

HPI Community Hospital (North & South) and HPI Northwest Surgical Hospital

Community Health Improvement Plan

(For Fiscal Years 2026, 2027, 2028)

Access to Healthy Food • Access to Healthcare • Education • Employment • Housing

INTEGRIS HEALTH

INTEGRIS Health
Mission, Vision and Values

Mission

Partnering with people to live healthier lives.

Caring for our patients is our top priority. As the largest health care system in Oklahoma, we feel it's our responsibility to improve the health of the citizens of our great state. But we learned a long time ago that we can't fully care for our community by staying exclusively within the walls of our facilities.

At INTEGRIS Health, caregivers take their education and skills into the community to make a difference in the lives of fellow Oklahomans. Their dedication, combined with our resources, helps accomplish a variety of things – from providing free clinical services, screenings, and education programs to working with juvenile offenders and providing activities for senior citizens.

We also realize the health of a community isn't just physical and mental – it's economic and spiritual as well. That's why we offer a myriad of programs that address all these important issues.

Vision

Most Trusted Partner for Health

Values

iCare

Integrity, Compassion, Accountability, Respect and Excellence



Executive Summary

The Patient Protection and Affordable Care Act (ACA) requires each not-for-profit hospital to conduct a Community Health Needs Assessment (CHNA) every three years to identify significant health needs in the community, report impact of previous community health improvement initiatives, and develop an implementation plan to address and measure community health activities created to address the significant health needs.

INTEGRIS Health reports compliance with the requirements on the IRS Form 990 Schedule H annually. Through INTEGRIS Health, HPI Community Hospital (North & South) and HPI Northwest Surgical Hospital (HPI) collaborated with local community partners on the CHNA. The results identified Access to Healthy Food, Access to Healthcare, Education, Employment, and Housing as the priority issues.

Since the hospitals have limited resources, not every health indicator which has an identified need for improvement will be directly addressed. Those community needs identified, but not "prioritized" for improvement included the following:

- Education
- Employment
- Housing

The issues were chosen based on state and local data, surveys, identifiable gaps, available resources, and input from small focus groups.

HPI has developed a three-year Community Health Improvement Plan (CHIP) designed to meet the needs of the community based on the results of the CHNA which was completed in 2024. The plan aligns with the INTEGRIS Health pillars of excellence.

This implementation plan addresses the following priority issues.

- Access to Healthy Food
- Access to Healthcare

During this plan cycle, HPI will collaborate with community partnerships to improve the health for low-income, underserved, and uninsured populations. INTEGRIS Health and HPI are committed to the successful completion of the CHIP, utilizing a collaborative, systemwide approach. Outcome measures will be tracked quarterly and annually through the evaluation process.

Access to Healthy Food

Access to sufficient nutritious food influences physical and mental well-being. Financial barriers contribute to lack of access to healthy food, perpetuating health inequities. Improving food environments in communities is essential for increasing access to healthy foods and reducing disparities in diet-related health outcomes. Food insecurity is a significant issue in the Oklahoma City metro area. In Oklahoma County, 15.3% of the population, or 121,570 people were considered food insecure in 2022. This is a significant portion of our population, and it is above the national rate of food insecurity, 13.5%.[1]

Program	Supporting Activities	Current/Potential Partnerships	Yearly Targets
Food Bank Volunteers	Hospital staff volunteer their time to work at and with local food banks/outlet/pantries	Salvation Army's Center of Hope Oklahoma Regional Food Bank	FY 26: Establish partnership opportunities FY 27: At least one food bank activities event offered FY 28: At least two food bank activities event offered
Food Bank Programs	Hospital staff support local food bank programs through donations, food drives and financial support	Salvation Army's Center of Hope Oklahoma Regional Food Bank	FY 26: Establish partnership opportunities FY 27: At least one food bank activities event offered FY 28: At least two food bank activities event offered

[1] Hunger and Poverty in Oklahoma County, Oklahoma | Map the meal gap. (n.d.). https://map.feedingamerica.org/county/2022/overall/oklahoma/county/oklahoma

Access to Healthcare

Access to healthcare is fundamental in ensuring optimal health outcomes and well-being for individuals within a population. Having access to comprehensive and quality healthcare services plays a vital role in promoting and maintaining health, managing and preventing diseases, reducing unnecessary disability, and achieving health equity. Limited health insurance coverage and financial hardship are major barriers to access.[2] Difficulties in transportation to healthcare appointments further hinder accessibility. This was further emphasized in the OCCHD's Community Context Assessment performed alongside the COHIT needs assessment. Of the 175 people in Oklahoma County who reported having trouble accessing healthcare, lack of transportation options was selected as a barrier.[3] However, the biggest barriers in that survey were: the availability of healthcare providers, long wait times and financial constraints. Shortages of healthcare workers and their availability pose challenges barriers to receiving timely care. While affordable health insurance is part of the solution, a comprehensive approach must consider economic, social, cultural, and geographic barriers to healthcare.[4]

Program	Supporting Activities	Current/Potential Partnerships	Yearly Targets
Financial Assistance Program	Provide information regarding the financial assistance program	Care Credit/Synchrony Financial	FY 26-28: Educate all Registration/Insurance staff on Care Credit offerings and website application FY 26-28: Educate/Assist patients with application/process
Low/No Cost Healthcare	Provide free health clinic service information	Lighthouse Medical Clinic	FY 26-28: Provide information flyers to all patients in need

[2] Call, K. T., McAlpine, D. D., Garcia, C. M., Shippee, N., Beebe, T., Adeniyi, T. C., and Shippee, T. (2014). Barriers to care in an ethnically diverse publicly insured population. Medical Care, 52(8), 720-727. https://doi.org/10.1097/mlr.0000000000000172
[3] The Oklahoma City County Health Department's 2024 Community Context Assessment data output.
[4] US Department of Health and Human Services. (2020). Access to Health Services. Healthy People 2030; U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion.

Education

Education is central to society and gives individuals the skills they need to live healthy lives. Education significantly increases life expectancy[5] and indirectly decreases rates of chronic disease.[6] It plays a vital role through its relationship to employment, impacting financial stability and access to health insurance later in life. In addition, healthy habits and social interactions obtained in childhood education lead to improved mental and physical health in adulthood. Quality education that is equitable and accessible has profound impacts on the community, but decreased quality of education or limited access to educational materials can increase health disparities even further.[7] Improved access to quality education will bring communities one step closer to health equity.

Program	Supporting Activities	Current/Potential Partnerships	Yearly Targets
Not prioritized for improvment			

[5] Wu, Y., Daskalopoulou, C., Terrera, G. M., Niubo, A. S., Rodríguez-Artalejo, F., Ayuso-Mateos, J. L., Bobak, M., Caballero, F. F., De La Fuente, J., De La Torre-Luque, A., García-Esquinas, E., Haro, J. M., Koskinen, S., Koupil, I., Leonardi, M., Pajak, A., Panagiotakos, D., Stefler, D., Tobias-Adamczyk, B., ... Prina, A. M. (2020). Education and wealth inequalities in healthy ageing in eight harmonised cohorts in the ATHLOS consortium: a population-based study. The Lancet Public Health, 5(7), e386–e394. https://doi.org/10.1016/s2468-2667(20)30077-3

[6] Choi, A. I., Weekley, C. C., Chen, S., Li, S., Tamura, M. K., Norris, K. C., and Shlipak, M. G. (2011). Association of educational attainment with chronic disease and mortality: the Kidney Early Evaluation Program (KEEP). American Journal of Kidney Diseases, 58(2), 228–234. https://doi.org/10.1053/j.ajkd.2011.02.388

[7] Zajacova, A., and Lawrence, E. M. (2018). The Relationship between Education and Health: reducing Disparities through a Contextual approach. Annual Review of Public Health, 39(1), 273–289. https://doi.org/10.1146/annurev-publhealth-031816-044628

Employment

Stable employment provides financial security, social interactions, and often access to benefits like health insurance. Unemployment is linked to heightened mortality and adverse health outcomes.[8] It increases stress leading to poorer mental health and elevated suicide rates.[9] Workplace safety is also an important factor to consider. Prolonged exposure to dangerous chemicals, loud environments, and repetitive movements can lead to negative health effects. In addition to direct effects, access to employment is related to several other social determinants of health.[10] It provides the funding necessary for housing, groceries and transportation in addition to healthcare access via health insurance. Education plays a role in employment as it is frequently a requirement in the workplace. These determinants compound health disparities and inequities in the community and unemployment contributes substantially because it directly impacts financial stability. Access to adequate employment and living wages is essential in maintaining a healthy lifestyle. The mean annual wage per employee for Oklahoma City in 2023 was $56,670.[11] The unemployment rate in Oklahoma County was 3.6% as of July 2024. Over the past year, the unemployment rates in Oklahoma state, Oklahoma City, and Oklahoma County have increased across the board.[12]

Program	Supporting Activities	Current/Potential Partnerships	Yearly Targets
Not prioritized for improvement			

[8] Clemens, T., Popham, F., and Boyle, P. (2014). What is the effect of unemployment on all-cause mortality? A cohort study using propensity score matching. European Journal of Public Health, 25(1), 115–121. https://doi.org/10.1093/eurpub/cku136
[9] Milner, A., Page, A., and LaMontagne, A. D. (2013). Long-Term Unemployment and Suicide: A Systematic Review and Meta-Analysis. PLoS ONE, 8(1), e51333. https://doi.org/10.1371/journal.pone.0051333
[10] Silver, S. R., Li, J., and Quay, B. (2021). Employment status, unemployment duration, and health-related metrics among US adults of prime working age: Behavioral Risk Factor Surveillance System, 2018–2019. American Journal of Industrial Medicine, 65(1), 59–71. https://doi.org/10.1002/ajim.23308
[11] Occupational Employment and wage statistics. (n.d.). Employment Security Commission. https://oklahoma.gov/oesc/labor-market/oews.html
[12] Source: US Bureau of Labor Statistics, https://www.bls.gov/eag/eag.us.htm

Housing

Housing conditions influence healthcare access and quality of life.[13] Access to quality, affordable, stable housing has a profound impact on health outcomes. This was recognized through OCCHD's Community Context Assessment among Oklahoma County residents. Second only to chronic disease burden, homelessness was noted as the second biggest health concern among respondents. Disparities in housing quality can lead to health inequities further down the road, especially in underserved communities.[14] Inadequate living conditions can lead to increased risks of health conditions like respiratory issues.[15] Disparities in neighborhoods and built environments can lead to poor mental health.[16] Frequent moves can increase stress, uproot families, and decrease quality of life. Homelessness increases risks for chronic health conditions and exposes individuals to environmental hazards. Initiatives to improve housing access, stability, and quality are vital for addressing population health inequities. Programs to reduce housing-related health disparities that include housing policy in tandem with public health initiatives are essential for improving community health outcomes.

Program	Supporting Activities	Current/Potential Partnerships	Yearly Targets
Not prioritized for improvement			

[13] Mwoka, M., Biermann, O., Ettman, C. K., Abdalla, S. M., Ambuko, J., Pearson, M., Rashid, S. F., Zeinali, Z., Galea, S., Valladares, L. M., and Mberu, B. (2021). Housing as a Social Determinant of Health: Evidence from Singapore, the UK, and Kenya: the 3-D Commission. Journal of Urban Health, 98(S1), 15–30. https://doi.org/10.1007/s11524-021-00557-8
[14] Swope, C. B., and Hernández, D. (2019). Housing as a determinant of health equity: A conceptual model. Social Science and Medicine, 243, 112571. https://doi.org/10.1016/j.socscimed.2019.112571
[15] Matte, T. D., and Jacobs, D. E. (2000). Housing and health—Current issues and implications for research and programs. Journal of Urban Health, 77(1), 7–25. https://doi.org/10.1007/bf02350959
[16] Hood, E. (2005). Dwelling Disparities: How poor housing leads to Poor health. Environmental Health Perspectives, 113(5). https://doi.org/10.1289/ehp.113-a310