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# **COMMUNITY HEALTH NEEDS ASSESSMENT**

December 31<sup>st</sup>, 2024

# OVERVIEW

In the fall of 2024, Cleveland Area Hospital (CAH) conducted a Community Health Needs Assessment (CHNA) for the residents (approximately 114,000) of Pawnee, Osage, and Creek counties. Another three counties (Tulsa, Payne, and Wagoner) are included in this assessment and are considered a secondary service area (SSA).

The CHNA was conducted with assistance from Eide Bailly LLP, an accounting and consulting firm specializing in financial, operational, and strategic consulting with healthcare organizations.

A CHNA is a tool used to help communities assess their strengths as well as their opportunities when it comes to the health of the community. It is also the foundation for improving and promoting the health of the community. The process helps to identify factors that affect a community's health and determines the availability of resources within the community to adequately address these factors and any additional health needs.



# OVERVIEW

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The CHNA process fulfills the requirements set forth by Internal Revenue Code 501(r)(3), a statute established within the Patient Protection and Affordable Care Act, which requires not-for-profit hospitals to conduct a CHNA every three years.

This report includes qualitative and quantitative information from local, state, and federal sources. In addition, input was received from persons that represented a broad range of interests in the community, persons with public health knowledge and expertise, and persons representing medically underserved and vulnerable populations.

CAH did not receive any feedback or comments from the 2021 CHNA.

CAH will create an implementation plan to clarify how it and other community resources will address the needs identified during the CHNA process.

# HOSPITAL OVERVIEW

CAH is an independent, not-for-profit hospital providing services to northeastern Oklahoma. Its main campus is a 14-bed short term acute care hospital. CAH provides acute inpatient and swing bed services, a 24-hour emergency department, imaging, as well as physical, occupational, speech and sports therapy. CAH also operates Lake Area Medical Associates, which is the primary care clinic that drives significant volumes across the organization. CAH employs over 200 individuals dedicated to providing high quality care to the region.

Over the past nine years, CAH has developed and strengthened its relationship with the Oklahoma State University Center for Health Sciences (OSU-CHS), one of the nation's largest osteopathic teaching facilities (whole person approach to medicine). This relationship has increased the clinical quality and service offerings available to CAH patients, with 13 OSU-CHS physicians now practicing at CAH. In recent years, CAH has also invested in new advanced diagnostic equipment including digital x-ray, two portable x-rays, a 64-slice CT scanner, 3D Mammography, and an ultrasound machine.

CAH is in the final stages of moving toward groundbreaking a new replacement hospital for the existing 61-year-old building. On September 25<sup>th</sup>, 2024 the USDA National Office obligated funds to cover the requested loans for this new replacement facility. This facility will cover 62,000 square feet and include a new state-of-the-art operating room. This new building will also enable CAH to bring specialty care services to northeastern Oklahoma residents, that will be supported by OSU-CHS physicians, which was an identified need in the 2021 CAH CHNA. 2025 will be focused on meeting the letter of conditions to initiate the start of construction.

# HOSPITAL OVERVIEW

## Our Mission:

The mission of our hospital is the same today as it was when they opened the doors in 1963, which is to provide the members of this rural community and surrounding areas exceptional quality healthcare from employees who have a spirit of caring in their heart.

## Our Vision:

Our vision is to continue being the first choice and best healthcare provider with a healing spirit while becoming a Regional Healthcare Center.



# SERVICES OVERVIEW

**Cleveland Area Hospital provides the following services:**

## Hospital Services

- Acute Inpatient Care
- Hospitalist Program
- 24-Hour Emergency Room
- 24-Hour Lab
- 24-Hour Radiology
- 24-hour Respiratory Therapy
- Advanced Imaging (MRI, CT, Dexa Scan, Ultra Sound, 3D Mammography)
- Physical Therapy
- Occupational Therapy
- Speech Pathology
- Swing Bed/Skilled Nursing
- Financial Counseling
- Health Screenings
- Nursing Services
- Dietary Counseling

## Specialty Services

- Pulmonary Function Test
- Outpatient Wound Care

## Infusion and Nurse Care Clinic

- Injections
- Port Flushes
- Antibiotic Therapy
- Blood Transfusions
- PICC Line Insertion
- Catheter Placements

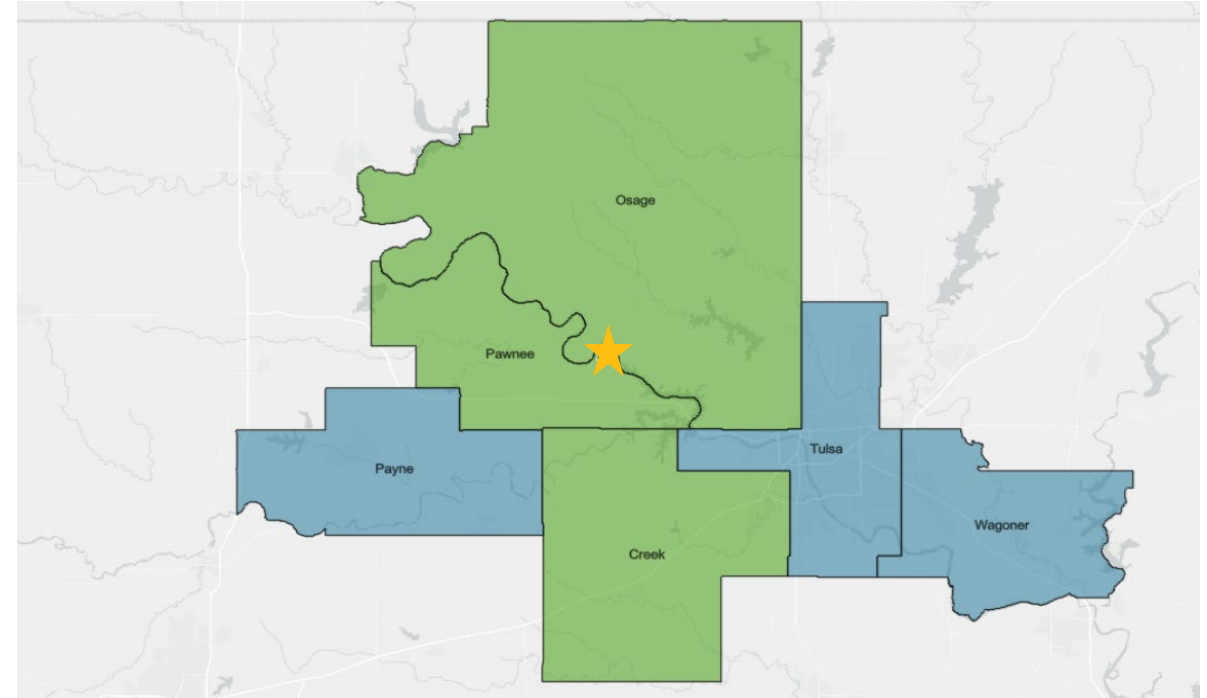
## Planned Services in new facility

- Outpatient Elective Procedures
- Endoscopies
- Colonoscopies
- Minor Orthopedic Surgeries

# COMMUNITY SERVED

For this CHNA, “community” is defined as the residents of six Oklahoma counties. The three counties in green comprise the primary service area (PSA) and the three counties in blue comprise the secondary service area (SSA). All residents of these counties are considered members of the community, including low-income, medically underserved, and those of all races and ethnicities. CAH considers all residents part of the community regardless of their ability to pay or whether they are eligible for financial assistance.

CAH is one of several hospitals within in the PSA, including Fairfax, Pawhuska, and Bartlesville hospitals. There are also multiple hospital facilities located in the SSA, most notably in urban Tulsa, that includes OSU Medical Center, Hillcrest Medical Center, and several other large facilities.



Utilizing CAH and Lake Area Medical Associates visit volume data, approximately 85% of CAH’s volume is derived from the PSA counties. The remaining volume is from SSA counties and other regions of Oklahoma.

# COMMUNITY SERVED

Total Population	Census	Est.	Est.	Proj.	Growth	
	2010	2020	2024	2029	2020 - 2024	2024 - 2029
PSA	112,295	113,231	114,769	117,365	1.3%	2.2%
SSA	779,686	860,688	888,297	926,219	3.1%	4.1%
Community Total	891,981	973,919	1,003,066	1,043,584	2.9%	3.9%
Oklahoma	3,751,437	3,959,406	4,056,494	4,192,811	2.4%	3.3%
United States	308,745,380	331,449,341	336,157,119	344,210,010	1.4%	2.3%

65 + Population	Census	Est.	Est.	Proj.	Growth	
	2010	2020	2024	2029	2020 - 2024	2024 - 2029
PSA	14,646	18,408	20,312	22,602	9.4%	10.1%
SSA	81,269	115,849	129,285	144,237	10.4%	10.4%
Community Total	95,915	134,257	149,597	166,839	10.3%	10.3%
Oklahoma	437,295	566,844	629,676	698,941	10.0%	9.9%
United States	34,791,325	48,596,202	54,103,575	60,831,398	10.2%	11.1%

Data Source: Environics

The PSA population grew slightly in the last five years (1.3%) and is projected to grow 2.2% in the coming five years. The SSA population grew faster than the PSA in the last five years (3.1% increase) and is projected to grow an additional 4.1% from 2024 to 2029. Population trends can indicate the need for more or less health care services in the future.

Many rural parts of the U.S. are projected to have declining populations in the next five years. The community total (PSA + SSA) 65+ population is growing at a similar rate as for the State of Oklahoma or the United States. An aging population can impact need for health services, swing bed utilization, senior living, payer mix, etc.



# COMMUNITY SERVED

For the estimated 44,028 households in the PSA, the median household income is \$63,453. This is almost \$9,000 above the median household income in the SSA and about \$3,400 above that of the State of Oklahoma. Projected PSA income growth in the next five years is 5.94%, weaker growth than what is projected for the SSA and the State of Oklahoma.

Income can impact housing, food, childcare, stress, alcohol and tobacco use. Income also impacts utilization of preventive care services. This can increase the risk of health problems developing or worsening over time.

<b>Total Households</b>	<b>PSA</b>	<b>SSA</b>	<b>State of Oklahoma</b>	<b>United States</b>
Estimated 2024	44,028	349,141	1,572,360	129,078,995
Projected 2029	45,094	364,284	1,625,490	132,563,804
<b>Median Household Income</b>				
Estimated 2024	\$ 63,453	\$ 54,468	\$ 60,048	\$ 69,729
Projected 2029	\$ 67,459	\$ 58,804	\$ 65,440	\$ 76,304
Projected Change 2024 to 2029	5.94%	7.37%	8.24%	8.62%

Data Source: Environics

# COMMUNITY SERVED

Payne County has the highest poverty rate (19.4%) of the six community counties, with Wagoner reporting the lowest poverty rate at 9.2%. Both counties reside in Cleveland Area Hospital's SSA.

The poverty rate for the PSA is 14.75%, lower than the SSA and the State of Oklahoma, but higher than the United States.

Region	% of Persons in Poverty
<b>PSA</b>	
Pawnee	16.90%
Osage	14.10%
Creek	14.70%
<b>PSA Total</b>	<b>14.75%</b>
<b>SSA</b>	
Tulsa	15.40%
Payne	19.40%
Wagoner	9.20%
<b>SSA Total</b>	<b>15.14%</b>
Oklahoma	15.90%
United States	11.10%

Source: US Census Quick Facts

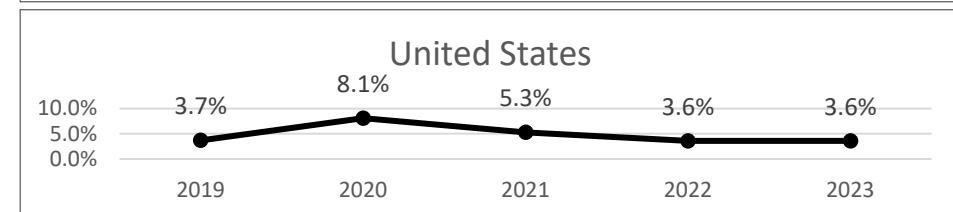
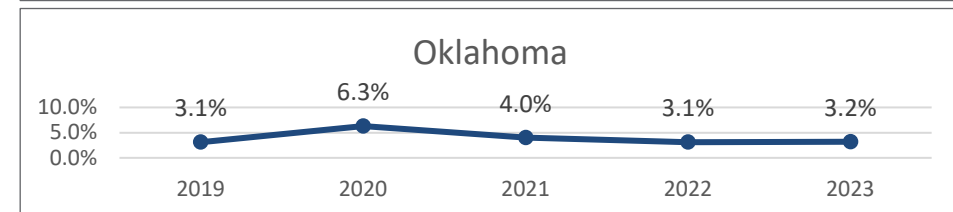
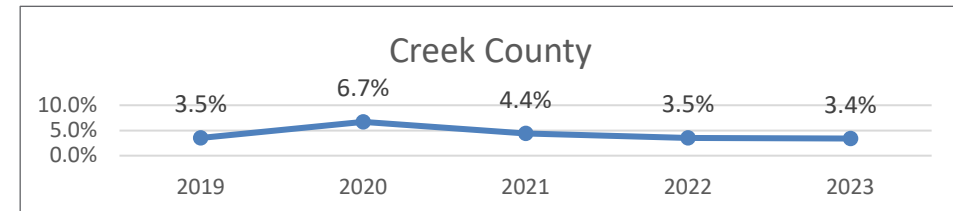
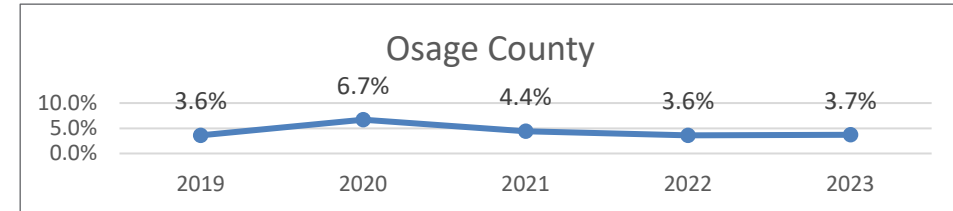
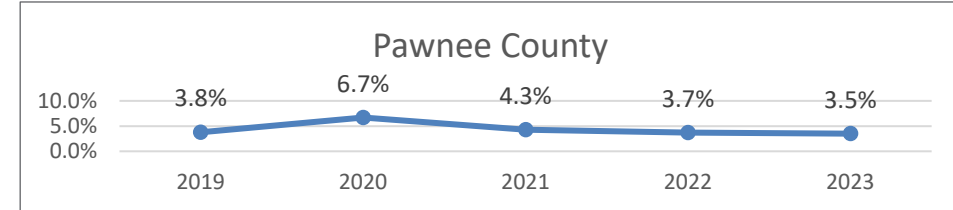
# COMMUNITY SERVED

Unemployment Rate	2019	2020	2021	2022	2023
Pawnee	3.8%	6.7%	4.3%	3.7%	3.5%
Osage	3.6%	6.7%	4.4%	3.6%	3.7%
Creek	3.5%	6.7%	4.4%	3.5%	3.4%
Oklahoma	3.1%	6.3%	4.0%	3.1%	3.2%
United States	3.7%	8.1%	5.3%	3.6%	3.6%

Source: Bureau of Labor Statistics - all rates are not seasonally adjusted

Before the pandemic in 2019, unemployment levels in the PSA were higher than in the State of Oklahoma, with Pawnee also having higher unemployment rates than the national average. Unemployment rates spiked in 2020 due to the impact of COVID-19, with the PSA seeing higher rates than the state and national averages. Between 2021 and 2023, unemployment steadily decreased, with Pawnee and Creek reporting lower rates than pre-pandemic levels.

Creek County had the lowest employment rates in 2023 at 3.4%, which is higher the State of Oklahoma's 3.2% but lower than the United States' at 3.6%.



# HEALTH DATA

To examine health areas of strength and health areas to explore, *County Health Rankings* was utilized. The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Counties are ranked against their state peers based on health outcomes and health factors. Subcategories are as follows:

## Health Outcomes

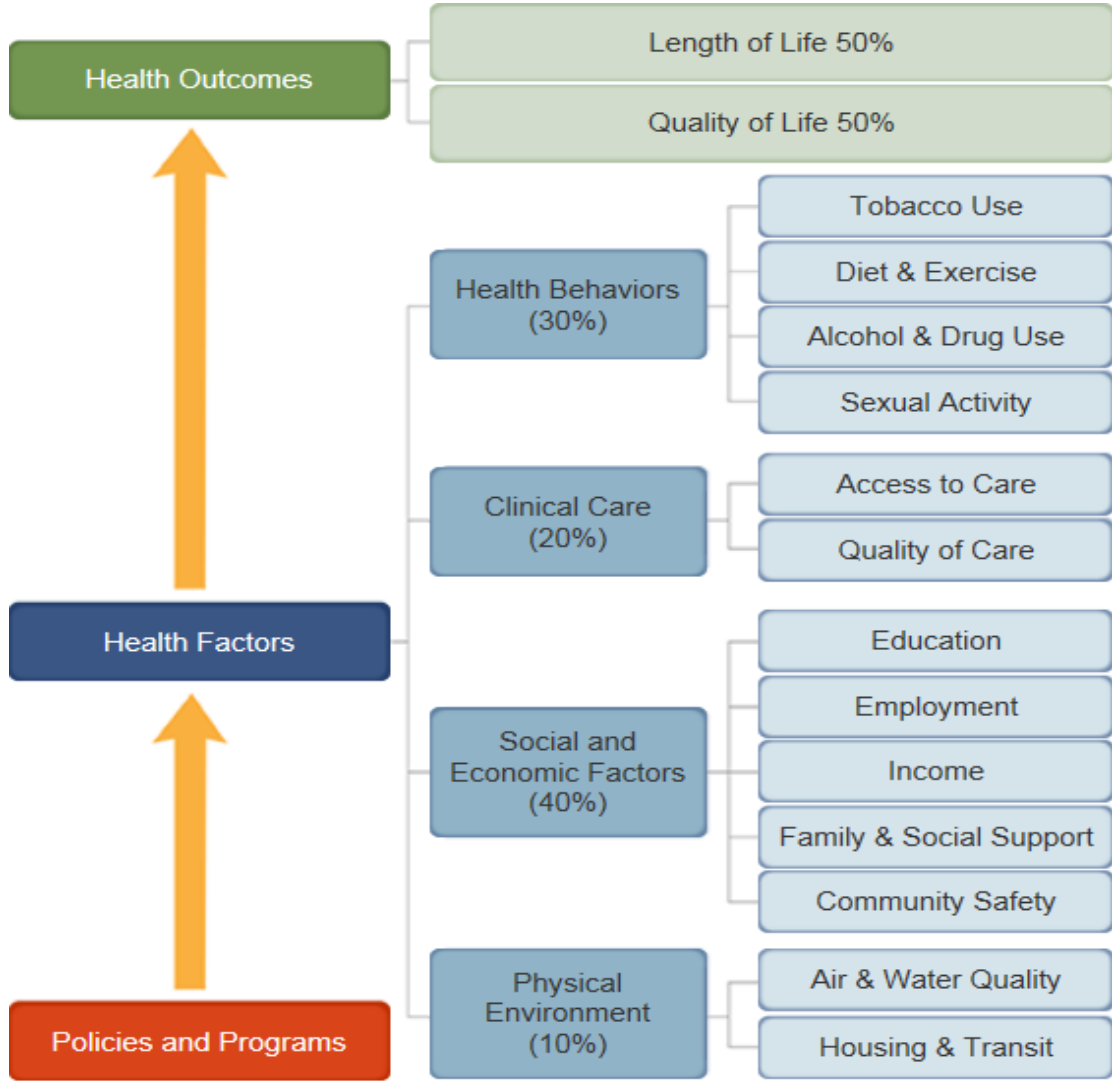
- Length of life
- Quality of life

## Health Factors

- Health behaviors
- Clinical care
- Social and economic factors
- Physical environment

The report provides information by county on “Areas of Strength” and “Areas to Explore”, as determined by the County Health Rankings. This can be helpful in setting a direction for the community health needs assessment.

# COUNTY HEALTH RANKINGS



County Health Rankings model © 2014 UWPHIF



The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (**health outcomes**) and what will impact their health in the future (**health factors**).

# COUNTY HEALTH RANKINGS – HEALTH OUTCOMES

This *heat map* shows county health rankings for health outcomes in 2024 (the lower the better).

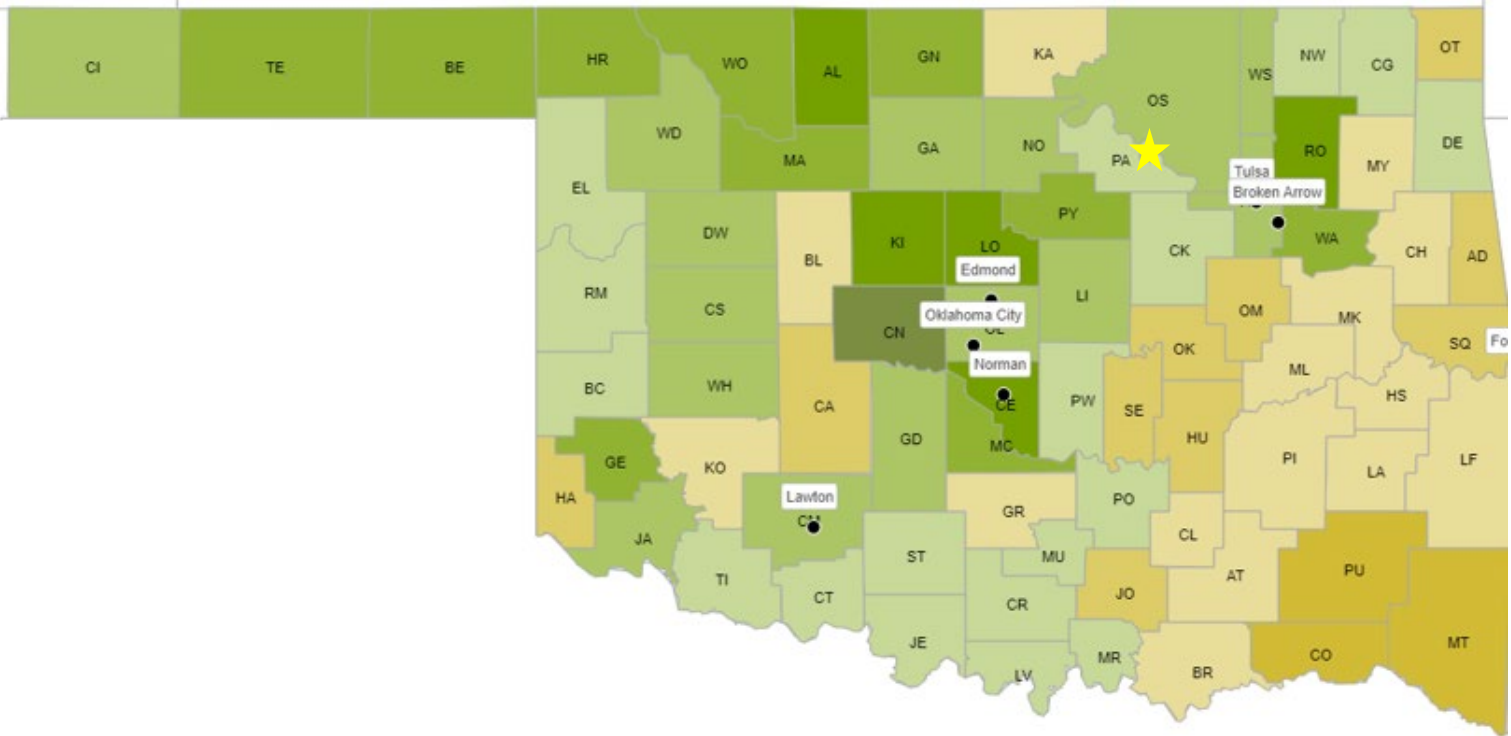


County Health Rankings & Roadmaps

2024 Health Outcomes - Oklahoma

**Rankings out of 77 Counties**

PSA	
Pawnee	51
Osage	25
Creek	40
SSA	
Tulsa	16
Payne	11
Wagoner	6

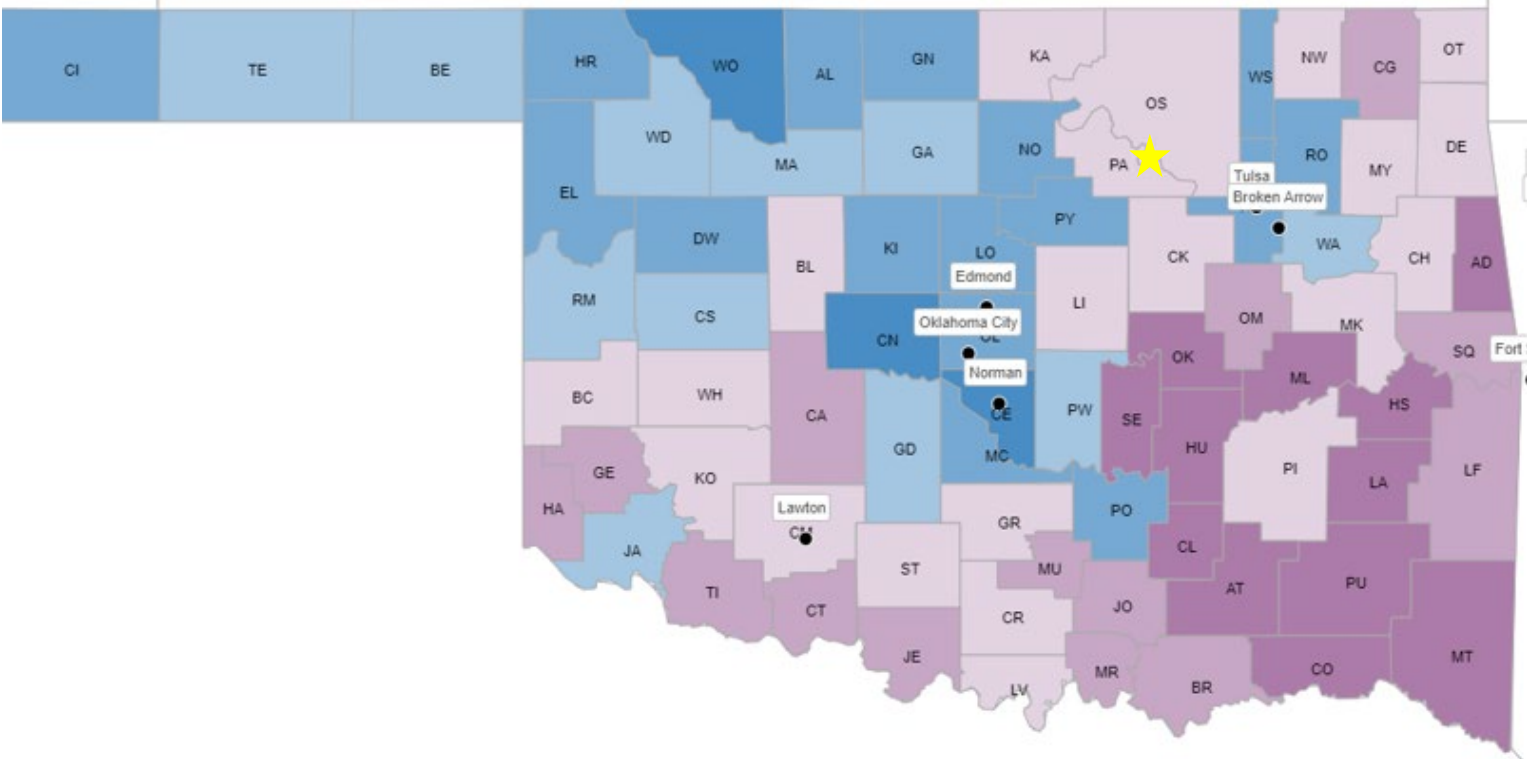


# COUNTY HEALTH RANKINGS – HEALTH FACTORS

This *heat map* shows county health rankings for health factors in 2024 (the lower the better).

**Rankings out of 77 Counties**

PSA	
Pawnee	43
Osage	46
Creek	32
SSA	
Tulsa	12
Payne	19
Wagoner	22

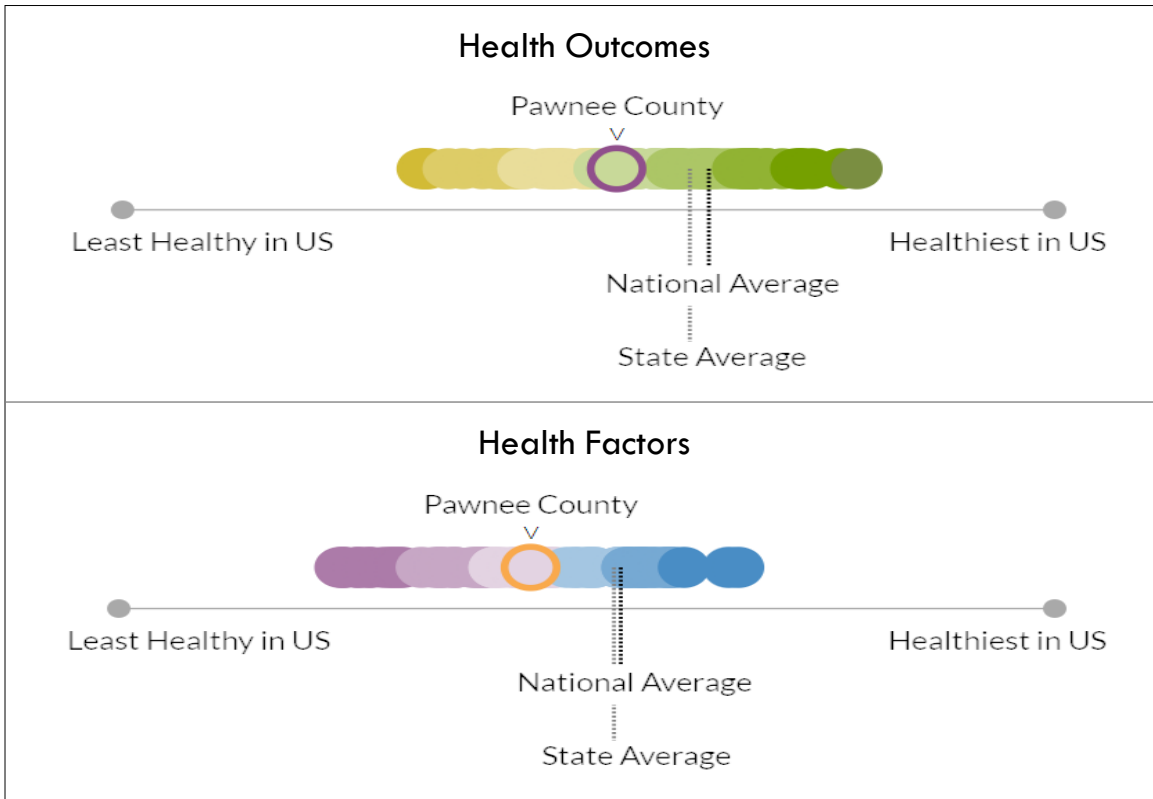


HEALTH FACTORS GROUP  
 LEAST HEALTHY IN US (purple) to HEALTHIEST IN US (dark blue) and NOT GROUPED (NA) (grey)

# HEALTH DATA RESULTS - PAWNEE

Pawnee County is fairing worse than the average county in Oklahoma and the average county in the country for both Health Outcomes and Health factors.

Pawnee County has three areas of strength, where it is performing meaningfully better than the state and national averages, with ten areas to explore for potential areas of opportunity or investment.



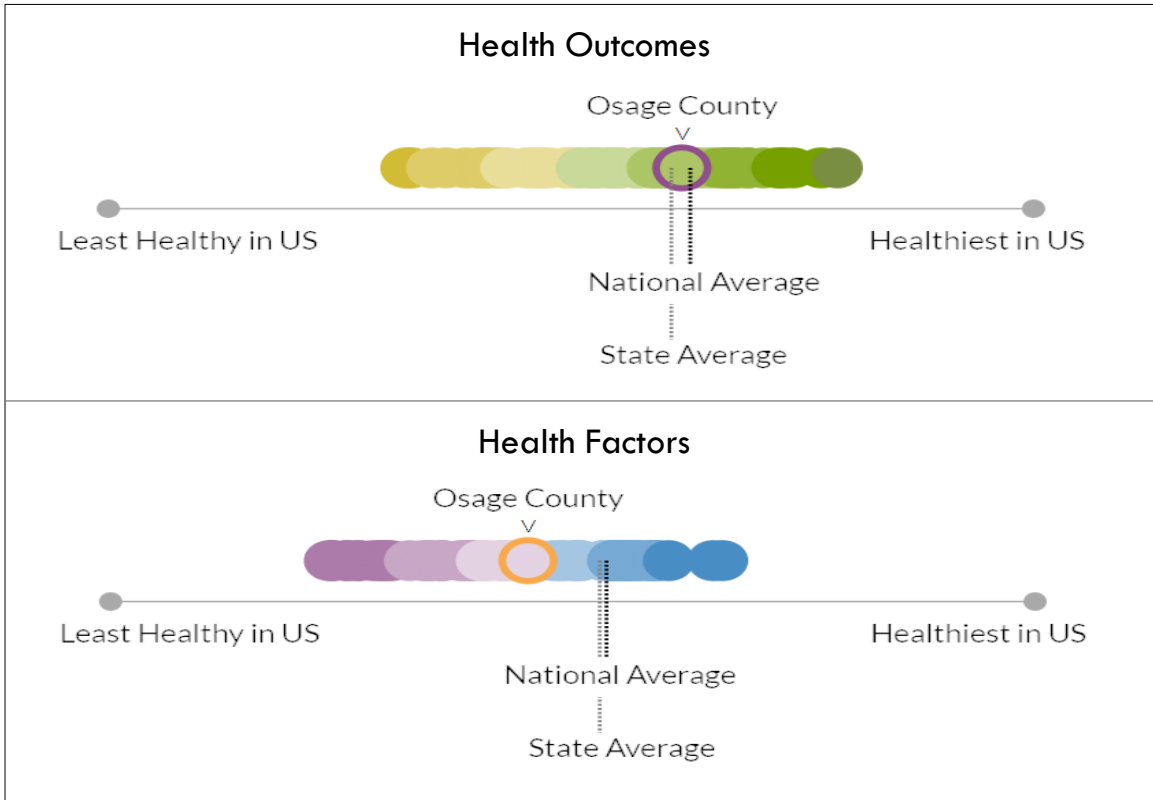
Pawnee County	
Areas of Strength	Areas to Explore
Alcohol-Impaired Driving Deaths	Access to exercise Opportunities
Excessive Drinking	Adult Obesity
Preventable Hospital Stays	Adult Smoking
	High School Completion
	Injury Deaths
	Mammography Screening
	Primary Care Physicians
	Some College
	Teen Births
	Uninsured



# HEALTH DATA RESULTS - OSAGE

Osage County is fairing about the same as the average county in Oklahoma and the average county in the nation for Health Outcomes. Osage is performing worse than the average county in Oklahoma and the average county in the nation Health factors.

Osage County has three areas of strength, where it is performing meaningfully better than the state and national averages, with seven areas to explore for potential areas of opportunity or investment.

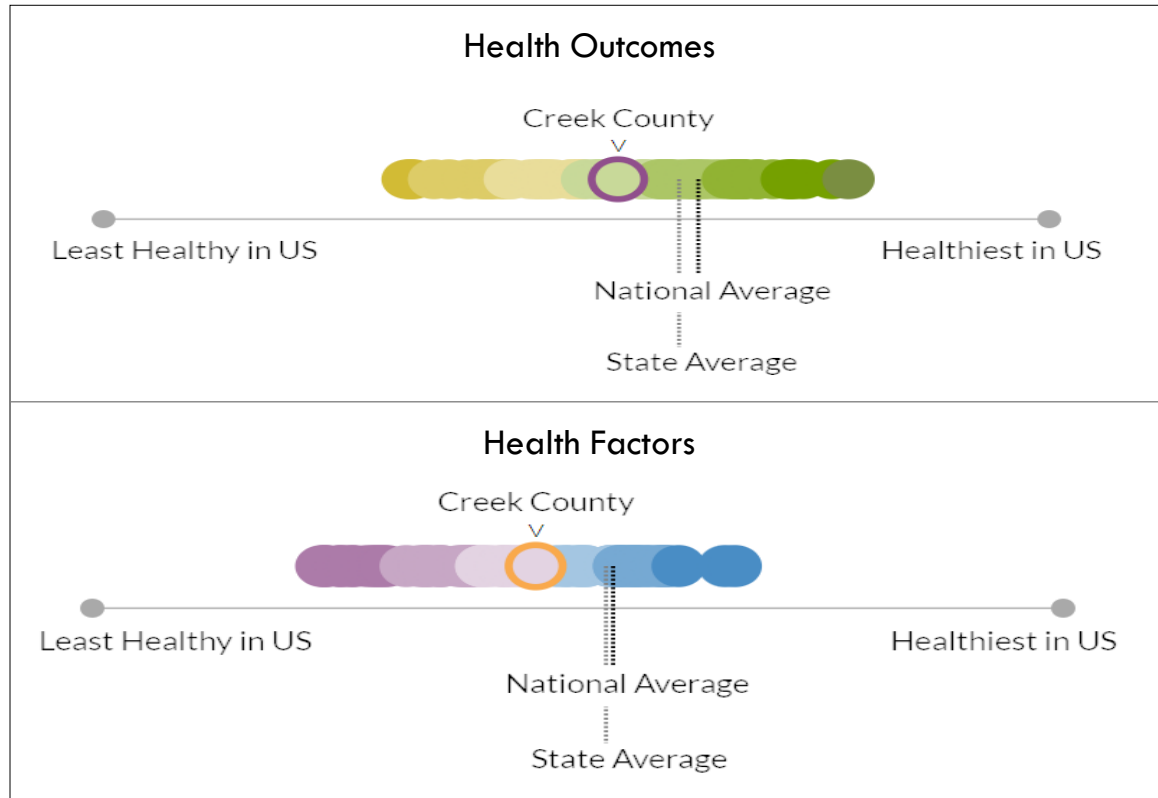


Osage County	
Areas of Strength	Areas to Explore
Excessive Drinking	Adult Obesity
High School Completion	Adult Smoking
Preventable Hospital Stays	Mammography Screening
	Primary Care Physicians
	Some College
	Uninsured
	Flu Vaccinations

# HEALTH DATA RESULTS - CREEK

Creek County is fairing worse than the average county in Oklahoma and the average county in the nation for Health Outcome and Health Factors.

Creek County has three areas of strength, where it is performing meaningfully better than the state and national averages, with seven areas to explore for potential areas of opportunity or investment.



Creek County	
Areas of Strength	Areas to Explore
Alcohol-Impaired Driving Deaths	Adult Obesity
High School Completion	Adult Smoking
Unemployment	Mammography Screening
	Primary Care Physicians
	Some College
	Uninsured
	Preventable Hospital Stays

# HEALTH DATA RESULTS

## Primary and Secondary Service Area

The following is a list of areas to explore for the combined PSA and SSA (six Oklahoma counties). The number is a count of the occurrences for that health area. For example, adult obesity, uninsured, and adult smoking showed up as areas to explore in all six counties.

Areas to Explore	Primary Service Area			Secondary Service Area			Count
	Pawnee	Osage	Creek	Tulsa	Payne	Wagoner	
Adult Obesity	X	X	X	X	X	X	6
Uninsured	X	X	X	X	X	X	6
Adult Smoking	X	X	X	X	X	X	6
Primary Care Physicians	X	X	X			X	4
Some College	X	X	X				3
Mammography Screening	X	X	X				3
Sexually Transmitted Infections				X	X		2
Access to Exercise Opportunities	X					X	2
Preventable Hospital Stays			X			X	2
Flu Vaccinations		X					1
Injury Deaths	X						1
Teen Births	X						1
Severe Housing Problems					X		1
Income Inequality					X		1
High School Completion	X						1
Social Associations						X	1

# COMMUNITY FOCUS GROUP

CAH held two focus groups with community stakeholders to facilitate discussion and get input around the health needs and resources in the community. These were held on September 24<sup>th</sup> and October 1<sup>st</sup>, 2024. The invitees included a broad range of individuals in the community including individuals from medically underserved and low-income communities.

Individuals/organizations represented are as follows:

Jay C Byers Memorial Library	Retired Community Members	Cleveland Area Hospital Auxiliary Board Member
Retired Community Educators	American Heritage Bank	Farm Bureau Insurance
Retired School Superintendent	Retired Community Dentist	CPS Athletic Program
Blue Sky Bank	X-Hale Salon	Cleveland Area Fire Department
Cleveland Area Hospital Board Member	Walmart	Edward Jones
Lakeside Auto	Independent Business Owners	

Members from the Cleveland County Health Department were invited to participate in the focus groups, but did not attend.

# COMMUNITY FOCUS GROUPS

The focus groups utilized the same 6 questions across both feedback modalities:

1. What do you like best about living in this community?
2. What are your biggest concerns about living in this community?
3. What issues are facing the medically underserved/low income in this community?
4. What is your vision for a healthy community?
5. What are the most beneficial health resources or services in this community?
6. What are the most serious health issues facing this community?

The following slides highlight the themes across the individual questions, identifying both strengths and opportunities within the community. The themes were developed by categorizing the question responses into common groupings for analysis and comparison.

# COMMUNITY FOCUS GROUPS

## 1. What do you like best living in this community?

Response	Strength	Opportunity	Count
Resource network	2		2
Safety	1		1
Walking trail	1		1
Collaboration	1		1
Support	1		1
Library	1		1
City leadership	1		1
Lighting for safety		1	1
<b>Grand Total</b>	<b>8</b>	<b>1</b>	<b>9</b>

- Across both focus groups, the network of community resources came up as a strength within the CAH's PSA and SSA.
- The focus groups also highlighted the sense of safety, support, and collaboration that occurs with the community.
- The focus group noted the desire for additional lighting in the community to increase safety.

## 2. What are your biggest concerns about living in this community?

Response	Opportunity Count
Childcare	2
Lack of Diversity	1
Vacant buildings/attracting new business	1
Employment opportunities	1
Housing	1
<b>Grand Total</b>	<b>6</b>

- Childcare availability was a top concern for both focus groups for the community.
- Employment opportunities, vacant buildings, and attracting new businesses were also top concerns relating to the future economic sustainability of the community.

# COMMUNITY FOCUS GROUPS

## 3. What issues are facing the medically underserved/low income in this community?

Response	Opportunity Count
Childcare	2
Food Security	1
Employment opportunities	1
Housing	1
Access to Specialists	1
ED use/lack of urgent care	1
<b>Grand Total</b>	<b>7</b>

- Childcare was identified in both focus groups as a need for the medically underserved and low-income communities.
- Several social determinants of health were discussed, including food security, employment opportunities, and housing.
- The over-utilization of CAH's ED was mentioned, with a suggestion of opening an urgent care location.

## 4. What is your vision for a health community?

Response	Opportunity Count
Physical activity/mobility	1
Outdoor activities	1
Local childcare	1
Employment Opportunities	1
Access to Specialists	1
Health education	1
Access to health food	1
Job training	1
<b>Grand Total</b>	<b>8</b>

- Physical activity and outdoor activities were noted as part of the focus groups' vision for a healthier community.
- Having local childcare and increased employment opportunities was also included in the future community vision, along with health education and access to healthier foods.

# COMMUNITY FOCUS GROUPS

## 5. What are the most beneficial health resources of services in this community?

Response	Strength Count
Out-Patient Therapy	2
Extended clinic hours	2
Mercy Regional EMS	1
Pharmacies	1
Police & Fire	1
Emergency Room	1
Cleveland Area Hospital	1
Lake Area Medical Associates	1
<b>Grand Total</b>	<b>10</b>

- Outpatient Therapy services at CAH and the extended clinic hours at LAMA were identified as beneficial health resources within the community at both focus groups.
- Additional health benefits noted include the multiple pharmacy locations, the ER, and Mercy Regional EMS.

## 6. What are the most serious health issues facing this community?

Response	Opportunity Count
Medication/pain management	1
Access to Specialists	1
Mental health	1
Drug use	1
Aging population	1
Lack of quality assisted living facility	1
<b>Grand Total</b>	<b>6</b>

- Medication/pain management and drug use were identified as two of the most serious issues facing the community.
- The aging population and the lack of quality assisted living facilities were also noted as serious health issues.
- Mental health was noted as a serious issue in one of the focus groups.



# COMMUNITY FOCUS GROUPS

The opportunities collected from both focus groups across all questions are outlined below:

Responses	Opportunity Count
Childcare	5
Employment Opportunities	3
Access to Specialists	3
Housing	2
Aging population	1
Lack of quality assisted living facility	1
Drug use	1
Medication/pain management	1
Mental health	1
ED use/lack of urgent care	1
Physical activity/mobility	1
Outdoor activities	1
Lighting for safety	1
Lack of Diversity	1
Vacant buildings/attracting new business	1
Job training	1
Food Security	1
Access to health food	1
Health education	1
<b>Grand Total</b>	<b>28</b>



The opportunities were further refined into categories for consistency with the County Health Rankings and Survey Data:

Responses	Opportunity Count
Childcare	5
Employment	5
Specialty Providers	4
Housing	2
Physical activity	2
Drug use	2
Aging Services	2
Diversity	1
Health Education	1
Safety	1
Health Food	1
ED use	1
Food security	1
<b>Grand Total</b>	<b>28</b>

- The top seven response themes accounted for over 78% of the opportunities identified by the focus groups.
- Childcare and employment related opportunities were the most frequently mentioned need, both accounting for 18% of opportunities.

# COMMUNITY HEALTH SURVEY

CAH also conducted a 2024 Community Health Needs Assessment Community Survey, that was publicly available from September – October of 2024. It was available in paper copies at the following locations: Jay C Byers Memorial Library, the Cleveland Community Center, CAH outpatient areas, CAH Mammography, and CAH patient access areas and was also available on the CAH website. The survey was available in locations designed to specifically solicit feedback from medically underserved and low-income community members.

The survey was completed by 231 individuals and covered a variety of public health survey questions.

The subsequent slides detail the identified health needs and areas of concern from the survey.

# COMMUNITY HEALTH SURVEY

How do you view the following health care topics in your community?\*

Topic	Needs Improvement	Average	Above Average	I Don't Know	Weighted Average
Access to specialty services	56%	26%	10%	9%	2.28
Access to urgent care services	46%	28%	17%	9%	2.11
Access to mental health services	43%	27%	7%	22%	1.91
Access to optometry services	22%	51%	15%	12%	1.83
Number of physicians/providers	18%	46%	33%	4%	1.77
Access to dental services	18%	50%	18%	14%	1.72
Access to substance abuse treatment	43%	15%	5%	36%	1.66
Quality of hospital/clinic care	15%	38%	43%	4%	1.64
Access to long term care	30%	32%	10%	28%	1.64
Closeness/convenience of services	15%	36%	47%	2%	1.63
Access to emergency care services	14%	41%	39%	6%	1.63
Hours physicians/provider offices are open	8%	45%	42%	5%	1.57
Access to telehealth services	27%	30%	9%	34%	1.50
Quality of physician/provider care	9%	34%	54%	3%	1.50

- Over half of survey respondents identified access to specialty services as an area that needs improvement.
- 46% of respondents identified access to urgent care services as an area that needs improvement.

\*Assigned weights: Needs Improvement = 3, Average = 2, Above Average = 1, I don't know = 0.

# COMMUNITY HEALTH SURVEY

How do you view the following health care topics in your community?\*

Health Topic	Not a concern at all	Minor concern	Major concern	Crisis level concern	Weighted Average
Mental / behavioral health	3%	16%	50%	31%	3.10
Alcohol / Drugs	3%	18%	47%	31%	3.06
Children in poverty	3%	14%	60%	23%	3.02
Poverty / unemployment	4%	18%	55%	23%	2.97
Obesity / lack of physical activity / lack of access to exercise opportunities	3%	18%	61%	17%	2.92
Uninsured / underinsured	6%	19%	57%	18%	2.87
Lack of specialty care	4%	29%	49%	18%	2.80
Diabetes	3%	24%	65%	8%	2.78
Bullying	5%	34%	42%	18%	2.73
Women's health	7%	30%	51%	12%	2.69
Care / programs for older adults	5%	32%	52%	10%	2.67
Chronic Disease	3%	34%	56%	6%	2.65
Smoking / tobacco / vaping	11%	25%	53%	11%	2.64
Access to nutritious foods	8%	35%	46%	10%	2.59
Pollution / water quality	9%	41%	33%	17%	2.59
Domestic violence / abuse	9%	37%	41%	13%	2.58
Healthcare workforce shortage	10%	39%	40%	11%	2.52
Availability of preventive care / health education / health literacy	9%	44%	38%	8%	2.45
Teen births	6%	61%	28%	6%	2.34
Homelessness / housing instability	16%	49%	28%	8%	2.28
Violent crime	11%	59%	26%	4%	2.23

- Almost a third of survey participants responded that both mental health and alcohol/drugs were a crisis level of concern, with another 50% and 47% identifying these topics as major concerns, respectively.
- 60% of participants selected children in poverty as a major concern for the community, with 23% selecting crisis level of concern.

\*Assigned weights: Not a concern at all = 1, Minor concern = 2, Major concern = 3, Crisis level of concern = 4.

# COMMUNITY HEALTH SURVEY

In your opinion, what social determinants of health are unaddressed or inadequately addressed in our community?\*

Answer Choices	%
Job & income opportunities	68%
Physical activity opportunities	44%
Transportation	42%
Food insecurity	42%
Safe housing & neighborhoods	37%
Education	35%
Polluted air and water	34%
Racism and/or discrimination	18%
Language and literacy skills	13%

- Almost 70% of responders selected job and income opportunities as unaddressed or inadequately addressed within CAH's community.
- Physical activity opportunities ranked second highest at 44% with transportation and food security tied for third at 42%.

\*%s add up to more than 100% since multiple answers could be selected

Write in Question: What additional healthcare services would you like to see in our community?

Additional Services	Request Count
Dialysis	6
OB/GYN	6
Specialty care	6
Mental Health	5
Affordable Care	3
Pool	2
Other	2
Transportation	2
Dermatology	2
Addiction services	2
All Other	12
<b>Grand Total</b>	<b>48</b>

- Dialysis, OB/GYN, and Specialty Care were the most frequently requested healthcare services in the community, each accounting for 12% of answers.
- Mental Health Services was requested in over 10% of responses.

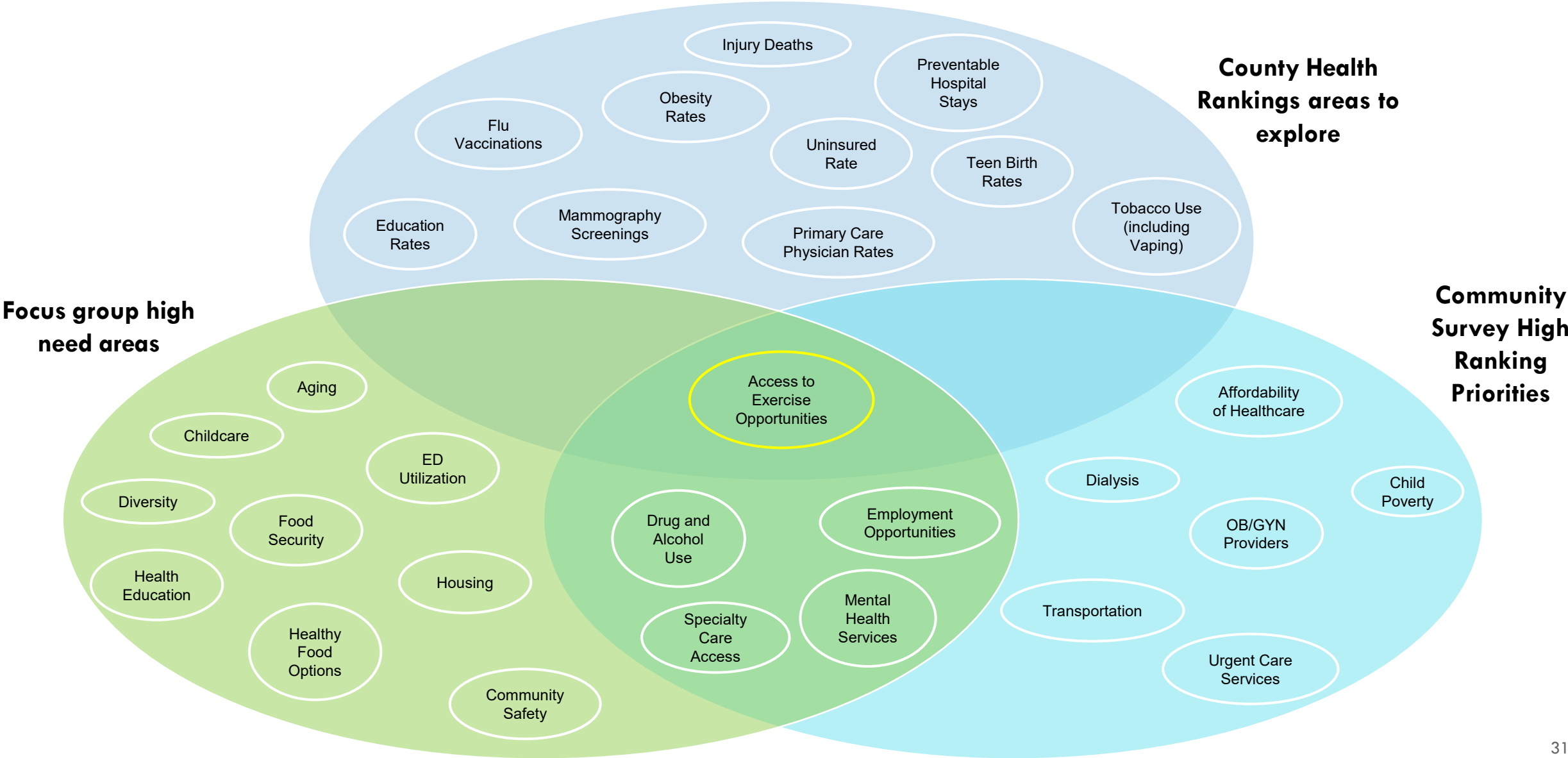
# COMMUNITY HEALTH SURVEY

The table below details the highest weighted health needs and areas of concern identified by the survey, utilizing the top three highest ranked or requested responses from each question.

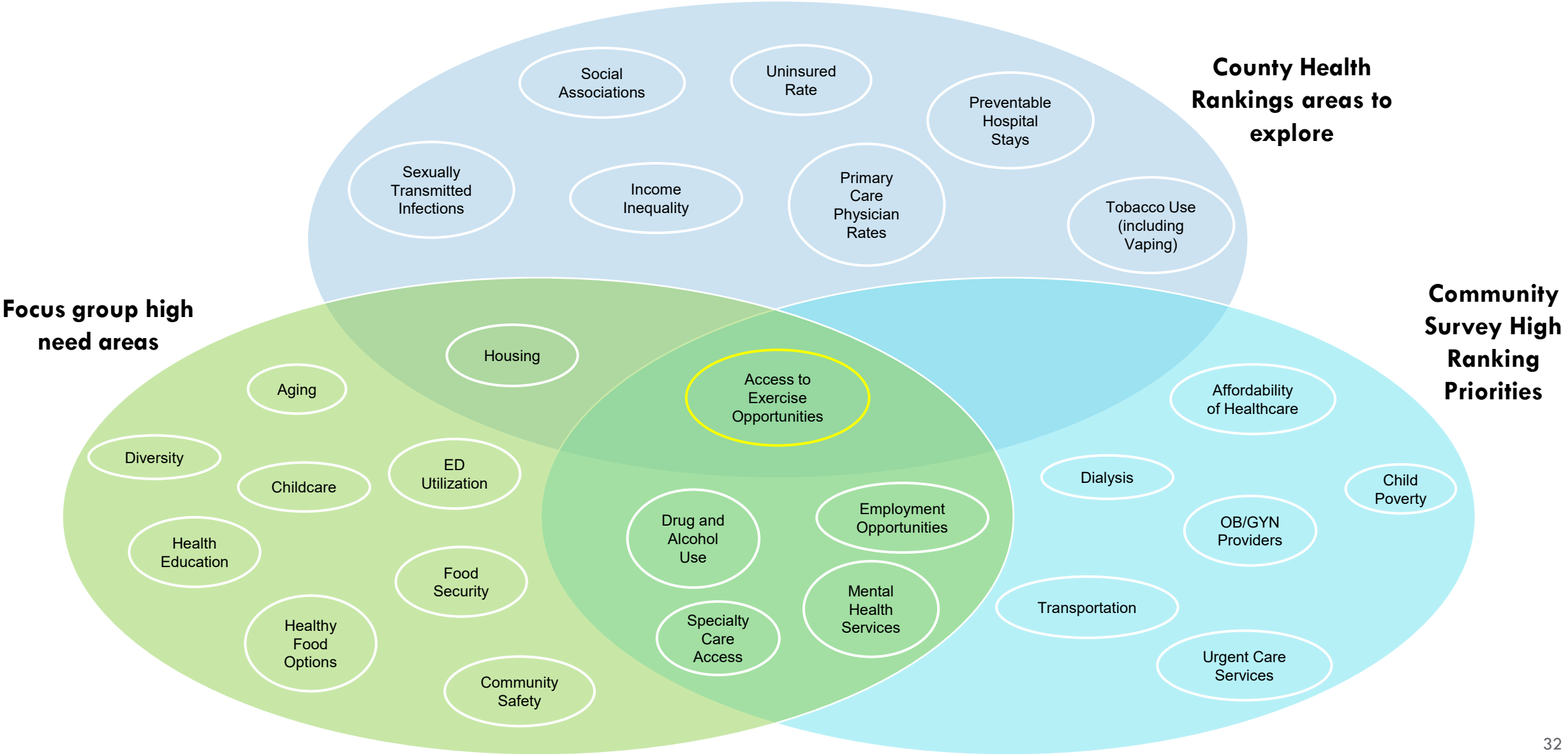
Health Need	Top 3 Count
Mental Health	3
Specialty Care	2
Child Poverty	1
Affordable Care	1
Job opportunities	1
Substance Abuse	1
Transportation	1
Urgent Care	1
Dialysis	1
OB/GYN	1
Physical activity opportunities	1
<b>Grand Total</b>	<b>14</b>

- Mental Health appeared most frequently as a top ranked concern across the questions analyzed, accounting for 21% of the highest priority need responses.
- Access to Specialty Care was the next highest health need identified in the Community Health Needs Assessment Survey.

# PRIMARY SERVICE AREA ASSESSMENT



# SECONDARY SERVICE AREA ASSESSMENT





# PRIORITIZATION OF NEEDS

The core CHNA work group was comprised of the following staff:

- Edred Benton, CEO
- Ray Moss, CPA - CFO
- Shelley Siler, Marketing and Communications Manager

This group met to review the needs identified through the community health needs assessment process. After analyzing input from the focus groups, survey, and community health data, they did a preliminary prioritization that identified needs based on potential impact on community health, the urgency of the need, and the ability to meet these needs. The following health areas are determined to be prioritized, in no particular order:

## **Prioritized Items**

- Specialty Care Access
- Mental Health Services
- Drug and Alcohol Use
- Employment Opportunities

Some identified health needs are beyond the scope and/or abilities of CAH are not prioritized at this time. More detail can be seen in our implementation plan.

# COMMUNITY RESOURCES

CAH has identified the following resources within the community to support and partner with to address the prioritized health needs.

<b>Prioritized Items</b>	<b>Community Resources</b>
Specialty Care Access	<ul style="list-style-type: none"><li>• OSU Medicine</li></ul>
Mental Health Services	<ul style="list-style-type: none"><li>• Grand Mental Health</li></ul>
Drug and Alcohol Use	<ul style="list-style-type: none"><li>• Grand Mental Health</li></ul>
Employment Opportunities	<ul style="list-style-type: none"><li>• Pawnee County Economic Development</li></ul>

# EVALUATION OF PRIOR CHNA IMPACT

CAH completed a Community Health Needs Assessment in 2021. CAH prioritized the following needs during this assessment and have conducted the following activities in order to address the needs identified:

1. Long-Term sustainability of rural health
  - a) Expansion of the Rural Health Clinic of an additional 4K square ft for additional patient rooms
  - b) Expansion of Rural Health Care Clinic Hours to deliver care from 7am to 7pm
  - c) Ongoing recruitment and retention of Primary Care Physicians
  - d) Ongoing pursuit of a replacement hospital with modern technologies, space, and outpatient surgery capabilities
2. Access to equitable resources including technology, physical and mental health resources
  - a) The hospital continues to provide physical, occupational and speech therapy onsite to the schools. The hospital added a pediatric speech therapist. Additionally, the hospital provides sports physicals, and bus driver physicals. Drug testing is also completed for the school.
  - b) The Hospital continues to employ a licensed clinical social worker who provides telehealth services to assist with mental health needs in a virtual setting to alleviate the travel burden. This specialist also provides services to the youth in the community.
  - c) The System partners with Grand Mental Health to refer out to, patients that present or need mental health resources beyond the ability of the system to accommodate.

# BOARD APPROVAL

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The CAH Board approved the 2024 CHNA on November 18<sup>th</sup>, 2024.

# CONTACT INFORMATION

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Community members who would like to provide comments on the needs identified or provide input on the next CHNA process are encouraged to contact CAH with their inquiries, suggestions or comments.

Shelley Siler  
Marketing and Communications Manager  
Cleveland Area Hospital  
1401 W Pawnee St  
Cleveland, OK 74020  
[ssiler@clevelandareahospital.com](mailto:ssiler@clevelandareahospital.com)