

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/

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.