**Priority Area/Community Need:** ACCESS TO CARE

**Narrative:** The county health rankings as noted in the Community Health Needs Assessment show that Pontotoc County has more negative health indicators than other communities in Oklahoma and is significantly below the top U.S. performers. The one area where Pontotoc County fares better than other counties in Oklahoma is in access to primary care, specialists and behavioral health. Access to care has been an important initiative of Mercy Hospital Ada the past three years as evidenced by the investment in bringing additional medical providers to the community. This focus on Access to Care will need to continue as the largest percentage of anticipated population growth will occur within the 65 and older segment and the poverty level in the service area is higher than both the state and national average and is anticipated to remain at this static level over the next five years. Caring for an older population and for those with limited means of transportation will require Mercy Hospital Ada to ensure there are medical professionals available; that our most vulnerable population has access to healthy food on a regular basis; and that preventative health screenings occur on an annual basis. In general, we will need to be creative in ensuring more services are available close to home.

**Goal #1:** Improve access to nutrition for senior citizens in the Ada community.

**Rationale for Including:** Best Practice

**Leaders/Departments/Community Partners Involved:**

<table>
<thead>
<tr>
<th>Mercy Leaders</th>
<th>Community Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission/Community Health</td>
<td>Meal delivery coordinator for the Community</td>
</tr>
<tr>
<td>Nutritional Services</td>
<td></td>
</tr>
</tbody>
</table>

**Objective #1:** Mercy Hospital Ada will continue to provide meals 5 days a week to be delivered to senior citizens.

- **Activity/Program:** Prepare the food to be delivered to senior citizens.
- **Activity/Program:** Develop an evaluation tool for client satisfaction
Objective #2: Mercy Hospital Ada will continue to provide meal vouchers to the hospital cafeteria for patients/family members/community members in need.

- **Activity/Program:** Work with the Director of Nutritional Services to ensure that meals provided in the Hospital Cafeteria are healthy.
- **Activity/Program:** Prepare and distribute meal vouchers as needed to visitors and community members at a dollar amount that allows for an entrée and two sides to be purchased (current amount is $7).

Objective #3: Mercy Hospital Ada will explore the best way to support Abba’s Table in feeding the poor and underserved in Ada.

- **Activity/Program:** Meet with the founder of Abba’s Table to assess their need and opportunities for support
- **Activity/Program:** Develop a planning group to discern the level to which can/should be involved. This may include volunteers to prepare and/or serve dinner or a donation of food on a regular basis

Evaluation Plan for Goal:

**Outputs:**
- The number of meals prepared and delivered by Meals on Wheels will be documented and recorded in the Community Benefit Tracking system
- The meals for Meals on Wheels will be nutritionally balanced and include fruit/vegetables
- The number of food vouchers used will be tracked through Nutritional Services
- A support plan will be developed for Abba’s Table

**Short term outcomes:**
- Forty Senior Citizens will receive at least one hot meal five days a week for improved health and nutrition
- The number of guest trays ordered by family members will be reduced in favor of individuals coming into the cafeteria and selecting the hot meal of their choice

**Long term outcomes:**
- Nutritional support for our Senior community members to extend their independence and health as they age
• Ensure adequate nutrition in order to minimize as much as possible the decline in mobility or health that impacts independence and quality of life for Seniors

**Goal #2:** Provide health screenings to the uninsured in the Ada community to identify potential health issues as early as possible

**Rationale for Inclusion:** Best Practice

**Leaders/Departments/Community Partners Involved:**

<table>
<thead>
<tr>
<th>Mercy Leaders</th>
<th>Community Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission/Community Health</td>
<td>Civic Organizations (Promotion of events)</td>
</tr>
<tr>
<td>Laboratory/Pathology</td>
<td>Faith Community (Promotion of events)</td>
</tr>
<tr>
<td>Imaging Services</td>
<td>Boy Scouts of America</td>
</tr>
<tr>
<td>Finance</td>
<td>Oklahoma Project Woman</td>
</tr>
<tr>
<td>Materials Management</td>
<td>Compassion Outreach Center</td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
</tr>
</tbody>
</table>

**Objective #1:** Provide health screenings to the community that includes breast health services, prostate, colorectal, and melanoma screenings.

- **Activity/Program:** Hospital and Medical Providers (specifically Radiology, Pathology, and Surgery) to enter into an agreement with Oklahoma Project Woman to provide Mammograms to uninsured women
- **Activity/Program:** Hospital to provide prostate, colorectal, and skin/melanoma screenings at no charge (or a minimal amount to cover the cost of the test only) to the community

**Objective #2:** Continue to provide annual physical health screenings to the Ada community Boy Scout Troop members and leaders.

- **Activity/Program:** Annual screenings prior to Boy Scout camp that includes height; weight; vision; ear/nose/throat; lungs; heart; abdomen; genitalia/hernia; musculoskeletal; and neurological
- **Activity/Program:** Establish a planning team to identify opportunities for collaboration with clubs/organizations for girls so that they can be offered similar physical health screenings
**Evaluation Plan for Goal:**

**Outputs:**
- The number of patients seen for mammograms and other breast health issues will be tracked and reported in conjunction with Oklahoma Project Woman
- The number of patients receiving prostate and colorectal exams will be tracked
- The number of Boy Scouts and Troop Leaders receiving an annual health screening will be tracked
- A plan will be developed to provide health screenings for girls

**Short term outcomes:**
- Increase the number of people receiving a screening each year

**Long term outcomes:**
- Stopping and/or delaying diseases and other health conditions that have a higher potential of being effectively treated with early detection

**Goal #3:** Mercy Ada will increase the services we provide in collaboration with Compassion Outreach Center.

**Rationale for Inclusion:** Good idea

**Mercy Leaders/Departments/Community Partners Involved:**

<table>
<thead>
<tr>
<th>Mercy Leaders</th>
<th>Community Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission/Community Health</td>
<td>Compassion Outreach Center</td>
</tr>
<tr>
<td>Physician Leader</td>
<td></td>
</tr>
<tr>
<td>Nursing Leader</td>
<td></td>
</tr>
</tbody>
</table>

**Objective #1:** Mercy Hospital will increase the level of involvement/services at the Compassion Outreach Center (COC).

- **Activity/Program:** Analyze E.D. data for the past 6 to 12 months to establish a base-line of the number of visits for chronic conditions by individuals without insurance as these individuals would be eligible to be seen at COC. Develop a process for educating these patients about COC and referring them to the COC as needed
- **Activity/Program:** Recruit physicians, dentists, and staff to volunteer/participate at the Center on the dates/times the Center is open
• **Activity/Program:** Increase lab and diagnostic services available to COC patients through an agreement that would allow patients to receive lab/diagnostic services through Mercy

• **Activity/Program:** Support the patients of COC by providing the Center with supplies and medications as needed – specifically for diabetic patients

**Evaluation Plan for Goal:**

**Outputs:**
- Baseline data established for tracking
- Mercy physicians, nurses and other co-workers to volunteer their time and services to Compassion Outreach Center every time the Center is open
- Lab and Diagnostic Services to be provided to patients of Compassion Outreach Center as needed. Estimated amount of services to be provided per year to range from $36,000 to $60,000
- Medications and supplies to be provided on an as needed basis. Estimated amount of supplies to be provided per year to range from $5,000 to $15,000

**Short term outcomes:**
- Number of volunteer medical providers to increase and/or the number of days that the Center is open each month to increase
- Patients to receive the diagnostic services they need at no out-of-pocket cost to the patient
- Needed medications and supplies to be provided to the Center and used to enhance patient care

**Long term outcomes:**
- It is anticipated data will show that the number of visits to the E.D. by individuals without insurance who have chronic conditions will decrease as they will be receiving the care they need to manage their conditions through the Compassion Outreach Center
**Goal #4:** Ensure there are adequate healthcare providers to care for people in the Ada and surrounding communities.

**Rationale for Leadership:** Best Practice

**Mercy Leaders/Departments/Community Partners Involved:**

<table>
<thead>
<tr>
<th>Mercy Leaders</th>
<th>Community Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission/Community Health</td>
<td>Chamber of Commerce</td>
</tr>
<tr>
<td>Administration</td>
<td>School Administrators</td>
</tr>
<tr>
<td>Business Development</td>
<td>Banking Officers</td>
</tr>
<tr>
<td>Mercy Clinic</td>
<td>Real Estate Brokers</td>
</tr>
</tbody>
</table>

**Objective #1:** Continue the recruitment efforts for physicians, nurse practitioners, physician’s assistants, and other clinical staff.

- **Activity/Program:** Evaluate current recruitment process and develop action plan to identify and recruit additional primary care providers to the area

**Evaluation Plan for Goal:**

**Outputs:**

- In 2016-2017, assess the number of primary care providers in the area and the amount of available appointments each day
- In 2017-2018, identify how to structure “clinic hours” to increase access to primary care providers

**Short term outcomes:**

- In 2016-2017, create a Gap analysis to identify where there is limited access to primary care
- Identify different ways to expand access to primary care providers either through early morning/late evening hours or the addition of support services/physician extenders
- Increase the amount of appointment times available and ensure that 12% of those appointments are available for Medicaid patients by the end of this CHIP cycle

**Long term outcomes:**

- Decrease the wait time to access primary care services
- Increase the health of the community through access to the right level of care at the right time
**Priority Area/Community Need:** DIABETES/OBESITY

**Narrative:** The prevalence of diabetes has been on the rise in Oklahoma. Slightly more than 10% of Oklahoma adults from 2005-2010 have been told by a health professional that they have diabetes. One out of every four persons with diabetes will develop a foot ulcer in his/her lifetime and up to 50% of those individuals will experience loss of limb. The American Diabetes Association released a report estimating the total cost of diagnosed diabetes was $245 billion in the U.S. in 2012. The amount includes both direct medical costs and reduced productivity. They estimated the largest component of direct medical costs to be hospital inpatient care and treatment of an infected diabetic foot ulcer accounts for the largest number of diabetes complications. In Pontotoc County, there were 50 hospital discharges attributable to diabetes in 2010. This amounted to $1,072,486.00 in total charges in 2010 alone, or 0.8% of total hospitalization charges in the county. *(Source: Oklahoma State Department of Health – Pontotoc County – Spring 2014).*

**Goal #1:** Provide enhanced awareness of diabetes prevention and management in the Ada community.

**Rationale for Inclusion:** Best Practice

**Mercy Leaders/Departments/Community Partners Involved:**

<table>
<thead>
<tr>
<th>Mercy Leaders</th>
<th>Community Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission/Community Health</td>
<td>Chickasaw Nation</td>
</tr>
<tr>
<td>Diabetes Educator</td>
<td>State of Oklahoma Diabetes Caucus</td>
</tr>
<tr>
<td>Integrated Marketing &amp; Communications</td>
<td>Medical Staff</td>
</tr>
<tr>
<td>Wound Care Clinic Practitioners</td>
<td></td>
</tr>
</tbody>
</table>

**Objective #1:** Develop Ada Diabetes Coalition to address diabetes prevention and management.

**Activity/Program:** Mercy will partner with the Chickasaw Nation and other business/industry/organizations in the Ada area to educate the community and employers about the dangers of Diabetes

- **Activity/Program:** The Diabetes Coalition will work together to support the Step Out Walk in partnership with the American Diabetes Association in Ada on an annual basis
Objective #2: Mercy Hospital Ada will be engaged in the Oklahoma Diabetes Caucus

- **Activity/Program:** A representative from Mercy Hospital Ada will attend the monthly meeting of the Diabetes Caucus at the State Capitol
- **Activity/Program:** Mercy will be an active participant in National Diabetes Day educational awareness initiatives in Oklahoma City on an annual basis

Objective #3: Mercy Hospital Ada will continue to offer Diabetes Management Education sessions.

- **Activity/Program:** Patients will be referred to the Diabetes Educator for a series of personal and small group meetings about caring for their disease
- **Activity/Program:** A support group of individuals with Diabetes will continue to meet each month
- **Activity/Program:** Mercy’s Diabetes Educator will partner with the Compassion Outreach Center and the local school system to offer expertise and programming ideas and materials for clients and students

Objective #4: Develop and engage in a diabetic foot care program for persons with diabetes.

- **Activity/Program:** Mercy Hospital Wound Care will provide evidence-based care (based upon nationally recognized guidelines of the IWGDF and IDSA) to persons referred for treatment of a diabetic foot ulcer
- **Activity/Program:** Mercy Hospital Ada’s Wound Care clinic will provide one foot care education and screening clinic within the Ada community annually beginning in Calendar Year 2017
- **Activity/Program:** Mercy Hospital Wound Care will initiate a referral program for diabetic shoes for persons with a diabetic foot ulcer that has been resolved
Evaluation Plan for Goal:

Outputs:

- Participation in all events will be counted and tracked with the goal of increasing the number of events and/or participants each year

Short term outcomes:

- Mercy will participate in the Oklahoma Diabetes Caucus meetings and initiatives beginning in Calendar Year 2015-2016
- Mercy will partner with the Chickasaw Nation and other employers/organizations for an Ada Diabetes Coalition beginning in Calendar Year 2016-2017
- Diabetes Education will be expanded to include a partnership with Compassion Outreach and the local school systems beginning in Calendar Year 2017-2018
- A foot care education and screening clinic for neuropathy will be organized beginning in Calendar Year 2017.

Long term outcomes:

- E.D. visits for diabetes related emergent issues will decrease for individuals diagnosed with Type II Diabetes
- A community-wide collaboration will exist between Mercy Hospital Ada and the Chickasaw Nation that will result in the sharing of ideas and resources to help those diagnosed with Diabetes
- A partnership with the school system will help children understand the importance of healthy lifestyles thereby decreasing the likelihood of being diagnosed with Type II Diabetes

Goal #2: Provide enhanced awareness of childhood obesity prevention and management in the Ada community.

Rationale for Inclusion: Best Practice

Mercy Leaders/Departments/Community Partners:

<table>
<thead>
<tr>
<th>Mercy Leaders</th>
<th>Community Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission/Community Health</td>
<td>Ada City Schools</td>
</tr>
<tr>
<td>Dietician</td>
<td>Health Corp</td>
</tr>
<tr>
<td>Diabetes Educator</td>
<td></td>
</tr>
<tr>
<td>Nutritional Services</td>
<td></td>
</tr>
</tbody>
</table>
**Objective #1:** Begin a partnership with elementary schools in Ada to provide nutrition classes and healthy food preparation.

- **Activity/Program:** Coordinate key leaders to design a plan of action to incorporate Diabetes Education and healthy lifestyles into the school curriculum.
- **Activity/Program:** Partner with Health Corp and area employers to pilot designed program in selected school(s)

**Objective #2:** Add a healthy kid snack box to the food options in the hospital cafeteria for an equivalent price as a vending machine snack

- **Activity/Program:** Develop a comprehensive team to look at food options and cost of establishing healthy snack boxes for minimal cost
- **Activity/Program:** Promote the presence of healthy snack boxes as an alternative to parents/grandparents buying vending machine items for kids who visit friends/family in the hospital

**Evaluation Plan for Goal:**

**Outputs:**
- Track the number of classes/children that participate in a healthy lifestyle program at school
- Develop a collection of healthy “kid friendly” recipes to encourage kids to learn more about food preparation and eating healthier foods
- Track the number of healthy snack boxes sold/distributed on a monthly basis to assess its viability

**Short term outcomes:**
- Partner with Health Corp to promote a healthy lifestyle to kids while they are in school beginning in Calendar Year 2016-2017
- Establish a healthy snack box options for kids in the hospital cafeteria at a cost to the parent/grandparent that is equal to (or comparable to) a vending machine snack beginning in Calendar Year 2017-2018

**Long term outcomes:**
- Have healthy lifestyle classes be a natural part of the education experience in Ada by 2020
- Replace all vending machines in the hospital with healthy options or remove all vending machines entirely and have a healthy food options selection available 24/7 by 2020
**Priority Area/Community Need: CANCER**

**Narrative:** More than 18,000 men, women, and children are diagnosed with cancer in Oklahoma each year. A cancer diagnosis is both physically taxing and financially draining. Many cancer patients are especially at-risk financially because their illness and treatment plan impedes their ability to work, with some patients losing employment altogether. Supportive care medication is a vital but expensive necessity for individuals diagnosed with cancer and can increase financial stress. Many patients must also travel long distances to reach treatment appointments, forcing them to spend significantly more on gas and transportation. Economically poor residents are particularly vulnerable to financial trouble after diagnosis, which can quickly become overwhelming and lead to feelings of helplessness and anguish during a time that is already extremely difficult. These treatment-related costs add a tremendous burden on those battling cancer in our community. During Community Roundtable meetings as part of the Community Health Needs Assessment process, Cancer was identified by the community as one of our greatest health risks as well as a service that is most needed in the community.

**Goal #1:** Comprehensive cancer services and resources will be available to the Ada community.

**Rationale for Inclusion:** Best Practice

**Mercy Leaders/Departments/Community Partners Involved:**

<table>
<thead>
<tr>
<th>Mercy Leaders</th>
<th>Community Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission/Community Health</td>
<td>Chickasaw Nation</td>
</tr>
<tr>
<td>Administration</td>
<td>Civic Organizations</td>
</tr>
<tr>
<td>Oncology Service Line</td>
<td>Faith Organizations</td>
</tr>
<tr>
<td>Integrated Marketing &amp; Communication</td>
<td>Compassion Outreach Center</td>
</tr>
<tr>
<td>Mercy Talent Development Organization</td>
<td>American Cancer Society (Pontotoc County)</td>
</tr>
<tr>
<td>Mercy Health Information Management</td>
<td>Relay for Life</td>
</tr>
</tbody>
</table>

**Objective #1:** Promote cancer awareness to the Ada community.

- **Activity/Program:** Provide four cancer educational seminars to the community annually. (Includes: signs and symptoms of specific cancers, importance of screenings, treatment options, etc)

**Objective #2:** Provide resources for cancer patients in the Ada community
• **Activity/Program:** Provide regular Chaplain/Social Worker visits to every patient
• **Activity/Program:** Provide gasoline cards for under and uninsured patients
• **Activity/Program:** Provide medication assistance for under and uninsured patients

**Objective #3:** Partner with the Chickasaw Nation for future development of a comprehensive cancer center.

• **Activity/Program:** Continue meetings to discuss a joint venture

**Evaluation Plan for Goal:**

**Outputs:**
• Increase the number of individuals who participate in a quarterly cancer education program
• Survey the support group members on an 18-month basis to assess if their physical, spiritual, and emotional needs are being met through the support group and adjust content/curriculum as required
• Track the number of individuals who receive support via gas cards or medications
• Assess the viability of a joint venture with the Chickasaw Nation to provide a comprehensive cancer center in the community

**Short term outcomes:**
• Establish baselines for measuring growth of participation in cancer education programs and support groups in Calendar Year 2016
• Develop a survey for support group members to assess if their needs are being met in Calendar Year 2017
• Establish a system for tracking the number of people who receive gas cards and/or medications in Calendar Year 2017

**Long term outcomes:**
• Assess the viability and enter into a joint venture agreement with the Chickasaw Nation to build a comprehensive Cancer Center in the community. Assessment complete and construction to begin, if feasibility is determined, in Calendar Year 2018
**Priority Area/Community Need:** WOMEN’S & CHILDREN’S SERVICES

**Narrative:** In conducting the Community Health Needs Assessment, three of the top ten diagnoses for the service area of Mercy Hospital Ada pertain to Women’s and Children’s services. The long-term strategic plan of Mercy Hospital Ada includes collaboration with the March of Dimes, a renovation of the existing Labor and Delivery space, and evaluation of the Pediatrics unit to ensure the appropriate level of care is available to the most vulnerable of our population at all times.

**Goal #1:** Improve patient experience for obstetrical services.

**Rationale for Including:** Best Practice

**Mercy Leaders/Departments/Community Partners Involved:**

<table>
<thead>
<tr>
<th>Mercy Leaders</th>
<th>Community Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission/Community Health</td>
<td>Obstetrics/Gynecology Medical Providers</td>
</tr>
<tr>
<td>Facilities Management</td>
<td>Pediatricians</td>
</tr>
<tr>
<td>Finance</td>
<td>Breastfeeding Coalition</td>
</tr>
<tr>
<td>Mercy Hospital Ada Foundation</td>
<td>La Leche League</td>
</tr>
<tr>
<td></td>
<td>Business Owners</td>
</tr>
<tr>
<td></td>
<td>Civic &amp; Faith Organizations (Promotion)</td>
</tr>
</tbody>
</table>

**Objective #1:** Update patient rooms for mother/baby

- **Activity/Program:** Complete a renovation of the Labor & Delivery rooms to make them larger, more family friendly, and with windows to bring in natural light

**Objective #2:** Increase the initiation rate of breastfeeding women

- **Activity/Program:** Increase outreach efforts to Breastfeeding Coalition and La Leche League
- **Activity/Program:** Provide presentations to business and other community leaders on the importance of breastfeeding and encourage businesses to offer a private, relaxing space for their co-workers or visitors to pump and/or breastfeed
- **Activity/Program:** Identify ways to incorporate visual reminders into the community that breastfeeding is normal

**Objective #3:** Increase the proportion of pregnant women who receive early prenatal care beginning in the first trimester
• **Activity/Program:** Develop a collaboration with the March of Dimes to help women get access to pre-natal care and educate women on the importance of full-term pregnancy

• **Activity/Program:** Distribute educational materials in non-traditional locations (i.e., retail, churches, etc.)

• **Activity/Program:** Develop consistent messaging for use with target population

• **Activity/Program:** Use social media to increase distribution of messaging.

• **Activity/Program:** Identify individuals and organizations that interact with pregnant and childbearing age women so that resources and referrals can be promoted more effectively.

• **Activity/Program:** Increase provider knowledge of resources and referral system available for pregnant and childbearing age women

**Evaluation Plan for Goal:**

**Outputs:**

• Establish a collaborative partnership with March of Dimes to educate the community about the importance of full-term pregnancies and healthy babies

• Begin a series of education programs to individuals, community groups and businesses on the importance of breastfeeding. Use the data from the first year as a baseline with a goal to increase both the number of events and the number of participants at each event for the next three years

• Develop a comprehensive media campaign to educate the community using traditional and non-traditional mediums

**Short term outcomes:**

• Awareness of the importance of full-term pregnancies to expectant parents

• Awareness of the importance of breastfeeding to increase throughout the community

• Lactation rooms to be established at the hospital and other community venues

**Long term outcomes:**

• Renovation of the hospital’s Labor & Delivery unit to be completed by the end of calendar year 2018
**Goal #2:** Address childhood and adolescent health concerns/issues  
**Rationale for Inclusion:** Best Practice  
**Mercy Leaders/Departments/Community Partners Involved:**

<table>
<thead>
<tr>
<th>Mercy Leaders</th>
<th>Community Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission/Community Health</td>
<td>Obstetrics/Gynecology Medical Providers</td>
</tr>
<tr>
<td>Mercy Family Center</td>
<td>Pediatricians</td>
</tr>
<tr>
<td>Mercy Pediatrics</td>
<td>Ada City Schools</td>
</tr>
<tr>
<td></td>
<td>Faith Community Youth Programs</td>
</tr>
</tbody>
</table>

**Objective #1:** Explore current educational resources regarding teen pregnancy

- **Activity/Program:** Establish an action committee to assess what resources are already in place
- **Activity/Program:** Complete a gap analysis to determine the resources needed by area
- **Activity/Program:** The action committee to outline specific, measurable, action-oriented and timely goals for this initiative

**Objective #2:** Improve immunization rates of children and adolescents

- **Activity/Program:** Broaden educational efforts for parents about the importance of following the CDC’s childhood immunization schedule and the consequences of skipping or delaying recommended vaccine doses.
- **Activity/Program:** Work with Pediatricians, Family Practice Physicians, and the Electronic Health Record to track immunization status of students and encourage adherence to school immunization mandates

**Evaluation Plan for Goal:**

**Outputs:**

- Use current data to establish a baseline for tracking the number of teen pregnancies and sexually transmitted diseases and document new numbers to determine if percentage is decreasing
- Develop a communication plan to educate the community about the importance of childhood vaccinations
• Ensure that the EMR has a place to easily document the vaccinations of school-aged children that is in line with local school requirements

Short term outcomes:
• Establish a steering committee and/or advisory committee of community leaders and stakeholders to develop strategies to address each of these areas
• Reduce number of teen pregnancies and sexually transmitted diseases
• Increase percentage of children receiving appropriate vaccinations
• Replace the norm regarding acceptability of teen pregnancy/risky sexual behavior in the community with a new norm of safe sex and delaying pregnancy

Long term outcomes:
• Decrease number of teenage pregnancies
• Increase number of children receiving appropriate vaccinations
• Reduce the rate of sexually transmitted diseases among teenagers

Other Priority Areas and Community Needs:
For the current cycle of the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP), Mercy Hospital Ada will focus on the above mentioned initiatives, goals, and objectives as our primary focus. Our secondary focus will include the remaining areas identified through the 2013-2014 CHNA and CHIP – specifically Heart Disease, Respiratory Diseases and Wellness.