Community Health Improvement Plan

INTEGRIS Southwest Medical Center

Community Health Improvement Plan Report FY 2016



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Southwest Medical Center

Plan Overview

INTEGRIS' Community Health Improvement Plan (CHIP) was developed from results of a health needs assessment from each facility's community. Using a community-driven strategic planning tool for improving community health called Mobilizing for Action through Planning and Partnerships (MAPP), we collaborated with community partners. MAPP can improve the effectiveness and performance of local public health systems. INTEGRIS' mission *to improve the health of the people and the communities we serve* aligned strategically with the plan's goals and objectives. The priority health issues for the three year cycle were heart disease, obesity and mental health. The target was the underserved and minority populations in our service areas.

Goals were based on the public health data health according to adults who are obese, the number of "poor" mental health days per month, and the heart disease age-adjusted death rate. The table below shows Oklahoma's rates of heart disease, mental health and obesity according to the latest substantiated data available. Though we have a three to four year lag time in public health data, state data allows for broader and longer term consistency. The issues with the lag in time generally mean the programs we do now do not show up in the data for about three to four years. However, the action steps in the facility's plans were completed one hundred percent. Success was measured using individual programs goals, completed action steps, and using output numbers based on number of attendees and events.

The table below shows how the public health data has slightly improved in the priority issues we addressed in the plan.

Oklahoma Public Health Date

Priority Health Issue	1st year of CHIP (2014) not final data	2nd year of CHIP (2015) not final data	3rd year of CHIP (2016) not final data	Outcome (as of 2015)
Heart Disease death rate (per 100,000 people)	242.1 deaths (2007) final	235.2 deaths (2010) final	To decrease or maintain the rate	**-6.9 deaths**
Mental Health (number of Poor mental health days in the last 30 days)	4.5 days (2011)	4.2 days (2012)	To decrease or maintain the rate	**-0.3 days**
Obesity rate (adults)	31.1% (2011)	32.2% (2012)	To decrease or maintain the rate	**+1.1%**

INTEGRIS Southwest Medical Center had their own action steps tailored to fit the available resources and cultural needs of their specific community. System wide strategies were developed for uniformity and for improved data collection. The framework for developing the action steps were based on prevention, education and collaboration. It is important to remember, this was a community-driven health improvement plan.

INTEGRIS' efforts are only a piece of the overall evaluation on a community health improvement plan. The collaborations with local coalitions including other non-profits, public health and other stakeholders are the key to a unified force in creating a culture of health in Oklahoma.

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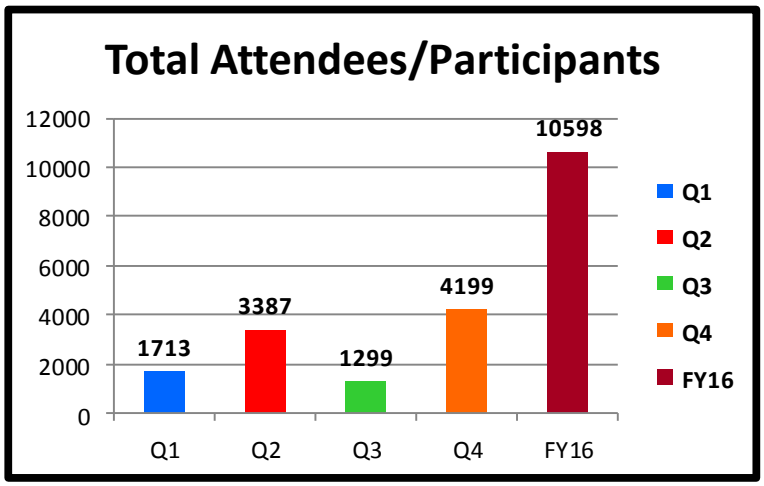
Due to the lag time in public health data, we began programs that could be evaluated through pre and post testing. In year three, staff were trained in evidence based programs giving the department a wider scale, more uniform system to be able to collect more appropriate outcome measures. System wide evidence based programs will make data collection real time and more accurate to our specific programs. The table below represents Oklahoma County's public health data for the three year cycle showing substantiated data.

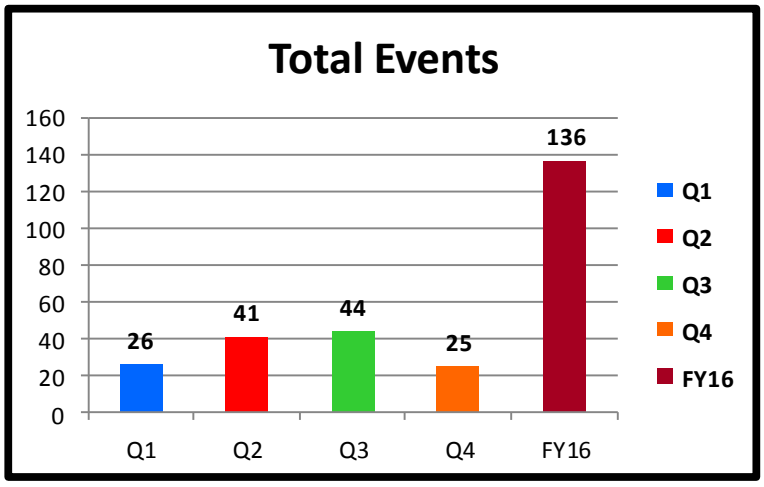
County	Year 1	Year 2	Year 3
Oklahoma County	2008-2010	2010-11	2012-13
Heart Disease-deaths	149.2	231.0	210.9
Mental Health-days	16.9%	25%	-
Obesity	29.7%	30.9%	32.1%

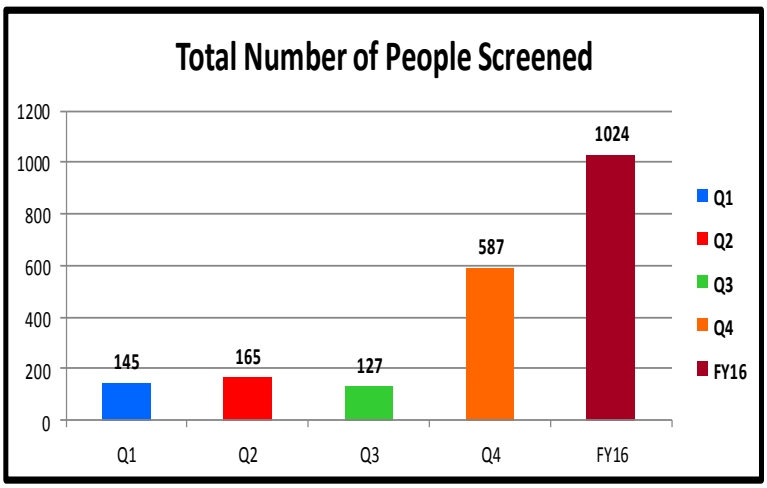
*Heart Disease-Number of deaths per 100,000 people
*Obesity-Adults over 18 years of age, BRFSS, 2012 rates
*Mental Health-percent of population who reported 4 or more poor mental health days per month, BRFSS, 2012
*2014 State of the State's Health Report, Oklahoma State Department of Health

COMMUNITY IMPACT

Total impact numbers are reported below and broken down into quarters. Examples of some highlighted programs are also attached. Other programs include the Hispanic Initiative. Those services include a Cancer Support Group, Latino Walker's Club, Look Good...Feel Better, Grief Support Group, Gane Perdiendo-Weight Loss Challenge, Move for Life-Kids, Diabetes Focus Group, Health Screenings, Hispanic Educational Classes, Language Services, Literacy Classes, Nutrition Classes and Tai Chi. Diabetes Empowerment Education Program and Tools for Living Healthy are also offered.







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Spanish Diabetes focus group program 2015-16

This program helps diabetics understand their chronic condition and take charge of their health. Classes are led by a registered dietitian and diabetic specialists. Participants are required to attend six sessions that include nutrition, diabetic foot care, exercise, glucometer use, medication and complications. Participants meet once a month and are required to attend all sessions.

Goal 1: 95% of program participants will report increase knowledge of how to manage their diabetes

Goal 2: 90% of participants are taking their medication, monitoring their glucose and blood pressure as indicated by their family doctor.

Goal 3: 65% of participants state a more active lifestyle and are engaging in physical activity three times per week.

				Output Measures	
Location	**# enrolled or completed**	**Dominant ZIP Code**	**Race**	-2000 men and women will receive advertising flyers promoting the program	20-30 Hispanic men and women will learn how to manage and live a healthy life with diabetes during the six month class cycle.
Southwest Medical Center, MOB S B10	56	Southwest OKC 73114, 73159, 73119, 73108, 73139, 73129, 73106, 73112, 73010, 73159, 73132, 73120,	Hispanic	-Viva INTEGRIS Newsletter: 4,800 -3 Local Hispanic Newspapers -500 flyers distributed in local schools and churches -10 diabetes referrals by INTEGRIS physicians will take the 6 class cycle	-21 Hispanic men and women completed diabetes education and learned to manage their condition and live a healthier life based on six classes including: basic concepts of diabetes, nutrition, medication, use of glucometer, foot check and other complications.
Southwest Medical Center, MOB S B10	25	73109, 73159, 73129, 73139, 73108, 73120, 73119, 73128, 73115	Hispanic	-Viva INTEGRIS Newsletter: 4,800 -3 Local Hispanic Newspapers -500 flyers distributed in local schools and churches -6 diabetes referrals by INTEGRIS physicians will take the 6 class cycle	-23 Hispanic men and women are attending diabetes education and learning to manage their condition and live a healthier life based on six classes including: basic concepts of diabetes, nutrition, medication, use of glucometer, foot check and other complications.

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Hispanic Health Fair

The Hispanic Health Fair has impacted thousands of Hispanics in the Oklahoma City area for more than two decades. Each year, it continues to serve more people in the community. Screenings include eye checks, cholesterol, glucose, blood pressure, and stroke assessments. Cancer checks include oral, skin, prostate and clinical breast exams by appointment. Home colorectal kits are also available. More than one hundred agencies participate, offering information about health education and community resources. The Hispanic Health Fair is a good resource for the Hispanic community to update its information on health and community services.

	FY 2014	FY 2015	FY 2016
Location	Moore Norman Technology Center	Moore Norman Technology Center	Moore Norman Technology Center
# Screened	214	186	197
ZIP Code	73106, 73112, 73108, 73127, 73122, 73149, 73129, 73119, 73153, 73008, 73159, 73142, 73128, 73160, 74855, 73139, 73003, 73120, 73114, 73051, 73107, 73170, 73110, 73120, 73009, 73044, 73036, 073051, 73008, 73084	73119, 73127, 73108, 73159, 73112, 73134, 73150, 73119, 73010, 73129, 73115, 73121, 73139, 73122, 73084, 73170, 73106, 73115, 73118, 73075, 73095, 73288, 73151, 73868, 73160, 74868, 74075, 73089	73160, 73160, 73159, 73108, 73119, 73106, 73109, 73107, 73120, 73189, 73139, 73110, 73172, 73096, 73110, 73020, 73114, 73114, 73768, 73179, 73025, 73135, 73132, 73003, 73099, 73168, 73170
Race	Hispanic	Hispanic	Hispanic
# screened who were referred to a provider	180	108	116
# of abnormal blood pressures**	68	73	80
# of abnormal cholesterols**	64	56	66
Follow Up: referred that consulted with their provider	46	48	40






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