

Community Health Needs Assessment  
Mercy Hospital-Ada  
2012



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### ***Our Mission:***

*As the Sisters of Mercy before us, we bring to life the healing ministry of  
Jesus through our compassionate care and exceptional service.*

## **Introduction**

Mercy Hospital-Ada is a hospital with 156 licensed beds and serves a nine county area. In 2010 and 2011, a round of community round tables was conducted to dialogue with community members and public health experts. Mercy Planning and Research provided analysis of both internal and external demographics, utilization, chronic conditions and health status. The needs assessment process involved review of both quantitative and qualitative information to attain the full scope of our community's needs.

In addition, data from the Pontotoc County Turning Point Coalition, Pontotoc County Health Department, County Health Rankings, Oklahoma Health Improvement Plan as well as a CHNA developed by the hospital were included. This summary is documentation that Mercy Hospital, Ada is in compliance with IRS requirements for conducting community health needs assessments.

## **Description of Community**

The service area of Mercy Hospital – Ada is comprised of nine counties (Coal, Garvin, Johnston, Hughes, McClain, Murray, Pontotoc, Pottawatomie and Seminole) with a population of 110,000.

- The main campus includes the hospital and five medical buildings.
- The hospital is a full-service tertiary hospital with 156 licensed beds, 740 co-workers and several clinic locations.
- Nearby community hospitals are located in Tishomingo, Coalgate, Pauls Valley, Seminole, Holdenville and Shawnee.
- Mercy Clinic is a physician-governed group practice comprised of primary care physicians, including several specialists and mid-level practitioners who work alongside the physicians in serving the area. This provider partnership gives patients access to the best quality care in the country with access to an entire health care team and advanced services.
- Mercy Clinic providers also have access to an electronic health record that is shared at Mercy facilities in four states, and patients may connect to their own health record and health teams anywhere they connect to the internet through MyMercy.

Oklahoma faces a health crisis – 22% of the state population is uninsured. In the Mercy-Ada service area, the average across nine counties is 23.3%. Being uninsured is a huge barrier to accessing the health services needed to be healthy. Lack of access to quality health care impacts more than the uninsured individual – it impacts families, employers, and the community. The Medicare population in our service area comprises 19.25% of our population. The Medicaid population comprises 18.75% of our population.

## Who was involved in assessment?

At the center of involvement in the needs assessment were the people of our community. In April of 2010 and again in July of 2011, Mercy held community roundtable events to dialogue directly with local community members about their needs, ideas, and concerns related to healthcare. Common themes included:

- Education/preventive measures on health & wellness/fitness/nutrition
- Access to health care services for all
- Obesity and the incurred health risks
- Other identified health problems, including Diabetes, Smoking, Cardiovascular and Respiratory diseases

A focus on partnerships, education, and technology were listed as ways to improve health and wellness in the community.

Mercy co-workers collaborate with community partners for ongoing assessment of the needs in the community. Our community collaborative partners include: Pontotoc County Health Department, Pontotoc County Turning Point Coalition, Compassion Outreach Center, and the Chickasaw Nation Medical Center.

## How the assessment was conducted

Our needs assessment involved the following steps to attain the full scope of our community's needs.

1. Examining existing community health needs assessments.

- ***Oklahoma Health Improvement Plan (OHIP)***

This is a comprehensive plan to improve the health of all Oklahomans developed by the Oklahoma State Board of Health, 2010-2014.

<http://www.ok.gov/strongandhealthy/documents/OHIP-viewing.pdf>

- ***State of the State Health Report***

This is a report that reviews multiple indicators that contribute to Oklahoma's overall health status. It also summarizes Oklahoma health as a whole and identifies county specific trends.

<http://www.ok.gov/health/pub/boh/state/SOSH2011.pdf>

- ***2012 County Health Rankings***

The *County Health Rankings & Roadmaps* program helps communities create solutions that make it easier for people to be healthy in their own communities, focusing on specific factors that we know affect health, such as education and income.

<http://www.countyhealthrankings.org/app/#/oklahoma/2013/rankings/outcomes/overall/by-rank>

- **Oklahoma Turning Point**

Turning Point starts at the local level, building broad community support and participation in public health priority setting and action, engaging and linking affected people at the local level. Local field consultants in each county of Oklahoma provide leadership in assessing local public health needs and identifying key priorities.

[http://www.ok.gov/health/Community\\_Health/Community\\_Development\\_Service/Turning\\_Point/](http://www.ok.gov/health/Community_Health/Community_Development_Service/Turning_Point/)

2. Conducted roundtable discussions with community members  
As previously stated, community individuals as well as experts in the public health arena were invited to attend community roundtables for input on the needs of the community.
3. Ongoing Hospital Community Health Assessment Survey conducted at various community events (Compassion Outreach Center Clinic (free health-care clinic conducted twice monthly), Abba's Table (free food-kitchen conducted 6 days a week), Relay for Life, Cancer Survivor's Dinner as well as other community group meetings).
4. Analyze and summarize the data to prioritize needs.
5. Review community benefit activities.
6. Create an action plan in partnership with the community

## **Health Needs Identified**

### **Analyze and summarize the data to prioritize needs (Step 4).**

The analysis of the combined data collected revealed the following health needs: Obesity (includes Physical Fitness and Nutrition) Tobacco Usage, Heart Disease, Cancer, Chronic Respiratory Disease, Diabetes and Access to Care.

### **Community Assets Identified**

The assessment identified a number of strong community assets which includes the hospital and its community benefit program, state and county health departments dedicated to identifying, planning, and implementing programs to improve public health; Turning Point, a coalition that aims to transform and strengthen the public health system through community-based action; Pontotoc County Drug-Free Coalition, which includes business and community members striving to educate and promote prevention as well as treatment for tobacco and drug addiction; the Chickasaw Nation Medical Center, a state-of-the-art medical center for the Native American population and the Compassion Outreach Center, a free health-care clinic established by a local church and staffed by volunteers.

**Summaries: Assessments and Priorities**

To set priorities, criteria focused on identifying disproportionate unmet need, primary prevention strategies, advancements toward a continuum of care and a program that is collaborative and involves the community. The following priorities are: Diabetes, Heart Disease, Cancer, Chronic Respiratory Disease, Access to Care and Wellness (includes obesity, physical fitness, nutrition and tobacco).

**Next Steps****Review community benefit activities (step 5).**

Using Lyon Software's CBISA tool, a review will be conducted of current community benefit activities and what Mercy was presently doing to meet the identified priorities. In addition, the community benefit activity of other in the community will be reviewed.

**Create an action plan (step 6).**

Ongoing and new collaborations with community organizations will address ways identified needs in the community. Implementation plan to be posted by November 15, 2013.

# **Mercy Hospital Ada**

## **Community Health Implementation Plan**

**For FY2014 - 2015**

### **Executive Summary**

#### **Background:**

Mercy Hospital-Ada is a hospital with 156 licensed beds and serves a nine county area. In 2010 and 2011, a round of community round tables was conducted to dialogue with community members and public health experts. Mercy Planning and Research provided analysis of both internal and external demographics, utilization, chronic conditions and health status. The needs assessment process involved review of both quantitative and qualitative information to attain the full scope of our community's needs.

In addition, data from the Pontotoc County Turning Point Coalition, Pontotoc County Health Department, County Health Rankings, Oklahoma Health Improvement Plan as well as a CHNA developed by the hospital were included. This summary is documentation that Mercy Hospital, Ada was in compliance with IRS requirements for conducting community health needs assessments.

This report summarizes the plan for Mercy Hospital Ada to address the identified needs from the FY12 Community Health Needs Assessment and sustain existing as well as develop new programs that respond to these needs.

#### **Target Areas and Populations**

The service area of Mercy Hospital – Ada is comprised of nine counties (Coal, Garvin, Johnston, Hughes, McClain, Murray, Pontotoc, Pottawatomie and Seminole) with a population of 110,000. The main campus includes the hospital and five medical buildings. The hospital is a full-service tertiary hospital with 156 licensed beds, 740 co-workers and several clinic locations. Mercy Clinic is a physician-governed group practice comprised of primary care physicians, including several specialists and mid-level practitioners who work alongside the physicians in serving the area. This provider partnership gives patients access to the best quality care in the country with access to an entire health care team and advanced services. Mercy Clinic providers also have access to an electronic health record that is shared at Mercy facilities in four states, and patients may connect to their own health record and health teams anywhere they connect to the internet through MyMercy.

Oklahoma faces a health crisis – 22% of the state population is uninsured. In the Mercy-Ada service area, the average across nine counties is 23.3%. Being uninsured is a huge barrier to accessing the health services needed to be healthy. Lack of access to quality health care impacts more than the uninsured individual – it impacts families, employers, and the

community. The Medicare population in our service area comprises 19% of our population. The Medicaid population comprises 19% of our population.

### **How the Community Health Implementation Plan Was Developed**

The plan was developed based on identified needs and available resources:

- Mercy Hospital Ada FY12 Community Needs Assessment
- Local community agencies/partners/collaborators who serve those in need, including Chickasaw Nation Medical Center, Pontotoc County Health Department, Pontotoc County Turning Point Coalition, Compassion Outreach Center, Area School Systems and East Central University.
- Mercy Hospital Ada Community Benefit Task Force

The Mercy Hospital Ada Community Benefit Task Force is charged with identifying community health needs and coordinating community health initiatives identified in the CHIP. They also review existing community benefit activities to assess whether these services are still needed to address community health needs. The committee provides guidance and direction for implementation strategy.

Committee Members include:

Kent Rogers, CEO, Administration  
Mary Garber, CFO, Administration  
Catharine Choate, Volunteers & Chaplains  
Wendy Stamper, Finance  
Tino Gonzalez, Mission  
Nursing  
Marc McComas, Mercy Clinic  
Barbara Miller, MARCOMM  
Belinda Runnells, Community Benefit  
Resources  
Darryl Hatcher, Environmental Services  
Admin.  
Joni Pillow, Nursing Informatics

Marietta Carter, Oncology  
Lindsay Snow, Cancer Registrar  
Terri Fulton, Emergency Department  
Cheryl Weems, Laboratory  
Jennifer McGinnis, Med/Surg

Penni Cartlidge, Employee Health  
Lisa Martin, Care Management  
Kristy Bolen, Human

Amanda Moore, Nursing

### **Major Needs and How Priorities Were Established**

After reviewing the FY12 Community Needs Assessment, six issues were identified as priorities:

1. Diabetes
2. Access to health care (uninsured and underinsured as well as insured)
3. Cancer

4. Respiratory Disease (including Tobacco Usage)
5. Heart Disease
6. Wellness (including obesity, physical fitness and nutrition)

Questionnaires at community events/programs along with current reports from the local health departments and Turning Point Coalition confirm these identified priorities. A review of current community benefit programs found the hospital is meeting existing community needs through the provision of charity care and Medicaid services as well as existing classes and educational programs. These activities will continue to be provided as part of our community benefit plan.

### **Description of what Mercy Hospital Ada will do to address community needs**

#### **Action Plans:**

1. **Diabetes:** Diabetes Education Classes, Diabetes Support Group, Walk for Diabetes

**Diabetes Education Classes:** Diabetes education classes are offered at no cost to participants who are uninsured or underinsured. This multi-session program provides diabetes management skills, foot care resources, healthy food selection/preparation as well as heart and fitness information, all of which contributes to improved health and quality of life. Sessions are held at the hospital and do not require physician referral. These sessions are also offered in a format that can be individualized to meet the needs of participants unable to attend the scheduled classes. One on one Gestational Diabetes Classes are offered as well.

**Type II Diabetes Support Group:** This support group is a joint collaboration between Mercy Hospital Ada and the staff of the Diabetes Center of the Chickasaw Nation Medical Center. Monthly meetings offer education and support for all diabetics and their family members in a group setting.

**Walk for Diabetes:** A community walk to increase awareness of the prevalence of diabetes in our community.

2. **Access to care:** Health Screenings, Meals on Wheels, Compassion Outreach Center, Mercy Project Access, Project Early Detection

**Screenings:** Prostate, Colorectal, Blood Pressure, Cholesterol and Breast screenings held at no charge to participants annually.

**Meals on Wheels:** Mercy Hospital Ada prepares Meals on Wheels for community seniors and disabled. When there are not enough drivers, co-workers from Mercy Hospital Ada volunteer to deliver trays. Mercy Hospital Ada absorbs all costs above the income from the participants.

**Compassion Outreach Center:** The Compassion Outreach Center is a local free medical clinic staffed by volunteer physicians, nurses and other allied health professionals.

Mercy Hospital Ada is developing a plan to collaborate with the Center to provide staff so they can increase their services to the poor and disabled.

**Mercy Project Access:** Mercy Hospital Ada is developing an initiative to identify patients with multiple ER visits who have chronic conditions that can be managed more effectively through a primary care physician.

**Project Early Detection:** Plans are underway to duplicate Project Early Detection here at Mercy Hospital Ada. This program serves the uninsured or underinsured women in need of breast health services. It includes breast health education, screenings, diagnostic procedures and appropriate treatment referrals.

**3. Cancer:** Cancer Support Group; Relay for Life, Cancer Screenings

**Cancer Support Group:** A former oncology nurse will be leading a new Cancer Support Group entitled, "Life Matters" on the 3<sup>rd</sup> Wednesday of each month. It will be specific to women, battling all forms of cancer. Our collaborating partners will be the Pontotoc County Health Department and Chickasaw Nation Medical Center.

**Screenings:** Prostate, Colorectal and Breast screenings held at no charge to participants annually.

**Relay for Life:** Mercy Hospital Ada has been the highest fund-raiser for the Pontotoc County Relay for Life for the last three years.

**4. Respiratory Diseases:** Tobacco Prevention, Better Breathers

The **Better Breathers Support Group** meets monthly with an educational program and luncheon for people in the community who have chronic respiratory conditions.

**Tobacco Prevention** will be addressed through the Tobacco Cessation Initiative for Oklahoma Hospitals. Mercy Hospital, Ada is a smoke-free facility and campus.

Mercy Clinic, has a Board-Certified pulmonologist, Dr. Imtiaz Ahmed.

**5. Heart Disease:** "Battling the Silent Killer" "Eat Smart, Move More", Community Education Programs

**"Battling the Silent Killer"** is an initiative which includes a fresh look at the importance of blood pressure and its role in stroke, heart, and kidney disease prevention.

**Eat Smart, Move More** – Mercy Hospital Ada is developing a program to provide learning opportunities to parents/families about healthy eating, active living and obesity prevention. Collaboration with Pontotoc County Turning Point Council.

**Community Education Programs:** Red Dress Event, Free Blood Pressure Screenings

**6. Wellness:** Health Teacher, Meals on Wheels, 9 Months to Countdown, Childbirth Education, Eat Smart, Move More, other multiple services/resources for the community

(Health Career Day, School Physicals, EMS Stand-By for area events, Health and Wellness classes for Girl Scouts, etc.)

**Health Teacher** is a comprehensive K-12 curriculum that integrates health skills into online lesson plans. To date, there is only one area school district with 6 schools that have signed the letter of participation. Our plan is to recruit the other area school systems to participate in the program as well.

**Nine Months to Countdown:** A two-hour class offered at no charge for all mothers-to-be in the first trimester of pregnancy, providing education on nutrition, exercise and personal care during the pregnancy.

**Childbirth Education:** An 8-hour course offered at no charge for all members of the community. The class covers labor and delivery techniques as well as anesthesia options, post-partum depression, SIDS, care of the mother and care of baby after going home (cord care, circumcision, bathing). Several books and multiple handouts on baby care are included in the class.

**Eat Smart, Move More** – Mercy Hospital Ada is developing a program to provide learning opportunities to parents/families about healthy eating, active living and obesity prevention. Collaboration with Turning Point Council. (Also listed above under Heart Disease).

**Approval:**

The Mercy Hospital Ada Governing Board approves the Community Health Improvement Plan for addressing priorities identified in the most recent Community Assessment and other plans for community benefit.

Mercy Hospital Governing Board Approval:

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Name and Title

\_\_\_\_\_

Date