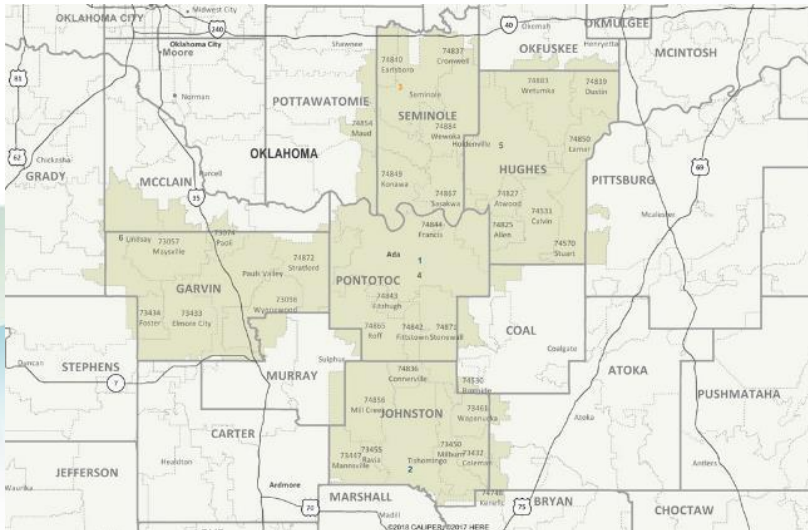


# Community Health Needs Assessment

Mercy Hospital Ada  
Fiscal Year 2022





# 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

# Contents

<b>Impact Evaluation of Previous CHNA</b>	<b>4</b>
Access to Care	
Behavioral Health	
Health Education	
<b>Executive Summary</b>	<b>8</b>
<b>Community Profile</b>	<b>10</b>
Population	
Household Income	
Education	
Insurance Status	
Access to Care	
<b>Our Assessment Process</b>	<b>18</b>
Community Partners/Stakeholders	
Community Input	
<b>Prioritized Needs</b>	<b>25</b>
Access to Healthcare	
Behavioral Health	
Food Insecurity	
<b>Resources</b>	<b>31</b>
<b>Appendices</b>	<b>33</b>

# Impact Evaluation of Previous CHNA

The 2019 Community Health Needs Assessment identified three priority health areas:



Mercy Ada developed and implemented a community health improvement plan which included a variety of programs and initiatives to address the needs identified in the 2019 CHNA. Priority areas included: Access to health care and affordable health screenings, Behavioral Health and Access to health education: healthy lifestyle resources.



# Impact Evaluation of Previous CHNA

## Access to Health Care

- **Diabetes Support Group** worked closely with community partner, Compassion Outreach in Ada, OK to establish scheduled outreach with utilizing Mercy resources trained in the education, prevention and treatment of Diabetes. The program got off to a good start with 259 patients receiving the services. But further education, testing and treatment was severely constrained by the onset of COVID-19.
- **OK Heart Hospital Collaboration** Our plans to expand Cardiac care at Mercy Ada hospital in partnership with Oklahoma Heart Hospital was severely impacted by our inability to hire a key resource. Even with the staffing struggles, Mercy Ada was able to ensure 133 patients received key cardiac procedures that are not available in the local rural community through other Mercy acute care facilities.
- **Community Health Workers (CHWs)** screen for needs related to social determinants of health and facilitating access to services. Mercy Ada currently employs two CHWs. Our CHWs provided resources and assistance to 694 patients over the last year.



# Impact Evaluation of Previous CHNA

## Behavioral Health

Through partnership with local community partners, Mercy Hospital Ada refers patients both within the hospital and in the clinics to several behavioral health programs:

- **Behavioral Health Counseling** focus on enhancing support for our adult patients utilizing the ER unnecessarily with the primary goal of reducing preventable hospital contacts across the region by fostering engagement through support, intensive outreach and improving outcomes through connection to community.
- **Substance Use Support Groups** focus on intensive internal and external referral to behavioral health specialists, to impact those who have overdosed on opioids to establish immediate linkages to substance use and medication assisted treatment services.
- **Bereavement Support Groups** assist families that have encounter death in the family immediate and ongoing support to decompress through the difficult time in their lives. First Baptist Church of Ada and Mercy work to ensure support for these community members.



# Impact Evaluation of Previous CHNA

## Health Education

- ***Cancer Screening and Education*** is a program to screen and provide prevention education resources to community members for various forms of cancer. Within the early months of the program, we served 115 patients but our attempts to maintain our regular Cancer screenings were severely curtailed due Covid realities.
- ***Stop the Bleed*** Was an extremely successful program run by our Mercy Hospital EMS team members with very high participation within the school systems, and other community resources such police departments, Boys and Girl Scouts and Retire Group.. We provided emergency kits and trained resources how to properly provide the care to 192 community members.
- ***School Career Pathways*** informed and demonstrated to students from pre-school through High School and other organized programs career paths available to support health needs for our communities. Individuals were provided extensive exposure to various disciplines to raise their appetite to consider the health care industry as a potential career path. Throughout this effort, 988 students were taught common and unique pathways into the healthcare field.

# Executive Summary

Mercy Hospital Ada, in partnership with the Pontotoc County Health Department and Ada Regional United Way, is pleased to present the 2022 Community Health Needs Assessment (CHNA). This CHNA report provides an overview of the health needs and priorities associated with the 5-county service area of Mercy Hospital Ada. The goal of this report is to provide residents with a deeper understanding of the health needs in their community, as well as help guide the hospital in their community benefit planning efforts and development of an implementation strategy to address assessed needs. The CHNA involved a review of both quantitative and qualitative data to attain a full scope of the community needs as they relate to health with a focus on the interconnectedness of social determinants of health (SDoH).





# Executive Summary *(continued)*

SDoH are the conditions in which people are born, grow, live, work and age that shape health. This CHNA process was designed to use data to identify those who may not be thriving; use information provided from Community focus groups and surveys, to help community members and organizations identify systems that perpetuate inequity; recognize potentially replicable bright spots; and test policy and programmatic changes that have the potential to disrupt systems perpetuating inequity. This summary is documentation that Mercy Hospital Ada is in compliance with IRS requirements for conducting a community health needs assessment. The Affordable Care Act (ACA) requires 501(c)3, tax-exempt hospitals to conduct a CHNA every three tax years and adopt a strategic implementation plan for addressing identified needs. Identified priorities for the next three tax years include: **behavioral health, access to care and food insecurity**. Many of the initiatives identified and implemented in the previous Community Health Needs Assessment will be continued along with new programs.

# Community Profile

Population

Demographics

Socioeconomic  
Status

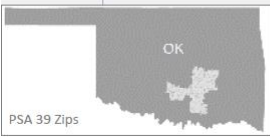
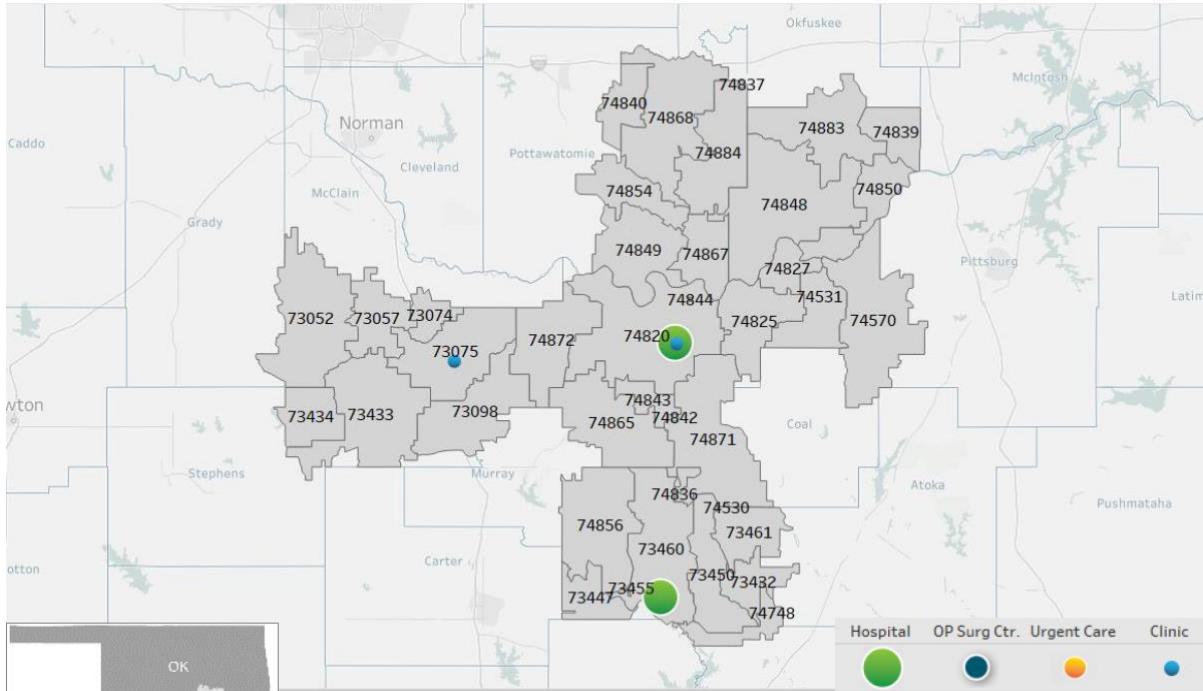
For purposes of this CHNA, Mercy defines its community served as five counties (Garvin, Hughes, Johnston, Pontotoc, and Seminole) with a population of 120,223, with a projected growth in 2025 to 120,732 . The main campus includes the hospital and several medical buildings within one mile of the hospital campus. The hospital is a full-service tertiary hospital and Mercy Clinic is a physician-governed group practice comprised of primary care physicians, including specialists and mid-level practitioners. This provider partnership gives patients access to an expanded 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. Patients may connect to their health record and health teams anywhere they have access to the internet through the MyMercy patient portal.



# Community Profile

Population (Mercy Ada Service Area)- 120,223

Ada Primary Service Area & Mercy Locations



Service Area - 2020	Service Area - 2025	5-Year Growth
120,223	120,732	0.4%

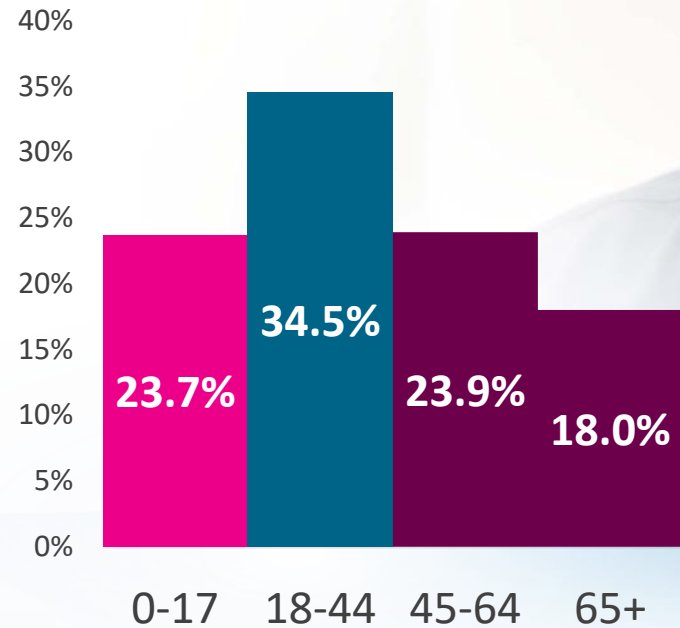
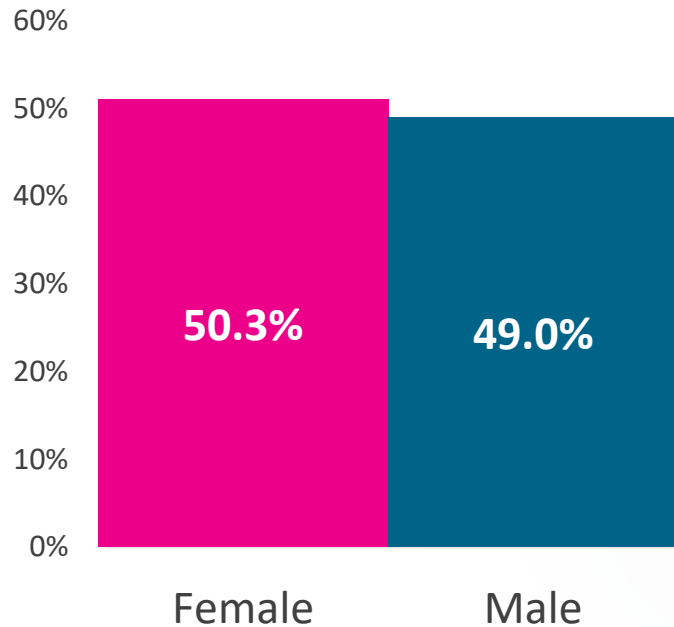


Community Health Needs Assessment | 2022

Source: West Region Annual Community Update- Ada community 2021

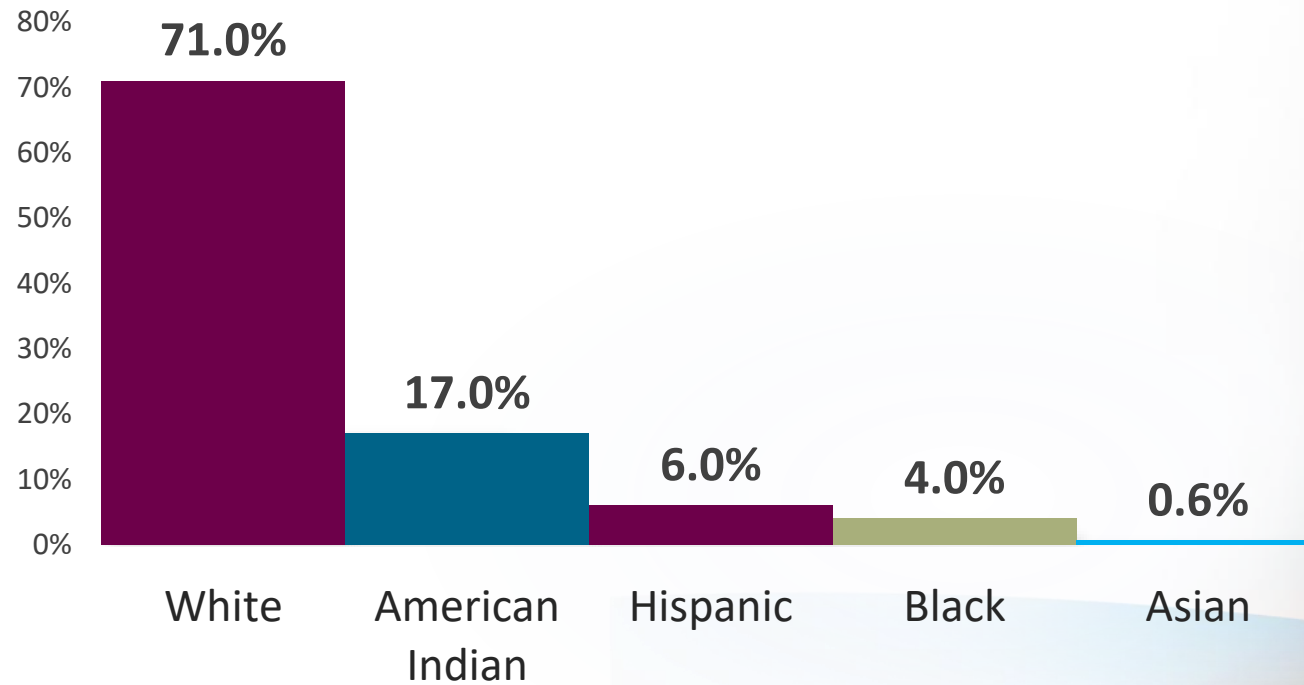
# Community Profile

## Demographics- Gender & Age



# Community Profile

## Demographics(*continued*): Race and Ethnicity



# Community Profile

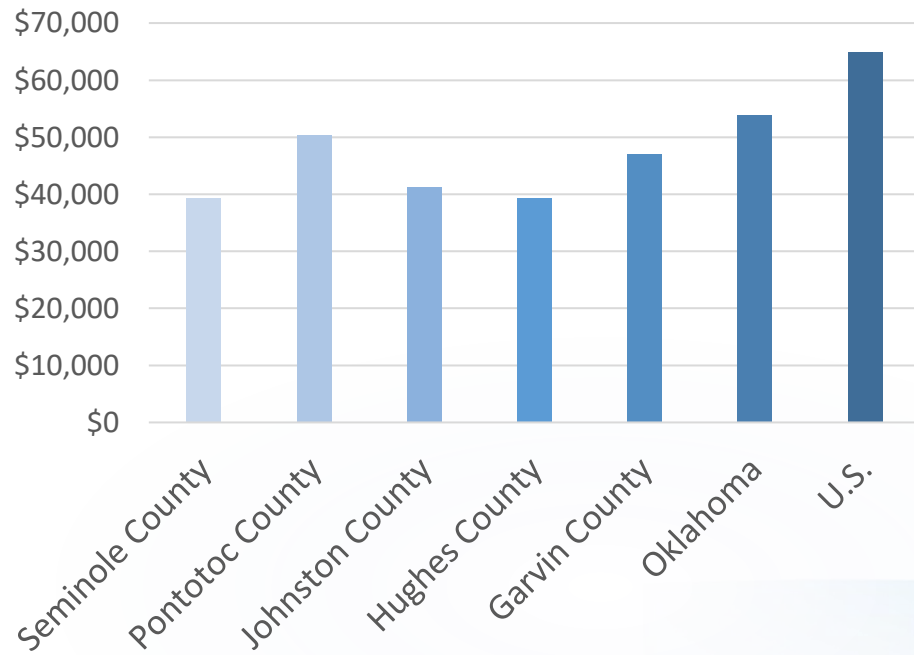
## Socioeconomic Status- Education

Level	Ada Service Areas	Oklahoma	US
Highschool graduate or higher	85.6%	88.6%	88.50%
Bachelor degree or higher	18.0%	26.10%	32.90%

Source: US Census Bureau, 2016-2020

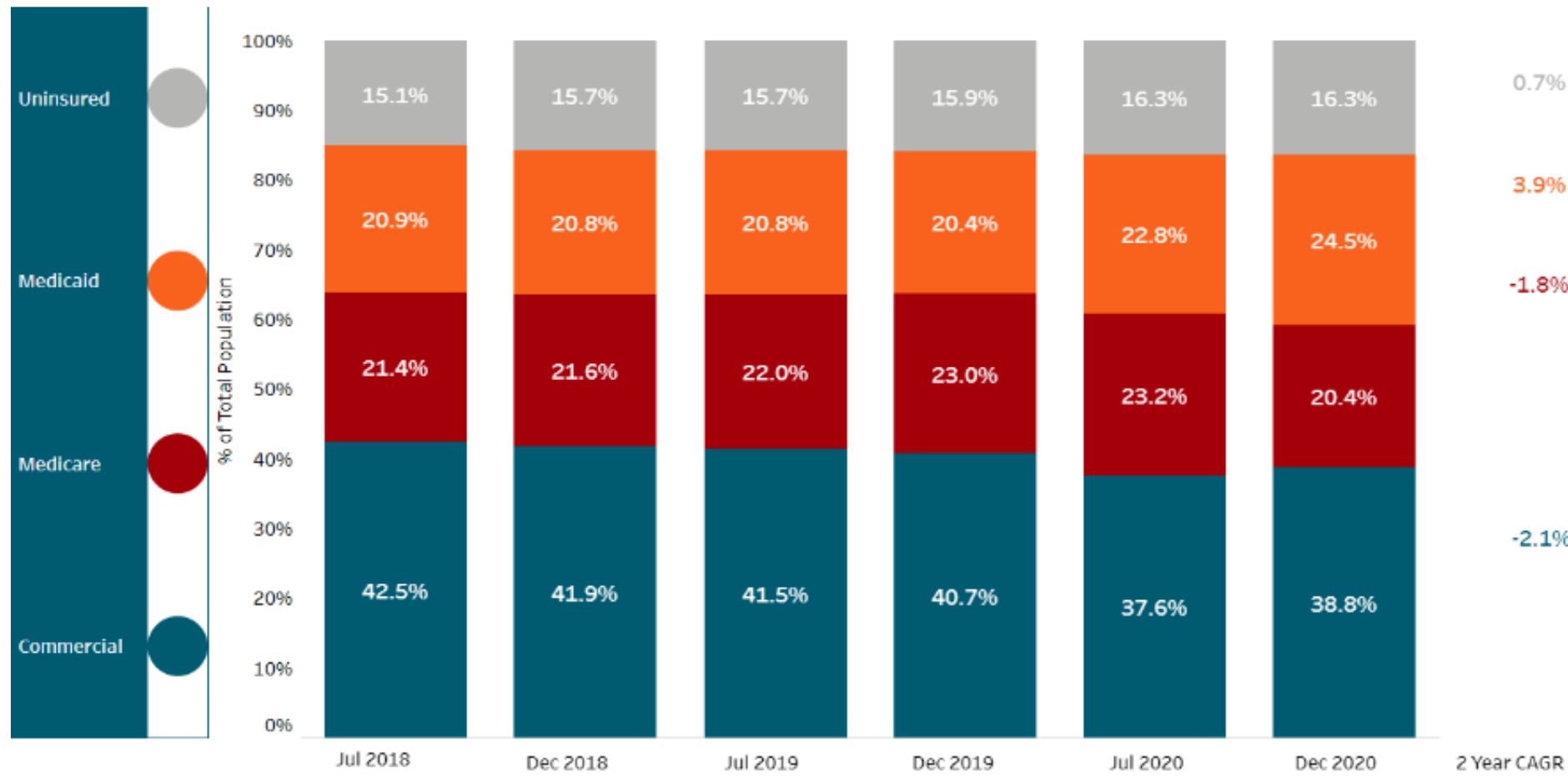
# Community Profile

## Socioeconomic status(*continued*): Median Household Income



# Community Profile

## Socioeconomic Status (continued): Access to Insurance



Primary Service Area payer mix: Commercial and Medicare are trending down, while Uninsured and Medicaid are increasing.



# Community Profile

## Access to Care

- Clinic and Outpatient Locations 15
- Inpatient Care Bed 116
- Hospital Base Co-workers 563
- ER visits 18,190
- Births 485
- Acute Inpatient Discharges 3,233



# Our Assessment Process

The Pontotoc Health Department and the Ada Public Schools serve as primary partners for the Mercy Ada CHNA. Other partners included the Ada Homeless Services, Compassion Outreach Center, the Irving Community Center and Mama T's Homeless Shelter.

## Members of the Mercy Ada 2022 CHNA Task Force included:

- Patricia Bush -- Community Member
- Marie M. Cook, RSM -- Community Member
- Sr. Catherine Darcy, RSM -- Mercy Ada
- Ann Hill -- Mercy Hospital Ada
- Ali Lawson – Ada Public Schools
- Custer McFalls – Community Member
- Mark Phelps -- Pontotoc County Health Department
- Becky Roe – Pontotoc County Health Department
- Colin Webb – Compassion Outreach Center
- Crystal Lamb – Mamma T's
- Sarah Frye – Ada Homeless Services
- Janna Davis – Irving Community Center

# Our Assessment Process

## Overview and Community Input

In conducting its Community Health Needs Assessment, Mercy Ada collected and analyzed a significant quantity of primary and secondary data. Primary data was collected, and community input was solicited, by means of the 2021 Ada Community Health Needs Assessment Taskforce- Joint Community Chat Survey , which was led by Mercy. Secondary data was collected and analyzed from publicly available data resources, and from internal Mercy data. Ada indicators were compared to those of Oklahoma and the United States.

The thoughts and opinions of people within the Mercy Ada service area were central to the health needs assessment process. Input from people representing broad interests of the community was solicited through a robust survey process guided by a Mercy-led community coalition and by seeking input from the Taskforce, Pontotoc Health Department and the Ada Public Schools.



# Our Assessment Process

*(continued)*

## Primary Data

Mercy Hospital Ada collaborated with partners to gather community input from the five service areas. Residents of all backgrounds, socioeconomic status, and demographic responded with their thoughts on what would make their community a healthier place to live. Online and hardcopy surveys went out and Community Round Table surveys were conducted to uncover the needs of the community and considered in the CHNA process.

## Secondary Data

In addition to the input of the survey, public health data alongside national and state data helped give a broader view of the overall health needs status of the county. By reviewing the past and present data to identify the needs of the community, strategic development for the Community Health Improvement Plan will be more efficient and ultimately more effective.

# Our Assessment Process

## Community Input

### Joint Community Chat Summary

As Mercy Ada and other members of the community collected information from residents in the service area, a total of 20 individuals, were identified to participate in the Community Health Needs Assessment. A core group of twelve were consistent participants. The focus group surveys were conducted from May 2021, all the way to August 2021. Each focus group's responses are critical to understanding what is needed in our community. The groups are a broad range of individuals that make up most of our community from economical to cultural backgrounds. By gaining the participant's thoughts on how to better serve their community and the overall health of their families, a few key areas were discovered to need attention. Using **nominal group technique**, at the end of the meetings showed: access to affordable health care was the highest need. Following closely behind access to healthy food, safe recreation facilities, wellness services and health screenings, which presented themselves in the survey to be important aspects to make the community a healthier place.



COMMUNITY HEALTH NEEDS ASSESSMENT TASK FORCE  
 Joint Community Chat Survey  
 July 1, 2021



**Tell us what a healthy community looks like to you.**  
 A community where everyone, including those too young for Medicare can access medical help.  
 Urban green space, parks filled with playing children, joggers, cyclist, healthy rest.  
 Quality healthcare with resources available to all who need those services.  
 Availability of preventive health resources and education.  
 A walkable Community; food access; resource connection; transportation.  
 A community that has opportunities available for exercise, health and nutrition.

**What is preventing you or your neighbors from achieving a healthy community?**  
 Inability to know what or recognize that they are not as healthy as they should be.  
 Organizations to show what the average person should be.  
 Lack of sidewalks, bike lanes, park access to free, low cost gyms, community gardens, transportation.  
 Transportation, I can't afford a taxi to get to doctor appointments.  
 Lack of resources for needed medical supplies, which many are quite expensive. Having priorities.  
 Community collaboration for resource allocation. Money. Community buy in.  
 Lack of knowledge and resources.  
 Most have limited mobility and there is lack of in-home resources.

**What do you see as the priority needs in your community?**  
 Safe affordable housing.  
 PSH  
 Getting my teeth fixed. Someone to help me when I feel bad.  
 Transportation, sidewalks, affordable healthcare.  
 Available and affordable healthcare.  
 In home nursing and exercise equipment  
 Activities

**What resources are available to meet your current priority needs?**  
 Compassion Outreach Center  
 Irving Senior Center  
 Mama T's Homeless shelters with life lesson programs and training opportunities  
 Water parks incorporated in two Municipal parks

**What resources do you wish were available to help meet your priority needs?**  
 Transportation (free or nominal) at least 12 hours daily 24/7.  
 Reliable 24 hr. public transportation.  
 Sidewalks  
 More FREE physical activities, parks, etc.  
 Affordable free education services for people with chronic newly diagnosed conditions.  
 Access to free/reduced healthcare/health services.  
 Safe and affordable physical activity opportunities.  
 Parks for elderly with proper equipment.  
 Free health clinics / health checks.  
 Pool/gym for seniors.  
 At home exercise.

# Our Assessment Process

## Community Input

The voices of the people in Ada continue to be central to the health needs assessment process. Community input was obtained through surveys-online and printed (for those with no computer access), focus groups, and key informant interviews. The length of the survey planning, implementation and collection process from both the community, focus groups, and interviews lasted from February 2021 to August 2021.

### **Survey Summary**

Online and hard-copy surveys were sent out, a total of 552 participants responded with their feedback of what would make the community a better and healthier place to live. The surveys were handed out in April 2022 and ended in August 2021. Hard-copies of the survey was handed out in regions where individuals had limited to no internet access. Survey questions included topics over social determinants of health, barriers to access health care, improvements to the community, and participant's personal health. A pie chart is shown below to identify the ethnicities of the participants

# Our Assessment Process

## Resources

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

- Ada Community Update- Annual Community Update 2021. (2021). [online] Mercy Market Analytics. Available at: <https://baggotstreet.mercy.net/baggotstreet/cmris/download?id=workspace%3A//SpacesStore/4e2a3ee4-abcf-4f30-aaa9-b00c218d16c8>.
- *Explore Census Data*. (n.d.). Data.census.gov. Retrieved March 23, 2022, from <https://data.census.gov/cedsci/all?q=Oklahoma>
- www.cms.gov. (n.d.). *Behavioral Health | CMS*. [online] Available at: <https://www.cms.gov/outreach-education/american-indianalaska-native/behavioral-health>.
- health.gov. (n.d.). *Food Insecurity - Healthy People 2030 | health.gov*. [online] Available at: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/food-insecurity>.
- www.ok.gov. (n.d.). *Oklahoma Department of Mental Health and Substance Abuse Services*. [online] Available at: [https://www.ok.gov/triton/\\_temp/odmhsas/faqs.html#:~:text=In%20Oklahoma%2C%20drug%20and%20alcohol](https://www.ok.gov/triton/_temp/odmhsas/faqs.html#:~:text=In%20Oklahoma%2C%20drug%20and%20alcohol) [Accessed 3 Apr. 2022].
- U.S. Department of Health and Human Services (2020). *Health Care Access and Quality - Healthy People 2030 | health.gov*. [online] health.gov. Available at: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>.



# Prioritized Needs

## Prioritizing Identified Health Needs

The Community Health Council of Mercy Ada met in April 2022 to prioritize the identified health needs. The committee reviewed the primary and secondary data collected during the CHNA process, evaluated the strengths and resources of the community, and took into account the hospital's strategic plan. The committee narrowed the list of identified health needs by using a strategy grid. Criteria used to prioritize the needs using the strategy grid were Severity of the Need and Availability of Resources to address the need. The strategy grid narrowed the list of health needs to four: **Access to Care, Behavioral Health, Food Insecurity, and Health Education.**

Based on the results of the **2022 CHNA**, Mercy Ada has prioritized three health needs: **Access to Care, Food Insecurity** and **Behavioral Health**. Mercy Ada will maintain current strategies which have been implemented and have been shown to make positive impacts in these priority 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)*

### Strategy Grid Results

		Magnitude of Need		
		High	Medium	Low
Resources Available	High			Health Education
	Medium	Access to Care		
	Low	Food Insecurity	Behavioral Health	

### Nominal Group Ranking Results

Identified Health Need	Ranking Score*	Chosen as Priority Need
Access to Care	8	Yes
Food Insecurity	17	Yes
Behavioral Health	25	Yes
Health Education	35	No

# Prioritized Needs



Behavioral Health



Access to Care



Food Insecurity



# Prioritized Needs

## Behavioral Health



Behavioral health includes the emotions and behaviors that affect your overall well-being. Behavioral health is sometimes called mental health and often includes substance use.

According to the Oklahoma State Department of Health:

*Substance abuse is the number one public health problem in Oklahoma and nationally. The economic cost is staggering, estimated at nearly \$7 billion annually in Oklahoma and \$414 billion nationwide. Annual costs of substance abuse in Oklahoma are nearly \$2 billion for expenses related to health care, public safety, social services, costs to business, and property loss. Another \$5 billion in costs is related to lost productivity. In Oklahoma, drug and alcohol addiction contributes to 85 percent of all homicides, 80 percent of all prison incarcerations, 75 percent of all divorces, 65 percent of all child abuse cases, 55 percent of all domestic assaults, 50 percent of all traffic fatalities, 35 percent of all rapes, and 33 percent of all suicides*

Source: [www.cms.gov](https://www.cms.gov/outreach-education/american-indianalaska-native/behavioral-health). (n.d.). *Behavioral Health | CMS*. [online] Available at: <https://www.cms.gov/outreach-education/american-indianalaska-native/behavioral-health>.

[www.ok.gov](https://www.ok.gov/triton/_temp/odmhsas/faqs.html#:~:text=In%20Oklahoma%2C%20drug%20and%20alcohol). (n.d.). *Oklahoma Department of Mental Health and Substance Abuse Services*. [online] Available at: [https://www.ok.gov/triton/\\_temp/odmhsas/faqs.html#:~:text=In%20Oklahoma%2C%20drug%20and%20alcohol](https://www.ok.gov/triton/_temp/odmhsas/faqs.html#:~:text=In%20Oklahoma%2C%20drug%20and%20alcohol) [Accessed 3 Apr. 2022].

# Prioritized Needs

## Access to Care



According to Healthy People 2030, “People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses”.



Source: U.S. Department of Health and Human Services (2020). *Health Care Access and Quality - Healthy People 2030* | [health.gov](https://health.gov). [online] [health.gov](https://health.gov). Available at: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>.

# Prioritized Needs

## Food Insecurity



Food insecurity is defined as the disruption of food intake or eating patterns because of lack of money and other resources.

Food insecurity may be long term or temporary. It may be influenced by a number of factors including income, employment, race/ethnicity, and disability. The risk for food insecurity increases when money to buy food is limited or not available

Based on CHNA data, the community identified access to affordable, healthy food as most important and needed to improve an individual's health and well-being.

Source- <https://health.gov/healthypeople/objectives-and-data/social-determinants-health/literature-summaries/food-insecurity>

# Resources

Mercy Ada collaborates with many local community agencies and organizations that have similar missions and personnel dedicated to improving the health and quality of life for individuals within the Mercy Ada region. Some of these partners include:

- Ada Public Schools
- Pontotoc County Health Department
- Compassion Outreach Center
- Mamma T's
- Ada Homeless Services
- Irving Community Center



*Your life is our life's work.*



# Appendix

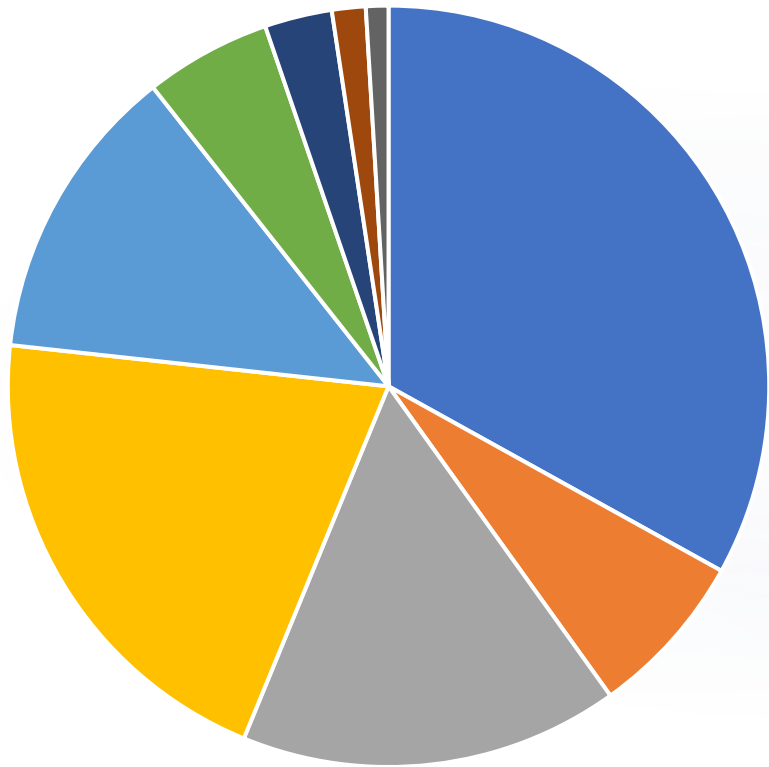
## Table of Contents

1. Community Survey Questions and Results

# Our Assessment Process

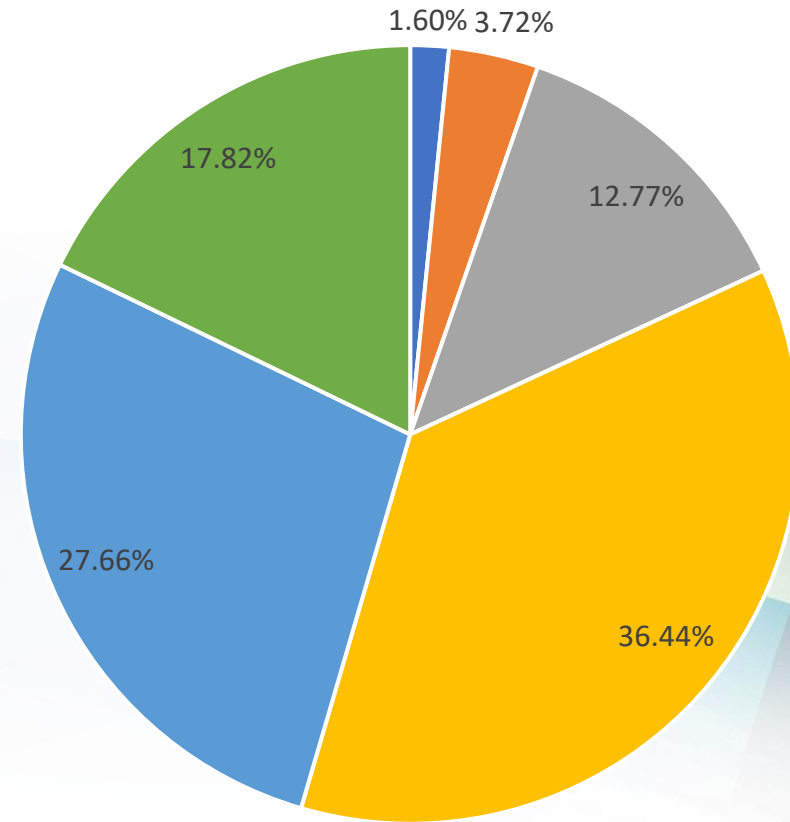
## Community Survey

### Household Age Ranges



■ 0-20 y/o ■ 21-29 y/o ■ 30-39 y/o ■ 40-49 y/o ■ 50-59 y/o  
■ 60-69 y/o ■ 70-79 y/o ■ 80-89 y/o ■ 90+

### Household Income

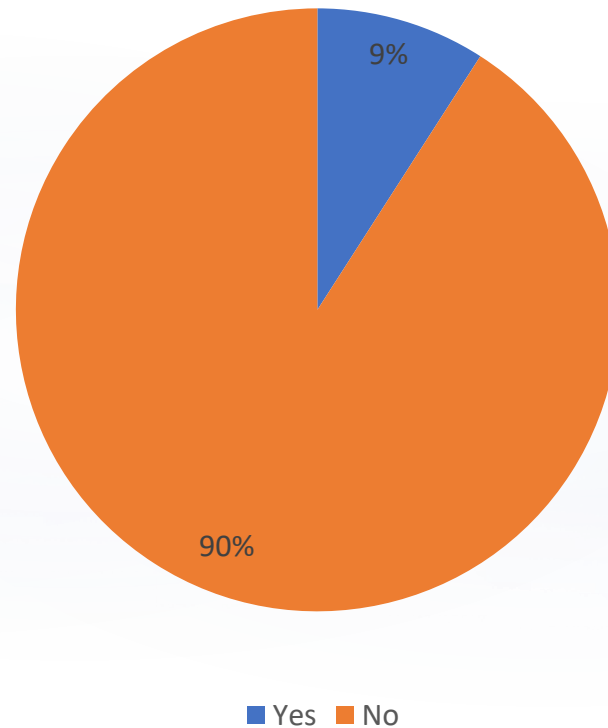


■ Less than \$10K ■ \$10K-24.9K ■ \$25K-\$49.9K ■ \$50K-\$99.9K ■ \$100K-\$149.9K ■ \$150K+

# Our Assessment Process

## Community Survey

Elders Dependent on Care/Support

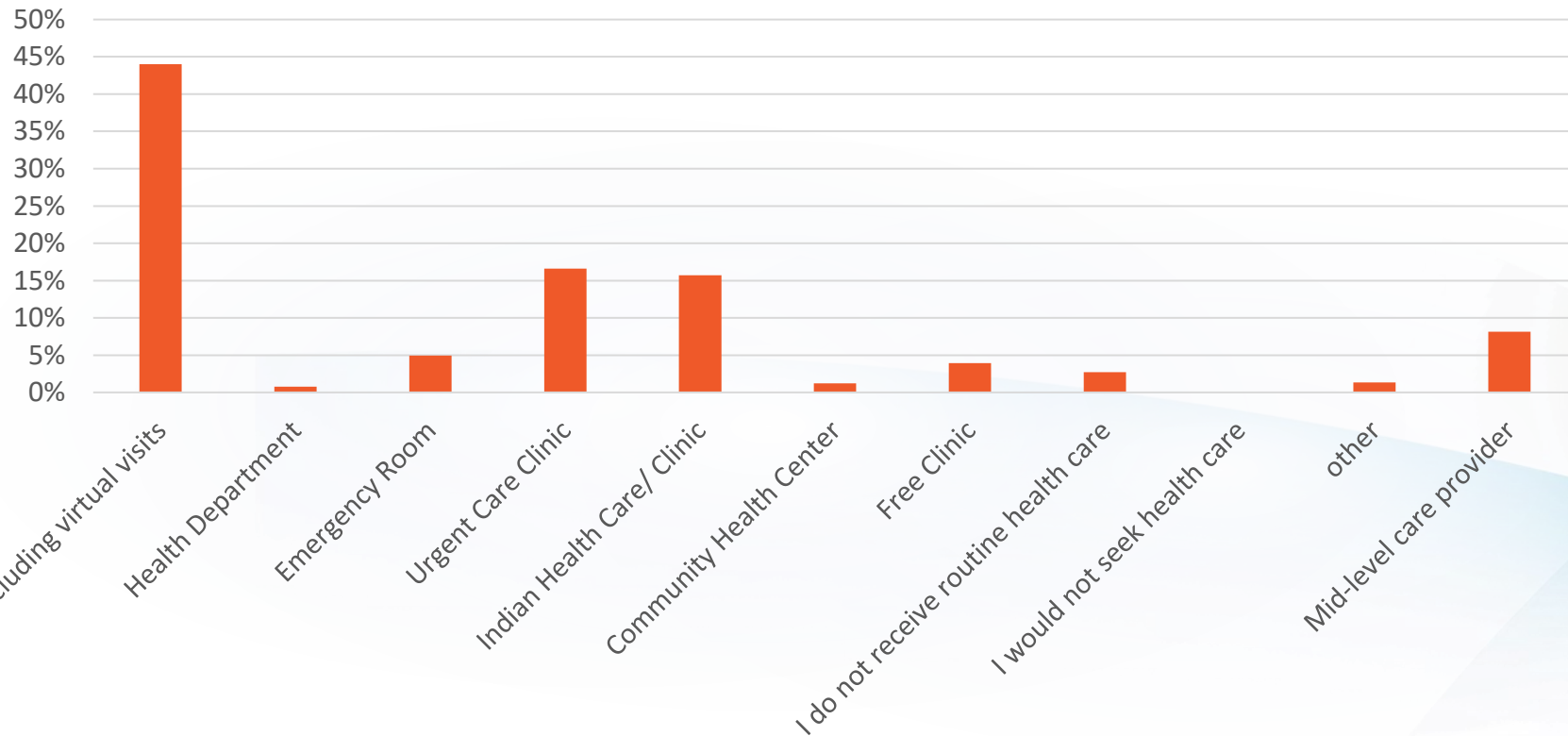


*Note: "If 'yes', how many?" Was the follow question and 64 was the response.*

# Our Assessment Process

## Community Survey

Routine Health Care Location



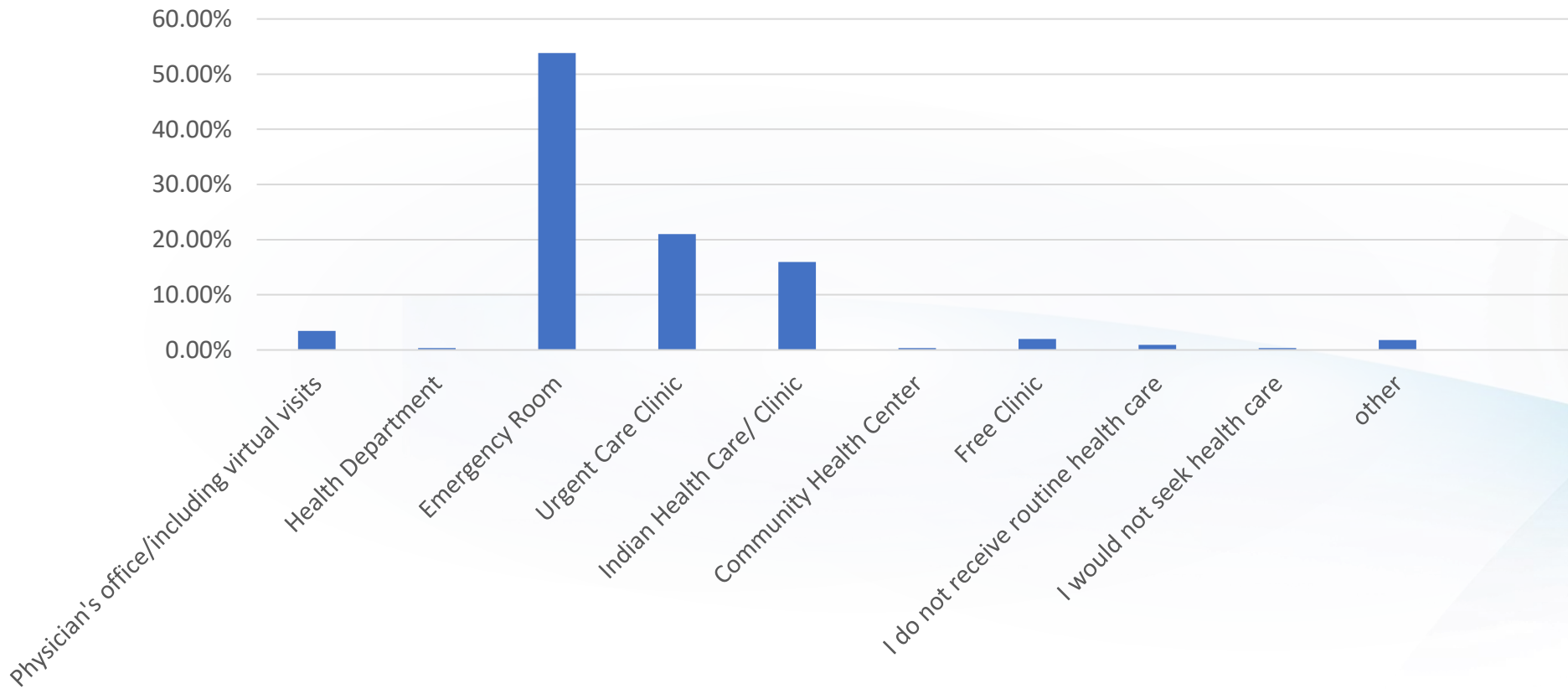
**'Other' Locations notes:**

VA

# Our Assessment Process

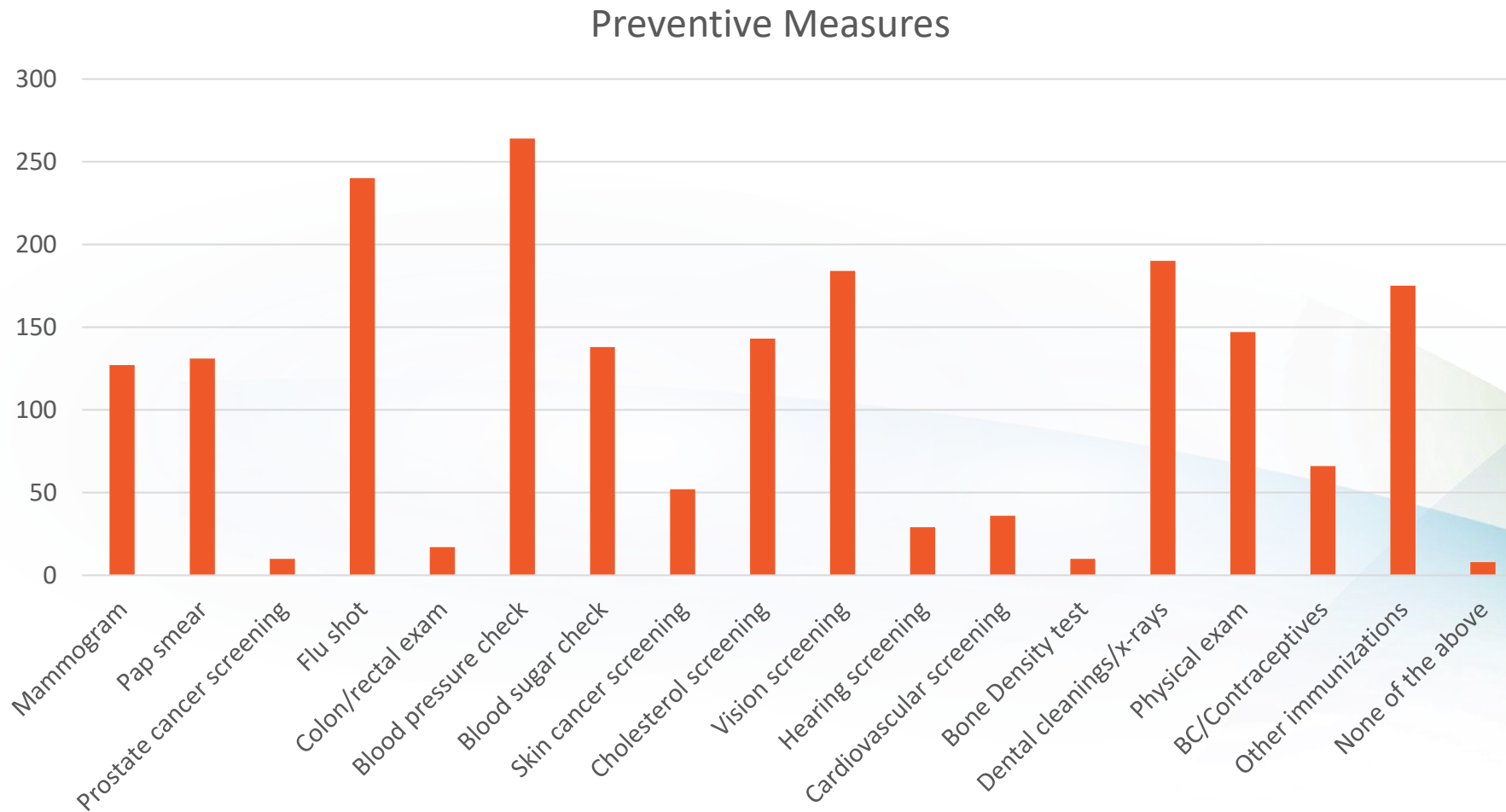
## Community Survey

Emergency Care Location



# Our Assessment Process

## Community Survey



# Our Assessment Process

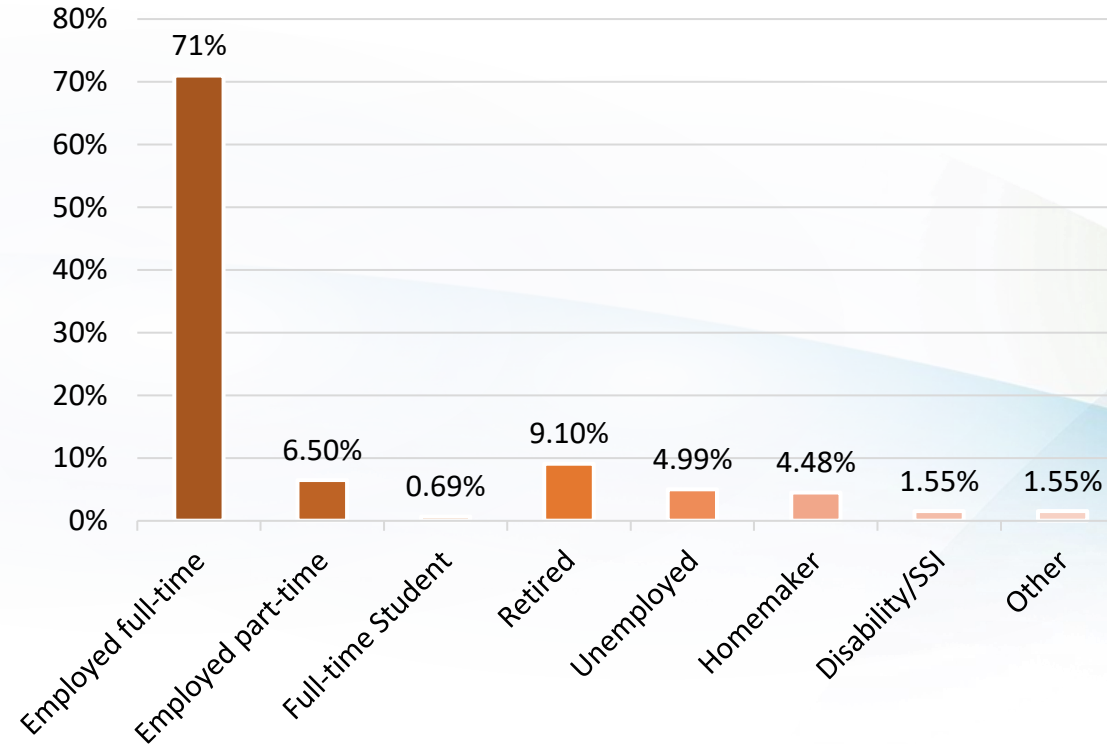
## Community Survey

### Survey Participant Zip Codes

73071	74538	74849
73075	74572	74854
73057	74801	74865
73086	<b>74820</b>	74867
73095	74821	74868
73108	74825	74871
73120	74827	74872
73450	74829	75820
73460	74842	73030
74401	74843	

■ Highest number of surveys completed in this zip code

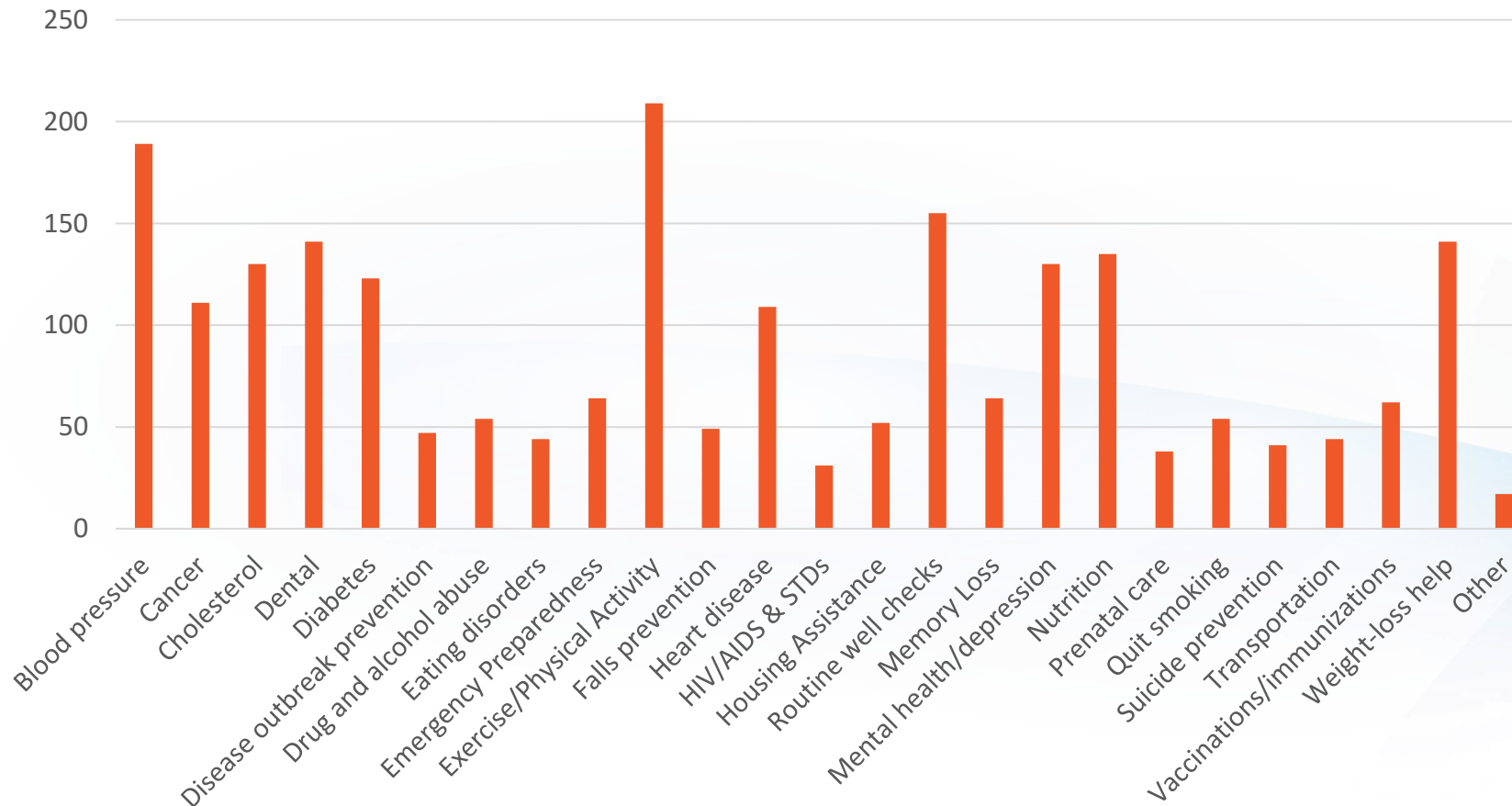
### Employment Status



# Our Assessment Process

## Community Survey

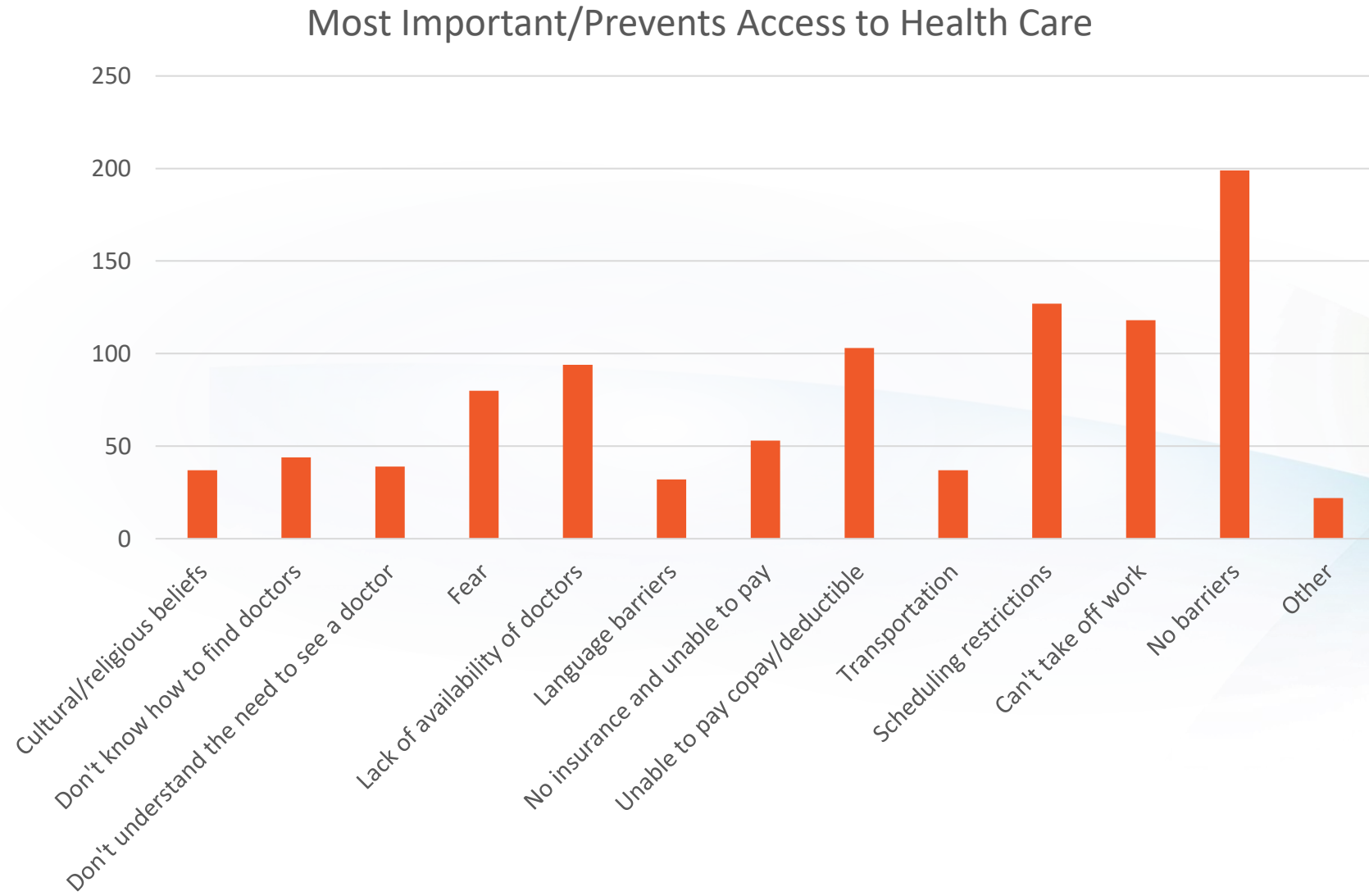
Most Important Screenings to Improve Health and Well-Being





# Our Assessment Process

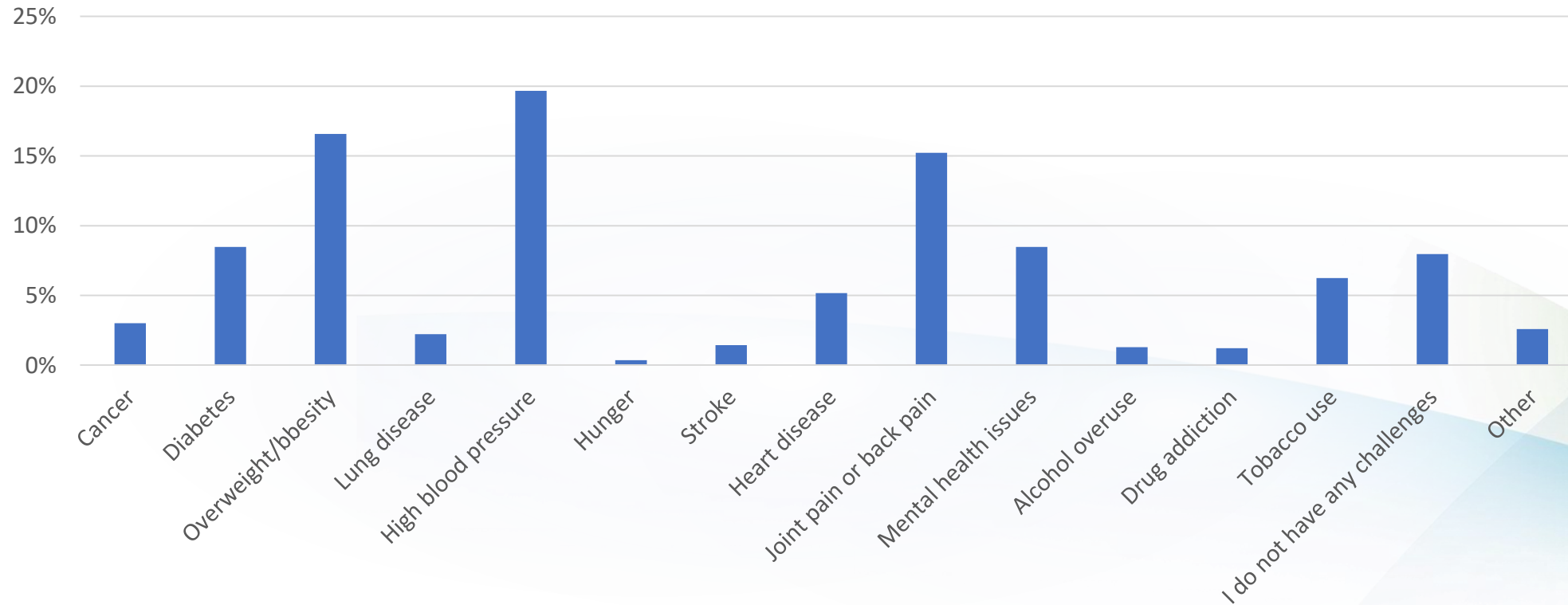
## Community Survey



# Our Assessment Process

## Community Survey

Health Challenges Faced by Households



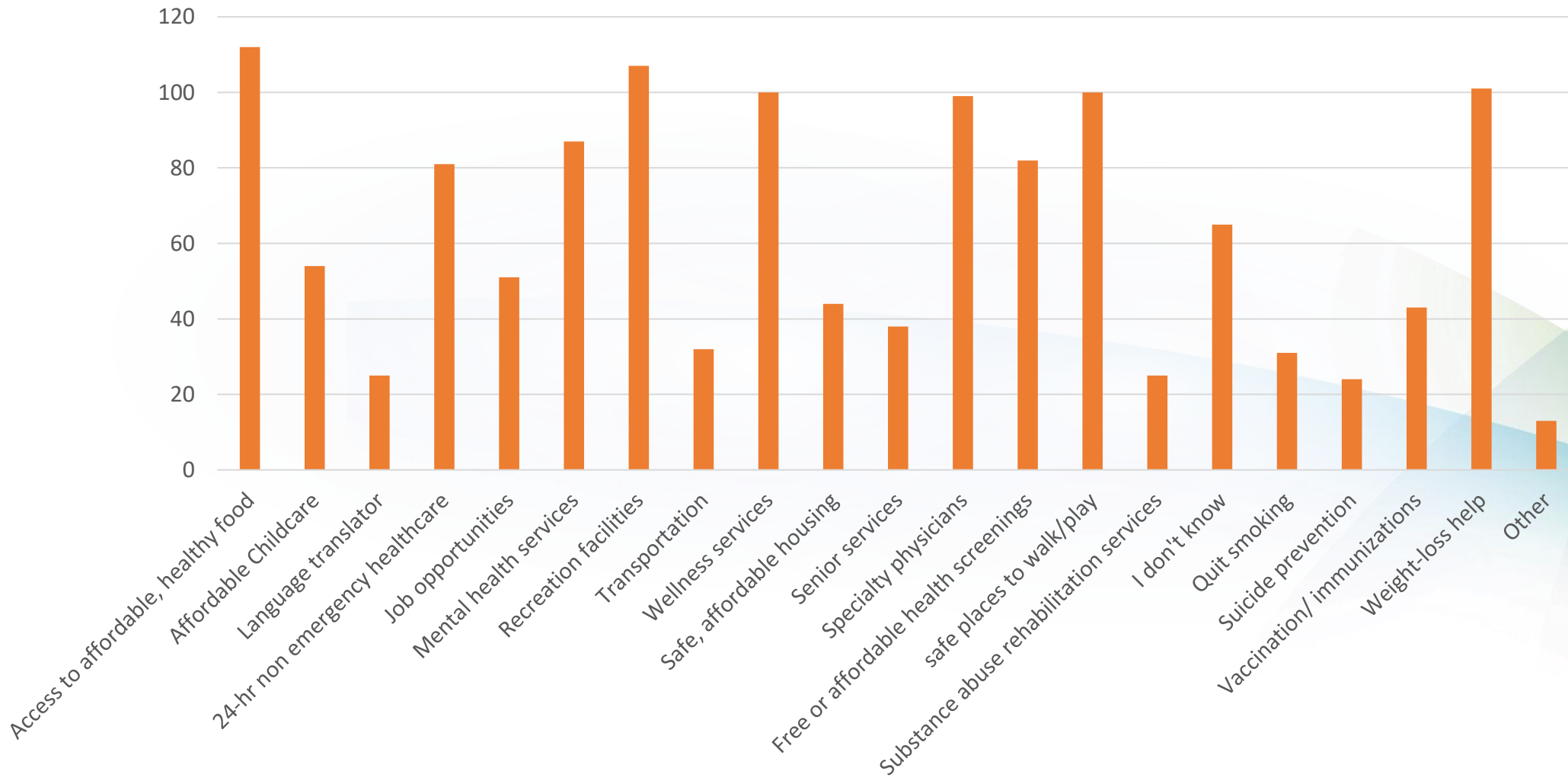
**'Other' Health Challenges Noted:**

- Intellectual Disability
- Arthritis
- Blood Disorders
- General Aging

# Our Assessment Process

## Community Survey

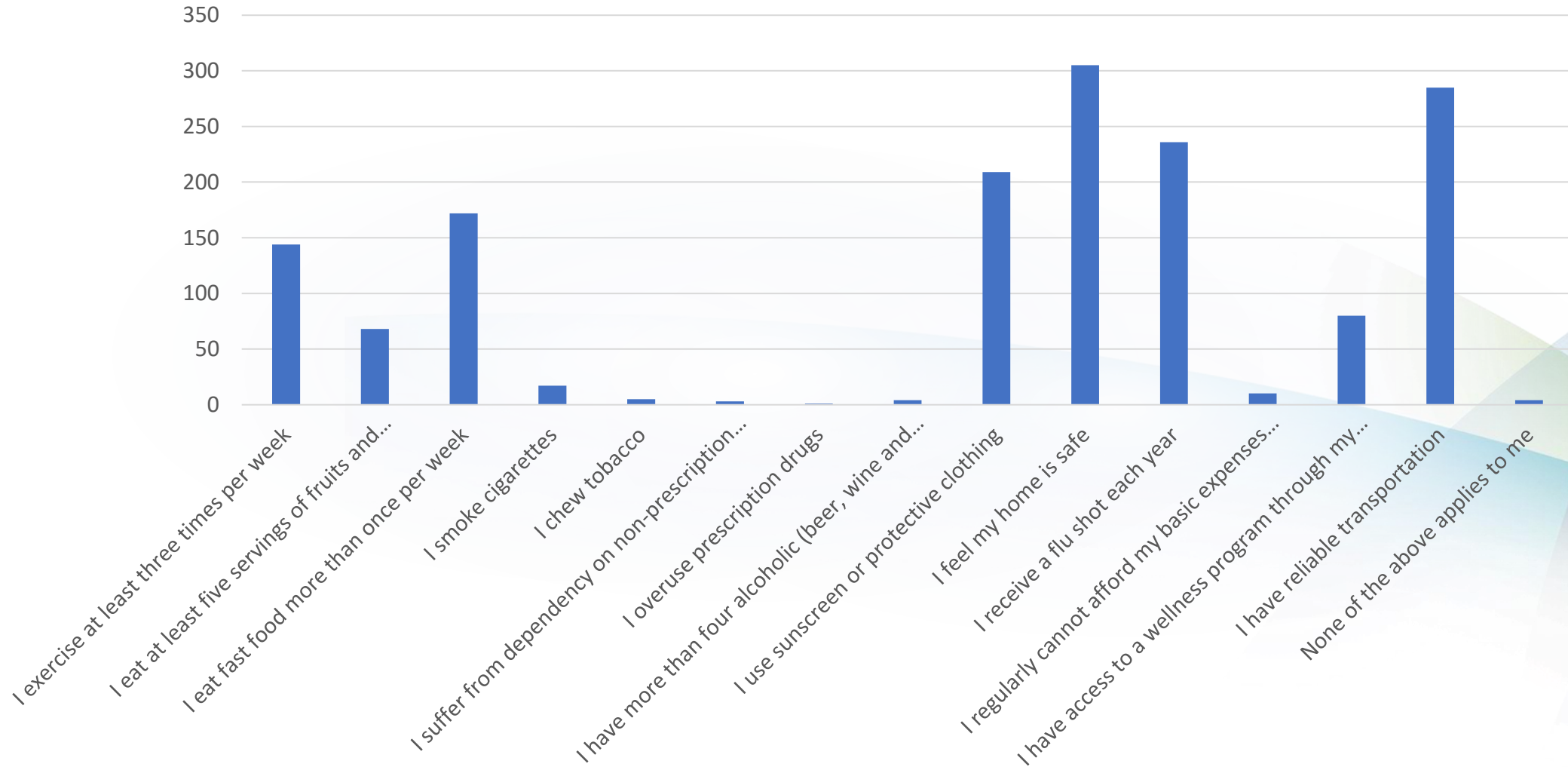
Most Important/Needed to Improve Health and Well-Being



# Our Assessment Process

## Community Survey

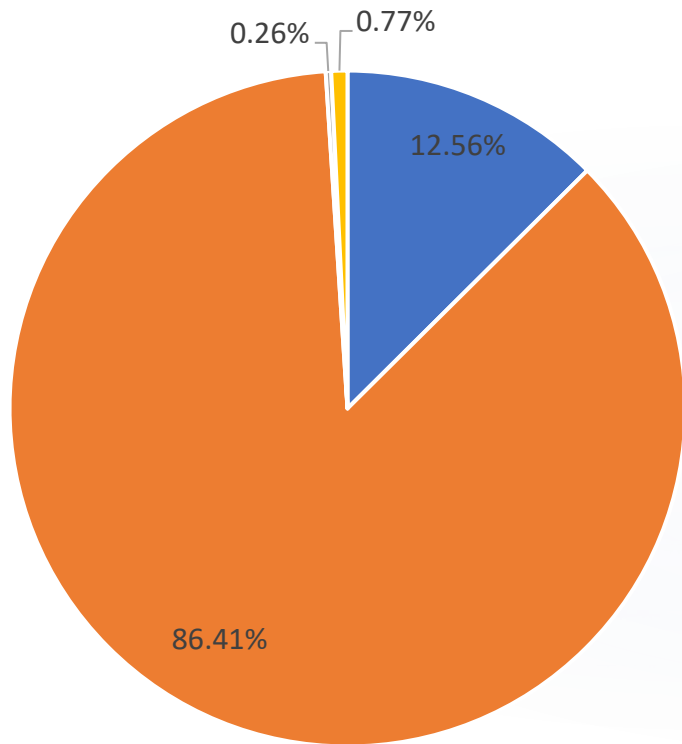
Lifestyle/Behaviors Impacting Health and Well-Being



# Our Assessment Process

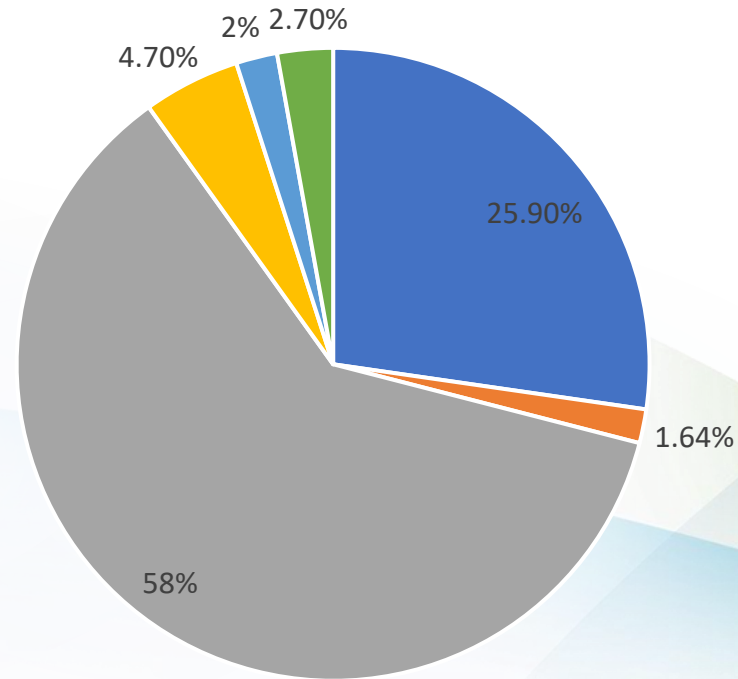
## Community Survey

Gender



■ Male ■ Female ■ Nonbinary/third gender ■ Prefer not to say

Race/ Ethnicity

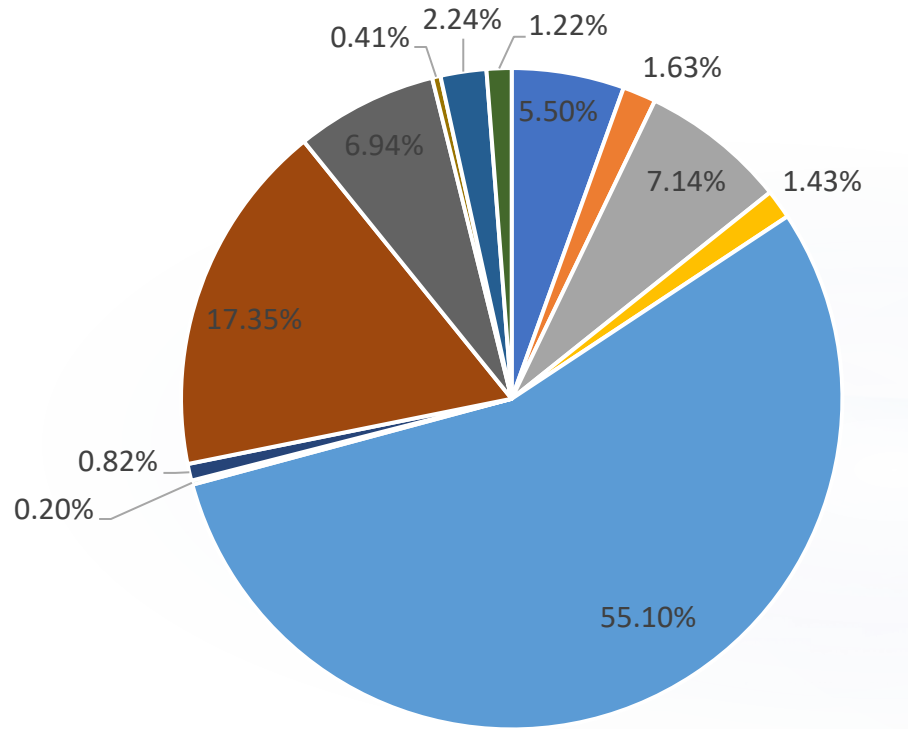


■ American Indian/ Alaska Native ■ Asian  
■ Caucasian/White ■ Hispanic, Latino or Spanish origin  
■ Native Hawaiian/Pacific Islander ■ Other

# Our Assessment Process

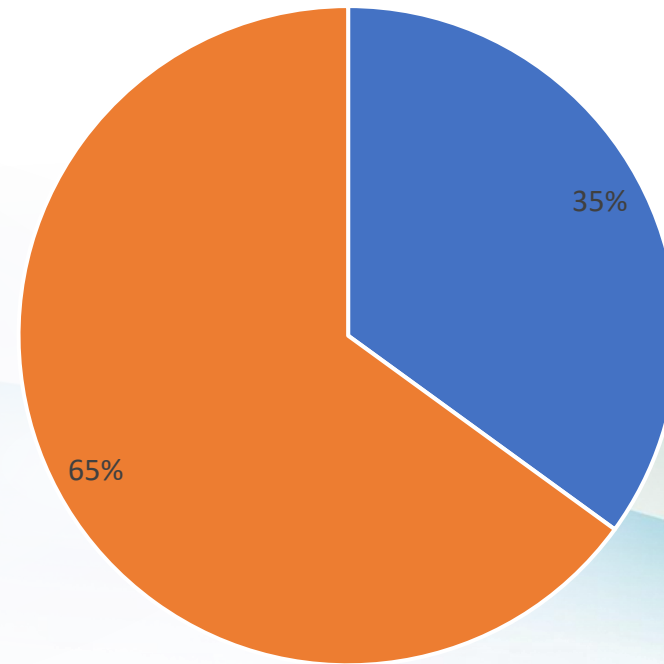
## Community Survey

Health Insurance Status



- Medicare
- Medicaid
- Soonercare
- VA/Veteran's Choice
- Employer Provided Insurance
- COBRA
- Healthcare marketplace
- Indian Health Services
- Private Pay
- Insure Oklahoma
- No Insurance
- Other

< or> 21, If No Insurance



- >21 no insurance
- <21 no insurance