

2019 CHNA Executive Summary

Jane Phillips Medical Center | Washington County, Okla.

 St. John

 Ascension

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Jane Phillips Medical Center (JPMC), part of Ascension's St. John Health System, is pleased to present its fiscal year 2019 community health needs assessment (CHNA). As federally required by the Affordable Care Act, this report provides an overview of the methods and process used to identify and prioritize significant health needs in the community served by JPMC. For the purposes of this assessment, JPMC's primary service area, or community, is defined as Washington County, Okla. JPMC consulted with Conduent Healthy Communities Corp., the Tulsa Health Department and The University of Oklahoma Anne and Henry Zarrow School of Social Work to conduct the CHNA.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across the Washington County community, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community.

Findings from this report will be used to identify, develop and target health system, hospital and community initiatives and programming to better serve the health and wellness needs of our community.

Community Served



The community served by JPMC is defined as the geographical boundary of Washington County, Okla. Washington County, located in northeastern Oklahoma, is the smallest county by square miles in the state. Counties adjacent to Washington County include Montgomery and Chautauqua counties in Kansas and Nowata, Rogers, Tulsa and Osage counties in Oklahoma. The cities and towns officially recognized in Washington County are Bartlesville, Copan, Dewey, Ochelata, Ramona and Vera. Before statehood, the area was part of lands owned by the Osage Nation and later the Cherokee Nation in Indian Territory. Several oil companies set up headquarters in the county over the years, most notably Phillips Petroleum Co. (now ConocoPhillips) in Bartlesville.

JPMC is based out of the city of Bartlesville, and the bulk of the community's population is concentrated in and around the city. Accordingly, Bartlesville serves as the primary area of focus within the Washington County community. JPMC's community health improvement efforts that result from this CHNA will primarily center on Bartlesville. However, an effort was made to focus on the health needs and assets of Washington County as a whole, and our efforts will also extend to other cities and towns within Washington County based on lessons learned through our work with the Bartlesville community.

Demographics

Washington County has a population of approximately 51,892. Older age groups have captured a greater relative share of the population over the past several decades, while the share represented by children has declined. The racial makeup of Washington County is somewhat homogeneous, with 78.2% of the population identifying as White. American Indians/Alaskan Natives are the second highest of all races in Washington County at 10% of the population. Washington County has a small population of those that identify as Hispanic living in the community (5.7%). Regarding economic stability, families living in the Bartlesville ZIP code, 74003, have the highest rates of poverty. Overall, Washington County has lower rates of poverty than other counties in St. John Health System's service area and in Oklahoma.

Methods for Identifying Community Health Needs

Secondary data

St. John Health System consulted with the Tulsa Health Department to collect and analyze the secondary data used in the assessment's community overview. A review of publicly available secondary data was conducted. Some data comparisons were made at the ZIP code, region, county, state and national levels. Other data considerations included trends over time, county and state level rankings, benchmark comparisons at the state and national levels, disparities by age, gender, race/ethnicity, income level and educational attainment.

St. John also consulted with Conduent Healthy Communities Corp. for support with secondary data analysis. The analysis included a comprehensive set of more than 100 community health and quality-of-life indicators covering more than 20 topic areas. Indicator values for Washington County were compared with other counties in Oklahoma and nationwide to compare social, economic and health topics. Other considerations for areas of health need included trends over time; Healthy People 2020 targets; Oklahoma targets; and disparities by age, gender and race/ethnicity. The value for each of these indicators was compared with other communities, nationally or locally set targets and previous time periods. A data scoring tool was used to systematically summarize multiple comparisons of the data to rank indicators based on highest need.

In addition, St. John consulted with Conduent Healthy Communities Corp. for support with identifying geographic areas of greatest need in Washington County. To do so, Conduent developed the SocioNeeds Index[®] to easily compare multiple socioeconomic factors across geographies. This tool incorporates estimates for six different social and economic determinants of health — income, poverty, unemployment, occupation, educational attainment and linguistic barriers — that are associated with poor health outcomes, including preventable hospitalizations and premature death.

Primary data (community input)

Community input is a principal focus of this assessment and is a form of primary data. St. John employed several methods of community input to yield the desired results, including the following:

- **Six community health forums** with around 120 community leaders and 13 health system leaders (one forum with 11 community leaders and three health system leaders in Washington County)
- **Twenty-two focus groups** with 233 community members (two focus groups with 19 community members in Washington County)
- **Online survey** of 801 community members (89 in Washington County)
- **Input from the public health workforce and local coalitions/partnerships**
- **Input from the health system's Community Engagement Committee**

The focus groups and online survey were conducted in collaboration with The University of Oklahoma Anne and Henry Zarrow School of Social Work and Tulsa Health Department.

Community input is best obtained from a diverse set of community stakeholders such as community members, community organizations and the public health workforce. A variety of sources ensures that as many different perspectives as possible are represented while satisfying the broad interests of the community. Sources of community input for this assessment were as follows:

- Community members who participated in the online survey and focus groups
- Community leaders and representatives

- Public health workforce and local coalitions/partnerships
- Members and representatives of medically underserved, low-income, minority, at-risk and otherwise vulnerable populations
- Health system and hospital leadership



Community stakeholders who provided input represented a variety of community sectors, including healthcare, education and academia, nonprofit, private business, community development, faith-based communities and organizations, government, safety-net services, economic and workforce development, behavioral health, law enforcement and first responders, public health and other interest groups working with at-risk and vulnerable populations. This assessment especially focused on community input from those with special knowledge or expertise in public health, as well as members and representatives of medically underserved, low-income, minority, at-risk or otherwise vulnerable populations.

How Are We Doing?

County health rankings

Published online at countyhealthrankings.org, the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings are unique in their ability to measure the current overall health of nearly every county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. The data indicators included in our assessment follow the county health rankings model. Below is a summary; see the JPMC CHNA for a full listing of data indicators.

Health outcomes ranking

This indicator demonstrates overall rankings in health outcomes for counties throughout the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live (length of life) and how healthy people feel while alive (quality of life). The distribution of health outcomes is based on an equal weighting of length and quality of life. This information is based on the County Health Rankings & Roadmaps courtesy of the University of Wisconsin Population Health Institute.

The overall rankings in health outcomes represent how healthy counties are within the state. In 2019, Washington County ranked 11th out of 77 counties in Oklahoma in health outcomes. This was an improvement from 18th out of 77 in 2018, 16th out of 77 in 2017, and 17th out of 77 in 2016.

Health factors ranking

This indicator demonstrates the overall rankings in health factors for counties throughout the state. The ranks are based on weighted scores four types of measures: health behaviors, clinical care, social and economic, and physical environment factors. The healthiest county in the state is ranked #1. This information is based on the County Health Rankings & Roadmaps courtesy of the University of Wisconsin Population Health Institute.

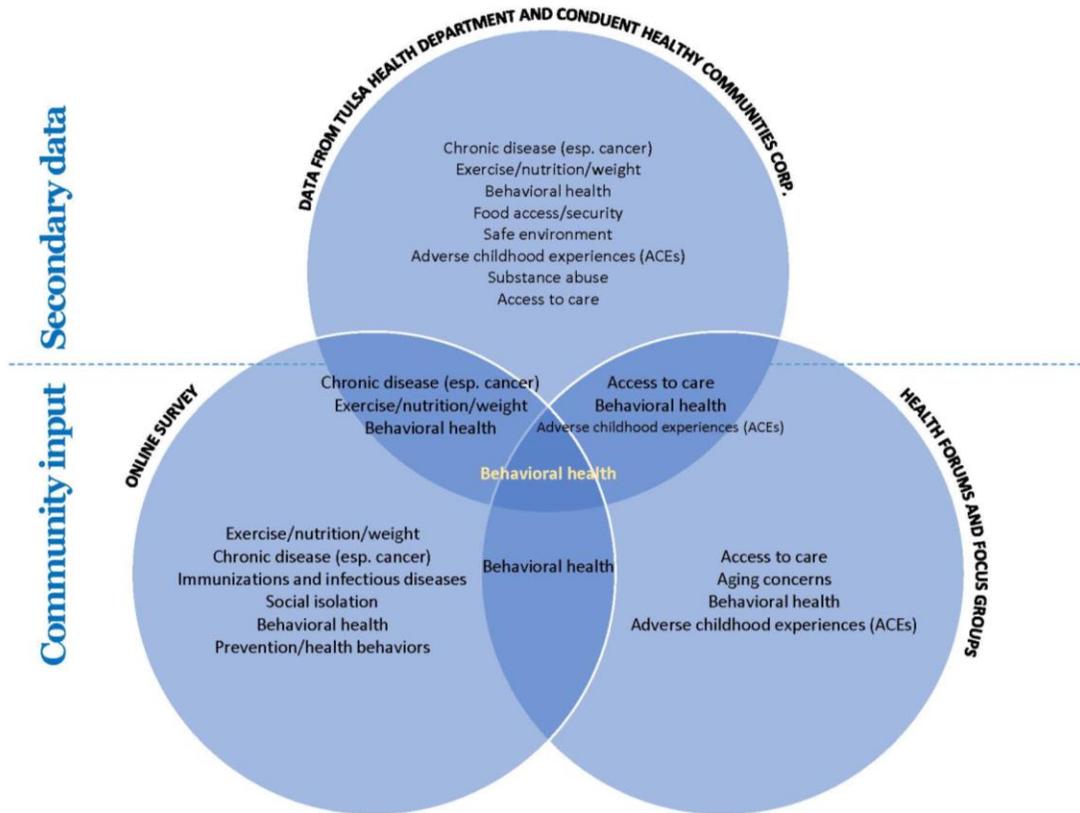
The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. In 2019, Washington County ranked 26th out of 77 counties in Oklahoma in health factors. This ranking worsened, as it was 18th out of 77 in 2018, 19th out of 77 in 2017, and eighth out of 77 in 2016.

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data and in-depth primary data from community leaders, non-health professionals, and organizations that serve the community at large, vulnerable

populations, and/or populations with unmet health needs. The results of secondary and primary data analysis were visually displayed in synthesis charts. Below is the JPMC chart, with the most significant health needs that arose from each CHNA activity for JPMC and Washington County.

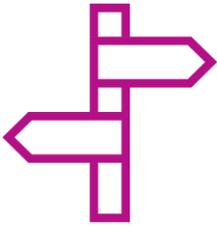
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Washington County



Through these syntheses, the following top health needs were determined:

- Behavioral health
- Exercise/nutrition/weight
- Prevention/health behaviors (e.g., smoking, missing doctor’s visits, etc.)
- Access to care
- Chronic disease (esp. cancer)
- Adverse childhood experiences (ACEs)
- Food access/security
- Safe environment
- Substance abuse
- Socioeconomic status
- Immunizations and infectious diseases
- Lack of health education
- Maternal/fetal/infant health

Disparities and geographic areas of greatest need



The identification of disparities along race/ethnicity, gender, age, and geographic lines is important for informing and focusing strategies that will address the prioritized health needs. Primary and secondary data revealed community health disparities along racial lines, with American Indian/Alaskan Native populations more negatively impacted in Washington County. In many ways, women and children face a variety of challenges in Washington County. Many families struggle to be self-sufficient, even while holding down jobs. Medically underserved, low-income, minority, at-risk or otherwise vulnerable populations such as LGBTQ+ and individuals experiencing homelessness face discrimination and a myriad of barriers to healthy lifestyles and accessing healthcare and other resources, negatively impacting health outcomes. Further, the data shows that older adults face increased health issues, while populations in certain geographic areas, were identified as having higher socioeconomic need and potentially poorer health outcomes. The Bartlesville ZIP code 74003 has the highest socioeconomic need identified for the county. Women and minority populations experience the highest socioeconomic need in the county.

Prioritized Areas

On March 25, 2019, 13 members of St. John Health System’s Community Engagement Committee (CEC) came together to participate in an individual assessment exercise and group discussion to help prioritize the most significant community health needs identified through community health needs assessment (CHNA) secondary and primary (community input) data analysis and synthesis.

While considering several criteria for prioritization, the following four health needs were identified as priorities to address:



Behavioral health



Access to care



Healthy lifestyles



Adverse childhood experiences (ACEs)

It was decided that substance abuse will be a component of the behavioral health category. The areas of prevention / health behaviors and exercise, nutrition and weight were combined to become “healthy lifestyles,” with chronic disease as a component of this category.

In addition, social determinants of health was deemed an underlying current of all priorities. It was discussed at length that the remaining health topics, not chosen as priorities, can be interrelated to the four chosen priorities. It was also important that the four chosen priorities correlated strongly with the St. John mission to serve all people, with special attention to those who are poor and vulnerable, as well as the organization’s internal Catholic Identity Matrix, which in part evaluates work related to “solidarity with those who live in poverty.”

Conclusion

This report describes the findings of a comprehensive health needs assessment for the residents of Washington County, Okla. The prioritization of the identified significant health needs will guide the community health improvement efforts of Jane Phillips Medical Center and St. John Health System as a whole. From this process, St. John will outline how it plans to address the top four prioritized health needs in the fiscal year 2020-2022 implementation strategy.

Our Catholic health ministry is dedicated to spiritually centered, holistic care that sustains and improves the health of not only individuals, but the communities we serve. With special attention to those who are poor and vulnerable, we are advocates for a compassionate and just society through our actions and words. St. John is dedicated to serving patients with compassionate care and medical excellence, making a difference in every life we touch.