



# Community Health Needs Assessment

Mercy Hospital Ardmore



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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.

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# I. Executive Summary

Mercy Hospital Ardmore is a full service hospital with 190 licensed beds, more than 985 co-workers and 7 primary care clinic locations. Mercy Clinic is a physician-governed group practice comprised of more than 40 board-certified and board-eligible primary care physicians and 7 advanced practice providers serving the Ardmore 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 physicians 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.

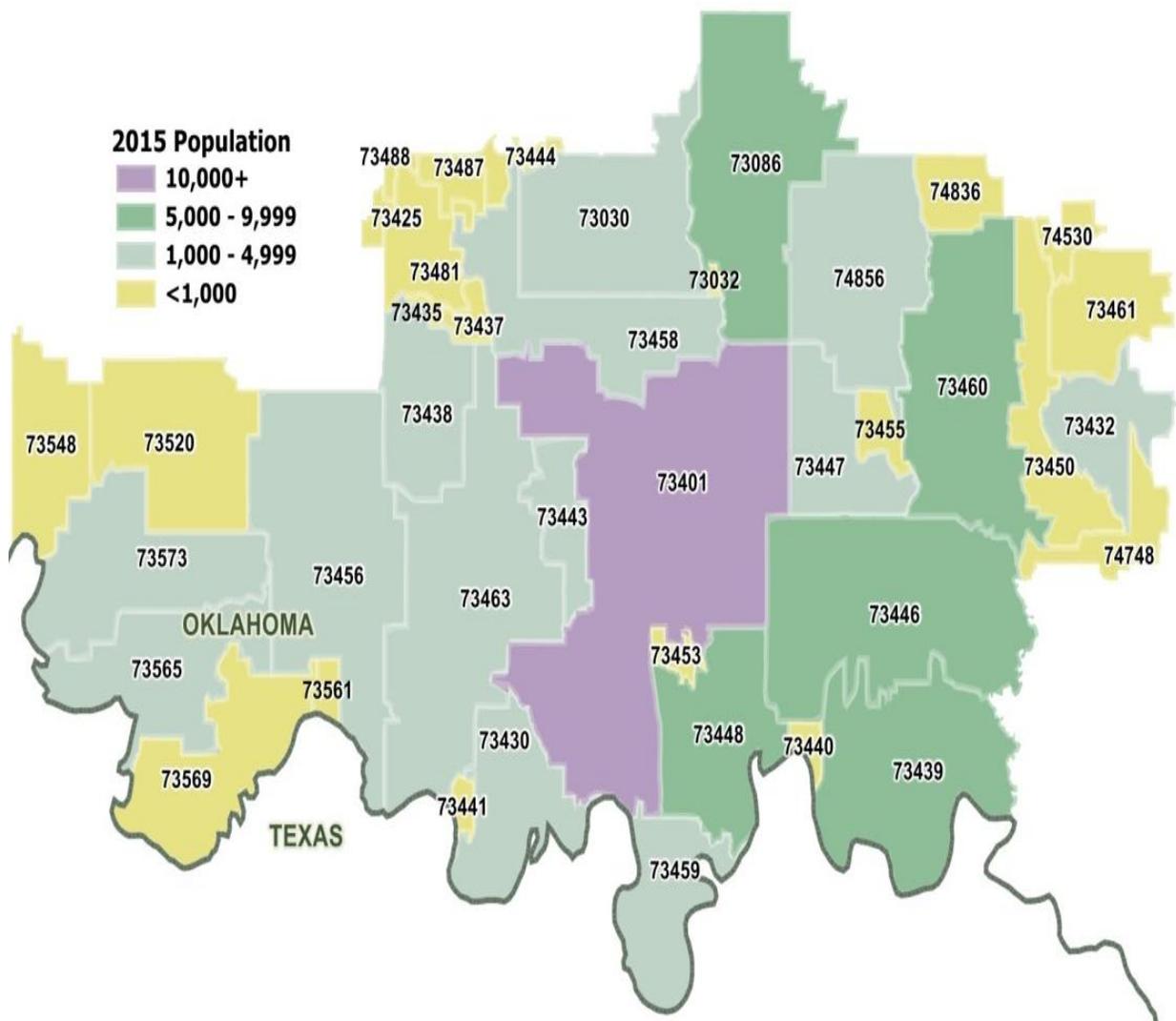
The service area of Mercy Hospital, Ardmore is comprised of six counties (Carter, Jefferson, Johnston, Love, Marshall and Murray) with a population of 106,451. The main campus includes the hospital and four medical buildings.

The community health needs assessment process (CHNA) involved review of both quantitative and qualitative data to attain the full scope of the community needs as they relate to health. This summary is documentation that Mercy Hospital Oklahoma Ardmore is in compliance with IRS requirements for conduction community health needs assessments.

Priorities determined for the next 3 years include behavioral health and respiratory disease.

## II. Community Served by the Hospital

The service area of Mercy Hospital, Ardmore is comprised of six counties (Carter, Jefferson, Johnston, Love, Marshall and Murray) with a population of 106,451. The main campus includes the hospital and four medical buildings. The hospital is a full-service tertiary-care hospital with 190 licensed beds, more than 985 co-workers, and 7 primary care clinic locations. Mercy Clinic is a physician-governed group practice comprised of more than 40 board-certified and board-eligible primary care physicians and 7 advanced practice providers serving the Ardmore 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 physicians 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.



## POPULATION DEMOGRAPHICS

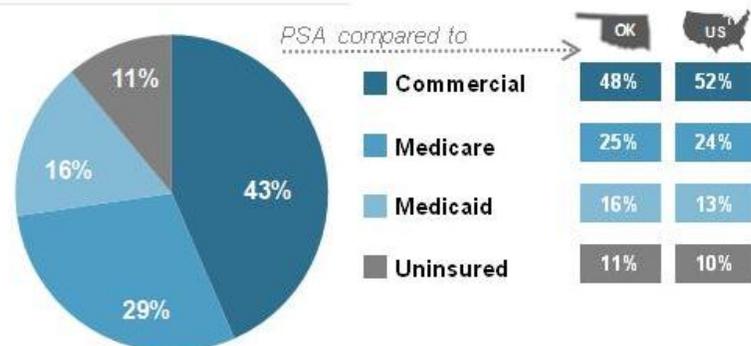
	Primary Service Area			Oklahoma	US
	2015	2020	% Growth	2015	2015
Female Population	53,891	55,525	3%	1,967,420	162,189,591
Male Population	52,560	54,262	3%	1,930,784	157,270,400
<b>Total Population</b>	<b>106,451</b>	<b>109,787</b>	<b>3%</b>	<b>3,898,204</b>	<b>319,459,991</b>
<b>Age Groups</b>					
00-17	24%	24%	2%	24%	23%
18-44	32%	32%	4%	36%	36%
45-64	26%	24%	-4%	25%	26%
65-UP	18%	20%	14%	15%	15%
<b>Race &amp; Ethnicity*</b>					
White	74%	72%	<1%	-	-
Black (African American)	4%	5%	12%	-	-
Asian	1%	1%	13%	-	-
Multiple Races	7%	7%	12%	-	-
Hispanic of Any Race	9%	10%	23%	-	-
<b>Language**</b>					
Only English at Home	94%	94%	3%	90%	79%
Spanish at Home	5%	5%	2%	7%	13%
All Others	1%	1%	2%	3%	8%
<b>Workforce***</b>					
Armed Forces	<1%	<1%	-9%	1%	-
Civilian Employed	54%	54%	4%	57%	-
Civilian Unemployed	4%	4%	4%	4%	-
Not in Labor Force	42%	42%	4%	38%	-
<b>Household Income</b>					
<\$15K	13%	12%	-10%	14%	13%
\$15-25K	14%	12%	-9%	12%	11%
\$25-50K	29%	28%	-1%	27%	24%
\$50-75K	18%	18%	1%	18%	18%
\$75-100K	11%	12%	7%	11%	12%
\$100K-200K	12%	15%	36%	14%	18%
>\$200K	2%	3%	44%	3%	5%
Families living below poverty level	13%	13%	3%	13%	12%
<b>Education Level****</b>					
Less than High School	5%	5%	3%	5%	6%
Some High School	11%	11%	3%	9%	8%
High School Degree	41%	41%	3%	32%	28%
Some College/As soc. Degree	28%	27%	2%	33%	31%
Bachelor's Degree or Greater	15%	15%	2%	22%	27%

\*Ethnicity not considered for White, Black, Asian or Multiple Races; Hispanic ethnicity includes all races; \*\*Excludes population age <5; \*\*\*Excludes population age <16; \*\*\*\*Excludes population age <25 and based on highest level achieved

**Population health:** defined as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group". It is an approach to health that aims to improve the health of an entire human population.

## INSURANCE PAYER MIX

The chart below compares the PSA payer mix to that of the state and the US.



Note: Sg2 Insurance Coverage Estimates profile from the households in the PSA pay for health care services. Data is based on occupied housing units (a house, apartment or group of rooms intended to serve as separate living quarters). Source: Sg2 Insurance Coverage Estimates, 2015

## Population Health Management:

is the aggregation of patient data across multiple health information technology resources, the analysis of that data into a single, actionable patient record, and the actions through which care providers can improve both clinical and financial outcomes

### III. Community Health Needs Assessment Process

The Carter County/County Health Department as well as the Oklahoma State Health Department serves as primary partners for Mercy Hospital, Ardmore in the community health needs assessment process. Other community partners include: free and charitable medical clinics, Regional Food Bank of Oklahoma, Turning Point Council, and other community groups who strive to improve the health of Oklahomans.

Methods of collecting and analyzing data and information include: surveys, focus groups, published data, and hospital specific data.

The following charts show the Top 10 Inpatient Discharges for Mercy Hospital Oklahoma City FY15 and the acute care capacity of hospitals in our community.

#### B.f. Inpatient Admission (Discharge) Rates, top 10 causes

Sources: Epic Hospital Billing Report, FY15

#### MERCY HOSPITAL ARDMORE

#### Inpatient Discharges – Top Causes

#### Top Inpatient Discharges July 1, 2014 – June 30, 2015

Note: Accounts for 30% of Mercy Hospital Ardmore's 7,206 Total Inpatient Discharges

MSDRG Code	MSDRG DESCRIPTION	FY15 Total Discharges	% of Total Discharges	Age Breakouts				
				0-17	18-44	45-64	65-74	75+
775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	510	7%	6%	94%	0%	0%	0%
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	338	5%	1%	8%	24%	25%	42%
470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	294	4%	0%	2%	39%	31%	28%
945	REHABILITATION W CC/MCC	227	3%	0%	5%	24%	22%	48%
766	CESAREAN SECTION W/O CC/MCC	212	3%	3%	97%	0%	0%	0%
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	138	2%	4%	12%	26%	22%	35%
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	130	2%	2%	5%	32%	31%	30%
683	RENAL FAILURE W CC	114	2%	0%	9%	27%	22%	42%
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	111	2%	2%	20%	35%	23%	21%
191	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W CC	106	1%	0%	8%	36%	31%	25%

Source: Epic Hospital Billing Report

This chart reflects four of the top inpatient discharges pertain to mother and baby services. The remaining discharges relate to acute medical conditions.

## B.b.ii. Hospitals and number of beds per 10,000

Sources: Number of beds - American Hospital Directory online; Population - Sg2 Demographic Estimates

### ARDMORE PSA

**POPULATION = 106,451**

**BEDS PER 10,000 POPULATION = 27.5**

### ACUTE CARE HOSPITALS ONLY

Hospital	Type	Acute Care Beds	City	State	ZIP
AllianceHealth Madill	Critical Access	21	Madill	OK	73446
Arbuckle Memorial Hospital ( <i>managed facility</i> )	Critical Access	25	Sulphur	OK	73086
Jefferson County Hospital	Critical Access	25	Waurika	OK	73473
Mercy Health Love County ( <i>managed facility</i> )	Critical Access	25	Marietta	OK	73448
Mercy Hospital Ardmore	Acute Care	150	Ardmore	OK	73401
Mercy Hospital Healdton	Critical Access	22	Healdton	OK	73438
Mercy Hospital Tishomingo	Critical Access	25	Tishomingo	OK	73460

Sources: Mercy data - Mercy Finance, FY2015; Other beds - AHD (most current data available)

According to the 2016 County Health Rankings 21% of the state population is uninsured. In Carter County, the uninsured represent 24%. Although the Affordable Care Act is helpful to many, the premiums are costly and unaffordable. Being uninsured is a huge barrier to accessing needed health services.

### Carter County Health Rankings (67)

Category (Rank)	Carter County	Error Margin	Top U.S. Performers	Oklahoma
<b>Health Behaviors (40)</b>				
<b>Adult Smoking</b>	<b>22%</b>	<b>22-23%</b>	<b>14%</b>	<b>21%</b>
<b>Adult Obesity</b>	<b>32%</b>	<b>28-37%</b>	<b>25%</b>	<b>32%</b>
Food Environment Index	7.3		8.3	6.6
Physical Inactivity	32%	28-37%	20%	31%
Access to Exercise Opportunities	51%		91%	69%
<b>Excessive Drinking</b>	<b>12%</b>	<b>12-13%</b>	<b>12%</b>	<b>14%</b>
Alcohol-Impaired Driving Deaths	31%	25-37%	14%	31%
<b>Sexually Transmitted Infections</b>	<b>370.2</b>		<b>134.1</b>	<b>479.1</b>
<b>Teen births</b>	<b>72</b>	<b>69-77</b>	<b>19</b>	<b>52</b>
<b>Clinical Care (34)</b>				
<b>Uninsured</b>	<b>24%</b>	<b>18-22%</b>	<b>11%</b>	<b>21%</b>
Primary Care Physicians	1,620:1		1,040:1	1,560:1
Dentists	1,630:1		1,340:1	1,760:1
Mental Health Providers	250:1		370:01:00	270:01:00
Preventable Hospital Stays	76	70-83	38	63
Diabetic Screening	73%	67-79%	90%	78%
<b>Mammography Screening</b>	<b>43%</b>	<b>38-49%</b>	<b>71%</b>	<b>55%</b>
<b>Social &amp; Economic Factors (54)</b>				
High School Graduation	87%		93%	85%
Some College	47%	43-51%	72%	59%
Unemployment	4.5%		3.50%	4.50%
Children in Poverty	22%	16-29%	13%	22%
Income Inequality	4.3	4.0-4.6	3.7	4.6
Children in Single-Parent Household	33%	29-38%	21%	34%
Social Associations	14		22.1	11.7
<b>Violent Crime Rate</b>	<b>991</b>		<b>59</b>	<b>468</b>
Injury Deaths	125	111-139	51	88
<b>Physical Environment (31)</b>				
Air-Pollution- Particulate Matter	10.0		9.5	10.3
Drinking Water Violations	Yes		No	
<b>Severe Housing Problems</b>	<b>11%</b>	<b>10-13%</b>	<b>9%</b>	<b>14%</b>
Driving Alone to Work	83%	81-85%	71%	82%
Long Commute- Driving Alone	18%	16-20%	15%	25%

Source: County Health Rankings & Roadmaps; University of Wisconsin Population Health Institute; Robert Wood Johnson Foundation

The following sources are examples of what was utilized in the data collection process.

- **2014 State of the State Health**

<https://www.OK.gov/health/pub/boh/state>

This report provides information regarding the health status of the residents of Oklahoma. The flagship issues are tobacco use prevention, obesity, and children's health.

- **Healthy Oklahoma 2020 Oklahoma Health Improvement Plan**

<https://www.ohip2020.com/wp-content/uploads2015>

This plan focuses on making improvements in key strategic areas and creating a culture of health. Making improvements in these flagship issues of tobacco use, obesity, children's health, and behavioral health will have the greatest impact on the health of Oklahomans now and for future generations.

- **Oklahoma Turning Point Council**

<https://www.okturningpoint.org>

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. Sharing opportunities and resources to create a healthier future and improving quality of life for Oklahomans through partnerships.

- **Oklahoma Institute for Child Advocacy**

<https://www.oica.org>

The Oklahoma KIDS COUNT Facts at a Glance—2016 contains indicators for children under the age of 18.

- **Community surveys**

Surveys were available in hard copy and online format.

- **Focus groups**

Focus groups were conducted to dialogue directly with local community members.

- **Community Meetings**

Partners in Education, Ardmore Chamber of Commerce Foundation  
Carter County Health Department  
Ardmore Behavioral Health Collaboration  
Good Shepherd Community Clinic, Inc.  
2015 Health and Fitness Expo

### III. Community Input

The voices of the people of Carter County were central to the health needs assessment process. Community input was obtained through surveys - online and printed (for those with no computer access), focus groups, community collaborations, and internal hospital leadership meetings.

#### Surveys

A Qualtrics survey was designed to assess the perceptions and thoughts of community members about the health needs in their community. It was available in both paper and on-line format. There were 337 individuals who completed the survey over the past 9 months. Efforts were made to bring paper surveys to locations serving populations of underserved and low-income individuals who are less likely to have internet access, such as food pantries, flu clinics, and free medical clinics.

Top 3 positive health indicators: (% of responders who answered “agree” or “strongly agree”)

1. It's easy to get immunizations, or shots, for your kids when you need them: 84%
2. There are places people can go for help with health problems like diabetes, high blood pressure and medications: 80.8%
3. My community has safe parks and public places for people to exercise: 79.3%

Top 3 negative health indicators: (% of responders who answered “agree” or “strongly agree”)

1. Being overweight is an issue: adults 91.3% teens:78% children: 78%
2. Illegal drug use is an issue: adults 88% teens: 87%
3. Smoking and tobacco usage is an issue: adults 85% teen 87%

Top health issue related to adults: High blood pressure 46%

Top health issue related to children: Asthma 54%

Comments from participants:

- *Teen pregnancy in the community is an issue.*
- *Available mental health treatments needs to become a priority*
- *Need more mental health prevention programs*
- *Existing programs and services are not easily accessible. Communication is lacking.*
- *Abstinence based programs are not helping our teen pregnancy issue. Comprehensive sex education should be an option.*
- *Drug and alcohol prevention along with mental help treatment is needed.*
- *Great program and agencies in the community, but seamless communication is lacking.*
- *Community needs more assistance for the homeless. Need transitional living facilities.*

#### Focus Groups

Focus group meetings began in July 2015 with the specific purpose of addressing behavioral health and monthly meetings continued for the following six months. Meetings involved participants from local service agencies representing a wide range of demographics including: children, elderly, homeless, uninsured, the working poor and others. Those questions addressed included:

- Is there a need for expanded behavioral health services?
- What needs are not being met?
- What are obstacles to meeting identified needs?

## **Community collaborations:**

Local community meetings involving charities, foundations, community service organizations, businesses and healthcare professionals were held to discuss widespread community needs. Input from these meetings corroborated national and state data related to health and wellness. A total of 18 organizations were represented at monthly meetings throughout 2014 and into 2016. Represented organizations serve in many ways including healthcare, abuse treatment and prevention, homelessness, education, drug and alcohol awareness and treatment and addressing of various socioeconomic factors. One of the significant outcomes from these meetings is the development of the Ardmore Behavioral Health Collaborative.

Access to Care – South Central Oklahoma meeting included: Good Shepherd Community Clinic, Mercy Hospital Ardmore, Carter County Health Department and Chickasaw Nation Public Health. The meeting's purpose was to identify gaps to access of care and work together to define recommended targeted strategies for our areas and increase current collaborations. Main topics agreed upon as cross mutual opportunities were: dental, diabetes, behavioral health, obesity, substance abuse, hypertension, transportation, prenatal care and housing. Additional data is being gathered around these topics and meetings are ongoing to identify trends and share information.

## VI. Prioritized Significant Community Health Needs

Analysis of data from national and state sources was used in conjunction with local surveys, focus groups and meetings. Prioritization of needs was determined by the Mercy Ardmore Community Committee of the Board, which is comprised of local community leaders. The top priorities identified are respiratory disease and behavioral health.

### Respiratory Disease

Chronic Lower Respiratory Disease is a leading cause of death in the Ardmore service area and occurs at a rate among the highest in the state. Based on current hospital data, respiratory disease is a frequent cause of preventable hospitalizations.

### Behavioral Health

Local focus groups, meetings and surveys along with national and state data highlight the need for behavioral health. The Adverse Childhood Experiences (ACE) study demonstrates through much research the correlation between trauma and health outcomes. A focus on addressing behavioral health can positively impact every health issue.

<http://www.acestudy.org/>

## VII. Significant Community Health Needs Not Being Addressed and Why

Child Health will not be addressed as a separate priority for Mercy Hospital Ardmore.

Child Health is a workgroup of Shape Our Menu – Shape Our Youth, a grant funded program through Mercy Hospital Ardmore to address child health and nutrition in our service area. Staff of Community Outreach attends the full coalition meetings.

The Oklahoma State Health Department has established children's health as a flagship with core measures of reducing infant and maternal mortality rates and improving health outcomes. Mercy Hospital Ardmore will continue to collaborate in their efforts.

## VIII. Potentially Available Resources

- Chickasaw Nation Department of Health
- Carter County Turning Point Coalition
- Diabetes Caucus will design a statewide initiative for diabetes prevention and management.
- Food & Resource Center South-Central Oklahoma provides food for hungry Oklahomans through community partnerships.
- Good Shepherd Community Clinic Inc.
- Oklahoma Hospital Association
- Tobacco Settlement Endowment Trust (TSET)
- YMCA will provide resources for OK5210

## IX. Evaluation of Impact

The Community Health Needs Assessment for Mercy Ardmore in 2012 identified the priorities as diabetes, access to healthcare for the uninsured and underinsured, childhood obesity and nutrition in the schools, and health and wellness education. In 2014 mental health was added as an additional priority.

### 1. Diabetes:

Mercy Hospital Ardmore provides support to the Good Shepherd Community Clinic (GSCC) through laboratory and pharmaceutical services and membership on the Board of Directors. Good Shepherd Community Clinic has a patient base that is 80% diabetic. Providing laboratory services and pharmaceuticals on a cost or less than cost basis, allows the clinic to serve a larger number of patients. Board of Directors membership insures Mercy Hospital Ardmore's ongoing participation in the clinic and the opportunity to address opportunities in care on a timely basis. Mercy Ardmore clinic physicians also provide additional support to the providers of the Good Shepherd Community Clinic by volunteering at the clinic and seeing patients in the Mercy Clinic.

Mercy Ardmore added two positions to address diabetes management. Mercy Clinic added an Advanced Practice Professional with certification in diabetic management to offer support in the outpatient setting and Mercy Hospital added a full time nurse diabetic educator for inpatient support.

With inpatient and outpatient nurse diabetic educators in place for Mercy, a grant was written in collaboration with Good Shepherd Community Clinic and continuity of care established for shared patients.

### 2. Access to Healthcare:

Project Access provides primary care, medication assistance and care management for uninsured patients living with a chronic disease. Through a team approach patients receive regular care from a physician, needed medications and health promotion and prevention strategies. With the support of a

case manager the patients benefit from a continuum of care which utilizes community resources. Patients also have access to Nurse On Call, which is available 24 hours a day, seven days a week. Project Access showed growth in the past year with 136 patients being served and 25 patients participating on a regular basis.

In collaboration with Good Shepherd Community Clinic and the Southern Oklahoma Memorial Foundation, mammograms are offered to women who are uninsured and without ability to pay for this service. Mercy Hospital Ardmore also insures follow-up is provided for those patients needing further testing and treatment. The collaboration resulted in 86 women receiving mammograms.

Good Shepherd Community Clinic is located in Ardmore, OK and serves five counties (Carter, Love, Murray, Johnston and Marshall) providing free care to over 2000 uninsured patients. Mercy Hospital Ardmore provides support through Board of Directors membership, \$2400 per month in laboratory services, two physicians volunteering on regular bases and continues to provide specialty services through Mercy financial assistance.

### **3. Childhood Obesity and Nutrition in the Schools:**

Since its start in July 2014, the Shape Your Menu Grant has been working with sixteen local cafeterias, including: nine Carter County and two Love County school cafeterias, and five community children's programs. The goal of this program is to increase school and community meal nutrition, and also expand the nutrition and healthy-living knowledge of children in Carter County. Improvements in meal quality, palatability, and child acceptance have been seen within sixteen of the cafeterias. In addition to these measures, each of the sixteen cafeterias has worked to improve cafeteria atmosphere to create a positive meal time experience as a whole. Nutrition education was also taught within select school classrooms and for kindergarten to 5<sup>th</sup> graders at HFV Wilson Community Center. The 2 day Shape Your Menu School Cafeteria Summer Training was expanded upon the summer of 2015 by adding an additional day of training focused on strengthening the leadership of the cafeteria managers, child nutrition directors, and community center food service managers; there were nineteen attendees in total. These leaders reported learning much needed skills to take back to direct their staff and create a better food service program.

School year 2014-2015's focus was primarily on school cafeterias. In the 2015-2016 school year Shape Your Menu branched out to work with: Cities In Schools after- school program, HFV Wilson Community Center, Gloria Ainsworth daycare, Wilson Boys and Girls Club, and the Carter County Children's Shelter. Cafeterias at each location were assisted similarly to the schools with similar improvements in nutrition quality, palatability, and child acceptance seen. Nutrition education was continued at HFV Wilson Community Center. At Cities In Schools, Shape Your Menu partnered with the nutrition lead to create and implement the "Let's Try It!" program where over the school year CIS children were introduced to new foods and nutrition education on each food item. At the Wilson Boys and Girls Club, Shape Your Menu worked with the food service staff to create a new after school menu that not only met federal requirements but also pleased their children's taste buds. This was also done at the Carter County Children's Shelter in an expanded form; one month menus for breakfast, lunch, and after school snack were created and fully formatted to meet federal guidelines in addition to improving the nutritional health of their children. During the Spring semester of 2016 the Shape Our Youth: Kid's Cooking class was created and taught to 4<sup>th</sup> and 5<sup>th</sup> graders at both Cities In Schools and HFV Wilson Community Center. The Shape Our Youth: Healthy Living Program was created to lead children and their families through an eight-week program focused on all health aspects (nutrition, physical activity, mental health, etc.). Initial program participation showed a need to partner with a local physician to increase participation. This is currently being worked at.

From April 20<sup>th</sup>-May 12<sup>th</sup>, Ardmore and Plainview school district Kindergarten, 3<sup>rd</sup>, and 6<sup>th</sup> graders will be biometrically screened to obtain BMI data across a wide range of demographics in order to obtain a baseline understanding of the state of health of Carter County children. With this information Shape Your Menu will be able to rescreen in three years to obtain a numerical value of the state of the children's' health as they mature in Carter County.

#### **4. Health and Wellness Education:**

Mercy serves in a collaborative role with the Oklahoma Turning Point Coalition serving the Southern Oklahoma counties. Turning Point Coalition has as its goal to identify community priorities and work toward local solutions. This process involves educating community members on health and wellness issues and inviting them to serve on task forces addressing the identified issues.

Mercy Foundation Ardmore Physician Speakers Bureau is made available to community and civic groups to provide information on specified needs. The physicians provided a monthly program to parents of children attending the Gloria S. Ainsworth Day Care Center. The center is a nonprofit organization serving families in the surrounding area, especially those who otherwise would be unable to obtain quality care for their children. The series of bi-monthly presentations occurred at the center and included an evening meal for the parents. Topics addressed health and wellness concerns for family members of all ages.

A gardening project to promote health and nutrition was led by Mercy Hospital Ardmore co-workers at the Gloria S. Ainsworth Day Care Center in 2014. Students planted, tended and harvested the garden under the direction of volunteers. The vegetables were prepared in the center's lunchroom. The cafeteria workers then joined in the Shape Your Menu program to learn new ways of preparing nutritious, kid-friendly meals.

#### **5. Mental Health Initiative**

An initial meeting to discuss mental health as a priority issue for the community was held in August 2014. Subsequent meetings with key community leaders, agencies and organizations resulted in the Ardmore Behavioral Health Collaborative. Developing strategic direction, funding and implementation will be the focus for the coming two years.

## X. Appendices





**Mercy**

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