Attachment A

Participating Organizations

66 Federal Credit Union
Bank of Oklahoma
Bartlesville Community Foundation
Bartlesville Examiner-Enterprise
Bartlesville Fire Department
Bartlesville Pedalers
Bartlesville Police Department
Bartlesville Public Library
Bartlesville Public Schools
Bartlesville Regional United Way
Bartlesville Visitors and Convention Center
Bartlesville-Dewey Chamber of Commerce
Caney Valley Medical Clinic
Casa Hispana Hispanic Outreach Center
Cherokee Nation Behavioral Health
Cherokee Nation Housing Authority
Cimarron Transit
City of Bartlesville
Community Action Resource and Development
ConocoPhillips
Delaware Child Development Program
Department of Human Services
Disciples Christian Church
Dynamic Independence
Early Childhood Resource Center, Inc.
Eldercare
Family Crisis & Counseling
Family Healthcare Clinic
Gorman Construction Company
Grand Lake Mental Health
Greater First Baptist Church
Green Country Free Clinic
Habitat for Humanity
Integrated Concepts, Inc.
Jane Phillips Medical Center
League of Women Voters
Lifespan Medical Clinic
Mayes Home Health Care
MGB Plumbing
Morton Comprehensive Health Services
Mutual Girls Club
Nehemiah Development Corporation
Northeast Area Health Education Center
Office of Juvenile Affairs

Oklahoma Commission on Children and Youth
Oklahoma House of Representatives
Oklahoma State Senator
Oklahoma Wesleyan University
On the Rock Ministries
OSU Extension
OU Resident Program
Parents As Teachers
Pathway Transitional Housing Program
Pediatrics of Bartlesville
Phillips 66
ROCHMD Youth Services
Rogers State University
Samaritan Counseling and Growth Center
Smart Start
St. Luke’s Episcopal Church
SUPRA Home Health
Systems of Care
Tri County Technology Center
Turning Point Alcohol & Drug Center
United Community Action Program
Universal Unitarian Church
Vision Onward
Washington County Affordable Housing Coalition
Washington County Anti Drug Network
Washington County Association for Mental Health
Washington County Board of Health
Washington County Commissioners
Washington County Emergency Management
Washington County Health Department
Washington County Suicide Prevention Coalition
Washington County Transportation Coalition
Willows Apartment Complex
Young Adult Coalition
Youth & Family Services
Preventative Health Partnership
Access to Health Care Committee
Appendix 1: Washington County Health Department
Community Engagement & Health Improvement Planning Processes
Quality Improvement Project Storyboard

Getting Started
Assemble the Team
- Organize 5-member Core Quality Improvement Team for Washington County.
- Include Washington & Rogers County Health Department staff and Turning Point Representative.
- Washington County Wellness Initiative (WCWI)/TP Partnership has current specific goals set from the 2005 Community Health Status Assessment.
- Focus on re-assessment of community using MAPP process to determine if goals align.

Examine the Current Approach
- Need up-to-date data and re-assessment of community.
- Use systematic process data in planning and engagement.
- Increase community involvement and resources for health improvement planning process.
- No standardized process for county-level community engagement and health improvement planning.
- WCWI actively works on goals set from 2005 health assessment with sub-committees formed.

Identify Potential Solutions
- Team attended MAPP process, quality improvement, community engagement, and health improvement planning trainings.
- Team set weekly team meetings.
- Created AIM statement:
  - Develop strategies to increase community engagement.

Measure community engagement by using meeting effectiveness tool.

Complete MAPP community assessments and Community Health Improvement Plan (CHIP).

Develop an Improvement Theory
- Community partners value importance of community input. By adopting MAPP methodology to complete a community health improvement plan (CHIP) that aligns with the Oklahoma Health Improvement Plan (CHIP), partners will become more engaged in the planning process.

Test the Theory
- Reviewed current list of WCWI members and recruited members of LPHS.
- Set date for Community Health Status Assessment (CHSA).
- Reviewed past assessment questions/results and revised with plan to compare past with current.
- Sent CHSA via email and hard copies to LPHS.
- 1,385 responses to CHSA.
- Collected and compiled results.
- Community meeting set for 12/3/10 to determine Community Strengths and Themes, Forces of Change, and used affinity diagram to create a vision statement; 75 attendees.
- Develop plan based on survey results, assessment, and/or evaluation.
- Second community meeting on 1/11/11 to finalize vision statement and discuss future strategic plans.

Aim Statement: By March 1, 2011, the Washington County Health Department Quality Improvement team will improve community engagement and health improvement planning processes as evidenced by:
  - An increase in commitment of team membership resources from 0 to 30%; an increase in average score from 0 to 4.2 on the Meeting Effectiveness survey tool; an improvement from 0 to 1 community vision, and from 0 to 3 assessments completed from the MAPP process demonstrating progress towards CHIP; and an improvement from 0 to 100% of a local strategic plan through the Step Up performance management web-based program.

Washington County is an educated, holistic, safe and neighborly community where everyone has:
- access to physical and mental health services
- access to progressive and caring community services and resources
- an opportunity to be informed and involved

Check the Results
- Community resources average 70% commitment as measured by a membership of 186.
- Scores on Meeting Effectiveness Survey increased from 4.13 to 4.42, higher than the goal of 4.2.
- Assessments increased from 0 to 3 by 3/11/11. Initiated LPHSA in February, 2011.
- The Washington County Health Department is on target for completion of the Step Up strategic plan by March 15, 2011.

Act
Standardize the Improvement/ Develop New Theory
- Continue training on MAPP process, quality improvement, community engagement, and health improvement planning processes.
- Re-evaluate, sustain, and build upon improvements.

Establish Future Plans
- Continue use of quality improvement tools.
- Complete LPHSA.
- WCWI will continue with strategic action focused on community health improvement priority areas:
  - Inability to Cope
  - Poverty
  - Sedentary Lifestyle
  - Dependency on Programs & Funding
Community Health Needs Survey 2010

A road map to navigate Washington County toward a healthier future.
Washington County Community Needs Survey

Purpose

In order to properly plan for the future, one must acknowledge the start of the journey. Knowing the present needs and the health status of a community will aid in the development of plans and processes to resolve health and social disparities.

Methods

The 24-question survey was distributed in various locations around the county. Survey sites varied in location, population served and demographics. Surveys were returned to the Washington County Health Department and entered into a secure web-based survey system, Survey Monkey. There were 1,385 surveys completed and analyzed. Demographic comparison data come from the 2006-2008 U.S. Census Bureau data.

Results

Demographics

- 2.6% of the Washington County population responded to the survey.
- 70% of the Washington County population resides in Bartlesville but 79% of respondents are from this city.
- There were 5 out of state zip codes reported but they were not excluded because of their close proximity to the border and 9 persons did not provide a zip code.
The median age for the county is 40.6 years. U.S. Census Bureau

The 65 and over population of respondents is slightly less than the county population for the same age group (17.6%). U.S. Census Bureau

32% of the Washington County population is between ages 18 to 44. U.S. Census Bureau

This group is over-represented in the sample.

According to the U.S. Census Bureau, the county population is split almost in half by gender (male = 48.7%, females = 51.3%). U.S. Census Bureau

However, the majority of respondents for this survey were female.

According to the U.S. Census Bureau, 26.6% of the Washington County population has a Bachelor’s degree or higher.

Other education categories are similar to participant responses.
96% of respondents reported their annual household income (1,339).
31.4% of respondents reported an annual household income of over $50,000.
The next largest group was persons with an annual household income of under $10,000 (24.1%).
The median household income for the county is $43,570 (2008 inflation-adjusted dollars). U.S. Census Bureau

<table>
<thead>
<tr>
<th>Annual Income</th>
<th>Response Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $10,000</td>
<td>24.1%</td>
</tr>
<tr>
<td>$10,000 - 15,000</td>
<td>9.6%</td>
</tr>
<tr>
<td>$15,000 - 20,000</td>
<td>6.0%</td>
</tr>
<tr>
<td>$20,000 - 25,000</td>
<td>7.2%</td>
</tr>
<tr>
<td>$25,000 - 35,000</td>
<td>9.4%</td>
</tr>
<tr>
<td>$35,000 - 50,000</td>
<td>12.3%</td>
</tr>
<tr>
<td>Over 50,000</td>
<td>31.4%</td>
</tr>
</tbody>
</table>

According to the 2010 survey, over 1/2 of respondents supported 2-3 persons with their income.
Race and Ethnicity

- Race and ethnicity percentages are comparable between survey respondents and the U.S. Census Bureau.
- The average family size is also comparable to the U.S. Census Bureau (Census - 2.92; Survey – 2.69).

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/Caucasian</td>
<td>79.5%</td>
</tr>
<tr>
<td>Black/African</td>
<td>3.6%</td>
</tr>
<tr>
<td>American</td>
<td>0.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>12.3%</td>
</tr>
<tr>
<td>Native American</td>
<td>3.0%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.7%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Transportation

How do you get around everyday?

- Own car or truck (2010)
- Family and friends (2010)
- SoonerRide (2010)
- CityRide (2010)
- Other (2010)

The majority of people travel by their own personal vehicle.

There was an increase in the percentage of persons that traveled by family, friends or church and all public transportation since the 2005 survey.
In the past year, how many times did you or your family need medical treatment?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>7.5%</td>
<td>103</td>
</tr>
<tr>
<td>1-2 times</td>
<td>23.5%</td>
<td>322</td>
</tr>
<tr>
<td>3-5 times</td>
<td>32.5%</td>
<td>446</td>
</tr>
<tr>
<td>More than 5 times</td>
<td>36.5%</td>
<td>501</td>
</tr>
</tbody>
</table>

92.5% of persons needed medical treatment at least once during the past year.

• The majority (72.3%) of respondents travel 10 miles or less to see a physician (942).

• However, lengthy distances to a physician (16 or more miles) are still an issue for almost a quarter of the respondents.

How many miles do you drive to get to the doctor?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5</td>
<td>43.9%</td>
<td>572</td>
</tr>
<tr>
<td>5-10</td>
<td>28.4%</td>
<td>370</td>
</tr>
<tr>
<td>11-15</td>
<td>6.5%</td>
<td>85</td>
</tr>
<tr>
<td>16-25</td>
<td>8.5%</td>
<td>111</td>
</tr>
<tr>
<td>26 or more</td>
<td>12.7%</td>
<td>165</td>
</tr>
</tbody>
</table>
80.2% of persons needed dental treatment at least once during the past year.
Top 20 Health Issues Reported

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td>46.6%</td>
</tr>
<tr>
<td>Dental problems</td>
<td>38.2%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>34.7%</td>
</tr>
<tr>
<td>Stress/Depression</td>
<td>33.0%</td>
</tr>
<tr>
<td>Tobacco use</td>
<td>30.0%</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>29.9%</td>
</tr>
<tr>
<td>Hearing/vision loss</td>
<td>28.9%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>22.7%</td>
</tr>
<tr>
<td>Obesity</td>
<td>20.3%</td>
</tr>
<tr>
<td>Lack of physical activity</td>
<td>13.7%</td>
</tr>
<tr>
<td>Aging problems</td>
<td>13.1%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>12.2%</td>
</tr>
<tr>
<td>Cancer</td>
<td>12.1%</td>
</tr>
<tr>
<td>Mental illness</td>
<td>11.2%</td>
</tr>
<tr>
<td>Lung/respiratory disease</td>
<td>9.8%</td>
</tr>
<tr>
<td>Drug/alcohol abuse</td>
<td>7.4%</td>
</tr>
<tr>
<td>Poor nutrition</td>
<td>6.8%</td>
</tr>
<tr>
<td>Motor vehicle crash injuries</td>
<td>5.4%</td>
</tr>
<tr>
<td>Teen pregnancy</td>
<td>4.2%</td>
</tr>
<tr>
<td>Stroke</td>
<td>3.7%</td>
</tr>
</tbody>
</table>
Payment type for health care services

- Health insurance (w/co-pay): 41%
- Medicare w/ supplement plan: 13%
- Medicaid: 11%
- Cash (no insurance): 16%
- Other: 4%
- Veterans Administration: 1%
- Free clinic: 5%
- Indian Health Service: 5%

Do you think there are enough health care services in Washington County?

- Yes: 54.1%
- No: 45.9%
54% of respondents indicated that youth drug and alcohol abuse were the most serious problems in Washington County.

46% of respondents thought adult drug and alcohol abuse were the most serious health problems
- Lack of insurance or a means to pay was the leading reported barrier to health services in Washington County.
- Cultural/racial/religious barriers were the least reported barriers to health care.
Do you think the child care situation in Washington County is adequate to meet your needs?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>28.7%</td>
<td>358</td>
</tr>
<tr>
<td>No</td>
<td>15.7%</td>
<td>196</td>
</tr>
<tr>
<td>N/A</td>
<td>55.6%</td>
<td>695</td>
</tr>
</tbody>
</table>

Issues which create a problem for your child care needs:

- Cost: 70.0%
- Location: 20.0%
- Hours available: 40.0%
- No openings: 30.0%
- Quality: 40.0%

Conclusions

Now that a road map for Washington County’s health status exists, work must be done to alter that map. Through hard work, collaboration and some inventive ideas, Washington County can drive toward healthier, more successful and prosperous future.
Forces of Change Assessment – December 3, 2010

The Forces of Change Assessment is designed to help MAPP participants answer these questions, “What is occurring or might occur that affects the health of our community or local public health system?” and “What specific threats or opportunities are generated by these occurrences?”

<table>
<thead>
<tr>
<th>FORCES</th>
<th>Social Factors</th>
<th>Economic</th>
<th>Political</th>
<th>Technology</th>
<th>Ethical Forces</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Free and reduced lunches has increased in schools</td>
<td>Minimum wage is not keeping up with cost of living increases</td>
<td>Cliff effects</td>
<td>Children are having more screen time and are inactive because of video games.</td>
<td>Political partisanship without regard for sound public policy</td>
</tr>
<tr>
<td></td>
<td>$25 cost for flu shots</td>
<td>Increase in ER usage for primary care despite resources available</td>
<td>Policies that keep people from succeeding – restrictive to people in poverty, punitive policies, instead of people getting ahead, it keeps them where they are</td>
<td>Replaced manual labor with computers</td>
<td>Political party differences prohibit improvement</td>
</tr>
<tr>
<td></td>
<td>30% price increase from local retailers expected in Spring 2011 – soy, corn</td>
<td>Economic impact on hospitals</td>
<td>Tax policy – wealthy getting wealthier, affects small business providers</td>
<td>Sooner care policy change with no personal interaction. Intended to improve service, but the system in backlogged.</td>
<td>HIPPA – guidelines set so that there are not as many ethical violations. Also creates barriers to access information</td>
</tr>
<tr>
<td></td>
<td>Increase in the unemployment rate</td>
<td>Lack of knowledge about resources available</td>
<td>Government involvement dichotomy – on one hand we want government involvement and on the other we don’t want the interference, proper role of government in regard to needs and responsibilities, government and faith working together defined roles.</td>
<td>Social media is a double edged sword. Opportunities and threats</td>
<td>Recession – created because of ethical violations</td>
</tr>
<tr>
<td></td>
<td>Shrinking middle class</td>
<td>Lack of transportation</td>
<td>Political differences prohibit improvement due to strict party lines.</td>
<td>Information overload</td>
<td>Need for continued ethical training</td>
</tr>
<tr>
<td></td>
<td>Increase in homelessness</td>
<td>Reduction of government programs DHS, Senior program and Child Guidance</td>
<td></td>
<td>Technology creating overspending with plastic use.</td>
<td>Increase of prescription drug abuse – alcohol</td>
</tr>
<tr>
<td></td>
<td>Increase in working poor</td>
<td>Inability to pay</td>
<td></td>
<td>Electronic medical records /telemedicine</td>
<td>Wealthy giving money back to society and not leaving it to their children</td>
</tr>
<tr>
<td></td>
<td>Large number of underinsured</td>
<td></td>
<td></td>
<td>Beneficial and efficient Providers using different software make patient information challenging and creates misinformation</td>
<td>Fundraising exhaustion</td>
</tr>
<tr>
<td></td>
<td>Under employment</td>
<td></td>
<td></td>
<td></td>
<td>Related to cut in government programs</td>
</tr>
</tbody>
</table>
Forces of Change Priorities: One priority issue was selected from each Forces of Change categories. These were selected by the group to focus on Washington County.

1. Social - Inability to cope - increased drug and alcohol abuse, RX abuse
2. Economic - Poverty - Increase in the working poor
3. Technology - Increase in sedentary lifestyle
4. Political/Ethical - Dependence on programs and funding (government, public)

<table>
<thead>
<tr>
<th>Forces</th>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inability to Cope</td>
<td>Drug court</td>
<td>Overwhelmed system</td>
</tr>
<tr>
<td>Drug, RX, alcohol abuse</td>
<td>Existing mental health services</td>
<td>Resistance of schools to allow programs in</td>
</tr>
<tr>
<td>Suicide</td>
<td>Schools</td>
<td>High suicide rate in Washington County</td>
</tr>
<tr>
<td></td>
<td>Parents</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Early intervention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strengthen partnerships - schools, non profits, educate on</td>
<td></td>
</tr>
<tr>
<td></td>
<td>needs to get programs in schools</td>
<td></td>
</tr>
<tr>
<td>Poverty</td>
<td>Bridges Out of Poverty</td>
<td>Disparity of preventative care – not enough prevention</td>
</tr>
<tr>
<td></td>
<td>Non profit and Tribal Gov</td>
<td></td>
</tr>
<tr>
<td></td>
<td>School based social worker</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Set definition of - working poor</td>
<td></td>
</tr>
<tr>
<td>Sedentary Lifestyle</td>
<td>Opportunity to access to physical activity (YMCA)</td>
<td>Physical Education cut from schools</td>
</tr>
<tr>
<td></td>
<td>T-Set/PAN Grant</td>
<td>Increase in chronic disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Poor nutrition served at schools</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Screen time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attitudes of people</td>
</tr>
<tr>
<td>Dependence on Programs and Funding</td>
<td>Increase collaboration of programs</td>
<td>Budget Cuts</td>
</tr>
<tr>
<td></td>
<td>Leverage of resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Empower people to Empower themselves</td>
<td></td>
</tr>
</tbody>
</table>
Rough Draft - Visioning Statement

Motivating Washington County to create an educated, holistic, safe, community, characterized by access to physical and mental health for everyone, informed and involved citizenship, progressive and caring services and resources and where everyone is neighbor.