



Community Health Needs Assessment

GARFIELD COUNTY, 2018

INTEGRIS

Bass Baptist Health Center
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INTEGRIS

Bass Baptist Health Center

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Introduction

This journey began when multiple agencies came together to begin the MAPP (Mobilizing for Action through Planning and Partnerships) process in 2012. The effort would be used to assess the health status of Garfield County and would be the base for developing a community health improvement plan. This assessment has been updated every three years and most recently began again in July 2018. This Community Health Needs Assessment report provides an overview of the health needs and priorities associated with Garfield County. The intent of this report is to assess the health status, identify community needs and priorities of Garfield County. The results of the CHNA will be used to develop a Community Health Improvement Plan. By targeting the underserved, at-risk populations, we have a better understanding of what programs, resources and services to provide. The CHNA will review both local and state data, and community input from a diverse socioeconomic background. Input from community chats, stakeholders, providers and the community provided us with a comprehensive view of the current health status, both real and perceived, that influences the health of Garfield County.

INTEGRIS Bass Baptist Health Center completed this CHNA in December 2018.

(Steve's electronic signature here)

Steve D. Petty, B.A., M.A.
System Administrative Director
INTEGRIS Wellness



County Demographics and Socioeconomic Profile



Population: 61, 581

Target population

The assessment was focused on obtaining input from the impoverished, most at-risk groups. They included infants and children, seniors, African Americans, Hispanics, Pacific Islanders, American Indians, and those who met the poverty level guidelines. Special attention was made in obtaining those who did not have insurance and those who were underinsured.

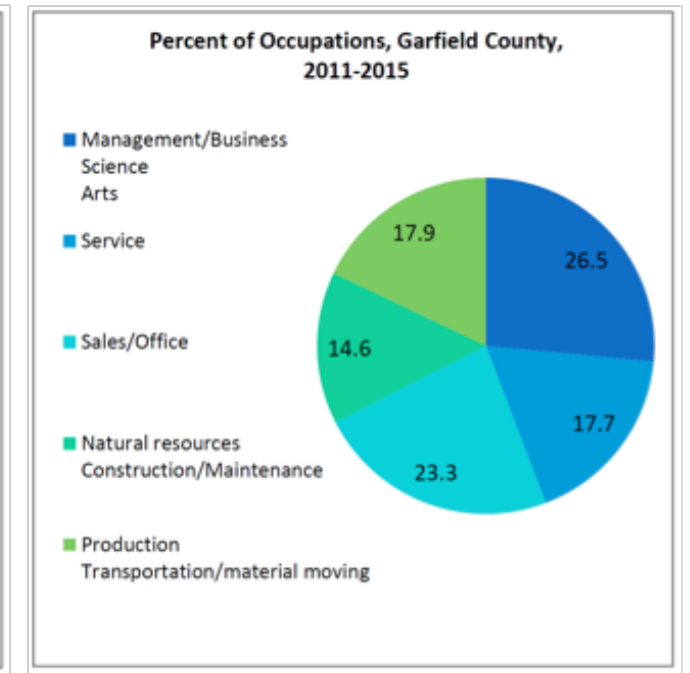
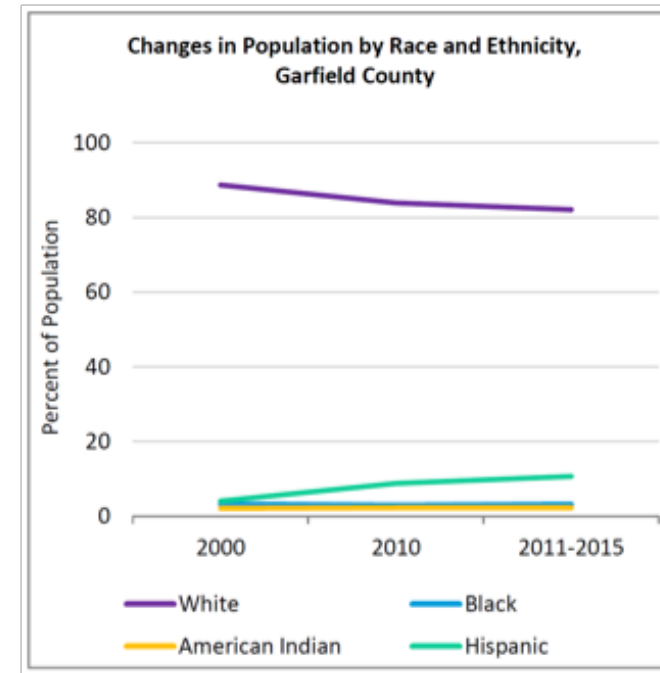
Age and sex

under 5 years, 7.5%
 5 to 19 years, 25.8%
 over 65 years, 15.8%
 Females, 49.9%
 Males, 50.1%

Race

Black or African American, 3.2%
 American Indian or Alaskan Native, 3.1%
 Asian, 1.4%
 Native Hawaiian and Other Pacific Islander, 2.8%
 Hispanic or Latino, 12.5%
 Two or More Races, 3.8%
 White, 85.7%

Source: (1) U.S. Census Bureau



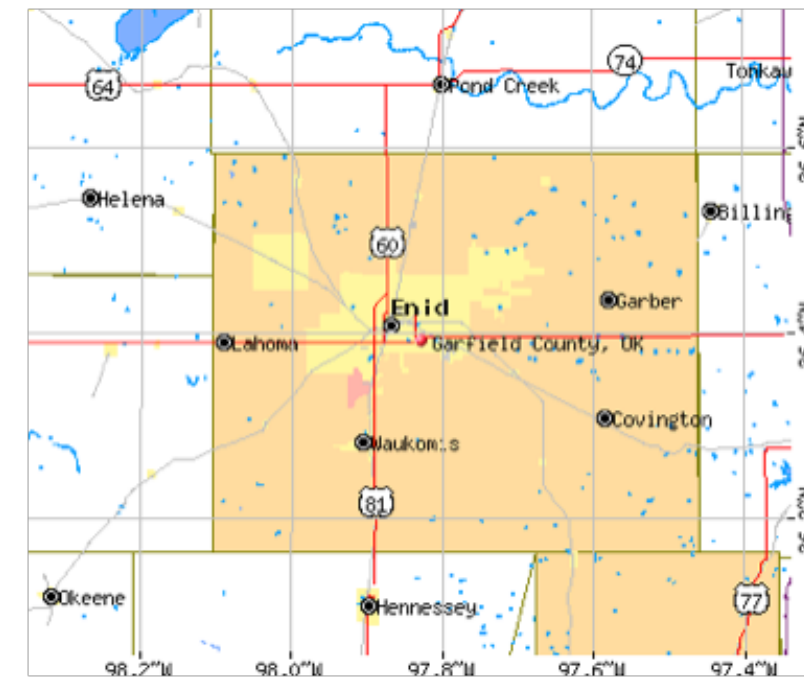
Education	2012-2016 (Estimates)
High school graduates	87.2%
Bachelor's degree or higher	21.4%

Housing	2012-2016 (Estimates)
Median monthly owner cost with a mortgage	\$1,004
Median gross rent	\$758
Owner occupied house unit rate	65.2%

Families and living arrangements	2012-2016 (Estimates)
Households	23,981
Persons per household	2.53
Language other than English spoken at home	12.5%

Health	2012-2016 (Estimates)
Disability, under age 65	10.1%
Without health insurance, age 25 +	15.7%

Source: (1)



Geography	Garfield County	State of Oklahoma
Land area in square miles	1,058.47	68,594.92
Persons per square mile	57.2	54.7

Source: (1)

Garfield County is located in northwestern Oklahoma. Enid is the county seat and the largest city in Garfield County. Fifteen small towns are located within the county. Primary industries in the county are agriculture and livestock. In addition, oil and gas and flour milling have proved fruitful for the county. Enid has the most grain storage capacity in the United States and one of the largest grain elevators in the world. Vance Air Force Base is also a major employer in the area of both soldiers and civilians.

The county is mostly rural occupying 1,058.47 square miles. (1) The county has two hospitals, multiple minor emergency clinics, a free community clinic, a federally qualified health center and a county health department. Total inpatient bed counts for the county are 537. INTEGRIS Bass Baptist Health Center is home of the Heart and Vascular Institute of Northwest Oklahoma, and sister facility to Bass Behavioral Health and Northwest Specialty Hospital at the Bass Pavilion.

Methodology

The community MAPP (Mobilizing for Action through Planning and Partnerships) Coalition was formed in December 2011 from the Enid Metropolitan’s Health Planning committee. In 2012, the two coalitions combined. The process of updating the CHNA began in July 2018. Data collection included online and paper surveys, community chats, dot voting, provider input and public health data, both state and local. Through a collaborative effort the coalition’s members began distributing paper and online surveys to gather community input.

The survey was made up of 19 questions. The survey allowed the participants to prioritize what they felt was important to them in their community. Information about existing conditions, demographics and ability to pay was also obtained. The survey was distributed electronically through Facebook posts by multiple agencies and through email. Businesses were encouraged to send to all employees and paper copies were distributed at locations where people didn’t have access to computers. Overall, Garfield County obtained 212 online and

paper surveys combined.

Community chats or focus groups were used to obtain direct dialogue and written comments from the community. The chat forms were available in English and Spanish (see Appendix A). To assist and promote discussion, a four question survey was utilized to gather information about their quality of life including their needs. The chats were done with some new and already existing groups. Eighty-seven community chat surveys were obtained. Community chat groups included groups of seniors, parents, men’s and women’s groups, general public and stakeholders. Comments from

all ages and economic backgrounds were obtained. Although we invited higher risk populations such as African Americans, Pacific Islanders, Hispanics and American Indians, turn out for the chats were low. In turn, we used dot voting in the areas of town where diversity is most dense. Dot voting was an efficient way to obtain a participant’s priorities when a community chat or survey was not feasible. Participants were asked to prioritize issues from three topics including social determinants, health care access and chronic diseases. Two hundred and twenty-three participated in the dot voting process.

Date	Online/Paper Survey Distribution	Number of Participants
July 2018	Through email and FB Paper copies were obtained from St. Mary’s Hospital and Great Salt Plains Health Clinic	Total=212

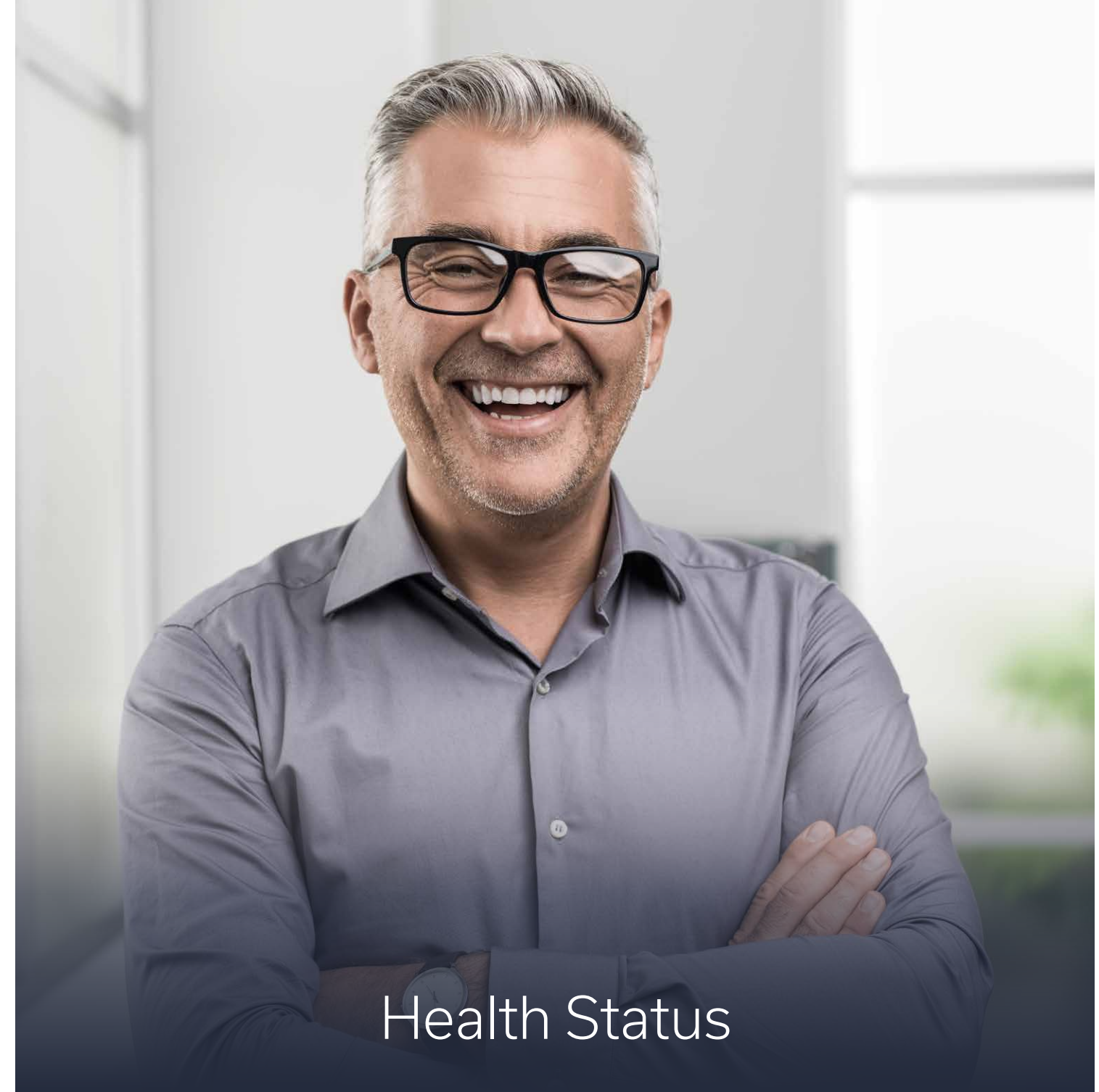
Date	Community Chat Location	Number of Participants
9/26/18	Applewood Early Learning Center	10
10/9/18	Enid Community Collaborative meeting	8
9/18/18	FitClub	22
10/6/18	United Methodist Women’s group	6
10/17/18	Free Community Shot Clinic	36
10/10/18	Medicare Lunch and Learn	5

Date	Dot Voting Location	Number of Participants
9/5/18	Online Facebook through Enid Gets Healthy	33
9/7/18	FitClub	10
9/26/18	Alcoholics Anonymous meeting	12
10/8 - 12/18	Salvation Army	24
10/24/18	Hope Outreach	43
10/26/18	Homeless Shelter	3
11/3/18	Oakwood Mall	98

Community Partners

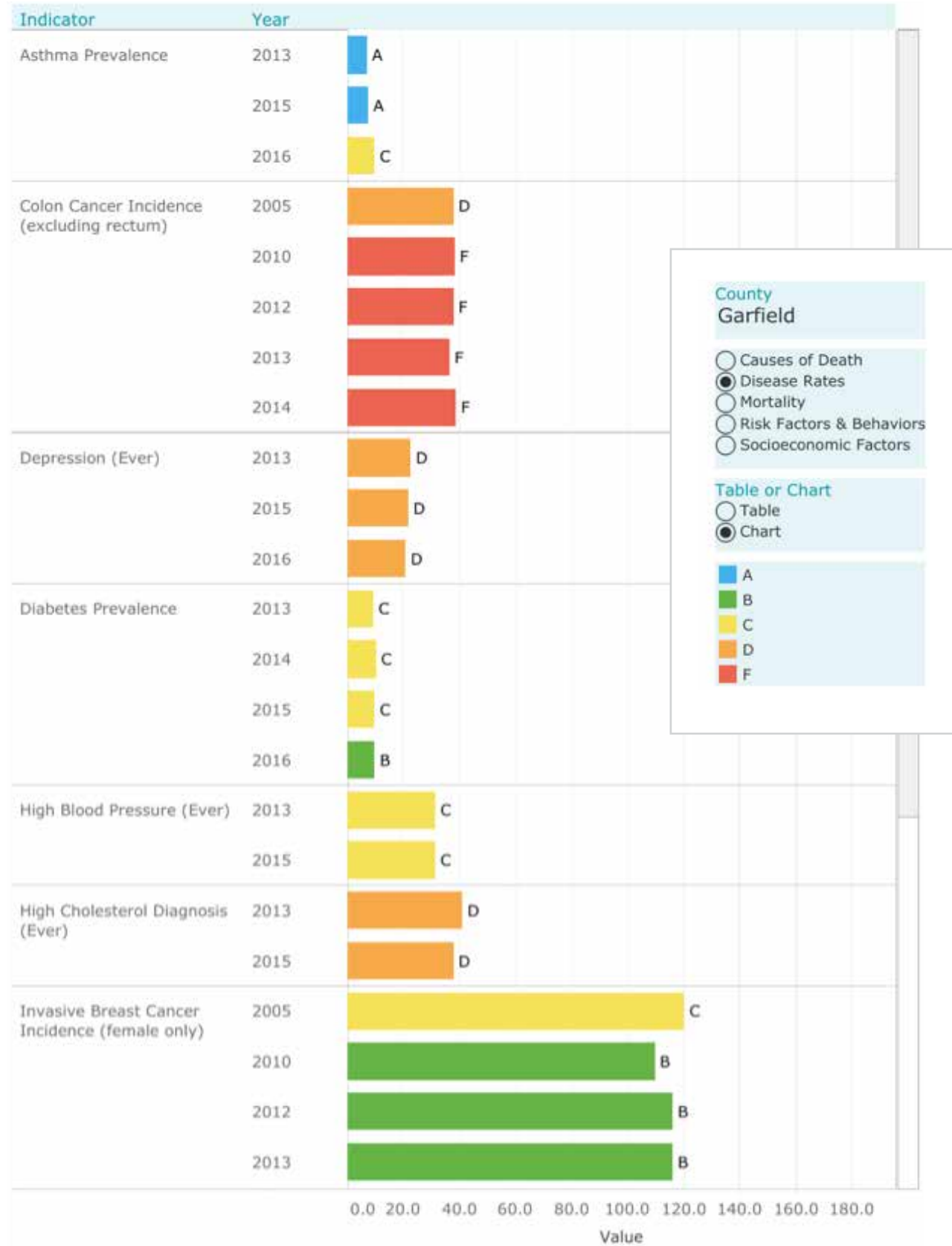
The following partners assisted with distributing the online/paper surveys, the dot voting tool and/or the community chats.

Community Development Support Agency
Enid Community Clinic
Enid Community Collaborative
Enid Transit
Garfield County Health Department
Garfield County Tobacco Free Coalition
Great Salt Plains Health Center
Health Planning Committee
INTEGRIS Bass Baptist Health Center
Oklahoma Family Network
Oklahoma Healthcare Authority
Rural Health Projects
St. Mary's Hospital

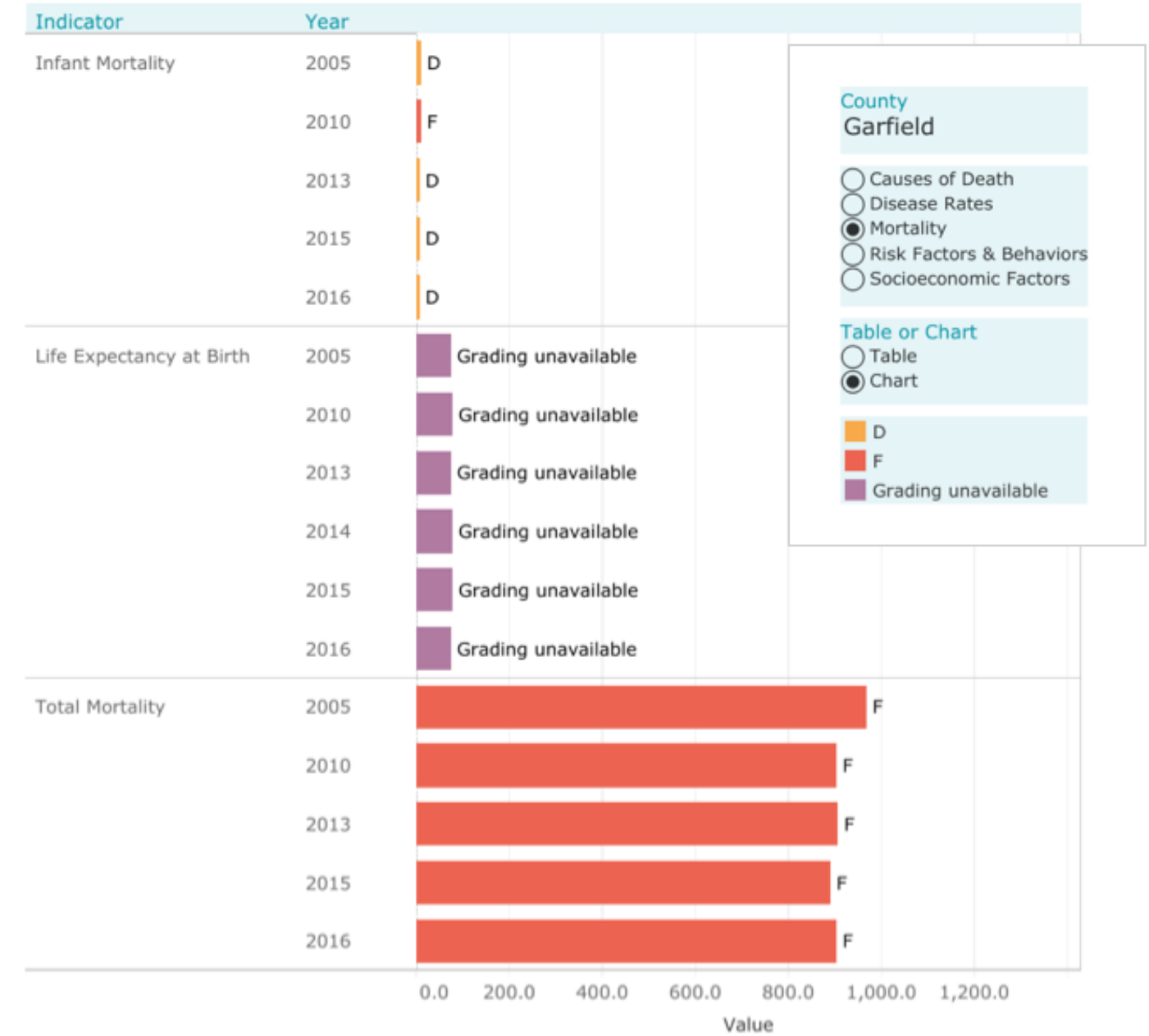


In addition to the input from community chats, surveys and dot voting, the compilation of public health data, state and county data, gave a broader view of the overall health status of the county. By looking at past and present data and identifying trends, strategic development for the Community Health Improvement Plan will be more efficient and ultimately more effective.

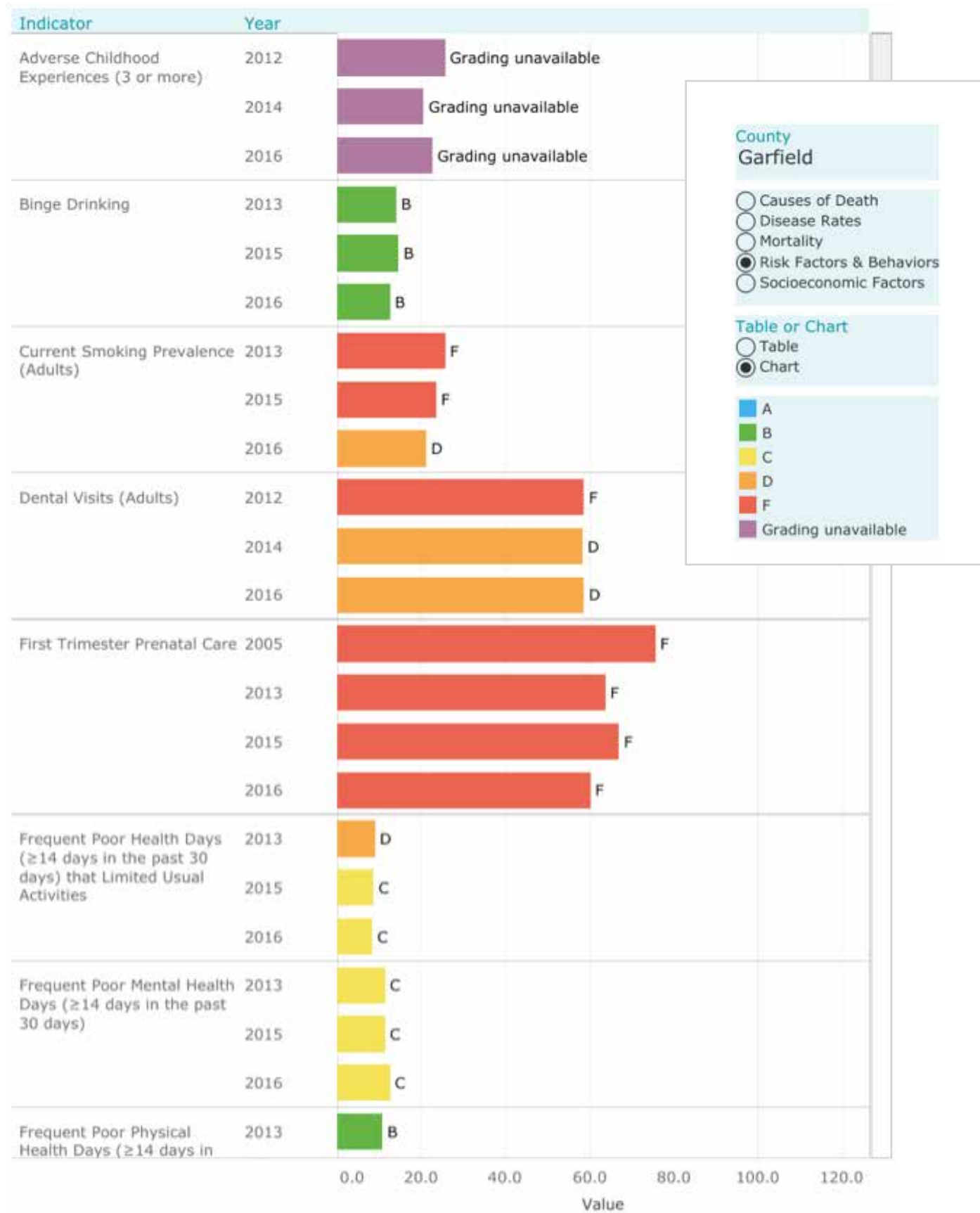
Disease Rates



Mortality



Risk Factors and Behaviors



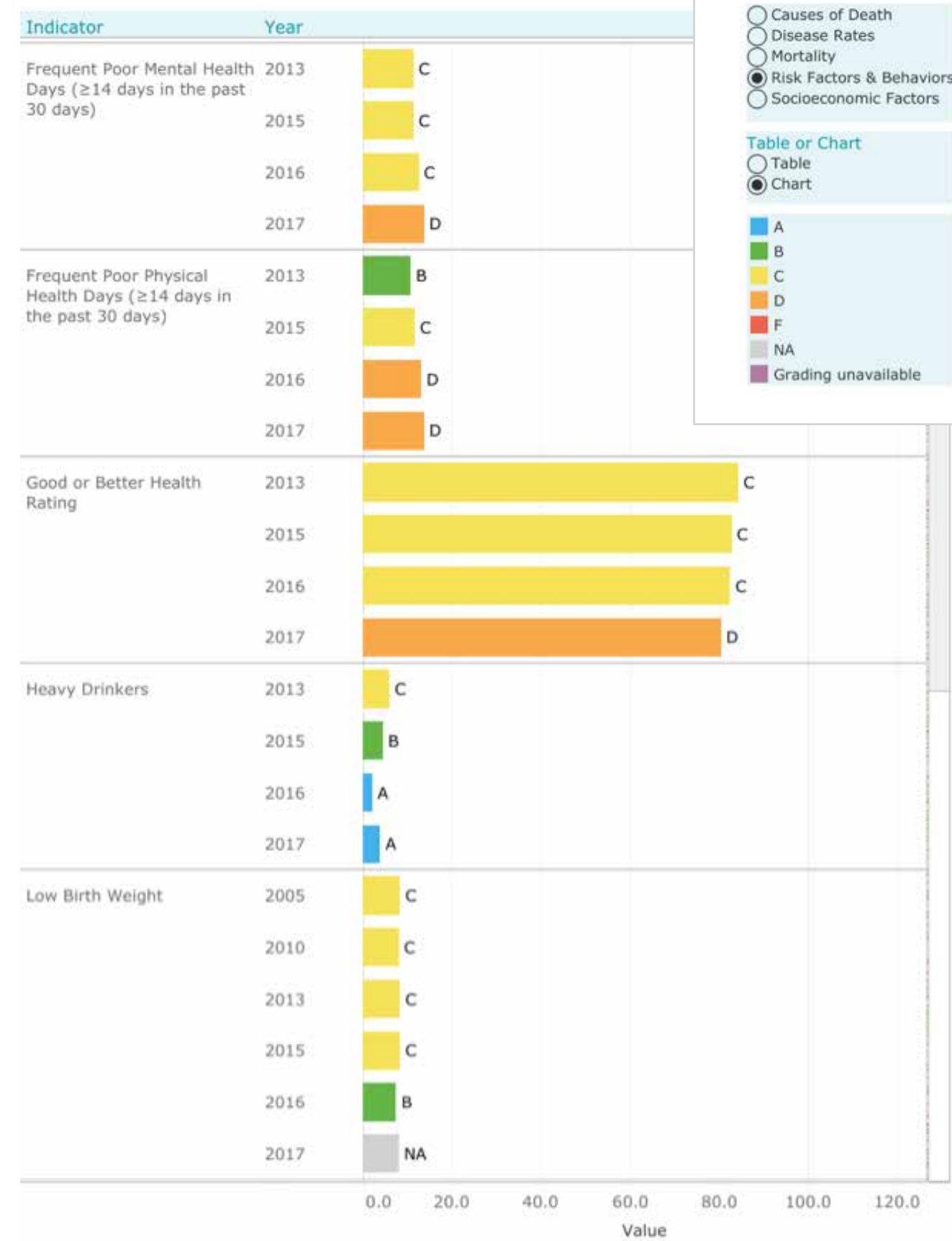
County
Garfield

- Causes of Death
- Disease Rates
- Mortality
- Risk Factors & Behaviors**
- Socioeconomic Factors

Table or Chart

- Table
- Chart**

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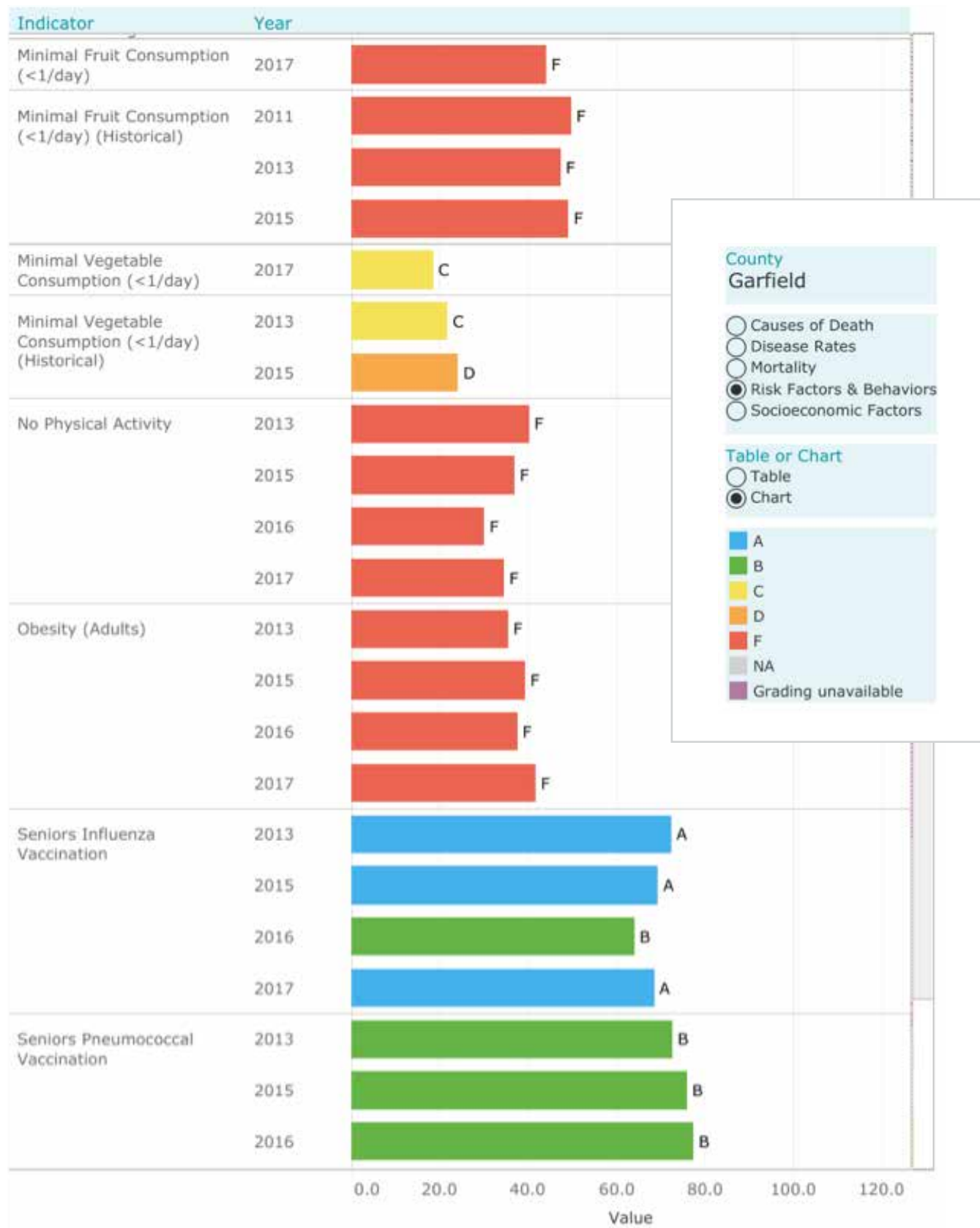
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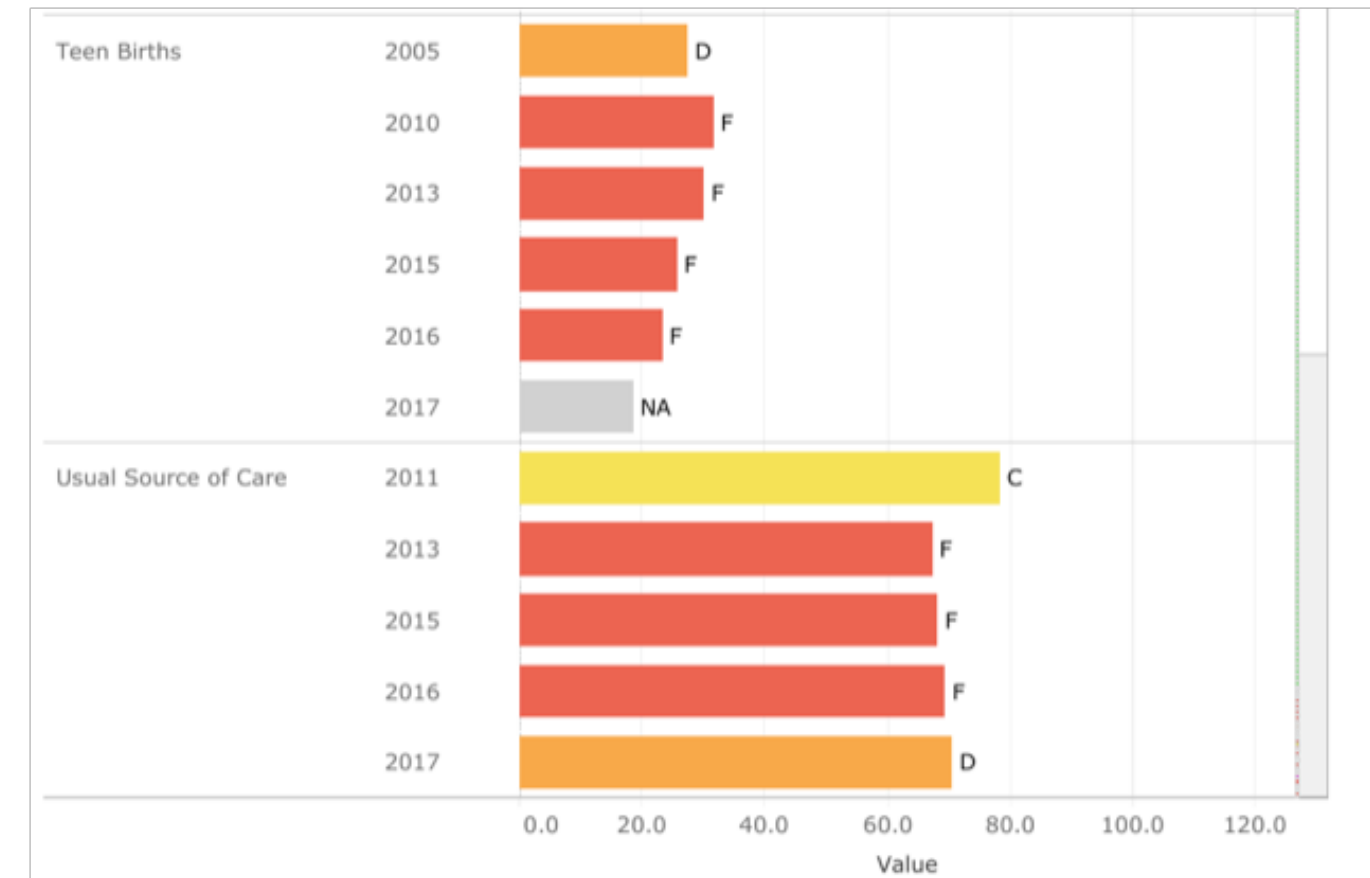
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NA
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Oklahoma State Department of Health, State of the State's Health Report, Last updated 11/16/2018



Oklahoma State Department of Health, State of the State's Health Report, Last updated 11/16/2018

Other Risky/Harmful Behaviors: Garfield County

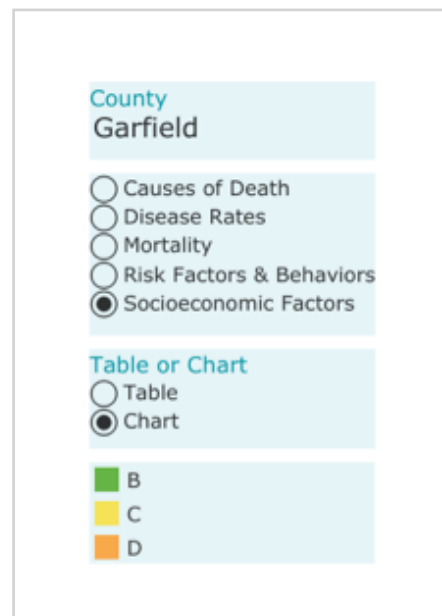
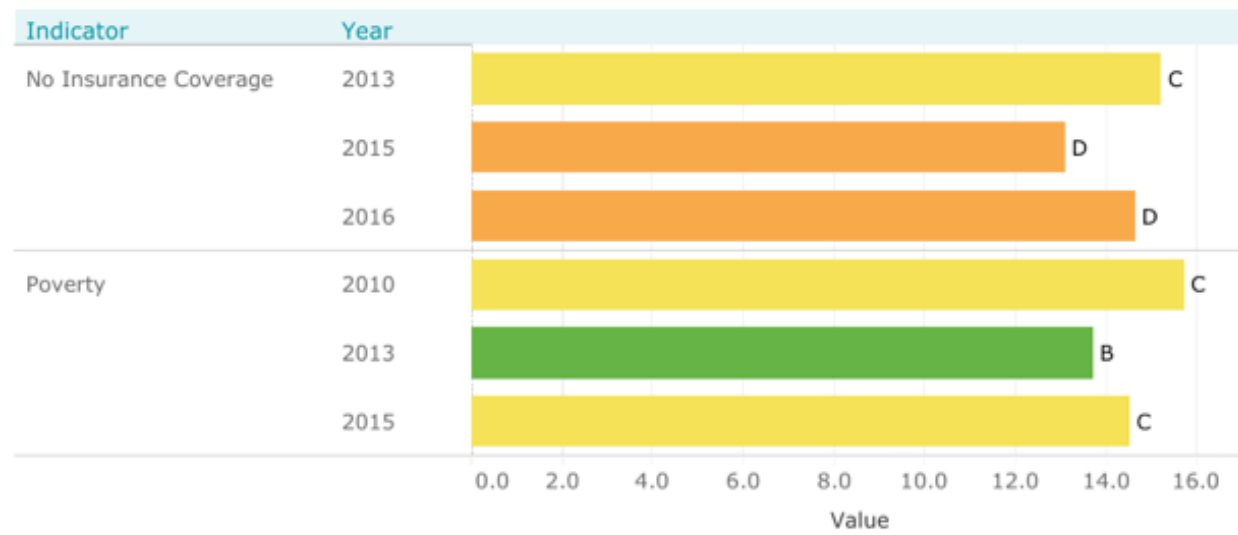
Homicides
3.7 deaths per 100,000 people (7)

Driving Deaths Involving Alcohol
33.3%* (7)

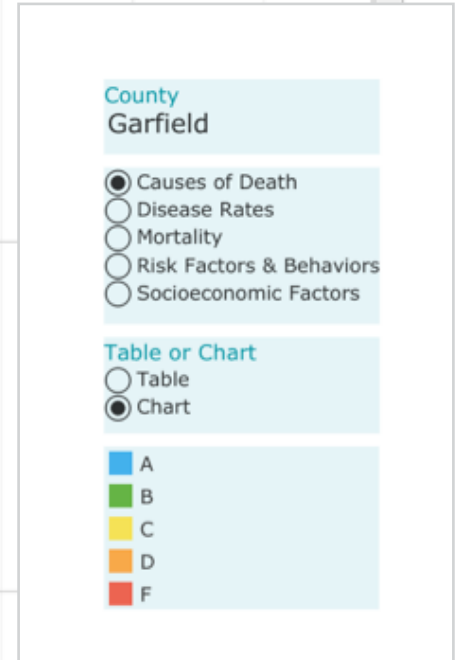
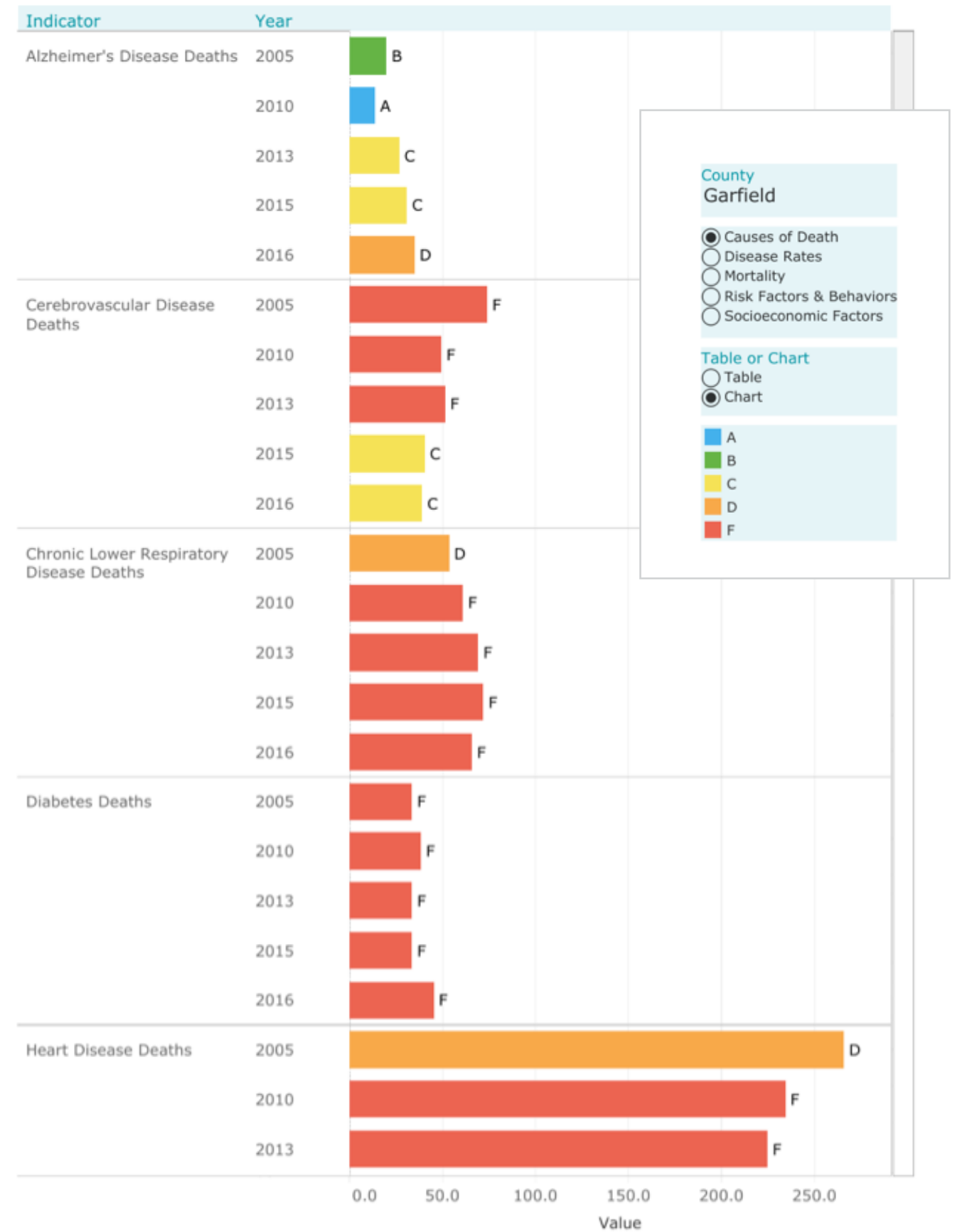
Drug Overdose Death Rate (Age-Adjusted)
21.5 deaths per 100,000 (7)

Smoking
Tobacco use in Oklahoma costs \$1.62 billion in direct health care costs and is responsible for over 30% of all cancer deaths in OK. (8)

Socioeconomic Factors



Leading Causes of Death in Canadian County



Source: (2)

Source: (2)

INTEGRIS Bass Baptist Health Center
Top 10 Inpatient Discharges FY17

Rank	DRF Name Code	Number of Cases
1	Normal Newborn-0795	773
2	Vaginal Delivery w/o Complicating Diagnosis-0775	607
3	Depressive Neuroses-0881	377
4	Cesarean Section w/o CC/MCC-0766	151
5	Pulmonary Edema and Respiratory Failure-0189	123
6	Chronic Obstructive Pulmonary Disease w MCC-0190	115
7	Septicemia or Severe Sepsis w/o MV >96 hours w MCC-0871	103
8	Cesarean Section w CC/MCC-0765	102
9	Neonate w Other Significant Problems-0794	87
10	Major Joint Replacement or Reattachment of Lower Extremity w/o MCC-0470	71

Source: INTEGRIS Health



Community Input Results

Community chat results indicated the top priorities were issues related to the environment such as cleanliness, more sidewalks and safety. Dot voting results showed the community's concerns to be obesity and having access to healthier places to eat. The online surveys showed teen pregnancy, respiratory illness and bullying to be the highest priorities.



Priority Indicators

The MAPP (Mobilizing for Action through Planning and Partnerships) Strategic Issue Prioritization matrix was utilized to analyze and evaluate the results of online and paper surveys and the written comments from the community chat questions. The matrix allowed the core team of partners to objectively select strategic health issues using this prioritizing tool. The matrix allowed for a comparison between health behaviors, environmental factors, chronic disease and acute disease outcomes. Votes were tallied using variables as columns and health issues in rows. Variables that were taken into consideration included the size of the population impacted, the county's status in relation to other counties and the state, data trends, disparities and feasibility of interventions. Another variable included the value that partners placed on the issue according to their overlying mission and ability to intervene. Other factors that were considered included existing community resources and barriers to intervention.

The results and variables were entered into the matrix. Votes were tallied, and the issues were ranked by their score.

Issue #1: Obesity

The dot voting tool indicated obesity as the top priority. County and state level public health data backed up this concern. People who are obese, compared to those with a normal or healthy weight, are at increased risk for many serious diseases and health conditions. (3) Those risks include early death, high blood pressure, high cholesterol, diabetes, heart disease, stroke, sleep apnea and breathing problems, osteoarthritis, some

cancers, low quality of life, depression, anxiety, and body pain and difficulty with daily activities. (4) Oklahoma's obesity ranking has rapidly jumped from the bottom to the top of the charts in less than 20 years. (4) More than ever, we rely on cars, trucks and buses for the commute to work and school. Our sedentary lifestyles contribute significantly to our weight gain and many people also lack access to low-price healthy food choices. The rise of fast food has made processed, fried food convenient and inexpensive. Poor nutrition and obesity drive up health care cost. For persons under age 65, on average, health care costs are \$395 more for obese individuals and are even greater for persons over the age of 65. (3)

Issue #2: Mental Health

Depression and anxiety are much more common than we tend to think. One in four people have some form of mental health issue. (6) Depression is a significantly debilitating mental health condition that can prevent someone from living life to the fullest potential. It is the leading cause of disability in the world. (6) Feelings of hopelessness, sadness and fatigue can be overwhelming, potentially leading to substance abuse. This form of self-medication turns into a vicious cycle of addiction. Suicide is high among those suffering from depression and addiction. (6) Unfortunately, the lack of mental health resources for low income and the uninsured, force people to not seek treatment. Intervention and prevention are key steps in combating this multifaceted health indicator. Bullying ranked high in the online survey. Mental Health is a broad enough category that we will be able to group issues such as suicide, bullying and substance abuse into this indicator.

Issue #3: Access to Care and Food/Insecurity

According to written comments in the community chats, the lack of resources in Garfield County for specialty care, mental health and substance abuse treatment put this issue on the forefront. Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity for all. Three components of access are insurance coverage, health services and timeliness of care. It is important to include oral and mental health care when considering access to health care. Access to health care impacts one's overall physical, social and mental health status and quality of life. Potential barriers to access include high cost of care, no insurance or

underinsured, lack of normal or specialty services and lack of culturally competent care. Results also show that access to fresh fruits and vegetables was an issue. Transportation to a grocery store is a problem for some so people buy food where those items aren't available. 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 12 months.*

These barriers and other issues lead to unmet health needs, delays in appropriate care, inability to obtain preventive care, financial burdens and preventable hospitalizations. To improve access to health care, people must have adequate health insurance coverage, an ongoing source of quality, meaningful care, and timeliness in providing care after a need is recognized.

*2017 America's Health Rankings

Issue #4: Tobacco

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 (8). Seven thousand five hundred adults die each year from their own smoking. (8)

Although the community did not identify that tobacco use was an issue, INTEGRIS and partners agree it should be an ongoing effort. With the expansion of vaping and electronic cigarettes, nicotine addiction remains an important issue. Garfield County was still graded a D in smoking prevalence in 2016. (2) Smoking kills more people than alcohol, AIDS, car accidents, illegal drugs, murders and suicides combined. (8)



Evaluation of Impact

For fiscal years 2017-2018, INTEGRIS Bass Baptist Health Center reached over 23,107 total people through classes, events, presentations and programs. Free community screenings were given to 996 people. Four-hundred and eight events were offered regarding the three indicators of obesity, heart disease and mental health. Best practices and evidence-based programs were chosen to fit the needs of the community. Issues such as teen pregnancy, safety, walkability and poverty were not scored as high

due to the partners' inability to make a large impact with those indicators. However, we will continue to partner with agencies such as the City of Enid, and local and state health departments who do hold that expertise. Here are a few program highlights from previous years.

- **Mental Health First Aid:** In fiscal years 2017 and 2018, 453 people have completed the eight-hour course. An average of 99 percent who took the course, say they would be able to assist someone who might be having a mental health issue. INTEGRIS collaborates with the Oklahoma City-County Health Department on this program to improve access to mental health in this community.
- **Yoga for Kids** taught 7,318 elementary aged children at multiple schools how to increase their strength, improve their balance and reduce their stress in fiscal years 2016-18. Teachers and support staff are taught the curriculum alongside the students. A six-month follow up revealed that 96 percent of teachers were continuing to practice some form of yoga in their classrooms at least once a week.
- **DEEP:** Diabetes Empowerment Education Program is a six-week course designed to help prevent complications associated with diabetes. In fiscal years 2016-18, 278 people completed the program. Ninety-three percent of people increased their diabetes medication compliancy rate.
- **Changing Your Weights** is an eight-week program focusing on weight loss with an emphasis on healthy food choices and increased physical activity. Participation increased by 282 percent from 2017's baseline to fiscal year 2018.



Community Resources

- | | |
|-----------------------------------|-------------------------------------|
| CDSA Community Solutions | Oklahoma Family Network |
| Loaves and Fishes of Northwest | Van's House |
| Oklahoma | INTEGRIS Bass Baptist Health Center |
| Our Daily Bread | INTEGRIS Community Wellness |
| Enid Community Clinic | St. Mary's Hospital |
| Mercy House | Northwest Behavioral Center |
| Forgotten Ministries | Workforce Oklahoma |
| Hope Outreach Homeless and | Senior Life Network |
| Community | Enid Senior Center |
| Salvation Army | Long Term Care Authority |
| Enid Transit | TSET Live Healthy |
| Garfield County Health Department | Rural Health Projects |
| Women, Infants and Children | Great Salt Plains Health Center |
| Department of Human Services | Various support groups |

Appendix A

Charlas Comunitarias 2018

1. ¿Qué es para ti una comunidad saludable?
2. ¿Qué impide que tú y tus vecinos tengan una comunidad saludable?
3. ¿Cuáles son las necesidades más urgentes en tu comunidad?
4. ¿Cuáles son los recursos disponibles para satisfacer/responder a estas necesidades urgentes?
5. ¿Qué recursos quisieras que estuvieran a tu alcance para satisfacer/responder a tus necesidades más urgentes?

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