OASIS Hospital

750 North 40th Street

Phoenix, AZ 85008

2012 Community Health Needs Assessment Summary

2013-2016 Community Health Implementation Plan

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OASIS Hospital

OASIS Hospital, opened in June 2011, is a 64-bed specialty orthopedic facility providing orthopedic surgery and diagnostic services. OASIS Hospital performs orthopedic and spine surgeries on patients aged 14 and older. The hospital was designed by doctors for doctors and their patients and has quickly become a top choice for elective orthopedic surgeries.

OASIS Hospital is founded on a distinctive model that emphasizes physician participation while integrating the resources of one of the nation's largest not-for-profit healthcare systems, Dignity Health.   OASIS Hospital was founded under a physician ownership model. However, with the passage of the Affordable Care Act, the current ownership is comprised of Dignity Health (50.1%) and United Surgical Partners (49.9%).

The relentless focus on physician participation ensures that the patient's needs are always first. The mission statement was created with the input of the hospital's medical staff. Simply put, the mission at OASIS Hospital is *Caring for Patients Like Family*. Every decision made at OASIS hospital involves physician input and centers on what is best for its patients.

Community Health Needs Assessment

The Community Health Needs Assessment for OASIS Hospital draws from the collaborative effort undertaken in June 2012 by the Maricopa County Department of Public Health and the Arizona Department of Health Services to complete the first Comprehensive Health Assessment (CHA) for Maricopa County. This collaborative effort was the culmination of an 18-month engagement process that involved a wide variety of local public health system partners, education and social service agencies, community members, and other stakeholders. Assessments were conducted using a variety of methods from health data analysis to surveys and focus groups with several objectives in mind:

- Ensuring racial and ethnic minority communities' needs and input was included
- Ensuring broad representation of underserved populations
- Including disease surveillance subject matter experts in analysis of health data

Through this systematic research and data collection process, the team identified five issues as health priorities to be addressed in the five-year Community Health Improvement Plan (CHIP) for Maricopa County. They are: Obesity, Diabetes, Lung Cancer, Cardiovascular Disease, and Access to Health Care.

OASIS Hospital has utilized the information gathered from this community-wide assessment to inform the implementation strategy for the hospital and share in the vision of the Departments of Public Health and the Arizona Department of Health Services, namely "*Empowered communities working together to reach optimal health and quality of life for all.*"

Task forces representing four different sectors of the community–*Where We Live (Community), Where We Learn (Education), Where We Work (Worksites), and Where We Receive Care (Healthcare)*–have been formed to develop plans with emphasis on utilizing evidence based-strategies and policy, systems, and environmental approaches to impact health priorities. The CHIP will become the strategic blueprint for how public health and community partners will work collectively in making Maricopa County a healthier place to live and work. Data will be reviewed continually over the five-year cycle of the CHIP, both to monitor progress toward identified goals, and to establish new goals and priorities as necessary.

The Health Status Report Indicators are listed in Appendix A. The CHNA documents can be accessed at http://www.maricopa.gov/publichealth/Programs/OPI/resources.aspx.

Community Health Implementation Plan

Taking into consideration the unmet health needs of the community and the specialty focus of OASIS Hospital, efforts to address the Health Priorities identified in the Community Health Needs Assessment process will be undertaken by the hospital to improve the health status of the community, including access to care, reduction in fall risk and promotion of healthy active living.

Description of Community Served by the Hospital

The OASIS Hospital community, while largely diverse and educated, also includes areas with high rates of poverty, a large non-English speaking population, and migrant/ seasonal workers, many of whom experience barriers to access. A large majority of this population is indigent with their primary source of income through day labor and seasonal work. Dignity Health utilizes a Community Need Index to identify specific areas within the service area (by zip code) with social economic barriers. Each zip code within the service area is given a score based on five socioeconomic indicators that include income, language, education, insurance, and housing. According to the Community Need Index, Maricopa County has both moderate and high-risk areas with a mean score in the moderate range of 3.2. Within the service area there are zip codes with significant socio-economic barriers, some of which are designated as a

Federal Medically Underserved Areas (FMUA) and Medically Underserved Populations (MUP).

According to research findings, individuals lacking health insurance, whether chronically uninsured or experiencing gaps in insurance, avoid seeking care for conditions until the condition worsens to an unmanageable state. For chronic conditions such as diabetes, asthma, or mental health, adults often skip medications or avoid filling prescriptions and subsequently visit the ED or are admitted to the hospital. Uninsured individuals are less likely to receive preventive care and more likely to receive duplicate tests. Strategies need to continue with a proactive focus on chronic disease management, increased access to education and services, and continuum of care components that will improve quality of life and decrease the need for extensive healthcare utilization.

Community Need Index

The accurate measurement of community need is a crucial first step in public health planning. Most community-need assessments rely on highly specific, non-standardized data, the relevance of which is limited to the individual community. These specialized assessments will continue to be important for community planning. For large-scale public health programming, however, a comprehensive and standardized assessment of community need is a prerequisite to the allocation of resources by hospitals, health care organizations, private foundations, and public health systems.

In developing the Community Need Index, Dignity Health applied the same level of scientific rigor we insist on in the practice of medicine. We partnered with Thomson Reuters to develop the data sets[1] and statistical models, which measure various socio-economic barriers to health care access. These barriers – income, cultural/language, education, insurance, and housing – were carefully chosen and tested individually by both Dignity Health and Thomson Reuters.[2]

Dignity Health utilizes the data from the Community Need Index in the development of the community health needs assessment and in focused program planning. A map highlighting the areas of need in Maricopa County is accessible in Appendix B.

Demographics

According to the U.S. Census Bureau, the estimated population of the county in 2012 was 3,942,169. Of that number, 26% represent persons 18 years of age and younger, 13% represent persons age 65 and over. Approximately 58% of the population is white, 6% African American or Black, 3% American Indian and Alaska Native, 4% Asian, 30% Hispanic or Latino. The median household income was $55,099 and nearly 15% of the community's residents live below the poverty level.

Who Was Involved in the Assessment

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[1] Data Sources: 2009 Demographic Data, Claritas, Inc. and 2009 Insurance Coverage Estimates, Thomson Reuters
[2] More information about the barriers and why they were selected can be found at www.chwHEALTH.org/cni

In 2011, a Community Advisory Board and Community Team guided staff from the Arizona Department of Health Services and Maricopa County Department of Public Health to conduct a community health assessment and determine health priorities for Maricopa County. The 18 month process included more than 1,000 residents, health professionals and community partners.

How the Assessment Was Conducted

Utilizing the Mobilizing for Action through Planning and Partnership (MAPP) framework, four comprehensive assessments were conducted to gather both quantitative and qualitative data. Input was collected from residents through community surveys, focus groups, stakeholder clusters reviewing the comprehensiveness of the local public health system and an assessment of forces likely to impact the health of the public in the near future.

429 Surveys were conducted in four ethnic/racial minority communities, including African American, Asian/Pacific Islander, Hispanic/Latino, American Indian, 241 Community Partners/Health Professionals were surveyed. In addition, 303 surveys were conducted among MCDPH Staff.

Analysis and Health Needs Identified from the CHNA

Through this systematic research and data collection process, the team identified five issues as health priorities. They are: Obesity, Diabetes, Lung Cancer, Cardiovascular Disease, and Access to Health Care.

Contributing risk factors and social determinants of health related to these health priorities include the ability to access care and also include nutrition, physical activity (healthy active living), and tobacco use.

Community Assets Identified

Within the service area, government and community based clinics exist that offer free or low cost medical care, some of which include Mission of Mercy, Hope Community, Chandler Care Center, and Chandler Christian Community Center. Organizations such as About Care and Neighbors who Care provide transportation and home visits to the elderly. Four Food banks are dispersed throughout the service area, and refuge housing exists for the homeless. In addition, other hospital systems within our Service Area include Casa Grande Medical Center, Tempe St. Luke's, Chandler Regional Medical Center, Mercy Gilbert Medical Center, Banner Desert, Banner Gateway, Banner Baywood, Banner Heart, Banner Ironwood, Mountain Vista Medical Center, Casa Grande Medical Center, Gilbert Hospital, Florence at Anthem Hospital, and Tempe St. Luke's.

Refer to Appendix C for a comprehensive listing of other area hospitals and clinics within the service area.

Health Priorities

Taking into consideration the health priorities of the community and the specialty care services OASIS Hospital provides, in addition to helping address access to care issues, efforts considered for FY2013-FY2016 include education about reducing injuries and promoting healthy active living.

OASIS Hospital Implementation Strategy 2013-2016
Developing the Hospital's Implementation Strategy

- The community benefit planning process begins with the review of the community needs assessment. Feedback, recommendations, and concerns were obtained from:
    - President/Chief Executive Officer
    - Medical Staff Leadership
    - Governing Board Members
    - Hospital Leadership

- In addition to the key hospital stakeholders, needs as identified by community constituencies and community partner organizations, the following criteria were used to prioritize the many community needs that were identified:
    - Demographic and statistical data obtained from the community health needs assessment.
    - OASIS Hospital Strategic Plan, with a specific focus on the specialty of the hospital.
    - Availability of resources (staff time, expertise, financing, funding and grants).
    - Availability of services existing in the community and capacity building capabilities.

Target Areas and Population

- The target areas for OASIS Hospital to implement its strategy focus around the top zip codes from which patient volumes are currently derived. This is due, in part, because of the vast geographic area OASIS Hospital physicians bring their patients from. These areas include:
    - Sun City
    - Glendale
    - Tempe
    - Central Phoenix
    - Scottsdale

- The target population for OASIS Hospital to implement its strategy is the patient population of the age of 45-80 years of age. This population makes up over 50% of the hospital's total volume.

Description of What OASIS Hospital Will Do to Address Community Needs and Identified Priorities

- **Access to Care**
    - Increase the participation of surgeons in the Scheduling Solutions
    - Increase knowledge of the SurgiCare Program
    - Participate in the Dignity Health Accountable Care Network as a participating facility.
- **Promotion of Healthy Active Living**
    - Sponsor Healthy Active Living community events with hospital staff presence
    - Promote Healthy Active Living programming on local television
    - Sponsor physician speaking engagements on Healthy Active living in identified areas of focus.

Next Steps

- The Leadership Team and Medical Staff at OASIS Hospital have been directed by the Governing Board to operationalize the strategy and priorities identified in the Community Assessment Plan. As a part of the 2014 planning process, the Leadership Team and Medical Staff will present to the Governing Board the means and methods by which the Hospital will affect the strategy.

Community Needs Not Being Addressed and the Reason

- As with any healthcare organization, it is not possible to have the resources to meet every need identified in the CHNA. Within the scope of OASIS Hospital's specialty orthopedic and spine surgery services, OASIS Hospital has identified the priorities that will most positively impact the identified target areas and target populations. The priority needs not being addressed include Obesity, Diabetes, Lung Cancer, and Cardiovascular Disease. These health issues are being addressed in various ways by several other health providers in the Community.
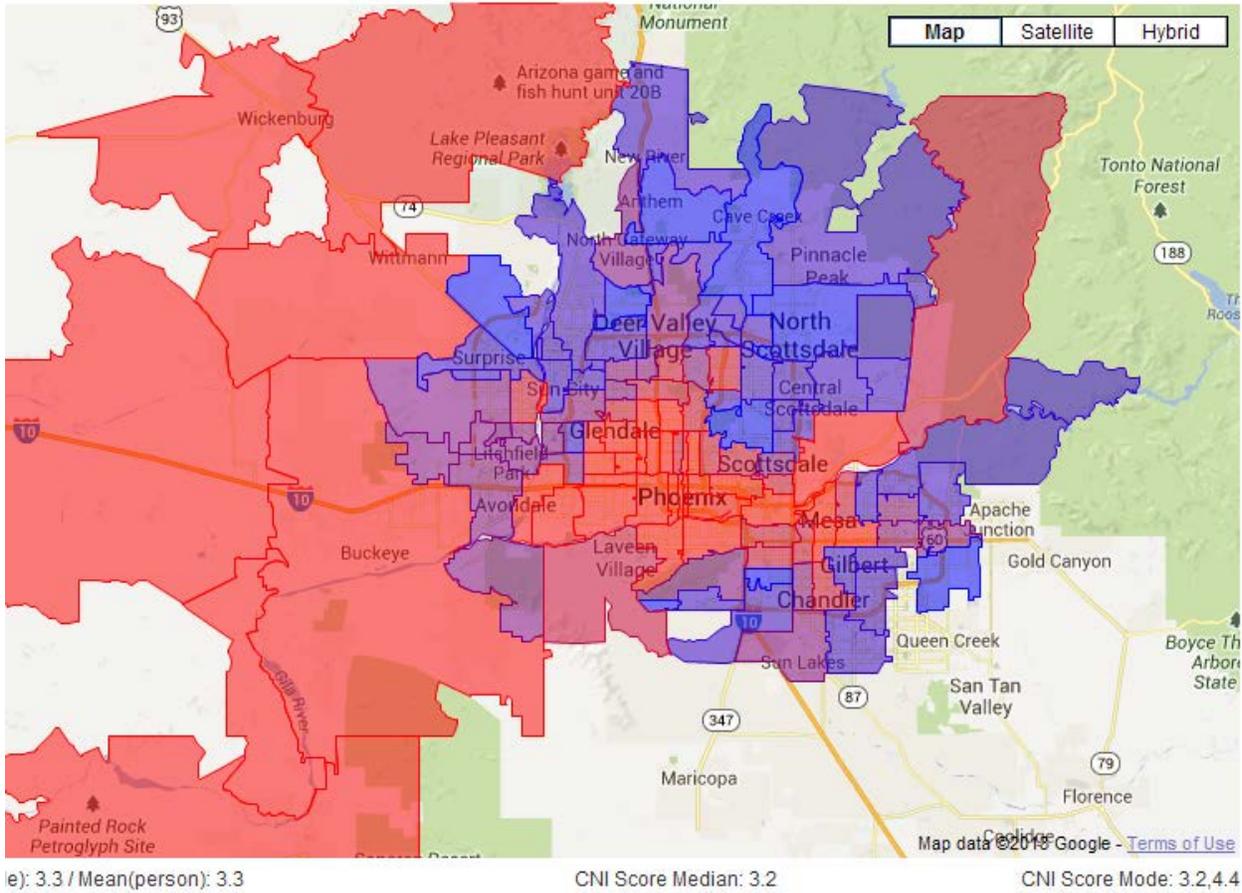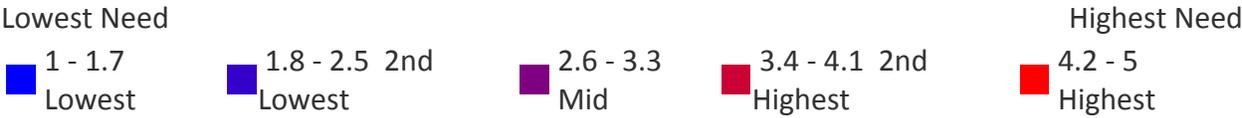
Approval

- This report was approved at the November 2013 meeting of the Governing Board.

Maricopa County Health Status Report Indicators 2012

Demographics	Access to Health Care	Chronic Conditions
Population Size Income Distribution Race and Ethnicity Sex Age Home Ownership Disability & Mobility	No Health Insurance Coverage No Usual Place of Care No Prenatal Care Delayed Care or Prescriptions due to Cost	Coronary Heart Disease mortality and hospital discharge review Stroke mortality and hospital discharge review Cancer mortality and hospital discharge review Diabetes mortality and hospital discharge review Asthma mortality and hospital discharge review
Environmental Health	Health Behaviors	Infectious & Sexually Transmitted Diseases
Food safety- recalls Food safety- outbreaks Air Quality Neighborhood Support Index Perceived Neighborhood Safety Distance between one's Home & Parks or Open Space Quality of Life Index	Tobacco Use Tobacco Use during Pregnancy Physical Inactivity Binge Drinking Substance Abuse Unprotected Sex	HIV/AIDS incidence & prevalence rates per 100,000 population STDs incidence & prevalence rates per 100,000 population TB incidence & prevalence rates per 100,000 population Hepatitis B
Mortality	Maternal & Children's Health	Mental Health
Cancer Disease of Heart Stroke Diabetes Unintentional Injury Chronic Lower Respiratory Disease Chronic Liver Disease and Cirrhosis Alzheimer's Disease Occupational Death Heat Mortality Total Mortality from All Causes	Infant Mortality per 1,000 Births Low Birth Weight Preterm Birth Gestational Diabetes Mother-to-child HIV transmission Teen Pregnancy Breastfeeding Oral Health Lead Poisoned Children Housing with Increased lead risk Postpartum Depression	Diagnosis of Anxiety, Bipolar, or Major/Clinical Depression Intended Suicide Completed Suicide
Injury	Nutrition	Quality of Care
Unintentional Injury incidence & prevalence rates per 100,000 population Motor Vehicle Crash incidence & mortality Accidental Poisoning	Fruit &vegetable affordability Free & Reduced Lunch rates (schools and students) # of people receiving SNAP Folic acid awareness/supplementation Less than 5 fruit/vegetables a day	Annual Well-Women's Check Well Child Visit Immunization Adult Immunization – Child
Violence	Overall Health Status	*These health indicators were analyzed and ranked according to top causes of death, 10-year trends, racial & ethnic disparities, & compared to national/state rates & Healthy People 2010.*
Domestic Violence Homicide Child Abuse	Self-Reported Poor Physical Health Self-Reported Poor Mental Health Obesity	

Community Need Index
Maricopa County, Arizona

Lowest Need   Highest Need

| ■ | 1 - 1.7 Lowest | ■ | 1.8 - 2.5 2nd Lowest | ■ | 2.6 - 3.3 Mid | ■ | 3.4 - 4.1 2nd Highest | ■ | 4.2 - 5 Highest |

e): 3.3 / Mean(person): 3.3   CNI Score Median: 3.2   CNI Score Mode: 3.2,4.4

Other Area Hospitals within Service Areas

Casa Grande Medical Center
Tempe St Luke's
Chandler Regional Medical Center
Mercy Gilbert Medical Center
Banner Desert
Banner Gateway
Banner Baywood
Banner Heart
Banner Ironwood
Mountain Vista Medical Center
Gilbert Hospital
Florence at Anthem

Within the service area, government and community based clinics exist that offer free or low cost medical care, some of which include Mission of Mercy, Hope Community, Chandler Care Center, and Chandler Christian Community Center. Organizations such as About Care and Neighbors who Care provide transportation and home visits to the elderly. Four Food banks are dispersed throughout the service area, and refuge housing exists for the homeless. In addition, other hospital systems that include Banner Health, John C. Lincoln, Scottsdale Healthcare, and IASIS Healthcare.

Community Clinics within Service Areas

Chandler Family Health Center
Hope Community Health Center
Clinica Adelante
ASU Breaking the Cycle
Tempe Community Action Agency
Centro de Amistad
Mission of Mercy
Mountain Park Health Center
Florence Community Health Center
Coolidge Community Health Center
Eloy Community Health Center
Sun Life Family Health Center
Maricopa Clinic
Apache Junction Clinic
Casa Grande Clinic
Coolidge Clinic
Eloy ClinicSan Tan Valley Clinic

OASIS Hospital Community Health Planning Team

OASIS Hospital Community Health Planning Team

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