



Community Health Needs Assessment: St. John Broken Arrow

IRC Section 501(r) requires healthcare organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the Affordable Care Act, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- Conduct a community health needs assessment (CHNA) every three years
- Adopt an implementation strategy to meet the community health needs identified through the assessment
- Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital facility, including those with special knowledge of or expertise in public health. The hospital facility must make the community health needs assessment widely available to the public.

The St. John Health System

Established in 1926 with the opening of St. John's Hospital (now St. John Medical Center) in Tulsa, the St. John Health System is comprised of six main hospitals in northeastern Oklahoma.

St. John Medical Center (Tulsa)

St. John Owasso

St. John Broken Arrow

St. John Sapulpa

Jane Phillips Medical Center (Bartlesville)

Jane Phillips Nowata

(Two community health needs assessments were completed, one for hospitals in Tulsa County and one for hospitals outside Tulsa County.)

The St. John Health System (St. John) includes approximately 300 employed physicians, 100 employed mid-level providers and several hundred additional independent physicians who practice medicine at St. John facilities. It also includes laboratory operations, investment in post-acute and long-term care facilities and many other parts of the healthcare service continuum.

St. John hospitals collectively serve as an important provider of safety net services to northeastern Oklahoma, with 24-hour, 365-day emergency rooms at all St. John medical centers. St. John Medical Center is a regional referral system and one of only two trauma centers in the region. It is northeastern Oklahoma's only Joint Commission- accredited stroke center.

St. John provides millions of dollars of uncompensated care to the poor and vulnerable each year. Each St. John hospital worked with various community stakeholders and interested parties to complete a community health needs assessment. This document summarizes key findings and some next steps related to that assessment.

St. John Health System Fast Facts

Total assets: more than \$1.4 billion

Total annual operating revenues: more than \$1 billion

Total annual labor costs: more than \$500 million. *The St. John Health System is one of Oklahoma's largest employers*

Total employed associates: more than 7,000

Total employed physicians: more than 300, plus more than 100 mid-level providers

Patients served

Total annual hospital admissions: more than 55,000* (more than 150 per day)

Total annual surgeries: more than 27,000

Total annual emergency room visits: more than 150,000

Total annual urgent care visits: more than 55,000

Total annual births: nearly 3,000

Total outpatient visits (excluding emergency and one day surgery): more than 650,000

Total annual physician office and urgent care visits: more than 650,000

Total annual laboratory tests: more than 7.4 million

**Including observation patients*

Community Health Needs Assessment

Each hospital in the St. John Health System has worked with the Tulsa County Health Department, the Chapman Trusts, the George Kaiser Family Foundation and other interested parties to complete a community health needs assessment and to formulate an initial response to those needs.

St. John Broken Arrow is a not-for-profit healthcare facility serving Broken Arrow, Oklahoma, and surrounding communities. The hospital, licensed for 68 beds, opened in 2010 and offers a wide range of healthcare services, including emergency care, orthopedics, general surgery and all-digital diagnostic imaging services. St. John Broken Arrow features the Center for Joint Replacement, specializing in knee and hip replacement.

In completing the community health needs assessment, St. John chose to partner with Tulsa County Health Department to perform in-depth research on and assessment of the needs of residents of Tulsa County. Based upon input from many stakeholders and interested parties, we believe that the findings and conclusions in the *Tulsa County Community Health Needs Assessment* are valid for and can be extrapolated to the entire service area. St. John's mission compels it to seek to provide service to the poor and the vulnerable, and the survey of the community placed special emphasis on identifying the needs of low income, minority, medically underserved, vulnerable, and at-risk populations residing in the community.

While the initial community health needs assessments have been completed, work is ongoing to formulate sustainable responses to the overwhelming community need. The most recent community health needs assessments confirm what we already knew – the communities served by St. John Broken Arrow and other St. John Health System hospitals struggle with the health challenges arising from many socio-economic factors, including relatively large numbers of individuals living in households with incomes near or below federal poverty levels; relatively large numbers of individuals with no or limited health

insurance coverage; relatively large numbers of individuals with overall poor health status and chronic health problems, including mental health issues; a shortage of healthcare resources and providers available to provide services to the underserved parts of our communities, and a disparate safety net system that suffers from a lack of resources and largely uncoordinated efforts to address community need.

The unfortunate reality is that there are simply not enough private resources to effectively address all of the community need identified. In particular, the hospitals in the St. John Health System already provide millions of dollars each year in uncompensated care to the poor in the form of free or discounted care to the uninsured, the underinsured, and to Medicaid beneficiaries.

A more sustainable public / private partnership is needed to provide adequate resources to address the community need in a more effective and more financially sustainable way. St. John will continue to work with state and local policy and political leaders, safety net providers and community leaders and advocates to build sustainable partnerships to better address community needs. The summaries below provide initial observations about specific community needs in each community our hospitals serve and initial plans for responding to those needs in a financially sustainable way. As we work to transform healthcare delivery in northeastern Oklahoma, St. John will continue to be an advocate for the poor, the vulnerable and the underserved.

Demographics of Our Community

The attached documents provide detailed information on the demographics of our service community. They highlight the inherent challenges of serving communities with relatively poor health status, relatively high rates of poverty and economic disadvantage, significant minority populations (including Hispanic, Native American and African-American), high rates of uninsured, low rates of educational achievement, and many other factors.

Existing Community Resources

Key hospital providers in the service area include the St. John hospitals, Saint Francis Hospital, Saint Francis South, Hillcrest Medical Center, Hillcrest South, OSU Medical Center, and a number of other acute and specialty hospitals. There are a number of community service agencies focused on providing services to segments of the at-risk population, including two FQHCs and a number of free clinics. There are many community and critical access hospitals in northeastern Oklahoma, as well as rural health clinics. But overall, the healthcare resources in the community have proved inadequate to meet the needs of the uninsured and underserved in a sustainable and effective way.

Completion of the Needs Assessment

Tulsa County Health Department led the completion of the Needs Assessment; key methodologies utilized are included in the attached documents. The determination of priority needs was based on research findings, and priorities were developed in collaboration with the many other stakeholders referenced in survey documents, including other hospitals, community service agencies, state and local leaders, interested philanthropists, universities and associated medical schools, and other parties, including public health experts and representatives of the communities served.

The main gap in the data is limitation of detail in the surveys, and the extrapolation of those findings to the broader service area. We believe this is an acceptable and cost-effective approach to completion of the assessment.

Areas of Opportunity for Improvement

The following topics are recommended areas for improvement based on the information gathered through the *Tulsa County Community Health Needs Assessment*. Input from many other sources suggests that these opportunities for improvement are present throughout St. John's service area. From data collected, these opportunities for targeted interventions have been identified:

- **Poor diet and inactivity**

- **Obesity**
- **Alcohol/drug use**
- **Chronic disease**
- **Access to healthcare**
- **Tobacco use**

The findings from this Community Health Needs Assessment will be used in the development of a Tulsa County Community Health Improvement Plan that can also be carried forward throughout St. John's service area. Many of the opportunities for improvement illustrate the need for comprehensive solutions that go far beyond the traditional roles played by healthcare providers and illustrate the need for comprehensive, community-wide solutions that touch on many factors beyond the delivery of healthcare services. They illustrate the need for true transformation of care to create sustainable, high-performing medical homes for all citizens in the service area that emphasize wellness, prevention, disease management, individual responsibility and much better coordination of care.

While this document includes some initial planned responses to identified needs, work is ongoing to refine and complete a formal implementation plan by November 2013 for our response to identified needs.

Community Health Needs Summaries and Initial Thoughts on Implementation

Poor Diet, Inactivity and Obesity

Oklahoma is ranked as the sixth-most obese state at 31 percent of the population, well above the national average of 27.6 percent (2009). Oklahoma is not alone in its high obesity rate; 11 other states rank more than 30 percent of their adult populace obese. Tulsa County ranks obesity in the county's CHNA at 27.8 percent, close to the national average.

Diets high in fat and coupled with inactivity are directly linked to obesity, a condition that promotes coronary heart disease and stroke, type 2 diabetes, certain types of cancer, osteoarthritis and other diseases.

Implementation

The St. John Health System routinely promotes healthful activity and diet for the community and for its associates. The Health System is a sponsor of local run/walks like the American Heart Association Heart Walk, the Komen Race for the Cure and the Tulsa Zoo Run. St. John booths are available at those events and at health fairs throughout the year, promoting wellness through health screenings and brochures.

In addition, St. John Food and Nutrition Services color code healthy menu items in the Health System cafeterias, and the American Red Cross holds blood drives open to the public at Health System facilities several times a year.

St. John associates and their family members are given significant discounts to the St. John Siegfried Health Club, and receive free or discounted registration fees for area run/walks. The Health System held its first Wellness Week for associates in April, featuring free access to the Siegfried Health Club, daily healthy specials in St. John cafeterias and cafes, health screenings, health education classes and tobacco cessation presentations through 1-800-QUIT NOW, and posters displaying exercise walking routes throughout the medical center.

St. John offers Healthy Lifestyles programs and an array of services designed to help individuals safely and effectively lose weight.

St. John's participation in the CMS comprehensive primary care initiative is one of the primary initiatives to expand on the above programs and emphasize wellness and prevention in an advance medical home model. The St. John Medical homes include not only initiatives targeted to the Medicare population, but

also a Medical Access Clinic (MAC) specifically serving uninsured patients to provide them with the same opportunities and benefits afforded insured patients in our medical home clinics.

These programs and services will continue to grow and expand as we work to improve public awareness toward the importance of diet and exercise to health status.

Alcohol and Drug Abuse/Tobacco

Although the Tulsa metropolitan statistical area shows a lower percentage of binge drinking (15.6 percent, + or – 2.5 percent) compared to the national average of 18.3 percent, the area carries a much higher rate of smokers (26.3 percent, + or – 2.8 percent) to the national average of 21.2 percent (Behavioral Risk Factor Surveillance System, 2011). And while methamphetamine was responsible for nearly one-quarter (70 of 274) of all single-drug accidental deaths in the state (Oklahoma State Medical Examiner's Office, 2010), many more deaths occurred through the misuse of prescription or a combination of prescription and illegal drugs.

Implementation

The St. John Health System offers drug and alcohol counseling services through St. John Behavioral Health. A Department of Transportation-approved drug education program is available. St. John has contracted with Bishop Kelley High School in Tulsa to provide drug education for students who test positive, and recently opened its tobacco cessation program to the school. The community needs around alcohol, tobacco and drug abuse are great, and St. John has limited resources to allocate to this issue.

All inpatients and all primary care patients in medical homes receive education and awareness to help them avoid or discontinue abusive behaviors. In our MAC, we have partnered with other safety net providers to expand access to mental health and substance abuse resources.

Chronic Disease

Many chronic illnesses have preventable causes – dietary habits and tobacco usage, to name two. While Tulsa County's heart disease rate is below the national average (8.8 percent of the population to 11 percent), its rate for diabetes is 13.6 percent overall, far higher than the state average (11.1 percent) and the national average (9.5 percent). Cancer, another disease influenced by personal habits, stands at 8.4 percent in Tulsa County.

Of these three, diabetes is the epidemic. According to a recent study by the Centers for Disease Control and Prevention, Oklahoma saw the biggest national jump between 1995 and 2010, with the state's rate more than tripling during that time; studies show that about 10 percent of the state's population is diabetic. Nationally, 18.8 million people have diabetes, with another 7 million undiagnosed.

Implementation

As described above, the St. John Health System is participating in the CMS (Medicare) Comprehensive Primary Care Initiative (CPCI). Also, St. John recently submitted a notice of intent to CMS to form an accountable care organization (ACO) and participate in the Medicare shared savings program. The Tulsa metropolitan area was one of seven locations nationwide selected to participate in the CPCI, which attempts to transform primary care into an advanced medical home model, improving healthcare delivery to patients with chronic disease and reducing costs by limiting emergency center visits and hospital stays. As described above, the MAC is extending these same medical home initiatives to a portion of the uninsured patient population we serve.

For daily patient care, St. John Nursing introduces patients to smoking cessation through initial nursing assessments, discharge teaching and patient education activities. Patient safety booklets also contain smoking cessation information.

Access to Healthcare

Healthcare coverage in Oklahoma is an important and sometimes controversial topic. With an estimated 600,000 uninsured statewide, the state's refusal (so far) to expand Medicaid coverage to help insure some of those currently without insurance, access to healthcare has become critical for many.

The St. John service area reflects similar demographics to the entire state. The current network of safety providers offers uncoordinated and disparate systems of care, with many offering limited services and hours of operation. Hospital emergency rooms continue to be the de facto medical home for many of our citizens who do not have regular access to a primary care physician or basic preventative and diagnostic healthcare services.

Implementation

Community benefit takes many forms but serves a single purpose – aid the sick, the poor and the powerless. St. John's outreach begins with service to the area's medically uninsured and underinsured. The Tulsa Medical Access Program (MAP) is a vision to improve access to medical care. Now with a network of free clinics, a diagnostic center with free imaging services, free chronic care clinics, a walk-in and mail order pharmacy offering free medications, and access to medical specialists, MAP continues to expand its services. St. John also supports the Tulsa County Medical Society's medical access program, which solicits volunteer physicians to provide free care to uninsured patients. Our medical home clinic for the uninsured (MAC) is an integral part of the MAP.

While the MAP program continues to target several million dollars of services per year specifically to better serve the poor, the community need is far greater than the resources available. By far the most comprehensive community benefit comes from the St. John Health System's uncompensated care to the poor and the vulnerable. Many of those services are provided in our hospital emergency rooms. Coupled with financial support for graduate medical and other allied health education, community and subsidized health services, research, and other programs, the Health System is providing tens of millions of dollars per year in the unreimbursed cost of services to the community.

St. John hospitals and other entities in the St. John Health System will continue to respond to the identified community need by:

- Continuing to invest in safety net services, such as trauma, stroke and other emergency services
- Build and expand medical homes to better manage and coordinate care for those with chronic diseases, and to help prevent disease and promote wellness and healthy lifestyles
- Expand the financial and other resources devoted to our targeted MAP and MAC programs specifically designed to serve the uninsured
- Work with other community safety net providers to better coordinate and manage community resources, especially those serving the poor and the underserved
- Work with state and local leaders to advocate for a more effective public and private partnership to improve healthcare for all our citizens
- Continue to support medical education to expand the number of physicians, nurses and allied health professionals serving our communities
- Continue to invest in clinical excellence to provide cost-effective and high quality services to all who need them, regardless of their ability to pay.