Community Health Improvement Plan 2019

(For Fiscal Years 2020, 2021, 2022)

Obesity • Mental Health • Access to Care/Food Insecurity • Tobacco

INTEGRIS

Bass Baptist Health Center

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INTEGRIS

INTEGRIS
Mission, Vision and Values

Mission

To improve the health of the people and communities we serve.

Caring for our patients is our top priority. As the largest health care system in Oklahoma, we feel it's our responsibility to improve the health of the citizens of our great state. But we learned a long time ago that we can't fully care for our community by staying exclusively within the walls of our facilities.

At INTEGRIS, caregivers take their education and skills into the community to make a difference in the lives of fellow Oklahomans. Their dedication, combined with our resources, helps accomplish a variety of things – from providing free clinical services, screenings and education programs to working with juvenile offenders and providing activities for senior citizens.

We also realize the health of a community isn't just physical and mental – it's economic and spiritual as well. That's why we offer a myriad of programs that address all these important issues.

Vision

Most Trusted Name in Health Care

Values

Love, Learn and Lead.

Executive Summary

The Patient Protection and Affordable Care Act (ACA) requires each not-for-profit hospital to conduct a CHNA (Community Health Needs Assessment) every three years to identify significant health needs in the community, report impact of previous community health improvement initiatives, and to develop an implementation plan to address and measure community health activities created to address the significant health needs.

INTEGRIS reports compliance with the requirements on the IRS Form 990 Schedule H annually. INTEGRIS created CHNA reports and implementation plans for each of its licensed facilities. Documents were made publicly available.

INTEGRIS partnered with Mercy, SSMHealth St. Anthony, Oklahoma City County Health Department, Oklahoma State Department of Health and United Way of Central Oklahoma on the CHNA. The results identified Obesity, Access to Care and Food/Insecurity, Mental Health and Tobacco as the priority issues. Since each partner has different resources, existing programs and trained staff, INTEGRIS chose to focus on Obesity, Mental Health, Access to Care/Food and Tobacco.

The issues were chosen based on state and local data, surveys, identifiable gaps, available resources and small focus groups. In 2018, INTEGRIS collected 1,421 surveys across the system from all over the state of Oklahoma. Surveys were collected from each service area and broken down to identify needs in specific areas. Community Wellness staff worked with local coalitions and health departments to obtain valuable input and knowledge.

INTEGRIS developed a three-year CHIP (Community Health Improvement Plan) designed to meet the needs of the community based on the results of the CHNA which was completed in Dec. of 2018. The plan aligns with INTEGRIS pillars of excellence.

This implementation plan addresses the following priority issues.

- Obesity
- Mental Health
- Access to Care/Food Insecurity
- Tobacco

The previous CHIP priorities included heart disease. During this cycle, heart disease continues to be a priority but since interventions overlap with some of the obesity and access to care/food actions, we chose to combine the steps. During this plan cycle... INTEGRIS resources with community partnerships to improve the health for low-income, under-served, uninsured populations. INTEGRIS is committed to the successful completion of the community health improvement plan, and how impactful it will be in utilizing a collaborative, systemwide approach. Outcome measures will be tracked quarterly and annually through the evaluation process.

Community Health Priority Issues
Issue One: Obesity

ISSUE ONE: OBESITY

Oklahoma is the third most obese state in the nation.* Since 1990, Oklahoma's obesity rate has nearly tripled and is at an all time high. Excess weight in-creases the risk of developing chronic diseases such as heart disease, stroke and diabetes. Today's convenience of fast food, more screen time and less fruit and vegetable consumption only increase a child's risk of being overweight/ obese. The impact obesity can make on a child can be life long. This collectively focused effort utilizes prevention strategies targeting kids to make better choices and to move more. Education plays a significant role with adults focusing on better nutrition, portion size and increasing their physical activity. The plan's action steps overlap with interventions geared towards toward heart disease.

Barriers: Busy lifestyles, convenience of fast food, too much screen time, lack of access to fresh fruits and vegetables, cost of healthier foods, lack of side-walks and safe places to walk, limited health education in schools

Community Resources: City parks, free use of school playgrounds after hours, nutritional/ counseling education programs, free walking and running clubs, local events promoting good nutrition and physical activity, area farmers markets, weight loss counseling and support groups, food banks

*stateofobesity.org/states/ok/2017
Oklahoma's obesity rate is 36.5%*

Obesity

3 YEAR GOAL: To promote healthy lifestyles through better nutrition and more physical activity through offering at least 1,000 classes, events and programs per year.

Initiative: Implement nutrition and physical activity programs for obesity and heart disease prevention and management for the uninsured, low-income, and under-served people.

Need	Activity	Outcome	Outcome Indicator
People need information on healthy eating patterns	-Offer Changing Your Weighs program -Offer nutrition classes in English and Spanish	-Learn healthy eating patterns	-Over 1 year, 25 of 35 (71%) of participants will achieve the outcome
People need to be more physically active	-Offer FitClub to low income, underserved people	-People exercise more than they did before starting the program	-6 months, 28 of 35 (80%) of participants state increasing the amount of physical activity they get per week -Over 1 year, the number of attending increased by 5%
People need to learn how to cook healthy and inexpensively	-Offer cooking classes	-People learn to cook by attending the class – Attendees gain knowledge about nutrition	-Over 1 year, 28 of 35 (80%) of participants state learning to cook healthy and inexpensive meals by attending class

1 YEAR GOAL: FitClub will have at least 2,800 participants the first year. Increase annual participation rate by 2% by June 2021 if program grant funding is available. Implement new and enhance current partnerships with local agencies to decrease the obesity rate across the state.

Measurement Tool	Data Source	Frequency of Data Collection/ Responsibility	Results
-Post-test or evaluation	-Staff who teach nutrition classes will collect data and turn in quarterly	-Collected quarterly, reported annually	
-Written survey -Attendance roster	-Staff hand out survey, collect data of people stating having increased their physical activity -Staff tracks attendance rosters	-Increased physical activity will be collected every 6 months, reported annually -Attendance collected and reported annually	
-Written survey	-Staff collects surveys at the end of each class.	-Collected quarterly, reported annually	

Obesity continued

Hospital Resources: Budget, volunteers, financial contributions, fitness instructors, community dieticians, wellness coaches, screening event staff, health care students, Hispanic Initiative, translators, interpreters, grant funding, exercise physiologist, patient education materials, screening tools, screening coordinators

Partnerships: Community centers, schools, public health, police department, senior centers, fitness centers, career tech centers, quality improvement organizations, churches, libraries, regional food access, chronic disease prevention organizations, support groups

Program	Supporting Activities	Yearly Targets
FitClub	Coordinate free group exercise at various low income areas. Screen participants every 6 months	2020: Screen at least 50% of people attending 2021: Screen at least 60% of people attending 2022: Increase participation rate by 5%
Changing Your Weighs	Educate attendees on nutrition and physical activity	2020: Screen at least 50% of people attending 2021: Screen at least 60% of people attending 2022: Increase participation rate by 5%
Diabetes Prevention	Educate attendees on how to prevent diabetes	2020: Offer at least 1 class 2021: Offer at least 2 classes 2022: Increase completion rate by 1%
Program Hispanic Nutrition Class	Collect demographics on nutrition classes to monitor inclusion of the underserved population	2020: Offer at least 2 classes 2021: Offer at least 3 classes 2022: Offer at least 5 classes
Diabetes Empowerment Education Program	Offer classes to high risk, low income and underserved populations in English and Spanish	2020: Offer at least 2 classes 2021: Explore additional locations of expanding 2022: At least 100 to participate and complete program
INTEGRIS Food Pantry	Distribute food to at-risk patients at INTEGRIS Southwest Medical Center	2020: Have at pantry set up 2021: Explore options of expanding to another location 2022: Serve at least 300 people
Third Age Life Center Nutrition programs	Offer 12 different nutrition education classes for seniors	2020: At least 18 classes 2021: At least 24 classes 2022: At least 30 classes

Issue Two: Mental Health

ISSUE TWO: MENTAL HEALTH

One in four people have been diagnosed with some form of mental illness in Oklahoma.* Mental illness includes one's emotional, psychological and social well-being, and can affect individuals of all ages, races, religions and socioeconomic status. Those living with serious mental illness experience an increased risk of chronic medical conditions and co-occurring addiction disorders.* The life expectancy of adults with serious mental illness is on average 25 years less than that of other Americans, due in large part to treatable medical conditions.* Community input from surveys, focus groups and listening sessions identified the clear need for mental health services as a priority issue. Inadequate services and treatment exist for the non- and underinsured. By addressing is-sues such as improving quality of life and stress, we can make a larger impact on suicide, domestic violence, substance abuse, depression, anxiety and other issues related to mental health.

Barriers: Stigma, language, cultural, limited treatment for under or noninsured, self medicating with substances such as alcohol and drugs, lack of a support system, transportation, expense of psychotropic medications and poverty

Community Resources: Federal programs, nonprofit health clinics, free/ reduced cost prescription drug programs, state supported mental health system, private providers, county health department, hospitals, free community clinics, grant and state funded counseling at free and/ or reduced cost for children and families, suicide prevention hotline, federally qualified health centers, community advocacy and support groups

Mental Health American. Parity or Disparity: the state of mental health in America. (Online) 2015 Oklahoma's obesity rate is 36.5%

Mental Health

3 YEAR GOAL: To have at least 25 Hope Squads in elementary, middle and high schools across the state established by 2022.

Initiative: Develop, coordinate and/or implement programs aimed at creating a culture that values and prioritizes mental health and addiction recovery in the communities that we serve.

Need	Activity	Outcome	Outcome Indicator
Decrease the numbers of deaths by suicide in youth	-Assist in establishing HOPE Squads in schools -Support training	Youth can recognize the suicide warning signs in peers and how to access help for them	At least 25 HOPE Squads are established by 2022
Community awareness about how to identify, understand and respond to signs of mental health illnesses and addictive disorders	-Offer cash contributions to purchase class material for Mental Health First Aid -Provide Mental Health First Aid course -Support partners who provide programs	Poor behavioral outcomes are prevented and/or reduced	At least 85% of people taking MHFA report feeling capable of handing someone who might be having an issue
Improved access to mental health and addiction screenings	-Offer an online screening and resource tool -Promote use of the online tool	People get the help they might need	At least 500 people are screened online per year
Children need to learn to cultivate self-care, relaxation, flexibility and coordination	-Offer Yoga for Kids to schools	Kids learn how to handle stress through deep breathing and stretching	At least 7 out of 10 kids (70%) appear relaxed and still after the class

1 YEAR GOAL: A minimum of 500 online INTEGRIS mental health screenings are accessed. Partner with health departments in offering and supporting Mental Health First Aid reaching a minimum of 200 people. Implement new and enhance current partnerships with local agencies to improve mental health outreach strategies for the community.

Measurement Tool	Data Source	Frequency of Data Collection/ Responsibility	Results
Completion of HOPE training	Certificate of training/ contract with school	Update progress quarterly and report annually	
Post-evaluation	Staff collects the evaluation after the course and reports the % of people accordingly	Collected quarterly, reported annually	
Online screening tool utilization data reports	Staff collects number and turns in	Collected and reported annually	
Post-assessment tool	Staff uses post assessment tool on a portion of the class and tallies the %	Collected quarterly, reported annually	

Mental Health continued

Hospital Resources: Educational material, referral system, Oklahoma City County Health Department Partnership and Wellness Initiatives, employee assistance program, behavioral health specialists, behavioral health services, financial support, mobile assessment team, trained mental health first aid facilitators, online screening tool

Partnerships: Youth and Family Services, United Way of Central Oklahoma, Oklahoma Department of Mental Health and Substance Abuse, American Foundation for Suicide Prevention, North Alliance on Mental Health Institute, 211 referral system, YWCA, Areawide Aging Agency, Oklahoma City Community Foundation, Oklahoma City County Health Department and Lynn Institutes' Northwest Oklahoma City Collaborative

Program	Supporting Activities	Yearly Targets
Support Groups for chronic disease/ illness, survivors of suicide, overeaters anonymous, Alzheimer's, etc.	Offer various support groups free and available for the public	2020: Offer at least 2 groups 2021: Offer at least 3 groups 2022: Offer at least 4 groups
Oklahoma County Support Narcan Campaign	Support efforts in getting Narcan to high risk individuals and families	2020: Promote campaign 2021: Participate in 1 event 2022: Promote campaign
Talk Saves Lives	Offer and support program on suicide prevention	2020: Train at least 1 staff member 2021: Offer program at least 1 time 2022: Offer program at least 3 times
Partnerships with local coalitions	Support local efforts with coalitions who sup-port, prevent and educate on mental health issues and substance abuse	2020: Attend existing coalitions 2021: Assist with at least 1 event 2022: Support efforts with financial contributions to new or existing events/program

Issue Three: Access to Care and Food/Insecurity

ISSUE THREE: ACCESS TO CARE AND FOOD/INSECURITY

Lack of access to affordable and timely medical care was a reverberating theme throughout the assessment process. Access to comprehensive, quality health care services is important. It promotes and maintains good health, prevents and manages diseases, reduces unnecessary disability and premature death, and encourages health equity. Good health also requires oral and mental health care access. Three components of access are insurance coverage, health services, and timeliness of care. Potential barriers include high cost of care, underinsured or uninsured, lack of primary or specialty services, and culturally sensitive care. The uninsured and underinsured populations experience delays in receiving timely care, lack the ability to receive preventive measures, and seek care in the local emergency rooms, which results in preventable hospital admissions.

According to "Hunger Free Oklahoma," Oklahoma is the 10th most food-insecure state. Hunger affects people of all walks of life. In Oklahoma, 15 percent of seniors faced the threat of hunger in the past twelve months.** Community survey results identified access to healthy food as an issue and scored high in all three survey forms. Therefore, we will continue to partner with the Regional Food Bank of Oklahoma across the system to address hunger and malnutrition in the state.

In Oklahoma, it's estimated that 529,685 people are without insurance*

*2016 County Health Rankings: Measures and National/State Results: Oklahoma.

**2017 America's Health Rankings

Access to Care and Food/Insecurity

3 YEAR GOAL: Increase health access by offering free community screenings and establishing patient medical homes. Establish food pantries/distribution outlets within or near INTEGRIS facilities

Initiative 1: Improve access to quality health care and services

Initiative 2: Improve access to healthy food

Need	Activity	Outcome	Outcome Indicator
People need free/ affordable health care that is fairly close to them	-Coordinate and implement services at Olivet Community Clinic	-People receive treatment therefore preventing further complications	-Provide services to at least 500 per quarter
People need easy access to screenings and health education about screening results	-Offer free health screenings to low income and uninsured people -Educate, refer and follow up as needed	-Illness and disease are diagnosed and treated early	-At least 2,000 people are screened annually
People need quality health care that is easily accessible	-Support development of INTEGRIS partnership with local federally qualified health centers (FQHCs)"	-Illness duration is decreased and complications are prevented or lessened	-At least 6 partnership programs are implemented
Mobile health screening unit	-Launch the unit into at-risk ZIP codes	-Illness and disease are diagnosed and treated early	-Provide services to at least 2,000 people by 2021

1 YEAR GOAL: At least 2,000 people will be screened and referred to medical homes. Establish a minimum of 2 food pantries by June 2020. Partner with local food banks and distribution outlets for community food drives, I Crew events and Mobile Meals programs. Implement new and enhance current partnerships with local agencies to improve access to health care and access to food.

Measurement Tool	Data Source	Frequency of Data Collection/ Responsibility	Results
-Total number on patient roster and number of prescriptions	-Staff collect number attending clinic	-Collected quarterly, reported annually	
-Number of Screening of forms	-Staff collect the number of screenings forms and tallies	-Collected quarterly, reported annually Everyone who does screenings	
-Date of opening	-Staff reports date	-Reported by the end of 2021	
-Number of Screening of forms	-Staff collect the number of screenings forms and tally	-Collected quarterly, reported annually Everyone who does screenings	

Access to Care and Food/Insecurity continued

Hospital Resources: community dieticians, minor emergency clinics, finances for community hospitals, free community clinic, budget for screenings supplies, screening staff, volunteers, food outlets/pantries, free community screenings services and coordination

Partnerships: federally qualified health centers, Health Alliance, Crossings, Regional Food Bank

Program	Supporting Activities	Yearly Targets
Stanley Hupfield Community Clinic	-Offer free health care to parents of the children that attend the school	2020: At least 2,000 people 2021: Increase by 1% 2022: Increase by 1%
Men's Health University	-Offer education, screening and referral information through programs and events to at-risk men	2020: Offer at least 4 events 2021: Offer at least 5 events 2022: Offer at least 6 events
Hispanic Initiative	-Offers education, classes, free screenings and special annual events to at-risk people	2020: At least 2 classes 2021: At least 2 events 2022: At least 2 events
INTEGRIS I Crew	-Hospital staff volunteer their time to work at the food bank/ outlet/pantry	2020: Offer at least 2 I Crew events 2021: Offer at least 3 I Crew events 2022: Offer at least 4 I Crew event
Mobile Meals	-Staff delivers hot meals to seniors that have difficulty preparing/cooking and having balanced meals.	2020: At least 1 staff 2021: At least 2 staff 2022: At least 2 staff
Oklahoma Regional Food Bank program	-Support financially through donations and food drives to resource centers -Support blessing boxes -Offer I Crew events at pantries	2020: Continue food drives 2021: Fill at least 2 blessing boxes regularly 2022: Hold at least 4 I Crew events

Issue Four: Tobacco

ISSUE FOUR: TOBACCO

Although Tobacco was not specifically identified by the community as a priority need, INTEGRIS chose to continue addressing the issue. The state of Oklahoma continues to have an "F" in heart disease deaths and a grade of (delete and a) "D" in the incidence of lung cancer.(1) Oklahoma is one of the unhealthiest states in the nation. Although smoking rates have slightly decreased, it is still the leading cause of preventable death in the United States and imposes a terrible toll on families, businesses and government. (2) 7,500 adults die each year from their own smoking.(2) With the expansion of vaping and electronic cigarettes, nicotine addiction remains an important issue. (3) Smoking kills more people than alcohol, AIDS, car accidents, illegal drugs, murders and suicides combined. (2)

(1) State of the State's Health Report, Indicators. 2016

(2) tobaccofreekids.org/what-we-do/us/statereport/oklahoma

(3) State of the State's Health Report, Indicators. 2016.

Tobacco use in Oklahoma costs $1.62 billion in direct health care costs and is responsible for over 30% of all cancer deaths (2)

Tobacco

3 YEAR GOAL: Increase referrals to the Oklahoma Tobacco Helpline by improving the facilitation/ partnership with the Helpline and through specialized patient education.

Initiative: Reduce vaping, electronic cigs and tobacco use, and second hand smoke exposure

Need	Activity	Outcome	Outcome Indicator
-People need information about how to quit	-Assess and refer every hospital admission including ambulatory to 1.800.QUIT. NOW in English and Spanish	-People get the help they need to quit	-At least 30 fax referrals each quarter
-People need simple information about the harmful effects of tobacco use	-Referral I process built in to Epic -Use behavioral specialists in clinics to address and intervene	-Smoking rate de-creases	
-People need health education on the effects of tobacco	-Care coordinators address use and treatment -Use Certified Tobacco Treatment Specialist to help inpatient and community	-People seek help in English and Spanish	

1 YEAR GOAL: At least 25 staff are trained as a Tobacco Treatment Specialist.

Implement new and enhance current partnerships with local agencies to increase awareness of the hazards of tobacco/vaping/e-cig use.

Measurement Tool	Data Source	Frequency of Data Collection/ Responsibility	Results
-Total number of fax referrals for each hospital	-1.800.QUIT.NOW totals	-collected, reported annually	

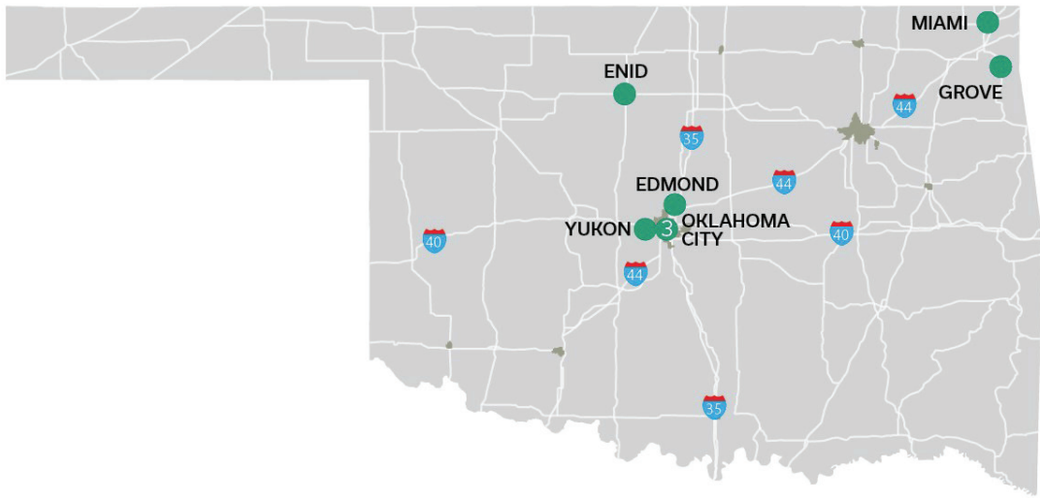
Tobacco continued

Hospital Resources: Educational material, referral system, Oklahoma City County Health Department Partnership and Wellness Initiatives, employee assistance program, behavioral health specialists, behavioral health services, financial support, mobile assessment team, trained mental health first aid facilitators, online screening tool

Partnerships: Youth and Family Services, United Way of Central Oklahoma, Oklahoma Department of Mental Health and Substance Abuse, American Foundation for Suicide Prevention, North Alliance on Mental Health Institute, 211 referral system, YWCA, Areawide Aging Agency, Oklahoma City Community Foundation, Oklahoma City County Health Department and Lynn Institutes' Northwest Oklahoma City Collaborative

Program	Supporting Activities	Yearly Targets
OK to Quit Campaign	-Support and promote campaign	2020: Promote through Facebook page 2021: Promote to all employees 2022: Promote to all inpatients/ community
Mayo Tobacco Treatment Specialist	-Attend training in April 2019	2020: At least 1 staff trained 2021: Plan how to best utilize the position 2022: Implement plan
Tobacco Free Policy	-All campuses are tobacco free	2020: Signage is up to date 2021: Promote all campuses are smoke-free 2022: Update signage in areas where smoking continues

Facilities



Metro Facilities required to have a CHIP (Community Health Improvement Plan):

INTEGRIS Baptist Medical Center
INTEGRIS Canadian Valley Hospital
INTEGRIS Cancer Institute
INTEGRIS Health Edmond
INTEGRIS Southwest Medical Center
INTEGRIS Cancer Institute
Lakeside Women's Hospital
Oklahoma Center for Orthopedic Multi-Specialty Surgery

Regional Facilities

INTEGRIS Bass Baptist Health Center, Enid
INTEGRIS Grove Hospital
INTEGRIS Miami Hospital
INTEGRIS Northwest Specialty Hospital, Enid

Link to all facilities CHIPs

https://integrisok.com/about-integris/serving-our-community/reports

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Community Health Improvement Plan 2019

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