

# Community Health Needs Assessment

Mercy Hospital Ardmore

Fiscal Year 2022



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# Impact Evaluation of Previous CHNA

The 2019 community health needs assessment identified two priority health areas:



A community health improvement plan was developed and implemented to address these significant needs. Mercy Hospital Ardmore developed and implemented a variety of programs and initiatives to address the needs identified in the 2019 CHNA.



# Impact Evaluation of Previous CHNA

## Access to Care

- **Free Mammograms-** 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 ensures follow-up is provided for those patients needing further testing and treatment.
- **Community Health Workers (CHWs)** have been serving at Mercy Hospital Ardmore since May 2021, facilitating access to services. In December 2021, our CHW began screening for needs related to social determinants of health in the Emergency Department as part of a Ministry-wide pilot program. We recently added a CHW in the Primary Care Clinic to help patients navigate the healthcare system and their treatment plans.
- **Healdton Outreach Days-** Collaboration between the Carter County Health Department, The Grace Center of Southern Oklahoma, Lighthouse Behavioral Wellness Centers, and The Family Shelter of Southern Oklahoma. This helps bring services such as behavioral health appointments, utility and rent assistance, financial literacy courses, and free vaccinations to residents of western Carter County with transportation issues that are not able to reach Ardmore.



# Impact Evaluation of Previous CHNA

## Behavioral Health

Mercy Hospital Ardmore is an integral part of the Ardmore Behavioral Health Collaborative (ABHC), which also includes representatives from the Carter County Health Department, Department of Human Services, Ardmore Institute of Health, Mental Health and Substance Abuse Services of Southern Oklahoma, Good Shepherd Community Clinic, The Grace Center of Southern Oklahoma, Gloria Ainsworth Childcare Center, Youth Services of Southern Oklahoma, Office of Veterans Affairs, and Arbuckle Life Solutions. Participation in the collaborative continues to grow and is now working closely with the National Council on Behavioral Health. The goal is to assess gaps and assets in our community related to Behavioral Health while improving trauma informed understanding across our community. Mercy contributes to the salary of the ABHC director (\$3,000 per month) so that other ABHC funding sources, such as grants, go completely to programming. Mercy Hospital Ardmore leadership serves on their board since 2016.

# Executive Summary

Mercy Hospital Ardmore is a full-service hospital with 150 licensed beds, more than 700 coworkers and 7 primary care clinic locations. Mercy Clinic is a physician-governed group practice comprised of more than 30 board-certified and board eligible primary care physicians and advanced practice providers serving in 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. Patients may connect to their own health record and health teams anywhere they connect to the internet through My Mercy.

The service area of Mercy Hospital Ardmore is comprised of six counties: Carter, Jefferson, Johnston, Love, Marshall, and Murray, with a population of 106,668. For the purposes of this Community Health Needs Assessment (CHNA), these six counties will define the community served by Mercy Hospital Ardmore. The main campus includes the hospital and four medical buildings, including inpatient/outpatient rehabilitation and therapy services, primary care and specialty clinics. Since the last CHNA, Mercy Hospital Ardmore has been chosen as one of the top 100 rural hospitals in the United States by Becker's Hospital Review in 2022.

# Executive Summary *(continued)*

Mercy Hospital Ardmore contributes to community building activities to promote the health of the communities in which they serve. Through active participation in community boards, neighborhood community meetings and involvement in community-based events, Mercy Hospital Ardmore demonstrates its ongoing commitment to the residents it serves. These activities serve as a link to engage Mercy coworkers to look beyond the walls of the facilities in which they serve.

The Community Health Needs Assessment (CHNA) process 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 Ardmore follows IRS requirements for conduction of community health needs assessments.



# Executive Summary *(continued)*

Six identified health needs emerged during the CHNA process. The Community Committee of Mercy Hospital Ardmore Board of Directors reviewed and prioritized the needs based on several criteria. The 2022 prioritized community health needs are:

- Access to Care
- Behavioral Health
- Food Insecurity

These prioritized needs will be the basis of Mercy Hospital Ardmore's three-year Community Health Improvement Plan (CHIP), which will guide the coordination and targeting of resources and the planning, implementation, and evaluation of new and existing programs and interventions. This Community Health Needs Assessment, along with the resulting Community Health Improvement plan, will provide the framework for Mercy Hospital Ardmore as it works in collaboration with community partners to advance the health and quality of life for the community members it serves.





# 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.

# Our Values

Dignity  
Excellence  
Justice  
Service  
Stewardship

# Community Profile

## Mercy Ardmore Region

Population  
106,668

3% increase in  
population since  
2010

9.6% of region  
residents are  
Hispanic

Median household  
income is \$51,000



# Community Profile

## Mercy Ardmore Region

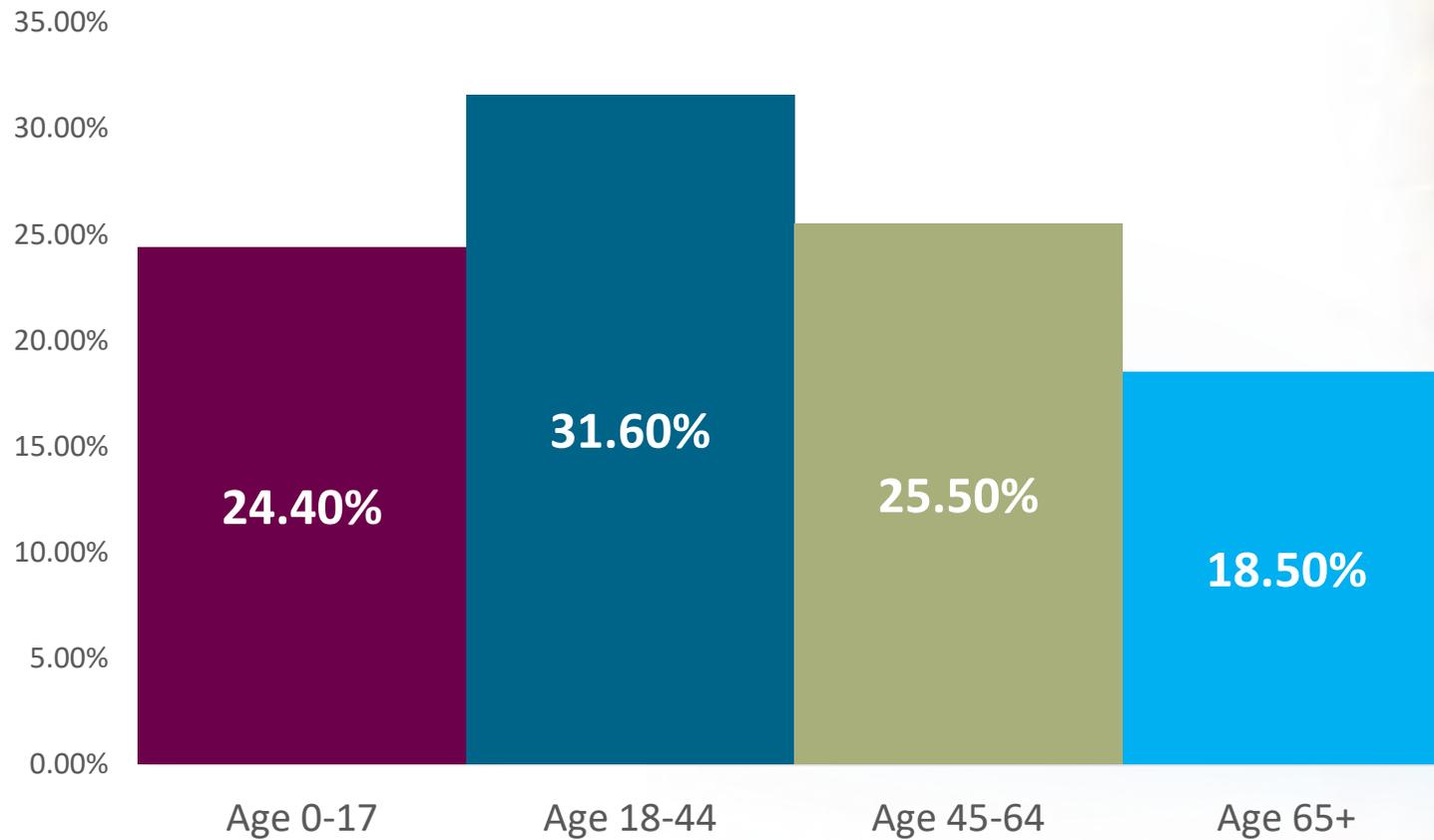
For the purpose of this CHNA, Mercy Ardmore defines its community served as the six counties in south central Oklahoma, which include Carter, Jefferson, Johnston, Love, Marshall, and Murray. This region, with a population of 106,668 in 2020, has experienced significant development over the past decade, driven mainly by our top employers Michelin North America, Mercy Hospital Ardmore, and the Dollar General and Dollar Tree distribution centers.

Healthcare access has been a constant issue for much of our community in south-central Oklahoma. Despite the relative economic prosperity of the area, about 16% of our local population below the age of 65 is uninsured.



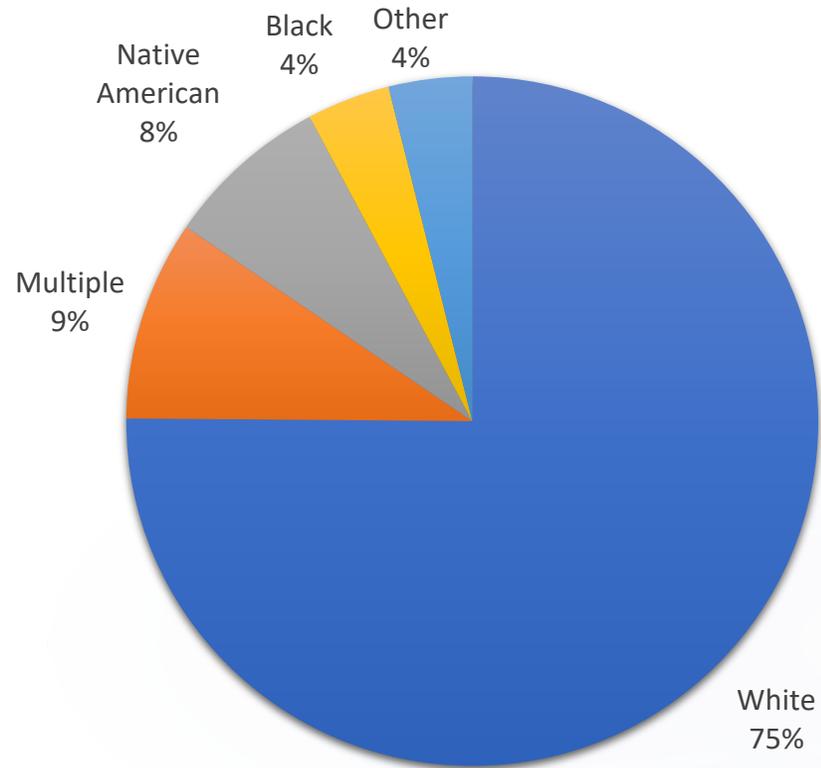
# Community Profile

## Age Structure



# Community Profile

## Racial and Ethnic Composition



Non-Hispanic/Latinx:

- 90.4%

Hispanic/Latinx:

- 9.6%

# Community Profile

## Education

Level	Service Area	Oklahoma	US
Less than High School	5%	4%	5%
Some High School	11%	8%	7%
High School Degree	38%	31%	28%
Some College/ Assoc. Degree	29%	31%	29%
Bachelor's Degree or Greater	17%	25%	31%

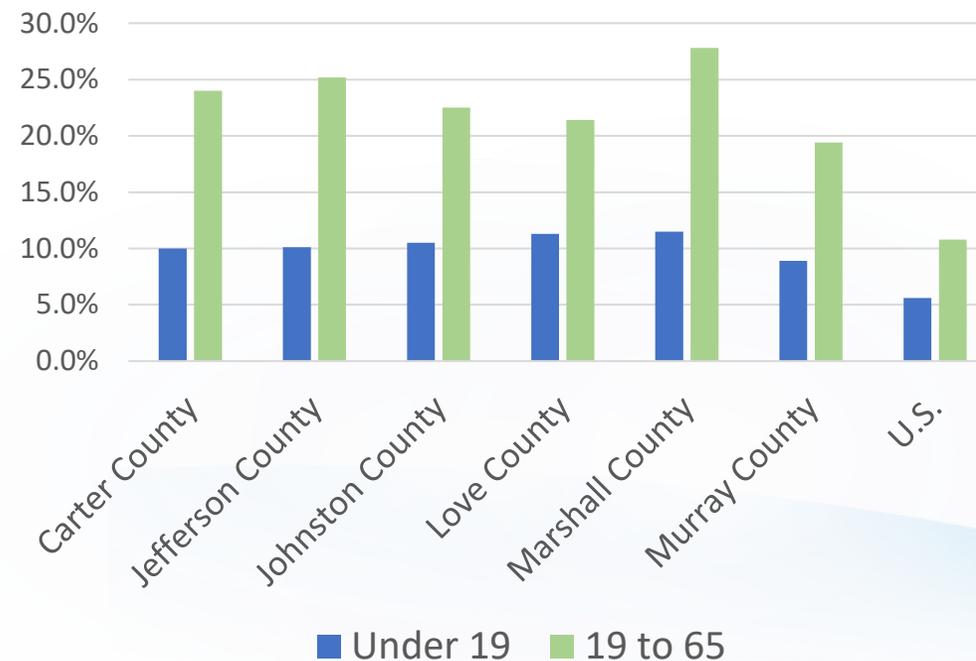


# Community Profile

## Insurance Status & Coverage

- Medicare – 23%
- Medicaid – 20%
- Commercial – 41%
- Uninsured/ Self pay/ other- 16%

Adult and Child Uninsured Rates



Source: US Census Bureau, Small Area Health Insurance Estimates, 2020, and Mercy market analytics.

# Community Profile

## Access to Care

- Primary Care Physicians per 100,000 33
- Dentists per 100,000 34
- Mental Health Providers per 100,000 302
- Acute Care Hospitals 2

Source: County Health Rankings, 2021



# Our Assessment Process

## Overview and Community Input

Mercy Hospital Ardmore conducted its Community Health Needs Assessment (CHNA) by collecting and analyzing a significant quantity of primary and secondary data. Primary data was obtained utilizing the Ardmore Community Health Survey, as well as key Community chats that served as focus groups in our area. Secondary data was collected from publicly available data sources, which will be listed on Appendix B, and from internal Mercy data.

The Community Committee of the Mercy Hospital Ardmore Board of Directors helped guide this CHNA process. The Committee of the Board is responsible for overseeing community health and benefit activities and ensuring these meet our mission, compliance, and IRS guidelines. The committee meets quarterly and has members representing non-profit, academic, public health, and business sectors within the community.

The thoughts and opinions of people within Mercy's service area of southern Oklahoma were central to the health needs assessment process. Input from people representing broad interests of the community was solicited through a Mercy-led survey process and by seeking input from the Community Committee of the Board.

# Our Assessment Process

## Community Partners

Organizations participating in the CHNA and serving on the Mercy Ardmore Community Committee of the Board:

- Mercy Hospital Ardmore
- Oklahoma State Department of Health- Region 8
- First National Bank
- Maria's Garden
- Plainview Schools
- Ardmore Behavioral Health Collaborative

# Our Assessment Process

## Community Partners *(continued)*

Organizations with whom Mercy collaborated in conducting the CHNA, survey and focus groups:

- Ardmore Behavioral Health Collaborative
- Carter County Healthy Living Coalition
- Carter County Substance Abuse and Prevention Coalition
- Mercy Hospital Ardmore
- Mt. Pleasant Baptist Church
- Oklahoma State Department of Health- Region 8
- The Grace Center of Southern Oklahoma

# Our Assessment Process

## Community Coalitions and Stakeholders *(continued)*

Examples of agencies/organizations with which the department partners or routinely engages include:

- Ardmore Behavioral Health Coalition
- Carter County Healthy Living Coalition
- Carter County Homeless Coalition
- Oklahoma State Department of Health- Region 8
- The Grace Center of Southern Oklahoma
- The Salvation Army



# Our Assessment Process

## Ardmore Community Health Survey

Mercy in collaboration with Region 8 of the Oklahoma State Department of Health, worked to conduct a comprehensive community health survey in 2021. The survey was developed to build on the 2018 Mercy Hospital Ardmore Community Health Survey and to incorporate input and specific needs of community partners in the area. The final survey was made of 18 questions focused on health issues and needs most important to the respondents, wellness, mental health, as well as barriers to care. The survey was translated into Spanish by a certified medical interpreter.

Mercy Hospital Ardmore hosted the survey on their website from August to October 2021 in both languages. The survey was promoted on social media and sent to all partner agencies to share among their coworkers and clients or patients.

# Our Assessment Process

## Ardmore Community Health Survey *(continued)*

Flyers with QR codes for the survey in each language were produced by Mercy Integrated Marketing and distributed to community partners. Surveys were also made available in paper format in both English and Spanish for participants that preferred to complete it manually or didn't have access to a smart phone or computer. Unfortunately, due to Covid-19 precaution measures, in-person community promotions were limited.

101 responses were included in the final analytic sample. All responses but one were from the Ardmore Community Area counties. 77% of respondents were White, 11% were Native American, 7% were Black/African American, 4% were Latinx/Hispanic, and 1% were Asian. Complete results of the Ardmore Community Health Needs Survey are included in Appendix A.

# Our Assessment Process

## Ardmore Community Health Survey *(continued)*

Question: After reviewing the list below, please select all the health challenges that your household faces. (multiple response)

1. High Blood Pressure
2. Joint or back pain
3. Obesity
4. Mental health issues
5. Diabetes

Question: What is preventing you or your neighbors from achieving a healthy community? (from focus groups)

1. COVID-19
2. Transportation
3. Housing Costs
4. Access to Healthy Foods
5. Lack of Knowledge Regarding Resources

# From Our Focus Group:

*“We do know that there is government assistance, such as Medicare and Medicaid, but for those that don’t qualify, they still need to have something that they can afford and still receive good care.”*

-Mt. Pleasant Baptist Church Focus Group Participant

# Our Assessment Process

## Resources

**The following external sources of published data were used as part of the collection of secondary data during the assessment process:**

- SparkMap – Center for Applied Research and Engagement Systems (CARES): <https://sparkmap.org/report/>
- County Health Rankings and Roadmaps—2021: <http://www.countyhealthrankings.org/>
- United States Census Data: <https://data.census.gov/cedsci/>
- Small Area Health Insurance Estimates: <https://www.census.gov/programs-surveys/sahie.html>
- Substance Abuse and Mental Health Services Administration (SAMHSA): <https://www.samhsa.gov/data/>
- CDC/National Center for Health Statistics: <https://www.cdc.gov/nchs>

# Our Assessment Process

## Resources *(continued)*

**The following external sources of published data are examples of those utilized in the data collection process.**

- HealthyPeople 2020, Leading Health Indicators U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion: [www.healthypeople.gov/2020/](http://www.healthypeople.gov/2020/)
- America's Health Rankings State Level Data: <https://www.americashealthrankings.org/>
- World Life Expectancy- Oklahoma Suicide Rates: <https://www.worldlifeexpectancy.com/usa/oklahoma-suicide>
- Data USA by Deloitte: <https://datausa.io/profile/geo/carter-county-ok>
- US Census American Community Survey Data: <https://www.census.gov/programs-surveys/acs/data.html>
- Mercy Annual Community Update 2021: <https://baggotstreet.mercy.net/hub-page/annual-community-update>

# Prioritized Needs



Access to Care



Behavioral Health



Food Insecurity

# Prioritized Needs

## Prioritizing Identified Health Needs

Six identified needs emerged during the process of analyzing primary and secondary data for the CHNA. Needs were identified if they were ranked highly as a need by survey respondents, identified as a health disparity by public health data, or were prioritized in a previous CHNA. Relevant indicators for each need are summarized in Appendix B. The identified health needs were Access to Care, Behavioral Health, Heart Disease/High Blood Pressure, Food Insecurity, Obesity and Diabetes, and Affordable Housing.

The Community Committee of Mercy Hospital Ardmore's Board of Directors met in March 2022 to prioritize the six identified health needs. The committee reviewed the primary and secondary data collected during the CHNA process, evaluated the strengths and resources available in the community, and considered the hospital's strategic plan. The committee decided to combine high blood pressure under heart disease, then narrowed down the list of identified health needs by using a strategy grid. Severity of the need and availability of resources were used to prioritize the needs utilizing the strategy grid. This strategy narrowed the list of health needs to three: Access to Care, Behavioral Health, and Food Insecurity.

# Prioritized Needs

## Prioritizing Identified Health Needs *(continued)*

A nominal group technique was then used to rank the finalized priority health needs. Each committee member ranked each of the needs utilizing five criteria: 1) magnitude of need, 2) alignment with mission/strategic goals, 3) feasibility to change, 4) resources available, and 5) importance to community. Scores were totaled for all participants. Results of the strategy grid and nominal group technique are included in the tables below.

Based on the results of the 2022 CHNA, Mercy Hospital Ardmore has prioritized three health needs: Access to Care, Behavioral Health, and Food Insecurity. The first two will be carried over from the 2019 CHNA, and the third is a newly identified need. Mercy Ardmore will maintain current strategies which have been implemented and have been shown to be making positive impacts in these areas and will continue to seek out programs, interventions, and community partnerships to meet all the prioritized health needs.

# Prioritized Needs

## Prioritizing Identified Health Needs *(continued)*

Though diabetes continues to be a significant health need, after working on diabetes for the last two cycles, with input from the Community Committee of the Board, we decided that the efforts that are underway on this topic are very well established. The Diabetes Prevention Program in our Diabetes Clinic is fully recognized by the Centers of Disease Control (CDC). Mercy will continue to fund these programs, but our focus moving forward will be toward the expansion of access to care, behavioral health, and food insecurity

# Prioritized Needs

## Prioritizing Identified Health Needs *(continued)*

Strategy Grid Results

		Magnitude of Need	
		High	Low
Resources	High	Diabetes	
	Medium	Access to Care Behavioral Health Food Insecurity	
	Low	Heart Disease/ HBP Obesity Housing	

Nominal Group Ranking Results

Identified Health Need	Total Score	Chosen as Priority Need (Y/N)
Access to Care	96	Y
Behavioral Health	84	Y
Food Insecurity	72	Y

# Prioritized Needs

## Access to Care

Access to health care refers to comprehensive, timely, and quality healthcare services that result in the best health outcomes. Specifically, vulnerable populations suffer from limited access due to a variety of structural and individual factors. These barriers may include the high cost of care, lack of health insurance coverage or low insurance coverage, limited availability of services, and transportation difficulties. Those without care aren't as able to obtain treatment for acute or chronic diseases, resulting in further exacerbation of their health conditions, increased cost of care, and, at times reduction in quality of life and premature death.

Despite the expansion of Medicaid in Oklahoma and availability of insurance through the Affordable Care Act Marketplace plans, the numbers of uninsured adults and children in southern Oklahoma remain high. About 23.4% of adults between the ages of 19 and 65 are uninsured, which is much higher than the 10.8% across the U.S. About 10.4% of children 18 and under are uninsured, versus the U.S. average of 5.6%.



# Prioritized Needs

## Access to Care *(continued)*

Another barrier to access to care is adequate numbers of primary care physicians (PCPs) for the population. Other than Carter County, all the counties in the Mercy Ardmore community experience a shortage of primary care providers. The rate of Marshall County is particularly low at 24 PCPs per 100,000 population, and lower than the Oklahoma rate of 61 per 100,000.

Respondents to the 2021 Community Health Survey, as well as focus group participants ranked Access to Affordable Care as one of the most important issue to them. This included lack of transportation to obtain care, as well as the need for lower costs in health services.

Access to Care was chosen as a priority health need for Mercy Hospital Ardmore in the CHNA for 2019 as well. Mercy remains committed to increasing access to care for uninsured, underinsured, economically poor, and vulnerable persons and has instituted various programs to address this need.





# Prioritized Needs

## Behavioral Health

Mental or behavioral health (these terms will be used interchangeably throughout this CHNA) includes our emotional, psychological, and social well-being. While mental illness is not the same as mental health, mental illnesses are among the most common health conditions in the United States. More than 50% of people will be diagnosed with a mental illness or disorder at some point in their lifetime. <sup>1</sup>

Respondents to the Community Health Survey included mental health issues as one of the top challenges their households face. Focus group participants agreed that there is a large need for behavioral health providers in the area, namely psychiatrists due to their long waiting lists and lack of timely appointments.

# Prioritized Needs

## Behavioral Health *(continued)*

Secondary data on mental and behavioral health is challenging to obtain at the county level. As a nation, however, data is clear that mental health is a very significant health issue. Only 17% of U.S. adults are considered to be in a state of optimal mental health.<sup>2</sup> Suicide rates have increased 24% over the past decade, from 11.3 to 14.0 per 100,000 population (age adjusted) from 2007 to 2017.<sup>3</sup> All 6 counties in the Mercy Ardmore region's suicide rates are ranked in the top 40 in Oklahoma, Murray having the highest at 21.8.<sup>5,7</sup>

Although the proportion of mental health care providers in the Mercy Ardmore community area is of 302 per 100,000 populations is relatively high, this average reflects a high proportion of mental health providers in Johnston (821 per 100,000) and Carter County (470 per 100,000). These rates overshadow the counties experiencing severe mental health provider shortages. Jefferson, Love, and Murray counties are all experiencing shortages of mental health providers and access issues for patients seeking mental health care.

Mercy Health System is planning to implement several virtual behavioral health services across its ministry over the next several years, benefitting the Mercy Ardmore community, and Mercy remains committed to finding solutions to meet this significant health need.

# Prioritized Needs

## Food Insecurity

Food insecurity is a lack of consistent access to enough food for an active, healthy lifestyle. It is a very complex problem, as many people don't have resources to meet their basic needs. Though food insecurity is closely related to poverty, not all people living below the poverty line experience food insecurity. About 16% of the Ardmore area community are food insecure, which is higher than the U.S. average of 11%.<sup>4</sup> Food Insecurity is a new need that was ranked as a top 5 issue that negatively affects their households by respondents to the Community Health Survey. It was also a common topic discussed in all focus groups.



# Prioritized Needs

## Food Insecurity (*continued*)

Food insecurity is a very important Social Determinant of Health (SDOH). Social Determinants of Health are the range of personal, social, economic, and environmental factors that influence health status. Helping patients and community members with needs related to SDOHs can positively impact their overall health status.

Mercy has been working on ways to meet this need over the last few years and will develop opportunities and initiatives to address food insecurity in the coming years.

# Prioritized Needs

## References

1. CDC Mental Health Basics, 2021. <https://www.cdc.gov/mentalhealth/learn/index.htm>
2. Healthy People 2020. Mental Health. <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health/determinants>
3. Healthy People 2020. Mental Health. <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health/data>
4. Feeding America – Hunger in America, 2019. <https://map.feedingamerica.org/>
5. County Health Rankings and Roadmaps 2021. <http://www.countyhealthrankings.org/>
6. Small Area Health Insurance Estimates US Census Data. <https://www.census.gov/programs-surveys/sahie.html>
7. World Health Rankings- Oklahoma. <https://www.worldlifeexpectancy.com/usa/oklahoma-suicide>

Please refer to the Mercy Ardmore Community Health Survey Results in Appendix A for primary data collected by the survey. The reference list in Appendix B: Identified Health Needs contains references for statistics collected during the secondary data analysis.

# Resources

Mercy Hospital Ardmore collaborates with various local community agencies and organizations that have similar missions and personnel dedicated to improving the health and quality of life for individuals within the six-county region. Some of these partners include:

- Ardmore Behavioral Health Coalition
- Carter County Substance Abuse Prevention Coalition
- Carter County Healthy Living Coalition
- Carter County Homeless Coalition
- Good Shepherd Community Clinic
- Lighthouse Behavioral Health
- Oklahoma State Department of Health- Region 8
- The Grace Center of Southern Oklahoma

# Appendices

- Appendix A: Mercy Ardmore Community Health Survey and Focus Group Results
- Appendix B: Identified Health Needs

Appendices are available as separate, supplemental PDF documents to this Community Health Needs Assessment report.



*Your life is our life's work.*