

2013

Parkside Psychiatric Hospital & Clinic Community Health Needs Assessment



Parkside Psychiatric Hospital & Clinic

www.parksideinc.org

12/20/2013



Parkside's mission is to provide outstanding
mental health and support services.

Parkside Psychiatric Hospital & Clinic

ABOUT US

Parkside is a private, not-for-profit psychiatric hospital and clinic founded with a focus on providing community-based psychiatric services to the mentally ill who reside in Oklahoma. Parkside employees are a caring, dedicated team of experienced health care professionals focused on Parkside's mission. Now, after more than a half century of service to the community, the organization provides hospitalization, residential care, and outpatient services to children, teens and adults. Parkside Assessment & Referral department is staffed 24 hours a day, every day and ready to assist with referrals, questions about benefits and more. Call 918-588-8888, anytime, day or night.

Mission

To provide outstanding mental health and support services.

Vision

Parkside will be the psychiatric care provider of choice for patients and professionals.

Values

- > Integrity
- > Passion
- > Teamwork
- > Resilience
- > Excellence
- > Community Service
- > Innovation
- > Customer Service
- > Respect and Dignity
- > Leadership
- > Patient Centered

Introduction

Parkside Psychiatric Hospital & Clinic has undertaken a community health needs assessment as required by the recent passage of the Patient Protection and Affordable Care Act, which requires tax exempt hospitals to conduct needs assessments and develop community benefit plans every three years.

This needs assessment will be used to determine how Parkside can contribute to the community in the form of health care, information and other community services to address identified community health needs. This assessment incorporates components of primary data collection and secondary data analysis focused on the health and social needs of the service area, in this case, Tulsa county, inclusive of the Tulsa metro area.

The greatest numbers of patients served by Parkside are served through the outpatient clinic. The primary Parkside service area thus is Tulsa County, Oklahoma, though a smaller subset of patients are referred and served from surrounding rural areas throughout eastern Oklahoma. Inpatient population tends to represent more of those from areas outside Tulsa County.

The objective of the community health needs assessment is to gain community input that leads to recommendations on how the hospital can better meet the needs of area residents. The hospital will adopt an implementation plan to meet identified needs or provide an explanation why the hospital will not meet an identified community need. Implementation strategies may include existing programs, new programs, collaborative efforts with other community or government entities or similar actions. As Parkside is not a medical / surgical hospital, efforts were made to focus more on needs related to mental health and substance abuse treatment services and general physical health as relates to mental wellness.

Methods Utilized in this Assessment

Primary Data Collection

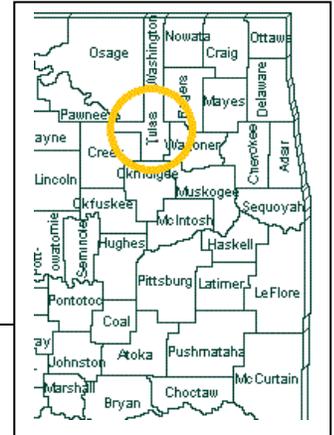
Two surveys were used to gather information and opinions from persons who represent the broad interests of the community served by the Hospital. The first survey targeted “stakeholders,” and was distributed to some identified mental health consumers in subsidized community housing and through networking with NAMI Tulsa. The survey was also distributed to non-clinical personnel at Parkside and to personnel in the Department of Human Services, Juvenile Bureau of the District Court, some law enforcement and primary health care locations in the Tulsa area and other social service organizations. The second survey was similarly constructed, but distributed to clinical staff at Parkside, other mental health and substance abuse treatment professionals in the community, and key staff in several area treatment settings. The surveys were not locked, so participants were able to skip questions if they felt them irrelevant or intrusive. In total, 156 persons participated in the survey process. Survey questions sought to gain a “snapshot” of various aspects of health, wellness and access to healthcare, as well as inventory some of the health care and specifically mental health care offerings in the service area.

Secondary Data Collection

To further identify characteristics of the service area and community needs, data were collected from a variety of local, county, state and federal sources to present a community profile, birth and death characteristics, access to health care, chronic diseases, social issues, and other characteristics. Analyses were conducted at the most local level possible for the Parkside Psychiatric Hospital primary service area, given the availability of the data.

Service Area

Parkside's primary service area is Tulsa County, Oklahoma, though a smaller subset of patients are referred and served from surrounding rural areas throughout eastern Oklahoma. Inpatient population tends to include more patients from areas outside Tulsa County.



Census Populations, Population Estimates For Tulsa County Cities and Towns, Tulsa County, and the State of Oklahoma

	Census Population				Estimated Population 2012
	1980	1990	2000	2010	
Bixby (part*)	7,135	9,419	13,201	20,706	22,388
Broken Arrow (part*)	34,322	52,642	67,791	80,634	83,098
Collinsville (part*)	3,563	3,612	4,072	5,599	5,866
Glenpool	2,706	6,688	8,123	10,808	11,411
Jenks	6,227	7,493	9,557	16,924	18,059
Liberty (part*)	19	96	96	112	112
Lotsee	7	7	11	2	2
Mannford (part*)	NA	122	23	11	11
Owasso (part*)	6,487	11,063	18,502	26,301	28,687
Sand Springs (part*)	12,862	15,015	17,172	18,515	18,706
Sapulpa (part*)	NA	NA	NA	43	43
Skiatook (part*)	1,780	1,546	1,676	2,130	2,213
Sperry (part*)	1,276	937	981	1,177	1,183
Tulsa (part*)	355,444	361,628	387,419	385,613	387,672
Balance of Tulsa County	<u>38,765</u>	<u>33,073</u>	<u>34,675</u>	<u>34,828</u>	<u>34,365</u>
Tulsa County	<u>470,593</u>	<u>503,341</u>	<u>563,299</u>	<u>603,403</u>	<u>613,816</u>
State of Oklahoma	<u>3,025,487</u>	<u>3,145,585</u>	<u>3,450,654</u>	<u>3,751,354</u>	<u>3,814,820</u>

*Cities labeled (part) are located in more than one county. The data here represents only the portion of the city found in Tulsa county.

SOURCE: U.S. Census Bureau, 1980, 1990, 2000 & 2010 Census population, 2012 Census population estimates (www.census.gov).

Population of Service Area

In order to identify the health needs of the population, it is important to have some understanding of the demographics of the population. The chart below presents most current census data for Tulsa County and the State of Oklahoma.

	Tulsa County	Oklahoma
Population, 2012 estimate	613,816	3,814,820
Population, 2010 (April 1) estimates base	603,403	3,751,354
Population, percent change, April 1, 2010 to July 1, 2012	1.7%	1.7%
Population, 2010	603,403	3,751,351
Persons under 5 years, percent, 2012	7.4%	6.9%
Persons under 18 years, percent, 2012	25.4%	24.6%
Persons 65 years and over, percent, 2012	12.5%	14.0%
Female persons, percent, 2012	51.3%	50.5%
White alone, percent, 2012 (a)	74.2%	75.5%
Black or African American alone, percent, 2012 (a)	10.9%	7.6%
American Indian and Alaska Native alone, percent, 2012 (a)	6.5%	9.0%
Asian alone, percent, 2012 (a)	2.5%	1.9%
Native Hawaiian and Other Pacific Islander alone, percent, 2012 (a)	0.1%	0.2%
Two or More Races, percent, 2012	5.7%	5.8%
Hispanic or Latino, percent, 2012 (b)	11.4%	9.3%
White alone, not Hispanic or Latino, percent, 2012	64.6%	67.9%
Living in same house 1 year & over, percent, 2007-2011	80.6%	81.6%
Foreign born persons, percent, 2007-2011	7.6%	5.4%
Language other than English spoken at home, percent age 5+, 2007-2011	11.5%	9.0%
High school graduate or higher, percent of persons age 25+, 2007-2011	88.2%	85.9%
Bachelor's degree or higher, percent of persons age 25+, 2007-2011	29.2%	23.0%
Veterans, 2007-2011	45,530	324,143
Mean travel time to work (minutes), workers age 16+, 2007-2011	19.4	20.9
Housing units, 2011	270,673	1,674,685
Homeownership rate, 2007-2011	62.0%	67.8%
Housing units in multi-unit structures, percent, 2007-2011	25.4%	15.2%
Median value of owner-occupied housing units, 2007-2011	\$129,900	\$108,400
Households, 2007-2011	239,674	1,432,735
Persons per household, 2007-2011	2.45	2.52
Per capita money income in the past 12 months (2011 dollars), 2007-2011	\$27,425	\$23,770
Median household income, 2007-2011	\$47,005	\$44,287
Persons below poverty level, percent, 2007-2011	15.1%	16.3%

Source: United States Census Bureau

Overview of the Community

- The residents of the Parkside Psychiatric Hospital primary service area are predominately white/Caucasians (74.2%) followed by Hispanic/Latino (11.4%) and Black/African American (10.9%).
- English is the primary language, though 11.5% speak other than English at home
- The area has slightly higher percentage of persons under 18 years of age and slightly lower percentage of persons over age 65 than is found in the state average.
- The area is well educated in comparison to the state as a whole with 29.2% of those 25 years and older having a Bachelors or higher degree compared to a state average of 23%.
- Housing is generally stable with 80.6% in the same home for one year or greater, however home ownership is less than the state average at 62% compared to 68.7% statewide and a larger percentage (25.4%) live in multi-unit housing as compared to a state percentage of 15.2%.
- According to the US Census, 17.2 % of Oklahomans are uninsured.

Economic Characteristics

- Per capita income is \$27,425 compared to a state per capita income of \$23,770 . (US Census)
- Median income is \$47,005 compared to a state median income of \$44,287. (US Census)
- Those living below federal poverty level are 15.1% and for Oklahoma 16.3%.
- Current (Dec 2013) unemployment rate in Tulsa county is 5.7%. (US Dept of Labor)
- Persons receiving Temporary Assistance for Needy Families (TANF) are down 0.7% since 2010
- Persons receiving Supplemental Nutrition Assistance Program (SNAP), or food stamps, is increased over 9000 unduplicated cases since 2010.
- Total persons enrolled in Medicaid (Soonercare) increased by over 58,000 in Tulsa County since 2010.
- Per capita income for Tulsa County increased 7% since 2010 (US Dept. of Commerce, Bureau of Economic Analysis)
- Half of enrolled students in Tulsa County are eligible for free or reduced school lunches.

Economic Distress / Persons in Poverty for Tulsa County and the State of Oklahoma

Persons in Poverty	Tulsa County				State of Oklahoma			
	2008	2009	2010	2011	2008	2009	2010	2011
Number	78,977	86,097	94,185	90,078	554,237	575,711	613,067	636,083
% of People	13.6%	14.6%	15.8%	15.0%	15.7%	16.1%	16.8%	17.3%
County ranking	19	22	28	20	--	--	--	--
<small>(1= most favorable 77 counties)</small>								
Children < 18 in Poverty								
Number	29,342	31,394	35,136	32,135	195,823	199,277	223,349	219,853
% of Children	19.1%	20.4%	23.1%	21.0%	22.0%	22.1%	24.4	23.9%
County Ranking	16	26	28	20	--	--	--	--

SOURCE: U.S. Census Bureau, Small Area Income / Oklahoma Rural Health Works

Assistance Programs For Tulsa County and the State of Oklahoma

	Tulsa County			State of Oklahoma			
	2010	2011	2012	2010	2011	2012	
TANF Total Cases		1,416	1,377	1,330	9,760	9,371	8,889
Total Persons Receiving	3,316	3,261	3,207	22,131	21,406	20,406	
Rate per 1,000 Population		5.5	5.3	5.3	6.0	5.7	5.4
Total Children Receiving TANF		2,717	2,650	2,598	17,832	17,317	16,663
Rate per 1,000 Children	17.4	17.0	16.7	19.4	18.5	17.8	
SNAP (Monthly Averages)							
Total Unduplicated Cases	50,575	57,026	59,713	241,326	268,988	279,343	
Payments per Case		\$300	\$292	\$284	\$298	\$291	\$283
No. of Persons	77,850	86,694	87,785	559,626	609,723		615,467
Rate per 1,000 Population		129.3	142.0	143.8	151.8	160.8	162.3
Medicaid (SoonerCare)¹							
Total Medicaid Cases		55,322	NA	NA	413,097	NA	NA
Total Persons Receiving Medicaid	95,265	146,568	153,394	678,868	941,970	975,682	
Rate per 1,000 Population		158.3	240.0	251.2	184.1	248.4	257.3
Total Children Receiving Medicaid	64,796	92,415	94,755	439,359	571,119	577,099	
Rate per 1,000 Children	414.2	593.8	608.8	478.2	610.1	616.5	
Age 5 and Under		29,771	NA	NA	185,379	NA	NA
Rate per 1,000 Children	190.3	NA	NA	201.8	NA	NA	
Age 6-12		23,277	NA	NA	163,913	NA	NA
Rate per 1,000 Children	148.8	NA	NA	178.4	NA	NA	
Age 13-17	11,748	NA	NA	90,067	NA	NA	
Rate per 1,000 Children	75.1	NA	NA	98.0	NA	NA	

SOURCE: Oklahoma Rural Health Works, Oklahoma Department of Human Services, Facts and Figures (www.okdhs.org), Oklahoma Health Care Authority, Reporting and Statistics (www.okhca.org), U.S. Census Bureau, Population Estimates (www.census.gov). ¹Due to changes in reporting, 2010 Medicaid data are monthly averages while 2011-12 data are yearly totals. NA = Not Available

Elderly Support - Medicare and Medicaid

Persons Receiving Medicare	Tulsa County			State of Oklahoma		
	2008	2009	2010	2008	2009	2010
Number	84,085	95,765	98,248	576,845	585,555	597,158
Aged	69,317	79,367	81,034	466,953	476,774	483,776
Disabled	14,768	16,398	17,214	109,892	108,781	113,382
Percent of Total Population	14.2%	15.9%	16.3%	15.8%	15.9%	15.9%
Medicaid >65						
Total Persons Receiving	129,750	146,568	153,394	--	941,970	975,682
Per cent of Population	21.6%	24.0%	25%	--	24.8%	25.6%

SOURCE: OKDHS, Oklahoma Health Care Authority, US Census Bureau, Oklahoma Rural Health Works

Percent of Students Eligible for Free/Reduced Lunches

For School Districts in Tulsa County and the State of Oklahoma

	2009-2010	2010-2011	2011-2012
State of Oklahoma	58.9%	60.6%	61.5%
BERRYHILL	31.7%	30.9%	34.8%
BIXBY	21.6%	24.4%	24.4%
BROKEN ARROW	30.8%	36.1%	39.9%
COLLINSVILLE	40.3%	39.2%	42.4%
GLENPOOL	51.0%	49.6%	47.8%
JENKS	26.3%	29.3%	33.5%
KEYSTONE	59.0%	67.4%	73.0%
LIBERTY	55.4%	60.8%	58.9%
OWASSO	26.5%	28.6%	33.9%
SAND SPRINGS	65.3%	58.7%	65.0%
SKIATOOK	45.4%	46.7%	47.7%
SPERRY	60.2%	65.7%	59.5%
TULSA	83.1%	83.7%	83.7%
UNION	47.0%	54.0%	59.3%

SOURCE: OK Office of Accountability, District Reports (www.schoolreportcard.org).

Social / Behavioral / General Health Characteristics

- Tulsa County obesity rates increased 30.8% from a 2000-04 rate of 20.8% to a 2005-10 rate of 27.2% (Oklahoma State Department of Health, *The State of Obesity in Oklahoma*)
- Tulsa County incidents of child abuse and child deaths have both decreased in recent years
- Use at some point in lifetime of Alcohol by youth, and to a slightly lesser extent, smoking, escalate greatly in school years 6 to 12
- Most Oklahomans (>84%) do not regularly eat 5 servings of fruits and vegetables daily
- Most Oklahomans (62.2 %-73.2%) do report some physical activity in the past 30 days
- Based on data collected in 2005, 2007 and 2009, the Oklahoma State Department of Health (OSDH) reports 16.2% to 19.6% of Tulsa County Residents eat 5 servings of fruits and vegetables daily
- OSDH reports using 2005 to 2010 data that 16% to 20% of Tulsa County residents describe their health as Fair or Poor as opposed to Good or Better.
- Obesity has increased almost 60% across the Oklahoma population since 2000. During the same time period, Oklahomans have experienced worsening quality of life and life satisfaction, almost double the rate of diabetes, and greater engagement in unhealthy nutrition, physical activity, and sleep behaviors. Some of these factors contributed to Oklahoma's poor ranking (48th in the nation) in the 2011 edition of America's Health Rankings [2013 ranking is 44th in the nation] (Source: Oklahoma State Department of Health, *The State of Obesity in Oklahoma*)
- From 2006 to 2008, there were 3,367 hospital discharges for diabetes among Tulsa County residents. This accounted for a total of 17,507 days in the hospital and \$65,065,247.00 in total charges. This was an average of 5.2 days and \$19,324.40 in charges

- For Tulsa County, which has an average of 86.0 motor vehicle-related deaths a year, the estimated economic costs are almost \$111.8 million a year.
- Violence-related injuries (homicide and suicide) in Tulsa County are ranked in the top 10 causes of death for persons from 5 to age 64 and suicide is the 9th leading cause of death for all ages.
- Suicide is the 7th leading cause of death in Tulsa County

Healthy People 2010 Table		most recent data years					
Healthy People 2010 Indicators	Tulsa County		Oklahoma		United States		Target
Prevalence of Obese (Aged 18+)	2002-2008	24.1%	2008	31.0%	2008	26.7%	15%
No Leisure-Time Physical Activity (Aged 18+)	2002-2008	26.8%	2008	31.5%	2008	24.6%	20%
Prevalence of Smoking (Aged 18+)	2002-2008	23.0%	2008	24.7%	2008	18.4%	12%
Infant Mortality (Per 1,000 of births)	2002-2006	8	2006	8.1	2006	6.8	4.5
Low Birth Weight Infants (Percent of live births)	2002-2007	8.1%	2006	8.3%	2006	8.3%	5%
Very Low Birth Weight Infants (Percent of live births)	2002-2007	1.5%	2006	1.6%	2006	1.5%	0.9%
First Trimester Prenatal Care (Percent of births)	2002-2007	67.9%	2006	75.6%	2006	83.2%	90%
Prevalence of Diabetes (Aged 18+)	2002-2008	7.9%	2008	11.3%	2008	9.2%	2.5%
Lack of Health Insurance (Aged 18-64)	2002-2008	21.7%	2008	22.8%	2008	17.1%	0%
Prevalence of Binge Drinking (Aged 18+)	2002-2008	14.3%	2008	12.2%	2008	15.6%	6%
Coronary Heart Disease Death *	2002-2006	204.9	2006	184.5	2006	144.4	166.0
Cancer Death *	2002-2006	195.6	2006	194.9	2006	180.8	159.9
Unintentional Injury Death *	2002-2006	50.3	2006	55.6	2006	39.3	17.5
Transportation-Related Death *	2002-2006	16.4	2006	21.0	2006	14.5	9.2

Source: Healthy People 2010, US Department of Health and Human Services

Nutritional & Physical Activity Statuses of Obese and Non-obese Adults (OSDH The state of Obesity in Oklahoma)	Obese	Not Obese	p-value (α = .05)
Not eating 5 servings of fruits and vegetables	85.6%	84.1%	
Eating 5 servings of fruits and vegetables	14.4%	15.9%	0.0381
No physical activity in the past 30 days	37.8%	26.8%	
Some physical activity in the past 30 days	62.2%	73.2%	< 0.0001

Child Abuse and Child Deaths

For Tulsa County and the State of Oklahoma

	Tulsa County			State of Oklahoma		
	2004-2006	2007-2009	2010-2012	2004-2006	2007-2009	2010-2012
Child Abuse and Neglect						
No. of Confirmed Cases	3901	3970	3379	39,503	33,454	25,200
Rate per 1,000 Children	10.4	7.9	6.8	17.4	11.1	8.4
County Ranking	10	19	29	--	--	--
(1 = Most Favorable)						
Child Deaths						
Ages 1-4	23	47	32	246	265	259
Ages 5-9	25	30	NA	157	155	123
Ages 10-14	28	26	NA	154	177	142
Total Ages 1-14	76	103	71	557	597	524
Death Rates Ages 1-14	0.3	0.3	0.2	0.3	0.3	0.2
County Ranking	30	34	48	--	--	--
(1 = Most Favorable)						

Source: Oklahoma Rural Health Works, Oklahoma State Department of Health, Oklahoma Department of Human Services, 2010-12 data is broken down into 1-4 and 5-14 age groups, 5-9 and 10-14 are not available.

Leading Causes of Death in 2011 For Tulsa County, the State of Oklahoma, and the United States

Leading Causes	Tulsa County			State of Oklahoma			United States		
	Deaths	Rate/1,000	Rank	Deaths	Rate/1,000	Rank	Deaths	Rate/1,000	Rank
Diseases of heart	1,370	2.3	1	8,997	2.4	1	596,339	1.9	1
Malignant neoplasms	1,155	1.9	2	7,603	2.0	2	575,313	1.8	2
Chronic lower respiratory diseases	352	0.6	3	2,542	0.7	3	143,382	0.5	3
Accidents (unintentional injuries)	308	0.5	4	2,052	0.5	4	122,777	0.4	5
Cerebrovascular diseases	299	0.5	5	1,767	0.5	5	128,931	0.4	4
Alzheimer's disease	173	0.3	6	1,080	0.3	6	84,691	0.3	6
Intentional self-harm (suicide)	128	0.2	7	659	0.2	10	38,285	0.1	10
Diabetes mellitus	113	0.2	8	865	0.2	8	73,282	0.2	7
Influenza and pneumonia	113	0.2	9	811	0.2	9	53,667	0.2	8
Chronic liver disease and cirrhosis	82	0.1	10	507	0.1	11	33,539	0.1	1

SOURCE: Oklahoma Rural Health Works, Oklahoma State Department of Health, OK2SHARE (www.health.state.ok.us); Center for Disease Control and Prevention, National Vital Statistics Report (www.cdc.gov); U.S. Census Bureau, Population Estimates (www.census.gov). 2011 data for the United States and the State of Oklahoma are preliminary data.

Selected Youth Substance Abuse Prevention Needs Assessment, Use in Lifetime**For Tulsa County and the State of Oklahoma**

	Tulsa County			State of Oklahoma		
	2008	2010	2012	2008	2010	2012
Alcohol						
6th Grade	22.6%	27.1%	24.5%	21.8%	27.9%	25.2%
8th Grade	45.9%	46.4%	46.1%	50.8%	48.0%	45.6%
10th Grade	62.8%	60.5%	56.8%	67.1%	63.6%	60.6%
12th Grade	71.0%	75.1%	69.5%	75.5%	74.0%	71.0%
Methamphetamine						
6th Grade	0.3%	0.6%	0.7%	0.6%	0.6%	0.5%
8th Grade	1.4%	1.9%	1.6%	1.5%	1.3%	1.1%
10th Grade	3.9%	4.0%	1.6%	2.7%	2.5%	1.7%
12th Grade	3.6%	3.9%	2.0%	4.0%	3.2%	2.1%
Over-The-Counter						
6th Grade	2.6%	2.5%	2.4%	2.8%	2.2%	1.7%
8th Grade	6.5%	6.3%	5.7%	6.3%	5.6%	4.8%
10th Grade	10.0%	12.0%	6.5%	8.5%	8.4%	6.5%
12th Grade	8.9%	12.9%	8.9%	8.4%	9.0%	7.4%
Smokeless Tobacco						
6th Grade	2.9%	5.4%	4.0%	7.3%	7.9%	6.7%
8th Grade	8.3%	9.5%	10.0%	15.9%	15.0%	14.0%
10th Grade	14.9%	17.2%	13.1%	23.2%	23.6%	20.3%
12th Grade	18.5%	22.7%	20.0%	26.8%	28.8%	25.6%
Smoking						
6th Grade	8.8%	13.9%	12.1%	14.7%	14.3%	13.2%
8th Grade	23.5%	26.1%	25.3%	31.4%	28.9%	27.0%
10th Grade	36.2%	38.6%	28.7%	44.4%	40.8%	35.4%
12th Grade	42.9%	53.0%	40.7%	52.7%	51.1%	45.3%

SOURCE: Oklahoma Rural Health Works, Oklahoma Department of Mental Health and Substance Abuse, Social Indicators

Note: These are selected data. More Prevention data is available on the Oklahoma Department of Mental Health and Substance Abuse website (www.ok.gov/odmhsas). Most of the rates presented through the SEOW online data system were calculated using population projections (estimates) developed by the United States Census.

Current Healthcare in the Community – Another Community Health Needs Assessment

The Tulsa Health Department completed a 2013 Community Health Needs Assessment in cooperation with St. John Health System, St. Francis Health System, The George Kaiser Family Foundation and the University of Nebraska Public Policy Center. Among that report's findings on general health status:

- A total of 47.7% of Tulsa County adults rate their overall health as excellent or very good. An additional 31% reported overall health as good.
- According to parents, a total of 77.2% of Tulsa County youth have excellent or very good health with another 18.5% reporting as "good."
- That report ranked the communities most significant health problems, in descending order as:
 - Poor diet/inactivity
 - Alcohol/ drug abuse
 - Chronic diseases
 - Tobacco use
 - Other
 - Obesity
 - Access to healthcare
 - Poverty
 - Aging problems
 - Violent crime
 - Access to healthy food/groceries
 - Lack of education
 - Teen pregnancy
 - Clean air/water/etc
 - Homelessness
 - Child abuse/neglect
 - Lack of sidewalks
 - Mental health
 - Available public transportation
 - Hunger
 - Domestic violence
 - STDs
 - Car accidents
- This survey found 78.2% have a primary care provider. Parkside's survey was higher at 86%
- This survey reported 11% of Tulsa County adults have accessed mental health services in the past year. Of those 5.9% reported difficulty accessing mental health services because of cost.
- Nearly two thirds of Tulsa County adults (60.8%) are obese or overweight
- The majority of Tulsa county adults have access to fresh fruit or produce and most consider it affordable.
- 48.6% of Tulsa County Adults regularly participate in physical activity and an additional 29.7% "sometimes" participated in physical activity. 10.2% "never" participated in physical activity in the past month.
- 79.2% stated they have access to indoor or outdoor recreational facilities.
- Adult alcohol/drug dependency was fixed at 4.4%, with the highest risk groups including: Males, adults 35-44, Adults of "other" or multiple races and non-Hispanics.
- 19.4% of Tulsa County residents are heavy drinkers.
- 26.9% of Tulsa county adults use some type of tobacco product

Parkside's Survey - summary findings:

Two surveys were used to gather information and opinions from persons who represent the broad interests of the community served by the Hospital. In total, 156 persons participated in the survey process. Survey questions sought to gain a "snapshot" of various aspects of health, wellness and access to healthcare, as well as to inventory some of the health care and specifically mental health care offerings in the service area.

Much of the survey information was consistent. Both sets of individuals identified populations with the greatest healthcare challenges in achieving and maintaining good health as the poor (at or below poverty line), people with mental health or substance abuse issues and the uninsured.

Primary factors contributing to health care challenges included lack of insurance, transportation and lack of access. Both surveys were consistent in pointing out the vital role played by not for profit, charitable organizations in Tulsa's health care provision. The surveys also shared some identified Tulsa area community strengths related to health and wellness including good access to primary care and mental health services and Tulsa's parks and recreation with opportunities for an active and healthy lifestyle. Mental health professionals and service providers identified public transportation as a community strength, however this view was not shared by the stakeholders, who are indeed those most likely to use public transportation in Tulsa. Over 80% reported having a primary care doctor, having a dentist and having had a physical exam within the past two years supporting the notion that access to primary care is good. 62% reported engaging in moderate physical activity at least three times weekly and 74 % had access to indoor exercise equipment. Only 30% eat five or more servings of fruit and vegetables daily. The majority of those surveyed had private health insurance. Barriers to access included transportation, capacity and waiting lists, ability to pay and/or lack of insurance and need for flexibility in scheduling. While charitable organizations and programs were pointed out by both survey groups, there is an indication that many feel there is not enough such support in the community. Transportation and limited substance abuse treatment offerings, especially rehab or residential treatment, were community shortcomings.

Survey respondents made diverse suggestions to address community needs. Among the most frequently put forth were community education and outreach efforts directed toward building awareness, teaching wellness and screening in community locations. Community efforts at creating provider teams and facilitating collaboration of mental health service providers were both recognized and lauded and also called for increased such efforts. Stakeholders called for increased wellness services, job opportunities and transportation assistance. Services on site, including screenings, education and home based care was valued by survey respondents.

Inventory of area service offerings was very diverse and included confirmation of availability of:

- Inpatient (hospitalization)
- Partial hospitalization/day treatment
- IOP (Intensive Outpatient Program)
- Outpatient

- Residential
- In-home care
- Transportation services
- Assistance to non-English speaking individuals
- Assistance to hearing-impaired individuals
- Housing services (i.e., assistance in locating, transitional housing, etc.)
- Payeeships (i.e., financial guardianship)
- Homeless services (outreach services to ensure homeless individuals have access to care, etc.)
- Information and referral services (information regarding where to obtain services or referral to organizations that can provide needed services, etc.)
- Legal advocacy
- Court-ordered work (i.e., provision of treatment services that are ordered by court system such as addiction treatment)
- Case management
- Individual therapy and/or counseling
- Group therapy and/or counseling
- Family therapy and/or counseling
- Psychological testing
- Emergency and crisis services (i.e., after hours or emergencies)
- Family support services (i.e., services provided to family members of clients such as respite care)
- Home-based services (i.e., services provided at the home of clients)
- Independent living services
- In-home family services (family counseling provided in the home, etc.)
- Mental retardation/developmental disability services
- School-based services (social work or case management services contracted with schools, etc.)
- Supported employment (i.e., assistance in obtaining employment)
- Therapeutic foster care (i.e., care for children with severe emotional and behavioral problems in private homes by trained foster parents)
- Wrap-around services (i.e., individually designed set of services and supports for children and their families)
- Primary health care (i.e., physical health care such as provided by a physician, nurse practitioner, or PA)
- Nutrition services (guidance provided by a nutritionist or dietician, healthy diet, etc.)
- Medication management (i.e., facilitating the appropriate use of medications for mental health and/or addiction treatment)

- Money management (guidance regarding tax credits, budgeting, etc.)
- Supported education/training (i.e., assistance in obtaining educational or vocational training)
- Meal services (i.e., meals provided to homeless, homebound or other limited populations)
- Parenting education (i.e., training in appropriate parenting techniques)
- Youth education (i.e., grade-level classes provided to youth who are receiving treatment while out of regular school)
- Specialized services for the elderly
- Neuropsychological services
- Drug screening services
- General daily living activities (psychosocial clubhouse or similar)

An effort was made to acquire input from individuals representing the broad interests of the community, including those with public health expertise, representatives of government organizations, representatives of service providers and consumers and to gain some assessment of community assets with any identified needs. The Parkside survey was distributed by email and paper copies. 853 emails were sent and it is known that several people forwarded copies. 26 copies, all of the “stakeholder surveys” were returned on paper. Recipients of the email survey included one or more persons from the following organizations or populations:

- Parkside associates
- Staff at the Counseling and Recovery CALM Center
- Key persons at Grand Lake Mental Health
- Tulsa area representatives from CREOKS Behavioral Health
- Key representatives from Cherokee Nation Behavioral Health
- Key representatives from Choctaw Nation Behavioral Health
- Key representatives from Muscogee Creek Nation Behavioral Health
- COPES team members
- Counseling and Recovery Services staff
- Staff at Tulsa Center for Behavioral Health
- Jenks Family Physicians office
- Lake Area Medical Staff
- Morton Comprehensive Health Care
- OSU Pediatrics
- Psychiatric Associates of Tulsa
- Mental Health Association in Tulsa
- National Alliance for Mental Illness (NAMI Tulsa)
- 211
- Tulsa Health Department
- Sapulpa Indian Health Clinic

- VA Outpatient Clinic
- Urgent Care of Green Country
- Three C's Medical Clinic
- Police Departments: Tulsa, Jenks and Bixby
- OU Juvenile Personnel Training Program
- Rogers County Youth Services
- Counselors at Tulsa elementary, middle and high schools (email list)
- Tulsa area mental health practitioners (email list) (independent practitioners and practices such as Health Concepts, Daybreak Family Services, etc.)
- Tulsa area chemical dependency treatment practitioners (email list)
- Tulsa area hospitals (email list) (St Francis, St. John, Hillcrest, OSU, Bailey, St. Francis South)
- Tulsa area charitable organizations (email list) (Volunteers of America, DVIS, Child Abuse Network, Parent Child Center, Owasso Community Resources, Iron Gate, Human Skills and Resources, Youth Services of Tulsa et.al.)
- Stakeholder surveys were also available on paper for Parkside outpatients and were distributed to residents of two apartment locations (Yale Apartments, Altamont Apartments) in cooperation with staff from the Mental Health Association in Tulsa

Parkside's Community Health Needs Assessment

Parkside associates reviewed the accumulation of secondary data from sources including the US Census, Oklahoma State Department of Health, Oklahoma Rural Health Works, a 2013 Community Health Needs Assessment by the Tulsa City-County Health Department and others. This provided a back drop for interpretation of the primary data obtained in two surveys and in site visits to two different supported housing sites in Tulsa. This Community Health Needs Assessment was assembled to identify community needs and provide a platform for Parkside to set goals which ultimately should have a positive benefit to the community. Obviously, a study such as this cannot direct changes in service offerings or organization operations which may be constrained by financial, physical plant, third party reimbursement or other factors, but, the organization can look for opportunities to introduce or enhance services or community offerings to bring increased benefit.

Key Concerns contributing to health care challenges included lack of insurance, transportation and lack of access. Barriers to access included transportation, capacity and waiting lists, ability to pay and/or lack of insurance and need for flexibility in scheduling health care. Limited substance abuse treatment offerings, especially rehab or residential treatment are viewed as community shortcomings. The single group viewed as most challenged is those living in poverty and the very low income. Health care system insufficiencies appear to be less of a concern than are barriers to access, e.g., transportation and ability to pay.

Strengths include good access to primary care and mental health services and Tulsa's parks and recreation with opportunities for an active and healthy lifestyle. Services available are diverse and meet a comprehensive community need; however, barriers including insurance and cost sharing through co-pays appear to limit access. Participants from all corners lauded the good work done by many charitable organizations in Tulsa, with the praise limited only by a perception that there still may not be enough help to meet the community's needs.

Opportunities to positively impact the overall health and wellness of Tulsa County and surrounding areas oftentimes included recommendations for education, community outreach, provider collaboration and increased wellness services.

Role(s) that Parkside currently plays in the community were pointed out by a number of the respondents. Some comments included:

- *Parkside provides basic needs assistance*
- *Parkside does a great job – pls keep up the great work!*
- *An excellent referral for mental health issues*
- *Parkside is a premier inpatient hospital that addresses the needs of the people in the community*
- *Already provide many of the services mentioned. Perhaps develop more formal partnerships with other providers that can mutually benefit one another in serving the community*
- *Food pantry, Transportation Assistance, Medication Assistance Program and Joy store*

Parkside is active in a number of community teams and collaborative efforts including the Building Community Bridges Team meeting, the Wrap-around Referral Team, provides a Board of Directors member to Tulsa Advocates for Protection of Children and the CREOKS Mental Health Tulsa Advisory board. Parkside also participates in provider collaboration meetings in surrounding communities including Skiatook, Sapulpa and Claremore.

Parkside's main objective of the community health needs assessment was to identify recommendations on how the hospital can better meet the needs of area residents adopt an implementation plan to meet identified needs or provide an explanation why the hospital will not meet an identified community need.

Identified roles Parkside can or should play in the community:

- Offer education classes
- Provide screening
- One stop information and resource center
- Provide patient education (nutrition, smoking, etc.)
- Support health fairs and community outreach

- Seek collaboration with other providers: community meetings, hospital staff on boards, etc.
- Partnerships with other providers

Community needs Parkside is unable to meet at this time:

Expansion of services/free services

Home based services

Mobile healthcare services

Existing Resources Available to Meet Needs Identified:

Some areas of community need identified in this process can be served by existing resources.

Examples include:

- a) Calls for free primary care – These resources are available from several sources including Morton Comprehensive Health, Bedlam Clinics, Xavier Clinic, Good Shepherd Health Care, Community Health Connections and other resource.
- b) Free Mental Health and Substance Abuse Services – These services are available to qualifying individuals through Community Mental Health Centers in Tulsa
- c) Transportation – Parkside has a transportation assistance program available to its patients. Individuals who are not patients at Parkside may qualify for transportation assistance from Morton Transportation program or Sooneride.

Parkside can assist in educating the public about existing community resources through participation in health fairs, creation of flyers and resource lists, education of the Assessment & Referral and front office staff, etc. and will adopt this as a priority goal

Parkside's Goals:

Prioritized need #1: Mental Health & Substance Abuse Treatment

With over 50 years experience in the provision of mental health and substance abuse treatment in Oklahoma, Parkside has the knowledge and expertise to lead improvements in treatment. Parkside will continue to offer services to children, adolescents and adults in multiple levels of care: outpatient, intensive outpatient, residential and inpatient treatment settings. Parkside will seek to improve the treatment environment in coming years, a process that will likely include construction of a state of art hospital building. Parkside will continue to provide professional education opportunities to area mental health and substance abuse treatment providers and promote acquisition of additional training and credentials among Parkside associates. Parkside has a comprehensive performance improvement plan in place and seeks to continuously monitor quality and seek improvements.

Prioritized need #2: Education

Many of the health concerns identified can be prevented with education and adverse health effects mitigated with positive lifestyle education that leads people to healthy change. Parkside currently has a culture of wellness and actively seeks to promote healthy living among both staff and patients. Opportunities to improve education to patients will include:

- Distribution of anti-smoking information and smoking cessation resources to patients at discharge and making similar such materials available to both patients and staff in all treatment areas. Information about substance abuse can be handled similarly.
- Distribution of nutritional information and guidelines for healthy eating similarly.
- Promote, among both patients and employees, an active lifestyle

Prioritized need #3: Community Outreach

Parkside currently has community outreach activities including periodic depression screenings, participation in health fairs and professional education offerings. Parkside will continue to seek out opportunities to participate in health fairs and community events, as well as organize community outreach. Opportunity exists to expand this outreach to include at least quarterly events that will:

- Include outreach activities that provide for mental health or substance abuse screenings at locations in the community
- Provide venues for educating the public about services available at Parkside
- Provide opportunity for educating the public about available resources including free services within the community, food and other social assistance available in the community, transportation assistance available and other such resources.

Prioritized need #4: Resources

Clearly, survey respondents indicated that part of the problem was simply a lack of awareness within the community about resources available or how to access these. For example, transportation was a primary concern among those surveyed in two different subsidized living centers. Parkside will seek to improve community awareness of available resources by:

- Working in collaboration with other providers and resource agencies (211 Helpline, etc.) to create resource sheets outlining available supports and will make these widely available during education and outreach activities, as well as to our patient population
- Parkside will work with our Assessment & Referral Department and the website editor to catalog resources and have information publicly available 24 hours a day.

Prioritized need #5: Collaboration among provider and social service agencies

Parkside is active in several community teams and provider collaboration forums. This will be utilized as a starting point to determine opportunities for any expanded services at Parkside. This may include provision of support groups (DRA, Alanon, AA). Parkside will adopt and implement a

state of art electronic health record (EHR), which will facilitate better access to and transfer of health information from provider to provider.

Prioritized need #6: Barriers to Access

Parkside currently offers transportation assistance to enrolled patients to assure appointment compliance and to facilitate family involvement. Parkside also actively works with patients on financial concerns including problems making co-payments, etc. Parkside already operates a 24/7 Assessment & Referral department. Parkside will:

- Evaluate opportunities to extend hours and offer outpatient services after 5pm including any possibility of offering a CD-IOP group in the evenings.
- Evaluate possibilities and potential benefits of a relationship with the Morton Comprehensive Health Transportation program.

Appendix

Surveys:

Professional Survey – 46 survey participants

Q1

In the Tulsa metro area, which population groups have the greatest challenges in achieving and maintaining good health?

One person skipped this question. The largest majority of survey respondents identified the poor, or persons living at or below the poverty line (66.67%) ranking behind that group were People with mental health or substance abuse issues and the uninsured.

Q2

What are the main factors contributing to their health care challenges? Please share both individual and systemic/environmental factors. Choose up to three.

One person skipped this question. Many factors were available including education, language or cultural barriers, immigration status, insurance, etc. Three key factors identified by the survey were, in rank order: no insurance, transportation and lack of access.

Q3

What strategies, best practices or programs are most successful in addressing these factors/challenges and why?

18 survey respondents did not answer this question. Many respondents called for improved access to providers with foreign language abilities and for increased public education about available resources. Charitable organizations were pointed out as best meeting needs in Tulsa. Some of the responses offered include:

- Systems of Care
- Homebased and telemedicine services
- Working closely with other agencies, even competitors in community partnerships
- Medicaid expansion
- Free Clinics and walk in clinics
- Housing First
- Integrating primary and mental health care. Co-locating services if possible
- Community Health Network and Catholic Charities serve immigrant and indigent populations and have diverse language abilities
- Sooneride

Q4

What are Tulsa area community strengths related to health and wellness? Please choose five.

2 skipped this question. Ranked responses were:

- Parks and Recreation / Opportunities for an active and healthy lifestyle
- Access to Mental Health Services
- Public Transportation
- Good Access to Primary Care
- Good coordination of care between area providers

Q5

Please share with us any population or group you represent or serve. Please select only one.

3 skipped this question. Responses included:

Physician	0	
Parkside employee or affiliate	12	27.91%
Business community	1	2.33%
Faith community	0	
Government employee/official	0	
Healthcare provider	1	2.33%
Mental health care provider	16	37.21%
Citizen	1	2.33%
Law enforcement	1	2.33%
Schools / education	0	
Case manager	3	6.98%
Minorities	3	6.98%
Disabled persons	0	
Public health	0	
Senior citizens	2	4.65%
Social service / community organization	2	4.65%
Veterans	0	
Youth	1	2.33%

Q6

What are the greatest health challenges or concerns in the community that you represent? Please select up to five.

One person skipped this question. Two write in responses included “poverty” and “transportation.” Top five identified by the survey in rank order are:

- Mental health problems
- Access to substance abuse treatment services
- Access to mental health treatment services
- Alcohol abuse
- Unhealthy lifestyle choices: related to exercise, nutrition, etc.

Q7

What services are you aware of that currently address the most pressing health issues checked above?

16 skipped this question altogether. Write in responses included:

- Tulsa Health Department
- School based mental health services
- Better communication among providers
- MHAT and Community Service Council help coordinate mental health providers to work together
- Local hospital clinics
- OU Fostering Hope
- MHAT helps the homeless
- 12 & 12
- OU and OSU free clinics
- Tribal programs
- Morton, Catholic Charities and Community Health Network
- Charitable organizations
- Parkside, Morton for physical health, Palmer and 12 & 12 for substance abuse
- Parkside food pantry and joy store
- None
- Parkside, Shadow Mountain, Family & Children’s Services
- None. Community service providers, affiliated with licensed health care providers, will only address “insurance reimbursable” protocols
- Parkside will try to help with needs for medications, clothing, foods and transportation

Q8

What addiction or mental health needs in the Tulsa area are not being adequately met by existing services?

11 people skipped this question. Among the responses were repeated comments that substance abuse treatment options were lacking, especially for the uninsured or indigent. Especially common also was a need for more drug and alcohol rehab beds for both adolescents and adults. Other comments:

- Transportation
- Beds for those that relapse
- Affordable substance abuse treatment
- Programs to address prescription drug abuse by teens
- Capacity is a huge issue
- Few detox beds, few beds for the mentally ill uninsured
- Opiate treatment
- Adolescent obesity

Q9

What do you believe are the greatest strengths within the Tulsa area related to currently available addiction or mental health services?

11 skipped this question. Responses included:

- COPES
- Parkside Hospital
- Excellent employees who really care
- All the inpatient, intensive outpatient and supportive services for adults
- Potential. We have several agencies prepared to increase comprehensive services if funding can be made available
- Awareness and educational programs
- We do have some free and low cost services, just not enough to meet the need
- Tulsa is a generous and caring community
- Supportive housing
- Above average mental health services
- MHAT, Parkside, Neighbor for Neighbor, Day Center for the Homeless, Catholic Charities, Family & Children's Services
- Lots of therapists
- 24 hour assessment and referral at inpatient facilities
- 12 step meetings
- 12 & 12, HOW, Palmer

- Many mental health centers
- Better sense of coordination with providers, AA and NA
- There are adequate programs
- The situation is grim. Having to take people to Ft. Supply OK and other far away places is a burden. Overall system is chaotic and makes the day to day life difficult. Copes team and some better mental health training are two positives.

Q10

What opportunities exist within your own system or influence that address these challenges and may improve community health?

15 people skipped this question.

- We need to coordinate much more and have a plan that we are working to do so. The ultimate goal is a seamless provision of services from multiple agencies to provide a supported environment. We hope this will reduce placements and lead to a better experience for the child and the families
- Services at Tulsa Health Department
- Collaborate between schools, outpatient and inpatient providers
- We work very hard at increasing presence and quality of school based behavioral health services
- Home health programs to bridge the gap in healthcare needs
- Free clinics for Native Americans
- Providing empowerment and trauma sensitive interventions and treatment
- Counsel and advice for senior citizens
- I advocate that Law Enforcement Officer representation by made a part of the State Mental Health Advisory Board. We handle virtually all transports but have no voice in terms of policy making.
- Advocacy efforts for both individuals and to change the system
- Grants
- Continuing to work toward coordination of primary health care and mental health care
- We have a major anti-smoking program
- My hospital emergency room sees hundreds of uninsured every year and can also make referral to our free medical clinic.
- We are flexible with the hours we will see families when pts are inpatient.
- Providing service even to the unfunded
- We often have unfunded in our adult program
- To provide more outreach services, like in schools, churches, health fairs. I used to be involved in doing depression and anxiety screenings in public schools a variety of areas in the community
- Providing workshops to clients and professionals
- Availability of CDIOP. Continuity of care from inpatient to outpatient
- Community education taught by professionals without financial interests
- Continuing education. Improve access that's affordable
- Food pantry, transportation and Joy store

Q11

What opportunities exist within community groups and agencies that address these challenges and may improve community health?

19 skipped this question.

- Access to healthy food
- Many opportunities to be involved in interdisciplinary meetings with hospitals and other community resources to address challenges.
- CREOKS has 17 clinics across Oklahoma that provides excellent services to communities in need.
- Partnerships and community meetings that bridge communication between providers
- There are many different kinds of support groups to address both mental and substance abuse issues.
- Active involvement with CSC and other groups such as a way home for Tulsa
- Area Agency on Aging assistance
- More collaboration of services, clearinghouse for information such as who has open beds, for what age group, what level, etc..
- Don't know
- A Way Home for Tulsa
- It will be hard to do without additional funding. I think there is a host of individuals and groups who want to help. Maybe that desire is the best opportunity to help create change.
- Inpatient and outpatient programs
- Increased awareness in assessing and referring patients with mental health and substance abuse needs by non mental health providers. More bilingual (especially Spanish speaking) mental health providers.
- Locally we have a number charities and police chaplains which assist transients. Police often help get people with mental health issues to treatment. More media attention on the mental health system would be a good thing, in my opinion. Many well meaning community groups may not be aware of the status of the system.
- Health fairs.
- money for unfunded
- services that go into the home.
- Food Pantry, Transportation Assistance & Joy Store
- Housing for the mentally ill
- We have some state funded programs but not enough
- Using the church groups to raise awareness and support. Some churches already provide sober living houses.
- If money available in state system, expansion of substance abuse residential services for adults
- Agricultural grants which would provide urban gardening and fact-based information about food.

- There are many mental health and substance abuse services. The services often don't have very good programs. I don't know of any childhood obesity programs.
- Develop more intercommunity networking and team building

Q12

Please indicate the issues for which you serve clients

7 skipped this question. Several write in responses including: legal services, law enforcement, utility assistance and food, Obtaining services for seniors.

Anxiety disorders	36
Major Depressive Disorder	37
Bipolar Disorder	35
Personality disorders	28
Delirium	4
Dementia	4
Schizophrenia or other psychotic disorders	32
Childhood disorders (ADHD, etc.)	23
Disorders related to the elderly	8
Eating disorders	11
Substance-related disorders	32
Adjustment disorders	22
Sexual orientation and gender identity issues	12
Child physical and/or sexual abuse	22
Developmental disorders (autism, MR, etc.)	12
Traumatic/organic brain injury & complications	6
Post traumatic stress disorder	29

Q13

Please identify services that you (your organization) currently provide:

One person skipped this question.

• Inpatient (hospitalization)	20
• Partial hospitalization/day treatment	2
• IOP (Intensive Outpatient Program)	14
• Outpatient	30
• Residential	18
• In-home care	6
• Transportation services	11
• Assistance to non-English speaking individuals	20

• Assistance to hearing-impaired individuals	14
• Housing services (i.e., assistance in locating, transitional housing, etc.)	18
• Payeeships (i.e., financial guardianship)	1
• Homeless services (outreach services to ensure homeless individuals have access to care, etc.)	11
• Information and referral services (information regarding where to obtain services or referral to organizations that can provide needed services, etc.)	26
• Legal advocacy	7
• Court-ordered work (i.e., provision of treatment services that are ordered by court system such as addiction treatment)	10
• Case management	34
• Individual therapy and/or counseling	29
• Group therapy and/or counseling	29
• Family therapy and/or counseling	28
• Psychological testing	11
• Emergency and crisis services (i.e., after hours or emergencies)	26
• Family support services (i.e., services provided to family members of clients such as respite care)	7
• Home-based services (i.e., services provided at the home of clients)	10
• Independent living services	6
• In-home family services (family counseling provided in the home, etc.)	10
• Mental retardation/developmental disability services	1
• School-based services (social work or case management services contracted with schools, etc.)	8
• Supported employment (i.e., assistance in obtaining employment)	6
• Therapeutic foster care (i.e., care for children with severe emotional and behavioral problems in private homes by trained foster parents)	0
• Wrap-around services (i.e., individually designed set of services and supports for children and their families)	7
• Primary health care (i.e., physical health care such as provided by a physician, nurse practitioner, or PA)	6
• Nutrition services (guidance provided by a nutritionist or dietician in healthy diet, etc.)	11
• Medication management (i.e., facilitating the appropriate use of medications for mental health and/or addiction treatment)	24
• Money management (guidance regarding tax credits, budgeting, etc.)	4
• Supported education/training (i.e., assistance in obtaining educational or vocational training)	2
• Meal services (i.e., meals provided to homeless, homebound or other limited populations)	3
• Parenting education (i.e., training in appropriate parenting techniques)	10
• Youth education (i.e., grade-level classes provided to youth who are	

- receiving treatment while out of regular school) 6
- Specialized services for the elderly 1
- Neuropsychological services 1
- Drug screening services 9
- General daily living activities (psychosocial clubhouse or similar) 5

Q14

What opportunities exist for Parkside Psychiatric Hospital & Clinic that address these challenges and may improve community health?

19 people skipped this question.

- An excellent referral for mental health issues.
- Referring to local wraparound services upon discharge from the hospital.
- Parkside is a premier inpatient hospital that addresses the needs of the people in the community.
- Provide long term residential programs to youth to address substance abuse issues.
- Already provide many of the services mentioned . Perhaps develop more formal partnerships with other providers that can mutually benefit one another in serving the community.
- Partnerships continuation
- Inpatient for crisis interventions
- Become the hub of mental health in-patient services
- Provide more substance abuse treatment and beds for unfunded/Medicaid adults
- Contractual services
- You folks do a great job!!
- Excellent alcohol and drug programs
- Expansion of BYS programs. Adult CD rehab program. Better integration with other providers like Community Health Network and Catholic Charities.
- Any of the above
- An evening CD IOP
- Lobby for the law enforcement profession to have representation on the State's Mental Health Board.
- We provide a 24 hour a day ER. We provide services for adults, children and adolescents, both inpatient and outpatient. We provide medication management. We have a CDIOP program.
- crisis stabilization and discharge planning
- Don't know
- Food Pantry, Transportation Assistance, Medication Assistance Program & Joy Store
- We have a food pantry and clothing store for our inpatient and outpatient clients
- There are always opportunities to work better with other providers to ensure that patient's needs are meet through the most appropriate resource. We offer a range of services treating both mental health and substance abuse issues. A substance abuse long term rehab facility is much needed in this community but there would be issues of funding
- Expansion opportunities after new hospital is built
- Expansion of outpt services, potential for new hospital
- Dietary modifications (offering allergen-free diets) and education

- ?
- Community based programs, school based services, psychological testing

Stakeholder Survey – 110 survey participants

Q1

In the Tulsa metro area, which population groups have the greatest challenges in achieving and maintaining good health?

One person skipped this question. The largest majority of survey respondents identified the poor, or persons living at or below the poverty line (68.81%) ranking behind that group were People with mental health or substance abuse issues and the uninsured.

Q2

What are the main factors contributing to their health care challenges?

One person skipped this question. Many factors were available including education, language or cultural barriers, immigration status, insurance, etc. Three key factors identified by the survey were, in rank order: no insurance, lack of access, and transportation.

Q3

What strategies, best practices or programs are most successful in addressing these factors/challenges and why?

Almost half of the survey respondents did not answer this question; 33 skipped this item. Some of the responses offered include:

- Expanded healthcare coverage
- Transportation assistance, improved public transportation
- A roaming health care bus
- Expansion of prescription medication by mail programs
- Free clinics and neighborhood wellness screening events
- Social service agency coordination/case management to help people navigate difficult systems
- Home based services (PACT teams)

Q4

Have you seen successful models in other places that address these challenges?

41 people did not respond to this question. Answers included:

- Good Samaritan Healthcare
- Clayton, N.C. has a bus service for medical needs
- Canada
- Access Alaska program
- Senior Life Program at Cleveland Area Hospital provides transportation
- Parkside provides basic needs assistance
- Telemedicine
- PACT

Q5

What are Tulsa area community strengths related to health and wellness? Please choose five.

12 skipped this question. In the open comments, several individuals felt Tulsa did not have any community strengths while others noted that Tulsa has many good non-profit organizations. Two remarked on the value of having both OU and OSU healthcare entities in Tulsa. Ranked responses were:

- Access to Mental Health Services
- Good Access to Primary Care
- Parks and Recreation / Opportunities for an active and healthy lifestyle
- Access to information about health and wellness
- Access to Specialty Care

Q6

Do you have a primary care doctor?

Three people skipped this question.

Yes	-	86.92%
No	-	13.08%

Q7

Have you had a physical exam in the past two years?

Yes	-	80.91%
No	-	19.09%

Q8

Do you have a dentist?

One person skipped this question

Yes	-	83.49%
No	-	16.51%

Q9

Do you smoke?

Yes	-	19.09%
No	-	74.55%
Sometimes	-	6.36%

Q10

Do you live with someone who smokes?

One person skipped this question.

Yes	-	18.35%
No	-	81.65%

Q11

Do you engage in binge drinking? (5+ drinks for men, 4+ drinks for women on a single occasion)

Yes	-	5.45%
No	-	91.82%
Sometimes	-	2.73%

Q12

Do you eat five or more servings of fruit and vegetables each day?

Yes	-	30%
No	-	70%

Q13

Do you engage in moderate physical activity at least three times per week?

Yes	-	61.82%
No	-	38.18%

Q14

Do you have access to indoor exercise equipment?

One person skipped this question.

Yes	-	74.31%
No	-	25.69%

Q15

Do you live in generally safe and affordable housing?

One person skipped this question.

Yes	-	94.50%
No	-	5.50%

Q16

Do you have access to a full service grocery store, with fresh produce, at least once a week?

One person skipped this question.

Yes	-	93.58%
No	-	6.42%

Q17

Do you have:

Medicare	-	19.79%
Medicaid	-	13.54%
Private Ins.	-	80.21%
Indian Health	-	5.21%

14 persons skipped this question. In open comments, several persons noted VA health care, several were “not sure” and one noted Oklahoma High Risk with a \$10,000 deductible.

Q18

Have you seen a doctor in the past year?

One person skipped this question.

Yes	-	93.58%
No	-	6.42%

Q19

Have you experienced psychological distress during the past year?

One person skipped this question

Yes	-	57.80%
No	-	42.20%

Q20

Have you seen a mental health provider during the past year?

Yes	-	42.73%
No	-	57.27%

Q21

Have you taken prescription medication for emotional/mental health issues in the past year?

One person skipped this question

Yes	-	44.95%
No	-	55.05%

Q22

In the past year, have you been a victim of:

93 people skipped this question.

Violent Crime	-	29.41%
Property Crime	-	58.82%
Larceny/Theft	-	29.41%

Q23

Where do most uninsured or underinsured people go when they need medical care?

Five people skipped this question.

Hospital Emergency Room	-	74.29%
Walk in Clinic/Urgent Care	-	4.76%
Don't Know	-	20.95%

Q24

Where do most uninsured / underinsured people go when they need mental health care?

Six people skipped this question.

Hospital Emergency Room	-	36.54%
Walk in Clinic/Urgent Care	-	1.92%
Community Mental Health Ctr.	-	29.81
Don't Know	-	31.73%

Q25

Thinking about mental health and substance abuse treatment needs, what do you believe are the greatest barriers to care? Please select up to five.

Three skipped this question.

- Lack insurance
- Transportation problems interfered with keeping appointments
- Can't afford copay
- Don't know how to find a doctor or therapist
- Stigma

Q26

Do you go to more than one provider for mental health care and/or psychiatric medications?

10 people skipped this question.

Yes	-	12%
No	-	88%

Q27

What changes would you like to see in Tulsa area mental health and substance abuse treatment services?

37 survey respondents skipped this question. Of those responding, multiple persons called for more funding, transportation assistance, expansion of existing services and more free services. Other responses included: come on site, more flexible hours, more public education about mental illness, shorter waiting lists, increase case management services, increase programs like PACT, improve wrap around services, expand insurance coverage.

Q28

What factors have interfered in your mental health or substance abuse treatment in the past year?

70 people skipped this question. All possible choices received some response except immigration status. The five leading factors identified and ranked were:

- Cost of prescription medication
- Stigma (don't want others to know)
- Can't afford co-pay
- Can't afford health insurance
- Can't get an appointment when needed

Q29

What is needed to improve the health of yourself, your family and neighbors?

30 people skipped this question.

Option	# people
Job opportunities	33
Recreation facilities	14
Transportation	24
Wellness services	47
I don't know	17

Write in responses included several calls for more public education to address health and wellness, job opportunities for the mentally ill, help with high co-pays and free bicycles.

Q30

What health screenings or education/information services are needed in your community?

9 skipped this question. Top five identified needs included:

- Mental Health
- Substance abuse
- Diabetes
- Nutrition
- Exercise / physical activity

Q31

Where do you get your health information?

Five people skipped this question. The majority of respondents receive their health information from a doctor or health professional, secondary means identified were the internet and magazines.

Q32

What can Parkside Psychiatric Hospital & Clinic do to help you and your community live healthier lives?

46 skipped this question. All write in responses are listed:

Have free care

Be accessible

More public awareness programs

Be there when needed

More education on mental illness

Inform us about various resources

Create handouts for diagnosis

Stop giving out medication that causes ED

Coming on site doing health assessments

Nutrition information

Give nutrition classes to the people who cook meals for others in apartment or public housing situations. The cooks here provide enough to eat, but it's not appropriate for diabetic who should be eating 6 small meals per day instead of 3 big ones. Here, meals consist of a protein and a salad, and 4 or 5 starches, ie: bread, mashed potatoes, gravy, corn or peas, cake or cupcakes with pre-sweetened tea instead or unsweetened to which we can add our own sugar or non-caloric sweetener.

Continue resources

Nothing I can think of.

Assistance with homeless teens (shelter/housing) Drug & alcohol rehab (inpatient)
have more beds available

Continue to expand the basic needs programs, raise money for public education concerning where and how to get the help one may need.

Do more outpatient education of police, case managers, ER staff, transportation services about mental illness and how to prevent crisis, prevent hospitalization or unnecessary ER visits. Do more to help patients transition back into the community and stay independent.

Provide affordable high quality intervention using evidence based practices
be available to those in need without resources

Develop a team who will deal in a timely and effective manner with emergency interventions in the mental health and substance abuse fields.

The Community needs help. I don't need help why would you send me this about me?

Offer more FREE inservice, workshops, training. Provide nutritional information in EVERY free bag of groceries.

Require people to attend workshops in exchange for free food. Encourage employees to set the example.

More communications regarding availability of services

Consider pilot efforts to enhance development of strong natural supports which lead to a life of purpose for formerly homeless, mentally ill men and women. Thanks for your good work in Tulsa.

Not sure

More p/r to employers and likewise of the common psych needs of most people

We appreciate Parkside being there for those who cannot afford private care.

Parkside does a great job - pls continue to keep up the great work!
Increase services for individuals with substance abuse problems - and without insurance.

Mental Health Fair with screenings & referrals Transportation to appts Mobile outreach to underserved areas Facilitate consortium among state and private service providers to prioritize and address needs of the community

Expand awareness through some television/radio advertising

Have adult hospitalization for the mentally ill.

Live in a nicer/prettier, cleaner housing complexes that are not so roach infested - to where they want to live healthier lives

Not sure

1. Continue to partner with other agencies & other disciplines
2. continue to provide screenings
3. continue to link people to resources
4. continue to work within Parkside to develop a healthy culture where departments are better linked to each other. Have agency-wide events that develop a sense of pride in the agency.
5. Insure fair hiring, retention, & promotion practices that instill a sense of "fairness" in employees.
6. Reward behaviors that support other employees within the department and interdepartmentally.
7. Expand the Board of Directors to increase diversity and input to the organization
8. Celebrate successes as an agency

Continue the great services

Advocate for Oklahoma to comply with the Affordable Health Care Act.

Free informative talk to the public

More public awareness of what you can and will do for those in need...more screenings free to assist with diagnosing ...more research for mental health with options for community

Educate the public about available services.

Encourage mass transportation, have health fairs for educating the public (and do so in the tough neighborhoods).

Accept volunteer assistance when offered. Show more of a public presence in the community. Work with pharmaceutical companies to provide reduced or free medicine to those who need it most.

Expand out-patient services.

I do not believe Parkside is very well known in Tulsa. Is this the place located near Hillcrest Hospital? I haven't heard of it in years.

Work to get adolescents and young adults early screening and treatment before their symptoms escalate.

Better out reach and communicate services better

Be especially considerate & understanding that what the mentally ill say & do has nothing to do with the person helping them. They are ill & cannot control their thoughts & what comes out of their mouths. This is especially hard for many people to cope with & understand.

Keep people until they are actually ready to get back out in the world. Don't just say, well you're stable go home and see the psychiatrist in a month. Oh and take your meds.

Continue your compassionate treatment and treatment of the whole person.

Build more inpatient beds.

I don't know.

more educational seminars

Increase community education and outreach to underserved populations

Keep up good work, advocate for affordable health insurance

Have not been to Parkside but got survey. I think reducing the stigma of hospitalization is important. Letting the community know what programs are available is important. I have a mental health issue but before this survey I could not name Parkside as a mental health resource (I did not know about it).

Provide free, accessible treatment with long term follow-up.

Continue to partner with other agencies so we can make the best impact with the services that we have available now

Continue to provide supportive programs such as the By Your Side programs.

Lighten up on the corporate culture in the hospital. It is too stuffy there. Continue to support grassroots efforts in the community.

Let the community know your are there and what your services are. I didn't even know about Parkside.

Continue to provide quality mental health care. Continue to evaluate existing programs and new programs for implementation.

Nothing more. They do a lot already.

Get more information out there