

Community Health Needs Assessment

Mercy Hospital Ardmore
2025



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FY22-25 Impact

The 2022 community health needs assessment identified three 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 2022 CHNA.



FY22-25 Impact

Access to Care for Those at High Risk

- **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, as well as an inpatient CHW to focus on our Health Equity Plan. CHWs assisted a total of 3,575 individual patients in FY23 and FY24.
- **Dispensary of Hope-** The Dispensary of Hope (DOH) program launched in Mercy Hospital Ardmore in November 2023, providing uninsured Mercy patients living below the Federal Poverty Line with life saving medications free of cost for up to one year. In FY24, the DOH program was able to assist 59 patients and dispensed 171 prescriptions through our retail pharmacy. Patients are either able to pick up the prescriptions at the pharmacy or have them mailed directly to their home. The program has received funding for another year, and we will continue outreach services to increase patient enrollment.



FY22-25 Impact

Access to Care for Those at High Risk (continued)

- **Community Pop-Up Clinics Collaboration/Healthcare HFV-** This program has evolved into a collaborative effort with local partner organizations to provide guidance for the “Healthcare HFV” initiative. This program strives to provide the most underserved areas of the Ardmore community with resources, especially healthcare and education. Multiple events were hosted by HFV Wilson Center where health education was provided and connections to resources were made. Mercy Ardmore serves as a collaborative partner in the steering committee for expansion of services and guidance on how to best provide care to our community. The HFV Wilson Community Center will serve as the backbone for the program, with Mercy Hospital Ardmore as a lead supporting partner for the expansion of the initiative.



FY22-25 Impact

Behavioral Health

- **Virtual Behavioral Health (vBH)**- This is a Ministry-wide program that provides integrated support for patients with behavioral health needs in the outpatient and inpatient setting. vBH co-workers provide virtual and telephonic behavioral health assessments to establish patients' level of care, and facilitate referrals for inpatient, intensive outpatient (IOP), and outpatient services, as well as for basic social needs in their home communities. vBH also provides virtual psychiatric consults to help with medication stabilization related to the exacerbation of behavioral health conditions
- **Concert Health Collaborative Care**- This partnership commenced in 2022 to support Primary Care providers (PCP) in providing their patients with mental/behavioral health support. The program helps provide a behavioral health care manager who interacts directly with the patient, performs an assessment, as well as initiates treatment, all in collaboration with their PCP. This collaboration strives to enhance support to PCPs by providing comprehensive mental and behavioral healthcare to patients while allowing the patient to obtain care in the same setting. In FY24, 105 patients were referred to the Concert Health Program in our community.



FY22-25 Impact

Food Insecurity

- **Catherine's Pantry-** Catherine's Pantry Program is a partnership between Mercy Hospital, Mercy Clinics, Mercy Health Foundation, and the Food and Regional Food Bank of Oklahoma to drive improved health outcomes for patients experiencing food insecurity. Food insecurity is an emerging factor for chronic disease, and although food insecurity on its own will not relieve adults of their illness, such reductions could make chronic diseases easier to manage thus improving a patient's health and well-being. After some hurdles in finding a location to host the pantry due to clinic provider expansion, an agreement has been officially signed between Mercy Hospital Ardmore and the Regional Food Bank of Oklahoma to provide patients with food insecurity non-perishable boxes of food. Patients will then be connected by our Community Health Workers to local food pantries to routinely obtain food to supplement their groceries.
- **Blessing Boxes-** Mercy Hospital Ardmore hosts two free "blessing boxes" within our campus. This boxes are filled with non-perishable items by our coworkers and are open to all patients and community members in need of food.

Executive Summary

Mercy Hospital Ardmore is a full-service hospital with 190 total hospital beds, more than 800 caregivers 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 104,177. 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 2025 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.



Community Profile

Mercy Ardmore Region

Population
104,177

Median household
income
\$51,000

86% are High
School graduates
or higher



Community Profile

Mercy Ardmore Region

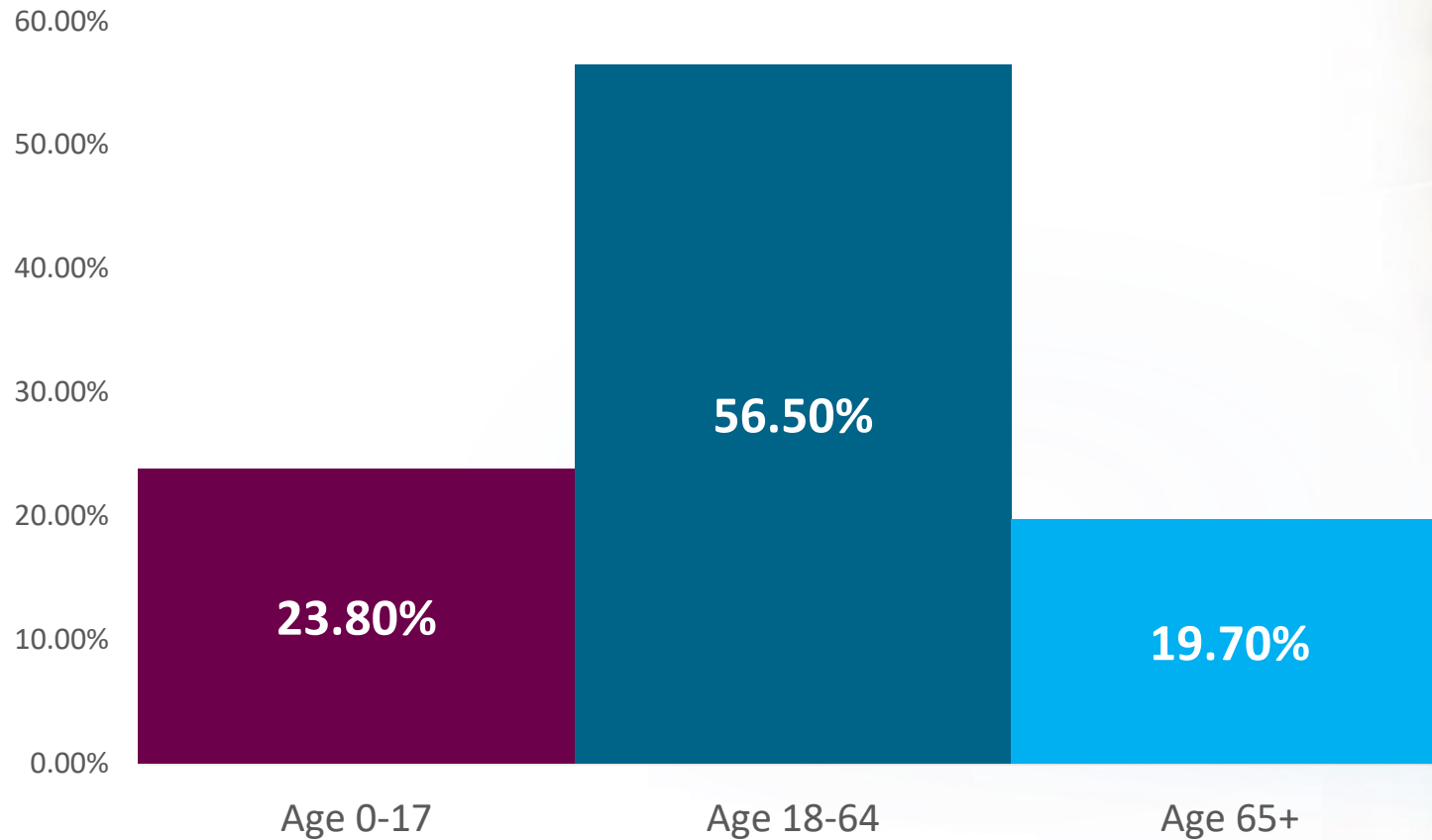
For the purpose of this CHNA, Mercy Ardmore defines its community served as the six counties in south central Oklahoma, which include Carter, Jefferson, Johnston, Love, Marshall, and Murray. This region, with a population of 104,177 in 2024, has experienced significant development over the past decade, 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 the population is uninsured. With the unwinding and eventual closure of Michelin North America, these numbers are expected to become affected.



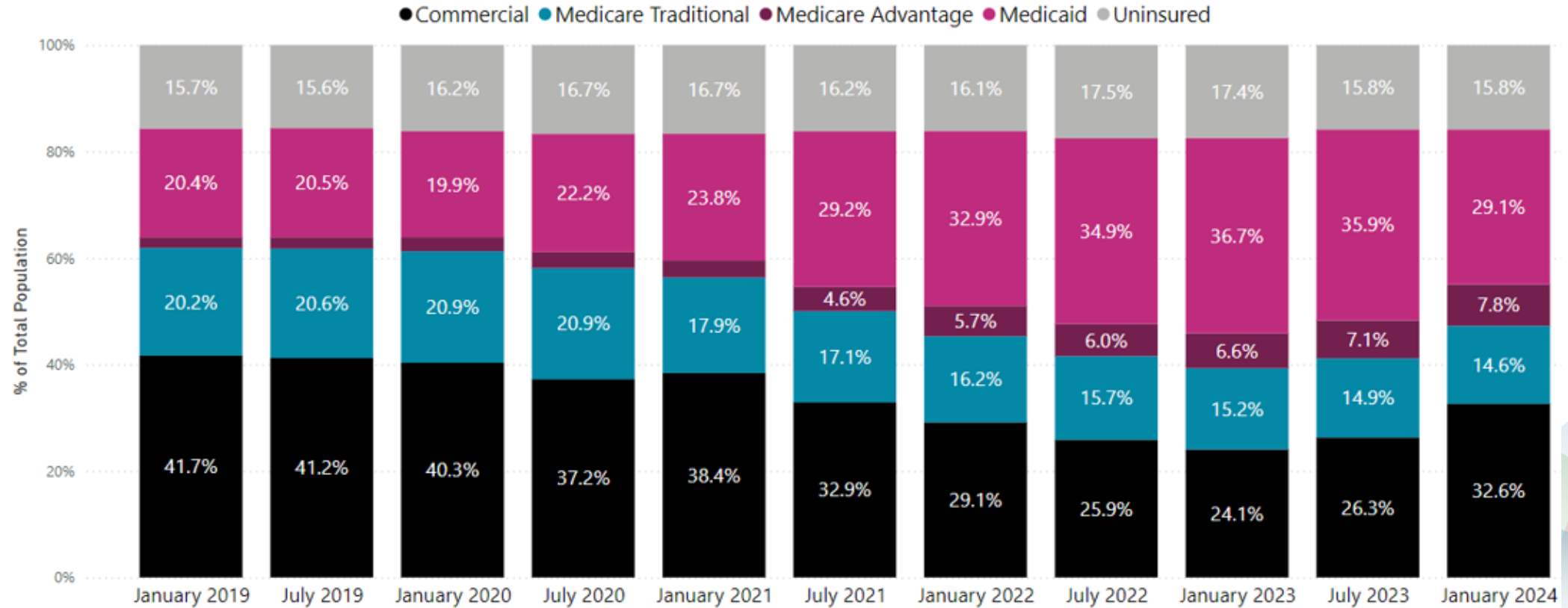
Community Profile

Age Structure



Community Profile

Insurance Status

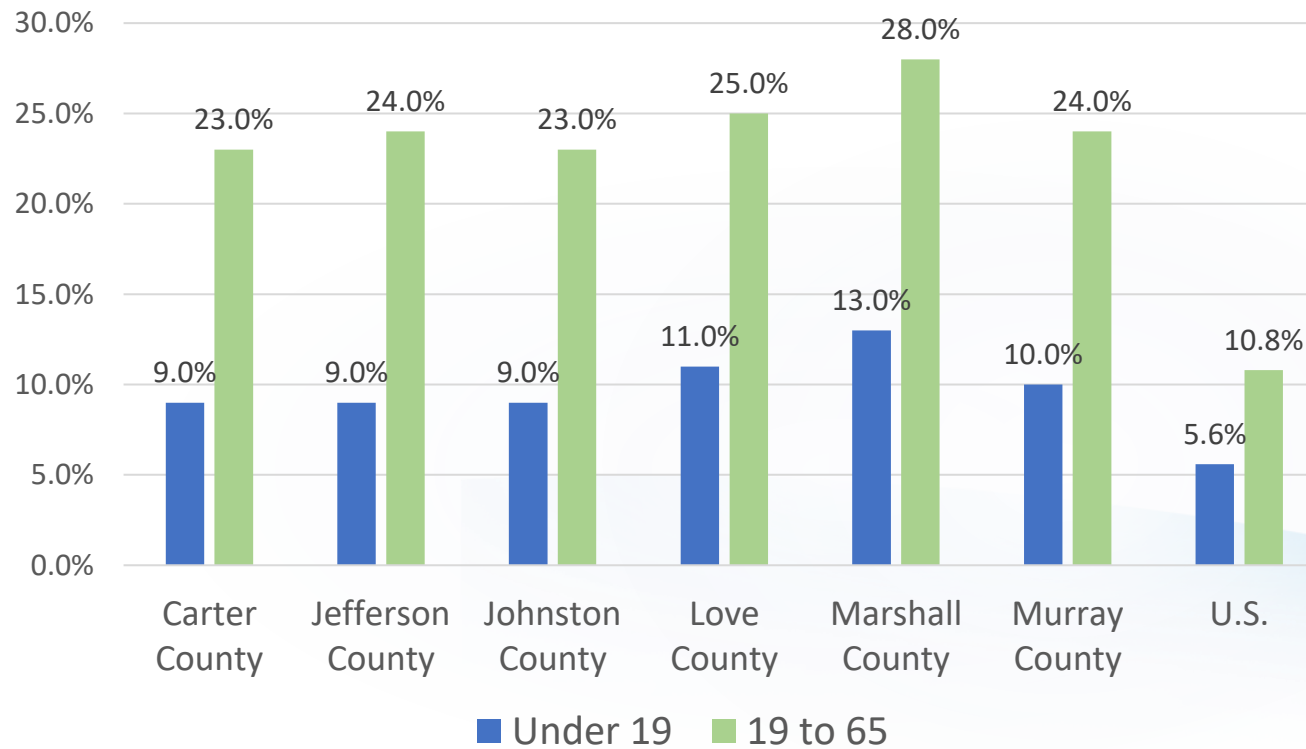


Source: EDAO/Market Intelligence/Clarivate

Community Profile

Insurance Status *(continued)*

Adult and Child Uninsured Rates



Community Profile

	Community	OK	US
5-Year Population Growth	5.8%	6.3%	4.0%
Median Age	40	36	35
Median HH Income	\$51k	\$52k	\$61k
High School Grad or Greater	86%	89%	90%

Source: Advisory Board Demographic Estimates, 2023-2028



Community Profile

Access to Care

- Primary Care Physicians per 100,000 35
- Dentists per 100,000 45
- Mental Health Providers per 100,000 313
- Acute Care Hospitals 2

Source: County Health Rankings, 2024



Our Assessment Process

A list of community partners involved in the CHNA process is provided below:

- Oklahoma State Department of Health- Region 8
- Good Shepherd Community Clinic
- HFV Wilson Community Center
- Admore Literacy Leadership
- Mercy Hospital Ardmore
- Admore Behavioral Health Collaborative



Our Assessment Process

(continued)

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
- Valero Refinery
- Plainview Schools
- Ardmore Behavioral Health Collaborative
- FMI Ardmore
- Good Shepherd Community Clinic

Our Assessment Process

Community Coalitions and Stakeholders *(continued)*

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

- Ardmore Behavioral Health Collaborative
- Carter County Healthy Living Coalition
- Carter County Prevention Coalition
- Ardmore Bridges Initiative Steering Committee
- Oklahoma State Department of Health- Region 8
- The Grace Center of Southern Oklahoma
- The Salvation Army



Our Assessment Process

Community Input

Community Health Survey

Mercy in collaboration with Region 8 of the Oklahoma State Department of Health, and Good Shepherd Community Clinic worked to conduct a comprehensive community health survey in 2024. The survey was developed to build on the 2021 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 29 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.

The Health Department hosted the survey on their platform from June through August 2024 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 Input *(continued)*

Flyers with QR codes for the survey in each language were produced by OSDH Region 8's Communications Team 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. In-person community promotions were done at multiple events throughout the summer months, including at various Back to School events.

217 responses were included in the final analytic sample. Responses were obtained from 22 unique zip codes from the Ardmore Community Area counties. 73% of respondents were White, 13% were Native American, 9% were Black/African American, 3% were other races, 1% were Native Hawaiian or Pacific Islander, and 1% were Asian. Complete results of the Ardmore Community Health Needs Survey are included in Appendix A.

Two Focus groups were also conducted where qualitative data was obtained on the needs of the community from their perspective.

Prioritized Needs



Prioritized Needs

Prioritizing Identified Health Needs

Seven 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, Financial Strain, Food Insecurity, Communication about Resources, Transportation, and Substance Misuse.

The Community Committee of Mercy Hospital Ardmore's Board of Directors met in January 2025 to prioritize the seven 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 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, after joining Financial Strain with Access to Care.

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 2025 CHNA, Mercy Hospital Ardmore has prioritized three health needs: Access to Care, Behavioral Health, and Food Insecurity. All three needs are carried over from the 2022 CHNA. 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.

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—2024: <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>
- Oklahoma State Department of Health “Health Assessment Report”: [OSDH 2023 State Health Assessment](#)

Prioritized Needs

Prioritizing Identified Health Needs *(continued)*

Strategy Grid Results

		Magnitude of Need	
		High	Low
Resources	High	Food Insecurity	
		Communication	
	Medium	Access to Care	
		Financial Strain	
		Behavioral Health	
	Low	Substance Misuse	
Transportation			

Nominal Group Ranking Results

Identified Health Need	Total Score*	Chosen as Priority Need (Y/N)
Access to Care	54	Y
Behavioral Health	123	Y
Food Insecurity	104	Y
Financial Strain	110	Y (included with Access to Care)

*Lower score = higher ranked need

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 16% of adults between the ages of 19 and 65 are uninsured in the Mercy Hospital Ardmore Community, which is 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 2024 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 the need for lower costs in health services.

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. ¹

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.² Suicide rates have increased 24% over the past decade, from 11.3 to 14.0 per 100,000 population (age adjusted) from 2007 to 2017.³ All 6 counties in the Mercy Ardmore region's suicide rates are ranked in the top 40 in Oklahoma, Murray having the highest at 32 per 100,000.^{5,7}

Although the proportion of mental health care providers in the Mercy Ardmore community area is of 313 per 100,000 populations is relatively high, this average reflects a high proportion of mental health providers in Johnston (884 per 100,000) and Carter County (474 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 15% of the Ardmore area community are food insecure, which is higher than the U.S. average of 11%.⁴ Food Insecurity/ access to healthy foods was ranked as a top 5 health concern for our region in the 2023 Oklahoma State Department of Health's Health Assessment. It was also a common topic discussed in all focus groups.

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 2024. <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 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 six-county region. Some of these partners include:

- Ardmore Behavioral Health Collaborative
- Carter County Prevention Coalition
- Carter County Healthy Living Coalition
- Ardmore 3H Task Force
- Good Shepherd Community Clinic
- Lighthouse Behavioral Health
- Oklahoma State Department of Health- Region 8
- The Grace Center of Southern Oklahoma
- Salvation Army

Appendices

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

Appendix A

Carter County Community Health Needs Assessment Survey Results



1. What is the biggest health problem in your community?
 - Lots of surgeries hindering mobility (knee, hip, cataract)
 - Cancer or chronic illness and navigating life changing diagnosis
 - Heart health issues
 - Substance abuse (personal note from CHW)
2. What prevents you from achieving a healthy community?
 - Cost of health care
 - Insurance (cost, finding providers locally that accept, understanding how insurance works)
 - Outstanding bill (idea that you cannot be seen without paying bill)
 - Preventative measures such as education on disease prevention
3. What do you see as a priority need in your community?
 - Ease of transfer from facility to facility; if cannot be treated locally
 - Access to specialty providers/ offices locally instead of being referred out of town
 - Change of provider/specialist due to lack of PCP retention (new location or out of network)
 - Consistency of care (smooth transition from one facility to another within the same network, ease of access to medical records, accountability for doctors to review charts/records upon seeing a patient in office to ensure no "missed" health issues or care.)
 - Patient advocacy for those who need more "hands on" assistance. Information given on verbally or on paper is less retained than a "hands on approach"
4. What resources are needed to meet your priority needs within your community?
 - Transportation specifically for the elderly; medical and non-medical (many rely on friends or family for rides and may have to wait in public for them to get off work etc... to get home, socialize run errands or get to/from medical appointments) many live on other peoples time or schedules and have to work around/with to get by (availability to those out of city limits)
 - Access to vision care (glasses/exams)
 - Programs to assist with the financial strains of everyday life
 - No cold calling or texts with links (many think these are spam or scams)
 - Information is best given by mail, paper handouts or word of mouth
 - Diabetic education/chronic condition management assistance for those who utilize public facilities such as Walmart to monitor blood pressure or free/low-cost public health events to monitor/manage conditions such as hypertension, CHF or diabetes. (access to DME)
 - Chronic condition education/care navigation
5. How can your community achieve overall good mental health?
 - Access to therapy/therapists
 - Social workers being more involved in care/obtaining assistance

Appendix B

Community Health Committee Prioritizing Identified Needs

January 15, 2025





Your life is our life's work.