

**MERCY HOSPITAL OKLAHOMA CITY
COMMUNITY HEALTH IMPROVEMENT PLAN (FY17-19)**

An IRS-mandated Community Health Needs Assessment (CHNA) was recently completed for Mercy Hospital, OKC and can be accessed at: <https://www.mercy.net/about/community-benefits>.

Upon completion of these assessments, the IRS requires hospitals to implement a three-year plan to improve the community's health through strategies that address a significant community health need, as identified through the CHNA. The Community Health Improvement Plan (CHIP) must:

1. Describe the actions that the hospital intends to take to address the health need, the anticipated impact of these actions, and the plan to evaluate such impact
2. Identify the programs and resources that the hospital plans to commit to address the health need
3. Describe any planned collaboration between the hospital and other agencies in addressing the health need.

Attached is the CHIP for Mercy Hospital, Oklahoma City. The health needs that have been prioritized in this CHIP are:

- Obesity: Awareness/Education/Resources/Advocacy /Diabetes
- Tobacco: Prevention and Cessation
- Ongoing identified needs from previous Community Health Needs Assessment are also included.

The structure of this CHIP revolves around the key strategies of education, prevention, and collaboration. When multiple organizations work collectively on the same or similar goals, a significant impact will be realized. The community will experience measurable improvement in its health and quality of life.



Community Health Improvement Plan (CHIP)

Mercy Hospital Oklahoma City

2017-2019

Priority Area/Community Need: Obesity

Narrative: As outlined in the 2016 Mercy Hospital, OKC Community Health Needs Assessment obesity rates continue to rise in Oklahoma. Most current data reflects that Oklahoma has the 8th highest rate of obesity in the United States with a rate of 33.9%. The Oklahoma County rate which includes OKC is 30%.

Childhood obesity remains one of the most pressing health issues today. It has become the most common chronic disease in childhood. The overall obesity rate for children in Oklahoma is 11.7%, with children who live in poverty having an overweight and obesity rate of one in three or 36.3%.

After reviewing and discussing identified community health needs, obesity was determined to be a significant need to be addressed. By focusing on decreasing obesity rates, other chronic conditions such as diabetes will also decrease. Community collaborations and partnerships are essential to attaining the goals and objectives of this identified significant need.

Goal #1: Increase awareness of the importance of nutrition and physical activity for students, staff, and parents at Linwood Elementary, an inner city low income school, in Oklahoma City.

Leaders/Departments/Community Partners Involved:

Linwood Elementary staff and faculty
Mercy Dietary Department
SmartStart of Central Oklahoma
Mercy Fitness staff

OKC Harvest
YMCA
Mercy Community Outreach staff

Objective #1: Determine current health status and physical activity as reported by Linwood families

- **Activity/Program** Create and administer a survey to Linwood families
- **Activity/Program** Evaluate the survey

Objective #2: Incorporate the 5210 message (5 fruits/vegetables, less than 2 hours of recreational screen time, at least 1 hour of physical activity, and 0 sweetened beverages per day) in: classrooms, parent events, school functions, and the annual neighborhood health/wellness fair

- **Activity/Program** Parent Nights with healthy cooking demonstrations
- **Activity/Program** Annual Linwood neighborhood health/wellness fair
- **Activity/Program** Parent Resource Center at school
- **Activity/Program** School store with reward incentives for positive behaviors related to 5210
- **Activity/Program** School Gardening

Objective #3: The 5210 planning committee will explore and design methods of incorporating increased physical activity.

- **Activity/Program** Committee will meet to determine methods.

Evaluation Plan for Goal:

Outputs:

- Attendance at each session/event
- Pre/Post tests at educational sessions
- Track number of incentives awarded each semester.

Short term outcomes:

- Students and parents will report positive behavior changes to reflect increased physical activity and 5210 message by FY17

Long term outcomes:

- Decreased obesity and improved health outcomes FY18-FY19

Goal #2 Obesity/Diabetes

Collaborate with stakeholders who are engaged in the raising of awareness of diabetes prevention and improved healthcare services for those with diabetes as well as better control of complications.

Leaders/Departments/Community Partners Involved:

Mercy Diabetes department

Oklahoma State Department of Health

Oklahoma Legislators

Community agencies/groups who serve diabetics

National Association of Chronic Disease Directors

Mercy Community Outreach department

Mercy Continuing Education department

Oklahoma Healthcare Authority

Center for Disease Control

Objective #1 Continue engagement in the Oklahoma Diabetes Caucus to address the awareness of diabetes management and control, and the prevention of diabetes development

- **Activity/Program** Attend monthly meetings
- **Activity/Program** Engage in the policy and advocacy sub-committees
- **Activity/Program** Participate in World Diabetes Day

Objective #2 Engage and explore opportunities for diabetes on a state level

- **Activity/Program** Host the State Engagement Meeting of the Chronic Disease Center and National Association of Chronic Disease Directors in a two-day seminar.
- **Activity/Program** Serve on evaluation team of seminar for program development and implementation.

Objective #3 Research the feasibility of establishing a diabetes prevention program at Mercy Hospital.

- **Activity/Program** Develop a committee to address
- **Activity/Program** Monitor reimbursement legislation for diabetes prevention programs

Objective #4 Collaborate with the Continuing Education department of Mercy Hospital, OKC to offer diabetes education to the community.

- **Activity/Program** Develop a committee to address
- **Activity/Program** Design sessions for the community
- **Activity/Program** Diabetes Wellness Project to free clinics as requested

Evaluation Plan for Goal:

Outputs:

- Track attendance at World Diabetes Day and community educational sessions
- Feedback from World Diabetes Day and community sessions
- Statewide Plan from Engagement Seminar will be developed
- Community Plan will be developed to provide awareness and education in the following areas: diabetes overview, management, and long-term complications

Short term outcomes:

- State Action Plan of the Diabetes Caucus will be published January 2017

Long term outcomes:

- Monitor reduction of diabetes in Oklahoma
- TBD after year 1 evaluation

Goal #3: Obesity

Mercy In Schools will be offered per request in elementary schools of Mercy service areas in northern Oklahoma

Leaders/Departments/Community Partners Involved:

Mercy Clinic department staff (Mercy In Schools)

Mercy Dietician

Elementary schools in the Mercy Service area of north Oklahoma

Objective #1: Educate students/staff on healthy food choices

- **Activity/Program** Provide presentations and demonstrations

Evaluation Plan for Goal:

Outputs:

- Attendance on sessions
- Pre and post tests

Short term outcomes:

- TBD as programs are reviewed/evaluated

Long term outcomes:

- TBD after year 1 evaluation

Priority Area/Community Need: Tobacco: Prevention and Cessation

Narrative:

As outlined in the 2016 Mercy Hospital, OKC Community Health Needs Assessment tobacco continues to be the leading preventable cause of death in Oklahoma. Although the state rate of adult smoking has decreased it remains higher than the national average. Each year about 4000 Oklahoma children begin smoking daily. Oklahomans spent approximately \$1.62 billion per year on smoking-related health costs. After reviewing and discussing the identified community health needs, tobacco was determined to be a significant need to be addressed. Community collaborations and partnerships are essential to attaining the goals and objectives of this identified need. Tobacco use prevention is the single most effective way to improve health outcomes in our community.

Goal #1:

Raise awareness of tobacco use and the relationship to poor health outcomes. Promote tobacco cessation resources in the community.

Leaders/Departments/Community Partners Involved:

Oklahoma City/County Health Department
Tobacco Settlement Endowment Trust (TSET)
Mercy Tobacco and Treatment Coordinator
Oklahoma Housing Authority sites
Community Outreach staff
Mercy Respiratory department

Objective #1: Engage in community efforts to promote prevention and cessation

- **Activity/Program** Become active member of the Tobacco workgroup of the Wellness Now Coalition, OCCHD
- **Activity/Program** Mercy leader serves on the TSET Board of Directors
- **Activity/Program** Provide identified patients and co-workers the resource of tobacco cessation through Tobacco Free Mercy program

Objective #2: Provide education at community events

- **Activity/Program** Booth at Linwood Health Fair
- **Activity/Program** Presentations at Better Breathers Support Group
- **Activity/Program** Distribute 1-800-QUIT NOW information

Objective #3: Mercy OKC will continue tobacco free efforts for our patients, co-workers, and community.

- **Activity/Program** Provide resources
- **Activity/Program** Cessation classes
- **Activity/Program** Distribute tobacco education materials at community flu clinics

Evaluation Plan for Goal:

Outputs:

- Track attendance at sessions and classes
- Track number of sites where information was disbursed
- Participate in community projects of the Tobacco Workgroup of Wellness Now

Short term outcomes:

- Decrease number of Mercy co-workers using tobacco
- Increase number of smoke-free environments in the community

Long term outcomes:

- Monitor tobacco rates in the state of Oklahoma

Area of Community Need: Other

Narrative:

Although the needs of Access to Care, School Health, and Behavioral Health were not selected as high priority for the 2016 Community Health Needs Assessment cycle, these continue to be ongoing issues for our community. Often people who are most impacted by these issues are the poor and uninsured. County Health Rankings data show that 22% of Oklahoma County residents are uninsured. Although there are 17 free medical clinics in the greater OKC metro area and 2 Federally Qualified Health Centers, one in four Oklahoma adults reported they did not have a usual source of care. Community collaborations and partnerships are essential to attaining the goals and objectives.

Goal #1: Continue efforts to improve the health/wellness of our community with a focus on the economically poor and uninsured in the following areas: Access to Care, School Health, and Behavioral Health.

Leaders/Departments/Community Partners Involved:

Oklahoma City/County Health Department
Health Alliance for the Uninsured
Mercy Integrated OP Care Management
Community Outreach staff
Oklahoma Housing Authority
Free and Charitable Medical Clinics
Oklahoma Federally Qualified Health Centers
Wellness Now Coalition, Care Coordination Work Group
Linwood Elementary
Mobile Meals Inc. of Oklahoma County
OU Physician Assistant and Nurse Practitioner Program
OU School of Nursing students
SWOSU School of Nursing students

Objective #1: Provide opportunities/resources for Access to Care with a focus on the uninsured

- **Activity/Program:** Community Worker Health Pilot Project
The Community Health Workers engage with uninsured clients to provide resources and a primary care medical home.
- **Activity/Program:** Project Early Detection
This program provides breast health services to uninsured women in Oklahoma
- **Activity/Program:** Super Saturdays for Women
Community collaboration that provides well woman exams for uninsured women
- **Activity/Program:** Health Alliance for the Uninsured
Community collaboration that serves uninsured clients with specialty medical services

- **Activity/Program:** Community flu shots
Flu vaccine is given to uninsured and underserved people in low-income housing units
- **Activity/Program:** Friday Mercy Meals
Mercy co-workers prepare and deliver meals to home-bound senior adults enrolled in the local Mobile Meals project

Objective #2: Mercy co-workers will engage with partner schools, Linwood Elementary and Good Shepherd Catholic School at Mercy through a variety of opportunities.

- **Activity/Program:** Tutoring, reading to students, Super Kids day
- **Activity/Program:** Flu shots for teachers
- **Activity/Program:** Asthma management program for children at Linwood
- **Activity/Program:** Provide ongoing support to Good Shepherd Catholic School at Mercy as needed

Objective #3: Mercy in Schools will address behavioral health.

- **Activity/Program:** Call SAM
This project provides assistance to students, staff, and families with education, support, and referral to mental health services.

Evaluation Plan for Goal:

Outputs:

- Community Health Worker Project: track number of clients served with resources for primary care
- Project Early Detection: track number of women served and cancers detected
- Super Saturday for Women: track number of women served
- Health Alliance for the Uninsured: track specialty services provided and number of clients served
- Flu shots: track number given
- Friday Mercy Meals: track co-workers time spent and cost of supplies for community benefit

Short term outcomes:

- Decreased ER visits for uninsured clients
- Improved co-worker satisfaction when engaging in community service
- Mental health services for students is readily available

Long term outcomes:

- Decrease rate of late stage breast cancer diagnoses