nowata 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.<sup>2</sup>

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<sup>2</sup>
- Other disparities and inequities

COVID-19 Impact on Nowata County (as of Feb. 25, 2022)			
Indicator	Nowata County	Oklahoma	Description
Total cases	2,759	1,021,595	Total number of confirmed COVID-19 cases in the population.*
Confirmed cases per 100,000	29,603	25,817	Total number of confirmed COVID-19 cases recorded per 100,000 population.*
Total deaths	35	14,612	Total number of confirmed cases of individuals who died of COVID-19 in the population.*
Deaths per 100,000	347	369	Total number of confirmed cases of individuals who died of COVID-19 recorded per 100,000 population.*
Case fatality percentage	1.3%	1.4%	Percentage of total confirmed cases of individuals who died of COVID-19.*

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

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*\*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 Nowata'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 Nowata County. This constraint limits the ability to fully assess all the community's needs.

For this assessment, three types of limitations were identified:

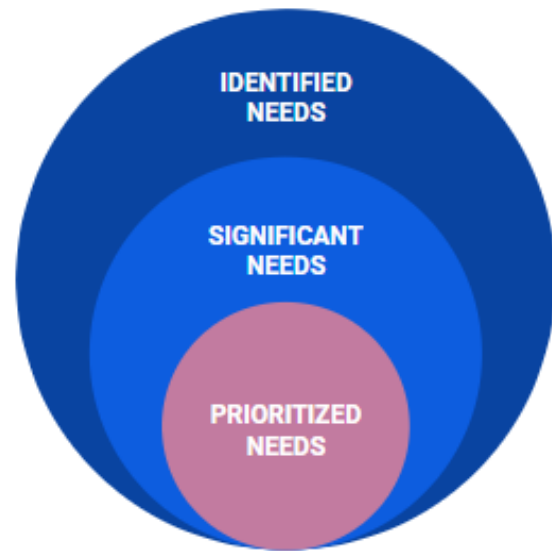
- Some groups of individuals may not have been adequately represented through the community input process. Those groups, for example, may include individuals who are transient, who speak a language other than English, or who are members of the lesbian/gay/bisexual/transgender+ community.
- Secondary 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 Nowata 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 Nowata, 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 Nowata County. In collaboration with community partners, Ascension St. John Nowata 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 Nowata 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 Nowata 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 Nowata utilized the Catholic Health Association’s “A Guide for Planning & Reporting Community Benefit” to develop a list of significant needs for Nowata County. Ascension has defined “significant needs” as the identified needs that have been deemed most significant to address based on established criteria and/or prioritization methods.

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

- We combined and reviewed all of the data sets obtained from our research, including:
  - Focus group session
  - 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 Nowata County:

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

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.

## 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

- Boys and Girls Club of Nowata
- CARD Seniors of Nowata
- Community Food Bank of Eastern Oklahoma
- Hunger Free Oklahoma
- Living Word Family Church
- Loaves and Fishes
- Local churches and food pantries
- Nowata Community Advancement Network
- Oklahoma School Breakfast and Lunch Program
- 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

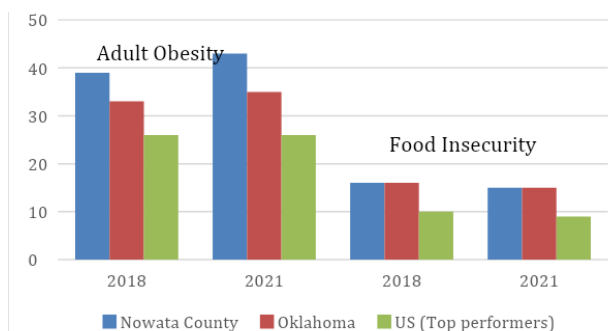
## Data Highlights

	Obesity*		Food insecurity**	
	2018	2021	2018	2021
Nowata County	39	43	16	15
Oklahoma	33	35	16	15
U.S. (top performers)	26	26	10	9

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

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

Source: County Health Rankings & Roadmaps, 2018 and 2021





## 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

- Low-income individuals
- Individuals experiencing pre-existing chronic physical disorders (e.g., chronic pain)
- Individuals experiencing pre-existing mental health disorders
- Individuals experiencing alcohol and/or opioid addiction issues
- Individuals who are uninsured and/or experience difficulty accessing primary care and/or mental health services
- Individuals experiencing unemployment or underemployment

### 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 (located in Bartlesville, Okla.)
- Faith-based organizations
- Grand Lake Mental Health
- Nowata Community Advancement Network
- Private facilities and providers
- 12&12 Addiction Recovery Center (located in Tulsa, Okla.)

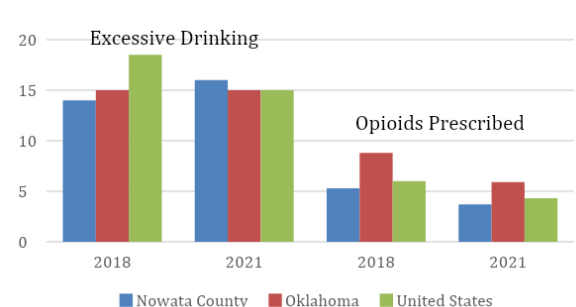
## Data Highlights

	Excessive drinking*		Drug deaths**	
	2018	2021	2018	2021
Nowata County	14	16	5.3	3.7
Oklahoma	15	15	8.8	5.9
U.S. (top performers)	18.5	15	6	4.3

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

\*\*Number of opioid prescriptions dispensed per 10 people

Sources: County Health Rankings & Roadmaps, 2018 and 2021; Centers for Disease Control and Prevention (CDC) WONDER database; Oklahoma State Department of Health



## 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.

### Individuals Who Are More Vulnerable

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

### 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
- Miller Emergency Medical Services
- 10-33 Ambulance Service and Wheelchair Van

*Urgent medical transportation services. There are no readily known public transportation assistance programs or services available in Nowata County. Unless individuals, families, or friends have reliable access to a working automobile, transportation across the county is challenging.*

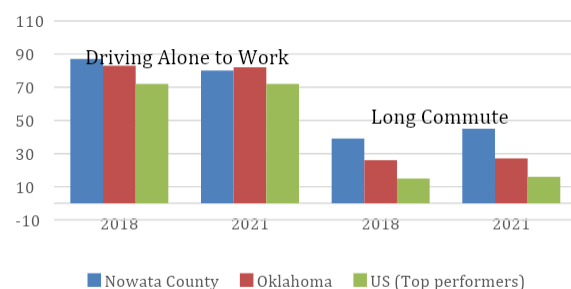
## Data Highlights

	Driving alone*		Long commute**	
	2018	2021	2018	2021
Nowata County	87	80	39	45
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



## 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.

### 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

### Local Assets & Resources

- CREOKS (located in Bartlesville, Okla.)
- Cherokee Nation Health Services: Will Rogers Health Center
- Grand Lake Mental Health Center
- Morton Comprehensive Services: Nowata Family Health Center
- Private facilities and providers

### Individuals Who Are More Vulnerable

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

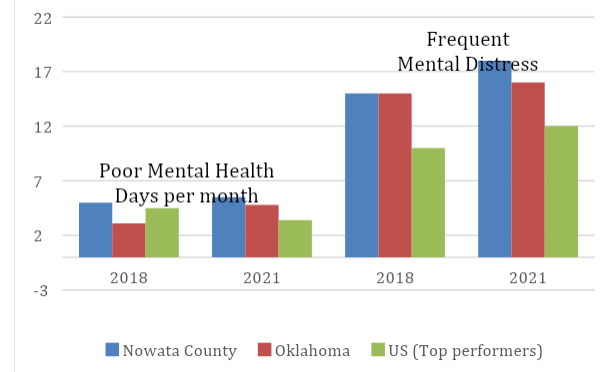
## Data Highlights

	Poor mental health days*		Frequent mental distress**	
	2018	2021	2018	2021
Nowata County	5	5.5	15	18
Oklahoma	3.1	4.8	15	16
U.S. (top performers)	4.5	3.4	10	12

\*Average number of mentally unhealthy days reported in past 30 days (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



<b>Health Literacy</b>	
<b>Why Is It Important?</b>	<b>Community Challenges &amp; Perceptions</b>
<p>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.</p>	<ul style="list-style-type: none"> <li>• Locating primary care providers is difficult, and the wait to be seen as a new patient can span months.</li> <li>• Locating mental and behavioral health and alcohol/drug abuse recovery care is challenging.</li> <li>• Verbal and written instructions from health providers seemed to confuse a great number of individuals.</li> <li>• Housing assistance, health care, and distribution agencies generally do not coordinate with one another, leading to further confusion and widespread inconvenience.</li> <li>• 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.</li> </ul>
<b>Local Assets &amp; Resources</b>	
<ul style="list-style-type: none"> <li>• Bartlesville Public Library Literacy Services (located in Bartlesville, Okla.)</li> <li>• Community health worker programs</li> <li>• Local health systems</li> <li>• Nowata City-County Library</li> <li>• Nowata County C/O Rogers County Health Department (Oklahoma State Department of Health – Region 2)</li> </ul>	<b>Individuals Who Are More Vulnerable</b>
<b>Data Highlights</b>	<ul style="list-style-type: none"> <li>• Individuals whose income is near or below the federal poverty line</li> <li>• Elders</li> <li>• Individuals whose first language is not English</li> <li>• Those with only a high school education (or less)</li> <li>• Individuals experiencing mental and behavioral health conditions</li> </ul>
<p>There is no data to report for this significant need.</p>	

## Access to Care: High Costs of Care

### Why Is It Important?

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

### Local Assets & Resources

- Catholic Charities of Eastern Oklahoma
- Cherokee Nation Health Services: Will Rogers Health Center
- Morton Comprehensive Services: Nowata Family Health Center
- Nowata Community Advancement Network (CAN)
- Nowata County C/O Rogers County Health Department (Oklahoma State Department of Health - Region 2)

### Community Challenges & Perceptions

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

### Individuals Who Are More Vulnerable

- Individuals whose income is near or below the federal poverty line
- Individuals earning low wages, particularly at small companies without health benefits
- Individuals who are uninsured or underinsured
- Individuals whose first language is not English

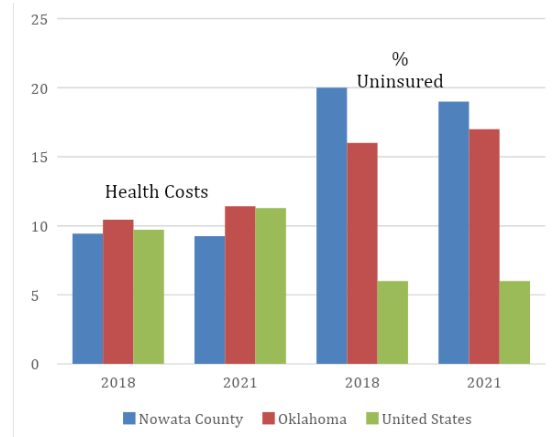
## Data Highlights

	Health costs*		Uninsured**	
	2018	2021	2018	2021
Nowata County	9.43	9.25	20	19
Oklahoma	10.45	11.41	16	17
United States	9.72	11.28	6	6

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

\*\*Percentage of population under age 65 without health insurance

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



## 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.

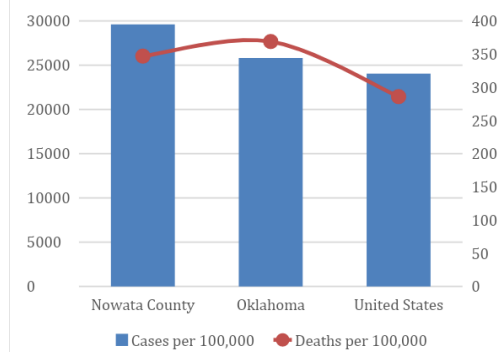
### Local Assets & Resources

- Ascension St. John Nowata and other local health systems
- Local pharmacies
- Nowata Community Advancement Network (CAN)
- Nowata County C/O Rogers County Health Department (Oklahoma State Department of Health - Region 2)
- Oklahoma State Department of Health
- Private providers

## Data Highlights

	Cases per 100,000	Deaths per 100,000
	As of 02/25/22	As of 02/25/22
Nowata County	29,603	347
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 Page 20.

## Prioritized Needs

Following the completion of the community health assessment, Ascension St. John Nowata, 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:

- **Diet and exercise\*:** access to healthy food – This need was selected because many residents of Nowata County lack access to healthy foods, including fresh fruit and vegetables. Yet, there is plenty of inexpensive junk food and fast food readily available, which raises the risk of diet-related illnesses, including diabetes, cardiovascular disease and stroke. Individuals whose income is near or below the federal poverty line and/or who live far away from grocery stores suffer the most from diet-related illnesses. While regular physical activity rates are low across the county, exercise was not identified as a priority focus among participants.
- **Alcohol and drug use:** access to treatment and recovery services – This need was selected because many individuals in Nowata County are abusing alcohol and illicit drugs to “escape” from a variety of issues, including mental trauma, anguish and/or boredom. Many participants agreed that both alcohol and drug use undermine community stability, which only seemed to accelerate during the COVID-19 pandemic – as isolation and stress levels rose astronomically. Compounding the problem is that treatment and recovery services for alcohol and drug use is limited across the region – particularly for those requiring long-term detox and treatment.
- **Housing and transit\*:** reliable transportation – This need was selected because rural communities in Nowata 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. Housing was not identified as a priority focus among our participants.

*\*Ascension’s need terminology is based on the [County Health Rankings Model](#), which is why “exercise” and “housing” were included. However, access to healthy food and reliable transportation were the needs that rose to the top in significance. Accordingly, these two needs will be the focus of implementation strategy efforts.*

*\*\*Source: AAA estimates, 2018*

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

Mental and behavioral health services, education, access to care, 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 diet and exercise, alcohol and drug use, and housing and transit. Furthermore, people reported that mental and behavioral health, health literacy, high costs of care 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 Nowata 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 Nowata'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 Nowata'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 Nowata 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 Nowata serves. This report will be used by internal stakeholders, non-profit organizations, government agencies, and other community partners of Ascension St. John Nowata 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 Nowata hopes this report offers a meaningful and comprehensive understanding of the most significant needs for residents of Nowata County. As a Catholic health ministry, Ascension St. John Nowata 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 Nowata 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
Appendix B: Community Demographic Data and Sources
Appendix C: Community Input Data and Sources
Appendix D: Secondary Data and Sources
Appendix E: Significant Need Highlights
Appendix F: Health Care Facilities and Community Resources
Appendix G: Evaluation of Impact From Previous CHNA Implementation Strategy
Appendix H: Report Acknowledgements

## **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	Nowata County	Oklahoma	U.S.
Total	10,076	3,956,971	331,839,745
Male	50.1%	49.5%	49.2%
Female	49.9%	50.5%	50.8%
Data source: 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	Nowata County	Oklahoma	U.S.
Asian	0.2%	2.4%	5.9%
Black / African American	2.3%	7.4%	13.4%
Hispanic / Latinx	3.3%	11.1%	18.5%
Native American	19.7%	9.4%	1.3%
White	66%	65%	60.1%
Data source: 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	Nowata County	Oklahoma	U.S.
Median age	42.4	36.9	38.2
Age 0-17	22.3%	24.1%	22.3%
Age 18-64	57.9%	59.8%	61.2%
Age 65+	19.8%	16.1%	16.5%
Data source: 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	Nowata County	Oklahoma	U.S.
Median household income	\$47,456	\$52,919	\$62,843
Per capita income	\$22,930	\$28,422	\$34,103
People with incomes below the federal poverty guideline	16.5%	14.3%	11.4%
ALICE households	N/A	27%	29%
Data source: 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	Nowata County	Oklahoma	U.S.
High school grad or higher	89%	88%	88%
Bachelor's degree or higher	11.5%	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	Nowata County	Oklahoma	U.S.
Uninsured	19%	16.6%	10.2%
Medicaid participation	33%	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 Group**

Four anonymous individuals participated in one focus group in Nowata County.

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

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
Concern Center	Peggy Crowder
Family Healthcare Clinic	Molly Collins
Grand Lake Mental Health Center	Jennifer Glenn
MyHealth Access Network	David Kendrick, MD, MPH
Nowata Community Advancement Network	Trista Milliman
Nowata Police & Fire Department	Chief Mike McElhaney
Oklahoma Department of Human Services	Denise McKinnon
Oklahoma State Department of Health	Brandi Larmon
Ray of Hope Advocacy Center	Rhonda Hudson
SAFE-NOW	Lori Moynihan
Tri County Tech	Tammie Strobel
Tulsa 211	Ashlie Casey
Visiting Angels Living Assistance Services	De Ritter

## 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	Nowata County	Oklahoma	Top U.S. Counties	Description
<b>Length of Life</b>					
Premature death		8,735	12,295	5,500	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Life expectancy		76	76	81.1	How long the average person should live.
Infant mortality		N/A	7.4	4	Number of all infant deaths (within 1 year) per 1,000 live births.
<b>Physical Health</b>					
Poor or fair health		23.5%	20.9%	12%	Percent of adults reporting fair or poor health.
Poor physical health days		5.3	4.5	3.1	Average number of physically unhealthy days reported in past 30 days (age-adjusted).
Frequent physical distress		16.4%	14.2%	9%	Percent of adults reporting 14 or more days of poor physical health per month.
Low birth weight		6.9%	8%	6%	Percent of babies born too small (less than 2,500 grams).
Injury deaths		93.1	94.4	58	Number of unintentional injury deaths per 100,000 population.
<b>Mental Health</b>					
Poor mental health days		5.5	4.8	3.4	Average number of mentally unhealthy days reported in the past 30 days.
Frequent mental distress		18.1%	15.6%	12%	Percent of adults reporting 14 or more days of poor mental health per month.
Suicide		N/A	20.2	11	Number of deaths due to suicide per 100,000.
<b>Morbidity</b>					
Diabetes prevalence		28.2%	12.3%	7%	Percent of adults aged 20 and above with diagnosed diabetes.
Cancer incidence		471.4	439.2	442.4	Number of new cancer diagnoses per 100,000.

Communicable Disease					
HIV prevalence		117	192	41	Number of people aged 13 years and over with a diagnosis of HIV per 100,000.
Sexually transmitted infections		330	559	161	Number of newly diagnosed chlamydia cases per 100,000.
Sources: <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a> ; 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	Nowata County	Oklahoma	Top U.S. Counties	Description
<b>Economic Stability</b>					
Median household income		\$47,456	\$52,919	\$69,000	Income where half of households in a county earn more and half of households earn less.
Unemployment		3.5%	3.3%	2.6%	Percentage of population ages 16 and older unemployed but seeking work.
Poverty		16.5%	14.3%	11.4%*	Percentage of population living below the federal poverty line.
Children eligible for free or reduced-price lunch		63.7%	60.2%	32%	Percentage of children enrolled in public schools that are eligible for free or reduced-price lunch
Childhood poverty		23.7%	19.7%	11%	Percentage of people under age 18 in poverty.
<b>Educational Attainment</b>					
High school completion		89%	88%	96%	Percentage of ninth grade cohort that graduates in four years.
Some college		53.3%	59.5%	73%	Percentage of adults ages 25-44 with some post-secondary education.
<b>Social/Community</b>					
Children in single-parent homes		20.4%	26.6%	20%	Percentage of children that live in a household headed by a single parent.
Social associations		10.8	11.5	18.4	Number of membership associations per 10,000 population.

Disconnected youth		N/A	8%	4%	Percentage of teens and young adults ages 16-19 who are neither working nor in school.
Juvenile arrests		47.3	20.9	N/A	Rate of delinquency cases per 1,000 juveniles.
Violent crime		223	428	63	Number of reported violent crime offenses per 100,000 population.
<b>Access to Healthy Foods</b>					
Food environment index		7	5.8	8.6	Index of factors that contribute to a healthy food environment, 0-worst 10-best.
Food insecurity		15.4%	15.1%	9%	Percent of the population who lack adequate access to food.
Limited access to healthy foods		8.9%	8.6%	2%	Percent of the population who are low-income and do not live close to a grocery store.
Sources: <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a> ; 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	Nowata County	Oklahoma	Top U.S. Counties	Description
<b>Physical Environment</b>					
Severe housing cost burden		9.1%	11.2%	7%	Percentage of households that spend 50% or more of their household income on housing.
Severe housing problems		12.9%	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		8.8	8.2	6.1	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).
Homeownership		73.8%	65.6%	81%	Percentage of occupied housing units that are owned.
Year structure built		81.9%	78.9%	82.5%*	Percentage of homes built prior to the year 2020.
Long commute, driving alone		44.6%	16%	27%	Percentage of people driving alone >30 minutes to their workplace.
Sources: <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a> ; American Community Survey (U.S. Census Bureau), 2020 and 2017					

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

## Clinical Care

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

Indicators	Trend	Nowata County	Oklahoma	Top U.S. Counties	Description
<b>Health Care Access</b>					
Uninsured		19%	16.6%	6%	Percentage of population under age 65 without health insurance.
Uninsured adults		23%	20.2%	7%	Percentage of adults under age 65 without health insurance.
Uninsured children		9.2%	8.3%	3%	Percentage of children under age 19 without health insurance.
Primary care physicians		5109:1	1642:1	1030:1	Ratio of the population to primary care physicians.
Other primary care providers		2015:1	989:1	665:1	Ratio of the population to primary care providers other than physicians.
Mental health providers		438:1	244:1	290:1	Ratio of the population to mental health providers.
<b>Hospital Utilization</b>					
Preventable hospital stays		3,906	4,781	2,761	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.

Preventive Health Care					
Flu vaccinations		45%	49%	53%	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.
Mammography screenings		39%	38%	50%	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.
Source: <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a>					

## 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	Nowata County	Oklahoma	Top U.S. Counties	Description
<b>Healthy Life</b>					
Adult obesity		42.9%	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		33.2%	27.8%	20%	Percentage of adults age 20 and over reporting no leisure-time physical activity.
Access to exercise opportunities		54.6%	71.3%	91%	Percentage of population with adequate access to locations for physical activity.
Insufficient sleep		39.7%	37.5%	27%	Percentage of adults who report fewer than 7 hours of sleep on average.
Motor vehicle crash deaths		42.7	17.4	9	Number of motor vehicle crash deaths per 100,000 population.
<b>Substance Use and Misuse</b>					
Adult smoking		25.9%	20%	14%	Percentage of adults who are current smokers.
Excessive drinking		15.7%	14.9%	13%	Percentage of adults reporting binge or heavy drinking.



Alcohol-impaired driving deaths		22.2%	26.5%	11%	Percent of alcohol-impaired driving deaths.
Opioid-related hospitalizations		N/A	207.2	286.1*	Opioid-related inpatient hospital stays per 100,000 population.
Unintentional drug overdose deaths		N/A	18	10.8	Rate of unintentional drug overdose deaths per 100,000 population.
<b>Sexual Health</b>					
Teen births		32.8	33.3	13	Number of births per 1,000 female population ages 15-19.
Sexually transmitted infections		330	559	161	Number of newly diagnosed chlamydia cases per 100,000 population.
Sources: <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a> ; 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. Diet and exercise: access to healthy food
2. Alcohol and drug use: access to treatment and recovery services
3. Housing and transit: reliable transportation
4. Mental and behavioral health
5. Education: health literacy
6. Access to care: high costs of care
7. COVID-19

## Diet and Exercise: Access to Healthy Food

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

Key themes that arose in our interviews include the following:

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

What can health systems and policymakers do?

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

### Notable Quotes

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

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

### Stories of Resilience

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

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

## Alcohol and Drug Use: Access to Treatment and Recovery Services

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

Key themes that arose in our interviews include the following:

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

What can health systems and policymakers do?

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

### Notable Quotes

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

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

### Stories of Resilience

**“I was so lucky to get into a methamphetamine rehab program. I hit bottom and cried a lot of tears in the process. But when I graduated [from the program] I was able to reconnect with my babies and earn a decent living; I’ve stayed clean and sober for 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.”**

## 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 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."**

## 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.

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.

### Notable Quotes

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

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

### Stories of Resilience

[Name omitted] was facing years in prison for 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.



## Education: Health Literacy

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

Key themes that arose in our interviews include the following:

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

### Notable Quotes

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

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

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

What can health systems and policymakers do?

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

### Stories of Resilience

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

## Access to Care: High Costs of Care

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

Key themes that arose in our interviews include the following:

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

What can health systems and policymakers do?

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

### Notable Quotes

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

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

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

### Stories of Resilience

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



## COVID-19

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

Key themes that arose in our interviews include the following:

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

What can health systems and policymakers do?

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

### Notable Quotes

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

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

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

### Stories of Resilience

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

## Appendix F: Health Care Facilities and Community Resources

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

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

### Diet and Exercise: Access to Healthy Food

Organization Name	Phone	Website
Boys and Girls Club of Nowata	918-273-1007	<a href="http://www.bgclubnowata.org/index.asp">http://www.bgclubnowata.org/index.asp</a>
CARD Seniors of Nowata	918-273-0552	<a href="https://www.cardcaa.org/District/1312-Senior-Nutrition.html">https://www.cardcaa.org/District/1312-Senior-Nutrition.html</a>
Community Food Bank of Eastern Oklahoma	918-585-2800	<a href="https://okfoodbank.org/">https://okfoodbank.org/</a>
Hunger Free Oklahoma	918-591-2491	<a href="https://hungerfreeok.org/">https://hungerfreeok.org/</a>
Living Word Family Church	918-273-1208	<a href="https://livingwordfamily.com/">https://livingwordfamily.com/</a>
Loaves and Fishes	918-273-1208	<a href="https://www.freefood.org/l/ok_74048_loaves-and-fishes">https://www.freefood.org/l/ok_74048_loaves-and-fishes</a>
Nowata Community Advancement Network (CAN)	918-273-1500	N/A
Oklahoma State Department of Education Office of Child Nutrition Services (OSDE-CNP)	405-521-3327	<a href="https://sde.ok.gov/child-nutrition-programs">https://sde.ok.gov/child-nutrition-programs</a>
Supplemental Nutrition Assistance Program (SNAP)	1-877-760-0114	<a href="https://www.okdhslive.org/Default.aspx?aspxerrorpath=/AuthApplicantLogin.aspx">https://www.okdhslive.org/Default.aspx?aspxerrorpath=/AuthApplicantLogin.aspx</a>
The Women, Infants, and Children	1-888-655-2942	<a href="https://www.okdhslive.org/Default.aspx?aspxerrorpath=/AuthApplicantLogin.aspx">https://www.okdhslive.org/Default.aspx?aspxerrorpath=/AuthApplicantLogin.aspx</a>

Supplemental Nutrition Program (WIC)		<a href="https://www.ascensionstjohn.org/t.aspx?aspxerrorpath=/AuthApplicantLogin.aspx">t.aspx?aspxerrorpath=/AuthApplicantLogin.aspx</a>
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*\*Food pantries at additional local faith-based organizations are not listed.*

### Alcohol and Drug Use: Access to Treatment and Recovery Services

Organization Name	Phone	Website
CREOKS Health Services (located in Bartlesville, Okla.)	1-877-327-3657	<a href="https://www.creoks.org/">https://www.creoks.org/</a>
Grand Lake Mental Health Center	918-273-1841	<a href="https://www.glmhc.net/">https://www.glmhc.net/</a>
Nowata Community Advancement Network (CAN)	918-273-1500	N/A
12&12 Addiction Recovery Center (located in Tulsa, Okla.)	1-800-680-8979	<a href="https://12and12.org/">https://12and12.org/</a>

*\*Private facilities and faith-based organizations are not listed.*

### Housing & Transit: Reliable Transportation

Organization Name	Phone	Website
Bartlesville Ambulance	918-336-1111	<a href="https://www.bartlesvilleambulanc.com/">https://www.bartlesvilleambulanc.com/</a>
Miller Emergency Medical Services	1-877-395-0911	<a href="https://millerems.com/">https://millerems.com/</a>
10-33 Ambulance Service and Wheelchair Van	918-273-1033	N/A

*\*Urgent medical transportation services. There are no readily known public transportation assistance programs or services available in Nowata County.*

### Mental and Behavioral Health

Organization Name	Phone	Website
CREOKS Health Services (located in Bartlesville, Okla.)	1-877-327-3657	<a href="https://www.creoks.org/">https://www.creoks.org/</a>
Cherokee Nation Health Services: Will Rogers Health Center	918-273-7500	<a href="https://health.cherokee.org/health-center-and-hospital-locations/o">https://health.cherokee.org/health-center-and-hospital-locations/o</a>

		<a href="#">utpatient-care/</a>
Grand Lake Mental Health Center	918-273-1841	<a href="https://www.glmhc.net/">https://www.glmhc.net/</a>
Morton Comprehensive Services: Nowata Family Health Center	918-273-9911	<a href="https://www.mortonhealth.com/locations-1-2/">https://www.mortonhealth.com/locations-1-2/</a>

*\*Private facilities and providers are not listed.*

### Education: Health Literacy

Organization Name	Phone	Website
Bartlesville Public Library Literacy Services (Located in Bartlesville, Okla.)	918-338-4161	<a href="https://www.bartlesville.lib.ok.us/">https://www.bartlesville.lib.ok.us/</a>
Nowata City-County Library	918-273-3363	<a href="https://nowataok.gov/nowata-city-county-library/">https://nowataok.gov/nowata-city-county-library/</a>
Nowata County C/O Rogers County Health Department (Oklahoma State Department of Health - Region 2)	918-341-3166	<a href="https://oklahoma.gov/health/county-health-departments/rogers-county-health-department.html">https://oklahoma.gov/health/county-health-departments/rogers-county-health-department.html</a>

*\*Additional resources may include, but are not limited to, community health worker programs and local health facilities.*

### Access to Care: High Costs of Care

Organization Name	Phone	Website
Catholic Charities of Eastern Oklahoma	918-949-4673	<a href="https://cceok.org/">https://cceok.org/</a>
Cherokee Nation Health Services: Will Rogers Health Center	918-273-7500	<a href="https://health.cherokee.org/health-center-and-hospital-locations/outpatient-care/">https://health.cherokee.org/health-center-and-hospital-locations/outpatient-care/</a>
Morton Comprehensive Services: Nowata Family Health Center	918-273-9911	<a href="https://www.mortonhealth.com/locations-1-2/">https://www.mortonhealth.com/locations-1-2/</a>
Nowata Community Advancement Network (CAN)	918-273-1500	N/A

Nowata County C/O Rogers County Health Department (Oklahoma State Department of Health - Region 2)	918-341-3166	<a href="https://oklahoma.gov/health/county-health-departments/rogers-county-health-department.html">https://oklahoma.gov/health/county-health-departments/rogers-county-health-department.html</a>
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*\*Faith-based organizations and private providers are not listed.*

## COVID-19

Organization Name	Phone	Website
Nowata Community Advancement Network (CAN)	918-273-1500	N/A
Nowata County C/O Rogers County Health Department (Oklahoma State Department of Health - Region 2)	918-341-3166	<a href="https://oklahoma.gov/health/county-health-departments/rogers-county-health-department.html">https://oklahoma.gov/health/county-health-departments/rogers-county-health-department.html</a>
Oklahoma State Department of Health	1-877-836-2111	<a href="https://oklahoma.gov/covid19.html">https://oklahoma.gov/covid19.html</a>

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

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

Ascension St. John Nowata'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
<b>Medicaid expansion:</b> Participated as a collaborating partner with the Yes on 802 campaign to put a question on the 2020 ballot to expand Medicaid coverage to eligible residents with an income of up to 133 percent of the FPL.	Complete	<ul style="list-style-type: none"> <li>Helped attain 178,000 signatures to put a question on the 2020 ballot to expand Medicaid coverage to eligible residents.</li> </ul>
<b>Medicaid expansion:</b> Advocated for voters in the state of Oklahoma to adopt a ballot initiative to expand Medicaid coverage to eligible residents with an income of up to 133 percent of the FPL.	Complete	<ul style="list-style-type: none"> <li>A ballot initiative to expand Medicaid coverage was successfully adopted.</li> </ul>
<b>Medicaid expansion:</b> Provided support to the health care community to prepare for Medicaid expansion.	Complete	<ul style="list-style-type: none"> <li>Supported increased staffing of temporary workforce to assist with the surge in need for Medicaid enrollment assistance.</li> <li>Increased physician coverage as needed in response to Medicaid expansion in an effort to assist patients with enrollment and access.</li> </ul>

<b>Racial equity:</b> Worked with the community to address racial inequities and disparities.	Ongoing	<ul style="list-style-type: none"> <li>Helped to address racial inequities and disparities through new and existing community partnerships.</li> </ul>
<b>Social determinants of health (SDoH) screening:</b> 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	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Reduction in regional inequities and disparities in access to care:</b> Targeted specific ZIP codes in the communities we serve identified as experiencing health disparities and poor health outcomes for possible development of telemedicine services.	Ongoing / plan development delayed due to COVID-19 pandemic	<ul style="list-style-type: none"> <li>A number of meetings were held to explore opportunities for school-based telehealth programs.</li> </ul>
<b>Reduction in regional inequities and disparities in access to care:</b> Promoted awareness of, and access to, health care for underserved populations.	Complete	<ul style="list-style-type: none"> <li>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.</li> </ul>

<b>Community support:</b> Geared grant funding programs to prioritize community programs and services that promote access to care.	Complete	<ul style="list-style-type: none"> <li>• Provided small grant funding for around 50 community programs and services in the market that promote access to care.</li> </ul>
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<b>PRIORITY NEED</b>	<b>Behavioral health</b>	
<b>ACTIONS TAKEN</b>	<b>STATUS OF ACTIONS</b>	<b>RESULTS</b>
<b>Access to behavioral health care:</b> Increased behavioral health services for older adults ages 65+.	Complete / ongoing	<ul style="list-style-type: none"> <li>• Explored potential opportunities for an intensive outpatient geriatric psychiatric program for older adults ages 65 and older with behavioral health issues in Nowata County.</li> </ul>
<b>Community engagement:</b> Increased associate engagement in the community to promote behavioral health through collaboration.	Complete	<ul style="list-style-type: none"> <li>• Advanced associate engagement in community coalitions and collaborations to promote behavioral health, especially for those most vulnerable.</li> </ul>
<b>Community support:</b> Geared grant funding programs to prioritize community programs and services that address behavioral health.	Complete	<ul style="list-style-type: none"> <li>• Provided small grant funding for around 15 community programs and services that promote behavioral health.</li> </ul>

<b>PRIORITY NEED</b>	<b>Healthy lifestyles</b>	
<b>ACTIONS TAKEN</b>	<b>STATUS OF ACTIONS</b>	<b>RESULTS</b>
<b>Community engagement:</b> Increased associate engagement in the community to promote healthy lifestyles through collaboration.	Complete	<ul style="list-style-type: none"> <li>• Advanced associate engagement in community coalitions and collaborations to promote healthy lifestyles, especially for those most vulnerable.</li> </ul>
<b>Food security:</b> Explored various opportunities to develop initiatives to address food insecurity in the community.	Complete	<ul style="list-style-type: none"> <li>• Forged new partnerships and connections with areas of the hospital to address food insecurity experienced by the communities we serve.</li> <li>• Held food distributions on the hospital campus in partnership with 180 Disaster Relief as part of the Coronavirus Food Assistance Program</li> </ul>



		<p>under the U.S. Department of Agriculture.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>
<b>Tobacco cessation:</b> Assessed opportunities for systematic screening and intervention for patients identified as tobacco users in ambulatory and inpatient settings to reduce the health impact of tobacco use in the community.	Complete	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Tobacco cessation:</b> Explored opportunities for systematic screening and intervention for associates identified as tobacco users to reduce the health impact of tobacco use in the community.	Delayed due to COVID-19 pandemic	<ul style="list-style-type: none"> <li>• Explored opportunities for associate tobacco use screening and tobacco cessation support. Progress was significantly delayed due to COVID-19 surges.</li> </ul>
<b>Community support:</b> Geared grant funding programs to prioritize community programs and services that promote healthy lifestyles.	Complete	<ul style="list-style-type: none"> <li>• Provided small grant funding for more than 50 community programs and services in the market that promote healthy lifestyles.</li> </ul>

PRIORITY NEED	Adverse childhood experiences (ACEs)	
ACTIONS TAKEN	STATUS OF ACTIONS	RESULTS
<b>Community awareness:</b> Promoted community awareness on the correlations between high ACE scores and human trafficking as well as the impact of ACEs on health outcomes.	Complete	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Service for victims of human trafficking:</b> Advanced the Ascension St. John Human Trafficking Education & Response Program to identify and respond to victims of human trafficking.	Complete	<ul style="list-style-type: none"> <li>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.</li> <li>Offered human trafficking education to 5,500 associates and community partners thus far.</li> <li>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).</li> <li>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.</li> <li>Completed dissemination of assessment pocket tools to key entry points at Ascension St. John hospitals and clinics.</li> <li>Developed more than three additional community partnerships to strengthen community awareness and collaboration to combat human</li> </ul>

		trafficking in the communities we serve.
<b>Response to suspected child abuse and neglect:</b> Explored opportunities to enhance the Ascension St. John suspected child abuse and neglect (SCAN) committee and response.	Complete / ongoing	<ul style="list-style-type: none"> <li>Expanded the Ascension St. John suspected child abuse and neglect (SCAN) committee to include community experts and liaisons.</li> <li>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.</li> </ul>
<b>Community engagement:</b> Explored opportunities for community partnership and collaboration to address ACEs in the communities served by Ascension St. John.	Complete / ongoing	<ul style="list-style-type: none"> <li>Met with Asemio to learn more about a local ACEs surveillance system and opportunities for partnership.</li> <li>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.</li> </ul>
<b>Maternal/child health services and partnerships:</b> Explored opportunities for advancing services and partnerships targeting care of pregnant women and children birth to 3 years of age throughout Ascension St. John.	Delayed due to COVID-19 surges / ongoing	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Associate support:</b> Initiated participation in the Ascension THRIVE program designed to develop solutions to address general benefit needs, social determinants of health, and economic issues experienced by economically vulnerable associates, some of whom experience or are at risk of adverse outcomes as a result of ACEs.	Delayed due to COVID-19 surges	<ul style="list-style-type: none"> <li>Initiated listening sessions to and preliminary participation in the program. This work is delayed/on pause due to COVID-19 surges.</li> </ul>

<b>Community support:</b> Geared grant funding programs to prioritize community programs and services that address ACEs.	Complete	<ul style="list-style-type: none"><li>• Provided small grant funding for more than 15 community programs and services that promote ACEs.</li></ul>
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## **Appendix H: Report Acknowledgements**

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