



# **POTTAWATOMIE COUNTY** **COMMUNITY HEALTH NEEDS ASSESSMENT**

# 2024

# EXECUTIVE SUMMARY

Nine local organizations collaborated with over sixty multisector community stakeholders to complete the 2024 Pottawatomie County Community Health Needs Assessment (CHNA), aiming to identify and prioritize the health needs of Pottawatomie County, OK. This collaborative effort included partners in healthcare, public health, community-based organizations, and community stakeholders. The goal of this report is to provide a deeper understanding of the health needs in the community and to guide local organizations in developing strategies to address community needs.

## Methods

### Community Survey

A 40-question community survey was developed through a Social Determinants of Health framework, enabling us to better assess the knowledge, attitudes, behaviors, and social factors influencing the health of adults in Pottawatomie County, Oklahoma.

### Focus Groups

Seven discussions to capture the perspectives of underrepresented or underserved community members.

### Secondary Data Collection Analysis

Review of information and data about health, economic, and social factors from publicly available sources.

## Health Priorities: Key Findings

The outcome analysis and review led to the identification of four priority areas to improve health in Pottawatomie County.

- Food Access and Nutrition
- Behavioral Health
- Neighborhood and Built Environment
- Social Connection and Belonging

# Health Priorities: Key Findings

## Food Access and Nutrition Outcomes

This priority area aims to reduce food insecurity by ensuring individuals have access to food while also promoting healthy options to lower the risk of chronic conditions among the population [1, 2]. By addressing food access and nutrition through improved retail options, expanded SNAP benefits at farmers' markets, mobile food markets, fruit and vegetable prescription programs, and the Community Market of Pottawatomie County, communities can foster healthier lifestyles and economic growth, ultimately benefiting all residents.

Key data points from our analysis for this priority area include:

- According to Census data, in Pottawatomie County, approximately **19%** of the population currently experiences food insecurity, compared to **15%** in Oklahoma and **10.5%** nationally. CHNA survey data showed an additional **7%** of Pottawatomie County residents may be at risk for food insecurity.
- Only **23%** of food-insecure respondents had a household income greater than **\$30,000**, compared to **71%** of those not at risk.
- **40%** of respondents who are at risk of being food-insecure also have limited physical abilities due to a disability, handicap, or chronic illness, compared to **19%** of those not at risk.

When asked to picture the healthiest version of their community, one focus group participant said:

**"I think of little grocery stores, you know, in the neighborhoods so people could walk or ride their bike to the grocery store instead of having to get a ride across town to go get just basics."**  
- Community Focus Group Participant





## Behavioral Health

This priority area aims to improve the health and quality of life of individuals affected by behavioral health conditions through prevention, screening, and treatment of identified disorders. Behavioral health, including mental health and substance use, can be improved by expanding access to comprehensive mental health services, integrating behavioral health into primary care, and supporting substance use treatment programs [3, 4]. By promoting mental health awareness campaigns, reducing stigma, implementing early intervention programs, and elevating community-based organizations that support resilience and recovery in substance use prevention and treatment (e.g., faith-based institutions, Gateway to Prevention and Recovery), communities can enhance mental well-being and address substance use issues more effectively.

Key data points from our analysis for this priority area include:

- Over **37%** of respondents saw increasing access to mental health treatment and counseling services as a top priority for improving health in the county, followed by **25%** who felt that addressing substance abuse and addiction should be given top priority.
- Mental and behavioral health services were one of the **top three** leading categories of healthcare that survey participants reported having difficulty accessing.
- One in five survey participants reported experiencing **11 or more** poor mental health days in the last month

**“The [Mental health] resources we have can only take people so far so having other resources to be expanded upon would be seriously wonderful.”**

**- Community Focus Group Participant**



## Neighborhood and Built Environment

This priority area focuses on creating neighborhoods and environments that promote safe and healthy living conditions. Healthy People 2030 and the Robert Wood Johnson Foundation emphasize that enhancing the neighborhood and built environment is crucial for improving community health [5, 6]. Effective strategies for housing affordability include implementing policies that increase the availability of affordable housing and supporting initiatives to improve housing quality through renovations and repairs. Programs that provide rental assistance and emergency housing support can also play a vital role in addressing housing instability. Improving crime and safety involves creating safer community environments through strategies such as enhancing urban planning to include well-lit public spaces, developing community centers that foster social cohesion, and enhancing transportation connectivity. By focusing on these strategies, communities can reduce health disparities, improve mental well-being, and create environments that support better health outcomes.

Key data points from our analysis for this priority area include:

- **10%** of households rely on walking as a primary mode of transportation, while **9%** rely on rides from friends and family
- When community members were asked, ‘Which one of the following do you think your county leaders should give top priority to for the next 3 years?’, the second top response behind crime and safety (**46%**) was Affordable housing (**23%**).
- Over a quarter of households in Pottawatomie County spend more than **30%** of their income on housing, leaving insufficient funds for other essential needs like food and healthcare.

**“The healthiest version is balanced with balance. The same thing you see in the north, you should see in the south. And that is where we’re lacking right now in our community: the balance of emergency assistance, the balance of urgent care, the balance of healthy food markets, and also the balance of transportation.”**

**- Community Focus Group Participant**





## Social Connection and Belonging

This priority area focuses on the enhancement of social and environmental structures to promote healthy living within the population [7]. Enhancing social connection and belonging through increased social connection is vital for overall health. Strategies to promote social connection include supporting community engagement programs, creating inclusive public spaces, and strengthening local social networks. These initiatives help individuals build supportive relationships, reduce social isolation and discrimination, and improve emotional well-being. The links between social connection and health and experiences of discrimination and health are well-established [8]; individuals with strong social ties and few to no experiences of discrimination experience better mental health, lower stress levels, and improved physical health outcomes.

Key data points from our analysis for this priority area include:

- **Over a quarter** of those struggling with social connections report that money is a major stressor in their lives...these individuals are also more likely to describe their current financial situation as living “paycheck to paycheck.”
- Individuals struggling with social connections were more likely to report mental health difficulties for more than **26** of the past 30 days.
- When asked about exercising or engaging in any physical activity outside of work during a normal week, **almost a quarter** of those lacking social connections reported no exercise or physical activity during a normal week.

“It would help me feel more connected to my community if I knew that I was welcomed.”

- Community Focus Group Participant





## Response Strategies

We hope that this CHNA leads to the development of targeted interventions in Pottawatomie County that foster healthier, more equitable communities by engaging community stakeholders and guiding the implementation of actionable health improvement strategies.

You can join health improvement efforts in Pottawatomie County by:

- |                                     |   |
|-------------------------------------|---|
| <b>1. GETTING INVOLVED</b>          | through joining local health committees, task forces, and coalitions to make a difference. Learn more about our task force here: <a href="http://www.gopogo.org">www.gopogo.org</a> |
| <b>2. ADVOCATING FOR CHANGE</b>     | through engaging with government stakeholders by sharing this report with them to help prioritize health issues and secure necessary funding  |
| <b>3. COLLABORATING FOR IMPACT</b>  | through helping foster partnerships among health agencies and community organizations.  |
| <b>4. MONITORING AND EVALUATING</b> | through providing feedback and suggestions to continuously improve health strategies and interventions.   |

This is a call to action for community members and stakeholders to invest in, promote, advocate for, and champion programs, policies, and environments for well-being in Pottawatomie County. Together, we can make a meaningful difference in creating a healthier community. Let us commit to action, collaboration, and sustained effort to build a healthier, more equitable future for all!

# INTRODUCTION

## Scope

In 2024, over 60 multi-sector partners in Pottawatomie County, Oklahoma, conducted the county's first comprehensive, community-driven Community Health Needs Assessment (CHNA), engaging nearly 5% of county residents. This significant milestone was achieved under the leadership of the CHNA task force. The task force, a collective effort of Pottawatomie Go, Avedis Foundation, Community Renewal of Pottawatomie County, Absentee Shawnee Tribal Health System, Citizen Potawatomi Nation, Gateway to Prevention and Recovery, Pottawatomie County Health Department, SSM Health St. Anthony Hospital - Shawnee, played a pivotal role in partnering with the University of Oklahoma Hudson College of Public Health. Together, they co-developed and implemented a community-led CHNA, providing a comprehensive understanding of health behaviors, clinical health outcomes, social and economic factors, and quality of life experiences. This initiative positions the county to make a collective impact on health improvement.

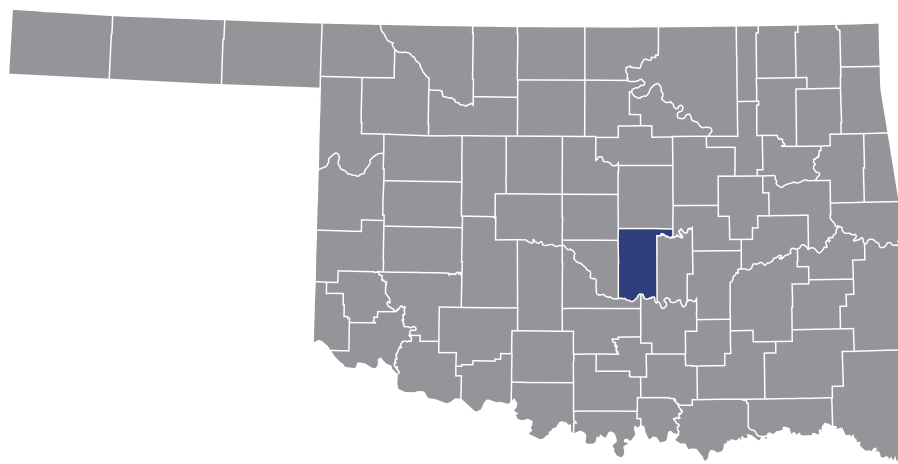




Together, the task force aimed to reduce the number and frequency of surveys being administered in Pottawatomie County. By collaborating for a joint Community Health Needs Assessment, the task force set out to capitalize on and enhance the strategies individual agencies might employ for their own surveys for the purpose of catalyzing collective energy and resources for a successful group assessment relevant to cross-sectional partners. One unique example of this type of collaboration is the joint CHNA's partnership with the Know and Grow project sponsored by the Potts Family Foundation and Legacy Parenting Center. The inclusion of the Know and Grow project's question set in the CHNA survey benefited the assessment by capturing the experience of families, specifically inquiring about the impact of the COVID-19 pandemic on infancy, early childhood, and family. While the Know and Grow project continued to collect valuable primary focus group data from parents, caregivers, and pediatric clinicians, it also exemplified how the joint CHNA enabled multiple agencies to gather survey data from the same community of respondents for health improvement purposes while reducing duplication of work and minimizing the burden on community members. For more information on the Know and Grow project, visit [knowandgrowok.org](http://knowandgrowok.org).

The CHNA was truly a community-led approach, with the CHNA task force setting the effort's scope by preparing a list of known, existing, and potential community resources and service capabilities available in Pottawatomie County. The Hudson College of Public Health was brought in to guide CHNA best practices, refine and validate data collection efforts, provide recommendations and consultation as needed, and produce the final document. The CHNA included a community survey, focus groups, and the gathering and review of publicly available county data to help guide priority areas for improving health in Pottawatomie County. The survey was distributed on paper and electronically throughout the county, reaching 4,183 individuals. The survey results informed the development of questions used in discussions with community members in seven focus groups, reaching 52 individuals. The community's active participation was important and instrumental in shaping the CHNA outcomes. Secondary data was paired with survey and focus group data using an explanatory sequential analysis design to contextualize the survey and focus group outcomes.

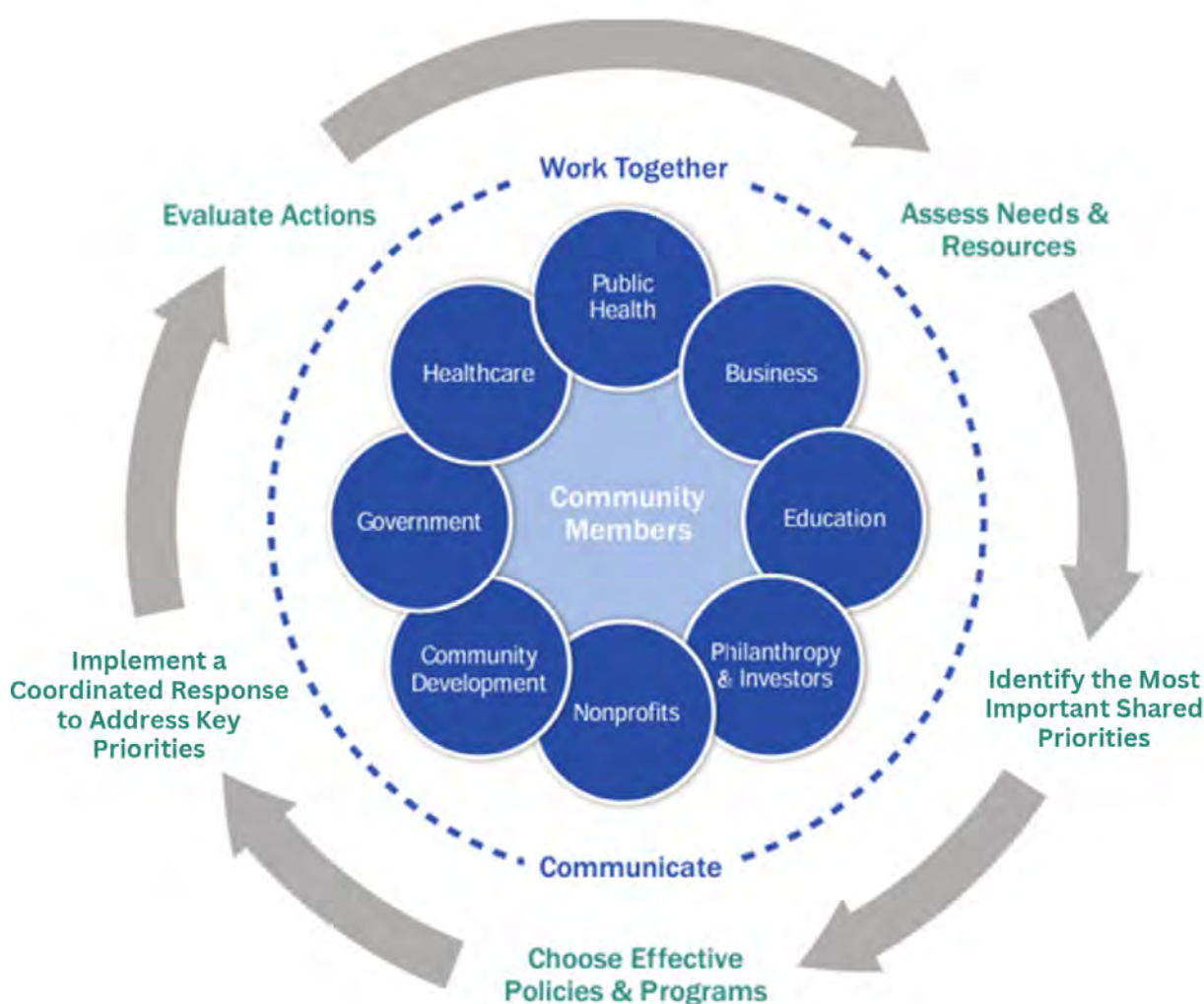
Survey and focus group findings were used to understand health improvement priorities. Each respondent was asked, "...which of the following would you give top priority to..." on various health-related topics. After reviewing the data, four overarching priority areas emerged from the community engagement results and were confirmed by the CHNA task force. Task force members will use the priority areas and the rest of the CHNA data to guide and inform existing and future health improvement efforts. This dedication underscores the task force's overarching goal to work collaboratively with other organizations to improve health in Pottawatomie County.



# Purpose of a Joint Health Assessment

This Pottawatomie County CHNA aims to follow the County Health Rankings and Roadmaps Take Action Cycle, which provides a structured framework for identifying and addressing local health challenges. This process begins with assessing the community's health status through comprehensive data collection and analysis, identifying key areas of need such as chronic disease prevalence, access to healthcare, and social determinants of health. By engaging community stakeholders and prioritizing actionable health improvement strategies, the CHNA aims to develop targeted interventions that foster a healthier, more equitable community.

**Figure 1. Community Health Needs Assessment and Health Improvement Process**



*Adapted from The County Health Rankings & Roadmaps Take Action Cycle*

# Purpose of a Joint Health Assessment

This CHNA approach, a collaborative effort involving healthcare providers, public health agencies, community-based organizations, and other vital community stakeholders, aims to identify and prioritize our community's health needs. This inclusive process is crucial for achieving a collective impact model, ensuring comprehensive data collection, fostering cross-sector partnerships, and effectively aligning resources and strategies to address the most pressing health issues. By involving all stakeholders, we can enhance overall community health outcomes and make everyone a part of the solution.

Additional aims of this CHNA are to:

- Fulfill the Affordable Care Act (ACA) requirement for 501(c)(3) tax-exempt hospitals by conducting a Community Health Needs Assessment (CHNA) every three years and adopting a strategic implementation plan to address identified needs. This CHNA meets the requirement for SSM Health St. Anthony Hospital - Shawnee for 2024.
- Support the Pottawatomie County Health Department Public Health Accreditation Board CHNA requirements.
- Provide local organizations with credible primary data. This data can be used to support funding proposals, empowering these organizations to secure the resources they need to implement health initiatives that will benefit our community.
- Develop and implement a needs assessment that serves as a shared measurement for health in Pottawatomie County.
- Identify and analyze health needs and resources using a social determinants of health lens.
- Establish a baseline of health needs and resources to support future efforts to evaluate the effectiveness of local health improvement strategies.
- Inform the selection and development of future health programs and services.
- Support data-driven legislative action and guide health policy development.



# Overview of CHNA Committee Members



## Absentee Shawnee Tribe Health System

The Absentee Shawnee Tribal Health system provides culturally sensitive, high-quality healthcare for American Indians and Alaska Natives. The system's approach emphasizes health promotion and disease prevention through a holistic and evidence-based practice model. The multidisciplinary team is committed to addressing all health issues and educational needs while ensuring the protection of individual confidentiality.

The range of services includes optometry, behavioral health, dementia care, dental services, diabetes management and wellness programs, family medicine, internal medicine, pediatrics, physical therapy, radiology, women's health, specialty clinics, a walk-in clinic, laboratory services, and a pharmacy.

The Little Axe Clinic, which includes PLUSCARE and the Vision Clinic, is located in Norman, OK. The Shawnee Clinic serves the community of Shawnee, OK.



## Avedis Foundation

The name "Avedis" means the bearer of glad tidings" or "one who brings good news." Established as a private foundation in Shawnee, Oklahoma, in 2012, the Avedis

Foundation is a catalyst for positive change, with a vision to measurably improve the health, wellness, and quality of life for the people of Pottawatomie County and its surrounding communities.

The foundation's signature statement, "We're here for good," reflects both a commitment to the communities it serves and a promise to continue investing in those communities for years to come. The foundation's staff and board of directors consistently assess health, wellness, and quality of life issues, developing new and innovative ways to improve outcomes. Recognizing the significant needs of the communities, the Avedis Foundation is driven by a greater calling to serve. Since 2012, the foundation has invested \$67M in projects, initiatives, and area nonprofits.

The Avedis Foundation supports public agencies, educational institutions, municipalities, and other not-for-profit organizations within Pottawatomie County and the surrounding communities of Seminole, Meeker, Chandler, Prague, and Little Axe. Avedis Foundation is located in Shawnee, Oklahoma.



## Citizen Potawatomi Nation

Citizen Potawatomi Nation Health Services is passionately committed to providing compassionate, quality care and trusted service to the Citizen Potawatomi Nation people and all Native Americans. The comprehensive healthcare services include behavioral health, diabetes management, elder care, Indian child welfare, workforce and social services, two medical clinics, eye care, a chiropractic clinic, a specialty clinic, and dental services. Health services are provided to Native Americans from all federally recognized tribes, as well as selected groups of non-native patients. Our primary service

population resides within Pottawatomie, Lincoln, Logan, Oklahoma, and Cleveland counties. The clinics are located near Shawnee, Oklahoma, ensuring accessible healthcare for our community.



## Community Renewal of Pottawatomie County

Community Renewal of Pottawatomie County is dedicated to fostering better relationships as a foundation for building stronger communities. The organization provides education and opportunities that enhance self and social awareness, self and social management, trust-based relational intervention skills, and parenting techniques. Classes and training programs

are offered to individuals from pre-K through high school and adults. The primary participants include students, parents, caregivers, and neighbors, all working together to create a more connected and supportive community.

Community Renewal proudly serves the greater Shawnee area and is committed to making a positive impact through improved relationships.



## Gateway to Prevention and Recovery

Gateway to Prevention & Recovery is dedicated to supporting individuals and families in Oklahoma on their journey to recovery and greater health through comprehensive prevention, treatment, and wellness services. The

organization offers a range of services, including prevention programs, wellness initiatives, and outpatient behavioral health services, available to anyone seeking support in these areas.

Gateway to Prevention & Recovery has physical offices in Shawnee, Seminole, and Chandler. It ensures accessible care and resources for community members and is committed to providing the tools and support necessary for a healthier, more resilient life.



## Pottawatomie County Health Department

### Pottawatomie County Health Department

The Pottawatomie County Health Department is dedicated to protecting and promoting health, preventing disease and injury, and cultivating conditions

that enable Oklahomans to thrive. They offer a wide range of services, including immunizations, health education, communicable disease surveillance, consumer protection, HIV/STD screenings, car seat programs, SoonerStart, and WIC. The services are available to all citizens in Pottawatomie County and the surrounding areas, ensuring comprehensive care and support for the community.

District 6 also includes Hughes, Seminole, McClain, and Grady counties. The primary site serving Pottawatomie County residents is in Shawnee, Oklahoma.



### Pottawatomie Go (Pogo)

In 2020, Pottawatomie County marked a transformative milestone when the community attained Certified Blue Zones Community Status, a recognition achieved through a partnership between the Avedis Foundation

and Blue Zones LLC. This designation launched the county on a path toward enhanced health and well-being for its residents.

As the initiative progressed, it evolved into **Pottawatomie Go (Pogo)**, a locally focused, wholly-owned subsidiary of the Avedis Foundation. Pogo is a county-wide movement with a goal: to make Pottawatomie County the healthiest in Oklahoma. Working alongside 40 diverse partner organizations, Pogo actively works to shape a future where healthy living is effortless, and every resident can thrive.

Pogo focuses on several key priorities to enhance community health:

- **Mental Well-being:** Collaborating with partners to improve mental well-being by fostering connections, with a vision of a community where everyone feels seen and heard
- **Fruit and Vegetable Consumption:** Increasing nutrition education, awareness, and equitable access to improve fruit and vegetable consumption throughout the community.
- **Active Lifestyle:** Promoting physical activity through community challenges, awareness campaigns, and advocacy for healthy living practices.
- **Built Environment:** Enhancing the built environment to promote physical activity, economic wellbeing, and overall quality of life by supporting safe and active transportation options.
- **Social Connectedness:** Raising awareness about the critical importance of relationships in health outcomes and aligning efforts to combat social isolation.

Based in Shawnee, Oklahoma, Pogo serves all residents of Pottawatomie County, focusing on inclusive health initiatives that benefit everyone. Our office is located at: 420 E. Main Street, Shawnee, OK 74801

For more information on our initiatives and how you can get involved, please visit [www.gopogo.org](http://www.gopogo.org).





## SSM Health St. Anthony Hospital - Shawnee

SSM Health St. Anthony Hospital - Shawnee is dedicated to revealing the healing presence of God. They offer a wide range of medical specialties, including emergency services, women's health, surgical services, cancer care, pulmonology, cardiology, and orthopedics. Their commitment is to serve all populations within the community, ensuring equitable access to comprehensive healthcare services for individuals of all ages, backgrounds, and socioeconomic statuses.

The hospital serves Pottawatomie and Seminole Counties, which account for 75% of the total patient population. Pottawatomie County, located in central Oklahoma, covers 788 square miles, while Seminole County, also in central Oklahoma, spans 633 square miles. The hospital is situated on the north side of Shawnee in the 74804 zip code, while the Seminole Campus is located on the northwest side of Seminole in the 74868 zip code. No group within the community was excluded from this needs assessment.

### At a glance

Admissions	4,455
Outpatient Visits	84,767
ER Visits	47,783
Births	803
Beds	128
Employees	921
Medical Staff	108
Volunteers	50+
Charity Care	\$16,526,747

## Community Feedback on Previous CHNAs

To offer the public a means to provide written feedback, SSM Health posts all of the hospital's previous CHNAs and its most recent Community Health Improvement Plan on its website, along with a contact where written feedback can be provided. At the time the 2024 CHNA was completed, the hospital had not received any written comments about the 2021 CHNA or the 2022-2024 CHIP. The hospital will continue to track submissions made and will ensure that all relevant comments are reviewed and addressed by the appropriate staff.



## University of Oklahoma's Hudson College of Health, Center for Public Health Practice

The University of Oklahoma's Hudson College of Public Health is committed to improving the health and well-being of individuals and communities through exceptional education, research, and service. The college's mission is to train the next generation of public health leaders who will address the diverse health needs of populations locally, nationally, and globally.

The Center for Public Health Practice is embedded in the Department of Health Promotion Science and advances its partners with communities on projects like this to advance its mission: to equip community leaders to establish and bolster thriving communities of public health practice.

Located in Oklahoma City, the Hudson College of Public Health is an integral part of the University of Oklahoma Health Sciences. It proudly partners with stakeholders at the local, state, national, and international levels to enhance public health outcomes through collaborative efforts.

# COMMUNITY HEALTH NEEDS ASSESSMENT

## Methods of Assessment

After conducting surveys with Pottawatomie County community members to explore what residents think and feel about health in our community, we held a series of seven small focus group meetings. These meetings aimed to learn more about what residents feel and to understand why residents think a certain way about health in our community. The survey and focus group discussions used a social determinants of health framework to explore potential solutions to health barriers in the community.

Social determinants of health are non-medical factors and conditions that can impact health. They encompass where people are born, grow, live, work, and age. The survey and focus group meetings asked residents about their health priorities and how they think health could be improved in the community. For the purposes of this Community Health Needs Assessment, the task force defined the community to be assessed as Pottawatomie County. Pottawatomie County was chosen because most of the organizations are based in Shawnee; their primary service areas include most or all of the county. No group within the community was excluded from this needs assessment. To ensure representation from as many community members as possible, inclusive sampling strategies were used in the recruitment approaches for both the survey and focus groups. These strategies are discussed in greater detail in the following pages.



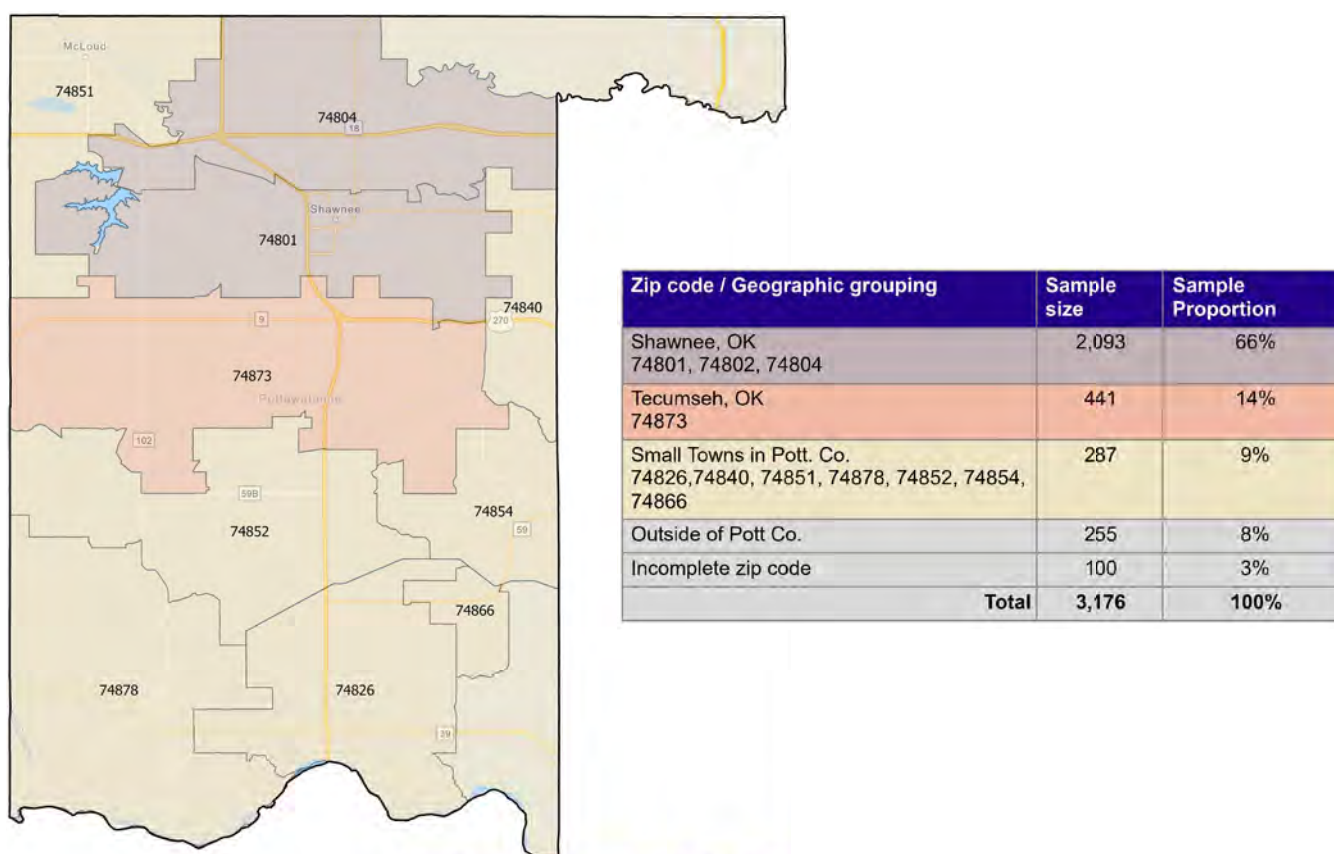
# Surveys and Focus Groups: Primary Data

Primary data was gathered from residents of Pottawatomie County through two methodologies:

- Community Health Survey
- Community Focus Groups

To ensure comparable sample sizes and statistically significant primary data analysis, Pottawatomie County was defined using zip code strata. These strata were created for Shawnee, Tecumseh, and rural Pottawatomie County based on population density and geographical location. For survey respondents in zip codes extending beyond Pottawatomie County borders, the responses were included in the analysis only if the respondents lived or worked within Pottawatomie County. The community definition is illustrated on the following map.

**Figure 2. Pottawatomie County by Zip Code Strata**





## Community Health Survey

A 45-question community health survey was designed by the Pottawatomie County Health Needs Assessment Task Force members and the University of Oklahoma Hudson College of Public Health to collect health needs data for residents of Pottawatomie County. The survey assessed the knowledge, attitudes, behaviors, and factors helping or hindering the health of adults residing and/or employed in Pottawatomie County, Oklahoma. The approximately 10-minute-long survey was created using the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), validated public health survey tools, and questions tailored to Pottawatomie County. These tailored questions aimed to address gaps in data related to current local programming and identify health promotion, disease prevention, and social support service opportunities for existing organizations in Pottawatomie County.

The survey questions were organized into five domains: Social and Economic Factors, Health Behaviors, Clinical Health Outcomes and Experiences, Quality of Life, and Demographics. The survey included qualitative and quantitative assessment components and was distributed using paper, electronic, and mail-based formats. The survey was available for completion from January 1, 2024, through March 25, 2024. Participants were entered into a drawing for one of ten \$100 Visa gift cards provided by the CHNA Task Force.



Participants were recruited through randomized mail-based surveys and convenience sampling via paper and electronic versions. The survey link and QR code were included on postcards, letters mailed to residents of Pottawatomie County, utility bills and through school-based text messages. The link and code were also featured on flyers, websites, and social media posts. Partners distributed paper surveys. A total of 4,183 surveys were returned. Incomplete or duplicated surveys were excluded, along with surveys from respondents under 18 years of age or who did not live or work in Pottawatomie County. Of the returned surveys, 3,176 were deemed usable.

## Community Focus Groups

After breaking down the demographics of the completed surveys and comparing them to the county's population distribution, it was found that certain demographic groups were slightly underrepresented compared to county-level census demographic data. It's important to note that most of these groups experience health inequities and are more vulnerable to negative health outcomes. With this in mind, key partners belonging to each group were mobilized and trained, using a train-the-trainer approach to recruit participants and conduct focus group sessions to capture and better understand community health needs of the following groups.

1. Elderly 70+
2. Young Adults 20-30 in Central Shawnee (zip code 74802)
3. Hispanic and Latino
4. Black and African Americans
5. NW Pottawatomie County

Ten questions were developed for the focus group sessions using preliminary survey results. Each group consisted of six to ten individuals. The goal was to conduct two focus group sessions per priority group. Community partners organized and led intentional and targeted recruitment efforts using a combination of outreach strategies, including social media, paper flyers, and word of mouth. Focus group organizers who were trusted community members with lived and/or shared experiences of the underserved populations in Pottawatomie County were intentionally recruited. Seven focus group sessions were completed, and three were not completed due to limitations related to weather, participant registration, participant interest, and time. At least one focus group was conducted with each of the five priority groups to emphasize the importance of health equity, ensure representation in CHNA data, and elevate the voices of underserved members of the community.

Between April 18 and May 29, 2024, 52 participants engaged in 7 focus groups; both sessions for Hispanic and Latino Adults were conducted in Spanish, while the remaining five were conducted in English. All sessions were recorded, and audio files were anonymously transcribed into text documents in English. Text documents were uploaded to the qualitative data analysis software tool "NVivo 14" for coding. NVivo is a qualitative data analysis software that facilitates the organization, coding, and analysis of textual and multimedia data, making it valuable for systematically interpreting community health needs assessment data to identify key themes and patterns. Key quotes from focus group participants are featured in pink throughout this document."

**Figure 3. Schedule of Focus Group Events Held by Priority Group**

Priority Groups	Focus Group Events
Older Adults 70+	<ul style="list-style-type: none"><li>• 05/13/2024, Shawnee Senior Recreation Center</li></ul>
Young Adults Aged 20-30 in Central Pottawatomie County	<ul style="list-style-type: none"><li>• 04/30/2024, Legacy Parenting Center</li><li>• 05/16/2024, Rolling Hills Community Center</li></ul>
Black and African American Adults	<ul style="list-style-type: none"><li>• 05/29/2024, Gordon Cooper Technology Center</li></ul>
Hispanic or Latino Adults	<ul style="list-style-type: none"><li>• 04/18/2024, Pottawatomie County Health Dept.</li><li>• 05/16/2024, Pottawatomie County Health Dept.</li></ul>
Adults in NW Pottawatomie County	<ul style="list-style-type: none"><li>• 05/14/2024, McLoud Junior High School</li></ul>

# Community Health Profile: Secondary Data

The secondary data indicators included in this CHNA were collected to contextualize the survey and focus group data, which we have organized into five domains:

- Health behaviors
- Clinical health outcomes experiences
- Social and economic factors
- Quality of life experiences

For the sake of thoroughness, we included additional indicators that either corresponded to the emerging themes in the survey and focus group data or were part of previous Pottawatomie County CHNAs. All data in this report represent the most recent year available for health topics.

## Analysis

### Primary Data

Statistical analysis of quantitative community health survey data was performed using R statistical software (n=3,176). Various stratifications were conducted, and chi-square analyses were completed to determine significant differences in data output (p-value <0.05). All data were de-identified and weighted using 2022 aggregate census data for Pottawatomie County.

Three coders read through the transcript text to identify keywords and assemble a list of recurring themes and categories. Each theme/category was defined as a code through an iterative process of applying codes to subsequent transcripts and reconciling coding differences until an acceptable agreement on the codebook was reached. The second stage of analysis involved focus coding to eliminate, combine, and subdivide coding categories identified in the first step. The content analysis enabled us to systematically code each transcript by organizing the statements into categories, yielding comparisons across participant group responses. This led to the discovery of patterns that could be undetectable with listening and reading alone. Results from the focus group analysis are included in the outcomes section below.

### Secondary Data

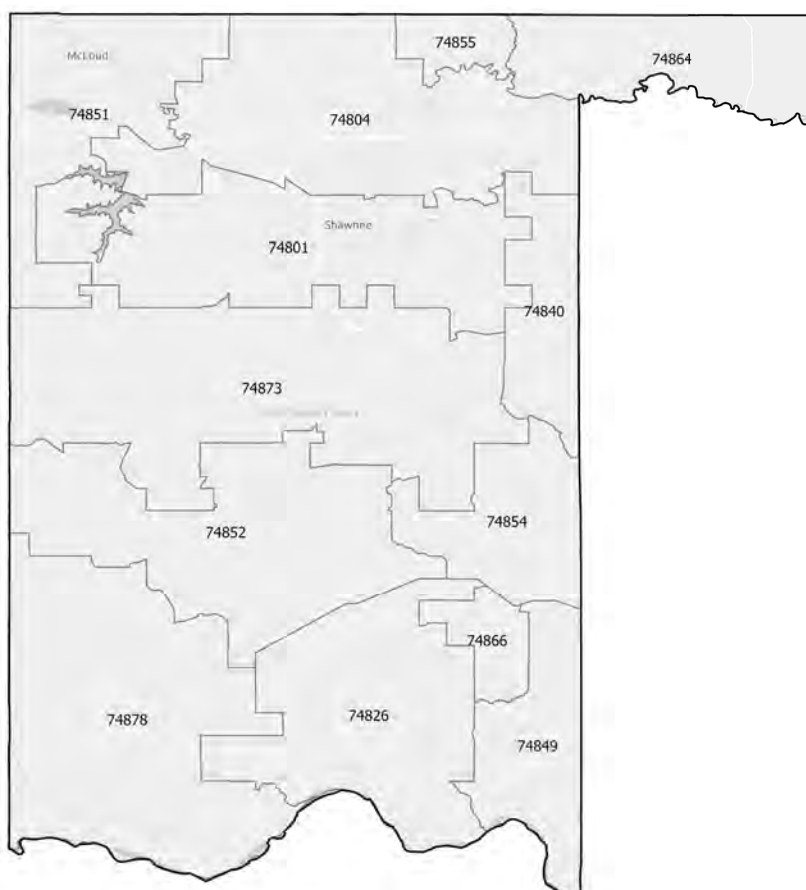
Approximately 100 indicators from secondary data sources were reviewed, including health outcomes and associated health factors for Pottawatomie County residents related to demographic data, mortality data, economic and social factors, education, neighborhood and built environment, and health care access and quality. All indicators were assessed through the lens of health equity while considering the social determinants of health framework. Secondary data collection and analysis aimed to not only identify existing disparities but also to highlight opportunities to improve health equity while providing context around primary data points.

# Outcomes

## Pottawatomie County Community Profile & Description of Community

Pottawatomie County is 788 square miles in central Oklahoma, which includes thirteen zip codes that fall within the county boundaries either fully or partially. Shawnee and Tecumseh are two of the largest cities in the county, accompanied by a vibrant array of tight-knit small and rural town communities. The county, with a population of approximately 73,791 [9], showcases urban and rural characteristics. Notably, the county has a higher proportion of Native American residents compared to state and national averages, which underscores the importance of culturally tailored health improvement strategies and interventions. Sovereign tribal nations within the Pottawatomie County region include the Absentee Shawnee Tribe, Citizen Potawatomi Nation, Kickapoo Tribe, and the Sac and Fox Nation. For our survey and focus groups, we defined Pottawatomie County community members as anyone who lives or works there. SSM Health St. Anthony Hospital - Shawnee is located on the north side of Shawnee in the 74804 zip code, and its primary service area includes Pottawatomie County and neighboring Seminole County. No group within the community was excluded from this needs assessment. This diverse mix of urban hubs and rural landscapes contributes to a unique cultural and economic fabric, where agricultural traditions meet modern developments, creating a distinct community identity.

**Figure 4. Map of Pottawatomie County by Zip Code**





**Figure 5. Table of Pottawatomie County Demographics**

<b>Pottawatomie County Demographics</b>	<b>Category</b>	<b>County Census Data*</b>	<b>County Survey Data</b>
Age	0-9 years	11%	Individuals under 18 were not included in the survey
	10-19 years	15%	
	20-29 years	13%	12.3%
	30-39 years	12%	18%
	40-49 years	13%	19.3%
	50-59 years	13%	17%
	60-69 years	11%	18.5%
	70-79 years	8%	11.4%
	80+ years	4%	3.5%
Race and Ethnicity	White	70.0%	78%
	Black or African American	3.0%	2.7%
	American Indian and Alaska Native	11.0%	14%
	Asian	1.0%	0.6%
	Native Hawaiian and Other Pacific Islander	0.1%	0.2%
	Hispanic or Latino	6.0%	2.5%
	Two or More Races	9.0%	1.7%
Marital Status	Not Married	21%	19%
	Married	51%	54%
	Divorced	14%	16%
	Widowed	14%	8%
	Other	NA	3%
Disability Status	For people under 65	13.3%	NA
Veteran Status	Yes	8.5%	8.6%
	No	91.5%	91.4%

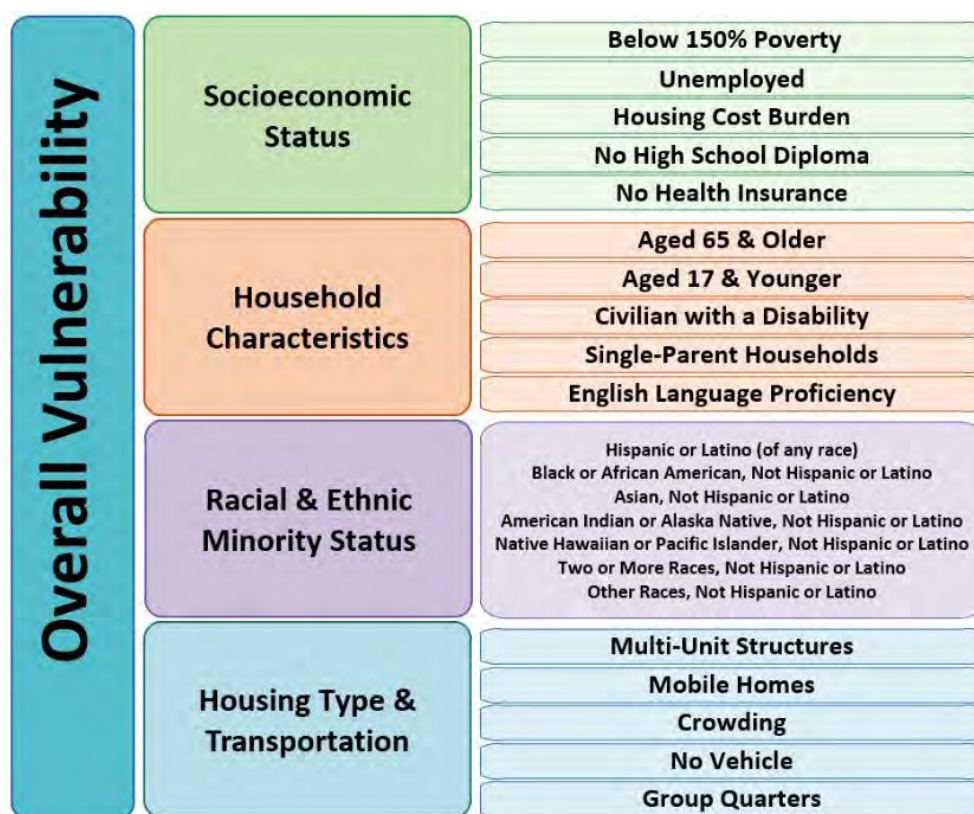
Notes: “NA” is not available because the survey question used in the Pottawatomie County CHNA Survey included individuals reporting any limitation due to physical disability rather than only including individuals with a federally recognized disability designation. County Census data is the latest data available from the United States Census Bureau U.S. American Community Survey using 1-year estimates when 5-year estimates are not available. County survey data is from the 2024 Pottawatomie County CHNA survey. Some categories from the United States Census may not add up to 100% due to rounding, estimations, or people who selected multiple categories that reflect their diverse backgrounds. Additional demographics, such as education attainment and household income data for Pottawatomie County, are included in the social and economic factors section.

## Vulnerable Populations, Social Determinants of Health, and Health Equity

### Social Vulnerability

Social vulnerability looks at the factors that can make it more difficult for a community to recover from disease outbreaks, natural hazards, human-caused disasters, and other stressors that can disrupt livelihoods. To determine which communities are at the highest risk, the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry created a Social Vulnerability Index (SVI) using census data from four areas: Socioeconomic Status, Household Characteristics, Racial and Ethnic Minority Status, and Housing Type and Transportation. Each core area includes factors that contribute to the vulnerability of a community (see Overall Vulnerability graphic) [10].

Figure 6. Vulnerability Areas Identified by the Centers for Disease Control and Prevention [11]

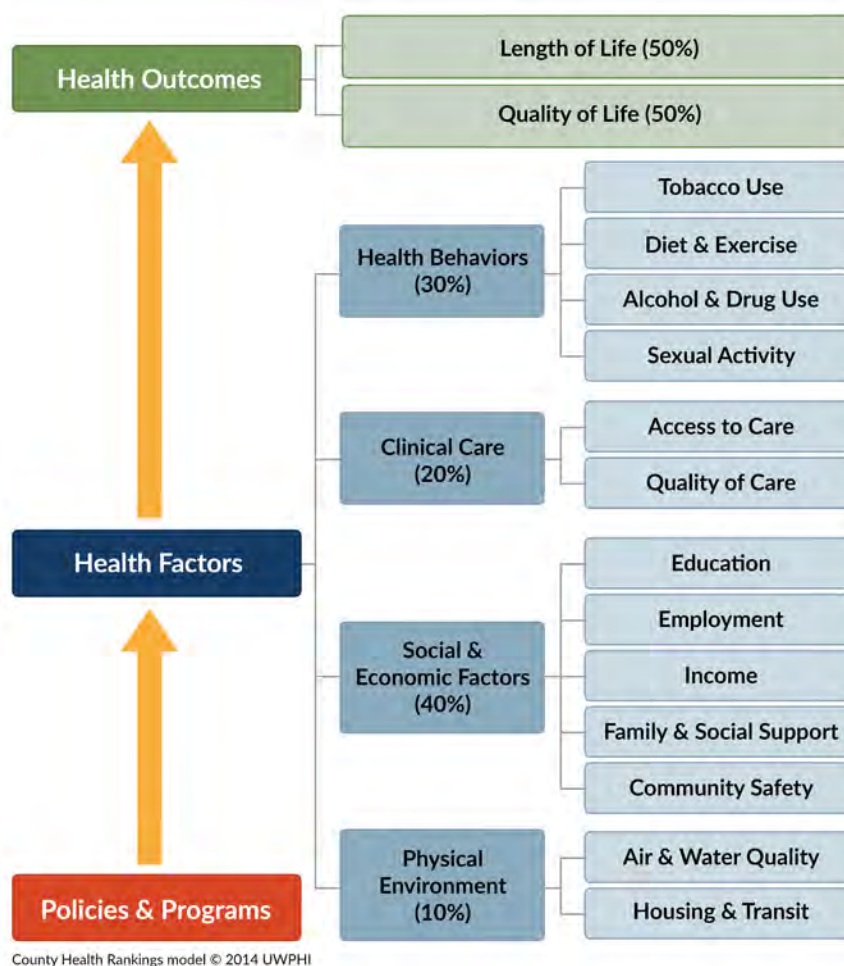


Each variable is combined to create an overall SVI score. The scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). According to the CDC's 2022 Social Vulnerability Index (SVI), Pottawatomie County scored 0.7496 [12]. This score indicates that the county has a medium to high level of vulnerability, marking it an important metric to consider when looking at health improvement strategies.

## Social Determinants of Health

Social determinants of health are the conditions in which people are born, grow, live, work, and age. These include socioeconomic status, education, neighborhood environment, employment, social support networks, and access to healthcare. Many of the factors used to determine social vulnerability are social determinants of health. These determinants have a significant impact on health disparities and inequities. In fact, they can have a greater impact on health than lifestyle choices, genetic factors, or healthcare. Some examples of social determinants of health include access to nutritious foods, safe housing, and job opportunities [13]. The CHNA looks at how social determinants of health impact health outcomes in Pottawatomie County. Improving health in our community will require multiple sectors working together to address various social determinants of health.

The County Health Rankings model helps us understand what influences the health of a community [14]. Many factors working together affect an individual's and community's health. About 30% of health outcomes are determined by health behaviors like diet and exercise, 20% by clinical care such as access to doctors and quality of care, 40% by social and economic factors like education, income, and community safety, and 10% by the physical environment, which includes air and water quality. This model highlights the importance of where we live, work, and play and illustrates that other things have just as significant an impact on our health as medical care. By looking at all these areas, we can see a complete picture of what affects our health and find ways to improve it for everyone [15].



## Health Equity

Health equity is closely tied to social determinants of health, both of which can impact health in positive and negative ways. By examining disparities through the lens of health equity, we aim to uncover the root causes of these differences and develop targeted strategies to address them.

The CHNA highlights community-specific outcomes by focusing on statistically significant differences based on geographic location, income, social connections, and food security status. Central to this analysis is health equity, which ensures everyone has a fair and just opportunity to achieve their highest level of health. Health equity goes beyond equality by addressing the needs of those facing greater social, economic, and environmental disadvantages.

By identifying the specific barriers faced by marginalized or disadvantaged groups, communities can develop targeted interventions and strategies to address these inequities. This work is not done in isolation but in collaboration with various stakeholders, ultimately working towards a more equitable distribution of health resources and opportunities. The goal is to ensure every community member can attain their full health potential. It aims to inspire collaborative action to eliminate health disparities and promote a healthier, more equitable community for all.

**“The healthiest version [of our community] is balanced with balance. The same thing you see on the north, you should see in the south. And that is where we’re lacking right now in our community: the balance of emergency assistance, the balance of urgent care, the balance of healthy food markets, and the balance of transportation.”**





# HEALTH BEHAVIORS

Health behaviors, such as diet and nutrition, physical activity, tobacco use, substance use, alcohol consumption, and sleep, have a direct and major influence on the prevalence of chronic diseases, mortality rates, and quality of life. These behaviors play a pivotal role in determining a community's overall health [17, 18]. Understanding and addressing these behaviors is essential for the public health and healthcare sectors to implement effective strategies for improving community health [19, 20].

**Figure 8. Comparison of Health Behaviors Across the County, State, and National Levels**

Health Behavior	Pott. Co.	Oklahoma	U.S.
*Adult Smoking	20%	18%	15%
Adult Obesity	42%	40%	34%
Drug Overdose Death Rate	20 per 100,000	20 per 100,000	27 per 100,000
Excessive Drinking	14%	14%	18%
Physical Inactivity	28%	27%	23%
**Insufficient Sleep	37%	34%	33%
***Food Insecurity	19%	15%	10.5%

Notes: Data included in this table is from the latest available data sourced from County Health Rankings and Roadmaps \*Defined as the percentage of adults who currently use tobacco products. \*\*Defined as adults that are getting less than 7 hours of sleep across a 24-hour period. \*\*\*Defined as the percentage of individuals not able to access food consistently.





## Tobacco Use

Tobacco use is one of the leading preventable causes of death and disease. Smoking causes about 480,000 deaths per year in the United States, accounting for nearly one in five deaths [21]. Smoking increases the risk of developing heart disease, stroke, lung disease, and various cancers. Quitting smoking can significantly reduce these risks; within a year of quitting, the risk of a heart attack drops sharply, and within 2 to 5 years, the risk of stroke could fall to about that of a nonsmoker [22].

Forty-five percent of survey participants have, at some point in their lives, regularly used a form of tobacco.

This includes cigarettes, smokeless tobacco like dip or chewing tobacco, and electronic cigarettes/vaping devices. Of those respondents reporting having ever used tobacco, 45% report daily or current tobacco use, while 14% report currently using tobacco “some days.”

Interestingly, results showed that Pottawatomie County residents who report experiencing social connectedness are significantly less likely to use tobacco products than residents not experiencing social connectedness.

This highlights how improving social connectedness in Pottawatomie County may not only enhance overall well-being but also serve as an effective strategy for tobacco cessation, providing dual benefits in the County.

# Obesity

Obesity significantly impacts health outcomes, increasing the risk of chronic diseases such as heart disease, diabetes, and certain cancers.

In Pottawatomie County, OK, the obesity rate mirrors trends observed statewide and nationally, with about 42% of adults being classified as obese, compared to 40% in Oklahoma and 34% across the United States [23].

Socioeconomic factors, such as lower income and education levels, contribute to higher obesity rates by limiting access to healthy foods and opportunities for physical activity [24]. From a community health perspective, addressing obesity is challenging due to its substantial economic impact, the unknown complexities surrounding its root causes, and its communicable-like nature, which makes treatment by a healthcare provider very difficult [25]. The economic burden of obesity is significant, contributing to increased healthcare costs and workforce productivity losses, which strains community resources. Addressing obesity requires a multifaceted approach, including community-based interventions, policy changes to improve food environments, and promoting physical activity [26].



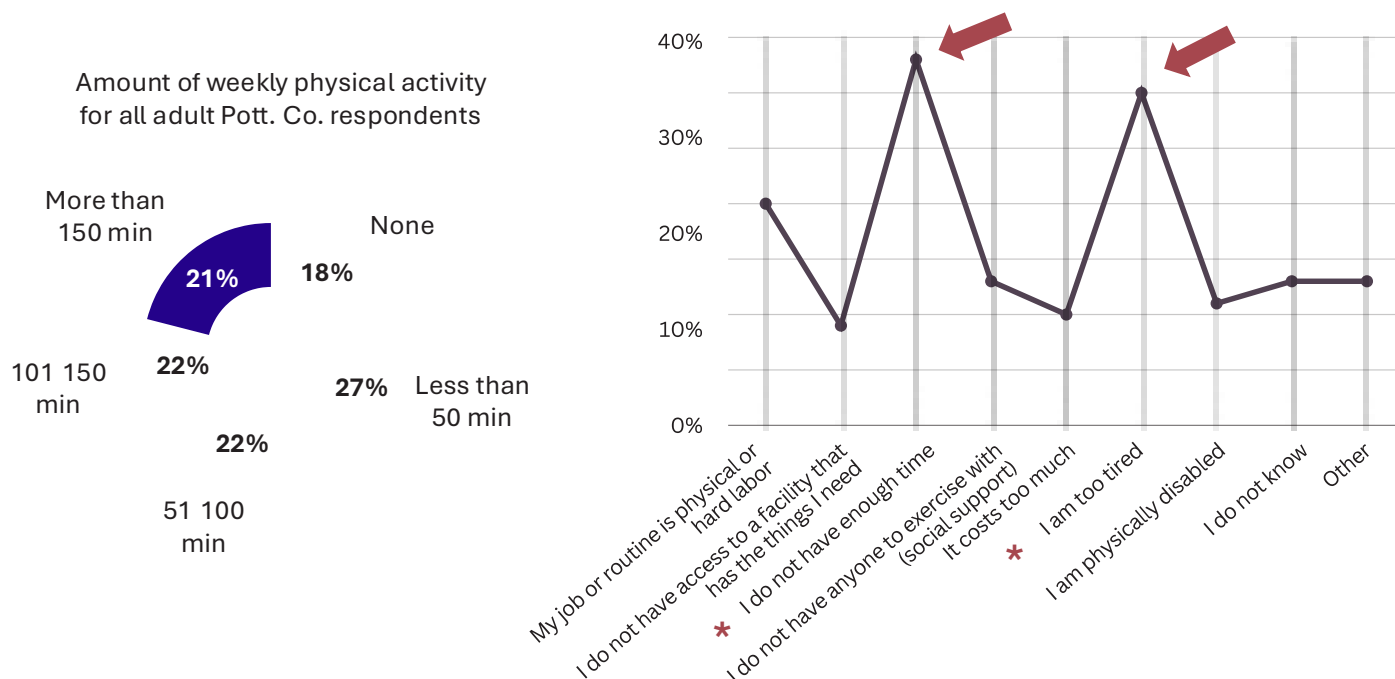


# Physical Activity

Physical inactivity is one of the leading risk factors for noncommunicable diseases and death worldwide. Alternately, regular physical activity reduces the risk of many types of cancer by 8–28%, heart disease and stroke by 19%, diabetes by 17%, depression and dementia by 28–32% [27, 28]. Regular physical activity is essential for maintaining a healthy weight, strengthening the cardiovascular system, improving mental health, and reducing the risk of chronic diseases. About 1 in 10 premature deaths could be prevented through physical activity [29]. Physically active adults are at a lower risk for many chronic diseases, including heart disease, stroke, type 2 diabetes, depression, and some cancers [30].

During a normal work week, CHNA survey respondents reported varying amounts of time spent exercising or engaging in physical activity outside of work. Of the respondents, 16% spent no time exercising, while 27% engaged in less than 50 minutes of physical activity per week. Another 22% exercised between 50 and 100 minutes weekly, and 12% reported engaging in physical activity for 101 to 150 minutes each week. Finally, 21% spent 150 minutes or more per week exercising or participating in physical activities like walking, cycling, or sports.

**Figure 9. Barriers to Exercise and Physical Activities Among Pottawatomie County Residents**



The top 3 reasons respondents do not exercise or engage in physical activity for the recommended total of 150 minutes per week were: “I do not have enough time” (33%), “I am too tired” (30%), and “My job or routine is physical or hard labor” (20%).

Only 27% of adults in Pottawatomie County who do not report being socially connected exercise more than 101 minutes per week compared to 39% of adults in Pottawatomie County who report being socially connected.





## Sleep

Adequate and quality sleep is crucial for overall health and well-being. Insufficient sleep is linked to an increased risk of many serious health problems, including obesity, cardiovascular disease, diabetes, and mental health disorders, such as anxiety and depression [31].

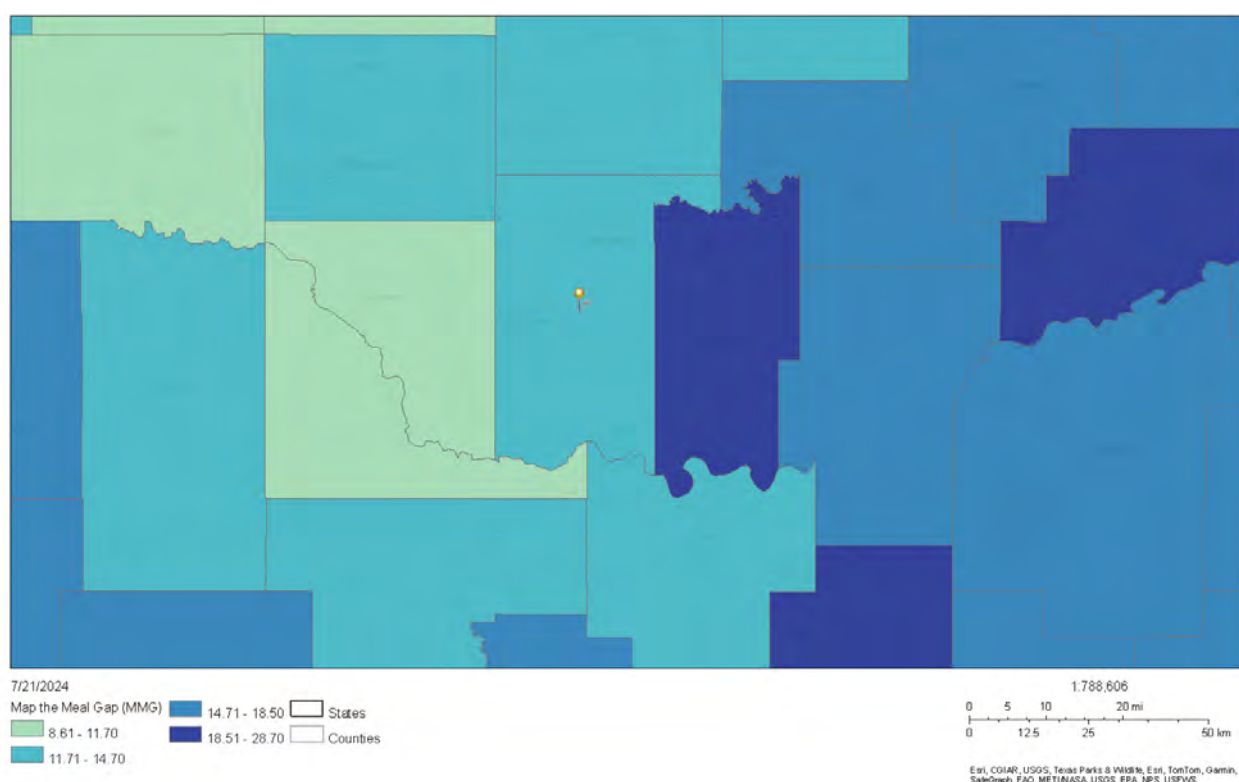
The most recent data on sleep showed that 37% of adults in Pottawatomie County report sleeping less than 7 hours each day.

This is slightly higher than the prevalence of insufficient sleep in Oklahoma (34%) and the national average (33%). Adults who get at least 7 hours of sleep per night have a lower risk of these conditions and enjoy better overall health [32].

# Food Access and Nutrition

The following map shows local-level estimates of food insecurity and food costs for Pottawatomie County and surrounding counties [33]. The data is from Feeding America's Map the Meal Gap (MMG) study. The MMG considers food access, related determinants (unemployment, poverty, homeownership, etc.), and population ethnicity percentages to create an estimated food insecurity rate for each county in the country. Higher MMG rates indicate higher food insecurity [34]. As demonstrated in the map below, Pottawatomie County sits between a low-rated county (Cleveland) with relatively low food insecurity and a high-rated county (Seminole) with relatively high food insecurity.

**Figure 10. Map the Meal Gap Food Insecurity Levels by Counties in Oklahoma**



*The map above shows the Map the Meal Gap (MMG) percentage of persons with food insecurity rate by county. The MMG rate levels are reflected in different shades of blue, with the darkest shade of blue indicating the highest rate of food insecurity.*

Access to healthy foods is crucial in shaping dietary patterns and overall diet quality [35]. Research consistently demonstrates a strong association between food insecurity and chronic diseases [36, 37], quality of life, and well-being [38, 39]. Poor diet is a major contributor to obesity, diabetes, cardiovascular diseases, and certain cancers. Dietary risks were responsible for 11 million deaths globally in 2017 [40]. Conversely, a healthy diet rich in fruits, vegetables, whole grains, and lean proteins can reduce these risks. A diet high in fruits and vegetables can lower the risk of heart disease by up to 30% [41].



Most survey respondents (94%) shop at grocery stores for food and groceries. Other common locations for food access include dollar stores (31%), Community Market (15%), and farmers markets (10%). Convenience stores or gas stations are used by 7.2%, and 4.7% shop at health food stores. Additionally, 221 respondents (6.5%) rely on churches or food pantries.

Among all survey participants, when asked what would help increase fruit and vegetable consumption, the top 3 strategies were:

- “Finding fruits and veggies I enjoy” (35%).
- “Having a better selection of them at my grocery store” (27%).
- “Having more time in my schedule to prepare them” (20%).

Overall, our survey results indicated that roughly 1 in 4, or 26%, of Pottawatomie County residents may be at risk of experiencing food insecurity. This estimate is higher than U.S. Census data that reports 19% of Pottawatomie County residents experience food insecurity because our estimate includes both individuals currently experiencing food insecurity and those at risk for food insecurity.

This was done to get a better sense of how great the need is for comprehensive strategies to address current and potential future needs. Among those who may be at risk for experiencing food insecurity, when asked what would help increase fruit and vegetable consumption, the top 3 strategies were:

- “Finding fruits and vegetables I enjoy eating” (40%).
- “If I could buy more of them with EBT/FoodShare or SNAP benefits” (33%).
- “Having a better selection of them at my grocery store” (24%).

The differences between these results highlight how strategies to improve access to community services and resources, such as nutritious foods, should consider tailored approaches for the most at-risk groups in the community.



# Health Outcomes and Clinical Experiences

Chronic conditions significantly impact the health outcomes of communities, influencing mortality rates, quality of life, and healthcare costs [42].

The top four chronic conditions—heart disease, cancer, chronic respiratory diseases, and diabetes—are leading causes of death and disability in Pottawatomie County [43].

Understanding the risk factors and comorbidities associated with these conditions is crucial for developing effective public health interventions and healthcare strategies [44].





Figure 11. Health Access and Outcomes by County, State, and National Level

Measure	Definition	Pott. Co.	Oklahoma	U.S.
Heart Disease <sup>a</sup>	Age-Adjusted Death Rate per 100,000	274.5	247.7	167.5
Cancer <sup>a</sup>	Age-Adjusted Death Rate per 100,000	202.2	175.4	146.0
Diabetes <sup>a</sup>	Age-Adjusted Prevalence Rate per 100,000	38.8	32.1	23.5
Chronic Lower Respiratory Disease <sup>b</sup>	Age-Adjusted Death Rate per 100,000	68.5	62.3	44.2
Health Insurance <sup>c</sup>	<b>Medicare:</b> Individuals covered by Medicare, Medicare Advantage, or have Medicare and another type of coverage where Medicare is the primary payer	NA	15.2%	14.6%
	<b>Medicaid:</b> Individuals covered by Medicaid, Medical Assistance, or CHIP, as well as those who have both Medicaid and another type of coverage	NA	21.9%	21.2%
	<b>Employer:</b> Includes those covered through a current or former employer or union, either as a policyholder or as a dependent	NA	43.2%	48.7%
	<b>Military:</b> Includes those covered under the military or Veterans Administration	NA	2.0%	1.3%
	<b>Non-Group:</b> Includes those covered by a policy purchased directly from an insurance company, either as a policyholder or as a dependent	NA	5.7%	6.3%
	<b>Uninsured:</b> Includes those without health insurance and those who have coverage under the Indian Health Service only	NA	11.9%	8.0%
Substance Abuse <sup>d</sup>	Alcohol-Impaired Driving Death Rate per 100,000	19.0	27.0	26.0
Drug Overdose <sup>d</sup>	Age-Adjusted Death Rate per 100,000	26.9	30.7	32.4
Primary Care Providers <sup>d</sup>	Ratio of population to primary care physicians	3,320:1	1,690:1	1,330:1
Mental Health Providers <sup>d</sup>	Ratio of population to mental health providers	290:1	230:1	320:1
Teen Birth Rate <sup>d</sup>	Births per 1,000 females	27.0	27.0	17.0
Prenatal Care <sup>e</sup>	Percentage of people who receive inadequate or no prenatal care	36%	14.9%	14.8%
Infant Mortality <sup>e</sup>	Infant deaths per 1,000 live births	9.0	6.9	5.6
Maternal Mortality <sup>e</sup>	Maternal deaths per 100,000 live births	NA	31.0	22.3

Notes: Data included is from the latest data available and is sourced from the National Institute of Health<sup>a</sup>, Centers for Disease Control and Prevention<sup>b</sup>, the United States Census Bureau U.S. American Community Survey using 1-year estimates when 5-year estimates are not available<sup>c</sup>, County Health Rankings and Roadmaps<sup>e</sup>, or March of Dimes National Center for Health Statistics. “NA” indicates the data was not available or is used when the available estimates vary significantly (e.g., the uninsured rate for Pottawatomie County as reported by County Health Rankings as 17% compared to the American Community Survey metric reported as 11.3%).



Heart disease is the leading cause of death in the United States and Pottawatomie County; it is responsible for about 1 in every 5 deaths [45]. Major risk factors include high blood pressure, high cholesterol, smoking, obesity, and physical inactivity [46].

Heart disease often occurs with other chronic conditions, such as diabetes and chronic kidney disease, compounding its impact on health outcomes [47]. Managing risk factors through lifestyle changes and medical interventions can significantly reduce the incidence and severity of heart disease [48].



Cancer is in the top five as a leading cause of death nationally and in Pottawatomie County. However, this rate varies by demographic factors, with higher rates among men (173.2 per 100,000) compared to women (126.4 per 100,000) and the highest rate observed in non-Hispanic Black men (208.3 per 100,000) [49-51].

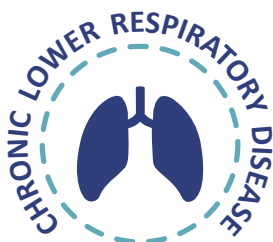
The most common types include breast, lung, prostate, and colorectal cancers [50]. Key risk factors for cancer include tobacco use, poor diet, physical inactivity, excessive alcohol consumption, and exposure to carcinogens [52]. Many cancers are also associated with co-occurring health conditions, such as heart disease and diabetes, which can complicate treatment and worsen outcomes [53]. Early detection and preventive measures can significantly reduce risk and cancer mortality rates [54].



Diabetes affects over 38.4 million people in the United States [55]. The condition significantly increases the risk of heart disease, stroke, kidney failure, and lower-limb amputations [56]. Risk factors for diabetes include obesity, physical inactivity, poor diet, and a family history of diabetes [57].

In Pottawatomie County, the age-adjusted prevalence rate of diabetes is 38.3%, which is higher than both the state of Oklahoma's rate of 32.1% and the national average of 23.5% in the United States.

However, actions can be taken to reduce individual risk and lighten the impact, such as increasing physical activity, consuming a more nutritious diet, taking necessary medications, and talking to your doctor about your family history [56].



Chronic lower respiratory disease, including chronic obstructive pulmonary disease (COPD) and asthma, are major causes of death and disease, with the death rate of chronic respiratory disease in Pottawatomie County being higher than both the state and national rates. COPD alone was responsible for about 138,825 deaths in the United States in 2021 [58].

Smoking is the primary risk factor for COPD, while asthma is often triggered by environmental factors such as allergens and air pollution [59].

These conditions frequently coexist with other chronic diseases like heart disease and diabetes, increasing the overall burden on patients [60]. Effective management of respiratory diseases through smoking cessation, medication, and environmental controls can improve quality of life and reduce healthcare costs [59].



“It’s important that everyone is treated with dignity and respect, regardless of race.”

## Healthcare Access

Access to healthcare in Pottawatomie County, OK, is influenced by multiple dimensions, including the availability of health services, transportation, and health insurance coverage. Approximately 1 in 9 of the county’s residents are uninsured, significantly limiting their access to necessary medical care and preventive services [61]. Socioeconomic factors such as low income and education levels further exacerbate these barriers, as individuals with lower incomes often cannot afford out-of-pocket healthcare expenses, and those with less education may lack awareness about available health services [62]. Rural settings compound these issues with fewer healthcare facilities, fewer specialty services, fewer providers, and longer travel distances to reach care providers [63].

The highest percentage of CHNA survey respondents (45%) have private health insurance purchased from their employer or workplace, while Medicare covers 20%. The remaining respondents have coverage through Medicaid (12%), private insurance purchased from healthcare.gov or directly from an insurance company (6.8%), Indian Health services (4.6%), and military healthcare (3.4%). Approximately 5.5% of respondents reported not having any type of health insurance coverage. While these percentages were different than publicly available data on insurance status in Pottawatomie County, which could be a result of insufficient survey sampling or skewed projections in public data, they were useful in our analysis to better understand factors affecting access to healthcare services among various patient groups.

Fifty-seven percent of respondents reported having no trouble getting healthcare from a provider or facility, while 43% reported difficulty getting healthcare from a provider. For those facing barriers, the top 3 health services reported as difficult to access are Dental health (23%), Eye care (17%), and Mental and behavioral health services (10%). When asked to select options that would make it easier to access healthcare services, 45% suggested lowering the cost associated with services, 24% indicated increasing the number of options for appointment times, and 21% would like to see reduced wait times to see providers.

When asked where survey respondents go for healthcare services, 78% visit their primary care in person, 32% visit urgent care, 17% visit the emergency room for direct care, 13% access tribal health clinics/IHS, 8.5% visit their primary care through telehealth, and 5.7% visit the health department. Approximately 3% of respondents report having gone untreated.

Over 50 concerns were shared during focus group sessions pertaining to barriers and obstacles to accessing healthcare services. These concerns were organized into the following identified categories: 1) accessibility due to travel or insurance coverage limitations, 2) cost, 3) concern around quality of care and social judgment, 4) language barriers, and 5) concern around discriminatory or unfair treatment.



## Maternal and Child Health

Maternal and child health outcomes in Pottawatomie County, Oklahoma, are influenced by a variety of factors, including access to prenatal care, smoking during pregnancy, unhealthy pre-pregnancy weight, diabetes, and more.

Racial disparities significantly affect these outcomes, with Black and African American infants experiencing preterm birth rates nearly twice as high as their White counterparts (14.6% vs. 9.4%) [64, 65]. Additionally, social determinants of health, such as income and education, play crucial roles in shaping these disparities, highlighting the need for targeted interventions to support under-resourced communities [64].

Addressing these issues can improve health outcomes for all mothers and children in Pottawatomie County, Oklahoma. The high rate of infant mortality in Pottawatomie County reflects broader challenges that will require a comprehensive approach, such as improving access to healthcare, supporting maternal health through policy changes, and addressing social and economic conditions that affect expectant mothers [64].



## Know and Grow Survey Data collected on Children and Families

The following data narrative describes the results of the question set sponsored in partnership by the Potts Family Foundation and Legacy Parenting Center for the Know and Grow project. This data provides unprecedented baseline data on early family challenges for Pottawatomie County. As the Potts Family Foundation continues to collect this information across the state, the UCHNA task force anticipates future opportunities to support and collaborate on efforts to address the issues highlighted through this data.

Since March 2019, families with children born during this period have experienced various challenges and outcomes. A recent Potts Family Foundation survey revealed that 23% of these children were referred to speech therapy, physical or occupational therapy, or SoonerStart. SoonerStart is the state's early intervention program serving families with infants or toddlers (ages birth to 3 years old) with developmental delays and/or disabilities [66]. In comparison, 73% had not been referred, and 4% of respondents were unsure.

Regarding providing food and other essentials, 63% of families reported always being able to meet their children's needs, 26% managed most of the time, 2.6% about half the time, 4.5% sometimes, and 3.3% were never able to provide all necessities. Emotional well-being has also been affected, with 4.7% of parents feeling too sad or anxious to care for their children daily, 3.5% frequently, 15% sometimes, 22% rarely, and 55% never experiencing such difficulties.

The impact of COVID-19 on households in Pottawatomie County was widespread, with 46% reporting that both adults and children contracted the virus, 27% indicating a parent was diagnosed, 24% reporting no cases, and smaller percentages reporting diagnoses in children born before or after March 2019.



Families in Pottawatomie County with children under 18 who rely on childcare services such as before-and-after-school care have varied levels of satisfaction across various aspects of care. For the location of care facilities, 72% rated it as not applicable, while 15% were very satisfied, 6.5% were somewhat satisfied, 2.9% were somewhat dissatisfied, and 4% were very dissatisfied. Regarding the quality of care provided, 72% also indicated it was not applicable, with 15% very satisfied, 8.1% somewhat satisfied, 2.8% somewhat dissatisfied, and 2.3% very dissatisfied. Satisfaction with the hours of care provided showed similar trends, with 72% not applicable, 15% very satisfied, 8% somewhat satisfied, 2.4% somewhat dissatisfied, and 2.9% very dissatisfied. When considering the cost of services, 74% said it was not applicable, while 9.3% were very satisfied, 8.6% were somewhat satisfied, 3.7% were somewhat dissatisfied, and 4.6% were very dissatisfied. Lastly, regarding the stability of care due to sickness or other policies, 72% indicated it was not applicable, 11% were very satisfied, 8.3% were somewhat satisfied, 4.9% were somewhat dissatisfied, and 3.7% were very dissatisfied.

While those utilizing childcare services are generally satisfied, 56% of survey respondents reported they would pursue employment or school if adequate childcare services were more available and affordable in their community.

During focus groups, one topic that organically surfaced during all seven events was the well-being of children and youth in Pottawatomie County. While some conversations explored existing and needed resources to support parents with youth, many others emphasized the importance of investing in youth in a variety of other ways. Community members discussed expanding community services and resources to include wholesome and engaging entertainment activities, diverse and approachable mental health resources, extracurricular education opportunities, and opportunities to promote social connection through mentorship and community engagement.

**“In an ideal community, we’d have recreation centers [all] age groups...I know the schools have activities, but how about a place for where kids to go of different ages, like a boy’s club, girl’s clubs, something like that in town. That would be kind of neat. That would contribute to emotional and mental health, not just physical health.”**



## Behavioral Health

Behavioral health is the science of promoting mental well-being as well as the prevention and treatment of substance use and mental health disorders. Behavioral health encompasses a spectrum of health ranging from positive mental well-being to illness and can fluctuate over time and at critical periods in life. Individual genetics, along with interactions with social, interpersonal, and clinical circumstances and environments, influence the development of behavioral health conditions. Some examples of commonly diagnosed behavioral health conditions include substance use disorder, anxiety, depression, and attention-deficit/hyperactivity disorder [67].



## Mental Health

Mental health is a critical aspect of overall well-being in Pottawatomie County.

The county has reported higher than average rates of poor mental health conditions, partly due to limited access to mental health services [68].

Contributing factors include high levels of poverty and unemployment, which are associated with increased stress and mental health issues [69]. Additionally, the stigma surrounding mental illness and a shortage of mental health professionals further complicate efforts to provide adequate care, with many residents not seeking help due to fear of judgment or lack of social and financial resources [70].

It is estimated that approximately 10,705 individuals within Pottawatomie County are in need of mental health services, with roughly 1,785 individuals in care, which leaves about 83.2% of individuals in need untreated [71].

Considering the mental health of respondents within a 30-day period, nearly half (47%) reported experiencing no days where their mental health was not good. However, 25% experienced poor mental health for 1-5 days, 8% for 6-10 days, 6.8% for 11-15 days, and 4.1% for 16-20 days. A smaller percentage reported more significant struggles, with 2.4% experiencing poor mental health for 21-25 days and 6.9% for nearly the entire month, 26-30 days. This data highlights the varying degrees of mental health challenges faced by individuals within a month.

As focus groups discussed ideas to improve mental health and additional services, outside of improving insurance coverage for services and transportation to receive care, participants emphasized a need to improve the continuity of care and reduce social stigma around mental health.

As one participant put it, “The resources we have can only take people so far, so having other resources to be expanded upon would be seriously wonderful.” This speaks to a known gap in mental healthcare services, which is continuity of care. Continuity of care and accompanying wrap-around services significantly improve mental health outcomes by ensuring consistent and coordinated services tailored to individual needs while fostering stability and long-term recovery. One vital aspect of effective wrap-around services, poignantly noted by a focus group participant, is social support and inclusion.

**“People are reluctant to get treated because of that stigma of mental health issues; maybe you can’t see it when you look at them. You can’t tell they’re sick, but they could be very sick. I don’t know how we can erase that, but I wish I did.”**



## Substance Use

Excessive substance use and misuse, including the abuse of alcohol and drugs, have profound negative effects on health outcomes. Excessive alcohol use leads to approximately 95,000 deaths annually in the U.S. and shortens the lives of those who die by an average of 29 years [72]. The misuse of drugs, including opioids, stimulants, and other substances, contributes to a significant number of deaths and chronic health issues. Drug overdoses caused over 100,000 deaths in the U.S. in 2021 alone [73]. Substance misuse can lead to liver disease, cardiovascular diseases, mental health disorders, infectious diseases, and unintentional injuries. Addressing substance misuse through prevention and treatment can significantly improve health outcomes [74].

As community focus groups brainstormed over 54 ideas to improve mental health and addiction services in Pottawatomie County, transportation emerged as one of the leading limiting factors.

Gateway to Prevention, Red Rock, and Citizen Potawatomi Nation were frequently referenced community resources that support those working to overcome substance use disorder. However, many individuals emphasized that continuous, in-person care is difficult to sustain for those in greatest need because many do not have their own personal vehicles. It is estimated that approximately 4,475 individuals within Pottawatomie County are in need of substance abuse treatment, with roughly 785 individuals in care, leaving about 82.46% of individuals in need of treatment untreated [71].



## Social and Economic Factors

Social and economic factors are critical in shaping health outcomes in Pottawatomie County, OK. High levels of poverty and unemployment are associated with increased health risks and poorer health outcomes, as residents may lack access to healthcare, healthy foods, and safe environments [24]. Educational attainment is another key factor; lower education levels correlate with higher rates of chronic diseases and reduced life expectancy [15].

In Pottawatomie County, about 20.2% of the population lives below the poverty line, compared to 15.6% statewide and 11.4% nationally, indicating significant social and economic challenges [75, 76].

Addressing these social determinants requires comprehensive community and policy interventions to reduce disparities and improve overall socioeconomic conditions. This can enhance access to resources and opportunities for all community members [77].

Investments in public health have shown substantial economic benefits; for example, every \$1 spent on community-based public health interventions can save \$5.60 in healthcare costs and productivity losses [78].

Additionally, improving community health outcomes can enhance economic productivity, with estimates suggesting that a healthier population could contribute an additional \$8 billion to the national economy annually through increased workforce participation, reduced absenteeism, and healthcare cost savings through generationally sustained health improvements [79].



**Figure 12. Socioeconomic Factor Comparison by County, State, and National Level**

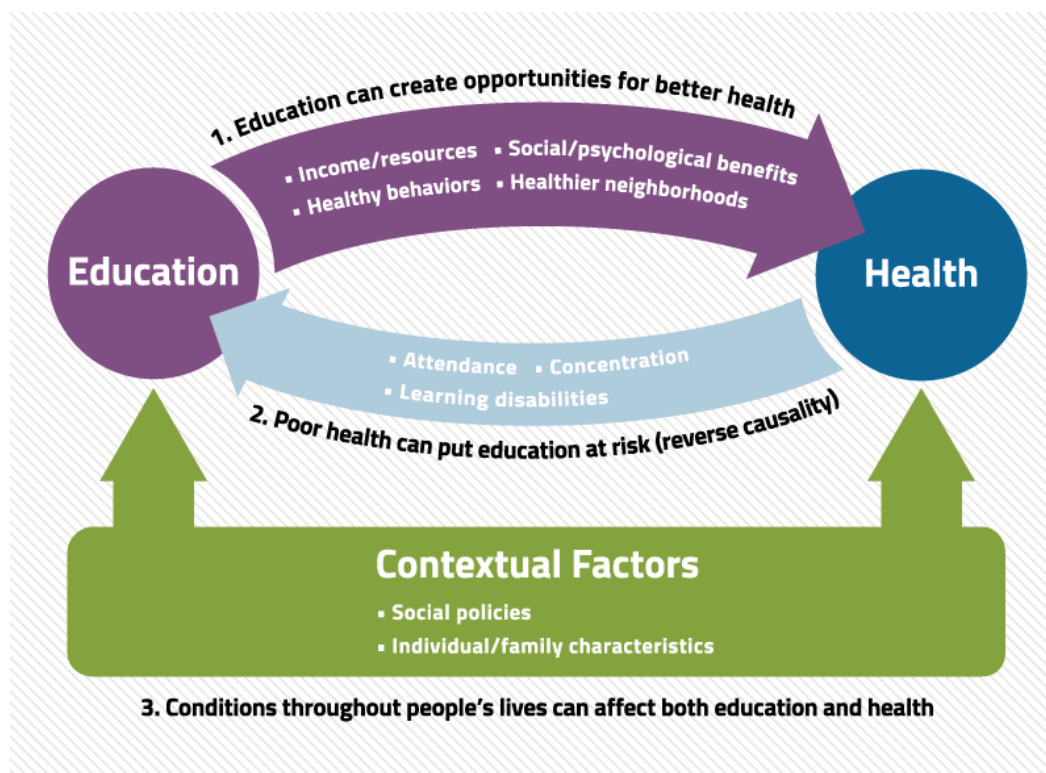
Measure	Definition	Pott. Co.	Oklahoma	U.S.
Social Security Income <sup>a</sup>	Percent of Population with Social Security Income benefits in the last 12 months	37%	31.5%	31.1%
Food Stamps/SNAP <sup>a</sup>	Percent of Population with Food Stamp/SNAP benefits in the last 12 months	23.8%	14.9%	12.4%
Employment <sup>a</sup>	<b>Employed:</b> Percent of the population with a job or in the armed forces	48.1%	58.6%	60.8%
	<b>Unemployed:</b> Percentage of the population who do not have jobs and have actively looked for work in the past four weeks	2.6%	2.5%	2.7%
	<b>Not in the labor force:</b> People who do not have jobs and have not actively looked for work in the past four weeks	49.3%	39.0%	36.5%
Park Access <sup>b</sup>	Percentage of Population Living Within Half a Mile of a Park	28%	56.4%	39%
Housing <sup>a</sup>	Households That Spend 30% or More of Their Household Income on Housing	26%	34%	32%
	Percent of the population that owns their residence	67%	65.3%	63.4%
	Percent of the population that rents their residence	32%	34.2%	35.2%
	Other: Neither Rent nor Own	1.1%	1.3%	1.4%
	Households with an Internet subscription	85.6%	85.6%	88.3%
*Household Income <sup>c</sup>	Less than \$10,000	6.9%	4.2%	3.4%
	\$10,000 to \$14,999	3.6%	2.4%	1.8%
	\$15,000 to \$24,999	9.2%	5.8%	4.4%
	\$25,000 to \$34,999	8.0%	6.8%	5.6%
	\$35,000 to \$49,999	11.3%	12.0%	9.3%
	\$50,000 to \$74,999	19.7%	18.5%	15.7%
	\$75,000 to \$99,999	14.1%	14.6%	13.9%
	\$100,000 to \$149,999	17.3%	18.7%	20.1%
	\$150,000 to \$199,999	4.3%	8.4%	11.0%
	\$200,000 or more	5.7%	8.5%	14.9%
	**Persons living below the poverty line	20.2%	15.6%	11.4%
	**Children living below the poverty line	22%	20%	16%

Measure	Definition	Pott. Co.	Oklahoma	U.S.
*Education <sup>a</sup>	No degree	11.3%	11.9%	11.5%
	High School /GED diploma	32.1%	31.8%	28.2%
	Some college	25.6%	23.3%	20.4%
	Bachelor's	12.8%	17.1%	20.9%
	Post-Graduate	6.2%	8.3%	12.6%
	Other (Includes Associate's, trade programs, certificates and other degrees)	12.0%	8.6%	6.4%
Transportation <sup>a</sup>	Rely on Personal Vehicle only for Transportation	78.5%	77.8%	68.7%

Notes: Data included is from the latest data available from the United States Census Bureau U.S. American Community Survey using 1-year estimates when 5-year estimates are not available<sup>a</sup>, the Centers for Disease Control and Prevention<sup>b</sup>, County Health Rankings and Roadmaps<sup>c</sup>, the National Institute of Health. \*US Census Bureau household income and education estimates for Pottawatomie County were comparable to 2024 Pottawatomie County CHNA survey results, therefore survey data was excluded in this table. \*\*According to the US Census Bureau, the federal poverty level depends on a household's total 12-month income and family size. For example, the federal poverty level is \$14,580 for a single individual and \$30,000 for a family of four in 2023. "NA" indicates the data was not available or is used when the available estimates vary significantly (e.g., the uninsured rate for Pottawatomie County as reported by County Health Rankings was 17% and was 11.3% according to the American Community Survey). 2024 CHNA survey data on housing ownership status differs from the census data included here due to differences in definition, which are discussed in the "Access to Safe, Affordable Housing" section. Some categories from the United States Census may not add up to 100% due to rounding, estimations, or people who selected multiple categories that reflect their diverse backgrounds.

## Education, Employment, and Income

Figure 13. Why Education Matters to Health: Exploring the Causes [6]



“Americans with more education live longer, healthier lives than those with fewer years of schooling”

[80]. It is appropriately assumed that the higher level of education an individual obtains, the more likely they are to have health-supporting knowledge and behaviors. However, the relationship between education, employment, income, and health is complex. While higher levels of education do tend to increase and promote an individual's healthy behaviors, education levels also directly influence employment options, stress levels, and the availability and quality of economic-based resources. Education opens doors to higher-paying jobs and provides skills necessary for career advancement. Those with more education are more likely to secure stable, well-paying jobs that offer benefits like health insurance and live in communities with better resources, such as quality schools, healthcare, and nutritious food. Higher levels of education also play a role in developing one's social network, often affording protective health factors like valuable social support or linkages to opportunities. Conversely, lower levels of education tend to result in limiting opportunities for stable, well-paying jobs, hinder social connections, and have an increased likelihood of living in areas with fewer quality resources, higher crime rates, and lower-performing schools.

Access to quality education is not a given for everyone, as disparities based on socioeconomic status, geographic location, and systemic inequalities can create significant barriers inside the classroom and beyond [81]. Under-resourced communities experience barriers to education, such as higher teacher-to-student ratios, larger class sizes, insufficiently funded student support programs, and fewer qualified teachers. These factors contribute to the educational achievement gap seen in racial minorities, low-income, and rural populations and subsequently limit long-term access to well-paying jobs and health benefits.

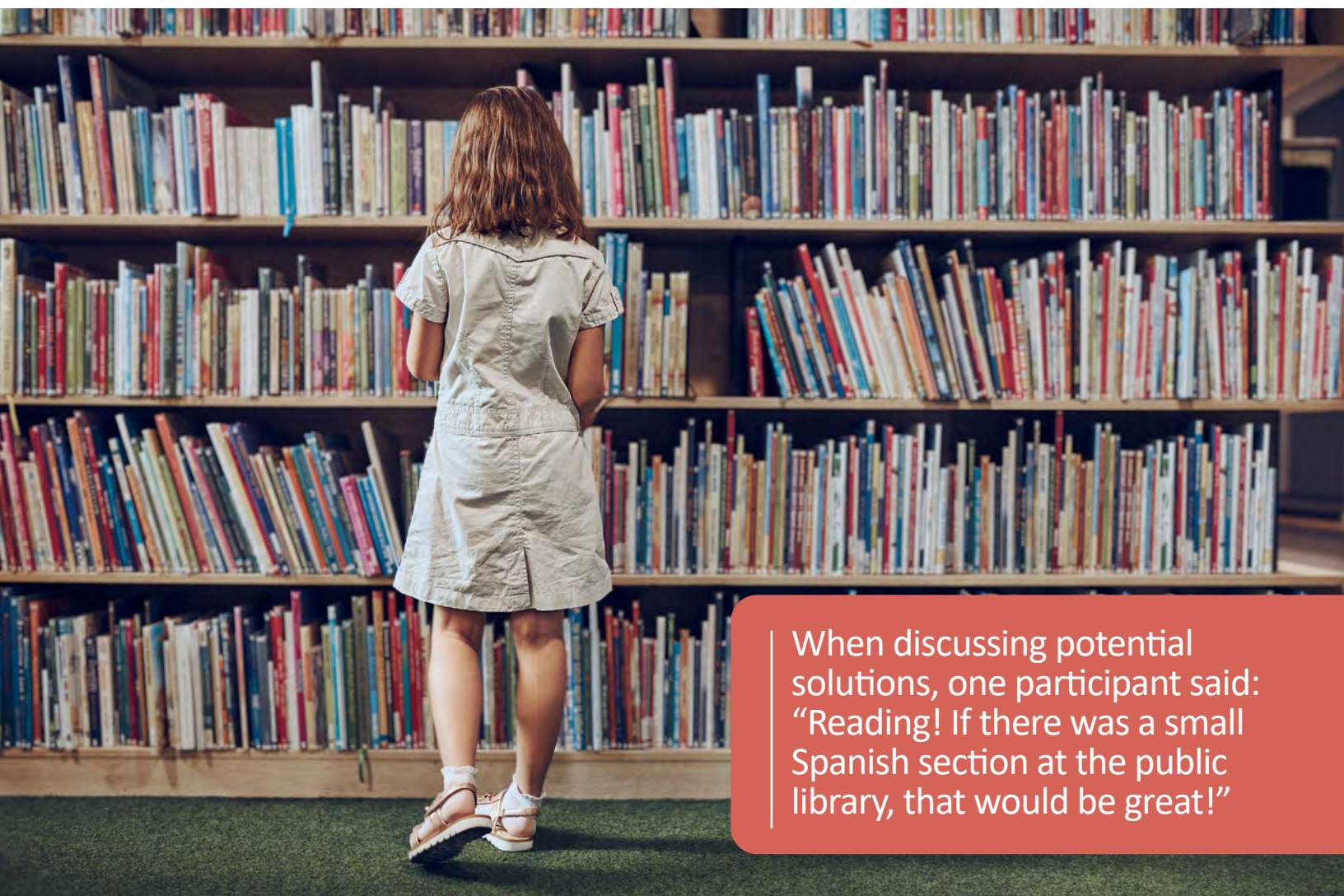
Families, including children, facing disparities are more likely to have chronic health issues, which hinder learning and school performance, ultimately impacting educational outcomes.

As a result, individuals in underprivileged communities often face a cycle of poverty and poor health outcomes, highlighting the critical need for policies and programs that ensure equitable access to quality education for all.

Employment also plays a significant role in determining health outcomes in Pottawatomie County. The county faces challenges such as higher unemployment rates and a prevalence of low-wage jobs, which impact residents' ability to afford healthcare and other necessities [82].

For instance, many residents work in agriculture or retail industries that often do not provide health benefits or sufficient wages to cover healthcare costs [83]. Stable and well-paying employment is essential for financial stability and access to health insurance, which in turn influences health outcomes. Efforts to improve job opportunities and workforce development, such as vocational training programs, are critical for enhancing the economic and health status of the community [84].

During community focus groups, “language” was the second most mentioned limiting factor when discussing barriers to accessing both health and community resources for education and employment.



When discussing potential solutions, one participant said: “Reading! If there was a small Spanish section at the public library, that would be great!”





“We seem to have a lot of little parks around here, but [they] are not really set up for all people, especially handicapped people. If they had paved sidewalks, from the parking area to the picnic tables, for example, that would be really great.”

## Neighborhood and Built Environment

The built environment in Pottawatomie County, OK, significantly influences residents’ health and well-being. Key components include pedestrian infrastructure, such as sidewalks and trails, which promote physical activity and reduce chronic diseases like obesity and diabetes [85]. However, many areas in the county lack adequate lighting and safe pedestrian pathways, increasing the risk of accidents and deterring outdoor activities [86].

Transportation services in Pottawatomie County are also limited, affecting access to healthcare, employment, and other essential services, particularly for low-income and elderly residents [87].

Enhancing the built environment through improved infrastructure and transportation options can lead to better health outcomes and greater community engagement.

Survey results showed households use various modes of transportation, with personal vehicles being the most common, utilized by 90% of respondents. Walking is also a significant mode, with 10% of households relying on it. Friends or family provide rides for 9%, while 4.2% use bicycles. Public transportation options such as buses, SoonerRide, or Central Oklahoma Transit Systems are used by 2%, as are ride-sharing services like Uber and Lyft. Additionally, 0.7% of households reported using other forms of transportation. It is notable that CHNA survey data on transportation use was in contrast to publicly available data, which highlights the need for additional exploration of existing and anticipated transportation needs in Pottawatomie County, OK.

When discussing elements of the built environment, there were 54 comments during the community focus groups that could be summarized and organized into four overarching themes: 1) Neutral gathering spaces, 2) Preserving and improving public spaces, 3) Pedestrian infrastructure, and 4) Safe and affordable housing.

Although each theme is distinct, many comments suggested that residents saw these four themes as intertwined.



As the conversation around this topic continued, there were 18 additional comments centrally focused on sidewalk connectivity, lighting, and maintenance. Participants emphasized the importance of sidewalks being free from obstructions and danger, clean, and well-maintained, highlighting the need for shared spaces that are accessible and safe for all.

“I think one of the ways people interact in a healthy community is by having a sense of shared space. I think whenever the only space that [we interact in] is mine versus yours, there’s a challenge there”







## Access to Safe, Affordable Housing

Housing access and affordability are pressing issues in Pottawatomie County, affecting overall health and well-being.

Many residents struggle with housing instability and the high cost of rent, which can lead to stress and poor health outcomes [88]. For example, over a quarter of households in Pottawatomie County spend more than 30% of their income on housing, leaving insufficient funds for other essential needs like food and healthcare [89].

The Department of Housing and Urban Development considers those who pay more than 30% of their monthly income on housing costs (including utilities) as cost-burdened. Because these families spend so much of their income on housing, they may be unable to afford other needs like food, medical care, necessary medications, and clothing [90]. Thus, safe, affordable housing is a crucial determinant of health, influencing everything from physical safety to mental health. Addressing housing affordability through policy interventions and support programs, such as housing vouchers and affordable housing development, is essential to improving residents' living conditions and health outcomes [91].

Currently, 60% of CHNA survey respondents own their homes, 27% rent, 8.3% live with friends or family, 0.6% are homeless or live in a shelter, and 4.0% have other housing arrangements. This finding from the survey stands in stark contrast to national data on housing that reports 1.1% of Pottawatomie County residents neither rent nor own and highlights the need for more robust data on facilitators and barriers to accessible, safe, and affordable housing.

When community members were asked, 'Which one of the following do you think your county leaders should give top priority to for the next 3 years?', the second top response behind crime and safety (46%) was affordable housing (23%).

When housing came up in community focus group conversations, comments did not follow a singular trend. Some participants emphasized increasing the housing supply in the county by developing abandoned or dilapidated structures into multi-use or multifamily housing units. Other comments raised concerns about affordability, particularly for people experiencing homelessness who are seeking stable housing as they transition out of shelters, off the streets, or out of friends and family's homes. Additionally, some comments focused on programs that help under-resourced community members stay in their homes and meet maintenance and repair needs to ensure their living spaces remain safe and healthy. Ultimately, the diversity in comments reflects the many complex facets of housing as a basic health need and underscores its critical role in maintaining sustained individual and community health.



## Quality of Life

Numerous factors, including life expectancy, self-rated health, social connectedness, and perceptions of safety and belonging, influence the quality of life in Pottawatomie County.

The county has a life expectancy of 75.9 years, slightly lower than the state average of 76.6 years and significantly lower than the national average of 78.7 years [92].

Although life expectancy also varies significantly based on racial/ethnic background and income, the strongest predictor of life expectancy is where you live [93]. Self-rated health, an important indicator of overall well-being, shows that many residents report fair or poor health, reflecting underlying health issues and access challenges [15]. Social connectedness is also a concern, with many individuals experiencing social isolation, which negatively impacts mental and physical health [94]. Additionally, perceptions of safety and community belonging are essential for fostering a supportive environment where residents can thrive [95].



**Figure 14. Social Connectedness Measures by County, State, and National Level**

Measure	Definition	Pott. Co.	Oklahoma	U.S.
Life	Average number of years a person can expect to live	75.9 years	76.6 years	78.7 years
*Self-rated health	Percent of population reporting “good or very good” health	77%	70.4%	83%
	Percent of population reporting “fair or poor” health	23%	29.6%	17%

**Community members’ perceptions of social connectedness, one’s community, and the future.**

Statement <sup>b</sup>	Agree somewhat or strongly	Neutral	Disagree somewhat or strongly
I have at least two people I can share my worries and fears with	73%	12%	15%
I have at least two people to share enjoyable experiences with	80%	10%	10%
I have at least two people to help with daily chores if I were sick	56%	14%	30%
I think overall, my community leaders are trustworthy	34%	42%	24%
There are people I feel close to in this community	55%	27%	18%
I think my community is a good place to raise children	51%	32%	17%
There are fun things I can do in this community during my free time	43%	30%	27%
I think my community is a good place to grow old	50%	31%	19%
I think my community is a safe place to live	49%	27%	24%

Notes: Data included is from the latest data available from the United States Census Bureau U.S. American Community Survey using 1-year estimates when 5-year estimates are not available<sup>a</sup>, or the 2024 Pottawatomie County CHNA survey<sup>b</sup>. \*Self-rated health data from the United States Census Bureau was available at the national and state levels but not at the county level. Self-rated health data at the county level is from the 2024 Pottawatomie County CHNA survey.

## Self-rated Health

Self-rated health is a crucial indicator of overall well-being—various factors influence it, including physical health, mental health, and access to healthcare [96].

In Pottawatomie County, 23% of residents report poor self-rated health, which correlates with high rates of chronic diseases such as hypertension and diabetes [97]. Self-rated health is also as strong of a predictor of 5-year, all-cause mortality in some cancer diagnoses [98, 99].

It is also a strong measure that can be used to improve health awareness, identify high-risk individuals, and predict longevity [100, 101]. Socioeconomic factors like low income and education levels further exacerbate these health disparities, as individuals with fewer resources often experience more significant barriers to maintaining good health [102].

The self-rated health data reveals that in Pottawatomie County, 77% of the population reports their health as “good or very good,” compared to 70.4% in Oklahoma and 83% in the US overall.

Conversely, 23% of Pottawatomie County residents rate their health as “fair or poor,” lower than the 29.6% in Oklahoma and higher than the 17% reported across the US. These figures highlight high perceptions of health in Pottawatomie County when compared to the state of Oklahoma and the national average.

## Social Connectedness

Social connectedness, or the feeling of belonging and having supportive relationships, plays a vital role in mental and physical health.

In Pottawatomie County, social isolation is a concern, especially among older adults and those living in rural areas with limited community engagement opportunities [94].

Strong social networks can reduce stress, enhance mental health, and promote healthier behaviors [103]. Community programs that foster social interaction, such as local clubs, volunteer groups, and social events, are essential to improving the county’s social connectedness and overall health.

Survey results show that 73% of respondents agree somewhat or strongly that they have at least two people with whom to share their worries and fears. In comparison, 12% are neutral, and 15% disagree. Regarding sharing enjoyable experiences, 80% agree somewhat or strongly, 10% are neutral, and another 10% disagree. When asked if respondents had at least two people to help with daily chores when sick, 56% agreed somewhat or strongly, 14% were neutral, and 30% disagreed.

Through community focus groups, eight reoccurring themes emerged around building social connections in the community. These eight themes encompassed over 120 ideas of what community members thought could bring people together or have seen in the past that they would like to see more of.

As it relates to socially connecting with others, focus group participants envisioned gathering with others around:

- Health-related activities
- Events that focused on supporting or caring for others
- Faith-based or religious activities
- Family-friendly or multigenerational activities
- Culturally inclusive or culturally centered events
- Events that include or incorporate food
- Sports or entertainment activities
- Annual seasonal events with vendors

**“It’s great to be outdoors with other people and your family and experience what your community has to offer.”**

## Safety and Belonging

Physical and psychological safety, along with a sense of belonging to a larger group or community, are not only fundamental human needs but also essential components of quality of life and well-being [104].

Disparities in these areas, particularly among people of color, have been persistent over time, well established in research, and have significant implications for health in the United States [8, 105]. While Healthy People 2030 connects ‘safety’ to over 150 tangible and intangible dimensions of health that are related to schools, workplaces, and healthcare [106], this community health needs assessment section focuses on safety at a community level rather than an individual level.

The overall crime rate in Pottawatomie County is about 45.16 events per 1,000 residents during a standard year, which is nearly the same as the U.S. average; however, some areas experience slightly higher crime rates [107]. Elevated crime rates and a lack of safe public spaces can lead to chronic stress, anxiety, and reduced physical activity within a community [108]. For example, inadequate street lighting and poorly maintained public areas can make residents feel unsafe, deterring them from using community spaces and engaging in outdoor activities [95].

Furthermore, structural inequities, such as underinvestment or disinvestment in historically resource-poor communities, represent a form of systemic discrimination [109], which is a serious threat to community safety and belonging. These inequities exacerbate health disparities by increasing exposure to harmful environmental and social conditions and limiting access to health-promoting resources and opportunities [8].

Addressing these underlying factors of physical and psychological safety is crucial for improving belonging and overall health outcomes.

Best practices for improving community safety and fostering a sense of belonging can include other health-promoting investment strategies like Crime Prevention Through Environmental Design, which emphasizes natural surveillance and community participation in maintaining public spaces [110]. Additionally, community-building activities, such as neighborhood associations, local events, and youth engagement programs, can strengthen social cohesion and create safer, more connected communities that contribute to long-term health outcomes [111].

CHNA survey results show that trust in leaders, a sense of belonging, and perceptions of safety are mixed, reflecting the broader issues discussed.

“I don’t want to put myself out there to be rejected because I see the world from the perspective of a young black woman. And I would feel a lot safer if I knew that my community understood what it meant to live in a white society.”

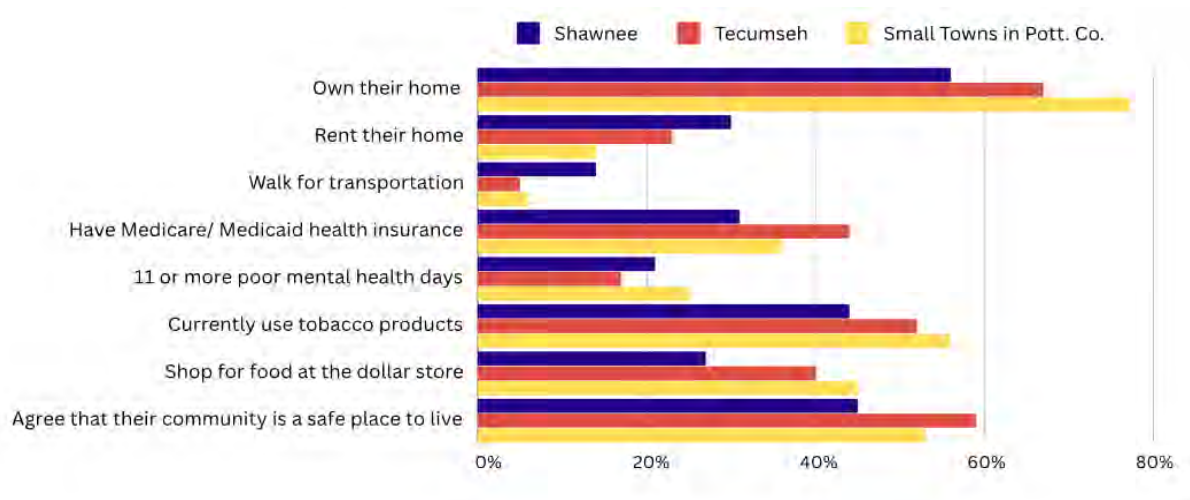
“As Mexicans, we’re not too sure if it’s safe to leave [our children] at daycare.”

For instance, only 49% of residents believe their community is a safe place to live, and a significant portion remains neutral or disagrees (51%). Similarly, just 55% feel a sense of closeness within the community, suggesting that social cohesion could be strengthened to improve overall well-being.

# Community Specific Outcomes: Data Through the Social Determinants of Health Lens

## Geographic Outcomes

Figure 15. Health Needs and Determinants Across Geographic Stratifications



The data illustrates notable geographic differences within Pottawatomie County regarding various health and lifestyle factors. In Shawnee, approximately 50% of residents own their home, a figure that rises to about 65% in both Tecumseh and the small towns in Pottawatomie County. Renting is more common in Shawnee and Tecumseh, with about 35% and 30%, respectively. Conversely, small towns in Pottawatomie County exhibit significantly lower rates of renting.

Data reveals that walking for transportation is least common in small towns, with less than 10% of residents doing so in small towns and Tecumseh. The use of Medicare/Medicaid health insurance is relatively even across the regions, though slightly higher in Tecumseh and the small towns at around 44% and 36%, respectively, compared to Shawnee's 31%.

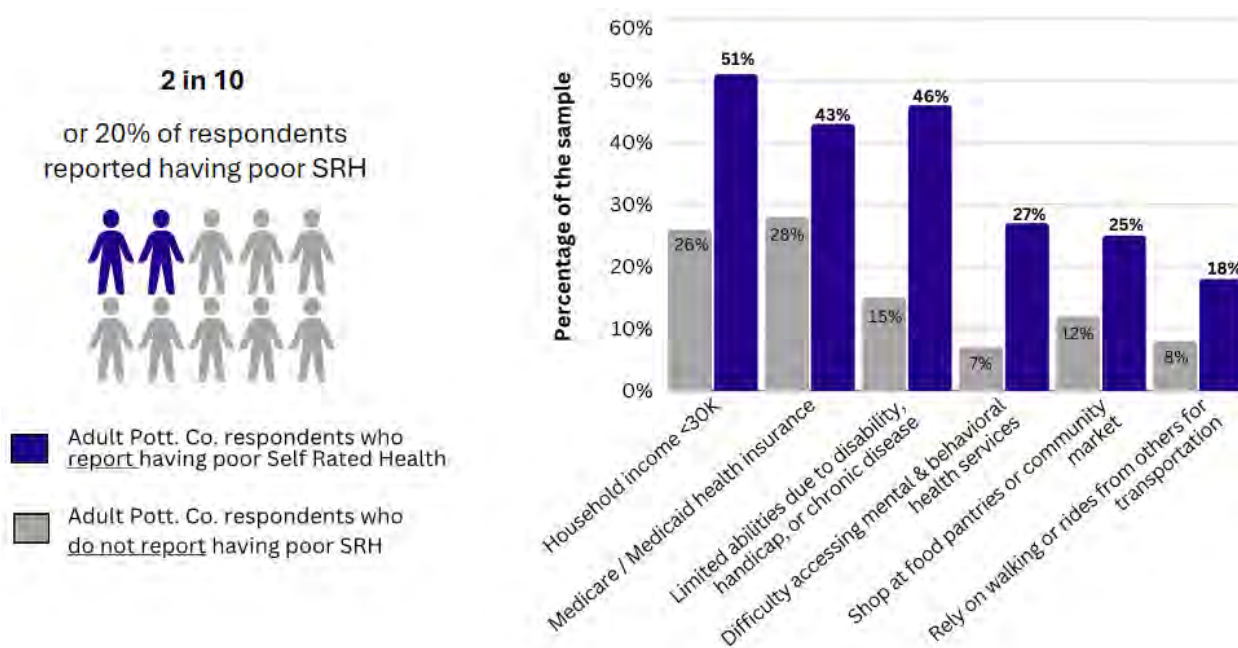
Mental health challenges, measured by the percentage of residents experiencing 11 or more poor mental health days, are most prevalent in small towns (24.5%), followed by Shawnee (20.6%) and Tecumseh (17.2%). Tobacco use is highest in small towns (45.9%) and Tecumseh (45.4%) when compared to Shawnee and 39.0%

Shopping for food at dollar stores is most common in the small towns (nearly 45%), compared to Tecumseh at 40% and Shawnee at just under 30%. Lastly, the perception of community safety varies significantly, with only about 45% of Shawnee residents agreeing that their community is a safe place to live, compared to almost 60% in Tecumseh and just over 50% in small towns. These differences highlight the varied experiences and conditions across distinct parts of Pottawatomie County.



## Poor Self-Rated Health Outcomes

**Figure 16. Comparison of Health Needs and Determinants Amongst Pottawatomie County Respondents and Those with Poor Self-Rated Health**



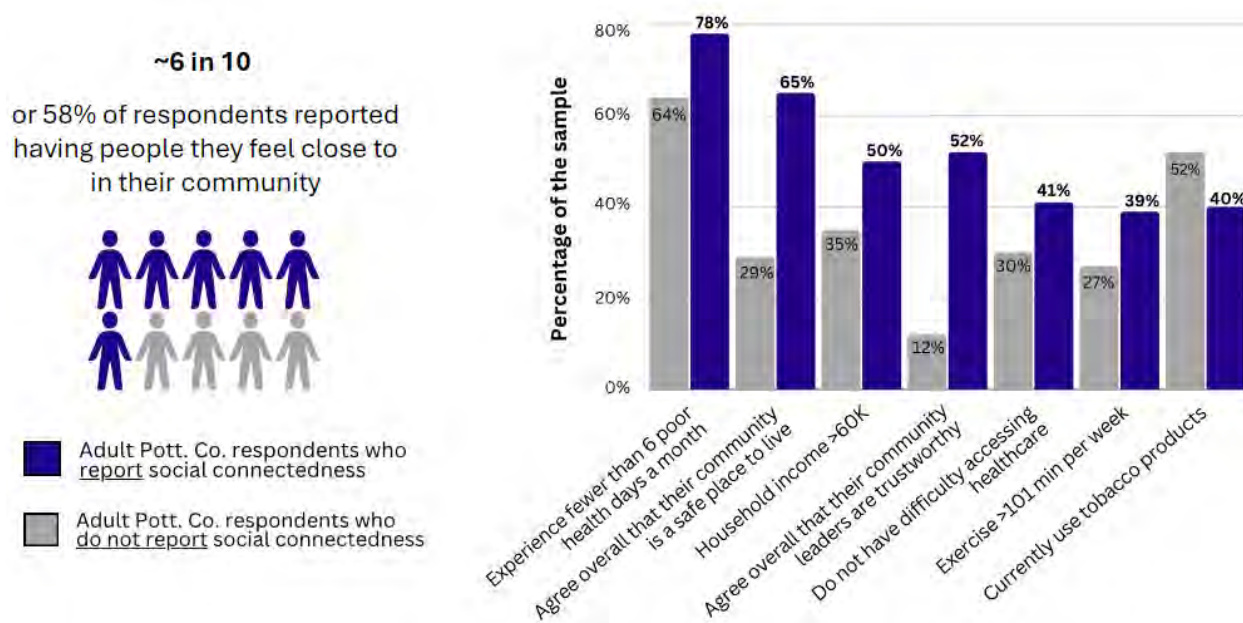
The comparison of significant health needs and determinants between all Pottawatomie County respondents and those with poor self-rated health (SRH) reveals substantial disparities. Among all respondents, 23% reported having poor SRH. Of those with poor SRH, 51% have a household income below \$30,000, compared to 26% of those without poor SRH.

Additionally, 43% of individuals with poor self-rated health rely on Medicare or Medicaid health insurance, whereas only 28% of those without poor self-rated health do.

Limited abilities due to disability, handicap, or chronic disease affect 46% of those with poor SRH, compared to just 15% of those without. Difficulty accessing mental and behavioral health services is reported by 27% of individuals with poor SRH, significantly higher than the 7% of those without. Furthermore, 25% of those with poor SRH shop at food pantries or community markets, while only 12% of those without poor SRH do the same. Lastly, 18% of individuals with poor SRH rely on walking or rides from others for transportation, compared to 8% of those without poor SRH. These disparities highlight the additional challenges faced by those with poor self-rated health in Pottawatomie County, emphasizing the need for targeted interventions to address these gaps.

## Social Connectedness Outcomes

**Figure 17. Comparison of Health Needs and Determinants Amongst Pottawatomie County Respondents and Those Who Experience Social Connectedness**



The comparison of significant health needs and determinants between all Pottawatomie County respondents and those who experience social connectedness highlights essential differences. Approximately 58%, or about 6 in 10 respondents, reported having people they feel close to in their community.

Among those who feel socially connected, 78% experience fewer than six poor mental health days a month, compared to 64% of those without social connectedness.

Furthermore, 65% of socially connected individuals agree that their community is a safe place to live, while only 29% of those not feeling socially connected share this sentiment. Socially connected respondents are more likely to have a household income over \$60,000, with 50% reporting this income level compared to 35% of those without social connectedness.

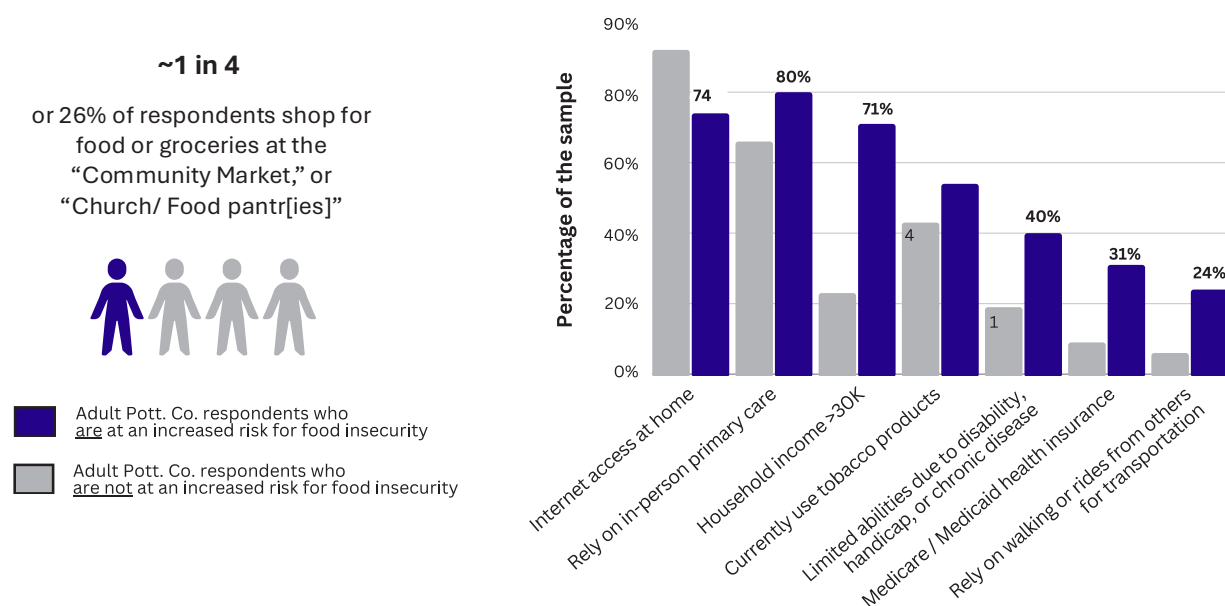
Trust in community leaders is also higher among socially connected individuals, with 52% agreeing that their community leaders are trustworthy, compared to 12% of those who do not feel socially connected. Individuals with social connections are more likely to report that they do not have difficulty accessing healthcare services compared to those who do not experience **social connectedness**.

Physical activity is another area of difference, as 39% of socially connected respondents exercise more than 101 minutes per week, compared to 27% without social connections.

Lastly, 52% of those who do not report social connectedness use tobacco products, slightly higher than the 40% of socially connected individuals. These findings underscore the positive impact of social connectedness on various health and well-being indicators.

## Food Insecurity Outcomes

**Figure 18. Comparison of Health Needs and Determinants Amongst Pottawatomie County Respondents and Those Who Are or May Be at Risk for Experiencing Food Insecurity**



Comparing the significant health needs and determinants between all Pottawatomie County respondents and those who are or may be at risk for experiencing food insecurity reveals that the latter group typically faces more severe challenges related to access to nutritious food, lower levels of household income, and differential access to internet and healthcare services. Approximately 1 in 4 respondents, or 26%, shop for food or groceries at the “Community Market” or “Church/Food pantries,” indicating a notable prevalence of food insecurity. Among those at increased risk for food insecurity, 74% have internet access at home compared to 92% of those not at increased risk. Additionally, 80% of food-insecure respondents rely on in-person primary care, whereas only 66% of those not at risk do so.

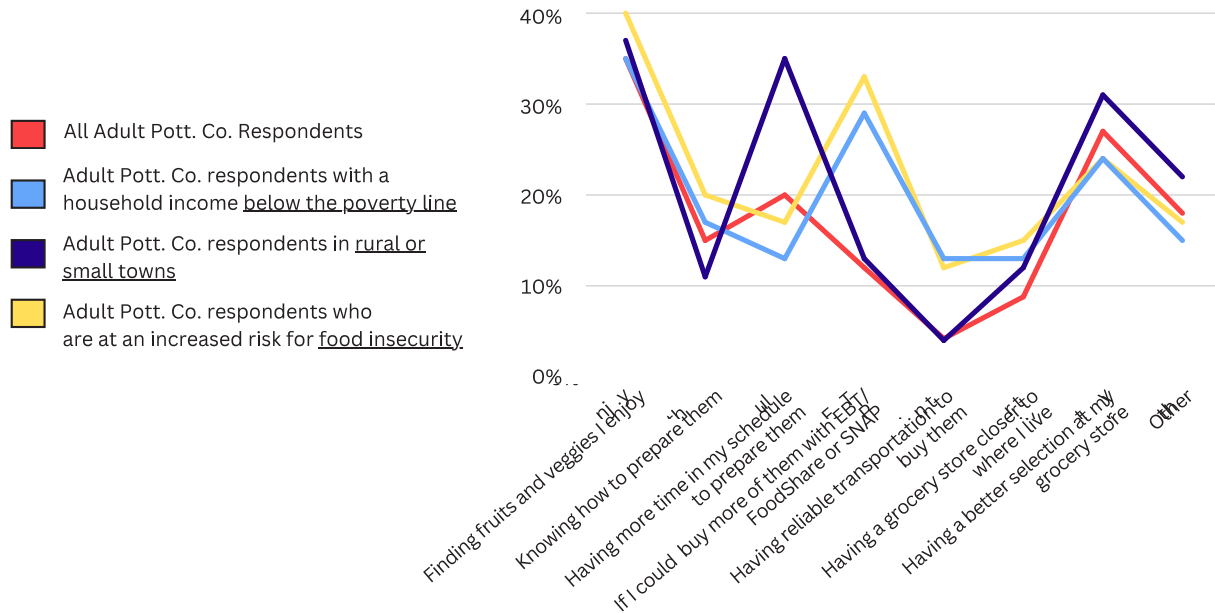
The income disparity is stark, with only 23% of food-insecure respondents having a household income greater than \$30,000, compared to 71% of those not at risk.

Tobacco use is more prevalent among those at risk, with 54% currently using tobacco products, compared to 43% of those not at risk.

Furthermore, 40% of food-insecure respondents have limited abilities due to a disability, handicap, or chronic illness, compared to 19% of those not at risk.

Medicare/Medicaid enrollment is also higher among those at risk, with 31% depending on Medicare/Medicaid as their health insurance, compared to just 9% of those not at risk. Finally, 24% of food-insecure respondents rely on walking or rides from others for transportation, whereas only 6% of those not at risk do so. These disparities highlight the heightened vulnerabilities and needs of the food-insecure population in Pottawatomie County.

**Figure 19. Chart Demonstrating Responses Surrounding Fruit and Veggie Consumption Among Pottawatomie County Respondents**



The chart illustrates various strategies to help increase fruit and vegetable consumption among distinct groups of Pottawatomie County respondents. Key strategies include finding fruits and vegetables they enjoy, knowing how to prepare them, having more time in their schedule, and having more options to purchase them with EBT or SNAP benefits.

Specifically, 35% of respondents who are at an increased risk for food insecurity indicate that finding fruits and vegetables they enjoy would help increase their consumption of nutritious foods. This group also highly values knowing how to prepare fruits and vegetables and having more options to buy them with EBT or SNAP benefits, each at approximately 30%.

Respondents from rural or small towns also emphasize the importance of enjoying fruits and vegetables and having reliable transportation, with peaks around 35%. Those with household incomes below the poverty line indicate that knowing how to prepare fruits and vegetables and having more options to purchase them with benefits are significant factors, each around 20-25%. All respondents show a more balanced distribution across all strategies to boost consumption of nutritious foods, with a notable dip in the importance of having a grocery store closer to where they live.

Overall, the data highlights the different priorities and needs across various demographic groups in Pottawatomie County to increase fruit and vegetable consumption.





Community assets can also encompass community events and activities, as they foster social cohesion, provide resources, and promote overall well-being within the community. Examples of events happening in Pottawatomie County, which focus group participants mentioned, included Blackberry festivals, Holiday shop the block events, Farmers markets, Health fairs, Friday night football games, Senior citizen bingo and bunko events, Cops and kids, Car shows, Balloon festivals and more. Not only do events like these strengthen social ties, encourage physical activity, and provide access to health resources, all of which contribute to improved overall well-being.

Finally, we acknowledge that each individual is a unique asset to the community. Everyone has the potential to contribute to the health and well-being of their family, friends, and the broader community. By working together and valuing each person's contributions, we can build a healthier and more vibrant Pottawatomie County.

# Evaluation and Impact of Previous Strategies

To maintain a non-profit, tax-exempt status as a healthcare organization and fulfill IRS and Affordable Care Act requirements, SSM Health St. Anthony Hospital - Shawnee is required to evaluate and report on the impact of previously implemented strategies to improve health in their service area as it relates to previous priority areas. Evaluation is a critical step towards continuous health improvement.

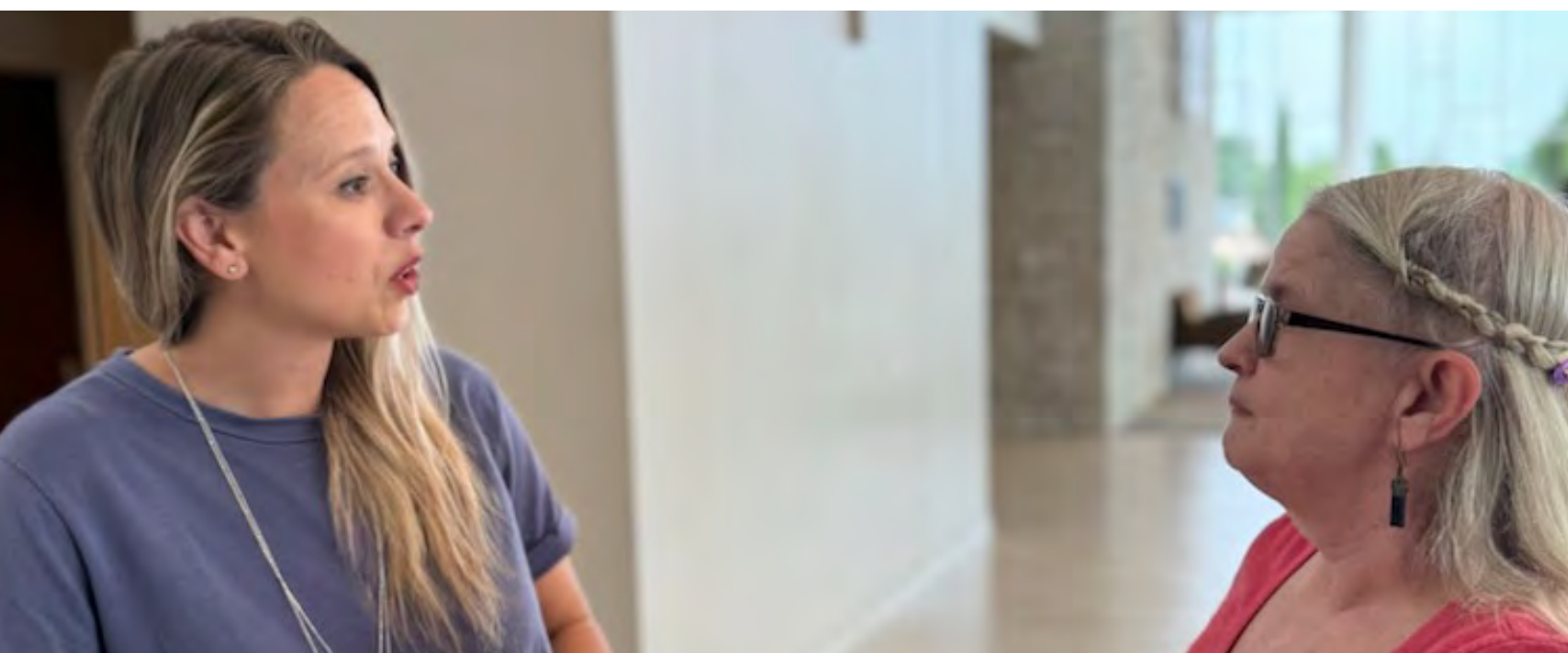
## Priority 1: Food Insecurity

### VEGGIE RX

In 2020, SSM Health St. Anthony Hospital - Shawnee piloted a program called “Veggie Rx” in partnership with Blue Zones of Pottawatomie County and with support from an external grant. Veggie Rx is a 12-week healthy eating and wellness program that doctors can “prescribe” to patients struggling with diet-related diseases and/or food insecurity. During the program, these prescriptions can be filled at partnering grocery stores free of charge. An SSM Health dietitian and physician teach classes on how nutrition affects health, offering guidance on cooking, identifying, and shopping for healthy foods. At the end of the two-year pilot period in 2022, St. Anthony Shawnee committed to investing in the long-term sustainability of the program. At that point, the hospital assumed full responsibility for the operations and funding of Veggie Rx and developed a Veggie Rx Program Manual to support other community organizations in launching their own Veggie Rx programs. A local Native American clinic and the Oklahoma Food is Medicine Coalition have received a copy of the manual as they evaluate the possibility of replicating the program.

From 2022 to mid-2024, 268 community members participated in Veggie Rx, including clients from the Community Market of Pottawatomie County:

- 79% reported an average increase of 3 servings of vegetables or fruits each day.
- 72% of participants reported a decrease in their family’s food insecurity.
- 63% of participants experienced weight loss ranging between 2 to 8 pounds during the program.





## FOOD PHARMACY PROGRAM

St. Anthony Shawnee partnered with the Regional Food Bank of Oklahoma to establish two food pharmacy locations. This program involves clinical staff screening patients for food insecurity. When patients with a need are identified, staff responds to their immediate need with a box of nonperishable food. The program began at the hospital and then expanded to the SSM Health Medical Group Pediatrics Clinic on the Shawnee Hospital campus.

- The hospital's care management team assists 75% of patients identified as food insecure.
- Since the program's implementation in March 2022:
  - 95% of food insecure patients were offered a food box.
  - 78 inpatients received a food box.

The Medical Group Pediatric Clinic implemented a food pharmacy program in March 2023 to screen patients for food insecurity and provide immediate food assistance. Since the program's implementation:

- 77% of the clinic patients were offered a food box.
- Over 1,500 patients received a food box.



## HUNGER FREE OKLAHOMA

St. Anthony Shawnee engaged with Hunger Free Oklahoma and Pottawatomie Go to assess the possibility of establishing “Double Up Oklahoma” produce assistance programs in the Shawnee area. After the initial assessment, St. Anthony decided to invest its efforts elsewhere but is open to revisiting this opportunity in the future if community food vendors express an interest.

## COMMUNITY HEALTH IMPROVEMENT GRANTS

St. Anthony Shawnee provided community health improvement grants to the following community-based organizations addressing food insecurity in Pottawatomie County:

- Interfaith Social Ministries: \$5,000 to expand access to food in Seminole County due to growing demand
- Glad Tidings received \$5,000 to continue providing access to services at their food pantry





## Priority 2: Behavioral Health

### BEHAVIORAL HEALTH RESOURCE INTEGRATION IN PRIMARY CARE

SSM Health has made significant progress integrating virtual behavioral telehealth into its primary care settings across its entire four-state system. Plans are underway to bring this resource to SSM Health Medical Group primary care locations in Pottawatomie and Seminole Counties.

### COMMUNITY COALITION TO IDENTIFY BEHAVIORAL HEALTH NEEDS

St. Anthony Shawnee is grateful to our partners at Pottawatomie Go for their leadership in helping the community gain a clearer picture of the county's specific needs regarding behavioral health providers. We hope that the 2024 CHNA will provide the impetus for continued investment in bringing these providers to the community.

### COMMUNITY HEALTH IMPROVEMENT GRANTS

- St. Anthony Shawnee provided community health improvement grants to the following community-based organizations addressing access to behavioral health services in Pottawatomie County:
- Legacy Parenting Center: \$5,000 for client support operations, helping families access health and well-being services for infants and parents
- Uplifting Mentoring: \$5,000 for a school mentoring program aligned with behavioral health and well-being for children
- Project: SAFE: \$5,000 for behavioral health services for domestic violence victims
- Shawnee Bridges out of Poverty: \$10,000 for the Getting Ahead program, focusing on educating and helping people out of poverty to prevent mental health issues
- Worrel's Haven: \$5,000 to support services for women experiencing homelessness and substance abuse
- Youth and Family Services: \$5,000 for the Partners in Caring program, which provides behavioral, social, and physical services to schoolchildren
- Seminole State College: \$10,000 to expand behavioral health programs for students and staff
- Mabee Gerrer Museum of Art: \$5,000 for art therapy addressing mental health needs



## Priority 3: Primary Care Access

### PRIMARY CARE PROVIDER RECRUITMENT

In 2023, SSM Health Medical Group welcomed two new primary care providers to the community. By the end of 2024, SSM Health Medical Group plans to add three more primary care providers to further enhance the community's primary care needs. Additionally, in 2022, St. Anthony Hospital - Shawnee awarded a \$5,000 grant to the Central Oklahoma Community Action Agency, allowing free transportation services for medical appointments through the Central Oklahoma Transit System, facilitating over 1,600 rides.

### IN-KIND SUPPORT

In 2022 and 2023, St. Anthony Shawnee donated nearly \$10,000 in in-kind lab and radiology services to patients at the Pottawatomie County Free Clinic. In 2024, St. Anthony Shawnee and Engage Free Medical Clinics will explore potential partnerships to continue offering health services to the uninsured in Pottawatomie and Seminole County.

### COMMUNITY HEALTH IMPROVEMENT GRANTS

St. Anthony Shawnee provided community health improvement grants to the following community-based increasing access to primary care in Pottawatomie County:

- Central Oklahoma Community Action Agency: \$5,000 to expand transportation services and access to primary care and mental health services
- Shawnee Family YMCA: \$5,000 to provide access to physical activity and the LiveStrong cancer support program





# PRIORITIZING HEALTH NEEDS

## Rationale

Health priorities were collaboratively and systematically identified in partnership with the Pottawatomie County community through a three-step prioritization process taking into consideration the burden, scope, severity, disparity in outcomes, and urgency of each health need, and considering the estimated feasibility and effectiveness of possible interventions associated with each need. Step one of this process focused on the convened CHNA task force collecting input from community organizations on existing and potential community resources and service capabilities for health improvement work in Pottawatomie County. This was to ensure that most responses to the survey and focus group questions could be acted upon to improve existing services. Step two focused on collecting input from community members to evaluate the identified needs through a county-wide survey and focus group events. While many health needs assessments utilize health status and outcome survey data in qualitative collection methods for health need prioritization, the CHNA task force opted to include specific prioritization questions in the survey and to jointly rely on social determinants of health and health equity frameworks to finalize the priority areas. Through this method, all survey respondents identified community health priorities. Data analysis explored these community health priorities by looking at the full sample size and stratified these priorities based on other individual-level indicators like race, income, etc., to understand varying priorities among different groups in the community.

In alignment with seeking qualitative input from underrepresented populations in the survey, step three focused on obtaining qualitative data on community priorities from the perspectives of those falling within the following categories: elderly 70+, young adults 20-30 in central Shawnee (zip code 74802), Hispanic and Latino, Black and African Americans, NW Pottawatomie County. Focus group participants were asked to weigh in on specific changes that could be made to improve the health of their community and existing resources that could aid in health improvement. Participants were also encouraged to provide additional feedback on the overarching prioritization areas (included in the survey) of social connection, community safety, and mental health. The results of the complete data were shared with Pottawatomie County CHNA task force members.

This priority-setting approach was established to guide the identification of priority areas for improvement; however, as each organization seeks to incorporate this input, health improvement implementation strategies should be tailored to fit each organization and the community members they serve.



# Community Identified Health Priorities

## Food Access and Nutrition

Food access and nutrition critically impact health in Pottawatomie County, affecting the prevalence of obesity, diabetes, and other conditions believed to be closely tied to diet. Limited access to healthy foods is a significant issue, with many residents relying on convenience stores that lack fresh produce and nutritious options [112]. In Pottawatomie County, approximately 19% of the population experiences food insecurity, compared to 15% in Oklahoma and 10.5% nationally [113]. Enhanced access to nutritious and affordable foods helps reduce the prevalence of diet-related chronic diseases such as obesity, diabetes, and cardiovascular conditions, which are common in areas with limited healthy food options [112]. Increasing food security (which is when people, at all times, have physical and financial access to sufficient nutritious food that meets their dietary needs) can decrease healthcare costs and improve productivity, as healthier individuals are less likely to miss work due to illness and more likely to engage fully in economic activities [37]. Food insecurity in Pottawatomie County, Oklahoma, also disproportionately affects children, elderly adults, and low-income families, which makes it a critical area for intervention [114]. By addressing food insecurity through improved retail options, expanded SNAP benefits at farmers' markets, mobile food markets, fruit and vegetable prescription programs, and the Community Market of Pottawatomie County, communities can foster healthier lifestyles and economic growth, ultimately benefitting all residents [115].

Overall, survey results suggest that roughly 1 in 4, or 26%, of Pottawatomie County residents may be at risk for experiencing food insecurity. This estimate is higher than the U.S. Census reports, which may be due to differences in survey sampling and metric definitions. Nonetheless, this striking figure, along with the known longitudinal associations between nutrition and chronic diseases, educational attainment, mental health, and quality of life, makes addressing nutrition and food insecurity a critical point of focus and a priority area for improving health in the county.

## Behavioral and Mental Health

Behavioral and mental health has emerged as a top priority for improving health in Pottawatomie County, OK. Survey data indicated over 37% of respondents saw increasing access to mental health treatment and counseling services as a top priority for improving health in the county, followed by 25% who felt that addressing substance abuse and addiction should be given top priority. Untreated mental health issues such as depression, anxiety, and substance use disorders are linked to increased healthcare costs, decreased work productivity, and significant decreases in quality of life [116]. Social connectedness plays a vital role in mental health, reducing the risk of mental illness and improving recovery outcomes [117]. Homelessness exacerbates mental health issues due to the stress and instability it causes, making access to housing and mental health services intimately intertwined [118]. In Oklahoma, the prevalence of mental health issues is higher than the national average, underscoring the need for comprehensive mental health services in Pottawatomie County [119]. Investing in mental health services can yield significant economic and social benefits at the community level and improve individual resilience and well-being, demonstrating the importance of this priority area [120].

One in five survey participants reported experiencing 11 or more poor mental health days in the last month. Additionally, mental and behavioral health services were the second leading category of care that survey participants reported having difficulty accessing, behind dental care.



## Neighborhood and Built Environment

The neighborhood and built environment emerged as a top priority in both survey and focus group data. Based on primary and secondary data, this includes factors of crime and safety, housing affordability, and pedestrian infrastructure, emphasizing the built environment's critical role in health outcomes in Pottawatomie County. Crime and safety concerns can lead to increased stress, reduced physical activity, and reduced community cohesion [121], negatively impacting both physical and mental health [122]. Housing affordability is another significant issue, with a higher percentage of Pottawatomie County residents spending more than 30% of their income on housing compared to the national average. This can lead to poor financial stress, limited access to healthcare, and ultimately, poor health outcomes [123]. Additionally, pedestrian infrastructure, such as complete sidewalks with adequate lighting, encourages physical activity, reduces the risk of pedestrian injuries, and reduces the risk of chronic diseases like obesity and heart disease [124, 125]. Enhancing the built environment can lead to healthier lifestyles, reduced crime rates, and improved mental well-being, ultimately contributing to better health outcomes while fostering social interactions and a sense of community belonging for the community [5].

When community members were asked ‘...which one of the following do you think your county leaders should give top priority to for the next 3 years’, nearly 1 in 2 selected ‘crime and safety’ (46%), while 1 in 4 chose affordable housing (23%). During focus group discussions, many recent investments into the built environment, such as newly paved walking trails and renovated parks, were mentioned. However, there was an overall ask for the investments to continue and for the investments to be made throughout the entire community and county.



“The healthiest version is balanced with balance. The same thing you see in the north, you should see in the south. And that is where we’re lacking right now in our community: the balance of emergency assistance, the balance of urgent care, the balance of healthy food markets, and also the balance of transportation.”

## Social Connection and Belonging

Well-being, social connection, self-rated health, and experiences of inclusion over discrimination are crucial for improving health outcomes in Pottawatomie County, making this a priority area for the 2024 CHNA. Strong social networks are linked to lower mortality rates, reduced healthcare costs, higher productivity, and better health outcomes, benefiting both individuals and the broader community [126]. Conversely, experiences of discrimination contribute to chronic stress and adverse health effects, especially among racial and ethnic minorities [127].

Survey results highlight a significant link between income and social connections. Individuals lacking social connections are more likely to struggle financially, with over a quarter identifying money as a major stressor and describing their situation as living “paycheck to paycheck.” This data underscores the importance of social connections, particularly for those facing financial hardship. Additionally, those with weaker social ties report more mental health challenges, higher tobacco use, and are less likely to engage in physical activity, with nearly a quarter reporting no exercise during a typical week.

Although self-rated health in Pottawatomie County surpasses state and national averages [128], enhancing social connection and belonging can further improve community health by reducing stress, fostering social support, and promoting equity [129]. Initiatives to strengthen social connectedness and address discrimination can create a more inclusive community, improving individual well-being and overall health [130].

Focus group participants echoed this sentiment, noting that in a healthy community, “In a healthy community, there would be much more curiosity surrounding other community members. When there is cohesion, people come together, creating a community, and in turn that creates empathy.” One participant added, “It would help me feel more connected to my community if I knew that I was welcomed.”





## Response: Collective Impact for Health Improvement

The collective impact for health improvement, through obtaining quantitative and qualitative data via a community health needs assessment, is critical in enhancing the capacity to make substantial progress in addressing health priorities. This comprehensive approach enables a deeper understanding of the specific health needs and challenges various community groups face, ensuring that interventions can be tailored and effective. The assessment highlights and incorporates existing, successful programs, resources, and organizations already making strides in these areas, further fostering a collaborative environment where these entities can join forces. By identifying and leveraging these assets, the community can respond more strategically to health priority areas, promoting a more robust effort. This increased understanding and coordinated response not only enhances the overall health outcomes but also ensures that the efforts are sustainable and impactful, addressing the community's unique needs holistically.





## Call to Action

The completion of this Community Health Needs Assessment is a pivotal milestone in our journey to understand the health challenges and opportunities within Pottawatomie County. The insights and data presented here are not just a starting point but a crucial foundation. To translate these findings into tangible improvements, we must unite as community members and stakeholders to invest in, promote, advocate for, and champion programs, policies, and environments for well-being.

### Here's how you can contribute:

- 1** Getting involved through joining local health committees, task forces, and coalitions to make a difference. Learn more about our task force here: <http://www.gopogo.org>
  - Your active participation in the planning and implementation of health initiatives is essential.
  - Volunteer your time and skills to community health programs and events.
- 2** Advocating for change through engaging with government stakeholders to help prioritize health issues and secure necessary funding.
  - Your voice is a powerful tool for change. Use it to advocate for policies and resources that address the key health needs identified in this report. Your advocacy can influence decision-makers and bring about the necessary changes.
  - Engage with local, county, and state government and stakeholders to prioritize health issues and secure funding for critical health projects.
- 3** Collaborating for impact through fostering partnerships among health agencies and community organizations.
  - By fostering partnerships between public health agencies, healthcare providers, educational institutions, and community organizations, we can create a unified approach that has the potential to significantly improve health outcomes. This collaborative effort is a testament to the power of unity in addressing health challenges.
  - Continue to share resources, expertise, and best practices to amplify the impact of health interventions.
- 4** Monitoring and evaluating through providing feedback and suggestions to continuously improve health strategies and interventions.
  - Your participation in the ongoing monitoring and evaluation of health programs and interventions is vital. This ensures that these initiatives are effective and meet the community's needs.

**Together, we can make a meaningful difference in creating a healthier community. Let us commit to action, collaboration, and sustained effort to build a healthier, more equitable future for all!**



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## Community Assets and Partners

A community asset is any resource that enhances community members' quality of life and health. These assets are diverse, ranging from physical structures in the community like parks, schools, and healthcare facilities to organizations across all sectors, such as local businesses, non-profits, churches and faith-based groups, community coalitions, and sovereign Tribal Nations. Each of these assets is essential for cultivating a fertile environment for improving health outcomes by providing necessary services, fostering social connections, and creating opportunities for economic development. They act as the backbone of community resilience, serving as pillars of support and resources that enable individuals to lead healthier lives. For instance, Tribal health services provide culturally competent care while making vital health resources available to Native American and non-Native populations, contributing significantly to overall community health.

The following list of community assets (listed in alphabetical order) was assembled through community survey efforts, focus groups, and task force discussions. While this section aims to recognize key assets and partners related to this CHNA effort, health care, and public health work in Pottawatomie County, it is impossible to mention all contributors. We are grateful for the ongoing efforts of all organizations and community members, and we encourage the continued growth of these collaborations. It is through collective action that we can achieve meaningful health improvements.

<b>AARP</b>	<b>Project Safe</b>
<b>Absentee Shawnee Housing Authority</b>	<b>Red Rock Behavioral Health Services</b>
<b>Absentee Shawnee Tribe</b>	<b>Sac &amp; Fox Housing Authority</b>
<b>Absentee Shawnee Tribe Health System</b>	<b>Shawnee Beauty College</b>
<b>Asher Public Schools</b>	<b>Shawnee Bridges</b>
<b>Avedis Foundation</b>	<b>Shawnee Dental</b>
<b>BancFirst</b>	<b>Shawnee Family YMCA</b>
<b>Bethel Public Schools</b>	<b>Shawnee Forward</b>
<b>BHHS- Berkshire Hathaway HomeServices</b>	<b>Shawnee Housing Authority</b>
<b>Brent Morris Edward Jones</b>	<b>Shawnee Milling</b>
<b>Chick-fil-a of Shawnee</b>	<b>Shawnee Outlook</b>
<b>Citizen Potawatomi Nation</b>	<b>Shawnee Public Library</b>
<b>City of Asher</b>	<b>Shawnee Public Schools</b>
<b>City of McLoud</b>	<b>Shawnee Recreation Center</b>
<b>City of Tecumseh</b>	<b>Shawnee Senior Center</b>
<b>City of Shawnee</b>	<b>South Central Industries</b>
<b>comma</b>	<b>Sovereign Bank</b>
<b>Community Market of Pottawatomie County</b>	<b>Shawnee Homeless Center</b>
<b>Community Renewal of Pottawatomie County</b>	<b>SSM Health St. Anthony Hospital - Shawnee</b>
<b>Cornerstone Dental</b>	<b>SSM Health Medical Group</b>
<b>Emmanuel Episcopal Church</b>	<b>Stuart &amp; Clover Attorneys at Law</b>
<b>Faith Co Church</b>	<b>Tecumseh Chamber of Commerce</b>
<b>Finley &amp; Cook</b>	<b>Tecumseh Public Library</b>
<b>Firelake Discount Foods</b>	<b>Tecumseh Public Schools</b>
<b>First United Bank – Shawnee &amp; Tecumseh</b>	<b>The Salvation Army</b>
<b>Gateway to Prevention and Recovery</b>	<b>Laser Focus Health &amp; Wellness</b>
<b>Georg Fischer</b>	<b>Legacy Parenting Center</b>
<b>Gordon Cooper Technology Center</b>	<b>Life Church Shawnee</b>
<b>Growthlines, LLC</b>	<b>Living Word Church</b>
<b>Heritage Church</b>	<b>Mabee-Gerrer Museum</b>
<b>HTeaO</b>	<b>McLoud Public Library</b>
<b>Kemp Clinic MFT</b>	<b>McLoud Public Schools</b>
<b>Kickapoo Tribal Health Center</b>	<b>The University of Oklahoma Health Sciences,</b>
<b>Oklahoma Baptist University</b>	<b>Hudson College of Public Health</b>
<b>Oklahoma State Health Department District 6</b>	<b>United Way of Pottawatomie County</b>
<b>OSU Extension</b>	<b>Veggie RX Program</b>
<b>PATCH</b>	<b>Victory Family Church</b>
<b>Pottawatomie County Young Professionals</b>	<b>Vision Bank</b>
<b>Pottawatomie Go</b>	<b>Youth &amp; Family Resource Center</b>

## Collaboration Acknowledgments

We recognize and extend our heartfelt gratitude to those in the community assets and partner section. Your invaluable contributions made the 2024 Pottawatomie County CHNA possible. Your ongoing collaboration and partnership in this assessment, as well as your dedication to continuous health improvement efforts, are not only important but essential to achieving our shared goals for a healthier Pottawatomie County in the years to come.



**2024**

# **Appendix: Seminole County Community Health Data**



**SSM Health St. Anthony Hospital – Shawnee, Seminole Campus**

2401 West Wrangler Blvd. Seminole, OK 74868

# Introduction

St. Anthony Hospital - Shawnee, a member of SSM Health, has delivered compassionate care to the community for over 57 years. In 2022, we assumed responsibility for operations of the hospital in Seminole, Oklahoma, which we now call SSM Health St. Anthony Hospital - Shawnee, Seminole Campus.

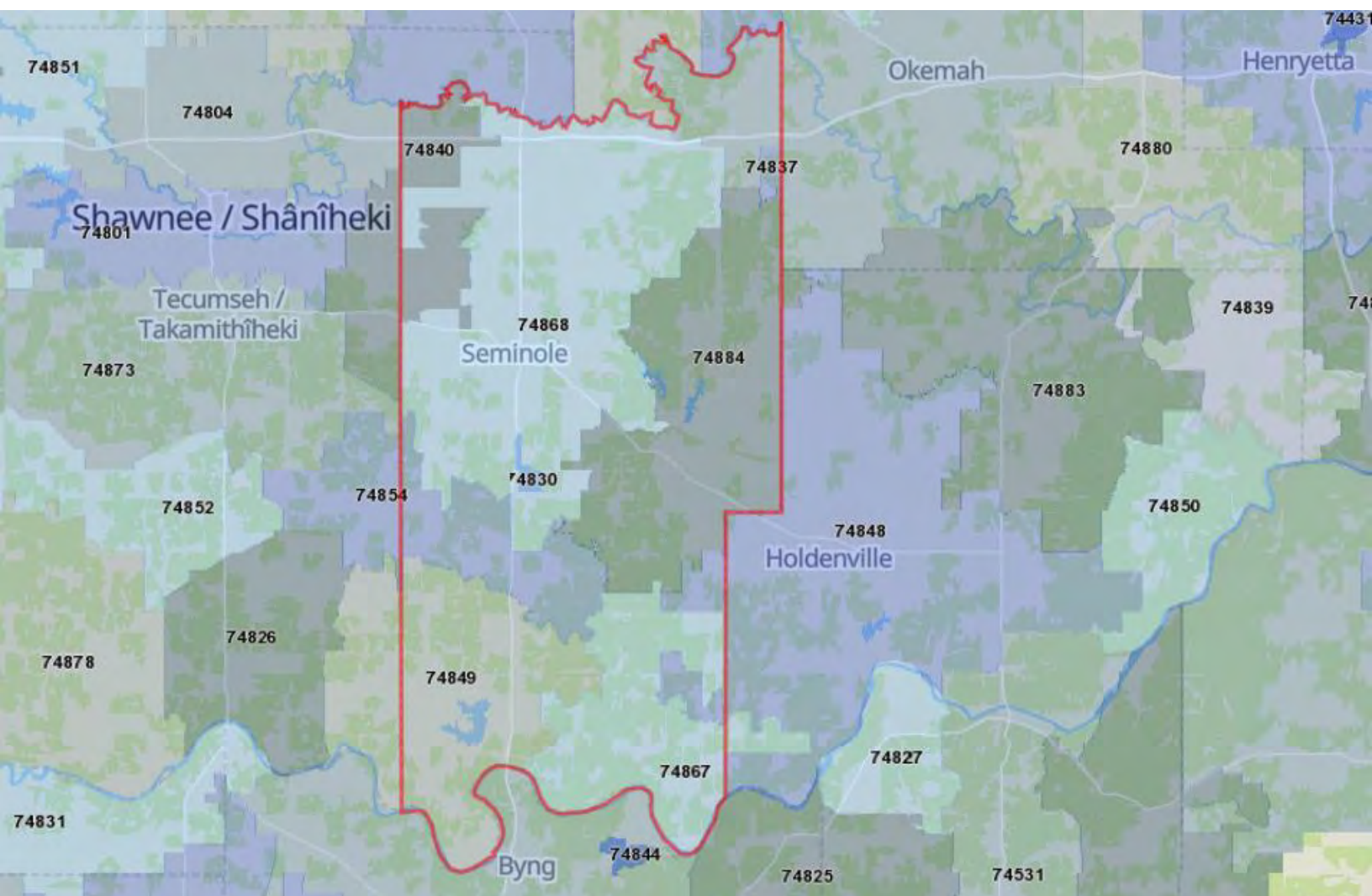
As an expression of our commitment to the Seminole community, our health ministry is including this appendix to the hospital's edition of the Pottawatomie County collaborative CHNA. It provides supplemental data on the health needs of Seminole County to guide St. Anthony Hospital - Shawnee's community health improvement efforts.





# Definition of Community

The community served by SSM Health St. Anthony Hospital - Shawnee includes Pottawatomie and Seminole Counties, which together account for 75% of the patients served by the main hospital and the Seminole Campus. Seminole County, located in eastern Oklahoma, covers 633 square miles. Our Seminole Campus is located on the northwest side of Seminole in the 74868 zip code. No group within the community was excluded from this needs assessment.





# About our Community

Seminole County, Oklahoma, is a diverse community with a significant representation of American Indian and Alaska Native populations, making up 20.1% of its residents. The county faces economic challenges, with a median household income of \$43,239 and a poverty rate of 22.6%, both higher than the state and national averages. Education levels vary, with a notable percentage of residents (15.6%) not holding a high school diploma and only 10.5% having a bachelor's degree. Additionally, a considerable portion of the population (20.5%) is without health insurance, highlighting the presence of medically underserved and vulnerable groups within the community.

Race/Ethnicity	Seminole County	Oklahoma	US
White	62.7%	63.4%	58.9%
Black or African American	3.8%	7.5%	12.6%
American Indian and Alaska Native	20.1%	9.5%	1.3%
Hispanic or Latino	6.1%	12.1%	19.1%
Asian	0.6%	2.6%	6.3%
Native Hawaiian or Other Pacific Islander	0.2%	0.3%	0.3%
Household Income	Seminole County	Oklahoma	US
<\$15K	15.7%	10.0%	9.2%
\$15K 25K	14.2%	8.5%	6.8%
\$25K 35K	12.5%	9.4%	7.3%
\$35K 50K	13.3%	12.9%	10.7%
\$50K 75K	18.2%	18.2%	16.2%
\$75 100K	10.6%	13.0%	12.8%
Over 100K	15.5%	27.9%	37.1%
Education	Seminole County	Oklahoma	US
No Degree	15.6%	10.4%	10.4%
High school or equivalent degree	35.5%	30.6%	26.1%
Some college, no degree	25.6%	22.1%	19.1%
Associate's degree	8.4%	8.4%	8.8%
Bachelor's degree	10.5%	18.6%	21.6%
Graduate or professional degree	4.4%	9.9%	14.0%
Income and Earnings	Seminole County	Oklahoma	US
Median Household Income	\$43,239	\$59,673	\$74,755
Poverty	Seminole County	Oklahoma	US
All People	22.6%	15.7%	12.6%

Seminole County Demographics (Source: U.S Census Bureau and County Health Rankings & Roadmaps)

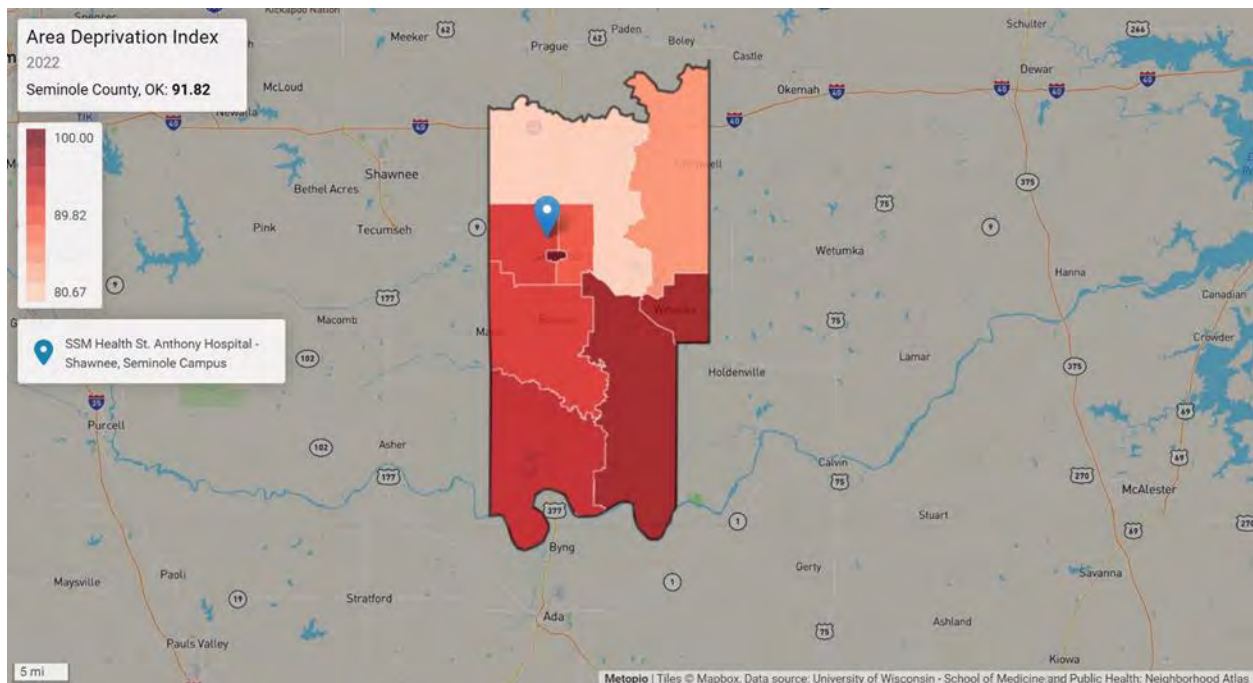
# Vulnerable and/or underserved population

As a Catholic ministry committed to a preferential option for the poor, SSM Health conducts its community health needs assessments with a health equity lens. Consequently, this assessment highlights the needs of some of Seminole County's most underserved members.

Seminole County is a diverse community with a significant representation of American Indian populations, making up 20.1% of its residents. The county faces economic challenges, with a median household income of \$43,239 and a poverty rate of 22.6%, both of which are worse than the state and national averages. A considerable portion of the population (20.5%) is without health insurance, highlighting the presence of medically underserved and vulnerable groups within the community.

## Area Deprivation Index

The Area Deprivation Index (ADI) is used to assess neighborhood socioeconomic disadvantage, considering factors such as income, education, employment, and housing quality. In Seminole County, the ADI values range from 80.67 to 100, indicating different levels of disadvantage across different areas. This map illustrates that the south side of Seminole and the southeast of the county have higher ranges of vulnerability.



# Methods of assessment

## Community Partners

We are grateful to the our community partners for their assistance in the primary data collection process, including Seminole State College, Interfaith Social Ministries, Community Market of Pottawatomie County, Seminole Public Schools, Gateway to Recovery and Prevention, Regional Food Bank of Oklahoma, Glad Tidings Food Pantry, Seminole County Health Department, and more.

The members of the Seminole County Community Alliance also demonstrated a strong commitment to assessing health needs through their assistance with the primary data collection for this assessment.

## Community Input – Primary Data

Primary/qualitative data was gathered from residents of Seminole County through three methodologies:

- Community health survey
- Community chats/focus groups
- Key informant interviews

Each of these data collection tactics was designed with our focus on health equity in mind. This was done to ensure that the voices of the most vulnerable members of the community and the voices of those who care for them were heard in the primary data collection process. Primary data collection instruments were also designed to help identify assets in the community that are making a positive impact on the health of the community. This health asset data was used to help prioritize the health needs identified in this assessment.





## Community Health Survey

A community perception survey of individuals who live, work, learn, or play in Seminole County was conducted from February through April 2024, with 72 responses received. The survey was distributed electronically and in hard copies to through our community partners.

The top 3 areas of need identified in the survey were:

- Access to healthcare
- Mental health
- Access to food

## Community Conversations

The community health team organized the community conversations to gather input from residents in the two largest towns in Seminole County, focusing on health equity and social determinants of health. Each session was designed to accommodate up to 12 attendees to ensure meaningful discussion. Two months prior to the chats, flyers were distributed through the Seminole County Community Alliance to encourage organizations to invite their clients. Additionally, flyers were available at the library and shared on social media to reach a wider audience.

Community	Host Location
Seminole	Seminole Public Library
Wewoka	Wewoka Public Library



## Key Informant Interviews

In the key informant section of the Seminole County Community Health Needs Assessment, 7 community leaders were interviewed, representing healthcare, nonprofits, and other entities within the county. These leaders shared their insights on recent changes and trends they have observed, their concerns about health in the community, existing assets in the county, and potential interventions to improve health, especially for the poor and vulnerable.

The most frequently mentioned health concerns by these leaders included:

- Substance abuse
- Food insecurity
- Care coordination (lack of awareness of social services resources and how to access them)
- Healthcare access



## Secondary Data (Metopio)

For this section of the CHNA, a public health data application called Metopio curated data from public and proprietary sources, providing comprehensive information on health behaviors, outcomes, demographic factors, and community-level drivers of health. This secondary data allows for in-depth analysis of health risks, economic conditions, and disparities within Seminole County and in the State of Oklahoma, supporting evidence-based decision-making for developing community health programs.

The data presented below is broken up into three main sections: chronic disease outcomes, substance abuse, and other notable health concerns.

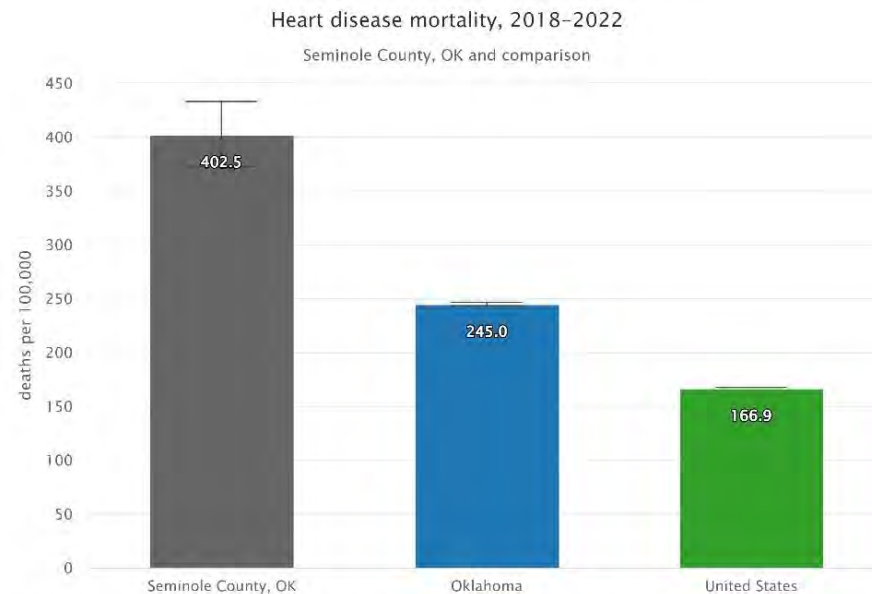




# Chronic Disease Outcomes: Secondary Data

## Heart Disease

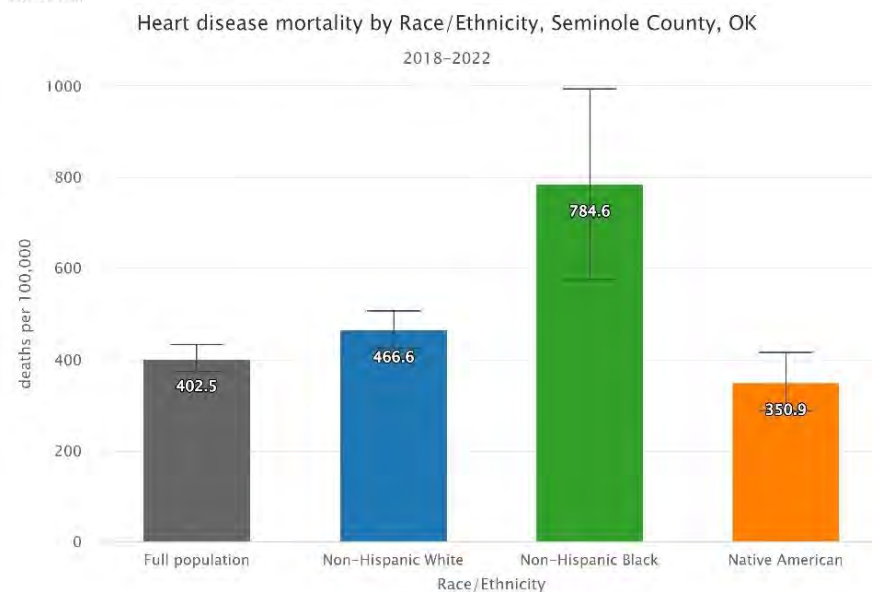
In 2022, heart disease was the leading cause of death in Seminole County, with an age-adjusted rate of 291.1 deaths per 100,000, with high deaths evident among the black/African American population.



Created on Metapio | metap.io/i/4dlwqchws | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System—Mortality (NVSS—M) (Via <http://healthindicators.gov>)

Heart disease mortality: Deaths per 100,000 residents with an underlying cause of heart disease (ICD-10 codes I00–I09, I11, I13, I20–I51).

Heart disease mortality: Deaths per 100,000 residents with an underlying cause of heart disease (ICD-10 codes I00–I09, I11, I13, I20–I51).

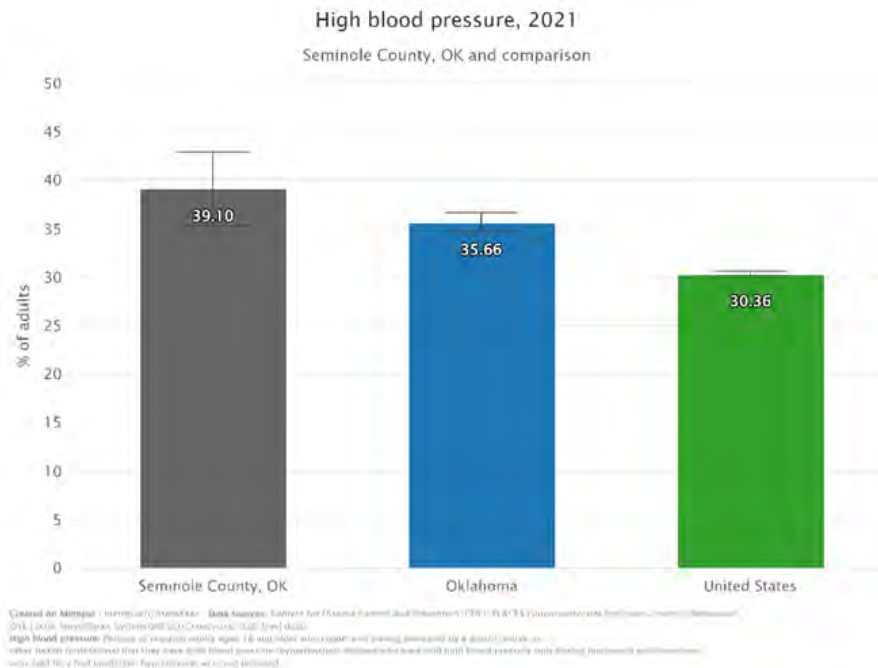


Created on Metapio | metap.io/i/4dlwqchws | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System—Mortality (NVSS—M) (Via <http://healthindicators.gov>)

Heart disease mortality: Deaths per 100,000 residents with an underlying cause of heart disease (ICD-10 codes I00–I09, I11, I13, I20–I51).

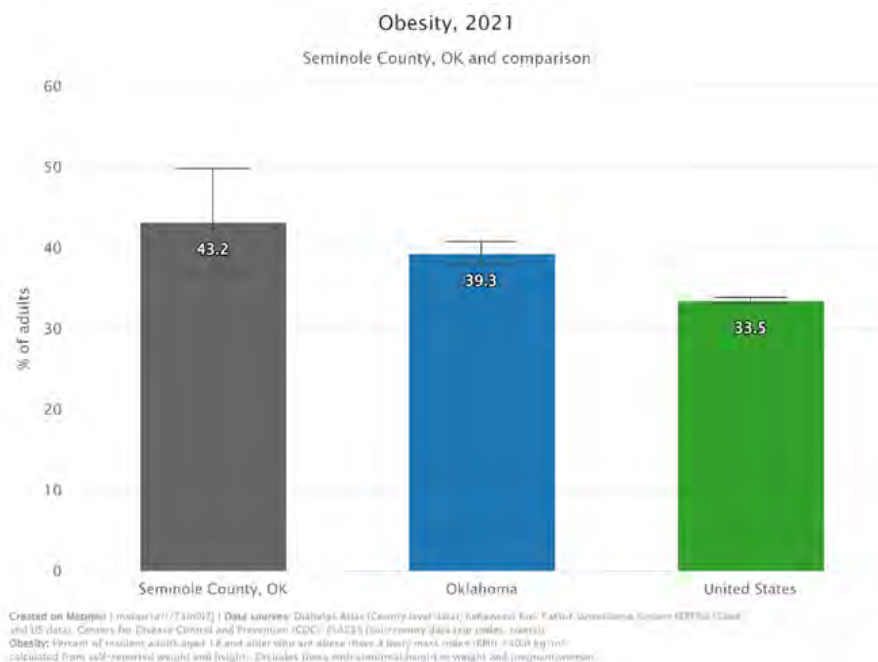
## High Blood Pressure

High Blood Pressure: Seminole County and Oklahoma's hypertension mortality rates in 2021 exceeded the national average of 39.10 deaths per 100,000, with Oklahoma recording 35.66 deaths per 100,000.



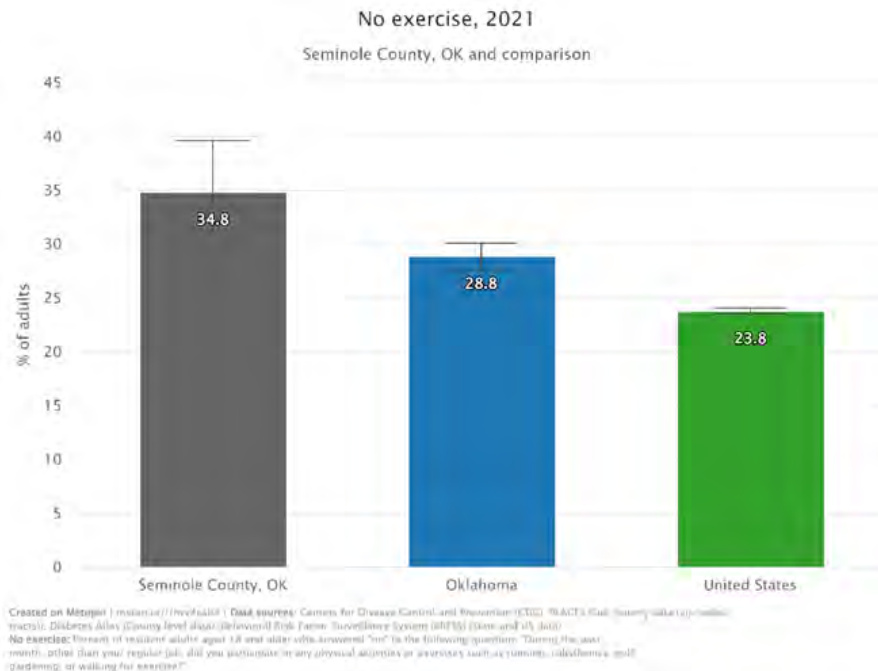
## Obesity

Obesity is a significant health concern in Seminole County, where 43.2% of residents are affected, surpassing both the state average of 39.33% and the national average of 33.51%.



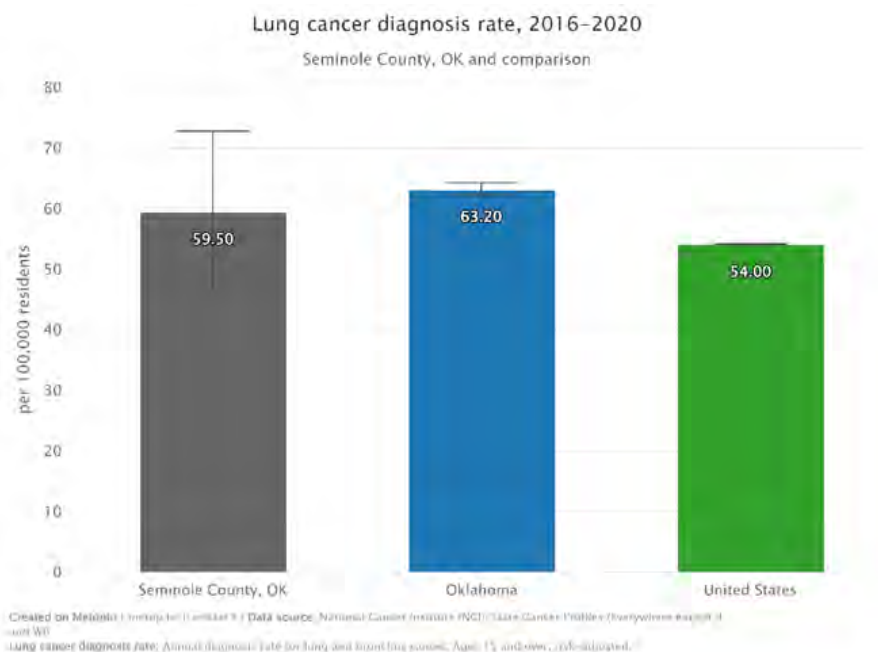
## Physical Inactivity

In Seminole County, 34.8% of adults reported not exercising, a higher percentage than both the state rate of 28.8% and the national rate of 23.8%, though 55% of residents live near a park or recreational facility.



## Lung Disease Mortality

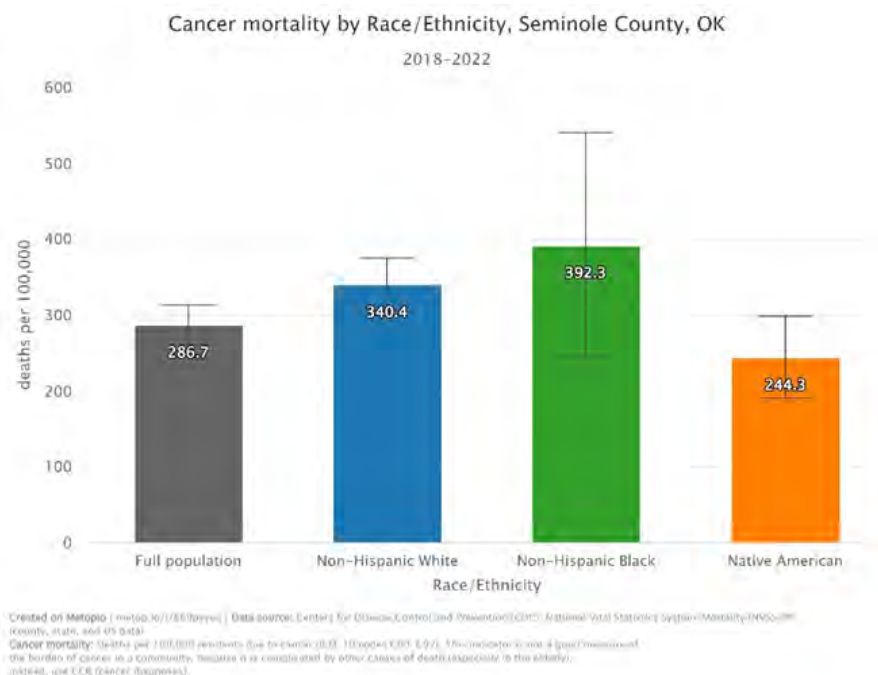
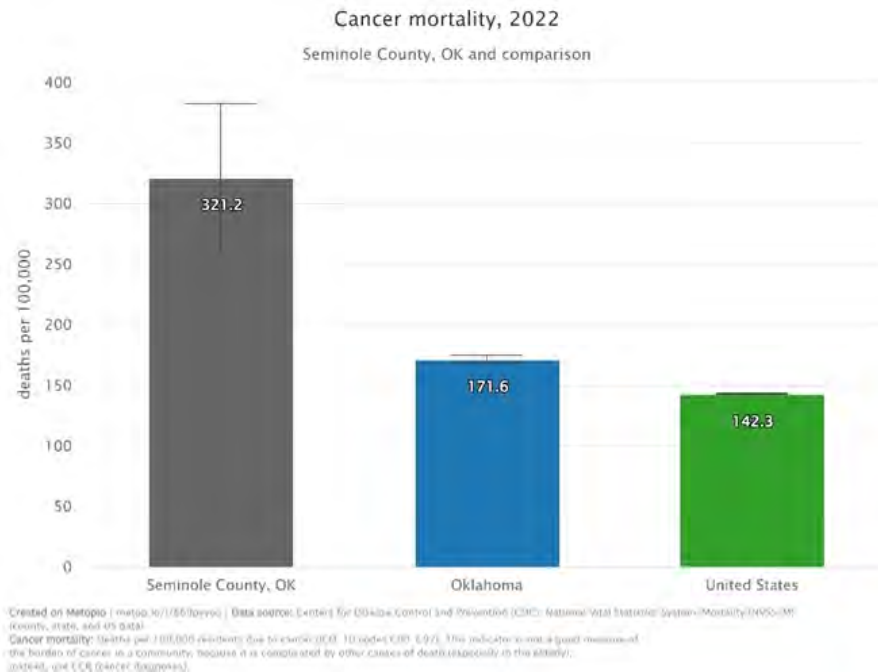
Lung disease mortality rates in Seminole County and Oklahoma are above the national average of 39.10 deaths per 100,000, with Oklahoma's rate at 35.66 per 100,000 in 2021.





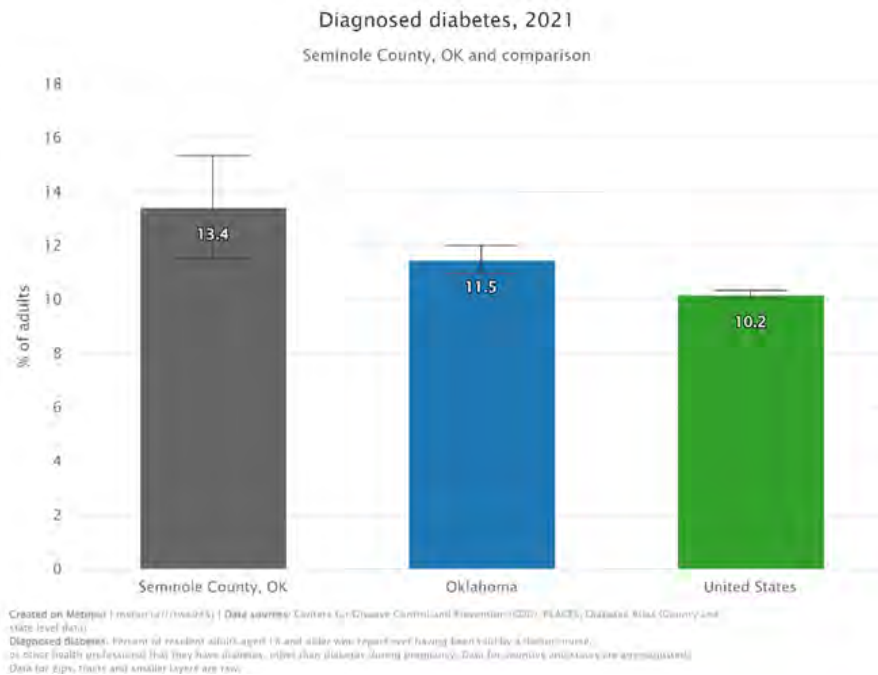
## Cancer Mortality

Cancer was the second leading cause of death in Seminole County in 2021, with an age-adjusted rate of 13.4 deaths per 100,000. The highest cancer mortality rate was among Non-Hispanic Black individuals at 392.32 per 100,000.



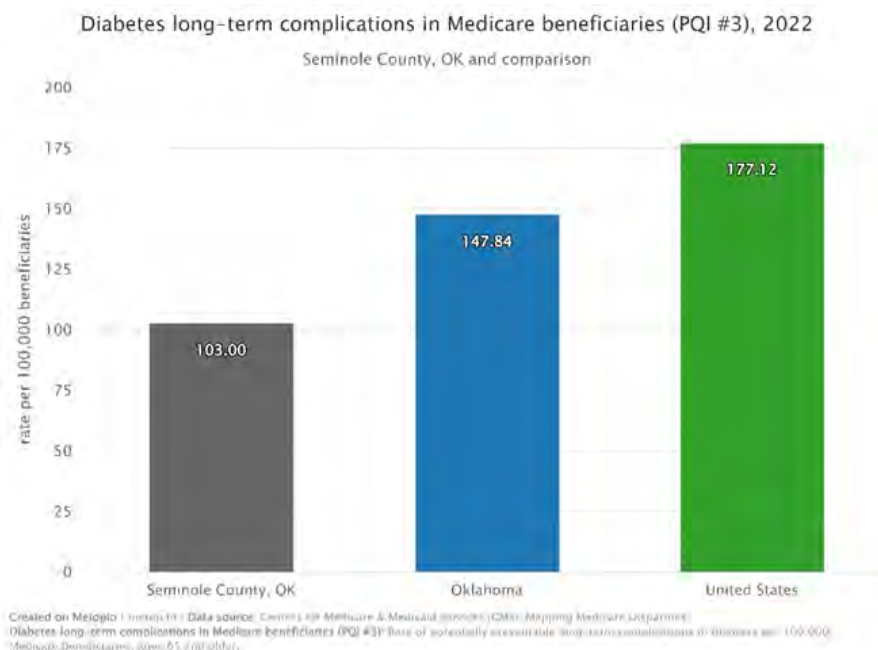
## Diabetes

Diabetes prevalence in Seminole County is the highest at 13.4%, compared to Oklahoma at 11.46% and the national rate of 10.17%.



## Diabetes among Medicare Population

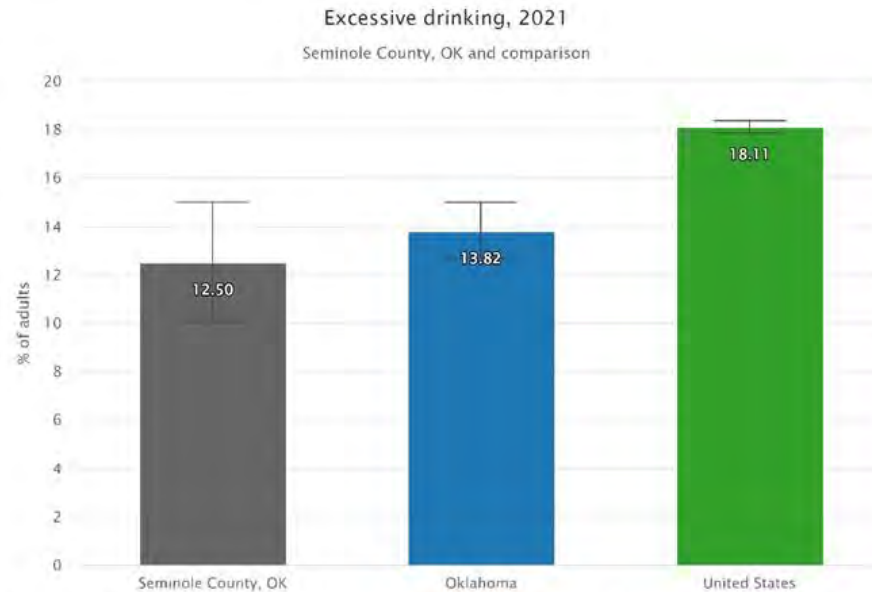
Seminole County has the lowest rate of diabetes long-term complications among Medicare beneficiaries, with a rate of 103.0 per 100,000, compared to Oklahoma's 147.84 and the national average of 177.12.



# Substance Abuse: Secondary Data

## Alcohol Abuse

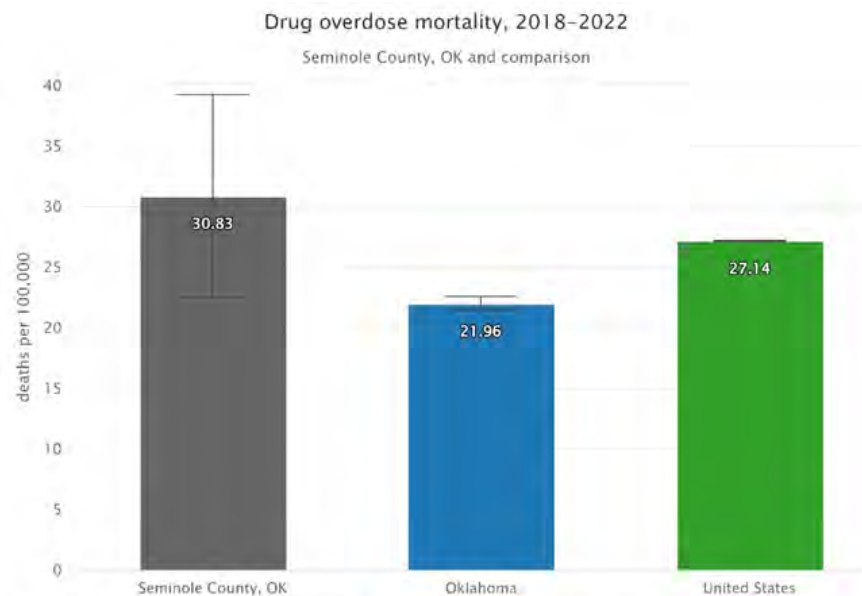
Excessive drinking in Seminole County is lower at 12.5% compared to Oklahoma's average of 13.82% and the national average of 18.11%.



Created on MapInfo / ArcGIS. Data sources: The University of Wisconsin Population Institute (2021) County Health Rankings & Analysis. Behavioral Risk Factor Surveillance System (BRFSS) 2021 data.  
Excessive drinking: Percent of adults aged 18 and older who report drinking more than two drinks per day on average (more than two drinks per day on average for men, and one or more drinks per day for women) in the past 30 days. Alcohol use is likely seriously affected, so this estimate is a lower bound.

## Drug Abuse

Drug overdose mortality in Seminole County is 30.83 deaths per 100,000, higher than both the state average of 21.96 and the national average of 27.14.

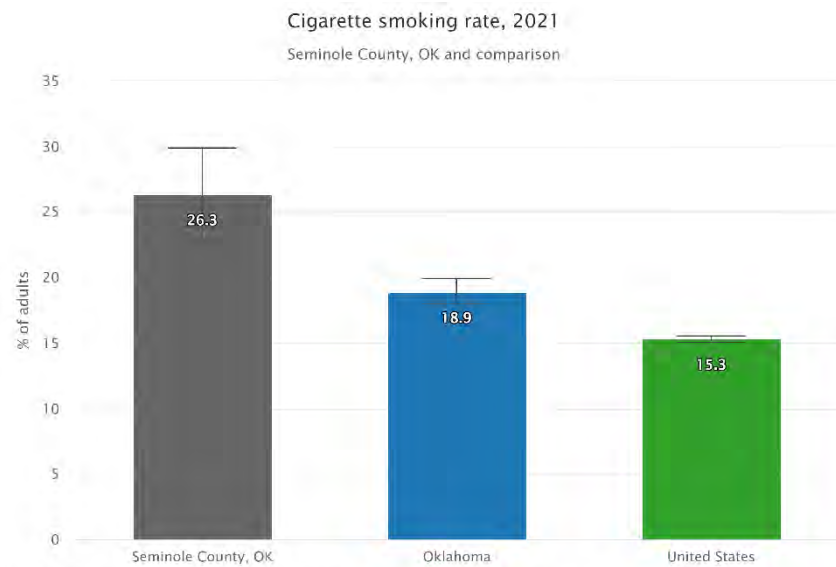


Created on MapInfo / ArcGIS. Data sources: Centers for Disease Control (2022) Drug Overdose: National Drug Indicators (NDDI) 2022. CDC WONDER.  
Drug overdose mortality: Deaths per 100,000 residents due to drug poisoning (both accidental and intentional). The figures during the 2018-2022 period are for the period 2018-2022. The figures are also reported here. Auto-generated.



## Adults Smoking

Smoking rates in Seminole County are high at 26.3%, compared to Oklahoma's 18.9% and the national average of 15.28%.

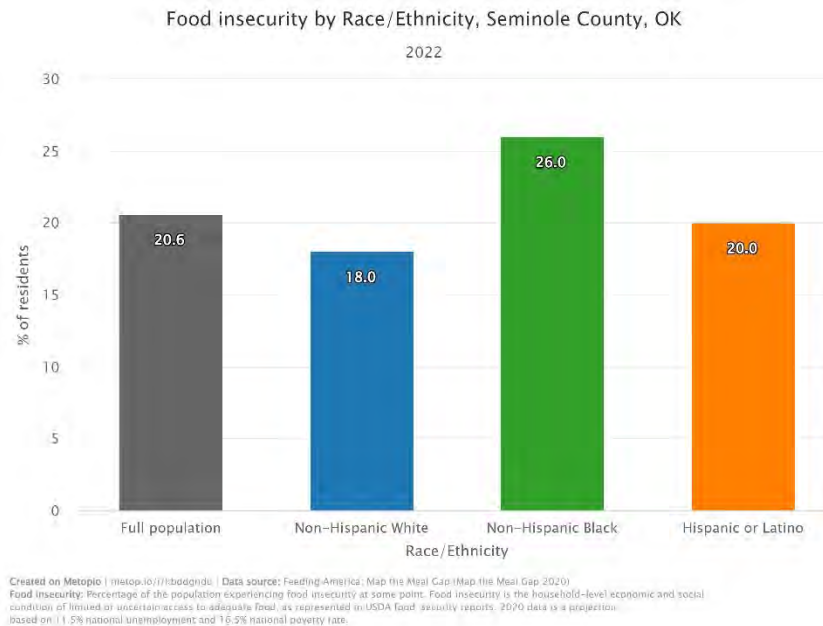
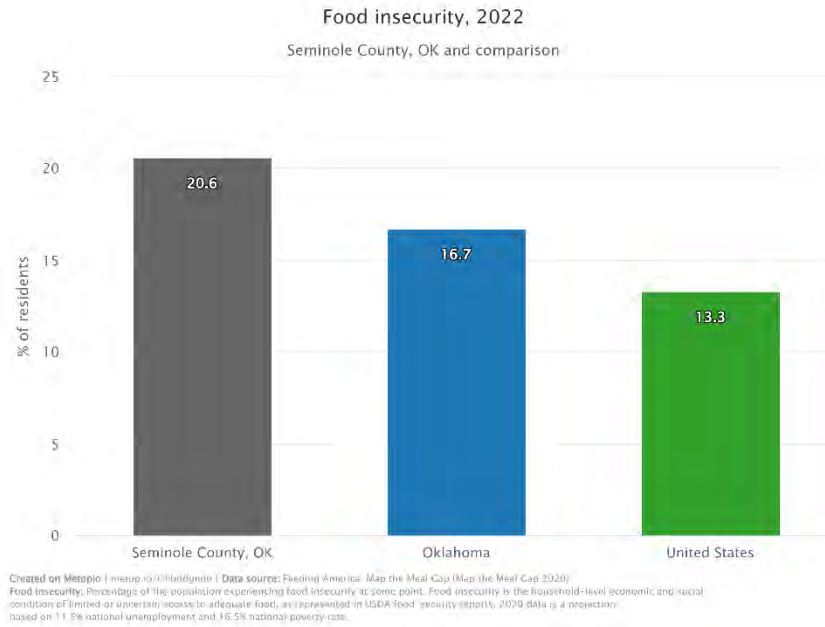


Created on MapInfo | mapinfo.com | Data sources: Centers for Disease Control and Prevention (CDC), PLACES (by county and city codes, tracts) for 2014 – present; Dwyer-Lindgren, Makkadda, et al. Population Health Metrics, 2014 | Data modeled from BRFSS for years 1995–2012.  
Cigarette smoking rate: Percent of resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Age-standardized.

# Other Notable Health Concerns: Secondary Data

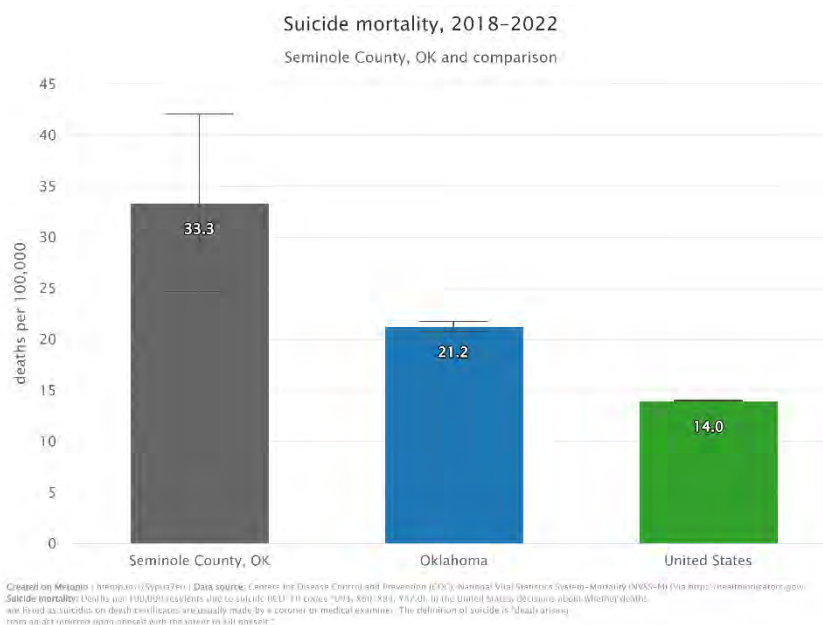
## Food Insecurity

Food insecurity affects 20.6% of Seminole County residents, higher than the state average of 16.7% and the national average of 13.3%, with disparities evident across racial and ethnic groups.



## Mental Health/Suicide

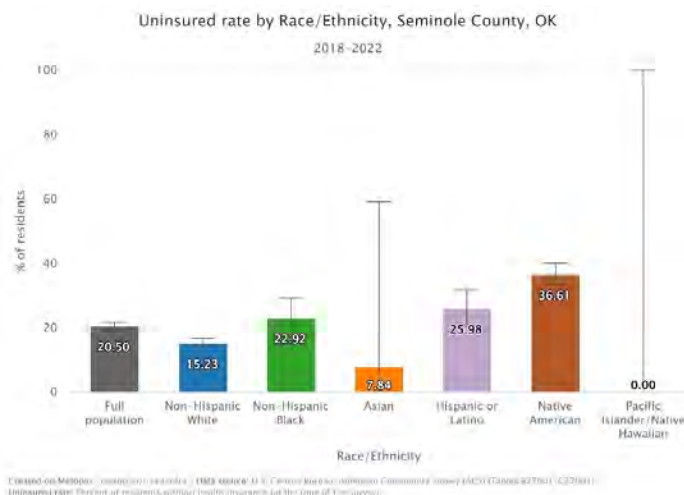
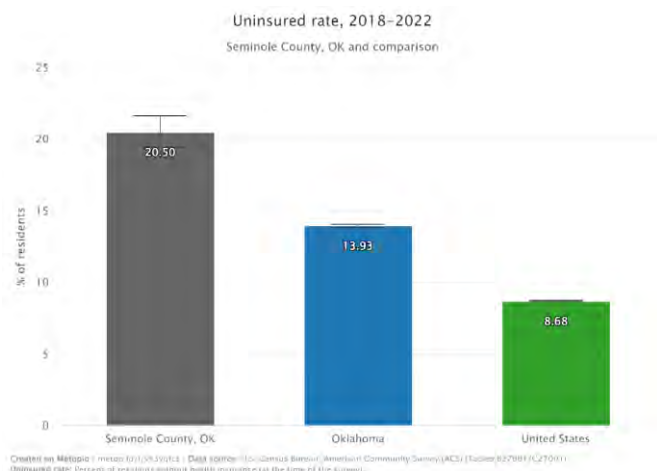
Suicide rates in Seminole County are the highest at 33.33 per 100,000, compared to 21.2 in Oklahoma and 14.0 nationwide.



## Uninsured Rate

The uninsured rate in Seminole County is 20.5%, higher than Oklahoma's 13.93% and the national average of 8.68%, with the highest uninsured rates among Native Americans at 36.61%.

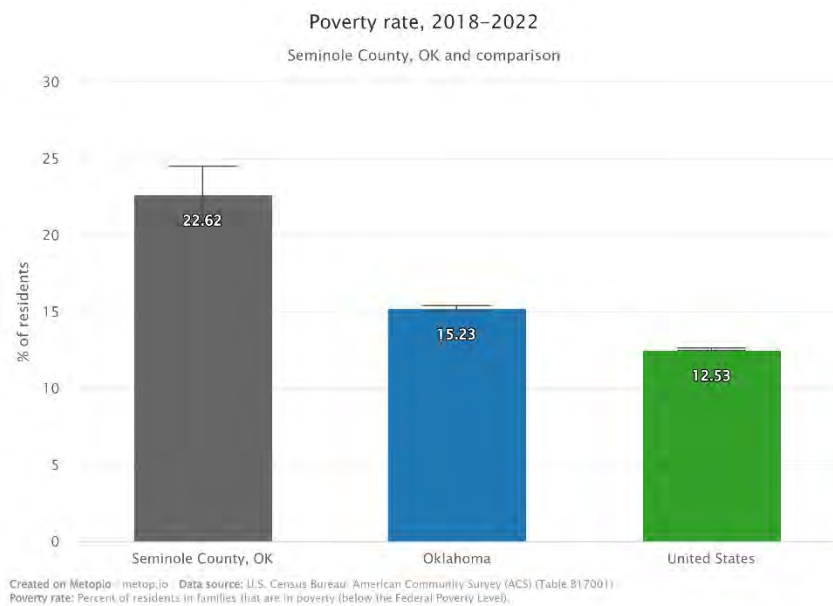
The uninsured rate varies significantly across different racial and ethnic groups, with Native Americans having the highest rate at 36.61% and Pacific Islander/Native Hawaiians having the lowest at 0.00%. In Seminole County, OK, the uninsured rate for the full population is 20.5%, with Non-Hispanic Blacks having a higher rate at 22.92% and Asians having a lower rate at 7.84%.



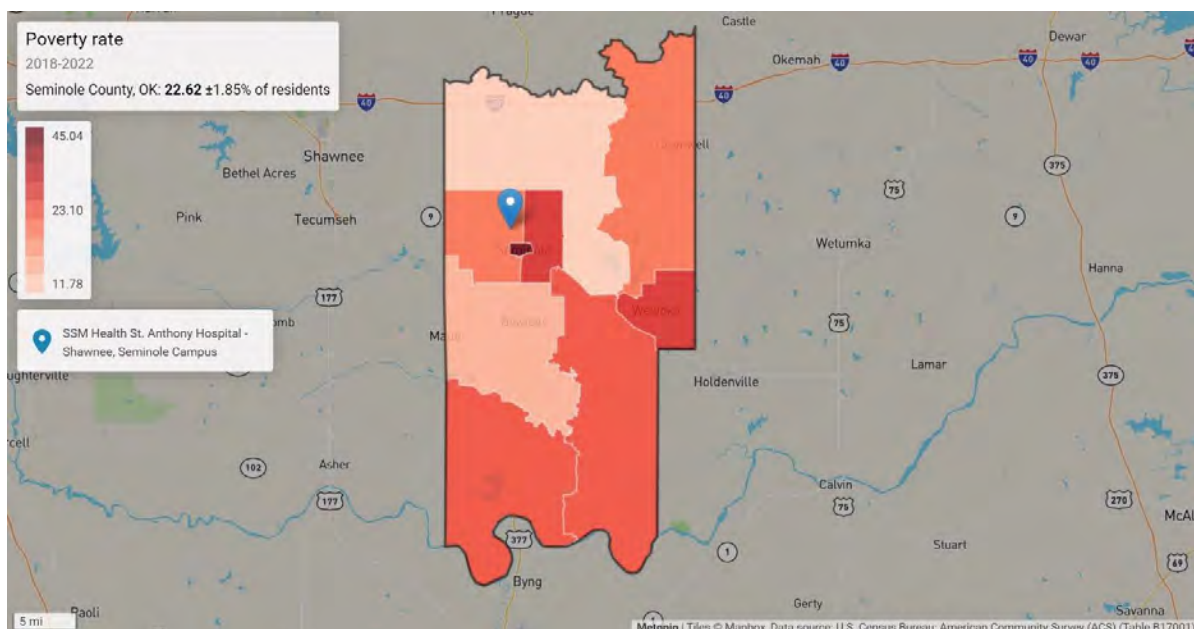


## Poverty

Seminole County has a poverty rate of 22.62%, significantly higher than the state rate of 15.23% and the national rate of 12.53%, with variation across different areas from 11.8% to 45.0%.



The poverty rate in Seminole County, OK, varies across different areas, with percentages ranging from 11.8% to 45.0%. These figures, derived from the American Community Survey (ACS), indicate a significant disparity in the economic well-being of residents within the county. Here, we are focusing on the poverty rate within the various tracts of Seminole County, OK. The data reveals pockets of both relative affluence and pronounced economic challenges, highlighting the need for targeted interventions to address poverty and its impact on the community.



# Community Assets

While assessing community health needs, the hospital also collected data on the county’s strengths and health assets—organizations, initiatives, resources, and collaborations that are making a difference in Seminole County's health and well-being.

One of the strengths of Seminole County is the number of organizations participating in the Seminole County Community Alliance to promote health for vulnerable community members. The following is a list of community organizations named during the needs assessment process as making a difference in the health of the community:

Seminole County Health Department	Wewoka Public Library
Interfaith Social Ministries	Hunger Free Oklahoma
Seminole State College	Seminole County Extension Office
Gateway to Prevention and Recovery	Ma Ma’s Christ Van
Seminole Public Library	Lighthouse Behavioral Wellness Centers
Seminole Nation of Oklahoma	Seminole Public Schools
Glad Tiding’s Food Pantry	Regional Food Bank of Oklahoma
Community Market of Pottawatomie County (Mobile Market)	Reynolds Wellness Center
	Infant Crisis Services (BabyMobile)

St. Anthony Hospital - Shawnee is grateful to be a member of such a strong community and looks forward to leveraging the community’s strengths as we work together to foster health wellbeing in Seminole County.

# 2024

## Appendices

**SSM Health St. Anthony Hospital - Shawnee, Seminole Campus**

2401 West Wrangler Blvd. Seminole, OK 74868



# Appendix A:

## Seminole County Survey Response Data

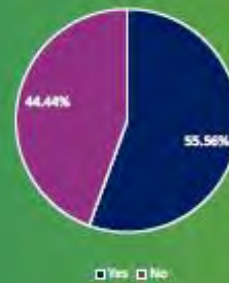


## Respondents who live and work in Seminole County

Live in Seminole County



Work in Seminole County



## Respondents by zip codes

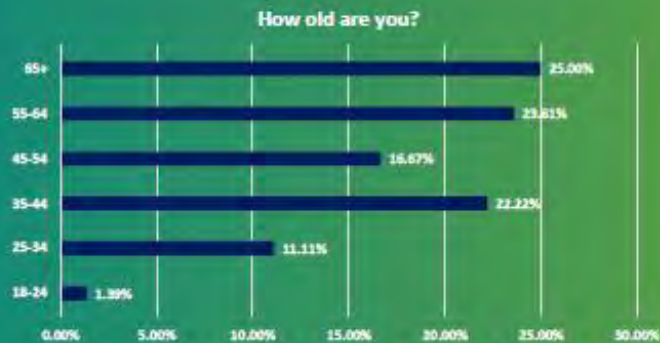


Zip Code	Name of City/Town	Respondents
74868	Seminole	48
74884	Wewoka	16
74830	Bowlegs	2
74840	Earlsboro	2
74883	Wetumka	2
74804	Shawnee	1
74849	Konawa	3

3

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## Age

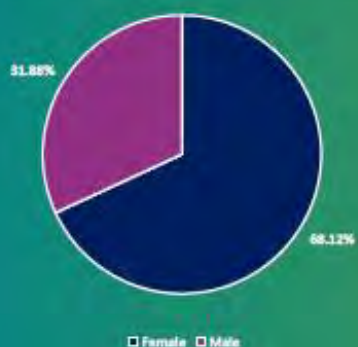


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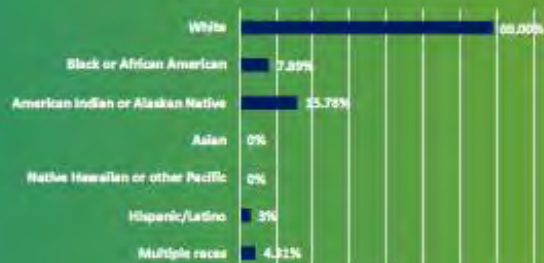
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## Sex and Race/Ethnicity

What sex were you assigned at birth?



Which one or more of the following would you say is your race?

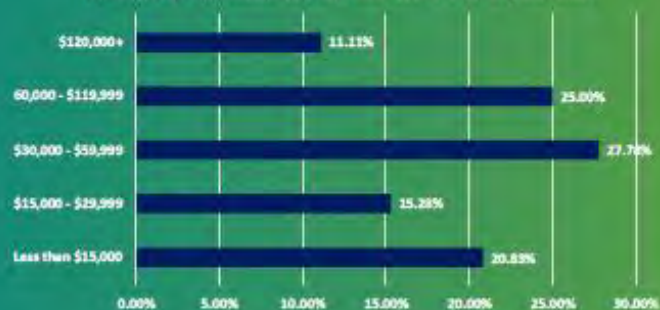


5

SSMHealth

## Income

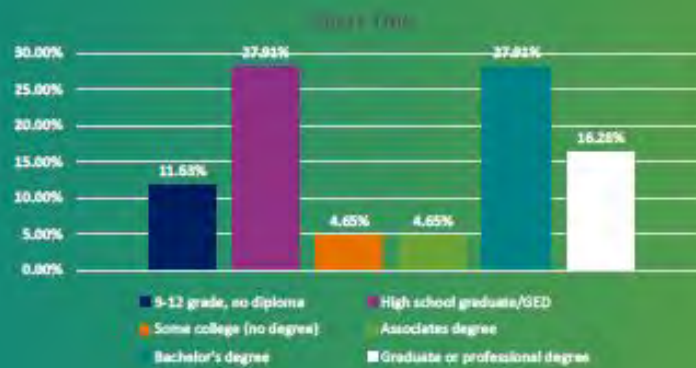
What is the approximate total household yearly income?



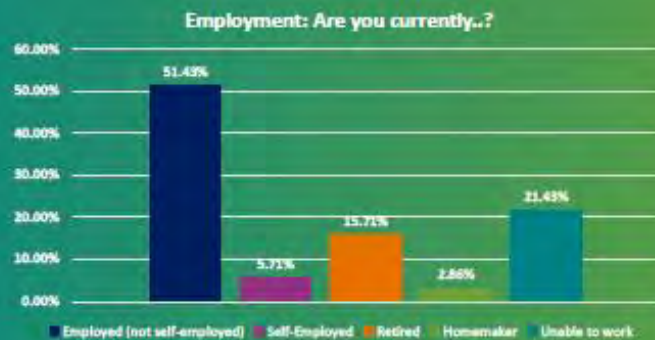
6

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## Education

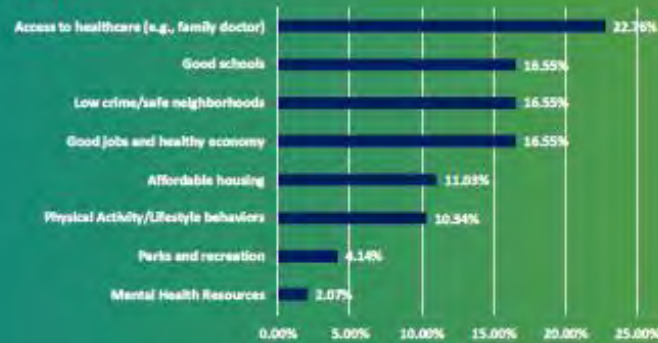


## Employment





In the following list, what do you think are the three most important factors for a "Healthy Community?" (those factors which most improve the quality of life in a community.)



8

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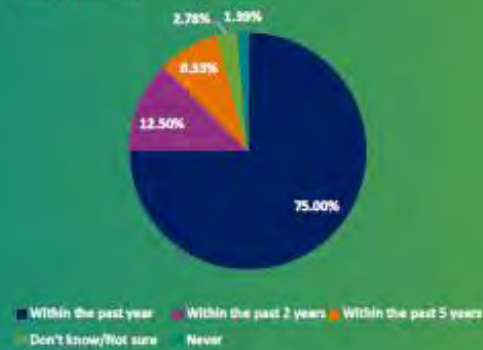
In the following list, what do you think are the three most important "health problems" in our community? (Those problems which have the greatest impact on overall community health.)



10

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About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.



11



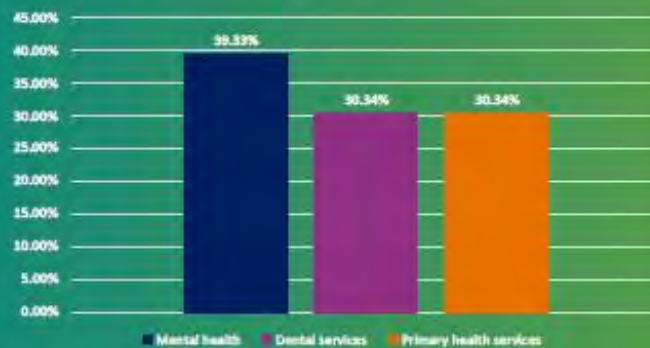
Everyone in my household can get the health services we want and need including physical, mental, and dental health services.



12



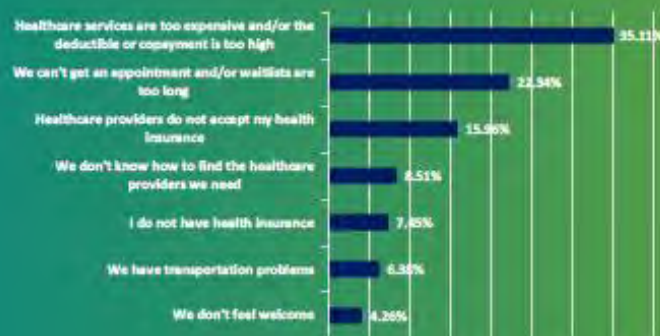
Which types of health services are difficult to get for your household members? Please select all that apply.



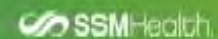
33



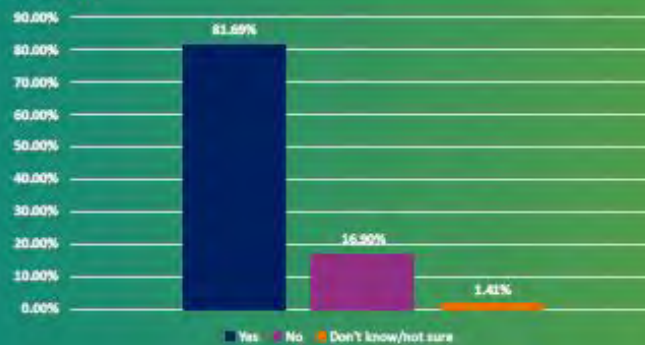
Why is getting these health services a challenge for your household members? Please select all that apply.



34



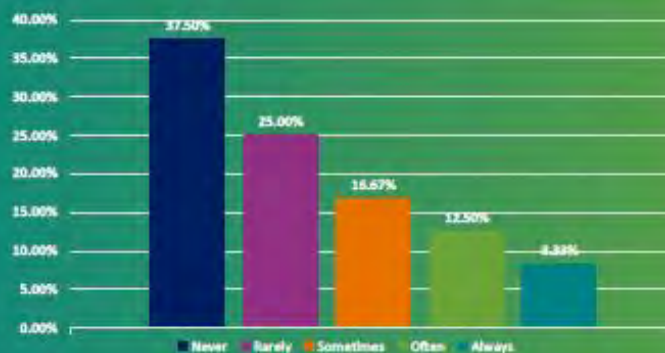
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as: Medicare or Medicaid



15

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How often in the past month have you worried about not having enough food for you or your household?



16

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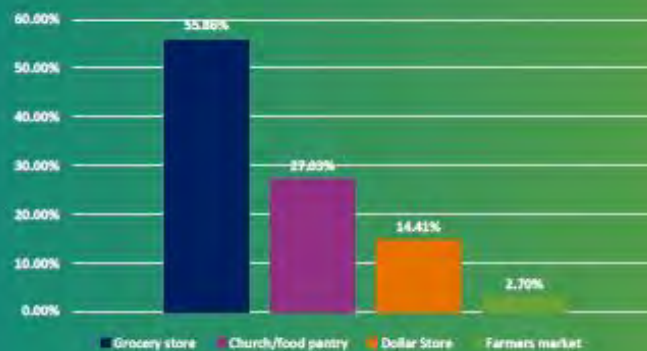
### What are the main barriers you face in accessing food?



17

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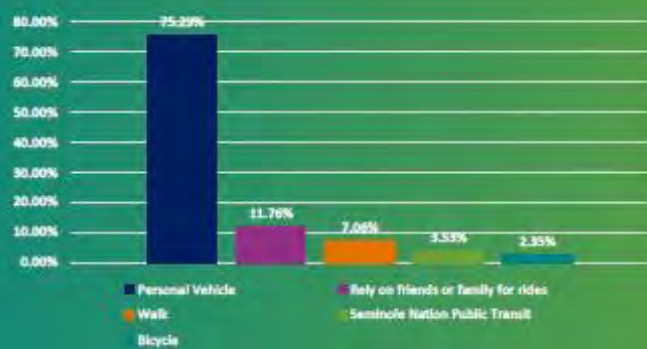
### Where do you shop for food or groceries?



18

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## What type of transportation do you or people in your household use?



# References

## Demographic Data Sources

County Health Rankings & Roadmaps. (2024). *Compare Counties: Seminole County, Oklahoma; Oklahoma; United States*. Retrieved from <https://www.countyhealthrankings.org/health-data/compare-counties?compareCounties=40133%2C40000%2C00000&year=2024>

County Health Rankings & Roadmaps. (2024). *Seminole County, Oklahoma Health Data*. Retrieved from <https://www.countyhealthrankings.org/health-data/oklahoma/seminole?year=2024>

U.S. Census Bureau. (2024). *Median Household Income in Oklahoma and Seminole County, Oklahoma*. Retrieved from [https://data.census.gov/table/ACSST5Y2022.S1901?g=040XX00US40\\_050XX00US40133](https://data.census.gov/table/ACSST5Y2022.S1901?g=040XX00US40_050XX00US40133)

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U.S. Census Bureau. (2024). *Profile of the United States*. Retrieved from [https://data.census.gov/profile/United\\_States?g=010XX00US#education](https://data.census.gov/profile/United_States?g=010XX00US#education)