



Community Health Needs Assessment

CANADIAN COUNTY, 2018

INTEGRIS

Canadian Valley Hospital

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Introduction

INTEGRIS Canadian Valley Hospital, Canadian County Health Department and the Oklahoma State Department of Health have a long-standing relationship of working together by identifying needs, securing resources and delivering services that improve quality of life in the community. The process of developing this Community Needs Health Assessment began in May 2018 and was completed in December 2018. The intent of this report is to assess the health status, and to identify community needs and priorities of Canadian 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 influence the health of Canadian County.

INTEGRIS Canadian Valley Hospital completed and adopted this CHNA in December 2018.

(Steve's electronic signature here)

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County Demographics and Socioeconomic Profile



Population estimates, July 2017: 139,926
Population, census, April, 2010: 115,541
Population, percent change: 21.1%

Target population

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

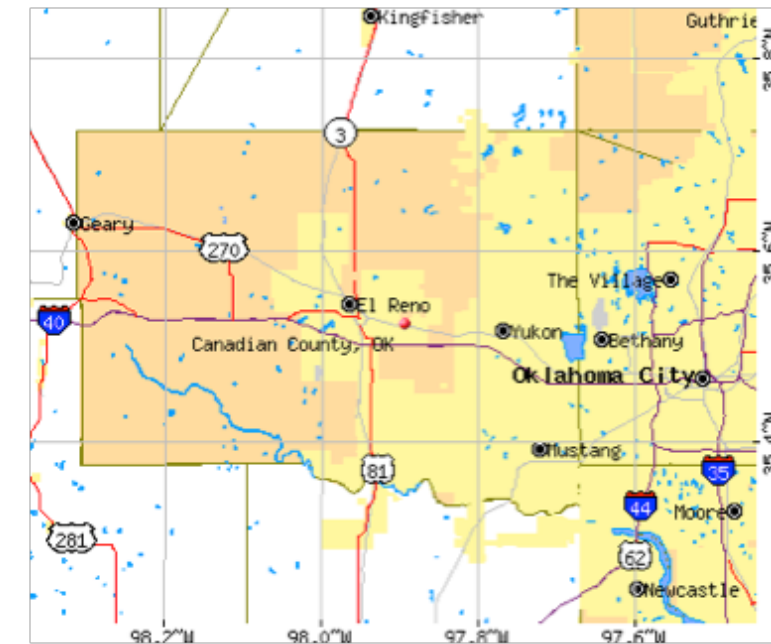
Age and sex

under 5 years, 6.8%
 under 18 years, 26.1%
 over 65 years, 12.8 %
 females, 50.4%

Race

Black or African American, 3.3%
 American Indian or Alaskan Native, 5.1%
 Asian, 3.2%
 Native Hawaiian and Other Pacific Islander, 0.1%
 Hispanic or Latino, 8.8%
 Two or More Races, 4.6%
 White, 76.4%

Source: (1) U.S. Census Bureau



Education	2012-2016 (Estimates)
High school graduates	91.8%
Bachelor's degree or higher	25.8%

Housing	2012-2016 (Estimates)
Median monthly owner cost with a mortgage	\$1,332
Bachelor's degree or higher	\$920
Owner occupied house unit rate	76.8%

Families and living arrangements	2012-2016 (Estimates)
Households	43,247
Persons per household	2.95
Language other than English spoken at home	8.7%

Health	2012-2016 (Estimates)
Disability, under age 65	9.8%
Without health insurance, age 25 +	11.4%

Geography

	Canadian County	State of Oklahoma
Land area in square miles	896.63	68,594.92
Persons per square mile	128.9	54.7

Source: (1)

Canadian County is located in central Oklahoma. El Reno is the county seat. Canadian County is also part of the Oklahoma City Metropolitan Statistical Area. According to the U.S. Census Bureau, the county has a total area of 905 square miles, of which 900 square miles is land and 5 square miles is water. (1) Two airports are located in the county. Nine cities and towns are located in the county. Oklahoma City is mainly in Oklahoma County, but a small part of the city limits extends into Canadian County. Industry includes agriculture, oil

and gas extraction, business and textiles. El Reno is home to a federal correctional institution. The county has two county health departments, located in Yukon and El Reno. Yukon also has a free community clinic. INTEGRIS Canadian Valley Hospital is located in Yukon, Okla. Opened in November 2001, INTEGRIS Canadian Valley is a 75-bed primary care facility with a full range of services including 57 private medical surgical rooms, a 10 bed women's unit and an eight bed intensive care unit.

The hospital offers a high level of technology in a small community setting. It has a medical staff of more than 250 physicians in various specialties. INTEGRIS Canadian Valley Hospital is part of INTEGRIS Health. INTEGRIS Health is the state's largest Oklahoma-owned health care system and

one of the state's largest private employers (about 9,000 employees statewide), with hospitals, rehabilitation centers, physician clinics, mental health facilities, fitness centers, independent living centers and home health agencies throughout much of the state.

Methodology

The process of updating the CHNA began in May 2018. Data collection included online and paper surveys, community chats, dot voting, provider input and public health data. Surveys were initially emailed out through the Coalition for Children and Families. Members were asked to send to all their contacts and use the paper survey at any events they offered. The survey was sent to groups of seniors, local tribal members, parents, teachers and providers. The survey was distributed electronically through Facebook posts by multiple agencies that targeted low income ZIP codes. Businesses were encouraged to send to all employees and paper copies were distributed at locations where people didn't have access to

computers. Paper surveys were distributed at the health department and a health fair. The survey consisted of 19 questions and allowed the participant to prioritize what they felt was important to them in their community. Information about existing conditions, demographics and ability to pay was also obtained. Overall, Canadian County received 55 completed online and paper surveys. Community chats or focus groups were used to obtain open discussions and written comments. 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. Forty-six community chat surveys were obtained. A focus was placed on obtaining input from at-risk and underserved populations. We chose groups with men only, women only, seniors, parents, public sector stakeholders and those who met income requirements for government assistance.

Dot voting was utilized as an efficient way

to obtain a participant's priorities when a community chat or survey was not feasible. This technique was effective at two health fairs, community centers, two senior centers, and a school. Participants were asked to prioritize issues from three topics including social determinants, health care access and chronic diseases. One hundred and two people participated in the dot voting process. Community input from all survey tools totaled 203.

Community Partners

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



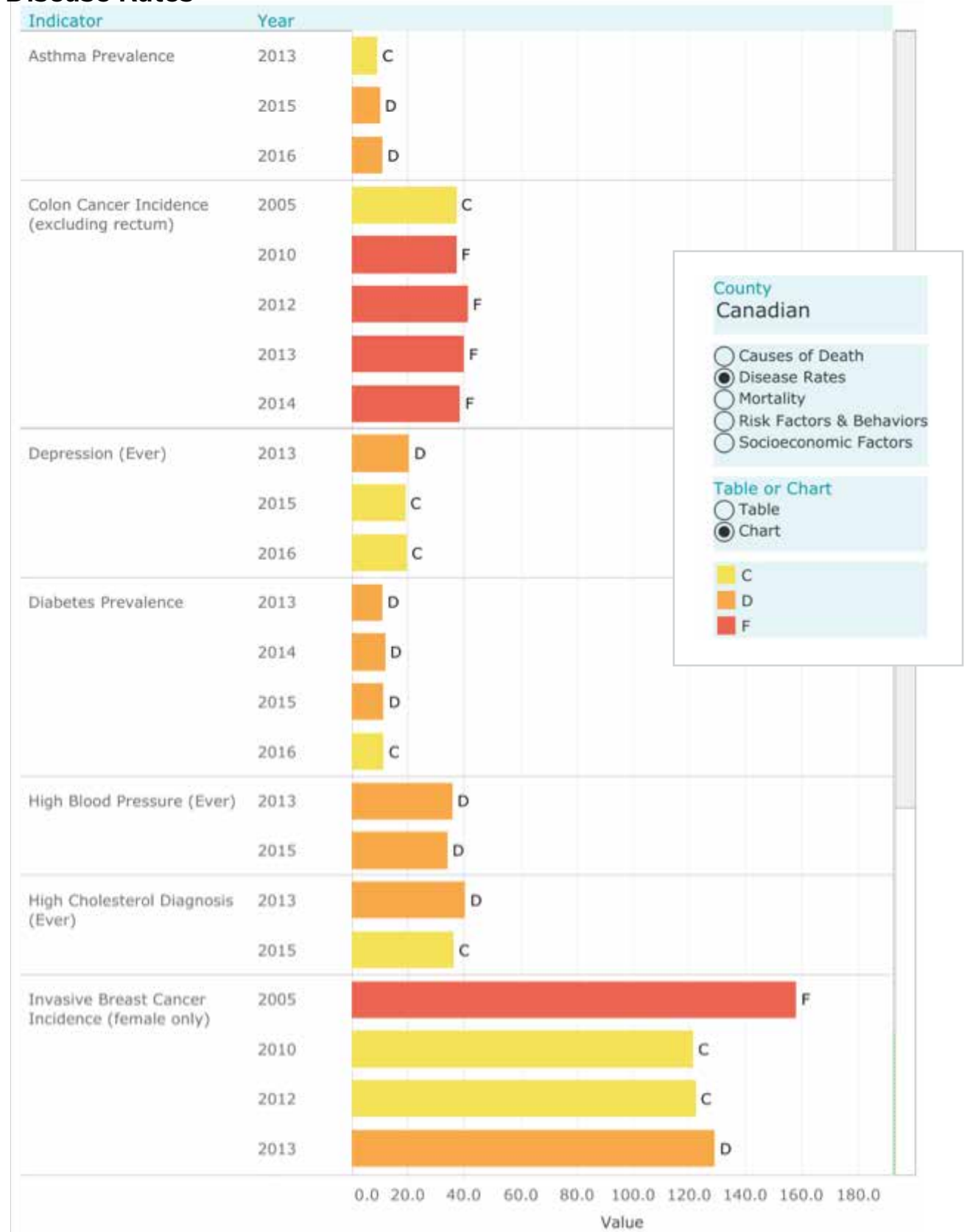
Coalition for Children and Families



Health Status

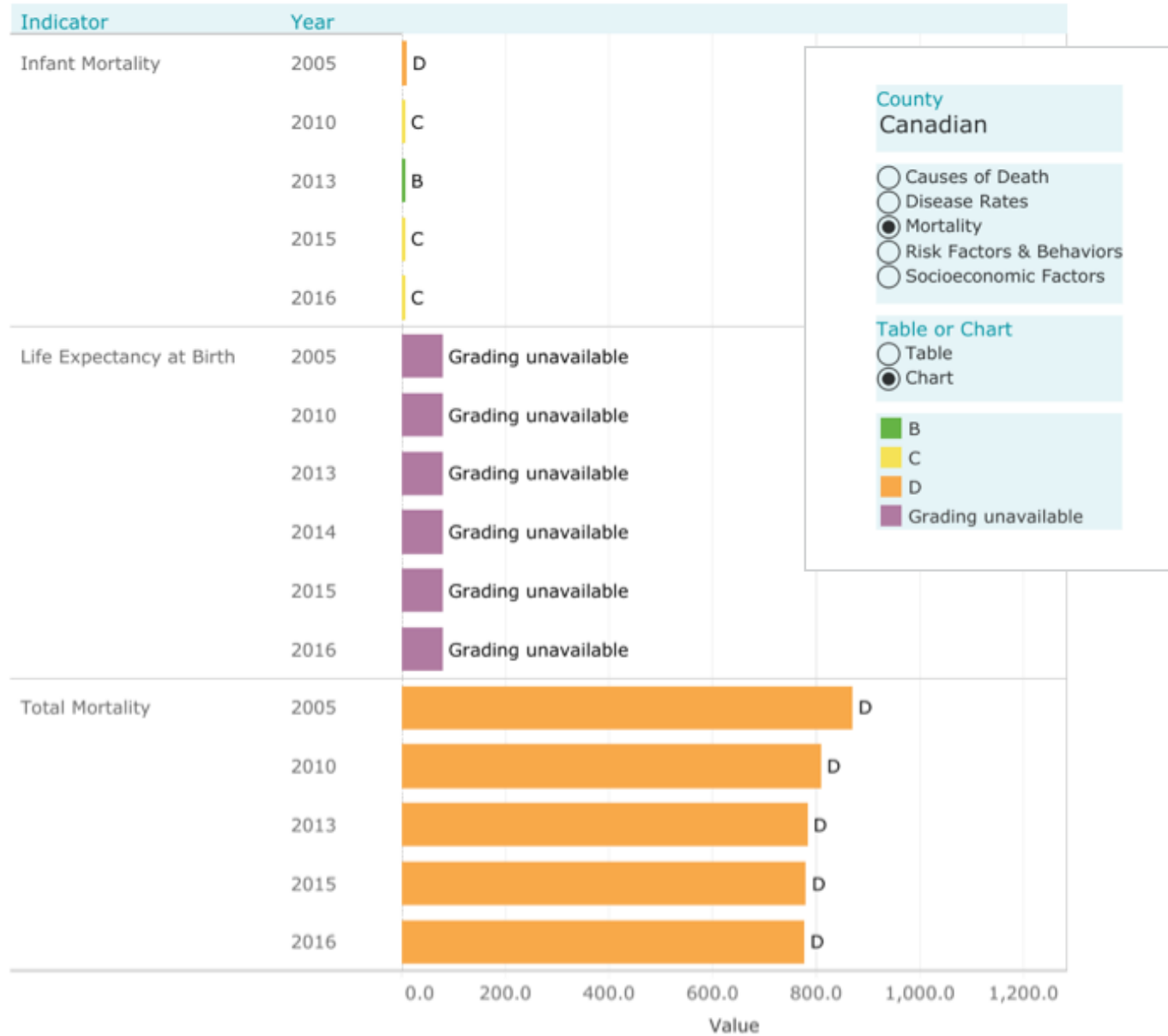
In addition to the input from community chats, surveys and dot voting, the compilation of public health data and state and county data, gave a broader view of the overall health status of the county. By looking at past and present data and identifying trends, strategic development for the Community Health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

Disease Rates



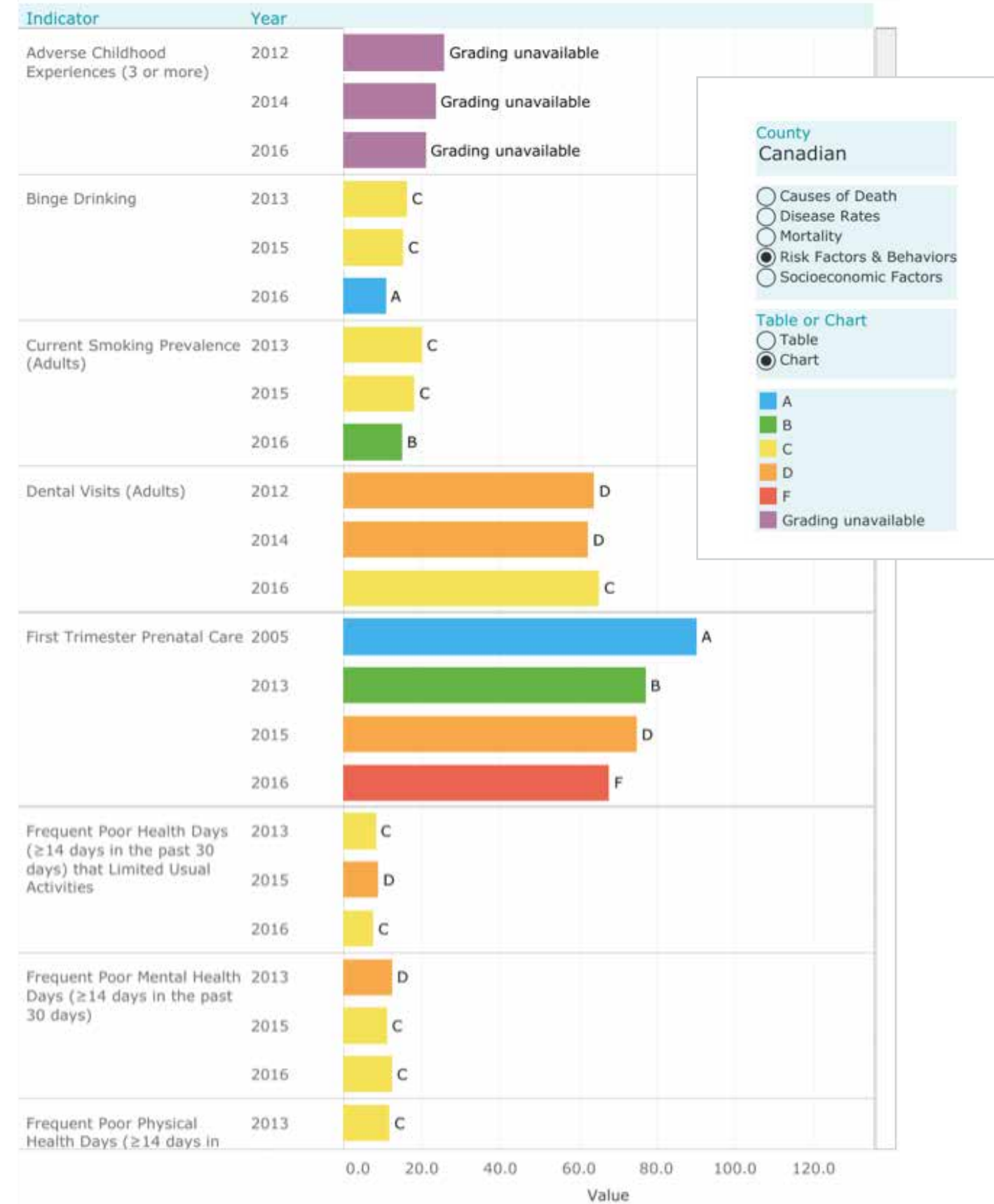
Source: (2)

Mortality



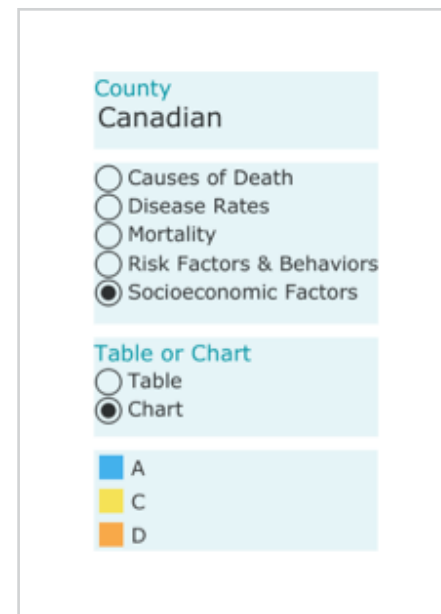
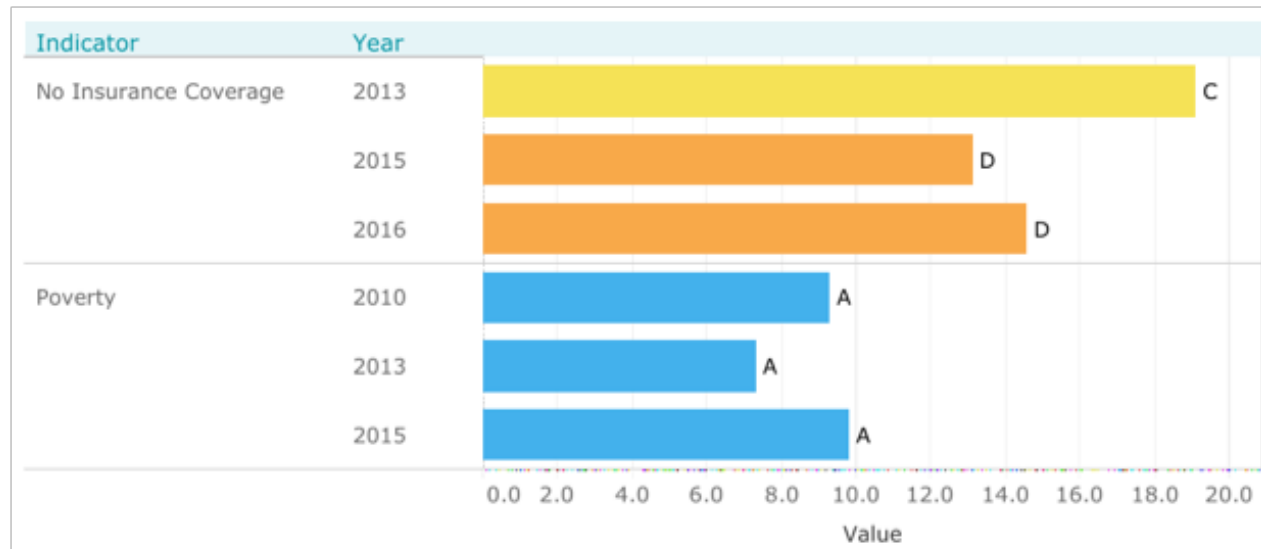
Source: (2)

Risk Factors and Behaviors



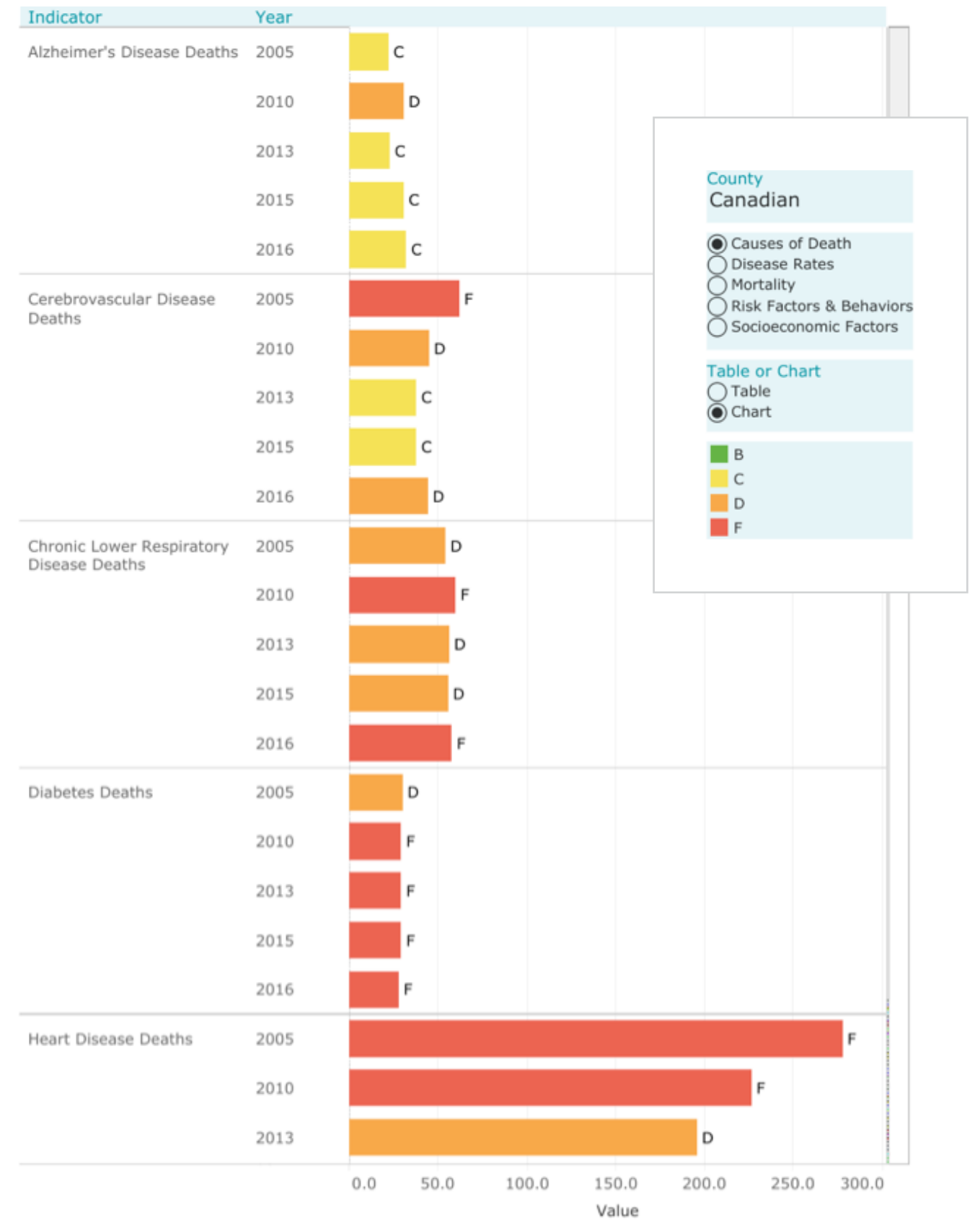
Source: (2)

Socioeconomic Factors



Source: (2)

Leading Causes of Death in Canadian County



Source: (2)

INTEGRIS Canadian Valley Hospital
Top 10 Inpatient Discharges FY17

Facility	Fiscal Year	DRG Name Code	Cases	Rank
Yukon	2017	0795 - Normal newborn	677	1
Yukon	2017	0775 - Vaginal delivery w/o complicating diagnoses	462	2
Yukon	2017	0871 - Septicemia or severe sepsis W/O MV >96 hours W MCC	218	3
Yukon	2017	0766 - Cesarean section w/o cc/mcc	177	4
Yukon	2017	0470 - Major joint replacement or reattachment of lower extremity W/O MCC	110	5
Yukon	2017	0765 - Cesarean section W CC/MCC	96	6
Yukon	2017	0190 - Chronic obstructive pulmonary disease W MCC	89	7
Yukon	2017	0794 - Neonate w other significant problems	69	8
Yukon	2017	0872 - Septicemia or severe sepsis W/O MV >96 hours W/O MCC	62	9
Yukon	2017	0392 - Esophagitis, gastroent and misc digest disorders W/O MCC	53	10



Community chat results indicated the top priorities were issues related to access to health care. Evaluation of the online survey results indicated obesity as the priority issue. The dot voting tool scored issues related to mental health as the priority.



Priority Indicators

The MAPP (Mobilizing Action for 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 allows 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 taken into account 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/Access to Healthy Foods

Besides the community chats prioritizing obesity as the most important, public health data backed up the voice of the people. 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 costs. 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, forces people to not seek treatment. Intervention and prevention are key steps in combating this multifaceted health indicator.

Issue #3: Access to Health Care

A reverberating theme throughout the chat surveys and dot voting was the lack of access to care. 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. Language is a frequent barrier in Canadian County since 8.7 percent of people speak a language other than English at home. (1) 15.8 percent of the population (under age 65) is living without any health insurance and 9.5 percent (under age 18) are without it. (1)

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.



Evaluation of Impact

For fiscal years, 2017-2018, INTEGRIS Canadian Valley Hospital reached over 9,612 total people through classes, events, presentations and programs. Free community screenings were given to 438 people. Two hundred, fifty-seven events were offered regarding the three previous 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 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 providing 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 Weighs 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.



Available Community Resources

- | | |
|----------------------------|----------------------------|
| Free Community Clinic | Hospitals |
| Neighborhood Organizations | Health Department |
| Medicare/Medicaid | Government Programs |
| Health Fairs | Library |
| Community Groups | Food Bank |
| Senior Center | Police |
| Insurance Companies | Private Businesses |
| United Way | Wellness Center |
| Churches | Parks/Trail Infrastructure |

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Sources

- (1) U.S. Census Bureau.
- (2) State of the State's Health Report, Indicators. 2016.
- (3) 2016 County Health Rankings: Measures and National/State Results: Oklahoma.
- (4) America's Health Rankings, United Health Foundation, americanshealthrankings.org.
- (5) Centers for Disease Control and Prevention. 2017.
- (6) Mental Health American. Parity or Disparity: the state of mental health in America. (Online) 2015.

Community Health Improvement Plan 2019

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