

Community Health Needs Assessment 2019



the children's center
REHABILITATION HOSPITAL

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Consultants' Report

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The Children's Center Rehabilitation Hospital
6800 N.W. 39th Expressway
Bethany, OK 73008

On behalf of The Children's Center Rehabilitation Hospital (Hospital), we have assisted in conducting a Community Health Needs Assessment (CHNA) consistent with the scope of services outlined in our engagement letter dated November 28, 2018. The purpose of our engagement was to assist the Hospital in meeting the requirements of Internal Revenue Code §501(r)(3) and Regulations thereunder. We also relied on certain information provided by the Hospital, specifically certain utilization data, geographic HPSA information and existing community health care resources.

Based upon the assessment procedures performed, it appears the Hospital is in compliance with the provisions of §501(r)(3). Please note that we were not engaged to, and did not, conduct an examination, the objective of which would be the expression of an opinion on compliance with the specified requirements. Accordingly, we do not express such an opinion.

We used and relied upon information furnished by the Hospital, its employees and representatives and on information available from generally recognized public sources. We are not responsible for the accuracy and completeness of the information and are not responsible to investigate or verify it.

These findings and recommendations are based on the facts as stated and existing laws and regulations as of the date of this report. Our assessment could change as a result of changes in the applicable laws and regulations. We are under no obligation to update this report if such changes occur. Regulatory authorities may interpret circumstances differently than we do. Our services do not include interpretation of legal matters.

BKD, LLP

June 25, 2019

Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- ✓ Conduct a community health needs assessment every three years.
- ✓ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ✓ Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital, including those with special knowledge of or expertise in public health. The hospital must make the community health needs assessment widely available to the public.

This community health needs assessment, which describes both a process and a document, is intended to document The Children's Center's (Hospital) compliance with IRC Section 501(r)(3). Health needs of the community have been identified and prioritized so that the Hospital may adopt an implementation strategy to address specific needs of the community.

The process involved:

- ✓ An evaluation of the implementation strategy for fiscal years ending June 30, 2016 through June 30, 2019, which was adopted by the Hospital's board of directors in 2016.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and data provided by The Children's Center.
- ✓ Interviews with key stakeholders who represent a) broad interests of the community, b) populations of need or c) person with specialized knowledge in public health.

This document is a summary of all the available evidence collected during community health needs assessments conducted in fiscal year June 30, 2019. It will serve as a compliance document, as well as a resource, until the next assessment cycle. Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

Summary of Community Health Needs Assessment

The purpose of the community health needs assessment is to understand the unique health needs of the community served by The Children's Center and to document compliance with new federal laws outlined above.

The Hospital engaged **BKD, LLP** to conduct a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,700 partners and employees in 40 offices. BKD serves more than 1,000 hospitals and health care systems across the country. The community health needs assessment was conducted during 2019.

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

- ✓ An evaluation of the impact of actions taken to address the significant health needs identified in the fiscal year June 30, 2019, 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 data 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 (see references in Appendices). The health status of the community was then reviewed. Major health problems facing Hospital's patients were analyzed using data at a state and national level. Health factors with significant opportunity for improvement were noted.
- ✓ Community input was provided through key stakeholder interviews of six stakeholders. Results and findings are described in the Key Stakeholder Interviews section of this report.
- ✓ Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs 1) the size of the problem (How many people are affected by the issue), 2) the seriousness of the problem (What are the consequences of not addressing the issues), 3) the prevalence of common themes and 4) the alignment with Hospital's Resources.
- ✓ An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

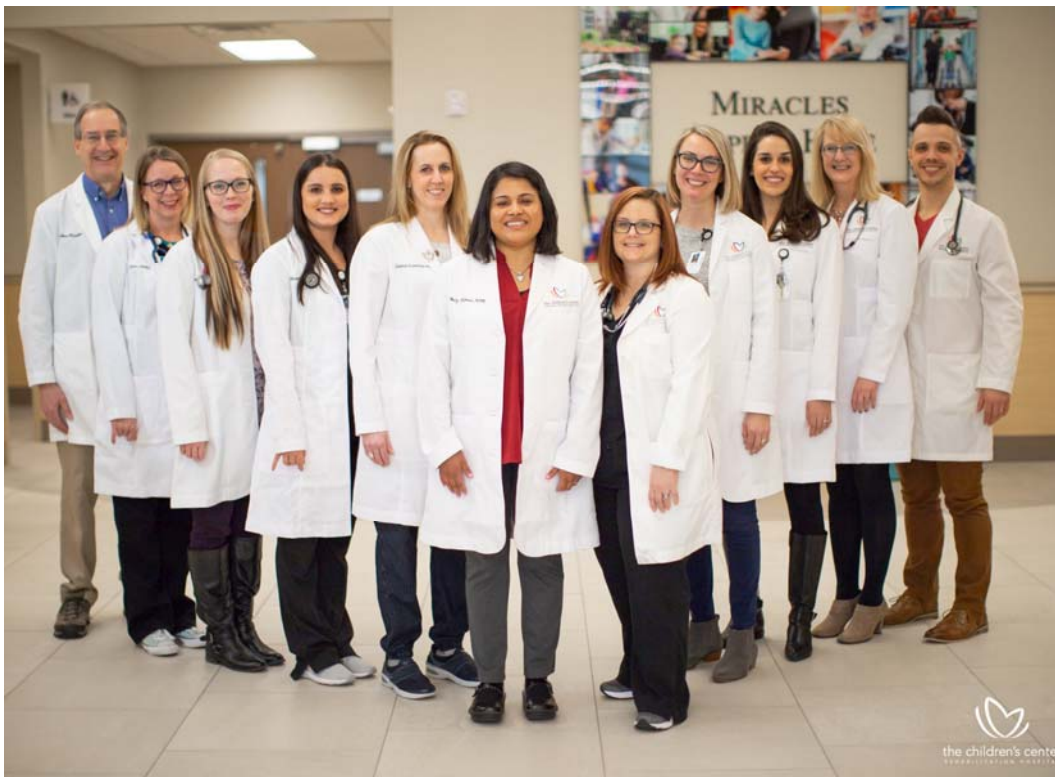
General Description of the Hospital

The Children's Center Rehabilitation Hospital, a private non-profit hospital, located in Bethany, Oklahoma, offers 24-hour medical care, comprehensive rehabilitative therapies, respiratory care, and special education. The state-of-the-art facility is home to four main areas of service: Complex Care, Pediatric Medical Rehabilitation, Pediatric Clinic and Outpatient Therapy Services.

Services Provided by the Hospital

The Hospital offers a wide range of medical services, rehabilitative care and social services to children with complex medical needs in long-term care (Complex Care), children in short-term rehabilitation after experiencing trauma such as a brain or spinal cord injury (Pediatric Medical Rehabilitation Unit), Sub-Acute Care, and thousands of outpatients through the Hospital and The Children's Center Rehabilitation Hospital's Pediatric Clinic.

The Children's Center Rehabilitation Hospital is dedicated to maximizing the potential of all children who come through its doors. The Hospital is now a multifaceted hospital with more than 675 employees and an annual operating budget of more than \$50 million.



Mission

“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

The Children's Center Priorities	Goals
Expansion of Facility and Services	1. Increase ability to house patients from other local hospitals
Education/Prevention	1. Raise awareness of preventable injuries
Transitional Care	1. Find alternative placement for patients aging out of services

The Hospital made progress in each of the priority areas during the last three years. Goal and strategies for each priority area are summarized below.

Priority 1: Expansion of Facility and Services

The Children's Center Rehabilitation Hospital completed the four-story, 100,000 square foot expansion in October 2017. All outpatient services have moved into the second floor of the building and 40 additional inpatient beds are open for use. The addition of the bed tower has allowed the Hospital to recruit additional medical staff, with primary care physician/nurse practitioner staff increasing more than 50% since 2016. The Hospital is planning two additional expansions to supplement patient care. The first is a 30,000 square foot Activities of Daily Living Center that will include home and business therapy settings patients can work in to learn to navigate areas of their daily lives. The ADL Center will also include a therapy pool with a moveable floor that can be as shallow as six inches or as deep as six feet. The other expansion project is the addition of a community pharmacy that will serve outpatients and the community. The pharmacy will also include a compounding room, which will serve both inpatients and outpatients. Both projects are scheduled to begin in Summer 2019. The ADL Center is expected to be completed by Spring 2020, while the community pharmacy is expected to be completed by Fall 2019.

Priority 2: Education/Prevention

The Children's Center Rehabilitation Hospital has become the sponsor agency for ATV Ride Safe Oklahoma, in addition to being the lead agency for SafeKids Oklahoma. The Hospital will provide direct oversight and financial stability to both programs and has sponsored several safety seminars in the conference area of the newly completed bed tower.

The Children's Center hosted the Pediatric Complex Care Association (PCCA) Board of Directors meeting in 2018 and is a possible host conference site for the PCCA general meeting in 2020 or 2021. Several hospital employees presented at the PCCA general meeting in 2018 to share best practices in caring for children with substantial rehabilitation needs.

Priority 3: Transitional Care

The Children's Center has been successful in transitioning several older patients to more appropriate facilities to care for adult-onset issues, however there are still several patients who have medical needs that exceed those typically provided at adult nursing facilities. The Hospital is working in conjunction with the Oklahoma Healthcare Authority (the entity that administers Oklahoma's Medicaid program) to find a resolution for these patients. The Hospital has also reached out to several entities in close proximity to investigate a potential partnership in helping care for these patients.

Summary of Findings – 2018 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. Increase access to specialists
2. Increase access to rural patients
3. Transitional care

The identified community health needs are discussed in greater detail later in this report.

Community Served by the Hospital

The Hospital 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.

Defined Community

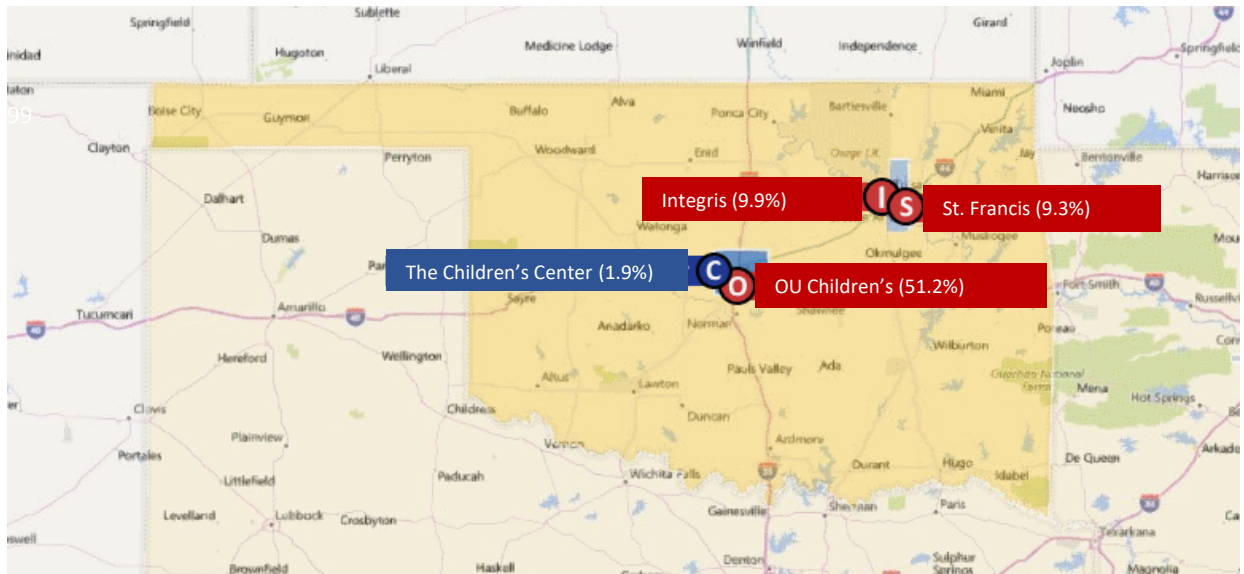
A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, the Hospital is the single largest provider of acute care services. For this reason,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

Based on the patient origin of inpatient discharges from July 1, 2017 to June 30, 2018, management has identified the state of Oklahoma as the defined community needs health assessment community. The Hospital provides services to children from all across the state and is, therefore, the best representation of the Hospital's community. The community health needs assessment will utilize state data and input from statewide sources to analyze health needs for the community.

Exhibit 1 The Children's Center CHNA Community Summary of Inpatient Discharges 7/1/2017 – 6/30/2018		
Referring Facility	Discharges	Percent of Total Discharges
OU Children's Hospital	83	51.2%
Home	34	21.0%
Integris	16	9.9%
St. Francis Children's Hospital	15	9.3%
Children's Center Outpatient	3	1.9%
St. John (Tulsa)	3	1.9%
Dallas Children's	3	1.9%
Other	3	1.9%
DHS Shelter	1	0.6%
Mercy	1	0.6%
	162	

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 the majority of those referrals being admitted from Oklahoma University Children's Hospital, INTEGRIS Baptist Hospital and St. Francis Hospital. The map below shows the three hospitals who refer the greatest number of patients to the Hospital.



Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data based on the American Community Survey 2013-2017, 5 year estimates data sets. *Exhibit 2* below shows the total population of the community. It also provides the breakout of the community between the male and female population, age and race/ethnicity.

Exhibit 2 Demographic Snapshot The Children's Center DEMOGRAPHIC CHARACTERISTICS (as of 2017)					
Total Population		Population by Gender			
	Population	Male		Female	
Oklahoma	3,896,251	Oklahoma	1,930,615	1,965,636	
United States	321,004,407	United States	158,018,753	162,985,654	
Age Distribution					
Age Group	Oklahoma	Percent of Total OK	United States	Percent of Total OK	
0-4	265,113	6.80%	19,853,515	6.18%	
5-9	269,426	6.92%	20,445,122	6.37%	
10-14	265,580	6.82%	20,713,111	6.45%	
15-19	260,565	6.69%	21,219,050	6.61%	
20-24	282,079	7.24%	22,501,965	7.01%	
25-34	538,527	13.82%	44,044,173	13.72%	
35-44	477,005	12.24%	40,656,419	12.67%	
45-54	482,765	12.39%	43,091,143	13.42%	
55-59	254,932	6.54%	21,523,460	6.71%	
60-64	225,929	5.80%	19,224,060	5.99%	
65-74	331,975	8.52%	27,503,389	8.57%	
75-84	175,838	4.51%	14,087,477	4.39%	
85+	66,517	1.71%	6,141,523	1.91%	
Total	3,896,251	100.00%	321,004,407	100.00%	
Race/Ethnicity					
Race/Ethnicity	Oklahoma	Percent of Total OK	United States	Percent of Total OK	
White	2,828,569	72.60%	234,370,202	73.01%	
Black	283,821	7.28%	40,610,815	12.65%	
Asian	80,670	2.07%	17,186,320	5.35%	
American Indian	289,871	7.44%	2,632,102	0.82%	
All Other	413,320	10.61%	26,204,968	8.16%	
Total	3,896,251	100%	321,004,407	100%	

Data Source: US Census Bureau, American Community Survey, 2013-17.

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, American Indian and other. *Exhibit 3* reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table helps to understand how access to care can be limited.

Exhibit 3		
The Children's Center Urban/Rural Population		
	Oklahoma	United States
Urban Population	2,485,029	249,253,271
Rural Population	1,266,322	59,492,267
Percent Urban	66.24%	80.73%
Precent Rural	33.76%	19.27%
Total Community	3,751,351	308,745,538
<i>Data Source: US Census Bureau, Decennial Census. 2010.</i>		
<i>*Populations might not match between Demographic charts due to ACS 5 year data vs. Decennial data</i>		

Socioeconomic Characteristics of the Community

Income, Poverty and Employment

Exhibit 4 presents 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. The per capita income in this exhibit is the average (mean) income computed for every man, women, and child in the specific area.

The per capita income in Oklahoma has increased from \$24,208 in the previous CHNA to \$24,461 in the current, but still remains below the U.S. average.

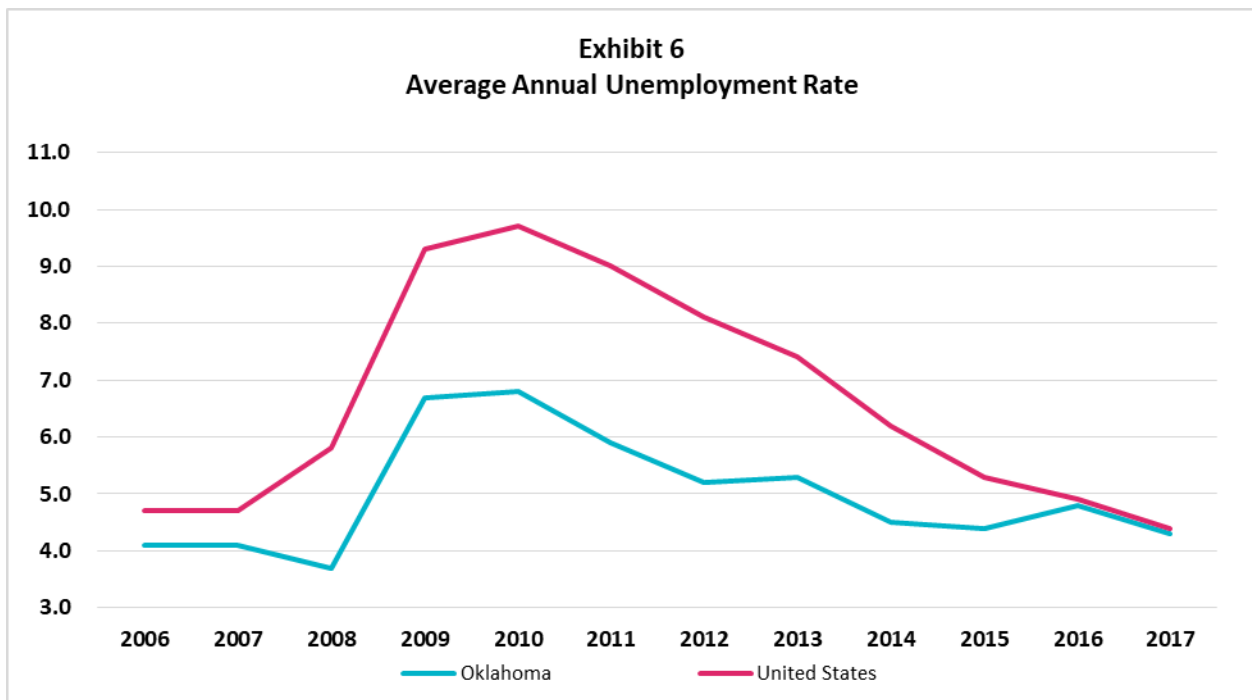
Exhibit 4			
The Children's Center Per Capita Income			
	Total Population	Aggregate Household Income (\$)	Per Capita Income (\$)
Oklahoma	3,896,251	\$ 99,422,855,000	\$ 24,461
United States	321,004,407	\$ 9,658,475,311,300	\$ 31,177
<i>Data Source: US Census Bureau, American Community Survey. 2013-17.</i>			

Unemployment Rate

Exhibits 5 and 6 present the average annual unemployment rate from 2006 – 2017 for Oklahoma and the United States. On average, the unemployment rates for the state of Oklahoma are lower than the United States.

Exhibit 5 The Children's Center Average Annual Unemployment Rate												
	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Oklahoma	4.1	4.1	3.7	6.7	6.8	5.9	5.2	5.3	4.5	4.4	4.8	4.3
United States	4.7	4.7	5.8	9.3	9.7	9.0	8.1	7.4	6.2	5.3	4.9	4.4

Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - March



Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - March. Source geography: State

Poverty

Exhibit 7 presents the percentage of total population below 100 percent of the Federal Poverty Level (FPL) for the state of Oklahoma and the United States. 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.

Low-income residents often postpone seeking medical attention until health problems become aggravated, creating a greater demand on a given community's medical resources. This includes reliance upon emergency room services for otherwise routine primary care. Often uninsured, the low-income demographics' inability to pay for services further strains the medical network. Low-income residents are also less mobile, requiring medical services in localized population centers, placing additional pressure on those providers already in high demand.

Exhibit 7			
The Children's Center			
Population Below 100% FPL			
Population			
	(for Whom Poverty Status is Determined)	Population in Poverty	Percent in Poverty
Oklahoma	3,780,828	612,714	16.2%
United States	313,048,563	45,650,345	14.6%

Data Source: US Census Bureau, American Community Survey. 2013-17.

Uninsured

Exhibit 8 reports the percentage of the total civilian noninstitutionalized population without health insurance coverage for the state of 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 contribute to poor health status. The lack of health insurance is considered a key driver of health status. Nearly 570,000 persons are uninsured in the community health needs assessment community.

The percent uninsured in Oklahoma has decreased from 18.35% in the previous CHNA to 14.9% in the current, but still remains higher than the US average.

Exhibit 8			
The Children's Center			
Uninsured Status			
	Total Population*	Total	Percent
	(Civilian Noninstitutionalized)	Uninsured	Uninsured
Oklahoma	3,816,369	566,777	14.9%
United States	316,027,641	33,177,146	10.5%

*For Whom Insurance Status is Determined

Data Source: US Census Bureau, American Community Survey. 2013-17.

Exhibit 9 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. Just over 81,000 children are uninsured in the community health needs assessment community.

The percent of uninsured children in Oklahoma has decreased from 10.63% in the previous CHNA to 7.7% in the current, but remains higher than the U.S. average.

Exhibit 9			
The Children's Center			
Uninsured Status – Children Under Age 19			
	Total Population Under Age 19	Population Without Medical Insurance	Percent of Population Without Medical Insurance
Oklahoma	1,060,684	81,357	7.7%
United States	82,230,798	4,333,068	5.3%

Data Source: US Census Bureau, American Community Survey. 2013-17.

Education

Exhibit 10 presents the educational attainment with an Associate's level degree or higher for the state of Oklahoma. This is relevant because educational attainment has been linked to positive health outlooks.

Exhibit 10			
The Children's Center			
Educational Attainment of Population Age 25 and Older			
	Total Population Age 25 and Older	Population with Associate's Degree or Higher	Percent with Associate's Degree or Higher
Oklahoma	2,553,488	828,221	32.4%
United States	216,271,644	84,805,084	39.2%

Data Source: US Census Bureau, American Community Survey. 2013-17.

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.

Health Care Resources

The availability of health care resources is a critical component to the health of a population'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 are 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.

Hospitals

There are seven hospitals that offer pediatric services in the state of Oklahoma. *Exhibit 11* summarizes hospitals with pediatric services available to the residents of the state of Oklahoma.

Exhibit 11 The Children's Centers Summary of Acute Care Hospitals						
Facility	Address	City	State	Zip Code	Miles from the Center	
1. Children's Hospital at Saint Francis	6161 S. Yale Avenue	Tulsa	OK	74136	111	
2. The Children's Hospital at OU Medical Center	1200 N. Children's Avenue	Oklahoma City	OK	73104	11	
3. Hillcrest Medical Center	1120 South Utica Avenue	Tulsa	OK	74104	110	
4. J.D. McCarty Center for Children with Developmental Delays	2002 East Robinson Street	Norman	OK	73017	32	
5. Cedar Ridge	6501 N.E. 50th Street	Oklahoma City	OK	73141	15	
6. Willow Crest Hospital and Moxxasin Bend Ranch	130 "A" Street SW	Miami	OK	74354	195	
7. Integris Children's at Baptist Medical Center	3300 Northwest Expressway	Oklahoma City	OK	73112	5	

Source: The Agape Center

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 Children's Center

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 Children's Center

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

The primary conditions of the Hospital's patients are further analyzed on pages 15 - 17.

Congenital Birth Defects

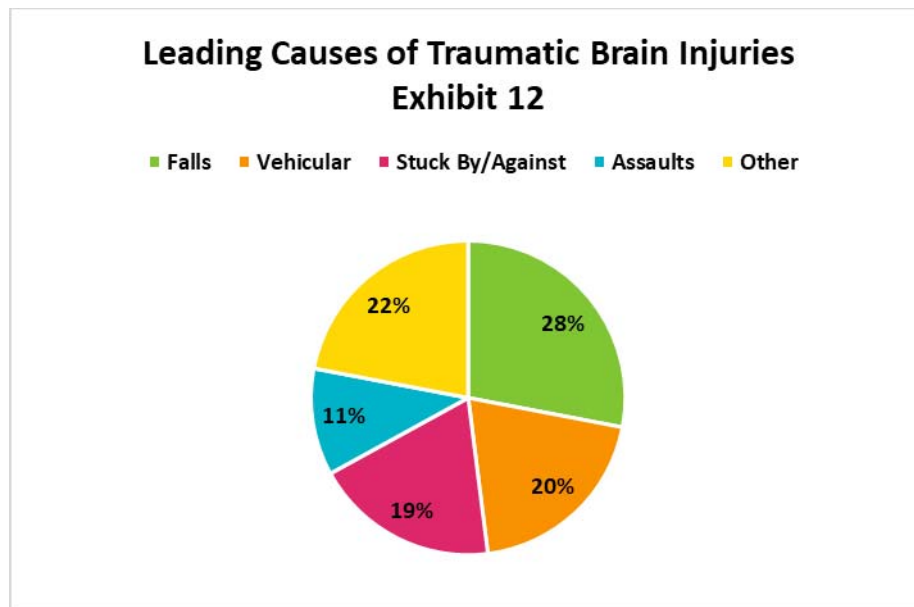
According to the Centers for Disease Control and Prevention, of the 53,000 babies born in Oklahoma each year, about 1,900 (3.7%) are born with a birth defect. Babies born with birth defects have a greater chance of illness and long-term disability than babies without birth defects.

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.

According to the Oklahoma Birth Defects Registry, in the state of Oklahoma, about 1 in 28 babies is born with a major birth defect (Oklahoma State Department of Health). Almost 70% of mothers had prenatal care or delivery services paid for by Medicaid/SoonerCare.

Traumatic Brain Injury

According to Centers for Disease Control and Prevention, each year, traumatic brain injuries (TBI) contribute to a substantial number of deaths and cases of permanent disability. A TBI is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. The severity of a TBI may range from “mild” to “severe.” The majority of TBI related deaths and hospitalizations occur in individuals 65 years and older, while the majority of TBI emergency department visits occur in individuals zero to fourteen years of age.

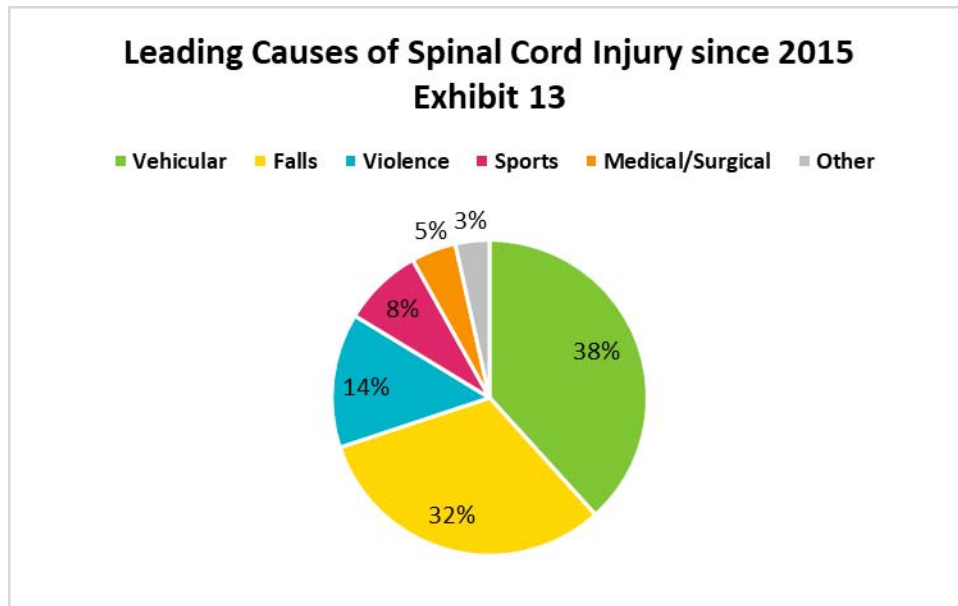


Source: Brain Injury Alliance of Oklahoma, 2018.

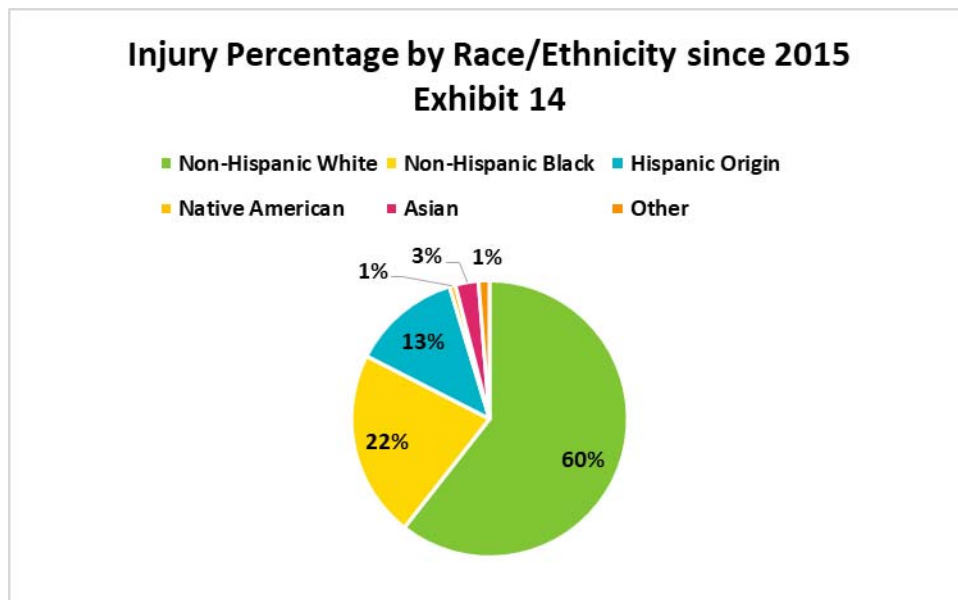
In 2018, the leading causes of TBI related hospitalizations were unintentional falls (28%) and motor vehicle accidents (20%). Other causes include stuck by or against an object, assaults, and other.

Spinal Cord Injuries

According to the National Spinal Cord Injury Statistical Center, the estimated incident of spinal cord injury (SCI) is about 54 cases per million population in the United States or about 17,700 new SCI cases each year. There are approximately 288,000 individuals living in the U.S. with SCI. Males account for 78% of new SCI cases, with the average age of SCI's being 43. The majority of spinal cord injuries occur in non-Hispanic whites per *Exhibits 13* and *14* below.



Source: National Spinal Cord Injury Statistical Center, 2018.

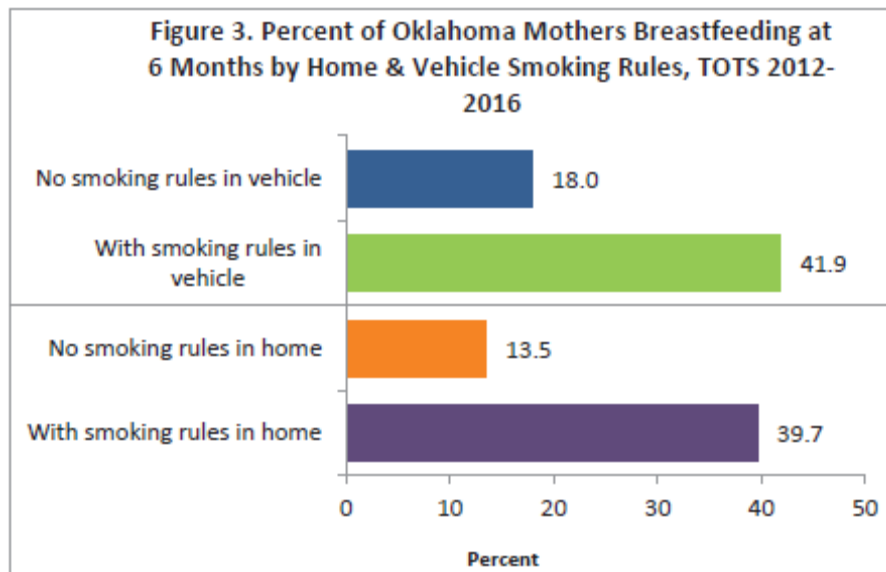
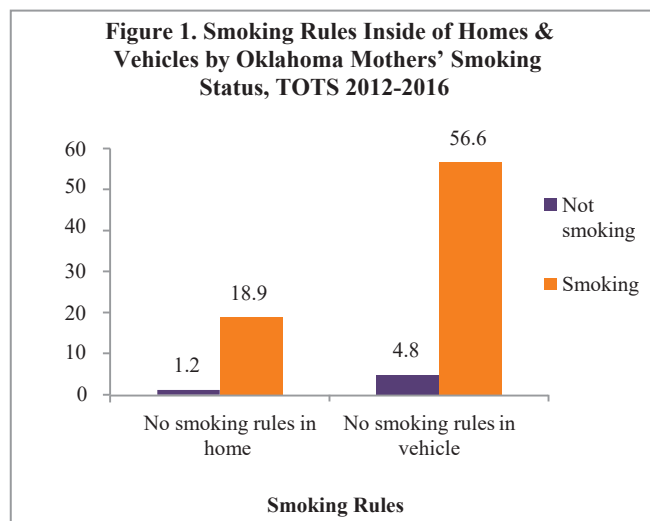


Source: National Spinal Cord Injury Statistical Center, 2018.

Secondhand Smoke Exposure in Homes and Vehicles

According to the Oklahoma Toddler Survey, children and infants exposed to secondhand smoke have an increased risk for respiratory infections, asthma attacks, ear infections, and sudden infant death syndrome. According to the U.S. Surgeon General, there is no safe level of exposure to secondhand smoke. Secondhand smoke is especially hazardous to infants and children. Children who are exposed to secondhand smoke are more likely to become an adult smoker and experience adverse health conditions in adulthood such as poor lung function, difficulty conceiving children, diabetes, heart disease and cancer (*Centers for Disease Control and Prevention, 2017.*) In the Exhibits presented below, data was examined on what Oklahoma mothers allow or do not allow (the “rules”) regarding smoking in both their homes and the vehicles their two-year-old rides in most of the time.

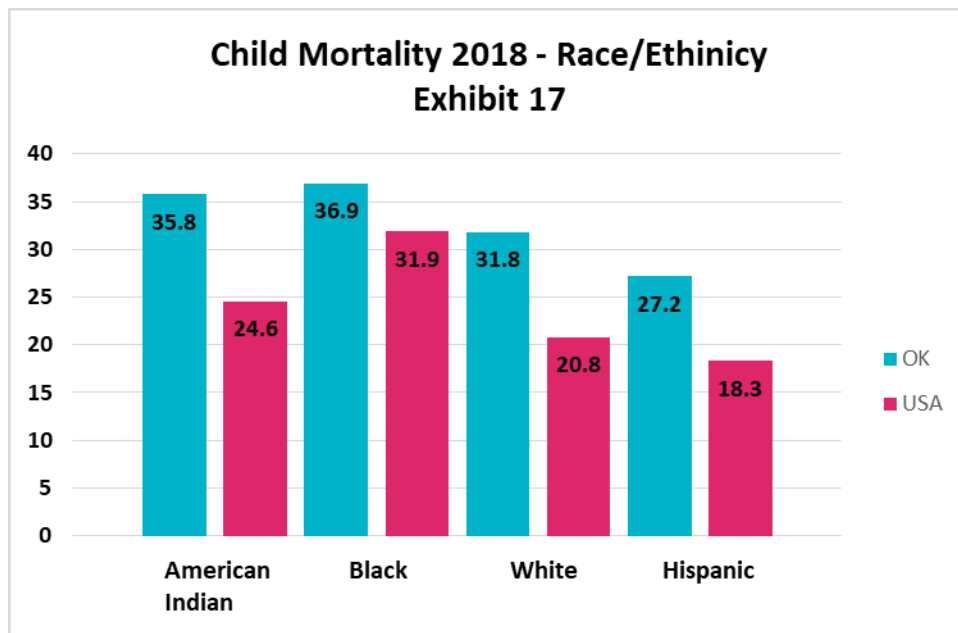
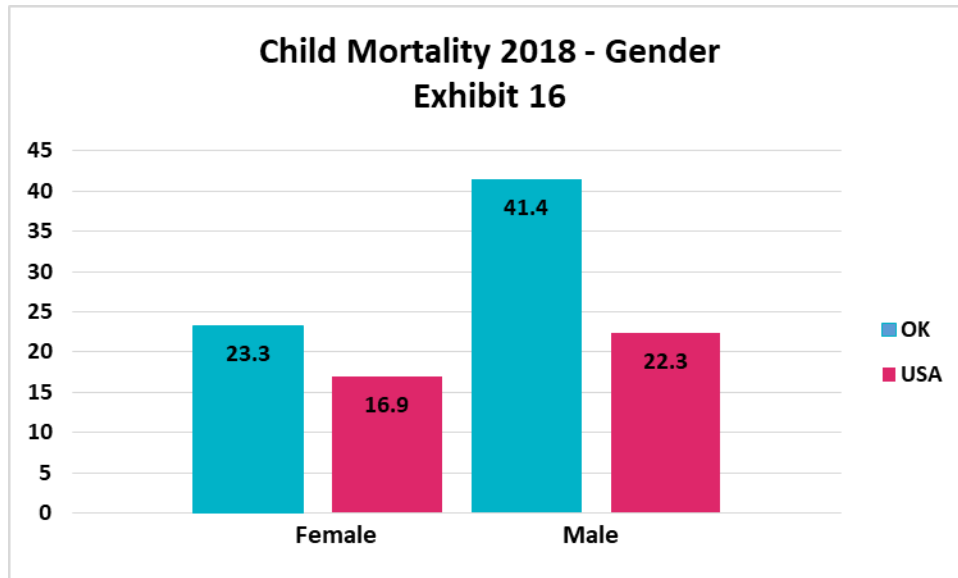
Exhibit 15



Source: The Oklahoma Toddler Survey, TOTS Brief, 2019.

Child Mortality Statistics

Exhibits 16 and 17 reflect the number of Oklahoma child deaths per 100,000 children age 1-18 compared to the United States. Oklahoma's child mortality rate is above the rate of the United States in every category.



Source: CDC WONDER Online Database, Causes of Death, 2014-2018.

Leading Causes of Death

Exhibits 18–20 reflect the leading causes of deaths in children in Oklahoma that were reviewed by the Oklahoma Child Death Review Board. The Board reviewed 194 closed cases for the 2016 Annual Report.

Exhibit 18 State of Oklahoma 2016 Deaths Reviewed		
Manner	Number	Percent
Accident	71	36.6%
Homicide	21	10.8%
Natural	15	7.7%
Suicide	27	13.9%
Unknown	60	30.9%

2016 OK Child Death Review Board Annual Report

Exhibit 19 State of Oklahoma 2016 Deaths Reviewed	
Gender	Percent
Male	54.2%
Female	53.6%

2016 OK Child Death Review Board Annual Report

Exhibit 20 State of Oklahoma 2016 Deaths Reviewed		
Race	Number	Percent
African America	22	11.3%
American Indian	11	5.7%
Asian	1	0.5%
Multi-race	43	22.2%
Native Hawaiian	2	1.0%
White	115	59.3%

2016 OK Child Death Review Board Annual Report

Community Input – Key Stakeholder Interviews

Interviewing key stakeholders (persons with knowledge of or expertise in public health, community members who represent the broad interest of the community or persons representing vulnerable populations) is a technique employed to assess public perceptions of health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about Hospital services and the community and influential over the opinions of others about health concerns impacting children in the state of Oklahoma.

Methodology

Key informant interviews were conducted with six individuals with specialized knowledge regarding health needs of individuals served by the Hospital.

All interviews were conducted by BKD personnel. Participants provided comments on the following issues:

- ✓ Health and quality of life for residents of the primary community
- ✓ Underserved populations and communities of need
- ✓ Barriers to improving health and quality of life for residents of the community
- ✓ Opinions regarding the Hospital's programs, initiatives and services

Interview data was initially recorded in narrative form asking participants a series of questions. This technique does not provide a quantitative analysis of the stakeholders' opinions but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Stakeholder Profiles

Key stakeholders from the community (see *Appendix B* for a list of key stakeholders) worked for the following types of organizations and agencies:

- ✓ The Children's Center
- ✓ Other medical providers
- ✓ Community members

Key Stakeholder Interview Results

The questions on the interview instrument are grouped into four major categories for discussion. The interview questions for each key stakeholder were identical. A summary of the stakeholders' responses by each of the categories follows. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

1. Health and Quality of Life for Residents of the Primary Community

Key stakeholders stated the quality of care patients receive at the Hospital is excellent. Several key stakeholders indicated that the Hospital's efforts in the areas of education and prevention have promoted health and improved the quality of life of individuals in the community. Stakeholders noted that the recent expansion of the Hospital has also improved health and quality of life for patients and the community by offering more services at one location and reducing wait times for services.

2. Underserved populations and communities of need

Nearly all stakeholders interviewed mentioned that children who are 18 and older are an underserved population. Due to being a pediatric hospital, patients who turn 18 require adult services not typically offered by a children's hospital. Long-term care facilities for this population are limited within the state of Oklahoma. Stakeholders indicated that transitional care has been improved with the new facilities, as there is more space and a better environment for this type of care. Stakeholders stated that although the Hospital may not have the ability or capacity to keep patients after they turn 18, continued collaboration and partnerships with surrounding community organizations who can service this population will be vital to providing the best care possible for these patients.

Key stakeholders indicated that outpatients are generally an underserved group. Although it is good to get children back in their homes, it presents challenges in the areas of services and care they are able to receive.

Stakeholders mentioned that the rural population could be considered underserved as patients in rural areas lack a portal of entry or referring doctors in rural communities.

3. Barriers

Full capacity and waiting lists for certain services were noted by stakeholders as a barrier. Several stakeholders noted that this has improved with the expansion of the Hospital, but that it is still an important area that requires attention.

Stakeholders mentioned not having adequate staff and specialists to provide the care needed was also a health barrier. One stakeholder mentioned the competition for these types of doctors, nurses and specialists, and the need for retention programs. More specialist knowledge and availability to patients in rural communities via satellite sites were noted as a way to get resources to other parts of Oklahoma.

Stakeholders indicated that a lack of knowledge around the state of Oklahoma about the mission of the Hospital and the services that it offers is a barrier. Due to the Hospital's isolated location from major highways, some stakeholders feel the message and purpose of the Hospital is not fully understood by some in the community. Another stakeholder noted that misconceptions exist surrounding the services provided by the Hospital. Education and outreach throughout the state were noted as ways to combat these misconceptions.

4. *Opinions on the Hospital's programs, initiatives and services*

Key stakeholders noted that the expansion of the Hospital has resulted in growth, increased specialty services, and reduced wait lists for several areas of care. With the expansion, the number of ventilator beds has increased, addressing a need discussed in the prior CHNA. Stakeholders mentioned that education and prevention efforts have been very active, especially in the areas of ATV safety awareness and infant feeding. An increased focus by the Hospital on safety at the facility has been effective.

Stakeholders noted that the Hospital can continue to improve on communication between departments, and can use technology to facilitate both internal and external communications. Several stakeholders mentioned reaching out to rural areas, by way of satellite sites and a mobile education center, as something the Hospital should consider

Key stakeholders noted the recent expansion is accessible and has allowed more patients to be served. Stakeholders noted the level of compassion that the nurses have is excellent. The Hospital is considered an asset to both the local community and the state of Oklahoma.

Priority Community Health Needs Identified

Using findings obtained through the Key Stakeholder Interview Process and collection of primary and secondary data, the Hospital completed an analysis of these inputs to identify community health needs. Once the health needs were identified, management of the Hospital responded to the needs with their explanation/plan for implementing change.

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. Increase Access to Specialists** – There is a need for a greater number of pediatric specialists in the state of Oklahoma. Stakeholders noted competition for specialists because they are in such high demand and both inpatients and outpatients of the Hospital would benefit from increased access to multiple specialists. Stakeholders also noted access to specialists has increased due to the opening of the new Bed Tower in 2017, however there can still be long waiting lists for care.
- 2. Increase Access to Rural Patients** – Patients served by the Hospital come from all over Oklahoma as well as surrounding states. Some families drive several hours in order to receive care since their child requires highly specialized services. Stakeholders noted more specialist knowledge in Oklahoma combined with satellite sites in rural communities could be a way to get resources to other parts of Oklahoma and decrease the overall burden on families caring for children in need of rehabilitative services.
- 3. Transitional Care** – The Children's Center currently serves children with long-term and short-term rehabilitation needs from birth to age 18 on both an inpatient and outpatient basis. Once an inpatient reaches the age of 18, the Hospital works to find an alternative placement if the patient's family is unwilling or unable to care for the patient at home. Although there are limited facilities in Oklahoma for patients who reach the age of 18, many stakeholders noted the transition of these patients from the Hospital to a facility or nursing home could be combined with more education and a more hands-on approach to make the change more seamless.

APPENDIX A

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code and Referrals	The Children's Center	FY 2018
Population Estimates	Community Commons via American Community Survey http://www.communitycommons.org/	2013-2107
Demographics – Race/Ethnicity	Community Commons via American Community Survey http://www.communitycommons.org/	2013-2017
Demographics – Income	Community Commons via American Community Survey http://www.communitycommons.org/	2013-2017
Socioeconomic Characteristics	The U.S. Census Bureau, Community Commons via American Community Survey http://www.communitycommons.org/	2013-2017
Unemployment	Community Commons via US Department of Labor http://www.communitycommons.org/	2018
Poverty	Community Commons via American Community Survey http://www.communitycommons.org/	2013-2017
Uninsured Status	Community Commons via US Census Bureau, Small area Health Insurance Estimates http://www.communitycommons.org/	2013-2017
Education	U.S. Census Bureau via American Community Survey http://www.communitycommons.org/	2013-2017
Traumatic Brain Injury	Brain Injury Alliance of Oklahoma	2018
Spinal Cord Injury	National Spinal Cord Injury Statistical Center	2018
Secondhand Smoke Exposure	Oklahoma Toddler Survey	2019
Child Mortality	CDC Wonder Online Database	2014-2018
Causes of Death	OK Child Death Review Board Annual Report	2016

APPENDIX B

Key Stakeholders

Thank you to the following individuals who participated in our key stakeholder interview process:

Vicki Buchanan, Board President

Dr. Robert Katz, Pulmonologist at OU Medical Center

Shelly Poplin, Medical Staff, Advanced Practice Nurse Supervision

Becky Vogt, Occupational Therapist, VP of Rehab and Education Service

Dan Snare, Parent of current patient