



- Heart Disease
- Mental Health
- Obesity

INTEGRIS
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Community Health Improvement Plan 2014

INTEGRIS Northwest Specialty Hospital
401 S. Third Enid, Oklahoma 73701
580-249-4262

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Community Health Needs Assessment

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INTEGRIS Northwest Specialty Hospital
401 S. Third Enid, Oklahoma 73701
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Community Partners

Participating in the Health Needs Assessment and the Health Implementation Plan





Community Solutions



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Department of Social Work

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Community Description



Garfield County is located in northwestern Oklahoma. As of 2010, the population was 60,580. Enid is the county seat and largest city within Garfield County. Fifteen small towns are located within the county.

Primary industries in Garfield County are agriculture and livestock. In addition, oil and gas and flour milling have proved fruitful for the county. The county seat of Enid, Oklahoma, has the most grain storage capacity in the United States and one of the largest grain elevators in the world. Vance Air Force Base is also a major employer in the area of both soldiers and civilians.

According to the U.S. Census, 2010, 24.7% of the population is younger than age 18 and 15.3% is age 65 and older. The ethnic make-up of Garfield County is 83.9% White, 3.0% Black, 2.3% American Indian and Alaskan Native, 1.0% Asian, 1.8% Native Hawaiian and Pacific Islander, 8.8% Hispanic or Latino origin.

Within this population, 7.0% of individuals were foreign-born, and 10.8% spoke a language other than English at home. Regarding individuals age 25+, 85.2% graduated from high school and 22.6% earned a bachelor's degree or higher. There were 4,129 veterans living in the county.

From 2007-2011, the homeownership rate in Garfield County was 64.1% with households numbering 19,660. There were 2.39 persons per household, and 79.1% of persons lived in the same house for one year or longer. The median value of owner-occupied housing units was \$83,700, and median household income was \$39,343. Persons living below poverty was 18.1%.

The county is mostly rural occupying 1,058.47 square miles. As of 2010, there were 57.2 persons per square mile. Two hospitals, two minor emergency clinics, a community clinic and a county health department are located in the county, all in Enid. Enid has public transportation, a private taxi service, an airport and a paramedic level ambulance service.

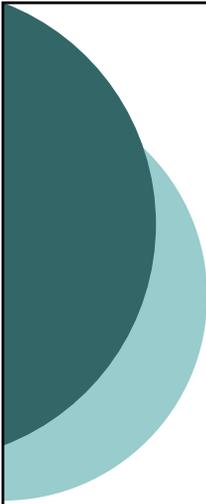
The Northwest Specialty Hospital has been treating patients for more than a decade and continues to be a success story. The specialty hospital, sometimes referred to as a Long Term Acute Care Hospital, or LTACH is a 24-bed hospital housed on the second floor of the Bass Pavilion and is the only facility of its kind in this part of the state.

The Northwest Specialty Hospital treats patients with serious and often complex medical conditions such as respiratory failure, neuromuscular disorders, cardiac disorders, non-healing wounds and any medical complications requiring acute care for an extended period of time. Other services provided are respiratory, physical and occupational therapy, radiology and laboratory.

The hospital uses an individualized approach to patient care. When a patient arrives at the NWSH they are examined and evaluated. A plan of care for each patient is created based on each team member's findings. This type of care has proven successful for the hospital and is valued by the patients; as evidenced by positive patient outcomes and high patient satisfaction rates.

The facility continues to receive physician referrals from all over Northwest Oklahoma. The Northwest Specialty Hospital admits patients from Blackwell, Woodward, Ponca City, Stillwater, Alva, etc. Patients at the Northwest Specialty Hospital are generally admitted from hospitals, directly from home, or from another type of health care facility.

Source: the U.S. Census, 2010



Methodology

The community MAPP (Mobilizing for Action through Planning and Partnerships) Coalition was formed in December 2011 from the Enid Metropolitan's Health Planning committee. Through a collaborative effort the coalition and hospital began working on the surveys and gathering community input and data on June 20, 2012. Multiple agencies attended regular monthly meetings to ultimately complete the four community assessments including a county wide health improvement plan. The assessments included Community Health Status Assessment, Forces of Change, Community Themes and Strengths and the Local Public Health System Assessment. The CHIP (Community Health Improvement Plan) or Implementation Plan was derived using the four assessments in the MAPP process. The coalition prioritized and selected the focus areas by the following: community assets/barriers, community assessments, available resources, community input, provider input, stakeholder input and significant/relevant data.

Information for the Community Needs Assessment was gathered using multiple tools. Agencies from the MAPP Coalition used methods to obtain data relevant for specific populations. Data collection included multiple small and large focus groups, a community listening session, 485 community health surveys for Garfield County, and existing local agency partner data along with the State of the State Health Reports, County Profiles and the Healthy Communities Institute. The data was analyzed and prioritized by the coalition. County data was compared to other similar county data, state and national data; trends and targets were identified as well.

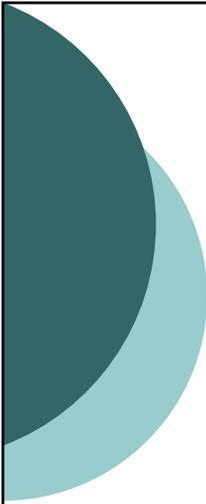
INTEGRIS Health's Healthy Communities Assessment site is a designed system to help measure community health. This information system is used to promote transparency, best practice sharing, collaboration and civic engagement. This data collection tool was designed by Healthy Communities Institute and makes sharing data with the community quite easy. A link to the community assessment is available at <http://integrisok.com/bass-baptist-health-center-enid-ok>.

After compiling and analyzing the community surveys and focus groups as well as the data from the additional aforementioned sources, the community partners were convened to share results. The needs assessments and proposed plans from each INTEGRIS Health facility were brought together in a series of meetings of the Community Benefit team, during which it was discovered that three health indicators—Heart Disease, Mental Health and Obesity—were significant issues in all of the service areas. The team suggested that adopting these three focuses for each facility would allow for uniting a systemwide effort to more effectively combat these issues, as essential components such as resources, personnel, best practices, programs and evaluation methods could be shared among facilities. This would help ensure the implementation of consistent strategies and action steps throughout the INTEGRIS Health service areas.

The conclusion of the needs assessment determined the following to be the top 10 priority issues for Garfield County: **Heart Disease, Mental Health, Obesity, Tobacco, Infant Mortality, Access to Care, Cancer, Diabetes, Early Prenatal Care and Premature Death.** After prioritizing the top 10 issues from the needs assessment, the hospital chose to focus on the top three health issues. The focus areas chosen for the health improvement plan include **Heart Disease, Mental Health and Obesity.**

Determining Community Health Priorities

The top health priorities were prioritized based on data, community input, gaps in care and where the hospital could make the most impact. With each INTEGRIS Health facility focusing on the same top three health issues, a broader, statewide approach to implementation will be accomplished.



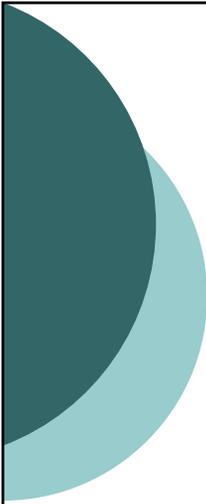
Prioritized Needs

The top ten health issues for each facility were gathered using data and community input. The coalition chose the top 10 based on death rates and increasing trends.

Once the top ten issues were identified, the coalition voted on what they felt were the worst top five. Barriers and available resources were also taken into account. The hospital chose the top three due to the high rates, community needs, community input, and gaps that were identified.

Target population: high risk, minorities, underinsured and uninsured.

1. **Heart Disease:** In Garfield County, the death rate for coronary heart disease is 188.7 compared to 106.0 for females. With increasing obesity rates, and more fast food restaurants, heart disease is a major issue. Nationally, coronary heart disease makes up the majority of heart disease deaths. In 2006, 425,425 Americans died of coronary heart disease. Heart disease is also very costly economically with projected costs in 2010 of \$316 billion on health care services, medications and lost productivity. 54.8% of people surveyed had high blood pressure. Due to the long term increasing trend, heart disease was chosen as the top health issue.
2. **Mental Health:** Community input from surveys, focus groups and listening sessions identified the clear need for mental health services. Although Enid has two inpatient facilities, the need for outpatient services for underinsured and uninsured adults is high. The waiting list for an appointment for the uninsured is 2-4 weeks. Enid does not have a psychiatrist and most physicians do not like writing prescriptions for psychotropic medication. 25.8% of people surveyed suffer from anxiety and/or stress. Garfield County is without services for mental health emergencies. There is no inpatient substance abuse center. The suicide death rate is 18.1 deaths per 100,000. Healthy People 2020 national target is to reduce the rate to 10.2.
3. **Obesity:** According to those surveyed, 37.1% identified themselves as obese. The county's high rate of 36.2% has been on a long term climbing trend. Complications from being obese include heart disease, diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems and osteoarthritis. Garfield County's fast food density is high and farmer's markets are low. Low income and low access to a grocery store are also issues. Increasing childhood obesity and the numbers of overweight children are also climbing. The national rate for children that are obese is 14%. Obesity is a priority due to high rates, lack of sidewalks, less physical activity, and low number of healthy options when eating out according to community input.
4. **Tobacco:** 22.9% (2011) of adults smoke in Garfield County. The trend has taken a slight decrease. In 2008, 26.7% of adults smoked. The decrease is attributed to strong presence by the TSET (Tobacco Settlement Endowment Trust) Coalition. Statewide cessation efforts are in place through a hotline referral system. The calls to the Quitline are steady at an average of 55 calls per month from the county. Although tobacco is an important issue, the hospital will support the existing coalition efforts and continue to refer the community and all admissions that use tobacco to the Quitline.



Prioritized Needs

- 5. Infant Mortality:** Garfield County has a high incidence of infant mortality. Contributing factors include low birth weight babies, high rate of teen mothers, and lack of early prenatal care. Several agencies in Enid are currently working on bringing this increasing trend down. A newly established “Infant Mortality” Taskforce has been formed. The health department is also increasing efforts in “Planning for a Lifetime,” which focuses on educating the community and providers on the risk factors. The hospital supports both agencies and will assist in the education and awareness effort. The coalition is also focusing some effort toward reducing the risk. Asian/Pacific Islanders in the county have an extremely concerning rate of infant death. In this high risk population, 37 deaths occur for every 1,000. The taskforce and coalition are exploring ways to reach this minority. Health Fairs and classes at their churches have been found to reach the highest turnouts. The hospital supports partnering agencies and will assist in the education and awareness effort.
- 6. Access to Health Care:** The Primary Care Provider Rate for the county is 68 providers for every 100,000 persons. The data doesn’t seem so concerning; however, at a local listening session, it was a top concern. Focus groups also had concerns about lack of specialists for children with disabilities. The hospital will continue to recruit providers and assess the need for specialists. According to the survey, 86.7% of people make regular visits to their providers for check ups. Therefore, existing efforts will continue.
- 7. Cancer:** Cervical and prostate cancer rates are high in the county. Cervical cancer affects 13.2 women in 100,000 and prostate affects 226.6 men for every 100,000. Due to the fact that cancer can be hereditary, the hospital chose to focus the efforts on the prevention and treatment of cancer, supporting cancer awareness and support groups as well.
- 8. Diabetes:** The prevalence of diagnosed type 2 diabetes increase sixfold in the latter half of the last century. Diabetes risk factors such as obesity and physical inactivity have played a role in this dramatic increase. Age, race and ethnicity are also important risk factors. Due to several existing resources for diabetes education and programs that encourage good nutrition and increased physical activity, the hospital hopes to focus efforts on assisting agencies in the effort. By focusing our effort on obesity, we hope to see diabetes decrease.
- 9. Early Prenatal Care:** By increasing the number of women who receive early prenatal care, infant mortality should be impacted. 38.2% of Asian/Pacific Islanders receive care in the first trimester. This population also has the highest infant mortality rate.

Prioritized Needs

The hospital will focus on ways to get this high risk population in to see their provider within the first trimester. Potential plans include having women's events at two of the churches most of the population attends.

- 10. Premature Death:** This indicator is based on Years of Potential Life lost before age 75. The county measures 9,675.4 years/100,000. This can measure the relative impact of various causes of diseases on the population and can be used to emphasize specific causes of death affecting younger age group. By impacting the community with the top three health issues we've chosen, we feel premature death rates will decrease in the long term.

Our Vision: Most Trusted Name in Health Care

Our Values: Love, Learn and Lead

Our Mission: To improve the health of the people and communities we serve.

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Assessment Summary

*Priorities addressed in the Implementation Plan are in RED

<u>Leading Health Issues</u>	<u>Measure</u>
Age-adjusted Death Rate due to Coronary Heart Disease	145.2/100,000 (2009)
Mental Health: Suicide Death Rate	18.1/100,000 (2010)
Obesity	36.2% (2010)
Tobacco: Adults Who Smoke	23.7% (2010)
Infant Mortality	12.1 deaths/1,000 live births (2009)

Source: Healthy Communities Institute. (2013). INTEGRIS Bass Baptist Health Center, Garfield County [Data file]. Retrieved from <http://integrisok.com/healthy-communities/bass-baptist>

Assessment Summary

*Priorities addressed in the Implementation Plan are in **RED**

<u>Leading Health Issues</u>	<u>Measure</u>
Access to Care: Primary Provider Rate	57/100,000 (2009)
Cancer: Cervical Cancer Rate	13.2/100,000 females (2010)
Diabetes: Age-Adjusted Death Rate due to Diabetes	37.4 deaths/100,000 (2008-2010)
Early Prenatal Care	67.4% (2008)
Premature Death	9675.4 years/100,000 population (2008-2010)

Source: Healthy Communities Institute. (2013). INTEGRIS Bass Baptist Health Center, Garfield County [Data file]. Retrieved from <http://integrisok.com/healthy-communities/bass-baptist>



Implementation Plan 2014

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Plan Introduction

INTEGRIS Bass Baptist Health Center has developed a community health implementation plan designed to address Heart Disease, Obesity and Mental Health. These issues were chosen based on community health data, and identifiable gaps in available care/services. It was also determined that emphasis on these three issues would ultimately have the greatest impact on the community's overall health.

The objective of the implementation plan is to measurably improve the health of the citizens of the community. The plan's target population includes the community, as a whole, and specific population segments including minorities, and other underserved demographics.

The implementation plan includes components of education, prevention, disease management and treatment, and features collaboration with other agencies, services and care providers. It will be facilitated by the hospital, through the department of community wellness, with assistance from key staff members in various departments.

Target: The underserved and minorities

Responsible for Action Plan: Community Wellness and other hospital staff



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Issue: Heart Disease

Goal: To prevent heart disease and to improve outcomes and quality of life for adults with coronary heart disease by **decreasing/maintaining the Age Adjusted Death Rate due to Coronary Heart Disease in Garfield County by FY 2016.**

Strategies: Prevention, Education and Collaboration

1. Collaborate with community partners to provide health resources and services targeting heart disease prevention.

Action Steps

- *Hospital will hold health promotion events offering free screenings such as blood pressure, blood sugar and cholesterol. INTEGRIS and multiple agencies will offer health promotion and health education material. (A minimum of five events)*
- *Hospital will promote at least three health and wellness events through advertising and encouraging the community to participate. Hospital will sponsor the event financially.*
- *Hospital will participate in at least two partnering agency's wellness fairs targeting Hispanics, African Americans, Asians and Marshallese by offering health education material, promoting/providing screenings and referring to hospital's existing support groups.*
- *Hospital will provide community health education targeting high risk populations in heart disease prevention efforts such a **healthy eating habits** (smaller portions, more fruits and vegetables, leaner meats), **increasing physical activity**, and **tobacco cessation**. Hospital will utilize evidence-based programs when possible. (A minimum of eight nutrition/physical activity presentations and at least 100 referrals to the Oklahoma Tobacco Quitline)*
- *Promote and support evidence-based heart disease and related co-morbidities programs, services and treatment options, within the hospital, the INTEGRIS Heart Hospital and community resources.*
- *Encourage employees and their families to participate in the hospital's wellness program, offering incentives for improved health.*



Issue: Heart Disease

2. Share information about health topics regarding heart disease prevention and services.

Action Steps

- *Educate the community on heart disease programs and treatment options provided by the hospital and INTEGRIS Health statewide.*
- *Educate the community on cardiology services provided by INTEGRIS Health physicians locally and those available throughout INTEGRIS Health statewide.*
- *Educate the community on the importance of physical activity for heart health and provide evidence-based programs and provide information on options within INTEGRIS and throughout the community.*
- *Educate the community on heart disease utilizing INTEGRIS physicians, nurses, dieticians and other health professionals within the hospital and resources within the community.*
- *Educate the community on the effects of smoking and heart disease utilizing the INTEGRIS Health Smoking Cessation program and services provided by the Oklahoma Tobacco Settlement programs.*
- *Hospital will publish routine newspaper articles promoting health and wellness including services promotion. (A minimum of 45 articles)*
- *Provide a cardiac support group for individuals. (At minimum of four group meetings)*
- *Provide information on evidence-based heart healthy programs provided by INTEGRIS Health and other community resources.*
- *Utilize INTEGRIS TeleHealth Network to connect with specialty physicians and clinical professionals, as needed*

3. Support worksite wellness.

Action Steps

- *Encourage other agencies in the community to provide wellness programs through the Certified Healthy Programs initiatives. (A minimum of two new agencies will become Certified Healthy.)*

Issue: Heart Disease

Potential Barriers

- cultural
- number of obese persons
- high number of fast food restaurants
- high incidence of diabetes
- lack of healthier nutritional options
- sedentary lifestyles
- lack of stricter tobacco policy
- poverty
- liquor store density



Available Community Resources/Potential Programs

Free and private health screening, preventive health education programs, counseling and various support groups, weight loss programs, private and reduced cost fitness facilities, frequent community events including physical activity, new walking/biking trail system, two hospitals, free community clinic, farmers market, federal and county programs, private providers, county health department, Changing your Weights, Walk This Way/Couch to 5K, and CATCH (Coordinated Approach To Child Health).

Issue: Mental Health

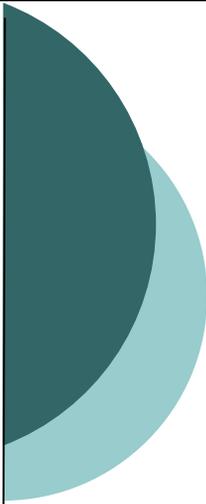
Goal: To improve mental health wellness by **decreasing/maintaining the number of poor mental health days in Garfield County by FY 2016.**

Strategies: Prevention, Education and Collaboration

1. Increase awareness.

Action Steps

- *Promote healthy forms of stress reduction: avoiding substance use/alcohol, relaxation, physical activity, good coping skills, etc. (A minimum of three presentations, newspaper articles and or events)*
- *Promote developmental assets and bullying prevention. (A minimum of two presentations)*
- *Promote mental health services offered at the Meadowlake campus for children and adolescents. (A minimum of one community presentation)*
- *Promote mental health services offered at the main campus, Generations unit for the 65 and older population. (A minimum of one community presentation)*
- *Provide an advertorial in the weekly full page publication describing issues related to mental health such as services, community events and health education. (A minimum of five newspaper articles)*
- *Facilitate a speakers bureau helping the community to locate presenters specific to certain mental and physical health topics. (A minimum of four referrals)*
- *Promote the suicide prevention hotline. (Distribute at least 200 hotline cards in high risk populations)*
- *Promote use of 2-1-1 services. (Distribute 2-1-1 information cards at a minimum of one event)*
- *Encourage all medical providers to screen for depression and anxiety at annual exams. (A minimum of 10 providers)*
- *Participate in the Mental Health Summit providing information on services to providers.*
- *Utilize INTEGRIS TeleHealth Network to connect with specialty physicians and clinical professionals, as needed*



Issue: Mental Health

- *Educate the community on the importance of anger management and stress reduction, and promote evidence-based programs and provide information on options within INTEGRIS, INTEGRIS Mental Health and throughout the community.*
- *Educate the community and provide information on treating mental health issues utilizing INTEGRIS physicians, nurses, dieticians and other health professionals within the hospital, INTEGRIS Mental Health, and resources within the community.*

2. Explore access options to mental health services.

Action Steps

- *Collaborate with the provider residency program to recruit a psychiatrist for children and adults. (Attend a minimum of two meetings)*
- *Refer the uninsured/underinsured to RX Oklahoma for free/reduced cost medications. (Distribute a minimum of 100 brochures at health promotion events)*
- *Provide information on evidence-based depression screening programs and treatment options provided by the hospital, INTEGRIS Mental Health and other community resources.*
- *Educate the community on suicide prevention programs and treatment options provided by the hospital, INTEGRIS Mental Health and other community resources.*
- *Educate the community on alcohol/substance abuse and education programs provided by the hospital, INTEGRIS Mental Health, INTEGRIS physicians locally and those available throughout INTEGRIS Health statewide.*
- *Promote the free mental health screening and treatment options offered on the INTEGRIS Mental Health website, integrisok.com/mentalhealth.*
- *Promote the free mental health podcasts available on the website, integrisok.com/mentalhealth.*

Issue: Mental Health

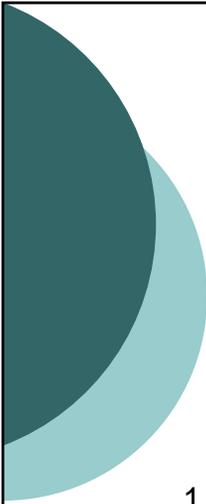
Potential Barriers

- stigma
- language
- cultural
- no local psychiatrist
- no inpatient treatment center for ages 18-65
- transportation
- poverty
- psychotropic medications can be expensive
- medical providers not comfortable with writing prescriptions for psychotropics
- self medicating with substances such as drugs and alcohol
- lack of specialists
- lack of a support system

Available Community Resources/Potential Programs

Federal programs, nonprofit health clinics, free/reduced cost prescription drug programs, state supported mental health system, private providers, county health department, two hospitals, free community clinic, children's mental health facility and a senior mental health inpatient treatment program, grant and state funded counseling services at free and/or reduced cost for children and families, suicide prevention hotline, school wide suicide prevention program (SOS Signs of Suicide), evidence based bullying prevention program.





Issue: Obesity

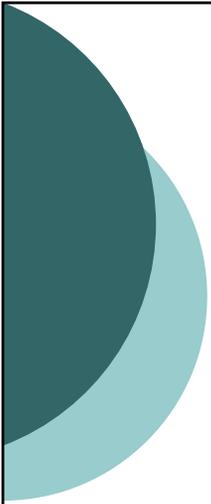
Goal: To promote good nutrition and increased physical activity, therefore improving general wellness by **decreasing/maintaining obesity rates in Garfield County by FY 2016.**

Strategies: Prevention, Education and Collaboration

1. Promote activities that encourage healthy lifestyles.

Action Steps

- *Participate in at least two community events that offer the following free screenings: blood pressure, blood sugar, body mass index and cholesterol.*
- *Participate in at least one event that targets Hispanics, African Americans and Marshallese.*
- *Support the evidence-based program, CATCH (Coordinated Approach To Child Health) that targets improving children's nutrition and increasing their physical activity.*
- *Provide educational information related to healthy nutrition, physical activity, obesity prevention and related available services. (Offer information at minimum of three events)*
- *Partner with local agencies by sponsoring the annual walking program, Walk This Way. (Sponsor financially and participate in the kick off event)*
- *Promote the city's new trail system and other fitness facilities including parks and schools for increasing physical activity. (A minimum of one newspaper article)*
- *Promote and support evidence-based obesity and related co-morbidities programs, services and treatment options within the hospital, the INTEGRIS Bariatric program and community resources.*
- *Provide information on evidence-based obesity prevention and intervention treatment programs provided by INTEGRIS and other community resources.*



Issue: Obesity

- *Educate the community on obesity and diabetes programs and treatment options provided by the hospital and INTEGRIS Health statewide.*
- *Educate the community on nutrition services and support groups provided by INTEGRIS, physicians locally and those available throughout INTEGRIS Health statewide.*

2. Collaborate with others to promote good nutrition and physical activity.

Action Steps

- *Participate in the Enid Metropolitan's Health Planning committee by assisting with the coalition's strategic plans of health promotion through consultation, sponsorship, attendance, and staffing at events. (Attendance in a minimum of six meetings)*
- *Encourage schools, businesses, campuses and the community to become Certified Healthy. (A minimum of one new school to become Certified Healthy)*
- *Promote the city's new trail system and other fitness facilities including parks and schools for increasing physical activity. (A minimum of one newspaper article)*
- *Educate and engage the community on the importance of physical activity for a healthy lifestyle and heart health and provide evidence-based programs and provide information on options within INTEGRIS and throughout the community.*
- *Educate the community on obesity, good nutrition, physical activity and behavior modifications utilizing INTEGRIS physicians, nurses, dieticians and other health professionals within the hospital and resources within the community.*
- *Educate the community concerning healthy lifestyle changes with the INTEGRIS Health "Changing Your Weighs" program, which includes physical activity, nutrition counseling and behavior modifications for healthy and effective weight loss.*
- *Utilize INTEGRIS TeleHealth Network to connect with specialty physicians and clinical professionals, as needed*

Issue: Obesity

Potential Barriers

- busy lifestyles
- convenience of fast food
- lack of access to fresh fruits and vegetables
- cost of healthier options
- more unhealthy choices available
- lack of sidewalks to shopping, schools and work
- limited health education in schools
- too much screen time
- technology
- safety concerns
- decreased physical activity in schools due to time restraints

Available Community Resources/Potential Programs

Free use of playgrounds after hours, new city trail system, city parks, new dog park, nutritional counseling/education, county and federal health promotion programs, CATCH programs, free walking and running clubs, local events promoting good nutrition and physical activity, two farmers markets, Changing Your Weights, Walk this Way/Couch To 5K, CATCH (Coordinated Approach to Child Health)



Future Plans

The Path Ahead

The MAPP (Mobilizing for Action through Planning and Partnerships) process is a cyclic progression toward community health improvement. The MAPP Coalition through their collaborative efforts will continue to evaluate and revise the plan. With the completion of the CHIP (Community Health Improvement Plan), the participants will move through the Action Phase. This part of the cycle consists of Planning, Implementing and Evaluating initiatives and interventions to reach measurable objectives. Committee members have already joined new and established task forces that will focus on the three priority health issues. Each task force will align their strategic plan with the county health improvement plan. The coalition will continue to meet monthly to assess the county's changing needs, discuss plan progress/evaluation, and to explore and implement new, innovative programs for the community.

Furthermore, the coalition will explore into the issues that were not addressed in the top three areas. The areas not addressed in the implementation plan did not have the significant data to place it in the top three and/or some potential strategies were not relevant enough to health. Other issues included a three year data lag, lack of resources/manpower to implement the action steps, environmental/infrastructure issues beyond the hospital and coalition's control, lack of policy, and free enterprise. Promising Practices and other evidence-based programs will also be researched more thoroughly for the areas after the initial plan is in progress.

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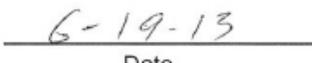


Plan Approval

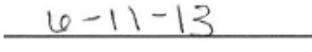

INTEGRIS Northwest Specialty Hospital


Date


INTEGRIS Board of Directors


Date


Oklahoma State Department of Health, Turning Point


Date

INTEGRIS Northwest Specialty Hospital Community Health Improvement Plan 2014

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Community Health Improvement Plan 2014

INTEGRIS Northwest Specialty Hospital
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