

FISCAL YEAR 2025

Community Health Needs Assessment

TULSA COUNTY

LIGHTING THE WAY TO A HEALTHIER TOMORROW.

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Executive Summary

Overview: Purpose and System & Hospital Description

CHNA PURPOSE STATEMENT

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by Saint Francis Health System. The priorities identified in this report help to guide the health system's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

SAINT FRANCIS HEALTH SYSTEM OVERVIEW

Saint Francis Health System (SFHS) is a Catholic, not-for-profit healthcare network based in Tulsa, Oklahoma. Since its founding in 1960, SFHS has grown and adapted to meet the evolving healthcare needs of Eastern Oklahoma. In 2024, the system was honored as one of the 15 Top Health Systems by Premier's PINC AI and Fortune magazine. Today, SFHS stands as Oklahoma's largest private healthcare provider, employing more than 12,000 employees, including over 600 providers through Warren Clinic, serving the region through 110 locations. SFHS is guided by the mission, vision and values noted below.

- **Mission:** To extend the presence and healing ministry of Christ in all we do.
- **Vision:** Lighting the way to a healthier tomorrow.
- **Values:** Excellence, Dignity, Justice, Integrity, Stewardship.

Saint Francis Health System - Tulsa County Hospitals

In Tulsa County, SFHS has three distinct hospitals that serve the community. A brief description of each hospital is provided below.

- **Saint Francis Hospital:** The flagship 1,100-bed hospital in Tulsa includes a 162-bed Children's Hospital, a 168-bed Heart Hospital, and Tulsa's leading Trauma and Emergency Center.
- **Laureate Psychiatric Clinic and Hospital:** A 90-bed facility offering mental health services including eating disorders, senior behavioral health, and addiction programs.
- **Saint Francis Hospital South:** A 96-bed community hospital in South Tulsa, recognized for high-performance care in kidney failure and maternity.



Approach & Methodology: Collaborators, Community Definition, Process of Identification & Prioritization

CHNA COLLABORATORS

The following organizations collaborated with SFHS on this CHNA. Additional information on these collaborators can be found in appendix A.

- Oklahoma University Hudson College of Public Health (OU CPH)
- Ascension St. John (ASJ)
- Tulsa Health Department (THD)

COMMUNITY DEFINITION

For this CHNA, the defined community is Tulsa County, encompassing 43 specific zip codes. This definition was validated in collaboration with the local public health department. The CHNA aims to gather data and work with community partners to understand local health challenges and develop strategies to address them effectively through the future Implementation Strategy Plan (ISP).

PROCESS OF IDENTIFICATION AND PRIORITIZATION

In spring 2024, SFHS partnered with the THD and ASJ to collaboratively conduct a CHNA. To meet the requirements of 501(r)(3) hospitals and the Public Health Accreditation Board (PHAB), SFHS engaged the OU CPH for data collection and analysis.

The CHNA used a mixed methods approach based on the Social Determinants of Health (SDoH) framework to understand factors affecting health outcomes in Tulsa County. This included a community survey, community engagement meetings, and secondary data analysis.

The collected data was analyzed by SFHS, ASJ, and THD to identify the most significant health needs in the community. These needs, which are critical to improving overall well-being, include:

- 1. Housing:** Housing instability and homelessness are severe issues affecting mental health, safety, and mortality. The lack of affordable housing was highlighted as a top concern by both survey respondents and stakeholders.
- 2. Mental and Behavioral Health:** Mental health challenges, including high suicide rates and violence, were identified as urgent needs. Limited access to affordable mental health services further exacerbates the problem.



- 3. Access to Healthcare:** Barriers like health insurance, medical bills, chronic disease management, and emergency care affect residents' ability to access timely and affordable healthcare, leading to poorer health outcomes and greater disparities.
- 4. Transportation:** Limited transportation options prevent access to healthcare, food, and employment, contributing to social isolation and making it harder for vulnerable populations to meet basic needs.
- 5. Education:** Access to quality education is closely tied to long-term health outcomes and economic stability. Limited educational opportunities perpetuate cycles of disadvantage and affect health literacy.
- 6. Employment:** While unemployment rates are low, job insecurity and lack of access to stable employment can lead to economic hardship and difficulty meeting basic needs.
- 7. Food Security:** Food insecurity, especially among low-income households, contributes to chronic diseases and limits access to a healthy lifestyle. It is closely tied to challenges like transportation and poverty.
- 8. Childcare and Early Childhood Education Services:** Limited access to affordable childcare creates financial burdens and impacts long-term outcomes for children and families.

The needs were then prioritized by utilizing criteria that measured the size, severity, and social and economic impact of the problem. The community prioritized addressing the most severe health issues first, followed by consideration of resources and sustainability for long-term solutions.

Prioritized Health Needs, Rationale, Resources to Address

PRIORITIZED HEALTH NEEDS AND RATIONALE

After identifying significant health needs outlined above, SFHS gathered input from about 50 leaders and prioritized four key issues for this CHNA ISP. The selected needs for Tulsa County are:

- 1. Access to Healthcare:** The primary barrier identified in the survey is access to healthcare, driven by concerns over medical costs, inconvenient appointment times, and uncertainty about insurance coverage. This aligns with SFHS's strategic focus on 'Access' and provides an opportunity for integration with the broader SFHS plan.
- 2. Food:** Food insecurity is the second most significant issue based on internal data. Barriers include the high cost of nutritious food and limited time to prepare meals. Opportunities exist to further develop partnerships with community stakeholders to address this issue.



- 3. Mental Health:** Limited access to affordable mental health services, due to insurance limitations and long wait times, is a significant challenge. SFHS is well-positioned to improve access given our strategic focus and investment in behavioral health resources.
- 4. Housing:** Housing instability is a key issue, highlighted as the second most significant concern in Tulsa County. The Tulsa Health Department has identified it as a priority, and with efforts to end homelessness by 2030, SFHS is positioned to collaborate with the city and other partners to address this barrier.

SFHS is committed to improving community health by focusing on these prioritized needs, although other significant needs were not selected for this cycle as they did not meet the same level of urgency or SFHS is not best positioned to address them directly.

POTENTIAL RESOURCES TO ADDRESS

Tulsa County has an abundance of community assets and resources that are potentially available to address significant health needs beyond the health system's resources. A wide range of community organizations support the health and well-being of the community including health, social services, and nonprofit institutions. Additional information on resources to address the health needs of the community can be found in appendix B.

Report Adoption, Availability and Input

This CHNA report was adopted by the SFHS Board of Directors in April 2025. The report is widely available to the public on the health system's website, and a paper copy is available for inspection upon request. Written comments on this report can be submitted to Saint Francis Hospital (6161 S Yale Ave Tulsa, OK 74136, Attn: G.T. Bynum) or by calling G.T. Bynum, Vice President of Community and Government Affairs, at 918-494-8459.



About Saint Francis

Mission, Vision & Values

Mission: To extend the presence and healing ministry of Christ in all we do

Vision: Lighting the way to a healthier tomorrow

Values: Excellence, Dignity, Justice, Integrity and Stewardship

Commitment to Community

Recognition as a tax-exempt organization carries with it a responsibility to serve the interests of the community. To this end, SFHS publishes a Community Health Needs Assessment every three years and an annual report to the community outlining its community contributions for the prior year.

Justice is one of the core values of Saint Francis Health System. It calls for the organization to advocate for systems and structures that are attuned to the needs of the vulnerable and disadvantaged and that promote a sense of community among all persons.

To effectively do this requires that the SFHS:

- Gather and obtain information identifying those needs; and
- Develop programs and services that address and provide access to those in greatest need.

Saint Francis Hospital

As part of the SFHS, the flagship hospital is a 1,100-bed tertiary center located in Tulsa. The campus includes: a 162-bed Children's Hospital, a 168-bed Heart Hospital, and Tulsa's leading Trauma and Emergency Center. Ranked #1 hospital in Oklahoma in the 2023-2024 Best Hospital Rankings by U.S. News & World Report. The Hospital offers a variety of services and programs including but not limited to:

- Labor & Delivery/Expectant Family Program
- Emergency/Trauma Center
- Cardiovascular Surgery
- Joint Replacement & Spine Center
- Physical Medicine & Rehabilitation
- Comprehensive Stroke Center



The Children's Hospital houses the area's only Level IV NICU and a neonatal transport team. With a Pediatric Emergency Center, the hospital offers over 20 pediatric specialties including: cardiology, gastroenterology, oncology, neurology and neurosurgery.

The Heart Hospital at Saint Francis is part of the Saint Francis Heart and Vascular Institute with key services: preventive heart screenings, cardiovascular surgery, non-invasive cardiology, cardiac rehabilitation and vein care.

Laureate Psychiatric Clinic and Hospital

Founded in 1989 by The William K. Warren Foundation, Laureate Psychiatric Clinic and Hospital (LPCH) is a 90-bed psychiatric facility on 47 acres (about twice the area of Chicago's Millennium Park) of land. It provides a full spectrum of psychiatric services and research and education for the public and professional community. The goal at Laureate is to help patients not only recover and function, but also experience a fulfilling life within their family, business and community, so it offers services such as an eating disorders program, senior behavioral health, chemical dependency programming, adult inpatient care and adult and pediatric outpatient services. LPCH offers a variety of services and programs including but not limited to:

- Eating Disorders Program
- Senior Behavioral Health
- Chemical Dependency Program
- Adult Inpatient Care
- Adult and Pediatric Outpatient Services

Saint Francis Hospital South

As part of the SFHS, Saint Francis Hospital South (SFH-South) is a 96-bed community hospital, in South Tulsa. US News & World Report recognized SFH-South as High Performing Hospital in Kidney Failure (2023-2024) and Maternity Care (2024). Additionally, Fortune recognized SFH-South as one of the nation's top 100 hospitals. The hospital offers a variety of services and programming including but not limited to:

- Labor & Delivery
- Emergency Services
- Imaging & Radiology
- Expectant Family Program
- Orthopedics



CHNA Project Overview

Purpose & Goals

This Community Health Needs Assessment (CHNA) is a systematic, data-driven approach to determining the health status, behaviors, needs and assets in the community. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness. Broadly, the CHNA process aims to:

- Understand the factors that the community feels are impacting their health and quality of life, especially those most vulnerable.
- Aid in identifying areas where assets can align, and the hospital system can collaborate to address health needs.
- Ensure compliance with section 501(r) of the Internal Revenue Code for non-profit hospitals.

JOINT ASSESSMENT

A joint effort was conducted by three primary partners to complete a CHNA for Tulsa County. In partnership with Ascension St. John and the Tulsa County Health Department, Saint Francis Health System leadership conducted this CHNA on behalf of Saint Francis Hospital, Saint Francis Children's Hospital, Saint Francis Heart Hospital, Saint Francis Hospital South and Laureate Psychiatric Clinic and Hospital. The partners enlisted the services of The Oklahoma University Hudson College of Public Health to ensure best practice data collection and integrity of reporting to satisfy regulatory compliance. A description of the collaborators can be found in appendix A.

In partnership with Ascension St. John and the Tulsa County Health Department, Saint Francis Health System reviewed the previous CHNA and determined key health disease outcomes continued to be challenges in today's landscape. Therefore, the partners determined that it would be most helpful to focus the assessment on those factors that are driving continued poor health outcomes.

Community Definition

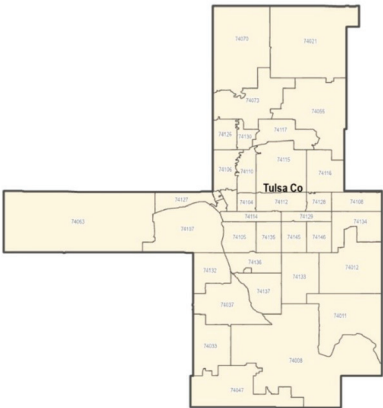
For the purposes of this CHNA, the community has been defined as Tulsa County. This includes the following 43 zip codes: 74008, 74011, 74012, 74014, 74015, 74021, 74033, 74037, 74047, 74050, 74055, 74063, 74070, 74073, 74103, 74104, 74105, 74106, 74107, 74108, 74110, 74112, 74114, 74115, 74116, 74117, 74119, 74120, 74126, 74127, 74128, 74129, 74130, 74131, 74132, 74133, 74134, 74135, 74136, 74137, 74145, 74146, 74171. In partnering with the local public health department, this definition was validated as appropriate. Given the aims of this CHNA, and the need to make impact in our future Implementation Strategy Plan (ISP), it is important to start with data and stakeholders at a level that allows us to:

- Clearly understand the problems faced by the community, and
- Work closely with community partners to define strategies and align resources to make an impact.



Community Description

Tulsa County, located in northeastern Oklahoma, is the second-most populous county in the state with a population of around 680,000. The county seat and largest city is Tulsa, which has a population exceeding 410,000, making it the 47th most populous city in the United States. SFHS entities located within the county include Saint Francis Hospital, Saint Francis Children’s Hospital, Saint Francis Heart Hospital, Saint Francis Hospital South and Laureate Psychiatric Clinic and Hospital.



POPULATION

Figures 1-3 describe the population of Tulsa County. Figure 1 below illustrates the racial composition of the population, showing that white individuals make up the majority, while several other racial groups contribute to the community in smaller but notable proportions, with a significant portion identifying as multiracial.

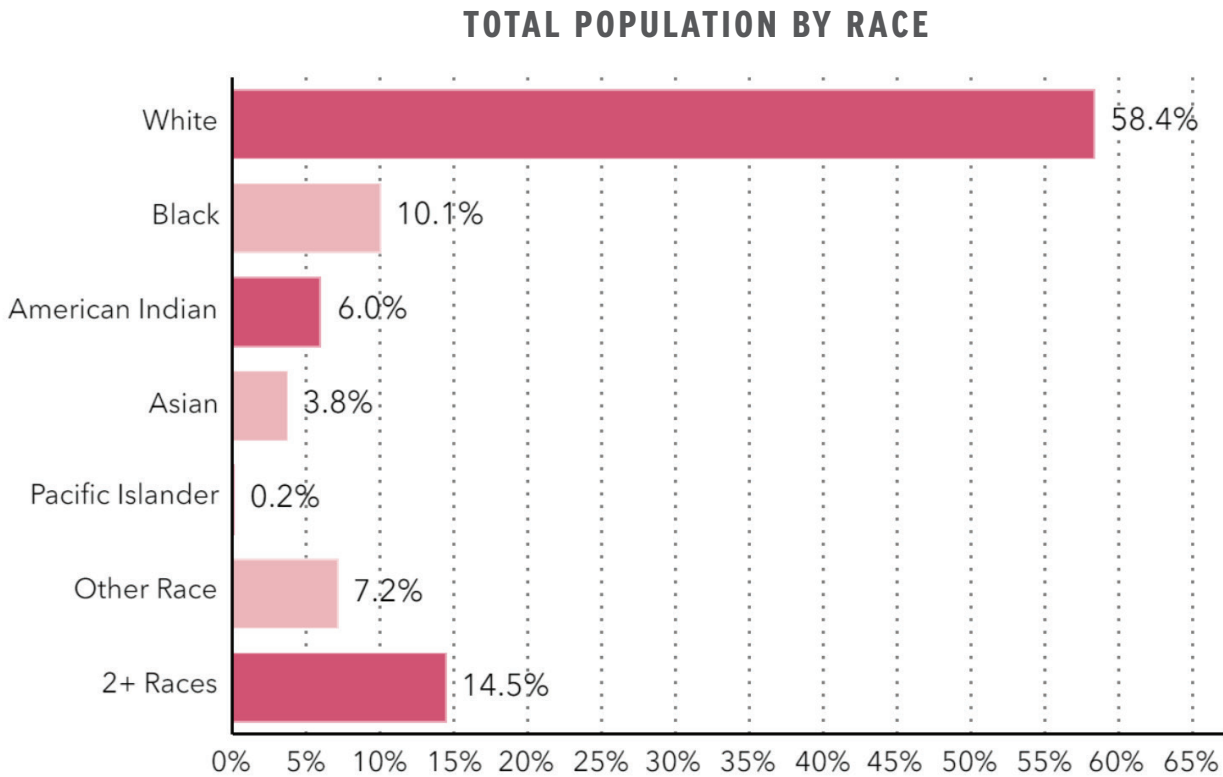


Figure 1: Total Population by Race



Figure 2 below illustrates the distribution of the population by age and gender, highlighting a balanced demographic spread across different age groups, with a slight predominance of females in older age brackets.

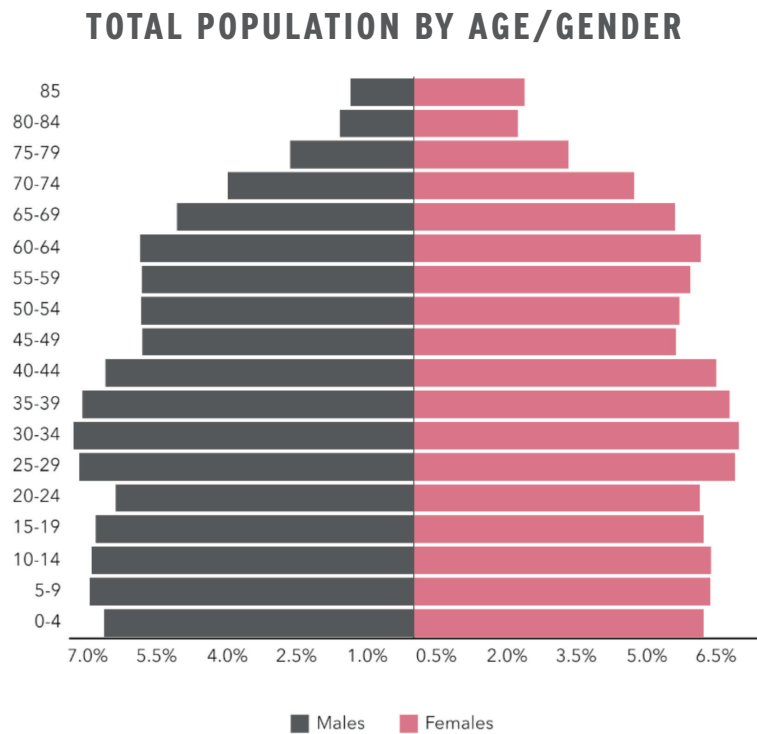


Figure 2: Population by Age/Gender

Figure 3 highlights the challenges faced by at-risk populations, including seniors, individuals with disabilities, and households without access to transportation. It also emphasizes economic hardships, showing a notable portion of the community living below the poverty line and relying on food assistance, underscoring the need for targeted support and resources.

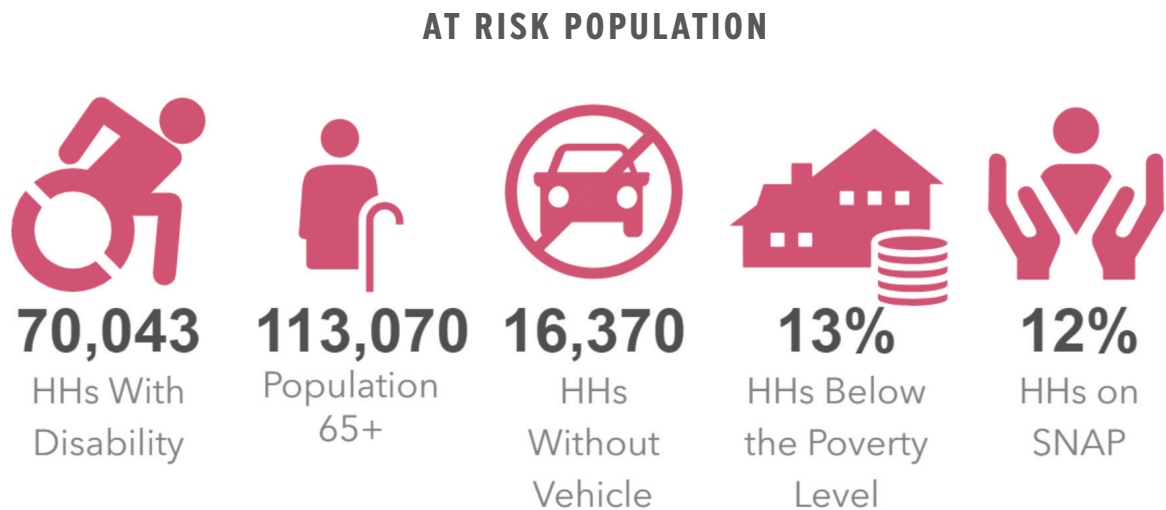


Figure 3: At Risk Population



SOCIAL & ECONOMIC FACTORS

Figures 4-6 describe the social and economic factors of Tulsa County. Figure 4 provides an overview of employment trends, showing that the majority of the workforce is in white-collar jobs, followed by blue-collar and service industries, while the unemployment rate remains relatively low, indicating a stable job market.

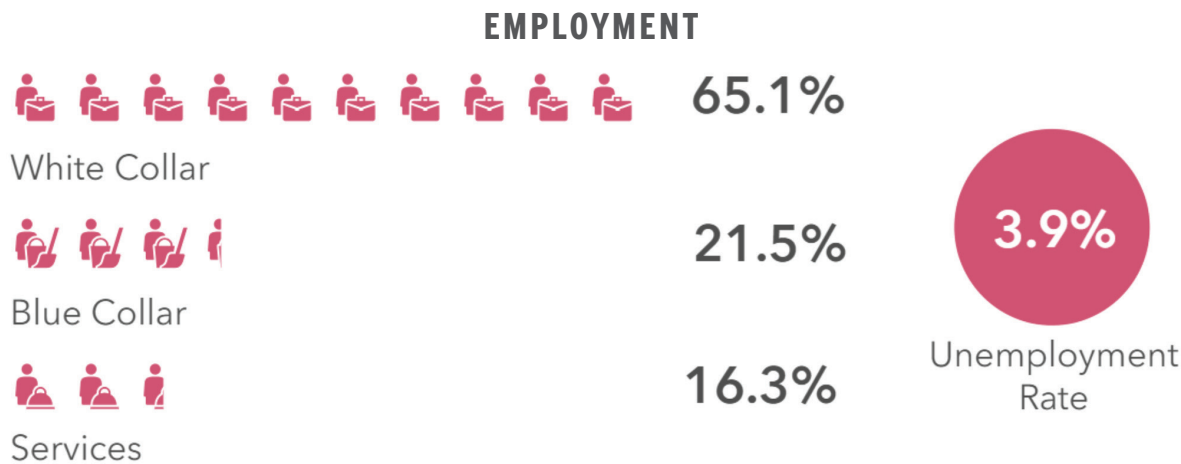


Figure 4: Employment

Figure 5 illustrates the educational attainment of the population, showing that most individuals have pursued higher education beyond high school, with a significant portion earning college degrees, while a smaller percentage did not complete high school.

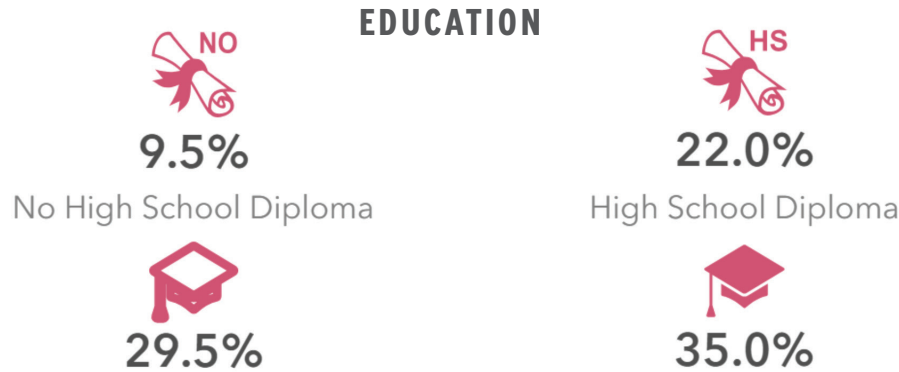


Figure 5: Education

Lastly, Figure 6 highlights a steady increase in the total number of housing units over time, showing consistent growth from the past to present and projecting further expansion in the future.

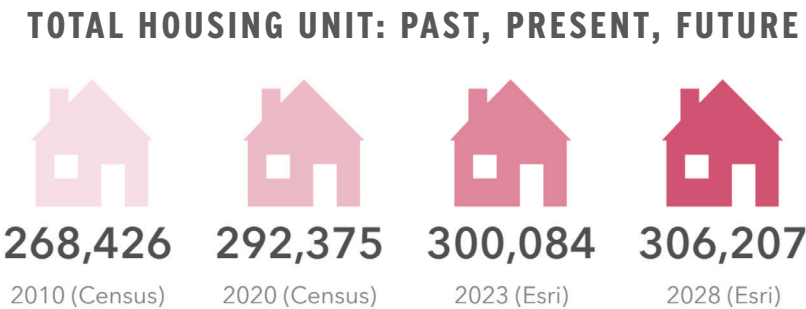


Figure 6: Housing



UNIQUE COMMUNITY CHARACTERISTICS

In December 2024, Tulsa County elected a new mayor, Monroe Nichols. Mayor Nichols' executive order of March of 2025 sets a bold goal of achieving functional zero homelessness in Tulsa by 2030, focusing on expanding shelter capacity, creating sustainable winter weather solutions, and reducing evictions while ensuring a structured approach to encampment decommissioning. Complementing this effort, the city has committed \$75 million over the next decade to affordable housing initiatives, aiming to add nearly 13,000 new units and rehabilitate vacant properties. These combined strategies will not only provide stable housing and supportive services for vulnerable populations but will also have a profound impact on Tulsa's overall health and infrastructure—reducing the strain on emergency services, improving public safety, and fostering community revitalization through new developments.

Additionally, Tulsa Health Department's Community Health Improvement Plan (CHIP) for 2023 – 2028 aims to make Tulsa County the healthiest in the U.S. by addressing three main health concerns: stress and mental health, chronic disease risk factors and management, and healthy and affordable housing. The plan focuses on social determinants of health, which are the conditions in people's environments that impact their health and quality of life. This long-term, systemic effort is based on community health needs assessments and aims to tackle public health problems comprehensively.

Finally, Tulsa County is seeing significant developments, including the expansion of the Port of Inola, announced in August 2023, with completion expected by the end of 2025. The construction of a major solar cell manufacturing facility began in fall 2023, with production starting by the end of 2024. The opening of Zink Lake for recreation on Labor Day weekend in 2024, along with the relocation of the OSU Extension Facility to downtown Tulsa, announced in October 2024, highlights the area's focus on growth and community. The MidAmerica Industrial Park continues to attract investments, with Phase II completed in December 2023 and Phase III planning set for 2024. Vision Tulsa infrastructure projects, approved in 2016, aim to improve transportation and the Arkansas River Corridor, while new housing subdivisions cater to the area's expanding population, with ongoing development as of February 2025. Additionally, Tulsa is exploring cultural and educational initiatives, including the transformation into a tech hub, announced in early 2024.

OTHER HEALTH SERVICES

Health systems and hospitals in the area are listed below and a full list of resources in the community can be found in appendix B.

- Ascension St. John Health System
- Hillcrest HealthCare System
- Tulsa VA Healthcare System
- OU Health – Tulsa
- Oklahoma State University Medicine
- Tulsa ER and Hospital
- PAM Health Specialty Hospital of Tulsa
- Select Specialty Hospital
- Meadow Brook Specialty Hospital
- Council Oak Comprehensive Hospital
- Oklahoma Surgical Hospital
- Brookhaven Hospital
- Tulsa Rehabilitation Hospital
- Cornerstone Specialty Hospital
- Parkside Psychiatric Hospital and Clinic



Process, Approach & Methodology

PROCESS AND APPROACH

In the spring of 2024, SFHS leadership began working with leadership at the Tulsa Health Department (THD) and Ascension St. John (ASJ) to develop a collaborative approach to conducting a CHNA. To meet the requirements for 501(r)(3) hospitals and meet the needs of the THD as a Public Health Accreditation Board (PHAB) accredited agency, the group collectively retained the services of The University of Oklahoma, Hudson College of Public Health (OU CPH) to support data collection, synthesis and analysis of this CHNA.

At the guidance of OU CPH, the 2025 Tulsa Community Health Needs Assessment collaboration team employed a mixed methods approach to identify and address community needs. Grounded in a Social Determinants of Health (SDoH) framework, the assessment aimed to understand the underlying factors influencing health outcomes in Tulsa County and begin to identify areas to intervene. Key components included a community survey with a broad range of questions designed to capture residents' experiences, concerns and priorities, as well as direction provided by a community advisory board throughout the process.

Additionally, ASJ and SFHS in collaboration with the THD and OU CPH facilitated community engagement meetings to gather qualitative insights directly from stakeholders, including community leaders, and local organizations. Secondary data analysis was conducted to complement these findings, providing a more comprehensive view of existing resources and gaps in Tulsa County. This integrated approach ensured a thorough understanding of both the needs and assets within the community. Figure 7 below depicts the process and approach that the group utilized.

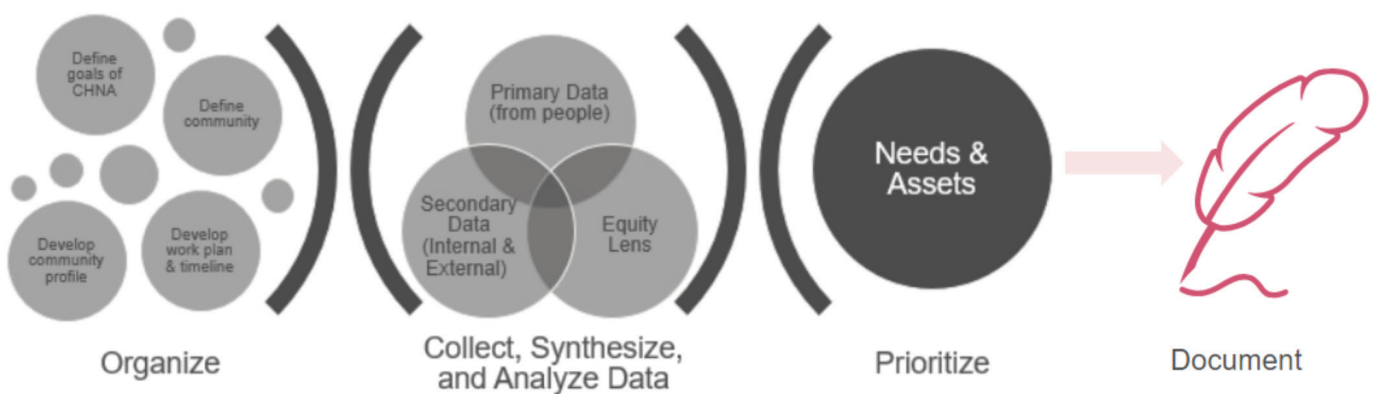


Figure 7: CHNA Process and Approach



The timeline for the CHNA process can be found in Figure 8 below.



Figure 8: CHNA Timeline

As outlined above, a collaborative approach was deployed to develop, conduct and complete this CHNA. To maximize key stakeholder time, OU CPH, ASJ, SFHS and THD developed three key groups to leverage throughout the process. As depicted in Figure 9, the core group oversaw the entire CHNA process which included defining advisory and engagement groups, developing and disseminating the CHNA survey, conducting primary and secondary data analysis and identifying top health needs in the community. Advisory groups, which included the core group and local county health departments, helped inform and support this process, while the engagement groups, consisting of local community subject matter experts, helped provide insight and context into the survey findings. Throughout this process, the core group met weekly beginning in April 2024, and the advisory committee met weekly beginning in May 2024. The engagement groups met twice throughout this process, once at the beginning of primary data collection and once at the end of primary data collection. Additional information about the community engagement meetings, including date of the meetings and who attended can be found in appendix C.

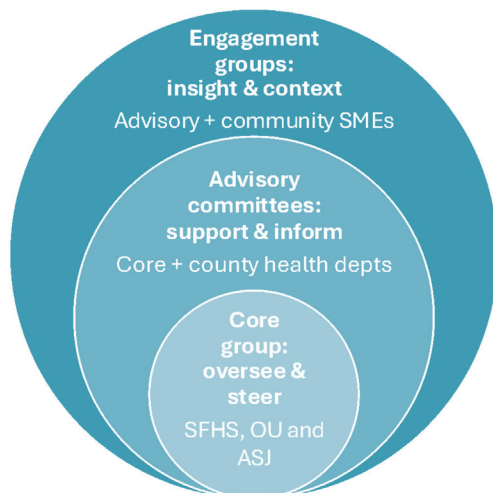


Figure 9: Core, Advisory and Engagement Group Structure



SECONDARY RESEARCH METHODOLOGY

The SHFS team utilized County Health Rankings & Roadmaps (CHRR), to guide their secondary data review, which is a framework for analyzing and improving community health (see figure 10 below). CHRR analyzes health outcomes and influencing factors such as health behaviors, clinical care, socioeconomic conditions, and the physical environment, providing insight into community well-being. Widely used in public health and healthcare systems, it supports valid assessments through benchmarking, trend analysis, and severity measurement. This data supplemented primary insights gathered from community members and stakeholders to identify top health needs.

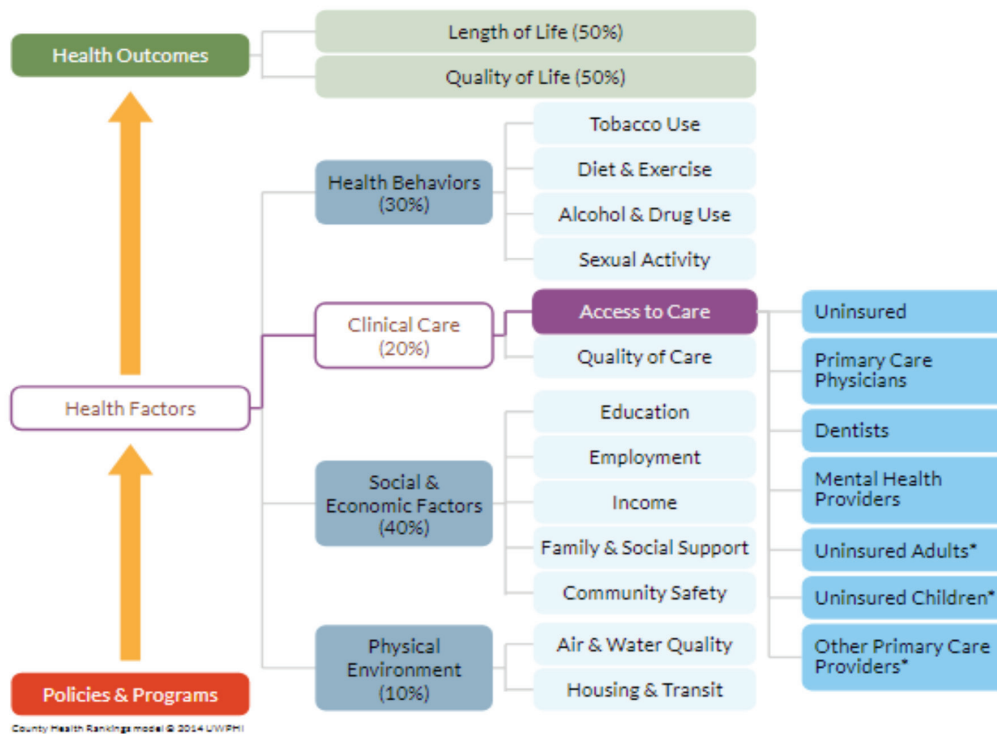


Figure 10: What Impacts Health? County Health Rankings & Roadmaps Model of Health

PRIMARY RESEARCH METHODOLOGY

A community-wide survey consisting of 40 questions was developed to better understand the access barriers experienced by residents of Tulsa County. The questions were derived from sources such as the U.S. Census and structured using the Social Determinants of Health (SDoH) framework. The survey also incorporated elements from the PRAPARE (Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences) screening tool, a nationally recognized instrument designed to assess social risk factors impacting health outcomes. By integrating these validated measures, the survey aimed to capture a comprehensive picture of the community's needs and inform targeted interventions. A copy of the survey questions is included in appendix D for reference.

To ensure accessibility, the survey was made available in English, Spanish, and Burmese. As a result, the questions were primarily multiple-choice rather than open-ended, enabling consistent responses across languages.



The survey was piloted with community members to ensure clarity, relevance, and ease of understanding before distribution. It was disseminated over a period of 9 weeks through digital QR codes and hyperlinks on fliers and randomized mailings to various zip codes within Tulsa County. To incentivize responses, interested individuals could submit their names into a raffle for a \$100 Visa gift card once they completed the survey.

Upon collection, the data was analyzed and visualized in graphics to clearly reflect the findings and highlight key insights. A dedicated page for each of these findings can be found further along in the document.

In collaboration with ASJ and THD, SFHS synthesized and analyzed the data to determine which of the identified needs were most significant. SFHS has defined significant needs as the identified needs deemed most significant to respond to based on established criteria and/or prioritization methods. A list of criteria was developed in collaboration with OU COPH and ASJ to serve as a framework for evaluating and narrowing the needs identified in the larger assessment. The criteria include:

- **Size of the Problem:** The number or percentage of people affected by a health condition in Tulsa County.
- **Severity of the Problem:** The risk of disease or death associated with the issue.
- **Impact of the Problem on Certain Groups:** Identifying groups within Tulsa County that are more significantly impacted than others.
- **Known Effective Interventions:** The availability and ease of implementing proven solutions.
- **Resources, Feasibility, and Sustainability:** The availability of resources for addressing the issue in a sustainable manner.
- **Social Impact:** The potential for solutions to create ripple effects in improving other social determinants of health.
- **Economic Impact:** The costs associated with not addressing the issue, such as healthcare expenses and lost productivity.

After developing this criteria list, the community engagement group was asked to vote on the criteria to help prioritize the community's most pressing needs. As shown in Figure 11, the exercise revealed that, for Tulsa County, prioritizing needs based on the severity of the problem emerged as the top concern, indicating that the potential risk to health or life was the most critical factor. The size of the problem in the community and the resources, feasibility, and sustainability of addressing the issue followed closely in importance, ranking second and third, respectively. These results reflect the community's focus on addressing the most urgent issues first while ensuring that solutions are both viable and sustainable over time.



Criteria	Weight	Rank
Severity of the problem: Risk of disease/death among population associated with the problem	3.1875	1
Size of the problem: Number or percentage of people affected by a health condition	3.34375	2
Resources, Feasibility and Sustainability: Availability of resources for addressing the problem in sustainable manner	3.375	3
Impact of the problem on certain groups (or populations): Groups in the county that are more significantly impacted than others	3.625	4
Known Effective Interventions: Availability and ease of proven solutions	3.6875	5
Social and Economic Impact: Social: Ability of solution to create ripple effects in improving other social determinants of health / Economic: Costs associated with not addressing this issue (e.g. healthcare costs, lost productivity)	3.78125	6

Figure 11: Portraying the result of the criteria prioritization activity

Gaps in Information

REPRESENTATION OF VULNERABLE POPULATIONS

Certain groups, including transient individuals, non-English speakers, Indigenous populations, and LGBTQ+ individuals, may not have been fully represented in the data collection process. This lack of representation can create gaps in understanding their specific needs, particularly in both rural and urban areas like Tulsa. Initial survey data reflected an overrepresentation of individuals with higher education and income levels, requiring adjustments to better reflect Tulsa County's population.

LIMITATIONS OF SECONDARY DATA

Secondary data sources pose challenges due to outdated information, limited geographic detail, and an inability to capture the full scope of rural community needs. County-level data may mask disparities between urban centers and outlying areas, and reliance on older surveys, such as Behavioral Risk Factor Surveillance System and US Census' American Community Survey, may not accurately reflect the current socio-economic and healthcare landscape.



IMPACT OF ACUTE COMMUNITY CONCERNS

Several pressing community concerns have influenced data collection and findings:

- The ongoing impact of COVID-19, especially in rural areas with limited healthcare access.
- Economic instability and inflation disproportionately affecting lower-income households.
- Confusion and barriers to Medicaid access following expansion efforts in Oklahoma.
- Persistent racial and socio-political tensions that contribute to mistrust in public health systems.

Despite these limitations, a combination of qualitative and quantitative research, including stakeholder stories and community surveys, has provided valuable insights. While the assessment aligns with best practices in public health, gaps remain in representing highly vulnerable populations, such as individuals experiencing homelessness or those institutionalized. Additionally, stratifying data by race, language, and other social factors remains a challenge.

As priorities are set to address community health needs, the health system will collaborate with public health and community partners to ensure that underserved populations are better represented in future strategies.

Assessment Data and Findings

SECONDARY DATA FINDINGS

Secondary data were collected primarily from the County Health Rankings & Roadmaps public website and analyzed as outlined below.

Overall, the Quality-of-Life identifiers in Tulsa County are lower than the state benchmarks, but still higher than the national benchmarks. Improving the mental and physical health of those in Tulsa County is shown to be important.

Quality of Life	Tulsa County	Oklahoma	United States
Poor or Fair Health	18%	19%	14%
Poor Physical Health Days	3.6	3.8	3.3
Poor Mental Health Days	5.3	5.5	4.8
Low Birthweight	8%	8%	8%



Tulsa County outperforms the national average in health factors, anchored by consistent improvement in clinical care metrics. While Tulsa County has seen improvement, adult smoking, food environment index, access to exercise opportunities, excessive drinking, and teen births are all below the state benchmark. There is a disconnect in Tulsa County between there being access to exercise opportunities and physical activity and obesity, with Tulsa County performing better than the national average on access yet falling behind nationally on inactivity and obesity. The table below outlines Tulsa County performance compared to Oklahoma and national data.

Health Behaviors	Tulsa County	Oklahoma	United States
Adult Smoking	17%	18%	15%
Adult Obesity	36%	40%	34%
Food Environment Index	7.4	5.6	7.7
Physical Inactivity	27%	27%	23%
Access to Exercise Opportunities	92%	71%	84%
Excessive Drinking	14%	14%	18%
Alcohol-Impaired Driving Deaths	29%	27%	26%
Sexually Transmitted Infections	604.3	519.5	495.5
Teen Births	25	27	17

When looking at clinic care, Tulsa County is outperforming the state benchmarks in all categories and outperforming the nationwide benchmarks in Primary Care Physicians, Mental Health Providers, and Mammography Screenings, as noted below.

Clinical Care	Tulsa County	Oklahoma	United States
Uninsured	17%	14%	10%
Primary Care Physicians	950:1	1,690:1	1,330:1
Dentists	1,400:1	1,560:1	1,360:1
Mental Health Providers	210:1	230:1	320:1
Preventable Hospital Stays	2,900	2,979	2,666
Mammography Screening	45%	41%	44%
Flu Vaccinations	48%	44%	48%



Tulsa County is doing well with regards to High School and Some College completion, outpacing the state benchmark and national benchmark in high school completion while outpacing the state benchmark in Some College. Unemployment is below national benchmarks while children in poverty remains high.

Social & Economic Factors	Tulsa County	Oklahoma	United States
High School Completion	90%	89%	89%
Some College	65%	60%	68%
Unemployment	3.0%	3.0%	3.7%
Children in Poverty	20%	20%	16%
Income Inequality	4.6	4.6	4.9
Children in Single-Parent Households	27%	26%	25%
Social Associations	11.3	11.3	9.1
Injury Deaths	90	98	80

When looking at the physical environment in Tulsa County, air pollution is at a 20-year low although still higher than state and national benchmarks, as shown below.

Physical Environment	Tulsa County	Oklahoma	United States
Air Pollution - Particulate Matter	9.4	8.7	7.4
Drinking Water Violations	No		
Severe Housing Problems	14%	13%	17%
Driving Alone to Work	79%	80%	72%
Long Commute - Driving Alone	19%	28%	36%



PRIMARY DATA FINDINGS

In total, there were 1,499 surveys completed. A completed survey was defined as at least half of the survey questions were answered. There were 118 surveys that were completed through the mail survey to random addresses, and 1,381 were completed through stakeholder engagement.

Upon collection, the data was analyzed and visualized in graphics to clearly reflect the findings and highlight key insights. The table below summarizes the demographics represented by this survey and a high-level summary of the significant barriers identified in the survey.

REPRESENTATION

Because the survey was completed by nearly 1,500 respondents, the data was able to be normalized to the US Census population estimates. Despite that analytic capacity, SFHS attempted to collect a representative sample. Where data was available, SFHS compared demographics of the survey respondents to the US Census¹ demographics for Tulsa County below.

Sex When asked what sex they were assigned at birth, 77% of the survey respondents replied that they were female, and the other 23% noted that they were male. The county breakdown is 50.9% and 49.1%, respectively².

Ethnicity When asked if the respondents were Hispanic, Latino, or Spanish origin, 88% noted that they were not Hispanic/Latino/Spanish, while 6.5% said they were Mexican/Mexican American/Chicano, 1.1% were Puerto Rican, 0.5% were Cuban, and 4.3% were Hispanic/Latino.

Race The survey captured a far greater volume of races compared to the US Census. However, a comparison of the racial makeup of the survey respondents compared to the US Census (2023 ACS 5-year Estimated) is found below:

	Survey	US Census County Estimates ³
White (e.g., German, Irish, English, Italian, Lebanese, Egyptian, etc.)	76%	62.6%
Black or African American (e.g., African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)	6.6%	9.7%
American Indian or Alaska Native (e.g., Navajo Nation, Blackfeet Tribe, Mayan, Aztec, etc.)	13%	5.1%
Asian Indian	0.5%	3.7%
Chinese	0.3%	0.3%
Filipino	0.3%	0.2%
Other Asian (e.g., Pakistani, Cambodian, Hmong, Burmese, etc.)	3.6%	1.8%
Japanese	0.4%	0.1%
Korean	0.3%	0.1%
Vietnamese	0.3%	0.6%
Native Hawaiian	<0.1%	0.2%
Samoan	0.1%	0%
Chamorro	<0.1%	0%
Other Pacific Islander (e.g., Tongan, Fijian, Marshallese, etc.)	0.1%	0.1%
Some other race	4.9%	4.5%

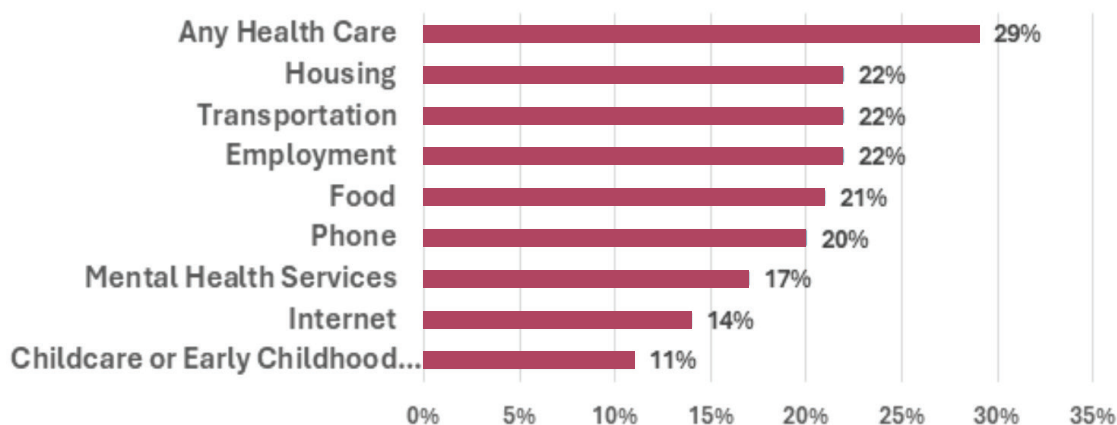


Age In general, the survey sampled a middle-aged and older population while under-sampling a younger population. Below is a breakdown of the percent of the respondents' ages represented in the survey compared to the US Census (2023 ACS 5-year estimates) for Tulsa County.

Age Group	Survey	US Census County Estimates
18-24 years	3.60%	8.60%
25-34 years	18%	14.3%
35-44 years	22%	13.4%
45-64 years	33%	23.10%
65+	23%	14.9%

Key Summary Points

The survey explored respondents' barriers in accessing integral services and supports to achieving a standard quality of life. One of the first questions of the survey asked whether the respondent or anyone in their family in the past year, experienced barriers to any integral services (e.g., Health Care). Below is the Tulsa County population-adjusted output for those that responded yes to that question:



Of the survey respondents, 55% noted they had varying degrees of difficulty paying for basic needs including food, housing, clothing, medical care and/or utilities over the past year. 45% of the respondents noted that they did not have any difficulty.

Using the insights gathered from the community engagement meetings, the community-wide survey, and qualitative feedback from engaged residents, a list of significant needs in Tulsa County was assembled. These needs reflect the challenges that were most frequently highlighted by participants as critical to improving overall well-being in the community. The significant needs include:

- **Housing:** Housing was determined as a need through a structured prioritization activity, where respondents recognized its profound implications for community health. The severity of homelessness and housing instability was underscored, given their significant impact on mortality, mental health, and safety. Additionally, the size of the issue was evident, with high rates of



homelessness and a lack of affordable housing affecting Tulsa County residents. Stakeholder input further reinforced the importance of this need, as housing was consistently highlighted as the top issue during community engagement meetings.

- **Mental and Behavioral Health:** Mental and behavioral health was determined as a key need due to its far-reaching impact on community well-being. The severity of the issue is evident in the high suicide rates and firearm fatalities in Tulsa County, both of which surpass national averages and highlight the need for intervention. The size of the issue is reflected in the higher number of poor mental health days residents experience relative to the country. Access challenges, including affordability and insurance coverage further exacerbate the difficulty in obtaining mental health services. Stakeholder input consistently emphasized violence as a concern, highlighting the need to address mental and behavioral health to improve overall safety.

- **Access to Healthcare:**

- Health Insurance
- Medical Bill Coverage
- Chronic Disease Management
- Emergency Management

Access to healthcare was identified as a priority need for Tulsa County due to its essential role in preventing poor health outcomes and reducing healthcare disparities. Without access to timely and affordable care, individuals are more likely to experience worsening of chronic diseases that could have been better managed, leading to higher healthcare costs and increased health inequities. The COVID-19 pandemic further underscored the importance of robust healthcare access, as gaps in emergency management and preventative care disproportionately affected vulnerable populations.

- **Transportation:** Transportation emerged as a need of focus for Tulsa County due to its significant impact on residents' daily lives. Limited transportation options create barriers to accessing essential resources such as food, healthcare, and employment opportunities, amplifying challenges for vulnerable populations. Social isolation, often tied to inadequate transportation, further compounds difficulties in building connections and accessing support systems within the community. Stakeholder discussions, while not always directly addressing transportation, frequently highlighted its role as a fundamental barrier to meeting basic needs such as groceries or attending appointments.
- **Education:** Education was determined as a need for Tulsa County, Educational attainment is closely tied to long-term health outcomes and economic stability, making it a foundational element for community well-being. Limited access to quality education and employment opportunities hinders future health literacy and income potential, perpetuating cycles of disadvantage. Stakeholders identified education as a significant factor influencing overall community health.
- **Employment:** Employment was identified as a key need for Tulsa County due to its critical role in supporting economic stability and overall well-being. While the unemployment rate in Tulsa County is relatively low, unemployment can lead to significant economic hardship and reduced access to essential services, creating barriers for individuals and families to meet their basic needs.



- **Food Security:** Food security was determined as a key need in Tulsa County, as several households, particularly low-income, are facing barriers to accessing nutritious food. This lack of access impacts overall health, particularly for vulnerable populations, by contributing to chronic diseases and limiting opportunities for a healthy lifestyle. Stakeholders highlighted that food insecurity in Tulsa County can closely linked to broader systemic challenges such as transportation barriers and poverty that need to be addressed simultaneously.
- **Childcare and Early Childhood Education Services:** Childcare and early childhood education services were identified as a prioritized need for Tulsa County due to their profound impact on long-term outcomes for children and families. Limited access to affordable childcare affects a significant portion of the population, with many households dedicating a large share of their income to these services, creating notable financial challenges.

This list above represents the community's most pressing needs based on the survey and the community engagement meetings held, which will be used to guide future health improvement efforts in the county.

HOUSING	
WHY IS IT IMPORTANT?	COMMUNITY CHALLENGES & PERCEPTIONS
Housing significantly influences health outcomes ¹¹ . Severe housing cost burdens, overcrowding, and inadequate facilities in Tulsa directly affect residents' well-being. Addressing housing issues is crucial for reducing financial strain, improving mental and physical health, and creating stable environments that foster healthier communities.	<p>Severe Housing Cost Burden: 45.3% of families in Tulsa County who pay rent, spend over 30% of their income on housing, leaving limited resources for other essentials like food and healthcare¹².</p> <p>Inadequate Facilities: Limited access to safe and functional utilities, especially in underserved areas, contributes to health risks¹³.</p>
LOCAL ASSETS & RESOURCES	VULNERABLE POPULATIONS
<ul style="list-style-type: none"> • https://partnertulsa.org/building-wealth-for-our-community/affordable-housing-programs/ • https://www.cityoftulsa.org/government/departments/finance/grants/plans-and-reports/draft-third-year-annual-action-plan-2022-2023/ • https://www.tulsahousing.org/applyforhousing/ 	<p>Low-income Families: These groups are disproportionately affected by severe housing cost burdens, limiting access to healthcare and education.</p> <p>Racial and Ethnic Minorities: Historical and systemic inequities make housing challenges more severe for minority communities in urban and rural settings¹⁴.</p>

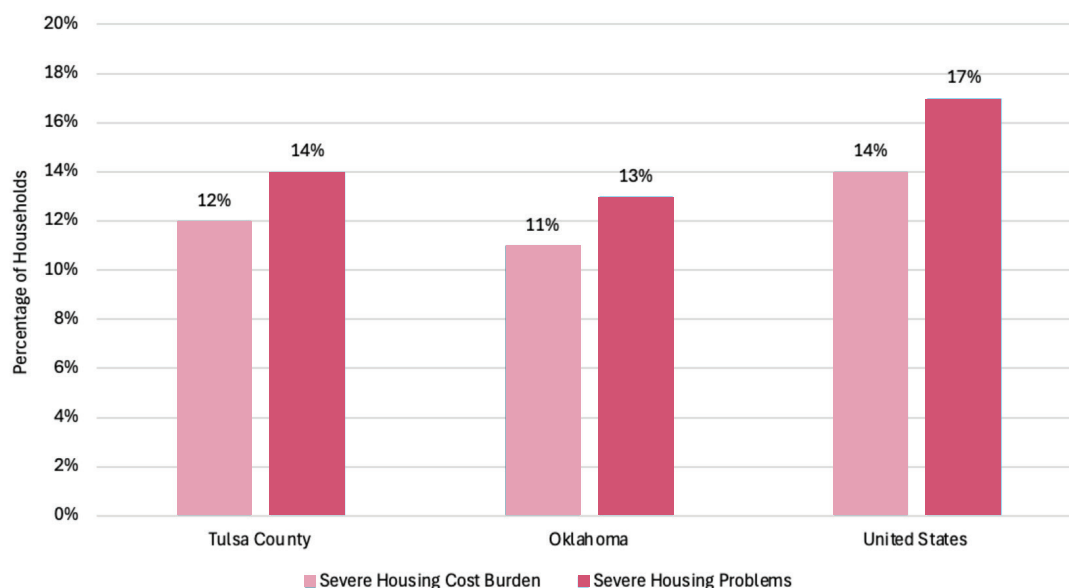


PRIMARY AND SECONDARY DATA HIGHLIGHTS

SECONDARY DATA

In Tulsa County only 60% of the population owns a home, while that number nationally is 65% and 66% on average in Oklahoma¹⁵. Owning a home allows for household to accrue wealth which may influence a household's long-term financial security.

HOUSING DATA



12% of Tulsa County households spent half or more of their income on housing and 14% experienced severe housing problems. The County Health Rankings site defines severe housing problems as those households who experience one of the following housing problems: “overcrowding, high housing costs, lack of kitchen facilities or lack of plumbing facilities¹⁶.”

PRIMARY DATA

The CHNA survey results reveal that 62% of respondents are homeowners, while 29% rent their homes. 8.7% reported staying with friends, living in other forms of temporary shelter, and 0.3% indicated having no shelter at all. Despite surveying many homeowners, 35% of respondents expressed varying degrees of concern about potential housing instability.

ARE YOU WORRIED ABOUT LOSING YOUR HOUSE?

Very worried	4.5%
Somewhat worried	11%
Slightly worried	20%
Not at all worried	65%



WHAT CAN HEALTH SYSTEMS AND POLICYMAKERS DO?

Advocate to increase affordable housing: Support policies that expand subsidies and incentives for developing low-cost housing¹⁷.

Address overcrowding: Support the implementation of zoning reforms and support multi-family housing construction in high-need areas.

Healthy Homes Initiatives: Explore and implement asthma home visits, support home weatherization and accessibility audits in addition to Aging-in-Place home visits/safety inspections. This includes prioritizing funding for repairs and upgrades to inadequate housing facilities¹⁸.

Enhance support services: Strengthen programs for housing assistance and financial literacy to empower families to access better living conditions. Consider supporting subsidized housing developments with healthcare and case management support.

MENTAL AND BEHAVIORAL HEALTH

WHY IS IT IMPORTANT?

Mental and behavioral health are essential for overall well-being and productivity¹⁹. Poor mental health can affect physical health, workplace performance, family stability, and community safety. Addressing mental health challenges is crucial to reducing healthcare costs, improving quality of life, and ensuring equitable access to care²⁰.

LOCAL ASSETS & RESOURCES

- <https://mhaok.org/>
- <https://www.namitulsa.org/resource-library>
- <https://www.grandmh.com/>
- <https://oklahoma.gov/odmhsas.html>
- <https://www.saintfrancis.com/services/behavioral-health>
- <https://www.crsok.org/wp-content/uploads/2020/04/Updated-Resource-List-12.2019.pdf>

COMMUNITY CHALLENGES & PERCEPTIONS

Tulsa residents experience higher poor mental health days compared to the national average²¹.

Stigma may keep residents from seeking appropriate care this may lead to a community sense of neglect or hopelessness if left unaddressed²².

VULNERABLE POPULATIONS

Low-Income Families: Cost and transportation challenges may prevent these groups from seeking timely mental health care²³.

Youth and Adolescents: A critical group facing increasing mental health challenges, particularly in underserved schools²⁴.

Elderly Individuals: Mental health issues in seniors often go unaddressed and feelings of isolation²⁵.

Individuals with Co-occurring Disorders: Those facing substance use and mental health challenges may require integrated services²⁶.

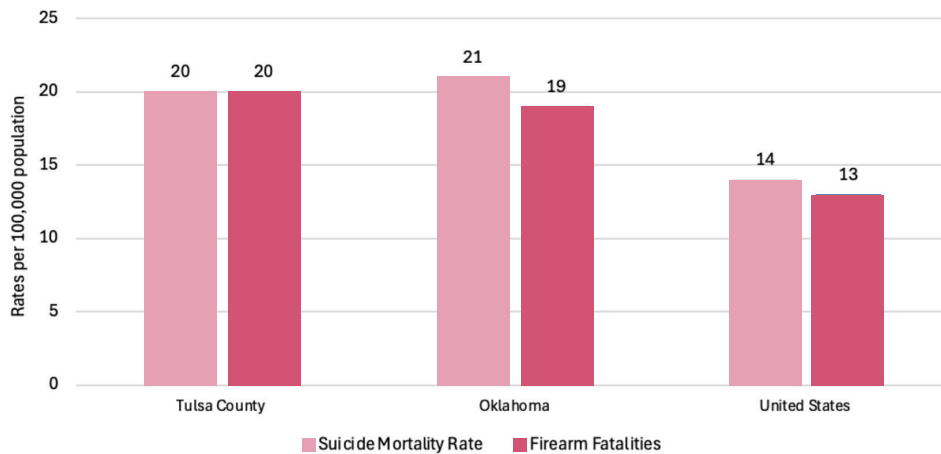


PRIMARY AND SECONDARY DATA HIGHLIGHTS

SECONDARY DATA

	Tulsa County	Oklahoma	United States
Poor mental health days ²⁷	5.3 in the last 30 days	5.5 in the last 30 days	4.8 in the last 30 days

MENTAL AND BEHAVIORAL HEALTH DATA



Compared to the national average, Tulsa County experiences substantially higher rates of fatalities from suicide and firearms, both at 20 per 100,000²⁸.

PRIMARY DATA

What would most improve access to mental/behavioral healthcare services?

Affordable services	47%
Providers in my area	37%
Flexible appointment times (e.g., evenings/weekends)	32%
Shorter wait times for appointments	30%
Expanded insurance coverage	27%
Increased awareness of available services	25%
Availability of telehealth options	20%
Transportation options to reach services	11%
Culturally sensitive care	15%
Other	11%

Affordable services were identified by 47% of Tulsa County survey respondents as a key factor to improve access to mental and behavioral healthcare. Other highly ranked improvements included expanded insurance coverage, flexible appointment options, and shorter wait times.



WHAT CAN HEALTH SYSTEMS AND POLICYMAKERS DO?

- Increase funding and advocate to increase funding for mental health services²⁹.
- Expand access to telehealth and mobile mental health clinics to reach underserved areas.
- Advocate to increase coverage of mental and behavioral health services.
- Develop public awareness campaigns to reduce stigma and encourage early intervention.
- Provide incentives for mental health professionals to practice in underserved communities.
- Integrate mental health into primary care settings to improve access and reduce stigma potentially using models like Emory's integrated behavioral health program.
- Expand crisis intervention programs and ensure 24/7 availability of services like suicide prevention hotlines; help promote 988.
- Collaborate with schools to implement youth mental health programs and early screenings.

ACCESS TO HEALTHCARE

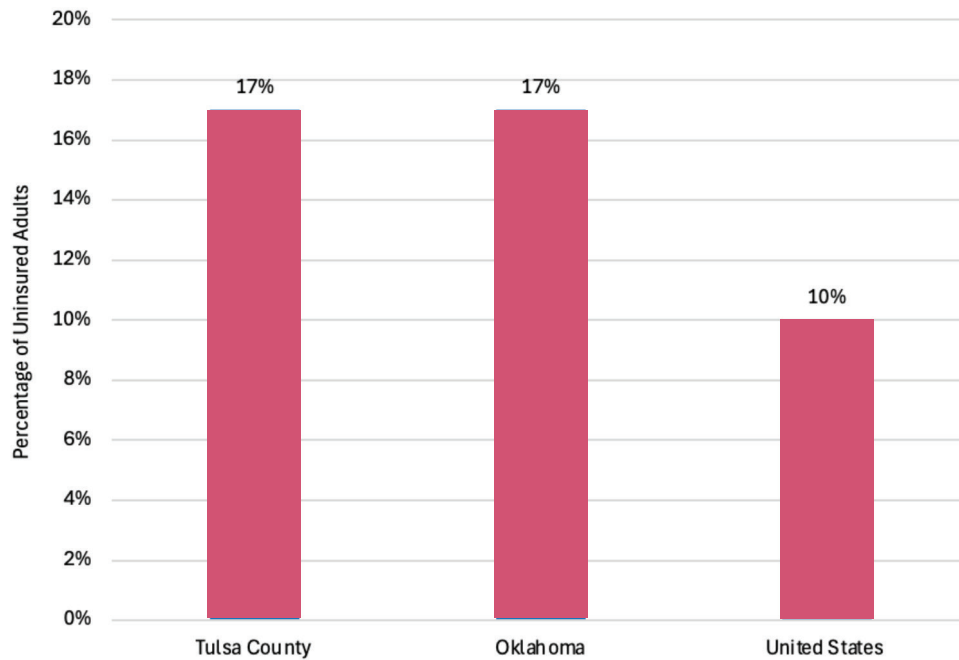
WHY IS IT IMPORTANT?	COMMUNITY CHALLENGES & PERCEPTIONS
<p>Access to healthcare is fundamental for preventing disease, managing chronic conditions, and improving overall health outcomes³⁰. Without adequate insurance, individuals may delay or avoid necessary care, leading to worse health outcomes, higher healthcare costs, and increased health disparities.</p>	<p>High uninsured rates in a community lead to reduced access to healthcare services, resulting in poorer health outcomes and increased financial strain on individuals and local health systems³¹.</p> <p>Geographic disparities in health outcomes and access to care across various regions, particularly highlighting disparities between North Tulsa, Midtown, and South Tulsa³².</p> <p>Gaps in coverage: Communities with high uninsured rates may perceive healthcare as inaccessible or unaffordable³³.</p>
LOCAL ASSETS & RESOURCES	VULNERABLE POPULATIONS
<ul style="list-style-type: none"> • https://oklahoma.gov/ohca/about/medicaid-expansion/expansion.html • https://www.tulsa-map.org/ • https://www.tcmsok.org/project-tcms • https://www.ou.edu/tulsa/residency/family_medicine/tulsa-healthcare-coverage-program • https://togetherok.okpolicy.org/issues/expand-health-coverage-2/ 	<p>Uninsured adults and children: Not having insurance will often increase the cost of care of out-of-pocket expenses for Tulsa residents. With numbers substantially higher than the national average, 8% of all children in Tulsa are uninsured³⁴.</p> <p>Low-income families: Financial barriers exacerbate challenges in accessing affordable insurance or care³⁵.</p> <p>Minority communities: Often face compounded disparities, lacking both insurance coverage and access to culturally competent care³⁶.</p>



PRIMARY AND SECONDARY DATA HIGHLIGHTS

SECONDARY DATA

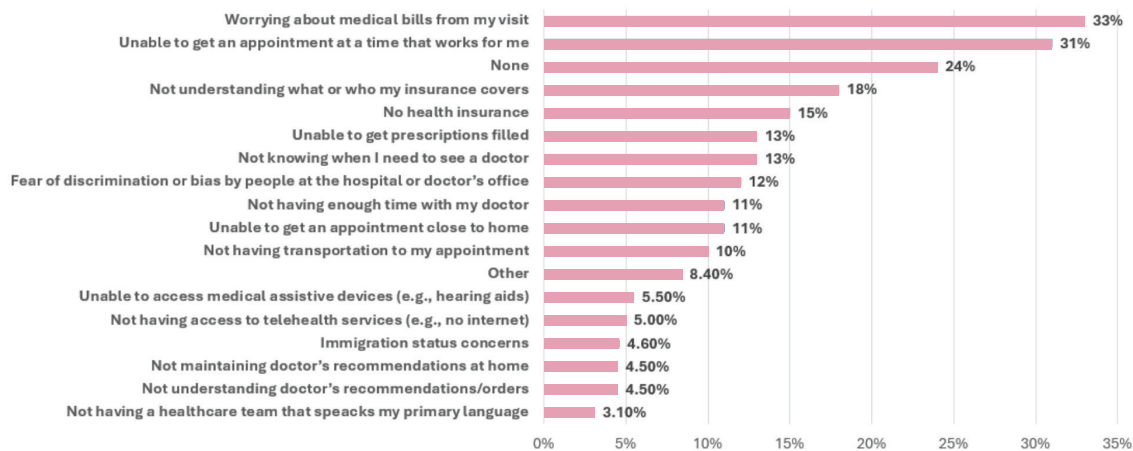
ACCESS TO CARE DATA



Tulsa County has the highest number of uninsured adults and children compared to surrounding counties in the state due to its large population, though the percentage of uninsured adults aligns with the state average³⁷.

PRIMARY DATA

In the past 12 months, have you had problems getting healthcare services due to:



The most common challenge reported by Tulsa County respondents in accessing healthcare services was concern about medical bills (33%). Other significant issues included difficulty securing appointments during a time that works for them and a lack of clarity regarding their health insurance coverage and benefits.



PRIMARY AND SECONDARY DATA HIGHLIGHTS**PRIMARY DATA***What is your main reason for not having insurance?*

Coverage is too expensive	45%
I do not know how to get it	21%
Other	17%
Employer doesn't offer insurance	7%
Lost Medicaid or became ineligible (e.g., due to age, or increase in income)	6%
Lost job or changed employers	2%
Insurance company refused coverage	1%
Don't need insurance	1%

Among the reasons cited for not having health insurance, the top two were cost and accessibility. Specifically, 45% of Tulsa County respondents stated that health insurance coverage is too expensive, while 21% reported uncertainty about how to obtain it.

WHAT CAN HEALTH SYSTEMS AND POLICYMAKERS DO?

- Work with community members to enroll in Medicaid and CHIP to ensure eligible individuals can access coverage and for those already enrolled, counsel or support them to access benefits that they may need³⁸.
- Offer subsidies or incentives to employees via workplace wellness efforts³⁹.
- Partner with schools and community organizations to enroll uninsured children in CHIP or Medicaid.
- Expand support to schools through placement of medical staff in schools either via telehealth networks, through mobile clinics or regularly in the schools to support health among the public-school student population⁴⁰.
- Develop a sliding scale payment option and maintain charity care programs to support uninsured patients⁴¹.
- Implement outreach initiatives to educate uninsured individuals about available resources and services.
- Expand community-based access to care efforts through culturally appropriate services, e.g. supporting and increasing existing Community Health Worker initiatives⁴².



TRANSPORTATION

WHY IS IT IMPORTANT?

Transportation is essential for accessing employment, education, healthcare, and community resources⁴³. Reliable transportation ensures that individuals can participate fully in economic and social life. However, challenges such as dependence on driving alone, lack of public transit, and disparities among racial and ethnic groups can limit opportunities and exacerbate inequities⁴⁴.

LOCAL ASSETS & RESOURCES

- <https://www.metrolinkok.org/getting-around/linkassist-paratransit/>
- <https://www.cityoftulsa.org/serve-tulsans/organizations/list-of-organizations/modus/>
- <https://captulsa.org/resources/community-resources/transportation>

COMMUNITY CHALLENGES & PERCEPTIONS

Dependence on Driving Alone: High percentages of workers driving alone to work suggests a lack of alternative transportation options and is linked to increased road congestion and higher traffic fatality rates when compared to public transportation or carpooling⁴⁵.

Low Levels of Physical Activity: Utilitarian active transportation is linked to higher levels of physical activity⁴⁶; a heavy dependence on the automobile reduces the likelihood for population-wide physical activity improvements⁴⁷.

Disparities Among Groups: American Indian/Alaska Native (AIAN) individuals and Black residents show high rates of driving alone, possibly reflecting limited public transit options or financial barriers to carpooling.

Environmental Impact: Heavy reliance on single-occupancy vehicles contributes to environmental concerns such as traffic congestion and air pollution⁴⁸.

VULNERABLE POPULATIONS

Low-Income Residents: Limited access to vehicles or funds for fuel and maintenance can hinder mobility.

AIAN and Black Populations: These groups show high rates of single-car households, which may reflect a lack of equitable transportation resources⁴⁹.

Seniors and Disabled Individuals: Dependence on public transit or specialized transportation services can limit access to essential services for senior adults⁵⁰ and disabled individuals⁵¹.



PRIMARY AND SECONDARY DATA HIGHLIGHTS

SECONDARY DATA

	Tulsa County	Oklahoma	United States
Percentage of the workforce that drives alone to work	79%	80%	72%
Percent of population not meeting physical activity guidelines	27%	27%	23%
Motor Vehicle Crash Deaths	13 per 100,000 population	18 per 100,000 population	12 per 100,000 population

Tulsa County has a moderate percentage (79%) of its workforce driving alone, reflecting better public transit availability compared to rural areas in the state⁵².

PRIMARY DATA

In the past 12 months, have you experienced any of the following problems with your transport?

High cost of transportation (e.g., car payment, gas, insurance)	51%
Unavailable transportation	29%
Unreliable transportation	27%
Safety concerns	13%
Physical limitations	11%

When asked about transportation challenges, Tulsa respondents highlighted the high cost of transportation as a barrier (51%), followed by unavailable transportation (29%) and unreliable transportation (27%).

Additionally, when respondents were asked what unreliable or unavailable transportation had prevented them from doing, 10% mentioned activities such as attending medical appointments, going to work, and managing daily necessities like grocery shopping.

WHAT CAN HEALTH SYSTEMS AND POLICYMAKERS DO?

Advocate for Mobility Solutions: Work with community leaders to highlight transportation challenges and advocate for funding and policy changes, e.g. expanding bus routes and schedules and enhancing roads, bike paths, and pedestrian walkways to encourage diverse transportation modes⁵³. Consider the health system's campuses and ensure they are walkable and encourage a healthy amount of physical activity in a safe environment.

Provide Patient Transportation: Offer or partner with rideshare services to ensure patients can access healthcare appointments⁵⁴.

Focus on Outreach: Collaborate with clinics and nonprofits to address transportation needs of patient population.

Workplace Wellness Efforts: Develop and enhance workplace wellness initiatives that encourage active transportation⁵⁵.



EDUCATION

WHY IS IT IMPORTANT?

Education is a critical determinant of health and economic well-being⁵⁶. High school completion, literacy, and youth engagement directly impact employment opportunities, income levels, and access to healthcare⁵⁷. Cities like Tulsa rely on education to drive workforce readiness and reduce health inequities. Addressing gaps in education creates a foundation for a healthier, more resilient population.

COMMUNITY CHALLENGES & PERCEPTIONS

Low reading/math scores:

Persistent underperformance in reading and math, especially in underserved areas, reflects systemic inequities in funding and access to quality education⁵⁸.

Educational attainment Higher educational attainment, particularly high school graduation, improves employment prospects, reduces health disparities, and enhances overall community health by increasing access to resources and reducing socioeconomic barriers⁵⁹.

LOCAL ASSETS & RESOURCES

- <https://captulsa.org/>
- <https://tulsahighered.com/>
- <https://impacttulsa.org/postsecondary-education/>
- <https://www.communitiesinschools.org/>

VULNERABLE POPULATIONS

Low-income families: Economic hardships reduce access to private tutoring, internet for homework, and stable schooling environments⁶⁰.

Minorities and Indigenous youth: Systemic inequities leave these groups underrepresented in higher education and career readiness programs⁶¹.

PRIMARY AND SECONDARY DATA HIGHLIGHTS

SECONDARY DATA

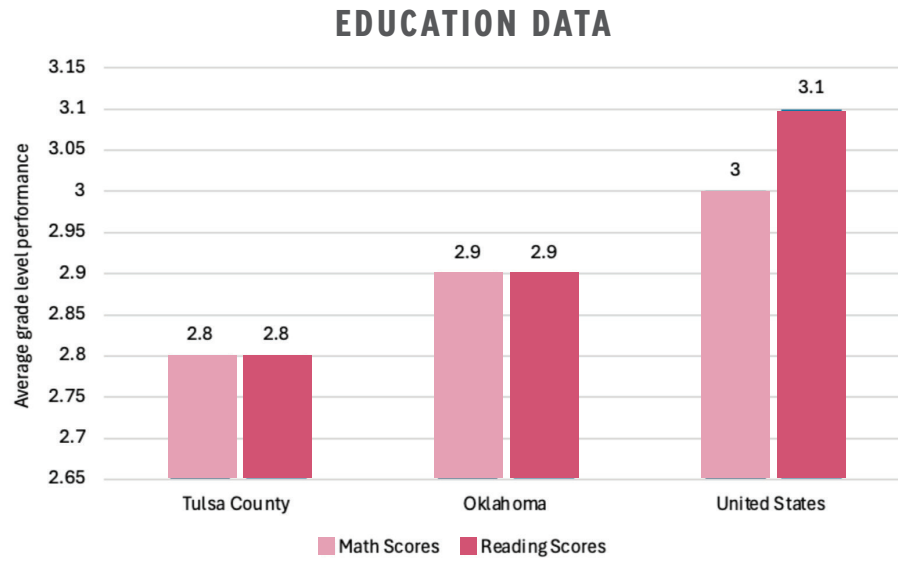
	Tulsa County	Oklahoma	United States
Disconnected Youth	7%	8%	7%
High School Graduation	82%	80%	86%
Children in Poverty	20%	20%	16%

Urban schools in Tulsa underperform compared to the state's average in reading and math scores and face challenges meeting national grade-level benchmarks⁶².



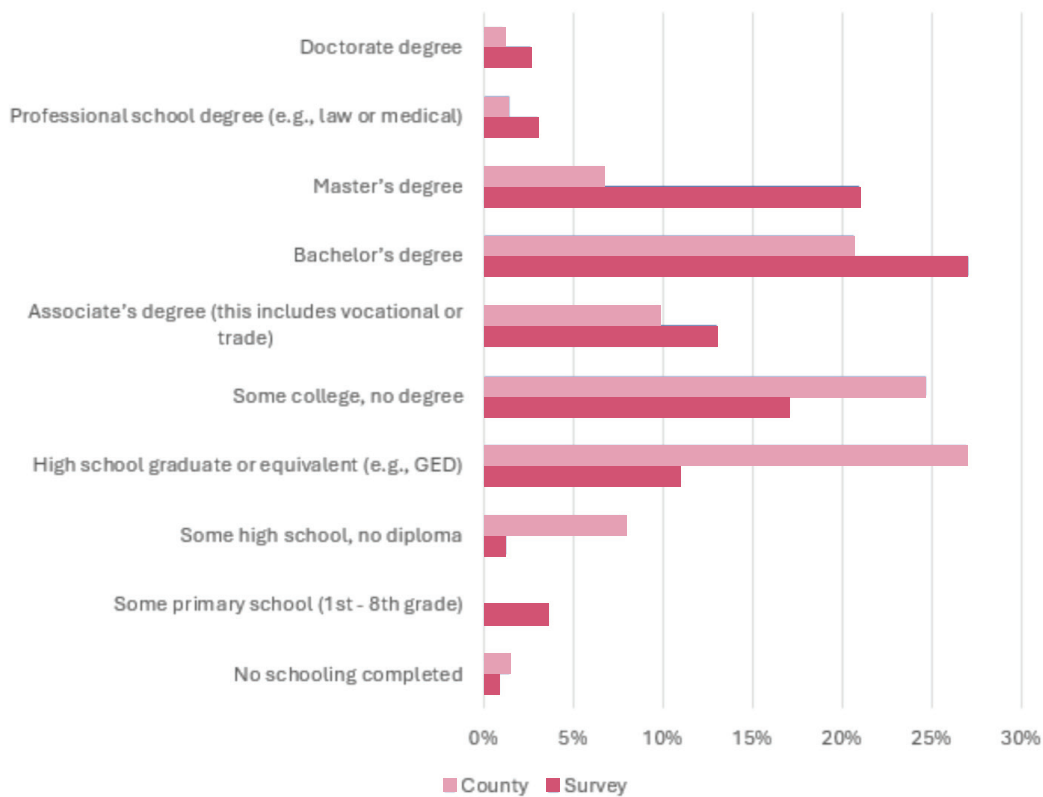
PRIMARY AND SECONDARY DATA HIGHLIGHTS

SECONDARY DATA



PRIMARY DATA

EDUCATIONAL BACKGROUND OF SURVEY RESPONDENTS



A significant portion of respondents reported higher education levels than the average Tulsa County resident.



WHAT CAN HEALTH SYSTEMS AND POLICYMAKERS DO?

Expand access to early education through STEAM training within schools and summer/after school programming to reduce impact of the achievement gap on underserved populations⁶³.

Support vocational training, mentorship initiatives, and alternative education pathways to engage at-risk youth⁶⁴.

Develop an “outside-in, inside-up” workforce development strategy⁶⁵.

Foster collaboration between health and education sectors to support the holistic well-being and academic success of students.

Provide support for telehealth services in schools providing access to higher levels of care within school settings⁶⁶.

EMPLOYMENT

WHY IS IT IMPORTANT?

Employment data provides insight into the economic stability and health of a community⁶⁷. Despite Tulsa County showing a low unemployment rate, underemployment and employment without sufficient benefits impacts an individual’s access to services. Tracking employment metrics allows policymakers to target economic development efforts effectively.

COMMUNITY CHALLENGES & PERCEPTIONS

Underemployment can lead to economic hardships and reduced access to health and social services⁶⁸.

Limited Advancement Opportunities in existing or new jobs and opportunities for accessing professional development education or training can be barriers to meaningful employment⁶⁹.

LOCAL ASSETS & RESOURCES

- <https://www.workadvance.org/>
- <https://www.workreadyoklahoma.com/>
- <https://www.greencountryworks.org/about-us/workforce-centers/>
- <https://mhaok.org/services/employment-support/>

VULNERABLE POPULATIONS

Unemployed individuals face greater challenges in accessing employment opportunities⁷⁰.

Individuals with **limited access to transportation**, making commuting to jobs difficult⁷¹.

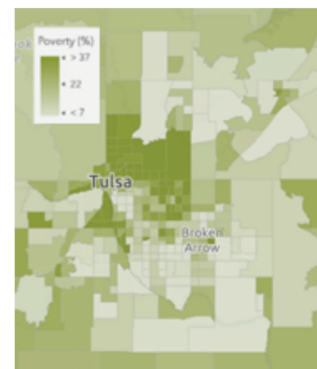


PRIMARY AND SECONDARY DATA HIGHLIGHTS

SECONDARY DATA

	Tulsa County	Oklahoma	United States
Unemployment Rate	3.0%	3.0%	3.7%
Children in Poverty	20%	20%	16%

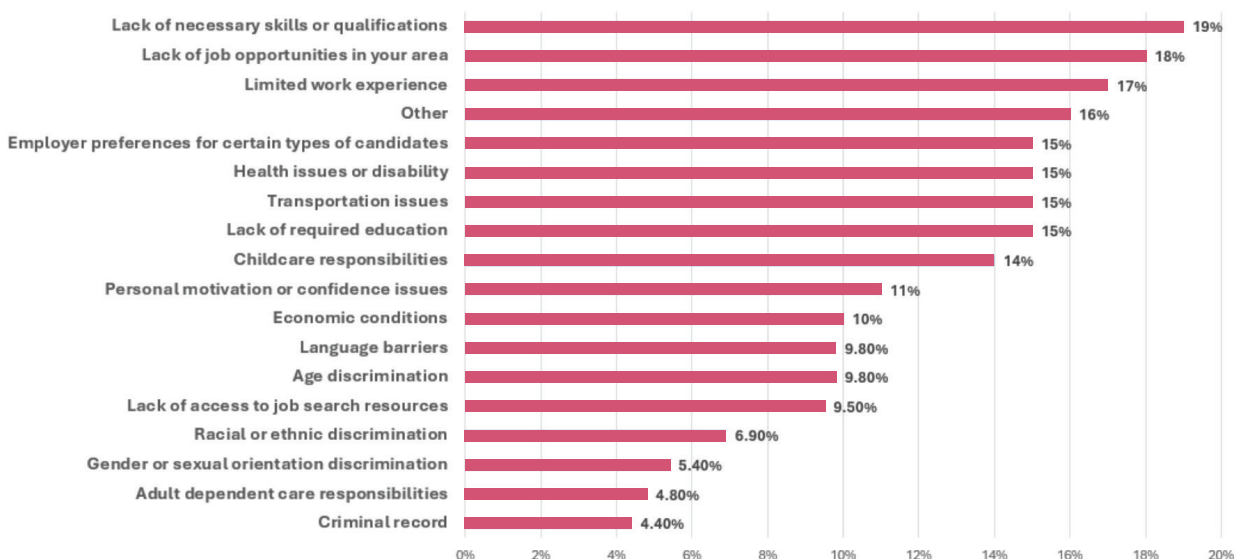
In Tulsa County, 3% of individuals aged 16 and older were unemployed and actively seeking employment⁷². To the right is a depiction of the geographic distribution of poverty in the county⁷³.



PRIMARY DATA

A significant portion of respondents reported higher education levels than the average Tulsa County resident.

Barriers you have personally experienced when trying to get employment.



The top three barriers Tulsa County respondents faced when seeking employment were a lack of necessary skills or qualifications (19%), a shortage of job opportunities in the area (18%), and limited work experience (17%).



WHAT CAN HEALTH SYSTEMS AND POLICYMAKERS DO?

- Invest in and support local job creation programs aligned with market demand and service providers that support the healthcare industry⁷⁴.
- Enhance funding for vocational training and education.
- Partner with local businesses to create job-training initiatives; Provide support for mental health and financial stress associated with unemployment⁷⁵.
- Support community or local businesses through locally sourcing goods and services used by health system regularly⁷⁶.
- Consider exploring income disparities within the health system's own workforce by examining the lowest paid workers and the highest paid workers⁷⁷.

FOOD SECURITY

WHY IS IT IMPORTANT?

Access to healthy foods is a cornerstone of public health⁷⁸. Limited access can lead to poor nutrition, increasing the risk of chronic diseases like diabetes, obesity, and cardiovascular issues⁷⁹. Addressing this issue is essential for improving community health outcomes and reducing healthcare costs.

COMMUNITY CHALLENGES & PERCEPTIONS

Tulsa County has a high number of individuals with limited access to healthy foods when compared to nation as a whole, which can exacerbate health disparities in urban settings⁸⁰.

Limited food access can contribute to perceptions of neglect and underinvestment in essential infrastructure⁸¹.

LOCAL ASSETS & RESOURCES

- <https://partnertulsa.org/building-wealth-for-our-community/healthy-food-access/>
- <https://rgfoods.net/food-access-programs>
- <https://okfoodbank.org/find-food/>
- <https://tulsadreamcenter.org/services/food/>

VULNERABLE POPULATIONS

Elderly individuals and those with disabilities who may struggle to travel to food sources⁸².

Low-income families may face financial barriers to purchasing healthy foods, even when available⁸³.

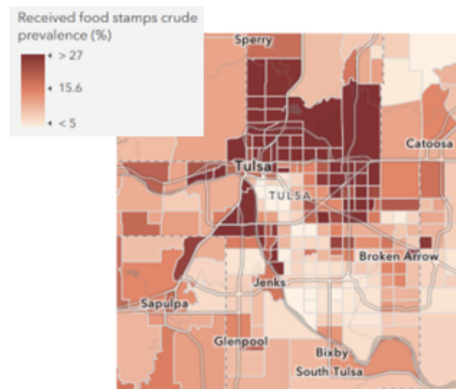
Children in households with limited access often experience impacts on their long-term health and academic performance⁸⁴.



PRIMARY AND SECONDARY DATA HIGHLIGHTS**SECONDARY DATA**

	Tulsa County	Oklahoma	United States
Limited Access to Healthy Foods	9%	9%	6%

While only 9% of the population is affected by limited access to healthy foods, the sheer number, 52,779 individuals affected, makes it a critical area for intervention⁸⁵. Below is a distribution of households receiving food stamps in Tulsa County⁸⁶.

**PRIMARY DATA**

Survey findings reveal that an overwhelming majority of Tulsa respondents, 77%, felt that nutritious food is too expensive. Additionally, 24% reported not having enough time to shop for or prepare meals, while 18% indicated they do not know how to prepare nutritious meals.

When asked, 28% reported worrying about their food running out before they had money to purchase more.

Cost: Nutritious foods are too expensive	77%
Time: I do not have enough time to prepare or shop for nutritious foods	24%
Knowledge: I do not know how to prepare nutritious meals	18%
Transportation: I do not have reliable transportation to get to a store that sell nutritious foods	12%
Other	12%
Availability: Nutritious foods are not available in my local stores	11%
Physical Ability: I have physical limitations that make it difficult to shop for or prepare nutritious foods	9%



WHAT CAN HEALTH SYSTEMS AND POLICYMAKERS DO?

- Provide incentives for grocery stores to operate in underserved areas⁸⁷. For example, by working with existing food-security focused partners the health system can support new subsidized, healthy food brick-and-mortar enterprises through pre-construction development costs.
- Prioritize advocacy efforts in transportation infrastructure to connect food insecure areas with urban food resources.
- Support programs like mobile markets and food coops to respond to food deserts⁸⁸.
- Offer nutrition education programs targeting high-risk communities⁸⁹.
- Collaborate with local organizations to distribute healthy foods through clinics or outreach programs.
- Provide healthy groceries for patients upon discharge from hospital.
- Advocate for policies that integrate food access into broader health and economic development strategies.

CHILDCARE AND EARLY CHILDHOOD EDUCATION SERVICES

WHY IS IT IMPORTANT?

Childcare is critical for supporting families, enabling parents to work or pursue education, and fostering early childhood development⁹⁰. High-quality childcare programs lay the foundation for school readiness, cognitive development, and social-emotional skills. However, when childcare is unaffordable or inaccessible, it can strain household finances, limit employment opportunities, and hinder children's early education⁹¹.

COMMUNITY CHALLENGES & PERCEPTIONS

Affordability: Families in Tulsa County spend up to 31% of their household income on childcare, well above the federal affordability benchmark of 7%⁹², highlighting a significant financial burden.

Workforce Issues: The childcare industry faces staffing shortages and low wages, affecting availability and quality of services.

Parents: May view childcare as inaccessible or unaffordable, particularly in areas with high demand for childcare services or limited options.

LOCAL ASSETS & RESOURCES

- <https://captulsa.org/>
- <https://www.ffyf.org/policy-priorities/ccdbg/>
- <https://childcarefind.okdhs.org/>
- <https://okvetunited.org/ccrc/>
- <https://childcare.gov/state-resources/oklahoma/financial-assistance-resources-for-families>



VULNERABLE POPULATIONS

Low-Income Families: Low income families are less likely to have paid or unpaid job protected leave which compounds with the financial burden of infant care in order to return to work⁹³.

Single-Parent Households: High childcare costs place a significant strain on single parents, limiting workforce participation and financial stability.

Young Mothers: Access to childcare is crucial for young parents pursuing education or entering the workforce.

Children in Poverty: Without access to affordable, high-quality childcare, these children may miss critical early education opportunities.

PRIMARY AND SECONDARY DATA HIGHLIGHTS

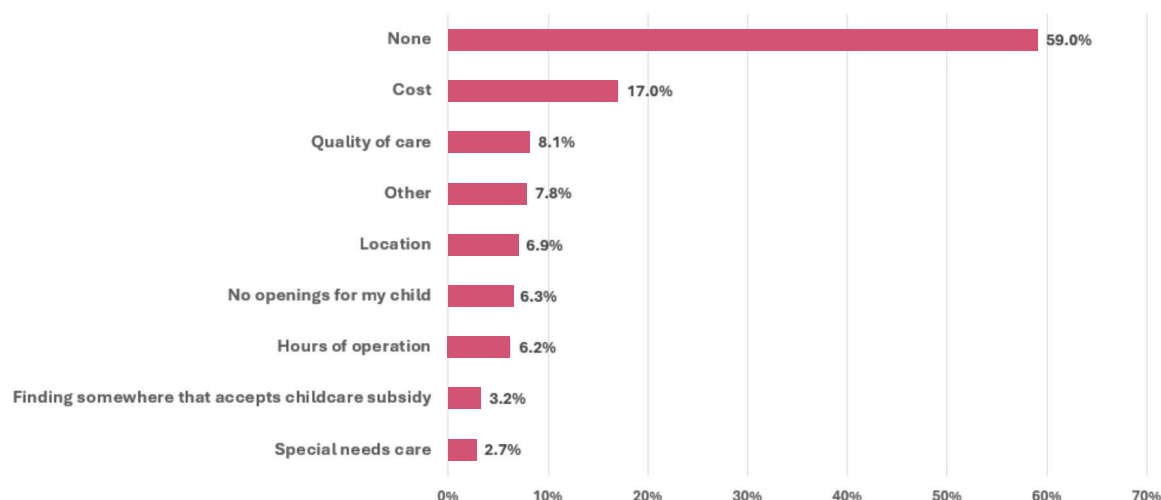
SECONDARY DATA

	Tulsa County	Oklahoma	United States
Unemployment Rate	3.0%	3.0%	3.7%
Children in Poverty	20%	20%	16%

In Tulsa County, the childcare cost burden for households is 31%, highlighting significant affordability challenges⁹⁴. According to the Department of Health and Human Services, childcare is generally considered affordable if it accounts for less than 10% of household income. More recently, this threshold was updated to 7%⁹⁵.

PRIMARY DATA

What are the main barriers you face in getting childcare or early childhood education services?



While 59% of respondents indicated they face no barriers in accessing childcare or early childhood education services, cost emerged as the second most common barrier, with 17% citing it as a challenge.



WHAT CAN HEALTH SYSTEMS AND POLICYMAKERS DO?

- **Subsidize Childcare Costs:** Advocate to support funding for childcare subsidies and tax credits to alleviate financial burdens for families⁹⁶.
- **Invest in Early Education:** Advocate to fund and enhance universal pre-K programs. Promote integrated early education with childcare services to ensure all children enter school ready to learn⁹⁷.
- **Support Childcare Providers:** Offer grants and incentives to increase the availability and quality of childcare.
- **Promote Workforce Development:** Support childcare centers in training and wage increases for childcare workers to address staffing shortages and improve service quality⁹⁸.
- **Support Parent Education:** Offer resources and workshops to help parents navigate childcare options and promote early learning at home⁹⁹.

Following the identification of the significant health needs described above, SFHS selected a subset of the significant needs as the health system's prioritized needs. Prioritization was a multi-step process that began with review of the significant health needs identified throughout the primary and secondary data collection process. About 50 SFHS leaders participated in the review of this data and then leaders were asked to identify existing initiatives underway and brainstorm dream initiatives related to each of the significant health needs identified. After this exercise, select Tulsa County SFHS leaders met to review the results and select the prioritized needs.

Although SFHS may address many needs, the prioritized needs will be at the center of the formal CHNA implementation strategy and corresponding tracking and reporting. The prioritized needs for Tulsa County and the reason for their selection are outlined below:

- **Access to Healthcare:** This need was selected because the number one barrier identified through the survey was access to healthcare, driven by the concern over cost of medical bills, inconvenient appointment times, and lack of or uncertainty about health insurance coverage. This issue aligns with the SFHS Strategic Focus Area of 'Access', creating the opportunity to align with the broader SFHS strategic plan.
- **Food:** This need was selected because in the SFHS internal SDoH screening data, food insecurity is the second most significant factor. Of those who identified food as a barrier in the CHNA survey, the cost of nutritious foods and time to prep and prepare the biggest barriers. There is momentum building within SFHS to address food insecurity, and there are a number of stakeholders within the community that SFHS collaborates with on this work.



- **Mental Health:** In Tulsa County, access to affordable mental health services is hindered by limited insurance coverage, inflexible appointment times, and long wait times. There is a significant opportunity to improve access for uninsured and vulnerable populations, and SFHS is well positioned to support this work, given our strategic focus and investment in behavioral health resources through Laureate Psychiatric Clinic and Hospital. Additionally, mental health is one of the top three health concerns identified by the Tulsa Health Department for the 2023-2028 Community Health Improvement Plan (CHIP), presenting collaboration opportunities.
- **Housing:** Housing was selected as a prioritized barrier because it is the second most significant concern in Tulsa County and the top issue in internal SDoH screening data. Housing is also identified as one of the top three health concerns by the Tulsa Health Department for the 2023-2028 Community Health Improvement Plan (CHIP), so the opportunity to collaborate with THD and other community partners is ripe. Additionally, Mayor Nichols aims to achieve zero homelessness in Tulsa by 2030, with efforts including the establishment of a Housing Advisor and the creation of a Planning and Neighborhoods Department to build momentum. The Tulsa Health Department and City of Tulsa will be key partners in addressing this barrier.

SFHS recognizes the importance of addressing the full range of health needs within the community and is dedicated to actively improving the health of the populations it serves. For this CHNA, SFHS has chosen to focus on the priorities outlined above. Other significant needs identified were not included in this cycle of the CHNA. A comprehensive data analysis was conducted, and while many of these needs are important, they did not reach the same level of priority as the four needs highlighted. Additionally, SFHS is not best positioned to address some of these needs, as other community stakeholders are already working on solutions for them.



Activities Since Last CHNA

Evaluation Plan

The previous Community Health Needs Assessment (CHNA) for Saint Francis Health System (SFHS) was conducted in 2022, and the Implementation Strategy Plan (ISP) represents strategies and activities spanning fiscal years 2023 – 2025. Note: SFHS fiscal years run from July to June.

For each priority area, the health system conducted an evaluation to demonstrate the impact of the related strategies and activities. This plan includes specific data sources such as program records, hospital patient data, and/or community-level data such as the community health needs assessment (CHNA). Measures may include but are not limited to: community indicators, partners, funding and programmatic outcomes. Data was reviewed by internal interdisciplinary teams at appropriate intervals (e.g., quarterly, bi-annually) and will be reported on the annual Schedule H tax reporting as required by the Patient Protection and Affordable Care Act regulations.

This ISP evaluation is a joint evaluation plan for Saint Francis Hospital, Inc., Saint Francis Hospital South, LLC, Saint Francis Hospital Muskogee, Inc., Saint Francis Hospital Vinita, Inc., and Laureate Psychiatric Clinic and Hospital, Inc.

Note: As work began on the 2022 - 2025 Implementation Strategy Plan and these priority health needs, it was acknowledged that the originally outlined measures to evaluate were indirectly impactful to community health, so the work pivoted to track more directly impactful measures. While the initial intent was to track quantitative metrics, qualitative measures will be used to evaluate this implementation strategy plan and its outcomes.

Hospital Role and Required Resources

Internal staff time was leveraged to complete plan deliverables. Key staff was identified at the system level and at the specific hospital entities, as appropriate as well as key community stakeholders including but not limited to: Roman Catholic Dioceses, Catholic Charities, Oklahoma State Department of Health, Grand Nation, Inc., Green County Behavioral Health, Grand Mental Health, and more.



Significant Health Needs to be Addressed

PRIORITY HEALTH NEED #1: ACCESS TO HEALTHCARE SERVICES

Goal: Improve primary care and specialty care provider access through network development, expansion of telehealth, and growing the healthcare workforce.

Background and rationale: 2022 CHNA areas of opportunity considered criteria including standing to benchmark, magnitude, prevalence, and overall impact of issue. Key community indicators related to health care access as a health issue:

- 29.1%, 21.8% and 27.0% of respondents in Tulsa, Craig, and Muskogee Counties respectively cited trouble getting an appointment compared to 14.5% across the U.S.
- Respondents in all three areas cited costs of doctor visits and prescriptions, inconvenient office hours, finding a doctor, and transportation as barriers at levels higher than US averages across all barriers.

STRATEGY #1: Community Partnerships and Network Development

Anticipated impact: Increased health education and preventative care resources provided in the community. Address social determinants of health through a partnership with community organizations, faith-based organizations, and academic institutions.

Key collaborators: Catholic Charities of Eastern Oklahoma, Roman Catholic Diocese of Eastern Oklahoma, Oklahoma State Departments of Health, and local community organizations

Planned actions:

- Expand/develop relationships w/ Roman Catholic Diocese of Tulsa and Eastern Oklahoma.
- Collaborate with county health depts and local leaders, community orgs, academic institutions
- Evaluate opportunities to provide lower costs services while maintaining high-quality of care

Measures to evaluate impact:

- Number of community events co-hosted with other Catholic orgs.
- Number of community events co-hosted with community orgs and academic partners promoting access to care for vulnerable populations.
- Programmatic initiatives to assist underserved communities and reduce the overall cost burden of accessing care.



Strategy #1: Actions taken, results and location of action

SFHS - ALL HOSPITALS

SFHS supports the operations of the Xavier Medical Clinic in East Tulsa, offering volunteer physicians, pharmacists, nurses and other healthcare professionals at no charge to women, children, and men who are uninsured or underserved in the Tulsa community. SFHS provides health education, outpatient primary care services, medication assistance, pregnancy services, referrals to specialists and interpretation services.

Below are the yearly subsidy amounts provided for the Xavier Medical Clinic:

- FY23: \$3,594,841
- FY24: \$4,094,705
- FY25 (YTD through February): \$2,979,513

Below are the yearly volumes for the Xavier Medical Clinic:

- FY23: 10,255 visits
- FY24: 8,966 visits
- FY25: results pending

In December 2022 (FY23), SFHS engaged in a partnership with DispatchHealth, the nation's first comprehensive in-home medical care provider. DispatchHealth delivers and coordinates high-acuity medical care in the home for a wide range of injuries and illnesses, enabling SFHS to reach vulnerable, home-bound and underserved community members. **Below are the yearly volumes for this service:**

- FY23: 1,656 completed visits
- FY24: 4,286 completed visits
- FY25 (YTD through February): 2,933 completed visits

In August 2023 (FY24), SFHS opened a new primary care clinic in North Tulsa to enhance access and address the healthcare needs of a predominantly minority and underserved community.

- FY24 – 1,252 visits
- FY25 (YTD through February) – 1,585 visits
- So far in FY25, 56% of the patients seen are Medicaid recipients

Annually on the first Saturday in December, SFHS hosts 'Saint Francis Serves Day' where SFHS employees volunteer at local charities throughout Eastern Oklahoma. SFHS had a total of 591 volunteers participating in FY24 and FY25. Additionally, we provided 500 meals for community members in Tulsa, McAlester and Muskogee annually. Note: unable to provide FY23 number due to change in tracking system.



Strategy #1: Actions taken, results and location of action

SFHS - ALL HOSPITALS	<p>Annually, SFHS hosts the ‘White Mass’ where approximately 170 participants across all Eastern Oklahoma hospitals and Roman Catholic Diocese of Tulsa come together to honor healthcare providers with a mass and reception.</p>
	<p>To increase access to specialty services in underserved parts of Oklahoma, SFHS began doing outreach to rural communities. SFHS physicians from Tulsa will spend anywhere from two days a week to one day a month at rural locations, creating new access to specialty services including gastroenterology, cardiology, orthopedics, allergy, OB/GYN, and endocrinology services. This access program also includes virtual services to increase the continuity of care provided.</p>
SAINT FRANCIS HOSPITAL MUSKOGEE	<p>In FY24, Saint Francis Hospital Muskogee (SFH-M) applied for a Health Resources and Services Administration (HRSA) \$100,000 grant that would enable SFHS to hire a rural health care coordinator for underserved members of the Muskogee community. While SFH-M did not receive the grant the first time around, an application was resubmitted in FY25. Results of the grant application are still pending.</p>
	<p>Beginning in FY24, key stakeholders from SFH-M, Muskogee County Health Department (MCHD), Oklahoma State Department of Health District 7 (OSDH), Green Country Behavioral Health (GCBH), Muskogee County Transit, and The Kelly B Todd Center formed the Muskogee County Rural Health Network, a collaborative aimed at improving health outcomes for persons in Muskogee County. Key opportunities the Rural Health Network is working on include:</p> <ul style="list-style-type: none">• Women’s services: newly established pregnancy resource navigator and SFH-Muskogee obstetrics providers are collaborating and providing support to MCHD for prenatal care• SFH-Muskogee is partnering with the Community Health Workers and Mobile Wellness Unit to increase referrals• Assisting with SoonerCare application process• Improved collaboration with the MCHD and diabetes education services and referrals• Partnering with GCBH on maternal depression, children mental health, and suicide and depression referrals



Strategy #1: Actions taken, results and location of action

SAINT FRANCIS HOSPITAL MUSKOGEE	In FY25, SFHS began planning to expand post-acute care and close care gaps in our rural communities, ensuring patients can stay close to home for their care. These services include expansion of hospice and durable medical equipment into the Muskogee County service area and are anticipated to launch in FY26.
SAINT FRANCIS HOSPITAL VINITA	In FY24, Saint Francis Hospital Vinita (SFH-V) Administrator began serving as a key stakeholder on the TSET Healthy Living Program collaborative, a grant program facilitated by Grand Nation, Inc., that seeks to lessen the burden of unhealthy behaviors before they take root. In partnership with the TSET Healthy Living Grant Program, SFH-Vinita has been supporting work to ensure tobacco-free properties and promotion of the Oklahoma Tobacco Helpline for those who want to quit, establishing community gardens and more.

STRATEGY #2: Telemedicine Outreach

Anticipated impact: Improved access and connectivity to healthcare providers using telemedicine (e-visits, video visits) as an outreach method.

Key collaborators: Warren Clinic

Planned actions:

- Optimize Epic e-visits to improve service line outreach and program development in key regions.
- Expand current central monitoring services to include additional access points.
- Expand e-visits at Warren Clinic, Inc. locations to increase access to primary and specialty care resources with the goal of increasing access for patients in rural and underserved portions of the market.

Measures to evaluate impact:

- Number of specialty care telemedicine visits completed
- Number of primary care telemedicine visits completed
- Geographic dispersion of patient populations



Strategy #2: Actions taken, results and location of action

SFHS - ALL HOSPITALS

In September 2023 (FY24), SFHS launched a virtual nursing pilot of 81 beds at SFH-Yale and SFH-Muskogee. Virtual nurses complete admissions and discharges for each unit, including medication history, patient and family education and regulatory audits. This program enables caregivers to work at the top of their licenses, improving access for SFHS patients. In FY25, SFHS expanded this service to an additional 200 beds with plans to scale to 672 beds in FY26 at all hospitals. As the virtual nursing program continues to expand, SFHS will be expanding virtual sitting to every bed, which is a program that allows caregivers to monitor and support our patients virtually.

The health system underwent a variety of efforts to enhance our digital front door including:

- Direct and open scheduling (FY23)
- Epic care companion to provide access to an interactive, mobile solution to manage health (FY23)
- Apple and Google Pay implementation (FY23)
- eCheck-in redesign and implementation of Epic's 'Hello World' and 'Hello Patient' which allows for auto electronic check-in when patients enter the relevant geography for care (FY24)
- Implementation of Epic's 'On My Way' which allows community members to virtually let SFHS know one is in route to urgent care so a place in line can be held (FY25)

To increase utilization of e-visits, SFHS added additional specialties to the service. Due to the increase of services and specialties offered, SFHS has been able to increase total e-visits over the past three fiscal years as shown below.

- FY23: 9,187 total visits
- FY24: 10,551 total visits
- FY25 (YTD through February): 7,870 total visits
- FY23 to FY24 Growth Rate: +14.8%

To increase access and provide ample coverage for the demand, SFHS expanded the virtual urgent care operation to ensure access 24/7 in FY25. Below are the volumes:

- FY23: 3,399 total visits
- FY24: 4,413 total visits
- FY25 (YTD through February): 1,399 total visits



Strategy #2: Actions taken, results and location of action

SYSTEM (ALL HOSPITALS)	To expand telehealth usage and provide end to end capabilities across the continuum of care, SFHS selected Teladoc as the preferred telehealth technology in FY24. Not only did this enable SFHS to be able to provide individual inpatient room tele-capabilities, but also to expand tele-services to provide additional access to rural, underserved communities.
	To increase access to specialty services in underserved parts of Oklahoma, SFHS began doing outreach to rural communities. SFHS physicians from Tulsa will spend anywhere from two days a week to one day a month at rural locations, creating new access to specialty services including gastroenterology, cardiology, orthopedics, allergy, OB/GYN, and endocrinology services. This access program also includes virtual services to increase the continuity of care provided.
	To expand access to virtual behavioral health services, SFHS has been placing a special focus on growing the virtual behavioral health provider network. Throughout FY25, SFHS has added two virtual medicine providers and four virtual therapy providers, with an additional provider starting by the end of FY25. FY25 results are pending.
	In addition to implementing virtual nursing, in FY25 SFH-Y expanded tele-neurology coverage at night to ensure 24/7 access to Neurology services. Since implementation, SFH-Y has completed 593 virtual tele-neurology consults.
SAINT FRANCIS HOSPITAL SOUTH	In FY24, Saint Francis Hospital South (SFH-S) leveraged Teladoc to improve access to tele-neurology services at SFH-South. In FY25, implementing virtual nursing and virtual sitting to be up and running in May 2025. Since implementation, SFH-S has completed 379 virtual tele-neurology consults.
SAINT FRANCIS HOSPITAL VINITA	Throughout FY24 and FY25, Saint Francis Hospital Vinita (SFH-V) leveraged Teladoc to expand access to Nephrology, Infectious Disease, Neurology, Cardiology, Virtual Nursing and Virtual Sitting services at SFH-Vinita. This allows SFHS to extend specialty services to a geography that severely lacks access to high-quality, specialty care. Since implementation, we have had 22 infectious disease virtual consults. All other results are pending.
	<p>In FY25, SFHS expanded access to psychiatric services in Vinita by offering an outpatient behavioral health clinic with virtual capabilities.</p> <ul style="list-style-type: none"> FY25 (YTD through February): 81 visits



Strategy #2: Actions taken, results and location of action

SAINT FRANCIS HOSPITAL MUSKOGEE

In FY24, Saint Francis Hospital Muskogee (SFH-M) leveraged Teladoc to improve access to tele-neurology services at SFH-M and implemented virtual nursing. Since implementation, SFH-M has completed 369 virtual tele-neurology consults.

STRATEGY #3: Grow and Engage Workforce

Anticipated impact: Improved access across the region through alignment with academics to train and develop healthcare professionals.

Key collaborators: Local nursing and medical schools and local community organizations

Planned actions:

- Conduct workforce needs assessment for outreach programs in Pittsburg, Washington, Rogers, and Mayes Counties. (Note: rather than conducting an assessment, SFHS prioritized taking action by developing partnerships in these counties to grow and develop the workforce)
- Nurses and providers recruitment – emphasis on Primary in Owasso, Sand Springs, North Tulsa, and McAlester.
- Expand urgent/emergent care in new, vulnerable markets.
- Recruitment for key specialties.
- Relationships w/ nursing and med schools to recruit.
- Implement an SFHS-housed school of nursing program with local academic partners.

Measures to evaluate impact:

- Simulation space at SFH-Yale for nursing education and development
- Develop recruitment & outreach strategies for underserved communities
- Number of nurses/physicians recruited
- Number of specialists in key svc lines focusing on outreach
- Number of clinical staff educated in telehealth protocols
- Number of nursing school rotations and programs offered at SFHS
- Number of med school residency rotations offered at SFHS
- Number of new partnerships w/ academic institutions to support WF development



Strategy #3: Actions taken, results and location of action

SFHS - ALL HOSPITALS

In June 2024, SFHS opened the William K. Warren, Jr. Simulation Center, a 7,000 sq foot state of the art medical simulation facility that will be used to educate and train nurses and ancillary clinical staff for decades to come. The center has hosted over 1,000 students to date and has hosted 10 events with local schools, EMS and other community partners.

To support and improve workforce development in Eastern Oklahoma, SFHS forged numerous partnerships with local academic institutions. As of March 2025, SFHS has student cohorts with ten universities and is hosting 266 students in the Spring 2025 semester. These universities include:

1. University of Tulsa (Traditional and ABSN)
2. University of Oklahoma (Traditional and ABSN)
3. Rogers State University (traditional cohort and extended campus)
4. Oral Roberts University
5. Langston University
6. Oklahoma State University – Stillwater
7. Oklahoma State University – Institute of Technology
8. Northern Oklahoma College
9. Connors State College
10. Eastern Oklahoma State College

Additionally, in 2024, SFHS began hosting a Rogers State University School of Nursing Extended Campus. There are currently 48 students enrolled in the program with nine students graduating in May 2025. SFHS employs three FTEs to support this program.

To improve provider recruitment, SFHS redesigned the internal process and implemented a method to prioritize. These efforts have enabled the system to be more efficient and successful in recruiting and retaining nurses and providers as seen by the following numbers:

- FY23: 438 new nurses and 81 new providers (physicians, physician assistant and APRN) hired
- FY24: 537 new nurses and 118 new providers (physicians, physician assistant and APRN) hired
- FY25 (YTD through February): 379 new nurses and 85 new providers (physicians, physician assistant and APRN) hired for a current total of 2,871 nurses and 730 providers employed



Strategy #3: Actions taken, results and location of action

SFHS - ALL HOSPITALS

In FY23, SFHS launched Project MASH (Medical Academy for Students in Healthcare), a two-week program for high school students interested in the healthcare field. Students are exposed to a variety of hospital departments and interact with our caregivers to learn more about a future career in healthcare. To date, SFHS has had 42 students from the community participate in the program.

Throughout FY23 – FY25, SFHS collaborated with Project SEARCH, OU Department of Rehab Services and Tulsa Technology Center (TTC) on a program serving individuals aged 18 – 24 with developmental disabilities. The program rotates participants through three different departments during the school year (36 weeks) with the goal of developing competitive job skills and employment in the community by the end of the program. Since inception in 2022, the program has graduated 23 students and three were hired internally for continued employment with SFHS.

In FY23, SFHS launched “Walk-in Wednesdays” for targeted recruitment in areas of the community where people are limited by the application process due to low literacy or some other barrier. Vacancy rates for housekeeping and transporter dropped with the initiation of this program and on-going evaluation is pending.

The STRETCHED program is open to all high school students, with a focus on underrepresented groups in the healthcare profession, as well as would-be first-generation college students. In FY23, SFHS partnered with TU to host a field trip, also known as a field excursion, as part of the STRETCHED camp. SFHS hosted 40 11th-grade STRETCHED students. The students had lunch and listened to several speakers talk about their career paths, successes, and challenges. After lunch, students were able to see select areas of the hospital. Additionally, in FY25, the SFHS Simulation Center hosted the STRETCHED program for 50 11th-grade students, featuring presentations on weather-related injuries, simulations on childbirth, and community-based education, including the use of intranasal NARCAN and use of epinephrine auto-injectors.

Per the Oklahoma Commerce 2023 Report, SFHS is the 5th largest employer in the state of Oklahoma. Meeting the needs of the SFHS workforce and creating a flourishing work environment has a ripple effect on the health of the community. Significant improvements and investments in the SFHS have been made throughout this CHNA cycle as outlined below on the next page:



Strategy #3: Actions taken, results and location of action

SFHS - ALL HOSPITALS

2023 Initiatives:

- SFHS expanded the partnership with Spring Health Employee Assistance Program to provide comprehensive mental health and life services beyond traditional counseling. The program also offers a digital platform with accessible resources to support employee well-being. Spring Health provides crisis response resources as they recently provided resources for the victims who were impacted by the wildfires.
- Established a pet therapy program that offers emotional support to patients, guests and employees by bringing trained therapy animals into the hospital environment. By reducing stress and promoting well-being, Pink Paws enhances the overall care experience for both patients and staff.
- Designed to improve employee access and experience, the HR Service Center ensures quick and consistent responses to inquiries. By utilizing specialized HR representatives, this initiative streamlines support, increases efficiency, and allows HR business partners to focus on strategic priorities rather than daily transactional tasks.
- To address workforce shortages and increase diversity, SFHS has partnered with an international staffing firm to bring 51 foreign-trained nurses to our organization. This program strengthens our talent pipeline and is now expanding to include physical therapy positions as well.

2024 Initiatives:

- A Veterans & Military Task Force employee resource group (ERG) was created to recognize and support employees who have served or are currently serving in the military. It provides valuable resources, fosters a sense of community, and enhances recruitment and retention of military-affiliated employees.
- SFHS leveraged MedImpact Pharmacy Benefit Manager to carve out pharmacy benefits from the medical plan, which led to greater transparency and better cost management of prescription drug benefits for employees.
- SFHS developed a specialized training program for frontline leaders to equip them to proactively address employee relations concerns. This initiative ensures leaders can effectively respond to workplace issues, mitigate risks, and enhance overall workforce engagement.

2025 Initiatives:

- In May 2025, SFHS launched an employee benefit and wellness fair, which will provide employees with a holistic range of resources to support their overall well-being. This fair will feature financial, spiritual, healthcare resources, mental health support, wellness programs, and other essential benefits, helping employees make informed decisions about their personal and professional well-being.



Strategy #3: Actions taken, results and location of action

SFHS - ALL HOSPITALS	<p>Additional noteworthy and ongoing activities include:</p> <ul style="list-style-type: none">• As a nonprofit organization, SFHS qualifies many of our employees for Public Service Loan Forgiveness (PSLF) if they have made student loan payments for at least 10 years. SFHS actively supports staff by providing guidance and resources to help them navigate the application process, ensuring they can take full advantage of this financial relief.• SFHS hosts annual events for current employees, high school students and college students to connect the community with healthcare jobs and resources.• SFHS provides on-site health clinics and screenings, providing employees with convenient access to preventative care, vaccinations, and health assessments.• SFHS has a Workplace Wellness Program (LiveLifeWell) that offers employees on-site fitness facility, fitness challenges, mental health workshops, nutrition counseling, and smoking cessation programs.• Through Fidelity, SFHS offers employees access to a comprehensive financial wellness platform, including digital tools, personalized guidance and workshops on personal finance topics such as budgeting, retirement planning, and investment strategies. These resources empower employees to make informed financial decisions and plan for their future with confidence.
SAINT FRANCIS HOSPITAL YALE	<p>In FY24, SFH-Y developed an internal medicine residency and vascular surgery fellowship to provide additional opportunities to student learners. Currently, the internal medicine residency program has 34 active residents, and the vascular surgery fellowship has three active fellows and five active attendings. SFH-Y has also expanded existing programs to add additional residents in the following programs: Orthopedics (one additional resident per year for a total of five over the next five years), Otolaryngology (one additional resident per year for a total of five over the next five years), General Surgery (two additional residents per year for a total of ten over the next five years).</p> <p>Additionally, SFHS developed an additional residency program for scrub technicians. The scrub technician program launched in FY25, and SFH-Y has hired two participants into the program thus far.</p>
SAINT FRANCIS HOSPITAL SOUTH	<p>In FY25, SFH-S began working with OSU and a local family practice program to develop a residency program focused on increasing access to primary care Obstetrics. SFHS is actively working with these partners to determine the number of residents and timing for launch.</p>



Strategy #3: Actions taken, results and location of action

SAINT FRANCIS HOSPITAL MUSKOGEE	In FY25, SFH-M began developing a rural track residency program that would create specific residencies for rural medicine that include General Surgery, Obstetrics and Behavioral Health. SFHS is actively working with OSU, Cherokee Nation and a graduate medical education consultant to determine number of residents and timing for launch.
SAINT FRANCIS HOSPITAL VINITA	<p>In FY24, SFH-V onboarded a full-time physician to practice in the Langley Rural Health Clinic to expand access to primary care services.</p> <ul style="list-style-type: none">• FY24 volumes: 3,129 clinic visits• FY25 volumes: 2, 375 clinic visits

**PRIORITY HEALTH NEED #2:
BEHAVIORAL HEALTH (SUBSTANCE ABUSE AND MENTAL HEALTH)**

Goal: Improve community’s access to behavioral health services and treatments through increased education and improved services and develop integrated behavioral services to alleviate emergency and inpatient care need for behavioral care.

Background and rationale: 2022 CHNA areas of opportunity considered criteria including: standing to benchmark, magnitude, prevalence, and overall impact of issue. Key community indicators related to mental health as a health issue:

- 27.4%, 24.5% and 24.3% of respondents in Tulsa, Craig and Muskogee counties, respectively cited “fair or poor” mental health compared to 13.4% nationally.
- Nearly 72% of key informants (community stakeholders) cited Mental Health as a major health problem within the community with another 19% citing is as a moderate problem. Finding a doctor, and transportation as barriers at levels higher than US averages across all barriers.



STRATEGY #1: Behavioral Health Community Education

Anticipated impact: Integrated with the health system’s strategic plan for improved community access to behavioral health resources, services, and education.

Key collaborators: Mental Health Association Oklahoma, local foundations such as the Anne and Henry Zarrow Foundation and the George Kaiser Family Foundation, local community organizations, local health departments, higher education institutions such as OU – Tulsa and OSU, other community behavioral health providers such as CREOKS Health Services, Parkside and Certified Community Behavioral Health Clinics

Planned actions:

- Coordinate functions associated with raising community awareness on accessing behavioral health services.

Measures to evaluate impact:

- # BH community events coordinated or attended
- # Collaborations with community orgs and institutions promoting access to BH services and education

Strategy #1: Actions taken, results and location of action

SFHS - ALL HOSPITALS	In FY23, SFHS co-led a pediatric behavioral health collaboration to address the need for resources in Tulsa. Hosted meetings and psychiatric expertise to external providers and community-based organizations to increase capacity of the pediatric behavioral health system of care in the Tulsa area.
	In FY23, SFHS established a psychiatric emergency services provider cohort that includes local community stakeholders and behavioral health providers in our community. This cohort meets quarterly to identify barriers and collectively solve problems around issues related to psychiatric emergency care.
	In FY24, SFHS developed formal relationships with the Certified Community Behavioral Health Centers (CCBHCs) to address and support the need for persistent and on-going behavioral health treatment for patients in post-discharge from inpatient psychiatric care.
	Throughout FY24, SFHS conducted and participated in a variety of eating disorders community outreach education events including: <ul style="list-style-type: none">• Oklahoma Christian University Marriage and Family Therapy Program: Eating Disorders 101• HARUV institute: Using Polyvagal theory within therapy• Alliance of Eating Disorders luncheon



Strategy #1: Actions taken, results and location of action

SFHS - ALL HOSPITALS	To support the City of Tulsa’s plan to reduce suicide deaths by 50% by 2027, Laureate Psychiatric Clinic and Hospital (LPCH) has embarked on a journey to incorporate best practices into our organization and processes to improve care and safety for individuals at risk of suicide. In FY25, SFHS began training staff on the Zero Suicide framework, with over 64 caregivers across the system having received training at the Zero Suicide Academy.
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STRATEGY #2: Behavioral Health Continuum of Care

- Anticipated impact:** Improved access to effective treatments and services for mental health and substance abuse disorders.
- Key collaborators:** Community behavioral health providers serving underserved populations, such as Green County Behavioral Health Services, Inc., Grand Lake Mental Health Center, Inc., Parkside Psychiatric Hospital and Clinic, CREOKS Health Services, Tulsa school districts, Family and Children Services, and The Tulsa Center for Behavioral Health.
- Planned actions:**
- Collaborate with regional physicians and behavioral providers on building a continuum of care for substance abuse and mental health.
- Measures to evaluate impact:**
- Number of collaborations with community orgs for pediatric behavioral health needs
 - Identify opportunities to address gaps in access (e.g. BH urgent care resources).
 - Expand outpatient behavioral health programs and provide resources to underserved communities
 - Identify methods and resources to assist patients to prevent crisis events from occurring

Strategy #2: Actions taken, results and location of action

SFHS - ALL HOSPITALS	As part of the pediatric behavioral health collaboration (see above), developed formal meeting process and defined agreements for appropriate placement of pediatric and adult community members needing inpatient psychiatric care. This ensures resources throughout our communities are being leveraged in the most efficient way and ensures organizations can appropriately leverage their expertise.
	<p>In FY24, SFHS developed an Urgent Medication Clinic that sees patients who have been discharged from an inpatient psychiatric stay or community members who need to be seen by a provider more urgently than our wait times will allow. This expands access to vulnerable populations by allowing patients to be started on behavioral health medications more quickly than before. Below are volumes for the Urgent Medication Clinic:</p> <ul style="list-style-type: none">• FY24: 194 visits• FY25 (YTD through March 18th): 316 visits



Strategy #2: Actions taken, results and location of action

SYSTEM (ALL HOSPITALS)	<p>To expand access to depression and suicidality treatment, LPCH has launched several programs throughout FY24 and FY25. These include:</p> <ul style="list-style-type: none"> Developed a Spravato Clinic which provides treatment for community members suffering treatment resistant depression <ul style="list-style-type: none"> FY24: 55 Spravato Clinic treatments FY25 (YTD through February): 164 Spravato Clinic treatments Launched the Zero Suicide Initiative, equipping leaders with a specific set of strategies and tools to treat those suffering suicidality. To date, LPCH has trained 64 caregivers across the system on the Zero Suicide Framework. Launched a pilot for JASPR, an electronic system for the management of suicidality, in LPCH's Clinical Assessment Department and SFH-Yale's Emergency Department. Will be rolled out system-wide in FY26. Training all LPCH clinical staff in the Collaborative Assessment for Managing Suicidality (CAMS) model, an evidence-based approach for assessing and treating individuals suffering from serious thoughts of self-harm. Launching the Jean Marie Warren Center of Excellence for the Treatment of Depression and Suicidality in June 2025. Throughout this cycle, conducted all the analysis, planning and development for the COE.
	<p>In FY25, completed the analysis, planning and began development of a behavioral health urgent care. To launch in FY26, this urgent care will provide treatment and care specialized to treat community members with behavioral health needs.</p>
	<p>To reduce readmissions of inpatient psychiatric patients and better understand why patients are readmitted, LPCH kicked off an initiative to better understand why patients are readmitted. Initial findings suggest a need to enhance discharge planning, ensure compliance with medication and help remove social barriers that exist today. FY25 results pending.</p>
	<p>To expand access to virtual behavioral health services, LPCH has been placing a special focus on growing our virtual behavioral health provider network. Throughout FY25, LPCH has added two virtual medicine providers and four virtual therapy providers, with an additional provider starting by the end of FY25. FY25 results are pending.</p>
SAINT FRANCIS HOSPITAL VINITA	<p>In FY25, SFH-V expanded access to psychiatric services in Vinita by offering an outpatient behavioral health clinic with virtual capabilities.</p> <ul style="list-style-type: none"> FY25 (YTD through February): 81 visits
	<p>In Craig County, strengthened collaboration with GRAND Mental Health to ensure adequate pathways for follow up care for patients that have had an inpatient psychiatric stay at SFH-Vinita.</p>



Strategy #2: Actions taken, results and location of action

SAINT FRANCIS
HOSPITAL
MUSKOGEE

In Muskogee County, strengthened collaboration with Green Country Behavioral health to ensure adequate pathways for follow up care for patients that have had an inpatient psychiatric stay at SFH-M.

STRATEGY #3: Integration of Behavioral Health with Primary Care and Emergency Services

Anticipated impact: Expand behavioral health resources to improve outcomes, reduce emergency and inpatient care use, and increase access to care.

Key collaborators: Warren Clinic, Oklahoma State Department of Mental Health

Planned actions:

- Consolidated clinical direction of SFHS behavioral health resources under Laureate Psychiatric Clinic and Hospital.
- Develop behavioral health service line with a programmatic approach to care delivery and access.
- Explore the feasibility of monitoring or refining the existing social worker model and consider expansion of the “embedded” model in other primary care practices.
- Explore Laureate on-site behavioral health coverage at SFHS emergency room/trauma centers and urgent care facilities.
- Explore the possibility of a pain rehabilitation program at Laureate. (Note: after further exploration, we decided not to move forward with this action. Instead we focused our efforts on creating greater impact on treating depression and suicidality.)

Measures to evaluate impact:

- Continued participation in the peds behavioral health coalition task force for care coordination.
- Continue evaluating clinical and quality metrics, such as readmission rates, to improve patient outcomes.
- Updated or validated SW model to expand behavioral health resources into new primary care practices.
- Expand primary care integration by measuring the # behavioral health patients managed within WC primary care practices.



Strategy #3: Actions taken, results and location of action

SYSTEM (ALL HOSPITALS)

To drive consistency, standardization and collaboration in behavioral health activities, SFHS developed the Laureate Behavioral Health Service Line, which acts as a forum to inform and oversee the strategic direction of behavioral health services across SFHS.

SFHS created a senior behavioral health consortium that brings together behavioral health leaders across the system to identify barriers, problem solve and standardize protocols, policies and procedures across all senior behavioral health units.

In FY23, SFHS embedded a Social Worker into one of our primary care practices to expand access to behavioral health resources. By providing integrated social work therapy visits, we have been able to expand quick access to behavioral health resources for some of our most vulnerable community members.

- FY23: 1,182 therapy visits
- FY24: 1,232 therapy visits
- FY25 (YTD through March 18th): 729 therapy visits

In FY24, SFHS launched inpatient and emergency department psychiatric consult capabilities across the health system. This enables SFHS to provide LPCH expert-level care to all patients regardless of where they are in the system.

- FY24: 3,615 consults
- FY25 (YTD through February): 2,811 consults

In FY24, SFHS submitted a letter of support to Oklahoma State Department of Mental Health committing to an integrated, collaborative care model. The state received grant funding to support the larger effort and awarded SFHS a portion of these funds to cover the collaborative care start-up costs, with the initial phase starting in high-need communities in FY26.

In FY25, SFHS was awarded a \$4.5M, five-year grant to support the development and launch of a collaborative care model. SFHS completed the comprehensive analyses and has planned to launch this collaborative care model in FY26. This process connects primary care providers, behavioral health care managers and psychiatric consultants and provides a system and process to support the management of mild to moderate depression in the primary care physicians' offices. SFHS will begin launch of this care model at three of the highest need community primary care locations.

In FY25, SFHS developed a care pathways program to provide primary care physicians with access to LPCH psychiatrists to receive assistance with psychiatric consults. By creating these connection points, Warren Clinic primary care physicians can quickly get access to treatment recommendations for their patients. FY25 results pending.

As stated above, in FY25 SFHS completed the analysis, planning and began development of a behavioral health specific urgent care. Set to launch in FY26, this urgent care will provide treatment and care specialized to community members with behavioral health needs.



PRIORITY HEALTH NEED #3: CHRONIC DISEASE MANAGEMENT (HEART DISEASE, CANCER AND STROKE)

Goal: Develop services and expand access to improve chronic disease management, including an evidence-based oncology care model to improve cancer outcomes.

Background and rationale: 2022 CHNA areas of opportunity considered criteria including: standing to benchmark, magnitude, prevalence, and overall impact of issue. Key community indicators related to chronic disease as a health issue:

- Cancer incidence rates in Tulsa, Craig, and Muskogee Counties are 472.7, 462.4 and 473.5, respectively compared to 448.6 nationally.
- 6.2%, 14.3% and 11.7% of the population in Tulsa, Craig, and Muskogee Counties respectively have heart disease compared to 6.1% nationally.
- 44.3%, 51% and 56.5% of the population in Tulsa, Craig and Muskogee Counties respectively have high blood pressure compared to 36.9% nationally.
- Additionally, key informants (community stakeholders) were asked about their beliefs on the relative position of various health topics as problems in the community. Below are the percent of respondents that said the health topic was either a major or moderate problem in our communities:
 - Diabetes: 87.7%
 - Heart Disease and Stroke: 85.5%
 - Cancer: 85%

Note: Upon implementation we recognized that strategies one and two had many similar actions. As such, we condensed these workstreams to achieve synergies and have a greater impact.

STRATEGY #1: Service Development for Chronic Disease Management

Anticipated impact: Increase access to high-quality disease prevention and management for heart disease, cancer, and stroke.

Key collaborators: Warren Clinic, Inc.; community health providers; community-based and faith-based organizations; schools; health fairs such as the City of Tulsa Health Fair; national nonprofit organizations targeting chronic diseases, such as the American Diabetes Association and American Heart Association

Planned actions:

- Develop outreach programs for service lines that contribute significantly to chronic disease management, such as cardiology, neurology, and oncology.

Measures to evaluate impact:

- Number of new outreach programs and new sites of care developed
- Number of partnerships and collaborations addressing non-clinical SDOHs affecting chronic disease
- Strengthened provider network and alignment with community primary care providers



Strategy #1: Actions taken, results and location of action

SFHS - ALL HOSPITALS

To increase access to Cardiology services, SFHS began doing Cardiology outreach clinics in underserved communities in areas surrounding the Tulsa Metro and across Eastern Oklahoma.

To improve the experience for community members being treated for cancer, SFHS has made a number of enhancements to the nurse navigator program to increase capacity. As a result, SFHS has been able to increase the number of patients navigated through the program. Below highlights the average number of patients under oncology nurse navigation per month:

- FY23: 570 patients navigated per month
- FY24: 757 patients navigated per month
- FY25 (YTD through December): 1,024 patients navigated per month
- 32.8% increase in average number of patients navigated per month from FY23 to FY24 and 35.3% increase from FY24 to FY25 YTD.

In FY25, SFHS utilized process improvement methodologies to improve the timeliness from lung cancer diagnosis to first treatment for community members. Through this improvement project, SFHS was able to improve time from diagnosis to first treatment by 26.8%.

Over the past few years, SFHS has placed a special focus on increasing the number of lung cancer screenings as a method to improve community health. Since FY22, SFHS has seen a 55.6% increase in the number of lung cancer screenings.

In FY25, SFHS implemented Optellum AI, an AI software that aids in the identification of incidental pulmonary nodules in CT chest scans being performed. Leveraging this software, SFHS has been able to shift the stage at which lung cancer is diagnosed:

	Stage I	Stage II	Stage III	Stage IV
2022	28%	17%	22%	33%
2023	56%	16%	8%	20%
2024	58%	8%	17%	17%

Additionally, in the first half of FY25, SFHS has:

- Identified 1,308 incidental lung nodules
- 748 of the 1,308 have been “dismissed” as not needing additional follow-up at this time
- 27 have had additional imaging recommended
- 21 have been presented at the multidisciplinary chest conference with 17 of these being risk stratified utilizing the Optellum AI software and all recommended for biopsy. Thus far, 12 out of 17 have been biopsied with 9 out of 12 (75%) proving to be lung cancer.



Strategy #1: Actions taken, results and location of action

SFHS - ALL HOSPITALS	<p>In FY23 and FY24 SFHS increased investment in resources and community education and awareness of local services such as outpatient infusion, chemotherapy, radiation oncology, cancer screening and navigation to improve rural/local access to specialized imaging and diagnostics.</p>
	<p>In FY23, SFHS began piloting a Lifestyle Medicine program, which is a program that addresses root causes of chronic diseases through evidence-based lifestyle interventions, including nutrition, physical activity, stress management, substance use and social connection. By empowering patients, the program enhances quality of life, promotes long-term wellness and lowers healthcare costs. Initially, SFHS successfully completed three employee only cohorts and then expanded the program to the public in FY24. Since then, SFHS has successfully graduated four additional cohorts and are actively hosting sessions for two additional cohorts. Each cohort size is approximately 10-12 patients and the program lasts eight weeks.</p>
	<p>In FY25, to improve access to health data, SFHS will be implementing a variety of improvements including:</p> <ul style="list-style-type: none">• Conducted planning and analysis work to implement Compass Rose, Healthy Planet and HEDIS modules, which will support SFHS Population Health programs by improving functionality to better support community members with chronic diseases. These modules will improve support during transitions of care and track care gaps and quality scores to improve health outcomes for those with chronic diseases.• Implementing an enterprise data warehouse and analytics capabilities starting with development of a data governance function and structure.• To be able to aggregate internal and external health data and leverage for insights for improved care management, we will be bringing MSSP and Community Care data into our data warehouse.
SAINT FRANCIS HOSPITAL MUSKOGEE	<p>To increase access to specialty services in underserved parts of Oklahoma, SFHS began doing outreach to rural communities. SFHS physicians from Tulsa will spend anywhere from two days a week to one day a month at rural locations, creating new access to specialty services including gastroenterology, cardiology, orthopedics, allergy, OB/GYN, and endocrinology services. This access program also includes virtual services to increase the continuity of care provided.</p>
	<p>In FY23, SFH-M achieved primary stroke center designation. This designation indicates that SFH-M provides the critical elements to achieve long-term success in improving outcomes for stroke patients.</p>



Strategy #1: Actions taken, results and location of action

SAINT FRANCIS HOSPITAL MUSKOGEE	In FY24, SFH-M implemented Teladoc to expand and enhance access to neurology services in Muskogee. Since implementation, SFH-M has completed 369 virtual tele-neurology consults.
	In FY25, SFH-M to further develop heart and vascular services in Muskogee County, a new head of cardiology was hired at SFH-M. In collaboration with the team at SFH-Y, policies, procedures and protocols have been standardized. Additionally, SFH-M has expanded venous thromboembolism (VTE) and interventional cardiology services to improve the quality of care provided and allow patients to receive these treatments closer to home. FY25 results pending.
	In FY25, SFH-M launched a Transitional Care Clinic, which is a clinic that aims to provide transitional care management visits for patients within seven to 14 days post-discharge from the hospital. Particularly focused on uninsured and Medicare/Medicaid patients, this clinic's primary focus is on reducing readmissions among these high-risk patients by providing them with access to timely primary care appointments. FY25 results pending.
	Consolidated breast imaging services under one leadership team which has resulted in improved access to breast imaging services in Muskogee due to enhanced and optimized scheduling practices. Since FY23, SFH-M has seen a 15.4% increase in breast cancer screenings.
	Annually, SFH-M participates in the "Pink Party" in Muskogee which celebrates breast cancer survivors and promotes and educates community members on the importance of early detection.
SAINT FRANCIS HOSPITAL SOUTH	In FY24, SFH-S achieved primary stroke center designation. This designation indicates that SFH-S provides the critical elements to achieve long-term success in improving outcomes for stroke patients. Additionally, in FY25, Saint Francis Glenpool, a subsidiary of SFH-S, received the DNV Acute Stroke Ready certification which allows smaller and rural hospitals to demonstrate excellence by complying with standards of care for the initial treatment of stroke patients, when rapid action and proper medications can save lives and limit the long-term disabling effects of strokes.
	In FY24, SFH-S leveraged Teladoc to expand and enhance access to neurology services in South Tulsa. Since implementation, SFH-S has completed 379 virtual tele-neurology consults.



Strategy #1: Actions taken, results and location of action

SAINT FRANCIS HOSPITAL VINITA	<p>In FY25, SFH-V received the DNV Acute Stroke Ready certification which allows smaller and rural hospitals to demonstrate excellence by complying with standards of care for the initial treatment of stroke patients, when rapid action and proper medications can save lives and limit the long-term disabling effects of strokes.</p>
SAINT FRANCIS HOSPITAL YALE	<p>Throughout FY25, SFH-V leveraged Teladoc to expand access to Neurology and Cardiology services in Vinita. This allows SFHS to extend specialty services to a geography that severely lacks access to high-quality, specialty care. FY25 results are pending.</p>
	<p>In FY25, SFH-Y expanded onsite Neurology/Vascular Neurology to standardize stroke alerts consults, improving intervention times and enhancing the experience for the community.</p>
	<p>To enhance access to heart and vascular services in our communities, throughout FY24 and FY25, SFH-Y launched a variety of programs including:</p> <ul style="list-style-type: none">• Left Ventricular Assistance Device (LVAD; “mechanical heart”) program and completed first two surgeries.• Expanded ECMO program and have completed 60 cannulations to date.• Venous Thromboembolism (VTE) program to improve retrieval of blood clots. FY25 results pending.• Advanced Heart Failure Clinic and implemented a variety of technologies to improve the quality and access to care for heart failure patients. These technologies include exercise right heart cath , metabolic cart , CardioMeMs , Barostim , Remede and Cardiac Contractility modulation. <p>SFH-Y also invested in advanced cardiac imaging technology to provide access to noninvasive cardiac imaging through a cardiac MRI and CT testing. FY25 results pending.</p>



Strategy #1: Actions taken, results and location of action

Throughout FY24 and FY25, SFH-Y have focused on increasing access to neurology care, including stroke. By onboarding seven new providers, SFH-Y has been able to grow the physician panel and improve access to care across the community. This has enabled SFHS to increase inpatient consult services by 200% and acute stroke treatment with thrombolytic by 56%. SFHS has been able to significantly grow volumes across the system as outlined below:

- **Outpatient Neurology:**
 - FY24: 522 new patient visits
 - FY25 (YTD through January): 1,184 new patient visits
- **Neuro Interventional:**
 - FY24: 308 new patient visits
 - FY25 (YTD through January): 265 new patient visits
- **Neurosurgery:**
 - FY24: 2,652 new patient visits
 - FY25 (YTD through January): 1,783 new patient visits

STRATEGY #2: Access to Chronic Disease Management Resources

Anticipated impact: Improve access to key specialists in underserved communities to improve the treatment of chronic diseases.

Key collaborators: Warren Clinic, Inc.

Planned actions:

- Expand access and meet the growing demand in underserved communities for service line coverage that contribute significantly to chronic disease management.

Measures to evaluate impact:

- Gap analysis completed to identify underserved communities for service line coverage (related to chronic disease)
- Expanded provider coverage and access in underserved communities
- Number of new screenings and ed classes offered



Strategy #2: Actions taken, results and location of action

SFHS - ALL HOSPITALS

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In FY25, to improve access to health data, SFHS will be implementing a variety of improvements including:

- Conducted planning and analysis work to implement Compass Rose, Healthy Planet and HEDIS modules, which will support SFHS Population Health programs by improving functionality to better support patients with chronic diseases. These modules will improve support during transitions of care and track care gaps and quality scores to improve health outcomes for patients with chronic diseases.
- Implementing an enterprise data warehouse and analytics capabilities starting with development of a data governance function and structure.
- To be able to aggregate internal and external health data and leverage for insights for improved care management, we will be bringing MSSP and Community Care data into our data warehouse.

To increase access to specialty services in underserved parts of Oklahoma, SFHS began doing outreach to rural communities. SFHS physicians from Tulsa will spend anywhere from two days a week to one day a month at rural locations, creating new access to specialty services including gastroenterology, cardiology, orthopedics, allergy, OB/GYN, and endocrinology services. This access program also includes virtual services to increase the continuity of care provided.



Strategy #2: Actions taken, results and location of action

SAINT FRANCIS HOSPITAL MUSKOGEE	In FY23, SFH-M achieved primary stroke center designation. This designation indicates that SFH-M provides the critical elements to achieve long-term success in improving outcomes for stroke patients.
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SAINT FRANCIS HOSPITAL MUSKOGEE	<p>In FY25, SFH-V received the DNV Acute Stroke Ready certification which allows smaller and rural hospitals to demonstrate excellence by complying with standards of care for the initial treatment of stroke patients, when rapid action and proper medications can save lives and limit the long-term disabling effects of strokes.</p>
	<p>Throughout FY25, SFH-V leveraged Teladoc to expand access to Neurology and Cardiology services in Vinita. This allows SFHS to extend specialty services to a geography that severely lacks access to high-quality, specialty care. FY25 results are pending.</p>
SAINT FRANCIS HOSPITAL YALE	<p>In FY25, SFH-Y expanded onsite Neurology/Vascular Neurology to standardize stroke alerts consults, improving intervention times and enhancing the experience for the community</p>
	<p>To enhance access to heart and vascular services in our communities, throughout FY24 and FY25, SFH-Y launched a variety of programs including:</p> <ul style="list-style-type: none"> • Left Ventricular Assistance Device (LVAD; “mechanical heart”) program and completed first two surgeries. • Expanded ECMO program and have completed 60 cannulations to date. • Venous Thromboembolism (VTE) program to improve retrieval of blood clots. FY25 results pending. • Advanced Heart Failure Clinic and implemented a variety of technologies to improve the quality and access to care for heart failure patients. These technologies include exercise right heart cath , metabolic cart , CardioMeMs , Barostim , Remede and Cardiac Contractility modulation. <p>SFH-Y also invested in advanced cardiac imaging technology to provide access to noninvasive cardiac imaging through a cardiac MRI and CT testing. FY25 results pending.</p>
	<p>Throughout FY24 and FY25, SFH-Y have focused on increasing access to neurology care, including stroke. By onboarding seven new providers, SFH-Y has been able to grow the physician panel and improve access to care across the community. This has enabled SFHS to increase inpatient consult services by 200% and acute stroke treatment with thrombolytic by 56%. SFHS has been able to significantly grow volumes across the system as outlined below:</p> <p>Outpatient Neurology:</p> <ul style="list-style-type: none"> • FY24: 522 new patient visits • FY25 (YTD through January): 1,184 new patient visits <p>Neuro Interventional:</p> <ul style="list-style-type: none"> • FY24: 308 new patient visits • FY25 (YTD through January): 265 new patient visits <p>Neurosurgery:</p> <ul style="list-style-type: none"> • FY24: 2,652 new patient visits • FY25 (YTD through January): 1,783 new patient visits



STRATEGY #3: Enhanced Oncology Care Model (EOCM)

Anticipated impact: Improved access to high-quality, coordinated cancer care.

Key collaborators: Warren Clinic, Inc., Aligned academic institutions

Planned actions:

- Identify opportunities to expand access to the oncology care service line.
- Develop new access points for cancer screening and patient education.
- Link Muskogee and Tulsa oncologists through service line rollout and develop comprehensive strategic plan.

Measures to evaluate impact:

- Appropriate performance metrics established for reporting by CMS
- Identify areas with limited access to cancer care.
- # cancer screenings
- # clinical trials offered

Strategy #3: Actions taken, results and location of action

SFHS - ALL HOSPITALS

In FY24, SFHS submitted the application to join CMS's Enhanced Oncology Care Model. While SFHS was accepted into the program, due to changes in strategic direction of the organization it was decided not to pursue the program for this cycle. In FY25, SFHS resubmitted an application to join the second iteration of the CMS Enhanced Oncology Model program. SFHS has been accepted into the program and is considering joining this program in FY26.

To improve the experience for community members being treated for cancer, SFHS has made a number of enhancements to the nurse navigator program to increase capacity. As a result, SFHS has been able to increase the number of patients navigated through the program. Below highlights the average number of patients under oncology nurse navigation per month:

- FY23: 570 patients navigated per month
- FY24: 757 patients navigated per month
- FY25 (YTD through December): 1,024 patients navigated per month
- 32.8% increase in average number of patients navigated per month from FY23 to FY24 and 35.3% increase from FY24 to FY25 YTD.

In FY25, SFHS utilized process improvement methodologies to improve the timeliness from lung cancer diagnosis to first treatment for community members. Through this improvement project, SFHS was able to improve time from diagnosis to first treatment by 26.8%.



Strategy #2: Actions taken, results and location of action

SFHS - ALL HOSPITALS

In FY23 and FY24 SFHS increased investment in resources and community education and awareness of local services such as outpatient infusion, chemotherapy, radiation oncology, cancer screening and navigation to improve rural/local access to specialized imaging and diagnostics.

Over the past few years, SFHS has placed a special focus on increasing the number of lung cancer screenings as a method to improve community health. Since FY22, SFHS has seen a 55.6% increase in the number of lung cancer screenings.

In FY25, SFHS implemented Optellum AI, an AI software that aids in the identification of incidental pulmonary nodules in CT chest scans being performed. Leveraging this software, SFHS has been able to shift the stage at which lung cancer is diagnosed:

	Stage I	Stage II	Stage III	Stage IV
2022	28%	17%	22%	33%
2023	56%	16%	8%	20%
2024	58%	8%	17%	17%

Additionally, in the first half of FY25, SFHS has:

- Identified 1,308 incidental lung nodules
- 748 of the 1,308 have been “dismissed” as not needing any additional follow-up
- 27 have had additional imaging recommended
- 21 have been presented at the multidisciplinary chest conference with 17 of these being risk stratified utilizing the Optellum AI software and all recommended for biopsy. Thus far, 12 out of 17 have been biopsied with 9 out of 12 (75%) proving to be lung cancer.

In FY25, launched the Oncology Service Line Council, which is a multi-disciplinary group of physician and business leaders that oversee and inform the direction of oncology services across the health system. The group will be focused on standardizing oncology care across the system and developing strategies that ultimately improve access, experience and quality of oncology services in our communities.

In FY25, SFHS hosted a Medical Town Hall where a Warren Clinic Pulmonologist educated community members on pulmonary health, lung cancer, the importance of screenings, and more. 155 community members attended this free educational event.

Annually, SFHS hosts a table at the Senior Lifestyle and Wellness Expo in Tulsa, providing free community education and awareness on the various types of cancer and the importance of cancer screenings.

In FY23, SFHS began doing free skin cancer screenings for the community at the Health Zone fitness center. To date we have completed 410 free skin cancer screenings for the community.



Consolidated breast imaging services under one leadership team which has resulted in improved access to breast imaging services in Muskogee due to enhanced and optimized scheduling practices. Since FY23, SFH-M has seen a 15.4% increase in breast cancer screenings.

Annually, SFH-M participates in the “Women Who Care” which supports and promotes breast cancer awareness and services for Muskogee area women.



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Appendices

APPENDIX A JOINT ASSESSMENT COLLABORATORS

Collaborators

The 2025 Community Health Needs Assessment for Tulsa County was conducted in partnership with the University of Oklahoma's Hudson College of Public Health, located in Oklahoma City.

Ascension St. John

Ascension St. John has served eastern Oklahoma and southeastern Kansas for nearly a century, rooted in its Catholic identity and mission to deliver compassionate, personalized care to all, with special attention to individuals and communities who are at increased risk for poor health outcomes. Ascension St. John operates seven hospitals and more than 80 healthcare clinics and facilities that together employ around 4,700 associates. Ascension St. John is part of Ascension, one of the leading nonprofit and Catholic health systems in the United States. Ascension fosters collaboration and shared best practices across the country to ensure high-quality, accessible care, and a steadfast commitment to the health and well-being of the communities it serves.

Saint Francis Health System

Saint Francis Health System is a Catholic, not-for-profit organization headquartered in Tulsa, Oklahoma. Its mission is to extend the presence and healing ministry of Christ to all who seek its services. The health system includes Saint Francis Hospital, a 1,112-bed tertiary care center that features the region's only children's hospital, a Level IV neonatal intensive care unit, a dedicated heart hospital, and Tulsa's leading trauma and emergency center. With more than 11,000 employees, 1,000 physicians, and 700 volunteers, St. Francis is the largest private employer in Tulsa County. Through its network of over 110 Warren Clinic locations, St. Francis employs more than 600 providers, offering comprehensive healthcare services to communities throughout eastern Oklahoma.

Tulsa Health Department

The Tulsa Health Department (THD) has been the primary public health agency serving Tulsa County since its establishment in 1950. With jurisdiction over more than 675,000 residents across 13 municipalities and four unincorporated areas, THD works to protect and support communities in achieving their health goals. As one of only two autonomous local health departments in Oklahoma, THD is committed to fostering positive change and promoting a healthier Tulsa through its mission-driven services.

THD was among the first health departments in the United States to achieve national accreditation through the Public Health Accreditation Board, underscoring its dedication to quality and effectiveness. Guided by its mission to protect and support Tulsa County communities and its vision of empowering residents to meet their health goals, THD continues to play a vital role in public health initiatives, addressing both individual and community health needs.



OU Hudson College of Public Health (Brief Description of Consultant)

The Hudson College of Public Health works collaboratively with community organizations, tribal communities, nonprofits, and health departments to advance public health outcomes across Oklahoma. These efforts encompass a wide range of initiatives, including conducting Community Health Needs Assessments for health systems and organizations statewide, fostering community partnerships, and driving innovative research to address critical health challenges.

APPENDIX B TULSA COUNTY HEALTH RESOURCES

Referral Type:	What we can do:	Contacts:
Housing	Schedule appointment	<u>Landlord/property issues/free inspection:</u> Tulsa Health Department: 918-595-4200
	Complete application	<u>Needs affordable housing:</u> https://www.tulsahousing.org/apply-for-housing/
	Complete Application	OHFA Oklahoma Housing Finance Agency https://www.ohfa.org/housingchoicevoucher/
	Complete application and/or make calls.	<u>Help with rent:</u> Dream Center: 918-430-9984 Salvation Army: https://uss.formstack.com/forms/hp_rent_assistance City-County: https://www.needhelppayingbills.com/html/tulsa_county_assistance_progra.html#google_vigne Restore Hope: 918-878-7999. The line is answered Monday-Wednesday 9am-12pm and on Thursday 9am-11a Boston Avenue Helping Hands: Provides emergency help, limited utility and rent assistance, prescriptions, food and aid limited to once a year; other criteria apply. 918-582-1356



Food	Complete application	SNAP https://okdhslive.org/AuthApplicantLogin.aspx
	Complete application	Meals on Wheels https://www.mealsonwheelstulsa.org/apply
	Register	Iron Gate www.IronGateTulsa.org Iron Gate's Grocery Pantry requires pre-registration. You must go online and pre-register for a food box. These food boxes are filled with excellent groceries that places like Trader Joe's and other local grocers donate to. After registering for the food box, you will proceed to Iron Gate on the date and time specified. Address: 501 W Archer St, Tulsa, OK 74103 Phone: (918) 879-1702
	Food Pantry Identify date and time of pick-up	Catholic Charities of Eastern Oklahoma Catholic Charities has just completed a multimillion-dollar food pantry project and has a mobile food bank that visits several northeastern counties. Address: 2450 N. Harvard Ave Tulsa, OK 74115 Phone: (918) 949-4673
		Neighbor for Neighbor Neighbor for Neighbor has a food pantry and is a great option for individuals who are needing a little extra support to get through the month. Located in: Northland Center Address: 505 E 36th St N, Tulsa, OK 74106 Phone: (918) 425-5578
		Catholic Charities Food bank and a mobile food bank that visits several northeastern counties. Dates and times do vary. Address: 2450 N Harvard Ave, Tulsa, OK 74115 Phone: (918) 949-4673



		<p>Guts Church</p> <p>Food Pantry and Distribution Center Address: 4336 S 91st E Ave Tulsa, OK – 74145 Phone: (918) 622-4422</p>
		<p>Vernon Chapel AME Church</p> <p>Located in Oklahoma State University-Tulsa Address: 311 N Greenwood Ave, Tulsa, OK 74120 Phone: (918) 587-1428</p>
		<p>Neighbors Along the Line</p> <p>Serves: North Osage County Line (Edison Street), South- Arkansas River, East- I-244, West- Includes Sand Springs. Food Pantry Hours: Monday – 1:30 – 3:30 p.m. Tuesday – 1:30 – 3:30 p.m. Wednesday – 4:30 – 5:45 p.m. Thursday – 1:30 – 3:30 p.m. & 4:30 – 5:45 p.m.</p> <p>Address: 5000 Charles Page Blvd. Tulsa, OK 74127 Phone: (918) 584-1111</p>
Transport	Schedule ride	<p>SendaRide https://business.sendaride.com/</p> <p><u>Contact your Center for Community Health Case Manager to schedule a medical appointment ride two to three days in advance.</u></p>
	Schedule ride	<p>SoonerRide arranges to take Oklahomans to medical services covered by Medicaid. It is not for emergencies and reservations must be made at least three days before the appointment to arrange for a ride.</p> <p>800-722-0353 877-404-4500</p> <p>7 a.m. to 6 p.m. Monday through Friday. 7 a.m. to 6 p.m. Saturday.</p> <p>Important: Be sure to write down the confirmation number.</p> <p>If your ride is 15 minutes late, call, "Where's My Ride?" at 800-435-1034 or 711 (TDD).</p>
Utilities	Complete application	<p>Salvation Army https://uss.formstack.com/forms/hp_rent_assistance</p>
	Make call	<p>Boston Ave. Helping Hands: 918-582-1356</p>



	Complete application	LIHEAP https://oklahoma.gov/okdhs/services/liheap/utilityservicesliheapmain.html
Adult Day Care	Complete application after doctor's order, H&P, and discharge summary faxed.	Life Senior Services, *Adrian Rolle, Intake Manager 918-938-7653 Suzanne Burrow, Outreach Coordinator 702-413-2623 cell Katherine Cooper, PACE Marketing Specialist 918-938-7615
Employment	Locate opportunities Assist with resume	https://www.ziprecruiter.com/Jobs/-in-Tulsa,OK https://www.indeed.com/l-Tulsa,-OK-jobs.html?vjk=d495ded2b81e0833 Retrain Tulsa https://www.retraintulsa.org/ Located in: Sun Building Address: 907 S. Detroit Ave Suite 210, Tulsa, OK 74120 Retrain Tulsa provides free technical training, career coaching and career placement. Good Will Job Connection Located in 1700 Yale Mall Address 1665 S. Yale Ave Tulsa, OK 74112 Phone: (918) 747-1334 Trinity Employment Specialists Located in: Fox Plaza Address: 5416 S. Yale Ave #205, Tulsa, OK 74135 Phone: (918) 622-2588 Oklahoma Works American Job Center Address: 14002 E. 21 ST St, Suite 825 Tulsa, OK 74134 Phone: (918) 796-1200 Better Way Program Tulsa <u>Is</u> a program developed by the City of Tulsa for those experiencing homelessness. <u>Work</u> a day cleaning a Tulsa recreational area. Further, they feed you a great lunch and then one can connect with a career coach who can assist you to obtain a quality job and resume assistance. You get paid a day's wage for the work completed. They are located at the Denver House in Downtown Tulsa. Address: 252 W. 17 TH PL Tulsa, OK 74119



PCP or follow-up appointment	Identify PCP	https://foe.okhca.org:456/OHCAProviderDirectory/google search.
	Schedule f/u appointment	<p><u>PCP Follow Up Locations:</u></p> <p>Medicaid patients:</p> <p>OSU (23rd and SW Blvd. and Legacy Plaza at 31st and Hwy 64)</p> <p>OU (41st & Yale; 56th St. North; 106th & Memorial)</p> <p>Morton Lansing and Pine)</p> <p>Westview (36th St. North)</p> <p>No Insurance:</p> <p>Morton (102 N Denver Ave located in Salvation Army downtown)</p> <p>OU Bedlam (11th and Utica)</p> <ol style="list-style-type: none"> 1. Ask patient: <ol style="list-style-type: none"> a. Where do you live? 2. Call medical clinic with: <ol style="list-style-type: none"> a. Patient's name b. SSN c. DOB d. Preferences 3. Call Nurse Navigator main line 918-502-1900 and leave message with: <ol style="list-style-type: none"> a. Patient's name b. DOB c. Appointment date/time d. Doctor's name 4. Email Case Manager the Patient Summary 5. Complete reminder card and give to patient
Health Insurance	Link with MedData	Speak to SFHS social work to send a referral
	Complete applications	Advantage



Health Insurance	Link with MedData	Speak to SFHS social work to send a referral
	Complete applications	Advantage
Meds	Make call	<p>Morton (918) 587-2171</p> <p>Good RX https://www.goodrx.com/</p> <p>Tulsa County Pharmacy 2401 Charles Page Blvd Tulsa, OK 74127 (918) 596-5577</p> <p>Neighbor for Neighbor Located in: Northland Center Address: 505 E. 36th St N, Tulsa, OK 74106 Phone: (918) 425-5578</p> <p>Family & Children's Services Address: 2325 S. Harvard Ave Tulsa, OK 74114 Phone: (918) 712-4301</p> <p>Additional ways to obtain medications: Contact the drug manufacture that makes the medication that you take. Often, drug companies have deep discount saving programs that extend beyond the pharmacy counter.</p> <p>Other pharmacies that offer discount prescriptions: GenScripts West View Pharmacy Costco and Sam's Pharmacies (Note: You do not have to be a member to utilize these pharmacies.) CareFirst Pharmacy Economy Pharmacy in Saint Francis Hospital.</p>
Covid Vaccine	Schedule appointment	<p>Tulsa Health Department https://www.tulsa-health.org/coronavirus-disease-2019-covid-19/covid-19-vaccine</p> <p>Major pharmacies Walgreens and CVS.</p>



Flu Vaccine Family Planning Screenings STD testing	Schedule appointment	<p>Tulsa Health Departments:</p> <p>James O. Goodwin Health Center 5051 S. 129th E. Avenue, Tulsa, OK 8:00 a.m. - 4:00 p.m. Monday - Thursday 8:00 a.m. - 3:00 p.m. Friday p: 918-595-4509</p> <p>Central Regional Health Center 315 S. Utica, Tulsa, OK 8:00 a.m. - 4:00 p.m. Monday - Thursday 8:00 a.m. - 3:00 p.m. Friday p: 918594-4709</p> <p>North Regional Health and Wellness Center 5635 N. Martin Luther King Jr. Blvd, Tulsa, OK 74126 8:00 a.m. - 4:00 p.m. Monday - Thursday 8:00 a.m. - 3:00 p.m. Friday p: 918-595-4382</p> <p>Collinsville Health Center 1201 W. Center, Collinsville, OK 74021-3111 8:00 a.m. - 11:00 a.m. and 1:00 p.m. - 4:00 p.m. Monday - Tuesday (by appointment only) 8:00 a.m. - 11:00 a.m. and 1:00 p.m. - 4:00 p.m. Wednesdays (Walk-ins welcome) p: 918-371-4122</p> <p>Sand Springs Health Center 306 E. Broadway, Sand Springs, OK 74063-7911 8:00 a.m. - 11:00 a.m. and 1:00 p.m. - 4:00 p.m. Mondays 8:00 a.m. - 11:00 a.m. and 1:00 p.m. - 4:00 p.m. Wednesdays p: 918-245-5311</p> <p>Major pharmacies Walgreens and CVS.</p>
Experiencing Homelessness	Various Locations	<p>Tulsa County Emergency Shelter Address: 2401 Charles Page Blvd Phone: 918-596-5591</p> <p>Denver House Drop in Center Address: 252 W. 17TH PL Tulsa, OK 74119 Phone: 918-585-1213</p> <p>Assists with ID's and additional case management support regarding housing, food stamps and other resources within the community.</p>



		<p>Tulsa Day Center Address: 415 W. Archer St Tulsa, OK 74103 Phone: 918-583-5588</p> <p>Assists with ID's and additional case management support.</p> <p>John 3:16 Mission Address: 506 N Cheyenne Ave Tulsa, OK 74103 Phone: 918-587-1186</p> <p>Assists with ID's and additional case management support.</p> <p>Salvation Army Address: 102 N. Denver Ave Tulsa, OK 74103 Phone: 918-582-7201</p>
Specialty Medical appointment	Educate about support groups opportunities	<p><u>Needs mental health resources.</u> <i>The Mental Health Association of Oklahoma (MHAOK)</i> has support groups at their different locations. Kyle has some cards with the information to give patients. These support groups are free of charge and have topics such as depression and anxiety and more. The times, locations, and descriptions can be found at mhaok.org/support groups and the contact number is 918-585-1213.</p>
	Educate about counseling and addiction assistance opportunities	<p><i>Family & Children's' services Certified Community Behavioral Health Clinic (CCBHC) at OSAGE HILLS:</i> Provides emotional support, information, and resources to one or both married partners experiencing problems with their relationship. F&C also provides mental health care and substance abuse treatment. Provides case management services for behavioral health and substance use disorder needs.</p>
	Educate about counseling opportunities.	<p><i>CREOKS BEHAVIORAL HEALTH SERVICES - TULSA</i> 4103 S Yale Ave Ste B Tulsa, OK 74135-4027 918-382-7300 Service/Intake</p> <ul style="list-style-type: none"> • http://www.creoks.org • info@creoks.org <p>Counseling services available for individuals, couples, families, and extended family groups. Application or professional referral required. Accepts Medicaid, insurance, and sliding scale.</p>



<p>Educate about counseling/therapy and crisis stabilization opportunities.</p>	<p><i>DAYSRING COMMUNITY SERVICES PFH</i> 3015 Skelly Dr Ste 103 Tulsa, OK 74105</p> <ul style="list-style-type: none"> • 918-712-0859 Service/Intake • http://www.pfh.org/dayspring • referrals@dayspring.pfh.org <p>Offers community based mental health services including Individual, family, and group therapy for children and adults of most ages. Other services/programs available include: Wellness Education, Crisis stabilization, Case Management, and other support services. Services can be accessed in offices, in the home, in the school, and virtually through a tablet, phone or smart device.</p> <p>Appointment required.</p> <p>Accepts Medicaid/Soonercare, Private Pay, Private Insurance and Sliding Fee scale.</p>
<p>Educate about counseling and opioid recovery program opportunities.</p>	<p><i>COUNSELING & RECOVERY SERVICES OF OKLAHOMA</i> 7010 S Yale Ave Ste 215 Tulsa, OK 74136-5705</p> <ul style="list-style-type: none"> • 918-492-2554 Service/Intake • http://www.crsok.org • info@crsok.org <p>Offers individual or group counseling with psychiatric consultation, evaluation, and referral available. Private pay opioid recovery program is available.</p> <p><u>Through phone conference, video chat and webinars we can help clients recognize their reaction to hardship, manage stress, and help them build coping and grounding skills for the recovery process. In addition to supportive crisis counseling, CRSOK counselors will provide information, education, and help link impacted individuals to appropriate resources.</u></p> <p><u>For services, call CRSOK at 918.492.2554, 211 or the Reach out hotline at 1-800-522-9054.</u></p> <p>Service hours: Mon, Wed, Fri 8am-5pm, Tue, Thu 8am-7pm</p> <p>Appointment required.</p> <p>Accepts Medicaid/Soonercare, Medicare, insurance, and sliding scale.</p> <p>Located on the northwest corner of 71st and Yale.</p>



	<p>Educate about addiction treatment counseling, and therapy opportunities.</p>	<p>OKLAHOMA STATE UNIVERSITY - MEDICAL CENTER OKLAHOMA STATE UNIVERSITY - ADDICTION MEDICINE 5310 E 31st St Suite 1102 Tulsa, OK 74135</p> <ul style="list-style-type: none"> • 918-561-1890 Service/Intake • https://osumedicine.com/location/osu-medicine-addiction-medicine <p>Provides treatment, counseling, and therapy to those suffering from addiction. Application required. There are fees.</p>
	<p>Educate about therapy and mental health support opportunities.</p>	<p>COMMUNITY HEALTH CONNECTION - KENDALL-WHITTIER 2321 E 3rd St Tulsa, OK 74104 918-622-0641 Service/Intake</p> <ul style="list-style-type: none"> • http://www.communityhealthconnection.org <p>Offers behavioral health services including mental health screenings, immediate support and/or referrals, therapy (individual, group, and family), and collaborative medical appointments to address behavior change related to care. Service hours: Mon 8am-6pm, Tue-Fri 8am-5pm Appointment required. Accepts Medicaid/SoonerCare, insurance and sliding scale.</p>



In collaboration with the OU Hudson College of Public Health, the collaboration hosted two community engagement meetings to further understand local needs. These meetings invited leaders from various community organizations, residents, and representatives from vulnerable populations to participate in a dialogue about the challenges they observe within the county.

The engagement meetings provided an opportunity for the community to come together and offer input on the pressing needs and issues faced in the community and met once in September and once in December of 2024. Participants were guided through a Social Determinants of Health root cause activity. Once completed as a larger group, individual attendees were asked to select the priority area they deemed most important for the county, describe how this area represents a critical need, and provide examples from their own communities.

The qualitative feedback gathered from these meetings was transcribed, and key themes and priorities were identified using the Framework method. This systematic approach for managing and analyzing qualitative data consists of five key stages: familiarization, identifying a thematic framework, indexing, charting, mapping and interpretation. Relevant quotes were also summarized to capture attendees' perspectives on each priority area. The findings are presented and further detailed in the following table.

<p>POPULATIONS/ORGANIZATIONS REPRESENTED</p> <ul style="list-style-type: none"> • Veteran individuals • Hispanic and Spanish Speaking • Individuals with disabilities • LBGTQ+ individuals • Unhoused individuals • Black and African Americans • Native Americans • OK State Dept. Of Health • Tribal Healthcare • Social Service Providers • Religious entities 	<p>COMMON THEMES</p> <ol style="list-style-type: none"> 1. Housing: Lack of affordable housing and high rates of homelessness. 2. Violence: High rates of violence, including workplace violence. 3. Education: Low education rankings impact overall community well-being.
<p>MEANINGFUL QUOTES</p> <ul style="list-style-type: none"> • <i>"Affordable housing has become a huge issue in our community."</i> • <i>"Oklahoma ranks very low in education, and that correlates with why we rank so high for early death."</i> • <i>"Education is the key to successfully navigating the world around you and Tulsa is falling short on education from our children to our adults."</i> • <i>"Affordable housing has become a huge issue in our community and in our state."</i> • <i>"We have one of the highest rates of violence to women and just in general seem to have a very conflict heavy approach to problem solving."</i> 	



**2025 COMMUNITY HEALTH NEEDS
ASSESSMENT SURVEY****2025 Community Health Needs Assessment Survey**

Thank you for participating in your community's health needs assessment (CHNA).

This is an anonymous, comprehensive survey done every three years to better understand the health assets, needs, and priorities in your community. Your response will serve as a critical tool in shaping future services, projects, and programs and understanding what resources should be sought to improve health outcomes for everyone across the community.



A digital version of this survey is available in Spanish, Burmese, or English and can be accessed using the QR code. This survey should take about 10 minutes to complete and will close November 3rd. After you complete the survey, you will also have the opportunity to enter a raffle to win a \$100 gift card.

Link: https://ousurvey.qualtrics.com/jfe/form/SV_0IF0D7Q7nZLVs90.5

Date: _____

1. Please enter your survey ID number (Skip if not applicable): _____

2. What County do you live in?

- a. Craig
- b. Creek
- c. Muskogee
- d. Nowata
- e. Tulsa
- f. Washington
- g. Don't know / Not sure

3. What is the ZIP code of where you live?: _____



- 4. In the past year, have you or any family members you live with been unable to get any of the following when it was really needed? Select all that apply.**

Yes	No	Employment
Yes	No	Food
Yes	No	Housing (e.g., rent, utilities, mortgage)
Yes	No	Transportation
Yes	No	Any Health Care (e.g., medical, vision, prescription medications)
Yes	No	Mental Health Services
Yes	No	Phone
Yes	No	Internet
Yes	No	Childcare or Early Childhood Education Services

- 5. What is the highest level of school or degree you have completed?**

- a. No schooling completed
- b. Some primary school (1st – 8th grade)
- c. Some high school, no diploma
- d. High school graduate or equivalent (e.g., GED)
- e. Some college, no degree
- f. Associate's degree (this includes vocational or trade school)
- g. Bachelor's degree
- h. Master's degree
- i. Professional school degree (e.g., law or medical degree)
- j. Doctorate degree

- 6. What is your current work situation? (Bureau of Labor Statistics)**

- a. Not working for pay but actively looking for paid work
- b. Not working for pay and not looking for paid work
- c. Working for pay: Part-time or seasonal work (less than 35 hours a week)
- d. Working for pay: Full-time work (35 or more hours a week)
- a. Other

- 7. How hard is it for you to pay for the very basics like food, housing, clothing, medical care, and utilities?**

- a. Very hard
- b. Somewhat hard
- c. Not hard at all



8. In the past year, which of the following barriers have you personally experienced when trying to get employment? Select all that apply.

- ☐ Lack of necessary skills or qualifications
- ☐ Limited work experience
- ☐ Lack of required education
- ☐ Transportation issues
- ☐ Childcare responsibilities
- ☐ Adult dependent care responsibilities
- ☐ Health issues or disability
- ☐ Age discrimination
- ☐ Gender or sexual orientation discrimination
- ☐ Racial or ethnic discrimination
- ☐ Language barriers
- ☐ Criminal record
- ☐ Lack of job opportunities in your area
- ☐ Lack of access to job search resources
- ☐ Economic conditions
- ☐ Employer preferences for certain types of candidates
- ☐ Personal motivation or confidence issues
- ☐ Other

9. Within the past 12 months the food I/we bought just didn't last and I/we didn't have the money to get more.

- a. Often True
- b. Sometimes True
- c. Never True

10. Within the past 12 months I/we were worried whether our food would run out before I/we got money to buy more.

- a. Yes
- b. No
- c. Don't know/Not Sure



11. What are the main reasons you have difficulty getting or eating nutritious foods? Select all that apply.

- ☐ Cost: Nutritious foods are too expensive
- ☐ Availability: Nutritious foods are not available in my local stores
- ☐ Transportation: I do not have reliable transportation to get to stores that sell nutritious foods
- ☐ Time: I do not have enough time to prepare or shop for nutritious foods
- ☐ Knowledge: I do not know how to prepare nutritious meals
- ☐ Physical Ability: I have physical limitations that make it difficult to shop for or prepare nutritious foods
- ☐ Other

12. Which of the following improvements would most encourage you to increase your physical activity? Select all that apply.

- ☐ Improved access to exercise facilities (e.g., gyms, parks)
- ☐ Better transportation options to reach exercise locations
- ☐ Increased availability of exercise programs or fitness classes
- ☐ More flexible scheduling options for workouts
- ☐ Financial incentives or subsidies for exercise-related expenses
- ☐ Increased social support (e.g., workout groups, community activities)
- ☐ Enhanced safety and security in exercise environments
- ☐ Better information and resources on effective exercise
- ☐ Personalized exercise plans or coaching
- ☐ Other

13. What is your housing situation today?

- a. Own
- b. Rent
- c. Staying with friends or family
- d. Hotel / motel
- e. Long-term care / skilled nursing
- f. Group home
- g. Halfway house
- h. I do not have shelter right now (unhoused)
- i. Other



14. Are you worried about losing your housing?

- a. Very worried
- b. Somewhat worried
- c. Slightly worried
- d. Not at all worried

15. Do you feel physically and emotionally safe where you currently live?

- a. Yes
- b. No
- c. Unsure

16. In the past 12 months, have you experienced any of the following problems with your housing? Select all that apply or skip if none.

- ☐ Structural maintenance issues (e.g., plumbing or flooring problems)
- ☐ Neighborhood safety issues
- ☐ Rent or mortgage too expensive
- ☐ Utility bills are too expensive (e.g., water, electricity, or heating/cooling)
- ☐ Unhealthy housing (e.g., pest problems, lead, asbestos, mold or poor air quality)
- ☐ Unsafe relationships in the home
- ☐ Too many people in the household (overcrowding)

17. What are the main barriers you face in getting childcare or early childhood education services? Select all that apply.

- ☐ Cost
- ☐ Location
- ☐ No openings for my child
- ☐ Hours of operation
- ☐ Quality of care
- ☐ Special needs care
- ☐ None
- ☐ Finding somewhere that accepts childcare subsidy
- ☐ Other



18. What is your primary mode of transportation?

- a. Private car
- b. Public transit (e.g., bus)
- c. Walking
- d. Biking
- e. Carpooling
- f. Ride-sharing (e.g., friends, family, Uber, or Lyft)
- g. Other

19. In the past 12 months, has unreliable transportation or lack of transportation kept you from any of the following? Select all that apply.

- ☐ Medical appointments
- ☐ Non-medical appointments
- ☐ Work
- ☐ Accessing things needed for daily living (e.g., grocery, shopping)
- ☐ Other
- ☐ No

20. In the past 12 months, have you experienced any of the following problems with your transportation? Select all that apply.

- ☐ High cost of transportation (e.g., car payment, gas, insurance)
- ☐ Unavailable transportation
- ☐ Unreliable transportation
- ☐ Safety concerns
- ☐ Physical limitations

21. Where do you get trusted information about health for yourself and/or your family? Select all that apply.

- ☐ Doctor or other healthcare provider
- ☐ Health care system (either in person or calling the nurse line)
- ☐ Handouts/ Pamphlets
- ☐ Internet
- ☐ Books/ Magazine
- ☐ Friends
- ☐ Family
- ☐ Church
- ☐ Social Media
- ☐ News
- ☐ Other



22. What is your main source of health insurance or healthcare coverage?

- a. Employer based insurance
- b. Medicare
- c. Medicaid or other state program (e.g., CHIP or SoonerCare, SoonerSelect, and Oklahoma Insure)
- d. Tricare or other military health care (e.g., VA)
- e. None/ Uninsured – Using a Tribal Clinic or Hospital
- f. None/ Uninsured – Using Other Tribal Health Services, including IHS
- g. Private insurance purchased directly from an insurance company
- h. No health insurance
- i. Other

23. What is your main reason for NOT having insurance?

- a. Coverage is too expensive
- b. Lost job or changed employers
- c. Lost Medicaid or became ineligible (e.g., due to age, increase in income)
- d. Employer doesn't offer insurance
- e. Don't need insurance
- f. Insurance company refused coverage
- g. I do not know how to get it
- h. Other

24. In the past 12 months, have you had problems getting healthcare services due to any of the following? Select all that apply.

- ☐ Not knowing when I need to see a doctor
- ☐ Unable to get an appointment at a time that works for me
- ☐ No health insurance
- ☐ Not having transportation to my appointment
- ☐ Unable to get an appointment close to home
- ☐ Not having access to telehealth services (e.g., no internet)
- ☐ Not having enough time with my doctor
- ☐ Not understanding what or who my insurance covers
- ☐ Worrying about medical bills from my visit
- ☐ Not having a healthcare team that speaks my primary language
- ☐ Fear of discrimination or bias by people at the hospital or doctor's office
- ☐ Not understanding doctor's recommendations/orders
- ☐ Unable to get prescriptions filled
- ☐ Unable to access medical assistive devices (e.g., hearing aids)
- ☐ Not maintaining doctor's recommendations at home
- ☐ Immigration status concerns
- ☐ None
- ☐ Other



25. Do you have at least one person you think of as your personal doctor or health care provider?

- a. Yes
- b. No
- c. Not sure

26. Where do you most frequently go to receive healthcare services? Select all that apply.

- ☐ University Clinic
- ☐ Federally Qualified Health Center (e.g., Morton or Community Health Connection)
- ☐ VA Clinic
- ☐ American Indian/ Tribal Health Clinic
- ☐ Health Department
- ☐ Emergency Room
- ☐ Urgent Care Center
- ☐ Doctor's Office
- ☐ Free Clinic
- ☐ I don't have a place
- ☐ Other

27. Have you ever used drugs (narcotic or illegal) other than tobacco or alcohol?

- a. Never
- a. Once a month or less
- b. 2-4 times a month
- c. 2-3 times a week
- d. 4 or more times a week

**28. Which of the following would improve your access to mental/ behavioral healthcare services?
Select all that apply.**

- ☐ Affordable services
- ☐ Providers in my area
- ☐ Shorter wait times for appointments
- ☐ Expanded insurance coverage
- ☐ Transportation options to reach services
- ☐ Culturally sensitive care
- ☐ Availability of telehealth options
- ☐ Flexible appointment times (e.g., evenings or weekends)
- ☐ Increased awareness of available services
- ☐ Other



29. How would you describe your health in general?

- a. Excellent (Extremely Healthy)
- b. Very Good (Very Healthy)
- c. Good (Healthy)
- d. Fair (Somewhat Unhealthy)
- e. Poor (Very Unhealthy)

30. How often do you see or talk to people that you care about and feel close to? (For example: talking to friends on the phone, visiting friends or family, going to church or club meetings)

- a. I do not have anyone that I feel close to
- b. Less than once a week
- c. 1 or 2 times a week
- d. 3 to 5 times a week
- e. 6 or more times a week

31. If for any reason you need help with activities of daily living such as bathing, preparing meals, shopping, managing finances, etc., do you get the help that you need?

- a. I don't need any help
- b. I get all the help I need
- c. I could use a little more help
- d. I need a lot more help

32. I feel I am accepted in my community.

- a. Strongly Agree
- b. Agree
- c. Neutral
- d. Disagree
- e. Strongly disagree

33. What is your age?

- a. 18-24 years
- b. 25 to 34 years
- c. 35 to 44 years
- d. 45 to 64 years
- e. 65+



34. What was your total household income before taxes in the past 12 months?

- a. Less than \$10,000
- b. \$10,000 to \$14,999
- c. \$15,000 to \$24,999
- d. \$25,000 to \$34,999
- e. \$35,000 to \$49,999
- f. \$50,000 to \$74,999
- g. \$75,000 to \$99,999
- h. \$100,000 to \$149,999
- i. \$150,000 to \$199,999
- j. \$200,000 or more

35. How many people does this income support (free response):

- a. Adults (18+)_____
- b. Children (Under 18):_____

36. What sex were you assigned at birth on your original birth certificate?

- a. Male
- b. Female

37. Do you currently describe yourself as male, female or transgender? (U.S. Census)

- a. Male
- b. Female
- c. Transgender
- d. None of these

38. Are you of Hispanic, Latino, or Spanish origin? (U.S. Census)

- a. No, not of Hispanic, Latino or Spanish origin
- b. Yes, Mexican, Mexican Am., Chicano
- c. Yes, Puerto Rican
- d. Yes, Cuban
- e. Yes, another Hispanic, Latino or Spanish origin



39. What is your race? Select all that apply.

- ☐ White (e.g., German, Irish, English, Italian, Lebanese, Egyptian, etc.)
- ☐ Black or African American (e.g., African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)
- ☐ American Indian or Alaska Native (e.g., Navajo Nation, Blackfeet Tribe, Mayan, Aztec)
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Other Asian (e.g., Pakistani, Cambodian, Hmong, Burmese, etc.)
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Other Pacific Islander (e.g., Tongan, Fijian, Marshallese, etc.)
- ☐ Some other race

40. How did you hear about this survey?

- a. Ascension St. John
- b. Saint Francis Health System
- c. County Health Department
- d. Mail
- e. Church
- f. Community-based organization or community Meeting
- g. Grocery Store / Shopping Mall
- h. Newspaper
- i. Newsletter
- j. Word of Mouth
- k. Facebook or Social Media
- l. Other

Thank you for completing the 2025 County Health Needs Assessment! You have reached the end of the survey. If you would like to be entered into a drawing to win a \$100 Visa gift card, please complete the fields on the next page!



This page is intentionally left blank so that the raffle entry will be separated from the completed survey.

Flip the page to enter the raffle!



Would you like to be entered into a drawing to win a \$100 Visa gift card? If you are interested, please enter your phone number or full mailing address so we can contact you if you win. Skip if you do not wish to be entered to win.

☐ Yes (County, phone number): _____

☐ Yes (mailing address): _____

Thank you for completing the 2025 County Health Needs Assessment! We are grateful for your participation and look forward to using your feedback to guide health improvement efforts in our community.

