2024

OKLAHOMA COUNTY
COMMUNITY HEALTH NEEDS ASSESSMENT



CENTRAL OKLAHOMA HEALTH IMPACT TEAM (COHIT)

INTEGRIS HEALTH · Mercy · OU Health · SSM Health St. Anthony · OKC County Health Department · Hudson College of Public Health, The University of Oklahoma Health Sciences · Lynn Institute



Letter from CEOs

We are honored to present the 2024 Community Health Needs Assessment. This report is a true testament to our long-standing tradition of collaboration and resilience here in central Oklahoma. Our community has always exemplified the Oklahoma Standard of working together with unity and determination, and it is this spirit that drives us forward.

As the leading health systems in the region, we are dedicated to the well-being of every member of our community, especially those who need it the most. While our mission statements may vary, we are united by a common goal: to provide exceptional healthcare services and enhance the overall health of our community. We recognize that our role extends beyond healthcare delivery; we are also major employers. Beyond delivering healthcare, we are also your neighbors, friends, and family, deeply rooted in this community.

Improving healthcare outcomes requires a collective effort. It will take all of us—health systems, community organizations, and individuals—to achieve the healthier future we envision. Together, we can make a healthier future for everyone.

Thank you for your continued support and partnership as we work together for the betterment of our community's health.



Timothy Pehrson
President and CEO, INTEGRIS Health



Bennett Geister
President, Mercy Oklahoma City Communities



Richard P. Lofgren, M.D.
President & Chief Executive Officer, OU Health

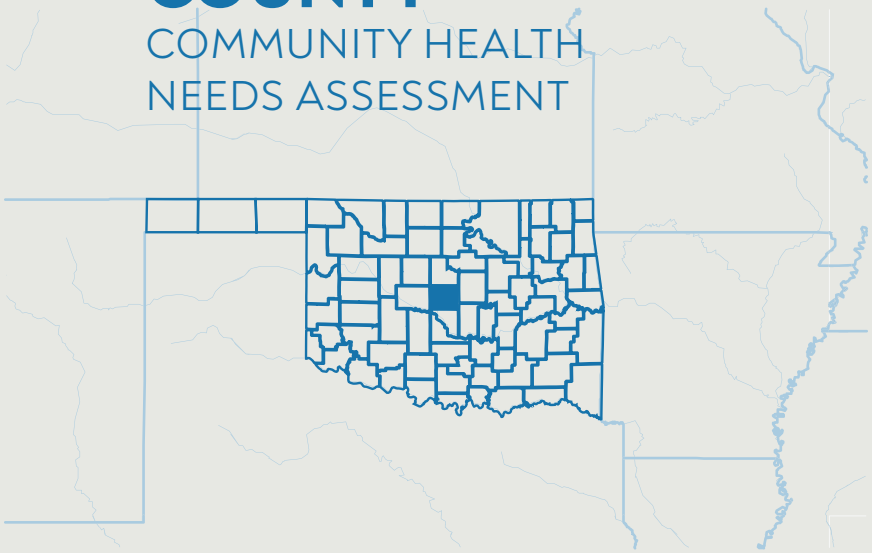


Joe Hodges
Regional President, SSM Health Oklahoma and Mid-Missouri

CONTENTS

OKLAHOMA COUNTY

COMMUNITY HEALTH NEEDS ASSESSMENT



Chapter 1

6 **EXECUTIVE SUMMARY**

6 Background

7 Overview of Community Assets and Discovered Gaps

Chapter 2

8 **INTRODUCTION**

9 Demographics

13 COHIT History

13 Outline

Chapter 3

14 **METHODS**

15 Description of Community

16 Community Engagement Approach

18 Prioritization and Data Analysis Methods

Chapter 4

22 **PRIORITY AREAS**

23 **Access to Healthy Food**
26 Community Initiative Strengths
27 Gaps in Community Initiatives

30 **Access to Healthcare**
34 Community Initiative Strengths
35 Gaps in Community Initiatives

38 **Education**
42 Community Initiative Strengths
43 Gaps in Community Initiatives

46 **Employment**
48 Community Initiative Strengths
49 Gaps in Community Initiatives

52 **Housing**
56 Community Initiative Strengths
58 Gaps in Community Initiatives

Chapter 5

60 **HEALTH SYSTEM SUMMARIES**

62 INTEGRIS Health

64 Mercy

66 OU Health

68 SSM Health St. Anthony

Chapter 6

72 **2022 CHNA FEEDBACK**

73 Addendum 1

*Evaluation and impact of previously implemented improvement strategies for each individual health system are included at the end of this document.

CHAPTER

1

Executive Summary

BACKGROUND

The 2024 Community Health Needs Assessment (CHNA) is the result of a collaborative effort between INTEGRIS Health, SSM Health St. Anthony, Mercy Hospital Oklahoma City, and OU Health moderated by the Lynn Institute. These organizations make up a collaboration titled Central Oklahoma Health Impact Team (COHIT). This assessment evaluates the health needs of Oklahoma County, in partnership with the Oklahoma City-County Health Department and was facilitated by OU Hudson College of Public Health. The goal of the assessment is to identify the most pertinent health needs and guide hospital systems in developing strategies for improvement in the years ahead.

While conducting this report, the focus was placed on five social determinants of health. These priority areas include access to healthcare, housing, employment, nutritious food, and education. Building on the foundation of the 2022 CHNA, COHIT has continued to explore and assess community needs and progress made in these areas. Using the MAPP 2.0 framework, the COHIT team began a Community Partner Assessment.

Overview of Community Assets and Discovered Gaps

Access to Healthy Food

In Oklahoma County, current community programs aimed at improving access to healthy food focus on nutrition education and cooking classes, school lunch programs, and food pantries. However, key needs identified include improving access to grocery stores, making groceries more affordable, and expanding community gardens that are tied to other community-supporting initiatives.

Access to Healthcare

Initiatives focused on improving access to healthcare have been successful in improving outreach to Medicaid-eligible population, providing respite care to people experiencing homelessness, facilitating affordable breast health, and improving health education. However, significant barriers remain, including a shortage of healthcare workers serving the uninsured and challenges in accessing specialty care clinics.

Education

In Oklahoma County, tutoring programs for underserved school districts and health fair tables providing health education are increasing education access. Despite these efforts, gaps in health literacy, financial education, and access to tutoring services are still prevalent.

Employment

Career training services, such as job search assistance, skill training, and employment opportunities for seniors or people with disabilities are helping to improve employment outcomes. However, there remains a need to further expand job opportunities for people with disabilities and combat underemployment in the general population. Many Oklahoma County residents are underemployed and struggle to find a job that offers sufficient hours or income to meet their financial needs.

Housing

Efforts to improve housing access include housing affordability programs and initiatives focused on continuum of care for the unhoused including the City's Key to Home Initiative. A critical community need for improving healthcare outcomes for the unhoused is streamlining discharge planning for individuals facing homelessness. Additionally, there is a need to support and expand street medicine programs and hospice.

CHAPTER

2

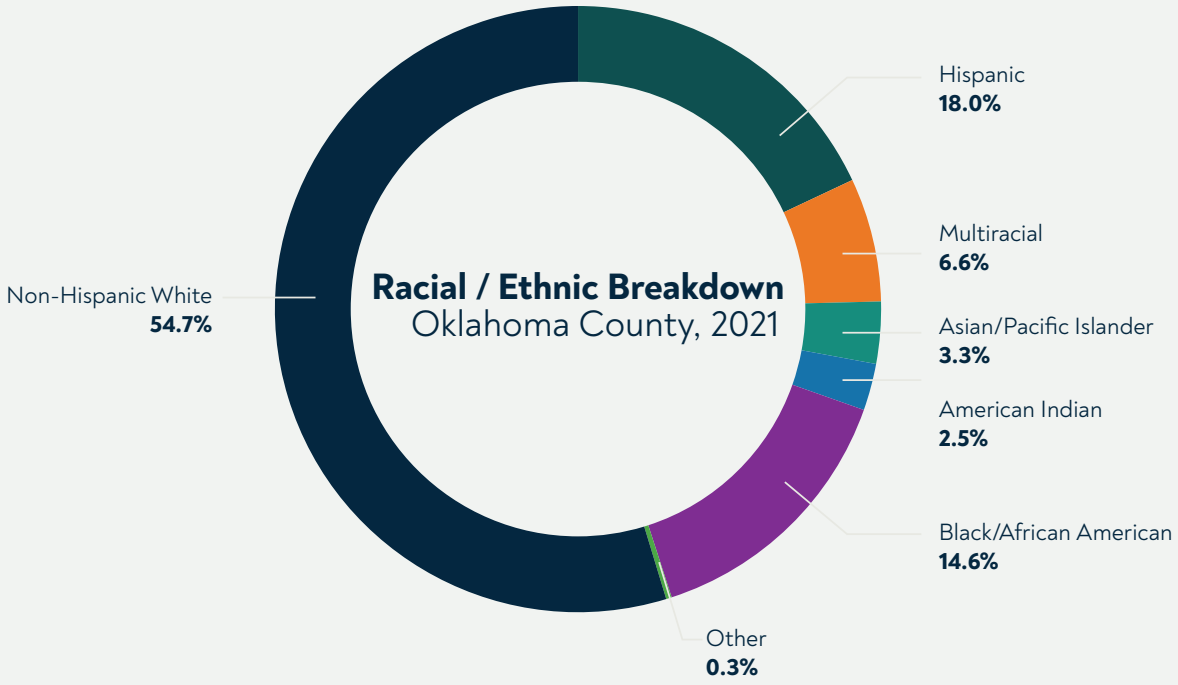
Introduction

The 2024 Central Oklahoma Community Health Needs Assessment is a collaborative effort including four nonprofit hospital systems in central Oklahoma: INTEGRIS Health, Mercy Hospital Oklahoma City, OU Health, and SSM Health St. Anthony. This initiative was completed in partnership with the Oklahoma City-County Health Department (OCCHD), moderated by the Lynn Institute and facilitated by the OU Hudson College of Public Health.

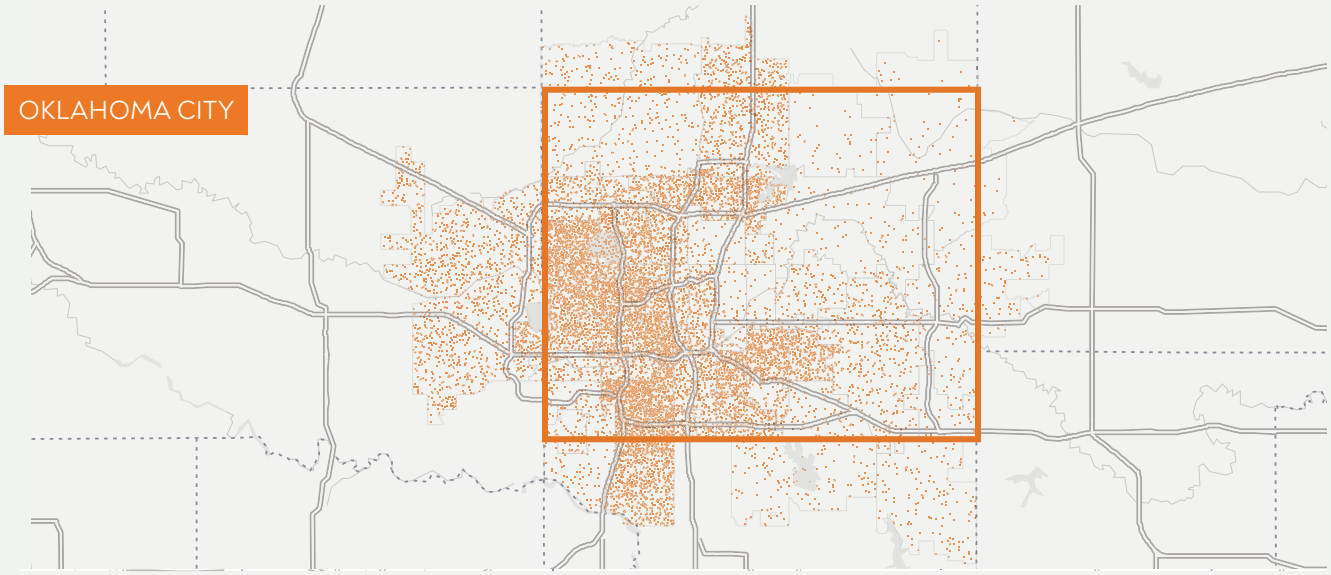
The participating healthcare systems are dedicated to improving health outcomes in the state. Conducting a needs assessment that focuses on improving community health outcomes and fostering healthier communities is core to the missions of the hospital networks. Community Health Needs Assessments (CHNA) allow healthcare systems and organizations to acquire a comprehensive understanding of the health challenges and disparities that exist within their surrounding communities. By evaluating the community's needs, health organizations can identify gaps, prioritize resources and develop targeted interventions that help improve the health outcomes and promote healthier communities.

Furthermore, the Patient Protection and Affordable Care Act (ACA) passed in 2010, requires nonprofit hospitals to complete a comprehensive Community Health Needs Assessment at least once every three years to maintain not-for-profit status at the Internal Revenue Service. To meet requirements, the report must define the community it serves, assess the health needs of that community and consider input from people who represent its interest. The 2024 Oklahoma County Community Health Needs Assessment is focused on the geographic area of Oklahoma County.

Demographics



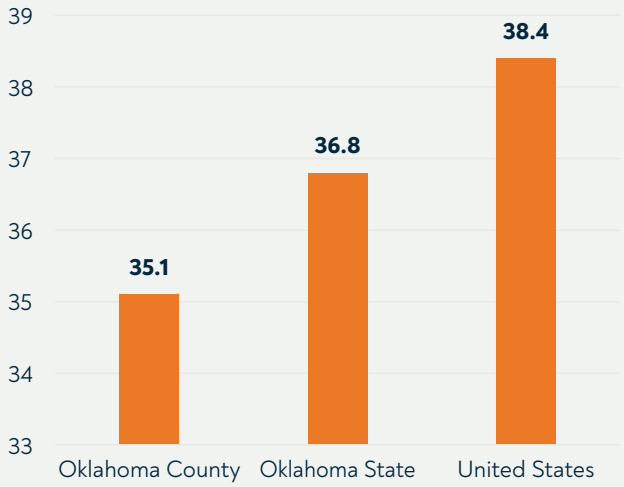
Population Density[1]



1 Dot = 60.5476211

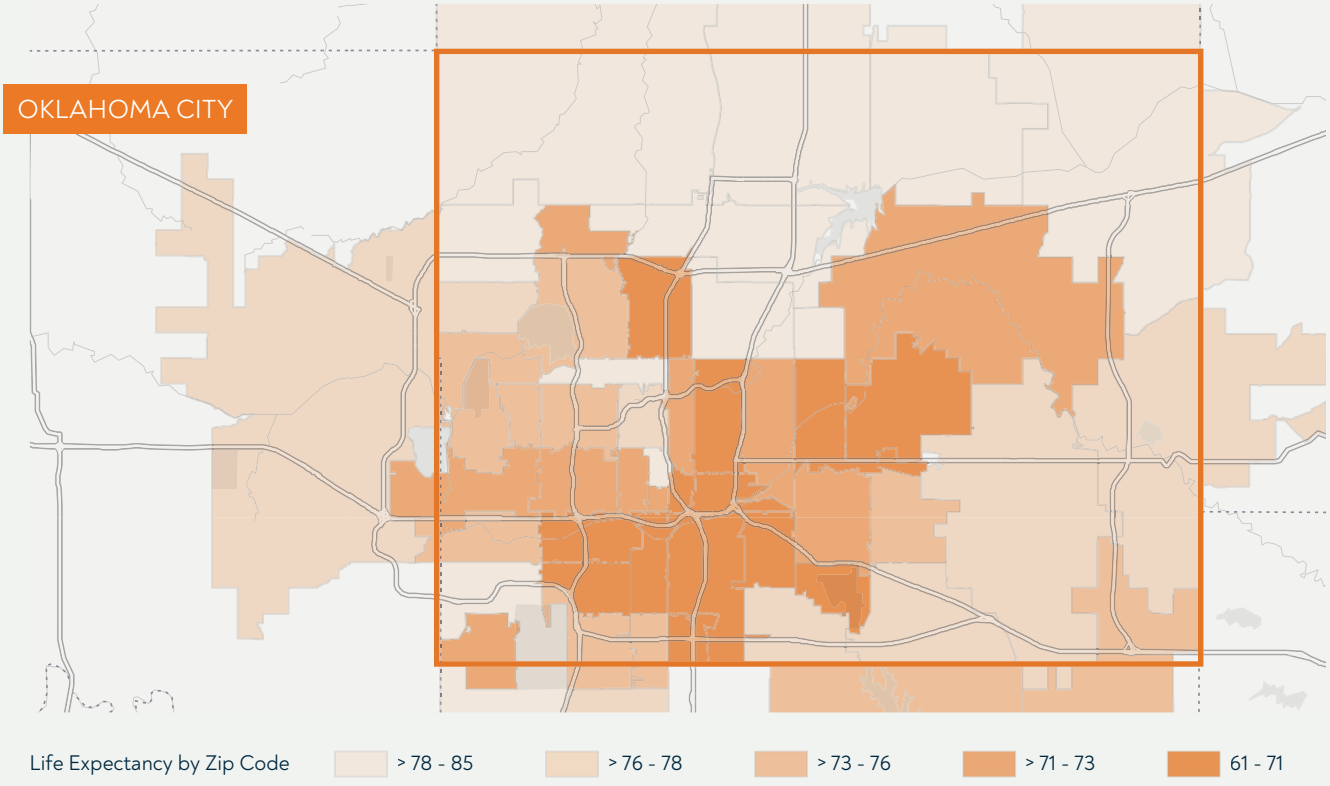
[1]Data Source: U.S. Census ACS 2021 5-year population estimates

Median Age Comparison, 2021 (Years)[II]



> *The hospitals are a critical partner in supporting and referring individuals for uncompensated care and accessing free clinic safety net.*
>
> – Participant responding to a question about community needs

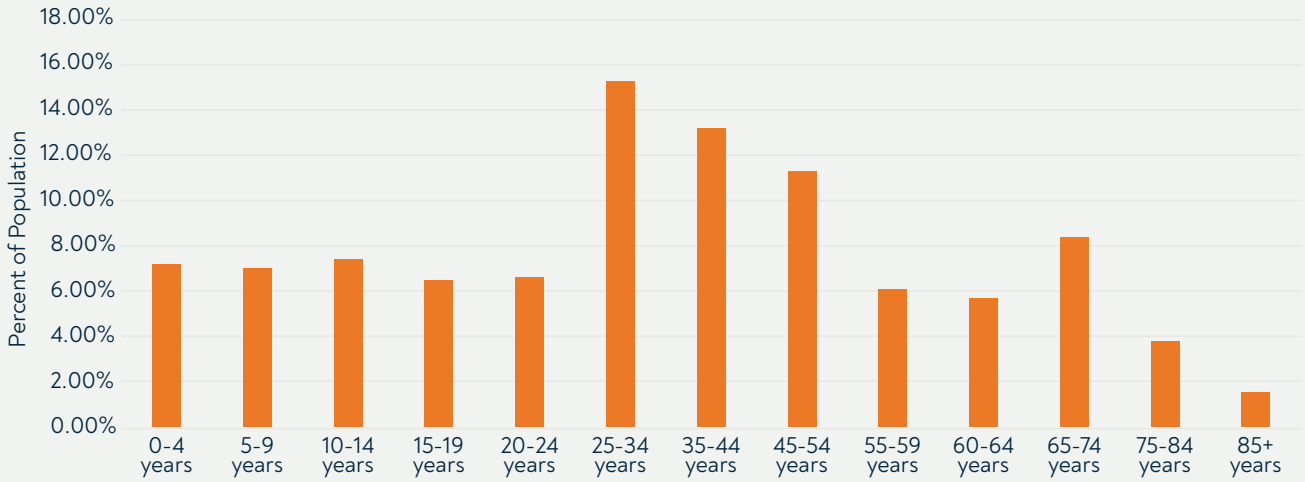
Life Expectancy by Zip Code[III]



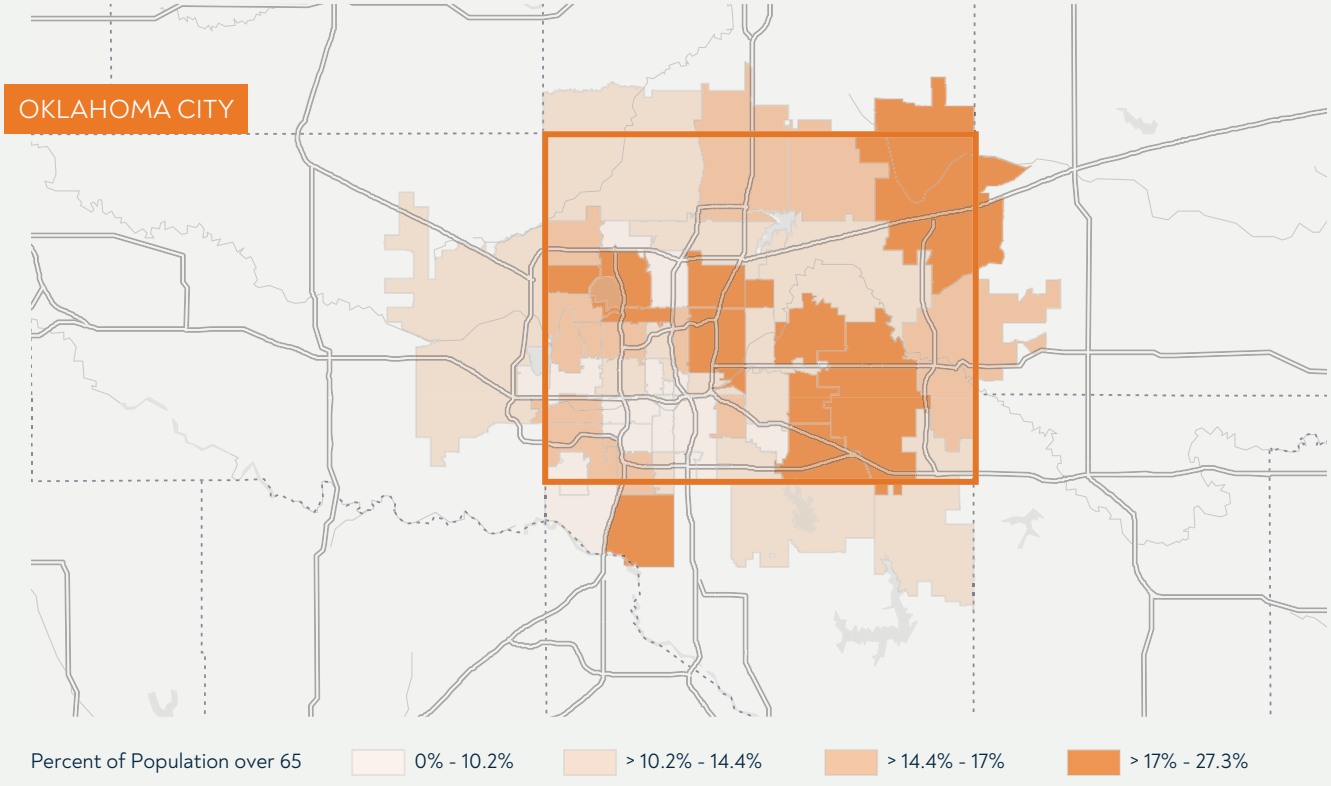
[II]Data Source: U.S. Census ACS 2021 5-year population estimates

[III]Data Source: Oklahoma City County Health Department's analysis of Oklahoma State Department of Health Vital Records 2019-2021 and the Center for Disease Control and Prevention National Center for Health Statistics

Population Distribution by Age Group - Oklahoma County 2021[IV]



Percentage of Population Over 65[V]

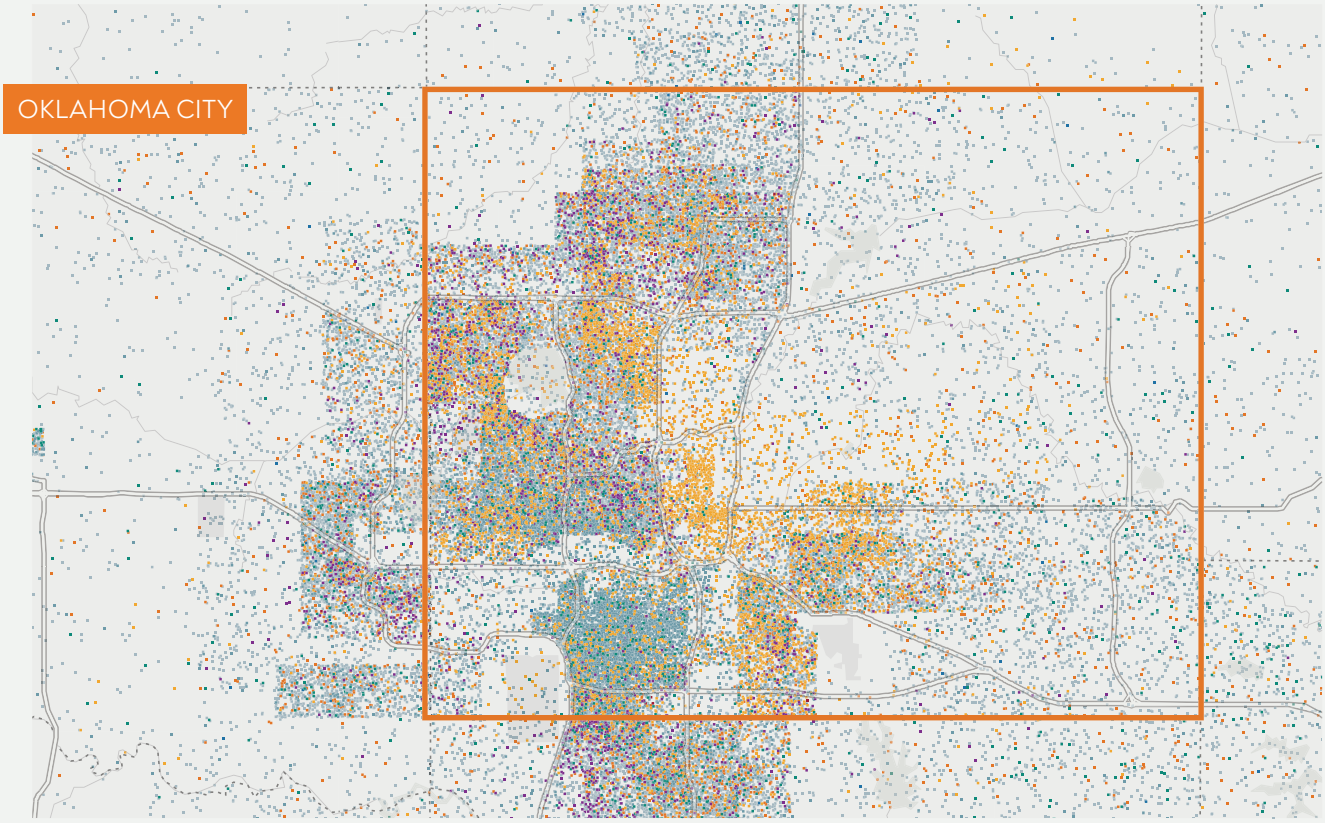


[IV]Data Source: U.S. Census ACS 2021 5-year population estimates

[V]Data Source: U.S. Census ACS 2021 5-year population estimates



Race and Ethnicity in the US by Dot Density (2020 Census)



USA Census 2020 Redistricting Tracts | 1 Dot = 16.1962239 people

- Non-Hispanic or Latino Population: American Indian and Alaska Native alone
- Non-Hispanic or Latino Population: Asian alone
- Non-Hispanic or Latino Population: Black or African American alone
- Hispanic or Latino Population
- Non-Hispanic or Latino Population: Native Hawaiian and Other Pacific Islander alone
- Non-Hispanic or Latino Population: Some Other Race alone
- Non-Hispanic or Latino Population: Population of two or more races
- Non-Hispanic or Latino Population: White alone

COHIT History

In 2018 INTEGRIS Health, Mercy Health OKC, and SSM Health St. Anthony performed a collaborative CHNA. This partnership formed the "Central Oklahoma Health Impact Team" or COHIT in 2019. OU joined COHIT in 2020 for its first CHNA as a new non-profit health system. Since its creation in 2019, the team has conducted three Community Health Needs Assessments: 2018, 2021, and now 2024. This joint effort has allowed the hospitals to align strategies, streamline data collection, and magnify impact.

The collective impact of COHIT members can be powerful, especially when urgent health needs spark discussion between hospital systems and community organizations. Synergistic efforts and partnerships give rise to action. For instance, the previous needs assessment has led to initiatives such as respite care programs, ensuring that unhoused individuals receive temporary shelter and healthcare supports after hospital discharge. Additionally, the success of COVID-19 vaccination pods highlights the effectiveness of this collaboration, as hospitals and community organizations pooled resources and coordinated logistics to meet COVID-19 vaccine demands. These examples demonstrate how healthcare systems can use needs assessment data to create or support community health initiatives to address challenges.

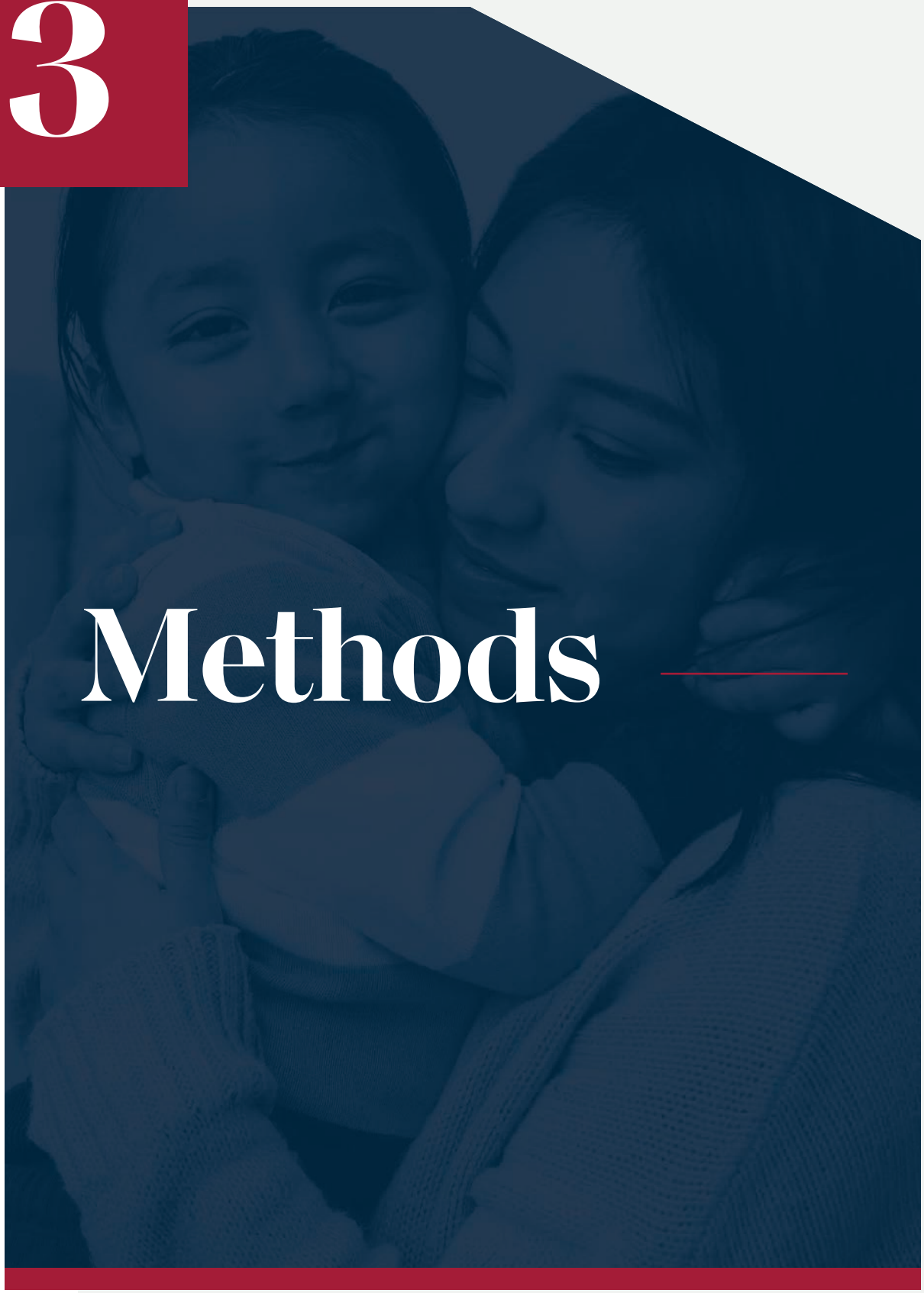
OUTLINE

This CHNA includes a detailed explanation of the data collection and analysis methods as well as the priority areas selected for this cycle's needs assessment: Access to healthy food, access to healthcare, education, employment, and housing. For each priority area background public health information will be explored with specific data from the community, highlighting the importance of the social determinant of health. At the end of the document, each hospital participating in the CHNA will be introduced.

> *We still need more access to primary care services rurally and we need more access to mental health providers for adolescents.*
>
> -Participant responding to a question about community needs

CHAPTER

3



Methods

Description of Community

The Community Health Needs Assessment has focused on Oklahoma County, as all health systems within the COHIT team operate clinics and facilities within the county. For IRS reporting purposes, these health systems designate Oklahoma County as their primary community.

As of 2020, Oklahoma County was home to approximately 796,292 residents. Situated in Central Oklahoma, the county includes Oklahoma City, the state's largest city, and is home to a diverse population with varying socioeconomic backgrounds and health needs. This diversity presents both unique opportunities and challenges in addressing the health of the residents, making the county a focus for targeted improvements.

In the following section, we will outline how we engaged with community members and stakeholders to identify the most pressing health needs in Oklahoma County. This collaborative process provided a deeper understanding of the challenges facing the community and ensured that no group was excluded in guiding the prioritization of key health needs.



Community Engagement Approach

Community health needs assessments are a critical tool for understanding lived experiences from community members and allow health systems to incorporate that wisdom into their community health strategies to improve health outcomes. Using a mixed methods approach the COHIT team sought to identify and confirm the most pressing community health needs and gather information about existing initiatives happening in Oklahoma County.

The team participated in meetings scheduled by various community partners and health-related organizations. Additionally, team members participated in large community events to engage residents and elevate the visibility of existing initiatives. This approach allowed the team to gather insight from a wide range of voices, ensuring that the data reflected concerns across different demographics and sectors. Attendees provided insider perspectives from their respective organizations and were asked to confirm priority areas and identify current projects related to housing, food and nutrition, healthcare access, education, and employment.

A snowball sampling method was employed to expand participation through existing community coalitions, tapping into organizations that work to address health inequities. The team spoke with members from organizations that directly combat health inequities daily. As the meetings continued, the team contacted additional organizations mentioned during the initial meeting, further broadening our sample.

By focusing on "grass tops" leaders, specifically those in decision-making roles within their organizations, data on the needs of the population they serve was gathered. The goal of this work was to confirm priority areas, unveil actionable needs, and evaluate ideas for addressing these needs from groups that are familiar with the nuances of their respective fields.

The data collection methods included both paper copy with written responses and an optional online survey with open-ended questions. A copy of the online survey is available as an addendum to this document.

The discussion revealed barriers to access, individual concerns, and improvement ideas. Each session was facilitated by a COHIT member using a standardized facilitator guide designed to explore firsthand experiences of participants and opportunities for improvement in community health.

> *"Our limited physician volume and availability negatively impacts our ability to consistently serve our community."*
>
> – Participant responding to a question about community needs


Colcord

Prioritization and Data Analysis Methods



To understand the current state of health needs in Oklahoma County, quantitative data sources were utilized. This data came primarily from the Oklahoma City-County Health Department's 2024 Wellness Score Report, supplemented by other publicly available reports and locally collected data sources and US Census data. Although the team engaged organizations across central Oklahoma in many counties, the secondary data is focused on the highest concentration of people in the Oklahoma County jurisdictions.

To best incorporate relevant perspectives and initiatives into the work, data from community engagement events were digitized, anonymized, and uploaded to Nvivo qualitative data analysis software. Data was systematically grouped into themes and categorized by two members of the team. After grouping the responses, at least two team members discussed and adjusted themes, resulting in 70.8% agreement overall and indicating reliability of the resulting five priority areas.

Focused analysis further explored the priority area-related initiatives discussed during outreach events, revealing beneficial initiatives, barriers to access, and areas for collaboration from hospitals in the community.

From March 13 to August 12, 2024, the team attended 25 community meetings and gathered data on community health needs at each session. Throughout the process, they engaged with members of over 130 organizations across the metro area. The organizations are categorized below based on the social determinant of health that their mentioned initiatives focus on.

Food and Nutrition

Chesapeake
Chickasaw Nation
Cleats 4 Kids
Dale Rogers Training Center (DRTC)
Diversion Hub
Double Up Oklahoma
EMBARK
The Greater Oklahoma City Hispanic Chamber of Commerce
Hunger Free Oklahoma
Infant Crisis Services
Lighthouse
Lynn Institute
Meals on Wheels Oklahoma City
Moore Food Resource Center
Natural Grocers
OK SNAP Works
OKC Beautiful
Oklahoma City Parks
Homeless Alliance
Oklahoma Human Services (OKDHS)
Oklahoma City Indian Clinic
Oklahoma Local Agricultural Collaborative
Oklahoma Nutrition and Information Education Project (ONIE)
Regional Food Bank of Oklahoma
Restore Farm
Restore OKC
Rookie League Foundation
Safe Families Oklahoma
Senior Nutrition Program
Skyline
St. Luke Community Market
USA Softball
Women Infants and Children's Program (WIC)
Young Men's Christian Association (YMCA)

Access to Healthcare

Aetna Better Health of Oklahoma
Aging Services Inc
Alzheimer's Association
Arnall Family Foundation
Blue Cross Blue Shield
Butterfield Foundation
Cardinal House
Caring Van
Catholic Charities of the Archdiocese of Oklahoma City
Complete Health
Department of Commerce
Department of Health Services
EMBARK
Health Alliance for the Uninsured
Hope Community Services
Humana
Indian Health Services
INTEGRIS Health
Junior League OKC
Lynn Institute
Mental Health Association Oklahoma
Mercy Hospital
New Hope Wellness Center
NewView Oklahoma
NorthCare
Oklahoma Commission on Children and Youth (OCCY)
Oklahoma County Health Department (OCCHD)
Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)
Oklahoma Health Care Authority (OHCA)
Oklahoma Primary Care Association (OKPCA)
Oklahoma Project Woman
Oklahoma State Department of Health (OSDH)
Oklahoma State University (OSU)
OU Health
Possibilities Inc
RAIN Oklahoma
Red Rock Behavioral Health Services
Shred the Stigma
SSM Health St. Anthony
Substance Abuse and Mental Health Services (SAMHSA)
United Acts of Kindness
United Way of Central Oklahoma
Variety Care

Education

Catholic Charities of the Archdiocese of Oklahoma City
Community Action Agency of Oklahoma City
Family Expectations
Inasmuch Foundation
It's My Community Initiative
Oklahoma City Community College
Oklahoma City Housing Authority
Oklahoma Housing Finance Agency
Oklahoma Human Services
Oklahoma Single Parent Scholarship Program
Positive Tomorrows
Restore OKC
Santa Fe High School
Seas the Day Mobile Library
The Education and Employment Ministry (TEEM)
The Oklahoma Department of Libraries
True Dads
University of Central Oklahoma (UCO)
University of Oklahoma (OU)
Welcome Home Adult Day Care
Wings
Work Ready Oklahoma

Employment

Aetna
Americorps Seniors
AreaWide Aging Agency
Catholic Charities of the Archdiocese of Oklahoma City
Central Oklahoma Workforce Innovation Board
City Rescue Mission
CVS/Aetna
Latino Community Development Agency
Not Your Average Joe
Homeless Alliance
Pivot Preserves
Side x Side
The Education and Employment Ministry (TEEM)
Young Men's Christian Association (YMCA)
Work Ready Oklahoma
Dale Rogers Training Center (DRTC)
Curbside Enterprises
Pivot Preserves
Rise Cafe
Regional Food Bank of Oklahoma
Goodwill Central Oklahoma

Housing

Catholic Charities
City Care
City Rescue Mission
Diversion Hub Legal Aid
Dragonfly Home
EMBARK
Goodwill Central Oklahoma
Habitat for Humanity
Jesus House
Key 2 Home
MedFirst Bank
Metro Fair Housing
Moore High School
Neighborhood Services Organization (NSO)
North Care
OK End Homelessness
OKC Homeless Outreach Ministries
Oklahoma Homeless Alliance (OHA)
Pivot
Restore OKC
SISU
The Salvation Army
United Way Partner Agencies
Urban League of Greater Oklahoma City
Work Ready
Young Villages
Young Women's Christian Association (YWCA)

The table below shows demographic data that participants self-reported. This data was recorded at both community stakeholder meetings and large community events.

Demographics: Percentage of participants in each category*[VI]			
BY RACE / ETHNICITY		**BY AGE**	
3%	American Indian or Alaska Native	**16%**	18-30
1%	Asian	**32%**	31-40
11%	Black or African American	**28%**	41-50
22%	Hispanic or Latino	**19%**	51-60
61%	White	**5%**	61-70
1%	Other	**1%**	70+

*This data represents an estimate of the demographics of the engaged community members.

[VI]Data Source: U.S. Census ACS 2021 5-year population estimates



CHAPTER

4



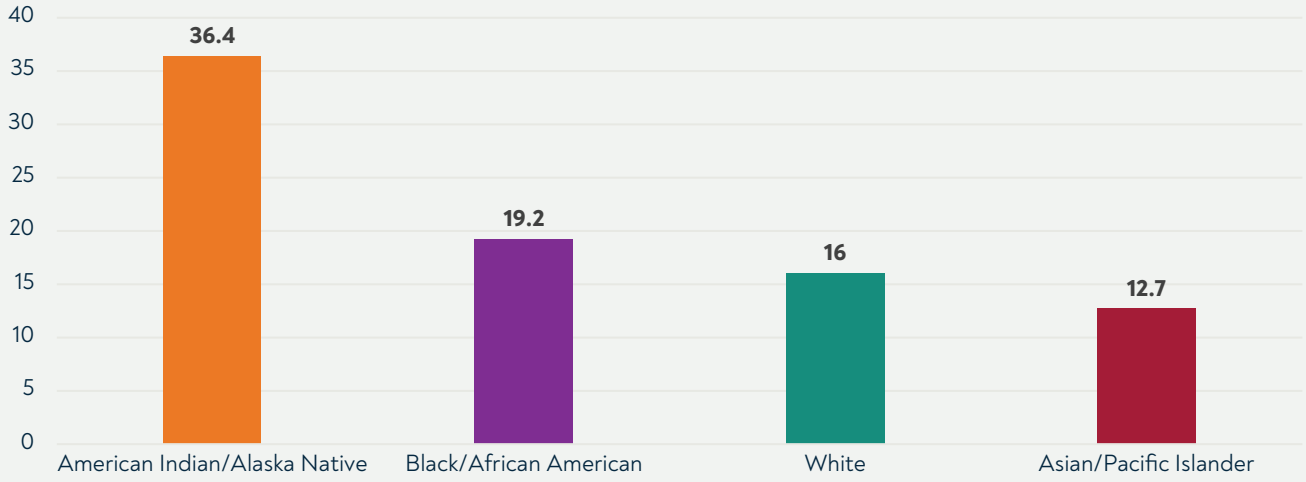
Priority Areas

Access to Healthy Food

Access to sufficient nutritious food influences physical and mental well-being. True access considers affordability, availability, and food quality. Inadequate access to nutritious food is associated with chronic disease and obesity[1]. Food insecurity increases stress and leads to poorer mental health[2]. 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%[4].

Age-Adjusted Heart Attack Mortality Rates by Race, Oklahoma County, 2019-2021[3]



[1]Carvajal-Aldaz, D., Cucalon, G., & Ordonez, C. (2022). Food insecurity as a risk factor for obesity: A review. Frontiers in nutrition, 9, 1012734. https://doi.org/10.3389/fnut.2022.1012734

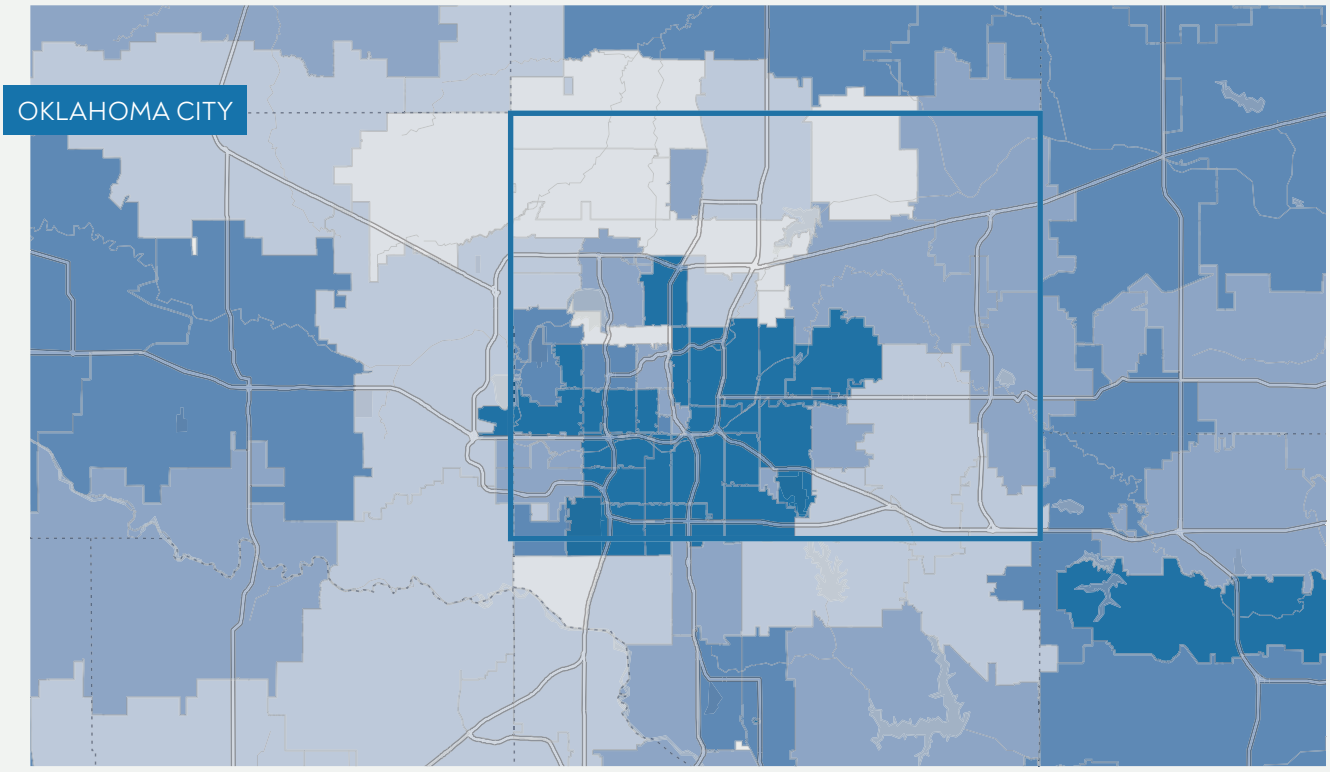
Gundersen, C., & Ziliak, J. P. (2015). Food Insecurity And Health Outcomes. Health affairs (Project Hope), 34(11), 1830–1839. https://doi.org/10.1377/hlthaff.2015.0645

[2]Arenas, D. J., Thomas, A., Wang, J., & DeLisser, H. M. (2019). A Systematic Review and Meta-analysis of Depression, Anxiety, and Sleep Disorders in US Adults with Food Insecurity. Journal of general internal medicine, 34(12), 2874–2882. https://doi.org/10.1007/s11606-019-05202-4

[3]Oklahoma State Department of Health Vital Statistics Death Records, 2019-2021. and Centers for Disease Control and Prevention Vital Statistics Death Records, 2019-2021.

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

Households received food stamps crude prevalence (%)[5]



As stated previously, food insecurity is linked to various adverse health outcomes, including higher rates of chronic diseases such as diabetes, hypertension, and mental health disorders. For instance, at one free and charitable clinic in Oklahoma City, 80% of patients with diabetes reported experiencing food insecurity, which complicates their ability to manage their condition effectively[6].

This also aligns with broader research indicating that food insecurity exacerbates chronic disease management and increases healthcare costs due to more frequent emergency room visits and hospitalizations[7].

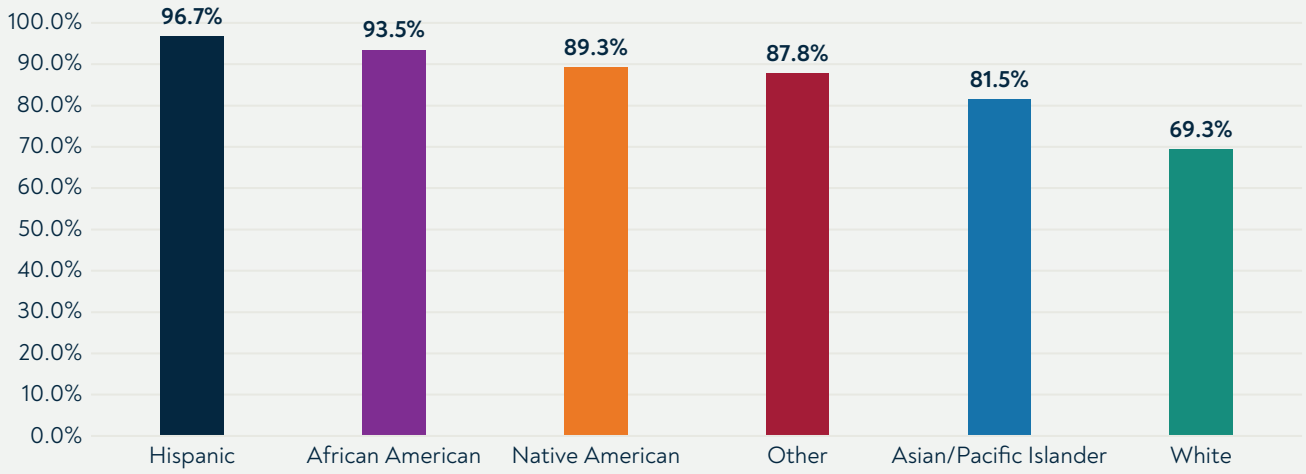
[5]The model-based estimates were generated using BRFSS 2022 or 2021, Census 2020 population counts or census county population estimates of 2022, and ACS 2018-2022.

[6]Jackson Higginbottom, M. (2024, September 11). Report: The Stark reality of food insecurity for patients with diabetes in Oklahoma City - Manos juntas: OKC Free Clinic. Manos Juntas | OKC Free Clinic. https://manosjuntas.squarespace.com/news/report-the-stark-reality-of-food-insecurity-for-patients-with-diabetes-in-oklahoma-city

Buskey, R. (2023, November 22). Q&A: Getting more bang for the Buck in Oklahoma's Food Security initiative . NASHP. https://nashp.org/qa-getting-more-bang-for-the-buck-in-oklahomas-food-security-initiative/

[7]Buskey, R. (2023, November 22). Q&A: Getting more bang for the Buck in Oklahoma's Food Security initiative . NASHP. https://nashp.org/qa-getting-more-bang-for-the-buck-in-oklahomas-food-security-initiative/

Free or Reduced-Price Lunch Eligibility Status of OKC Public School Students by Race/Ethnicity[8]



Additionally, children in food-insecure households are at greater risk of developmental issues, poor academic performance, and long-term health problems. In Oklahoma, initiatives like the Supplemental Nutrition Assistance Program (SNAP) and local food banks are crucial in providing relief, but gaps remain that need to be addressed to improve overall community health[9].

Crude Prevalence of Food Insecurity in Oklahoma County

Efforts to combat food insecurity in Oklahoma City include programs that not only provide immediate food assistance but also address underlying causes, such as economic instability and lack of access to healthy food options. Programs like "Double Up Oklahoma" aim to increase fruit and vegetable consumption by providing matching funds for SNAP participants to purchase fresh produce, which is a critical step towards improving nutrition security and overall health outcomes[10].

[8]Oklahoma City Public Schools Free or Reduced Lunch Data School Year 2022-2023

[9]Feeding America. (2024, May 1). Hunger & Poverty in Oklahoma: Map the meal gap. Overall (all ages) Hunger & Poverty in the United States. https://map.feedingamerica.org/county/2021/overall/oklahoma

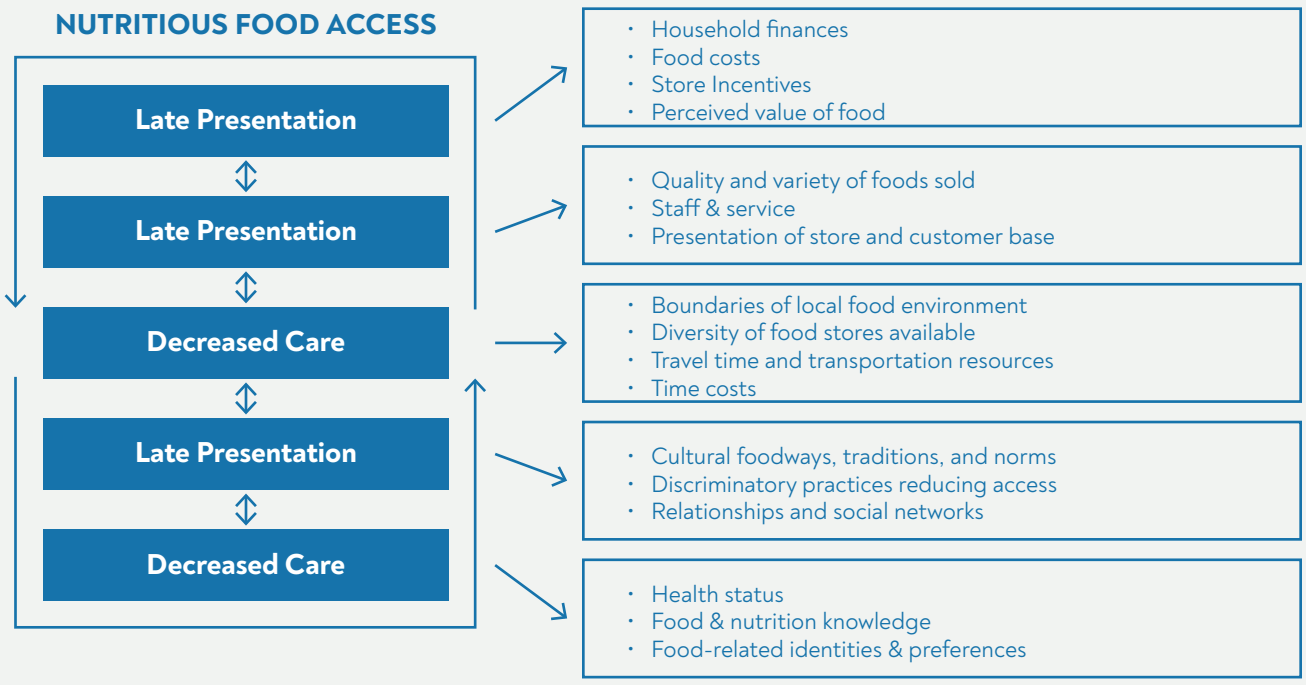
[10]Buskey, R. (2023, November 22). Q&A: Getting more bang for the Buck in Oklahoma's Food Security initiative . NASHP. https://nashp.org/qa-getting-more-bang-for-the-buck-in-oklahomas-food-security-initiative/

COMMUNITY INITIATIVE STRENGTHS

> *We provide a food screening questionnaire, if they score high, we provide information about our food pantry at church and provide them with three bags of groceries.*
>
> – Survey respondent from a food pantry at a local church

Among the initiatives outlined in the community meetings, several ongoing programs were highlighted for improving access to healthy foods. These included programs focusing on education about healthy cooking, lunch programs and food pantries. Programs like SNAP-Education at Natural Grocers were underlined for offering education about healthy cooking and approaches to making healthy foods affordable. Lunch programs that provide meals to seniors are helping to meet the needs of older adults in the community. Food pantries are widespread in our area and play a vital role in relieving the immediate burden of hunger for families in need. However, some participants noted the limited food choices at pantries and emphasized the importance of addressing the underlying systems contributing to chronic hunger.

Logic model for improving access to healthy food[11]



[11]Freedman, D. A., Blake, C. E., & Liese, A. D. (2013). Developing a multicomponent model of nutritious food access and related implications for community and policy practice. Journal of community practice, 21(4), 379-409

GAPS IN COMMUNITY INITIATIVES

Community participants also highlighted gaps in food access that should be considered in future outreach. These gaps included the availability of grocery stores, affordability of groceries and limited number of community garden programs.

Grocery Store availability

The availability of grocery stores is a fundamental component of public health. Ensuring that communities have access to well-stocked and conveniently located grocery stores can lead to improved nutrition, reduced chronic disease rates, decreased risk of mental health disorders, and greater health equity[12]. Community health initiatives and policies should improve grocery store availability, particularly in underserved areas, to promote the health and well-being of all community members.

Affordability

Affordable groceries are essential for community health as they ensure that all individuals have access to nutritious foods necessary for maintaining a balanced diet and preventing chronic diseases. When healthy food options are affordable, people are more likely to purchase and consume fruits, vegetables, lean proteins, and whole grains, which are crucial for good health. This access helps prevent diet-related illnesses such as obesity, diabetes, heart disease, and certain cancers, thereby reducing the overall health burden[13]. Moreover, affordable groceries alleviate financial stress, allowing families to allocate their resources towards other essential needs like housing, healthcare, and education, which further supports overall well-being[14].

[12]U.S. Department of Health and Human Services. (n.d.-a). Food Accessibility, insecurity and health outcomes. National Institute of Minority Health and Health Disparities. https://www.nimhd.nih.gov/resources/understanding-health-disparities/food-accessibility-insecurity-and-health-outcomes.html

[13]U.S. Department of Health and Human Services. (n.d.-a). Food Accessibility, insecurity and health outcomes. National Institute of Minority Health and Health Disparities. https://www.nimhd.nih.gov/resources/understanding-health-disparities/food-accessibility-insecurity-and-health-outcomes.html

[14]U.S. Department of Health and Human Services. (n.d.). Food Accessibility, insecurity and health outcomes. National Institute of Minority Health and Health Disparities. https://www.nimhd.nih.gov/resources/understanding-health-disparities/food-accessibility-insecurity-and-health-outcomes.html

Karls, A. (2023, May 3). Food and Nutrition Policy at the local level: Recent insights and emerging trends. Healthy Food Policy Project. https://healthyfoodpolicyproject.org/key-issues/food-and-nutrition-policy-at-the-local-level-recent-insights-and-emerging-trends



Community Gardens

Community gardens play a pivotal role in enhancing overall health by fostering physical activity, promoting mental well-being and fostering social interactions. These gardens enable residents, particularly those in urban and underserved areas, to grow their own fruits and vegetables. Moreover, tending to a garden involves physical activity, which contributes to better physical health and can help mitigate conditions like hypertension and arthritis; the communal aspect of gardening also fosters social interaction and community cohesion, which are important for mental health, reducing feelings of isolation and stress[15]. Community gardens also offer educational opportunities, teaching participants about sustainable agriculture and healthy eating practices[16]. By integrating these diverse benefits, community gardens can significantly contribute to the holistic health and well-being of individuals and communities. If community gardens are augmented with a brick-and-mortar food purchasing outlet or educational services, the gardens can support healthy communities.

[15]Alaimo, K., Beavers, A.W., Crawford, C. et al. Amplifying Health Through Community Gardens: A Framework for Advancing Multicomponent, Behaviorally Based Neighborhood Interventions. Curr Envir Health Rpt 3, 302–312 (2016). https://doi.org/10.1007/s40572-016-0105-0

[16]Alaimo, K., Beavers, A.W., Crawford, C. et al. Amplifying Health Through Community Gardens: A Framework for Advancing Multicomponent, Behaviorally Based Neighborhood Interventions. Curr Envir Health Rpt 3, 302–312 (2016). https://doi.org/10.1007/s40572-016-0105-0

> *We grow nutritious food and educate people on how to grow food. This has been successful so far but there is a highlighted need for further initiatives.*
>
> – Lynn Community Garden at Chesapeake

The table below lists programs that were sourced from the community engagement meetings that focus on increasing access to nutritious foods.

Initiatives Improving Access to Healthy Food			
EXPANDING ACCESS TO FOOD	**OFFERING OR ADVOCATING FOR NUTRITION ASSISTANCE**	**INCREASING ACCESS TO FRESH PRODUCE**	**NUTRITION EDUCATION**
Food access for the kids and teens - **Rookie League Foundation, OKC parks, Cleats 4 Kids, Caring Van, USA Softball, St. Luke's**	Double SNAP benefits for fresh vegetables over processed foods - **Double Up Oklahoma**	Fresh and free produce for uninsured patients - **8th Street Urban Farm**	Health coaches - **Natural Grocers**
Food access for the homeless population - **OK End Homelessness, Skyline Urban Ministries, Regional Food Bank**	Nutritious foods to supplement diets for women, infants and children - **Women Infants and Children Program, Infant Crisis Center**	Community Gardens and local growers for fresh produce* - **Butterfield Foundation, Lynn Community Garden, Pivot OKC, Restore Farm**	Nutrition classes*- **Oklahoma Human Services, Safe Families Oklahoma, Health Alliance for the Uninsured**
Food access for seniors - **Meals on Wheels Oklahoma City, St. Luke Community Market, Sodexo, Aging Services Inc**	SNAP Benefits and Education - **OK SNAP Works, Regional Food Bank of Oklahoma, OK Human Services**		Nutrition education resources such as pocket cards for healthy eating*- **Lighthouse**
Food Banks for low income families* - **Regional Food Bank of Oklahoma, Infant Crisis Center, Latino Community Development Agency, Moore Food Resource Center, The Salvation Army's Center of Hope**			

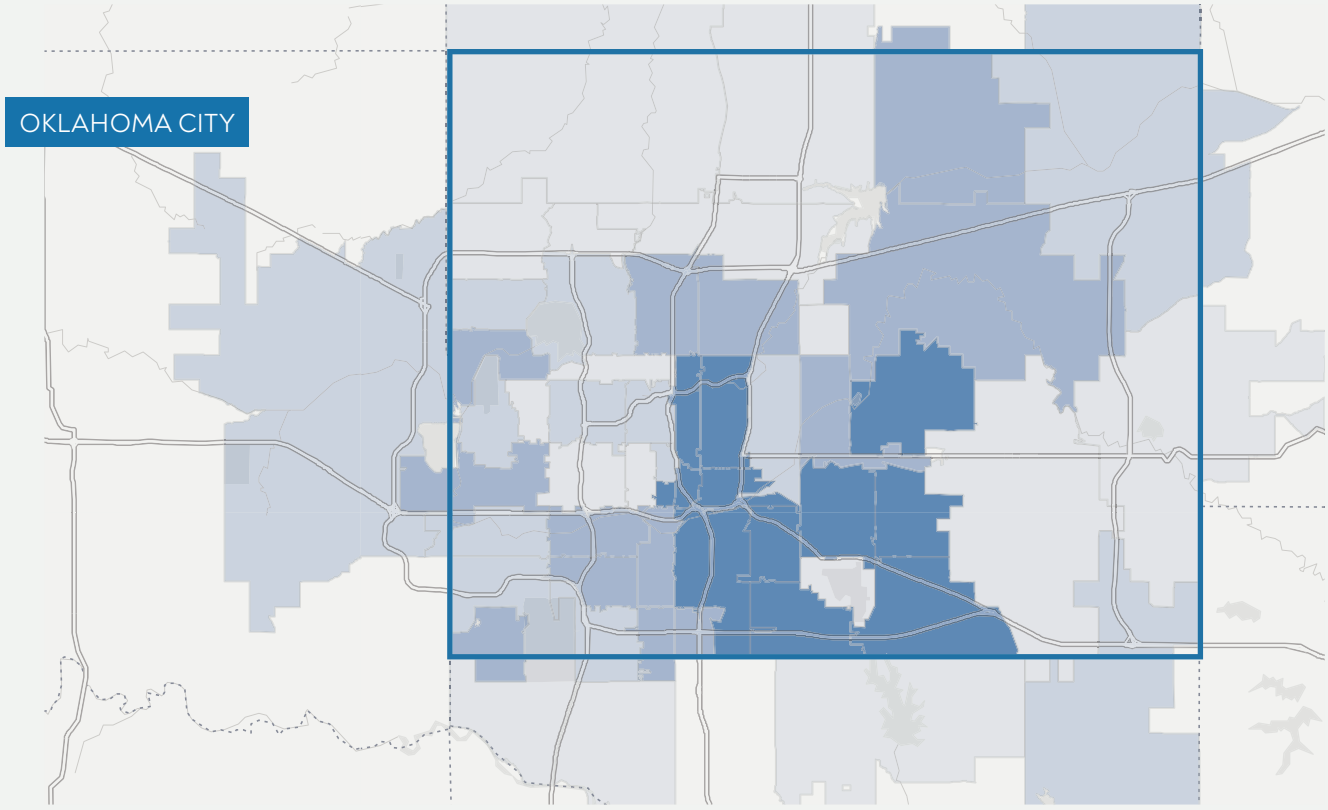
* programs that respondents indicated have a high need for collaboration

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[17]. 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[18]. 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[19].

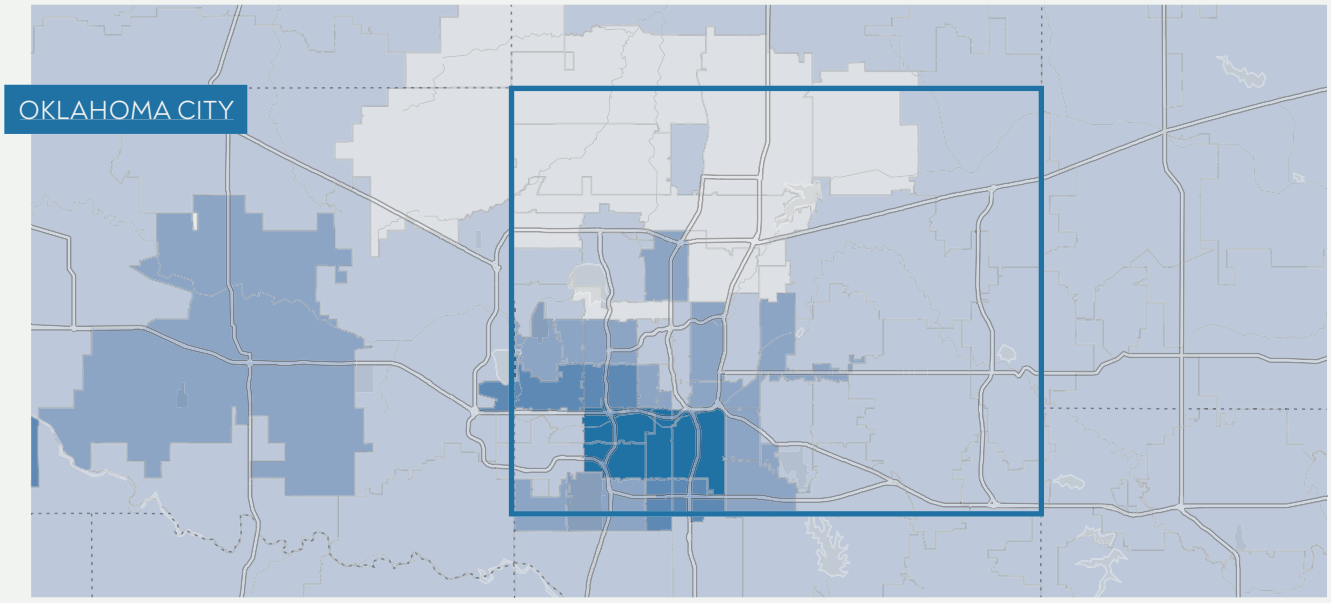
Average Annual Number of ED Visits per 100 Soonercare Members[20]



Health Outcomes: Oklahoma ranks low in several health indicators such as life expectancy, infant mortality, and chronic disease prevalence. The 2019 State of the State's Health Report highlights that Oklahoma faces challenges in health outcomes, largely due to limited access to healthcare services, especially in underserved communities[21].

Insurance Coverage: A significant portion of the population lacks adequate health insurance, leading to delays in seeking care, lower use of preventive services, and worse health outcomes, as noted in the State Health Assessment[22].

Lack of health insurance crude prevalence (%)[23]



[17]Call, K. T., McAlpine, D. D., Garcia, C. M., Shippee, N., Beebe, T., Adeniyi, T. C., & 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

[18]The Oklahoma City County Health Department's 2024 Community Context Assessment data output.

[19]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. https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services

[20]Oklahoma City County Health Department Analysis of the Rate per 100 SoonerCare Members. Data Source: Oklahoma Health Care Authority State Fiscal Years 2019-2021 Data.

[21]Oklahoma State Department of Health. (2023, February 1). State Health Assessment 2023. https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/data-and-statistics/vital-statistics/SHA%20Report%20-%202023.pdf

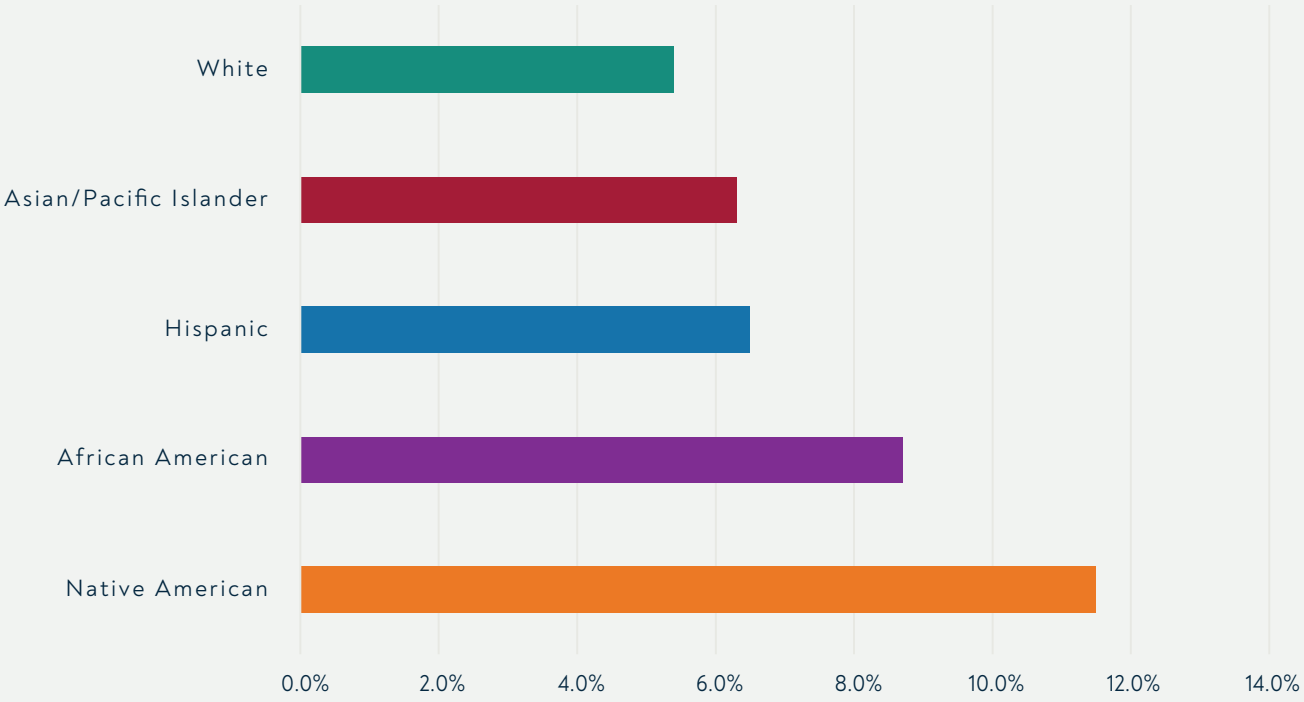
Oklahoma State of the State's Health. State of the State's Health Report. (2019, February 26). https://stateofstateshealth.ok.gov/

[22]Oklahoma State Department of Health. (2023, February 1). State Health Assessment 2023. https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/data-and-statistics/vital-statistics/SHA%20Report%20-%202023.pdf

[23]The model-based estimates were generated using BRFSS 2022 or 2021, Census 2020 population counts or census county population estimates of 2022, and ACS 2018-2022.

Impact on Specific Populations: The State Health Assessment also reveals that certain populations, including rural residents and low-income families, face greater challenges in accessing healthcare. These groups experience higher rates of preventable hospitalizations and poorer health outcomes compared to their urban and higher-income counterparts[24].

Late/No Prenatal Care by Race/Ethnicity, Oklahoma County, 2019-2021[25]



[24]Oklahoma State Department of Health. (2023, February 1). State Health Assessment 2023. https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/data-and-statistics/vital-statistics/SHA%20Report%20-%202023.pdf

Oklahoma State of the State's Health. State of the State's Health Report. (2019, February 26). https://stateofstateshealth.ok.gov/

[25]Data Source:Oklahoma State Department of Health 2019-2021 vital records Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2021. National Vital Statistics Reports; vol 72, no 1 Hyattsville, MD: National Center for Health Statistics.2023

Language Barriers: Language barriers significantly impact access to healthcare by creating obstacles in communication between patients and healthcare providers, leading to poorer health outcomes and reduced quality of care[26]. Patients who face language barriers are often unable to fully understand medical instructions, diagnoses, and treatment options, which can result in mismanagement of their health conditions and non-adherence to prescribed therapies[27]. This communication gap increases the likelihood of misunderstandings, medical errors, and delays in receiving appropriate care[28]. Additionally, language barriers can deter individuals from seeking timely medical attention due to fear of not being understood or facing discrimination[29]. This contributes to disparities in healthcare access, particularly among non-English-speaking populations, immigrants, and refugees[30]. Research indicates that patients with limited English proficiency (LEP) are less likely to have a consistent source of care, receive preventive services, and understand their medication instructions compared to English-speaking patients[31].

Moreover, language barriers can lead to increased healthcare costs due to higher rates of emergency room visits and hospital admissions, as patients may not receive adequate outpatient care[32]. Addressing language barriers through the provision of professional medical interpreters, bilingual healthcare providers, and culturally sensitive health education materials is crucial for improving healthcare access and outcomes for LEP populations[33].



[26]Flores, G. (2006). Language Barriers to Health Care in the United States. *The New England Journal of Medicine*, 355(3), 229-231. doi:10.1056/NEJMp058316.

[27]Flores, G. (2006). Language Barriers to Health Care in the United States. *The New England Journal of Medicine*, 355(3), 229-231. doi:10.1056/NEJMp058316.

Karliner, L. S., Jacobs, E. A., Chen, A. H., & Mutha, S. (2007). Do Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency? A Systematic Review of the Literature. Health Services Research, 42(2), 727-754. doi:10.1111/j.1475-6773.2006.00629.x.

[28]Flores, G. (2006). Language Barriers to Health Care in the United States. *The New England Journal of Medicine*, 355(3), 229-231. doi:10.1056/NEJMp058316.

[29]Karliner, L. S., Jacobs, E. A., Chen, A. H., & Mutha, S. (2007). Do Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency? A Systematic Review of the Literature. *Health Services Research*, 42(2), 727-754. doi:10.1111/j.1475-6773.2006.00629.x.

Flores, G. (2006). Language Barriers to Health Care in the United States. *The New England Journal of Medicine*, 355(3), 229-231. doi:10.1056/NEJMp058316.

[30]Jacobs, E. A., Shepard, D. S., Suaya, J. A., & Stone, E. L. (2004). Overcoming Language Barriers in Health Care: Costs and Benefits of Interpreter Services. American Journal of Public Health, 94(5), 866-869. doi:10.2105/AJPH.94.5.866.

[31]Karliner, L. S., Jacobs, E. A., Chen, A. H., & Mutha, S. (2007). Do Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency? A Systematic Review of the Literature. Health Services Research, 42(2), 727-754. doi:10.1111/j.1475-6773.2006.00629.x.

[32]Jacobs, E. A., Shepard, D. S., Suaya, J. A., & Stone, E. L. (2004). Overcoming Language Barriers in Health Care: Costs and Benefits of Interpreter Services. American Journal of Public Health, 94(5), 866-869. doi:10.2105/AJPH.94.5.866.

[33]Jacobs, E. A., Shepard, D. S., Suaya, J. A., & Stone, E. L. (2004). Overcoming Language Barriers in Health Care: Costs and Benefits of Interpreter Services. American Journal of Public Health, 94(5), 866-869. doi:10.2105/AJPH.94.5.866.

Karliner, L. S., Jacobs, E. A., Chen, A. H., & Mutha, S. (2007). Do Professional Interpreters Improve Clinical Care for Patients with Limited English Proficiency? A Systematic Review of the Literature. Health Services Research, 42(2), 727-754. doi:10.1111/j.1475-6773.2006.00629.x.

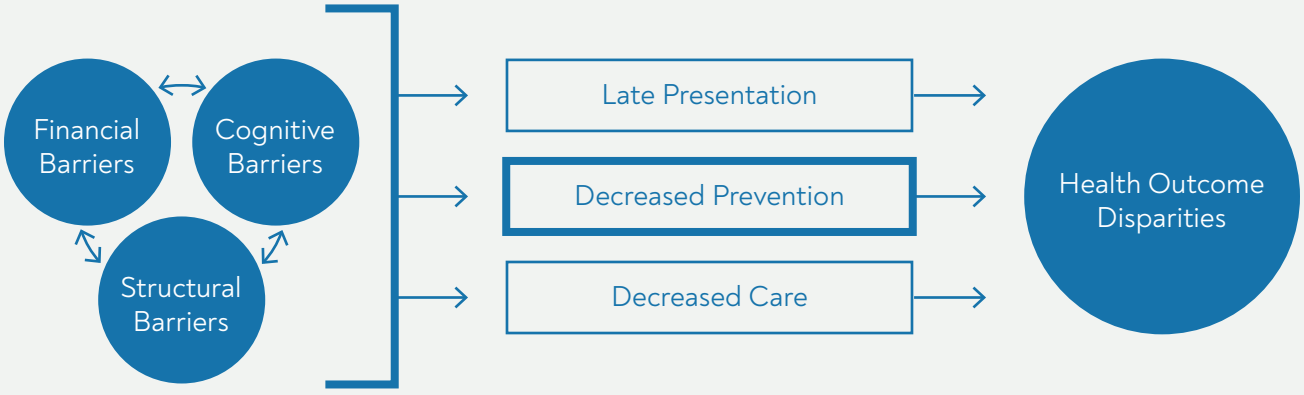
Flores, G. (2006). Language Barriers to Health Care in the United States. The New England Journal of Medicine, 355(3), 229-231. doi:10.1056/NEJMp058316.

COMMUNITY INITIATIVE STRENGTHS

> *(We are) educating young people about the need for and benefit of connecting with a primary care physician.*
>
> – SISU Youth

Efforts to improve access to healthcare are widespread in our area and have a significant impact. For instance, local health systems have taken proactive steps to promote and educate eligible patient populations about Medicaid expansion by collaborating with various community organizations at health fairs and other events. Other projects that were highlighted included expanding respite care for people experiencing homelessness, offering affordable breast health, and improving health education. The idea behind respite care is to provide a space for unhoused individuals that were recently discharged from the hospital where they can recover. These facilities provide an area for home health and nursing staff visit and offer housing resources for individuals. Several organizations are working on expanding respite care or providing more resources. Affordable breast health is a crucial part of preventative care and Oklahoma Project Woman has been helping hundreds of citizens obtain routine testing. Undertakings to improve health education are also prevalent in the community and several organizations mentioned plans to expand outreach.

Logic model for improving access to healthcare[34]

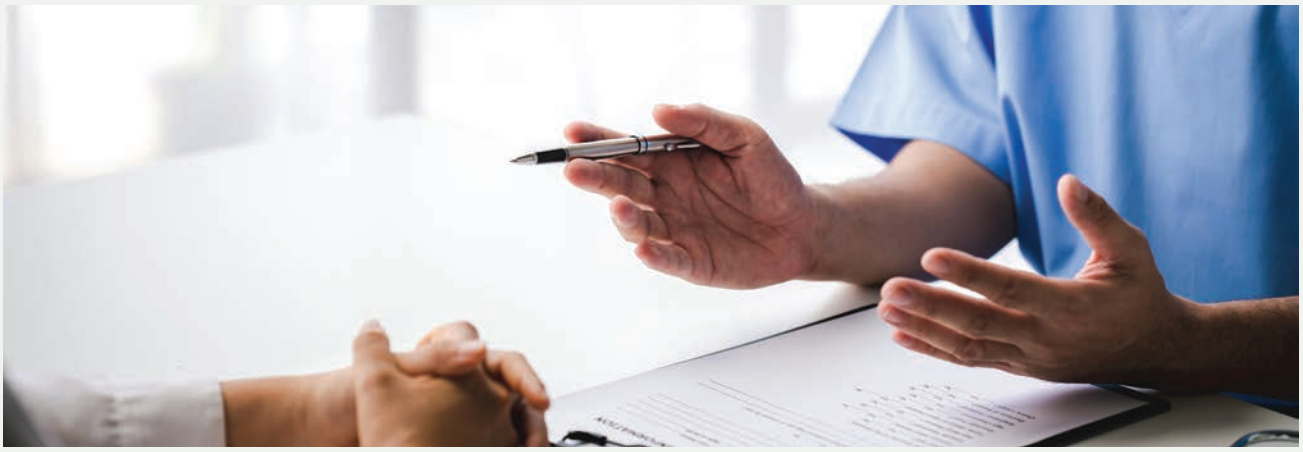


[34]Source: Carrillo, J. Emilio, et al. "Defining and targeting health care access barriers." Journal of health care for the poor and underserved 22.2 (2011): 562-575.

GAPS IN COMMUNITY INITIATIVES

Health workforce gaps for the uninsured

Health workforce gaps significantly impact the uninsured by limiting their access to necessary medical services and worsening health disparities. When there are shortages of healthcare professionals, such as doctors, nurses, and specialists, uninsured individuals often face longer wait times for appointments, reduced availability of care, and decreased quality of services. In OCCHD's Community Context Assessment, 13% of the surveyed population reported that they do not regularly receive preventive health check-ups including annual exams and screenings. This can lead to delayed diagnoses and treatments, worsening of chronic conditions, and increased reliance on emergency care, which is costlier and less effective for managing health issues[35]. Additionally, uninsured patients may struggle to find providers willing to treat them due to financial constraints, further limiting their access to care. These workforce shortages can also result in overburdened healthcare providers, leading to burnout and reduced attention to patient care. Consequently, the uninsured are left vulnerable, experiencing poorer health outcomes and a diminished quality of life[36]. Addressing health workforce gaps is crucial to ensuring equitable access to care and improving the health of all individuals, particularly the uninsured[37].



[35]Garfield, R., Orgera, K., & Damico, A. (2020, May 13). The uninsured and the ACA: A primer – key facts about health insurance and the uninsured amidst changes to the Affordable Care Act – how does lack of insurance affect access to care? – 7451-14. KFF. https://www.kff.org/report-section/the-uninsured-and-the-aca-a-primer-key-facts-about-health-insurance-and-the-uninsured-amidst-changes-to-the-affordable-care-act-how-does-lack-of-insurance-affect-access-to-care/

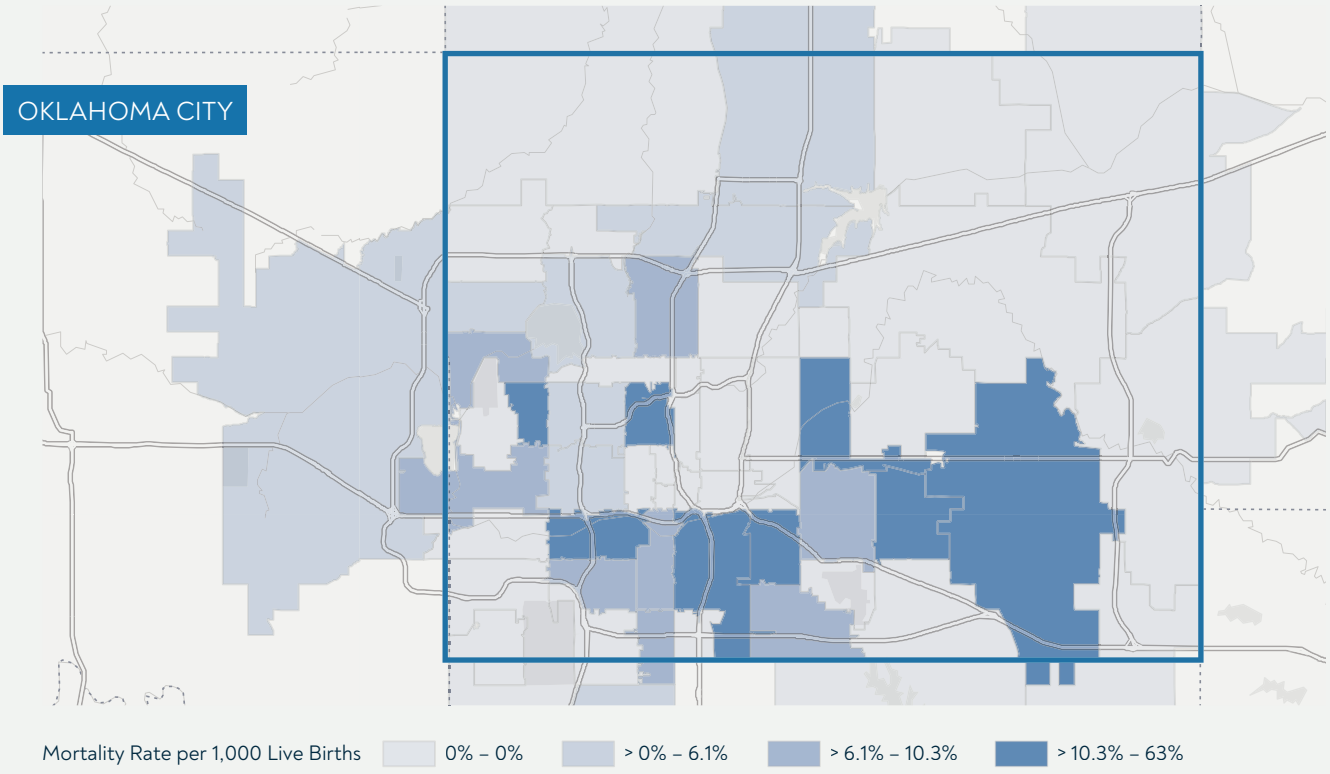
[36]McWilliams J. M. (2009). Health consequences of uninsurance among adults in the United States: recent evidence and implications. The Milbank quarterly, 87(2), 443–494. https://doi.org/10.1111/j.1468-0009.2009.00564.x

[37]Robeznieks, A. (2021, November 15). Over 29 million still uninsured. here's how to help cover them. American Medical Association. https://www.ama-assn.org/health-care-advocacy/access-care/over-29-million-still-uninsured-here-s-how-help-cover-them

Access to specialty clinics

Access to specialty clinics ensures that individuals receive the specialized care needed to diagnose, treat, and manage complex health conditions effectively. Specialty clinics provide expertise and advanced treatments for diseases such as cancer, heart disease, diabetes, and mental health disorders, which are beyond the scope of primary care providers. By offering targeted interventions, comprehensive management plans and access to specialty clinics, early detection and prevention of disease progression can reduce the burden on emergency departments and primary care providers, leading to a more efficient healthcare system and improved patient outcomes[38]. Enhanced access to specialty clinics contributes to the overall health of the community by promoting better management of chronic diseases and reducing healthcare costs through timely and appropriate interventions[39].

Infant Mortality Rate per 1,000 Live Births[39.1]



[38]Shahzad, M., Upshur, R., Donnelly, P. et al. A population-based approach to integrated healthcare delivery: a scoping review of clinical care and public health collaboration. BMC Public Health 19, 708 (2019). https://doi.org/10.1186/s12889-019-7002-z

[39]Rosenbaum, S., Tolbert, J., Sharac, J., Shin, P., Gunsalas, R., & Zur, J. (2018, June 15). Community Health Centers: Growing Importance in a changing health care system. KFF. https://www.kff.org/report-section/community-health-centers-growing-importance-in-a-changing-health-care-system-issue-brief/

Shahzad, M., Upshur, R., Donnelly, P. et al. A population-based approach to integrated healthcare delivery: a scoping review of clinical care and public health collaboration. BMC Public Health 19, 708 (2019). https://doi.org/10.1186/s12889-019-7002-z

[39.1]Data Source: Oklahoma State Department of Health 2019-2021 vital records

> *I am involved in a multi agency work group seeking to improve access to appropriate healthcare and housing for individuals discharging from the hospital – for people experiencing homelessness. We call the initiative post acute care coordination.*
>
> – Oklahoma Health Care Authority

The table below demonstrates programs in our area working to improve healthcare access through various methods.

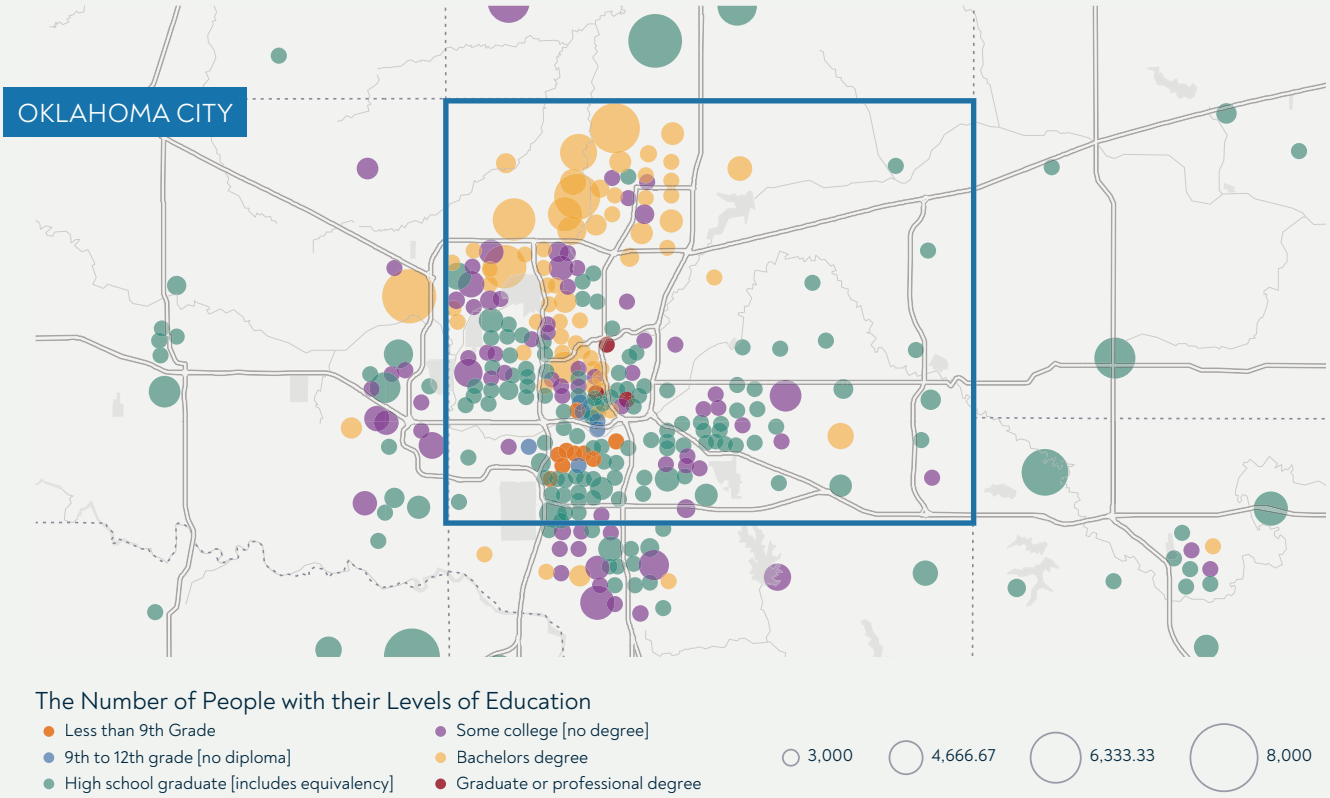
Initiatives Addressing Access to Healthcare		
LOW/NO COST PREVENTIVE SERVICES	**HEALTHCARE FOR INDIVIDUALS EXPERIENCING HOMELESSNESS**	**HEALTH PROMOTION SERVICES**
We pay for breast health for uninsured, low income Oklahomans* - **Oklahoma Project Woman & partners: Integris, OU, various breast centers and multiple clinics**	End of life care for the unsheltered: expand program and include skilled care. Also find a doctor for the street medicine team - **Cardinal Community House**	Support groups like Getting Ahead and On the Road to Health that connect individuals to SDOH needs - **Young Men's Christian Association (YMCA) and Lynn Institute**
YOUTH SERVICES	**PREVENTION AND AWARENESS**	**HARM REDUCTION/SUBSTANCE USE**
Currently working on legislation to allow providers to see foster children without parental consent since they are without guardians. They currently cannot receive care.* - **Oklahoma Commission on Children and Youth**	Getting material out where individuals can go for STI, HIV treatment, PEP, and PREP. Improve healthcare with access and peer support - **New Hope Wellness Center and Link positively**	SHRED The Stigma OK, and other harm reduction organizations addressing the health + humanity of people who use drugs in OK - **Safety Harm Reduction Education &Delivery (SHRED the Stigma) | Partner Organizations: Oklahoma State Department of Health, Oklahoma Department of Mental Health and Substance Abuse Services, Indian Health Services, Arnall Family Foundation**
FINANCIAL AID	**WELLNESS/NUTRITION**	**LOW/NO COST HEALTHCARE**
Financial aid for hospital care* - **All hospitals offer this**	Provides nutritious foods to supplement diets, information on healthy eating and referrals to health care - **Women, Infants, and Children Program (WIC)**	Care connection offers specialty care and services to nonprofit or FQHC clinic systems*- **Health Alliance for the Uninsured**
MENTAL HEALTH		
Mental health centers enhancing access to behavioral health and primary care* - **NorthCare, Red Rock Behavioral Health, Hope Community Services inc.**		

* indicates programs that respondents indicated have a high need for collaboration

Education

Education is central to society and gives individuals the skills they need to live healthy lives. Education significantly increases life expectancy[40] and indirectly decreases rates of chronic disease[41]. 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[42]. Improved access to quality education will bring communities one step closer to health equity.

Educational Attainment by Tract



[40]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

[41]Choi, A. I., Weekley, C. C., Chen, S., Li, S., Tamura, M. K., Norris, K. C., & 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

[42]Zajacova, A., & 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

[43]US Census Bureau American Community Survey 2017-2021

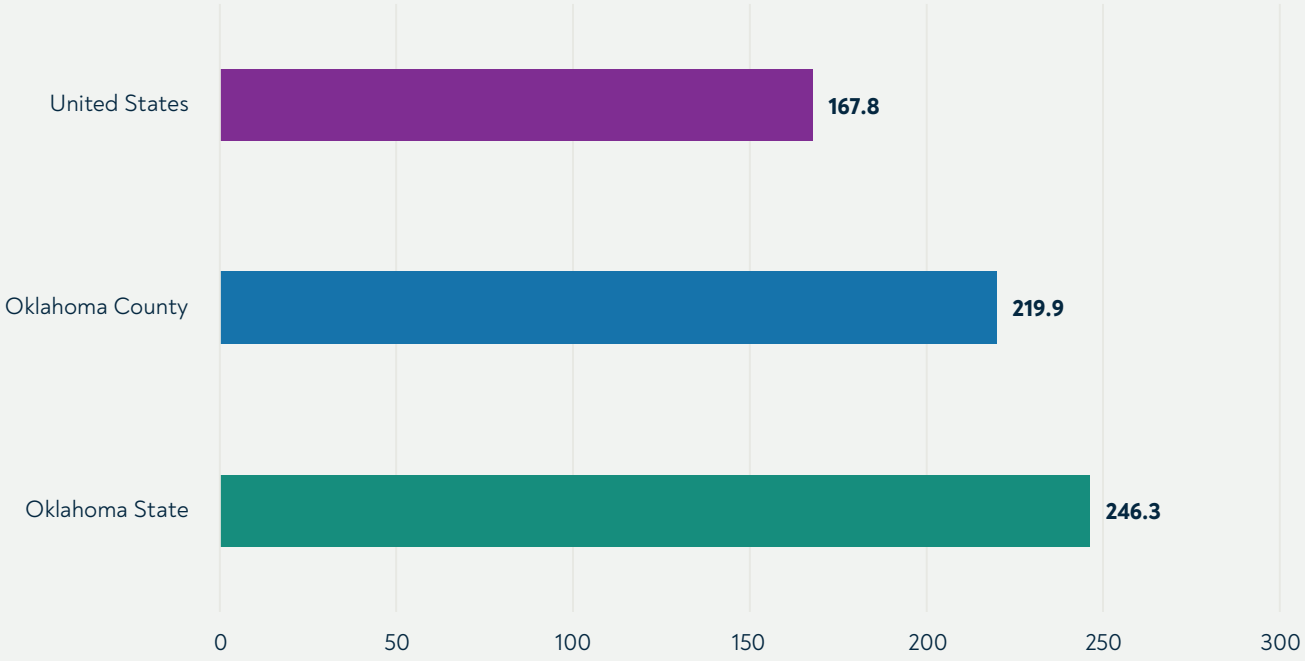
Education significantly impacts health outcomes, and this correlation is evident in the Oklahoma City metro area.

Education influences health across various dimensions:

Health Literacy, Chronic Disease Management and Access to Care:

Individuals with higher educational levels often have better health literacy, enabling them to understand health information, navigate the healthcare system effectively, and more efficiently use healthcare resources[44]. Higher education levels are associated with a lower prevalence of chronic diseases such as diabetes, hypertension, and heart disease[45].

Age-Adjusted Heart Disease Mortality Comparison, 2019-2021[46]



[44]Centers for Disease Control and Prevention. (2024, August 29). Social Determinants of Health (SDOH) and Places Data. Centers for Disease Control and Prevention. https://www.cdc.gov/places/social-determinants-of-health-and-places-data/index.html

[45]Choi AI, Weekley CC, Chen SC, Li S, Kurella Tamura M, Norris KC, Shlipak MG. Association of educational attainment with chronic disease and mortality: the Kidney Early Evaluation Program (KEEP). Am J Kidney Dis. 2011 Aug;58(2):228-34. doi: 10.1053/j.ajkd.2011.02.388. Epub 2011 May 20. PMID: 21601328; PMCID: PMC3144262.

[46]Oklahoma State Department of Health Vital Statistics Death Records, 2019-2021. and Centers for Disease Control and Prevention Vital Statistics Death Records, 2019-2021.

Mental Health:

Higher education is linked to lower levels of stress and depression. Individuals with more education typically have better job prospects, higher income, and more social support, contributing to better mental health[47].

Socioeconomic Factors:

Education often determines socioeconomic status, which in turn affects health. People with higher education levels tend to have higher incomes, better housing, and safer working conditions, all of which contribute to better health outcomes. In Oklahoma City, areas with higher educational attainment generally report better health statistics compared to areas with lower educational levels[48].

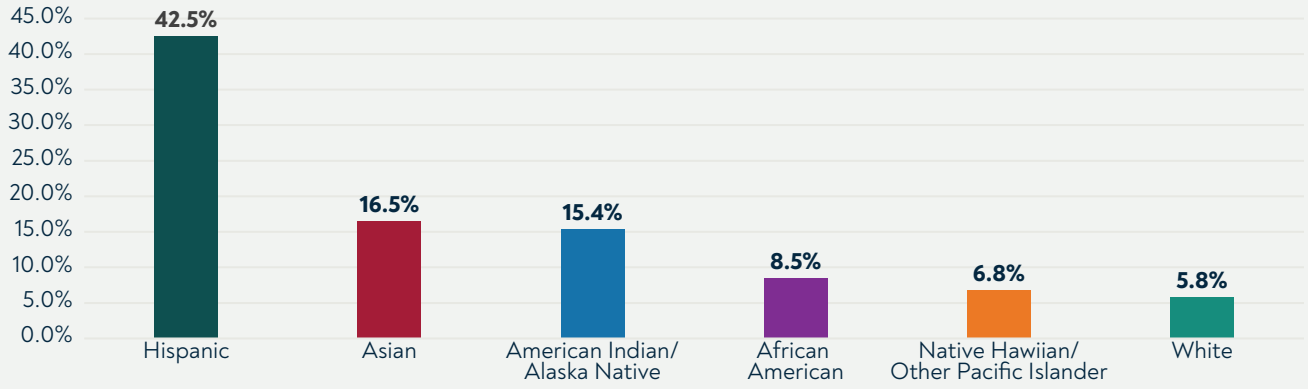
Life Expectancy:

There is a significant correlation between education and life expectancy. Individuals with higher education levels often enjoy longer life spans due to healthier lifestyles and more opportunities for health-promoting activities49.

Local Statistics and Studies

Local Data: According to the County Health Rankings & Roadmaps program, central Oklahoma counties show disparities in health outcomes closely tied to educational attainment. Counties with higher percentages of high school and college graduates tend to report better overall health metrics, including lower rates of premature death and fewer instances of low birth weight[50].

Percent of Population with Less Than High School Education by Race-Ethnicity, Oklahoma County, 2021[51]



[47]Centers for Disease Control and Prevention. (2024, August 29). Social Determinants of Health (SDOH) and Places Data. Centers for Disease Control and Prevention. https://www.cdc.gov/places/social-determinants-of-health-and-places-data/index.html

[48]Kim, Y., Vazquez, C. & Cubbin, C. Socioeconomic disparities in health outcomes in the United States in the late 2010s: results from four national population-based studies. Arch Public Health 81, 15 (2023). https://doi.org/10.1186/s13690-023-01026-1

Centers for Disease Control and Prevention. (2024, August 29). Social Determinants of Health (SDOH) and Places Data. Centers for Disease Control and Prevention. https://www.cdc.gov/places/social-determinants-of-health-and-places-data/index.html

[49]Centers for Disease Control and Prevention. (2024, August 29). Social Determinants of Health (SDOH) and Places Data. Centers for Disease Control and Prevention. https://www.cdc.gov/places/social-determinants-of-health-and-places-data/index.html

[50]Centers for Disease Control and Prevention. (2024, August 29). Social Determinants of Health (SDOH) and Places Data. Centers for Disease Control and Prevention. https://www.cdc.gov/places/social-determinants-of-health-and-places-data/index.html

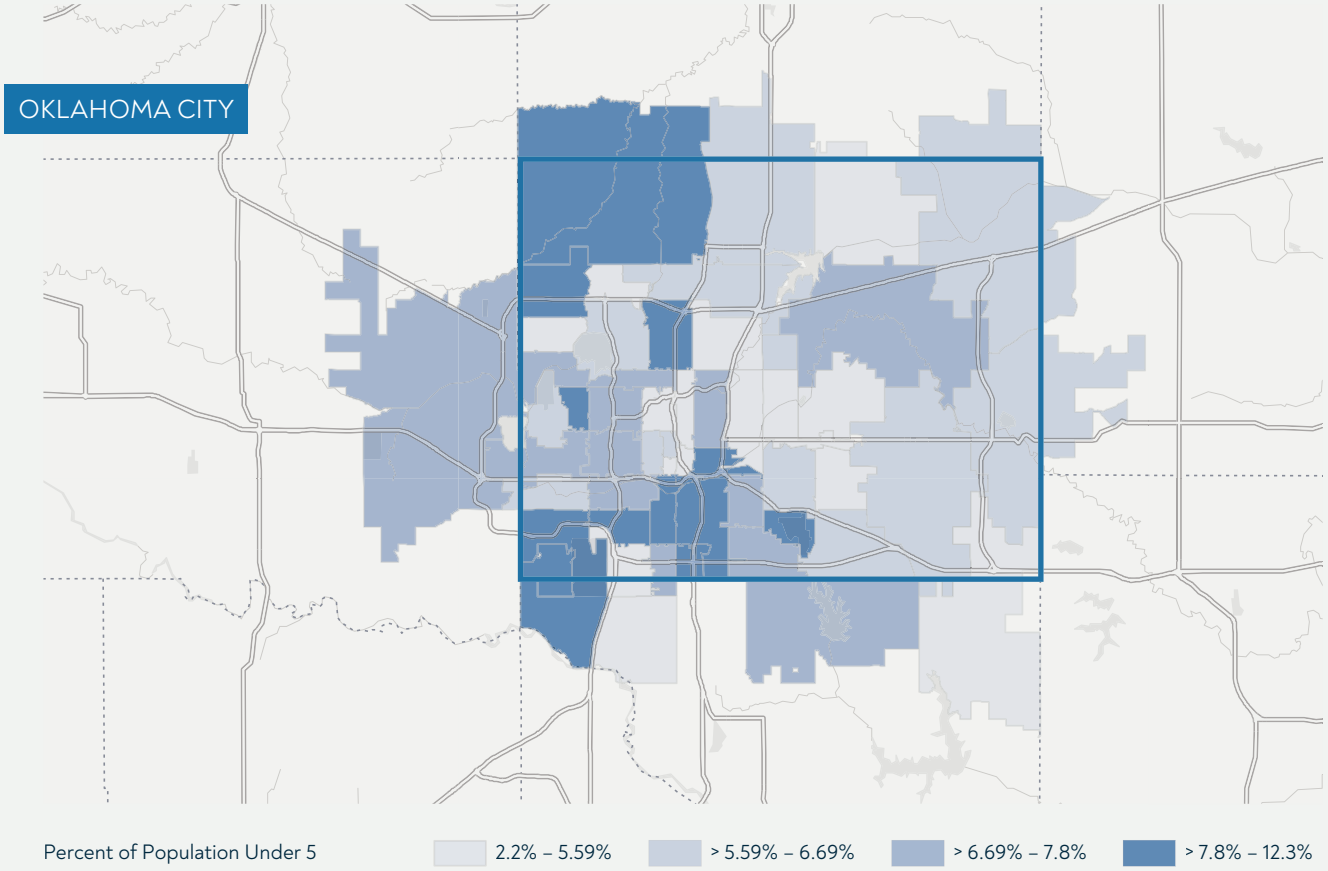
[51]U.S. Census ACS 2021 5-year population estimates

National Comparisons:

The study of socioeconomic disparities in health outcomes in the late 2010s highlights that lower educational attainment is associated with poorer health outcomes nationally. This trend is also reflected in the Oklahoma City metro area, where educational attainment can predict health disparities across communities[52].

> *Health literacy initiatives support the work of health education. Public libraries play a large role in all of these areas as trusted community anchor institutes.*
>
> – The Oklahoma Department of Libraries

Percent of Population Under 5[52.1]



[52]Kim, Y., Vazquez, C. & Cubbin, C. Socioeconomic disparities in health outcomes in the United States in the late 2010s: results from four national population-based studies. Arch Public Health 81, 15 (2023). https://doi.org/10.1186/s13690-023-01026-1

[52.1]Data source: U.S. Census ACS 2021 5-year population estimates

COMMUNITY INITIATIVE STRENGTHS

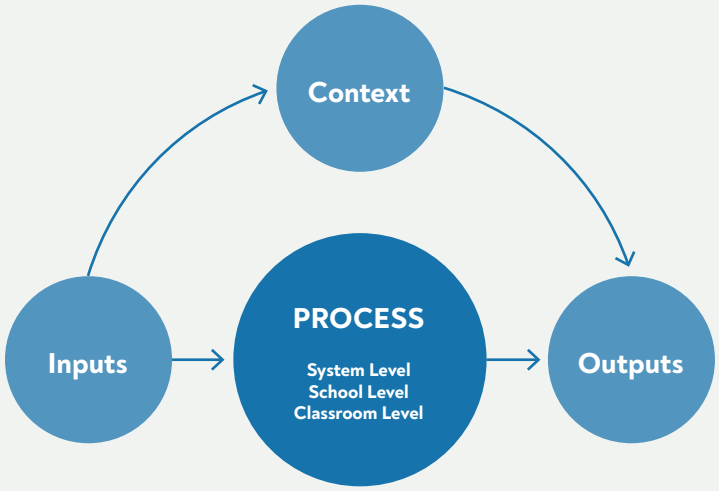
We give scholarships to single parents pursuing their bachelors and associates degrees. 80% of our recipients either graduate or stay in school.

– Oklahoma Single Parent Scholarship Program

Strategies to increase access and quality of education were mentioned frequently among contributors. Current strengths include tutoring services and health fairs. For instance, Seas the Day Mobile library offers tutoring services in addition to afterschool snacks and library books for students. Health fairs were a popular outreach strategy for organizations focusing on education about health, community resources, and financial advice.

Logic model for improving education access[53]

EDUCATION PRODUCTION FUNCTION: PATHWAYS TO EDUCATIONAL OPPORTUNITIES



- Education Access
- Education Support
- Health Literacy
- Substance Use

[53]World Bank Group (2018). World Development Report 2018: Learning to Realize Education's Promise. https://www.worldbank.org/en/publication/wdr2018

GAPS IN COMMUNITY INITIATIVES

Health Literacy

Gaps in health literacy profoundly impact communities by hindering individuals' ability to understand, access, and effectively utilize healthcare information and services. When people lack the necessary skills to comprehend medical instructions, navigate the healthcare system, or make informed health decisions, they are more likely to experience poor health outcomes. This can lead to the mismanagement of chronic conditions, increased hospitalizations, and higher healthcare costs. Low health literacy also contributes to disparities in health, particularly among vulnerable populations such as the elderly, minorities, and low-income groups, who may already face barriers to care. Furthermore, communities with widespread health literacy gaps may see lower rates of preventive care utilization, such as vaccinations and screenings, which are vital for early detection and prevention of diseases. Addressing these gaps is essential for improving individual and public health, reducing healthcare disparities, and promoting a more equitable and efficient healthcare system.

Financial Education

An overall lack of financial education can significantly impact communities by limiting individuals' ability to manage their finances effectively, leading to widespread economic instability and insecurity[54]. Without adequate financial literacy, people may struggle with budgeting, saving, investing, and understanding credit, which can result in high levels of debt, poor credit scores, and inadequate savings for emergencies or retirement. This financial mismanagement can lead to increased stress, lower quality of life, and reduced economic mobility. Communities with low financial literacy often experience higher rates of poverty and unemployment, as individuals are less equipped to make informed decisions about their careers and financial opportunities[55]. Additionally, these gaps can perpetuate economic disparities, particularly affecting marginalized groups who may already face systemic barriers to financial resources and education. Addressing financial education gaps is crucial for fostering economic resilience, promoting financial independence, and enhancing the overall well-being and stability of communities[56].

[54]Wang, S., Cao, P., & Huang, S. (2022). Household financial literacy and relative poverty: An analysis of the psychology of poverty and market participation. Frontiers in psychology, 13, 898486. https://doi.org/10.3389/fpsyg.2022.898486

[55]Van Nguyen, H., Ha, G. H., Nguyen, D. N., Doan, A. H., & Phan, H. T. (2022). Understanding Financial Literacy and associated factors among adult population in a low-middle income country. Heliyon, 8(6). https://doi.org/10.1016/j.heliyon.2022.e09638

[56]Fornero E, Lo Prete A. Financial education: From better personal finance to improved citizenship. Journal of Financial Literacy and Wellbeing. 2023;1(1):12-27. doi:10.1017/flw.2023.7

Hossain, M. (2023). The Impact of Financial Literacy on Individuals' Financial Behavior and Outcomes: A Systematic Review of International and National Studies. Journal of Emerging Technologies and Innovative Research (JETIR), 10(3).

Wagner, J. (2019). Financial Education and financial literacy by income and education groups. Journal of Financial Counseling and Planning, 30(1), 132–141. https://doi.org/10.1891/1052-3073.30.1.132

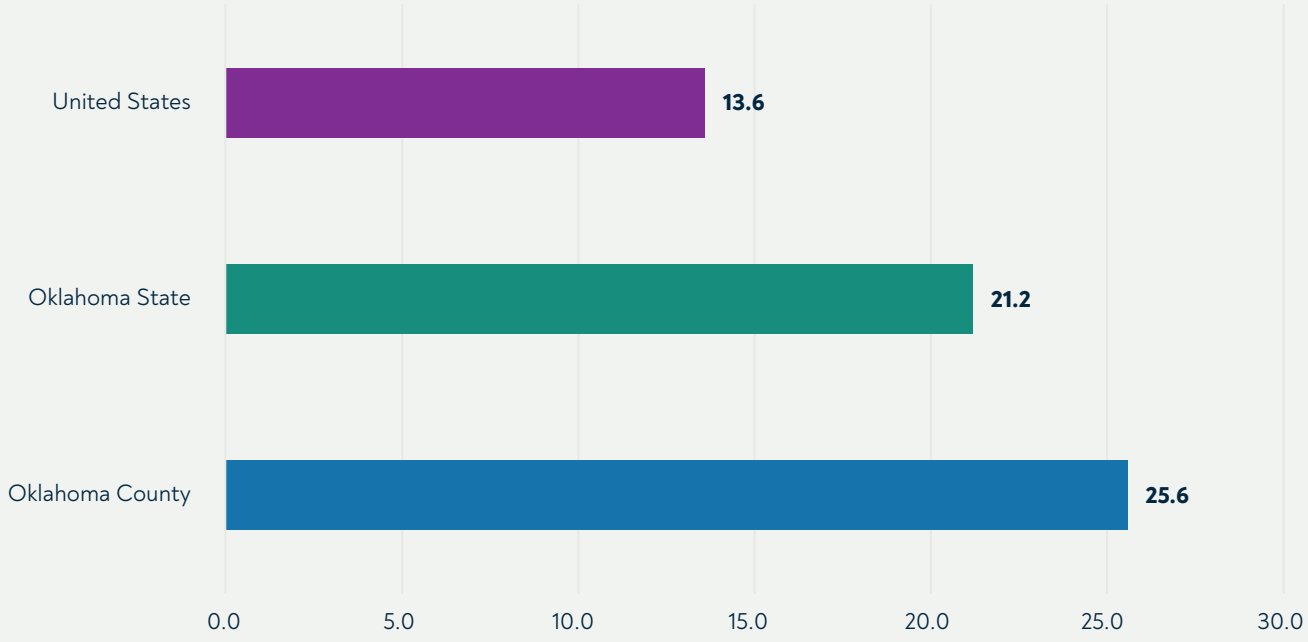
Accessible Tutoring Services

Accessible Tutoring Services

A lack of accessible tutoring services significantly impacts communities by hindering educational achievement and contributing to persistent academic disparities. When students do not have access to tutoring, they may struggle to grasp essential concepts and skills, leading to lower academic performance and reduced confidence in their abilities. This is particularly detrimental in underserved communities, where students often face additional challenges such as larger class sizes and fewer resources[57]. Without personalized support, struggling students are more likely to fall behind academic benchmarks, which can affect their long-term educational and career opportunities.

This gap in education attainment can perpetuate cycles of poverty and limit economic mobility, as education is a key driver of success. By providing accessible tutoring services, communities can promote equity in education, support student success, and foster a more educated and capable workforce.

Teen Birth Rate Comparison, 2022[58]



[57]Thurston A, Cockerill M, Chiang T-H. Assessing the Differential Effects of Peer Tutoring for Tutors and Tutees. Education Sciences. 2021; 11(3):97. https://doi.org/10.3390/educsci11030097

Ullah, I., Tabassum, R., & Kaleem, M. (2018). Effects of peer tutoring on the academic achievement of students in the subject of biology at secondary level. Education Sciences, 8(3), 112. https://doi.org/10.3390/educsci8030112

[58]Oklahoma State Department of Health 2019-2021 vital records. Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2021. National Vital Statistics Reports; vol 72, no 1. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: https://dx.doi. org/10.15620/cdc:122047.

The table below demonstrates current efforts of various organizations in improving access to education for children and adults in our community.

Initiatives Focused On Improved Access to Education In Youth and Adults			
EDUCATION ACCESS	**EDUCATION SUPPORT**	**HEALTH LITERACY**	**SUBSTANCE USE**
DHS After School Program for at-risk children - **Urban League of Greater Oklahoma City**	Scholarships to single parents pursuing their bachelors and associates degrees - **Oklahoma Single Parent Scholarship Program**	Cooking/Nutrition classes - **Natural Grocers, Oklahoma Human Services**	Thrive Treatment and Referral Intervention and Education with CBD - **Substance Abuse and Mental Health Services/ Oklahoma State Department of Health**
Prevocational/vocational training for people with disabilities and or low vision - **NewView Oklahoma Partner, Areawide Aging, Oklahoma Healthcare Authority**	Support for individuals facing SDOH barriers - **Young Men's Christian Association (YMCA), Lynn Institute, Getting Ahead**	Disease and disease prevention classes (Diabetes, Alzheimer etc.) - **Dementia Friendly Oklahoma, University of Central Oklahoma, Health Alliance for Uninsured**	
Volunteer recruitment and placement program focuses on lifelong education and social connection for older adults 55+ - **Retired Senior Volunteer Program inc. of Central Oklahoma, AmeriCorps Seniors**	Project EmpowHer: Provide menstrual products to girls and women to prevent period poverty. This directly impacts absenteeism in school* - **Junior League of OKC, Oklahoma Hospitality Club, Infant Crisis Services**	Education on benefits such as SNAP- **Oklahoma Human Services, OK SNAP Works**	
Mobile library program for children of underserved communities - **Seas the Day Mobile Library, Mercy**			

* indicates programs that respondents indicated have a high need for collaboration



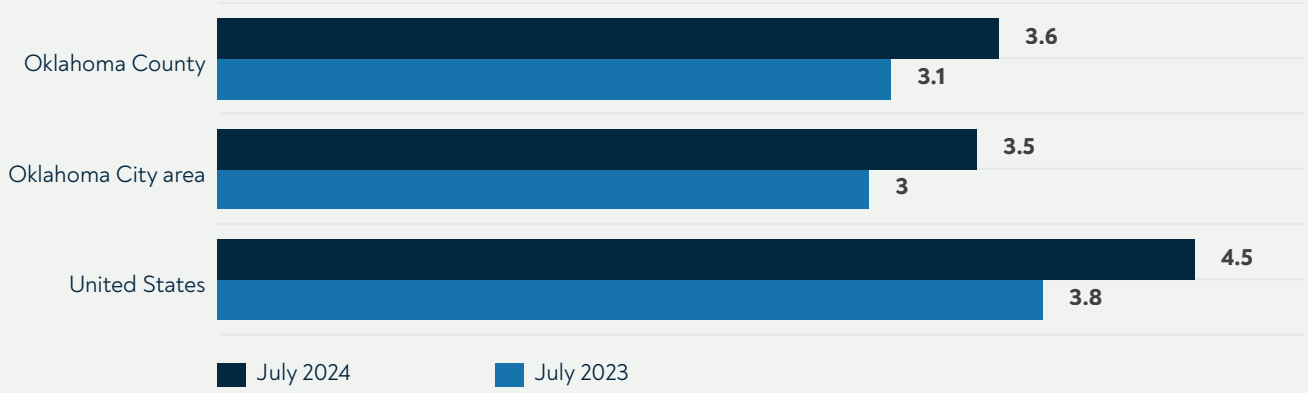
Employment

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[59]. It increases stress leading to poorer mental health and elevated suicide rates[60]. 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[61]. 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[62]. 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[63].

Unemployment Rates July 2023 & July 2024



[59]Clemens, T., Popham, F., & 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

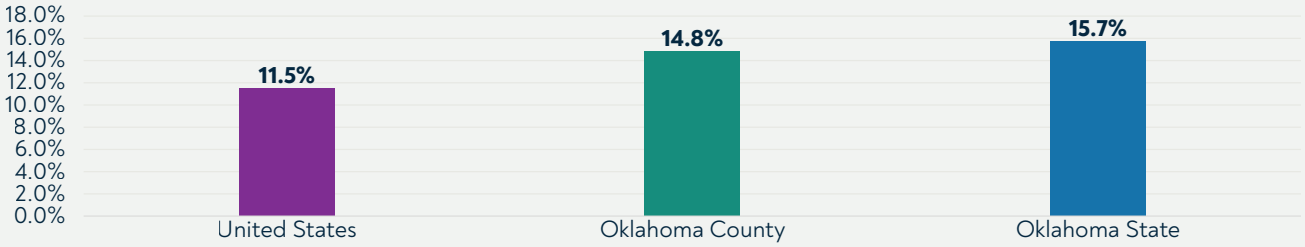
[60]Milner, A., Page, A., & LaMontagne, A. D. (2013). Long-Term Unemployment and Suicide: A Systematic Review and Meta-Analysis. PLoS ONE, 8(1), e51333. https://doi.org/10.1371/journal.pone.0051333

[61]Silver, S. R., Li, J., & 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

[62]Occupational Employment and wage statistics. (n.d.). Employment Security Commission. https://oklahoma.gov/oesc/labor-market/oews.html

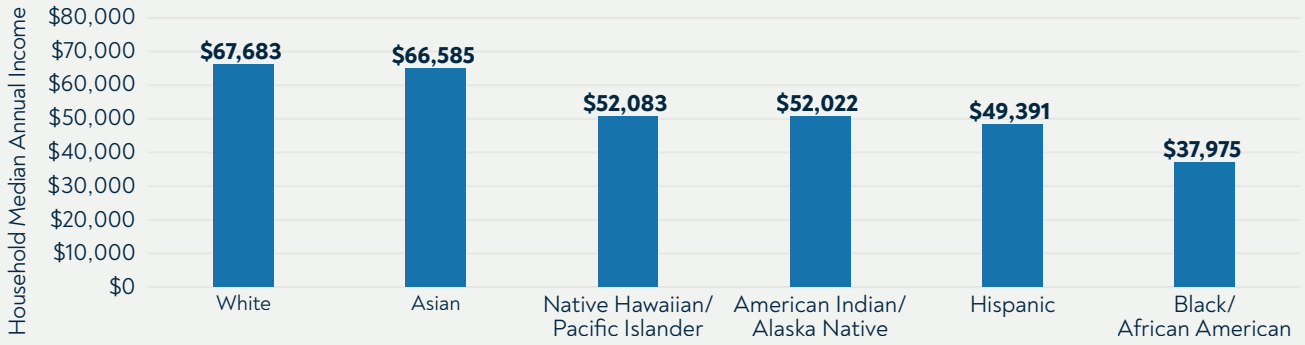
[63]Source: US Bureau of Labor Statistics, https://www.bls.gov/eag/eag.us.htm

Percent of Population Below Poverty Level, 2022[64]



While unemployment rate is a frequently cited measurement for employment outcomes, it is also important to consider underemployment. Underemployment can refer to workers who would like to work more hours at the standard wages but cannot find full-time jobs, workers who have skills or education for a higher paying job but cannot find one, or workers who are making less than 20% than their peers[65]. In all of these situations, employees' incomes are low, therefore, they are less likely to spend money on health-protective purchases like nutritious food. On top of this concern, underemployment also can lead to financial stress which, in turn, can cause worsening mental health[66].

Median Household Income by Race-Ethnicity, Oklahoma County, 2021[67]



[64]U.S. Census ACS 2022 5-year population estimates

[65]Pratap, P., Dickson, A., Love, M., Zanoni, J., Donato, C., Flynn, M. A., & Schulte, P. A. (2021). Public Health Impacts of underemployment and unemployment in the United States: Exploring perceptions, gaps and opportunities. International Journal of Environmental Research and Public Health, 18(19), 10021. https://doi.org/10.3390/ijerph181910021

[66]Li, N., Liang, H., Gao, Y., & Wu, D. (2022). Short- and Long-Term Effects of Underemployment on Workers' Health: Empirical Analysis from the China Labor Force Dynamics Survey. International journal of environmental research and public health, 19(24), 16695. https://doi.org/10.3390/ijerph192416695

[67]U.S. Census ACS 2021 5-year population estimates

COMMUNITY INITIATIVE STRENGTHS

Initiatives aimed at improving employment access and outcomes in the community are focused on assistance in finding jobs, career training, and employment for seniors and people with disabilities. Assistance in finding jobs in the area frequently focuses on assisting individuals with barriers such as criminal backgrounds and low income. Career training entities provide meaningful education through classes and work experience. Several programs are also focused on assisting seniors and people with disabilities to connect with employers and gain meaningful career training.

Unemployment Rates July 2023 & July 2024



We want educated kids, living in healthy communities whose caregivers have access to jobs and a quality roof over their heads.

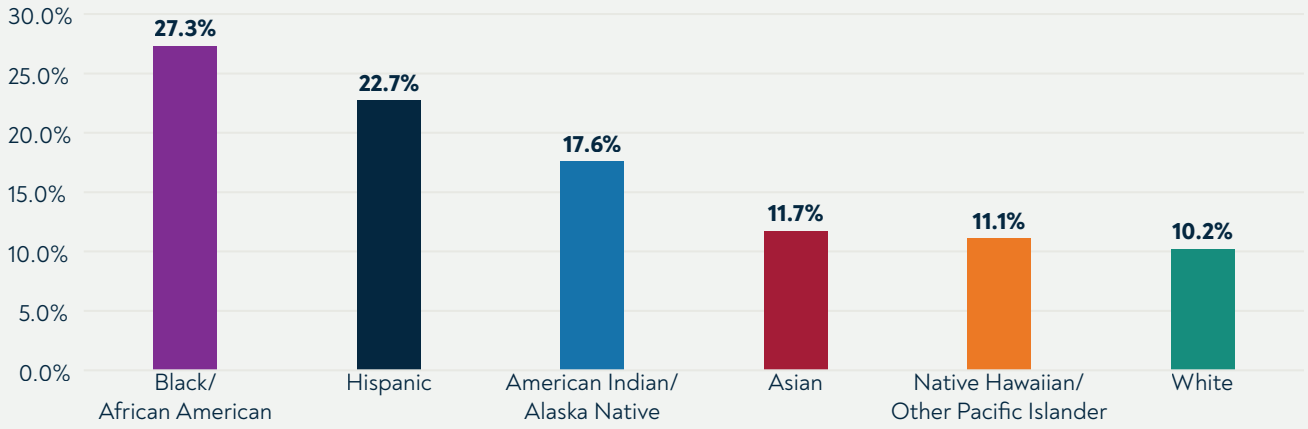
– Urban League of Greater Oklahoma City

GAPS IN COMMUNITY INITIATIVES

Employment outreach for disabled individuals

A lack of employment outreach for disabled individuals is a significant barrier that exacerbates existing inequalities and limits opportunities for economic independence and social inclusion. Without targeted outreach efforts, many people with varying ability levels may remain unaware of available job opportunities, support services, and resources that can help them navigate the employment landscape. This lack of engagement can lead to higher rates of unemployment and underemployment within the disabled community, contributing to increased poverty and reliance on social assistance[68]. Furthermore, the absence of outreach can perpetuate stigma and misconceptions about the capabilities of disabled individuals, discouraging employers from considering them for job openings. This not only deprives disabled individuals the chance to showcase their skills and talents, but also deprives employers of the benefits of a diverse workforce. By prioritizing employment outreach for disabled individuals, communities can promote inclusivity, enhance economic participation, and foster a more equitable society where everyone has the opportunity to contribute and thrive[69].

Below Poverty Level Race Comparison, Oklahoma County, 2021[70]



[68]Keating BW, Worsteling AImproving employment outcomes for people with disability in small and medium enterprises: protocol for a scoping reviewBMJ Open 2023;13:e069573. doi: 10.1136/bmjopen-2022-069573

Weld-Blundell I, Shields M, Devine A, Dickinson H, Kavanagh A, Marck C. Vocational Interventions to Improve Employment Participation of People with Psychosocial Disability, Autism and/or Intellectual Disability: A Systematic Review. International Journal of Environmental Research and Public Health. 2021; 18(22):12083. https://doi.org/10.3390/ijerph182212083

[69]Weld-Blundell I, Shields M, Devine A, Dickinson H, Kavanagh A, Marck C. Vocational Interventions to Improve Employment Participation of People with Psychosocial Disability, Autism and/or Intellectual Disability: A Systematic Review. International Journal of Environmental Research and Public Health. 2021; 18(22):12083. https://doi.org/10.3390/ijerph182212083

[70]U.S. Census ACS 2021 5-year population estimates

Underemployment in Oklahoma County

The average household in Oklahoma County spends 48% of its income on housing and transportation costs combined[71]. This indicates that many people in our county have difficulty meeting needs with their financial means. While the work of current organizations to combat unemployment is a vital step toward improving health outcomes in Oklahoma County, addressing underemployment is a gap in community initiatives that needs to be addressed.

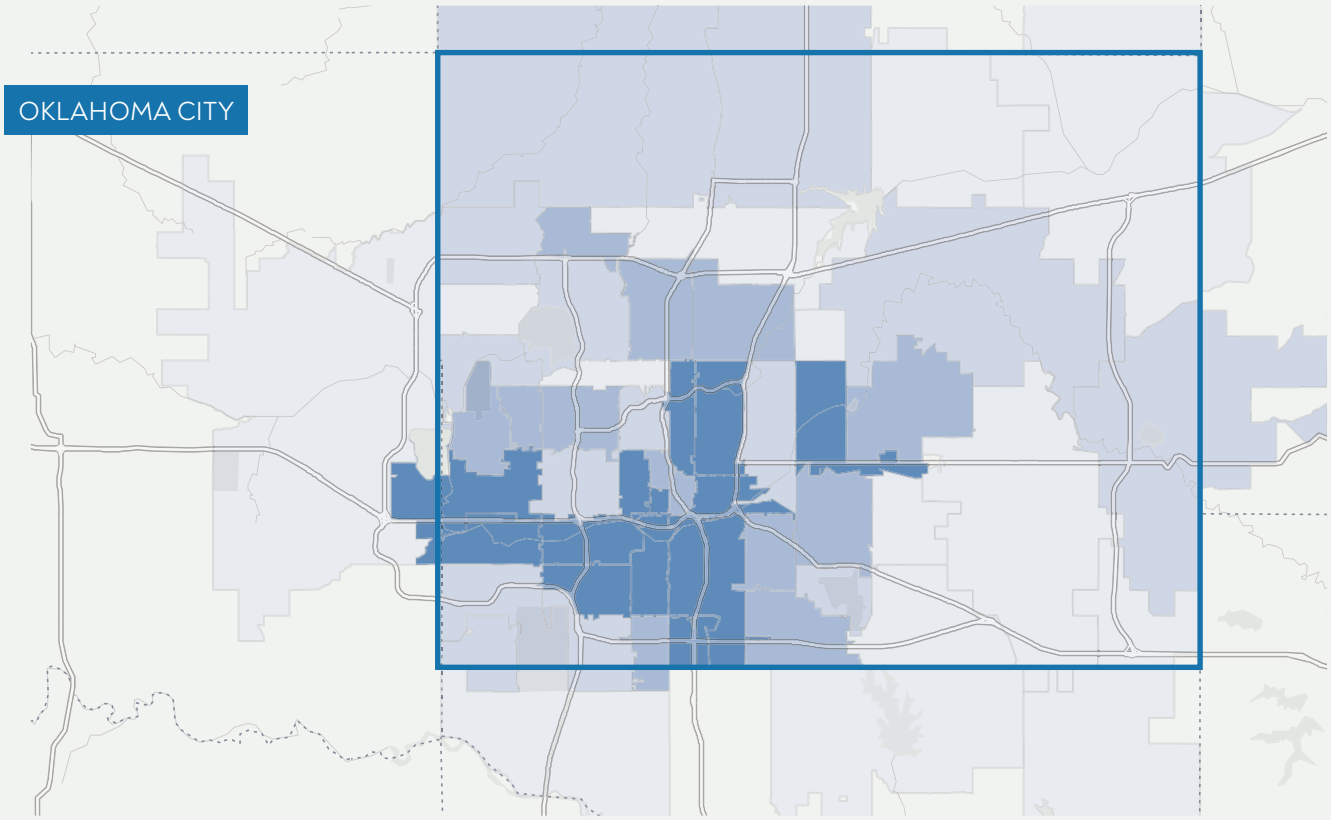
The table below lists programs in the region, who are working towards increased employment access and quality.

Initiative Providing Access to Employment	
CAREER TRAINING AND EXPERIENCE	**EMPLOYMENT RESOURCES**
Employment support for justice-engaged women - **ReMerge**	Employment support with resource help - **Oklahoma City Community College**
Employment Assistance for Justice-Engaged Individuals - **The Education and Employment Ministry (TEEM)**	Job Searching Support - **Urban League Of Greater Oklahoma City, Side x Side**
Job Training and placement programs for unemployed, underemployed, disabled, or justice involved citizens - **Goodwill of Central Oklahoma**	Support for people with disabilities in obtaining community employment - **Dale Rogers Training Center**
OK SNAP Works; Oklahoma's SNAP Employment & Training; Free Education & Employment to SNAP recipients & helps with food insecurity - **OK Human Services, OK SNAP Works**	Family expectations – offers free relationship, and parenting education to new and expecting parents. The goal is to prepare them for parenting, strengthening their relationship, and find adequate employment - **Family Expectations | Partner Orgs: True Dads, Work Ready Oklahoma**
Workforce Innovation Talent Center: workforce training - **CVS/Aetna**	**PROMOTING SAFE WORKPLACES**
Culinary training program at the Department of Corrections - **Regional Food Bank of Oklahoma & TEEM**	Assessing workplace for safety and health hazards or concerns - **Oklahoma Department of Labor**
Teen job training program **- Young Men's Christian Association (YMCA)**	

* indicates programs that respondents indicated have a high need for collaboration

[71]Center for Neighborhood Technology. (2019). H+T Fact Sheet for Oklahoma County. Housing and Transportation Index. https://htaindex.cnt.org/fact-sheets/?focus=county&gid=1717

Percent of Households Living below Poverty[71.1]





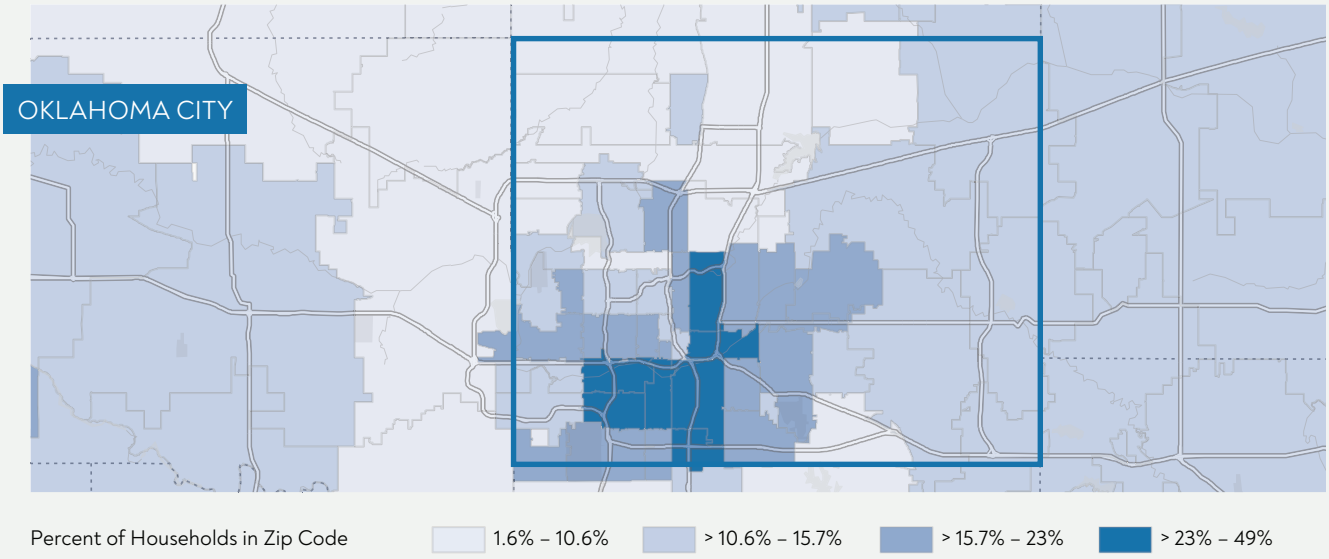
[71.1]Data source: U.S. Census ACS 2021 5-year population estimates

Housing

Housing conditions influence healthcare access and quality of life[72]. 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[73]. Inadequate living conditions can lead to increased risks of health conditions like respiratory issues[74]. Disparities in neighborhoods and built environments can lead to poor mental health[75]. 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.

Housing insecurity crude prevalence (Percent of Households)[76]



[72]Mwoka, M., Biermann, O., Ettman, C. K., Abdalla, S. M., Ambuko, J., Pearson, M., Rashid, S. F., Zeinali, Z., Galea, S., Valladares, L. M., & 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

[73]Swope, C. B., & Hernández, D. (2019). Housing as a determinant of health equity: A conceptual model. Social Science & Medicine, 243, 112571. https://doi.org/10.1016/j.socscimed.2019.112571

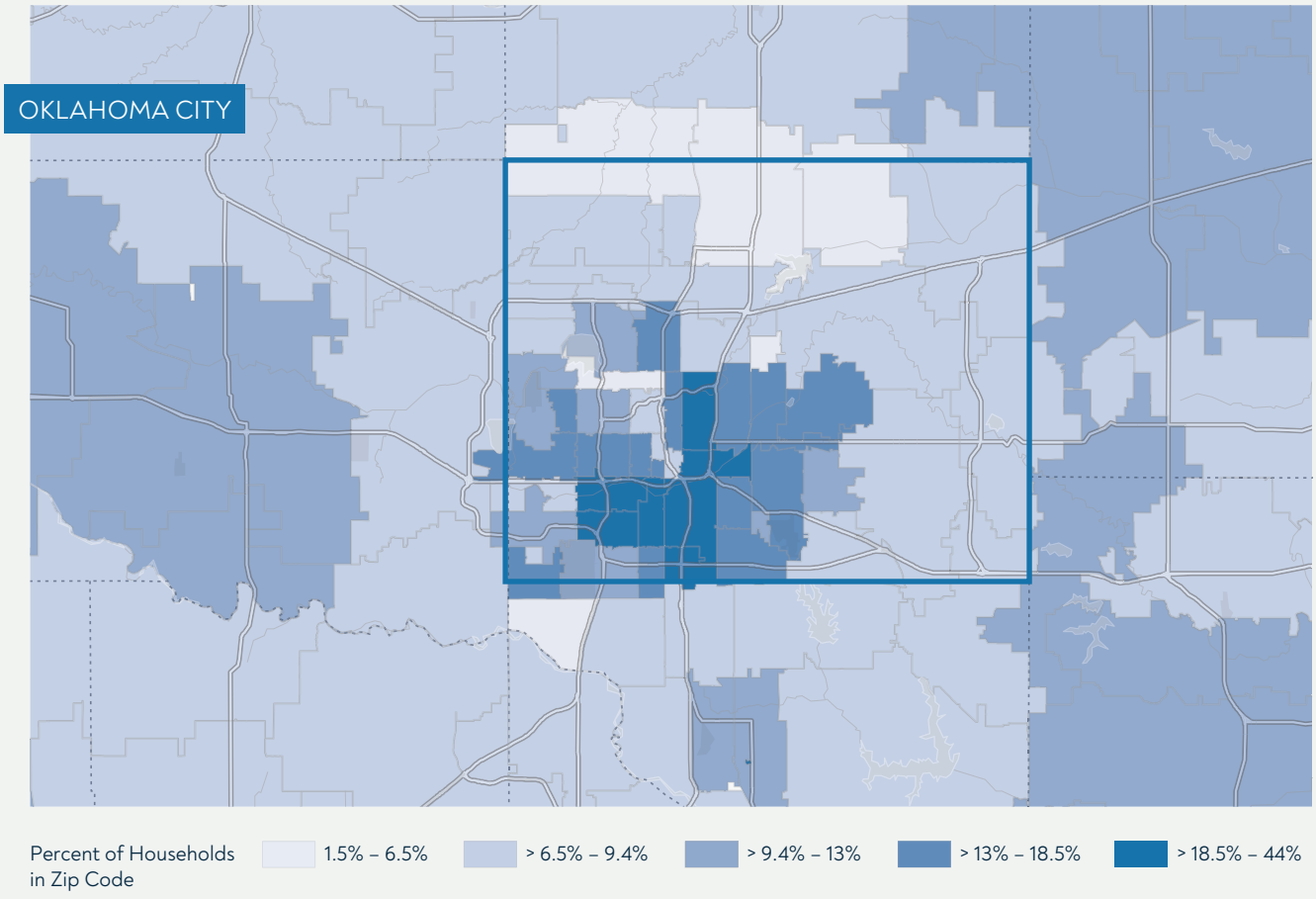
[74]Matte, T. D., & Jacobs, D. E. (2000). Housing and health—Current issues and implications for research and programs. Journal of Urban Health, 77(1), 7–25. https://doi.org/10.1007/bf02350959

[75]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

[76]The model-based estimates were generated using BRFSS 2022 or 2021, Census 2020 population counts or census county population estimates of 2022, and ACS 2018-2022.

When households spend a significant portion of their income on rent or mortgage it can take away from other spending that impacts health outcomes. This is a metric frequently employed to measure the affordability of housing. In Oklahoma County, 45.6% of households spend 30% or more of their income on rent and 23.2% of households spend 30% or more of their income on mortgage[77]. Having access to affordable housing provides shelter and stability, improving health outcomes. Conversely, costly housing limits health-protective spending on resources like fresh foods, transportation, and healthcare products.

Utilities services threat crude prevalence (Percent of Households)[78]

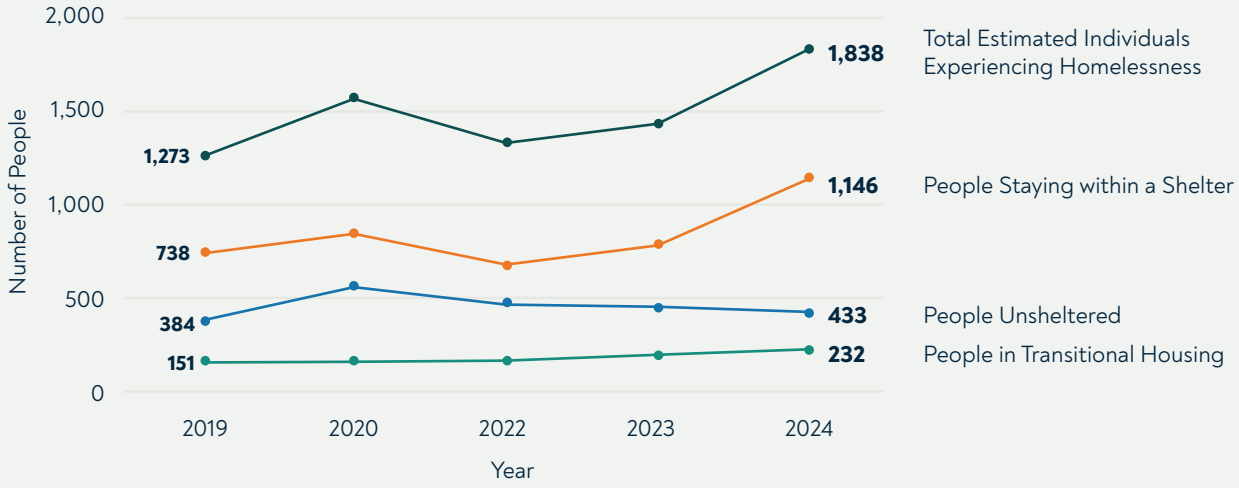


[77]Data Source: U.S. Census ACS, 2017-2021 5-year estimates

[78]The model-based estimates were generated using BRFSS 2022 or 2021, Census 2020 population counts or census county population estimates of 2022, and ACS 2018-2022.

In addition to housing costs, transportation costs and availability are crucial factors to consider when evaluating the needs of Oklahoma County. Oklahoma County is considered car-dependent with limited access to public transportation and limited walkability compared to other regions in the U.S.[79]. The cost and availability of transportation directly affect other determinants of health such as, access to food and employment opportunities.

Number of People Experiencing Homelessness in Oklahoma City
Annual Point in Time Count

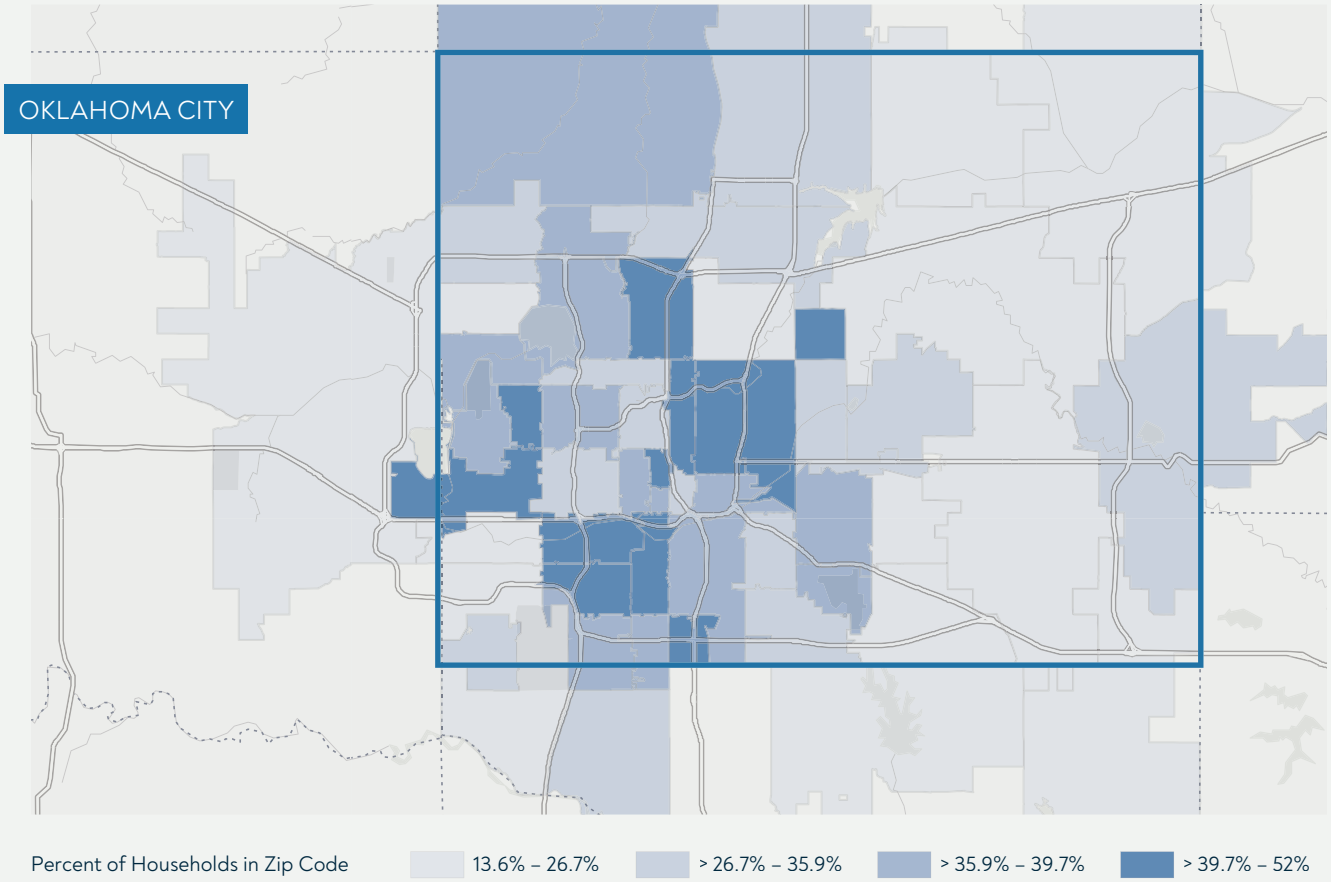


> *The homeless outreach is about boots on the ground bringing resources such as medication, wound care, and food, to support those in need. We need help with healthcare for the addicted, sick and mentally ill. Micro healthcare stations are needed.*
>
> – Oklahoma Homeless Alliance

[79]Center for Neighborhood Technology. (2019). H+T Fact Sheet for Oklahoma County. Housing and Transportation Index. https://htaindex.cnt.org/fact-sheets/?focus=county&gid=1717

People living without housing face health disparities that are often compounded by lack of access to healthcare, transportation, employment, and food. The number of individuals in Oklahoma City experiencing homelessness increased significantly over the past year according to the point in time count. This count measured the number of people in shelters, unsheltered, and in transitional housing on one day. In 2024 there were an estimated 1,838 individuals experiencing homelessness within Oklahoma City, up from 1,273 in 2019[80].

Percent of Households Spending more than 30% of Income on Housing[81]



[80]Data Source Homeless Alliance 2024 Point in Time Count Report

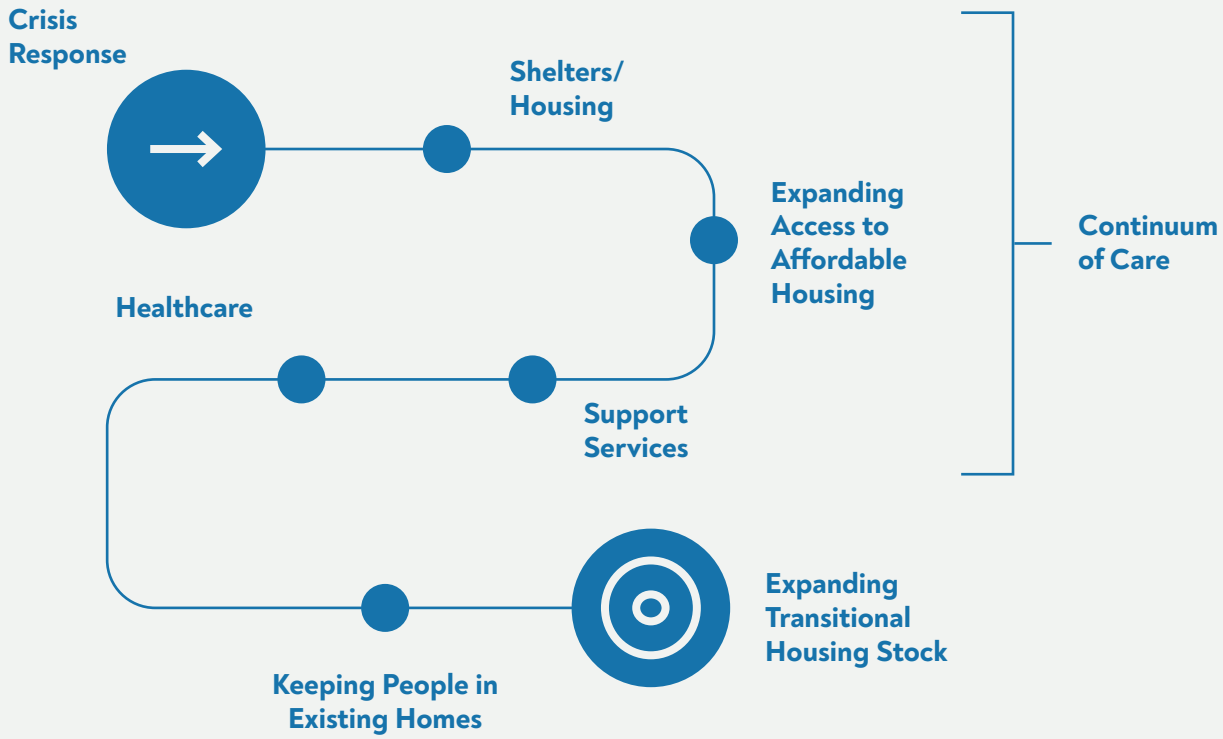
[81]US Census Bureau American Community Survey 2017-2021

COMMUNITY INITIATIVE STRENGTHS

Current impactful efforts addressing access to housing and resources for the unhoused in Oklahoma County include housing affordability projects and continuum of care for the unhoused. Housing affordability projects are various and include programs directed towards unhoused youth, landlord relations, and decreasing eviction rates.

Continuum of care for the unhoused is an initiative focused on longevity and reliability of resources for the unhoused and includes many organizations coming together to form committees with a common goal. Continuum of care was mentioned several times by survey respondents as a goal that their organization is working toward.

Number of People Experiencing Homelessness in Oklahoma City





GAPS IN COMMUNITY INITIATIVES

Hospital discharge planning for the unhoused

Poor hospital discharge planning for unhoused individuals is a critical issue that can lead to negative health outcomes and exacerbate the challenges they face. When discharge processes are inadequate, unhoused patients may leave the hospital without a clear plan for follow-up care, access to medications, or connection to essential support services[82]. This can result in a lack of continuity in their healthcare, increasing the likelihood of readmission, complications, and deteriorating health. Moreover, without proper discharge planning, these individuals may struggle to navigate the healthcare system, leading to missed appointments and untreated conditions. The lack of stable housing further complicates their recovery, as they may have difficulty maintaining necessary lifestyle changes or adhering to treatment protocols. This cycle not only impacts their health but also places additional strain on healthcare resources and emergency services[83]. By improving discharge planning specifically for unhoused individuals, healthcare systems can enhance care coordination, facilitate access to vital services, and ultimately promote better health outcomes for this vulnerable population[84].

The table below lists organizations in the county that are working to improve access to affordable housing and initiatives to support unhoused individuals.

Initiatives Providing Support Services for People Experiencing Homelessness

HEALTHCARE	SUPPORT SERVICES
Respite Care for people experiencing homelessness - **Cardinal Community House, Catholic Charities of the Archdiocese of Oklahoma City, City Care**	School for children experiencing homelessness* - **Positive Tomorrows, Oklahoma City Public Schools**
Oklahoma Project Human - early detection and preventative care. Mammograms provided - **Oklahoma Project Woman, Homeless Alliance**	Crossroads renewal project: increasing access to a variety of services (physical and mental health, housing, and education) - **Santa Fe South Schools**
Street outreach, street medicine* - **City of Oklahoma City, City Care, Homeless Alliance, Mental Health Association of Oklahoma**	Opening new/expanded sanctuary women's day center - **Catholic Charities of the Archdiocese of Oklahoma City**
Primary care support - **Healing Hands**	Day shelter, case management - **Homeless Alliance**

* indicates programs that respondents indicated have a high need for collaboration

[82]Jenkinson, J., Wheeler, A., Wong, C., & Pires, L. M. (2020). Hospital Discharge Planning for People Experiencing Homelessness Leaving Acute Care: A Neglected Issue. Healthcare policy = Politiques de sante, 16(1), 14–21. https://doi.org/10.12927/hcpol.2020.26294

[83]Sleet, D. A., & Francescutti, L. H. (2021). Homelessness and Public Health: A Focus on Strategies and Solutions. International journal of environmental research and public health, 18(21), 11660. https://doi.org/10.3390/ijerph182111660

[84]Patel PR, Bechmann S. Discharge Planning. [Updated 2023 Apr 3]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK557819/

Initiatives Combatting Housing Instability

EXPANDING ACCESS TO AFFORDABLE HOUSING	KEEPING PEOPLE IN EXISTING HOMES	CRISIS RESPONSE
Development of affordable housing* - **MAPS 4: Oklahoma City Housing Authority, Homeless Alliance, Mental Health Association of Oklahoma, City Care**	Home repair for seniors; home renovation for eastside home ownership (coming) - **Restore OKC**	Disaster resiliency and long term recovery case management - **Catholic Charities of the Archdiocese of Oklahoma City**
Coordinated Entry System: Identifying affordable housing options by developing relationships with landlords - **City of OKC; Homeless Alliance | 82 partnerships**	Providing rental assistance for individuals living with HIV/AIDS - **Homeless Alliance & Rain**	
Development of affordable, permanent housing - **Urban League of Greater Oklahoma City, Oklahoma City Housing Authority**	Aging Our Way Oklahoma (Aging in Place) - **OK Department of Human Services**	
	Reduction in evictions through mediation Services - **Legal Aid Services of Oklahoma**	
	Affordable housing support - **Catholic Charities of the Archdiocese of Oklahoma City**	

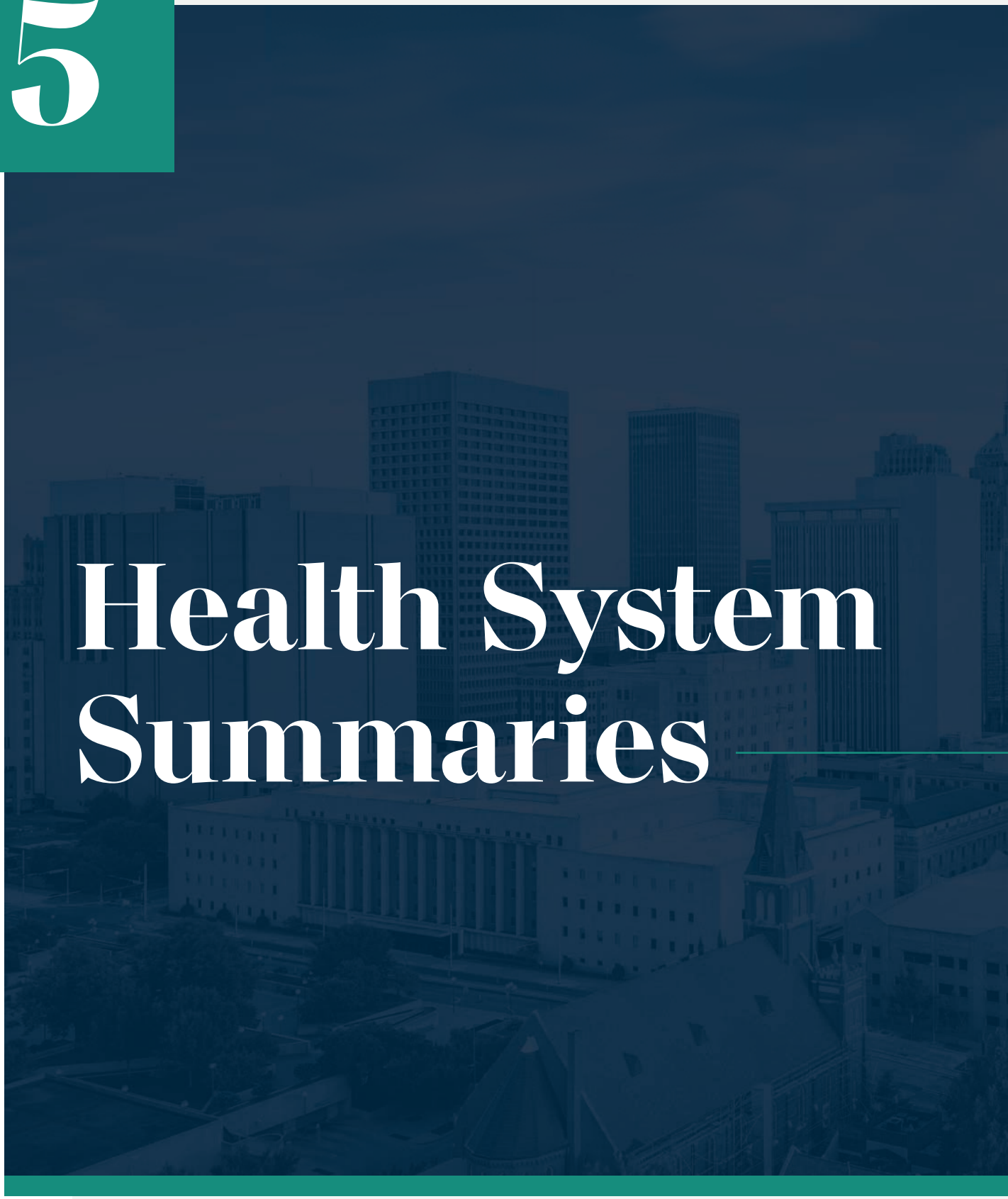
Initiatives Housing People Who Are Experiencing Homelessness

SHELTERS/HOUSING	EXPANDING TRANSITIONAL HOUSING STOCK
Supportive housing for unsheltered individuals* - **Salvation Army, Homeless Alliance, City Care, City Rescue Mission, Pivot, Mental Health Association of Oklahoma, Neighborhood Services Organization (NSO), etc.**	Tiny Homes: building smaller homes for an affordable cost* - **Pivot, Catholic Charities of the Archdiocese of Oklahoma City, City Care**
Transitional housing for unhoused women and children - **Neighborhood Services Organization (NSO), Young Women's Christian Association (YWCA), City Care, City Rescue Mission, Salvation Army**	Casitas housing, modular housing - **Mercy, Catholic Charities of the Archdiocese of Oklahoma City**
Refugee resettlement, routing houses, goal is stability - **Catholic Charities of the Archdiocese of Oklahoma City**	
Transitional housing for homeless young men **- Neighborhood Services Organization (NSO)**	
Housing and supporting marginalized youth and youth aging out of foster care and DHS services* **- Pivot, SISU**	

* indicates programs that respondents indicated have a high need for collaboration

CHAPTER

5



Health System Summaries



INTEGRIS HEALTH

INTEGRIS Health, the largest Oklahoma-owned not-for-profit health system in the state, is renowned for its innovation and unparalleled quality, offering advanced treatment options and specialties unique to the region. The $3 billion integrated delivery system, with over 12,000 caregivers, includes hospitals, rehabilitation centers, physician clinics, virtual care, mental health facilities, and home health agencies. INTEGRIS Health operates more than 1,800 licensed beds across 20 hospitals and offers over 63 specialties and subspecialties through its Medical Group and affiliate physicians. The INTEGRIS Health Medical Group employs 826 providers and operates more than 190 primary and specialty care clinics.

The name INTEGRIS Health emerged from a 1995 merger between Oklahoma Health System and Southwest Medical Center in Oklahoma City, though its roots trace back to the early days of Oklahoma statehood. INTEGRIS Bass Baptist Health Center, located in Enid, was founded in 1910, and INTEGRIS Baptist Medical Center began as Baptist Memorial Hospital in 1959. During the mid-1990s, the organization expanded to become the largest statewide health system through a series of mergers with hospitals across Oklahoma. Today, INTEGRIS Health's corporate headquarters are located in Oklahoma City, and the system has been recognized as a leader in providing quality health care to Oklahoma for more than 100 years



Mission

Partnering with people to live healthier lives.

Vision

The Most Trusted Partner for Health

Values

iCare

Integrity. We are honest and consistently adhere to the highest standard of ethical and professional behavior.

Compassion. We are kind and suspend judgment to appreciate other's perspectives and situations.

Accountability. We take ownership for our actions and outcomes.

Respect. We embrace diversity and inclusion, and value others.

Excellence. We seek to continuously improve, leading to exceptional outcomes.

40,795
Admissions

5,265
Births

433
Volunteers

844,047
Outpatient visits

1,374
Beds

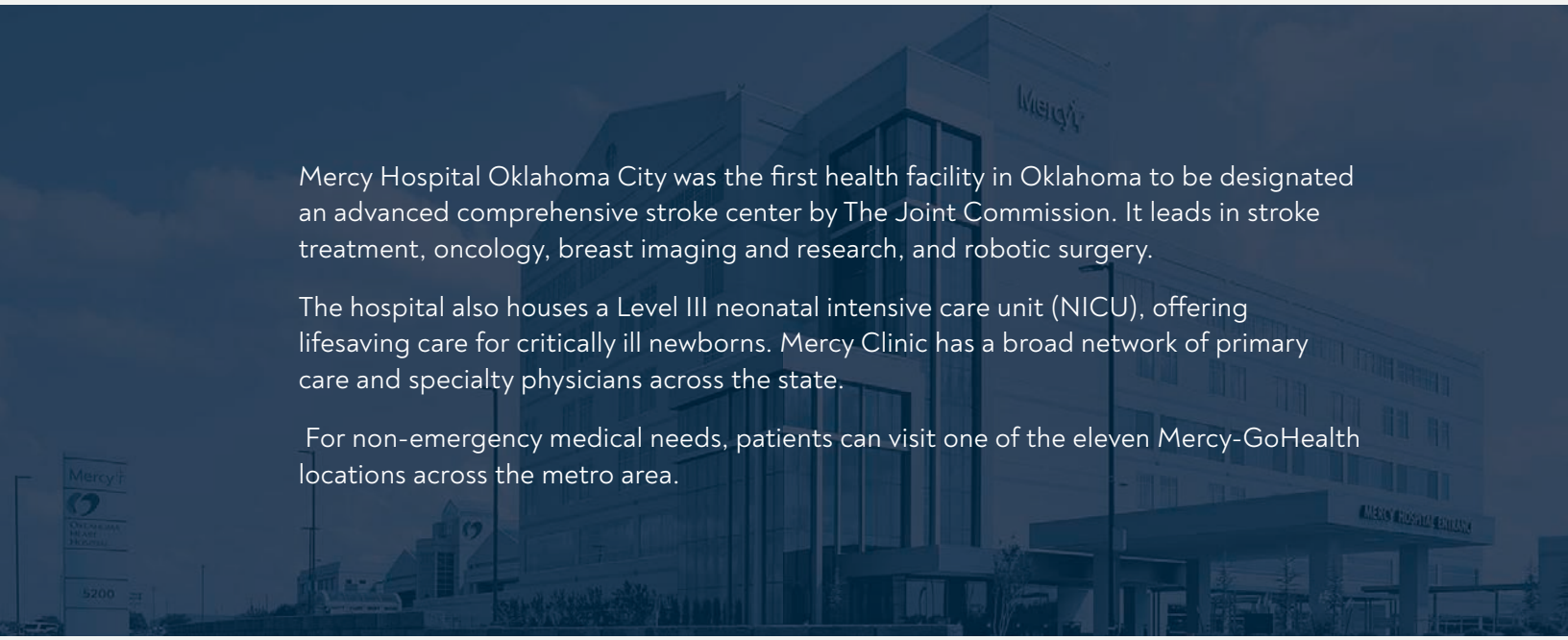
$109,729,867
Charity care

192,907
ER visits

~7,500 FTEs
(includes hospital and system caregivers)
Employees

Mercy's values guide its co-workers' actions and decisions, providing an unchanging foundation. While all five values are significant in shaping decision-making, dignity serves as the cornerstone. Since all people are created in the image and likeness of God, each individual deserves respect. Through its influence, Mercy seeks to alleviate suffering, address its causes, and support individuals striving for full dignity.

Mercy has proudly served the Oklahoma City community for the past fifty years. It operates two hospitals in the Oklahoma City metro area, one in northwest Oklahoma City and the other in south Oklahoma City. In 2022, Mercy Hospital Oklahoma City was named a Best Maternity Hospital by Newsweek and The Leapfrog Group for the third consecutive year. The hospital also earned an A grade in The Leapfrog Group's Spring 2022 Hospital Safety Grade for the 10th consecutive grading period. Additionally, NRC Health recognized Mercy Hospital Oklahoma City as a Top 100 Consumer Loyalty Award winner in both 2020 and 2022. These accolades reflect Mercy's ongoing commitment to delivering a high-quality patient experience, central to its healing mission.



Mercy Hospital Oklahoma City was the first health facility in Oklahoma to be designated an advanced comprehensive stroke center by The Joint Commission. It leads in stroke treatment, oncology, breast imaging and research, and robotic surgery.

The hospital also houses a Level III neonatal intensive care unit (NICU), offering lifesaving care for critically ill newborns. Mercy Clinic has a broad network of primary care and specialty physicians across the state.

For non-emergency medical needs, patients can visit one of the eleven Mercy-GoHealth locations across the metro area.

Mission

As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service.

This mission statement is an inspiring reminder of our calling at Mercy. It also unites and directs activities across our entire health and human services ministry.

Vision

We are the people of Mercy Health Ministry. Together, we are pioneering a new model of care. We will relentlessly pursue our goal to get health care right. Everywhere and every way that Mercy serves, we will deliver a transformative health experience.

Values

Dignity. We cherish each person as created in the image of God.

Excellence. We give only the best for those entrusted to our care.

Justice. We pledge to be in right relationship with one another, with a particular concern for people who are economically poor.

Service. We seek out and put the needs of others first.

Stewardship. We wisely use our talents and resources to strengthen Mercy as a ministry of the Church.

330,509 Outpatient Visits	**$51.2M** Unreimbursed Medicaid	**17,761** Discharges Acute Inpatient	**36,102** Surgeries Inpatient and Outpatient
$15M Traditional Charity Care	**385** Licensed Beds Inpatient Care	**2,995** Co-workers Hospital Based	**63,962** Visits Emergency Room
$1.6M Other Community Benefit	**88** Locations Clinic and Outpatient	**245** Physicians Mercy Clinic	**3,917** Births Maternity Services

OU Health is Oklahoma's flagship academic health system, encompassing hospitals, clinics, and centers of excellence. With a workforce of 11,272 and over 1,500 physicians and advanced practice providers, it boasts the state's largest specialty provider network, offering a full spectrum of specialty care. OU Health is pivotal in the region, housing Oklahoma's only comprehensive children's hospital, only Level 1 Trauma Center, only National Cancer Institute-designated cancer center, and the state's academic flagship hospital.

OU Health is at the forefront of medical innovation, with over 1,100 clinical trials in progress, 148 subspecialties, and 15 outpatient locations.

Dedicated to leading in patient care, education, and research, OU Health's tripartite mission is deeply rooted in its ties to the University of Oklahoma's education and research and missions, reflecting a strong heritage of community engagement.





Purpose

Improving lives through healing and discovery.



Vision

Our vision is to be the destination of choice for patients with complex and serious conditions and to be known as a top-tier academic center.



Values

We settle for nothing less than living into the OU Health Way values.

Integrity: We do the right thing using our values as our guide, even when it's hard.

Relentless Excellence: We continually improve solutions, products, and processes to be ever ready for future value and care delivery.

Patients First: We compassionately serve others, fostering a safe and healing environment.

Inclusion: We welcome people of all backgrounds, viewpoints, and cultures.

Teamwork: We believe teamwork is essential to achieving our winning aspiration and ensuring team members feel they belong.

Learning: We are a learning organization that supports the tripartite mission and building capability in our workforce.

40,291 Admissions	**3,862** Births	**1,599*** Medical Staff	**$639M** Charity care
810,642 Outpatient visits	**944** Beds (Licensed)	**879** Volunteers	
138,269 ER visits	**11,272** Employees	**25,241 Hrs.** Volunteer Hours	

** credentialed and privileged providers (Physicians and Advanced Practice)

SSM Health St. Anthony is a Catholic, non-profit health system that has served the people of central Oklahoma since 1898. Its hospitals in Oklahoma County include SSM Health St. Anthony Hospital (Oklahoma City), Bone and Joint Hospital at St. Anthony (Oklahoma City), and St. Anthony Hospital - Midwest (Midwest City). The network across Oklahoma also includes St. Anthony Hospital - Shawnee, St. Anthony Hospital - Shawnee, Seminole Campus, five SSM Health St. Anthony Healthplex campuses, six managed rural hospitals, 10 affiliated rural hospitals, and SSM Health Medical Group with nearly 300 physicians and providers.

SSM Health St. Anthony provides general, acute care services, including cardiology, oncology, surgery, orthopedics, behavioral medicine, and a variety of other disciplines, with a growing neurosciences service line. It is the largest provider of emergency services in the Oklahoma City metropolitan area, with more than 100,000 emergency room visits annually. The behavioral health program is the largest private provider of comprehensive mental health services for children, teens, adults, and seniors in Oklahoma.



Mission

Through our exceptional health care services, we reveal the healing presence of God.

Vision

Peace, hope and health for every person, family and community, especially those most in need.

Values

Inspired by our founding religious sisters, we value the sacredness and dignity of each person. Therefore, we find these five values consistent with our heritage and ministry:

Compassion. We reveal the healing presence of God through compassionate care focused on the fullness of the person.

Respect. We respect life at all stages and promote the dignity and well-being of every person.

Excellence. We provide exceptional care and service through employees and physicians dedicated to our Mission.

Stewardship. We use financial, human and natural resources responsibly and care for the environment.

Community. We cultivate relationships that inspire service and promote justice in our organization and throughout our communities, with special concern for the poor and marginalized.

28,864 Admissions	**1,185** Births	**534** Medical Staff
30,628 Outpatient visits	**1,024** Beds (Licensed)	**200+** Volunteers
140,678 ER visits	**4,169** Employees	**$46,102,264** Charity care

The table above demonstrates statistics from SSM Health St. Anthony in Oklahoma County in 2023. It includes data from Oklahoma City and Midwest City hospitals.

Health System Facilities List

INTEGRIS Health

- INTEGRIS Health Edmond
- INTEGRIS Health Baptist Medical Center
- INTEGRIS Health Southwest Medical Center
- Lakeside Women's Hospital
- INTEGRIS Health Cancer Institute
- HPI Community Hospital North
- HPI Community Hospital South
- HPI Northwest Surgical Hospital
- Oklahoma Center for Orthopaedic & Multi- Specialty Surgery
- INTEGRIS Health Community Hospital Council Crossing
- INTEGRIS Health Community Hospital Del City
- INTEGRIS Health Community Hospital Moore
- INTEGRIS Health Community Hospital OKC West
- McBride Orthopedic Hospital

Mercy

- Mercy Hospital Oklahoma City
- Mercy Hospital South Oklahoma City
- Mercy Clinics
- Mercy I35

OU Health

- OU Health University of Oklahoma Medical Center
- OU Health Stephenson Cancer Center
- Oklahoma Children's Hospital OU Health
- OU Health Physicians
- OU Health Edmond Medical Center

SSM Health St. Anthony

- SSM Health St. Anthony Hospital - Oklahoma City
- SSM Health Bone and Joint Hospital at St. Anthony
- SSM Health St. Anthony Hospital - Midwest



CHAPTER

6

2022 CHNA Feedback

All health systems within the COHIT team have made the 2022 CHNA available to the public for commentary and written feedback. The completed document was posted online on the website of each health system, along with contact information for submitting written comments.

As of the completion of the 2022 CHNA report, INTEGRIS Health, Mercy Hospital, SSM Health St. Anthony, and OU Health had not received any written comments.

The health systems will continue to monitor and track any future submissions and ensure that all relevant feedback is reviewed and addressed by the appropriate staff.

Addendum 1

COHIT-UCHNA24

Start of Block: Default Question Block

Intro Thank you for supporting the 2024 community health needs assessment (CHNA) in Central Oklahoma. As a collaborator and partner, your involvement in this assessment helps establish a better understanding of the health assets, needs, and priorities in Central Oklahoma.

This survey should take 5 minutes and aims to gather feedback both from those who attended and did not attend the Community Meeting held on March 13th.

Q1 Did you attend the Central Oklahoma Health Improvement Team Community Meeting on March 13th?

- ☐ Yes (1)
- ☐ No (2)

DISPLAY THIS QUESTION:

If Did you attend the Central Oklahoma Health Improvement Team Community Meeting on March 13th? = Yes

Q2.1 Please rate your level of agreement with each statement

	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
My input was received well by others during this meeting (1)	○	○	○	○	○
The topics discussed today were relevant to my interests and needs (2)	○	○	○	○	○
The format of the meeting was easy to follow and participate in (3)	○	○	○	○	○
The activities and discussion were clearly related to objective of the meeting (4)	○	○	○	○	○
I would recommend others in my network to attend meetings like this (5)	○	○	○	○	○

DISPLAY THIS QUESTION:

If Please rate your level of agreement with each statement = I would recommend others in my network to attend meetings like this [Agree]

Or Please rate your level of agreement with each statement = I would recommend others in my network to attend meetings like this [Strongly Agree]

Q2.2 What individual or organization would you recommend we include in future meetings like this?

Name (1) _____

Email contact (2) _____

Phone number (3) _____

DISPLAY THIS QUESTION:

If Did you attend the Central Oklahoma Health Improvement Team Community Meeting on March 13th? = Yes

Q2.3 Please share any recommendations you have on how we can improve the effectiveness of future meetings.

_____

_____

_____

DISPLAY THIS QUESTION:

If Did you attend the Central Oklahoma Health Improvement Team Community Meeting on March 13th? = No

Q3.1 Which of the following priority areas align most with the work you and your organization do? (select all that apply)meetings like this?

- ☐ Housing (1)
- ☐ Education (2)
- ☐ Food and Nutrition (3)
- ☐ Employment (4)
- ☐ Healthcare access (5)

DISPLAY THIS QUESTION:

If Did you attend the Central Oklahoma Health Improvement Team Community Meeting on March 13th? = No

And Which of the following priority areas align most with the work you and your organization do? (sel... = Housing

Q3.2 When it comes to improving housing in central Oklahoma...

What organizations are doing this work? (1) _____

What specific projects are they working on? (2) _____

What specific population is being served? (3) _____

Where is there an opportunity for partnering in this work? (4) _____

DISPLAY THIS QUESTION:

If Did you attend the Central Oklahoma Health Improvement Team Community Meeting on March 13th? = No

And Which of the following priority areas align most with the work you and your organization do? (sel... = Education

Q3.3 When it comes to improving education in central Oklahoma...

What organization is doing this work? (1) _____

What specific projects are they working on? (2) _____

What specific population is being served? (3) _____

Where is there an opportunity for partnering in this work? (4) _____

DISPLAY THIS QUESTION:

If Did you attend the Central Oklahoma Health Improvement Team Community Meeting on March 13th? = No

And Which of the following priority areas align most with the work you and your organization do? (sel... = Food and Nutrition

Q3.4 When it comes to improving food and nutrition in central Oklahoma...

What organization is doing this work? (1) _____

What specific projects are they working on? (2) _____

What specific population is being served? (3) _____

Where is there an opportunity for partnering in this work? (4) _____

DISPLAY THIS QUESTION:

If Did you attend the Central Oklahoma Health Improvement Team Community Meeting on March 13th? = No

And Which of the following priority areas align most with the work you and your organization do? (sel... = Employment

Q3.5 When it comes to improving employment in central Oklahoma...

What organizations are doing this work? (1) _____

What specific projects are they working on? (2) _____

What specific population is being served? (3) _____

Where is there an opportunity for partnering in this work? (4) _____

DISPLAY THIS QUESTION:

If Did you attend the Central Oklahoma Health Improvement Team Community Meeting on March 13th? = No

And Which of the following priority areas align most with the work you and your organization do? (sel... = Healthcare access

Q3.5 When it comes to improving healthcare access in central Oklahoma...

What organizations are doing this work? (1) _____

What specific projects are they working on? (2) _____

What specific population is being served? (3) _____

Where is there an opportunity for partnering in this work? (4) _____

DISPLAY THIS QUESTION:

If Did you attend the Central Oklahoma Health Improvement Team Community Meeting on March 13th? = No

Q3.6 Are there any individuals or organizations that you recommend to be included in future efforts like this?

Name (1) _____

Email contact (2) _____

Phone number (3) _____

Q4 In your work with local hospitals and health systems, how can the hospitals or health systems be better partners?

_____

Q5 Are there any tough questions you have for the hospitals or health systems?

_____

Q6 Please let us know how the hospitals and health systems are meeting community needs. If the systems are in anyway not meeting needs, please also share that here.

_____



2024 OKLAHOMA COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT