

Community Health Needs Assessment



Bethany Children's Health Center

Fiscal Year Ending June 30, 2022



bethany children's
HEALTH CENTER

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INTRODUCTION

The 2010 passage of the *Patient Protection and Affordable Care Act* (PPACA) ushered in new reporting requirements for health care organizations. Per IRC Section 501(r), private, nonprofit hospitals must:

- Conduct a community health needs assessment (CHNA) at least once every three years on a facility-by-facility basis.
- Identify action plans and strategies to address community needs identified in the assessment and report needs not being addressed (with reasons why such needs are not being addressed).
- Report CHNA results to the public.

This CHNA, which describes both a process and a document, is intended to document Bethany Children's Health Center's compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that Bethany Children's Health Center may adopt an implementation strategy to address specific needs of the community.

The CHNA process involved:

- An evaluation of the Implementation Strategy for needs assessment completed in 2019.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, and health care resources.
- Interviews with key informants who represent a) broad interests of the community, b) population of need, or c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during the CHNA conducted in tax year 2021. It will serve as a compliance document as well as a resource until the next assessment cycle. Both the process and document serve as prioritizing the community's health needs and will aid in planning to meet those needs.

COMMUNITY HEALTH NEEDS (CHNA) PROCESS

Community health improvement efforts are most successful when they are grounded in collective impact, where structured collaborative efforts yield substantial impact on a large-scale social problem. Collective impact focuses on cooperation, collaboration, and partnership to help achieve common priorities and inform partners' investment strategies.

Hospital facilities must take into account input from people who represent the broad interests of its community, including those with special knowledge of or expertise in public health.

Bethany Children's Health Center engaged FORVIS, LLP to conduct a formal community health needs assessment (CHNA). FORVIS, LLP is among the nation's top 10 professional service firms with more than 5,500 employees who serve clients in all 50 states as well as across the globe. FORVIS serves more than 1,000 hospitals and health care systems across the nation.

This assessment was conducted from April-June 2022.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Hospital's CHNA:

- An evaluation of the impact of actions taken to address the significant health needs identified in the prior community health needs assessment was completed and an implementation strategy scorecard was prepared to understand the effectiveness of the Hospital's current strategies and programs.
- The "community" served by the Hospital was defined by utilizing inpatient and outpatient regarding patient origin. This process is further described in Community Served by the Hospital.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- Community input was provided through key informant interviews. Results and findings are described in the Key Informant section of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons, minority groups, and the community as a whole. Health needs were ranked utilizing a method that weighs: 1) the size of the problem, 2) the seriousness of the problem, 3) the prevalence of the problems, and 4) alignment of the problem with the Hospital's goals and resources (The Hospital's ability to address the issues).
- An inventory of health care facilities and other community resources potentially available to significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

General Description of Hospital

Bethany Children's Health Center (hereby referred to as Bethany Children's or the Hospital) is an innovative leader in the field of pediatric rehabilitation and 24-hour complex care. The private, non-profit hospital, which is accredited by Accreditation Commission for Health Care (ACHC), offers inpatient and outpatient services for children (ages 0-21) and is the only inpatient pediatric rehabilitation facility in Oklahoma. The hospital is also accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Our multidisciplinary team works with patients and their families to maximize every child's potential, and ensure the family has the training and resources needed for a smooth transition from hospital to home.

Services Provided

Bethany Children's Health Center offers a wide range of both inpatient and outpatient medical services, rehabilitative care, and social services to children. Their Complex Care Unit provides specialized health care to children with complex medical needs. The patients served in this unit often present with chronic health conditions and require ongoing medical care.

The Transitional Care Unit at Bethany Children's Health Center serves children who would benefit from an individualized plan of care for their unique medical and therapy needs.

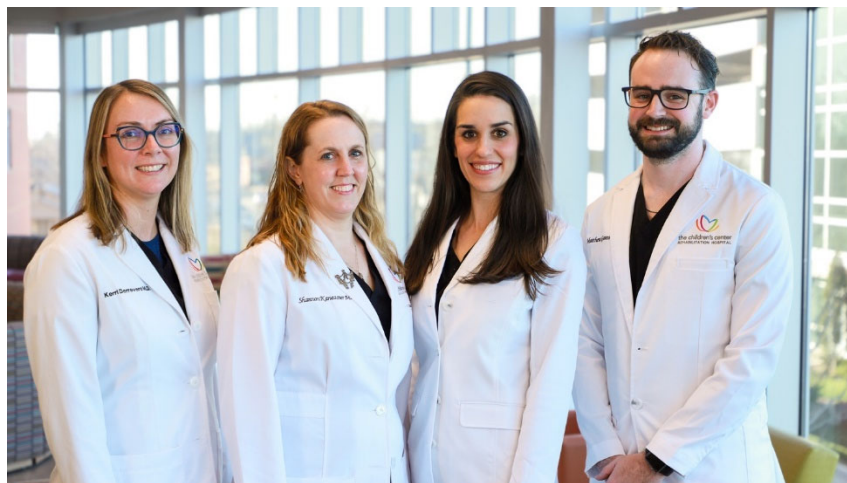
Patients in our Pediatric Medical Rehabilitation Unit receive treatment after experiencing trauma such as a brain or spinal cord injury.

Bethany Children's Health Center offers 24-hour medical care, comprehensive rehabilitative therapies including, but not limited to, physical therapy, occupational therapy and speech therapy, and can include other specialized services as directed by physicians. Respiratory care, nutritional support, complex respiratory care, complex post-operative care, palliative care support, and special education are offered to meet the medical, nursing and therapy needs of a variety of patients requiring post-acute, inpatient care before the transition home.

The outpatient Pediatric Clinic provides pediatric primary health care for children from birth to age 18 with no underlying health conditions, as well as children with complex medical needs. Specialty pediatric services include Pediatric Physiatry, Orthopedic Clinic, Spina Bifida Clinic, Movement Disorders Clinic, Cardiology Satellite Clinic and Home Ventilator Clinic. Bethany Children's also offers a variety of pediatric therapy services at our Outpatient Therapy Clinic.

Community Health Services include Safe Kids Oklahoma, ATV Ride Safe Oklahoma, and Healthy Schools Oklahoma.

Bethany Children's Health Center is dedicated to maximizing the potential of all children who come through its doors. The Hospital is now a multifaceted hospital with more than 700 employees and an annual operating budget of more than \$60 million.



In 2021, Bethany Children's opened a 30,000 square foot Adaptive Recreation and Fine Arts Center, which includes home and business therapy settings where patients can practice navigating areas of their daily lives. The Center also includes a Hydroworx therapy pool with a moveable floor, a gym, art and recording studios, a performance stage and greenhouse.



The hospital also completed construction of Miracle Stadium, an adaptive ballfield located adjacent to the Adaptive Recreation and Fine Arts Center.



The Bethany Community Pharmacy on the campus of Bethany Children's Health Center opened in Spring 2021. The pharmacy serves outpatients and the community and includes a compounding room which serves both inpatients and outpatients.



As leaders in pediatric care, Bethany Children's Health Center has identified areas of expansion and growth that will allow the hospital to address future health care needs in both inpatient and outpatient services, continue to expand our community wellness and outreach programs, and focus on the unique and specialized services we provide to meet the ongoing demand for varying levels of care.

Bethany Children's Health Center has developed a master plan for the renovation and expansion of current facilities, as well as the addition of facilities on campus that will meet specific needs.

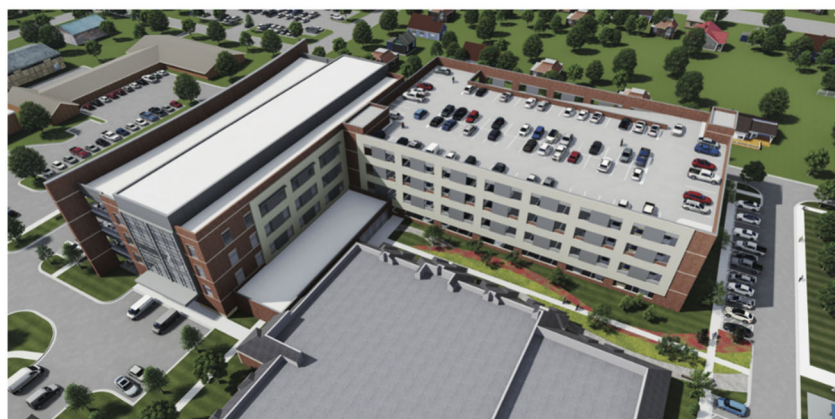


Planned changes to existing facilities include renovations of Complex Care units, expansion of outpatient services, expanded receiving and storage capacity, expansion of inpatient pharmacy and nutrition services, addition of a covered drop-off lane, and construction of an honor garden.

The planned Community and Wellness Center is a four-story 68,000 square foot building, which will house Community Outreach and Prevention Programs including Safe Kids Oklahoma, Healthy Schools Oklahoma and ATV Ride Safe Oklahoma, as well as Young Adult Inpatient Services.

Housing for patient families traveling from out of state will be included in the Family Support Housing building, a planned two-story building with 15,000 square feet per level, designed to support families and offer training needed to transition back home after discharge.

The planned Outpatient Tower will house a robust rehabilitation center of excellence, with emphasis on Physiatry. The structure is planned as a 92,000 square foot, four-story tower which will include a pediatric surgery suite, procedure and recovery rooms, and 3T imaging center. The building will also house a Home Health Agency and Research Center.



The plan also includes a five-level parking structure with a total of 462 parking spaces.

Mission statement:

Because we believe life is sacred, an inherent gift from a loving Creator, and that all children are of equal worth, we dedicate ourselves to maximizing the potential of every child by providing state-of-the-art pediatric medical and rehabilitative services in a compassionate environment consistent with the Christian principles on which we were founded.

Evaluation of Prior Implementation Strategy

Bethany Children's Health Center Priorities
Priority 1: Increase access to specialists
Priority 2: Increase access to rural patients
Priority 3: Transitional care

The section below describes how the Hospital has made progress in each of the priority areas during the last three years.

Priority 1: Increase access to specialists

Bethany Children's Health Center has intentionally increased patients' access to the most qualified specialists in the pediatric field. The Hospital now has three Pediatric Physiatrists on staff, as well as full-time Neuropsychologists and Pediatric Psychologists, providing much needed resources to their patients. The provider pool available to patients at Bethany Children's has increased significantly to over 50 pediatric specialty providers to better serve patients' complex medical needs. These specialists perform patient visits at the hospital, resulting in fewer missed appointments, reduced waiting times and maximized therapy time. The Hospital has also recently expanded behavioral health resources for patients. Bethany Children's Health Center continually strives for excellence and monitors care and services to ensure they are at the forefront of pediatric medical and rehabilitative care.

Priority 2: Increase access to rural patients

Bethany Children's Health Center serves children from all 77 counties in Oklahoma, as well as states outside of Oklahoma including Nevada, Colorado, Kansas, Texas, Missouri, Louisiana, and Massachusetts. The Hospital now has three pediatric physiatrists on staff and has established a satellite Physiatry Clinic in Tulsa to better serve smaller, more rural communities in the Tulsa area. The Hospital also has plans to implement additional satellite clinics in the Oklahoma City area to serve the rural population in this part of the state. The Hospital has utilized telemedicine to assist in remote patient monitoring and care, so that patients in less accessible, rural areas receive comparable care to those who are able visit our facility. An additional planned service is assistance with transportation when an onsite visit is required.

Priority 3: Transitional Care

Bethany Children's Health Center's Care Coordination Team works to educate families on options available to them as their child transitions to adulthood. The Hospital has taken steps to improve the transitional care of older patients by establishing a Transitional Care Unit. The unit serves children who would benefit from an individualized plan of care for their unique medical and therapy needs. The Hospital's planned expansion will include a Transitional Care Unit for those patients who have aged out of pediatric care but have specialized medical needs that cannot be addressed in other facilities.

Plans also include dedicated units for young adults that are transitioning out of pediatric care, and a Transitional Clinic for complex care on the hospital campus. Hospital leadership remains dedicated to developing services for an aging population that requires more complex medical attention.

Summary of Findings – 2021 Tax Year CHNA

The following health needs were identified based on the information gathered and analyzed through the community health needs assessment conducted by the Hospital. These needs have been prioritized based on information gathered through the community health needs assessment.

Identified Community Health Needs

1. Expand Outpatient Services by creating more capacity and accessibility for pediatric patients, both in-person and virtual visits.
2. Increase the number of students receiving health and safety education by expanding the number of participating school partnerships in the Healthy Schools Oklahoma program.
3. Improve family communication and understanding by providing additional resources for non-English native languages such as Spanish or Vietnamese.

These identified community health needs are discussed in greater detail throughout this report.

Community Served by the Hospital

Bethany Children's Health Center is located in Bethany, Oklahoma, in Oklahoma County, 12 miles northwest of Oklahoma City, Oklahoma. The Hospital is accessible from Route 66, located off of Interstate 44.

Definition of Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, the Hospital is the single largest provider of acute care services. The utilization of hospital services provides the clearest definition of the community.

Based on the patient origin of inpatient discharges from July 1, 2020 to June 30, 2021, management has identified the state of Oklahoma as the defined community needs health assessment community.

The Hospital provides services to children from across the state and is, therefore, the best representation of the Hospital's community. The CHNA will utilize state data and input from statewide sources to analyze health needs for the community. The table below shows the total discharges by referring facilities from 7/1/2020 to 6/30/2021.

Bethany Children's Center - Summary of Inpatient Discharges by Zip Code:

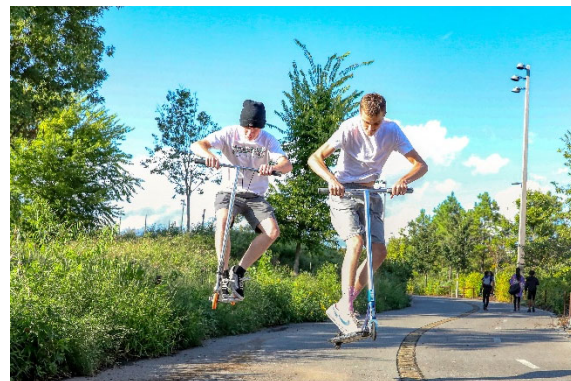
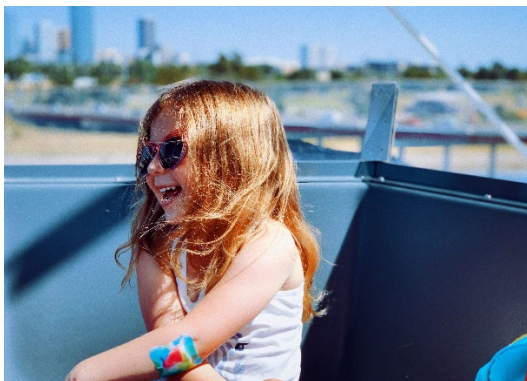
Referring Facility	Total Discharges	Percent of Total Discharges
OU Children's	153	63.75
Home	38	15.83
St. Francis	17	7.08
Integrus Baptist	4	1.66
Mercy Health-OKC	4	1.66
Shriners	4	1.66
Bethany Children's OP Clinic	3	1.25
Arkansas Children's	2	0.83
Cook Children's	2	0.83
St. John	2	0.83
St. Louis Children's	2	0.83
Cincinnati Children's	1	0.41
CMC Dallas	1	0.41
Dallas Children's	1	0.41
Parkland	1	0.41
St. Anthony-OKC	1	0.41
UMC-Las Vegas	1	0.41
University of New Mexico	1	0.41
UT Health-San Antonio	1	0.41
Wesley-Wichita	1	0.41
Total	240	100.00

Source: Bethany Children's Health Center, 2022

Identification and Description of Geographical Community

A community is defined as the geographic area from which a significant number of the patients utilizing the Hospital's services reside. The Hospital is the only hospital of its type in the state of Oklahoma and patients are admitted from all over the state, as well as out of state. The majority of the Hospital's patients are referred from other hospitals with most of those referrals being admitted from Oklahoma University Children's Hospital, INTEGRIS Baptist Hospital and St. Francis Hospital.

The map below shows the hospitals which refer the greatest number of patients to the Hospital.



Community Population and Demographics

The U.S. Census Bureau has compiled population and demographic data based on the American Community Survey 2016-2019 data estimates. The following tables and chart show the total population of the community, breakout of the community between male and female population, and age groups.

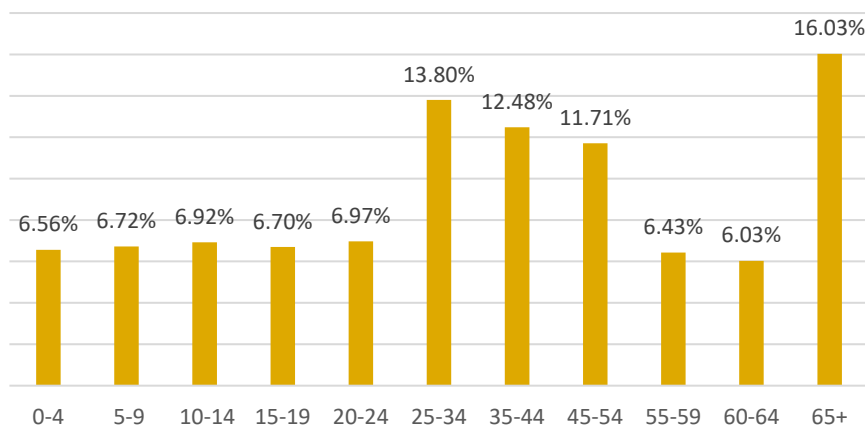
Demographic Characteristics				
Total Population		Population by Gender		
Area	Population	Area	Male	Female
Oklahoma	3,949,342	Oklahoma	49.57%	50.43%
United States	326,569,308	United States	49.24%	50.76%

Source: Census Bureau American Community Survey 2016-2019. Geography Tact

Age Distribution				
Age Group	Oklahoma	% of OK	United States	% of US
0-4	259,003	6.56	19,650,192	6.02
5-9	265,409	6.72	19,979,039	6.12
10-14	273,376	6.92	21,107,910	6.46
15-19	264,649	6.70	21,174,955	6.48
20-24	275,225	6.97	21,820,378	6.68
25-34	545,109	13.80	45,485,165	13.93
35-44	492,883	12.48	41,346,677	12.66
45-54	462,492	11.71	41,540,736	12.72
55-59	253,943	6.43	21,785,721	6.67
60-64	238,058	6.03	20,315,718	6.22
65 or older	619,195	15.67	52,362,817	16.03

Source: Census Bureau, American Community Survey. 2016-20

Oklahoma Age Distribution



While the relative age of the community population can influence community health needs, so can the ethnicity and race of a population. The population of the community by race and ethnicity illustrates different categories such as White, Black, Asian, Hispanic, and others.

The tables below provide details into total populations by various races and ethnicities.

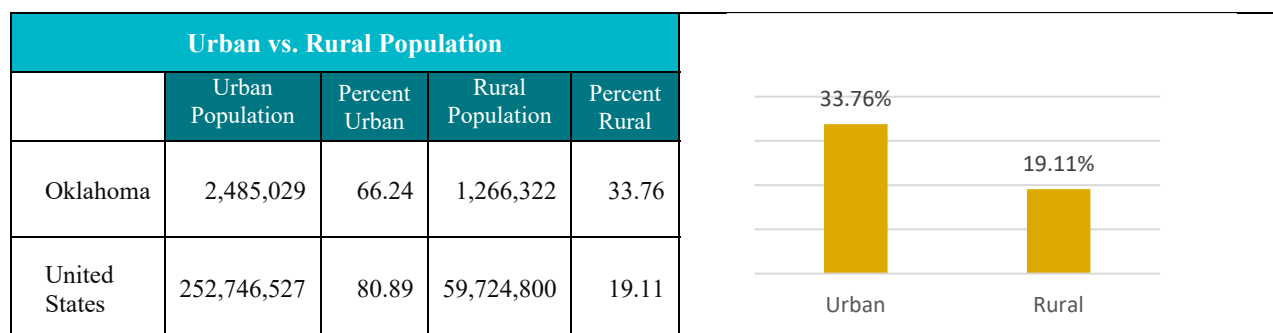
Race Alone Population						
	White	Black	Asian	Native American or Alaska Native	Native Hawaiian or Pacific Islander	All other or Multiple Races
Oklahoma	2,844,070	286,356	85,239	299,621	6,260	411,324
% of Oklahoma	72.32	7.28	2.17	7.62	0.16	10.46
United States	235,377,662	41,234,642	17,924,209	2,750,143	599,868	26,811,271
% of U.S.	72.49	12.70	5.52	0.85	0.18	8.26

Source: Census Bureau American Community Survey 2015-2019. Geography Tract

Race and Ethnicity Combined Population								
	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic Native American or Alaska Native	Non-Hispanic Native Hawaiian or Pacific Islander	Non-Hispanic Other Race	Non-Hispanic Multiple Races	Hispanic or Latino
Oklahoma	65.63%	7.14%	2.14%	7.26%	0.14%	0.13%	6.93%	10.63%
United States	60.70%	12.31%	5.45%	0.67%	0.17%	0.24%	2.45%	18.01%

Source: Census Bureau American Community Survey 2015-2019. Geography Tract

The following table and graph show the percentage of individuals that live in rural and urban areas. Urban is defined as densely developed territories that encompass residential, commercial, and other non-residential land uses. Rural areas are all areas that are not classified as urban. This information helps explain how access to care can sometimes be limited for those living in rural areas.



Source: US Census Bureau, Decennial Census. 2010. Source geography: Tract

SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

Social Vulnerability Index

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. Vulnerable populations often experience high rates of chronic illness and poor health outcomes, leading to health disparities between various demographic groups.

The CDC has developed the Social Vulnerability Index (SVI). The helps public health officials identify and meet the needs of socially vulnerable populations. The social vulnerability index is a measure of the degree of social vulnerability in counties and neighborhoods across the United States, where a higher score indicates higher vulnerability. The state of Oklahoma has a social vulnerability index score of 0.63, which is which is greater than the national index of 0.40.

Area	Socioeconomic Theme Score	Household Composition Theme Score	Minority Status Theme Score	Housing & Transportation Theme Score	Social Vulnerability Index Score
Oklahoma	0.49	0.63	0.73	0.60	0.63
United States	0.30	0.32	0.76	0.62	0.40

Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP. 2018. Source geography: Tract

Language

Language barriers contribute to patient and provider communication and can result in poor health outcomes. A national study in the *Journal of General Internal Medicine* showed that individuals with Limited-English Proficiency (LEP) who don't receive additional services (such as an interpreter) were less likely to be aware of medical implications and were less satisfied overall about their medical care.

The table below reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well" by race alone in the report area.

Limited English Proficiency by Race						
	White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Other Races
Oklahoma	2.75%	0.10%	0.11%	1.01%	0.07%	1.35%
United States	5.75%	0.54%	0.09%	2.49%	0.03%	2.62%

Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Income and Employment

The table below displays the Per Capita Income for the community. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

Per Capita Income is an important determinant in an individual's health. People with above-average income typically have health insurance, reliable transportation, and the financial means to pay out-of-pocket expenses. In addition, those with higher income are more likely to practice healthy lifestyle choices such as exercising, eating nutritional foods, and abstaining from tobacco use.

Source: <https://www.cdc.gov/socialdeterminants/>

The Per Capita Income in the following exhibits show the average (mean) income computed for every man, woman, and child in the specified area. The current Oklahoma Per Capita Income of \$29,873 represents a 19.9% increase from the 2019 state Per Capita Income of \$24,461.

Per Capita Income			
	Total Population	Aggregate Household Income (\$)	Per Capita Income (\$)
Oklahoma	3,949,342	\$ 110,815,436,300	\$ 29,873
United States	326,569,308	\$ 11,201,173,771,600	\$ 35,384

Source: US Census Bureau, American Community Survey. 2016-20

Unemployment Rate

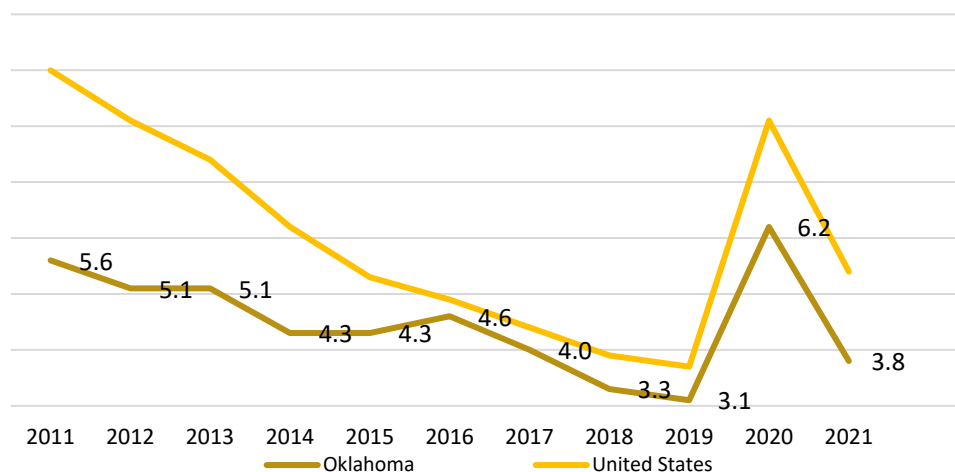
The table below and the graph on the following page display the average annual resident unemployment rates for Oklahoma and the United States. This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Oklahoma's annual average unemployment rate is consistently lower than the national average.

Average Annual Unemployment Rate (%)											
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Oklahoma	5.6	5.1	5.1	4.3	4.3	4.6	4.0	3.3	3.1	6.2	3.8
United States	9.0	8.1	7.4	6.2	5.3	4.9	4.4	3.9	3.7	8.1	5.4

Source: U.S. Department of Labor, Bureau of Labor Statistics. January 2022

Average Annual Unemployment Rate (%)



Poverty

The following table displays the percentage of total population below 100 percent Federal Poverty Level (FPL) for the state of Oklahoma and the United States. The FPL is a measurement of the minimum amount of income that is needed for individuals and families to pay for essentials. The guidelines are used to establish eligibility for Medicaid and other federal programs.

Poverty is a key driver of health status and is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

People living in chronic poverty have elevated health risks that can lead to unsafe conditions and diseases. Conditions might include drinking contaminated water or living in unsanitary housing with poor ventilation.

Low-income residents may delay or avoid pursuing medical attention until issues reach a critical stage, creating a greater demand on the community's medical resources. This may include dependence on emergency rooms for what should be routine primary care. In addition, uninsured or low-income individuals' inability to pay for services places strain on the community's medical system. These individuals have limited transportation options and lack the ability to travel outside their local community for medical services.

Population below 100% FPL (Federal Poverty Line)		
	Populations below FPL	Percent in Poverty
Oklahoma	585,520	15.3%
United States	40,910,326	12.8%

Source: US Census Bureau, American Community Survey. 2016-2020

Insurance

The following table reports the percentage of the total civilian non-institutionalized population without health insurance coverage for Oklahoma and the United States. This indicator is relevant because lack of insurance is a primary barrier to health care access including regular primary care, specialty care and other health services that contributes to poor health status. The lack of health insurance is considered a key driver of health status.

Uninsured Population			
	Population for whom Insurance Status is Determined	Uninsured Population	Percent Uninsured
Oklahoma	3,867,023	556,644	14.4
United States	321,525,041	28,058,903	8.70

Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract

Insurance Coverage

The table below reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Health Insurance Coverage			
	Under Age 18	Age 18-64	Age 65 or older
Oklahoma	8.02%	20.24%	0.63%
United States	5.08%	12.42%	0.79%

Source: US Census Bureau, American Community Survey. 2016-20. Source geography: Tract



Education

The following table shows the estimated educational attainment with a High School diploma or higher for the state of Oklahoma and the United States. This is relevant because educational attainment has been linked to positive health outcomes. Attainment shows the distribution of the highest level of education achieved and helps schools and businesses to understand the needs of adults, whether it be workforce training or the ability to develop science, technology, engineering, and mathematics opportunities. Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health.

Educational Attainment – Population Age 25 and Older					
	Percent with High School Diploma	Percent with Some College	Percent with Associates' Degree	Percent with Bachelor's Degree or Higher	Percent with Graduate or Professional Degree
Oklahoma	31.3	23.3	7.9	16.8	8.7
United States	27.0	20.4	8.5	19.8	12.4

Source: US Census Bureau, American Community Survey. 2015-19. Source geography: County

Transportation

Transportation is a critical social determinant of health. The American Hospital Association says that each year, more than 3.5 million people do not receive adequate medical care due to transportation issues. These issues may include access to vehicles, long distances to needed services, and costs associated with travel. Transportation issues can be worse in rural communities where individuals may live long distances from providers.

Households with No Motor Vehicle			
	Total Households	Households with no Motor Vehicle	Percent Households with no Motor Vehicle
Oklahoma	1,480,061	81,438	5.50
United States	120,756,048	10,395,713	8.61

Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

HEALTH CARE RESOURCES

The availability of health resources is a critical component to the health of a community's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services.

A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care. This section addresses the availability of health care resources to the residents in the community.

Hospitals and Health Centers

There are seven hospitals that offer pediatric services in the state of Oklahoma. The table below summarizes hospitals with pediatric services available to the residents of the state of Oklahoma.

Summary of Acute Care Hospitals					
Facility	Address	City	State	Zip Code	Miles from the Center
Children's Hospital at Saint Francis	6161 S. Yale Ave.	Tulsa	OK	74136	111
The Children's Hospital at OU Medical Center	1200 N. Children's Ave.	Oklahoma City	OK	73140	11
Hillcrest Medical Center	1120 S. Utica Ave.	Tulsa	OK	74104	110
J.D. McCarthy Center for Children with Developmental Delays	2002 E. Robinson St.	Norman	OK	73017	32
Cedar Ridge	6501 N.W. 50 th St.	Oklahoma City	OK	73141	15
Willow Crest Hospital and Moxxasin Bend Ranch	130 "A" Street SW	Miami	OK	74354	195
Integrus Children's at Baptist Medical Center	3300 Northwest Expwy	Oklahoma City	OK	73112	5



HEALTH STATUS OF THE COMMUNITY

This section of the assessment reviews the health status of the Community with comparisons to the United States. This assessment of the mortality and morbidity data and health factors of the residents that make up the community will enable the Hospital to identify priority health issues related to the health status of its residents.

Inpatient and Outpatient Services Summary

The Hospital's primary services provided are as follows:

- Complex Care – average length of stay is 30 days to several years
- Pediatric Medical Rehabilitation – average length of stay is 25 days
- Pediatric Clinic
- Outpatient Therapy Services

Primary Conditions

The primary conditions for admission to the Hospital are the following:

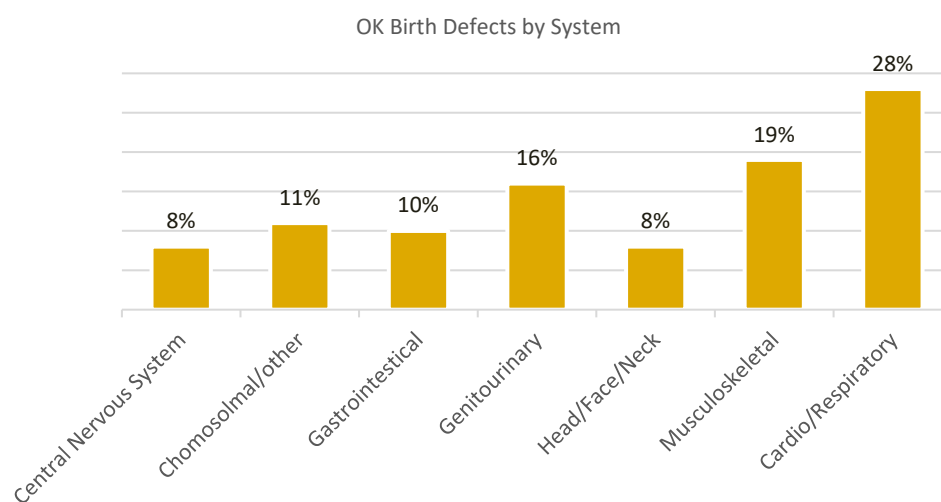
- Congenital birth defects
- Brain/spinal cord injuries
- Complex pulmonary issues (ventilator dependent)
- Neurologic disorders
- Developmental delay
- Orthopedic disorders
- Trauma rehabilitation

Congenital Birth Defects

According to the Centers for Disease Control and Prevention, babies who are born with birth defects have a greater chance of illness and long-term disability than babies without birth defects.

Birth defects occur before a baby is born. Most birth defects occur in the first three months of pregnancy, when the organs of the baby are forming.

Birth defects are the leading cause of infant death. One in five infant deaths is due to congenital malformations, deformations, or chromosomal abnormalities.



Source: <https://oklahoma.gov/content/dam/ok/en/health/health2/documents/obdr-state-profile.pdf>, 2019

Infant Mortality

Infant mortality refers to the death of a baby that occurs between the time it is born and 1 year of age. According to the World Health Organization (WHO), the infant mortality rate is the probability of a child born in a specific year or period dying before reaching the age of one, if subject to age-specific mortality rates of that period.

Infant mortality rate is strictly speaking not a rate (i.e., the number of deaths divided by the number of population at risk during a certain period of time) but a probability of death derived from a life table and expressed as rate per 1,000 live births. This information is important because it reflects the social, economic, and environmental conditions in which children (and others in society) live, including their health care.

The data below shows the number of infant deaths per 1,000 live births. Oklahoma ranks 33rd (number 1 ranking has lowest death rate, number 50 has highest) in the nation.

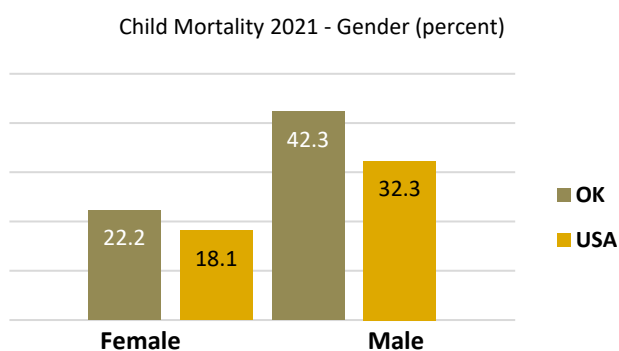
Oklahoma 5.73
United States 5.6

Source: <https://wonder.cdc.gov> 2020

https://www.cdc.gov/nchs/pressroom/sosmap/infant_mortality_rates/infant_mortality.htm

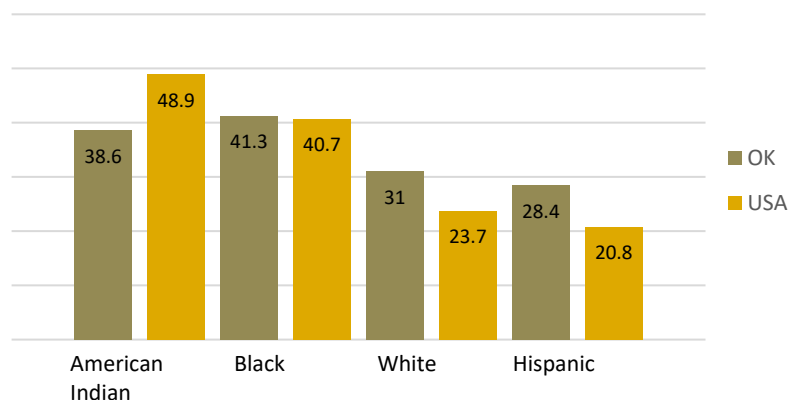
Child Mortality

Child mortality or the under-five mortality rate refers to the probability of a child dying between birth and exactly 5 years of age, expressed per 1,000 live births. Child mortality is measured by a rate equal to the ratio of the deaths of this age and the average population in the same age range.



Source: CDC WONDER, Multiple Cause of Death Files, 2017-2019

Child Mortality 2021 - Race/Ethnicity (percent)



Source: CDC WONDER, Multiple Cause of Death Files, 2017-2019

KEY INFORMANT INTERVIEWS

In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, nonprofit hospitals were mandated to conduct a community-based needs assessment every three years. As a part of the process, each hospital is required to solicit input from those who represent the broad interests of the community served by the hospital as well as those who have special knowledge or expertise around public health and underserved populations.

For this assessment, interviews were held with various professionals representing a cross-section of industries and organizations within the community's population. Individuals chosen for these included:

Kristi Baker, VP Women's & Children's Services – Children's Hospital at Saint Francis (Tulsa)

Pat Budo, Executive Director, Pediatric Care Association of America

Patty Demores-Huffine, Director of prevention programs, Latino Agency

Dr. Virenda Desai, Pediatric neurosurgeon, OK University Health

Dr. Dominic Frimberger, Pediatric urologist, Spina Bifida Clinic at OU Health

Albert Gray, Executive chairman, Bethany Children's Health Center

Jon Hayes, President, Children's Hospital at OU Health

Taylor Rains, Medicaid program director, Oklahoma Health Care Authority

Toni Short, Health educator, Apache Tribe of Oklahoma

Gretchen Trimble, Parent of child patient, Bethany Children's Health Center

Elizabeth Walters, Teacher, Bethany Public Schools

The main objective of the interviews was to receive feedback on community health and wellness attributes, strengths, and challenges. Topics included questions about 1) Health and quality of life, 2) Underserved and underrepresented populations, 3) Barriers, and 4) COVID-19.

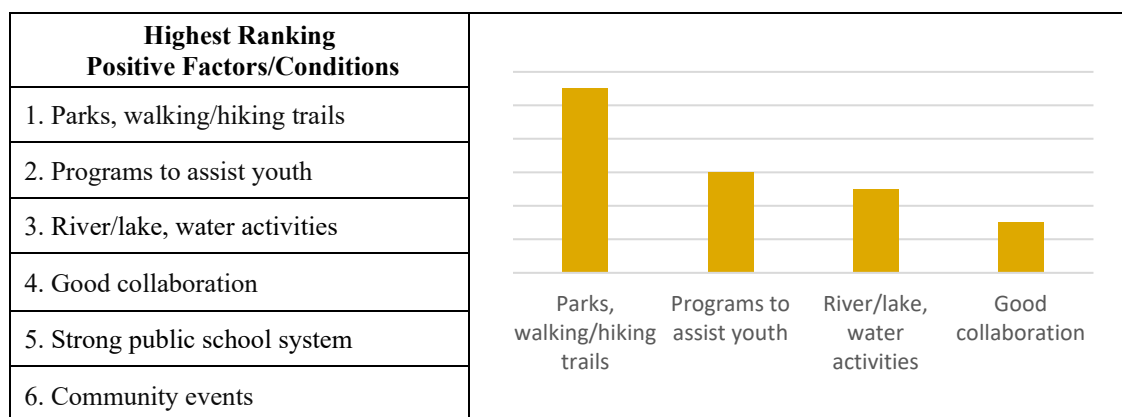
Key Informant general observations and comments

Participants were asked to rate their own health and quality of life. Using a scale of 1-10 (1 being the worst and 10 being the best), nearly all felt they were in excellent health and had a high quality of life. The self-reported average was 9.5 out of 10.

When asked about the health and quality of life of the broader community (using the same scale), informants provided a much lower score for varied reasons. The majority (60%) felt the community's level of health and quality of life had not changed over the past three years, even considering the pandemic. Nearly one-third (30%) felt the level had remained the same, while 10% said that conditions have worsened.

Positive Factors and Conditions

Respondents were asked to list specific factors and conditions that are positive about the community's health and quality of life. There were many references to the community's abundant outdoor resources such as parks, walking/hiking trails, and water activities in nearby rivers and lakes.



Interview comments:

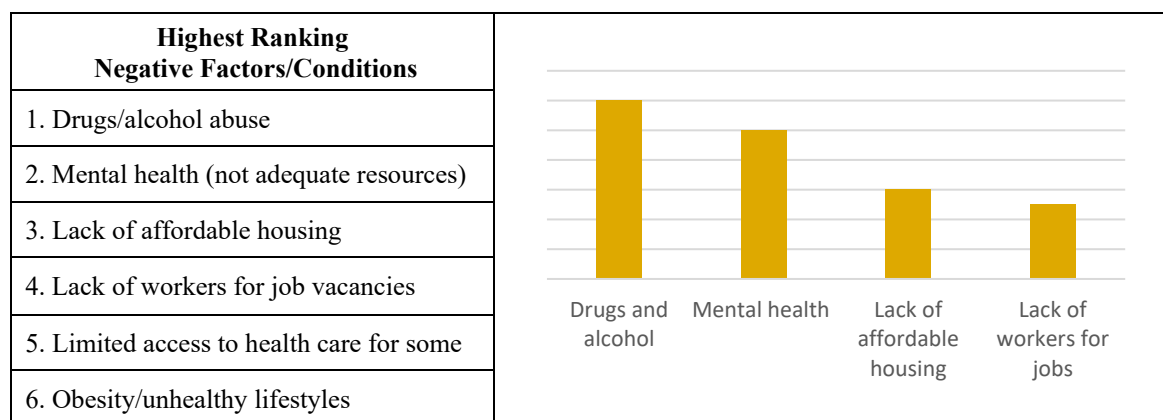
“We have access to many programs through higher ed and other institutions that offer programs for kids and youth.”

“Our leadership has helped create ample opportunities to exercise and enjoy the outdoors.”

Negative Factors and Conditions

Respondents were asked to list specific factors and conditions that have a negative impact on the community's health and quality of life. Ongoing issues with drugs and alcohol were a common theme. Declining mental health was listed as an important issue among people of different ages and backgrounds.

A consensus was reached that poverty has a direct impact on individuals' ability to receive proper care and attain employment.



Interview comments:

“Housing that was once affordable is now out of range for people living on a tight budget.”

“Affordable daycare is a problem. Many don't work because they can't afford daycare for their kids.”

Recommendations for Improvement

As a result of the interviews, the following suggestions were provided to help improve the community's health and quality.

- Add more physicians/providers to reduce the heavy backlog and wait list.
- Increase awareness on issues like drugs/alcohol through more advertising and public outreach.
- Provide more assistance to children with developmental disabilities.
- Provide affordable or free transportation to help people get to appointments.
- Increase support and collaboration between school system and businesses.

COVID-19

Key Informants were asked to describe how the COVID-19 pandemic has impacted them personally and how they feel it affected the overall community.

Respondents felt the pandemic had a profound impact on individuals and the community. Employers struggled to maintain operations, and employees in what was deemed as essential businesses dealt with fear of contracting the virus.

Informants felt the greatest community impact was on mental health. Social isolation, closed schools, and other restrictions seemed to elevate anxieties and make life difficult. Many lost their jobs or had reduced hours, hurting them financially. Some struggled to pay rent or even buy food.

Several informants felt the pandemic had been politicized, which they believe led to strong divisions and disagreements on vaccinations and mandated masking.

Underserved Populations

Key Informants were asked to describe how or if there are certain demographic groups within the community that may lack access to affordable health care services or essential resources.

Several stated how certain community members won't access services, in part, because of their distrust of the government and the health care system due to negative past experiences.

Language barriers were described as a hindrance for certain groups like Hispanics.

Other barriers included transportation and an unwillingness to access resources due to legal status.

One respondent explained how individuals with disabilities need better services. She said, "They are often denied by insurance companies and even by some health care professionals."

Informants viewed transportation as another significant barrier, especially for those with lower incomes and those living in rural areas.

How barriers are being addressed

Stakeholders provided input on ways the community is responding to barriers faced by underserved individuals and groups in the community

- There is an effort to expand tele-health, considering nearly everyone has a cell phone. This saves on transportation, time, costs, and makes it simpler for patients.
- Health care systems are trying to form partnerships with rural and native cultures.
- There are community events that provide free health services and information about health and safety. Booster seats for parents and events are reaching many in community, providing culturally appropriate information to various populations about services.

Feedback on Bethany Children's Health Center

Key Informants were asked to grade the Hospital's efforts to address community needs and improve health quality. Most respondents provided high praise for the Hospital, giving them an A or A-.

"Bethany does what no one else in the state does – they do a fantastic job of addressing complex issues."

"A all the way, great work, providing wonderful rehab for kids and still expanding."

"A+ because they are amazing, doing wonderful work for kids and families."

"The hospital has been life-changing and is like family to those who use their services. They truly understand kids and their families facing complex situations."

Priority Community Health Needs Identified

Using findings obtained through the Key Informant interview process and collection of primary and secondary data, the Hospital completed an analysis of these inputs to identify community health needs.

After analyzing primary causes for inpatient hospitalization as well as reviewing health needs identified through Key Stakeholder interviews, the following health needs were identified:

1. Expand Outpatient Services by creating more capacity and accessibility for pediatric patients, both in-person and virtual visits.
2. Increase the number of students receiving health and safety education by expanding the number of participating school partnerships in the Healthy Schools Oklahoma program.
3. Improve family communication and understanding by providing additional resources for non-English native languages such as Spanish or Vietnamese.

The next step for the Hospital will be to create an Implementation Strategy with specific goals and objectives to address the above needs.