



Your life is our life's work.

Community Health Needs Assessment

Ardmore

Fiscal Year 2019



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 800 coworkers 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.

II. Community Served by the Hospital

Description of Community Served

The service area of Mercy Hospital, Ardmore is comprised of six counties (Carter, Jefferson, Johnston, Love, Marshall and Murray) with a population of 106,743. 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 800 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.

Mercy Ardmore Primary Service Area & Locations

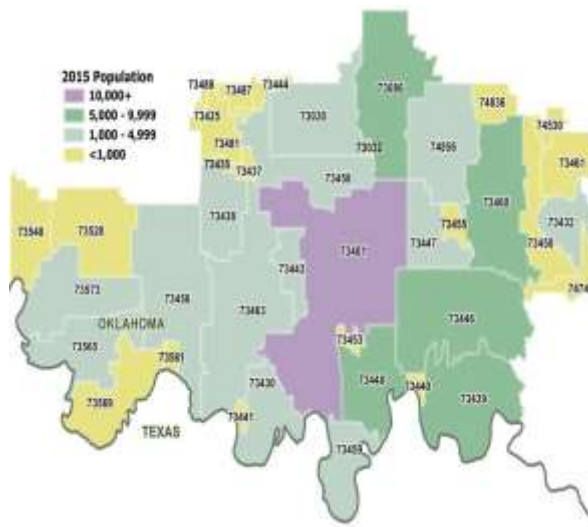


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Ardmore Community Demographics

Population Demographics	Primary Service Area		5-Year Growth	OK 2017	US 2017		
	2017	2022					
Total Population	106,743		109,640	3%	3,956,086	325,139,271	
Age Groups	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	<i>Percent</i>	<i>Percent</i>	
0-17	25,913	24%	26,100	24%	1%	24%	23%
18-44	33,786	32%	34,939	32%	3%	36%	36%
45-64	27,205	25%	26,053	24%	-4%	24%	26%
65+	19,839	19%	22,548	21%	14%	15%	15%
Race & Ethnicity							
Asian & Pacific Is. Non-Hispanic	903	1%	1,073	1%	19%	2%	6%
Black Non-Hispanic	4,354	4%	4,691	4%	8%	7%	12%
Hispanic	10,340	10%	12,636	12%	22%	11%	18%
White Non-Hispanic	74,543	70%	73,696	67%	-1%	66%	61%
All Others	16,603	16%	17,544	16%	6%	14%	3%
			Primary Service Area	OK	US		
			2017	2022	2017	2017	
Language*		<i>Percent</i>	<i>Percent</i>	<i>Percent</i>	<i>Percent</i>	<i>Percent</i>	
Only English at Home		93%	93%	90%	79%		
Spanish at Home		6%	6%	7%	13%		
All Others		2%	2%	3%	8%		
Workforce**							
Armed Forces		<1%	<1%	1%	<1%		
Civilian, Employed		53%	53%	57%	58%		
Civilian, Unemployed		3%	3%	4%	5%		
Not in Labor Force		44%	44%	38%	36%		
Household Income							
<\$15K		13%	11%	13%	12%		
\$15-25K		12%	11%	11%	10%		
\$25-50K		27%	26%	26%	23%		
\$50-75K		19%	18%	18%	17%		
\$75-100K		12%	12%	12%	12%		
\$100K-200K		14%	17%	16%	19%		
>\$200K		3%	4%	4%	6%		
Families living below poverty level		12%	13%	13%	12%		
Education Level***							
Less than High School		5%	5%	4%	6%		
Some High School		11%	11%	9%	8%		
High School Degree		40%	40%	32%	28%		
Some College/Assoc. Degree		28%	28%	33%	31%		
Bachelor's Degree or Greater		16%	16%	23%	28%		

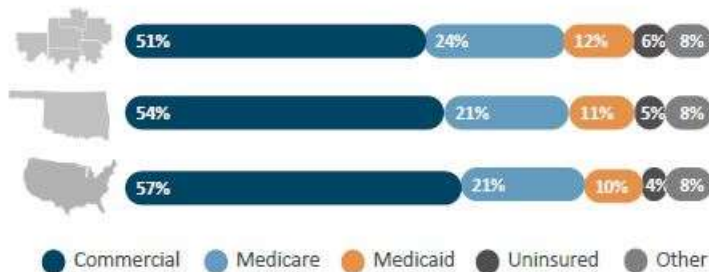
■ = largest cohort in demographic category *Excludes population age <5 **Excludes age <16 ***Excludes age <25 and based on highest level achieved
 Note: Ardmore Primary Service Area consists of six Oklahoma counties;
 Source: Sg2 Market Demographics; Nielsen zip code data, 2017



Insurance status

Insurance Payer Mix

The chart below compares payer mix in the Primary Service Area (PSA) to the state and the US.



*Note: 5g2 Insurance Coverage Estimates profile how 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). Other includes Veterans and all other.
Source: 5g2 Insurance Coverage Estimates, 2017*

Description of Services Available to Community Served

System Affiliation	ID	Hospital	City, State	Type	Total Staffed Beds	Total Inpatient Discharges	Total Births	Total Assets (millions)	Net Patient Revenue (millions)	Operating Profit Margin
Mercy	1	Mercy Hospital Ardmore	Ardmore, OK	Acute	109	6,332	738	\$93	\$137	3.1%
	2	Mercy Hospital Healdton	Healdton, OK	Critical Access	12	172	0	\$1	\$5	-13.7%
	3	Mercy Hospital Tishomingo	Tishomingo, OK	Critical Access	11	267	0	\$1	\$6	-1.6%
Community Health Systems	4	AllianceHealth Madill	Madill, OK	Critical Access	21	290	0	\$16	\$9	-4.5%
	5	AllianceHealth Durant	Durant, OK	Acute	148	5,518	988	\$56	\$91	27.6%
Independent	6	Duncan Regional Hospital	Duncan, OK	Acute	121	4,304	618	\$210	\$87	-5.3%
	7	Jefferson County Hospital	Waurika, OK	Critical Access	25	119	0	\$1	\$1	-122.3%

Sources: Mercy - Mercy Finance FY2017; all other inpatient discharges and births - OK Dept. of Health, CY2016; beds (all bed types, total complex) and finances (hospital financial only) - AHG (reporting year may vary by provider)

III. Community Health Needs Assessment Process

The Carter County/County Health Department and Good Shepherd Community Clinic as well as the Oklahoma State Health Department, and the Ardmore Behavioral Health Collaborative serves as primary partners for Mercy Hospital, Ardmore in the community health needs assessment process. Other community partners include: free and charitable medical clinics and other community groups who strive to improve the health of Oklahomans. Methods of collecting and analyzing data and information include: surveys, community chats, published data, and hospital specific data.

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

- **2018 State of the State Health**

<https://stateofstateshealth.ok.gov/Data/HealthIndicator>

This database provides information regarding the health status of residents of Oklahoma.

- **County Health Rankings**

[http://www.countyhealthrankings.org/app/oklahoma/2018/rankings/carter/county/outcomes/overall/snap shot](http://www.countyhealthrankings.org/app/oklahoma/2018/rankings/carter/county/outcomes/overall/snapshot)

- **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

- **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.

- **Community surveys**

Surveys were available in hard online formats.

- **Community Meetings**

Mt. Zion Missionary Baptist Church and St. Mary's Catholic Church

IV. 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), Community Chats 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 an on-line format. There were 192 individuals completed the survey over the past 6 months. Efforts were made to take computers to locations serving populations of underserved and low-income individual who are less likely to have internet access such as laundry mats and elder fairs.

What are the TOP 5 most common health issues in your city?

1. Alcohol/Substance Abuse: 17.15%
2. Obesity: 13.91%
3. Diabetes: 12.47%
4. Prescription Drug Misuse: 11.39%
5. Smoking/Vaping: 8.99%

What are the TOP 5 social issues that have the greatest effect on quality of life in your city?

1. Low income/poverty: 16.46%
2. Affordability of health services: 9.51%
3. Lack of health insurance: 9.15%
4. Lack of affordable housing: 8.29%
5. Unemployment: 6.71%

What are the TOP 5 risk behaviors that impact your city?

1. Alcohol/Drug abuse: 18.56%
2. Untreated mental health issues: 12.34%
3. Poor eating habits: 11.62%
4. Smoking/Vaping: 11.62%
5. Lack of exercise: 10.66%

How has opioid/prescription drug dependence affected you?

1. It hasn't affected me: 49.13%
2. Family member does/has struggled with opioids/prescription drugs: 21.97%
3. Friend/Other does/has struggled with opioids/prescription drugs: 13.29%

Comments from participants:

- Drug abuse in the community is a problem.
- Raises crime rate, causes neglect of family
- Addiction leading to overall poorer health outcomes, difficulty finding employment/employees, increased abuse of children, and increased violence

- Excessive drug dependence leading to drug dealing, poor social behaviors and interaction, anger and violence.

What services are needed in your community that is not currently available or accessible?

1. Mental Health Services: 16.03%
2. Substance Abuse treatment: 13.71%
3. Healthy Cooking classes: 13.29%
4. Aging Resources: 10.55%
5. Chronic Disease Management classes: 9.70%

Comments from participants:

- A place for young teens to go for recreating & hang out so they don't go other places and get into trouble.
- Inpatient hospice services
- We need more specialist for Pulmonology, neurology, mental health facilities

Community Chats

We conducted 2 community chat meetings in July and November with the specific purpose of getting the input of our underserved and minority population. Meetings involved participants from local companies, church members, and community members. These meetings took place at Mt. Zion Missionary Baptist Church and St. Mary's Catholic Church.

Tell us what a healthy community looks like to you.

- Low health risk activities
- Wellness Centers in easy locations
- Diabetes Resources
- Preventative healthcare
- Quality healthcare for everyone that is affordable.
- Overall health literacy
- Having social security

What is preventing you or your neighbors from achieving a healthy community?

- Cost of healthcare
- Lack of Insurance
- Transportation
- Lack of information
- Inability to read
- Unsafe neighborhoods
- No Social Security Number

What do you see as the priority needs in your community?

- Healthcare Awareness
- Preventative Services
- Mental Health staff located in schools
- Bicycle lanes
- Transportation

What resources are available to meet your current priority needs?

- Food and Resource Center
- Good Shepherd Community Clinic
- Diabetes Support Group
- The Grace Center

What resources do you wish were available to help meet your priority needs?

- Pop up clinic for homeless
- Wellness Centers
- Preventative services
- Use of community center as a hub for healthcare services
- Parenting classes
- Transportation

V. Conducting the Needs Assessment

Mercy employed the following data collection methods during its CHNA process:

Primary Data:

- a. Surveys – summarized in Section IV
- c. Community Chat– summarized in Section IV
- e. Internal MHSL data

Secondary Data:

- a. Published data (examples of sources are included in Section III)

Primary Data

Internal MHA Data

To determine the degree to which MHA's core competencies, or strengths, aligned with the community's health needs, data specific to Mercy Hospital Ardmore was considered in the CHNA process. The ten most common MHA inpatient discharge diagnoses during FY2017 are detailed on the following chart. Almost a quarter of the diagnoses relate to maternal/child health.

Top Inpatient Discharges – Mercy Hospital Ardmore FY2017

Mercy Hospital Ardmore			
Community Health Needs			
Calendar Year 2017			
Inpatient Cases by DRG			
		Top 10 Overall DRG's	
	DRG	DRG Descriptions	Cases
	795	NORMAL NEWBORN	552
	775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	463
	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	459
	470	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREM	333
	291	HEART FAILURE SHOCK W MCC	237
	189	PULMONARY EDEMA RESPIRATORY FAILURE	208
	766	CESAREAN SECTION W/O CC/MCC	202
	794	NEONATE W OTHER SIGNIFICANT PROBLEMS	163
	872	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	129
	560	AFTERCARE, MUSCULOSKELETAL SYSTEM CONNECTIVE TISSUE W CC	103

Secondary Data

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

Category (Rank)	Carter County	Error Margin	Top U.S. Performers	Oklahoma
Health Behaviors (38)				
Adult Smoking	18%	18-19%	14%	20%
Adult Obesity	35%	30-41%	26%	33%
Food Environment Index	7.6		8.6	5.9
Physical Inactivity	28%	24-33%	20%	30%
Access to Exercise Opportunities	53%		91%	74%
Excessive Drinking	13%	12-14%	13%	13%
Alcohol-Impaired Driving Deaths	28%	22-34%	13%	28%
Sexually Transmitted Infections	508.0		145.1	542.2
Teen Births	61	56-65	15	42
Clinical Care (30)				
Uninsured	17%	15-19%	6%	16%
Primary Care Physicians	1,740:1		1,030:1	1,590:1
Dentists	1,570:1		1,280:1	1,700:1
Mental Health Providers	230:1		330:1	260:1
Preventable Hospital Stays	62	55-69	35	60
Diabetic Screening	73%	68-79%	91%	78%
Mammography Screening	48%	43-54%	71%	56%
Social & Economic Factors (56)				
High School Graduation	79%		95%	83%
Some College	52%	48-56%	72%	59%
Unemployment	5.2%		3.2	4.9%
Children in Poverty	23%	17-28%	12%	23%
Income Inequality	4.5	4.1-4.8	3.7	4.6
Children in Single-Parent Household	30%	26-34%	20%	34%
Social Associations	13.1%		22.1	11.5
Violent Crime Rate	917		62	439
Injury Deaths	124	110-138	55	92
Physical Environment (44)				
Air-Pollution- Particulate Matter	9.3		6.7	9.2
Drinking Water Violations	Yes			
Sever Housing Problems	13%	11-14%	9%	15%
Driving Alone to Work	83%	81-85%	72%	83%
Long Commute- Driving Alone	21	18-23%	15%	26%

Top 10 Causes of Death by Age Group
Carter County 2011-2015

RANK	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65+	ALL AGES
1	PERINATAL PERIOD 9		UNINTENT. INJURY 17	UNINTENT. INJURY 28	UNINTENT. INJURY 26	HEART DISEASE 51	CANCER 138	HEART DISEASE 586	HEART DISEASE 761
2	CONGENITAL MALFORMATIONS 6		SUICIDE 8	HEART DISEASE 9	HEART DISEASE 19	CANCER 42	HEART DISEASE 96	CANCER 417	CANCER 614
3			HOMICIDE 7	SUICIDE 8	SUICIDE 12	UNINTENT. INJURY 38	BRONCHITIS/ EMPHYSEMA/ ASTHMA 41	BRONCHITIS/ EMPHYSEMA/ ASTHMA 195	BRONCHITIS/ EMPHYSEMA/ ASTHMA 250
4					CANCER 12	LIVER DISEASE 22	UNINTENT. INJURY 39	STROKE 125	UNINTENT. INJURY 227
5						SUICIDE 12	DIABETES 24	ALZHEIMER'S DISEASE 87	STROKE 146
6						DIABETES 10	LIVER DISEASE 21	UNINTENT. INJURY 72	DIABETES 103
7						BRONCHITIS/ EMPHYSEMA/ ASTHMA 9	STROKE 14	DIABETES 66	ALZHEIMER'S DISEASE 88
8						STROKE 7	NEPHRITIS 10	INFLUENZA/ PNEUMONIA 51	NEPHRITIS 66
9						NEPHRITIS 5	SEPTICEMIA 8	NEPHRITIS 50	LIVER DISEASE 63
10							VIRAL HEPATITIS 6	SEPTICEMIA 25	INFLUENZA/ PNEUMONIA 60

Source: Oklahoma State Department of Health (OSDH), Center for health care Information, Vital Statistics 2011-2015, Oklahoma Statistics on Health available for everyone.

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 Access to Care and Behavioral Health

Access to Care

While conducting local community chats with our underserved population we discovered that most of them did not have access to care. There is a significant amount of the underserved population who do not have access to transportation, insurance, and preventative care. If we focused on providing resources to this population it will impact the overall health of our community. Oklahoma ranks second in the nation for its percent of uninsured citizens based off of a 2017 U.S. Census Bureau Survey. The other issue we have to address under access is our Social Determinates of Health (SDOH). We have a population who need Economic stability, Education, Social and community context, and healthcare. We found through research that non-medical factors have the greatest influence on health. 20% is Genetics, 20% is health care, and 60% is social, environmental, and behavioral factors (McGinnis ET AL., 2002). That means until we address these issues then we will never impact our communities overall health.

Behavioral Health

Local focus groups, meetings and surveys along with national and state data highlight the need for behavioral health. There is an increasing number of youth and adults in our community that are experiencing anxiety problems, suicidal thoughts, and a large amount of substance abuse. If we focus on providing resources for these problems it will impact the health problems in the community. A significant amount of behavioral health problems stem from unresolved trauma. The Adverse Childhood Experiences Study (ACE) conducted by Kaiser Permanente has repeatedly shown the connection between unresolved childhood trauma and higher rates of chronic disease development among which are chronic lower respiratory disease and diabetes, Mercy Ardmore's other priority area. According to a study conducted by Felitti and Anda in 2009, adults with a history of child abuse or neglect are at a higher risk of developing cardiovascular disease, lung and liver disease, hypertension, diabetes, asthma, and obesity.

VII. Significant Community Needs Not Being Addressed and Why.

Diabetes

After working on diabetes for the last six years we decided that the efforts we have underway on this topic are very well established. Our Diabetes Prevention Program is fully recognized by the CDC. Our Diabetes education team has created a diabetes prevention conference as well as established a great diabetes support group. Mercy Ardmore will continue to fund these programs but our focus now is turning towards access to care and behavioral health efforts.

VIII. Potentially Available Resources

- Lighthouse Behavioral Health Center (Behavioral Health)
- Oklahoma Hospital Association (Access to Care)
- Ardmore Behavioral Health Collaboration (Behavioral Health)
- The Grace Center of Southern Oklahoma (Access to Care)
- Carter County Health Department (Access to Care & Behavioral Health)
- Food and Resource Center of Southern Oklahoma (Access to Care)
- Good Shepherd Community Clinic (Access to Care)

IX. Evaluation of Impact

The Community Health Needs Assessment for Mercy Ardmore in 2015 identified the priorities as diabetes, respiratory disease and, behavioral health.

1. Diabetes

Mercy Hospital Ardmore created a Diabetes Prevention Program to combat the problems we were seeing in our community. The first cohort of started in April of 2017 and went on for a full year and had 18 participants and ended with 12. The sessions followed the CDC standard to become a recognized diabetes prevention program. As of December of 2018 our Diabetes Prevention Program has gained full recognition by the CDC

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.

2. Chronic Lower Respiratory Disease

Mercy Hospital Ardmore started a better breathers program that provided a tobacco-free meeting for community members to help with their condition. We also participated in many health fairs to bring awareness to our chronic disease problems in our community as well as solutions to these problems.

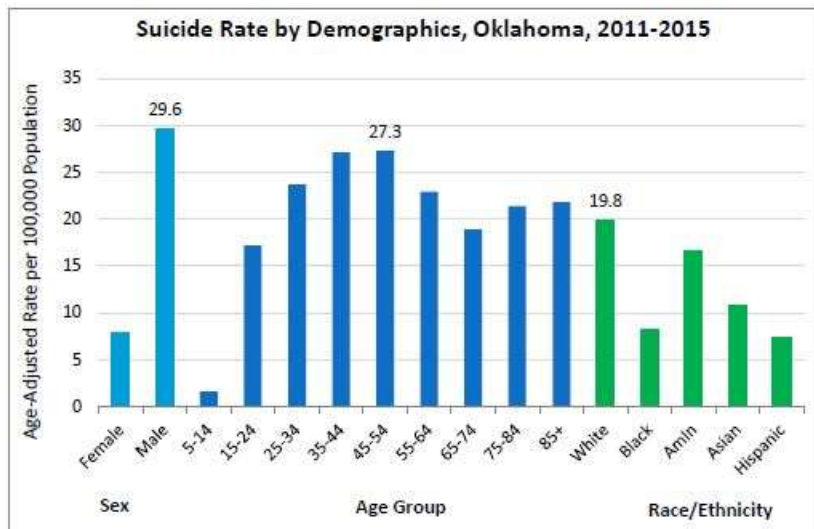
3. Behavioral Health

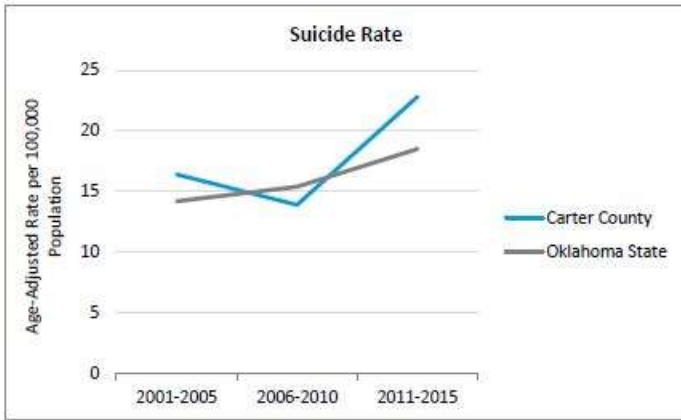
Mercy Hospital Ardmore has been involved with the Ardmore Behavioral Health Collaborative since its beginning. After exploring Adverse Childhood Experiences our community wanted to do something about this unresolved trauma in our community members. According to county health rankings Carter County ranked 64th out of 77 Oklahoma Counties in overall health. We are also ranked 62nd for length of life. This all goes back to the unresolved trauma we have in the community that is was not being addressed. Mercy decided that we will to train our co-workers in trauma-informed care so that they can better serve the patients that enter the hospital.

X. Appendices

- A. Emergency Room Mental Health for 6 months in FY19
- B. Carter County Suicide Data

	May	June	July	August	September	October	November	Average
SUICIDAL	16	21	15	19	25	21	7	17.71
INTENTIONAL INGESTION	9	4	7	2	6	2	2	4.57
ALCOHOL INTOXICATION	3	7	9	3	6	8	0	5.14
ALCOHOL PROBLEM	4	5	6	5	5	2	1	4
INSOMNIA	3	1	1	4	2	3	0	2
HALLUCINATIONS	0	1	6	2	2	2	3	2.29
AGITATION	2	2	1	1	0	1	0	1
ANXIETY	23	23	32	28	34	28	7	25
DRUG OVERDOSE	2	5	1	1	3	0	4	2.29
HOMICIDAL	0	1	0	0	0	1	1	0.43
DRUG PROBLEM	4	5	4	4	3	11	0	4.43
Addiction Problem	0	0	0	0	0	0	1	0.14
Total							483	





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