



COMMUNITY HEALTH NEEDS ASSESSMENT 2025

PREPARED BY
CARR, RIGGS & INGRAM

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Ochsner Rush Health: Systemwide Commitment to Community Health

Ochsner Rush Health is a nonprofit healthcare system that has served the people of eastern Mississippi and western Alabama since 1915. Deeply rooted in the region for over a century, the system has grown into a trusted network of hospitals, clinics, and specialty services that are intricately connected to the communities they serve. As part of the broader Ochsner Health network, Ochsner Rush Health benefits from shared expertise and system-wide resources while staying firmly grounded in its local mission: advancing the health of its communities.

At its core, Ochsner Rush Health is a community-focused organization. Its commitment extends beyond high-quality clinical care to address the broader factors that influence health and well-being. Through strong partnerships with local organizations, expanded access to care, and ongoing educational outreach, the system works every day to uplift and strengthen the communities it calls home.

The table below outlines the primary and secondary service areas for each Ochsner Rush Health facility, based on 2019 to 2023 Centers for Medicare & Medicaid Services Hospital Service Area data. This data helps highlight each hospital's reach and the unique communities that guide local care strategies.

Counties contributing less than 10% of patient volume are considered tertiary service areas and are not included.

Ochsner Rush Health System Service Area Overview		
Hospitals	Primary Service Area(s)	Secondary Service Area(s)
Ochsner Rush Medical Center	Lauderdale County, MS	Neshoba, Newton, & Clarke Counties, MS
Ochsner Choctaw General	Choctaw County, AL	-
Ochsner Laird Hospital	Newton & Neshoba Counties, MS	-
Ochsner Scott Regional	Scott County, MS	-
Ochsner Specialty Hospital	Lauderdale County, MS	Neshoba County, MS
Ochsner Stennis Hospital	Kemper County, MS	-
Ochsner Watkins Hospital	Clarke County, MS	-

1 Source: Centers for Medicare & Medicaid Services, Hospital Service Area (2019–2023)

CHNA Overview and Methodology

Purpose and Process

Ochsner Rush Health conducts a Community Health Needs Assessment (CHNA) every three years for each of its nonprofit hospitals, as required by Section 501(r)(3) of the Internal Revenue Code. While the CHNA meets federal requirements, it also reflects the system's deeper commitment to understanding and responding to the needs of the communities it serves.

The CHNA process brings together voices and data. It involves listening to residents, healthcare professionals, public health experts, and local leaders to understand health challenges, priorities, and opportunities. These insights go beyond statistics to build a human-centered foundation for effective health planning.

Timeline and Data Collection

The 2025 CHNA was conducted from June 2025 to November 2025, combining quantitative analysis with meaningful community input. Public health data at the county level was reviewed to identify trends in chronic disease, behavioral health, and access to care. Additional indicators related to income, housing, education, food security, and employment were included to better understand the broader social and economic context. To supplement the data findings, each hospital conducted a regional focus group and distributed a community-wide survey. These efforts gathered input from residents, healthcare providers, public health officials, nonprofit leaders, and other key stakeholders. The insights collected help ensure that strategies are tailored to each community's unique priorities, rather than relying on a one-size-fits-all approach. Particular attention was given to amplifying the voices of underserved and vulnerable populations.

Governance and Public Access

Each hospital's CHNA was reviewed by the hospital's Board of Directors and formally approved on:

- Laird – November 10, 2025
- Scott Regional – November 11, 2025
- Stennis – November 12, 2025
- ORMC, Specialty, and Watkins – November 17, 2025
- Choctaw General - November 20, 2025

Following approval, reports were made publicly available through ochsnerrush.org. This transparency helps ensure community members, partners, and stakeholders can access and engage with the findings.

CHNA Leadership and Research Partner

Steering Committee

Ochsner Rush Health recognizes and thanks its 2025 CHNA Steering Committee members for their insight, time, and commitment. Their contributions were critical to shaping outreach strategies, validating findings, and identifying key health needs in the community.

Ochsner Rush Medical Center and Ochsner Specialty Hospital

- Jil Montgomery
- Kristy Holmes
- April McIlwain
- Laura Vice, Specialty Hospital DON
- Quincy Gaddy
- Josh Graham
- Erin Mars
- Kristin Molony, Specialty Hospital Administrator
- Allen Tyra, CEO ORMC

Ochsner Choctaw General

- Kawanda Johnson, Hospital Administrator
- Nora Hutto, Case Management
- Rachel Hannah, DON
- Angela Yates, Laboratory Services Manager
- Suzanne Mize, Quality Manager
- Deidra Aldridge, Administrative Assistant

Ochsner Laird Hospital

- Heather Davis, Administrator
- Tracy Laird, DON
- Kimberly Roland, Operations Coordinator
- Jennifer McElhenney, HIM Specialist/Administration
- Rhonda Watkins, Administrative Assistant
- Kim Posey, Respiratory Manager
- Danille Tindall, Patient Registration Supervisor

Ochsner Scott Regional

- Heather Davis, Administrator
- Heather Hayman, DON
- Lee Walker, Operations Coordinator
- Justin Beard, Radiology Manager
- Fannie Easterling, Administrative Assistant
- Kasey McLendon, Respiratory Manager
- Alyssa McCrory, Pre-Service Rep

Ochsner Stennis Hospital

- Kristin Molony, Administrator
- Carol Hunnicutt, Administrative Assistant
- Laura Shotts, DON
- Jessie Kinstley, Nursing Supervisor
- Brittany Roberson, Case Manager
- Nycole Miles, Radiology Manager

Ochsner Watkins Hospital

- Kawanda Johnson, Hospital Administrator
- Melissa Newell, Director of Nursing
- Ashley Hall, Administrative Assistant
- L. Suzanne Stewart, RN, Supervisor
- Janice Edwards, RN, Case Management
- Jaynice Neely, IOP Senior Services

Research Partner

Ochsner Rush Health partnered with Carr, Riggs & Ingram (CRI), a nationally recognized accounting and advisory firm, to support the 2025 CHNA process. CRI brings extensive experience collaborating with mission-driven organizations in healthcare, education, government, and the nonprofit sector. To learn more, visit criadv.com.

CRI conducted data analysis, guided community engagement activities, and prepared reports that meet regulatory requirements while remaining relevant to local needs. With a strong presence across the South and a deep understanding of health and economic trends in the region, CRI provided a well-informed and balanced perspective. Their work reflects a shared commitment to using data and community input to shape strategies that support real, lasting improvements in health.

Hospital-Level Analysis and Systemwide Context

Each hospital serves a unique role in advancing Ochsner Rush Health's mission, rooted in local expertise and trusted relationships within the communities they serve. This report highlights both hospital-level and systemwide findings to support meaningful action that reflects community priorities.

The following sections provide hospital-specific data and context, including demographic profiles, health indicators, and progress since the last CHNA. Examining each hospital individually allows for a clearer understanding of community health needs at the local level, while the systemwide analysis supports coordinated planning across Ochsner Rush Health.

Ochsner Rush Medical Center and Ochsner Specialty Hospital: Serving the Community

Located in Meridian, Mississippi, Ochsner Rush Medical Center is a regional referral hospital with a long-standing reputation for delivering comprehensive care to residents of Lauderdale County and surrounding communities. As a cornerstone of healthcare in East Mississippi and West Alabama, the 215-bed facility has evolved over generations to meet the changing needs of the region's population.

Alongside Ochsner Rush Medical Center, Ochsner Specialty Hospital enhances care by serving patients with complex or long-term medical needs. This facility focuses on extended inpatient care, including respiratory therapy, wound care, rehabilitation, and other treatments that support recovery after a critical illness. It plays an essential role in helping patients transition safely from acute care to home or other settings.

Together, the two hospitals offer a wide range of services, including 24/7 emergency care, advanced surgical procedures, inpatient and outpatient care, specialized diagnostics, and rehabilitative therapies. Specialty clinics and programs in women's health, cardiology, orthopedics, and oncology ensure that patients receive expert care close to home. Their participation in the 340B drug pricing program helps provide affordable medications to eligible patients throughout the region.

The care teams at Ochsner Rush Medical Center and Ochsner Specialty Hospital include physicians, nurses, specialists, and staff who work collaboratively to deliver high-quality, patient-centered care. Both

facilities are deeply connected to the community and regularly engage through health fairs, educational events, and partnerships with schools, local organizations, and public health agencies.

As part of the Ochsner Rush Health system, these hospitals blend local leadership and personalized care with access to the broader expertise and resources of one of the Gulf South's leading healthcare networks. This connection allows Ochsner Rush Medical Center and Ochsner Specialty Hospital to serve as trusted local providers and regional hubs for specialized care, with a continued commitment to improving health outcomes and supporting wellness throughout the area they have served for more than a century.

Hospital Service Area Overview

Understanding where a hospital's patients live is key to identifying local health needs and designing effective care strategies. This section outlines the primary service area for Ochsner Rush Medical Center and Ochsner Specialty Hospital based on Centers for Medicare & Medicaid Services (CMS) Hospital Service Area data from 2019 to 2023. These geographic insights support targeted outreach, guide resource planning, and help build strategic partnerships across the region.

Lauderdale County, located in east Mississippi along the Alabama border, forms the core of Ochsner Rush Medical Center's and Ochsner Specialty Hospital's service area. With a rich history, strong institutional presence, and growing regional influence, Lauderdale County plays a central role in shaping the health landscape of both East Mississippi and West Alabama.

From 2019 to 2023, 42.1% of Medicare patients served by Ochsner Rush Medical Center and 59.9% of those served by Ochsner Specialty Hospital resided in Lauderdale County. This concentration of patients highlights the hospitals' role as trusted local providers and key regional care hubs. Their location in Meridian, the largest city in Lauderdale County, further strengthens access to a full continuum of care for residents throughout the area.

Lauderdale County was established in 1833 and has since developed into a center of commerce, education, and culture for the surrounding region. Meridian's historical significance as a railroad and trading hub continues to influence the area's economic and community identity. Today, institutions such as Mississippi State University – Meridian, Meridian Community College, and a wide network of faith-based and civic organizations reflect the county's commitment to growth, learning, and service.

The county's diverse population, engaged civic sector, and collaborative public agencies contribute to an environment that supports comprehensive, community-based care. Ochsner Rush Medical Center and Ochsner Specialty Hospital remain vital parts of this landscape, partnering with local leaders to address health challenges, reduce disparities, and promote wellness for all who live and work in Lauderdale County.

Demographic Profile of the Hospital Service Area

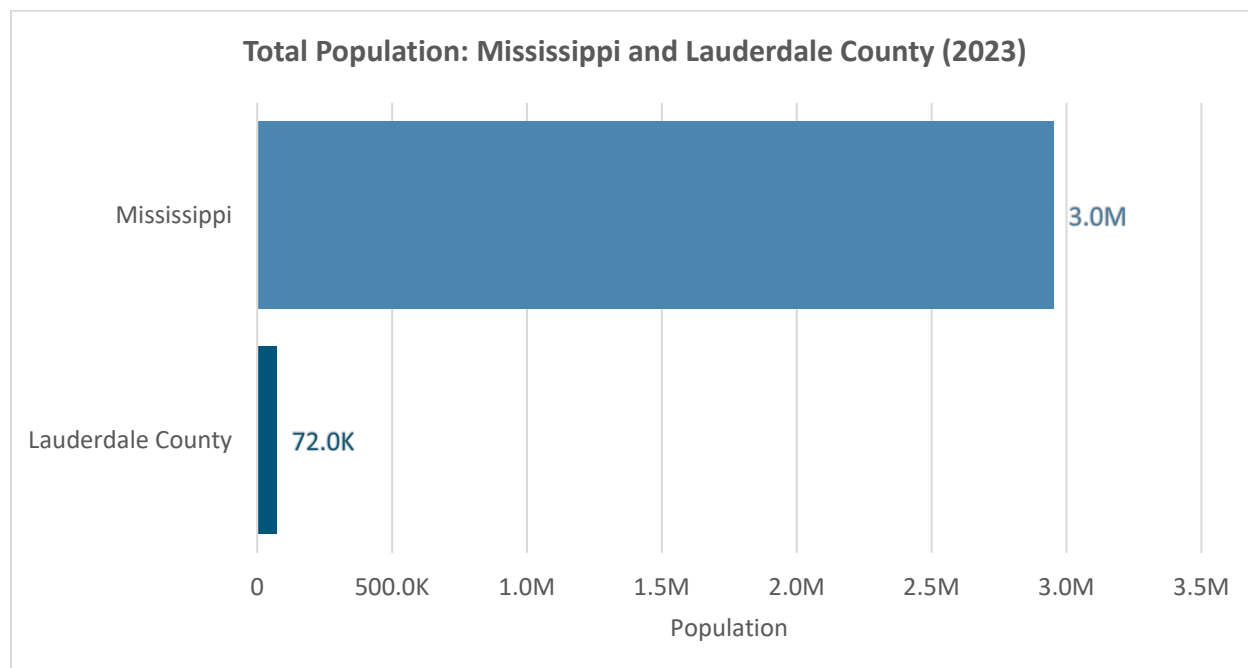
Demographic data provides essential context for understanding health needs, tracking changes over time, and informing strategies for care delivery and resource allocation. This section presents an

overview of the population characteristics in the hospital's service area, including total population, population change over time, age distribution, sex, and racial and ethnic composition.

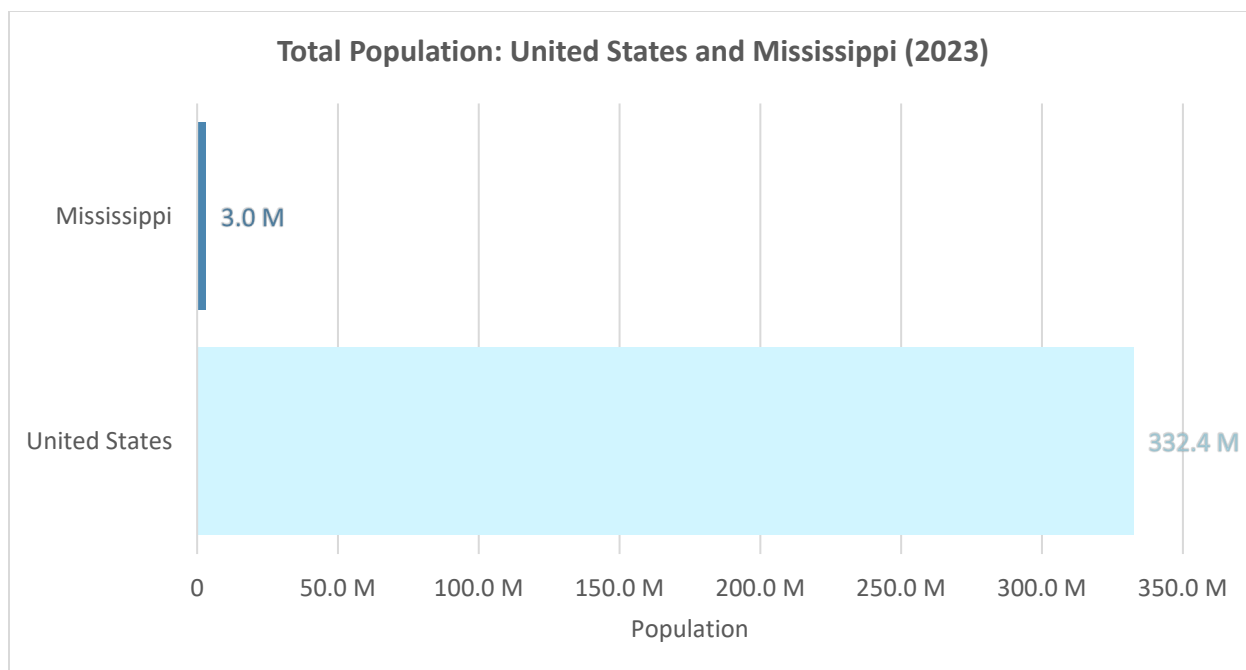
As of 2023, Mississippi had a population of just over 3 million, while Lauderdale County was home to approximately 72,000 residents. This places Lauderdale among the more populous counties in the region and underscores its importance as a critical healthcare hub in east central Mississippi.

When viewed in the national context, Mississippi makes up less than 1% of the total U.S. population of 332 million. This underscores the need for healthcare systems in rural states to be especially strategic, as they often serve broad geographic areas with limited population density.

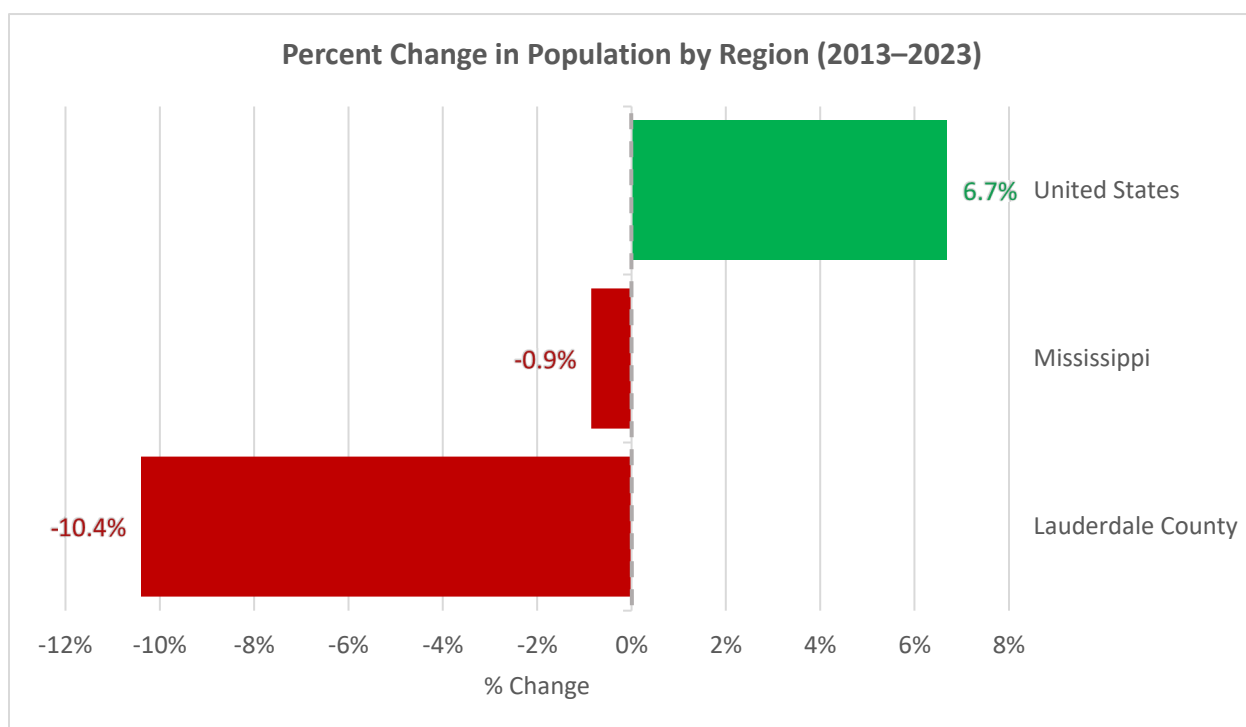
Population change over time reflects deeper community shifts. While the national population increased by 6.7% from 2013 to 2023, Mississippi experienced a slight decline of -0.9%. Lauderdale County experienced a notable population decrease of -10.4% over the same period. This level of decline suggests growing outmigration and an aging local population, trends that can have significant implications for workforce development, school enrollment, and healthcare demand in the years ahead.



2 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



3 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



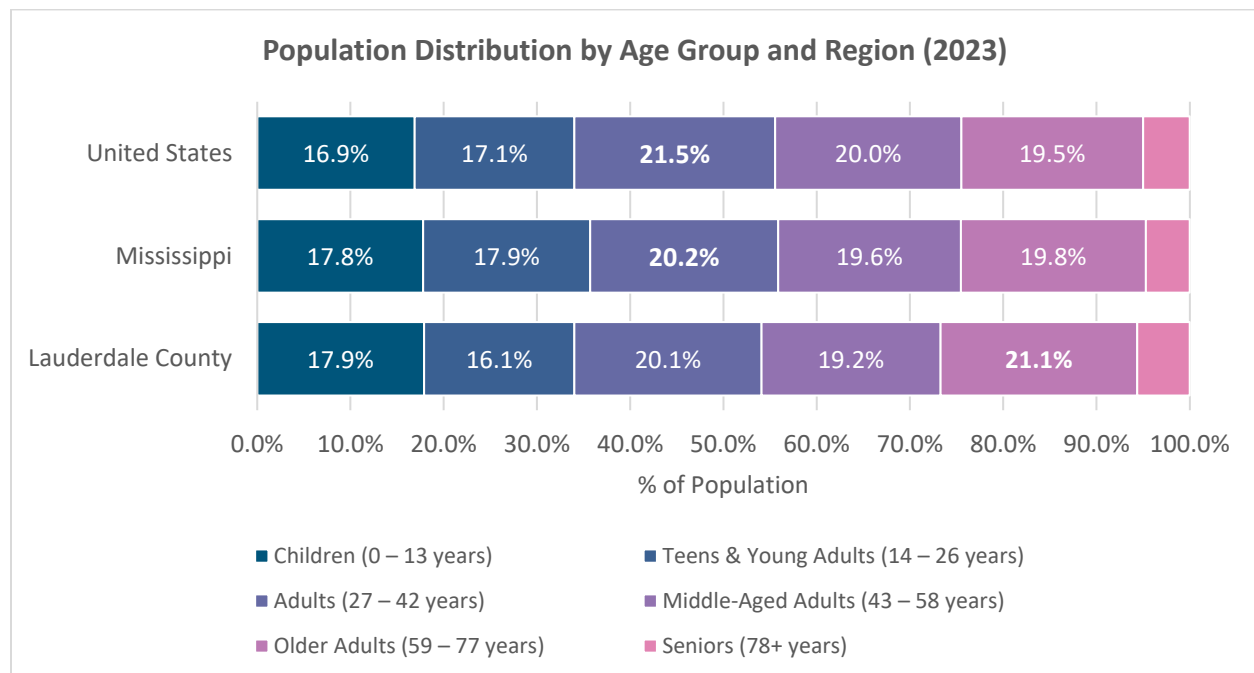
4 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013 & 2023), Table S0601

The age makeup of a community offers important insight into current and future health needs. In Lauderdale County, the population is generally older than both state and national averages. Seniors (ages 78 and older) make up 5.6% of the population, and older adults (ages 59–77) account for 21.1%. Both groups represent a larger share of the population compared to Mississippi and the United States overall.

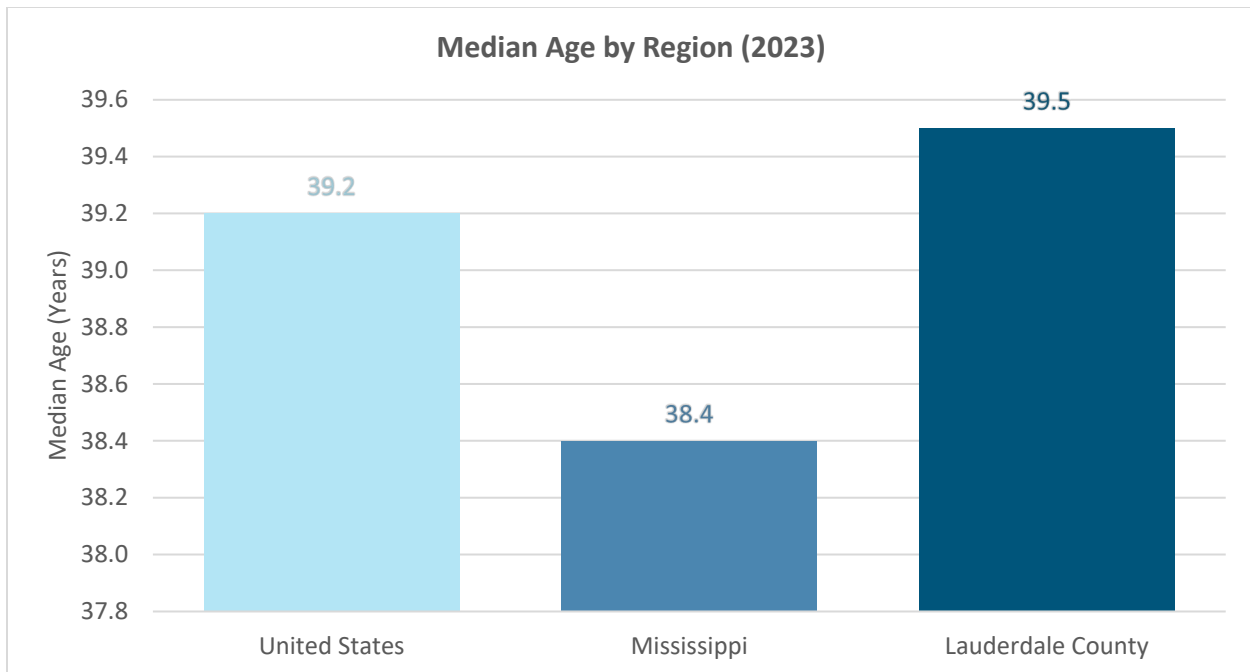
This older demographic contributes to Lauderdale County’s median age of 39.5 years, which is slightly higher than the national median of 39.2 and notably older than Mississippi’s median of 38.4.

Children (ages 0–13) represent 17.9% of the population, closely aligning with state and national figures. Lauderdale County has a smaller share of teens and young adults (ages 14–26), at just 16.1%. This may reflect outmigration of younger residents or fewer young families choosing to settle in the area.

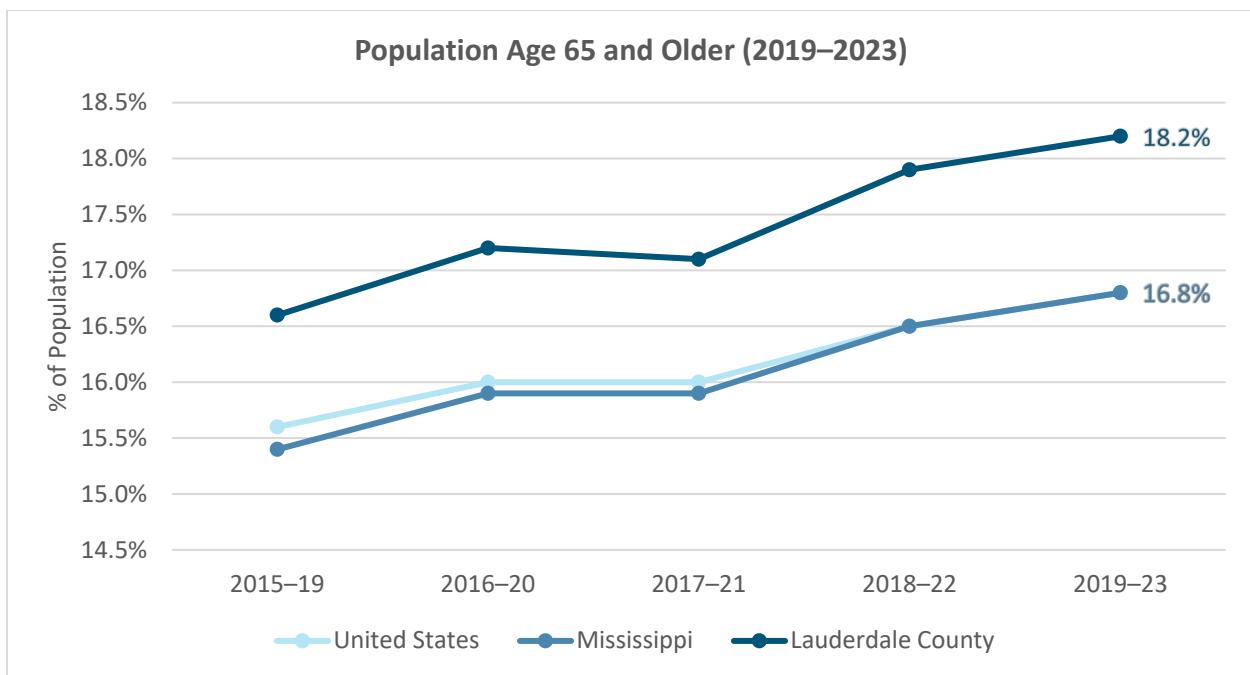
The county’s aging trend is also visible in long-term data. From 2015 to 2023, the percentage of residents age 65 and older increased steadily, reaching 18.2% in 2023. This is the highest share among the three comparison regions. These trends point to increasing demand for geriatric care, chronic disease services, and support that allow older adults to remain in their homes and communities.



5 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0101

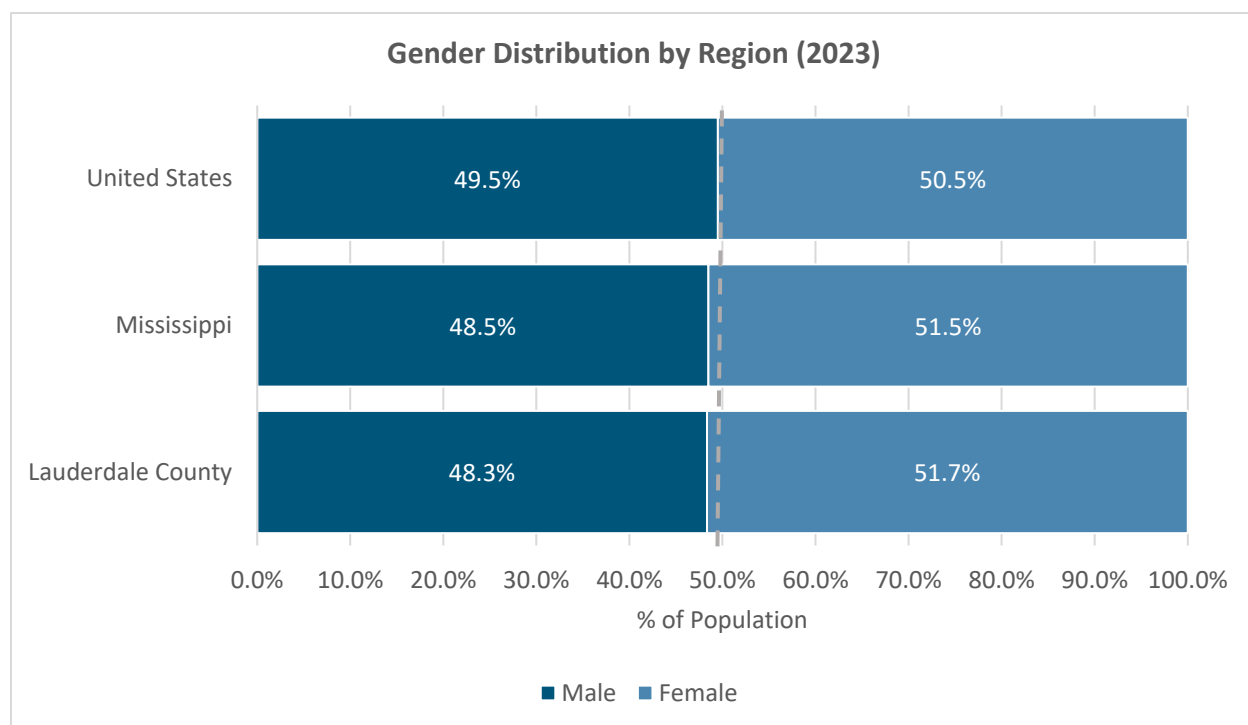


6 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0101



7 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2019–2023), Table S0101

Gender distribution in the region mirrors state and national patterns, with women slightly outnumbering men. In Lauderdale County, females make up 51.7% of the population, compared to 48.3% male. This balance is nearly identical to Mississippi overall and slightly higher than the national female share of 50.5%. While the differences are small, understanding gender makeup can help tailor services such as maternal health, caregiving support, and preventive care outreach.

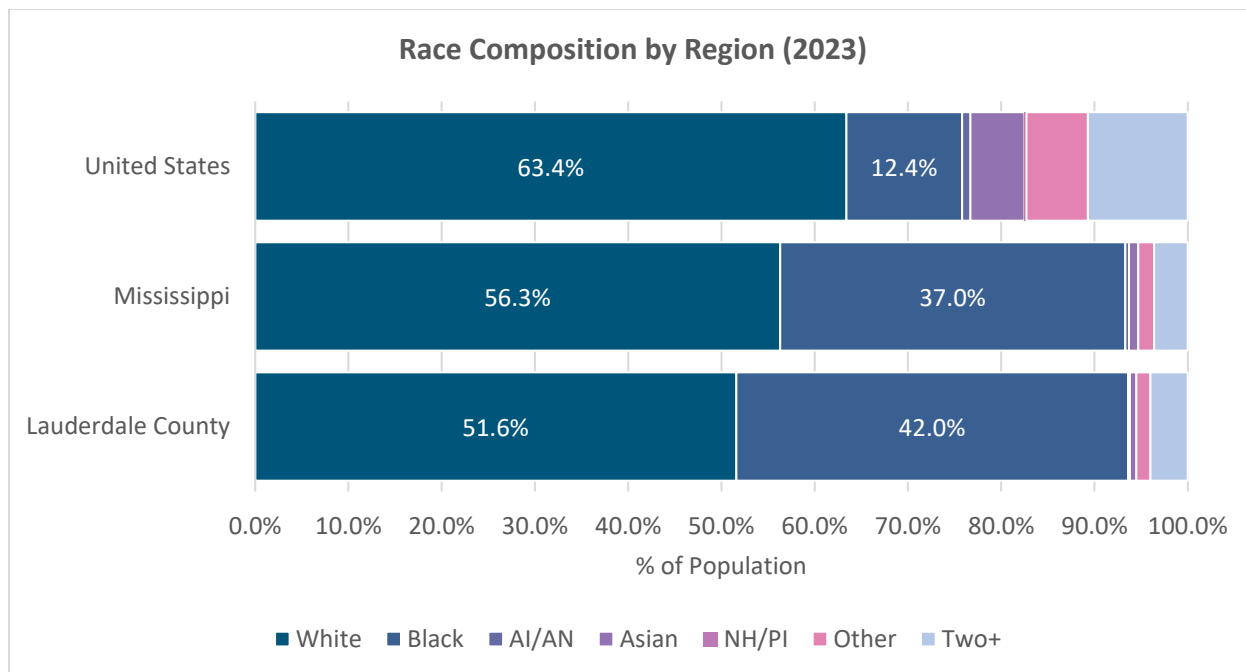


8 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0101

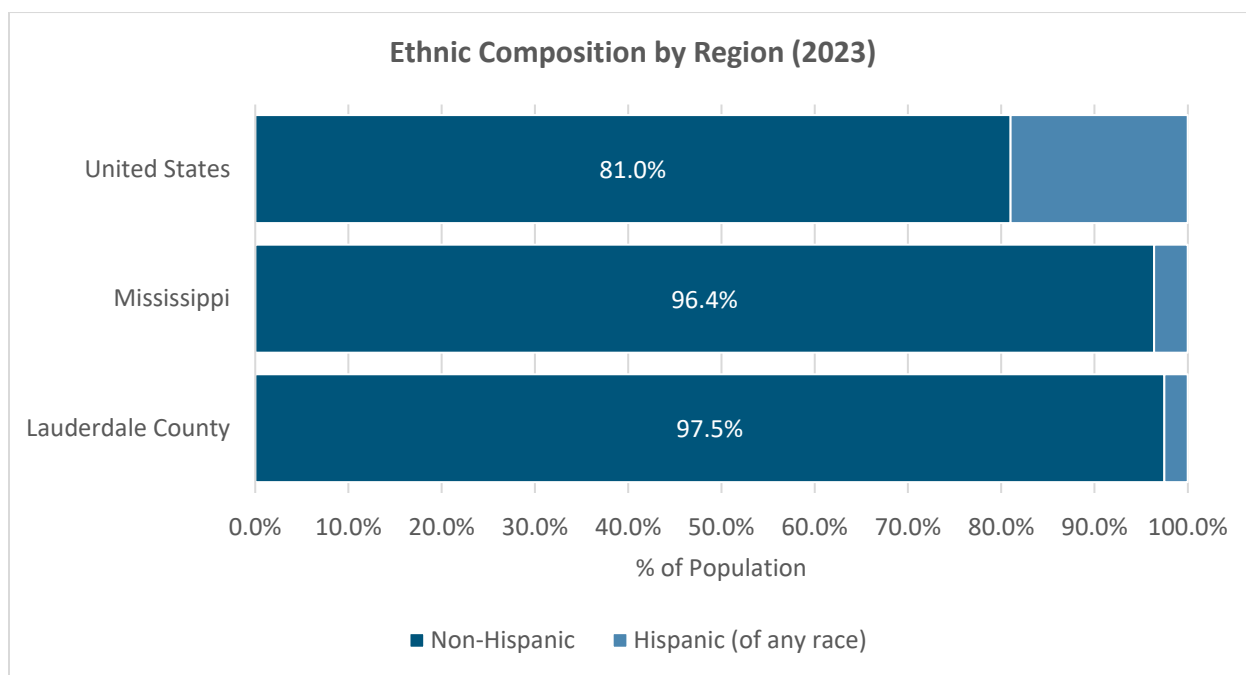
The racial and ethnic composition of the service area remains relatively consistent with state trends, though less diverse than the nation overall. In 2023, Lauderdale County was 51.6% White and 42.0% Black, reflecting a more racially balanced population than Mississippi overall. Other racial groups, including individuals identifying as Two or More Races (4.0%) and Other (1.5%), make up a small but growing share of the population.

Ethnic diversity is limited in the region. 97.5% of Lauderdale County residents identify as non-Hispanic, compared to 96.4% in Mississippi and 81.0% nationally. Although the Hispanic population accounts for just 2.5% of the county, it has grown modestly in recent years. Ensuring culturally appropriate care, interpretation services, and inclusive outreach remains an important part of equitable service delivery.

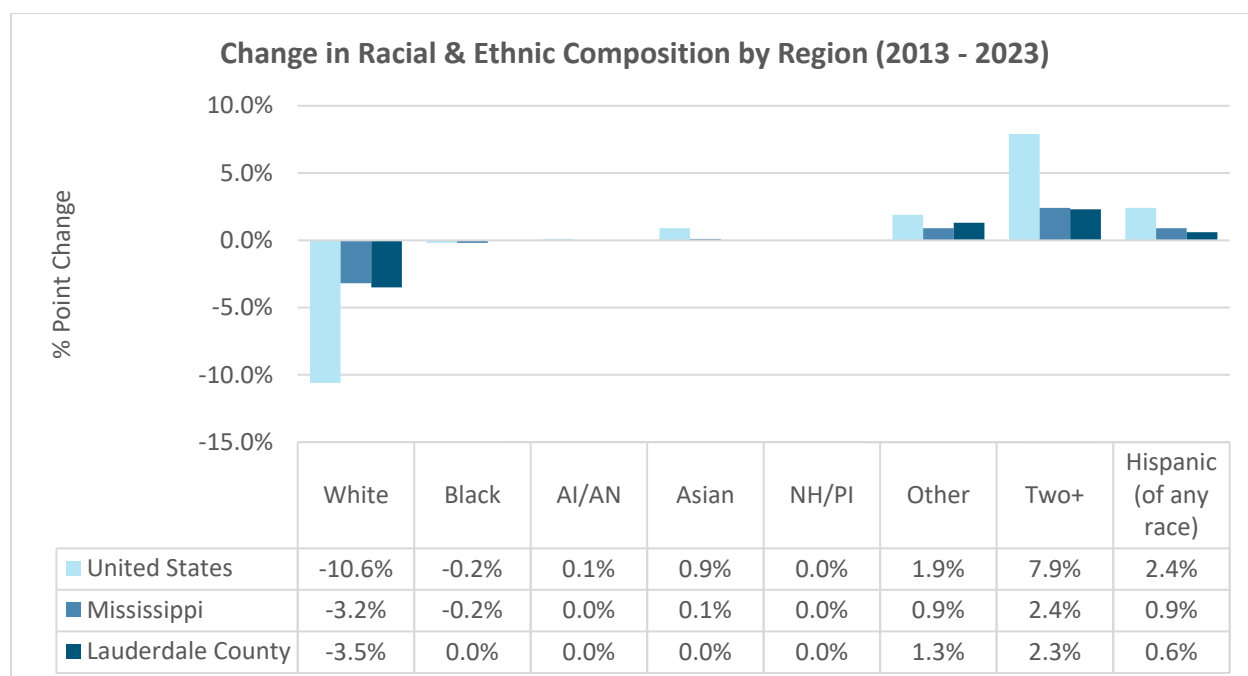
Over the past decade, Lauderdale County has seen a 3.5 percentage point decrease in its White population, along with slight increases in multiracial and Other racial categories. The remaining populations have stayed relatively stable.



9 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



10 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



11 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table S0601

Together, these demographic insights provide a foundational understanding of who lives in the service area and how population characteristics are changing. By examining shifts in age, race, ethnicity, and overall population size, the hospital can better anticipate emerging needs and design services that are responsive, inclusive, and sustainable. To fully understand what drives health outcomes in the region, the next section explores the broader social and economic conditions that shape daily life.

Understanding Social Determinants of Health

Health is shaped by more than medical care alone. A person’s ability to live well depends on many aspects of daily life, such as access to stable housing, quality education, reliable employment, transportation, and supportive social connections. These conditions, known as social determinants of health (SDOH), influence health outcomes across a person’s life and affect the long-term strength of the community.

As part of this CHNA, the hospital is working to better understand how social and economic conditions affect the health of the people we serve. Examining these broader factors helps us better support our community, both within the hospital and beyond. This approach guides the development of more effective programs, stronger partnerships, and targeted outreach efforts aimed at long-term improvements in health and quality of life. Our goal is not just to treat illness but to help create conditions where health can thrive.

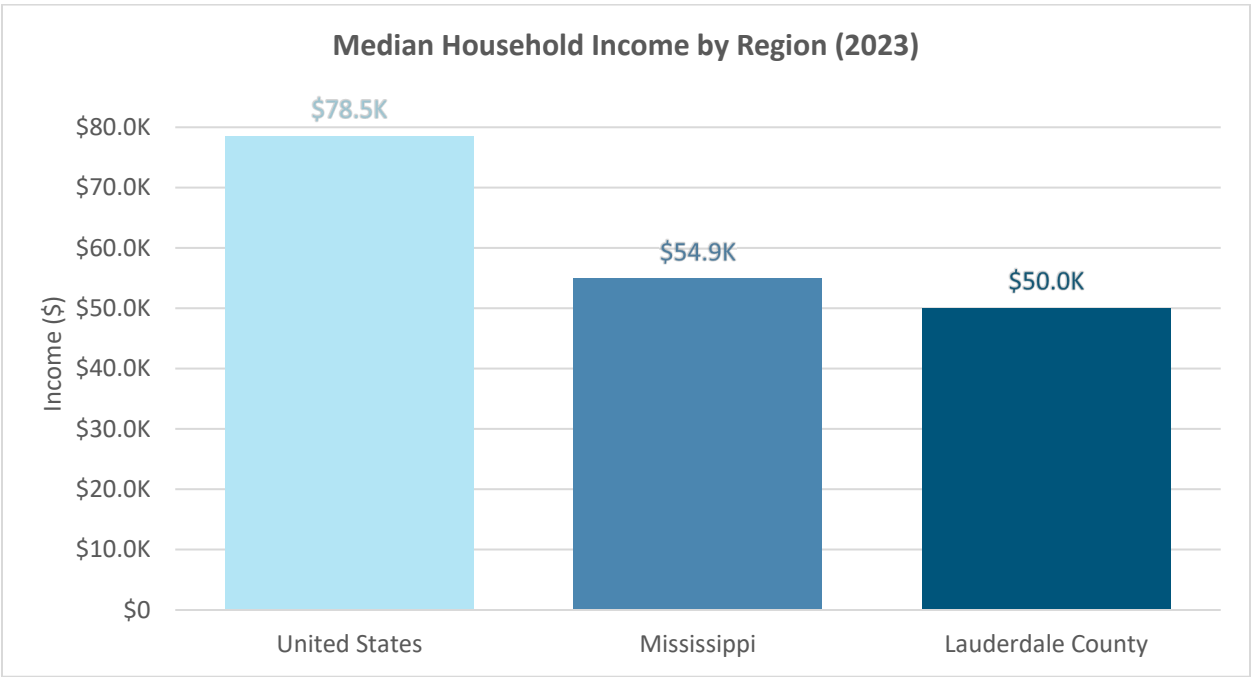
This assessment uses the Healthy People 2030 framework, which outlines five key domains of social determinants of health:

Economic Stability

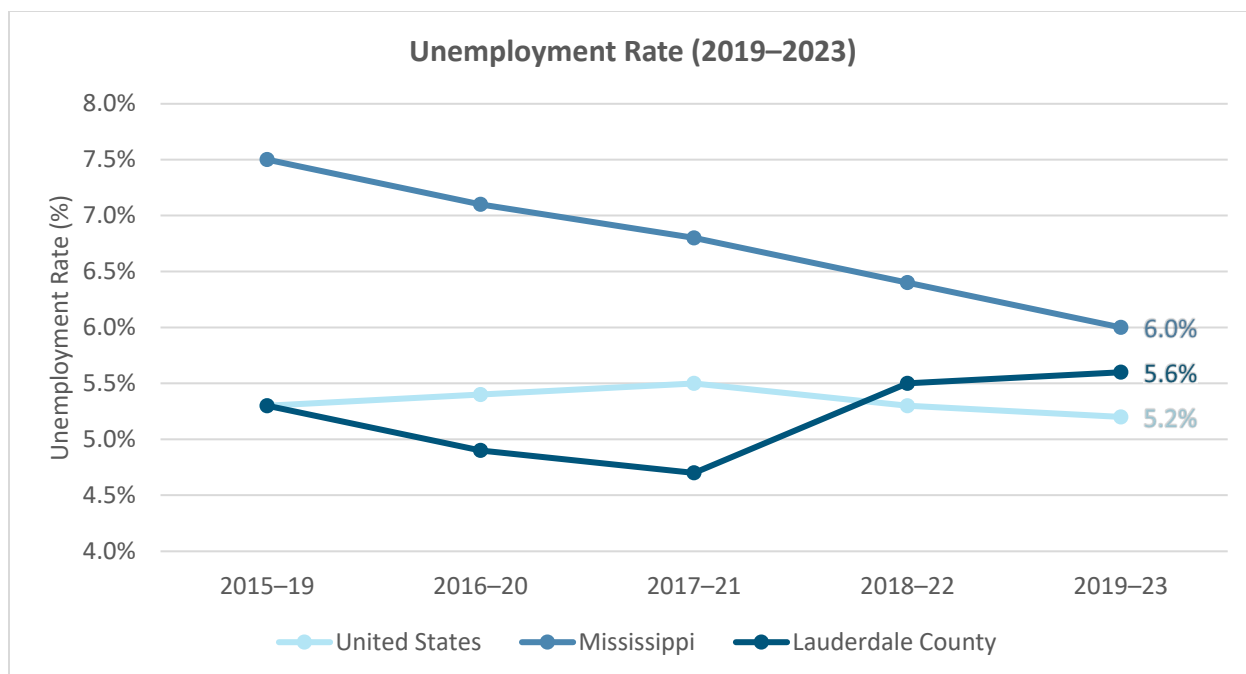
Economic stability refers to a household’s ability to consistently meet basic financial needs such as housing, food, transportation, and healthcare. When individuals and families face unemployment, underemployment, or high costs of living, they are more likely to experience stress, delay care, and suffer from preventable illness. By examining indicators such as income, poverty levels, and food insecurity, this domain highlights the financial pressures that can negatively affect health outcomes in the community.

Income levels across the hospital’s service area remain well below national figures. In 2023, the median household income in Lauderdale County was \$50,000, which is lower than Mississippi’s statewide median of \$54,900 and significantly below the national median of \$78,500. These lower earnings can reduce financial flexibility and limit access to reliable housing, transportation, childcare, and preventive healthcare.

Unemployment trends offer additional context. Lauderdale County reported an unemployment rate of 5.6% for the 2019–2023 period. This figure is slightly above the national rate of 5.2% but remains below Mississippi’s overall unemployment rate of 6.0%. While not extreme, this gap indicates some ongoing challenges in the local labor market, particularly considering broader population decline and aging trends.



12 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1901



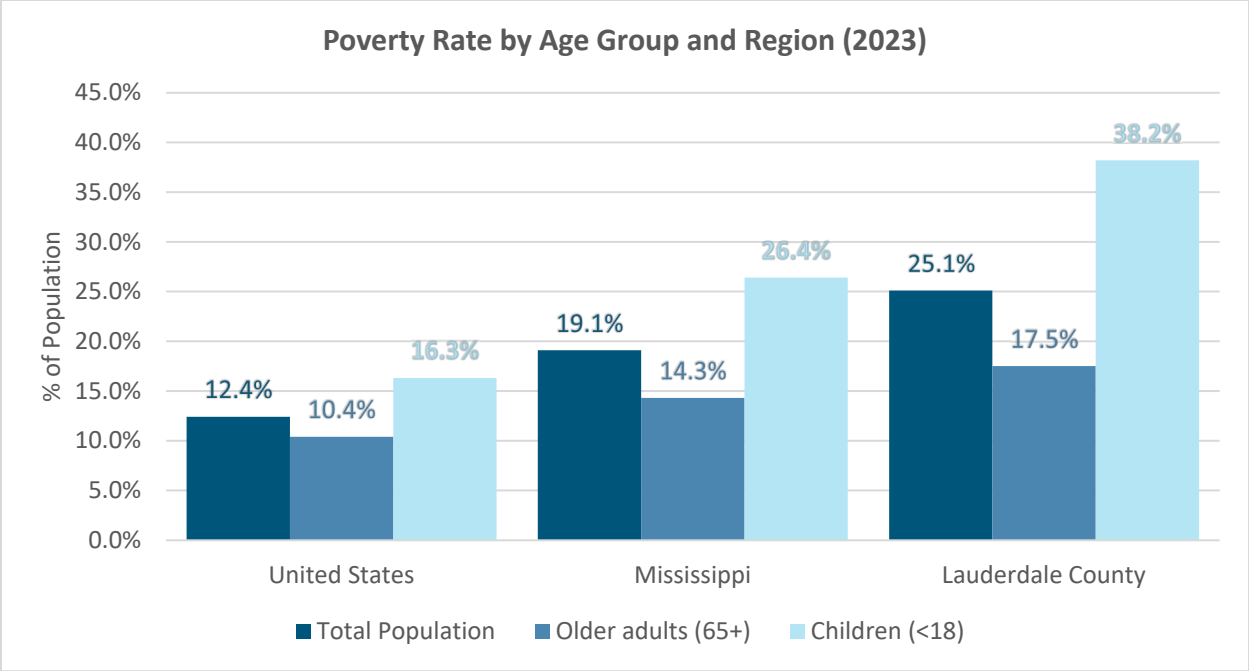
13 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table DP03

Poverty affects a broad segment of residents, with children consistently the most impacted group. In 2023, 38.2% of children in Lauderdale County lived below the poverty line, a rate that is significantly higher than both the state average of 26.4% and the national average of 16.3%. Among older adults, 17.5% were living in poverty, which is above the state rate of 14.3% and well above the national rate of 10.4%. Overall, 25.1% of Lauderdale County’s total population was living in poverty in 2023, highlighting widespread financial vulnerability.

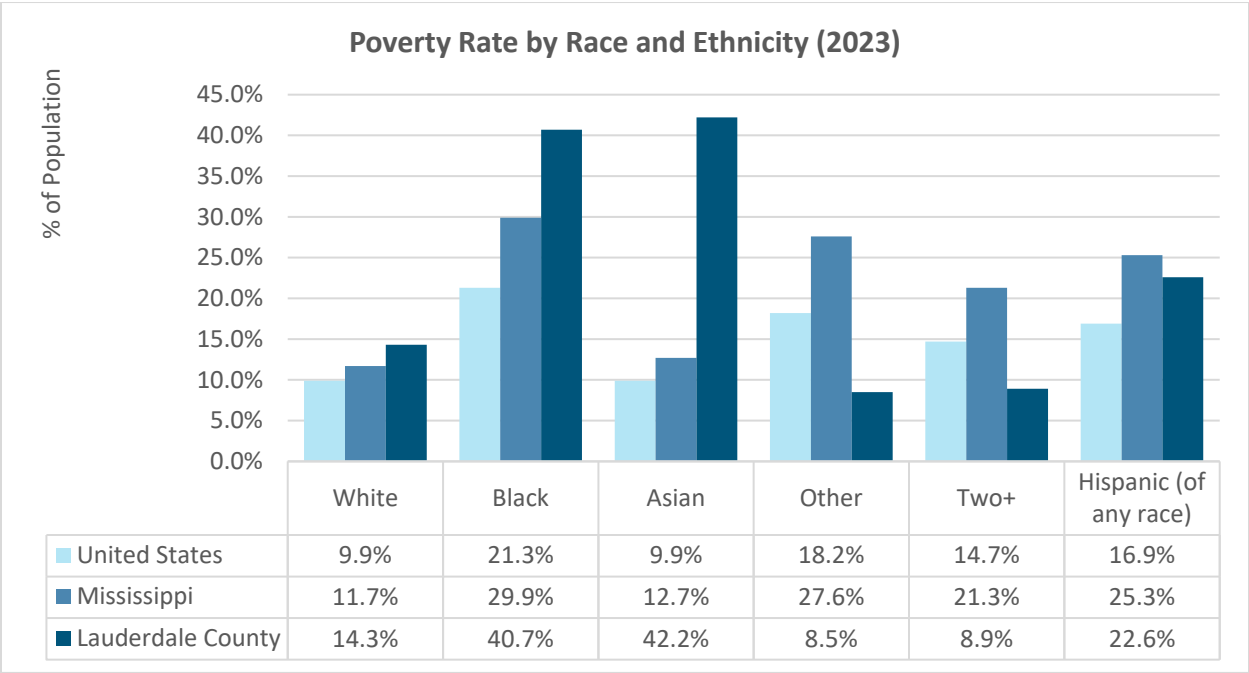
Racial and ethnic disparities are also pronounced. More than 40% of Black residents and 42.2% of Asian residents in Lauderdale County were living in poverty in 2023. These rates are far higher than those of White residents, 14.3% of whom were in poverty, and are consistent with state and national patterns of inequity. Hispanic residents (of any race) also faced elevated poverty, with 22.6% living in poverty. These disparities reflect structural barriers that impact income stability, employment access, and long-term economic security.

Data for American Indian and Alaska Native (AI/AN) and Native Hawaiian and Other Pacific Islander (NH/PI) populations were excluded due to small sample sizes or data suppression, which can lead to unstable estimates.

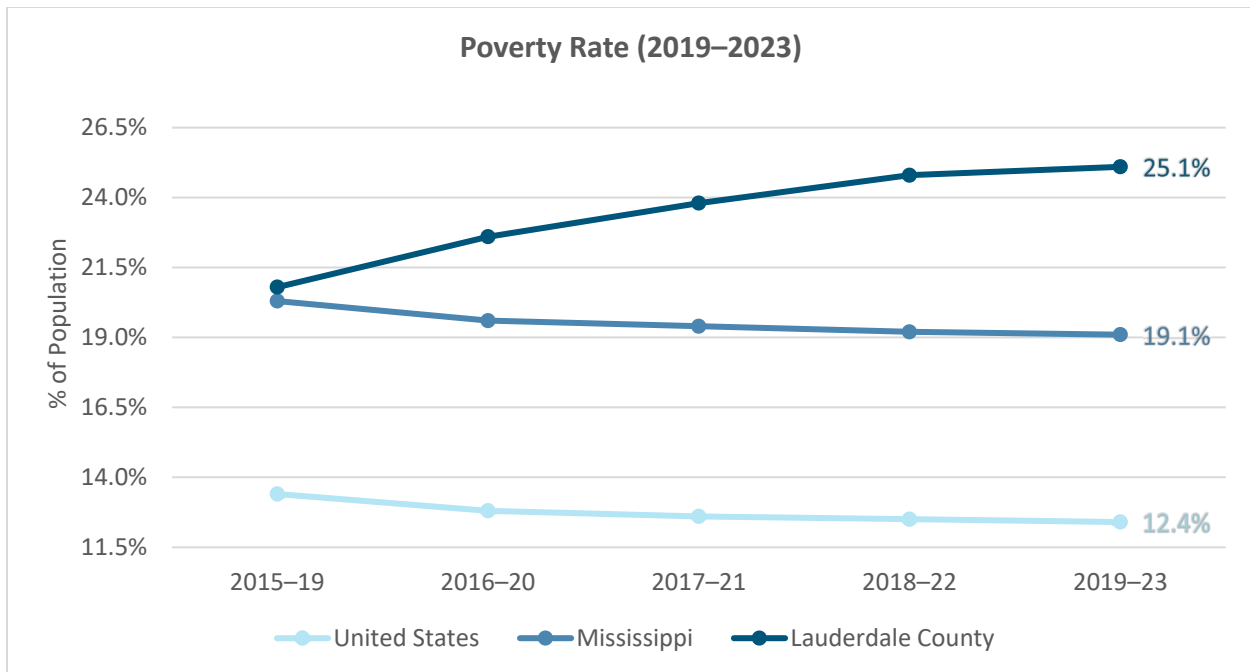
Over the past five years, poverty has remained persistently high in Lauderdale County. The poverty rate increased from 20.8% during 2015–2019 to 25.1% in 2019–2023, despite a relatively steady state average and a slight national decline. These trends suggest an ongoing need for targeted interventions that address both immediate financial hardship and their long-term effects on health.



14 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1701

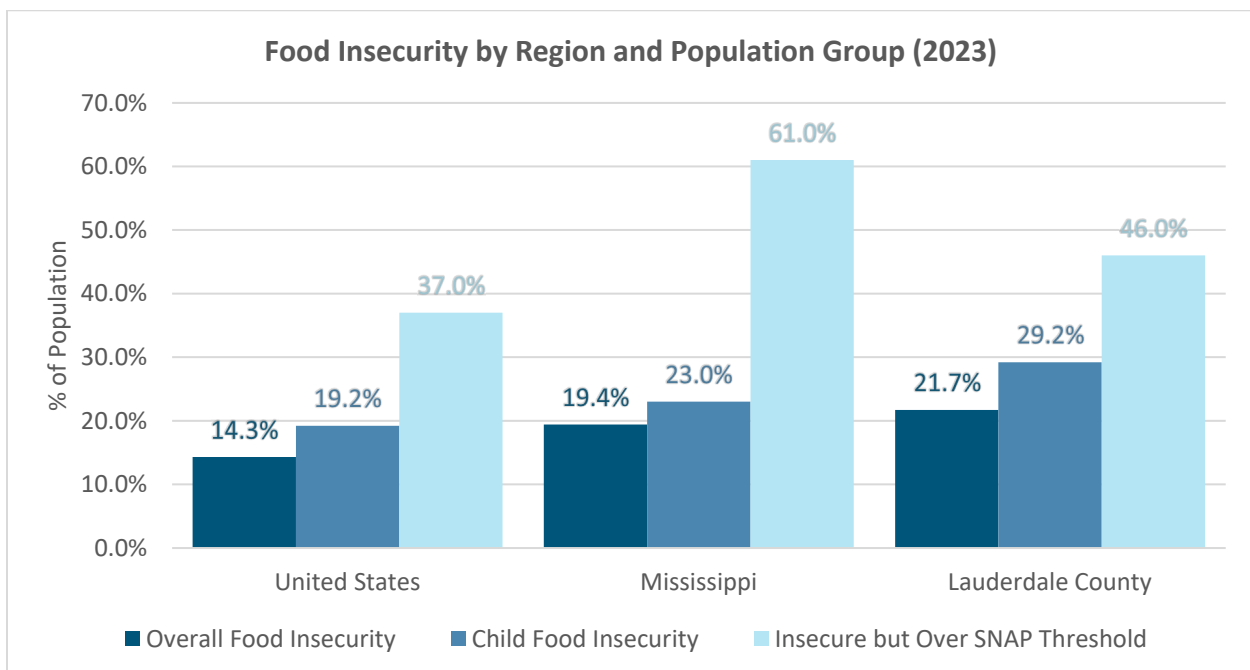


15 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1701



16 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table S1701

Food insecurity compounds the challenges of poverty, particularly when families fall just outside eligibility for public assistance. In 2023, 21.7% of Lauderdale County residents experienced food insecurity, a rate higher than both the national average of 14.3% and Mississippi’s rate of 19.4%. Child food insecurity was even more pronounced, affecting 29.2% of children in the county. A substantial share of food-insecure households also earn too much to qualify for SNAP benefits, creating a critical support gap. In Lauderdale County, 46.0% of food-insecure residents fell above the SNAP income threshold.



While income, employment, and food security shape immediate stability, long-term opportunity and health are deeply influenced by education. The next section explores how access to quality education and educational attainment impact overall well-being and economic mobility in the community.

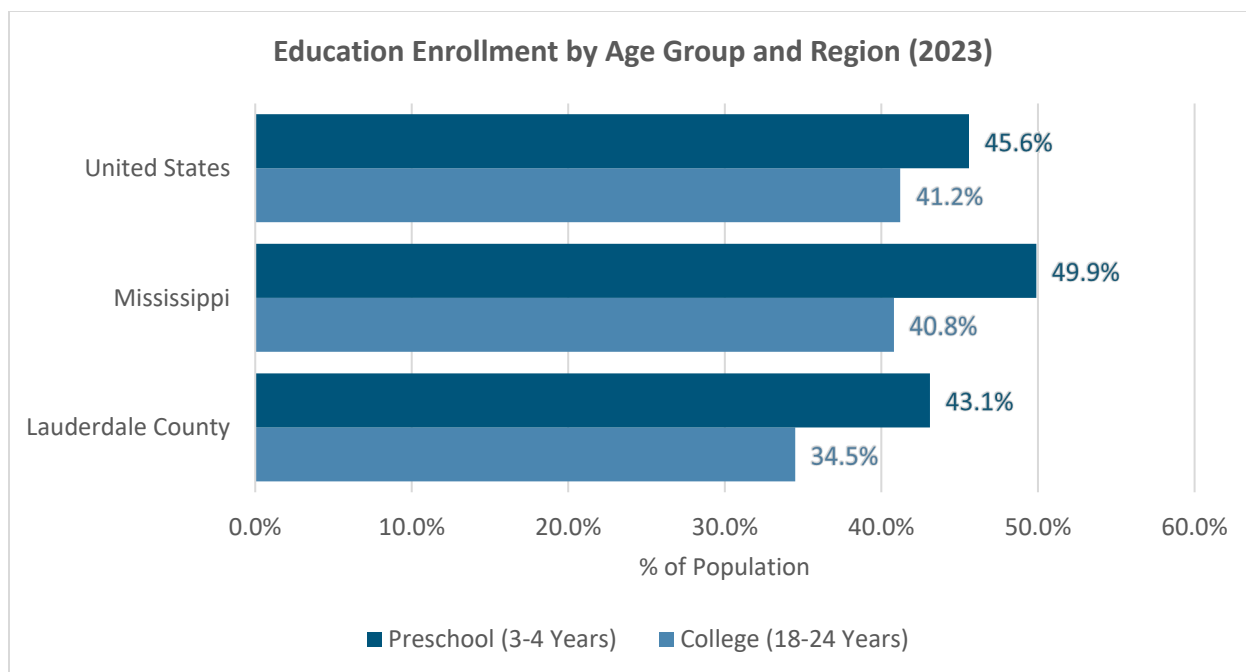
Education Access and Quality

Access to quality education lays the foundation for lifelong well-being. Educational attainment influences employment opportunities, income, health literacy, and the ability to navigate health systems effectively. Gaps in early childhood education, high school graduation, and college enrollment can lead to lasting disparities in health. This domain includes metrics that explore educational access across different age groups and examine racial and geographic disparities.

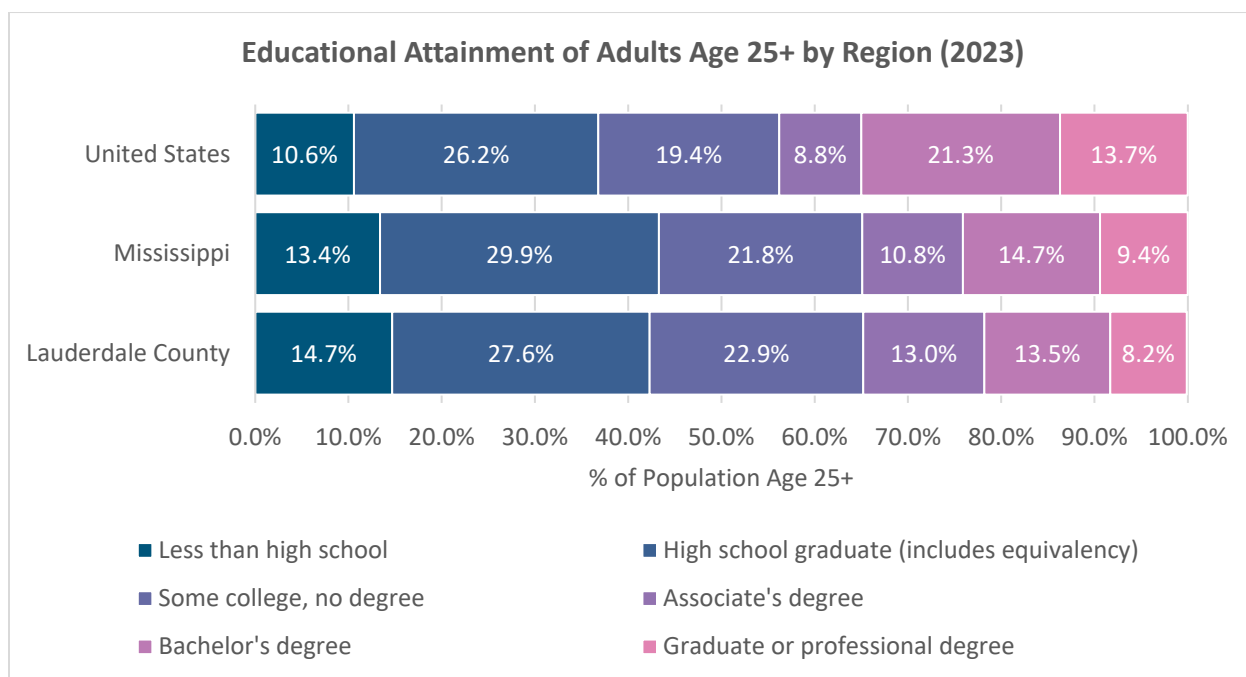
Preschool enrollment among children ages 3–4 was slightly lower in Lauderdale County compared to state and national rates. In 2023, 43.1% of preschool-aged children were enrolled in an early education program, compared to 49.9% in Mississippi and 45.6% nationally. While the difference is modest, early education is strongly linked to long-term academic and developmental outcomes, and lower participation may indicate limited access or affordability barriers.

Post-secondary enrollment among young adults shows a more noticeable gap. Only 34.5% of residents aged 18–24 in Lauderdale County were enrolled in college, well below both the state rate of 40.8% and the national average of 41.2%. This shortfall may reflect affordability concerns, limited access to local institutions, or competing demands such as employment or caregiving responsibilities.

Among adults aged 25 and older, 14.7% of Lauderdale County residents had not completed high school, which is higher than both the national (10.6%) and Mississippi (13.4%) averages. At the other end of the spectrum, just 13.5% held a bachelor's degree, and only 8.2% had a graduate or professional degree. These figures are below both state and national benchmarks, suggesting long-standing barriers to educational attainment. These gaps can impact employment prospects, earning potential, and residents' ability to access, interpret, and act on health information.



18 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1401



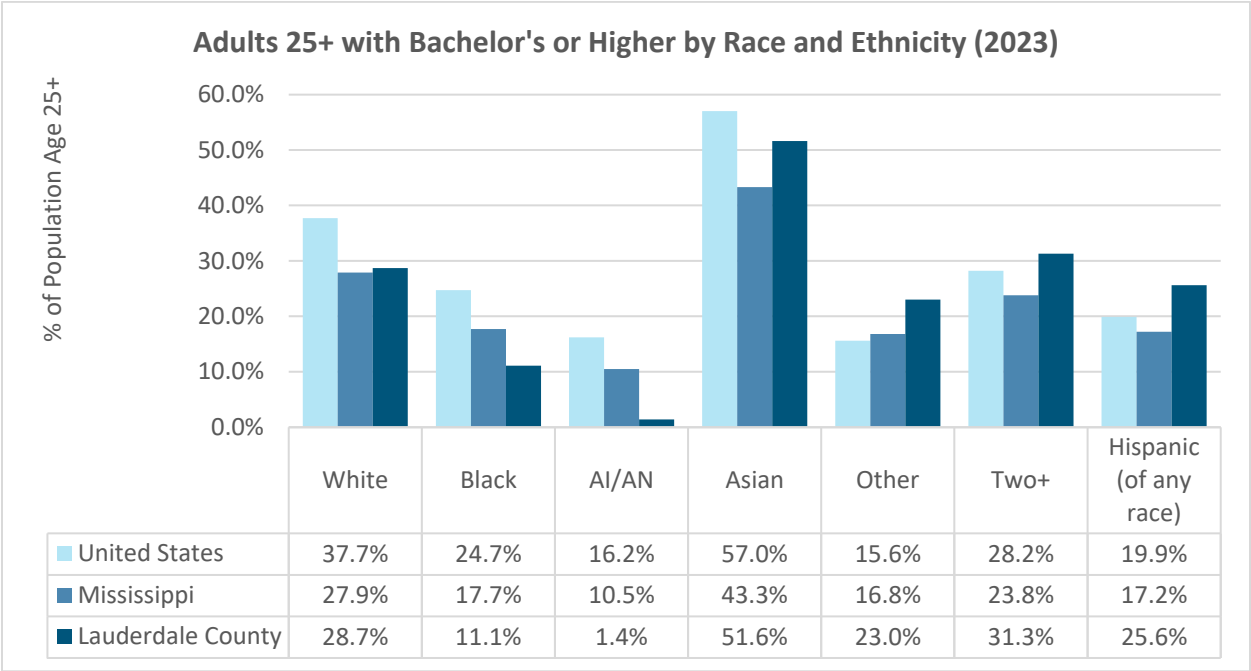
19 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP02

Educational disparities are further magnified when viewed through the lens of race and ethnicity. In Lauderdale County, only 11.1% of Black adults and 1.4% of American Indian/Alaska Native adults held a bachelor's degree or higher in 2023. These rates are significantly lower than those for White adults in the county, 28.7% of whom had attained a bachelor's degree or more, and highlight persistent gaps in educational access and attainment.

At the same time, over 50% of Asian adults in Lauderdale County held a bachelor’s or higher degree, reflecting patterns seen at the national and state levels. Among Hispanic residents, 25.6% had earned at least a bachelor’s degree, which is higher than both the Mississippi rate of 17.2% and national rate of 19.9%

These differences underscore the importance of equity-focused strategies that address local context, historical exclusion, and population-specific barriers to higher education.

Data for Native Hawaiian and Other Pacific Islander (NH/PI) populations was excluded due to small sample sizes or data suppression, which can lead to unstable estimates.



20 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1501

Educational access helps lay the groundwork for healthier futures, but that foundation is only as strong as the care systems supporting it. The next section looks at how the availability, affordability, and consistency of health care impacts well-being across the community.

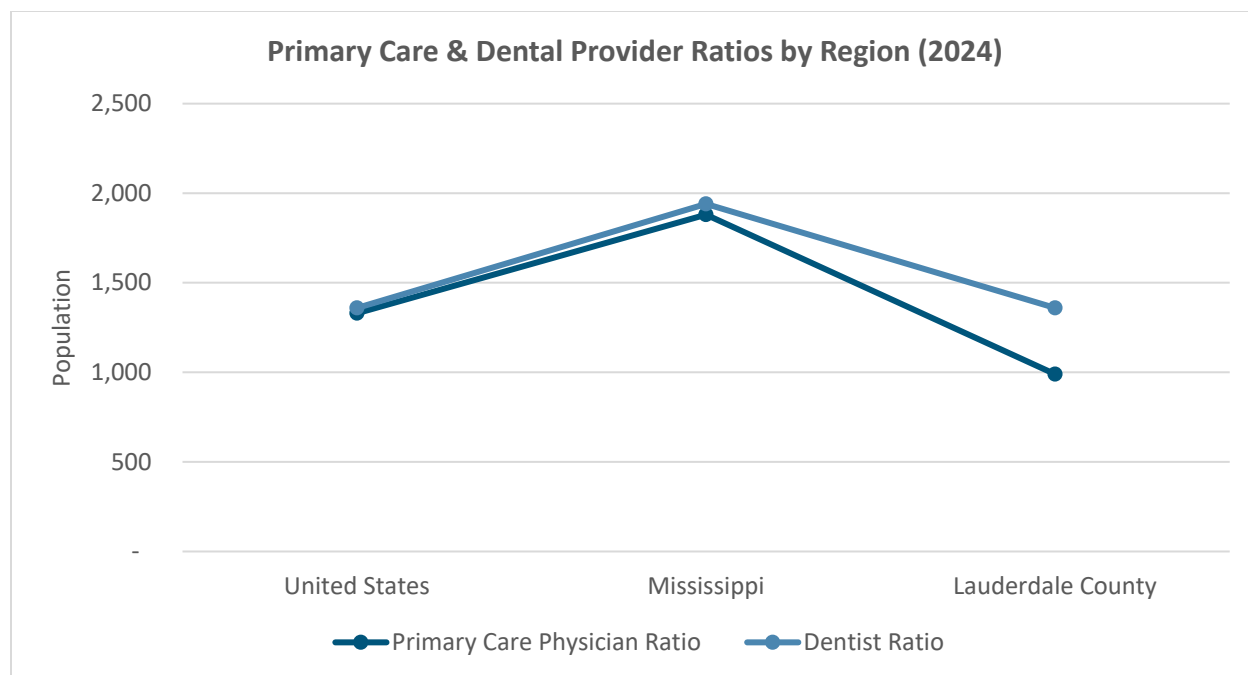
Health Care Access and Quality

Timely, affordable, and consistent access to healthcare is essential for preventing disease, managing chronic conditions, and maintaining overall health. This domain examines factors that affect whether residents can obtain care, including the availability of providers, routine medical and dental visits, insurance coverage, and the financial burden of care. Understanding access barriers helps identify where improvements are needed to ensure everyone can get the care they need.

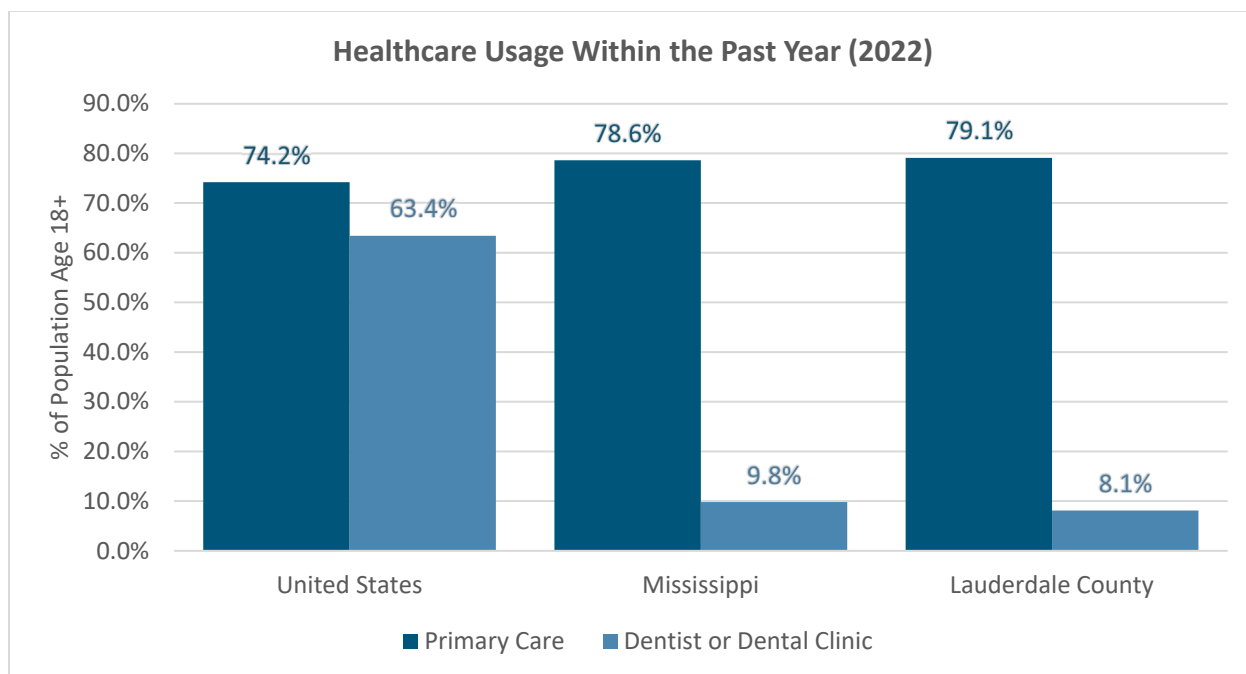
Access begins with provider availability and care utilization. The chart below displays population-to-provider ratios for primary care physicians and dentists. Lauderdale County is below federal shortage thresholds for both provider types, with approximately 1,000 residents per primary care physician and

1,350 residents per dentist. This indicates stronger provider capacity in the county compared to Mississippi overall, where both ratios exceed national benchmarks.

Despite relatively favorable provider ratios, gaps in utilization still exist, especially in dental care. In 2022, 79.1% of adults in Lauderdale County reported seeing a primary care provider within the past year, slightly above both the state rate of 78.6% and the national rate of 74.2%. However, only 8.1% visited a dentist or dental clinic, which is dramatically lower than the national rate of 63.4%. These findings suggest that while primary care access is strong, oral healthcare remains a significant unmet need, likely due to affordability concerns, limited insurance coverage, or lack of perceived importance among residents.



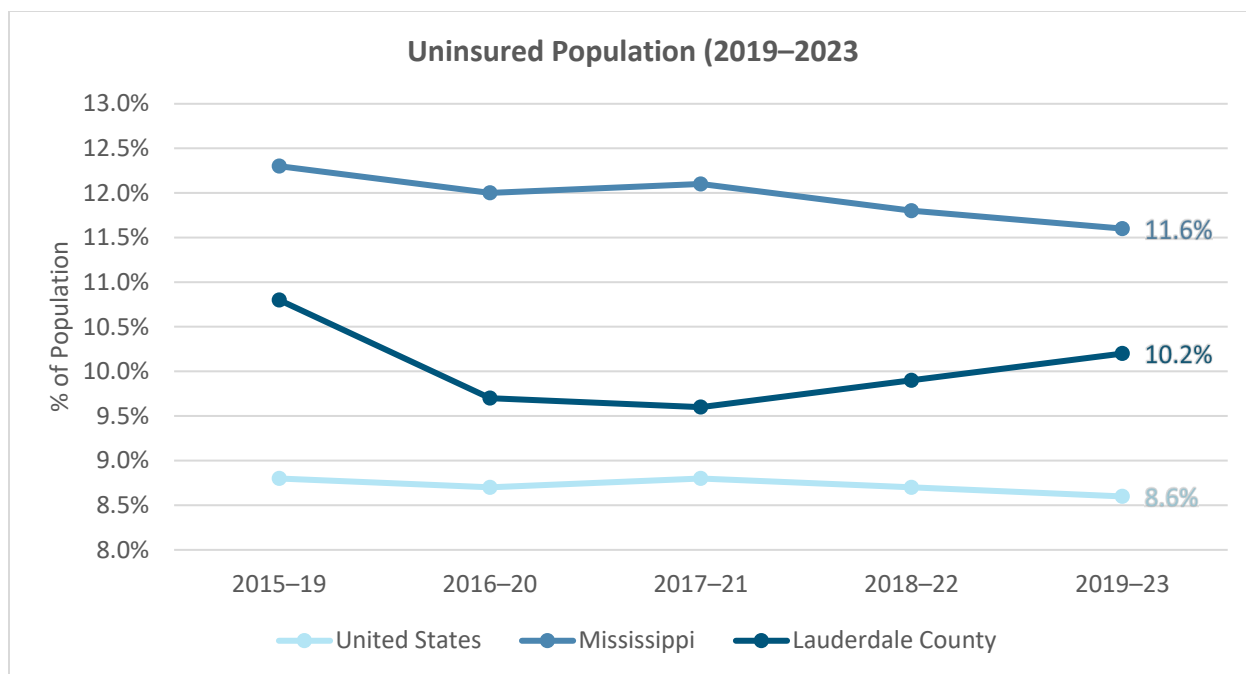
21 Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps (2024)



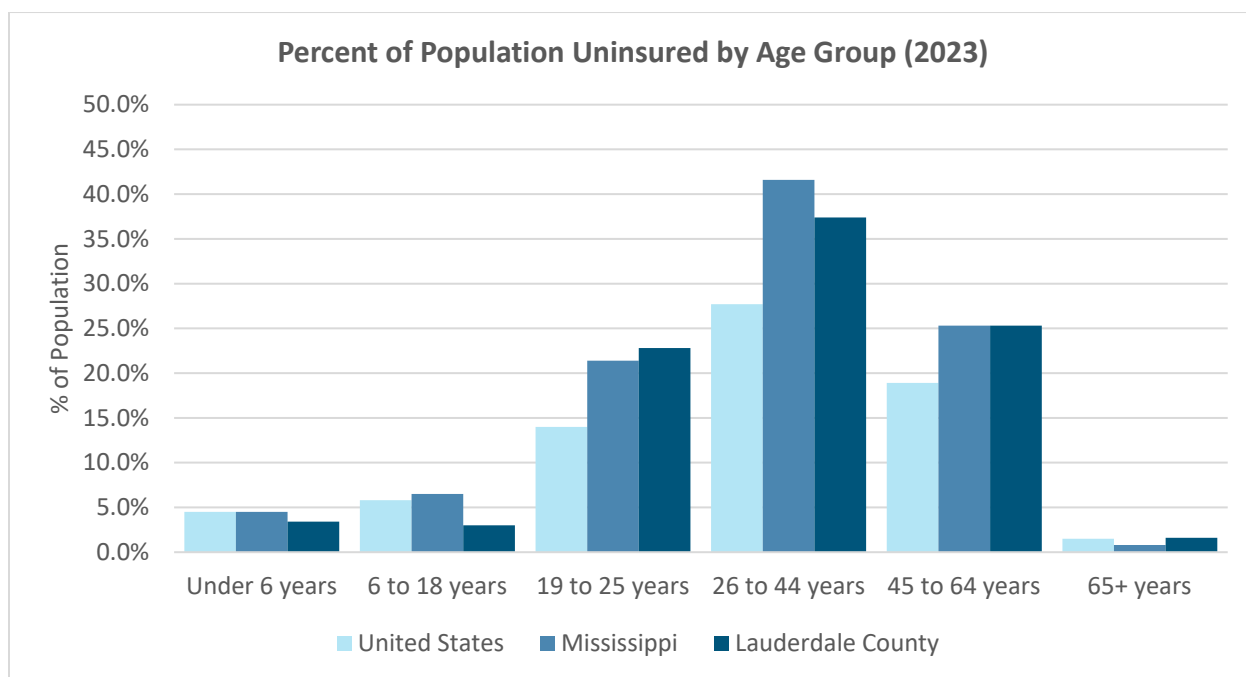
22 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Insurance coverage plays a critical role in residents' ability to access care. From 2019 to 2023, the uninsured rate in Lauderdale County averaged 10.2%, higher than the national rate of 8.6% but lower than the Mississippi average of 11.6%. Unlike the state trend, which has seen slight improvement, Lauderdale County's uninsured rate has gradually increased over the past five years. These figures reflect continued challenges in accessing affordable coverage, particularly among working families.

Age-specific data highlights key coverage gaps. In 2023, 37.4% of adults ages 26–44 in Lauderdale County were uninsured, well above the national rate of 27.7%. This age group often falls into a coverage gap due to ineligibility for Medicaid and limited access to employer-sponsored plans. Young adults (ages 19–25) also face high uninsured rates at 22.8%, compared to 14.0% nationally. While coverage among children and older adults remains relatively strong, these gaps among working-age populations raise concerns about delayed care, unaddressed health needs, and increased long-term health risks.



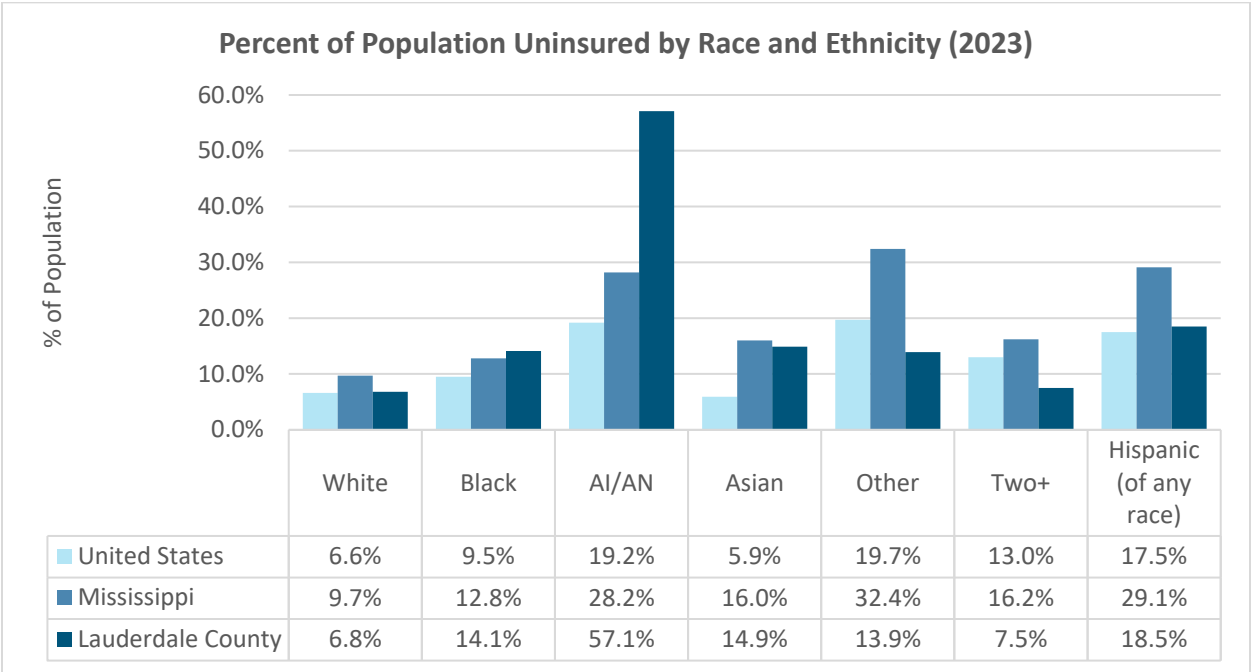
23 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table S2701



24 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S2701

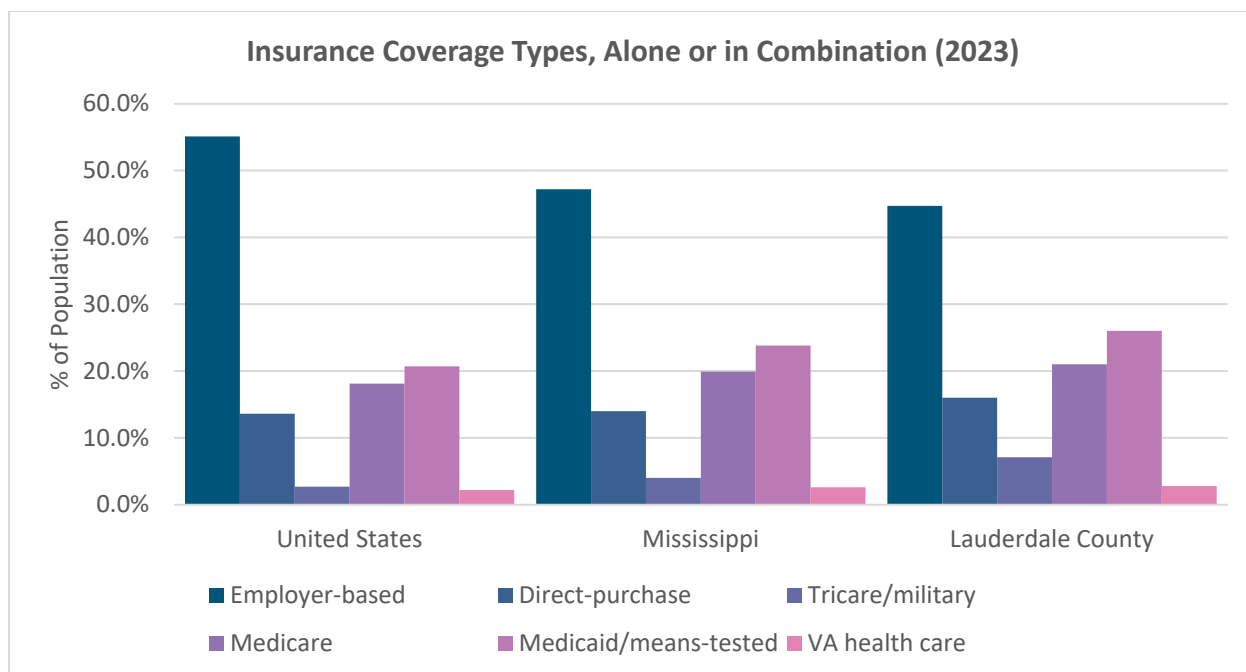
Insurance disparities are even more pronounced across racial and ethnic groups. In Lauderdale County, 57.1% of American Indian/Alaska Native residents were uninsured in 2023—the highest rate among all groups and nearly double the state average for this population. Uninsurance also remains high among Black residents at 14.1%, and among Hispanic residents at 18.5%, both exceeding the White resident rate of 6.8%. These differences reflect long-standing structural barriers to health insurance coverage,

including income inequality, employment-based coverage gaps, and challenges navigating enrollment systems. *Data for Native Hawaiian and Other Pacific Islander (NH/PI) populations was excluded from this analysis due to small sample sizes or data suppression, which can result in statistically unstable estimates.*



25 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S2701

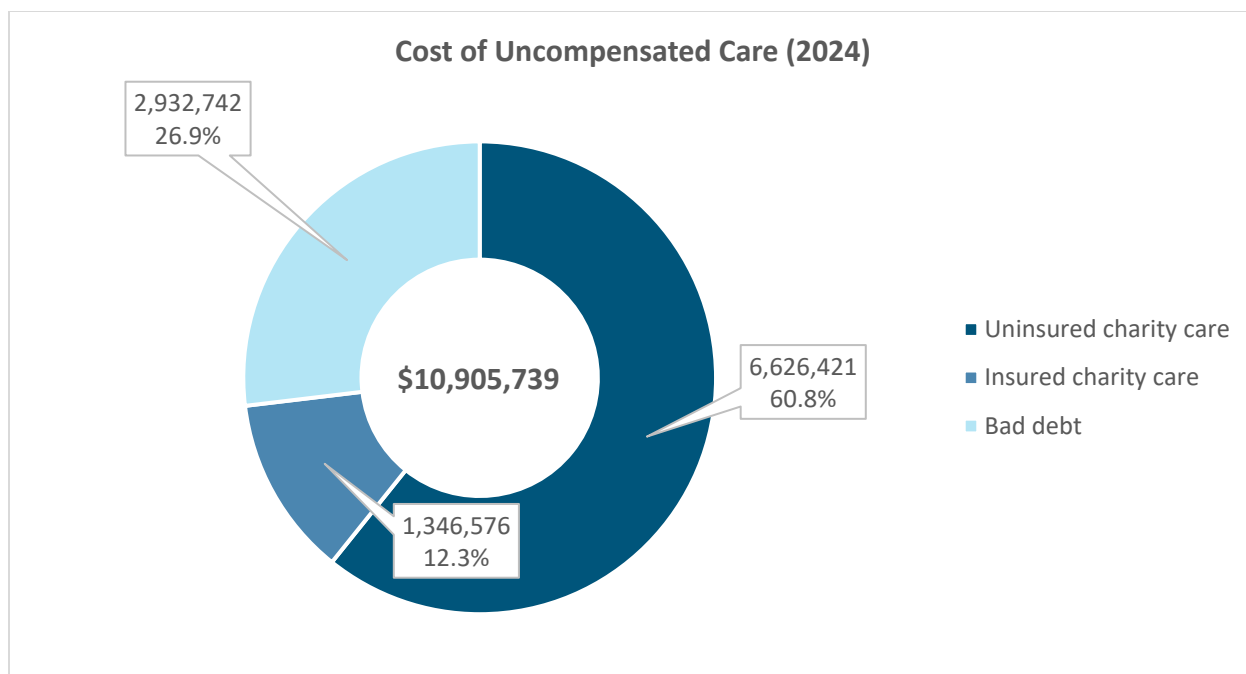
The types of insurance coverage in Lauderdale County differ notably from national patterns, reflecting local economic conditions and workforce characteristics. In 2023, only 44.7% of residents were covered by employer-based insurance, compared to 55.1% nationally. This gap highlights limited access to employer-sponsored benefits, likely due to a higher prevalence of part-time, low-wage, or informal employment in the region. Accordingly, public programs play a substantial role in coverage. Medicaid enrollment in Lauderdale County was 26.0%, mirroring statewide levels and much higher than the national rate of 20.7%. Medicare coverage accounted for 21.0% of the population, reflecting the county’s aging demographics. Direct-purchase plans (16.0%) and military or Tricare coverage (7.1%) contributed to a smaller share of total coverage, while VA healthcare supported 2.8% of residents.



26 Source: U.S. Census Bureau. American Community Survey 5-Year Estimates (2023), Tables S2703 & S2704

When coverage falls short, healthcare systems absorb the cost. In 2024, Ochsner Rush Medical Center recorded nearly \$10.9 million in uncompensated care. Bad debt, services billed to patients but never recovered, accounted for 60.8% of this amount. The remaining balance was categorized as charity care, which is provided to patients who meet the hospital's financial assistance criteria and are deemed unable to pay. Of this total, 26.9% was charity care for uninsured patients who had no coverage at all and qualified for financial relief. An additional 12.3% was charity care for insured patients whose income or financial circumstances met the hospital's indigent policy, meaning they were unable to afford the balance remaining after insurance. These figures reflect the real-world impact of income-based hardship and insurance gaps, and underscore the financial strain placed on rural hospitals that serve medically and economically vulnerable populations.

Uncompensated care data for Ochsner Specialty Hospital was not readily available, limiting the ability to fully quantify the financial burden absorbed by both facilities in support of their communities.



27 Source: Internal analysis of Medicare Hospital Cost Report (FY 2024), Worksheet S-10

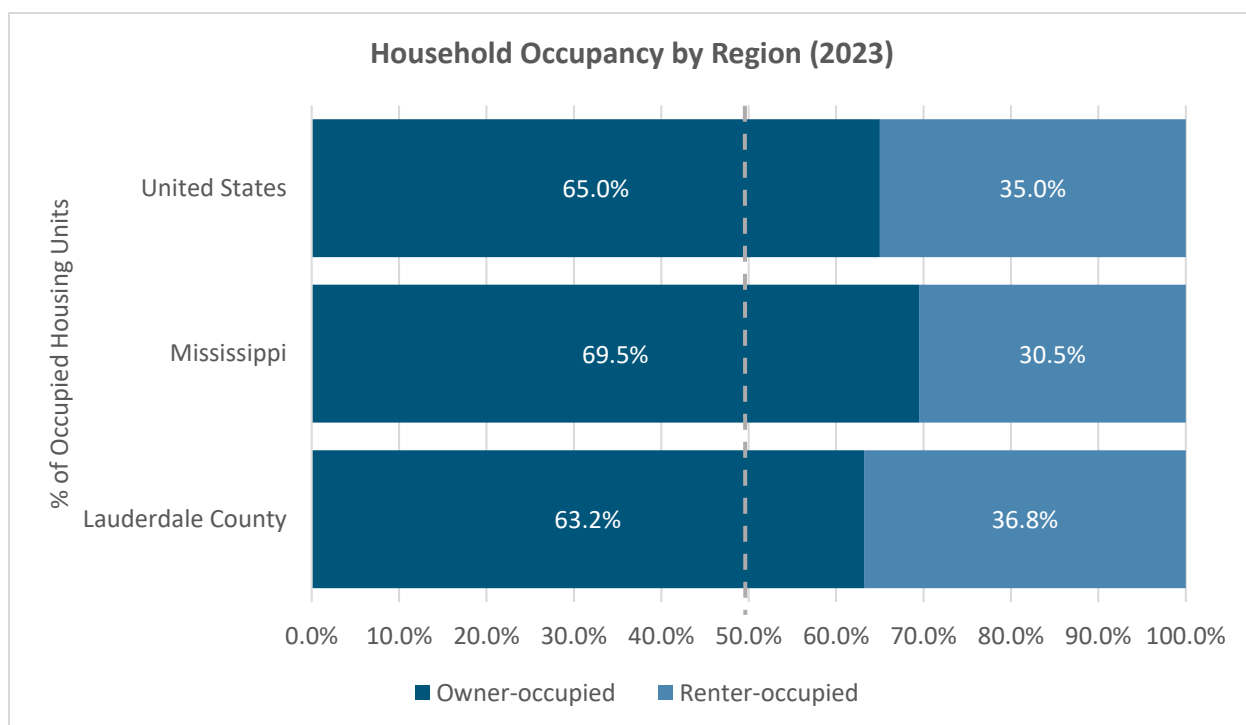
While access to healthcare is vital, a person's surroundings can significantly influence their ability to stay healthy. The next section explores how factors like housing conditions, transportation, and infrastructure shape daily life and impact overall well-being in the community.

Neighborhood and Built Environment

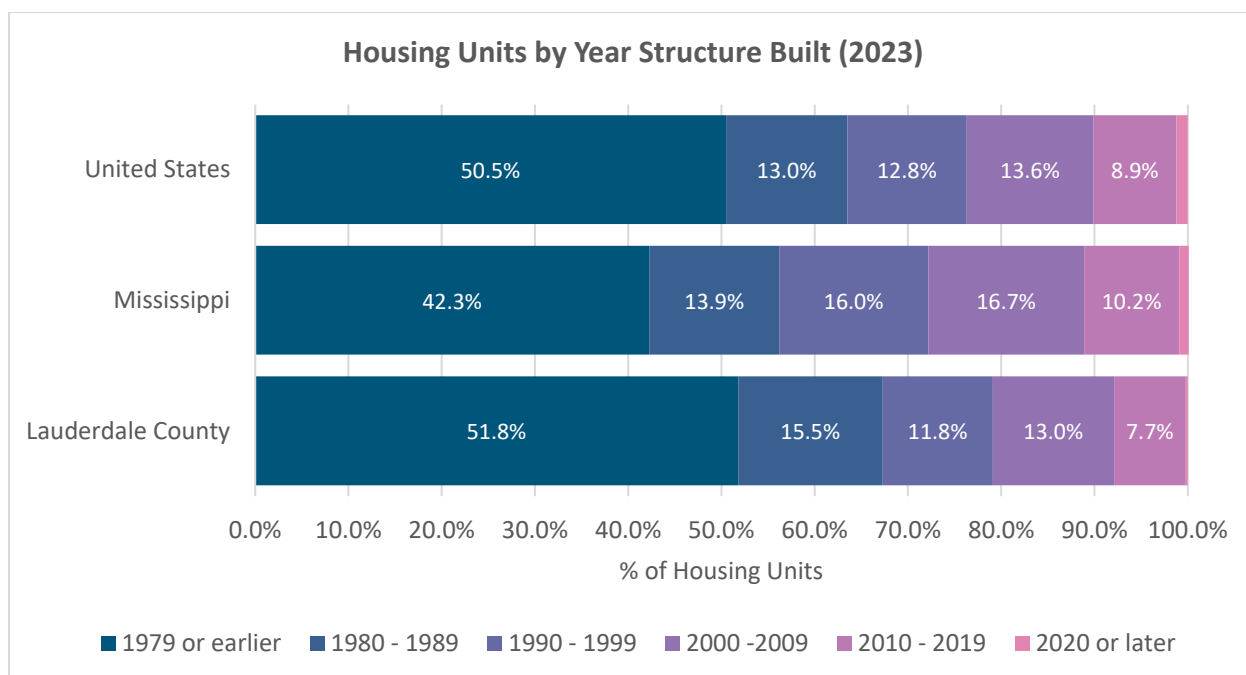
The neighborhoods where people live can either support or limit healthy living. Poor housing conditions, limited access to transportation, aging infrastructure, and unaffordable rent can all impact physical and mental health. This domain explores the age and condition of housing, housing costs compared to income, and transportation access, offering insight into how local environments influence community health.

Homeownership rates in Lauderdale County are slightly lower than state and national averages. In 2023, 63.2% of households were owner-occupied, compared to 69.5% in Mississippi and 65.0% nationally. This higher proportion of renter-occupied housing (36.8%) may reflect a more mobile population or economic barriers to homeownership, such as lower incomes or limited credit access. While rental housing can offer flexibility, higher renter shares may also indicate greater housing instability or affordability challenges.

At the same time, Lauderdale County has a notably older housing stock, with 51.8% of all housing units built in 1979 or earlier. Older homes may require substantial maintenance and can pose health risks if not properly updated, particularly when it comes to issues like outdated wiring, poor insulation, or environmental hazards like lead paint or mold. These conditions can impact safety, utility costs, and overall quality of life, especially for low-income renters and elderly residents living on fixed incomes.



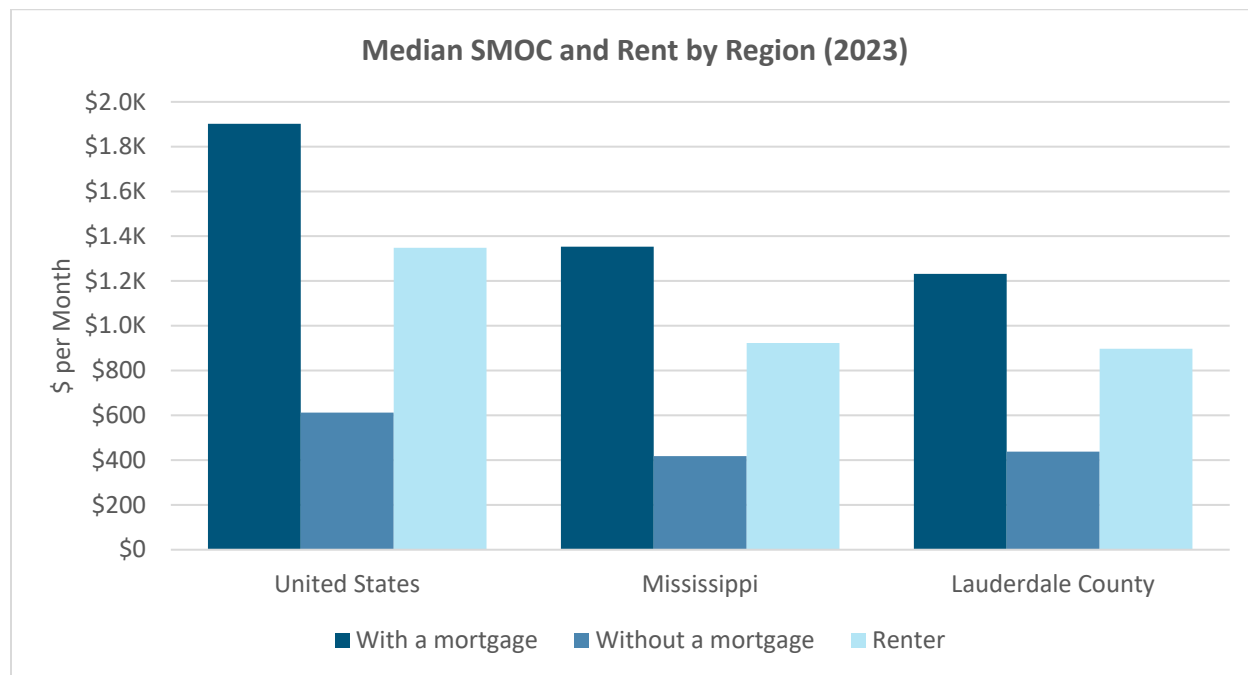
28 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04



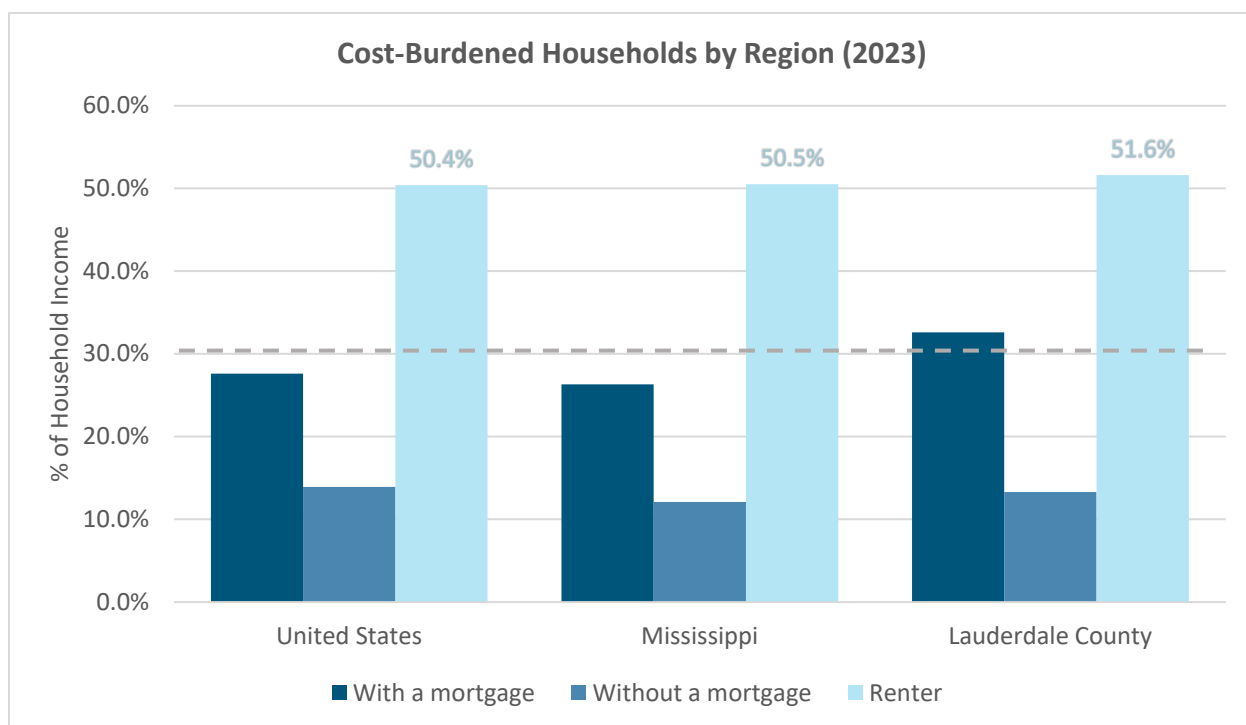
29 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04

Median monthly owner costs in Lauderdale County were roughly \$1,230 for households with a mortgage, which is lower than the national average of roughly \$1,900 but can still represent a significant financial commitment for residents. Households without a mortgage spent around \$450 per month, while median rent was approximately \$900, consistent with state figures but well below national levels.

However, many households are spending a disproportionately high share of their income on housing. In 2023, renters in Lauderdale County spent 51.6% of their household income on rent, well above the 30% cost-burden threshold and higher than both state (50.5%) and national (50.4%) levels. Homeowners with a mortgage spent 32.4% of their income on housing, which also exceeds the cost-burden benchmark, while those without a mortgage spent 13.6%. High housing cost burdens reduce the ability to meet other basic needs such as food, healthcare, transportation, and childcare.



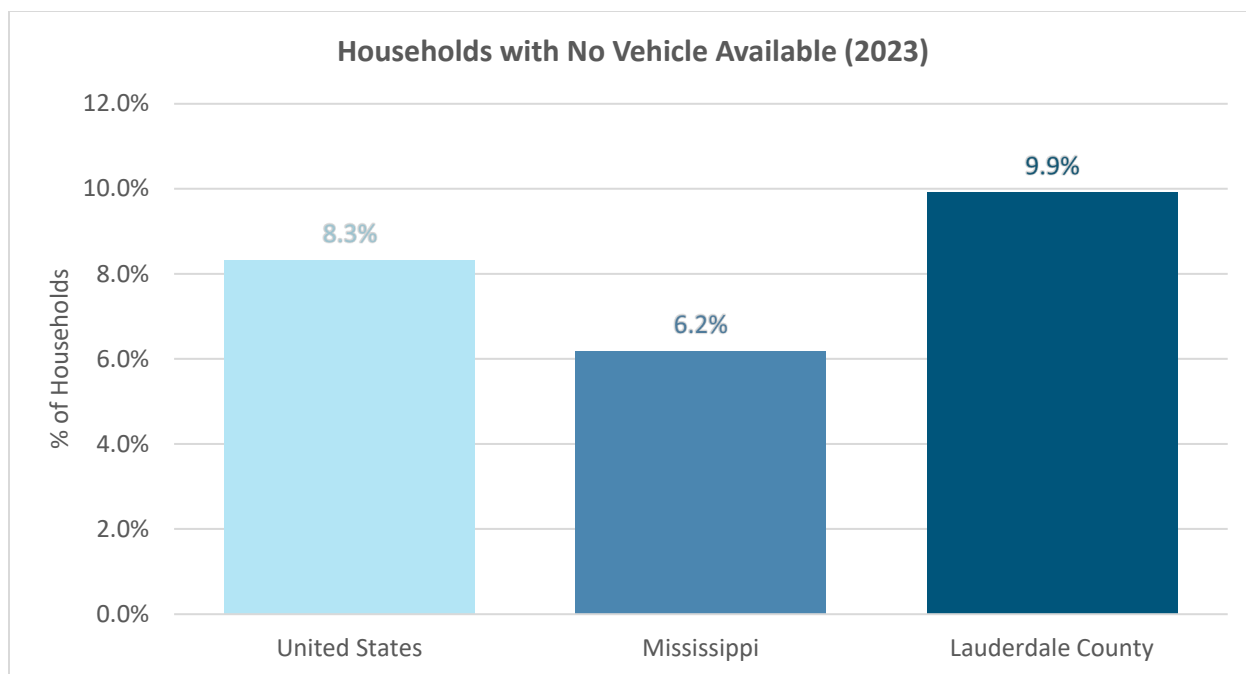
30 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04



31 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04

Transportation remains a key determinant of access to care, employment, education, and other daily needs. In 2023, 9.9% of households in Lauderdale County reported having no vehicle available, which is higher than both the state average of 6.2% and the national average of 8.3%.

This elevated rate is especially concerning in rural areas like Lauderdale County, where public transit options are often limited or unavailable. Households without reliable transportation may face significant barriers to attending medical appointments, commuting to work, accessing healthy food, or participating in community activities.



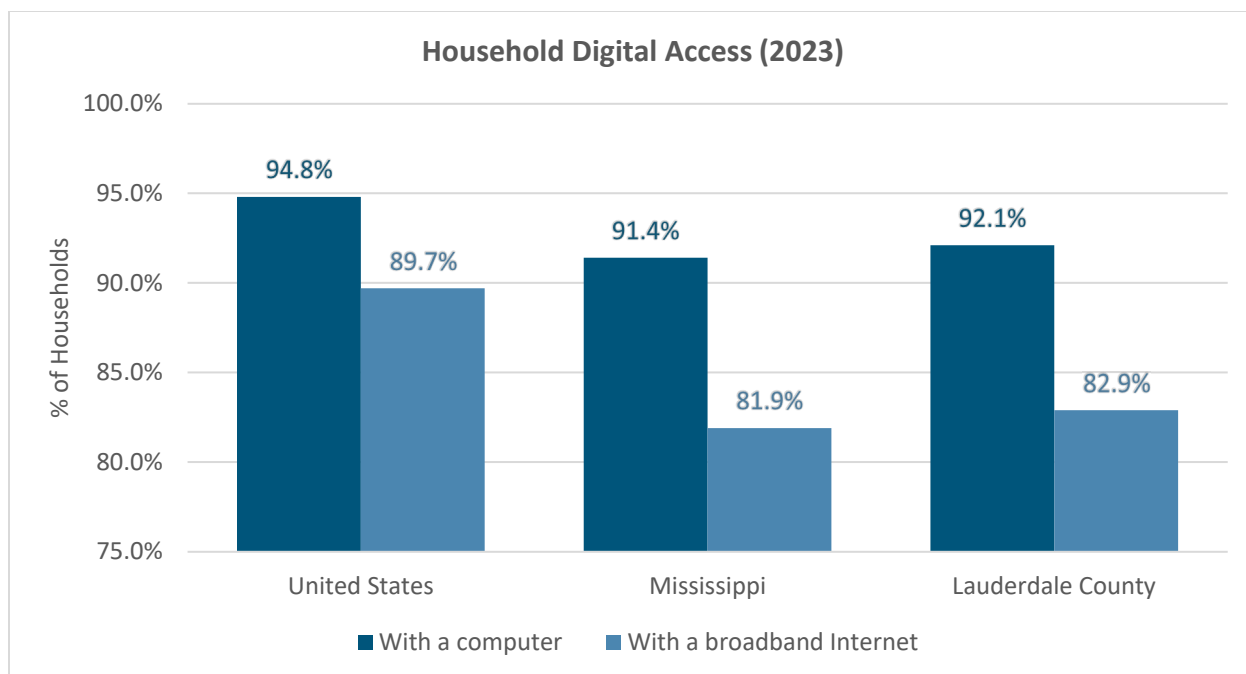
32 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table B08201

While the built environment shapes daily conditions and access to basic needs, social connection and digital inclusion are equally important for health, engagement, and opportunity. The next section explores how internet and device access influence community connection, education, and care access in a digital age.

Social and Community Context (Digital Access Focus)

Social connections and community support systems play a critical role in health. For this CHNA, we also examine digital access as a key factor shaping modern social participation, access to information, and connection to care, especially through telehealth. Lack of computer or internet access can worsen existing inequalities. This domain focuses on how connected the community is and whether digital tools are equitably accessible.

Across all regions, most households reported having access to a computer, though disparities remain in broadband internet access. Nationally, 94.8% of households have computers and 89.7% have broadband. In Mississippi, rates are slightly lower, with 91.4% of households owning a computer and 81.9% having broadband internet. In Lauderdale County, 92.1% of households report having a computer, consistent with national and state averages. However, only 82.9% of households report having broadband access. While this is slightly above the statewide rate, the 9-point gap between computer ownership and broadband access may indicate persistent issues related to internet affordability, availability, or digital literacy. Access to high-speed internet is essential for telehealth, online education, job opportunities, and other key resources making this gap a potential barrier.



33 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP02

SDOH are intricately connected to the daily lives of people in the community and play a vital role in this CHNA by helping define key areas of need. While these domains offer important insight into the root causes of health disparities, additional tools are necessary to show where systemic disadvantages have the greatest impact. The following health equity indexes provide further context to guide interventions that are both effective and fair.

Health Equity and Community Context

Building on the foundation of social determinants of health, advancing health equity is essential to improving community well-being. Health equity means that everyone has a fair and just opportunity to be as healthy as possible, regardless of where they live, their income, or their background. Achieving equity requires acknowledging and addressing differences in health that are linked to historical and current social, economic, and environmental disadvantages.

To better understand where inequities exist and how they may be addressed, this CHNA incorporates several nationally recognized health equity indexes. These tools help highlight communities facing structural barriers that contribute to poor health outcomes. By layering these data points alongside the previously discussed SDOH, this CHNA paints a more complete picture of community context and opportunities for targeted support.

Area Deprivation Index

The Area Deprivation Index (ADI) is a composite measure of neighborhood disadvantage developed by the University of Wisconsin. It incorporates seventeen variables related to income, education, employment, and housing quality, ranking areas on a scale from 1 (least disadvantaged) to 10 (most

disadvantaged). Higher ADI scores reflect greater levels of social and economic deprivation, which are often associated with poorer health outcomes and limited access to care.

Lauderdale County scored 5.95 on the Area Deprivation Index (ADI), placing it near the midpoint among Mississippi counties. While not among the most disadvantaged, this score reflects moderate levels of structural disadvantage across the county. It suggests that some neighborhoods face persistent barriers such as economic hardship, limited access to healthcare or education, and transportation challenges. These findings align with earlier data highlighting cost burden among renters, high uninsurance rates for certain racial and ethnic groups, and elevated rates of households without vehicles.

	Lauderdale County
Overall ADI	5.95

34 Source: University of Wisconsin School of Medicine and Public Health, Area Deprivation Index (2023)

Distressed Communities Index

The Distressed Communities Index (DCI), developed by the Economic Innovation Group, captures economic well-being across seven indicators: education, employment, income, poverty, housing vacancy, and business growth. The DCI ranges from 0 (most prosperous) to 100 (most distressed), providing a snapshot of community vitality and opportunity.

Lauderdale County scored 91.1 on the Distressed Communities Index (DCI), placing it well within the “distressed” category. The county faces multiple signs of economic and educational hardship. Nearly one in four residents lives below the poverty line, and close to a third of working-age adults are not in the labor force. Educational attainment remains a barrier, with 15.8% of adults lacking a high school diploma. Economic contraction is also evident, as Lauderdale experienced declines in both employment (-3.6%) and the number of business establishments (-4.4%) in recent years. The county’s housing vacancy rate stands at 14.7%, and median household income remains 13.8% below the state benchmark. These indicators reflect persistent systemic challenges.

	Lauderdale County
Overall DCI	91.1
No high school diploma	15.8%
Poverty rate	24.8%
Adults not working	29.2%
Housing vacancy rate	14.7%
Median income ratio	86.2%
Change in employment	-3.6%
Change in establishments	-4.4%

35 Source: Economic Innovation Group, Distressed Communities Index (2024)

Social Vulnerability Index

The Social Vulnerability Index (SVI), produced by the CDC and ATSDR, assesses a community’s ability to prepare for, respond to, and recover from public health emergencies and natural disasters. The index

includes four themes: socioeconomic status, household characteristics, race/ethnicity/language, and housing/transportation. Higher values (closer to 1.0) indicate greater vulnerability.

Lauderdale County has an overall SVI score of 0.6667, indicating moderately high vulnerability. The greatest area of concern is housing type and transportation, with a score of 0.8642, suggesting limited access to reliable housing and transportation options for many residents. Vulnerability is also elevated in household characteristics (0.6296) and racial and ethnic minority status (0.5926), which may reflect higher rates of single-parent households, individuals with disabilities, or populations with language barriers. While socioeconomic status is somewhat lower at 0.4815, it still points to meaningful challenges related to income, employment, and education. These vulnerabilities echo previous findings around transportation access, housing conditions, and economic instability.

	Lauderdale County
Overall SVI	0.6667
Socioeconomic status	0.4815
Household characteristics	0.6296
Racial & ethnic minority status	0.5926
Housing type & transportation	0.8642

36 Source: Geospatial Research, Analysis, and Services Program, CDC/ATSDR Social Vulnerability Index (2022)

Vizient Vulnerability Index

The Vizient Vulnerability Index (VVI) is a multi-dimensional tool that assesses vulnerability at the county level by evaluating nine social risk categories, ranging from economic stability and housing to public safety and environmental quality. Unlike the other indices, higher or lower values are not inherently “better” or “worse,” but rather provide a directional sense of local stressors and assets.

Lauderdale County's overall Vulnerable Populations Index (VVI) score of 1.352 suggests a heightened level of vulnerability across multiple dimensions. The highest score by far is in neighborhood resources (2.767), indicating significant gaps in access to safe, supportive, and resource-rich environments. Elevated scores in the social environment (1.272) and economic (0.992) categories further point to underlying social and financial stressors that may impact health and wellbeing.

Other domains show moderate concern, including clean environment (0.772) and housing (0.392), which may reflect environmental exposures or housing instability. Vulnerability in transportation (0.246) and healthcare access (0.186) is lower but still present, potentially affecting residents’ ability to reach care or maintain regular services. Education (0.053) and public safety (0.087) show the least vulnerability, suggesting more stability in these areas. These results reinforce earlier findings on economic strain and neighborhood disadvantages.

	Lauderdale County
Overall VVI	1.352
Economic	0.992
Education	0.053
Healthcare access	0.186

Neighborhood resources	2.767
Housing	0.392
Clean environment	0.772
Social environment	1.272
Transportation	0.246
Public Safety	0.087

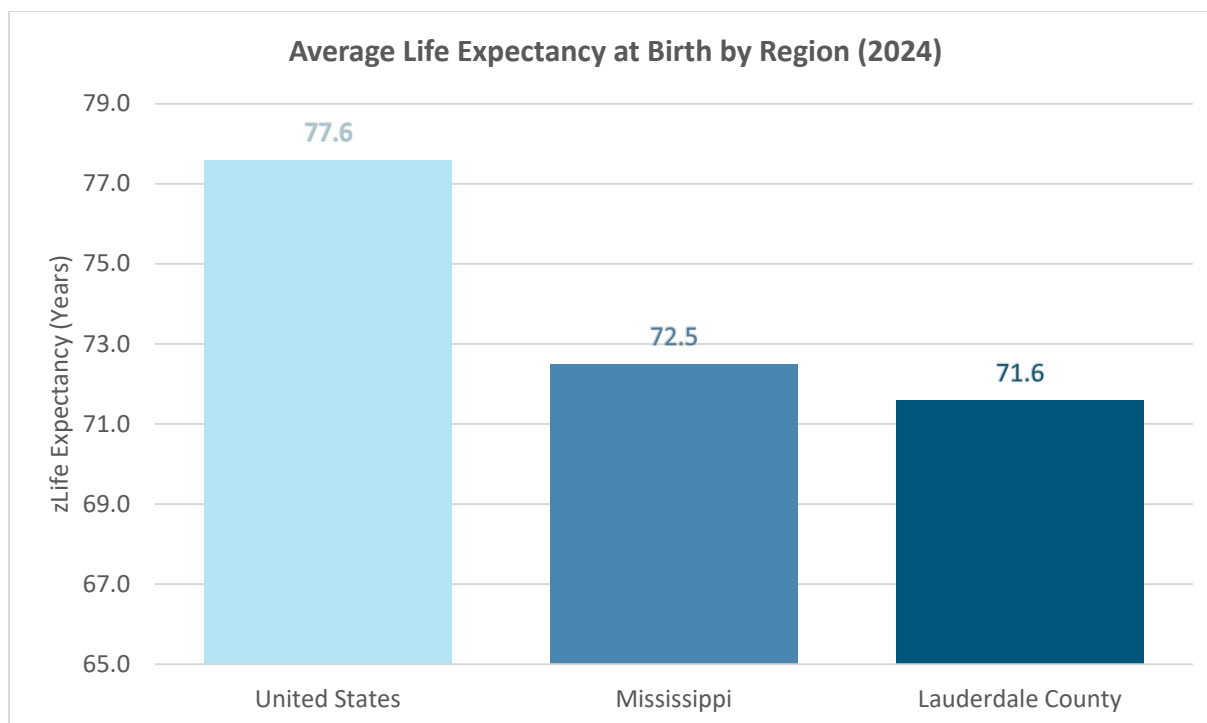
37 Source: Vizient, Inc., Vizient Vulnerability Index (2025)

Understanding a community's context, i.e., its economic conditions, education, access to care, housing, and social environment, is essential for identifying where health challenges originate. Yet to fully assess how these upstream factors influence well-being, we must also examine health outcomes directly. This next section explores key indicators such as life expectancy, leading causes of death, and behavioral risk factors. By linking outcomes to the social and structural conditions discussed earlier, this CHNA identifies where the greatest health burdens lie and what factors are contributing to poor health in the region.

Health Outcomes and Contributing Risk Factors

Life Expectancy

Life expectancy at birth offers a snapshot of overall community health and is influenced by a range of contributing risk factors, including chronic disease, access to care, socioeconomic conditions, and health behaviors. As shown in the chart, Lauderdale County has an average life expectancy of 71.6 years, falling below both the Mississippi state average of 72.5 years and the national average of 77.6 years. While Lauderdale is slightly closer to the state benchmark than other rural counties, the gap from the national average still points to persistent health disparities. These may be driven by factors such as chronic disease prevalence, economic hardship, limited preventive care, or barriers to continual healthcare. Monitoring shifts in life expectancy over time provides an important lens for identifying where health interventions and social support may help improve long-term outcomes.



38 Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps (2024)

Mortality

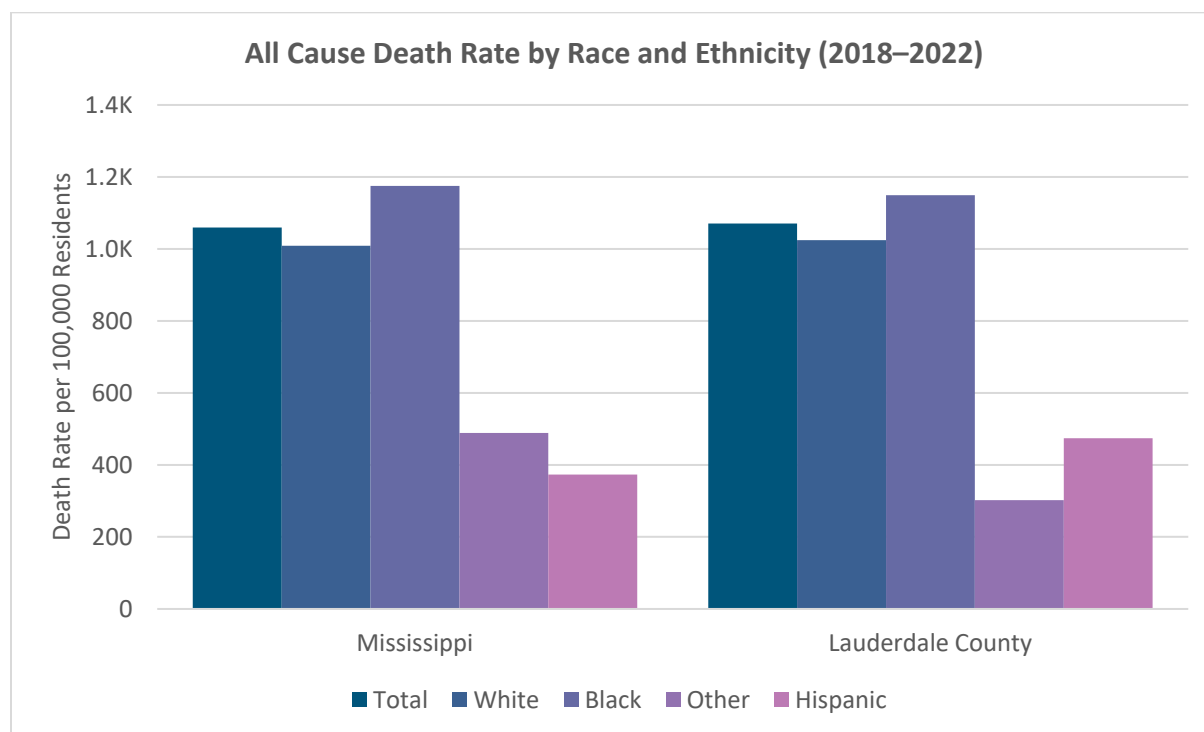
Mortality data is a foundational part of assessing health outcomes across a community. It provides insight into the burden of disease, identifies populations at greater risk of early death, and helps inform strategic priorities for health interventions. By examining both overall and cause-specific mortality patterns, communities can better understand the underlying health challenges facing residents and direct resources where they are most needed. The sections that follow explore all-cause mortality as well as the five leading causes of death in the hospital's primary service areas, including an analysis of long-term trends and racial and ethnic disparities.

All-Cause Mortality

All-cause mortality provides a direct measure of how many residents are dying from any cause and helps highlight where the greatest health burdens exist. When broken down by race and ethnicity, these data reveal disparities shaped by long-standing structural inequities in healthcare access, chronic disease prevalence, and the broader social environment.

In Lauderdale County, Black residents experience the highest all-cause mortality rate, exceeding both White residents and the county's overall population average. This pattern mirrors state-level trends, highlighting persistent racial disparities in health outcomes. While White residents in Lauderdale also have elevated mortality compared to the statewide White average, the difference is less stark than that observed among Black residents. Hispanic residents in Lauderdale report significantly lower all-cause mortality, a trend that may reflect a younger average age or other protective factors, though data limitations or underreporting may also play a role. Mortality rates for individuals in the Other racial

category appear lower than state comparisons, but small population sizes can skew these results and warrant cautious interpretation.



39 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Top Five Causes of Death

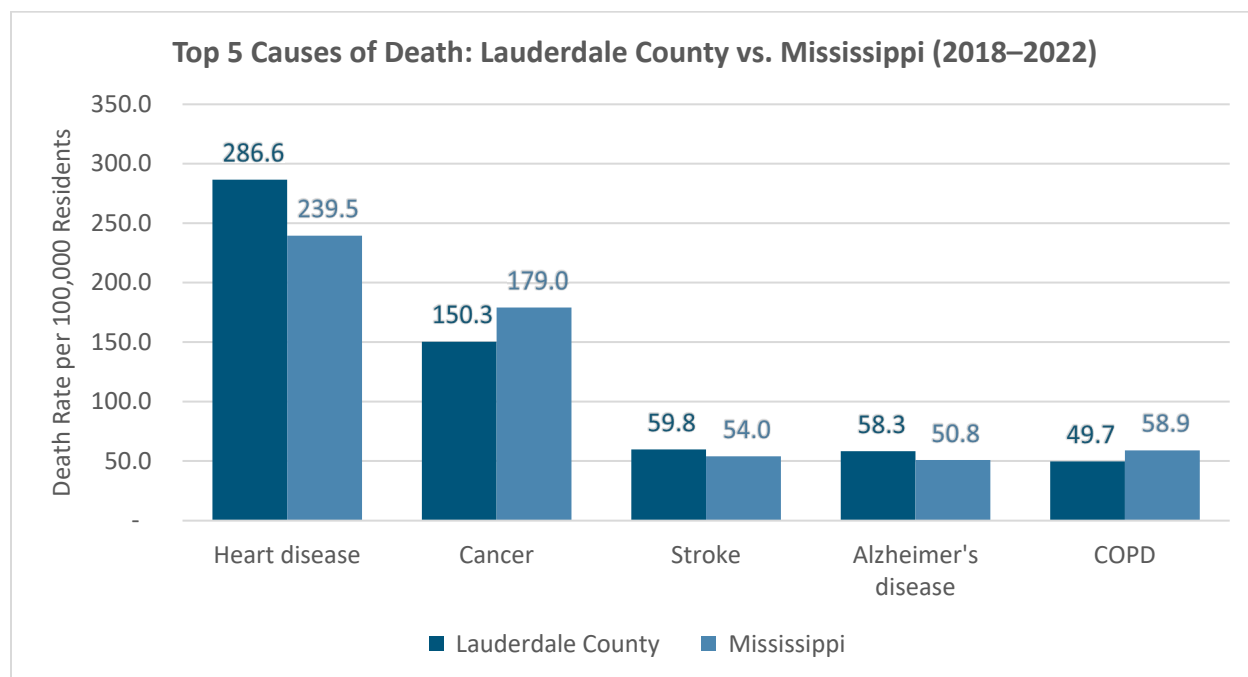
Identifying the leading causes of death is critical for understanding the most significant drivers of premature mortality in a community. This information helps local health systems and partners target prevention, education, and intervention efforts where they will have the greatest impact.

For this assessment, the top five causes of death are based on five-year average death rates (2018–2022) for residents of Lauderdale County, the hospital’s primary service area. While COVID-19, unintentional injury, and other diseases and conditions ranked among the top causes of death during this period, they have been excluded from this section to maintain a focused analysis on chronic, non-communicable diseases that consistently drive long-term health outcomes. COVID-19 introduced a short-term spike in mortality but has since declined in ranking and does not reflect persistent health system needs in the same way as chronic disease. Similarly, deaths from unintentional injuries and broad disease categories do not offer the specificity needed for actionable planning.

The chart below compares Lauderdale County with Mississippi as a whole. Heart disease is the leading cause of death in Lauderdale County, with a death rate of 286.6 per 100,000 residents, significantly higher than the state average of 239.5 deaths per 100,000 residents. Cancer is the second leading cause, though Lauderdale’s rate of 150.3 deaths per 100,000 residents is notably lower than the state death

rate of 179.0 per 100,000 residents. Stroke and Alzheimer's disease death rates are slightly higher in Lauderdale County than statewide, while the rate of death due to COPD is slightly lower.

This elevated burden across most categories points to the need for expanded chronic disease prevention, improved disease management, and efforts to address social and environmental conditions contributing to poor health outcomes. The subsections that follow examine each cause in greater depth, including trends over time and racial and ethnic disparities.

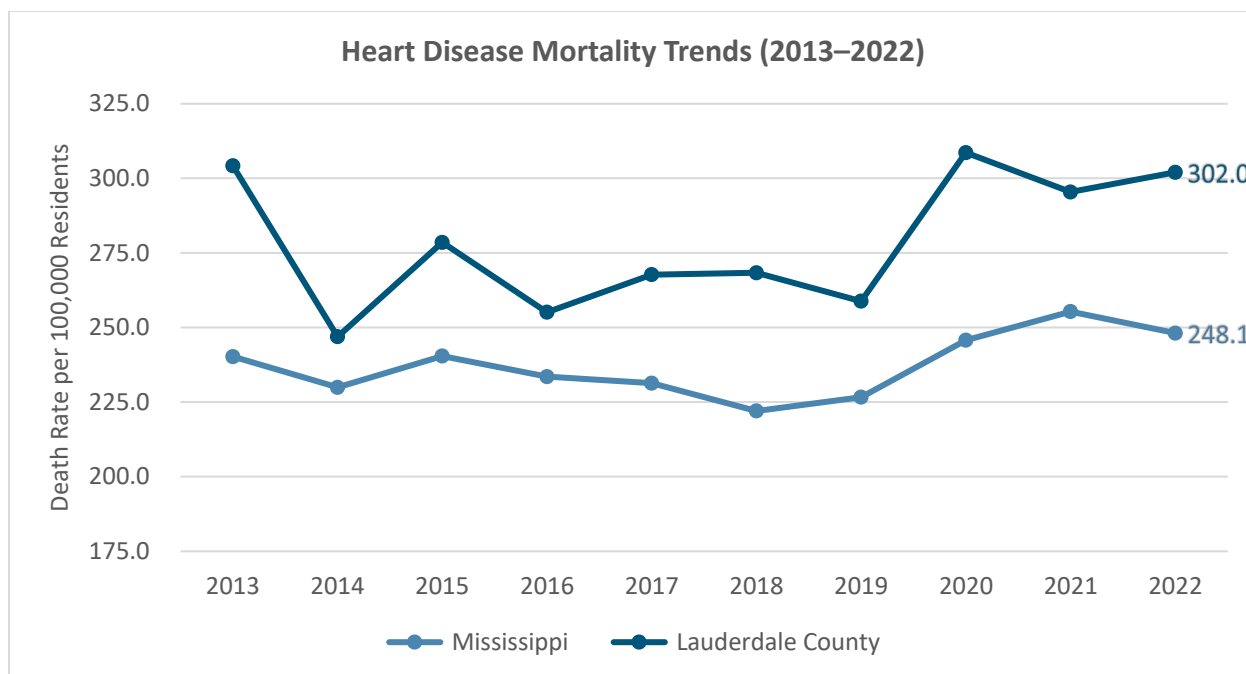


40 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Heart Disease

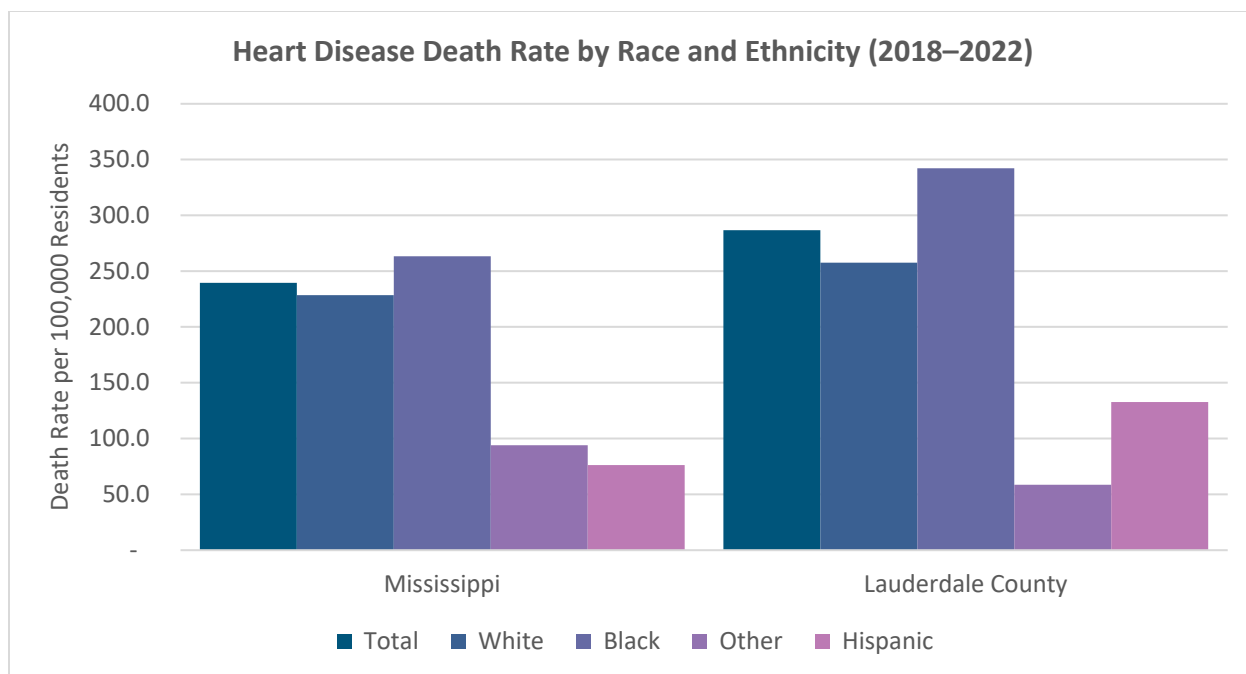
Heart disease is the leading cause of death in Lauderdale County, with rates significantly above the state average. This section explores mortality trends over time, disparities by race and ethnicity, and the most common subtypes contributing to heart-related deaths.

Over the past decade, heart disease mortality in Lauderdale County has shown a fluctuating but generally elevated pattern, consistently exceeding the state average. From 2013 to 2019, rates varied between approximately 245 and 280 deaths per 100,000 residents, with noticeable spikes in 2015 and 2017. A steep increase occurred in 2020, pushing the county's rate to 308.6, and though it slightly declined in 2021, it rose again in 2022 to reach 302.0 deaths per 100,000 residents. In contrast, the Mississippi state average has remained relatively stable over the same period, ending at 248.1 deaths per 100,000 in 2022. These figures indicate a persistent and widening gap in cardiovascular health outcomes between Lauderdale County and the state, suggesting an urgent need for enhanced prevention, education, and chronic disease management efforts at the local level.



41 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

When broken out by race and ethnicity, the burden of heart disease mortality in Lauderdale County is stark. Black residents experience the highest heart disease death rate, nearing 345 deaths per 100,000 residents, which is significantly higher than rates among White residents (roughly 258 deaths per 100,000 residents) and the county’s total population (286.6 deaths per 100,000 residents). Hispanic residents have a lower rate (132.6 deaths per 100,000 residents), though this figure may be influenced by smaller population sizes and potential data limitations. The “Other” racial category shows the lowest rate overall (58.6 deaths per 100,000 residents), but this should also be interpreted with caution. These disparities underscore the importance of culturally tailored outreach, education, and treatment strategies that address the specific needs of Black residents and other at-risk groups in Lauderdale County.

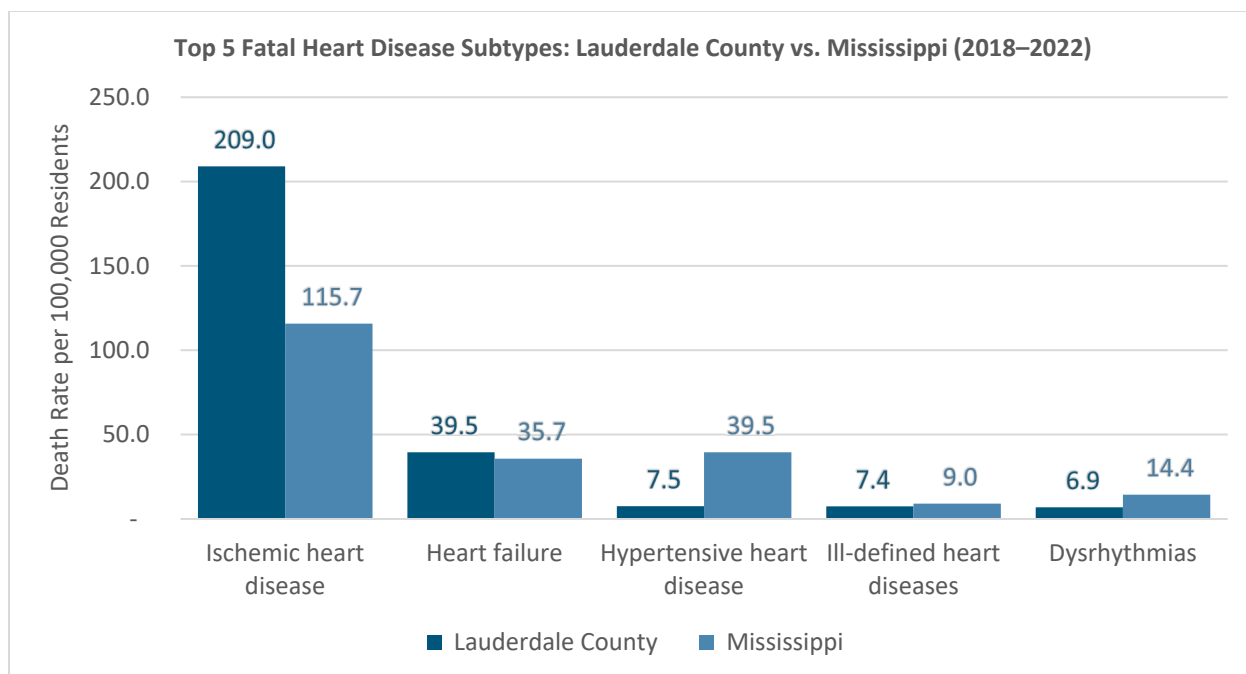


42 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Among heart disease-related deaths in Lauderdale County, ischemic heart disease is by far the most common subtype, with a death rate of 209.0 per 100,000 residents, significantly higher than the state average of 115.7. Ischemic heart disease, also called coronary artery disease, occurs when the arteries that supply blood to the heart become narrowed or blocked, often due to plaque buildup. This condition is largely preventable through lifestyle changes, early detection, and proper management of risk factors like high blood pressure, high cholesterol, and smoking.

Other common heart disease subtypes in the region include heart failure, hypertensive heart disease, ill-defined heart diseases, and dysrhythmias. Heart failure happens when the heart can't pump blood effectively, often because of damage from prior heart attacks or uncontrolled high blood pressure. Hypertensive heart disease is directly caused by chronic high blood pressure straining the heart over time. Ill-defined heart disease includes cases where the cause of death is heart-related but not clearly categorized, which may reflect limited access to diagnostic tools or specialist care. Dysrhythmias, or abnormal heart rhythms, can lead to sudden cardiac death if untreated.

While some of these conditions are complex, many are preventable or manageable with early intervention, routine screenings, medication adherence, and access to high-quality primary care. The higher death rates from nearly every subtype in the local counties point to a need for stronger community-based prevention and chronic disease management efforts.

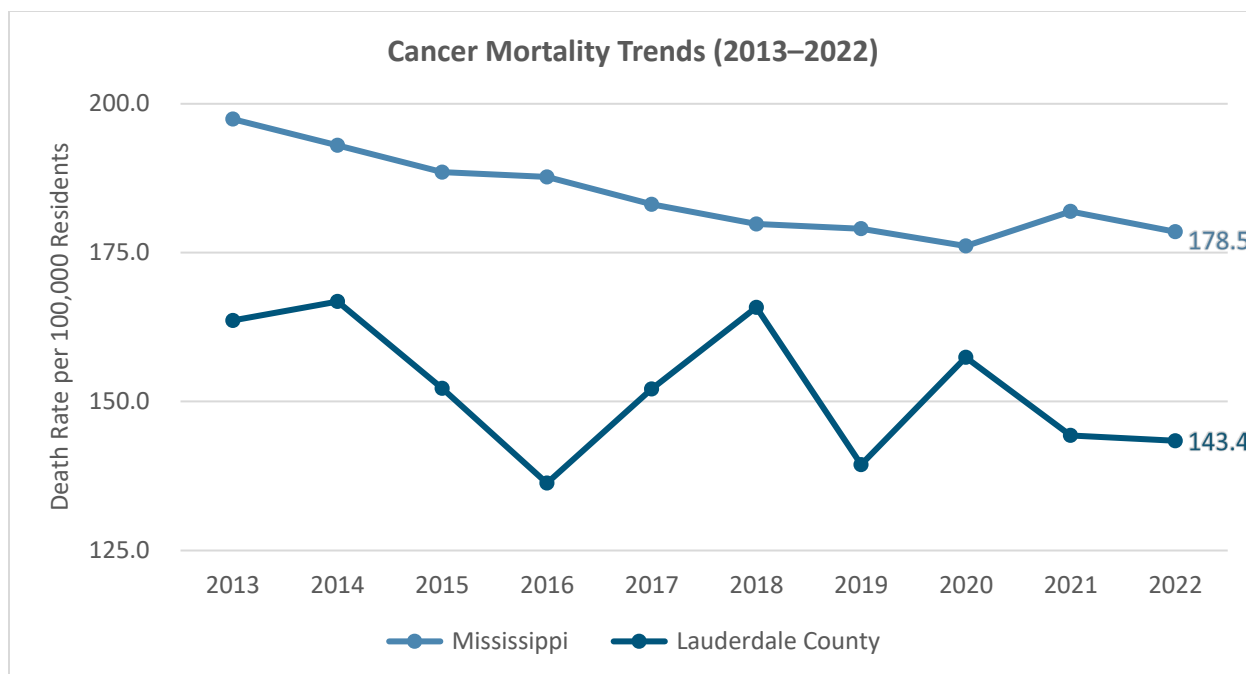


43 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Cancer

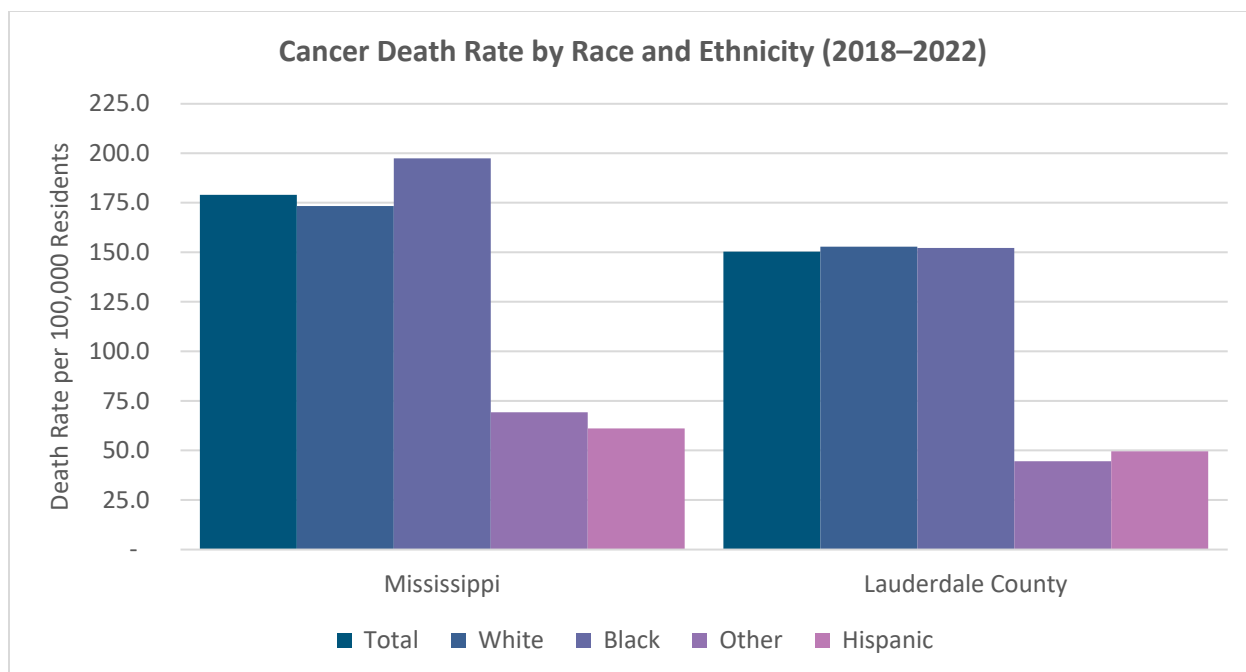
Cancer is the second leading cause of death in the hospital’s primary service areas. While some cancers are linked to genetics or other uncontrollable factors, many cases can be prevented or detected early through screenings, lifestyle changes, and improved access to care. This section explores long-term trends, racial and ethnic disparities, and the specific cancer types contributing most to mortality locally.

Cancer mortality trends in Lauderdale County have shown notable fluctuation over the past decade, ranging from a low of 136.3 to a high of 165.8 deaths per 100,000 residents. In contrast to the steady statewide decline, Lauderdale’s trend has been less consistent, though it ultimately decreased to 143.4 deaths per 100,000 residents in 2022. This rate remains below the Mississippi average of 178.5 deaths per 100,000 residents, suggesting some positive local progress in cancer-related outcomes. However, the year-to-year variability may reflect gaps in early detection, treatment consistency, or care access that still need to be addressed.



44 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

Disparities in cancer mortality by race and ethnicity are also evident in Lauderdale County, though they are less extreme than statewide figures. Cancer death rates among White and Black residents are nearly identical, both just above 150 deaths per 100,000 residents. This similarity may suggest more equitable access to screening or treatment, though further analysis is needed. Residents classified as “Other” have a notably lower mortality rate, under 50 deaths per 100,000 residents, while Hispanic residents also report low rates, slightly below 50 per 100,000. While these numbers are encouraging, they may also reflect underreporting or small population sizes, which can skew results. Even so, the data reinforces the importance of continued investment in inclusive cancer prevention and care strategies.

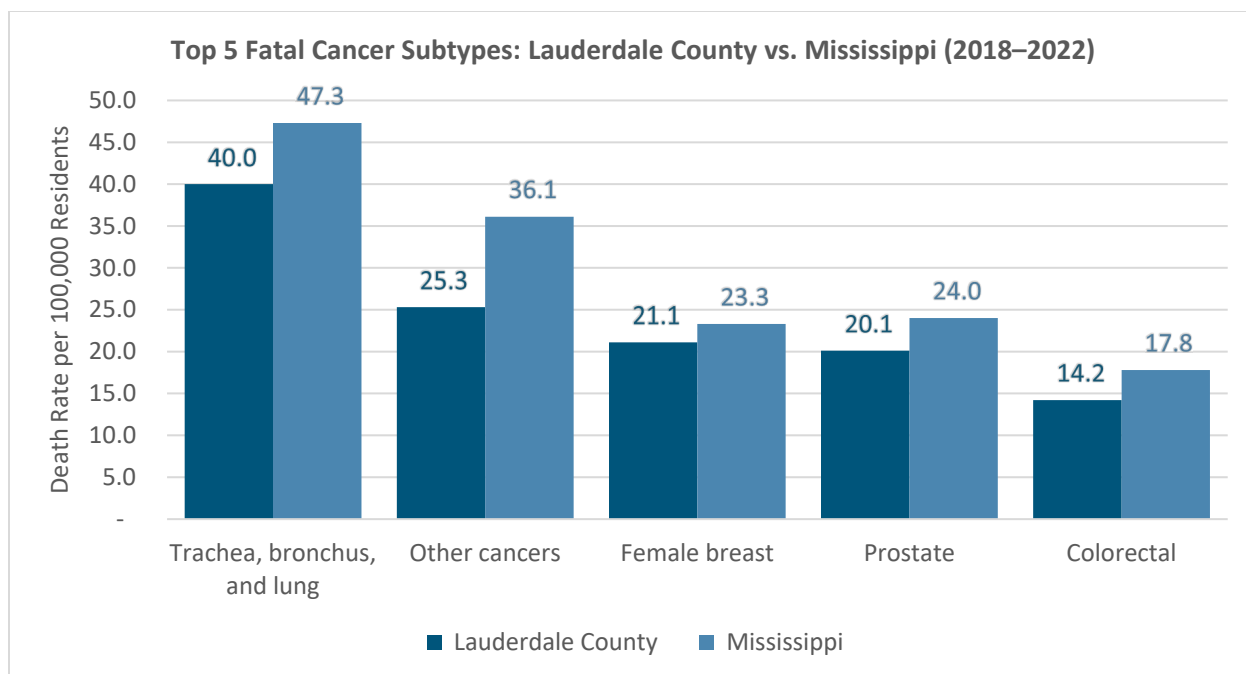


45 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

The most fatal cancer types in the primary service areas largely mirror state trends. Lung cancer (trachea, bronchus, and lung) is the leading cause of cancer death locally and statewide, with a local death rate of 40.0 per 100,000 residents, slightly below the state’s 47.3. Lung cancer is strongly linked to tobacco use, which remains more prevalent in rural Mississippi than nationally.

The second most common category is “Other cancers,” which includes a wide range of rare or less common cancers. These span many parts of the body, such as the esophagus, gallbladder, small intestine, larynx, connective tissue, endocrine glands, lymph nodes, peritoneum, retroperitoneum, and central nervous system. It also includes metastatic cancers (cancers that have spread from other organs), many lymphomas, and cancers of unspecified or ill-defined sites. While each condition in this group is relatively uncommon, they contribute significantly to cancer mortality collectively. The diversity of this category makes it difficult to target with a single intervention, but it points to the importance of broad cancer screening, early detection, and access to specialists who can diagnose and treat rare or advanced-stage diseases.

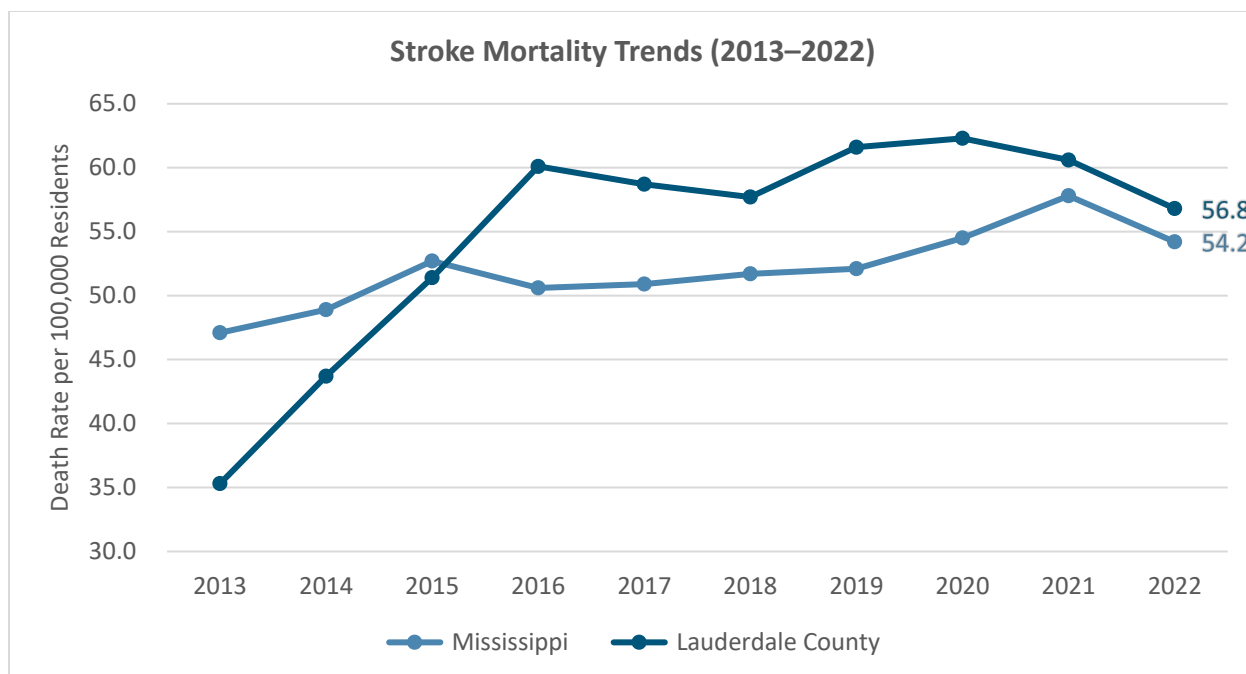
Other leading causes of cancer death include female breast cancer, prostate cancer, and colorectal cancer. These cancers often have established screening protocols and are more treatable when caught early. Slightly elevated local rates suggest the need to improve education, screening participation, and timely follow-up care across the service area.



46 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

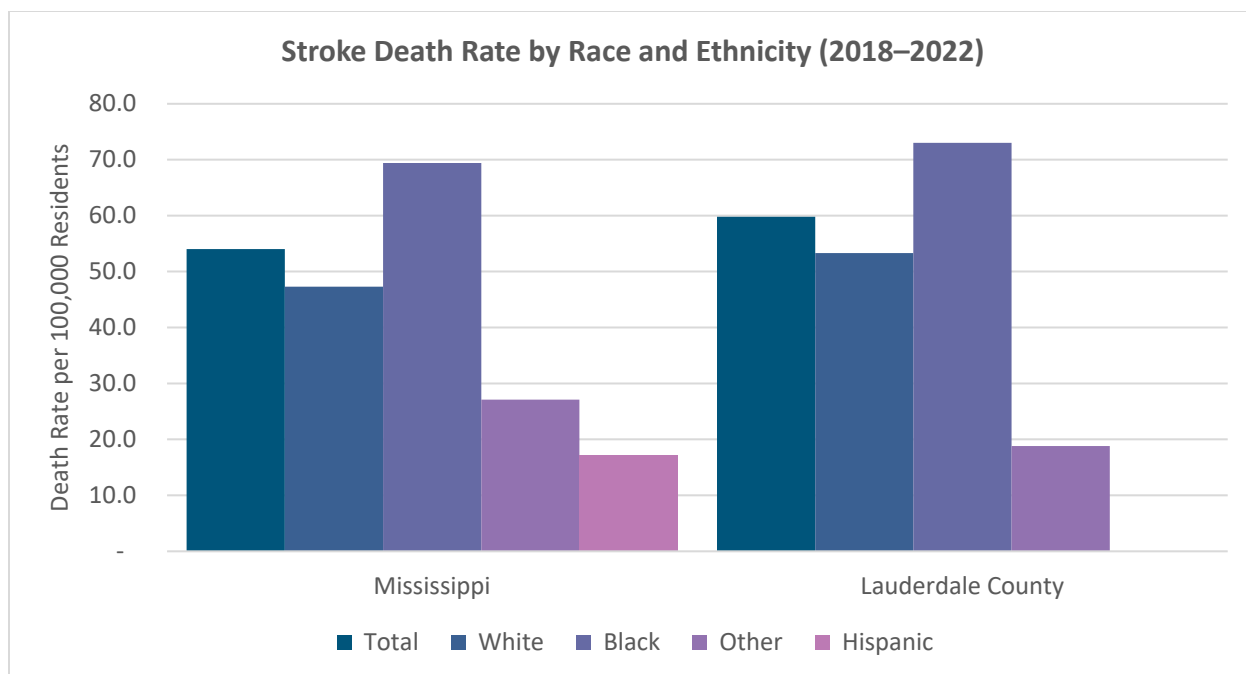
Stroke

Stroke is the third leading cause of death in Lauderdale County, underscoring its significant impact on local health outcomes. Many strokes are linked to controllable risk factors such as high blood pressure, smoking, diabetes, and limited physical activity, making prevention and early intervention critical components of long-term management. Over the past decade, Lauderdale County experienced a steady increase in stroke-related deaths, peaking in 2020 at just over 62 deaths per 100,000 residents. Although the rate has declined slightly in recent years, it remained elevated at 56.8 per 100,000 residents in 2022, still above the Mississippi average of 54.2. These trends point to a continued need for focused education, timely care, and improved access to prevention and rehabilitation resources.



47 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

In Lauderdale County, racial and ethnic disparities in stroke mortality remain evident. Black residents experience the highest stroke death rate at 73.0 deaths per 100,000 residents, notably higher than the county’s overall rate of 59.8. White residents follow at 53.3 deaths per 100,000 residents, which aligns closely with the state average. Residents categorized as “Other” report lower death rates (18.8 deaths per 100,000 residents); however, these figures may be influenced by smaller population sizes or reporting limitations. Data for Hispanic populations is not reported due to small sample sizes.

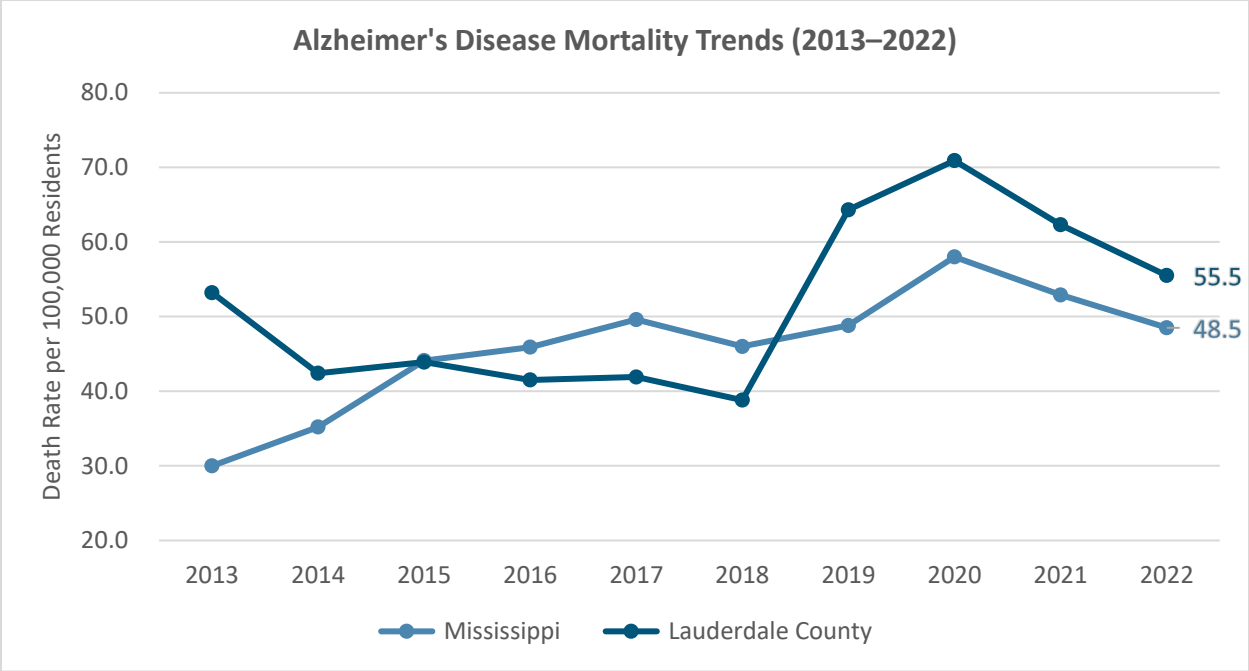


48 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Alzheimer's Disease

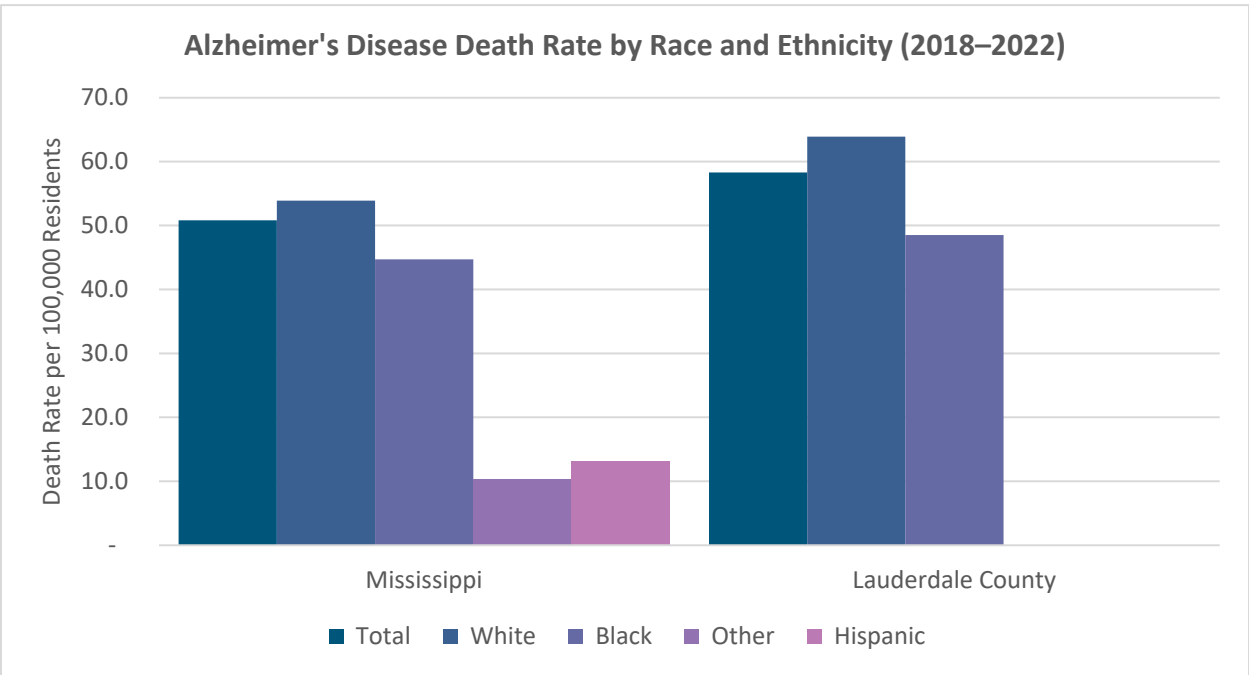
Alzheimer's disease is a progressive brain disorder that impacts memory, behavior, and the ability to perform daily activities. As life expectancy increases, Alzheimer's-related deaths have become more common, especially in older populations. While there is currently no cure, early diagnosis, family support, and coordinated care can improve quality of life for those affected. This section examines long-term mortality trends and racial and ethnic disparities in the hospital's primary service areas.

Alzheimer's disease mortality in Lauderdale County has fluctuated considerably over the past decade. After reaching a low of 38.8 deaths per 100,000 residents in 2018, the rate spiked in 2019 and peaked in 2020 at 70.9 deaths per 100,000 residents, before falling to 55.5 deaths per 100,000 residents in 2022. This most recent figure remains above the Mississippi average of 48.5 deaths per 100,000 residents. The volatility in Lauderdale's trend may reflect shifts in diagnostic practices, death certificate reporting, or changes in the county's aging population. These patterns underscore the continued need for dementia care access, early screening, and caregiver support within the community.



49 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

When broken down by race and ethnicity, disparities in Alzheimer’s disease mortality in Lauderdale County become more evident. White residents experienced the highest rate at 63.9 deaths per 100,000 residents, followed by Black residents at 48.5 deaths per 100,000 residents. Both rates are higher than their respective state averages, especially among White residents. Data for Hispanic and Other populations are not reported due to small sample sizes.

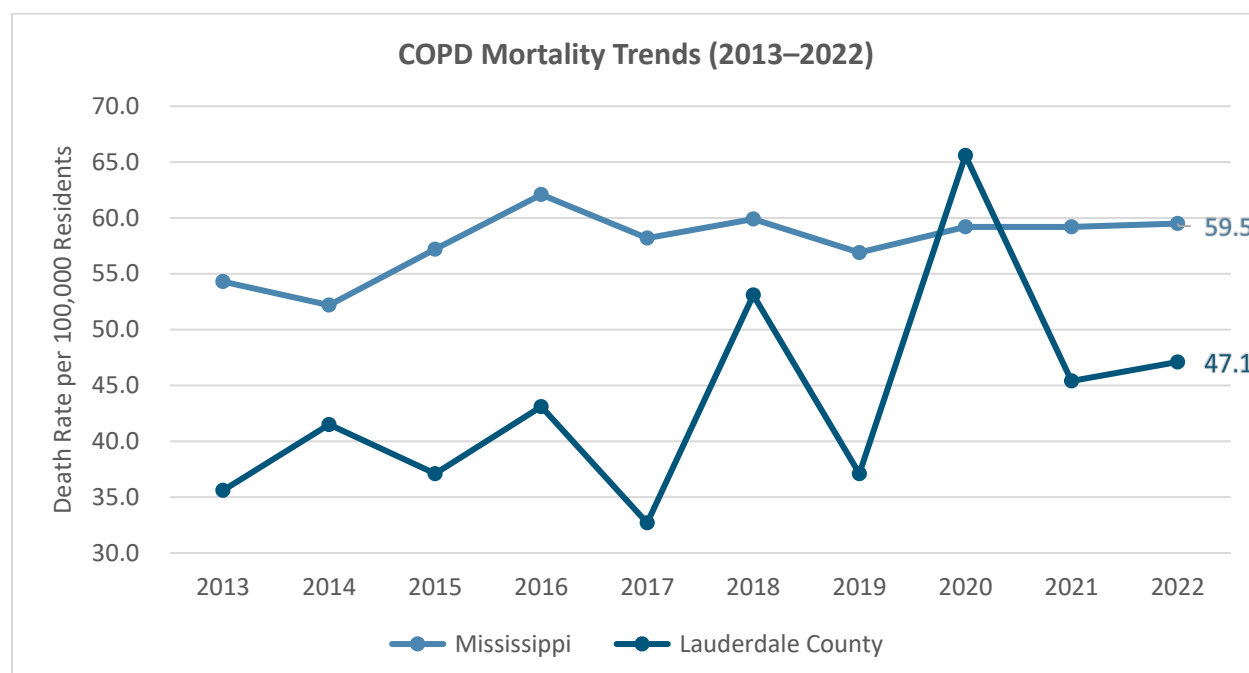


50 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Chronic Obstructive Pulmonary Disease (COPD)

Chronic lower respiratory disease, primarily chronic obstructive pulmonary disease (COPD), is a major cause of preventable death, especially in rural areas with higher smoking rates and environmental exposures. COPD includes conditions like emphysema and chronic bronchitis that limit airflow and worsen over time. While not curable, COPD is often manageable through early diagnosis, smoking cessation, medication, and pulmonary rehabilitation. This section reviews local mortality trends and disparities by race and ethnicity.

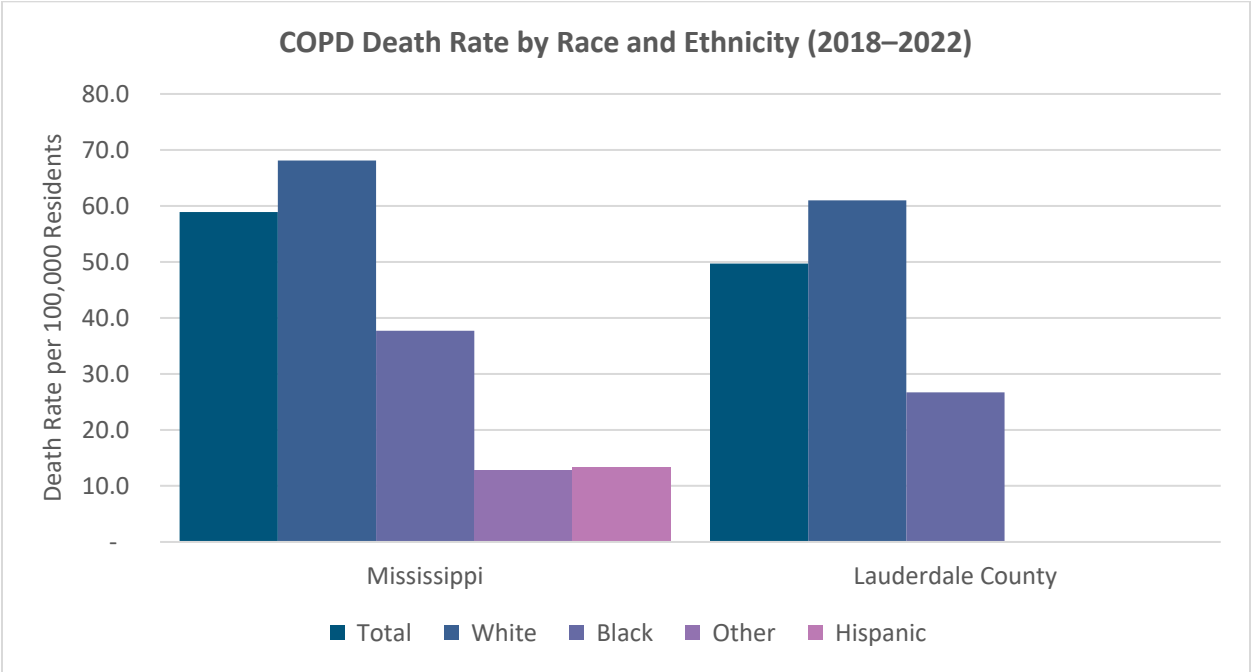
Over the past decade, COPD mortality in Lauderdale County has varied significantly compared to the steady statewide trend. Mississippi's rate remained relatively stable, ending at 59.5 deaths per 100,000 residents in 2022. In contrast, Lauderdale County's rates showed more fluctuation. After reaching a low of 32.7 deaths per 100,000 residents in 2017, the rate spiked in 2020 to 65.6, then declined sharply before rising slightly to 47.1 deaths per 100,000 residents in 2022. These shifts may reflect local differences in smoking prevalence, environmental exposures, or inconsistent access to pulmonary care and early diagnosis.



51 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

Mortality rates from COPD in Lauderdale County highlight notable disparities across racial and ethnic groups. White residents experience the highest burden, with a death rate of 61.0 per 100,000 residents, mirroring statewide trends. Black residents have a significantly lower COPD mortality rate at 26.7 deaths per 100,000 residents, while data for Hispanic and Other populations are not reported due to small

sample sizes. These differences may reflect variations in smoking prevalence, occupational exposures, and access to long-term pulmonary care.



52 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

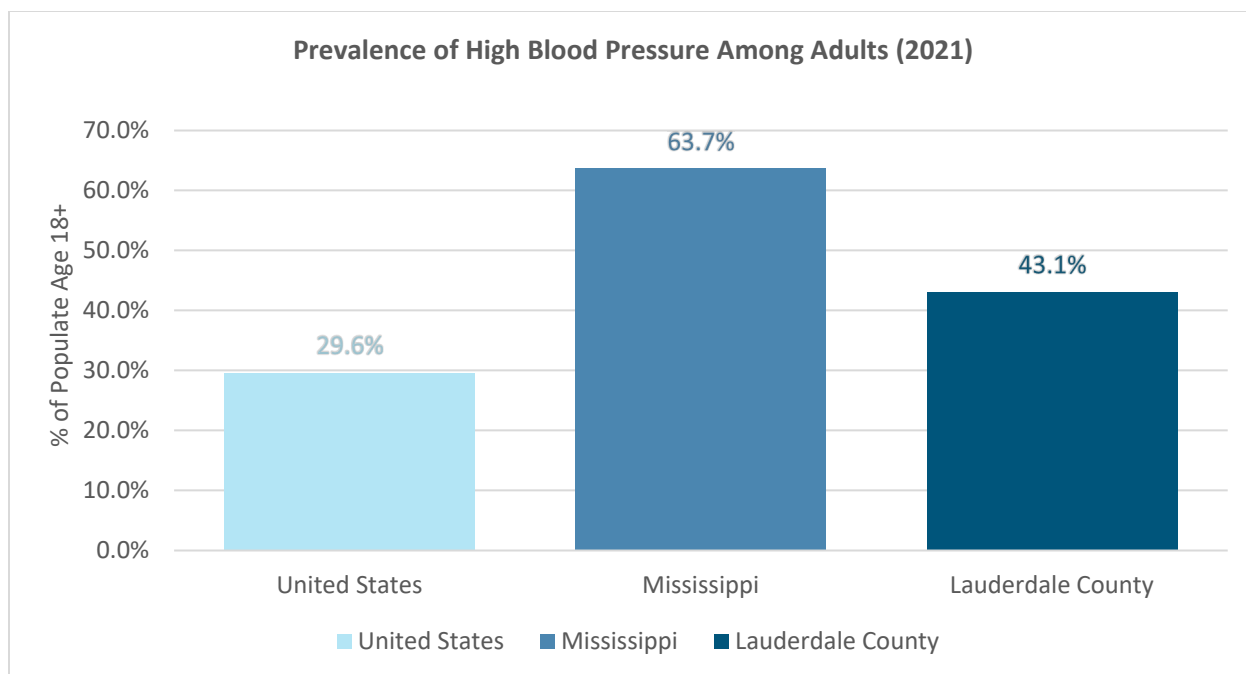
Risk and Behavioral Health Indicators

The leading causes of death and chronic disease are often influenced by health behaviors and modifiable risk factors. By tracking behavioral and clinical trends such as physical inactivity, tobacco use, and chronic conditions like diabetes and asthma, we can better understand where preventive outreach and education may have the greatest impact. This section provides local comparisons against state and national benchmarks.

High Blood Pressure

High blood pressure, or hypertension, occurs when the force of blood against artery walls remains elevated over time. Often referred to as the “silent killer,” it typically presents no symptoms but significantly increases the risk of heart disease, stroke, kidney failure, and other complications. Because it often goes undetected, routine screening and consistent management are critical to reducing its long-term effects.

In 2021, 43.1% of adults in Lauderdale County reported having high blood pressure. While this rate falls below the Mississippi average of 63.7%, it remains significantly higher than the national average of 29.6%. Hypertension is a key contributor to heart disease, stroke, and kidney complications, all of which are major health concerns in the region. Elevated blood pressure, particularly when combined with other risk factors such as poor diet, physical inactivity, and limited access to preventive care, underscores the need for ongoing chronic disease management and cardiovascular health initiatives in the community.

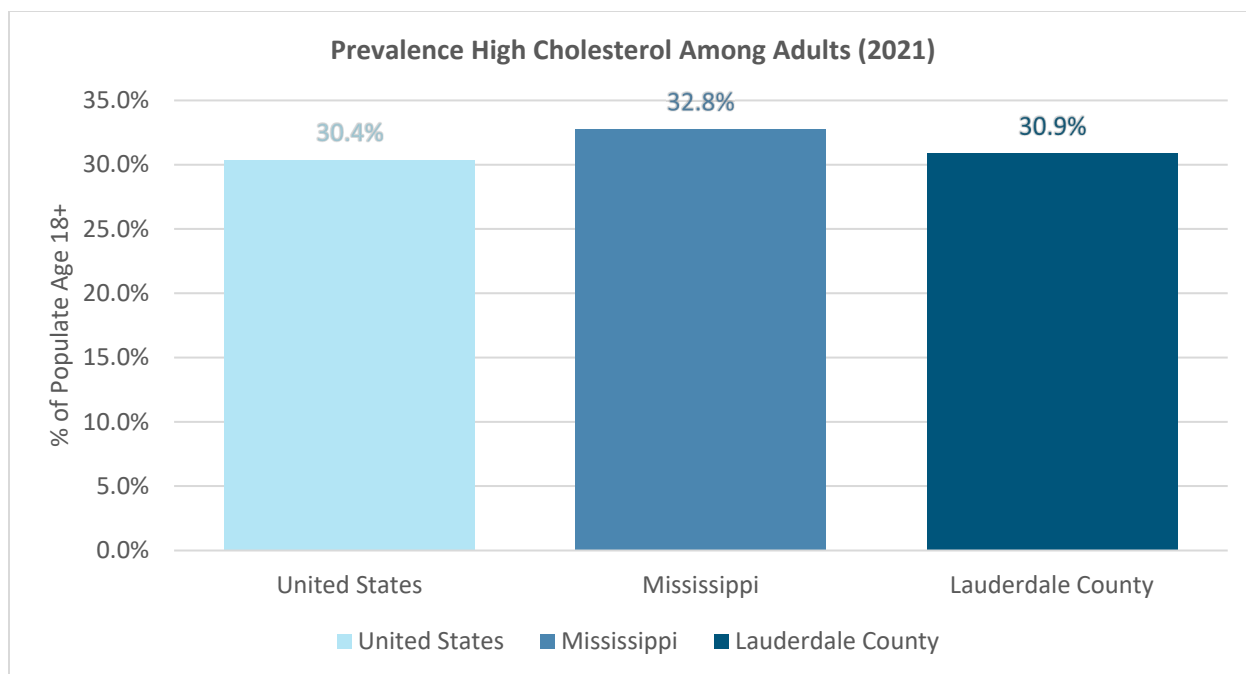


53 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2021); CDC Chronic Disease Indicators (2021)

High Cholesterol

Cholesterol is a waxy substance that the body needs in small amounts to build cells and produce hormones. However, when cholesterol levels become too high, plaque can build up in the arteries, increasing the risk of heart attack and stroke. Since high cholesterol often presents no symptoms, regular screening remains one of the few ways to detect the condition early.

In 2021, 30.9% of adults in Lauderdale County reported having high cholesterol. This figure is nearly identical to the national average of 30.4% and slightly below the Mississippi average of 32.8%. While the difference may appear minimal, high cholesterol remains a critical risk factor for heart disease, especially in areas already facing elevated rates of cardiovascular illness. When paired with other unmanaged conditions like hypertension or diabetes, elevated cholesterol can contribute to more severe health outcomes in communities with limited access to ongoing preventive care.

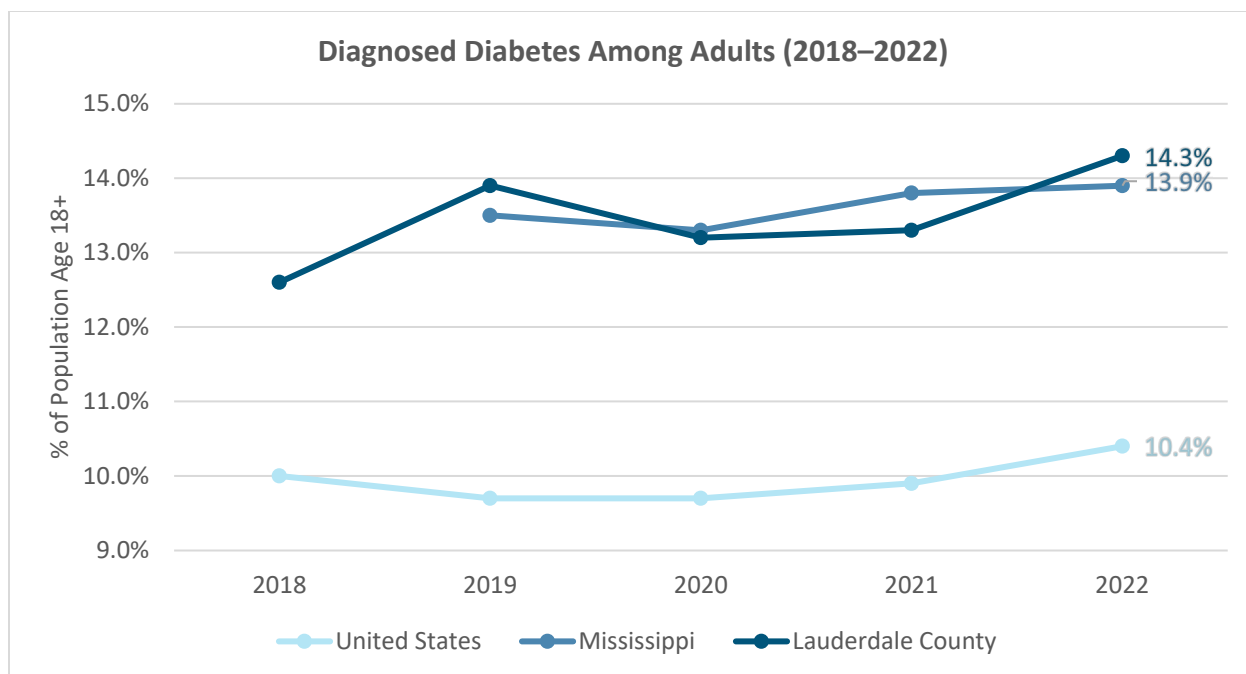


54 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2021); CDC Chronic Disease Indicators (2021)

Diagnosed Diabetes

Diabetes is a chronic condition that affects the body's ability to regulate blood sugar. Without proper management, it can lead to complications such as nerve damage, kidney failure, heart disease, and vision loss. Tracking diagnosed cases over time helps highlight where interventions may be needed most.

As of 2022, 14.3% of adults in Lauderdale County reported being diagnosed with diabetes, slightly above the Mississippi average of 13.9% and well above the national average of 10.4%. The county's diabetes rate has fluctuated over the past five years but has remained consistently higher than the national benchmark. Given the chronic nature of the disease and its ties to other conditions like heart and kidney disease, these elevated rates signal a pressing need for continued diabetes prevention, early screening, and long-term management efforts within the community.

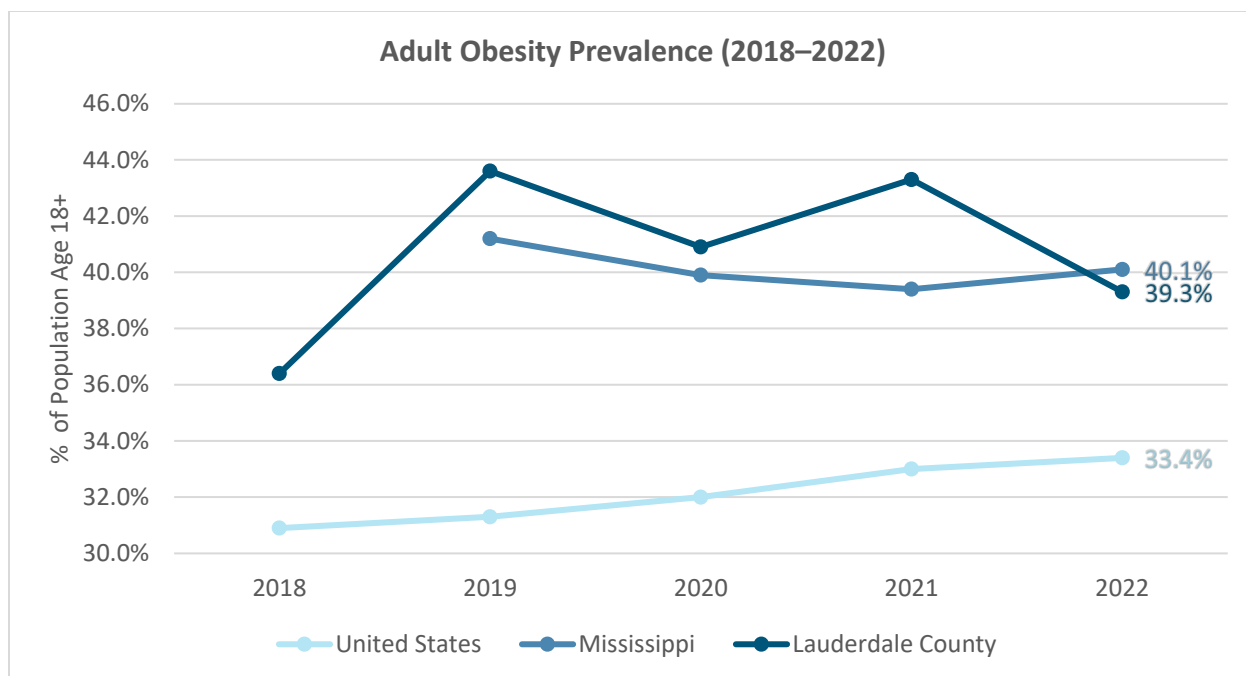


55 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2018–2022); CDC Chronic Disease Indicators (2018–2022)

Obesity

Obesity is closely tied to numerous health outcomes, including heart disease, stroke, diabetes, and certain cancers. Defined as having a body mass index (BMI) of 30 or higher, obesity is shaped by a range of factors, from genetics and lifestyle to environmental and socioeconomic conditions.

In 2022, 39.3% of adults in Lauderdale County were classified as obese, slightly below the Mississippi state average of 40.1% but well above the national average of 33.4%. While the county's rate has fluctuated over the past five years, it remains consistently elevated, reinforcing concerns about chronic disease risk in the area. High obesity prevalence often overlaps with other local health challenges such as hypertension, diabetes, and high cholesterol, and underscores the need for sustained efforts in nutrition education, physical activity promotion, and access to preventive care.

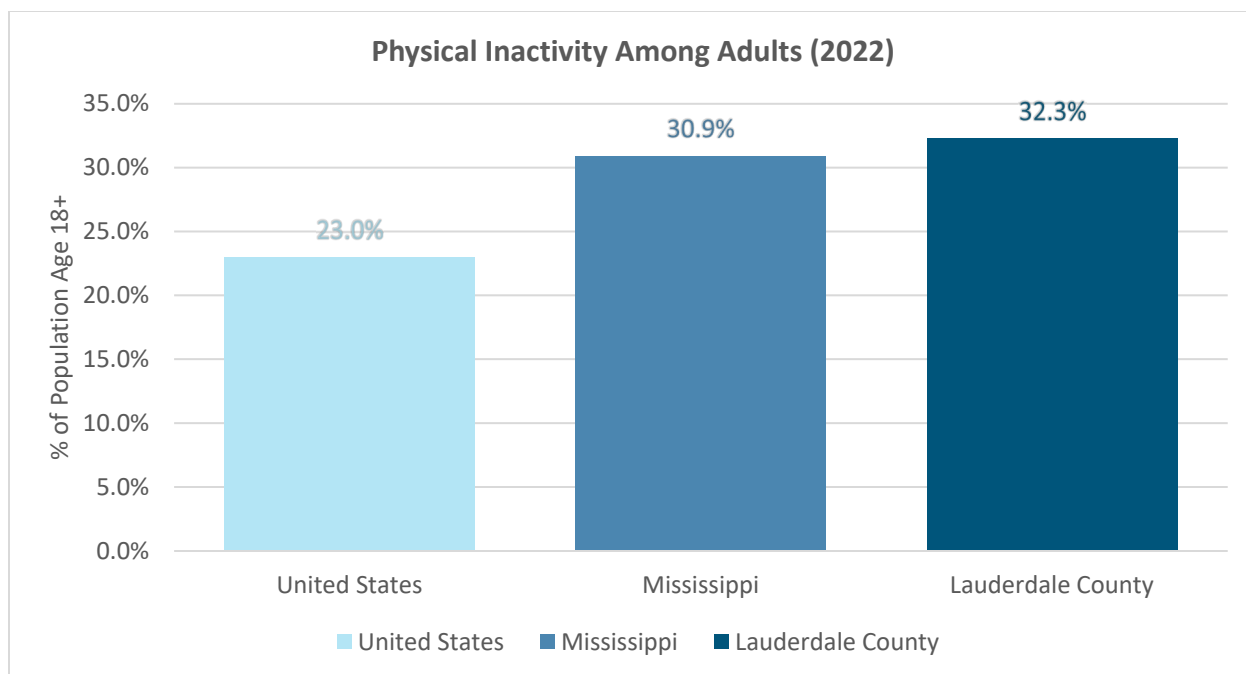


56 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2018–2022); CDC Chronic Disease Indicators (2018–2022)

No Leisure-Time Physical Activity

Engagement in physical activity is a cornerstone of chronic disease prevention and mental wellbeing. Physical inactivity, defined as no leisure-time physical activity in the past month, increases the risk for a range of health conditions, including obesity, heart disease, and diabetes.

In 2022, 32.3% of Lauderdale County adults reported no leisure-time physical activity. This rate is slightly higher than the Mississippi state average of 30.9% and significantly exceeds the national average of 23.0%. Limited physical activity contributes to a range of chronic health issues, including obesity, hypertension, and diabetes. These conditions are already prevalent in the region, making increased access to safe and affordable opportunities for physical activity an important priority for community health.

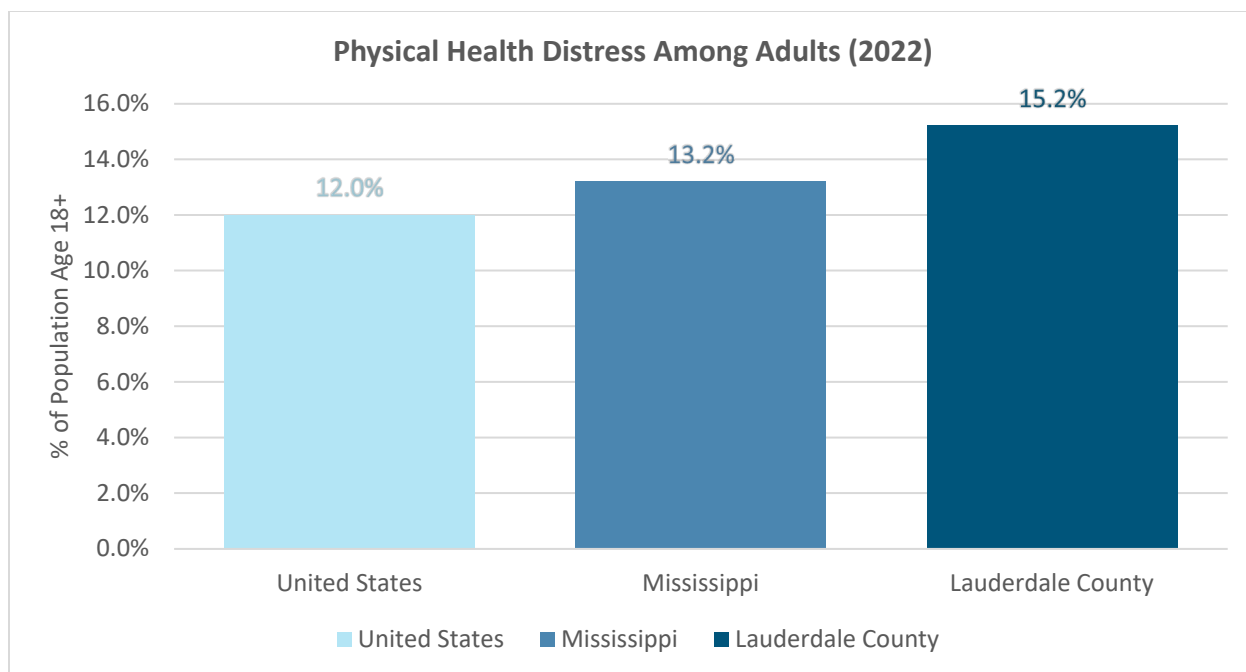


57 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Frequent Physical Distress

Frequent physical distress is measured by the percentage of adults who report feeling physically unwell for 14 or more days in the past month. This metric offers insight into the day-to-day burden of illness and the broader quality of life among community members.

In 2022, 15.2% of adults in Lauderdale County reported frequent physical distress, a rate higher than both the Mississippi state average of 13.2% and the national average of 12.0%. This elevated level of distress likely reflects the broader impact of chronic health conditions in the area and may signal challenges related to pain management, mobility, and overall wellness. Addressing underlying contributors such as obesity, diabetes, and limited preventive care could help improve residents' physical well-being over time.

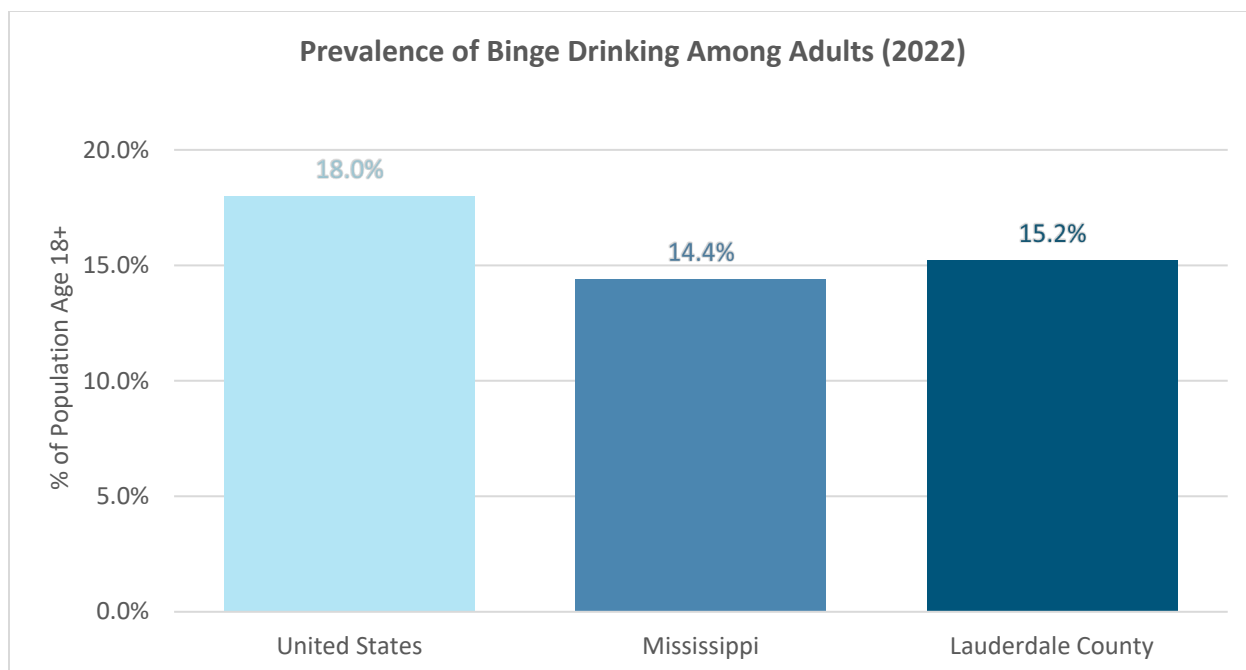


58 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Binge Drinking

Binge drinking involves consuming several alcoholic drinks on a single occasion and is associated with increased risk of injury, liver disease, high blood pressure, and certain cancers. While the prevalence of binge drinking may be lower in some rural areas, its effects can still be significant, particularly when combined with other health challenges.

In 2022, 15.2% of adults in Lauderdale County reported binge drinking. This rate is slightly higher than the Mississippi state average of 14.4%, though still below the national average of 18.0%. While not the most prevalent risk factor in the region, alcohol misuse may contribute to other health and safety concerns, particularly when combined with chronic health conditions, mental distress, or limited access to care.

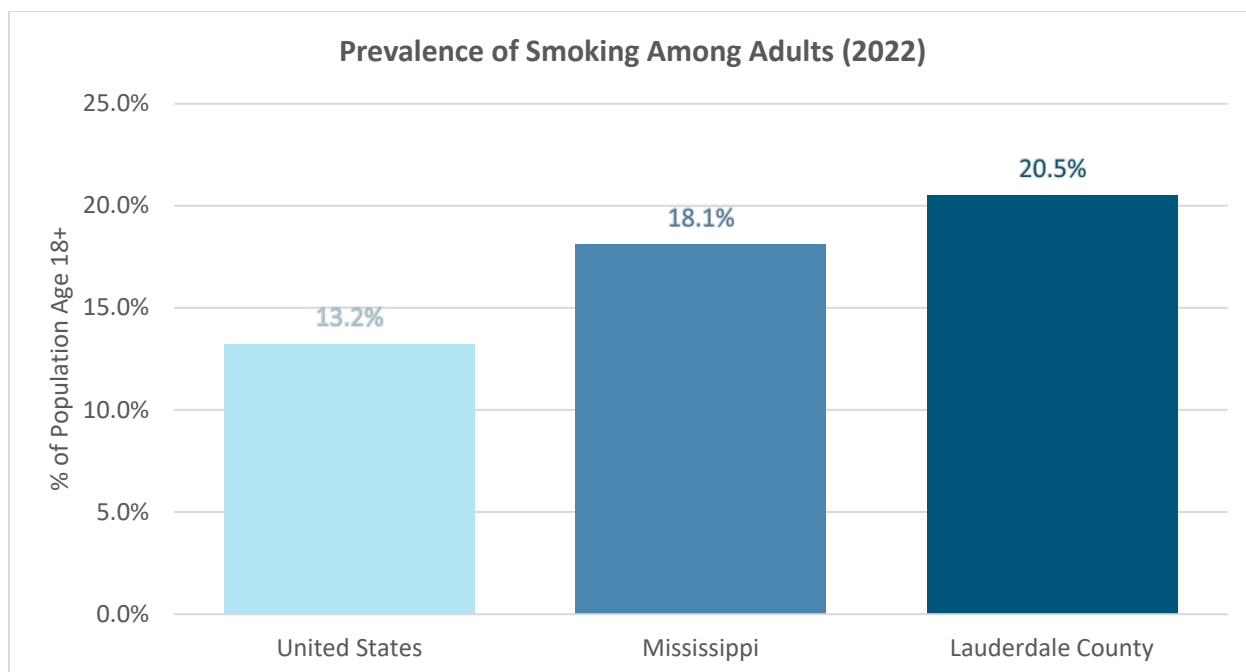


59 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Current Smoking

Smoking is widely recognized as one of the most preventable causes of death and disease. It plays a significant role in the development of cardiovascular disease, cancer, and chronic respiratory conditions, including COPD.

In 2022, 20.5% of adults in Lauderdale County reported smoking, surpassing both the Mississippi state average of 18.1% and the national average of 13.2%. This elevated rate is consistent with the county's higher mortality from COPD and heart disease. Tobacco use remains one of the most significant modifiable risk factors for poor health outcomes in the region, reinforcing the need for targeted cessation programs and education.

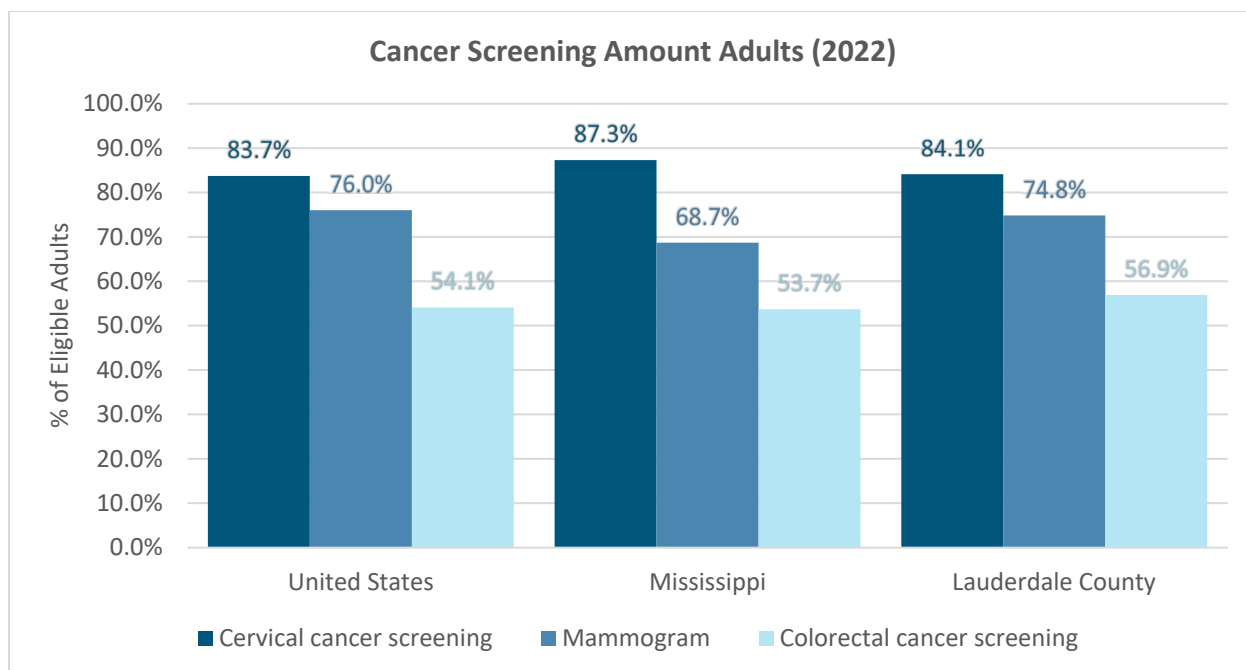


60 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Cancer Screenings

Routine screenings for cervical, breast, and colorectal cancers help detect disease early, often before symptoms appear. Early detection increases the chances of successful treatment and can reduce cancer-related mortality.

Cervical cancer screening rates in Lauderdale County were strong in 2022, with 84.1% of eligible adults reporting screening. This rate exceeded both the national average of 83.7% and the state average of 87.3%. Mammogram rates in the county (74.8%) were slightly below the national benchmark (76.0%) but notably higher than the state rate (68.7%). Colorectal cancer screening rates remained the lowest of the three, though Lauderdale County (56.9%) outperformed both the state (53.7%) and national (54.1%) averages. These findings suggest opportunities to build on relatively strong screening participation while focusing outreach on increasing colorectal cancer detection.

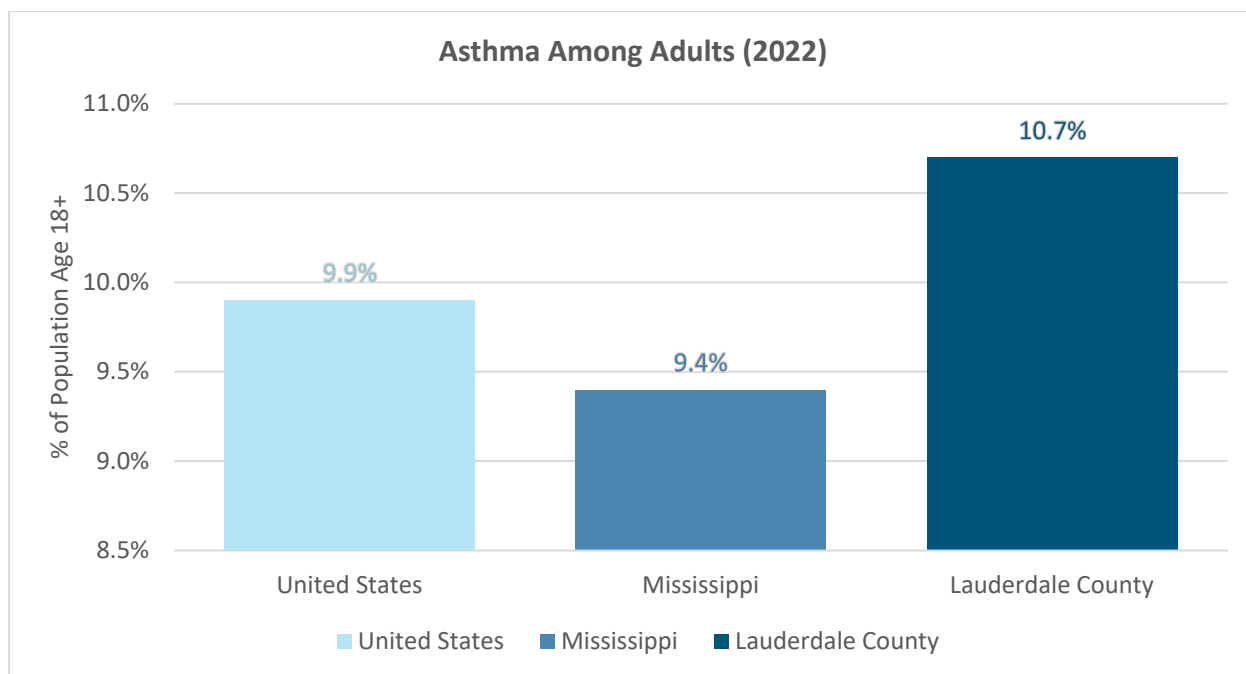


61 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Current Asthma

Asthma is a chronic respiratory condition that can limit quality of life and increase the risk of hospitalization, especially when poorly managed. It is often triggered by environmental exposures and can complicate other illnesses.

As of 2022, 10.7% of adults in Lauderdale County had asthma, which is higher than both the Mississippi state average (9.4%) and the national average (9.9%). This elevated rate underscores a broader concern for respiratory health in the area, especially when considered alongside the county's higher rates of smoking and COPD.

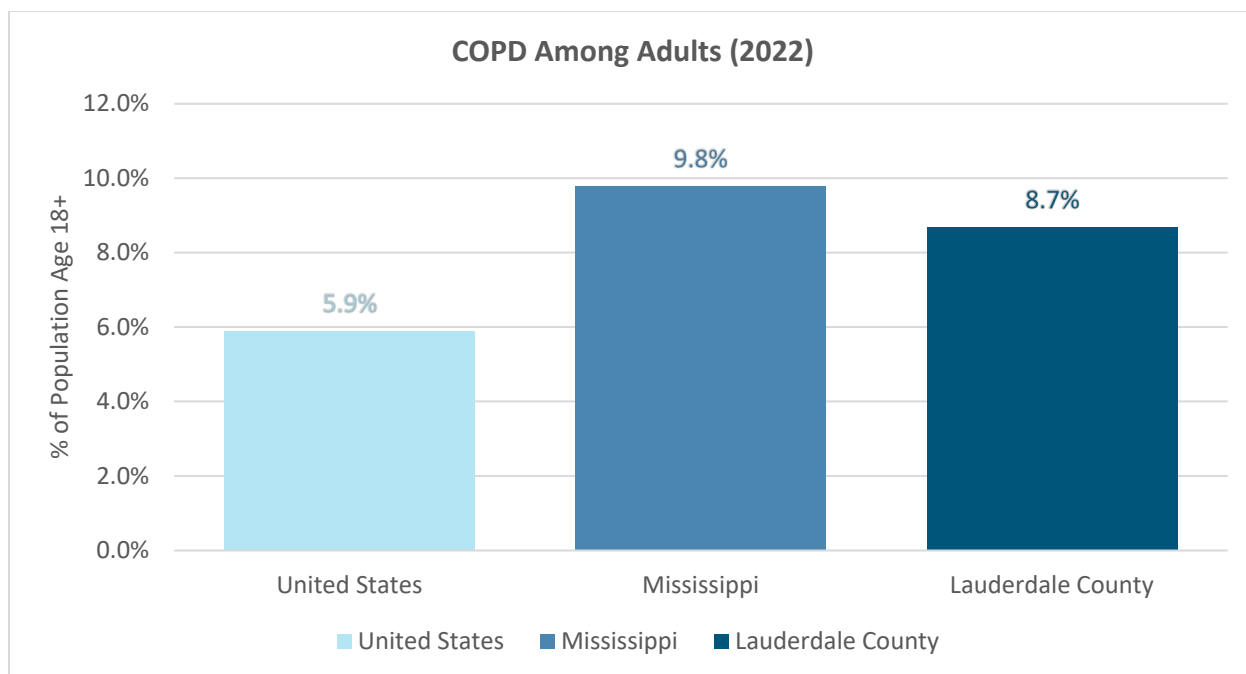


62 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Chronic Obstructive Pulmonary Disease

COPD is a progressive lung condition that can severely limit daily functioning. It is strongly linked to smoking and environmental irritants and contributes significantly to hospital admissions and premature death.

In 2022, 8.7% of adults in Lauderdale County were living with COPD. While this rate falls below the Mississippi state average of 9.8%, it remains significantly higher than the national rate of 5.9%. Elevated COPD prevalence in Lauderdale County is consistent with the area's high rates of smoking and respiratory illness, pointing to a continued need for prevention and cessation programs, early screening, and accessible pulmonary care.



63 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Together, these indicators reflect the complex interplay of personal behaviors, clinical conditions, and systemic factors that shape community health. Understanding these patterns is a necessary step in identifying where resources and interventions may have the greatest impact on long-term wellbeing.

Progress Since the Last CHNA

Since the completion of the previous CHNA, both hospitals have worked to address the top priorities identified during that cycle. This section offers a high-level overview of the implementation strategies developed in response, including programs, outreach efforts, and collaborative initiatives. Reviewing what has been accomplished provides important context for the current assessment and reinforces the hospitals' ongoing commitment to community health. Many of the activities implemented across the community hospitals were carried out through collaborative efforts led by Ochsner Rush Medical Center, with smaller facilities supporting these initiatives through local partnerships, outreach, and patient engagement.

Ochsner Rush Medical Center

Initiative 1: Prostate Health

Ochsner Rush Medical Center has supported prostate health awareness and early detection through education, outreach, and regional collaboration.

- Provided educational materials and community messaging focused on prostate cancer awareness, screening guidelines, and early detection.
- Supported regional Prostate Cancer Awareness efforts each September through displays, outreach activities, and collaboration with community partners.

- Worked with affiliated clinics and providers to encourage preventive screenings and discussions between patients and care teams regarding prostate health risks.

Initiative 2: Heart Health

Ochsner Rush Medical Center has played a central role in advancing cardiovascular health initiatives across the region through community education, screenings, and clinical support.

- Partnered with the Community Health Improvement Network and local organizations to host annual Heart Healthy Lunch and Learn events, including a Heart Health Luncheon and “Coffee with a Cardiologist” sessions led by physicians such as Dr. Eesha Khan and Dr. Daniel Evans, focused on heart disease prevention, nutrition, and lifestyle modification.
- Supported community health fairs and outreach events by offering blood pressure, glucose, and other preventive screenings, along with cardiovascular education.
- Promoted chronic disease management and cardiovascular risk reduction through the Ochsner Digital Medicine Program and affiliated clinics, emphasizing hypertension control, diabetes management, tobacco cessation, and medication adherence.

Initiative 3: Disease Management

Ochsner Rush Medical Center has emphasized chronic disease management and preventive care through coordinated clinical programs and community-based education.

- Through the Rural Solution ACO, supported population health and care coordination efforts focused on chronic conditions such as diabetes, heart disease, COPD, and other high-burden illnesses.
- Encouraged preventive screenings and routine monitoring through patient outreach, education materials, and collaboration with affiliated clinics.
- Participated in regional health and wellness events, providing education on disease prevention, medication adherence, and healthy lifestyle behaviors.
- Worked alongside community hospitals and partners to ensure consistent messaging and access to disease management resources across the Ochsner Rush Region.

Ochsner Specialty Hospital

Initiative 1: COPD

Ochsner Specialty Hospital has enhanced respiratory care through expanded clinical expertise and comprehensive patient support.

- Hired two new pulmonologists, improving access to care, reducing wait times, and expanding specialized treatment for patients with COPD and other respiratory conditions.
- Population Health nurses provide ongoing education on disease management and medication use. Through Care Harmony, patients with multiple chronic conditions receive regular outreach calls for care planning, visit coordination, and monitoring. Patients can also access a nurse 24/7 for guidance on when to seek urgent or follow-up care.

- Transitional Care RNs contact high-risk patients within two days of discharge to review medications, clarify discharge instructions, and confirm follow-up appointments.
- Inpatient nurses deliver smoking cessation education to patients and families at discharge to support long-term respiratory health.

Initiative 2: Diabetes Management

Ochsner Specialty Hospital continues to promote diabetes prevention, control, and education through clinical programs and community outreach.

- Advanced practice provider Lara King, FNP-BC, ADM-BC, participated in the “Walk with a Doc” event, offering education on diabetes management and lifestyle strategies for disease control.
- Population Health teams educate patients and providers on diabetes management and medication adherence. Diabetic eye exams are incorporated into triage, with referrals or appointments scheduled for screening. Care Harmony nurses support patients with multiple chronic conditions through regular outreach and care coordination.
- The Ochsner Digital Medicine program offers remote diabetes monitoring, nutrition counseling, and medication management in collaboration with pharmacists, educators, and dietitians.
- Transitional Care RNs conduct post-discharge follow-up calls to review medications, address concerns, and help prevent readmissions.
- Inpatient diabetic educator consultations are available for patients requiring individualized guidance and disease education.

Initiative 3: Heart Disease

Ochsner Specialty Hospital continues to raise cardiovascular awareness and provide resources for prevention and management.

- Physicians Dr. Eesha Khan and Dr. Daniel Evans led community education events including a Heart Health Luncheon and “Coffee with a Cardiologist,” emphasizing prevention strategies and heart-healthy living.
- The Ochsner Digital Medicine program provides remote blood pressure monitoring, disease education, and coordinated medication management through pharmacists, cardiac educators, and nutritionists.
- Population Health initiatives address blood pressure control, statin adherence, and tobacco cessation, including referrals to Mississippi Quit and application of the 5 A’s behavior modification framework. Care Harmony nurses provide care coordination and education for patients with multiple chronic conditions.
- Population Health RNs assist providers with Medicare wellness visits, while Care Coordinators manage outreach, reminders, and medication refills to support ongoing disease control.
- The Measure Up Pressure Down initiative was implemented across primary care clinics to improve blood pressure management, accompanied by provider and staff education.
- Inpatient nursing reinforces heart-healthy habits through education on cardiac diet, daily weight monitoring, and blood pressure tracking.

Ochsner Choctaw General: Serving the Community

Located in Butler, Alabama, Ochsner Choctaw General is a 25-bed critical access hospital dedicated to meeting the healthcare needs of Choctaw County and the surrounding rural communities. As the county's only hospital, it provides essential medical services in an area where access to care would otherwise be limited. The hospital offers 24/7 emergency care, inpatient and outpatient services, diagnostic imaging, laboratory testing, basic surgical procedures, and rehabilitative therapies. Its participation in the 340B drug pricing program helps eligible patients obtain necessary medications at reduced costs.

The care team at Ochsner Choctaw General includes physicians, nurses, technicians, and support staff who are committed to delivering compassionate, patient-centered care. The hospital maintains strong community ties through wellness events, health screenings, and partnerships with local schools, churches, and civic organizations.

As a vital part of the regional healthcare safety net, Ochsner Choctaw General works closely with community agencies and stakeholders to address local health challenges and improve outcomes. The hospital's mission to enhance quality of life reflects a broader commitment to long-term wellness and advancing health equity throughout the area.

Through its affiliation with the Ochsner Rush Health System, Ochsner Choctaw General benefits from shared clinical expertise, technology, and system-wide resources. This partnership supports the hospital's ability to provide consistent, high-quality care while continuing its role as a trusted healthcare provider for Choctaw County residents.

Hospital Service Area Overview

Understanding where a hospital's patients live is key to identifying local health needs and designing effective care strategies. This section outlines the primary service area for Ochsner Choctaw General Hospital based on Centers for Medicare & Medicaid Services (CMS) Hospital Service Area data from 2019 to 2023. These geographic insights support targeted outreach, guide resource planning, and help build strategic partnerships across the region.

Choctaw County, located in southwest Alabama near the Mississippi border, makes up the primary service area for Ochsner Choctaw General Hospital. The county's rural landscape, close-knit community, and limited availability of other healthcare providers make the hospital a critical healthcare hub for local residents.

From 2019 to 2023, 100 percent of Medicare patients served by Ochsner Choctaw General Hospital lived in Choctaw County. This complete alignment underscores the hospital's vital role in addressing the medical needs of the local population and highlights its significance as the county's only hospital. Located in Butler, the county seat, Ochsner Choctaw General is well positioned to provide timely, essential care close to home, particularly for older adults and underserved residents.

Choctaw County was established in 1847 and has deep roots in forestry, manufacturing, and agriculture. The area is known for its strong community values, civic engagement, and support networks that

reinforce local well-being. Organizations such as the Choctaw County Chamber of Commerce and area schools help sustain a resilient, community-driven culture.

The hospital's service area reflects the importance of integrated, community-based care. Ochsner Choctaw General remains a cornerstone of this local care network, working to close health gaps and improve outcomes for residents of Choctaw County.

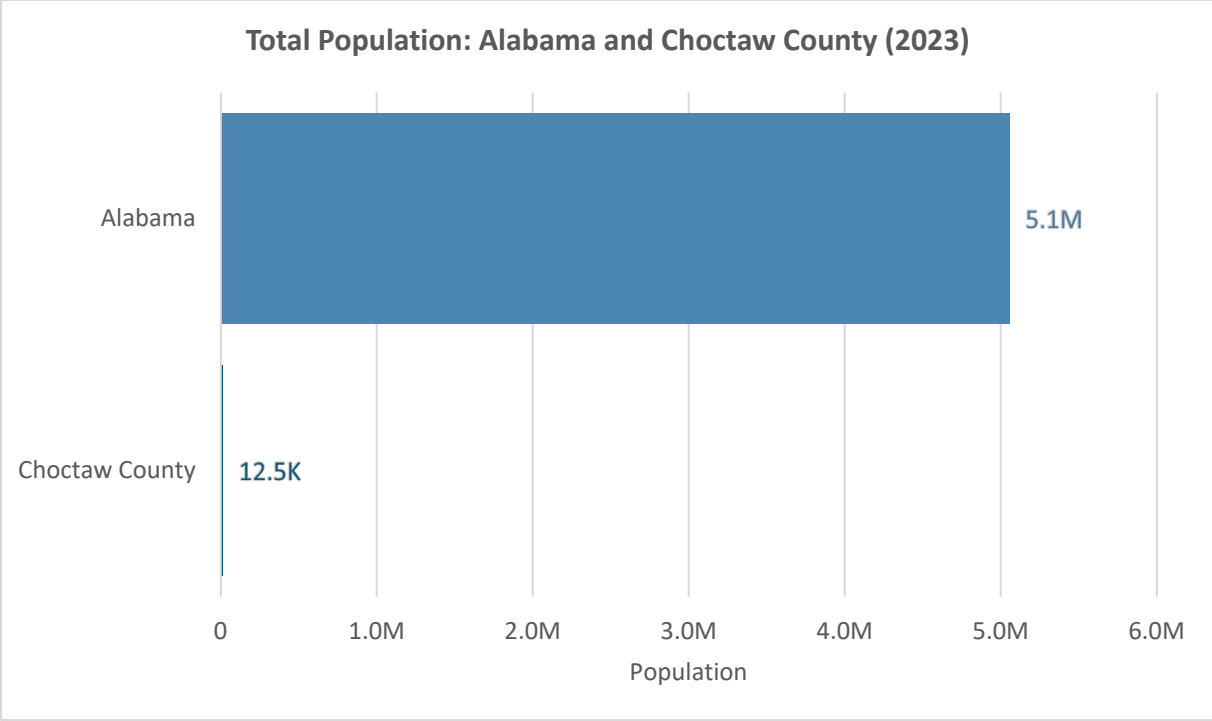
Demographic Profile of the Hospital Service Area

Demographic data provides essential context for understanding health needs, tracking changes over time, and informing strategies for care delivery and resource allocation. This section presents an overview of the population characteristics in the hospital's service area, including total population, population change over time, age distribution, sex, and racial and ethnic composition.

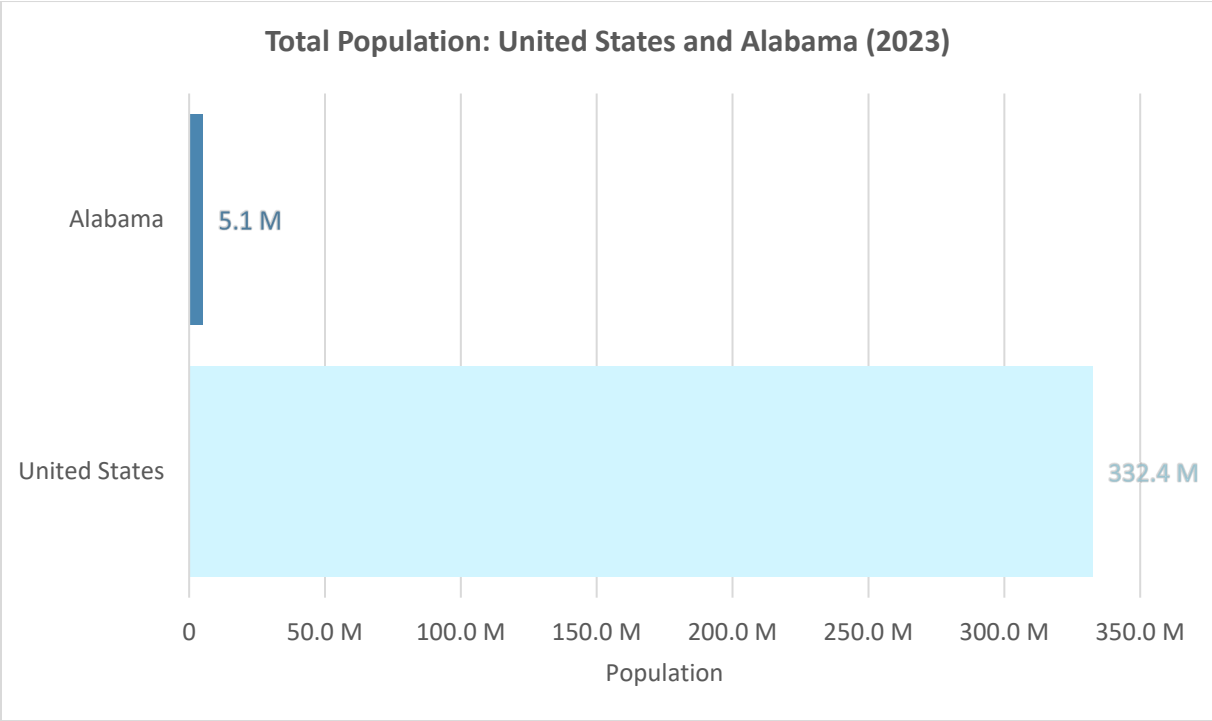
As of 2023, Choctaw County had a population of approximately 12,500, making it one of the smallest counties in Alabama. In comparison, the state's total population was around 5.1 million. The small size and rural nature of Choctaw County has a significant impact on healthcare access, with limited provider availability and longer travel times for medical care. Local facilities such as Ochsner Choctaw General play a critical role in maintaining access to essential services for area residents.

Within the broader national context, Alabama accounts for a small portion of the U.S. population, which totaled approximately 332.4 million in 2023. Rural counties like Choctaw often rely on a single hospital or clinic to meet the diverse medical needs of residents across a wide geographic area. This dependence reinforces the importance of strong infrastructure and coordination within the local healthcare system.

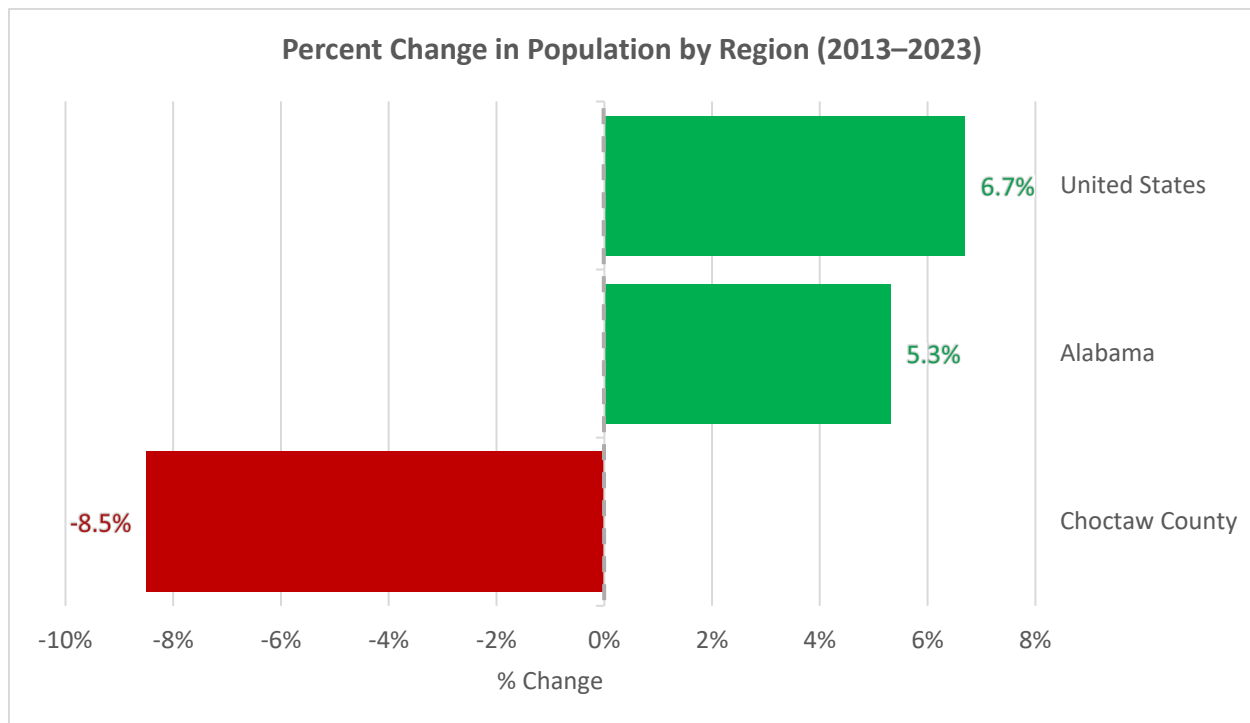
From 2013 to 2023, Choctaw County experienced a population decline of 8.5%. This trend stands in contrast to population growth in Alabama (5.3%) and the United States overall (6.7%) during the same period. The decline in Choctaw County reflects challenges common to rural communities, including outmigration, an aging population, and limited economic opportunities. These factors underscore the need for strategies that address the evolving health and social needs of the community.



64 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



65 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



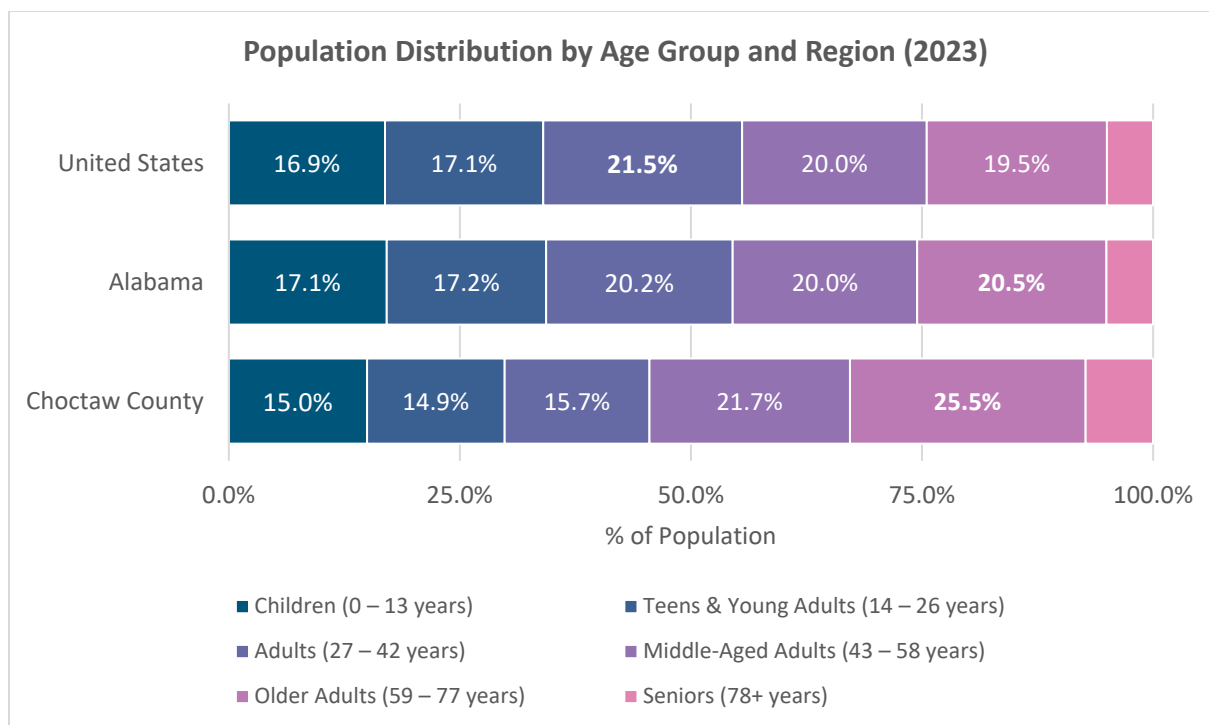
66 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013 & 2023), Table S0601

The age makeup of a community provides important insight into both current and future health needs. In Choctaw County, the population skews older than the state and national averages. Seniors, defined as adults age 78 and older, make up a small but important portion of the population, while older adults (ages 59 to 77) represent 25.5%. This is a significantly larger share than in either Alabama or the United States.

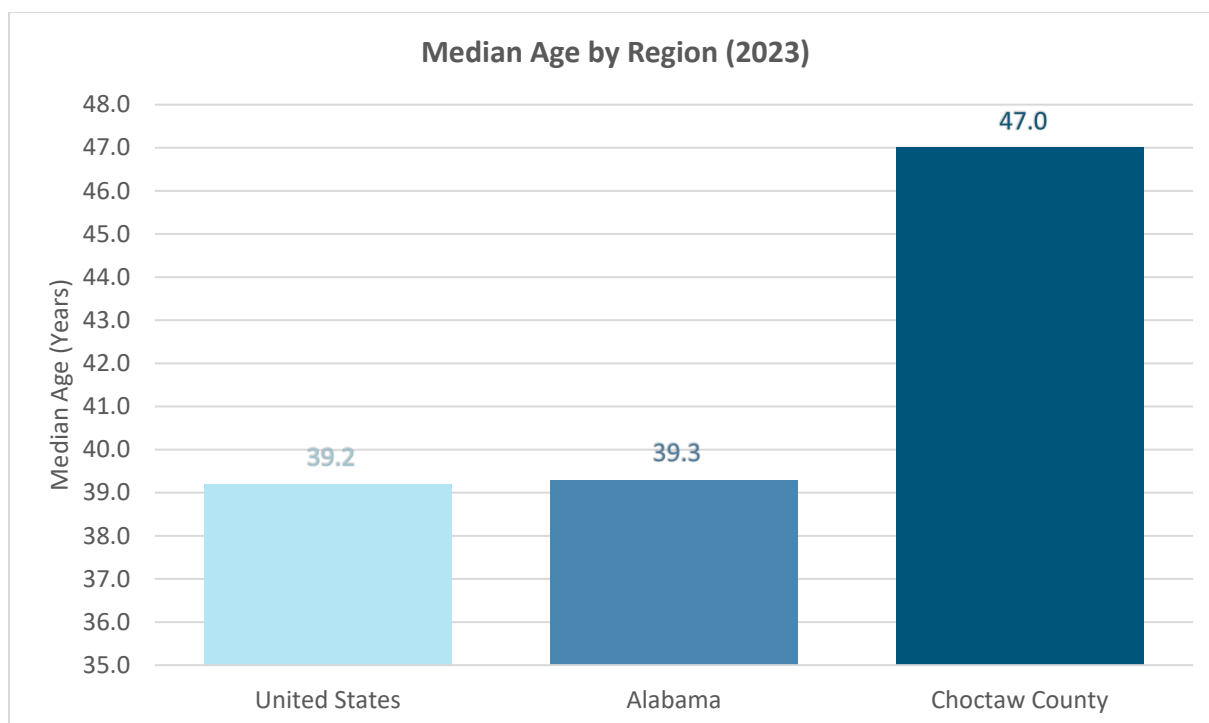
Choctaw County's median age is 47.0 years, which is much higher than the Alabama median of 39.3 and the national median of 39.2. This elevated median age reflects a local population with fewer children and young adults, and a greater concentration of older and middle-aged residents. Children (ages 0 to 13) account for just 15.0% of the population, while teens and young adults (ages 14 to 26) make up 14.9%. These proportions fall below both state and national averages and suggest a trend of population aging and declining birth rates.

This trend is further illustrated by long-term changes in the older adult population. Between 2015 and 2023, the percentage of Choctaw County residents age 65 and older increased from 22.6% to 23.8%. This increase outpaces statewide and national trends. By comparison, Alabama's senior population rose to 17.5%, while the United States reached 16.8%.

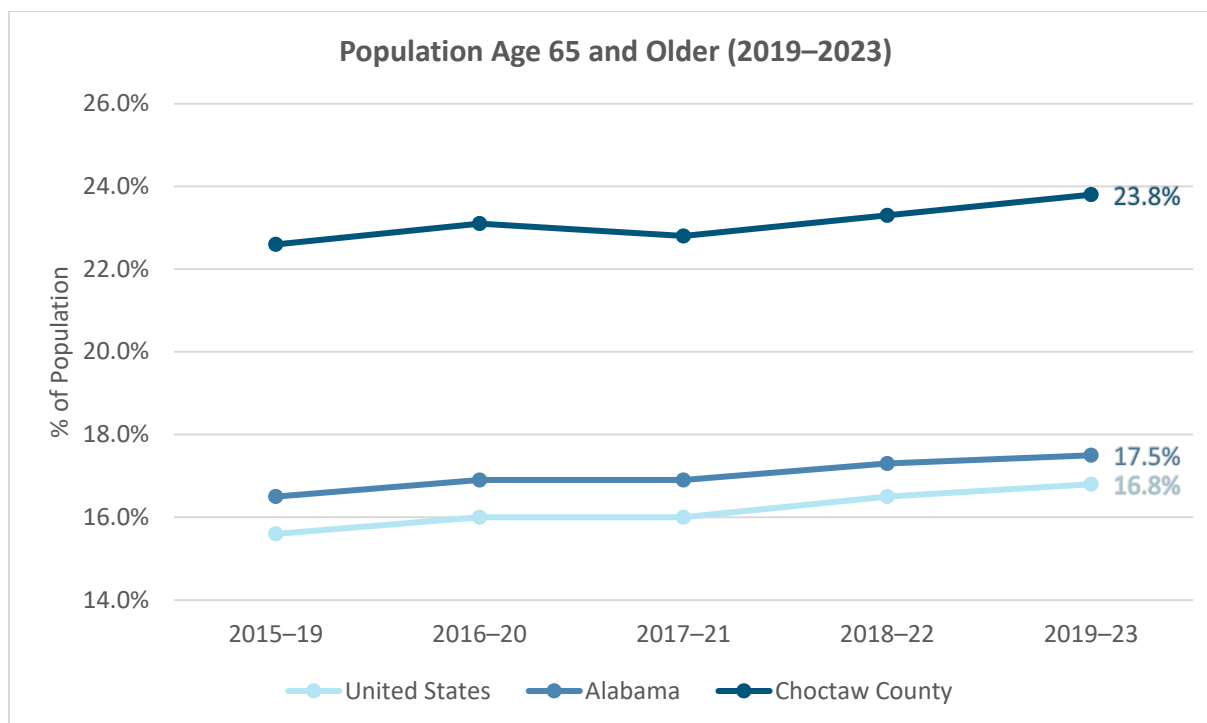
The aging profile of Choctaw County points to growing demand for services that support older adults, such as chronic disease management, access to primary and specialty care, and home-based or community-centered supports. Developing targeted strategies that meet the evolving needs of this aging population will be important to ensuring long-term community health and wellness.



67 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0101



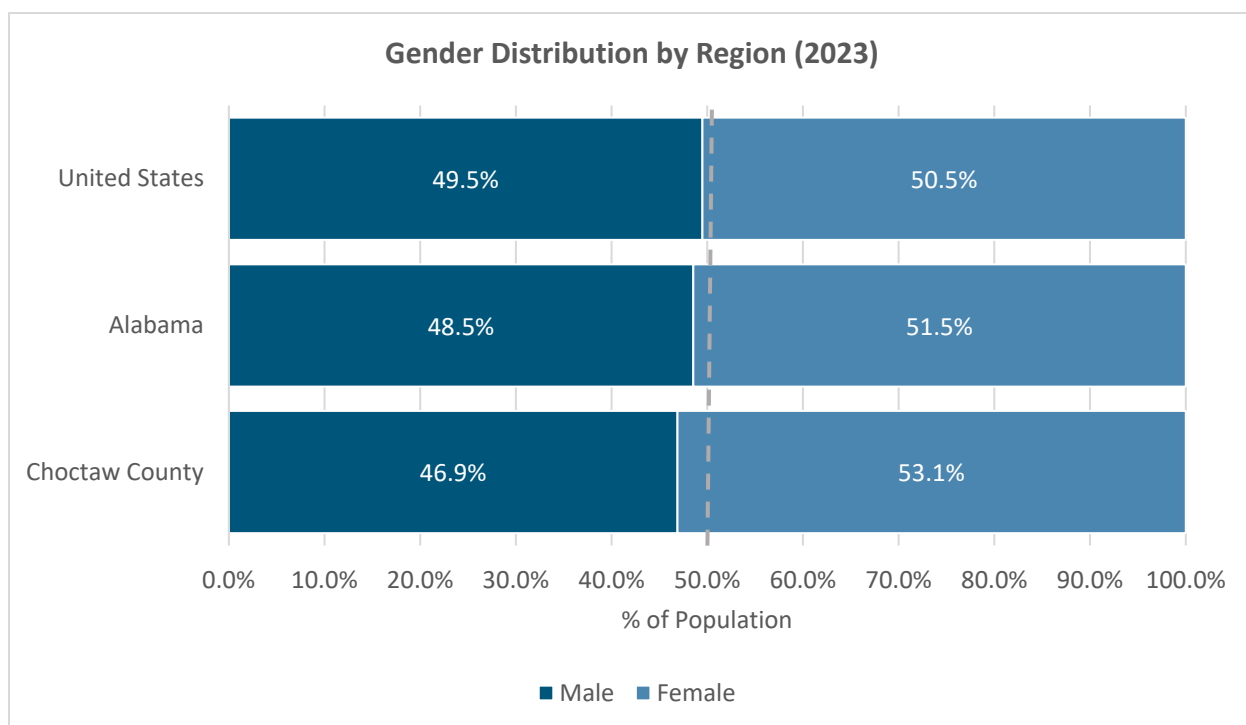
68 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0101



69 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2019–2023), Table S0101

Gender distribution in Choctaw County shows a stronger female majority than seen at the state or national level. In 2023, females made up 53.1% of the population, while males accounted for 46.9%. This gap is wider than in Alabama overall, where females represent 51.5% and males 48.5%. Nationally, the gender distribution is more balanced, with 50.5% female and 49.5% male.

Although the difference in Choctaw County is not extreme, it may have meaningful implications for healthcare planning. A higher share of women may increase the need for services related to reproductive health, maternal care, and aging support. This is especially relevant in a county that also has an older population and rising demand for geriatric care.



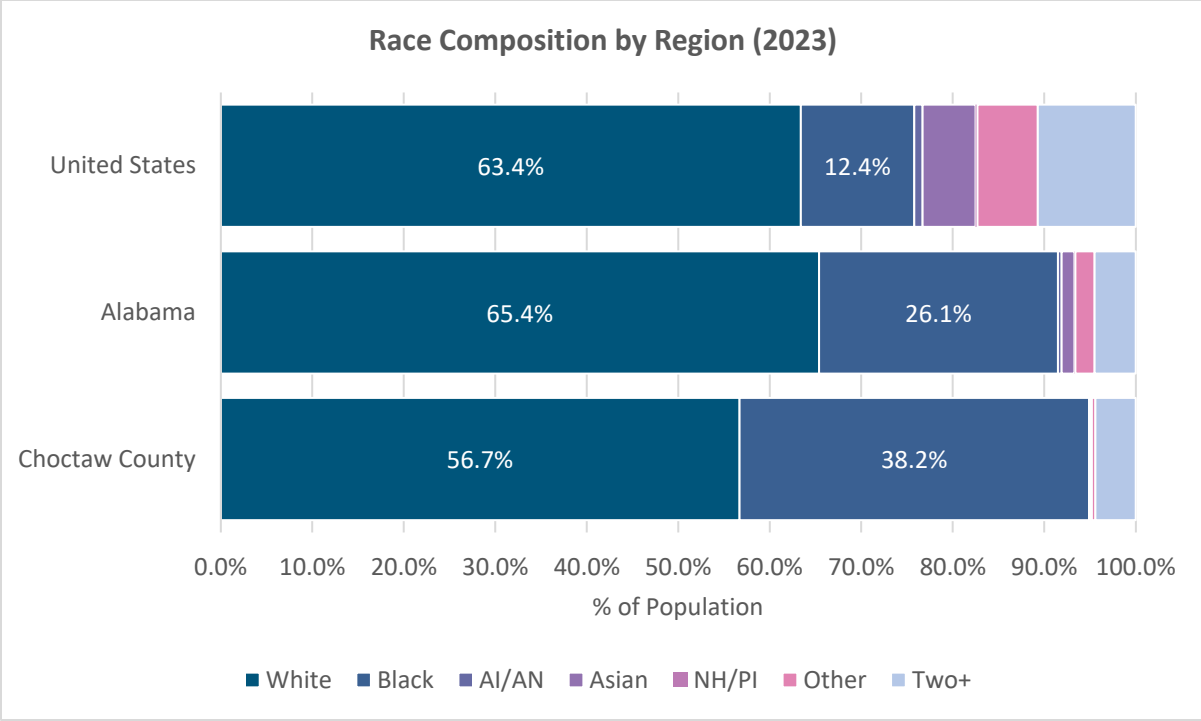
70 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0101

The racial composition of Choctaw County differs from both state and national patterns, with a higher proportion of Black residents and a lower share of other racial groups. As of 2023, 56.7% of Choctaw County residents identified as White and 38.2% identified as Black. All other racial groups, including American Indian or Alaska Native (AI/AN), Asian, Native Hawaiian or Pacific Islander (NH/PI), Other, and those identifying as Two or More Races, made up 5.1% of the total population.

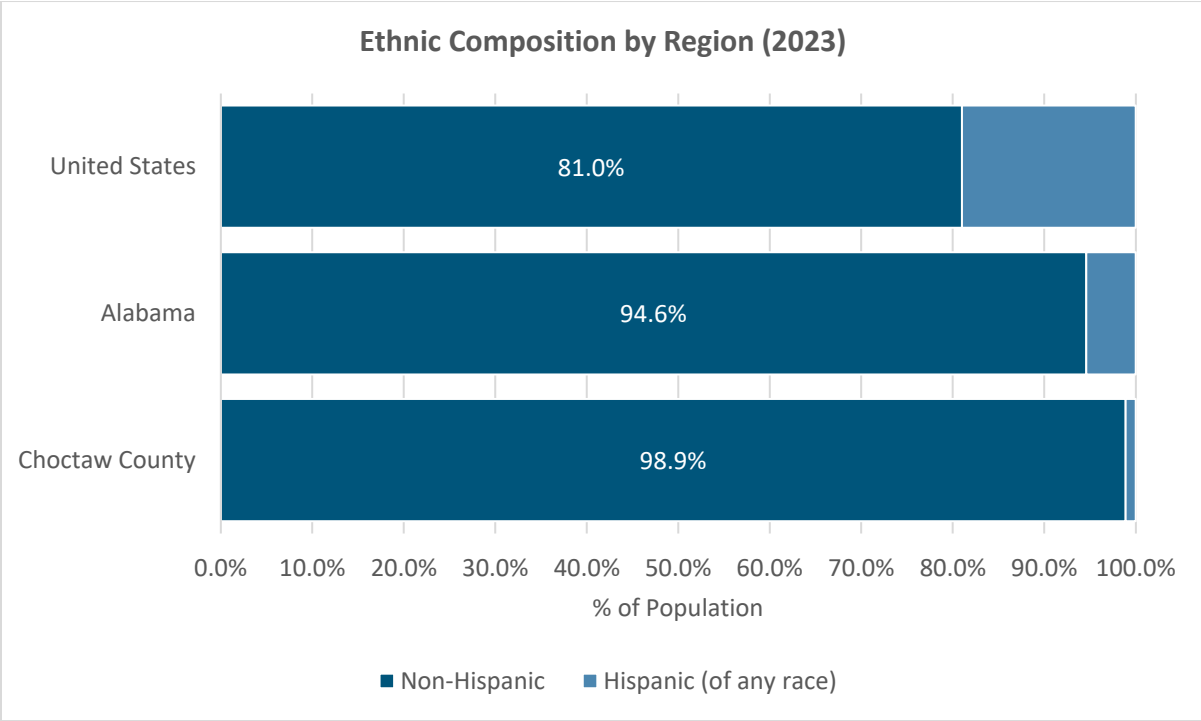
By comparison, Alabama's population was 65.4% White and 26.1% Black. At the national level, the population was 63.4% White and 12.4% Black, with more racial diversity across the remaining categories.

Choctaw County also has limited ethnic diversity. In 2023, 98.9% of residents identified as non-Hispanic, compared to 94.6% in Alabama and 81.0% across the United States. The Hispanic population in Choctaw County accounted for just 1.1% of the total. Although the Hispanic population is small, providing access to interpreter services and culturally responsive care remains important in promoting health equity for all residents.

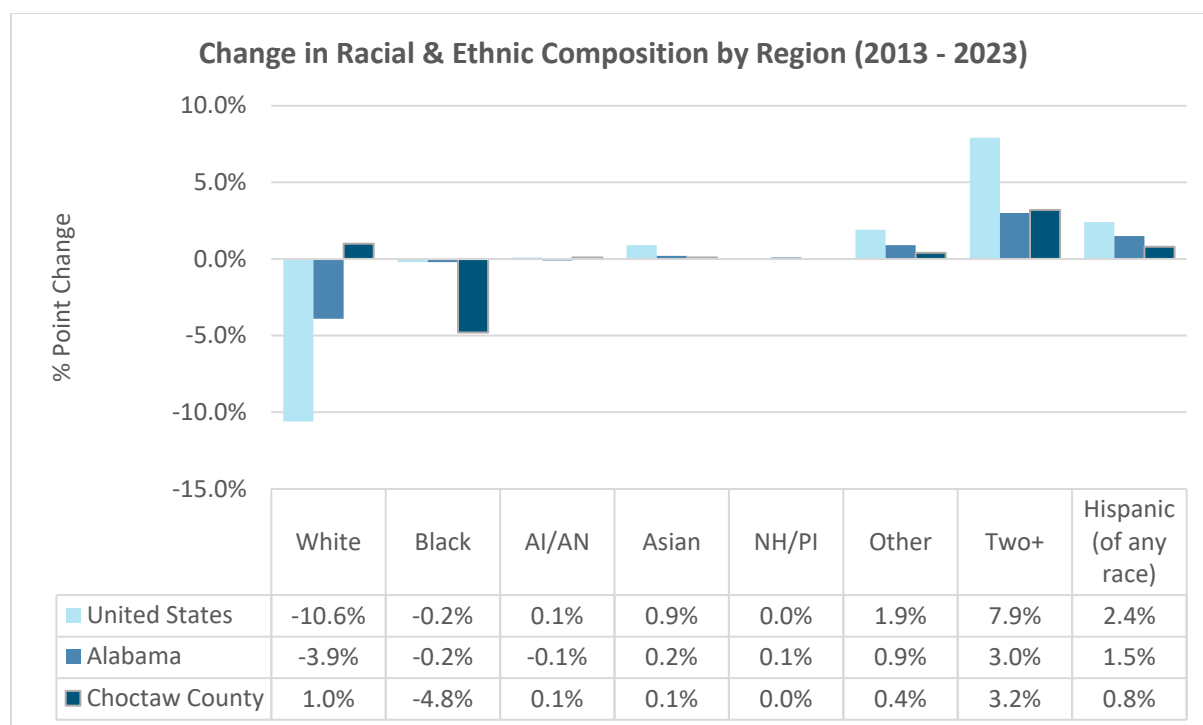
Racial and ethnic shifts in Choctaw County have been modest over the past decade. From 2013 to 2023, the White population increased by 1.0 percentage point, while the Black population decreased by 4.8 points. The percentage of residents identifying as Two or More Races increased by 3.2 points, and those identifying as Hispanic rose by 0.8 points. Although these changes have been gradual, they may influence future healthcare needs, outreach strategies, and community engagement efforts.



71 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



72 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



73 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table S0601

Together, these demographic insights provide a foundational understanding of who lives in the service area and how population characteristics are changing. By examining shifts in age, race, ethnicity, and overall population size, the hospital can better anticipate emerging needs and design services that are responsive, inclusive, and sustainable. To fully understand what drives health outcomes in the region, the next section explores the broader social and economic conditions that shape daily life.

Understanding Social Determinants of Health

Health is shaped by more than medical care alone. A person’s ability to live well depends on many aspects of daily life, such as access to stable housing, quality education, reliable employment, transportation, and supportive social connections. These conditions, known as social determinants of health (SDOH), influence health outcomes across a person’s life and affect the long-term strength of the community.

As part of this CHNA, the hospital is working to better understand how social and economic conditions affect the health of the people we serve. Examining these broader factors helps us better support our community, both within the hospital and beyond. This approach guides the development of more effective programs, stronger partnerships, and targeted outreach efforts aimed at long-term improvements in health and quality of life. Our goal is not just to treat illness but to help create conditions where health can thrive.

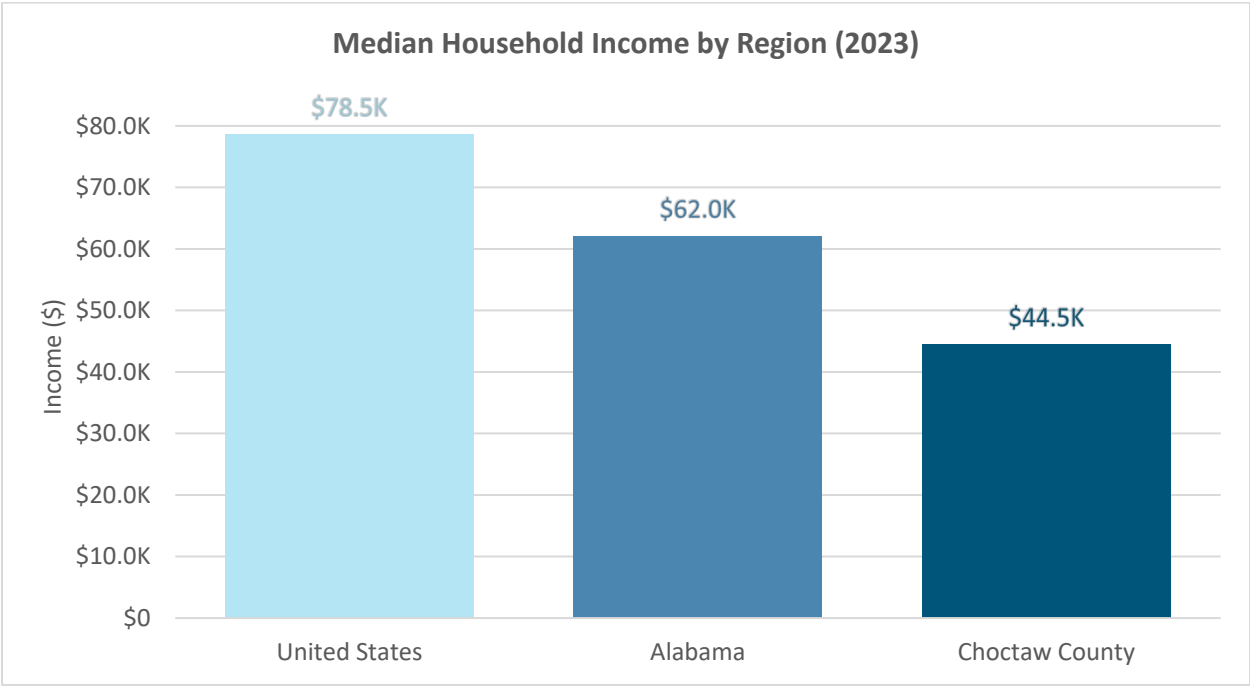
This assessment uses the Healthy People 2030 framework, which outlines five key domains of social determinants of health:

Economic Stability

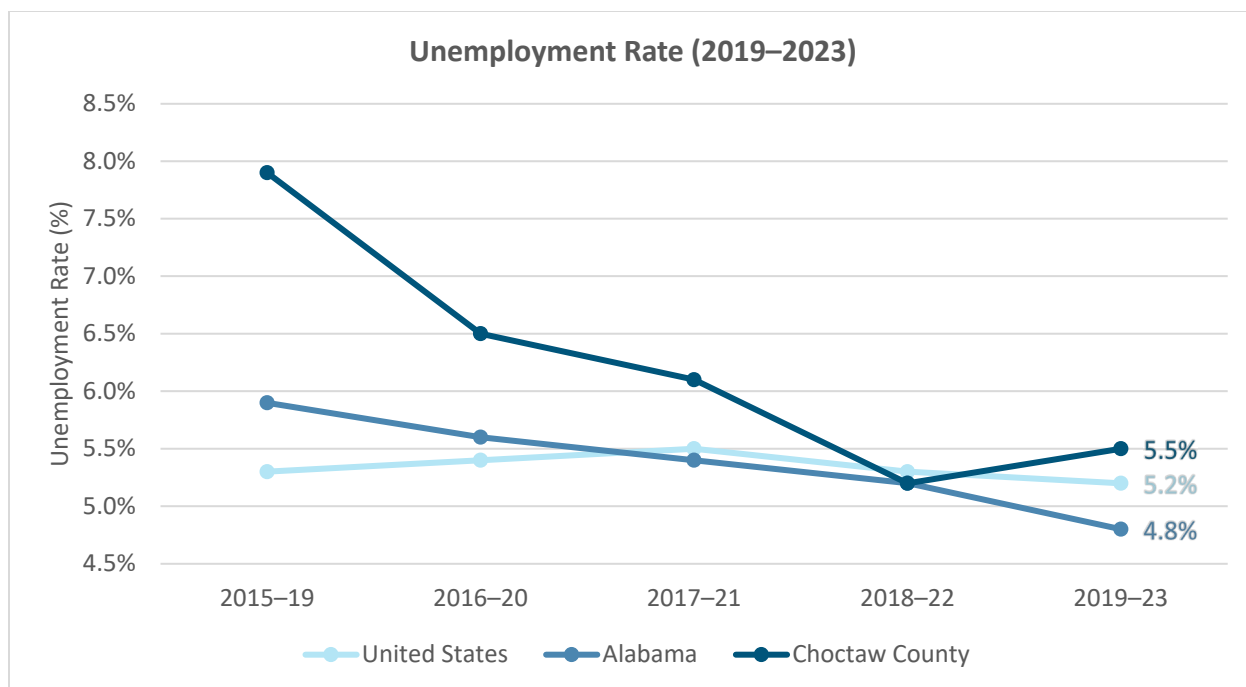
Economic stability refers to a household’s ability to consistently meet basic financial needs such as housing, food, transportation, and healthcare. When individuals and families face unemployment, underemployment, or high costs of living, they are more likely to experience stress, delay care, and suffer from preventable illness. By examining indicators such as income, poverty levels, and food insecurity, this domain highlights the financial pressures that can negatively affect health outcomes in the community.

Income levels in Choctaw County remain well below both state and national benchmarks. In 2023, the median household income in the county was around \$44,500, while Alabama households earned about \$62,000 and households across the United States earned roughly \$78,500. These lower earnings can make it more difficult for families to meet basic needs such as housing, transportation, childcare, and healthcare, all of which play a key role in supporting long-term health and stability.

Employment data highlights further economic concerns. Between 2019 and 2023, Choctaw County had an average unemployment rate of about 5.5%, compared to 5.2% in Alabama and 4.8% nationally. While Choctaw County has made notable improvements since earlier periods, the recent uptick signals continued challenges with job availability and workforce participation. Ongoing barriers to stable employment can limit residents’ ability to achieve economic security and upward mobility over time.



74 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1901



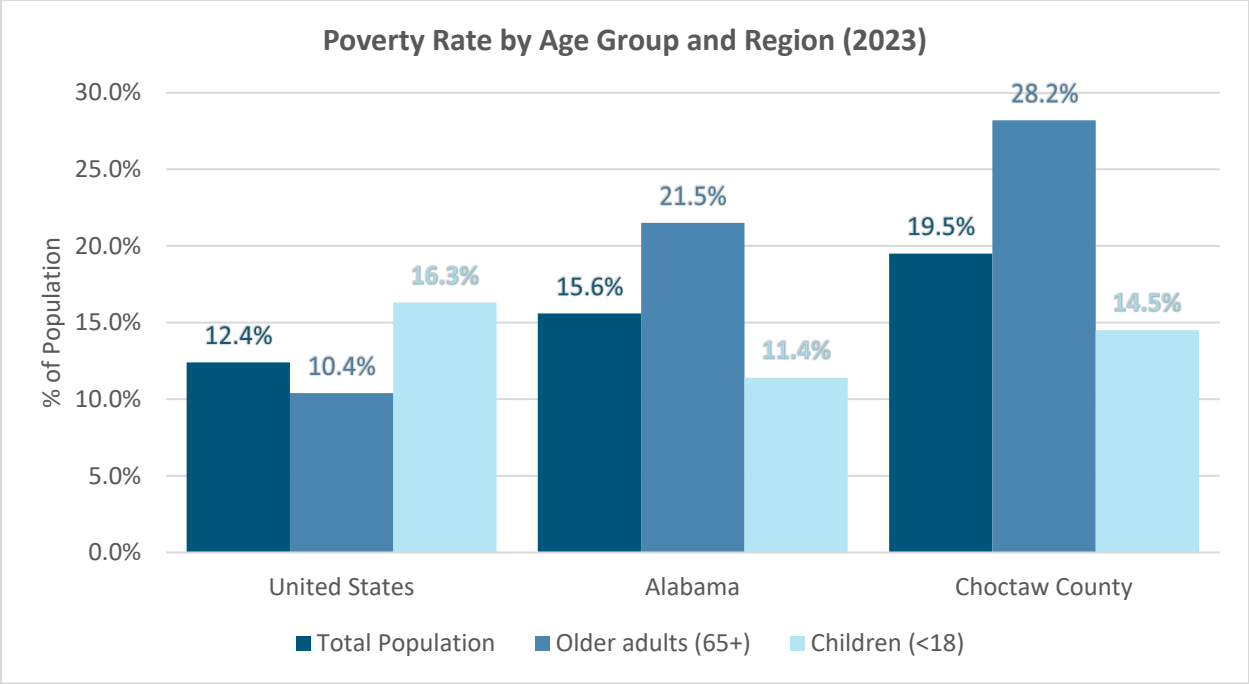
75 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table DP03

Poverty remains a significant concern in Choctaw County, particularly among older adults. In 2023, 28.2% of residents aged 65 and older were living below the poverty line. This rate is significantly higher than the state average of 21.5% and the national rate of 10.4%. Children under 18 had a poverty rate of 14.5%, which is lower than both the state average of 11.4% and the national rate of 16.3%. Overall, 19.5% of Choctaw County’s population was living in poverty in 2023, compared to 15.6% in Alabama and 12.4% across the United States. These figures indicate that economic hardship continues to affect a large portion of the local population.

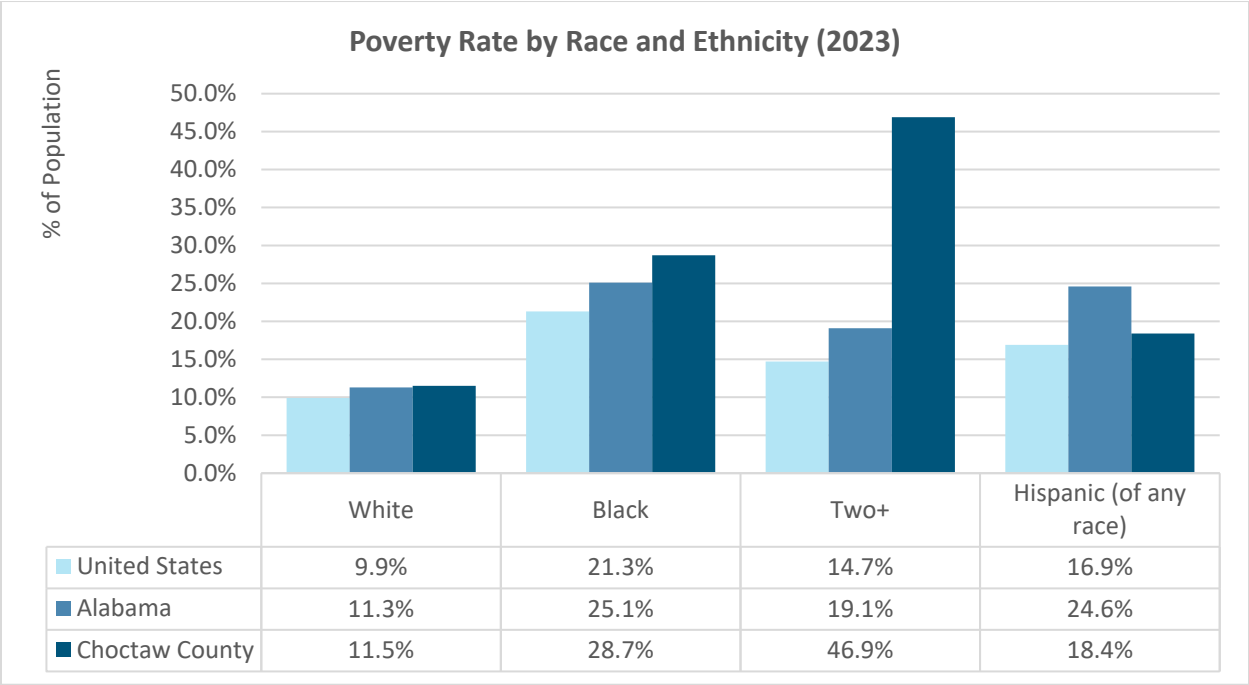
Poverty rates also vary by race and ethnicity. In 2023, nearly half of Choctaw County residents identifying as Two or More Races were living in poverty, with a rate of 46.9%. Among Black residents, the poverty rate was 28.7%, while Hispanic residents experienced a poverty rate of 18.4%. White residents had the lowest rate in the county at 11.5%. These disparities point to ongoing racial and ethnic inequities in income, employment, and access to opportunity.

Data for American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander (NH/PI), and “Other” racial groups were excluded due to small sample sizes or data suppression, which can lead to unstable estimates.

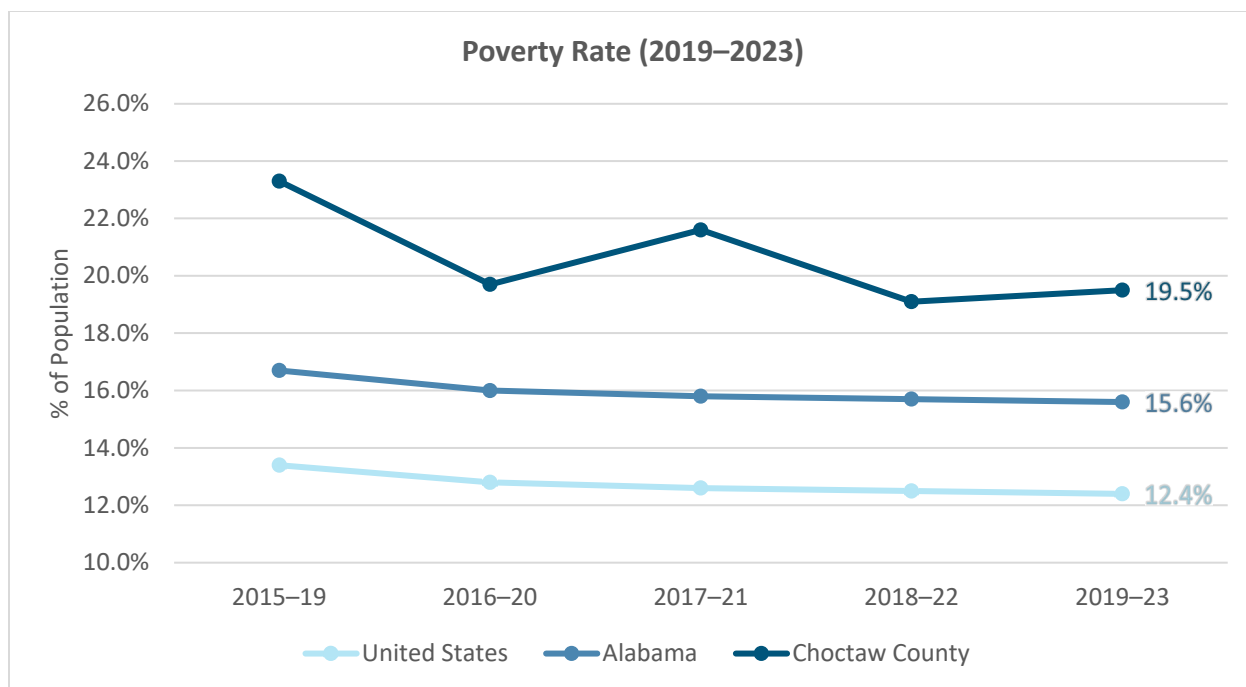
Between 2015 and 2023, the poverty rate in Choctaw County has shown some fluctuation but remains high. In the most recent five-year period, the average poverty rate was 19.5%. By comparison, Alabama’s rate was 15.6% and the national rate was 12.4%. While the national trend has shown steady improvement, poverty levels in Choctaw County have remained relatively unchanged. This highlights the ongoing need for targeted investment in economic development, education, job training, and access to health and social services to address root causes of poverty in the region.



76 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1701



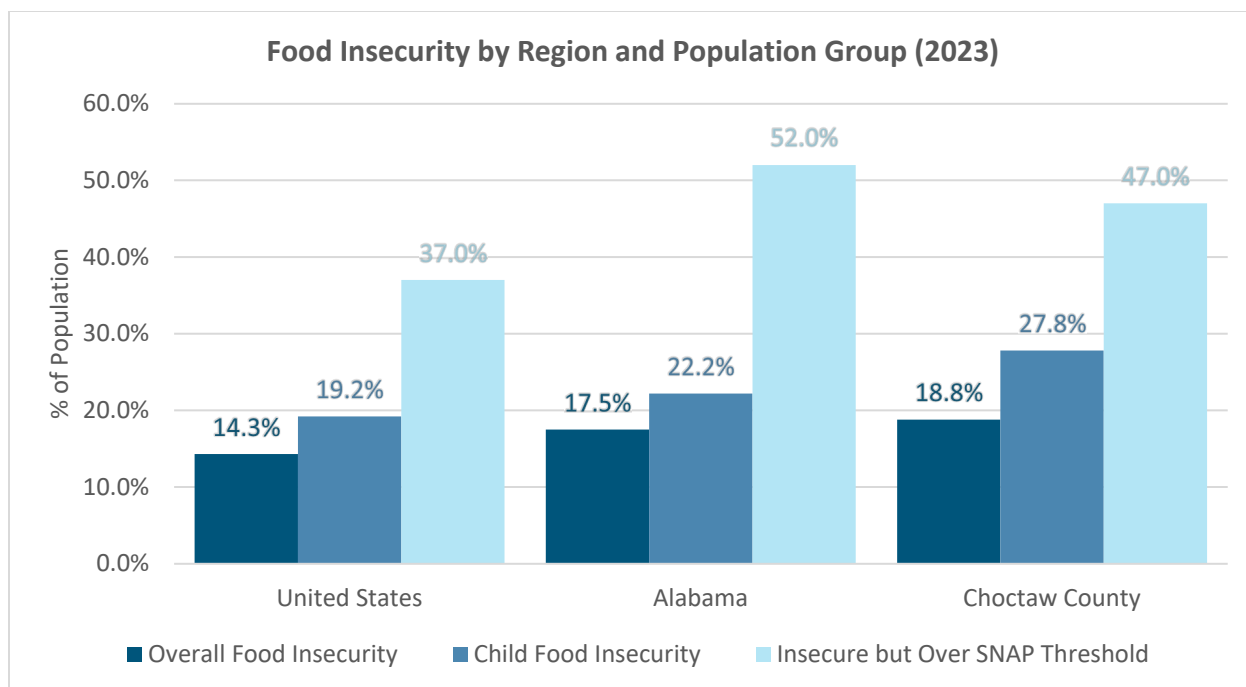
77 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1701



78 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table S1701

Food insecurity compounds the challenges of poverty, especially for families whose incomes place them just above the threshold for public assistance. In 2023, 18.8% of Choctaw County residents experienced food insecurity, which is slightly higher than the state rate of 17.5% and well above the national rate of 14.3%. The burden is even more severe among children. In Choctaw County, 27.8% of children were food insecure, compared to 22.2% in Alabama and 19.2% nationwide.

A notable concern is that a large portion of food-insecure individuals are ineligible for SNAP benefits due to income limits. In Choctaw County, 47.0% of food-insecure residents did not qualify for assistance in 2023. This figure, while slightly lower than the state rate of 52.0%, still reflects a significant gap in support for working families who earn too much to qualify but not enough to reliably afford adequate nutrition. Without access to food assistance, these households often struggle to meet basic nutritional needs, which can have long-term consequences for health, development, and stability.



79 Source: Feeding America. *Map the Meal Gap* (2023)

While income, employment, and food security shape immediate stability, long-term opportunity and health are deeply influenced by education. The next section explores how access to quality education and educational attainment impact overall well-being and economic mobility in the community.

Education Access and Quality

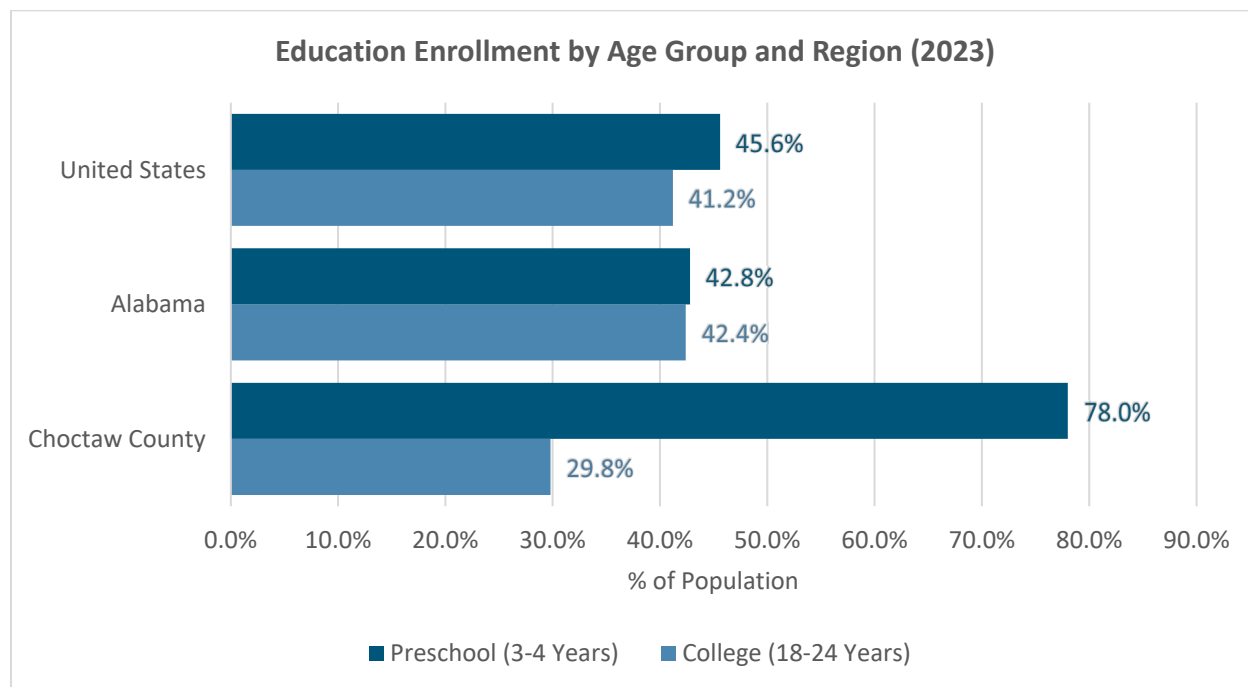
Access to quality education lays the foundation for lifelong well-being. Educational attainment influences employment opportunities, income, health literacy, and the ability to navigate health systems effectively. Gaps in early childhood education, high school graduation, and college enrollment can lead to lasting disparities in health. This domain includes metrics that explore educational access across different age groups and examine racial and geographic disparities.

School enrollment and educational attainment in Choctaw County show a mix of strengths and challenges. In 2023, preschool enrollment among children ages 3 to 4 was 78.0%, which is significantly higher than both the Alabama average of 42.8% and the national rate of 45.6%. This strong participation in early childhood education suggests local families are engaging with early learning programs at a high rate, a promising factor for long-term academic success.

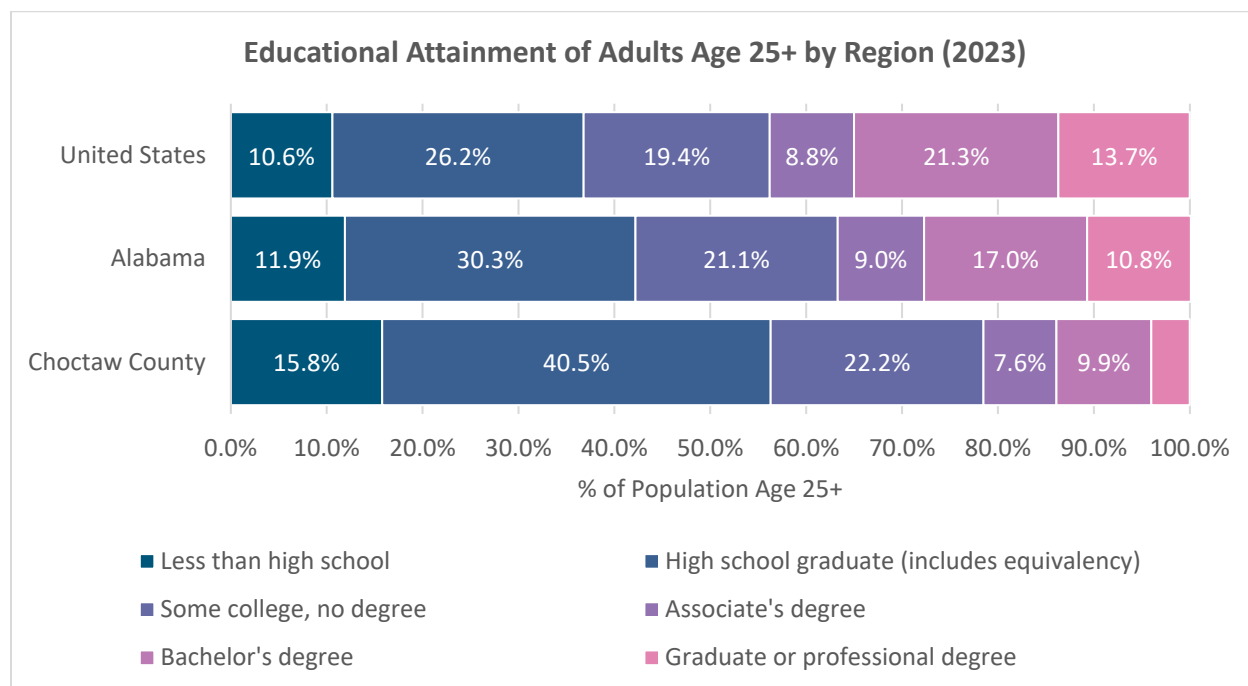
In contrast, college enrollment among young adults ages 18 to 24 was just 29.8%, lower than the state rate of 42.4% and the national rate of 41.2%. This gap may point to barriers such as limited access to higher education institutions, affordability concerns, or competing responsibilities like employment or caregiving.

Among adults age 25 and older, educational attainment in Choctaw County trails both state and national benchmarks. In 2023, 15.8% of residents had not completed high school, which is higher than the Alabama average of 11.9% and the national average of 10.6%. Another 40.5% had completed high

school, and 22.2% had some college experience without earning a degree. Only 9.9% obtained a bachelor's degree and 4.0% held a graduate or professional degree, compared to 17.0% and 10.8% statewide. These figures highlight the need for expanded access to adult education, vocational training, and higher education opportunities.



80 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1401



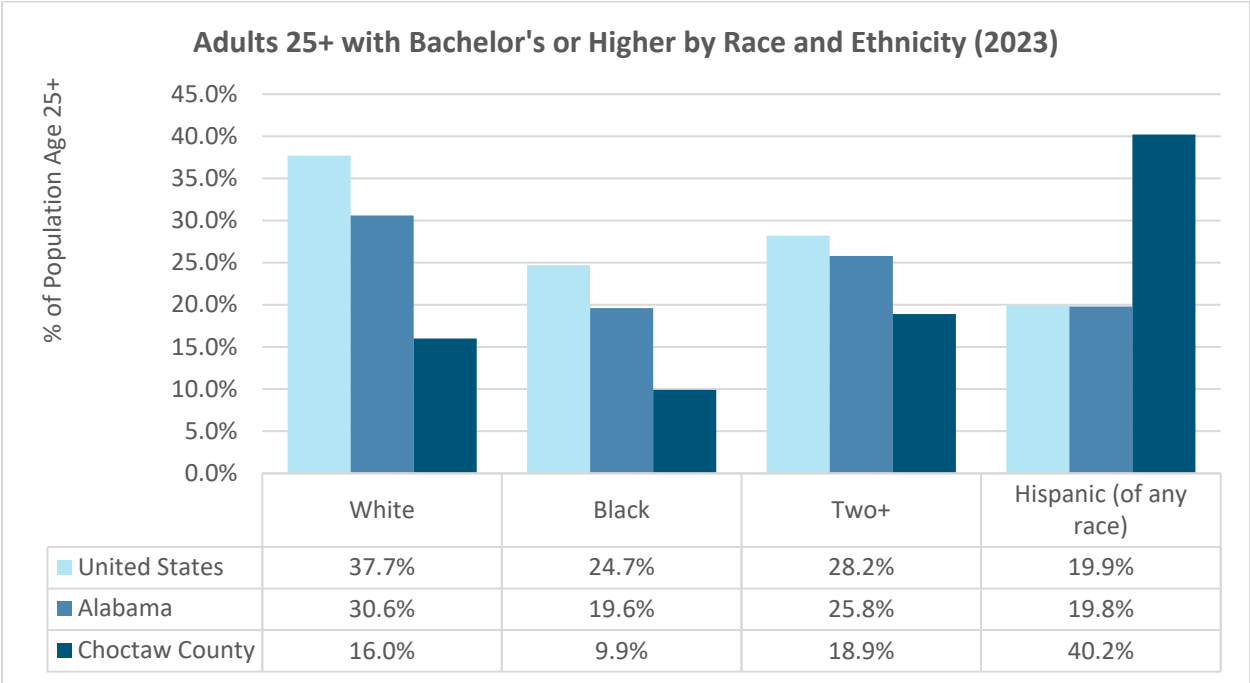
81 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP02

Educational disparities in Choctaw County are especially visible when examined by race and ethnicity. In 2023, only 16.0% of White adults and 9.9% of Black adults in the county had attained a bachelor's degree or higher. These figures are considerably lower than the national averages of 37.7% for White adults and 24.7% for Black adults, and also fall below Alabama's rates of 30.6% and 19.6% for the same groups.

Among adults identifying as Two or More Races, 18.9% had completed a bachelor's degree or higher, compared to 28.2% nationally and 25.8% statewide. The Hispanic population in Choctaw County stands out with a rate of 40.2%, which is significantly higher than the state and national averages of 19.8% and 19.9%, respectively. However, the Hispanic population in the county is relatively small, and this high attainment rate may reflect specific household or community-level factors rather than broader regional trends.

These disparities highlight persistent gaps in access to higher education and degree completion among most racial and ethnic groups in the county. Expanding local pathways to post-secondary education and addressing challenges such as cost, transportation, and access to academic support will be essential to closing these equity gaps and supporting long-term economic mobility.

Data for American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander (NH/PI), and "Other" racial groups were excluded due to small sample sizes or data suppression, which can lead to unstable estimates.



82 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1501

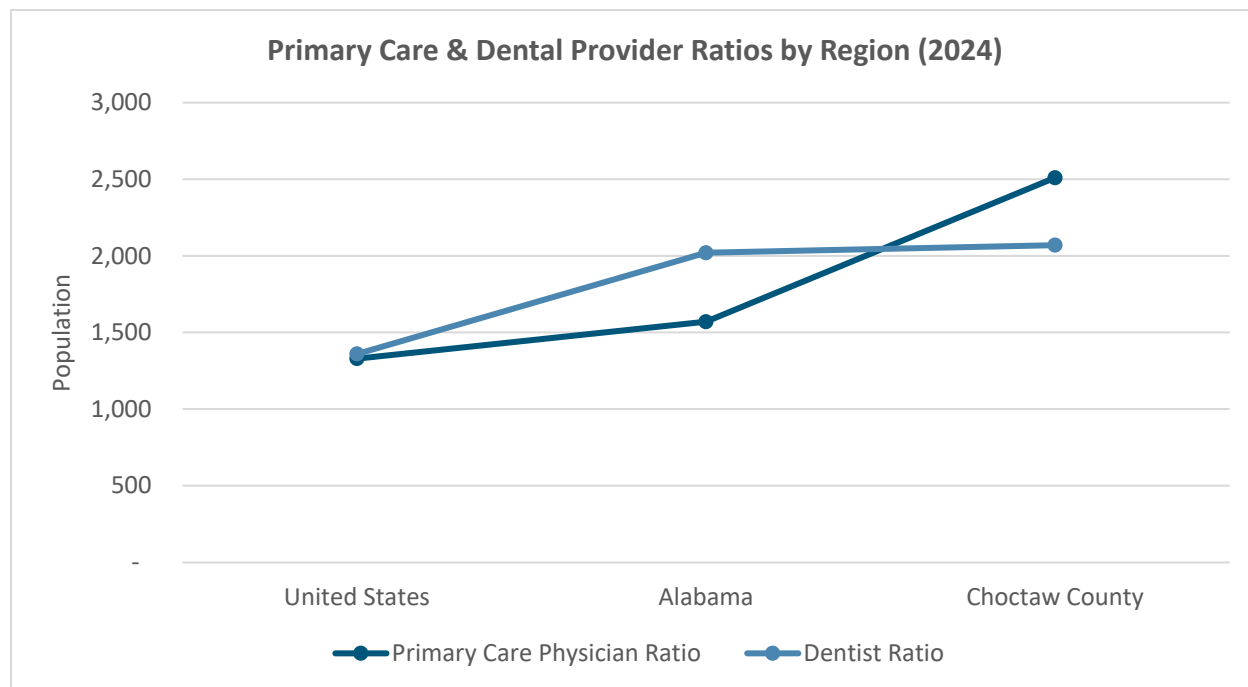
Educational access helps lay the groundwork for healthier futures, but that foundation is only as strong as the care systems supporting it. The next section looks at how the availability, affordability, and consistency of health care impacts well-being across the community.

Health Care Access and Quality

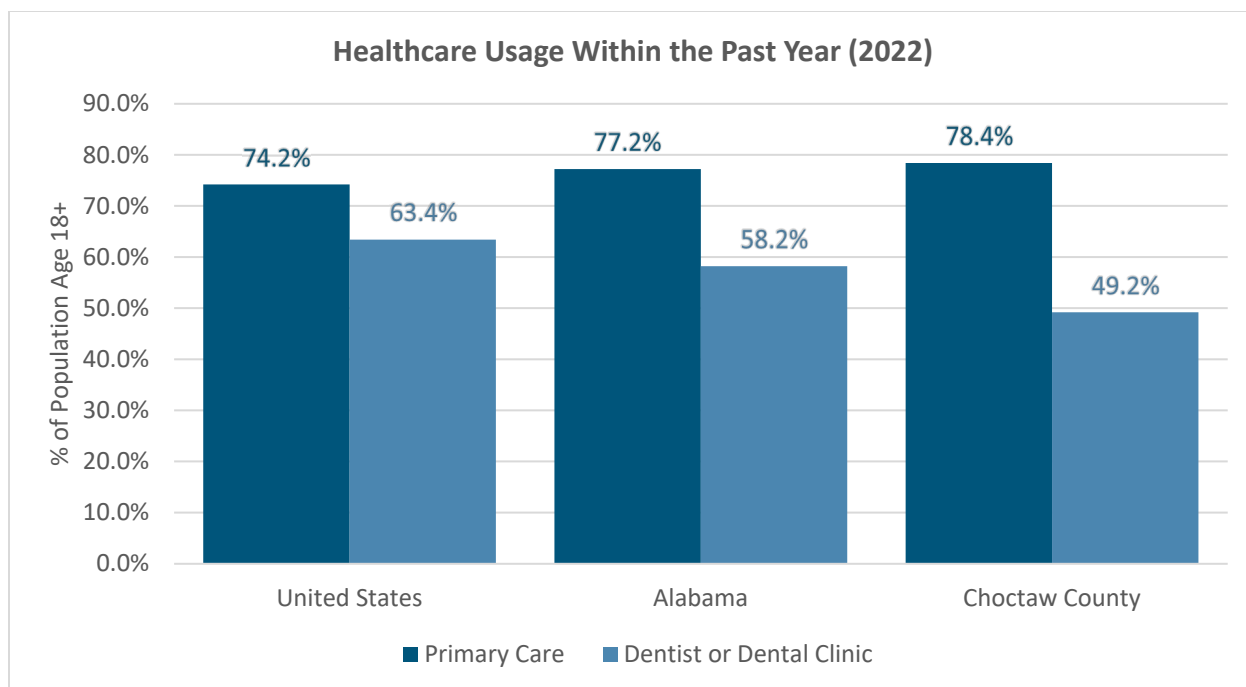
Timely, affordable, and consistent access to healthcare is essential for preventing disease, managing chronic conditions, and maintaining overall health. This domain examines factors that affect whether residents can obtain care, including the availability of providers, routine medical and dental visits, insurance coverage, and the financial burden of care. Understanding access barriers helps identify where improvements are needed to ensure everyone can get the care they need.

Access begins with the availability of providers and the ability of residents to utilize care. The chart below displays population-to-provider ratios for primary care physicians and dentists. In 2024, Choctaw County had approximately 2,600 residents per primary care physician and 2,100 residents per dentist. While these ratios are below federal shortage thresholds (3,500:1 for primary care; 5,000:1 for dental care), they are less favorable than state and national averages.

These provider shortages are reflected in care utilization patterns. In 2022, 78.4% of adults in Choctaw County reported seeing a primary care provider within the past year. This rate slightly exceeded the state rate of 77.2% and the national rate of 74.2%. However, dental care usage was much lower. Only 49.2% of adults in the county visited a dentist or dental clinic during the same time period, compared to 58.2% in Alabama and 63.4% nationally. This gap suggests that while medical care is generally accessible, many residents may face barriers to dental services, including cost, lack of coverage, or limited local provider options.



83 Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps (2024)



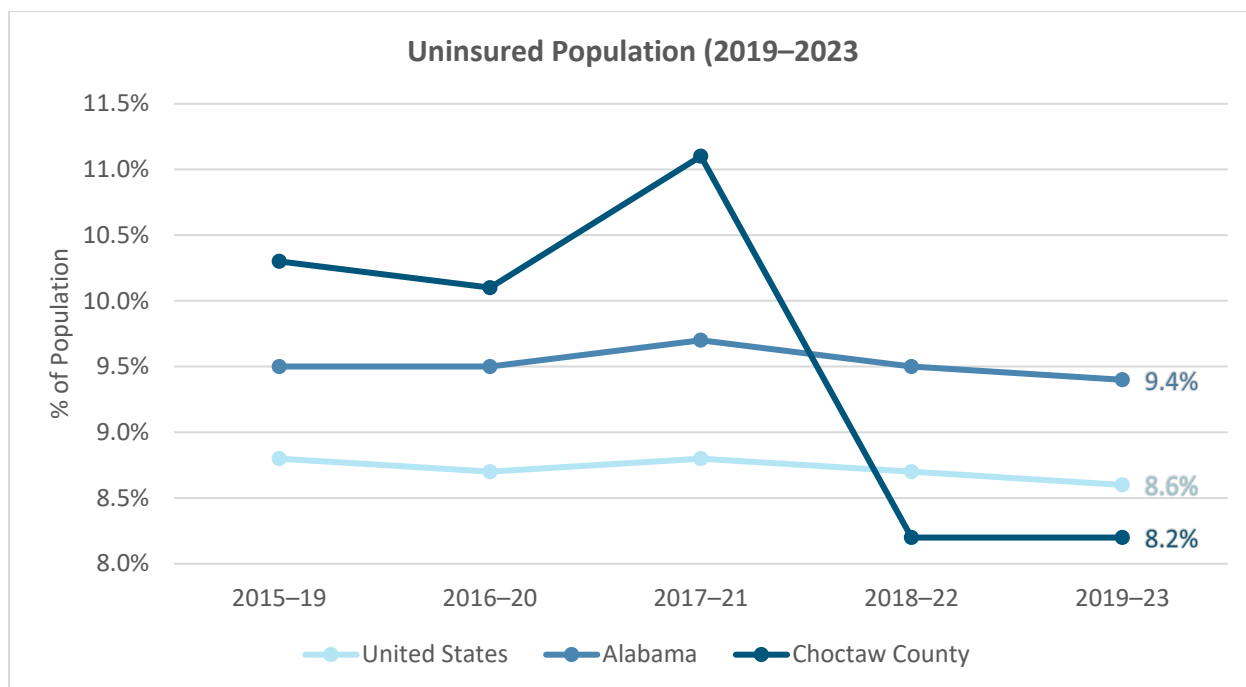
84 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Insurance coverage plays a vital role in determining whether individuals can access timely and affordable healthcare. From 2019 to 2023, the average uninsured rate in Choctaw County was 8.2%. This figure is lower than both the Alabama average of 9.4% and the national rate of 8.6%. While Alabama and national rates have seen gradual declines, Choctaw County experienced a sharper drop in recent years, suggesting improvements in coverage access or enrollment efforts.

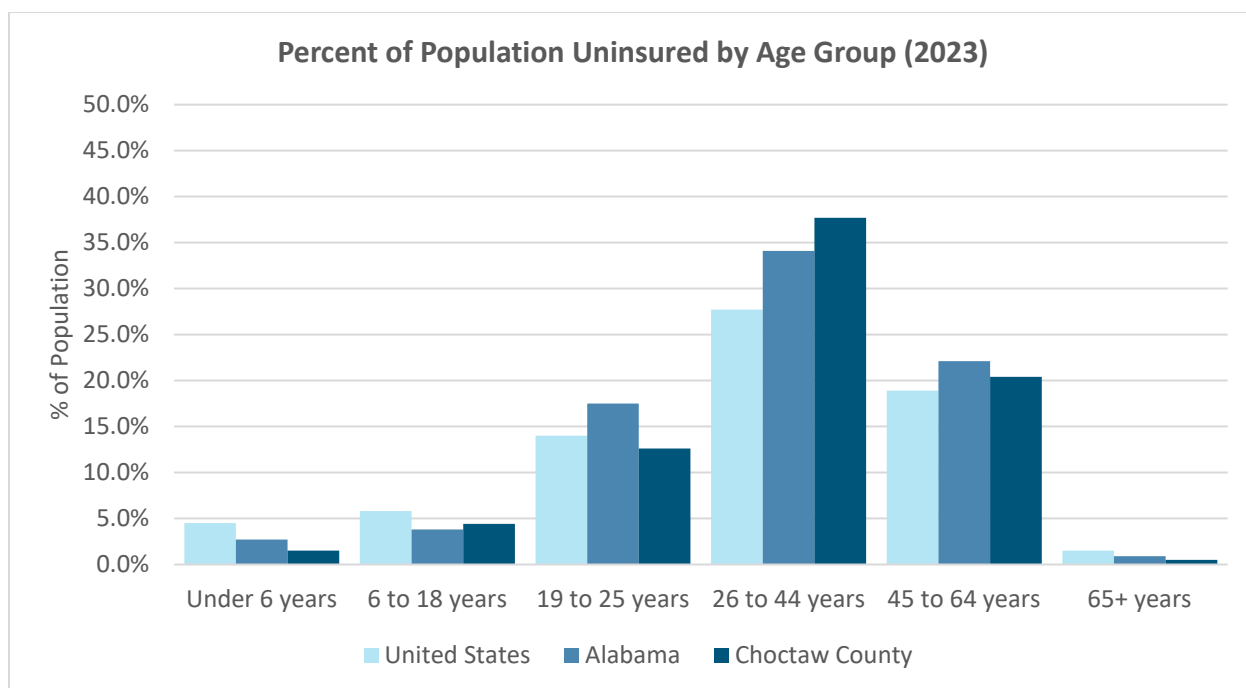
Uninsured rates vary considerably by age group. In 2023, 37.7% of Choctaw County adults aged 26 to 44 were uninsured, compared to 34.1% statewide and 27.7% nationally. This age group is particularly vulnerable to coverage gaps because they are less likely to qualify for public programs and may be employed in sectors that do not offer health insurance. Among adults aged 45 to 64, 20.4% in Choctaw County were uninsured, close to the state rate of 22.1% and higher than the national rate of 18.9%.

Children and young adults in the county face fewer coverage gaps but still lag behind national benchmarks. In 2023, 4.4% of youth aged 6 to 18 and 12.6% of those aged 19 to 25 in Choctaw County were uninsured. These figures indicate potential enrollment barriers or issues with maintaining continuous coverage.

Coverage rates among children under 6 and adults over 65 remain strong, largely due to public insurance programs like CHIP and Medicare. However, gaps in coverage for working-age adults and youth suggest a need for expanded outreach, simplified enrollment processes, and efforts to strengthen access to employer-sponsored and subsidized insurance options across the county.



85 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table S2701

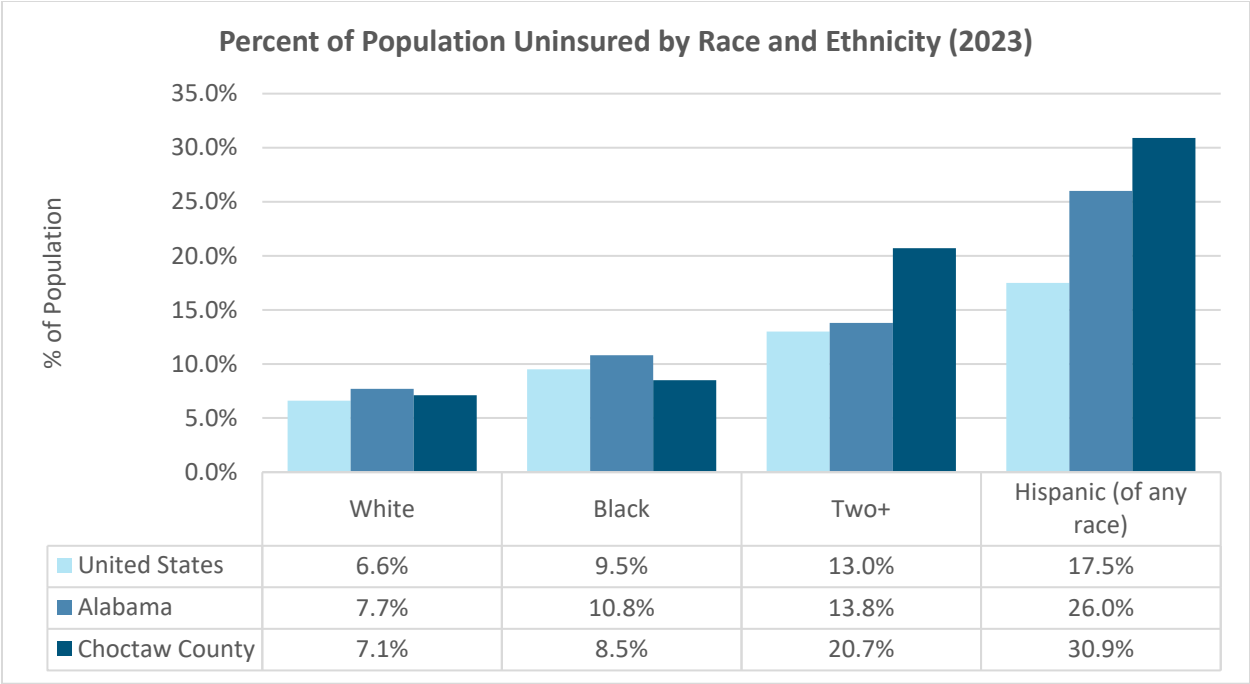


86 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S2701

Insurance disparities are also evident across racial and ethnic groups in Choctaw County. In 2023, 7.1% of White residents were uninsured, which is lower than the Alabama average of 7.7% and slightly above the national rate of 6.6%. Among Black residents, 8.5% lacked health coverage, compared to 10.8% statewide and 9.5% nationally.

Adults identifying as Two or More Races experienced significantly higher uninsured rates in Choctaw County. In 2023, 20.7% of this group lacked coverage, exceeding both the state average of 13.8% and the national rate of 13.0%. Hispanic residents of any race had the highest uninsured rate in the county at 30.9%, which is above the state average of 26.0% and the national figure of 17.5%. However, the Hispanic population in the county is relatively small, and this rate may reflect specific household or community-level factors rather than broader regional trends.

Data for American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander (NH/PI), and “Other” populations were excluded due to small sample sizes or data suppression, which can lead to unstable estimates.

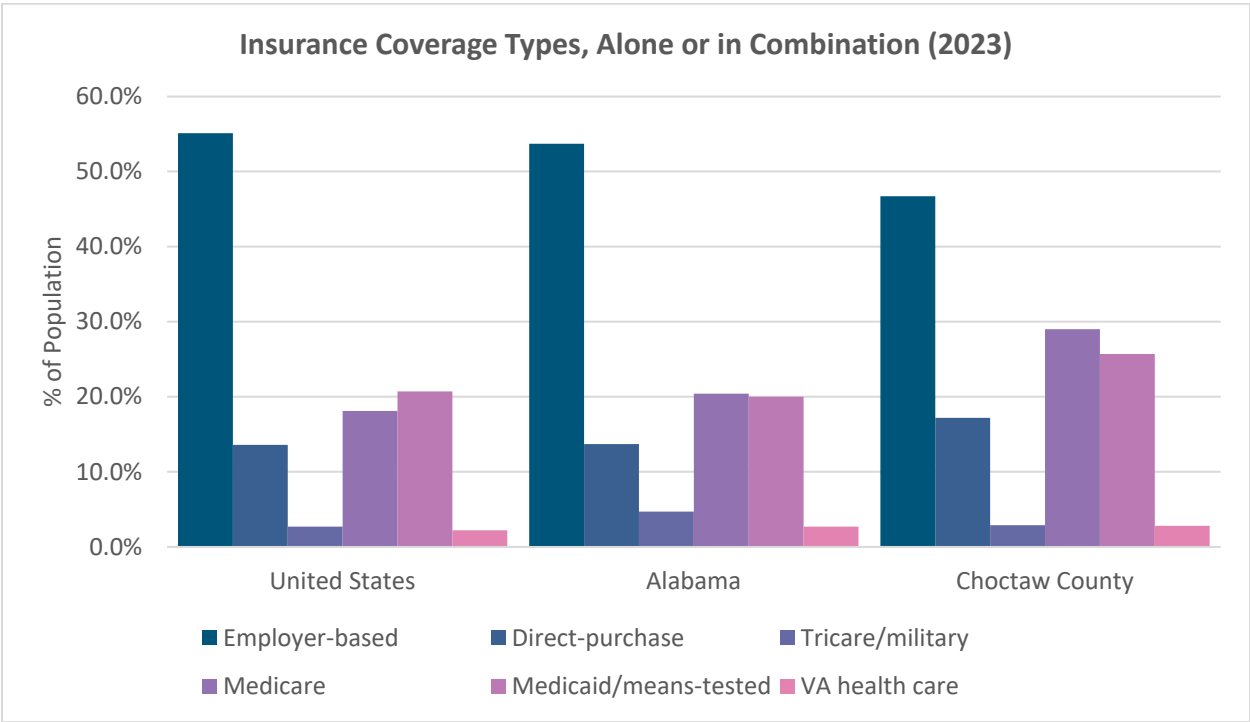


87 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S2701

The types of insurance coverage in Choctaw County differ notably from state and national trends, reflecting local economic conditions and workforce characteristics. In 2023, 46.7% of residents in Choctaw County had employer-based insurance, which is lower than the Alabama rate of 53.7% and the national rate of 55.1%. This gap may reflect limited availability of employer-sponsored benefits due to a higher prevalence of part-time, low-wage, or informal employment.

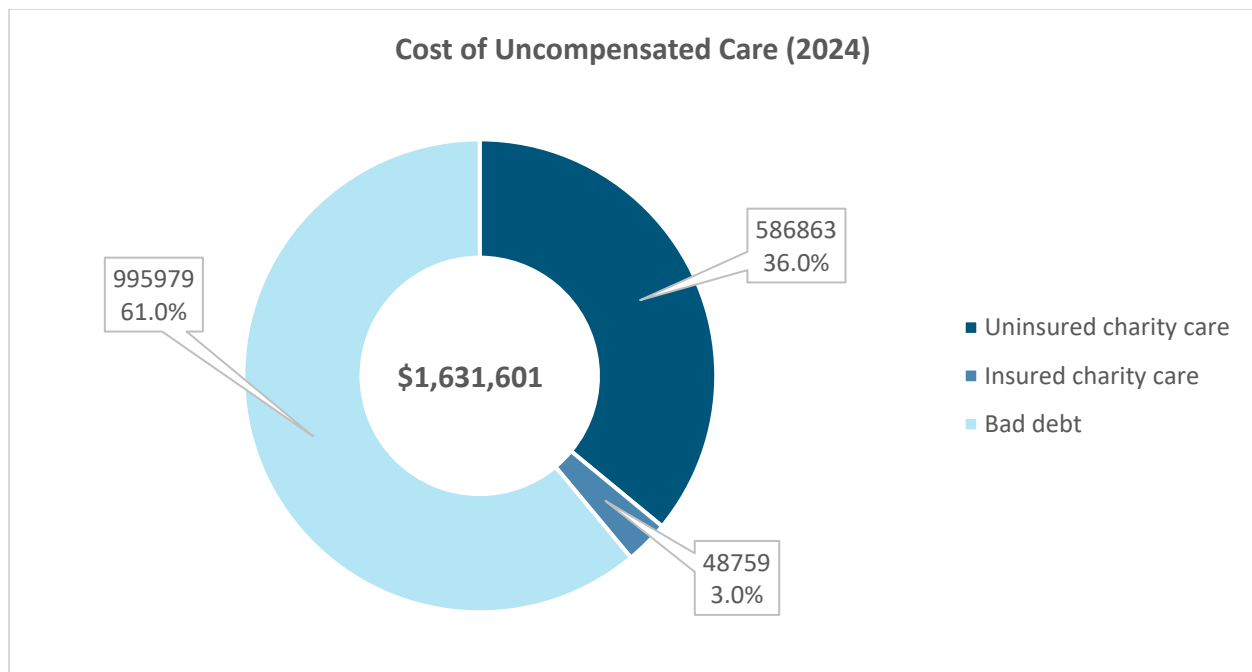
Public programs play a significant role in Choctaw County’s coverage landscape. Medicare covered 29.0% of residents, the highest among the three regions, likely due to an older population. Medicaid or other means-tested coverage accounted for 25.7% of the population, compared to 20.0% in Alabama and 20.7% nationally. Direct-purchase plans, including those through the Affordable Care Act marketplace, covered 17.2% of Choctaw County residents, slightly above the state and national averages of 13.7% and 13.6%, respectively.

Tricare or military insurance and VA healthcare made up smaller shares of coverage. In 2023, 2.9% of Choctaw County residents had Tricare or military insurance, and 2.8% used VA healthcare services. These figures are consistent with or slightly higher than state and national benchmarks.



88 Source: U.S. Census Bureau. American Community Survey 5-Year Estimates (2023), Tables S2703 & S2704

When coverage falls short, healthcare systems absorb the cost. In 2024, Ochsner Choctaw General recorded roughly \$1.6 million in uncompensated care. Bad debt, services billed to patients but never recovered, accounted for 61.0% of this amount. The remaining balance was categorized as charity care, which is provided to patients who meet the hospital’s financial assistance criteria and are deemed unable to pay. Of this total, 36.0% was charity care for uninsured patients who had no coverage at all and qualified for financial relief. An additional 3.0% was charity care for insured patients whose income or financial circumstances met the hospital’s indigent policy, meaning they were unable to afford the balance remaining after insurance. These figures reflect the real-world impact of income-based hardship and insurance gaps, and underscore the financial strain placed on rural hospitals that serve medically and economically vulnerable populations.



89 Source: Internal analysis of Medicare Hospital Cost Report (FY 2024), Worksheet S-10

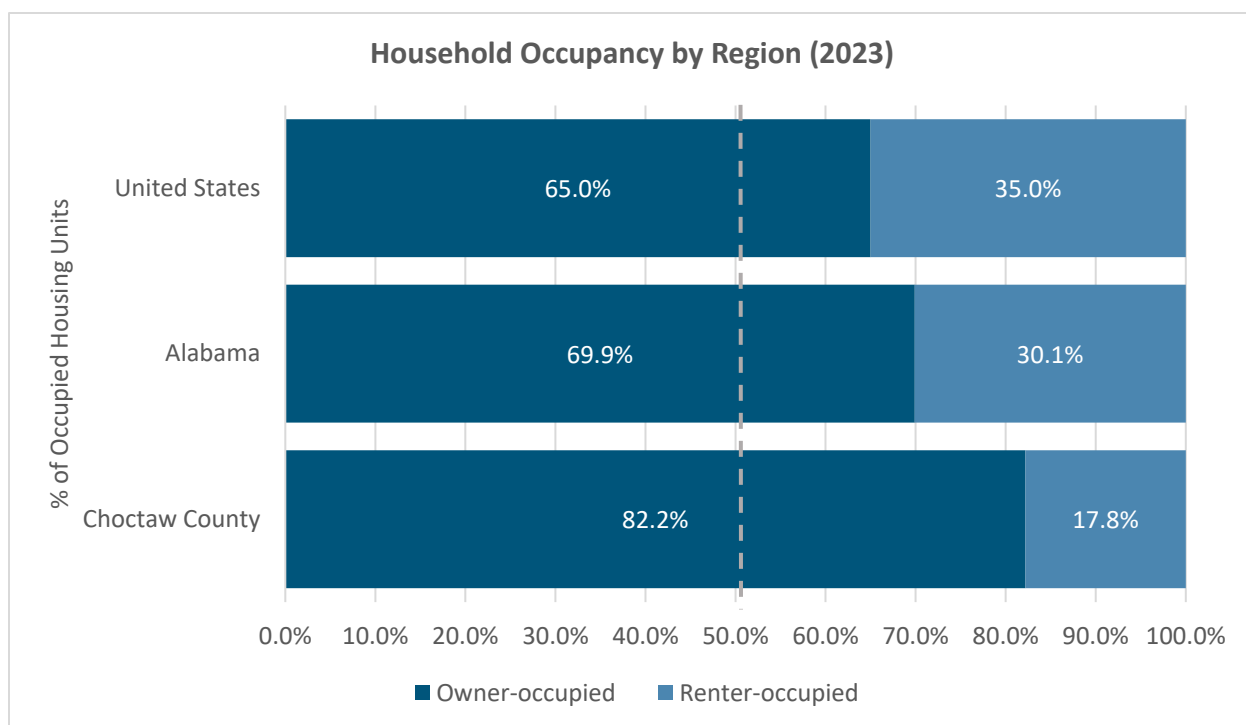
While access to healthcare is vital, a person's surroundings can significantly influence their ability to stay healthy. The next section explores how factors like housing conditions, transportation, and infrastructure shape daily life and impact overall well-being in the community.

Neighborhood and Built Environment

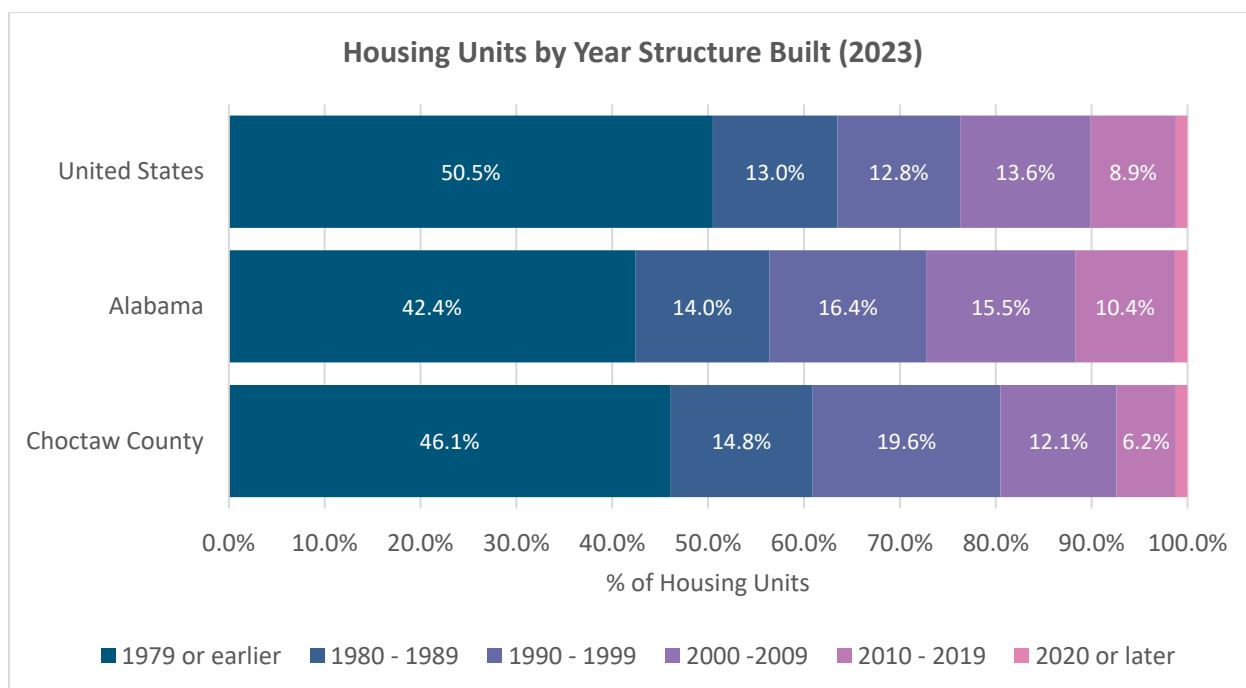
The neighborhoods where people live can either support or limit healthy living. Poor housing conditions, limited access to transportation, aging infrastructure, and unaffordable rent can all impact physical and mental health. This domain explores the age and condition of housing, housing costs compared to income, and transportation access, offering insight into how local environments influence community health.

Homeownership in Choctaw County is significantly higher than both the state and national averages. In 2023, 82.2% of households in the county were owner-occupied, compared to 69.9% in Alabama and 65.0% across the United States. This high rate of ownership suggests a stable residential base, likely supported by long-term settlement patterns, intergenerational property ownership, and lower rates of residential mobility. Only 17.8% of households in the county were renter-occupied, indicating limited availability of transitional or rental housing options.

The housing stock in Choctaw County also skews older. In 2023, 46.1% of all housing units were built in 1979 or earlier. This is slightly above Alabama's rate of 42.4% but lower than the national rate of 50.5%. An older housing supply can raise concerns about structural quality, energy efficiency, and safety. Homes built prior to 1980 are more likely to have aging infrastructure, outdated insulation, or potential hazards like lead-based paint, asbestos, or mold. These conditions can be costly to remediate and may present added challenges for low-income households and seniors on fixed incomes.



90 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04



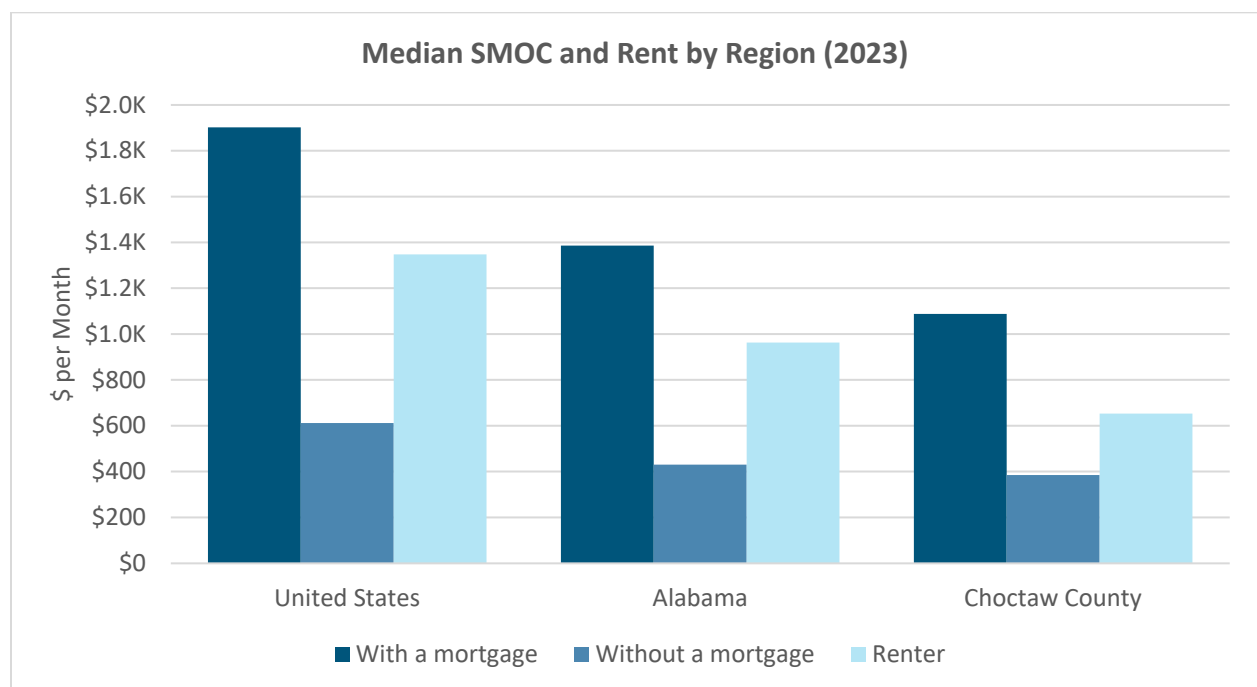
91 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04

Housing costs in Choctaw County remain more affordable than in many other regions. In 2023, the median monthly cost for homeowners with a mortgage was approximately \$1,090, compared to \$1,385 in Alabama and \$1,900 nationwide. Homeowners without a mortgage in Choctaw County spent around

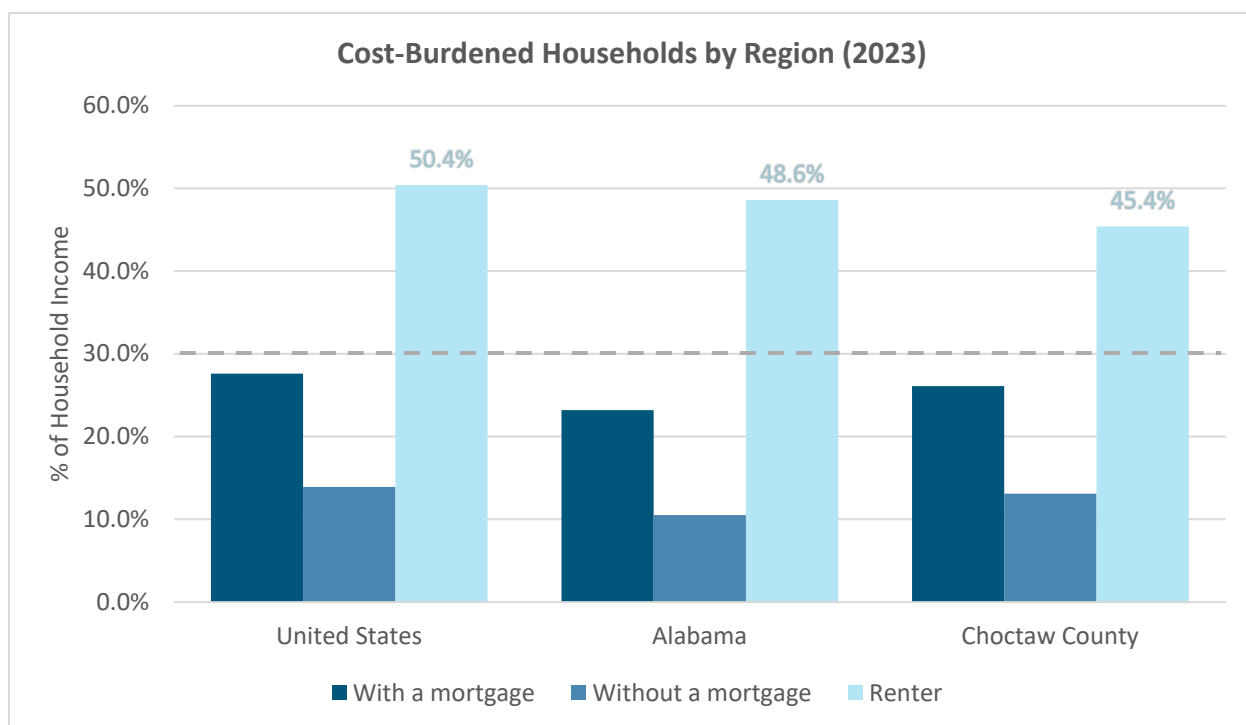
\$385 per month, while renters paid a median of \$650. These amounts are below both state and national averages, suggesting relatively lower housing costs across all occupancy types.

Even with these lower costs, many households in Choctaw County continue to face affordability challenges. In 2023, homeowners with a mortgage spent 26.7% of their income on housing, slightly higher than Alabama's average of 23.9% but lower than the national average of 27.6%. Homeowners without a mortgage spent 13.6% of their income on housing, consistent with other regions.

Renters, however, remain particularly vulnerable. In Choctaw County, renters spent 45.4% of their household income on housing making them cost burdened. While this figure is slightly lower than Alabama's 48.6% and the national rate of 50.4%, it still reflects a significant strain on renters' budgets. High housing cost burdens limit the ability of families to meet other essential needs such as food, transportation, healthcare, and childcare.



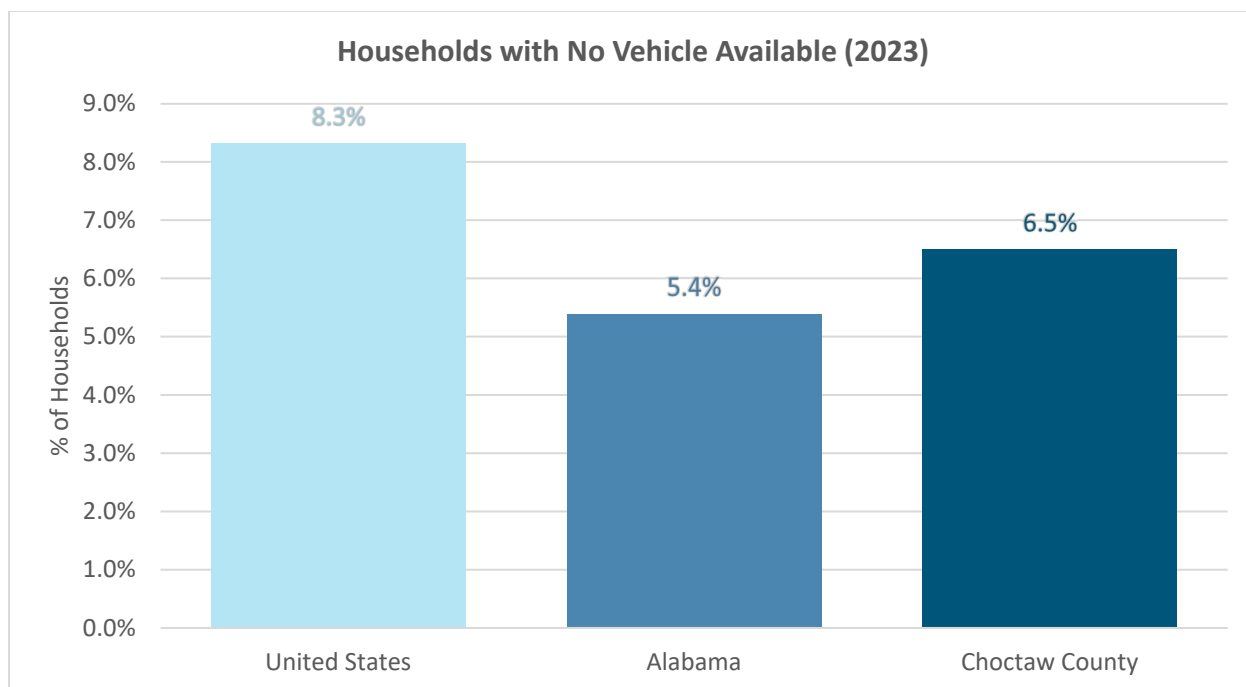
92 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04



93 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04

Transportation remains a key determinant of access to healthcare, employment, education, and other essential needs. In 2023, 6.5% of households in Choctaw County reported having no vehicle available. This rate is higher than the Alabama average of 5.4% but still below the national average of 8.3%.

In rural communities like Choctaw County, even a small percentage of households without access to a vehicle can face significant challenges. Public transportation is often limited or unavailable. This makes it more difficult for residents to travel to medical appointments, workplaces, schools, grocery stores, and other daily destinations. These transportation barriers can increase isolation and contribute to disparities in health outcomes, economic opportunity, and overall quality of life.



94 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table B08201

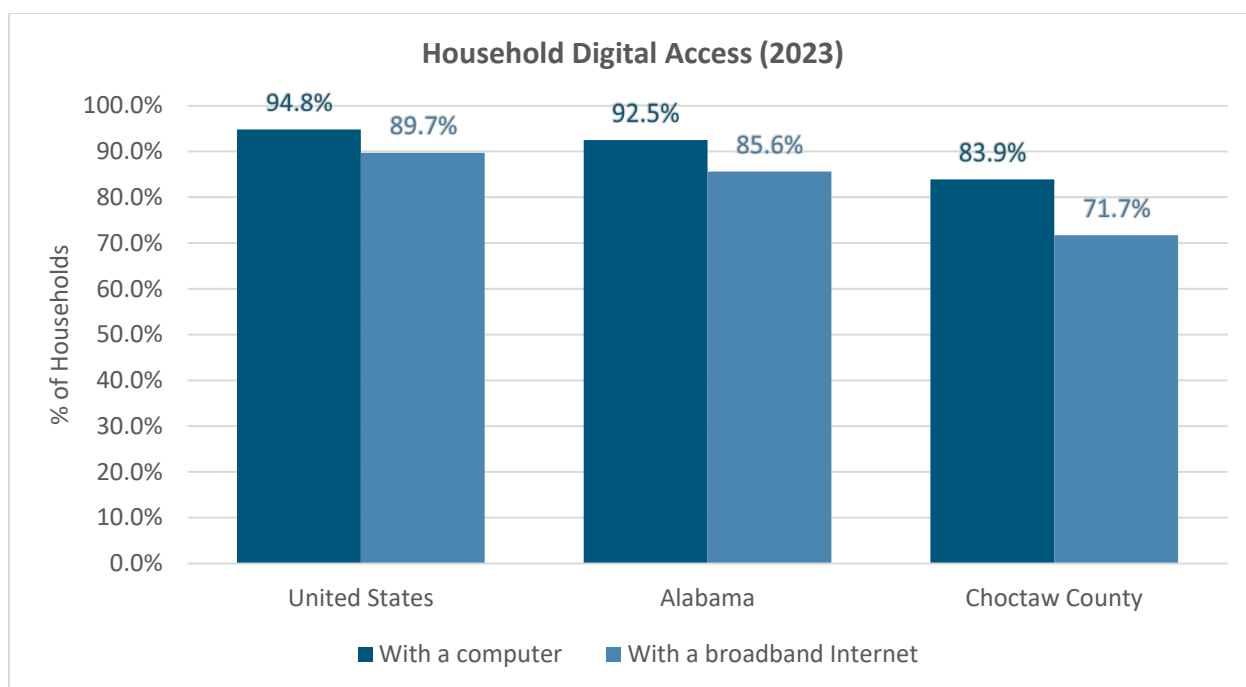
While the built environment shapes daily conditions and access to basic needs, social connection and digital inclusion are equally important for health, engagement, and opportunity. The next section explores how internet and device access influence community connection, education, and care access in a digital age.

Social and Community Context (Digital Access Focus)

Social connections and community support systems play a critical role in health. For this CHNA, we also examine digital access as a key factor shaping modern social participation, access to information, and connection to care, especially through telehealth. Lack of computer or internet access can worsen existing inequalities. This domain focuses on how connected the community is and whether digital tools are equitably accessible.

Across all regions, most households report access to a computer, but disparities remain in broadband internet connectivity. In 2023, 92.5% of households in Alabama had a computer, and 85.6% had broadband internet access. In Choctaw County, 83.9% of households had a computer, but only 71.7% had broadband.

This 12.2 percentage point gap between computer ownership and broadband access in Choctaw County suggests that many residents may face obstacles such as internet affordability, lack of infrastructure, or limited digital skills. Access to reliable high-speed internet is essential for tasks like remote work, virtual learning, telehealth, and accessing public services. When broadband access lags, it limits opportunity and increases digital exclusion, particularly in rural communities.



95 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP02

SDOH are intricately connected to the daily lives of people in the community and play a vital role in this CHNA by helping define key areas of need. While these domains offer important insight into the root causes of health disparities, additional tools are necessary to show where systemic disadvantages have the greatest impact. The following health equity indexes provide further context to guide interventions that are both effective and fair.

Health Equity and Community Context

Building on the foundation of social determinants of health, advancing health equity is essential to improving community well-being. Health equity means that everyone has a fair and just opportunity to be as healthy as possible, regardless of where they live, their income, or their background. Achieving equity requires acknowledging and addressing differences in health that are linked to historical and current social, economic, and environmental disadvantages.

To better understand where inequities exist and how they may be addressed, this CHNA incorporates several nationally recognized health equity indexes. These tools help highlight communities facing structural barriers that contribute to poor health outcomes. By layering these data points alongside the previously discussed SDOH, this CHNA paints a more complete picture of community context and opportunities for targeted support.

Area Deprivation Index

The Area Deprivation Index (ADI) is a composite measure of neighborhood disadvantage developed by the University of Wisconsin. It incorporates seventeen variables related to income, education, employment, and housing quality, ranking areas on a scale from 1 (least disadvantaged) to 10 (most

disadvantaged). Higher ADI scores reflect greater levels of social and economic deprivation, which are often associated with poorer health outcomes and limited access to care.

Choctaw County scored 7.20 on the ADI, reflecting a moderate level of structural disadvantage compared to other Alabama counties. This score indicates that while the county does face some barriers related to economic hardship, healthcare access, education, and transportation, these challenges may be less severe than those seen in areas with higher ADI scores. The findings align with other regional indicators, including lower broadband access, a high share of cost-burdened renters, and an aging housing stock that may contribute to disparities in health and wellbeing.

	Choctaw County
Overall ADI	7.20

96 Source: University of Wisconsin School of Medicine and Public Health, Area Deprivation Index (2023)

Distressed Communities Index

The Distressed Communities Index (DCI), developed by the Economic Innovation Group, captures economic well-being across seven indicators: education, employment, income, poverty, housing vacancy, and business growth. The DCI ranges from 0 (most prosperous) to 100 (most distressed), providing a snapshot of community vitality and opportunity.

Choctaw County scored 95.2 on the Distressed Communities Index (DCI), placing it firmly within the most distressed category. The county faces significant and persistent challenges related to economic opportunity, educational attainment, and community stability.

In 2023, 17.6% of adults in Choctaw County lacked a high school diploma, and 19.1% of residents lived below the poverty line. Among working-age adults, 32.5% were not in the labor force, suggesting limited access to stable employment. The county’s economic base has continued to weaken, with a 3.6% decline in employment and a 3.1% reduction in the number of business establishments. The housing vacancy rate was 22.2%, pointing to instability in the local housing market. Median household income in the county was just 72.6% of the state average, underscoring the financial hardship faced by many families. These indicators reflect deep-rooted structural barriers that continue to affect quality of life and economic mobility for residents in Choctaw County.

	Choctaw County
Overall DCI	95.2
No high school diploma	17.6%
Poverty rate	19.1%
Adults not working	32.5%
Housing vacancy rate	22.2%
Median income ratio	72.6%
Change in employment	-3.6%
Change in establishments	-3.1%

97 Source: Economic Innovation Group, Distressed Communities Index (2024)

Social Vulnerability Index

The Social Vulnerability Index (SVI), produced by the CDC and ATSDR, assesses a community's ability to prepare for, respond to, and recover from public health emergencies and natural disasters. The index includes four themes: socioeconomic status, household characteristics, race/ethnicity/language, and housing/transportation. Higher values (closer to 1.0) indicate greater vulnerability.

Choctaw County has an overall SVI score of 0.4091, placing it within the moderate vulnerability range. The highest vulnerability is seen in both household characteristics and racial and ethnic minority status, each scoring 0.6667. These scores may reflect a higher proportion of single-parent households, individuals with disabilities, or communities that experience language or cultural barriers.

The socioeconomic status domain scored 0.4242, indicating moderate concern related to income levels, employment, and educational attainment. The housing type and transportation score was relatively low at 0.1818, suggesting fewer structural barriers in those areas compared to other domains.

These results indicate that while Choctaw County experiences notable challenges in certain areas, particularly related to household composition and minority status, its overall vulnerability is moderate and less severe than in many high-risk counties across the region.

	Choctaw County
Overall SVI	0.4091
Socioeconomic status	0.4242
Household characteristics	0.6667
Racial & ethnic minority status	0.6667
Housing type & transportation	0.1818

98 Source: Geospatial Research, Analysis, and Services Program, CDC/ATSDR Social Vulnerability Index (2022)

Vizient Vulnerability Index

The Vizient Vulnerability Index (VVI) is a multi-dimensional tool that assesses vulnerability at the county level by evaluating nine social risk categories, ranging from economic stability and housing to public safety and environmental quality. Unlike the other indices, higher or lower values are not inherently “better” or “worse,” but rather provide a directional sense of local stressors and assets.

Choctaw County has an overall VVI score of 1.406, indicating a high level of community vulnerability across multiple domains. The greatest concern is economic vulnerability, which scored 1.527. This reflects significant challenges related to employment, income stability, and overall financial security for many residents.

Healthcare access is also a key issue, with a score of 1.071. This suggests notable barriers to receiving timely and affordable medical care. Education vulnerability is elevated as well, with a score of 1.035, pointing to gaps in educational access and attainment that may impact long-term opportunity. The neighborhood resources domain scored 1.086, indicating concerns about access to safe, well-equipped, and supportive environments.

Other domains show more stability. The social environment score was low at 0.027, suggesting that social isolation and lack of support networks are less pressing concerns. Housing scored -0.579, clean environment scored -0.262, transportation scored -0.019, and public safety scored 0.900. These results suggest that while some structural conditions such as housing and environment may be more favorable, public safety remains an area for attention.

Overall, Choctaw County faces significant challenges in economic conditions, healthcare access, education, and neighborhood infrastructure, all of which may impact resident well-being and long-term health outcomes. However, strengths in areas such as housing quality and environmental stability offer a foundation on which to build.

	Choctaw County
Overall VVI	1.406
Economic	1.527
Education	1.035
Healthcare access	1.071
Neighborhood resources	1.086
Housing	(0.579)
Clean environment	(0.262)
Social environment	(0.027)
Transportation	(0.019)
Public Safety	(0.900)

99 Source: Vizient, Inc., Vizient Vulnerability Index (2025)

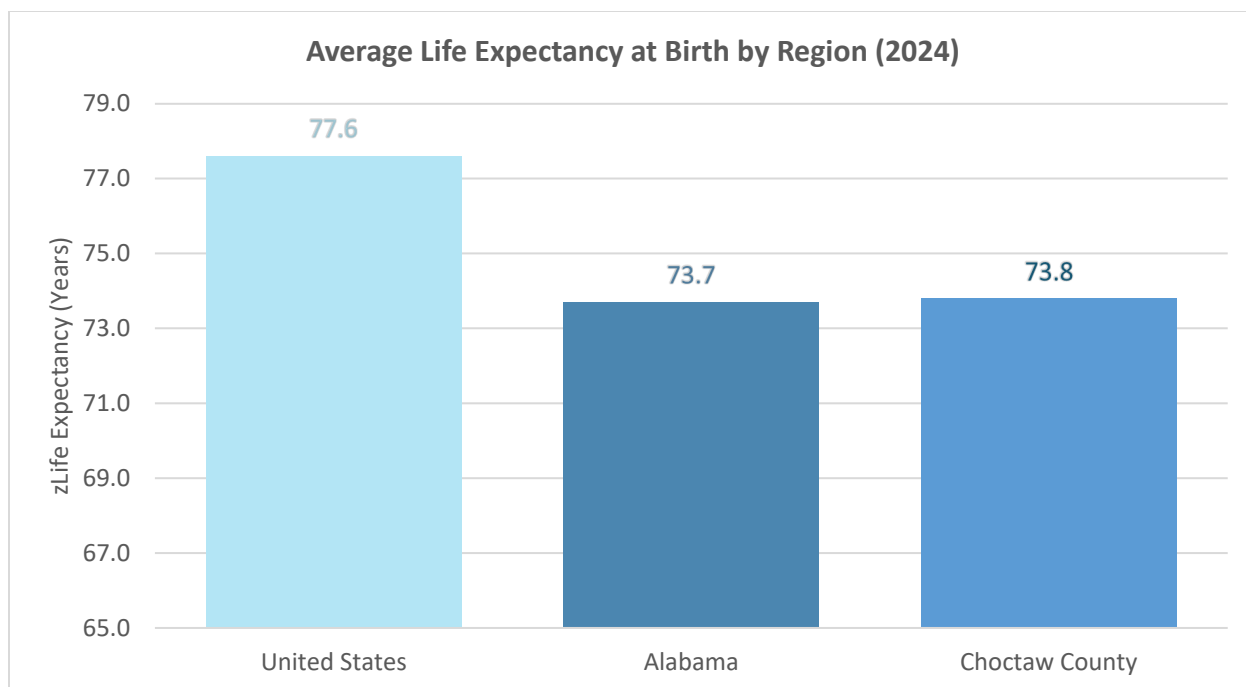
Understanding a community’s context, i.e., its economic conditions, education, access to care, housing, and social environment, is essential for identifying where health challenges originate. Yet to fully assess how these upstream factors influence well-being, we must also examine health outcomes directly. This next section explores key indicators such as life expectancy, leading causes of death, and behavioral risk factors. By linking outcomes to the social and structural conditions discussed earlier, this CHNA identifies where the greatest health burdens lie and what factors are contributing to poor health in the region.

Health Outcomes and Contributing Risk Factors

Life Expectancy

Life expectancy at birth provides a snapshot of overall community health and reflects a combination of factors such as chronic disease burden, access to healthcare, socioeconomic conditions, and individual health behaviors. As shown in the chart, the average life expectancy in Choctaw County is 73.8 years. This is nearly identical to the Alabama average of 73.7 years but remains well below the national average of 77.6 years.

While Choctaw County slightly outperforms the state average, the gap from the national benchmark suggests continued challenges in areas like preventive care, chronic disease management, and social determinants of health. Closing this gap will require ongoing investment in healthcare infrastructure, education, and community-based programs that promote healthier lifestyles and improve access to essential services.



100 Source: University of Wisconsin Population Health Institute. *County Health Rankings & Roadmaps (2024)*

Mortality

Mortality data is a foundational part of assessing health outcomes across a community. It provides insight into the burden of disease, identifies populations at greater risk of early death, and helps inform strategic priorities for health interventions. By examining both overall and cause-specific mortality patterns, communities can better understand the underlying health challenges facing residents and direct resources where they are most needed. The sections that follow explore all-cause mortality as well as the five leading causes of death in the hospital's primary service area, including an analysis of long-term trends and racial and ethnic disparities.

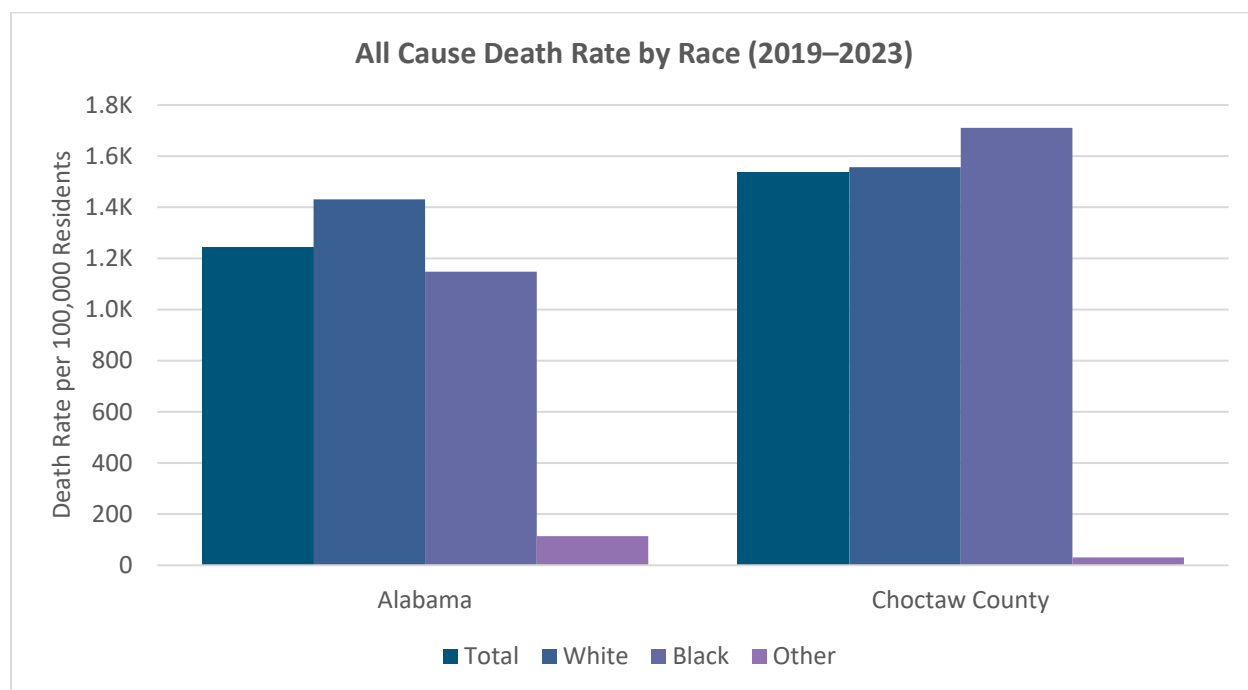
All-Cause Mortality

All-cause mortality provides a direct measure of how many residents are dying from any cause and helps highlight where the greatest health burdens exist. When broken down by race and ethnicity, these data reveal disparities shaped by long-standing structural inequities in healthcare access, chronic disease prevalence, and the broader social environment.

In Choctaw County, Black residents experience the highest all-cause mortality rate, surpassing both the White population and the countywide average. This trend reflects significant health and socioeconomic disparities that impact long-term health outcomes. White residents have death rates similar to the overall average, while those categorized as Other have much lower reported rates.

Compared to Alabama as a whole, Choctaw County faces substantially higher mortality across all racial groups. While Alabama's highest death rate is among White residents, Choctaw's rates are elevated across the board, especially for its Black population. The notably low rate among residents identified as

Other may be influenced by factors such as a smaller population size or younger age distribution, but may also reflect limitations in data quality or underreporting.



101 Source: Alabama Department of Public Health. Mortality Statistical Query System (2019–2023)

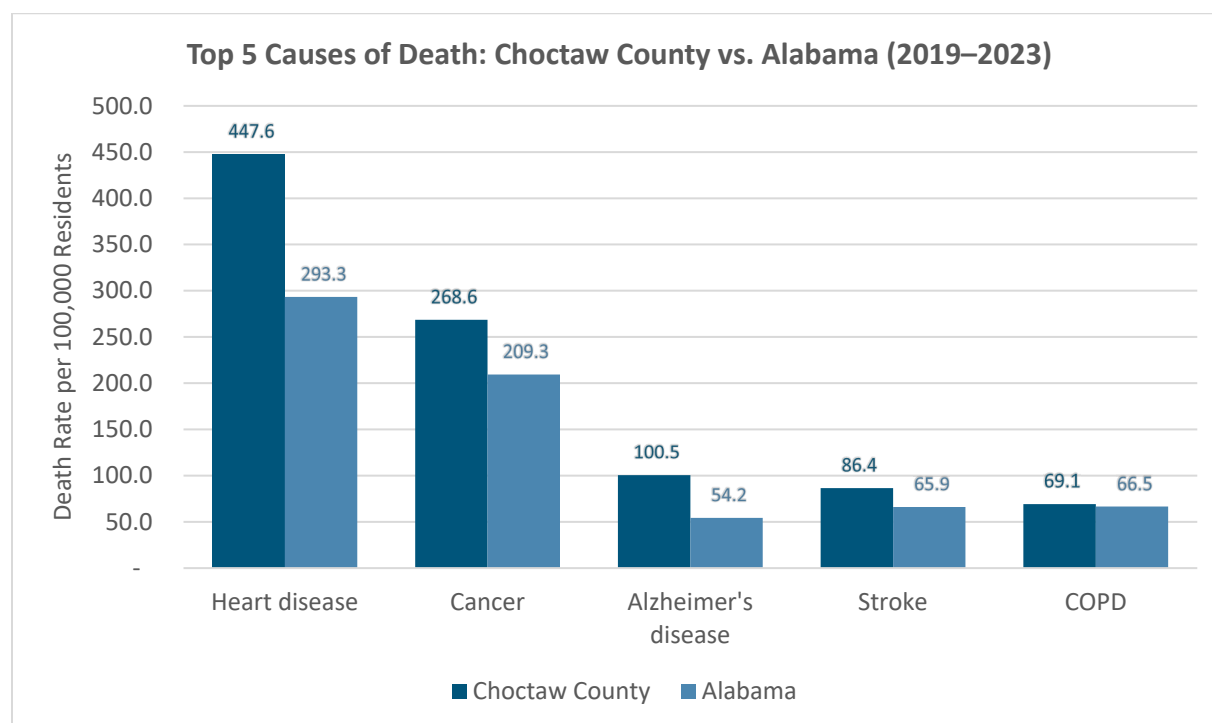
Top Five Causes of Death

Identifying the leading causes of death is critical for understanding the most significant drivers of premature mortality in a community. This information helps local health systems and partners target prevention, education, and intervention efforts where they will have the greatest impact. For this assessment, the top five causes of death are based on five-year average death rates (2019–2023) for residents of Choctaw County, the hospital’s primary service area.

While COVID-19, unintentional injury, and other diseases and conditions ranked among the top causes of death during this period, they have been excluded from this section to maintain a focused analysis on chronic, non-communicable diseases that consistently drive long-term health outcomes. COVID-19 introduced a short-term spike in mortality but has since declined in ranking and does not reflect persistent health system needs in the same way as chronic disease. Similarly, deaths from unintentional injuries and broad disease categories do not offer the specificity needed for actionable planning.

As shown in the chart, heart disease is the leading cause of death in Choctaw County, with a death rate of 447.6 per 100,000 residents. This figure is significantly higher than the Alabama average of 293.3. Cancer ranks second, with a local death rate of 268.6, also well above the state average of 209.3. Deaths due to Alzheimer’s disease (100.5) and stroke (86.4) in Choctaw likewise exceed statewide rates of 54.2 and 65.9, respectively. Only COPD shows a similar burden between the county and state, with a local rate of 69.1 compared to 66.5 in Alabama.

These figures point to a consistent pattern of elevated mortality in Choctaw County across most leading causes of death. The data suggest that residents face a heavier burden of chronic disease than the state overall. Addressing these disparities will require expanded access to preventive care, chronic disease management programs, and public health initiatives focused on cardiovascular, neurological, and oncological health. The following subsections explore trends and population-specific disparities related to each condition.

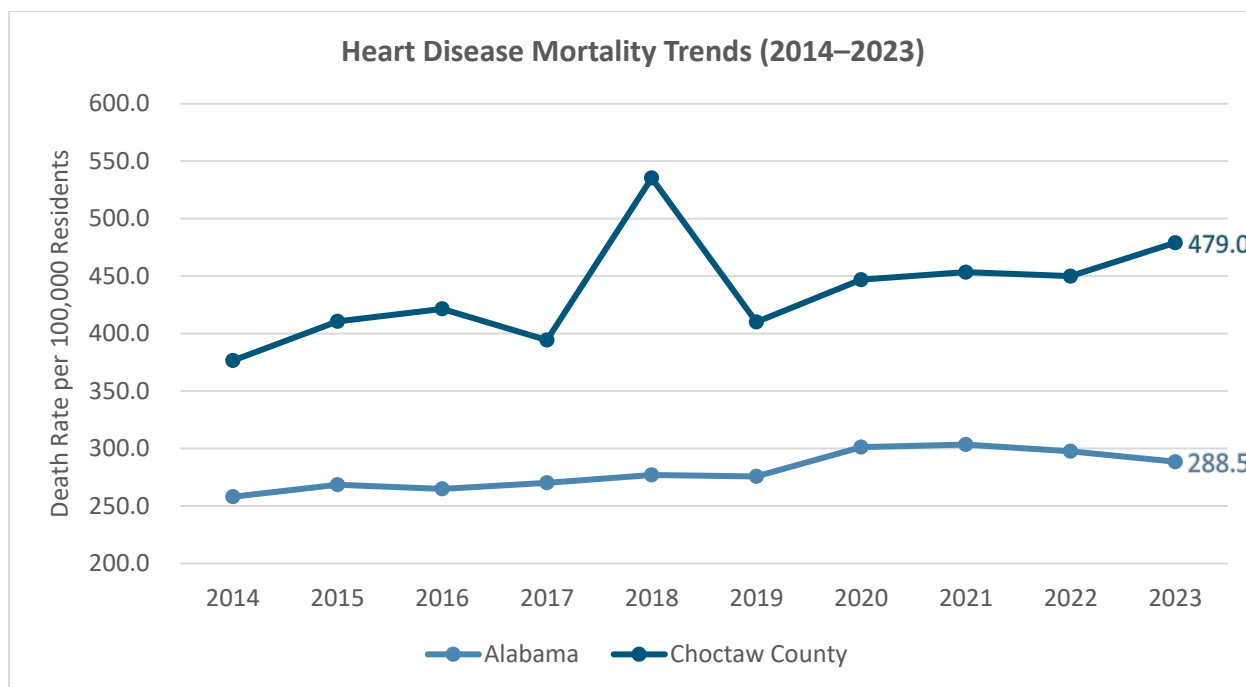


102 Source: Alabama Department of Public Health. Mortality Statistical Query System (2019–2023)

Heart Disease

Heart disease remains the leading cause of death in Choctaw County, with mortality rates consistently higher than the state average. From 2014 to 2023, Choctaw’s rates showed notable year-to-year variation, with a sharp peak in 2018 at 535.4 deaths per 100,000 residents, followed by a drop in 2019 and a gradual rise through 2023. The most recent rate in 2023 was 479.0, significantly above the Alabama average of 288.5.

By contrast, Alabama’s heart disease mortality trend has remained relatively stable over the past decade, with only modest increases and decreases. This difference suggests that Choctaw County faces more persistent and severe challenges related to cardiovascular health. The fluctuations in Choctaw’s rates may be influenced by its smaller population, variations in access to care, and gaps in chronic disease management.

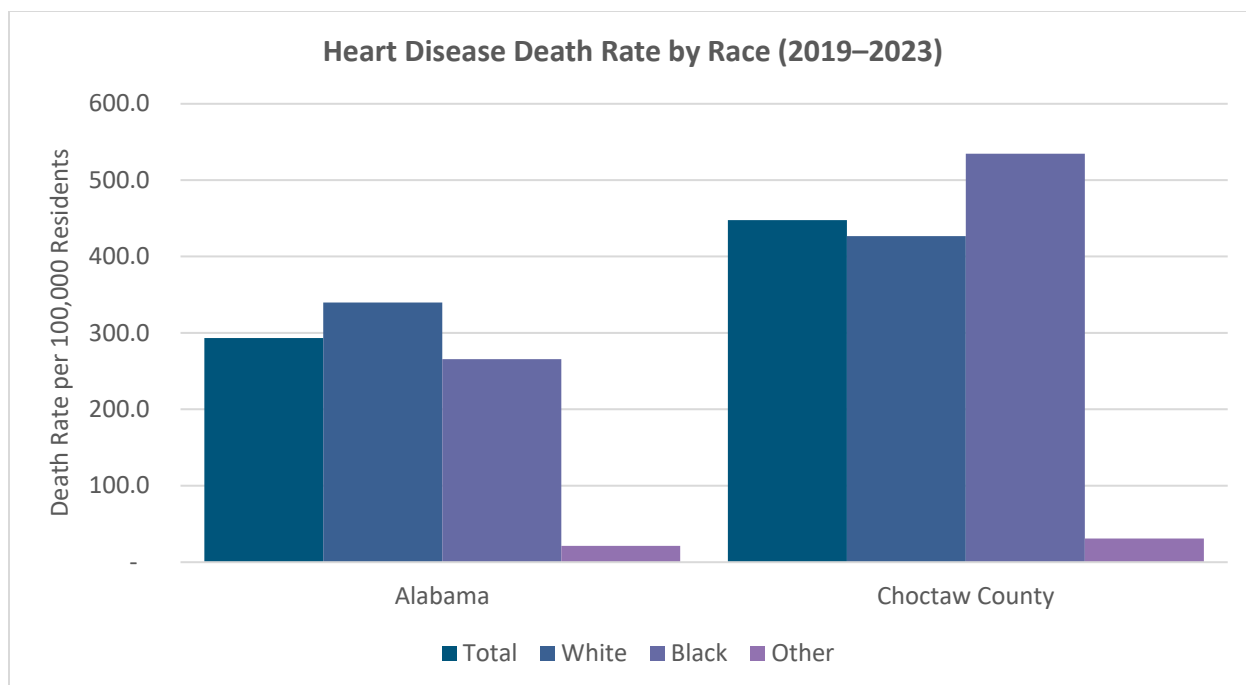


103 Source: Alabama Department of Public Health. Mortality Statistical Query System (2014–2023)

When broken out by race and ethnicity, heart disease mortality in Choctaw County reveals significant disparities. Black residents experience the highest death rate, at approximately 540 deaths per 100,000 residents. This exceeds both the rate for White residents (about 430) and the overall county average (around 450). The gap highlights the disproportionate burden of cardiovascular disease among Black residents and underscores the need for focused interventions that address barriers related to social determinants, economic stability, and access to care.

White residents in Choctaw also face higher heart disease mortality than the statewide average for their racial group. In contrast, residents categorized as “Other” show substantially lower rates in both Choctaw and Alabama. While these lower rates may indicate more favorable outcomes, they should be interpreted with caution due to small population sizes and the potential for underreporting or data suppression.

Compared to Alabama as a whole, Choctaw County reports elevated heart disease mortality across all racial groups. These findings point to a broader need for expanded preventive care, health education, and improved chronic disease management throughout the county, with particular attention to racial and ethnic disparities.



104 Source: Alabama Department of Public Health. Mortality Statistical Query System (2019–2023)

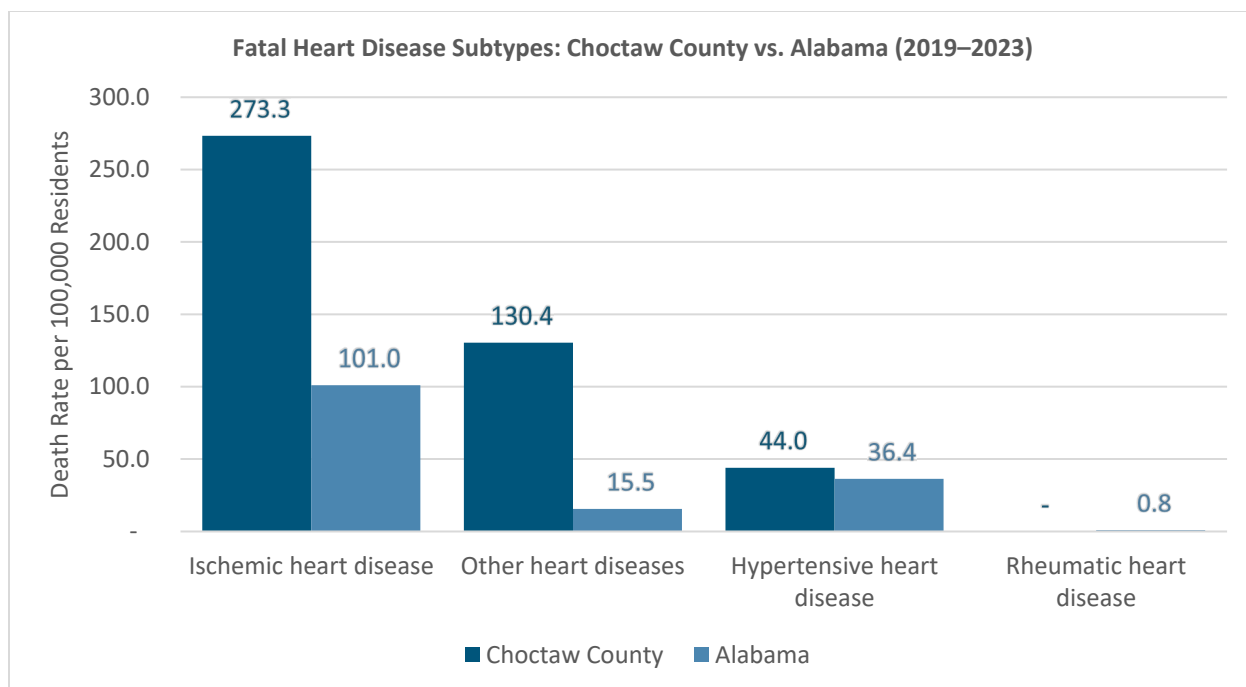
Among heart disease-related deaths in Choctaw County, ischemic heart disease is the most common subtype, with a death rate of 273.3 per 100,000 residents. This figure is nearly triple the state average of 101.0 and highlights a major driver of cardiovascular mortality in the county. Ischemic heart disease, often caused by narrowed or blocked coronary arteries, is largely preventable through early screening, healthy behaviors, and management of risk factors such as high blood pressure, high cholesterol, and smoking.

Other heart diseases rank second, with a death rate of 130.4 in Choctaw County compared to 15.5 statewide. This broad category includes a range of fatal conditions that may be under-identified or less clearly defined, suggesting a need for more detailed evaluation of local health data and care practices.

Hypertensive heart disease is the third most common subtype, with a local rate of 44.0 compared to Alabama’s 36.4. This condition results from prolonged high blood pressure that places strain on the heart and circulatory system.

Choctaw County reported no deaths from rheumatic heart disease, while Alabama reported a small number, with a death rate of 0.8. Rheumatic heart disease is caused by permanent damage to the heart valves following rheumatic fever, which can develop after an untreated strep throat infection. The condition is preventable with early antibiotic treatment of strep infections.

These findings show that Choctaw County residents face a particularly heavy burden from ischemic and unspecified heart diseases. Many of these deaths could be prevented or delayed through improved access to care, early intervention, and support for long-term management of chronic conditions. Strengthening preventive services and cardiovascular care remains a key opportunity to reduce avoidable mortality in the county.



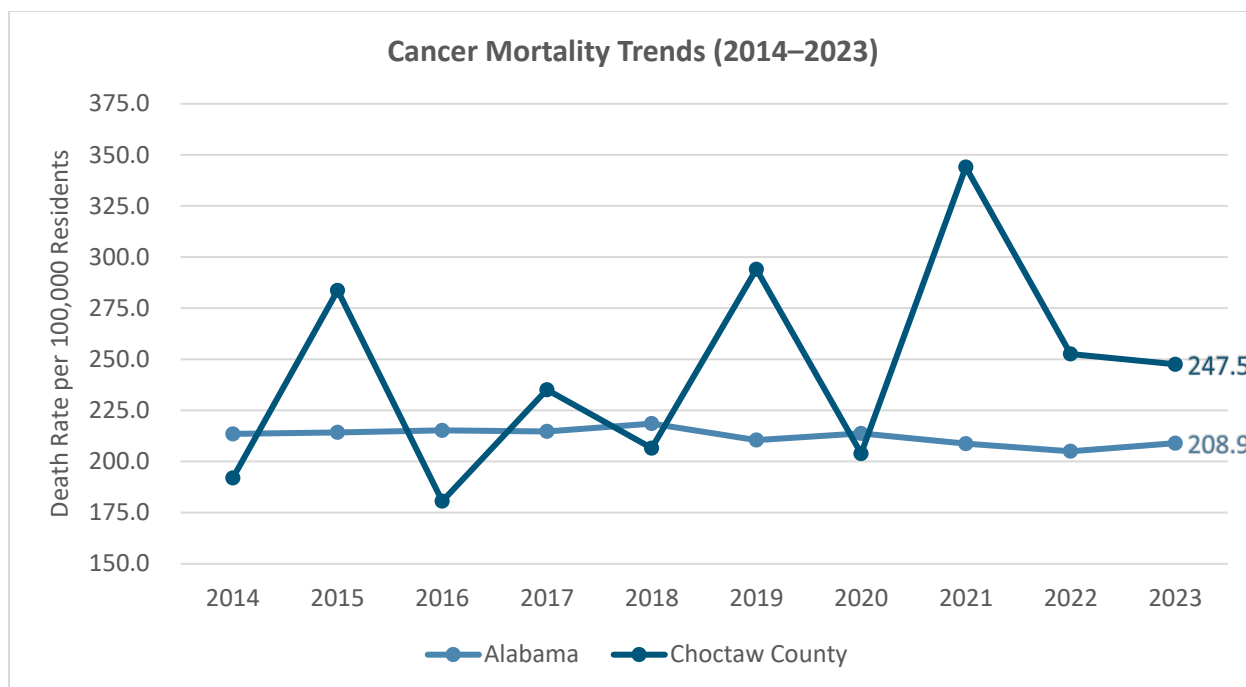
105 Source: Alabama Department of Public Health. Mortality Statistical Query System (2019–2023)

Cancer

Cancer is the second leading cause of death in Choctaw County, following heart disease. While some cancers are linked to genetics or environmental exposures, many cases can be prevented or detected early through screenings, healthy behaviors, and timely access to care. This section reviews long-term mortality trends, disparities by race and ethnicity, and the cancer types contributing most to local deaths.

Over the past decade, cancer mortality rates in Choctaw County have fluctuated widely, ranging from a low of 180.6 deaths per 100,000 residents in 2016 to a peak of 344.0 in 2021. The most recent rate in 2023 was 247.5, which remains higher than the Alabama average of 208.9. While the state trend has remained relatively steady, Choctaw’s sharp year-to-year changes suggest possible challenges in early detection, consistent treatment, and access to oncology services.

The variability in Choctaw’s rates may be influenced by its small population, which can amplify the impact of individual cases. It may also reflect gaps in healthcare infrastructure, late-stage diagnoses, or disparities in preventive care. Despite some improvement since 2021, the elevated and unstable cancer death rates highlight the need for sustained investment in screening programs, public education, and timely treatment pathways to reduce preventable cancer deaths in the county.



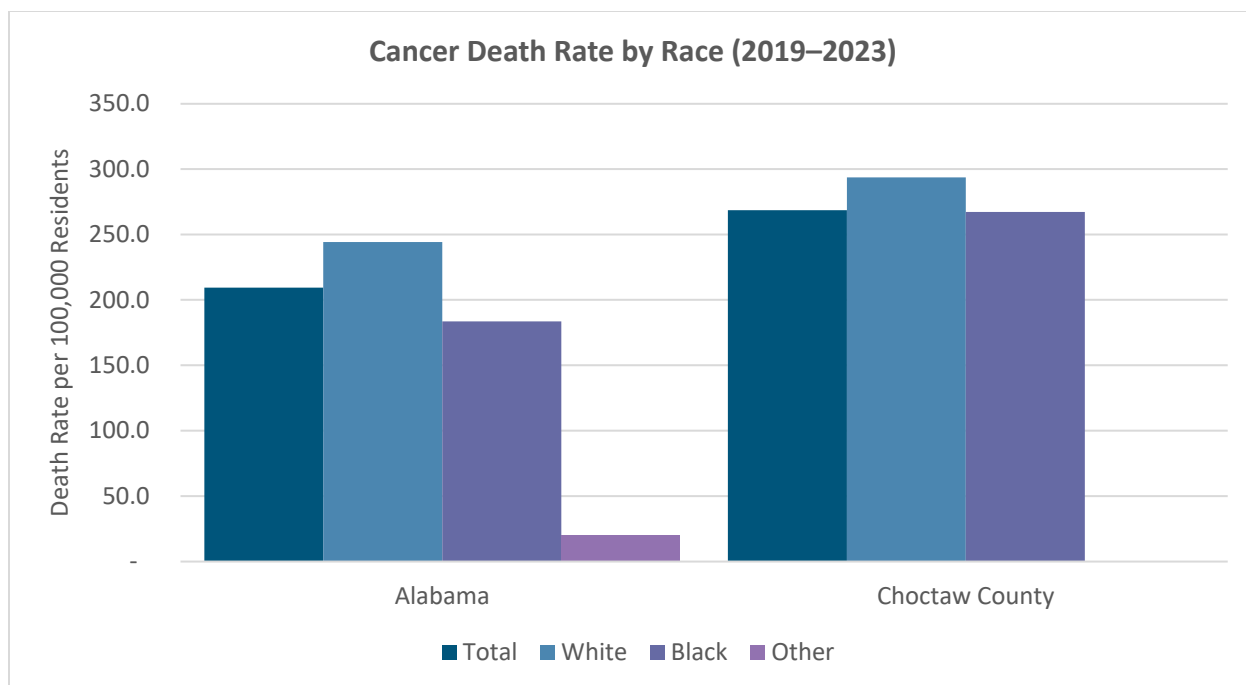
106 Source: Alabama Department of Public Health. Mortality Statistical Query System (2014–2023)

Disparities in cancer mortality by race and ethnicity are evident in Choctaw County and reflect broader patterns observed across Alabama. White residents in Choctaw have the highest cancer death rate, at approximately 293 deaths per 100,000 residents. This slightly exceeds the rate among Black residents, who experience a mortality rate of about 267. Both groups have cancer death rates higher than the countywide average and significantly higher than statewide rates for their respective racial groups.

In Alabama overall, White residents also have the highest cancer death rate, followed by Black residents. However, the gap between racial groups is more pronounced at the state level, where Black residents have a noticeably lower mortality rate than their White counterparts.

In both the county and state, residents categorized as Other show substantially lower reported cancer mortality. These figures should be interpreted with caution, as small population sizes may lead to unstable estimates or data suppression.

The high mortality burden across both major racial groups in Choctaw County highlights the need for comprehensive cancer prevention strategies, including early detection, community-based education, and expanded access to screening and treatment services. Reducing barriers to care and improving health equity remain essential for lowering cancer deaths across all populations.



107 Source: Alabama Department of Public Health. Mortality Statistical Query System (2019–2023)

The most fatal cancer types in Choctaw County largely follow state-level patterns, though death rates are higher across all top categories. The leading cause of cancer death in the county is grouped as “Other cancers,” with a death rate of 78.5 per 100,000 residents compared to 56.0 statewide. This category includes all malignant neoplasms not classified under cancers of the lip, oral cavity, and pharynx; colon and rectum; other digestive organs; respiratory and intrathoracic organs; breast; female genital organs; prostate; and leukemia. It also includes cancers of unspecified, ill-defined, or metastatic origin. Although each individual cancer in this group is relatively rare, together they account for a large share of cancer deaths and present unique challenges for prevention and early detection.

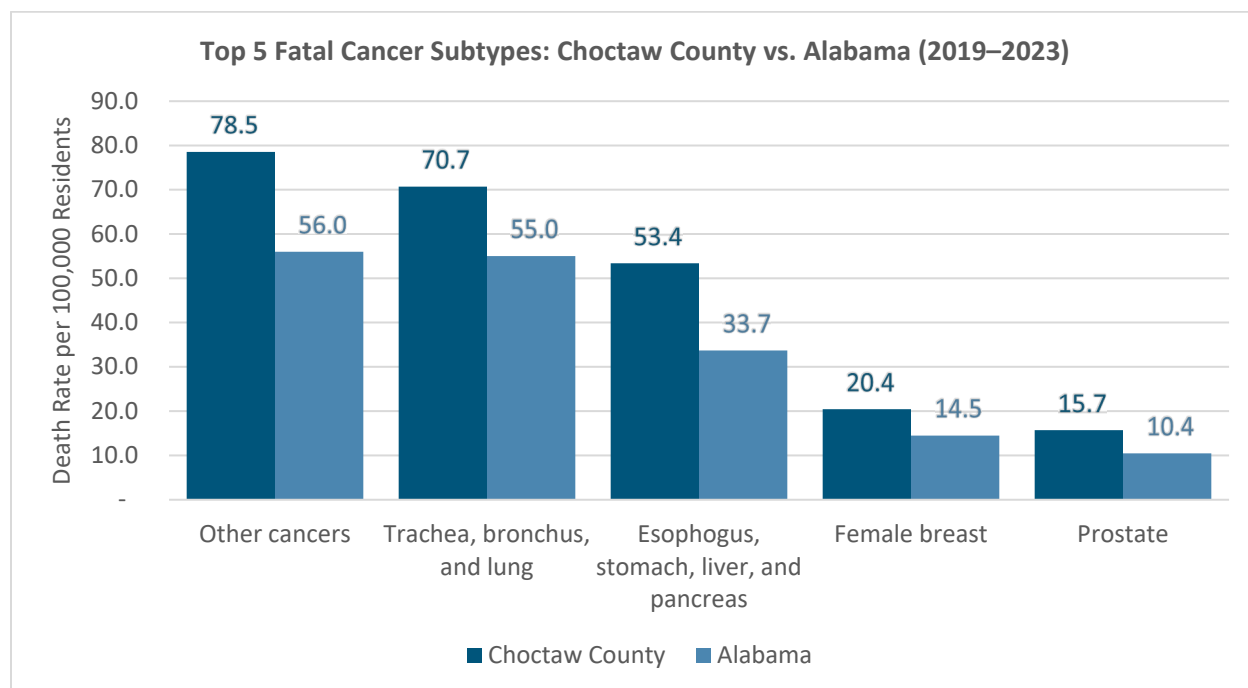
Lung cancer (trachea, bronchus, and lung) is the second leading subtype, with a local death rate of 70.7 compared to 55.0 in Alabama. This reflects the continued influence of tobacco use and other environmental or occupational risk factors.

Cancers of the esophagus, stomach, liver, and pancreas are the third most fatal group, with a combined death rate of 53.4 in Choctaw County. This is significantly higher than the state rate of 33.7 and points to the severity of gastrointestinal cancers, which are often diagnosed at later stages.

Female breast cancer ranks fourth, with a death rate of 20.4 compared to 14.5 statewide. Though not the highest contributor to mortality, breast cancer remains a critical focus for screening and follow-up care.

Prostate cancer is the fifth most common fatal cancer, with a local death rate of 15.7. This is also above the state average of 10.4 and reinforces the importance of screening and early intervention, particularly for high-risk populations.

Overall, Choctaw County faces a heightened cancer burden across all major subtypes. Continued investment in preventive services, screening programs, and timely treatment will be essential to reduce cancer mortality and improve long-term outcomes in the community.



108 Source: Alabama Department of Public Health. Mortality Statistical Query System (2019–2023)

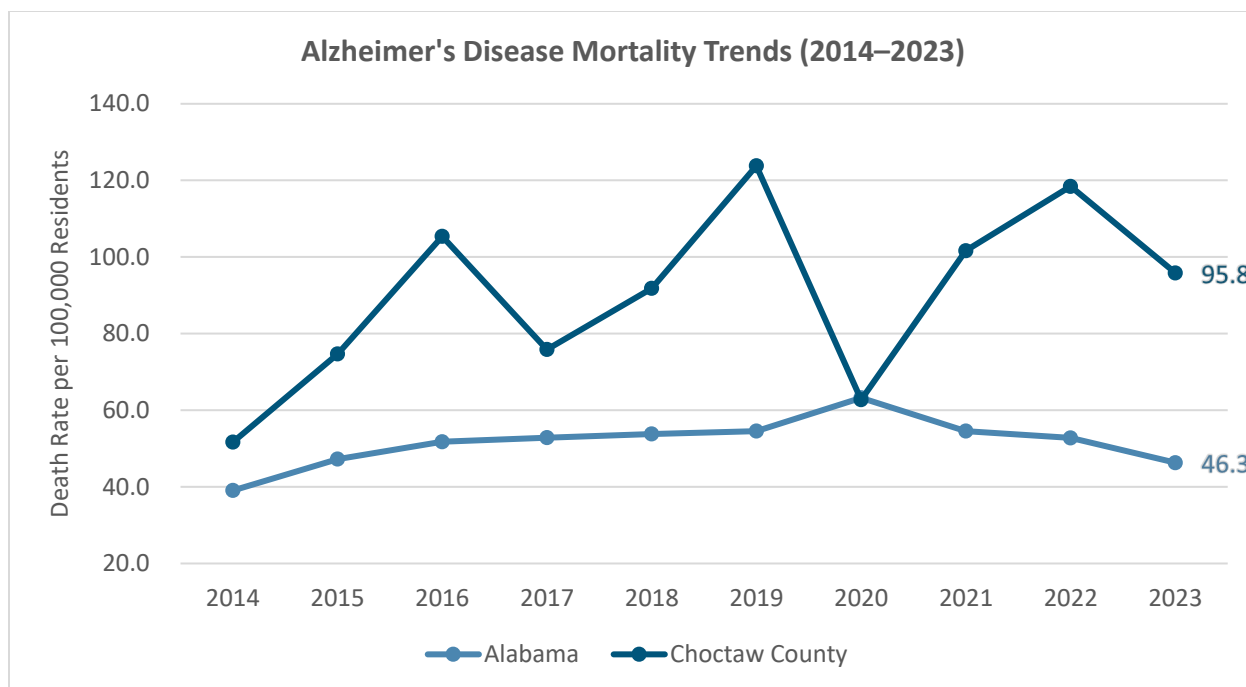
Alzheimer's Disease

Alzheimer's disease is a progressive neurological disorder that affects memory, thinking, and the ability to carry out daily activities. As life expectancy increases, deaths related to Alzheimer's have become more common, particularly among older adults. While there is no cure, early diagnosis, strong support systems, and coordinated care can improve quality of life for individuals and caregivers. This section reviews long-term Alzheimer's mortality trends in Choctaw County.

Over the past decade, Alzheimer's disease mortality in Choctaw County has shown substantial year-to-year variation. The rate peaked at 123.8 deaths per 100,000 residents in 2019, dipped significantly in 2020, and rose again to 118.4 in 2022 before dropping to 95.8 in 2023. These fluctuations contrast with Alabama's more stable trend, where the rate ranged between 39 and 63 over the same period and ended at 46.3 in 2023.

Choctaw's consistently higher rates may reflect an older population, better recognition of Alzheimer's as a cause of death, or differences in local reporting and diagnosis. The volatility in the trend may also indicate inconsistencies in access to memory care, delayed diagnoses, or shifting patterns in long-term care usage.

As the local population continues to age, ensuring access to early screening, dementia-specific services, caregiver support programs, and long-term care resources will be critical to managing the impact of Alzheimer's disease in Choctaw County.

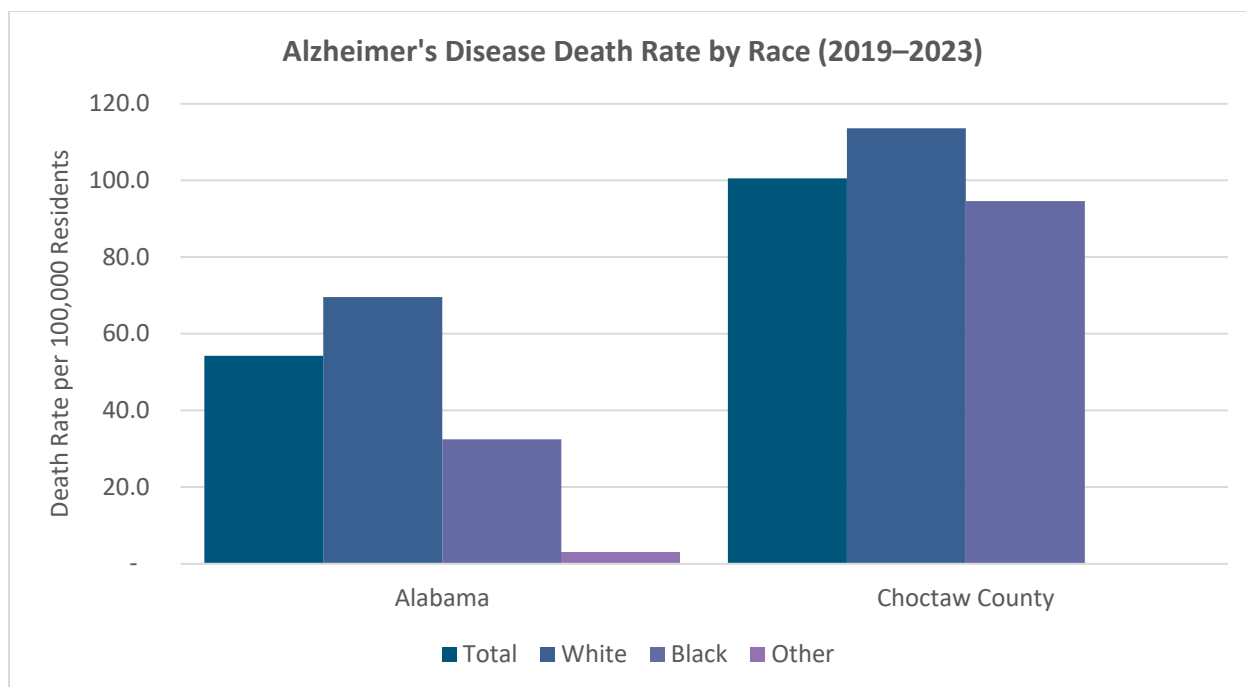


109 Source: Alabama Department of Public Health. Mortality Statistical Query System (2014–2023)

When broken down by race and ethnicity, disparities in Alzheimer’s disease mortality are clearly present in Choctaw County. White residents have the highest Alzheimer’s death rate in the county, at approximately 113 deaths per 100,000 residents. This is followed closely by Black residents, who experience a rate of about 95. Both groups have significantly higher mortality rates than the state averages for their respective populations. In Alabama overall, the Alzheimer’s death rate is approximately 70 for White residents and 33 for Black residents.

The elevated rates in Choctaw County may reflect a combination of factors, including an aging population, greater recognition of Alzheimer’s as a cause of death, and potential gaps in caregiver resources or dementia-specific care. The smaller difference between racial groups in Choctaw also suggests that both communities are facing a growing burden from Alzheimer’s disease.

These trends underscore the importance of expanding access to memory screening, culturally responsive caregiver support, and long-term care services across all racial and ethnic groups. As the county’s older population continues to grow, addressing the rising impact of Alzheimer’s disease will require a coordinated public health and community-based response.



110 Source: Alabama Department of Public Health. Mortality Statistical Query System (2019–2023)

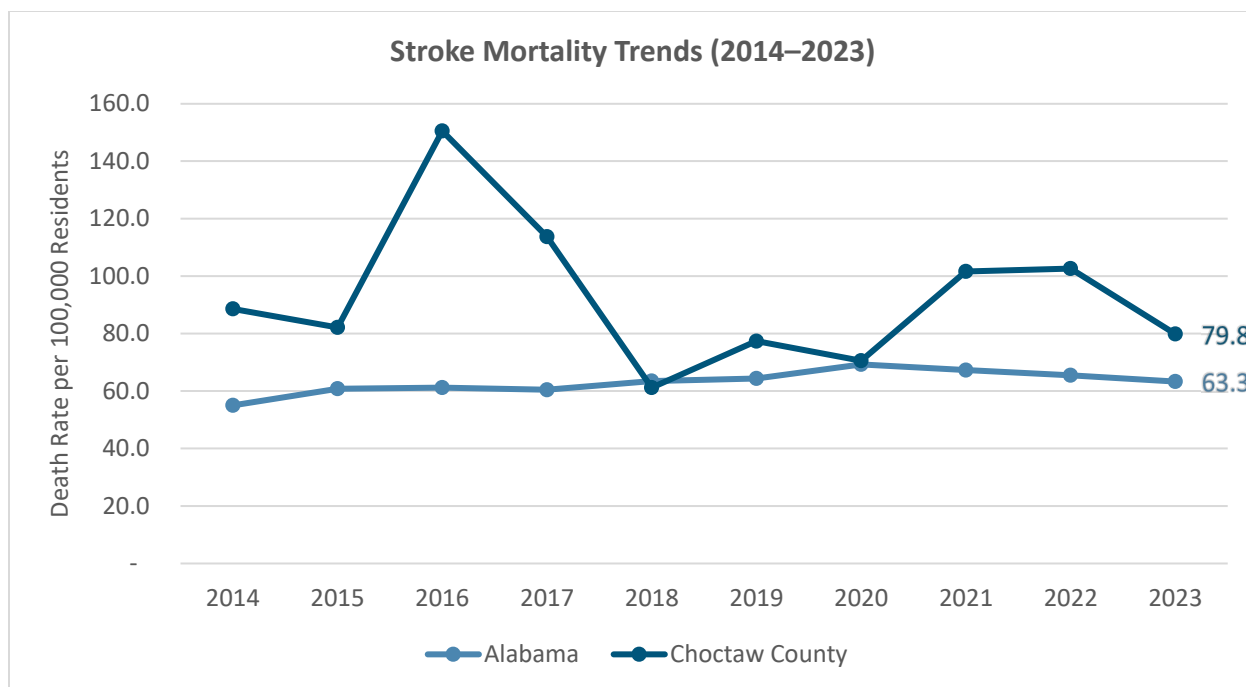
Stroke

Stroke is the fourth leading cause of death in Choctaw County, highlighting its ongoing impact on public health. Many strokes are associated with risk factors that can be prevented or effectively managed, including high blood pressure, diabetes, tobacco use, and physical inactivity. Community-wide prevention, early detection, and timely emergency care are essential to reducing stroke-related mortality.

Over the past decade, stroke mortality in Choctaw County has shown significant year-to-year fluctuations. The death rate reached a peak of 150.5 per 100,000 residents in 2016, followed by a steep decline in 2018. After climbing again in 2021 and 2022, the rate dropped to 79.8 in 2023. These trends contrast with Alabama’s relatively stable stroke mortality, which has hovered near 63 deaths per 100,000 and declined slightly to 63.3 in 2023.

Choctaw County’s variability may be influenced by its small population, inconsistent access to emergency medical services, or challenges in managing chronic conditions like hypertension and diabetes. Despite some recent improvement, the county’s stroke mortality rate remains well above the state average.

Reducing stroke deaths in Choctaw County will require sustained public health efforts focused on blood pressure control, smoking cessation, improved access to primary care, and increased awareness of stroke symptoms. Strengthening emergency response systems and supporting prevention strategies can help lower the overall burden and improve outcomes for residents.



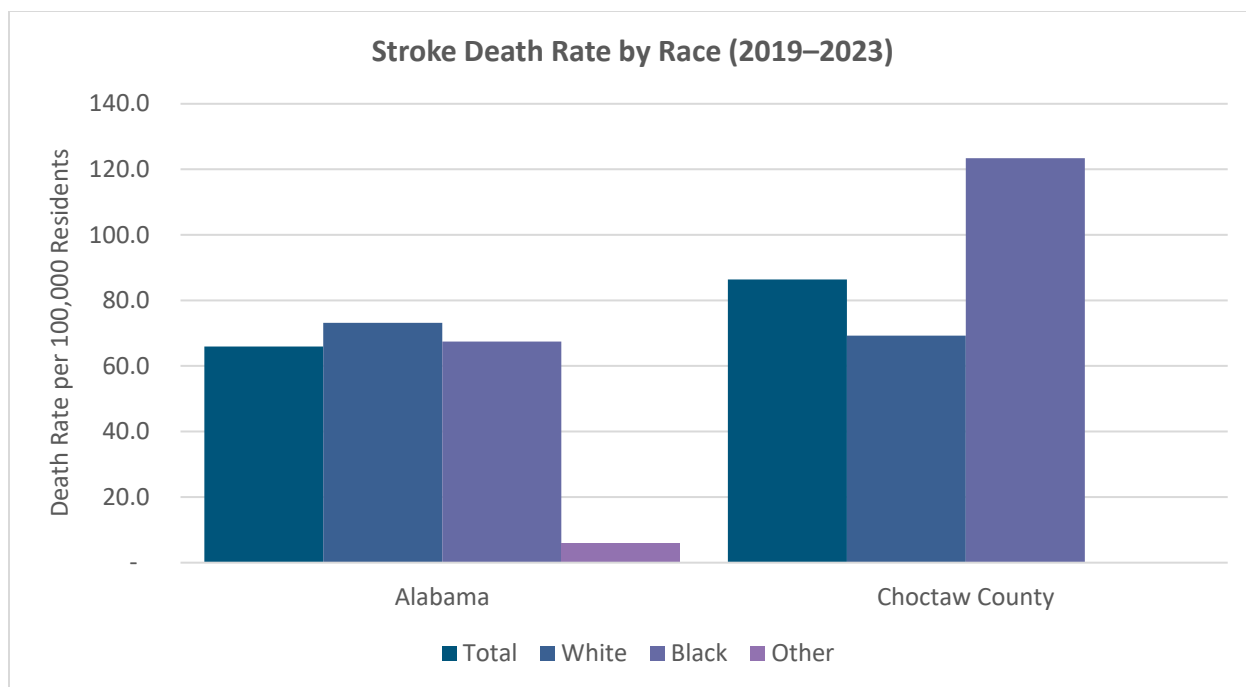
111 Source: Alabama Department of Public Health. Mortality Statistical Query System (2019–2023)

In Choctaw County, racial disparities in stroke mortality are clearly present. Residents identified as “Other” have the highest stroke death rate by a wide margin, at approximately 125 deaths per 100,000 residents. This figure significantly exceeds the rates for both Black residents (about 87) and White residents (approximately 70), as well as the overall county average.

In Alabama, the pattern differs. White residents have the highest stroke death rate at around 73 deaths per 100,000, followed by Black residents at 67. Rates among residents categorized as “Other” are reported to be much lower, though this may be due to smaller sample sizes or data limitations.

The unusually high mortality among Choctaw County residents in the “Other” category may reflect small population counts, leading to unstable estimates, but it also raises concerns about access to timely stroke care or undiagnosed risk factors in specific communities.

These trends reinforce the importance of ensuring all residents have access to blood pressure screening, stroke education, and emergency response services. Tailored interventions and equitable healthcare access will be critical in reducing the burden of stroke across all racial and ethnic groups in Choctaw County.



112 Source: Alabama Department of Public Health. Mortality Statistical Query System (2019–2023)

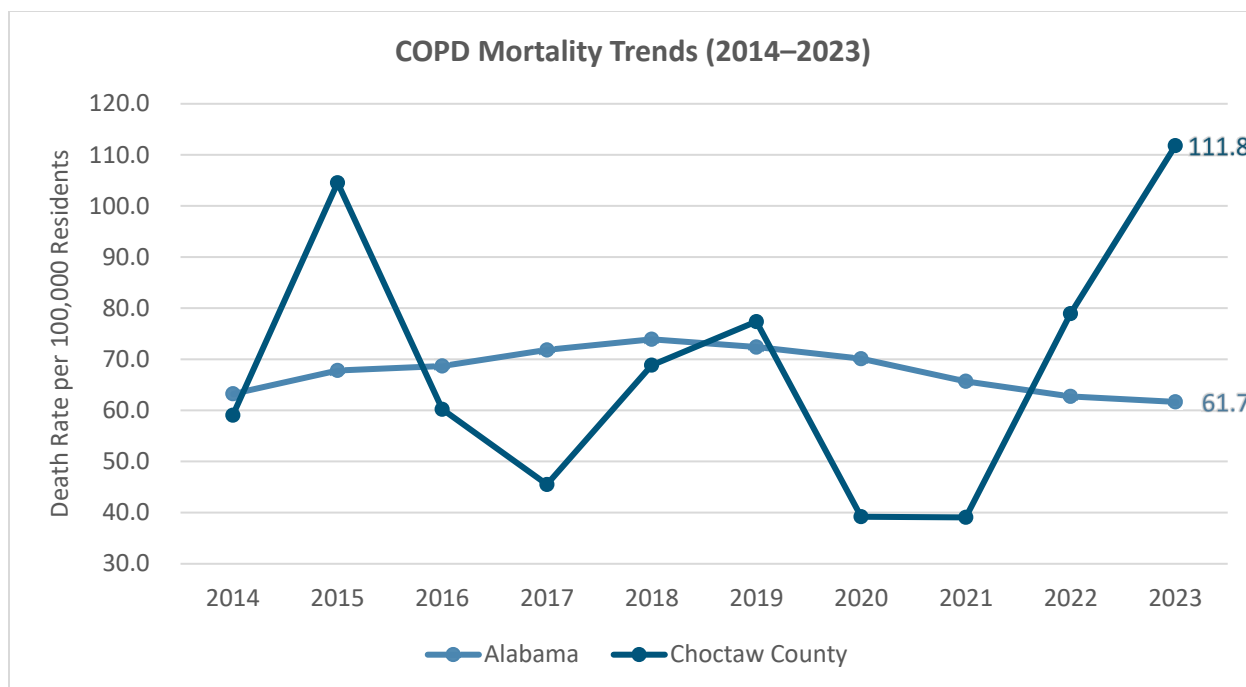
Chronic Obstructive Pulmonary Disease (COPD)

Chronic lower respiratory disease, primarily chronic obstructive pulmonary disease (COPD), is a leading cause of preventable death. This is particularly true in rural areas where smoking is more common and residents may be exposed to additional environmental or occupational hazards. COPD includes progressive lung conditions such as chronic bronchitis and emphysema, which gradually limit airflow and worsen over time. While there is no cure, the disease can often be managed through early diagnosis, smoking cessation, medication, and pulmonary rehabilitation. This section examines long-term COPD mortality trends in Choctaw County.

Over the past decade, COPD mortality in Choctaw County has fluctuated significantly. The death rate rose to 104.5 per 100,000 residents in 2015, fell sharply in the years that followed, and then reached a low of 39.1 in both 2020 and 2021. Since then, rates have risen steeply, with the most recent figure in 2023 reaching 111.8. This is nearly double the Alabama state average of 61.7.

In contrast, Alabama’s COPD mortality has remained relatively stable, with only modest changes year to year. The volatility in Choctaw County’s trend may be partly due to its small population size, but it could also reflect local patterns in smoking behavior, air quality, or access to respiratory care and diagnosis.

The recent rise in deaths signals a need for renewed focus on COPD prevention and management in the community. Expanding tobacco cessation efforts, increasing access to pulmonary specialists, and educating residents on early symptoms could help reduce preventable deaths and improve long-term outcomes in Choctaw County.



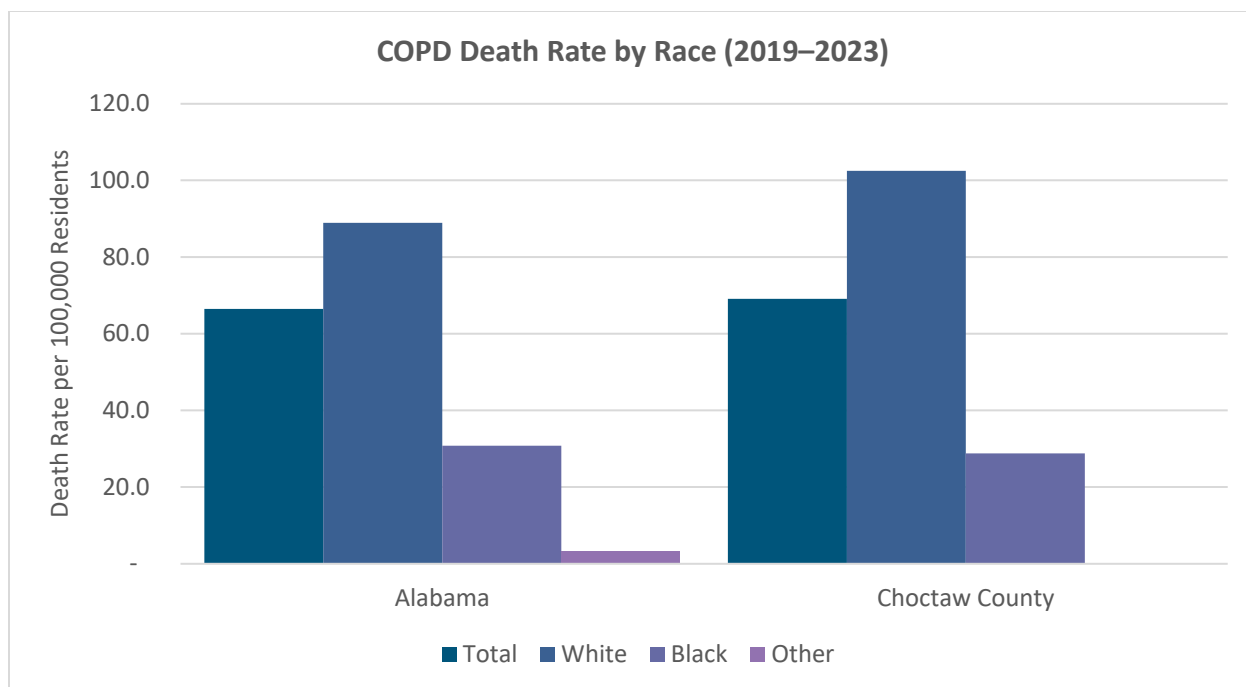
113 Source: Alabama Department of Public Health. Mortality Statistical Query System (2014–2023)

Mortality rates from COPD in Choctaw County show clear differences across racial and ethnic groups. White residents have the highest COPD death rate in the county, at approximately 102 deaths per 100,000 residents. This is significantly higher than the rate for Black residents, which is around 30 per 100,000. These figures follow the same general pattern seen across Alabama, where White populations consistently experience higher COPD-related mortality.

In Alabama overall, the COPD death rate for White residents is approximately 89 per 100,000, while the rate for Black residents is much lower, at about 31. These disparities may be linked to differences in smoking behavior, exposure to occupational or environmental irritants, or access to early diagnosis and respiratory care.

Residents identified as “Other” in both Choctaw County and Alabama report notably low COPD death rates. However, these figures should be interpreted cautiously, as small population sizes may lead to unstable estimates or data suppression.

The high burden of COPD mortality among White residents in Choctaw County highlights the need for targeted public health strategies. Expanding access to smoking cessation programs, pulmonary rehabilitation, and culturally competent care will be critical for reducing preventable deaths and addressing ongoing disparities in respiratory health.



114 Source: Alabama Department of Public Health. Mortality Statistical Query System (2019–2023)

Risk and Behavioral Health Indicators

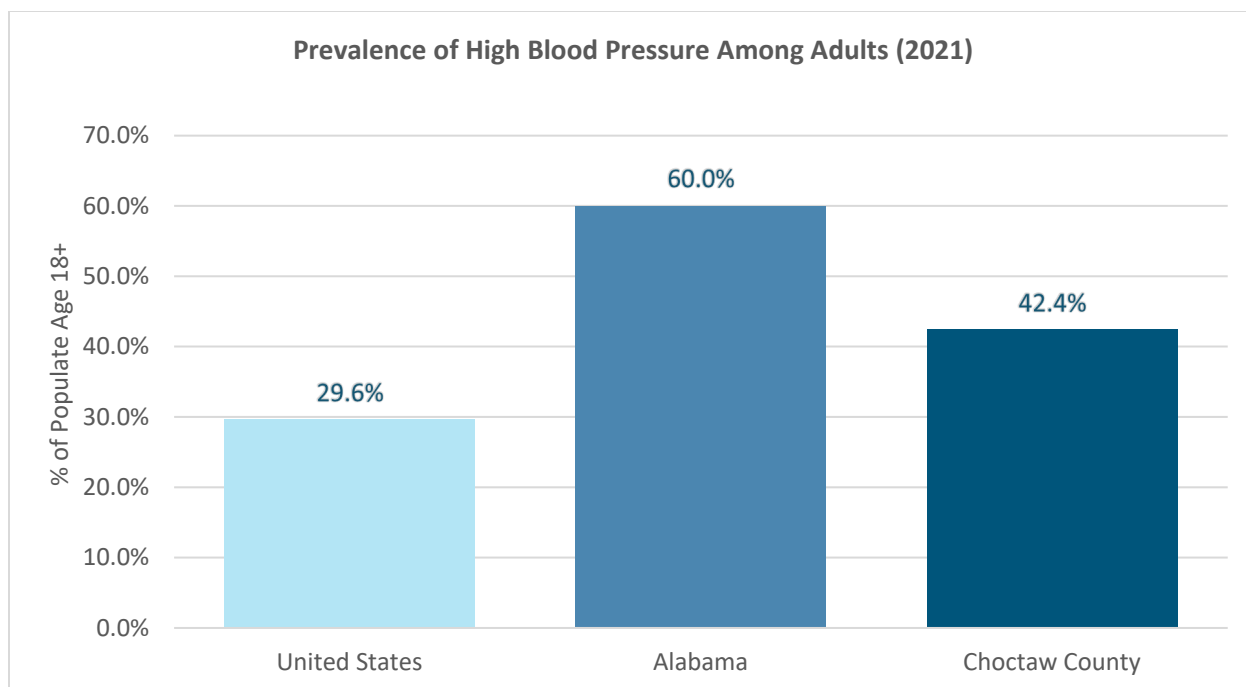
The leading causes of death and chronic disease are often influenced by health behaviors and modifiable risk factors. By tracking behavioral and clinical trends such as physical inactivity, tobacco use, and chronic conditions like diabetes and asthma, we can better understand where preventive outreach and education may have the greatest impact. This section provides local comparisons against state and national benchmarks.

High Blood Pressure

High blood pressure, or hypertension, occurs when the force of blood against artery walls remains elevated over time. Often called the “silent killer,” it typically has no symptoms but greatly increases the risk of heart disease, stroke, kidney failure, and other serious health complications. Because it often goes undetected, regular screening and consistent management are essential to preventing long-term harm.

In 2021, 42.4% of adults in Choctaw County reported having high blood pressure. While this rate is significantly lower than the Alabama average of 60.0%, it is still well above the national average of 29.6%. Hypertension remains one of the leading contributors to poor health outcomes, especially in rural communities where access to care may be more limited.

The elevated prevalence of high blood pressure in Choctaw County highlights the need for continued investment in chronic disease prevention, routine monitoring, and affordable access to primary care. Public health strategies that promote nutritious diets, regular physical activity, smoking cessation, and medication adherence will be important in lowering hypertension rates and improving long-term cardiovascular health across the county.



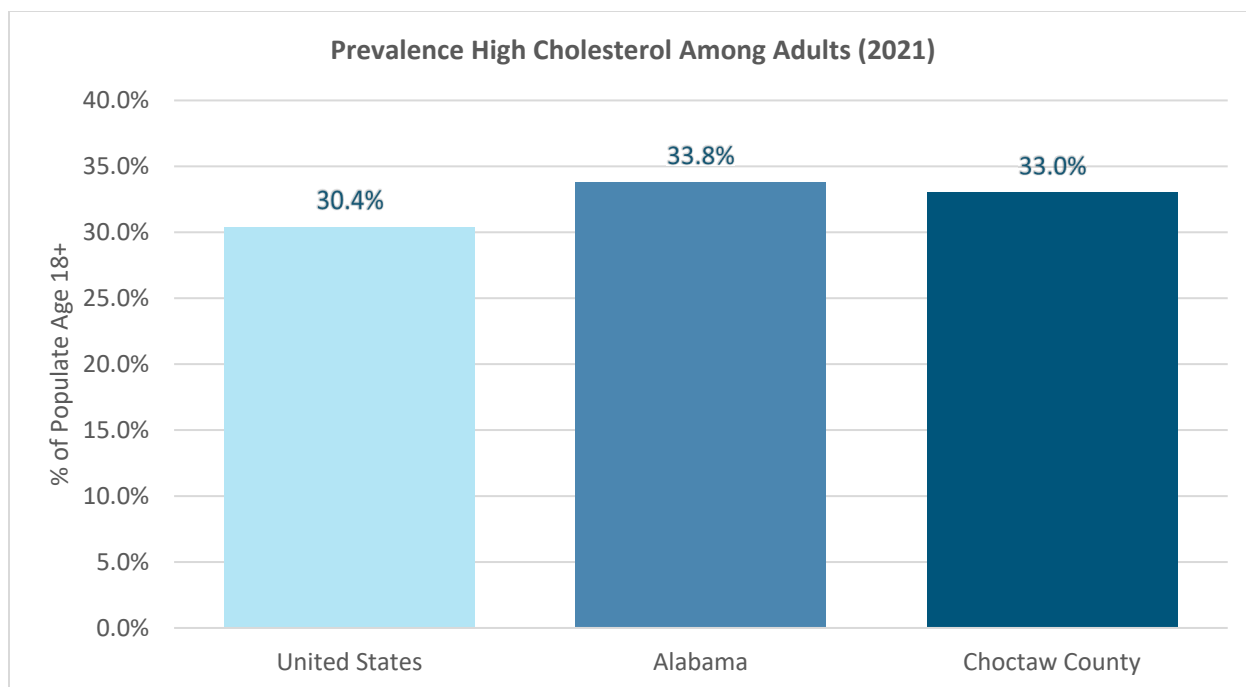
115 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2021); CDC Chronic Disease Indicators (2021)

High Cholesterol

Cholesterol is a waxy substance the body needs in small amounts to build cells and produce hormones. However, when cholesterol levels become too high, it can lead to plaque buildup in the arteries, increasing the risk of heart attack and stroke. Because high cholesterol typically presents no symptoms, routine screening is essential for early detection.

In 2021, 33.0% of adults in Choctaw County reported having high cholesterol. This is slightly above the national average of 30.4% and mirrors the Alabama state average of 33.8%. While the differences are relatively small, high cholesterol remains a key risk factor for cardiovascular disease.

When combined with other unmanaged conditions such as hypertension, diabetes, or obesity, high cholesterol can greatly increase the risk of serious health complications. In rural counties like Choctaw, where access to continuous preventive care may be more limited, these findings highlight the importance of regular screenings, heart-healthy diets, physical activity, and adherence to treatment plans to reduce long-term cardiovascular risks.



116 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2021); CDC Chronic Disease Indicators (2021)

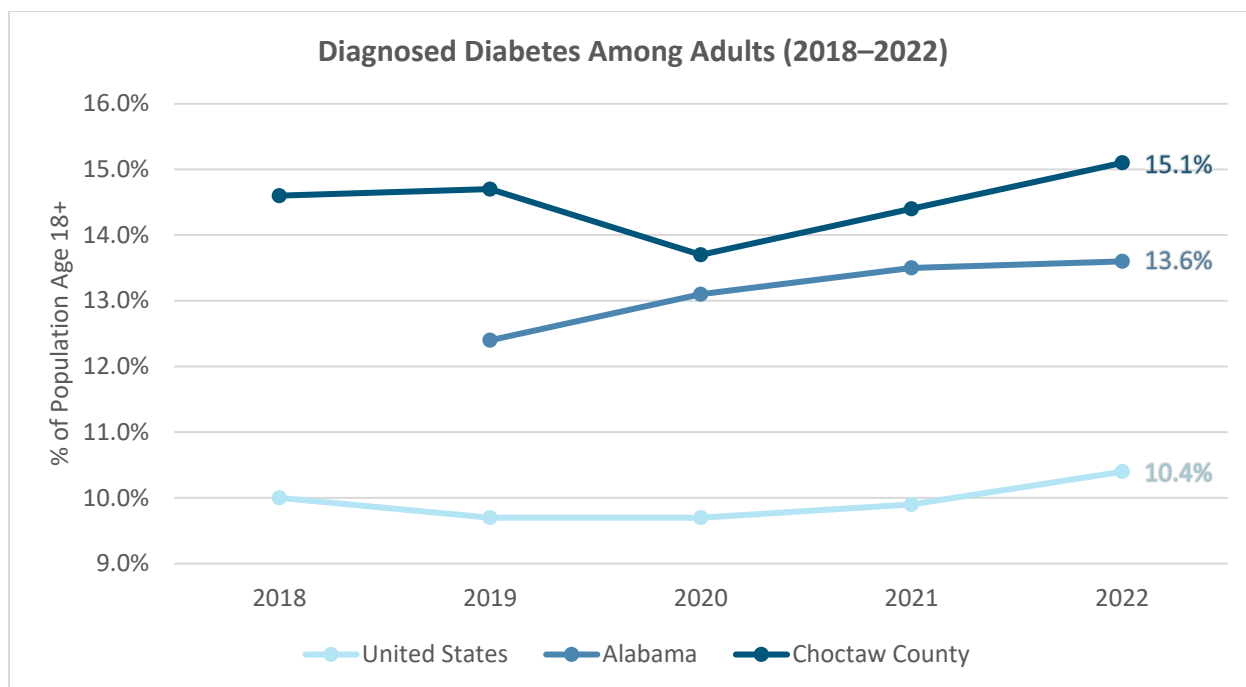
Diagnosed Diabetes

Diabetes is a chronic condition that affects the body's ability to regulate blood sugar. Without proper management, it can lead to serious complications such as nerve damage, kidney failure, heart disease, and vision loss. Tracking diagnosed diabetes over time helps identify areas where additional intervention and support may be needed.

As of 2022, 15.1% of adults in Choctaw County reported being diagnosed with diabetes. This rate is higher than both the Alabama state average of 13.6% and the national average of 10.4%. Over the past five years, the prevalence of diabetes in Choctaw County has steadily increased, rising from 14.6% in 2018 to its current level in 2022.

While Alabama has also experienced a gradual rise in adult diabetes diagnoses, Choctaw County's increase has been more pronounced. The widening gap between the county and state trends suggests a growing and disproportionate burden of diabetes within the local population.

Given the long-term health risks associated with diabetes, there is a continued need for investment in prevention, early detection, and ongoing disease management. Expanding access to primary care, nutritional counseling, physical activity programs, diabetes education, and affordable medications can help improve outcomes and reduce the impact of diabetes on individuals and families in Choctaw County.



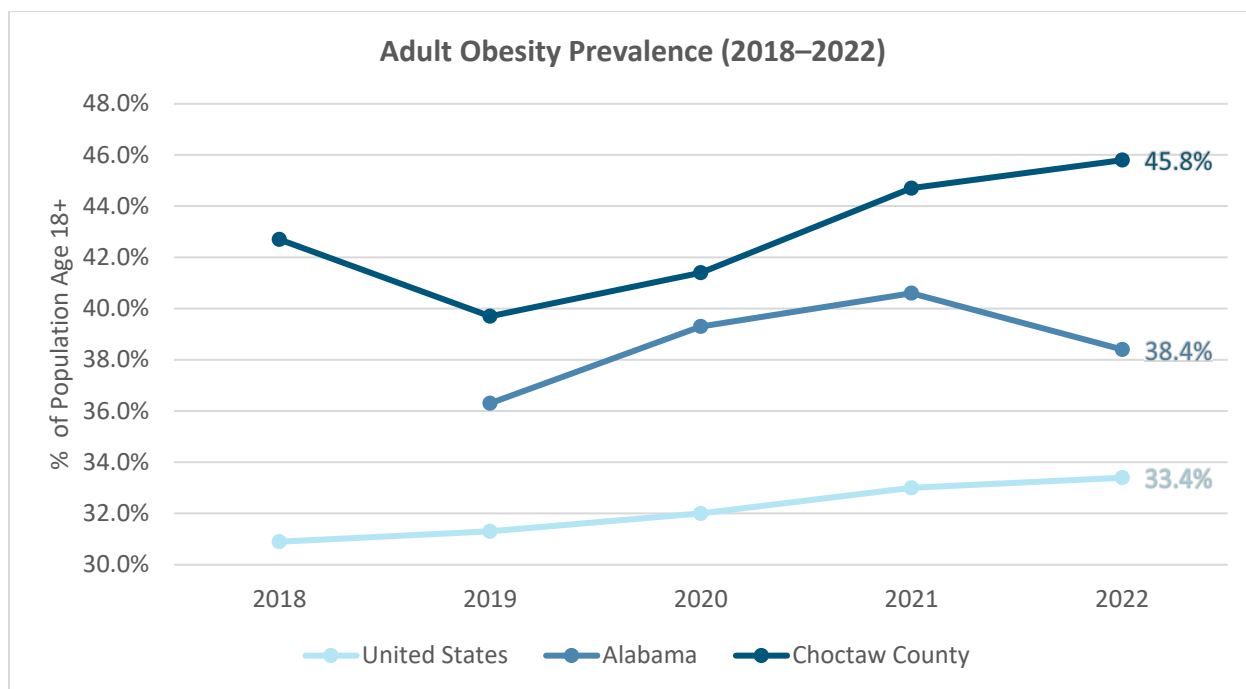
117 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2018–2022); CDC Chronic Disease Indicators (2018–2022)

Obesity

Obesity is closely linked to a range of serious health conditions, including heart disease, stroke, diabetes, and certain cancers. It is defined as having a body mass index (BMI) of 30 or higher and is influenced by a combination of genetic, behavioral, environmental, and socioeconomic factors.

In 2022, 45.8% of adults in Choctaw County were classified as obese. This rate is significantly higher than both the Alabama state average of 38.4% and the national average of 33.4%. Obesity in Choctaw County has steadily increased since 2019. These trends indicate persistent challenges related to weight and chronic disease in the local population.

High obesity rates are often accompanied by other health concerns such as hypertension, diabetes, and high cholesterol. These conditions frequently overlap and increase the risk of severe illness and poor quality of life. The consistently high prevalence of obesity in Choctaw County highlights the need for community-wide public health strategies that promote healthy eating, increase access to nutritious food, support physical activity, and expand preventive healthcare services. Addressing obesity is essential to improving overall health outcomes for residents.



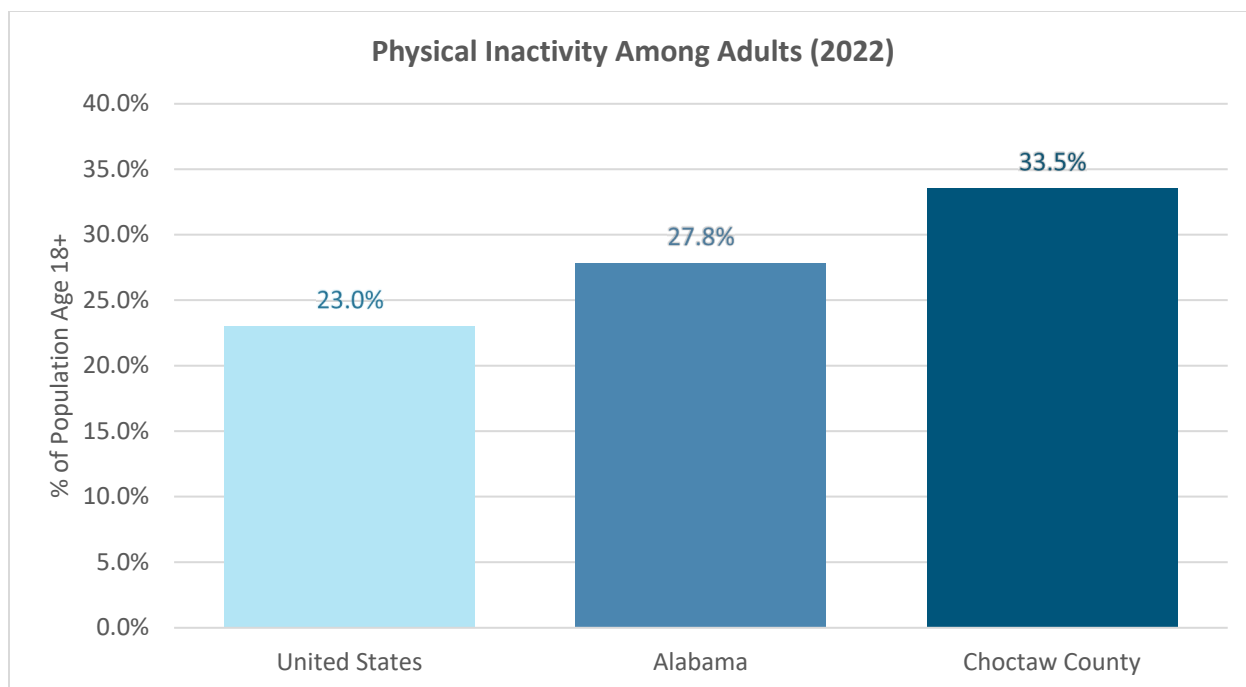
118 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2018–2022); CDC Chronic Disease Indicators (2018–2022)

No Leisure-Time Physical Activity

Engagement in physical activity is essential for preventing chronic disease and supporting mental health. Physical inactivity, defined as reporting no leisure-time physical activity in the past month, increases the risk for numerous health problems, including obesity, heart disease, and diabetes.

In 2022, 33.5% of adults in Choctaw County reported no leisure-time physical activity. This rate is slightly higher than the Alabama average of 27.8% and significantly above the national average of 23.0%. Limited physical activity contributes to a wide range of chronic conditions that are already prevalent in the community.

With high rates of obesity, hypertension, and diabetes in Choctaw County, increasing physical activity should remain a public health priority. Strategies such as improving access to safe and affordable recreational spaces, investing in sidewalks and walking trails, and offering community-based fitness programs can help promote more active lifestyles and support better long-term health outcomes.



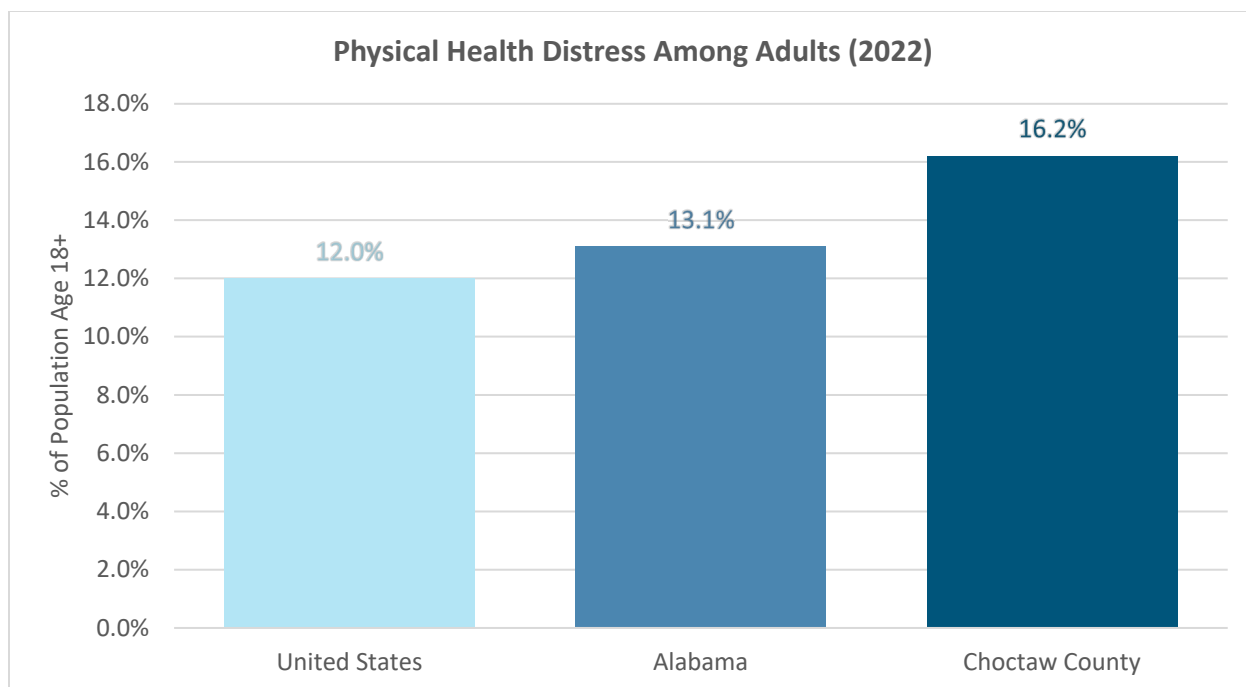
119 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Frequent Physical Distress

Frequent physical distress is measured by the percentage of adults who report feeling physically unwell for 14 or more days in the past month. This measure provides insight into the day-to-day burden of illness and the overall quality of life experienced by residents.

In 2022, 16.2% of adults in Choctaw County reported experiencing frequent physical distress. This is higher than both the Alabama state average of 13.1% and the national average of 12.0%. Elevated levels of physical distress often reflect the impact of chronic conditions such as obesity, diabetes, heart disease, and unmanaged pain.

These findings may also point to challenges related to maintaining mobility, managing symptoms, or accessing routine and preventive care. The elevated rate in Choctaw County reinforces the need for expanded health services that support chronic disease management, health education, pain management, and improved access to affordable care. Addressing these concerns can help reduce daily health burdens and improve quality of life across the community.



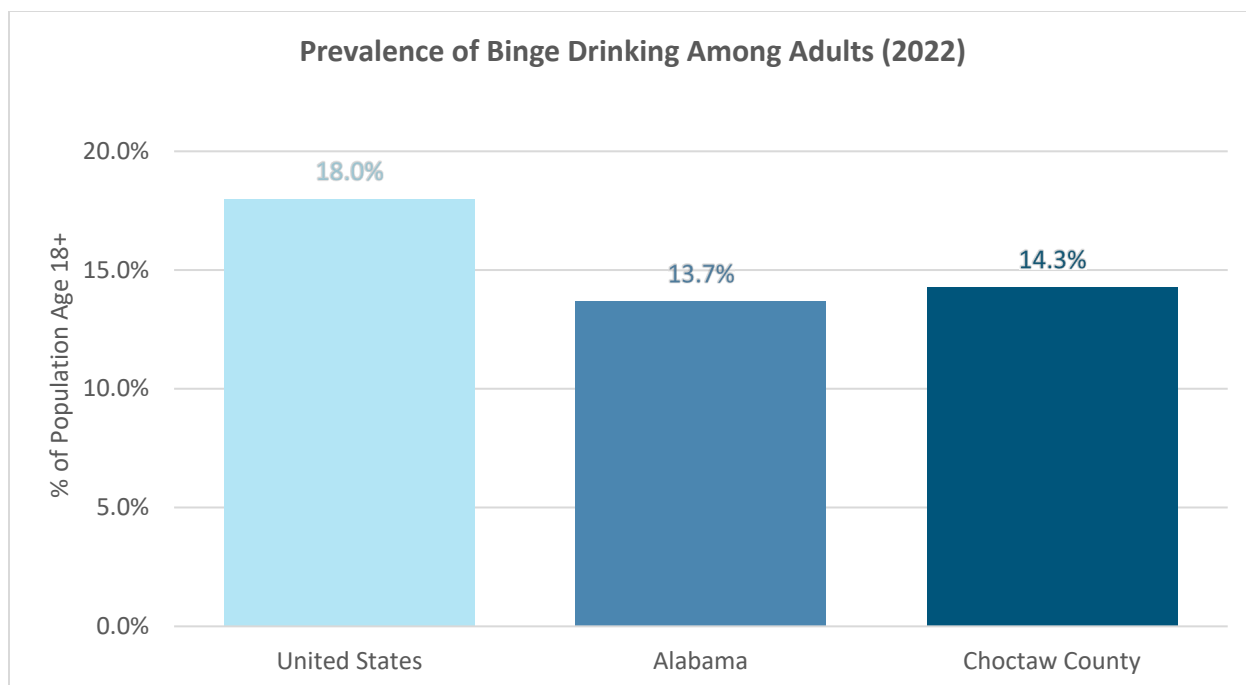
120 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Binge Drinking

Binge drinking refers to consuming several alcoholic beverages on a single occasion and is associated with increased risks such as injury, liver disease, high blood pressure, and certain types of cancer. While rural areas may have lower reported rates of binge drinking compared to urban centers, the associated health impacts can still be significant.

In 2022, 14.3% of adults in Choctaw County reported engaging in binge drinking. This rate is slightly higher than the Alabama average of 13.7% but remains below the national average of 18.0%. Although alcohol misuse is not the most pressing concern in the county, it still has the potential to contribute to other health and safety issues.

When combined with chronic conditions, mental health challenges, or limited access to care, alcohol use can further strain individual and community well-being. Ongoing efforts to raise awareness about responsible drinking and provide access to behavioral health services will support healthier outcomes for residents in Choctaw County.



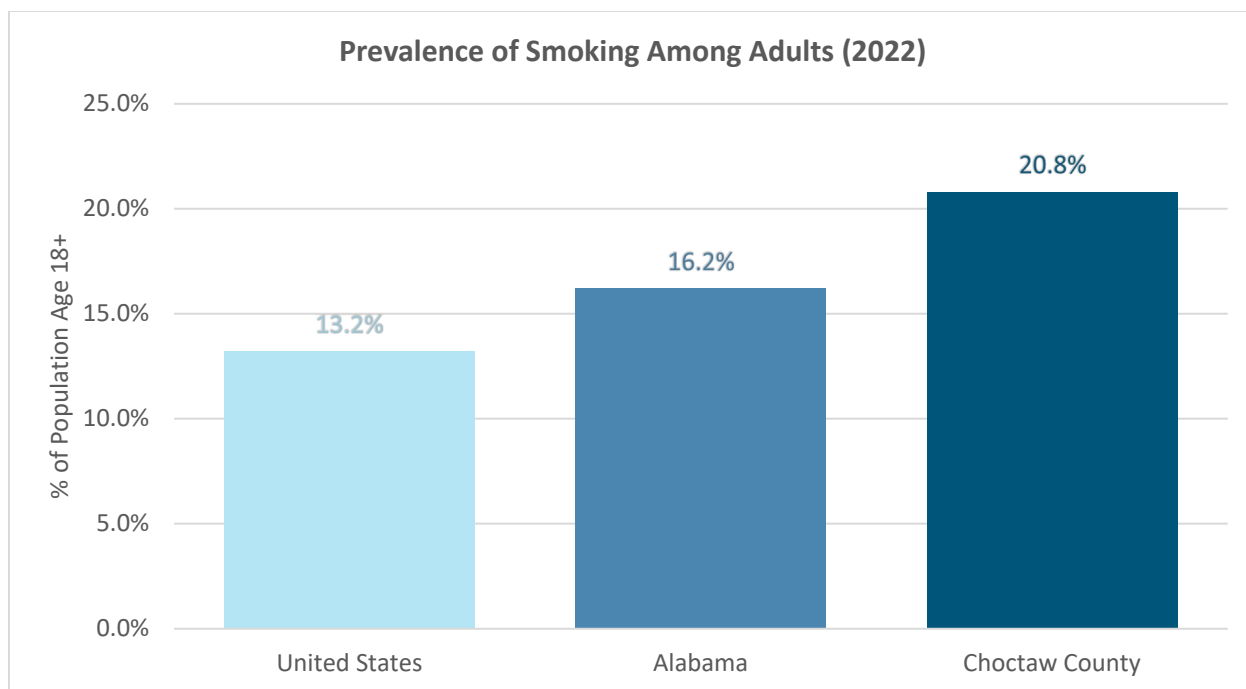
121 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Current Smoking

Smoking is one of the most preventable causes of death and disease. It significantly contributes to the development of chronic conditions such as cardiovascular disease, cancer, and chronic respiratory illnesses, including COPD.

In 2022, 20.8% of adults in Choctaw County reported smoking. This rate is higher than both the Alabama state average of 16.2% and the national average of 13.2%. The elevated smoking rate in Choctaw County increases the risk for a range of chronic health conditions and puts additional strain on local healthcare systems.

Tobacco use remains one of the most important modifiable risk factors for poor health outcomes. Reducing smoking prevalence through evidence-based cessation programs, public education, and community outreach is essential to improving long-term health in Choctaw County. Expanding access to support services and promoting tobacco-free environments can help reduce the burden of tobacco-related illness in the community.



122 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Cancer Screenings

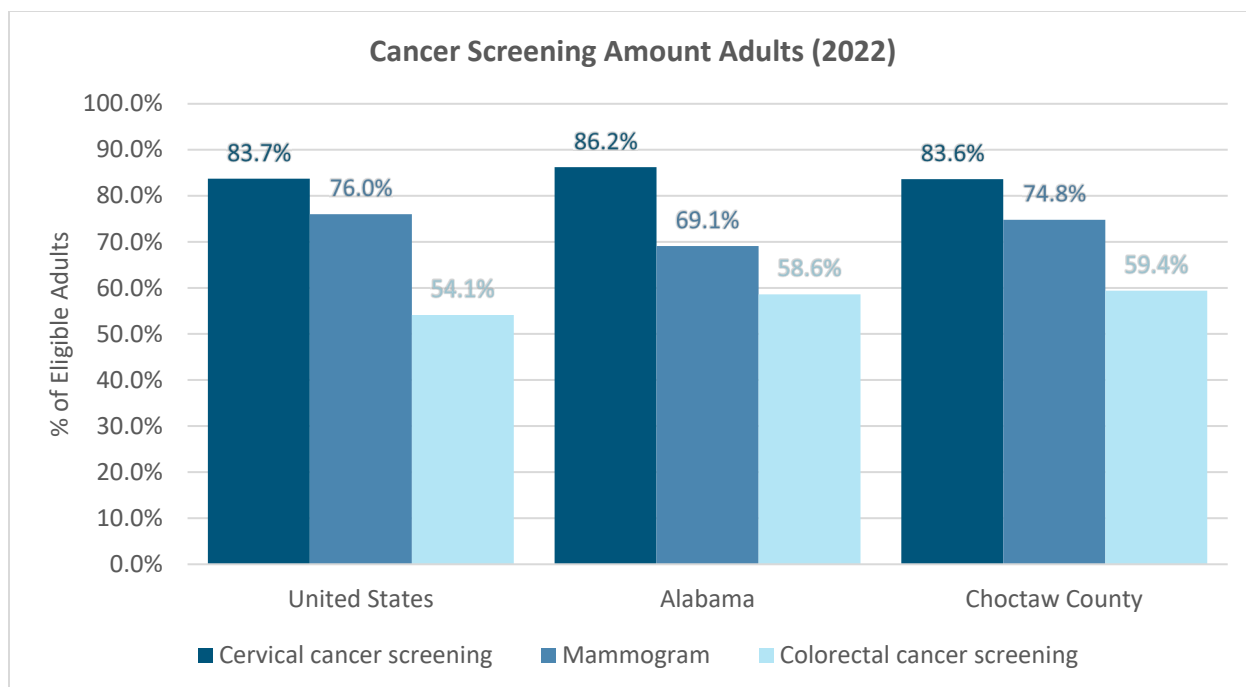
Routine screenings for cervical, breast, and colorectal cancers are critical for early detection, often identifying disease before symptoms develop. Early diagnosis significantly increases the chances of successful treatment and helps reduce cancer-related mortality.

In 2022, cancer screening rates in Choctaw County showed strong participation across all three major types of screenings. Cervical cancer screening was the most common, with 83.6% of eligible adults reporting participation. This rate closely mirrors the national average of 83.7% and is just below the Alabama average of 86.2%.

Mammogram screening in Choctaw County was reported by 74.8% of eligible adults. This figure is slightly below the national average of 76.0% but above the state average of 69.1%, suggesting relatively strong local engagement in breast cancer screening.

Colorectal cancer screening was the least utilized but still reported by 59.4% of eligible adults. This rate is higher than both the state average of 58.6% and the national rate of 54.1%, indicating encouraging participation in a category that often sees lower engagement due to screening barriers.

Overall, Choctaw County's screening rates are comparable to or better than state and national benchmarks in most areas. Continued public health efforts focused on education, appointment accessibility, and cost reduction will help close remaining gaps and ensure more residents benefit from early cancer detection and preventive care.

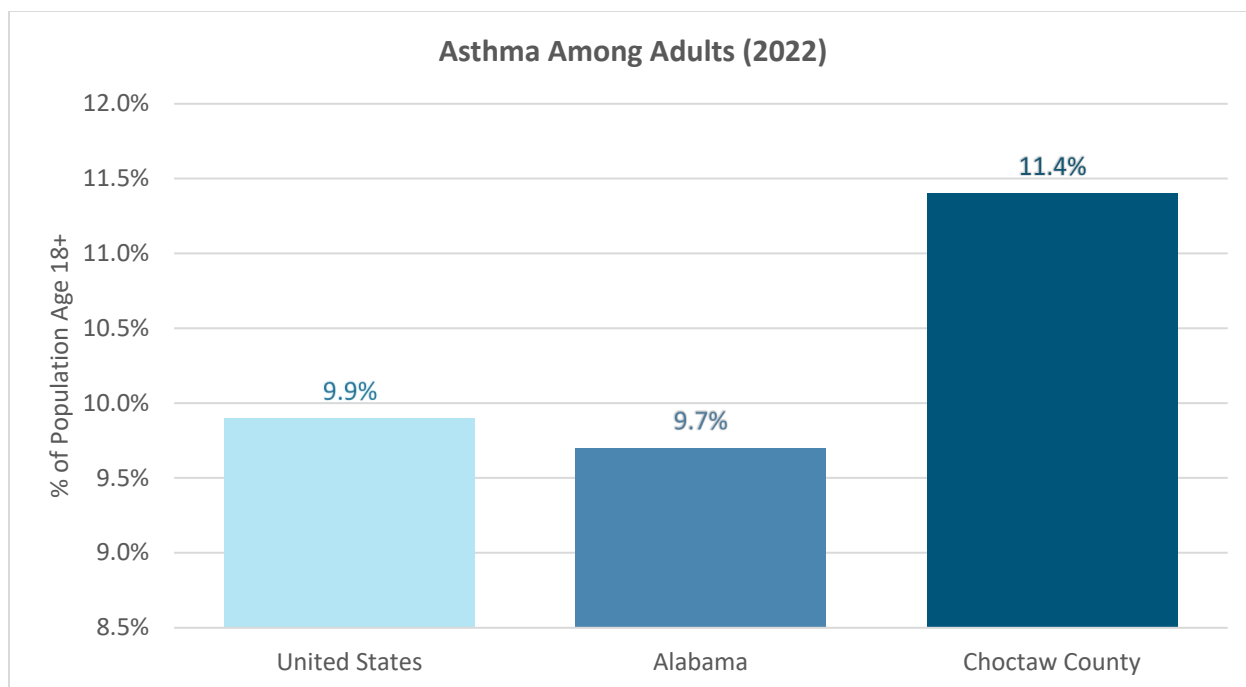


123 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Current Asthma

Asthma is a chronic respiratory condition that can limit quality of life and increase the risk of hospitalization, especially when poorly managed. It is often triggered by environmental exposures and can complicate other illnesses.

As of 2022, 11.4% of adults in Choctaw County reported having asthma. This rate is higher than both the state average of 9.7% and the national average of 9.9%. The elevated prevalence points to ongoing respiratory health concerns in the community, particularly when viewed alongside other risk factors such as high smoking rates and chronic respiratory conditions. Improved access to treatment, environmental interventions, and tobacco cessation programs could help mitigate the burden of asthma in the county.



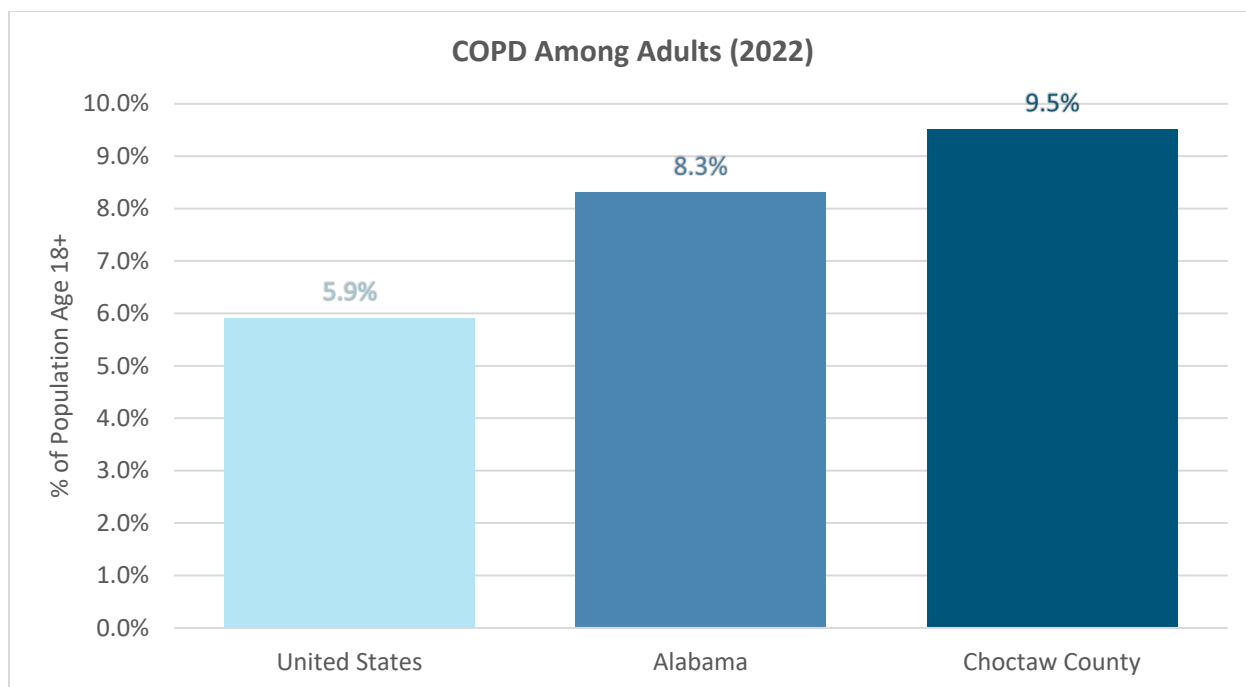
124 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Chronic Obstructive Pulmonary Disease

COPD is a progressive lung condition that can severely limit daily functioning. It is strongly associated with smoking and environmental exposures and contributes significantly to hospital admissions and early mortality.

In 2022, 9.5% of adults in Choctaw County were living with COPD. This rate is higher than both the Alabama state average of 8.3% and the national average of 5.9%. COPD poses a substantial health concern due to its connection to smoking and other respiratory risk factors.

Addressing COPD in Choctaw County will require sustained investment in prevention strategies, early detection efforts, and access to quality treatment. These steps are essential to reducing the long-term burden of chronic respiratory disease and improving health outcomes for residents.



125 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Together, these indicators reflect the complex interplay of personal behaviors, clinical conditions, and systemic factors that shape community health. Understanding these patterns is a necessary step in identifying where resources and interventions may have the greatest impact on long-term wellbeing.

Progress Since the Last CHNA

Since the completion of the previous CHNA, the hospital has worked to address the top priorities identified during that cycle. This section offers a high-level overview of the implementation strategies developed in response, including programs, outreach efforts, and collaborative initiatives. Reviewing what has been accomplished provides important context for the current assessment and reinforces the hospital's ongoing commitment to community health.

Initiative 1: Mental Health Awareness

Ochsner Choctaw has prioritized expanding mental and behavioral health education and promoting awareness of available community resources.

- Partnered with the Community Health Improvement Network to host educational events such as Anxiety and Depression (June 2022), Mental Health Matters (September 2023), and PTSD and Mental Health (September 2024). Each event featured expert speakers, open Q&A sessions, and was recorded for public access.
- Offered an Alzheimer Awareness session in June 2022 in collaboration with regional partners.
- Conducted Suicide Awareness Drives in 2023 and 2024, and participated in the first annual Lean on Me Jubilee, a large community event addressing suicide prevention, mental health, and overall wellness.

- Provided community education and brochures on child abuse prevention.
- Continued sponsorship of the Boots for Glory event, which supports veteran health and mental well-being.
- Worked with the Alabama Hospital Association to assess statewide mental health resources and identify opportunities for improvement.
- Partnered with Choctaw County High School to deliver suicide awareness assemblies for more than 300 students, as well as for parents and educators, in September 2024.

Initiative 2: Accident Prevention

Ochsner Choctaw has worked to reduce preventable injuries and improve safety through education and community partnerships.

- Collaborated with the Regional Trauma Team and Ochsner system partners to provide public education on accident prevention and safety awareness.
- Hosted Law Enforcement Appreciation Days in 2023 and 2024, offering opportunities to discuss community safety concerns and strengthen collaboration with local agencies.
- Participated in community events such as the Choctaw County Healthcare Coalition Health Fair, Lisman Health Fair, and Butlerfest, where hospital representatives provided information on injury prevention, driving safety, and general health education.

Initiative 3: Cancer Screenings and Awareness

Ochsner Choctaw continues to promote cancer awareness and early detection through education, outreach, and partnerships.

- Hosted General Health and Wellness: Know Your Numbers in April 2025, a free public event emphasizing preventive screenings and personal health monitoring.
- Provided year-round educational displays on breast, prostate, and lung cancer, including Breast Cancer Awareness (October 2023 and 2024), Prostate Cancer (September 2024), and Lung Cancer (November 2024).
- Partnered with the Community Health Improvement Network to offer annual Breast Cancer Awareness Luncheons in 2022, 2023, and 2024.
- Supported local and regional Breast Cancer Awareness events celebrating survivors and promoting prevention and early detection.
- Collaborated on a Colon Health Luncheon in March 2025 focused on screening guidelines and reducing risk through lifestyle choices.

Initiative 4: Stroke and Heart Disease Awareness and Prevention

Ochsner Choctaw continues to support cardiovascular and stroke prevention through expanded services and community education.

- Continued COVID-19 education and vaccination drives throughout the region in partnership with community organizations.

- Partnered with the Community Health Improvement Network to host annual Heart Healthy Lunch and Learn events each February.
- Expanded access to teleneurology and related specialty services through Ochsner Health, improving stroke response and care coordination.
- Partnered with faith-based organizations to host a May 2025 community education event on nutrition, hypertension, diabetes, stroke, and heart disease. The event offered free health screenings for blood pressure, glucose, and weight, with 50–75 participants.
- Hosted the General Health and Wellness: Know Your Numbers program in April 2025 to encourage preventive health practices and self-monitoring.

Ochsner Laird Hospital: Serving the Community

Located in Union, Mississippi, Ochsner Laird Hospital is a 25-bed critical access facility that has served residents of Newton County and Neshoba County for decades. Originally established to meet the needs of a rural population, the hospital has consistently provided reliable access to care in an area where healthcare services might otherwise be limited. Over time, it has expanded to offer 24/7 emergency care, inpatient and outpatient services, diagnostic imaging, laboratory testing, respiratory therapy, and skilled rehabilitation. The hospital also participates in the 340B drug pricing program, helping eligible patients access medications at a reduced cost.

The care team at Ochsner Laird Hospital includes physicians, nurses, therapists, and support staff who are committed to delivering compassionate, patient-centered care close to home. The hospital remains deeply engaged in the community through health screenings, wellness events, and partnerships with local schools, churches, and civic groups that promote prevention and health education.

Through strong collaboration with local organizations and public agencies, the hospital works to address regional health priorities and reinforce the local healthcare safety net. Its mission to improve quality of life reflects a long-standing commitment to building a healthier region.

Ochsner Laird Hospital continues to provide trusted local care while benefiting from the broader resources and clinical expertise of the Ochsner Rush Health system. This combination of local dedication and system-level support allows the hospital to remain a dependable healthcare partner for the community it has served for generations.

Hospital Service Area Overview

Understanding where a hospital's patients live is key to identifying local health needs and designing effective care strategies. This section outlines the primary service area for Ochsner Laird Hospital, based on Centers for Medicare & Medicaid Services (CMS) Hospital Service Area data from 2019 to 2023. These geographic insights support targeted outreach, guide resource planning, and help build strategic partnerships across the region.

Neshoba County and Newton County, located in east central Mississippi, form the core of Ochsner Laird Hospital's service area. Both counties have deep historical roots, strong cultural identities, and closely connected communities. Established in the early 1830s, they continue to be shaped by their rural character, shared traditions, and generations of families who have built their lives in the region.

Medicare utilization data from 2019 to 2023 underscores the hospital's shared reach across both counties: 52.68% of Medicare patients served by Ochsner Laird Hospital reside in Newton County, while 47.32% live in Neshoba County. This near-equal distribution highlights the hospital's regional importance and reinforces the need for coordinated community-centered care.

Neshoba County, founded in 1833, is recognized for its diverse population and vibrant community life. It is home to the Pearl River community, headquarters of the Mississippi Band of Choctaw Indians, whose cultural presence and economic contributions are integral to the county's identity. The Neshoba County Fair, a long-standing tradition, draws families together for fellowship and civic engagement and reflects the county's enduring spirit of community connection.

Newton County, founded in 1836, shares a similar rural heritage and deep sense of place. Its towns and communities are rooted in generational ties and local pride. Historic landmarks such as Boler's Inn and the former rail corridor through Newton Station reflect the county's role in the development of the region. Today, the community continues to be defined by resilience and shared commitment to one another.

Together, Neshoba County and Newton County reflect the strength and stability of rural Mississippi. Institutions such as schools, churches, civic organizations, and healthcare facilities serve as anchors in daily life. With a strong culture of collaboration and care, both counties are well positioned to continue advancing community health and well-being.

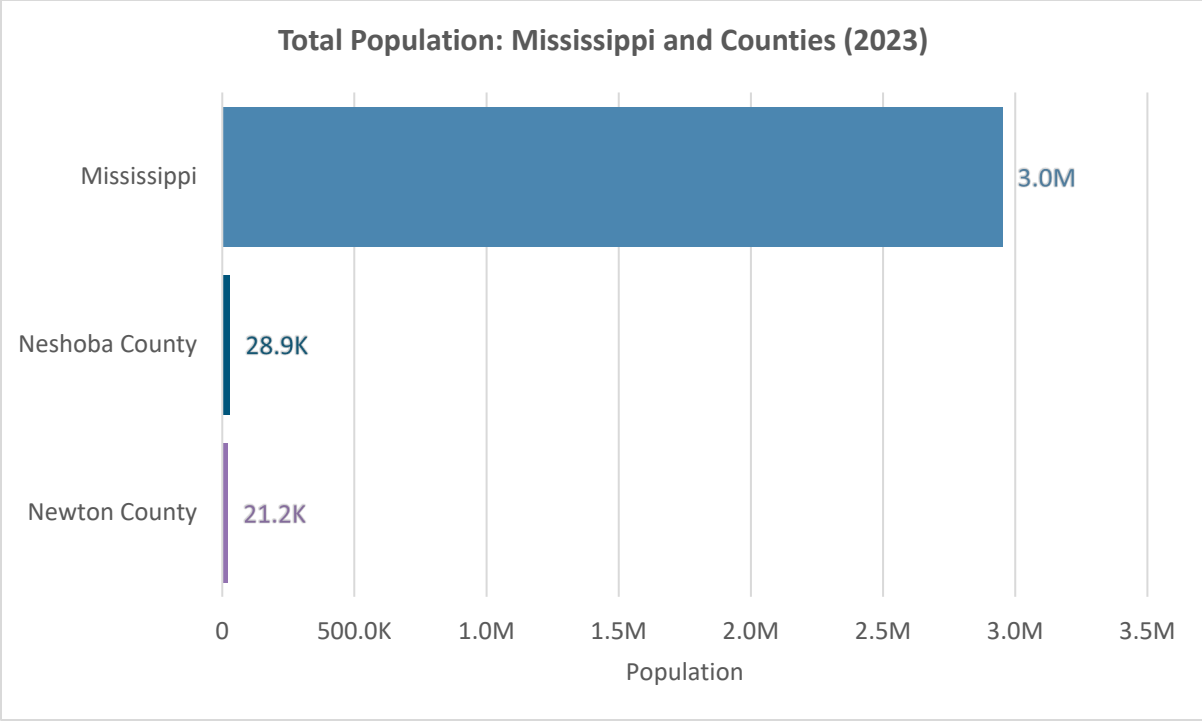
Demographic Profile of the Hospital Service Area

Demographic data provides essential context for understanding health needs, tracking changes over time, and informing strategies for care delivery and resource allocation. This section presents an overview of the population characteristics in the hospital's service area, including total population, population change over time, age distribution, sex, and racial and ethnic composition.

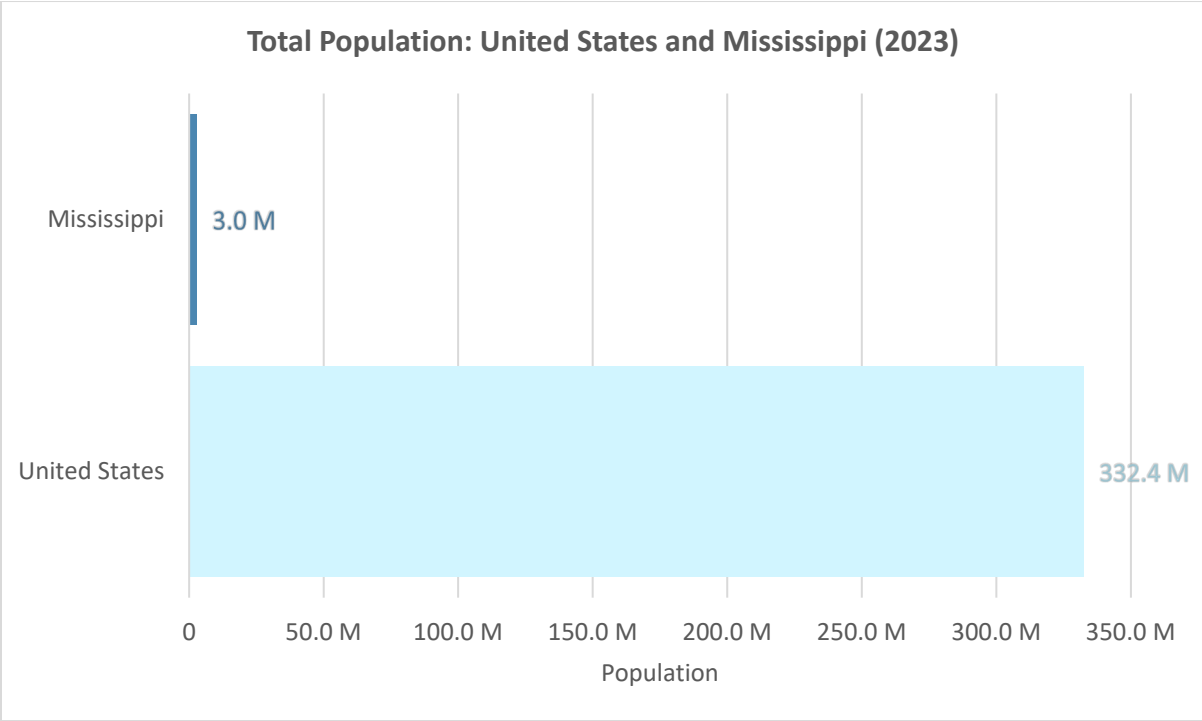
As of 2023, Mississippi had a population of just over 3 million, while Neshoba County and Newton County had approximately 28,900 and 21,200 residents, respectively. Together, they represent a small but vital portion of the state's population and serve as the primary service area for Ochsner Laird Hospital.

When viewed in the national context, Mississippi makes up less than 1% of the total U.S. population of 332 million. This underscores the need for healthcare systems in rural states to be especially strategic, as they often serve broad geographic areas with limited population density.

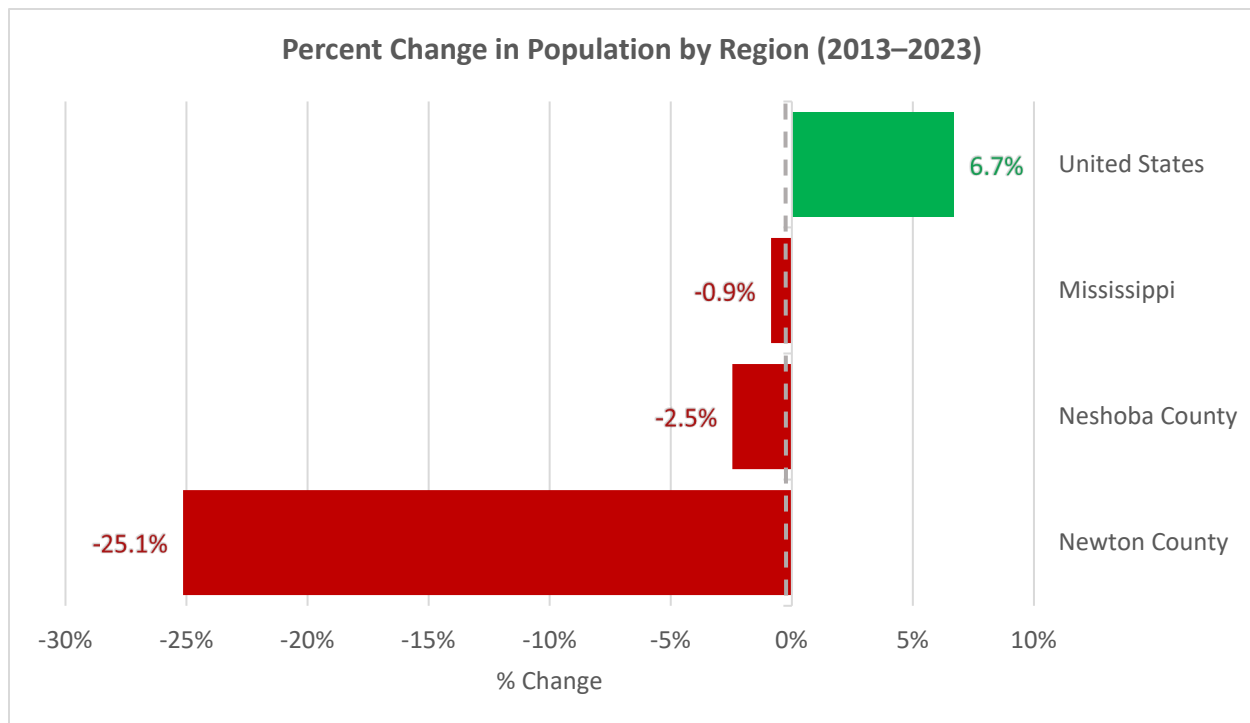
Population change over time reflects deeper community shifts. While the national population increased by 6.7% from 2013 to 2023, Mississippi experienced a slight decline of -0.9%. Neshoba County saw a -2.5% decrease, while Newton County experienced a dramatic -25.1% drop. These patterns suggest increasing rural outmigration and signal future challenges in maintaining workforce, tax base, and local services.



126 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



127 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601

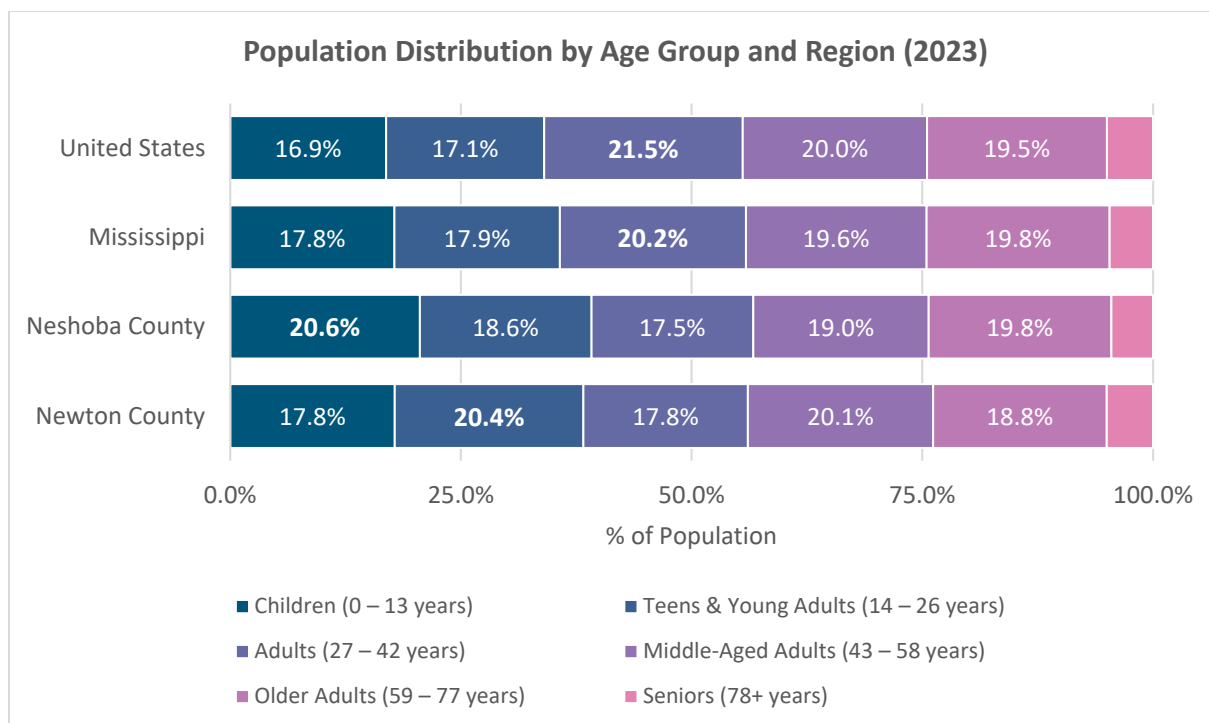


128 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013 & 2023), Table S0601

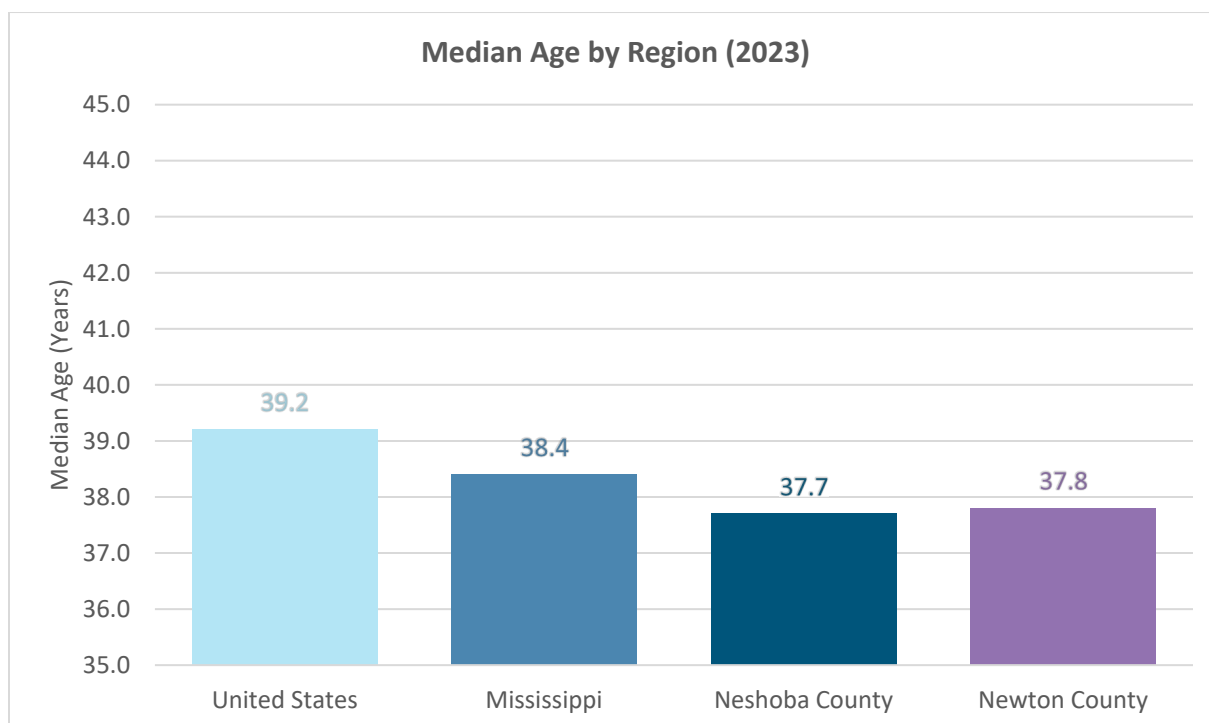
The age makeup of a community offers important insight into current and future health needs. In Neshoba County, nearly 21% of residents are children under age 14, which is more than state and national averages. Newton County stands out for its larger share of teens and young adults (14–26 years) at 20.4%, indicating a youthful population that may benefit from expanded behavioral health and education-based outreach.

Median age further illustrates a balanced age structure: both counties hover just under the U.S. median of 39.2 years, with Newton and Neshoba at 37.8 and 37.7, respectively. While not significantly younger or older, this balance indicates a dual need to serve both working-age adults and aging residents.

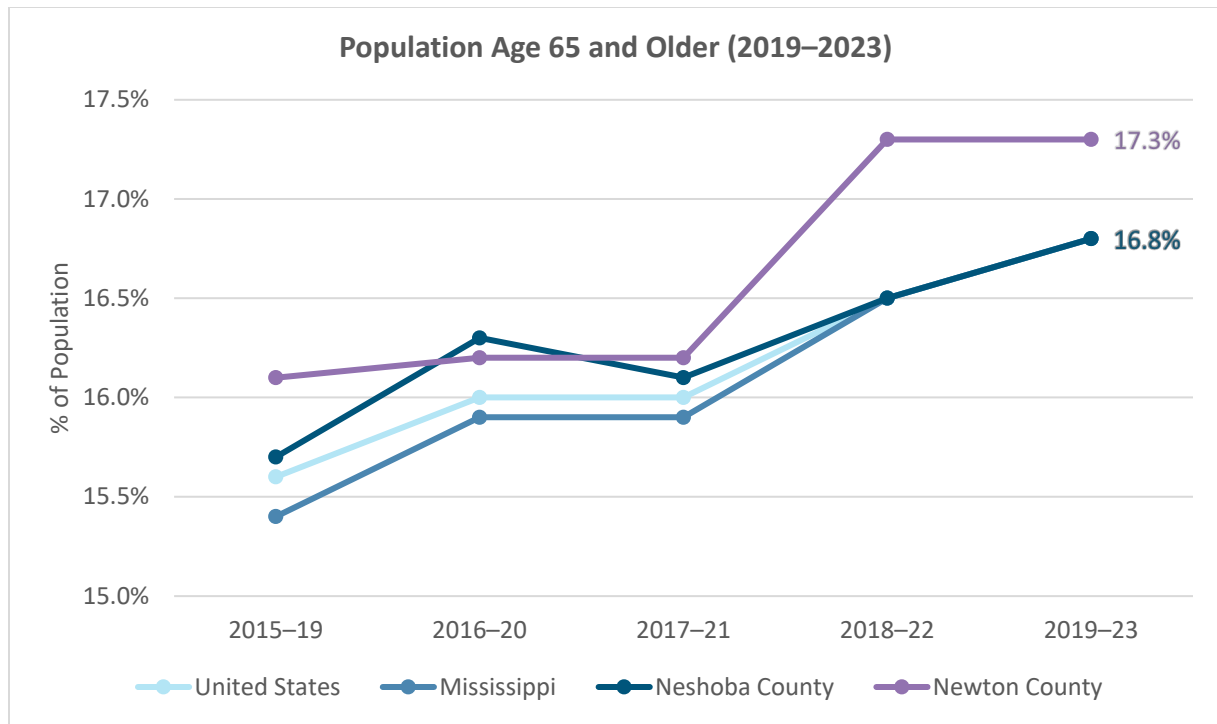
That aging trend is already underway. The share of residents aged 65 and older has gradually increased in both counties, now exceeding the national rate. In 2023, 17.3% of Newton County residents and 16.8% of Neshoba County residents were 65 or older. This aging trend calls for more geriatric care, chronic disease management, and support that help older adults remain in their communities.



129 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0101

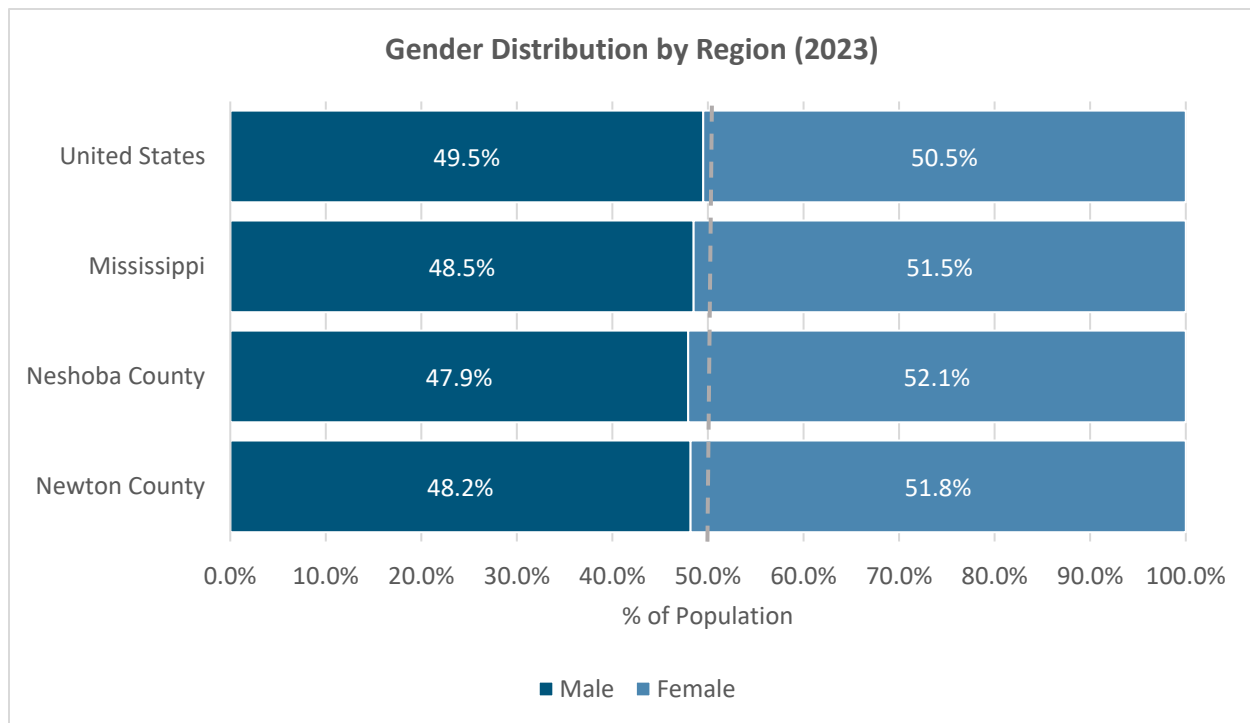


130 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0101



131 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2019–2023), Table S0101

Gender distribution in the region mirrors state and national patterns, with women slightly outnumbering men. In Neshoba County, women make up 52.1% of the population, and 51.8% in Newton County. Though the differences are subtle, understanding gender balance can help tailor services like maternal health, caregiving support, and wellness outreach.



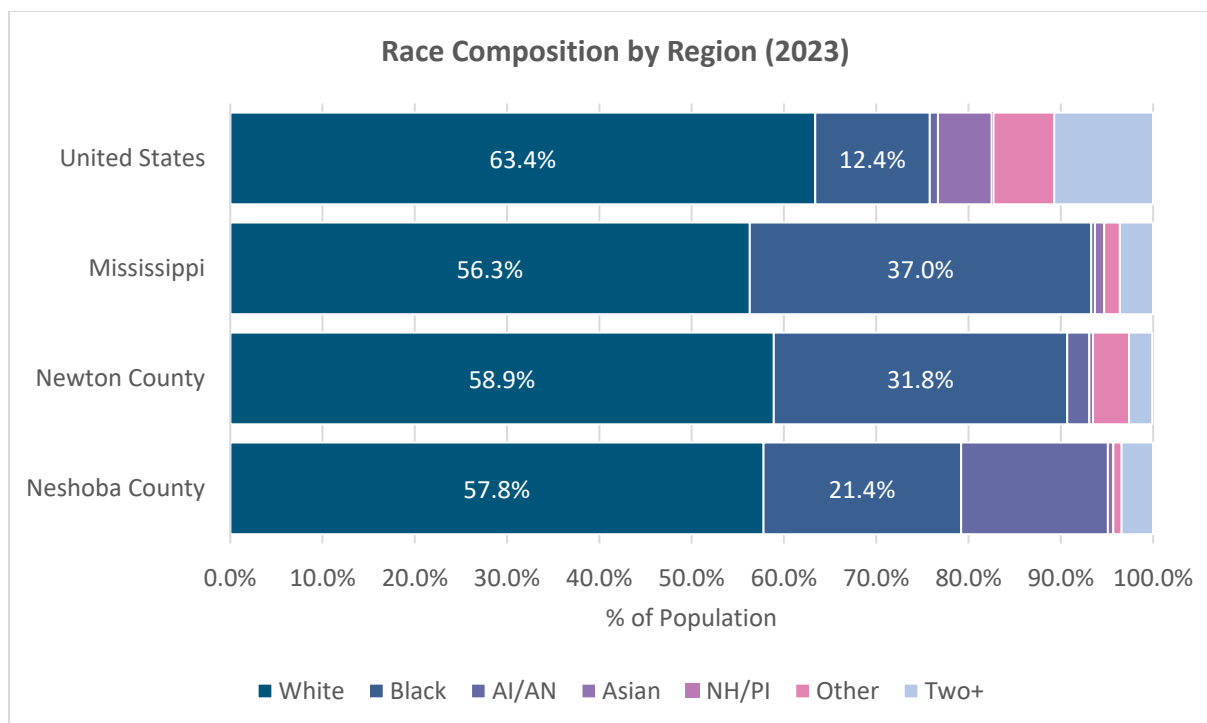
132 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0101

The racial and ethnic composition of the service area remains relatively consistent with state trends, though less diverse than the nation overall. In 2023, Newton County and Neshoba County were 58.9% and 57.8% White, respectively. Newton County also has a sizable Black population (31.8%), while Neshoba has a notable Native American presence, largely due to the Mississippi Band of Choctaw Indians.

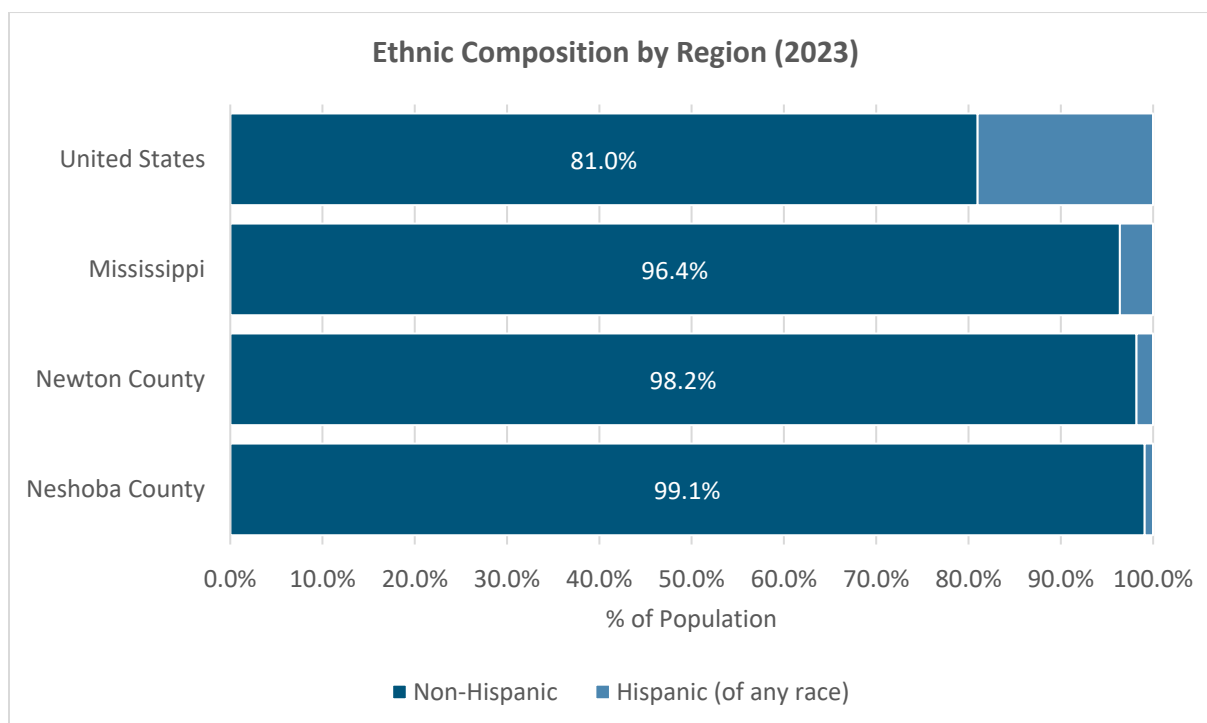
The region is also overwhelmingly non-Hispanic: 98.2% of Newton County residents and 99.1% of Neshoba County identify as such, compared to 81.0% nationwide. While the Hispanic population is small, ensuring culturally appropriate care and language access remains an important priority.

Looking at trends over the past decade, racial and ethnic shifts have been modest. Neshoba County has become slightly more diverse, while Newton County saw a decline in its Black and Hispanic populations; -6.3 and -8.8 percentage points, respectively. These shifts, though subtle, should be considered in long-term planning to ensure services remain inclusive and equitable.

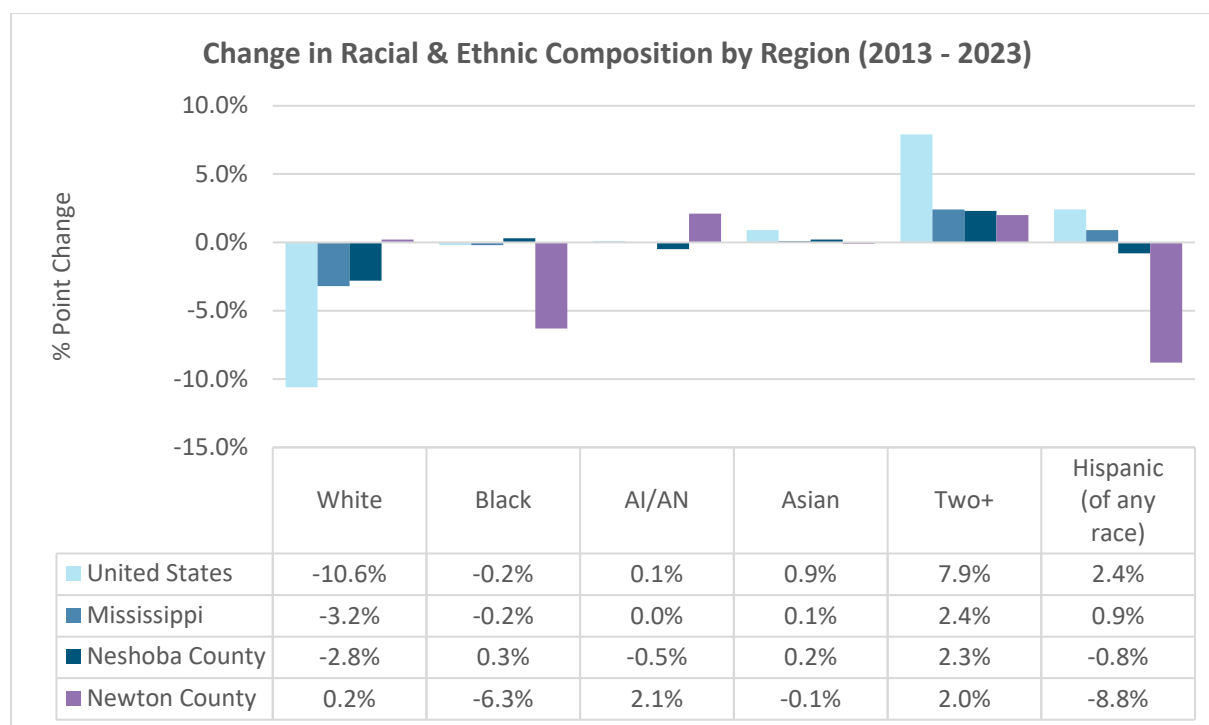
Data for Native Hawaiian and Other Pacific Islander (NH/PI) populations and residents identifying as “Some Other Race” were excluded from the change analysis due to low counts or data suppression, which can result in statistically unstable estimates.



133 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



134 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



135 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table S0601

Together, these demographic insights provide a foundational understanding of who lives in the service area and how population characteristics are changing. By examining shifts in age, race, ethnicity, and overall population size, the hospital can better anticipate emerging needs and design services that are responsive, inclusive, and sustainable. To fully understand what drives health outcomes in the region, the next section explores the broader social and economic conditions that shape daily life.

Understanding Social Determinants of Health

Health is shaped by more than medical care alone. A person's ability to live well depends on many aspects of daily life, such as access to stable housing, quality education, reliable employment, transportation, and supportive social connections. These conditions, known as social determinants of health (SDOH), influence health outcomes across a person's life and affect the long-term strength of the community.

As part of this CHNA, the hospital is working to better understand how social and economic conditions affect the health of the people we serve. Examining these broader factors helps us better support our community, both within the hospital and beyond. This approach guides the development of more effective programs, stronger partnerships, and targeted outreach efforts aimed at long-term improvements in health and quality of life. Our goal is not just to treat illness but to help create conditions where health can thrive.

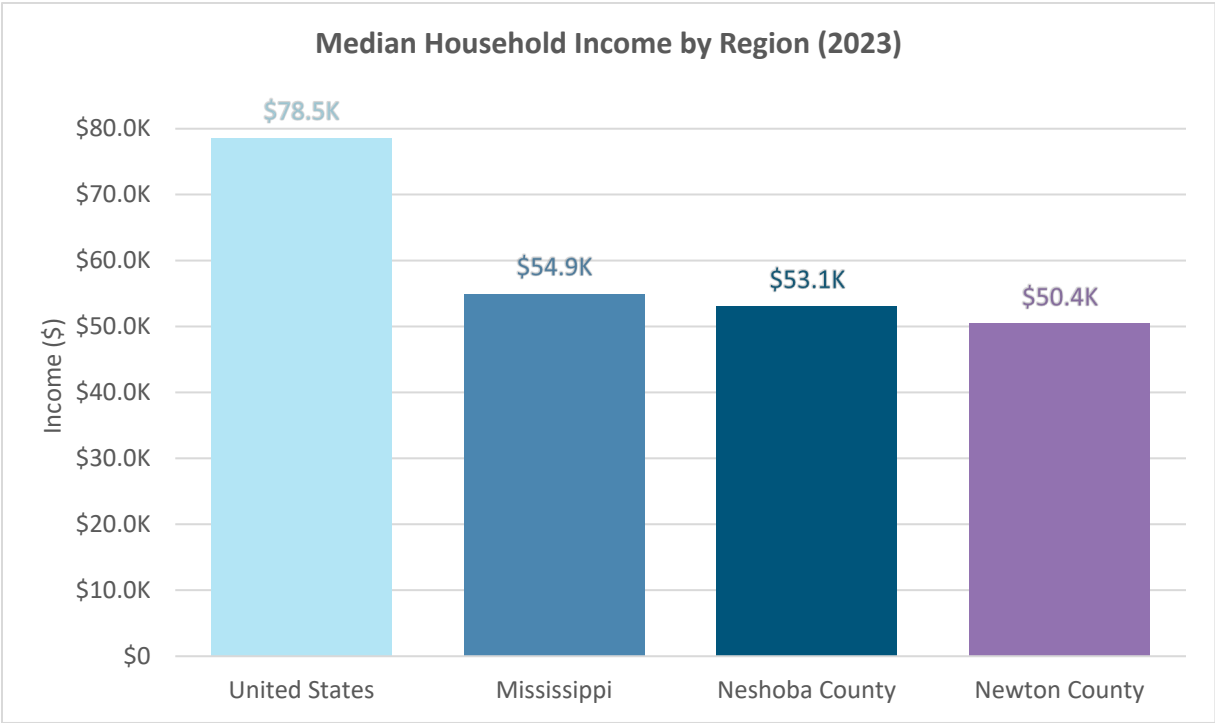
This assessment uses the Healthy People 2030 framework, which outlines five key domains of social determinants of health:

Economic Stability

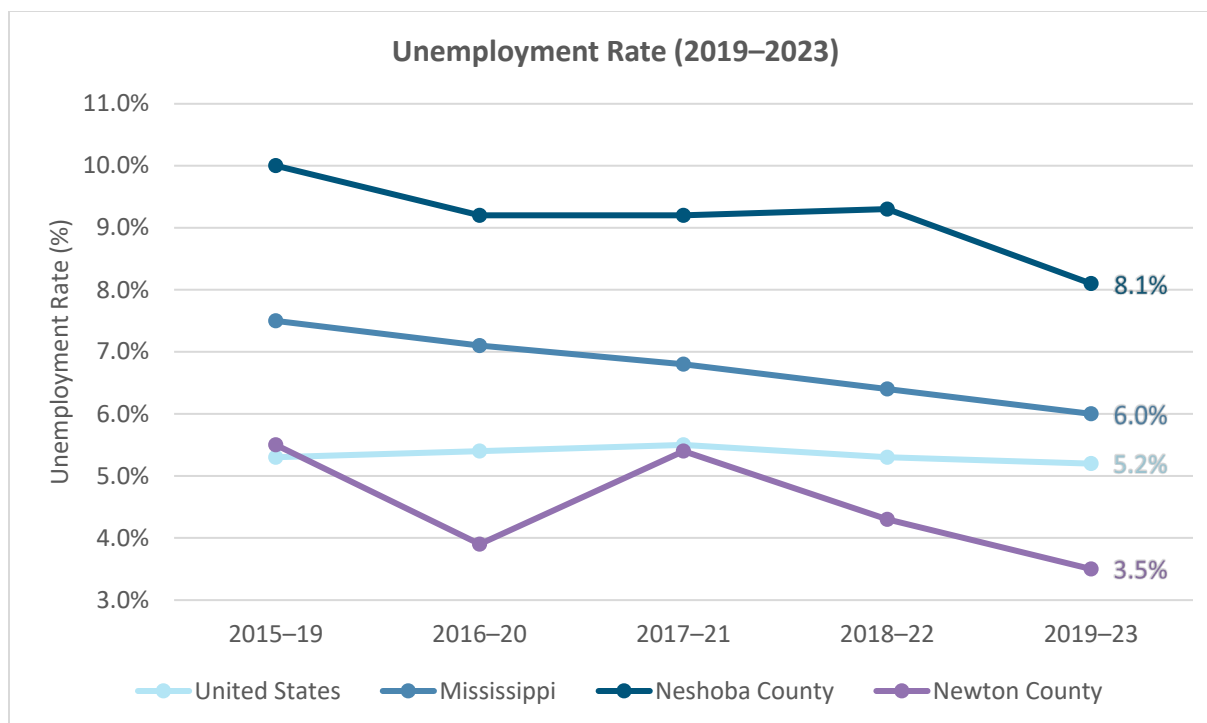
Economic stability refers to a household’s ability to consistently meet basic financial needs such as housing, food, transportation, and healthcare. When individuals and families face unemployment, underemployment, or high costs of living, they are more likely to experience stress, delay care, and suffer from preventable illness. By examining indicators such as income, poverty levels, and food insecurity, this domain highlights the financial pressures that can negatively affect health outcomes in the community.

Income levels across the hospital’s service area remain well below the national figures. In 2023, the median household income was approximately \$53,100 in Neshoba County and \$50,400 in Newton County, both lower than Mississippi’s state median and far below the national median of \$78,500. These lower earnings reduce financial flexibility and can limit access to housing, transportation, and preventive healthcare.

Unemployment trends paint a more nuanced picture. Newton County has maintained a relatively low and improving unemployment rate, falling to 3.5% by 2023. In contrast, Neshoba County saw slower progress and continued to report higher unemployment at 8.1%. The difference between the counties suggests varying economic conditions and access to employment opportunities within the service area.



136 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1901



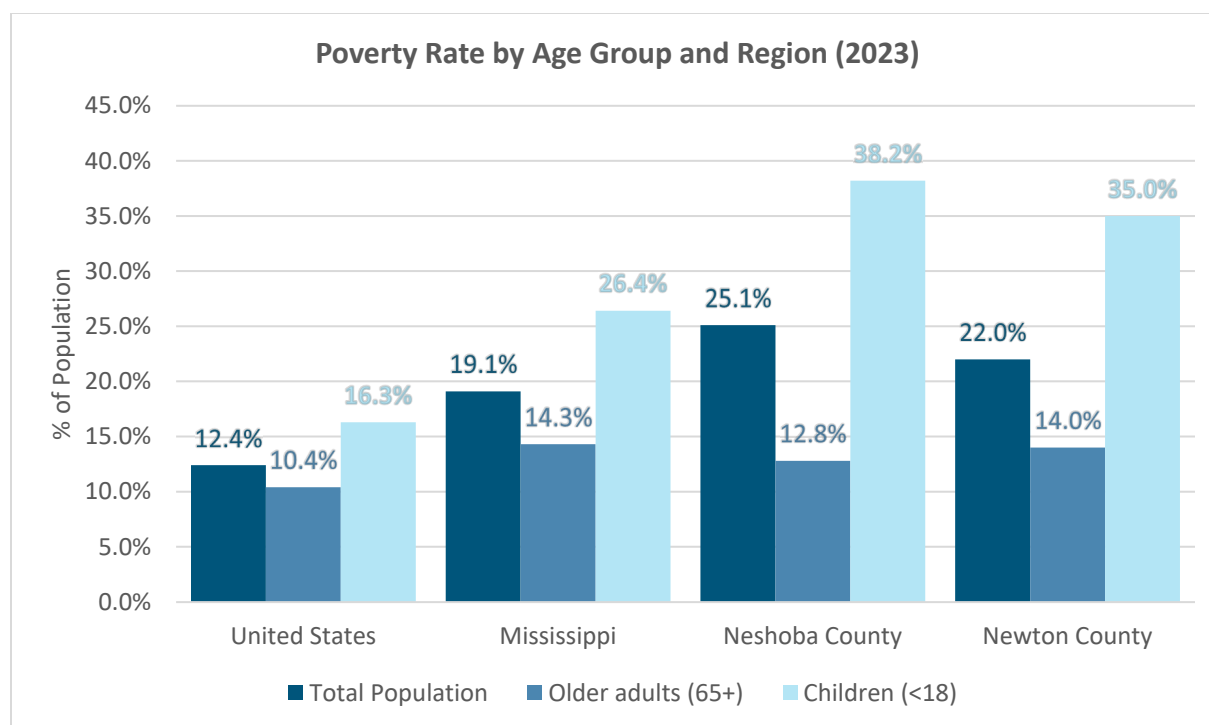
137 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table DP03

Poverty affects a broad segment of residents, with children consistently the most impacted group. In 2023, 38.2% of children in Neshoba County and 35.0% in Newton County lived below the poverty line. These levels are nearly double the state average and three times the national rate. Among older adults, poverty is somewhat less common, though still present and likely to increase healthcare needs and caregiving demands.

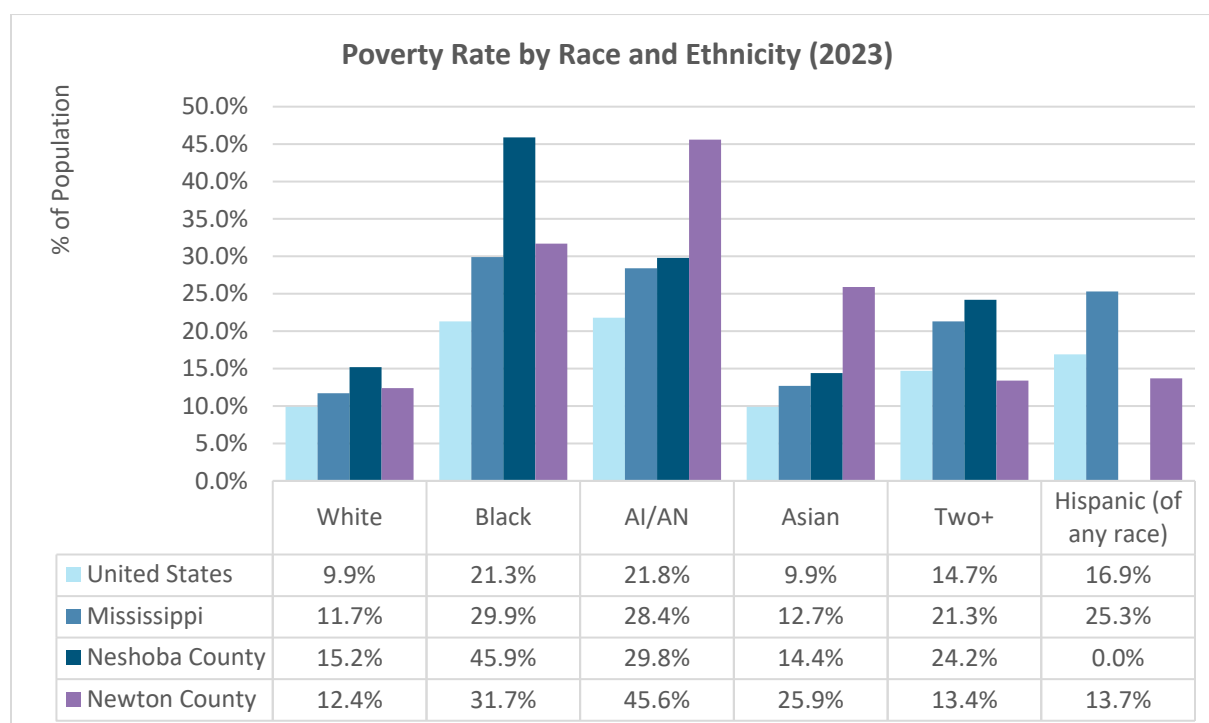
Racial and ethnic disparities in poverty are especially stark. In Neshoba County, nearly 46% of Black residents and 29.8% of American Indian and Alaska Native residents were living in poverty. Newton County shows similar disparities, with 45.6% of American Indian and Alaska Native residents and 31.7% of Black residents experiencing poverty. These figures far exceed the poverty rates for White residents in the same counties.

Data for Native Hawaiian and Other Pacific Islander (NH/PI) populations and residents identifying as “Some Other Race” were excluded due to small sample sizes or data suppression, which can lead to unstable estimates.

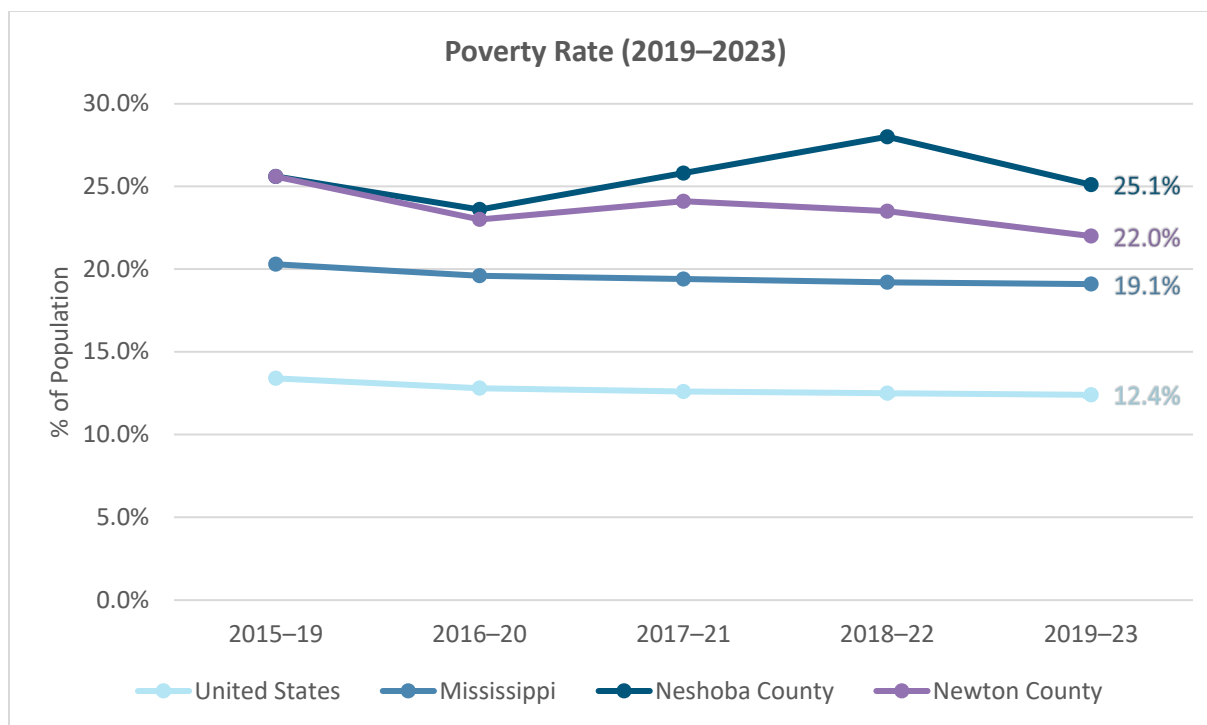
Over the past five years, poverty has remained consistently high in the service area. Though Newton County saw gradual improvement and Neshoba County experienced a recent decline, both continue to exceed state and national averages. These trends suggest an ongoing need for targeted interventions that address both immediate financial hardship and their long-term effects on health.



138 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1701

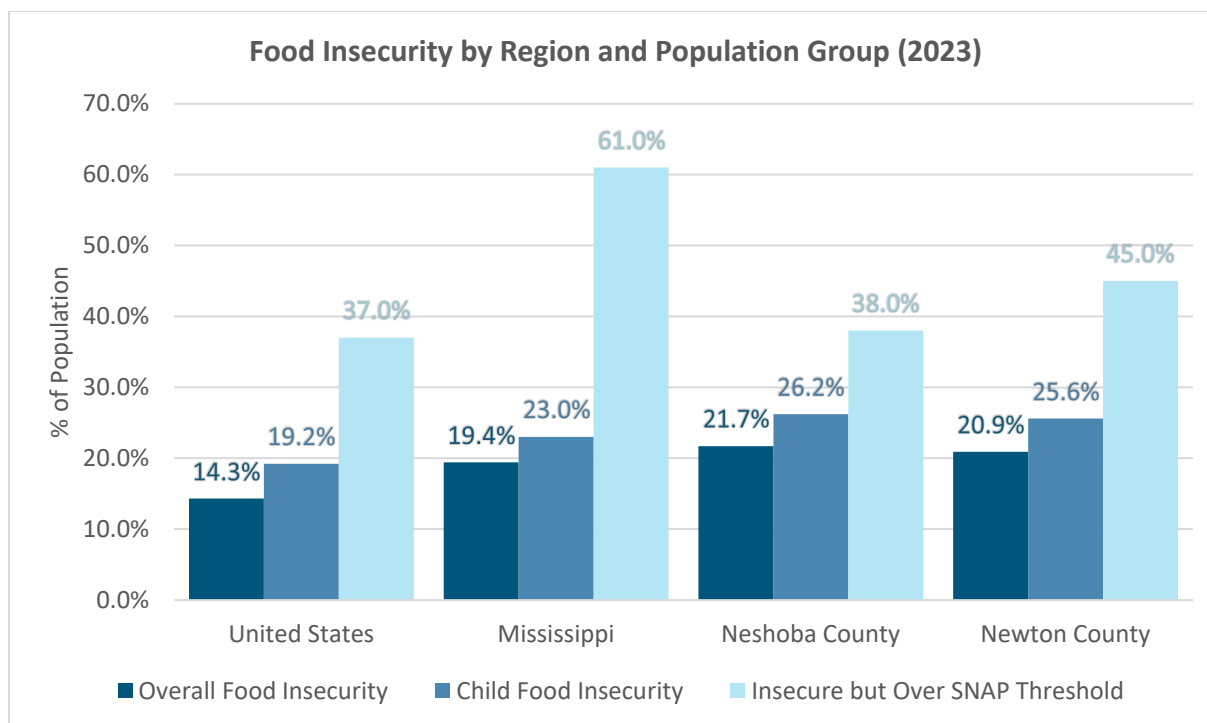


139 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1701



140 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table S1701

Food insecurity compounds the challenges of poverty, particularly when families fall just outside eligibility for public assistance. In 2023, food insecurity affected over 21% of residents in both Neshoba County and Newton County. Child food insecurity was even higher, with 26.2% of children in Neshoba and 25.6% in Newton lacking consistent access to nutritious food. A substantial portion of households—38% in Neshoba and 45% in Newton—were food insecure but earned above the SNAP threshold, highlighting a critical gap in food support programs.



141 Source: Feeding America. *Map the Meal Gap* (2023)

While income, employment, and food security shape immediate stability, long-term opportunity and health are deeply influenced by education. The next section explores how access to quality education and educational attainment impact overall well-being and economic mobility in the community.

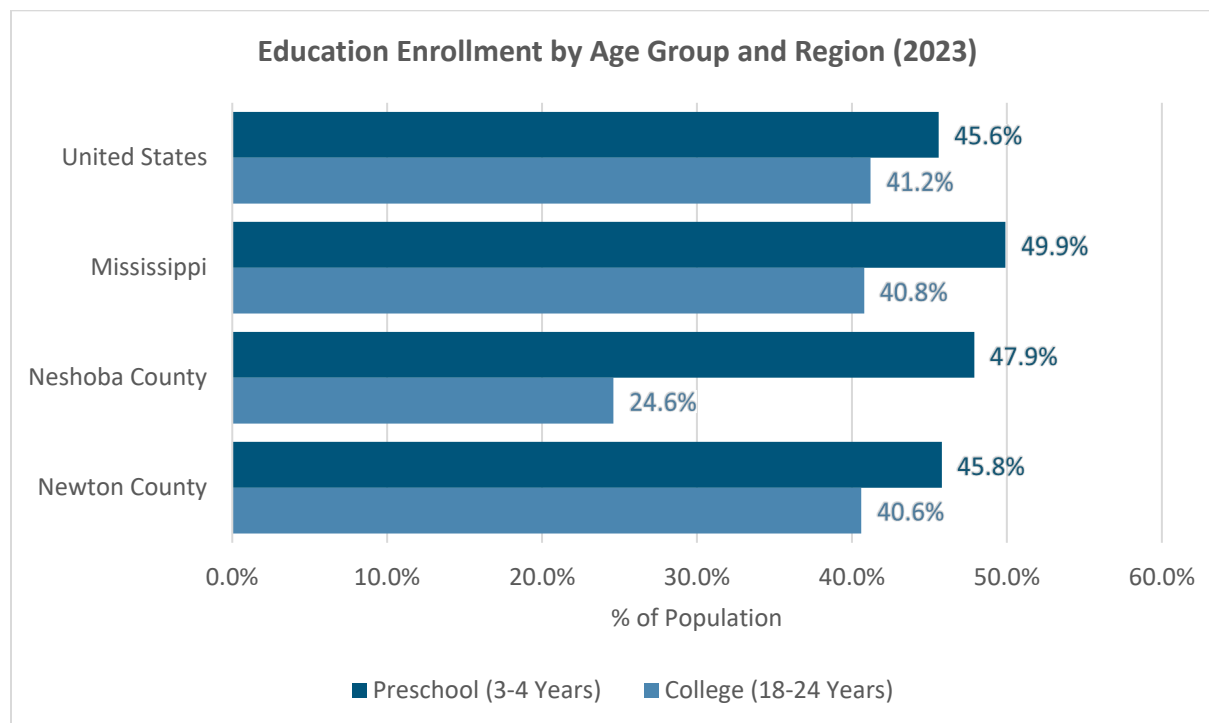
Education Access and Quality

Access to quality education lays the foundation for lifelong well-being. Educational attainment influences employment opportunities, income, health literacy, and the ability to navigate health systems effectively. Gaps in early childhood education, high school graduation, and college enrollment can lead to lasting disparities in health. This domain includes metrics that explore educational access across different age groups and examine racial and geographic disparities.

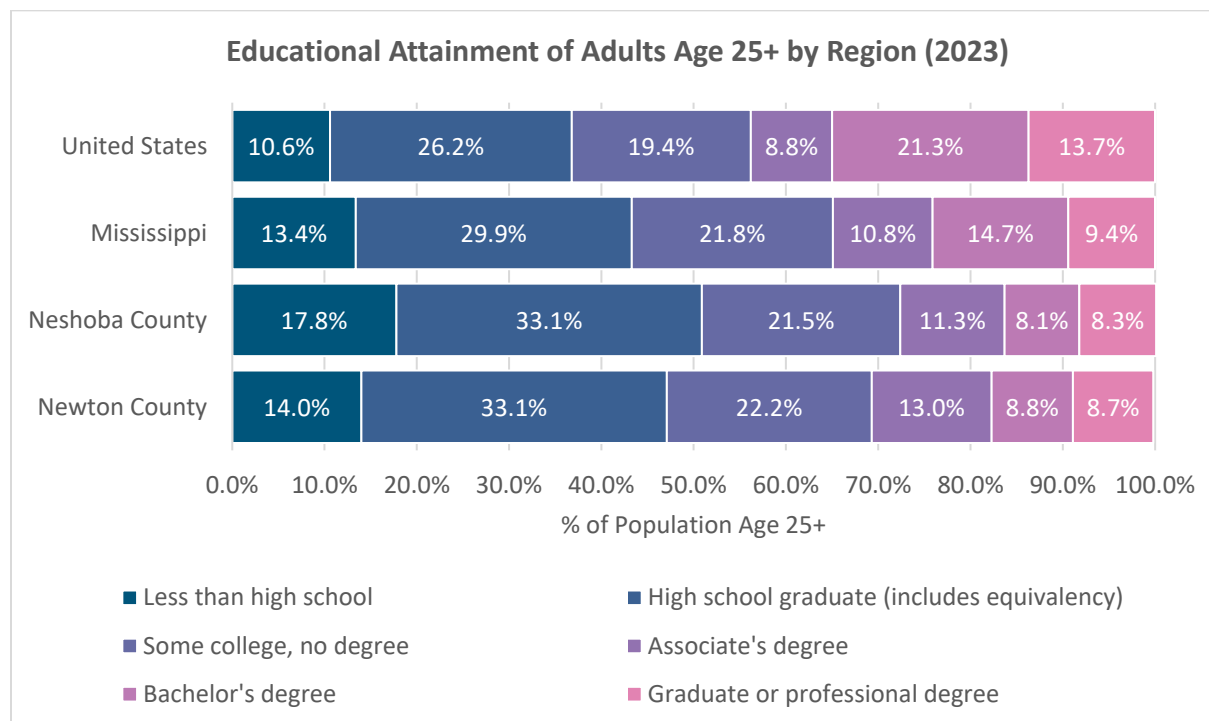
Preschool enrollment among children ages 3–4 was comparable across the United States, Mississippi, and the two focus counties. Mississippi had the highest preschool participation at just under 50%, with Neshoba and Newton County following closely behind. However, post-secondary enrollment among young adults (ages 18–24) diverged more significantly. Neshoba County had a markedly lower rate (24.6%) compared to state and national averages, while Newton County was more aligned with broader trends. This gap in college enrollment among local young adults could impact long-term economic mobility and access to stable employment.

When examining educational attainment among adults aged 25 and older, nearly 18% of Neshoba County residents lacked a high school diploma, which is higher than both state and national averages. Both counties also had lower rates of adults with bachelor's or advanced degrees, reflecting ongoing

structural barriers to higher education. These gaps may limit residents' ability to understand health information, navigate the healthcare system, and advocate for themselves in medical settings.

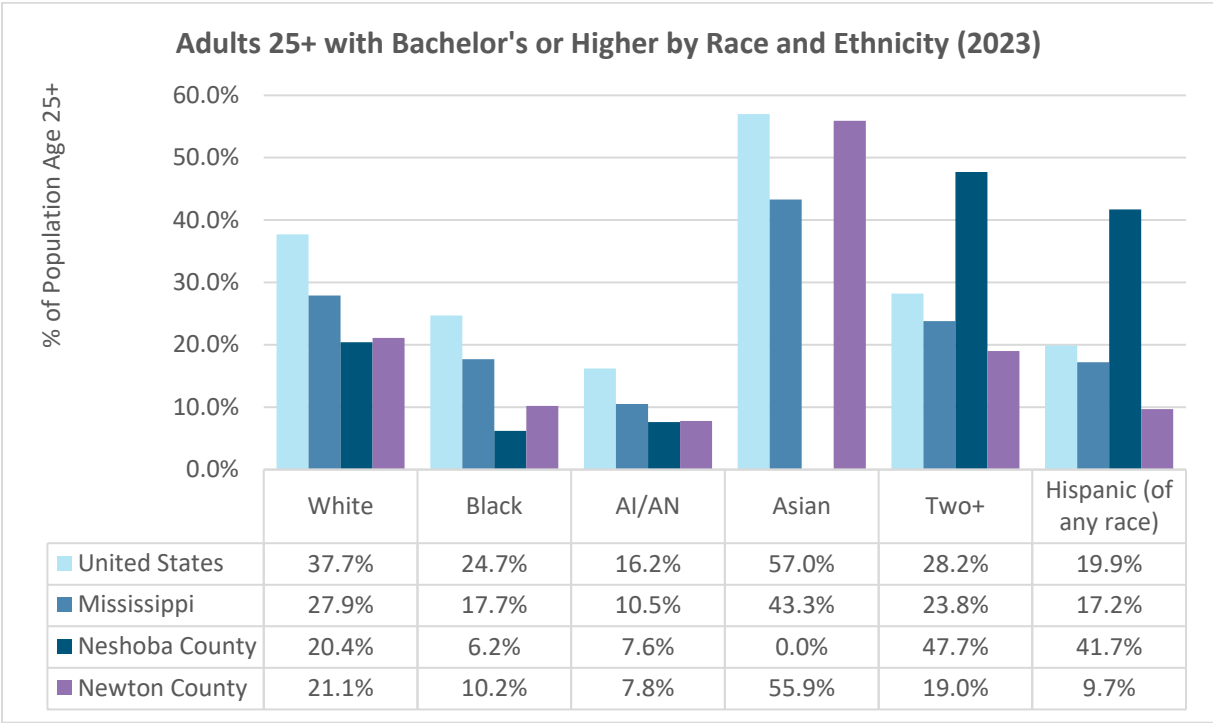


142 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1401



143 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP02

Educational disparities are further magnified when viewed through the lens of race and ethnicity. In Neshoba County, fewer than 7% of Black adults and fewer than 8% of American Indian/Alaska Native adults held a bachelor’s degree or higher. Newton County had similarly low rates among these groups. Notably, over 40% of Hispanic adults in Neshoba held a bachelor’s degree or higher, in contrast to substantially lower attainment among Hispanic residents in Newton. These differences underscore the need for equity-focused strategies that reflect both local context and population-specific challenges. *Data for Native Hawaiian and Other Pacific Islander (NH/PI) populations and residents identifying as “Some Other Race” were excluded from this analysis due to small sample sizes or data suppression, which can result in statistically unstable estimates.*



144 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1501

Educational access helps lay the groundwork for healthier futures, but that foundation is only as strong as the care systems supporting it. The next section looks at how the availability, affordability, and consistency of health care impacts well-being across the community.

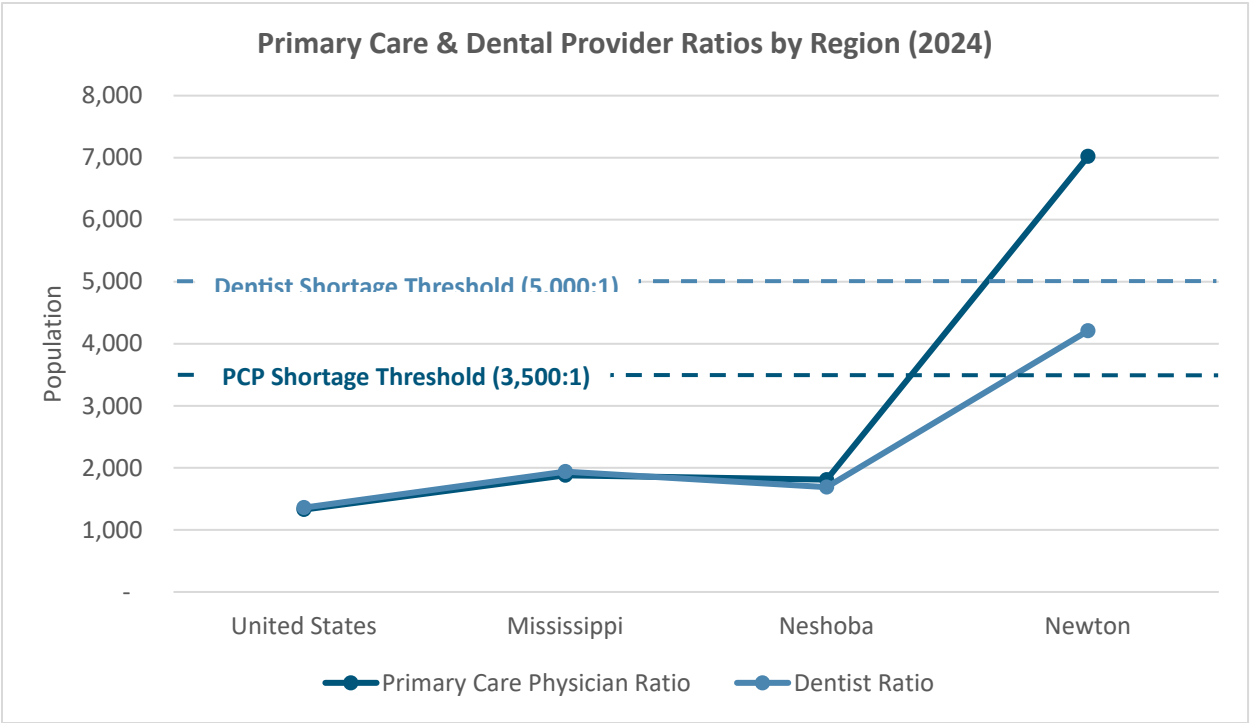
Health Care Access and Quality

Timely, affordable, and consistent access to healthcare is essential for preventing disease, managing chronic conditions, and maintaining overall health. This domain examines factors that affect whether residents can obtain care, including the availability of providers, routine medical and dental visits, insurance coverage, and the financial burden of care. Understanding access barriers helps identify where improvements are needed to ensure everyone can get the care they need.

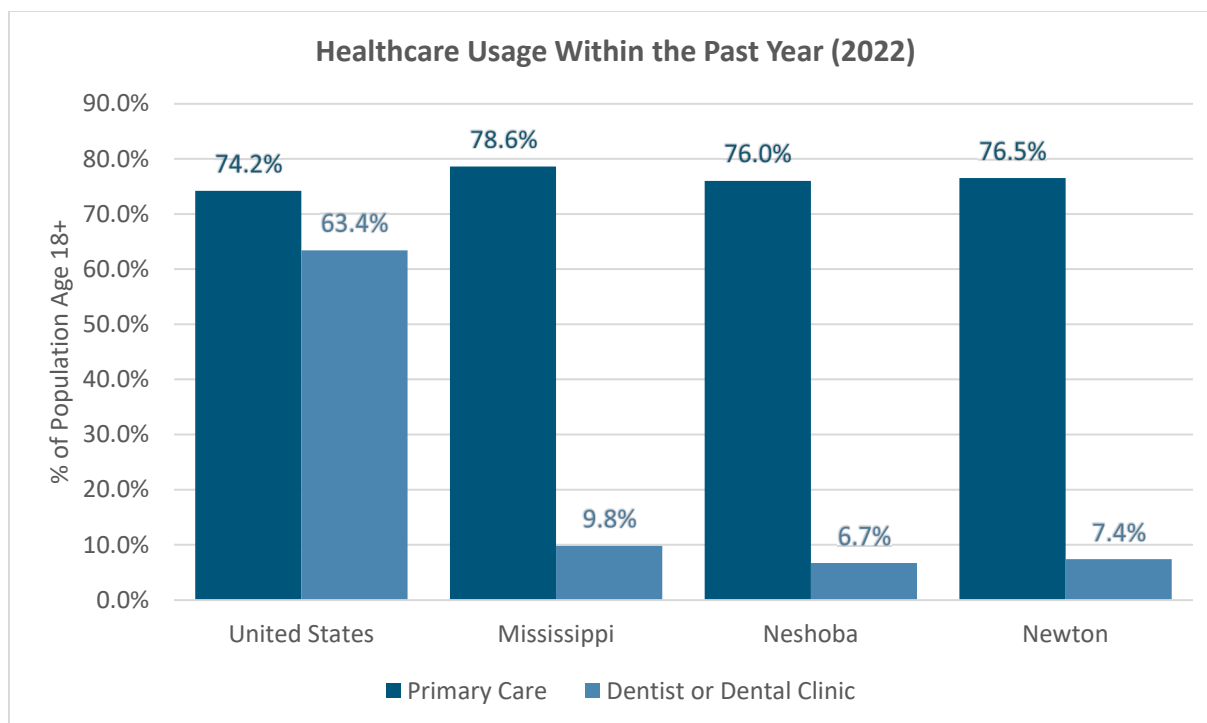
Access begins with provider availability and care utilization. The graph below displays population-to-provider ratios for primary care physicians and dentists. Dashed lines indicate federal shortage

thresholds—3,500:1 for primary care and 5,000:1 for dentists. Values above these thresholds represent areas with insufficient provider access. Newton County exceeds the primary care shortage threshold with 7,020 residents per physician.

Despite these shortages, most adults in the region report recent contact with a primary care provider. In 2022, 76.5% of Newton County residents and 76.0% in Neshoba saw a provider in the past year—rates slightly above the national average of 74.2%. However, dental visits were significantly lower. Only 7.4% of Newton County adults and 6.7% of Neshoba residents had a dental visit in the past year, far below the 63.4% national benchmark. These findings highlight a major gap in oral healthcare access, likely influenced by affordability challenges.



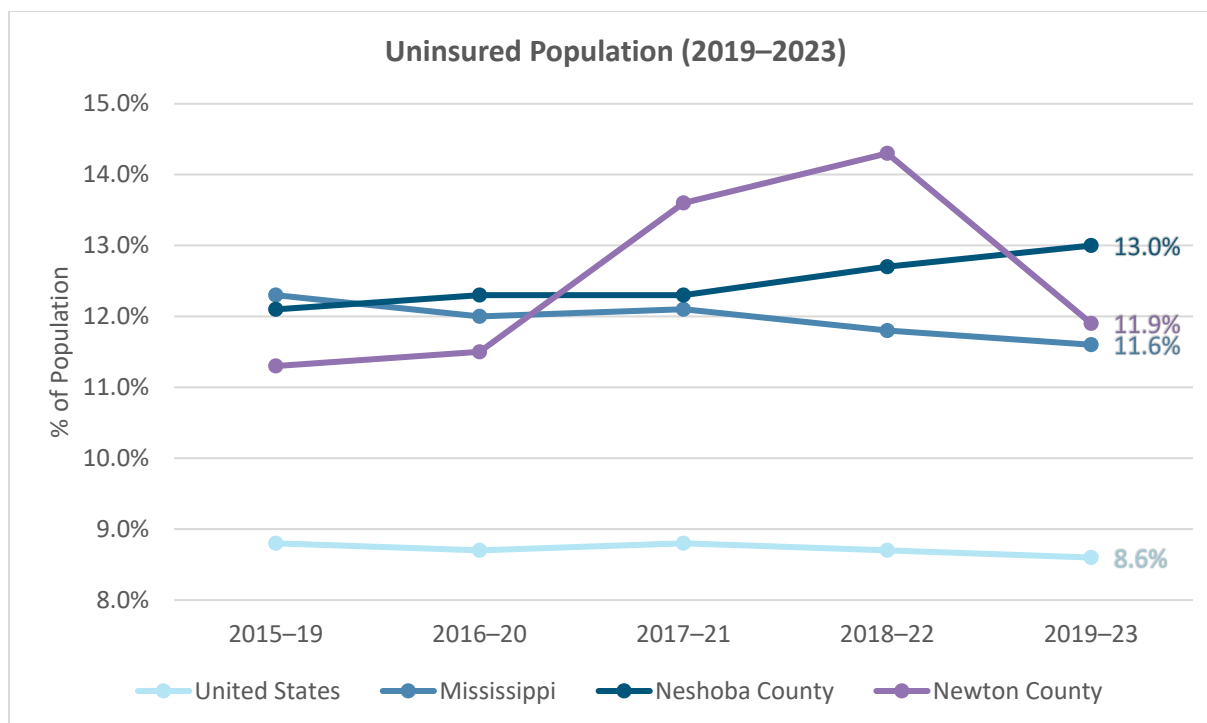
145 Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps (2024)



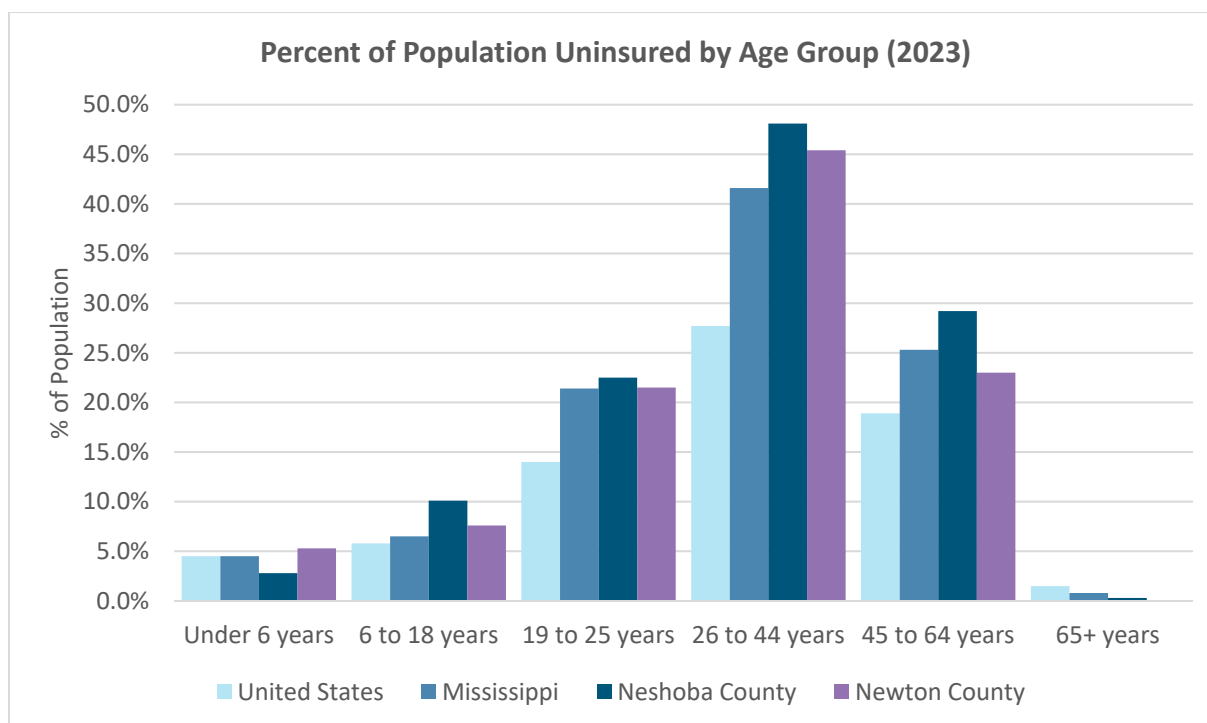
146 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Insurance coverage plays a critical role in residents' ability to access care. From 2019 to 2023, uninsured rates in both counties remained well above the national average. Newton County's rate fluctuated before falling to 11.6%, while Neshoba County remained relatively steady near 12.0%. The national average for the same period was 8.6%. These elevated rates reflect ongoing barriers to coverage, particularly for low-income and rural residents.

The age breakdown reveals especially high uninsured rates among working-age adults. In both counties, over 45% of residents ages 26–44 are uninsured—more than double the national rate of 27.7%. Young adults (ages 19–25) also face substantial gaps, with 22.5% in Neshoba and 21.5% in Newton lacking coverage. These are key life stages for preventive care, chronic condition management, and reproductive health services, making these gaps particularly concerning.



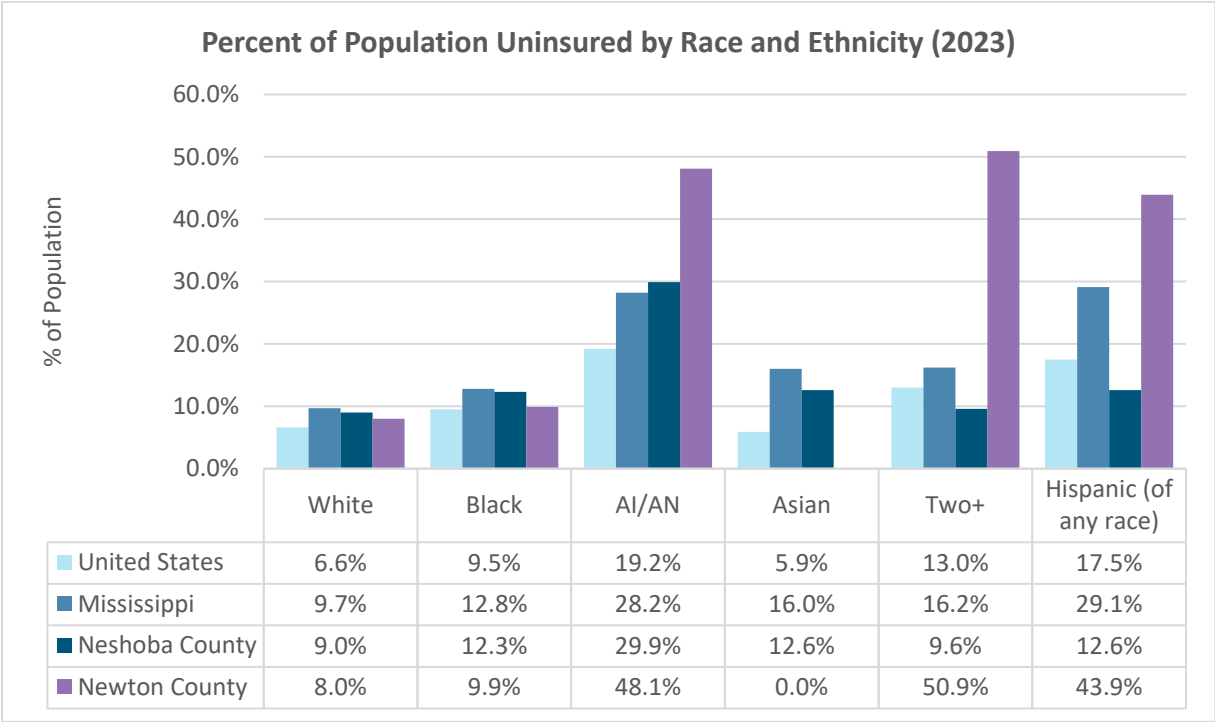
147 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table S2701



148 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S2701

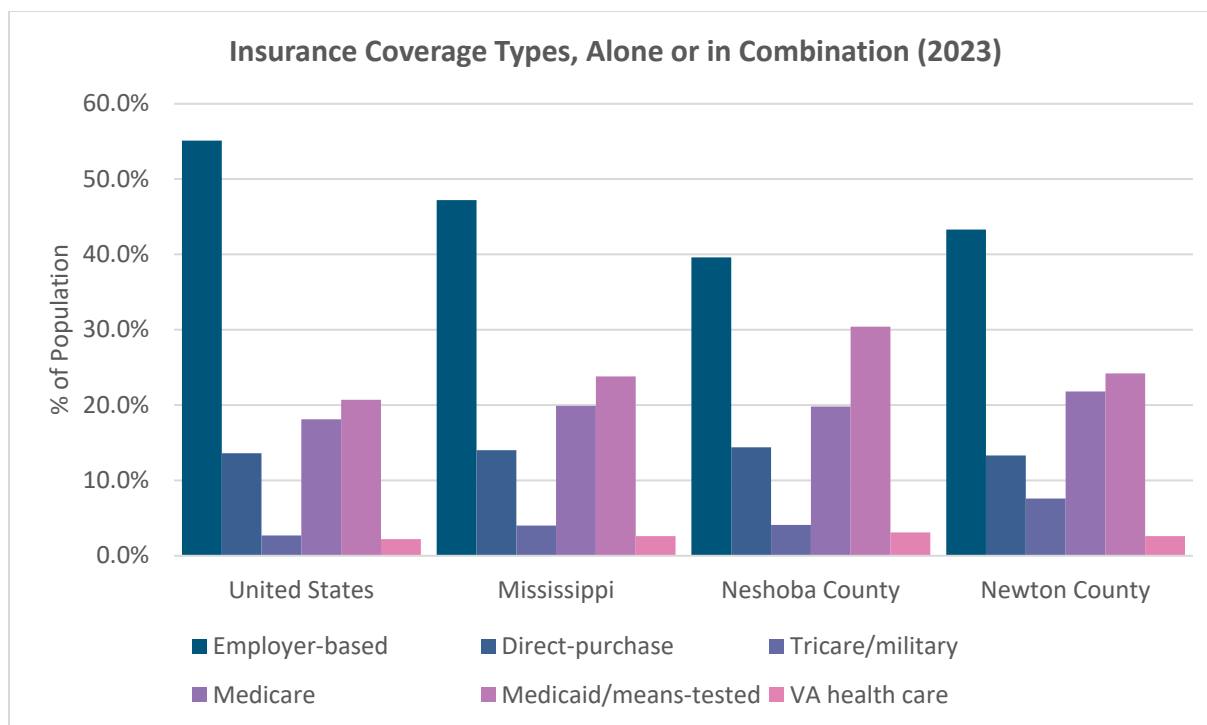
Insurance disparities are even more pronounced across racial and ethnic groups. In Newton County, 50.0% of residents identifying as American Indian/Alaska Native and 51.5% of those identifying as Two or More Races are uninsured. Hispanic residents in Newton also face high uninsurance rates at 43.9%,

compared to 12.6% in Neshoba. Across both counties, Black and American Indian/Alaska Native populations consistently experience higher uninsurance rates than White residents, reflecting long-standing structural barriers to coverage and care. *Data for Native Hawaiian and Other Pacific Islander (NH/PI) populations and residents identifying as “Some Other Race” were excluded from this analysis due to small sample sizes or data suppression, which can result in statistically unstable estimates.*



149 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S2701

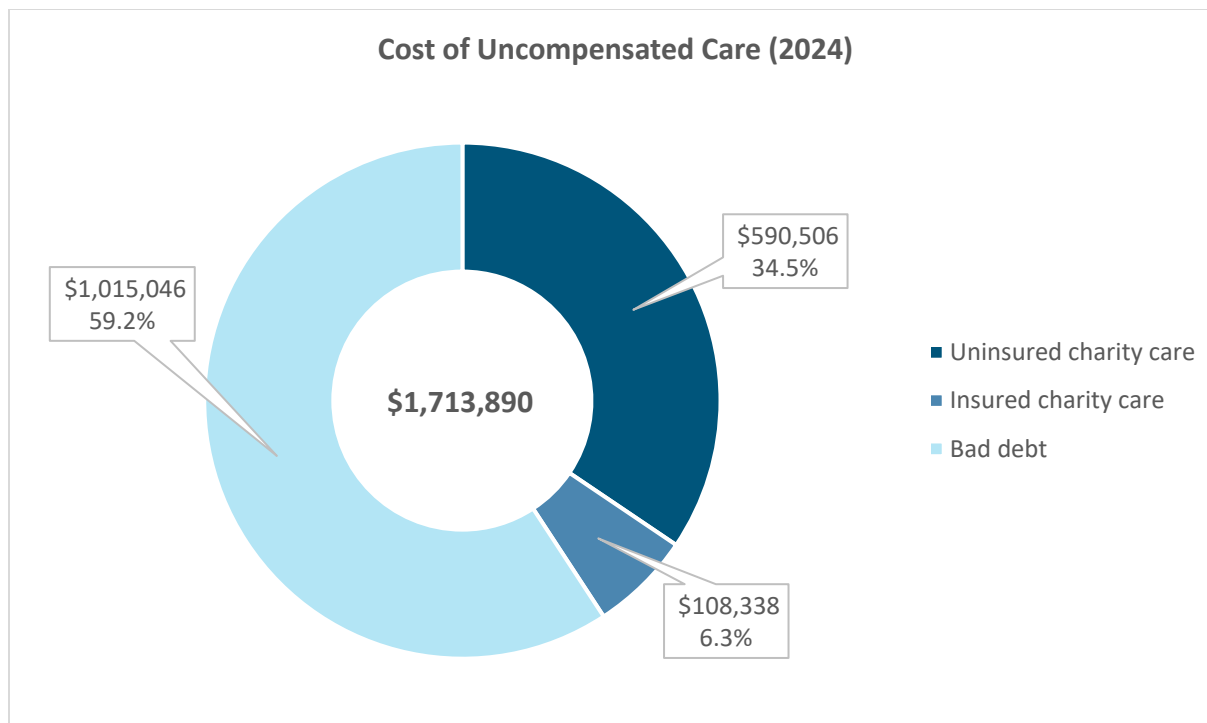
The types of insurance coverage also differ significantly from national patterns. In Neshoba County, only 39.9% of residents are covered by employer-based insurance, compared to 55.2% nationally. Accordingly, public programs play a larger role—30.3% of Neshoba residents are enrolled in Medicaid, and 14.6% in Medicare. Newton County shows similar reliance on Medicaid (26.9%) and Medicare (15.1%), with lower uptake of direct-purchase or employer-sponsored plans. These patterns reflect the region’s income levels and limited availability of employer-based benefits.



150 Source: U.S. Census Bureau. American Community Survey 5-Year Estimates (2023), Tables S2703 & S2704

When coverage falls short, healthcare systems absorb the cost. In 2024, Ochsner Laird Hospital recorded nearly \$1.7 million in uncompensated care. Bad debt, services billed to patients but never recovered, accounted for 59.2% of this amount. The remaining balance was categorized as charity care, which is provided to patients who meet the hospital's financial assistance criteria and are deemed unable to pay.

Of this total, 34.5% was charity care for uninsured patients who had no coverage at all and qualified for financial relief. An additional 6.3% was charity care for insured patients whose income or financial circumstances met the hospital's indigent policy, meaning they were unable to afford the balance remaining after insurance. These figures reflect the real-world impact of income-based hardship and insurance gaps, and underscore the financial strain placed on rural hospitals that serve medically and economically vulnerable populations.



151 Source: Internal analysis of Medicare Hospital Cost Report (FY 2024), Worksheet S-10

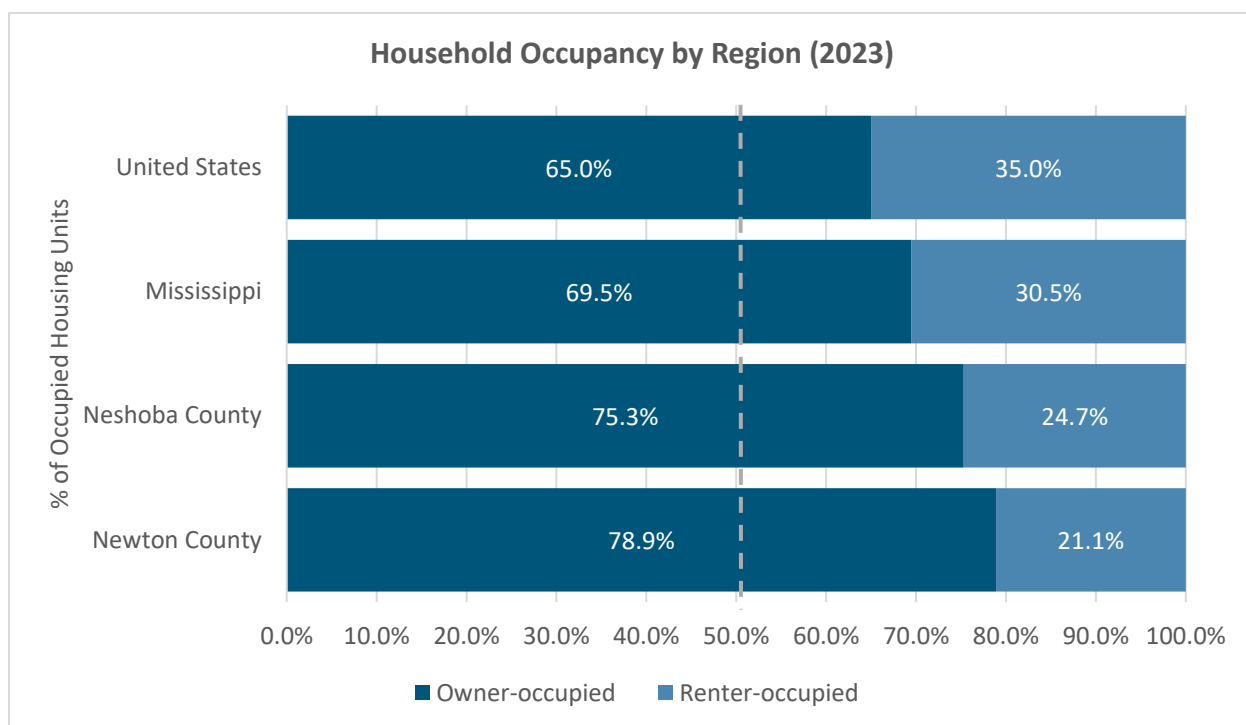
While access to healthcare is vital, a person's surroundings can significantly influence their ability to stay healthy. The next section explores how factors like housing conditions, transportation, and infrastructure shape daily life and impact overall well-being in the community.

Neighborhood and Built Environment

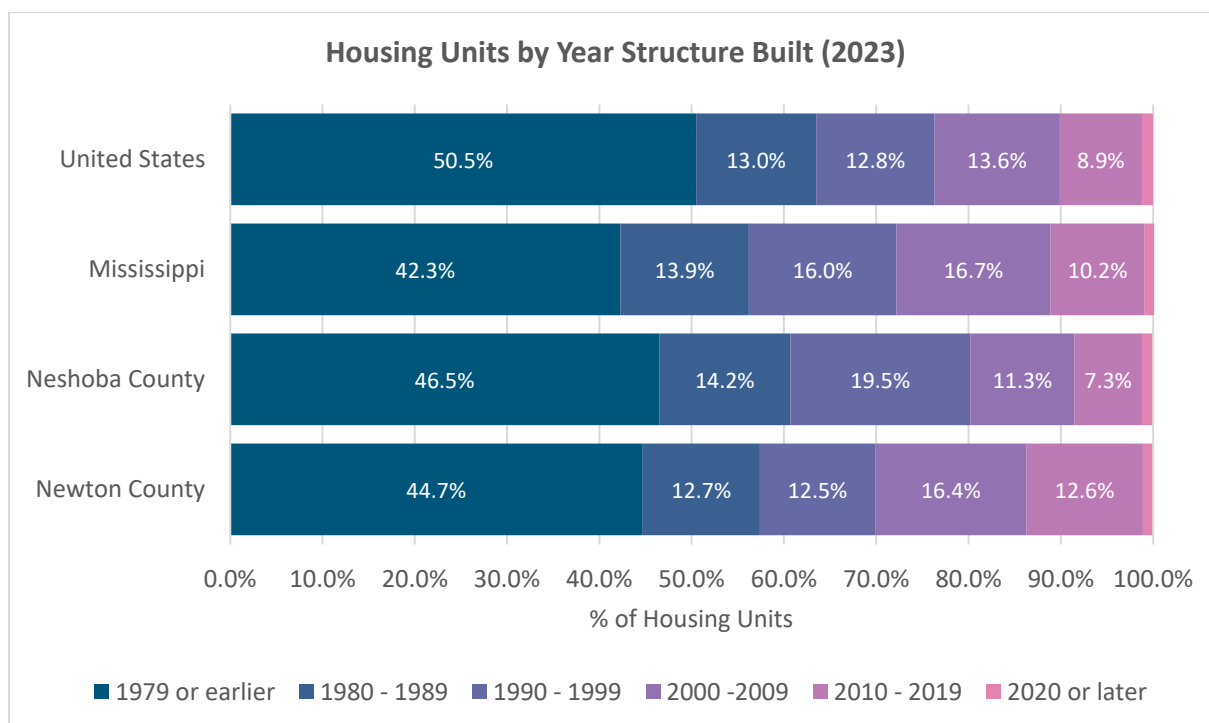
The neighborhoods where people live can either support or limit healthy living. Poor housing conditions, limited access to transportation, aging infrastructure, and unaffordable rent can all impact physical and mental health. This domain explores the age and condition of housing, housing costs compared to income, and transportation access, offering insight into how local environments influence community health.

Homeownership rates were high in both counties, with 78.9% of Newton County households and 75.3% of Neshoba County households owning their homes, which are higher than both the Mississippi average of 69.5% and the national average of 65.0%. This may suggest greater housing stability, though it may also indicate limited rental availability for those who are not able to buy.

At the same time, nearly half of all housing units were built before 1980; 46.5% in Neshoba County and 44.7% in Newton County. Older housing stock may require more upkeep and may present issues such as energy inefficiency or exposure to environmental hazards like lead paint or mold.



152 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04

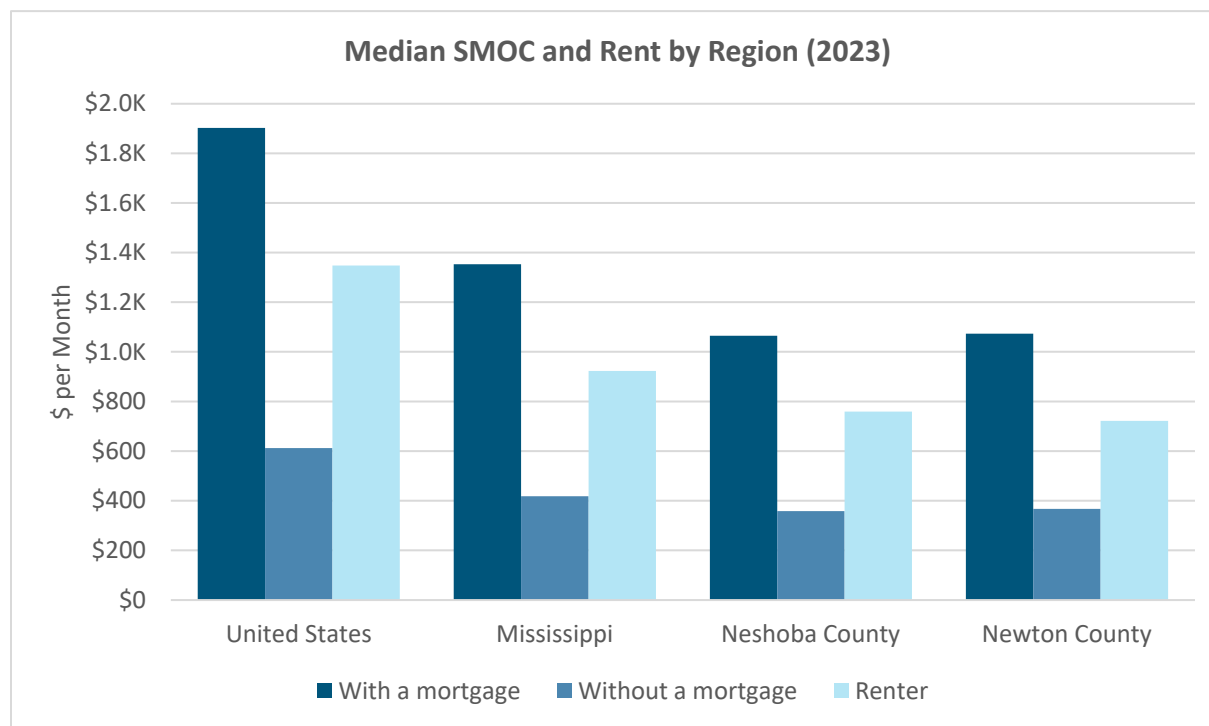


153 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04

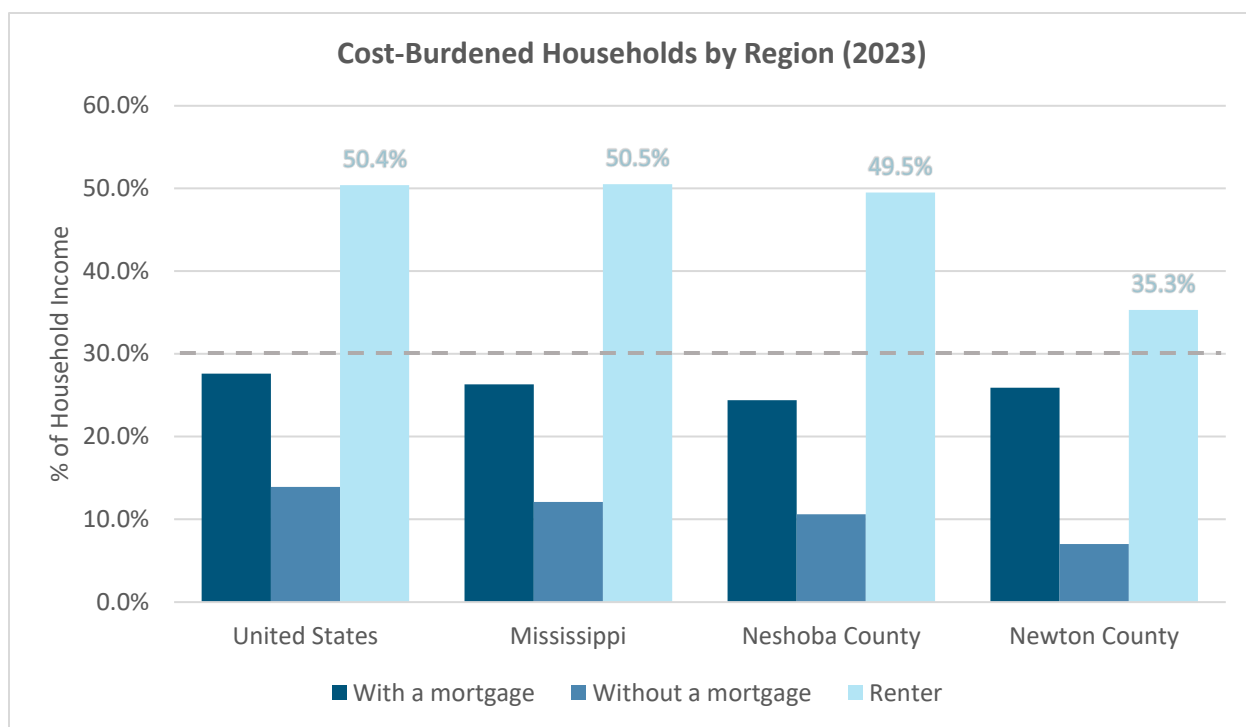
Median monthly owner costs in Newton County and Neshoba County were just over \$1,050, for households with a mortgage, which is lower than the national average of roughly \$1,90 but can still

represent a significant financial commitment for local residents. Households without a mortgage spent around \$360 per month, while median rent was less than \$760, below both state and national levels.

However, many households are spending a disproportionately high share of their income on housing. In 2023, renters in Neshoba County and Newton County spent 49.5% and 35.3% of their household income on rent respectively, well above the 30% cost-burden threshold and higher than both state (50.5%) and national (50.4%) levels. High housing cost burdens reduce the ability to meet other basic needs such as food, healthcare, transportation, and childcare.

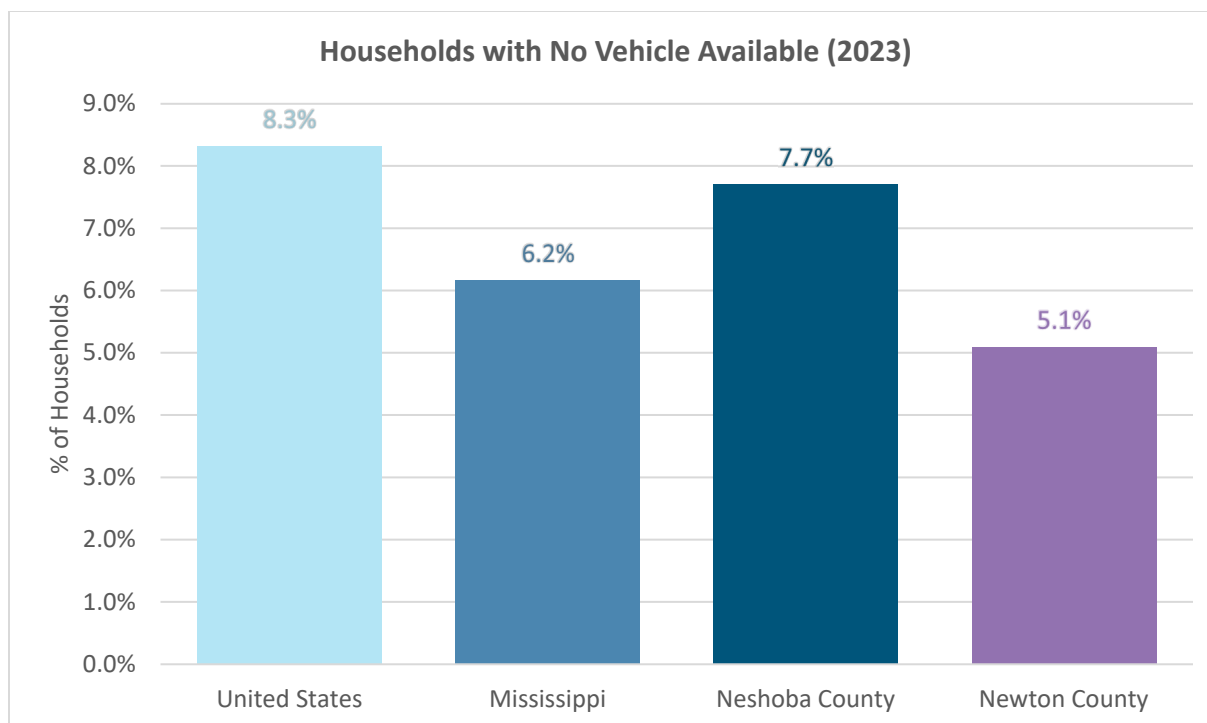


154 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04



155 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04

Transportation remains a key determinant of access to care, work, and other daily needs. In Neshoba County, 7.7% of households had no vehicle available, compared to 5.1% in Newton County and 6.2% statewide. Although these rates are below the national average of 8.3%, they may still pose challenges in rural communities where public transit options are limited or nonexistent.



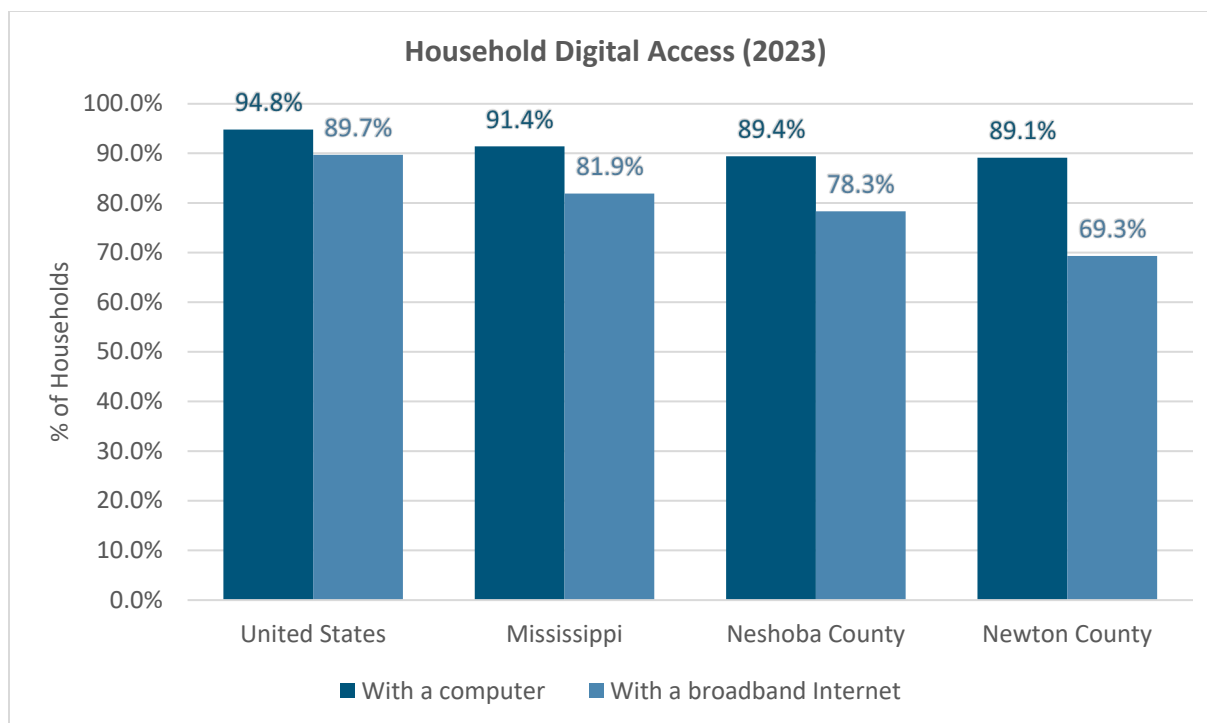
156 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table B08201

While the built environment shapes daily conditions and access to basic needs, social connection and digital inclusion are equally important for health, engagement, and opportunity. The next section explores how internet and device access influence community connection, education, and care access in a digital age.

Social and Community Context (Digital Access Focus)

Social connections and community support systems play a critical role in health. For this CHNA, we also examine digital access as a key factor shaping modern social participation, access to information, and connection to care, especially through telehealth. Lack of computer or internet access can worsen existing inequalities. This domain focuses on how connected the community is and whether digital tools are equitably accessible.

Across all regions, most households reported having access to a computer, though disparities appeared in broadband internet access. Nationally, 94.8% of households have computers and 89.7% have broadband access. Mississippi showed slightly lower rates with 91.4% of households having a computer and 81.9% with broadband access. In Neshoba County, 89.4% of households had a computer and 78.3% had broadband, showing a modest drop compared to state and national averages. The most pronounced gap was seen in Newton County, where 89.1% of households had a computer, but only 69.3% had broadband access. This nearly 20-point gap suggests that infrastructure, affordability, or digital literacy barriers may be limiting consistent internet access in that area.



157 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP02

SDOH are intricately connected to the daily lives of people in the community and play a vital role in this CHNA by helping define key areas of need. While these domains offer important insight into the root causes of health disparities, additional tools are necessary to show where systemic disadvantages have the greatest impact. The following health equity indexes provide further context to guide interventions that are both effective and fair.

Health Equity and Community Context

Building on the foundation of social determinants of health, advancing health equity is essential to improving community well-being. Health equity means that everyone has a fair and just opportunity to be as healthy as possible, regardless of where they live, their income, or their background. Achieving equity requires acknowledging and addressing differences in health that are linked to historical and current social, economic, and environmental disadvantages.

To better understand where inequities exist and how they may be addressed, this CHNA incorporates several nationally recognized health equity indexes. These tools help highlight communities facing structural barriers that contribute to poor health outcomes. By layering these data points alongside the previously discussed SDOH, the CHNA paints a more complete picture of community context and opportunities for targeted support.

Area Deprivation Index

The Area Deprivation Index (ADI) is a composite measure of neighborhood disadvantage developed by the University of Wisconsin. It incorporates seventeen variables related to income, education, employment, and housing quality, ranking areas on a scale from 1 (least disadvantaged) to 10 (most

disadvantaged). Higher ADI scores reflect greater levels of social and economic deprivation, which are often associated with poorer health outcomes and limited access to care.

Neshoba County scored 6.60, and Newton County scored 7.29, placing both counties in the more disadvantaged half of all Mississippi communities. Newton County's higher score suggests a greater concentration of residents living in environments with systemic disadvantages. These findings align with earlier data showing elevated poverty rates, food insecurity, and lower educational attainment in both counties, particularly among communities of color.

	Neshoba County	Newton County
Overall ADI	6.60	7.29

158 Source: University of Wisconsin School of Medicine and Public Health, Area Deprivation Index (2023)

Distressed Communities Index

The Distressed Communities Index (DCI), developed by the Economic Innovation Group, captures economic well-being across seven indicators: education, employment, income, poverty, housing vacancy, and business growth. The DCI ranges from 0 (most prosperous) to 100 (most distressed), providing a snapshot of community vitality and opportunity.

Neshoba County scored 78.7, placing it firmly in the "distressed" category, while Newton County scored 61.0, indicating moderate distress. Both counties experience higher-than-average poverty and adult unemployment, along with relatively low rates of business growth and income. Neshoba County's high percentage of adults without a high school diploma (17.7%) and elevated poverty rate (28.0%) reinforce trends seen in the Education and Economic Stability domains. Though Newton has seen a stronger uptick in employment (24.9% increase), persistent barriers remain, particularly for vulnerable populations.

	Neshoba County	Newton County
Overall DCI	78.7	61.0
No high school diploma	17.7%	14.3%
Poverty rate	28.0%	23.5%
Adults not working	31.0%	25.7%
Housing vacancy rate	12.9%	13.5%
Median income ratio	89.5%	92.8%
Change in employment	4.6%	24.9%
Change in establishments	1.0%	2.5%

159 Source: Economic Innovation Group, Distressed Communities Index (2024)

Social Vulnerability Index

The Social Vulnerability Index (SVI), produced by the CDC and ATSDR, assesses a community's ability to prepare for, respond to, and recover from public health emergencies and natural disasters. The index includes four themes: socioeconomic status, household characteristics, race/ethnicity/language, and housing/transportation. Higher values (closer to 1.0) indicate greater vulnerability.

Neshoba County has a high overall SVI score of 0.7160, suggesting elevated vulnerability, particularly in housing and transportation (0.8519) and household characteristics (0.7160). These vulnerabilities are

consistent with prior findings around older housing stock, cost burden among renters, and limited public transportation. Newton County scored significantly lower overall (0.1852), with relatively low vulnerability across most themes. However, both counties show moderate vulnerability in the racial and ethnic minority theme, reinforcing the need to ensure equitable access and culturally competent care for all populations.

	Neshoba County	Newton County
Overall SVI	0.7160	0.1852
Socioeconomic status	0.6296	0.2346
Household characteristics	0.7160	0.1852
Racial & ethnic minority status	0.4815	0.4444
Housing type & transportation	0.8519	0.2346

160 Source: Geospatial Research, Analysis, and Services Program, CDC/ATSDR Social Vulnerability Index (2022)

Vizient Vulnerability Index

The Vizient Vulnerability Index (VVI) is a multi-dimensional tool that assesses vulnerability at the county level by evaluating nine social risk categories, ranging from economic stability and housing to public safety and environmental quality. Unlike the other indices, higher or lower values are not inherently “better” or “worse,” but rather provide a directional sense of local stressors and assets.

Neshoba County scored higher in most categories, including economic (0.820) and healthcare access (1.235), pointing to local challenges with income levels and care availability. Newton County, while showing lower vulnerability in most categories, had a notably high score for healthcare access (1.700) and negative values for housing (-0.551) and public safety (-0.647), which may indicate instability or data anomalies that merit further exploration. These VVI insights echo earlier themes in the CHNA, highlighting gaps in economic opportunity, healthcare infrastructure, and neighborhood supports.

	Neshoba County	Newton County
Overall VVI	1.490	1.120
Economic	0.820	0.650
Education	0.625	0.459
Healthcare access	1.235	1.700
Neighborhood resources	0.775	0.770
Housing	0.015	(0.551)
Clean environment	0.385	0.073
Social environment	0.790	0.211
Transportation	0.275	0.024
Public Safety	(0.510)	(0.647)

161 Source: Vizient, Inc., Vizient Vulnerability Index (2025)

Understanding a community’s context, i.e., its economic conditions, education, access to care, housing, and social environment, is essential for identifying where health challenges originate. Yet to fully assess how these upstream factors influence well-being, we must also examine health outcomes directly. This next section explores key indicators such as life expectancy, leading causes of death, and behavioral risk

factors. By linking outcomes to the social and structural conditions discussed earlier, the CHNA identifies where the greatest health burdens lie and what factors are contributing to poor health in the region.

Health Outcomes and Contributing Risk Factors

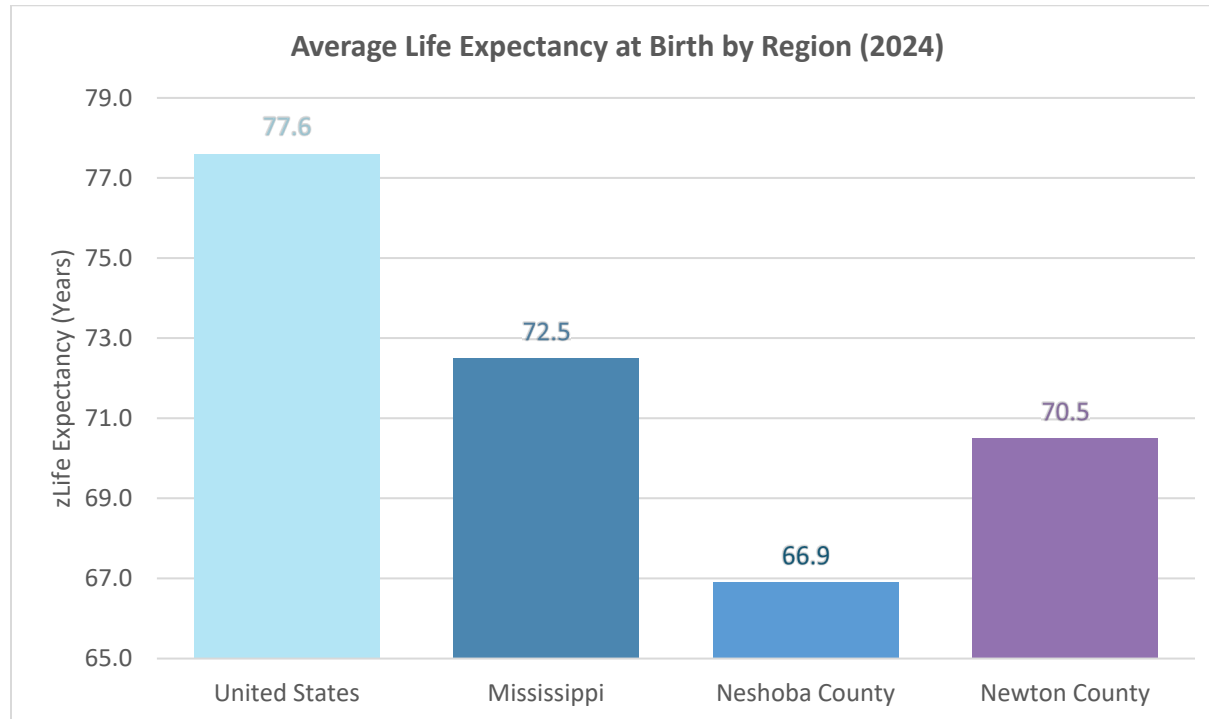
Life Expectancy

Life expectancy at birth offers a snapshot of overall community health and is influenced by a range of contributing risk factors, including chronic disease, access to care, socioeconomic conditions, and health behaviors. Within the Ochsner Laird hospital primary service areas, life expectancy varies notably between counties, with local trends falling below both the state and national averages.

As shown in the chart below, Neshoba County has the lowest average life expectancy in the region at 66.9 years, significantly lower than both the Mississippi average of 72.5 years and the United States average of 77.6 years. This gap highlights more severe health challenges within Neshoba County and signals the potential influence of underlying disparities such as limited access to preventive services, economic distress, or higher chronic disease burden.

Newton County, while performing better, still falls short of benchmark levels with a life expectancy of 70.5 years. Though closer to the state average, this figure suggests residents in Newton County may still face barriers that impact long-term health outcomes.

These local figures are important to monitor as they provide context for understanding mortality trends and identifying areas where targeted health interventions and support services may be most needed.



162 Source: University of Wisconsin Population Health Institute. *County Health Rankings & Roadmaps (2024)*

Mortality

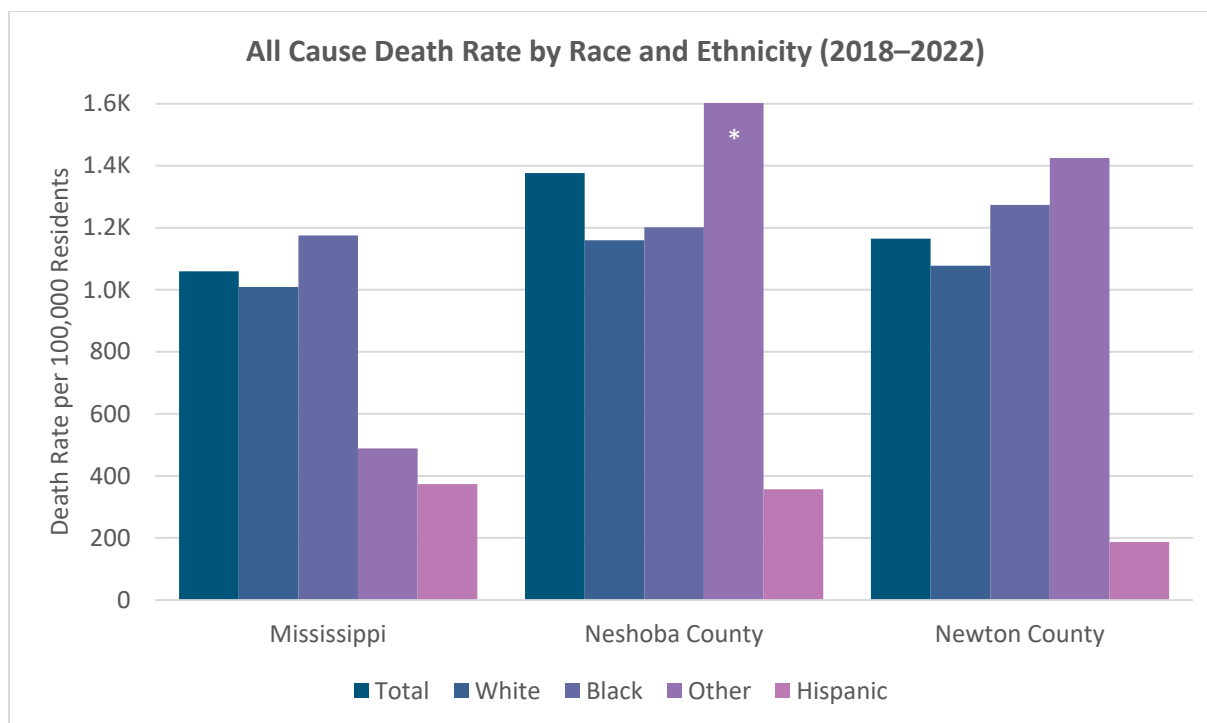
Mortality data is a foundational part of assessing health outcomes across a community. It provides insight into the burden of disease, identifies populations at greater risk of early death, and helps inform strategic priorities for health interventions. By examining both overall and cause-specific mortality patterns, communities can better understand the underlying health challenges facing residents and direct resources where they are most needed. The sections that follow explore all-cause mortality as well as the five leading causes of death in the hospital's primary service areas, including an analysis of long-term trends and racial and ethnic disparities.

All-Cause Mortality

All-cause mortality provides a direct measure of how many residents are dying from any cause and helps highlight where the greatest health burdens exist. When broken down by race and ethnicity, these data reveal disparities shaped by long-standing structural inequities in healthcare access, chronic disease prevalence, and the broader social environment.

In both Neshoba County and Newton County, Black residents experience the highest all-cause mortality rates, exceeding those of White residents and the total population. The disparity is especially pronounced in Neshoba County, where the rate for Black residents surpasses 1,600 deaths per 100,000. White residents also face elevated mortality in both counties, with rates exceeding the state average. The Other racial category shows similarly high rates, though these figures should be interpreted with caution due to small population sizes. *Neshoba County's rate for the "Other" race/ethnicity category is approximately 2,900 deaths per 100,000 residents. The value has been scaled down in the chart for visibility purposes.*

Hispanic residents consistently report the lowest all-cause mortality across the three regions. While this may reflect a younger age distribution or protective cultural and behavioral factors, potential underreporting or data limitations should also be considered.



163 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Top Five Causes of Death

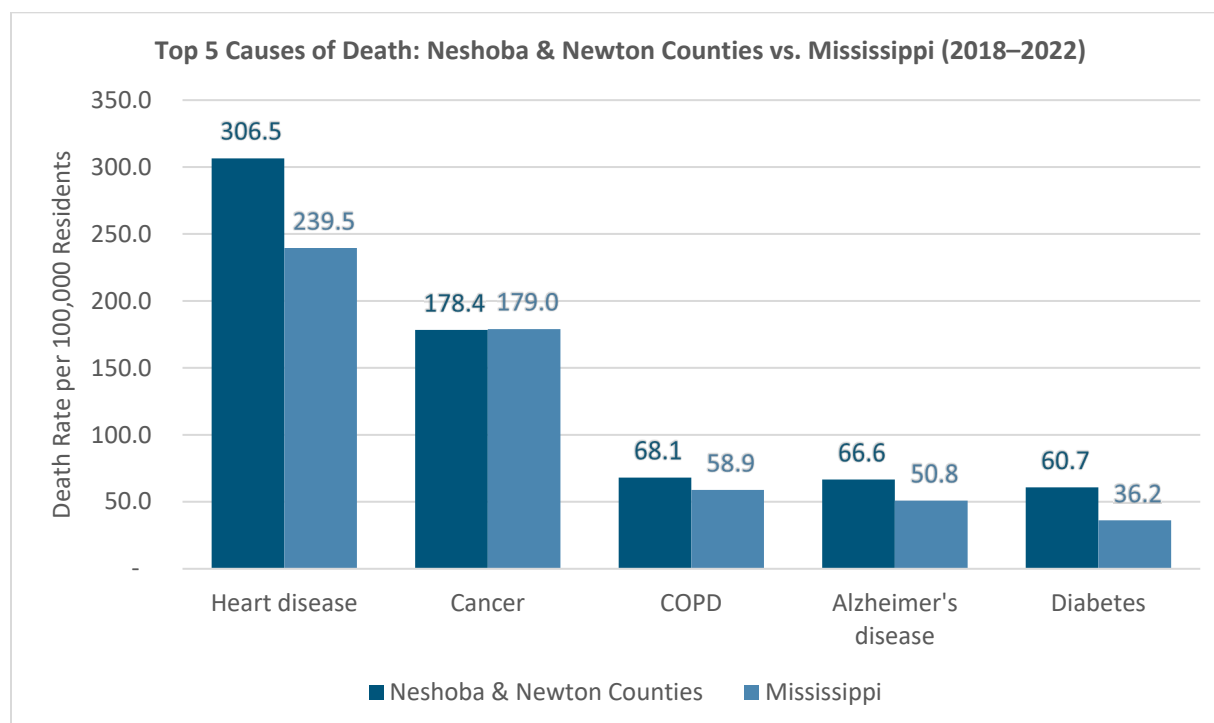
Identifying the leading causes of death is critical for understanding the most significant drivers of premature mortality in a community. This information helps local health systems and partners target prevention, education, and intervention efforts where they will have the greatest impact.

For this assessment, the top five causes of death are based on five-year average death rates (2018–2022) for residents of Neshoba County and Newton County, the hospital’s two primary service areas. While COVID-19, unintentional injury, and other diseases and conditions ranked among the top causes of death during this period, they have been excluded from this section to maintain a focused analysis on chronic, non-communicable diseases that consistently drive long-term health outcomes. COVID-19 introduced a short-term spike in mortality but has since declined in ranking and does not reflect persistent health system needs in the same way as chronic disease. Similarly, deaths from unintentional injuries and broad disease categories do not offer the specificity needed for actionable planning.

The chart below compares Neshoba County and Newton County combined with Mississippi as a whole. Heart disease emerges as the leading cause of death, with a local rate of 306.5 deaths per 100,000 residents, substantially higher than the state rate of 239.5. Cancer ranks second, with similar rates between the region (178.4) and the state (179.0). The remaining three causes, chronic lower respiratory disease (COPD), Alzheimer’s disease, and diabetes, all occur at higher rates locally than at the state level.

This elevated burden across most categories points to the need for expanded chronic disease prevention, improved disease management, and efforts to address social and environmental conditions

contributing to poor health outcomes. The subsections that follow examine each cause in greater depth, including trends over time and racial and ethnic disparities.

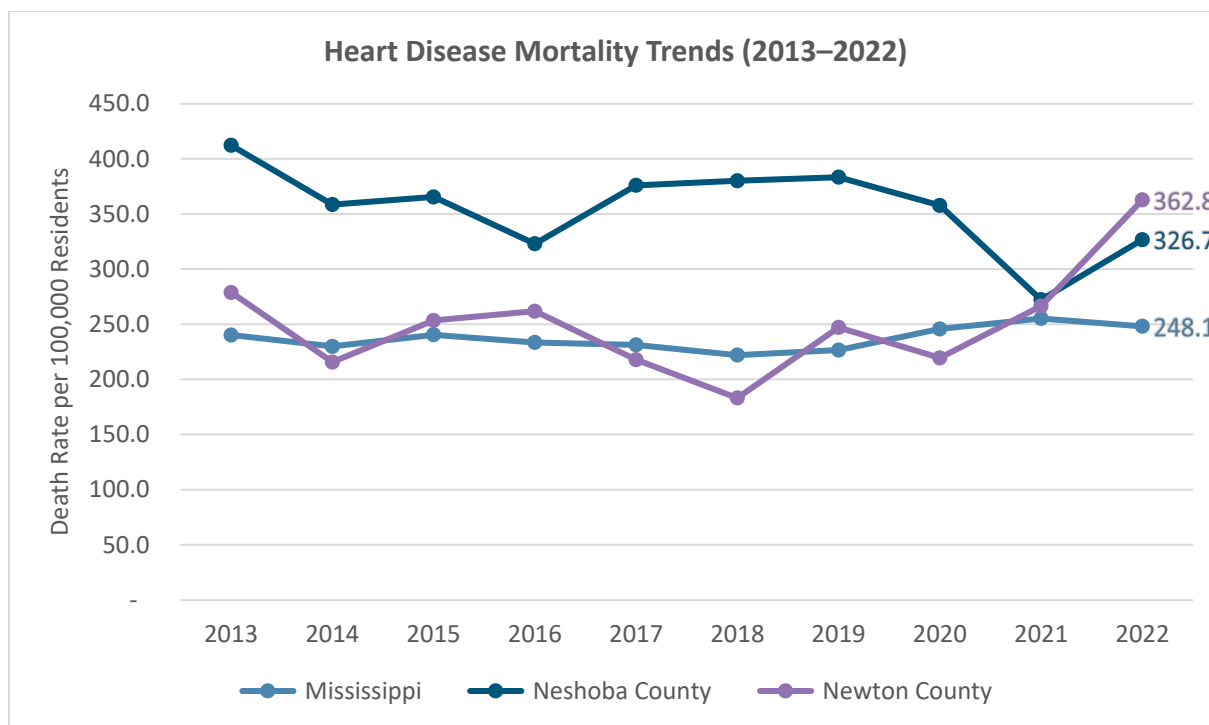


164 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Heart Disease

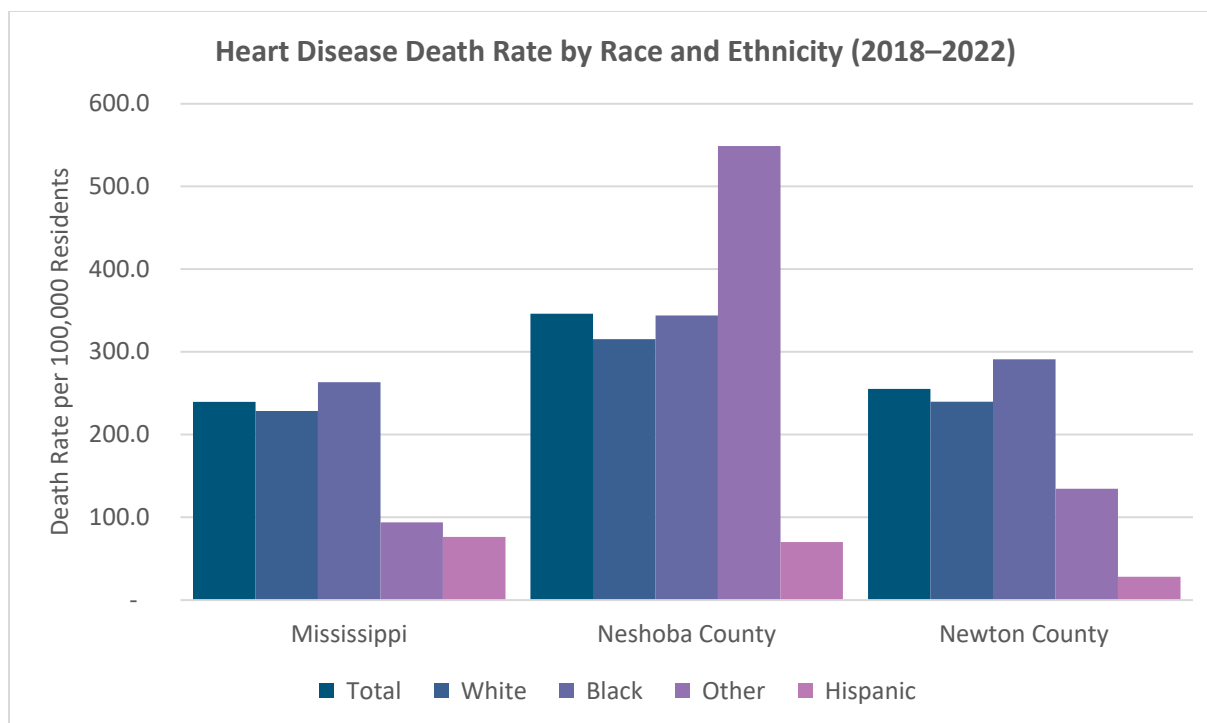
Heart disease is the leading cause of death in both Neshoba County and Newton County, with rates significantly above the state average. This section explores mortality trends over time, disparities by race and ethnicity, and the most common subtypes contributing to heart-related deaths.

Over the past decade, heart disease mortality in Neshoba County and Newton County has followed different trajectories, diverging sharply in more recent years. Neshoba County's rate remained relatively stable from 2013 to 2020, fluctuating between 320 and 390 deaths per 100,000 residents, before experiencing a decline in 2021 and a sharp rise again in 2022. Newton County saw a general decline from 2013 to 2018, but its mortality rate began rising steeply after 2020 and now surpasses both the state and Neshoba County. In 2022, Newton's heart disease death rate reached 362.8, the highest of the three areas shown. Mississippi's rate, by comparison, has remained steady and is considerably lower at 248.1 per 100,000 residents. This trend signals worsening cardiovascular health in the local counties and highlights a need for aggressive prevention and disease management strategies.



165 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

When broken out by race and ethnicity, the burden of heart disease mortality becomes even more pronounced. In Neshoba County, residents classified as "Other" experience the highest heart disease death rate, nearing 550 deaths per 100,000, followed closely by Black and White residents at similar levels around 330–350. Newton County shows a similar pattern, with Black residents experiencing the highest rate, followed by those classified as Other and then White residents. Across all regions, Hispanic residents consistently report the lowest mortality, though these rates may be affected by small population sizes and possible data limitations. These disparities underscore the importance of culturally tailored outreach, education, and treatment strategies that address the specific needs of at-risk populations.

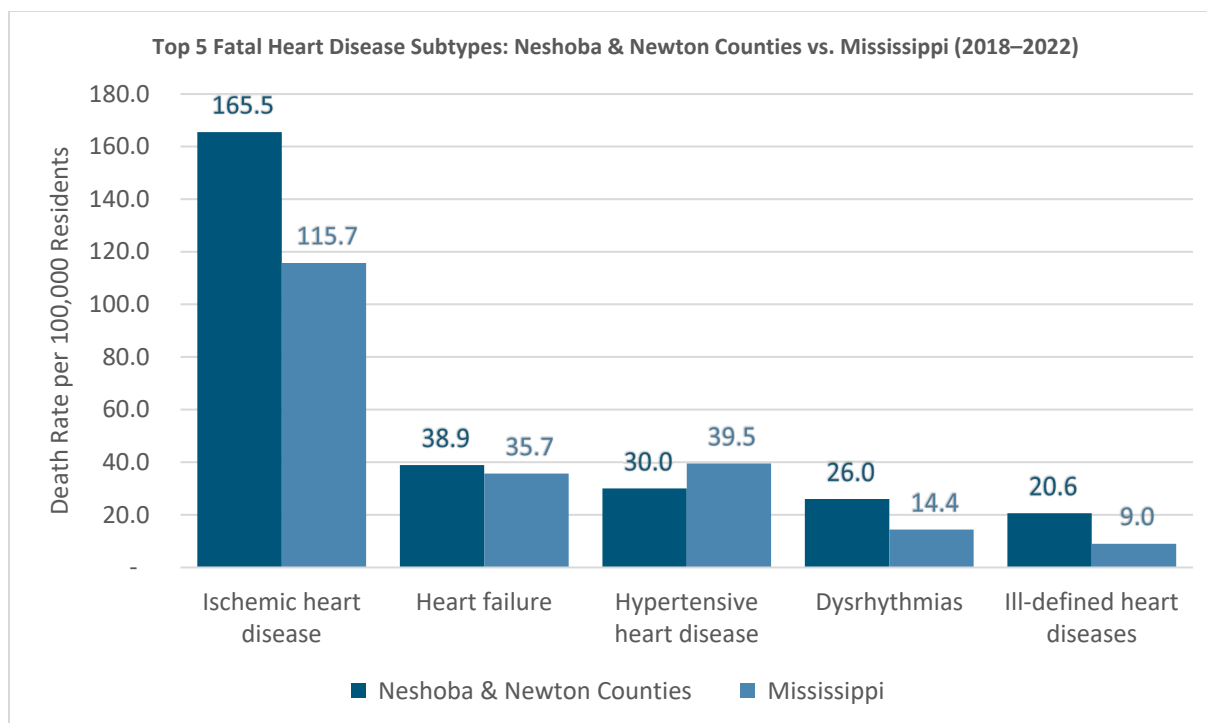


166 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Among heart disease-related deaths in Neshoba County and Newton County, ischemic heart disease is by far the most common subtype, with a death rate of 165.5 per 100,000 residents, significantly higher than the state average of 115.7. Ischemic heart disease, also called coronary artery disease, occurs when the arteries that supply blood to the heart become narrowed or blocked, often due to plaque buildup. This condition is largely preventable through lifestyle changes, early detection, and proper management of risk factors like high blood pressure, high cholesterol, and smoking.

Other common heart disease subtypes in the region include heart failure, hypertensive heart disease, dysrhythmias, and ill-defined heart diseases. Heart failure happens when the heart can't pump blood effectively, often because of damage from prior heart attacks or uncontrolled high blood pressure. Hypertensive heart disease is directly caused by chronic high blood pressure straining the heart over time. Dysrhythmias, or abnormal heart rhythms, can lead to sudden cardiac death if untreated. Ill-defined heart disease includes cases where the cause of death is heart-related but not clearly categorized, which may reflect limited access to diagnostic tools or specialist care.

While some of these conditions are complex, many are preventable or manageable with early intervention, routine screenings, medication adherence, and access to high-quality primary care. The higher death rates from nearly every subtype in the local counties point to a need for stronger community-based prevention and chronic disease management efforts.

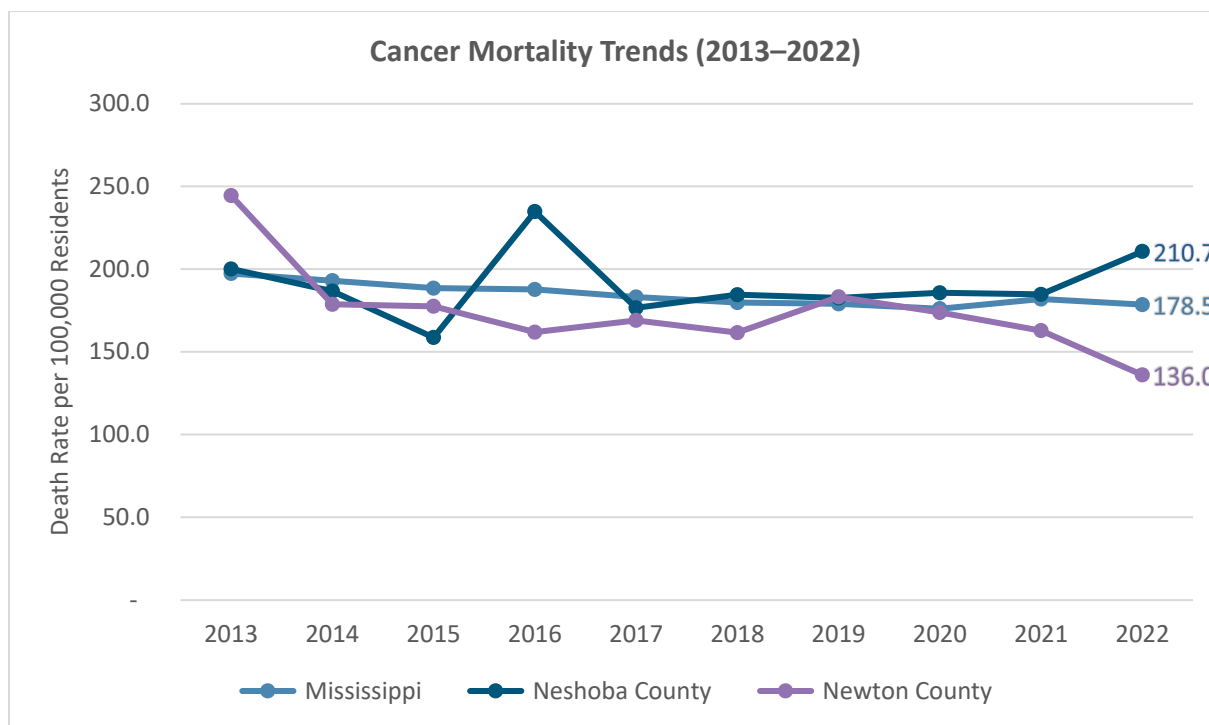


167 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Cancer

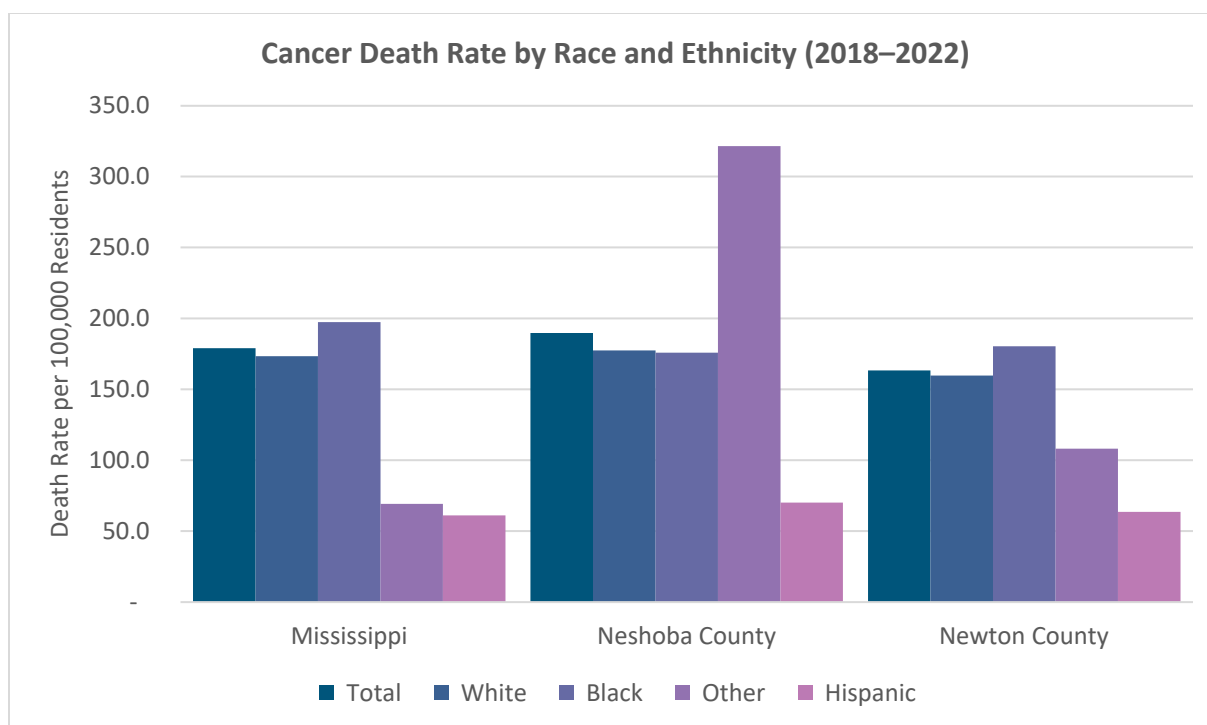
Cancer is the second leading cause of death in the hospital’s primary service areas. While some cancers are linked to genetics or other uncontrollable factors, many cases can be prevented or detected early through screenings, lifestyle changes, and improved access to care. This section explores long-term trends, racial and ethnic disparities, and the specific cancer types contributing most to mortality locally.

Cancer mortality trends over the past decade show variation between the counties. Neshoba County’s rate has remained relatively steady, though slightly higher than the state average for most years, with a notable increase in 2022 to 210.7 deaths per 100,000 residents. In contrast, Newton County has seen a steady decline, falling from a high of over 240 in 2013 to 136.0 in 2022. Mississippi’s statewide rate has stayed consistent throughout the period, hovering around 178.5 deaths per 100,000 residents. These patterns suggest potential differences in screening, treatment access, or cancer prevention efforts between the counties.



168 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

Disparities in cancer mortality by race and ethnicity are clearly visible across the region. In Neshoba County, residents classified as “Other” experience the highest cancer mortality, with a rate exceeding 320 deaths per 100,000 residents, far surpassing other groups. Black and White residents have similar rates, just below 200. In Newton County, Black residents have the highest cancer death rate, followed by White and Other residents. Hispanic residents have the lowest cancer mortality in both counties, a trend consistent with the state. These disparities point to potential inequities in screening, early detection, and access to oncology care that call for targeted outreach and prevention strategies.

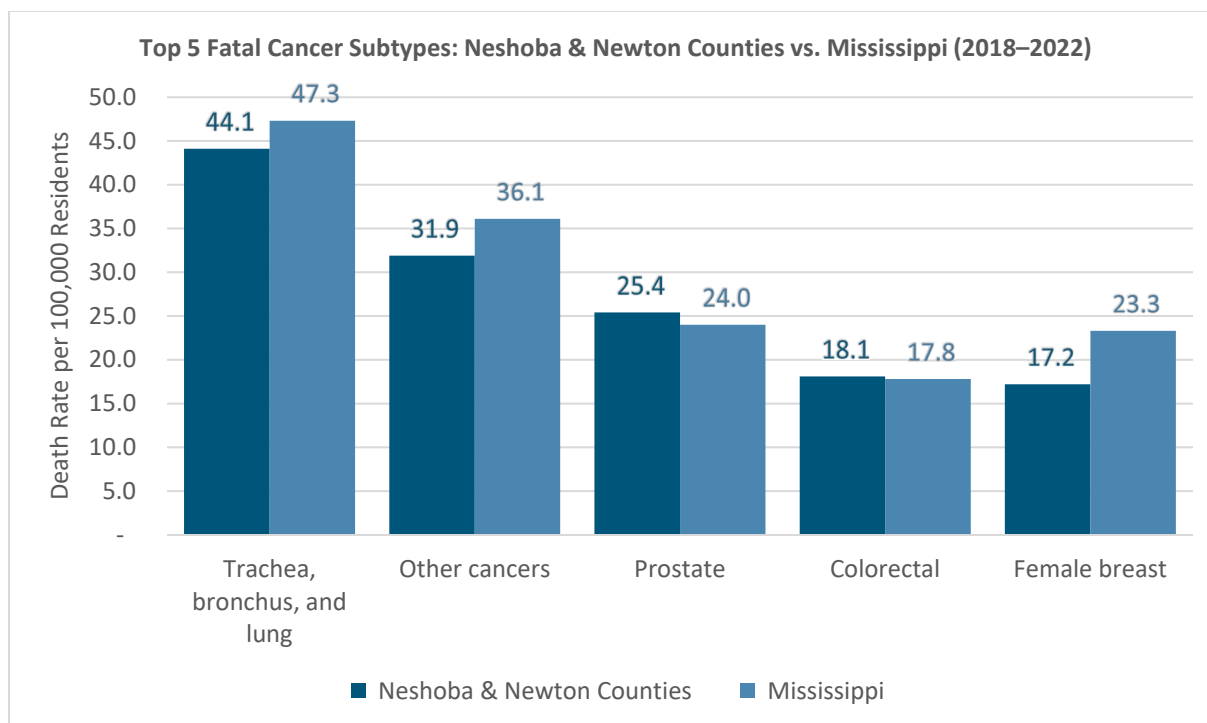


169 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

The most fatal cancer types in the primary service areas largely mirror state trends. Lung cancer (trachea, bronchus, and lung) is the leading cause of cancer death locally and statewide, with a local death rate of 44.1 per 100,000 residents, slightly below the state’s 47.3. Lung cancer is strongly linked to tobacco use, which remains more prevalent in rural Mississippi than nationally.

The second most common category is “Other cancers,” which includes a wide range of rare or less common cancers. These span many parts of the body, such as the esophagus, gallbladder, small intestine, larynx, connective tissue, endocrine glands, lymph nodes, peritoneum, retroperitoneum, and central nervous system. It also includes metastatic cancers (cancers that have spread from other organs), many lymphomas, and cancers of unspecified or ill-defined sites. While each condition in this group is relatively uncommon, they contribute significantly to cancer mortality collectively. The diversity of this category makes it difficult to target with a single intervention, but it points to the importance of broad cancer screening, early detection, and access to specialists who can diagnose and treat rare or advanced-stage diseases.

Other leading causes of cancer death include prostate cancer, colorectal cancer, and female breast cancer. These cancers often have established screening protocols and are more treatable when caught early. Slightly elevated local rates suggest the need to improve education, screening participation, and timely follow-up care across the service area.

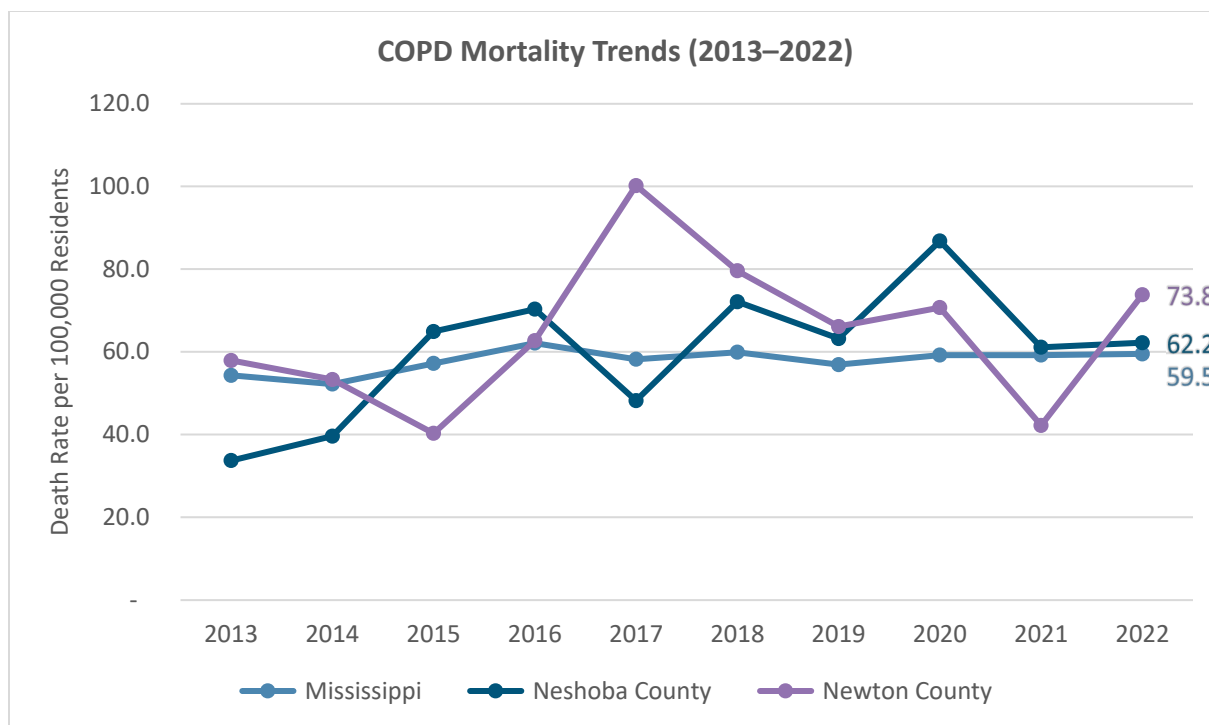


170 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Chronic Obstructive Pulmonary Disease (COPD)

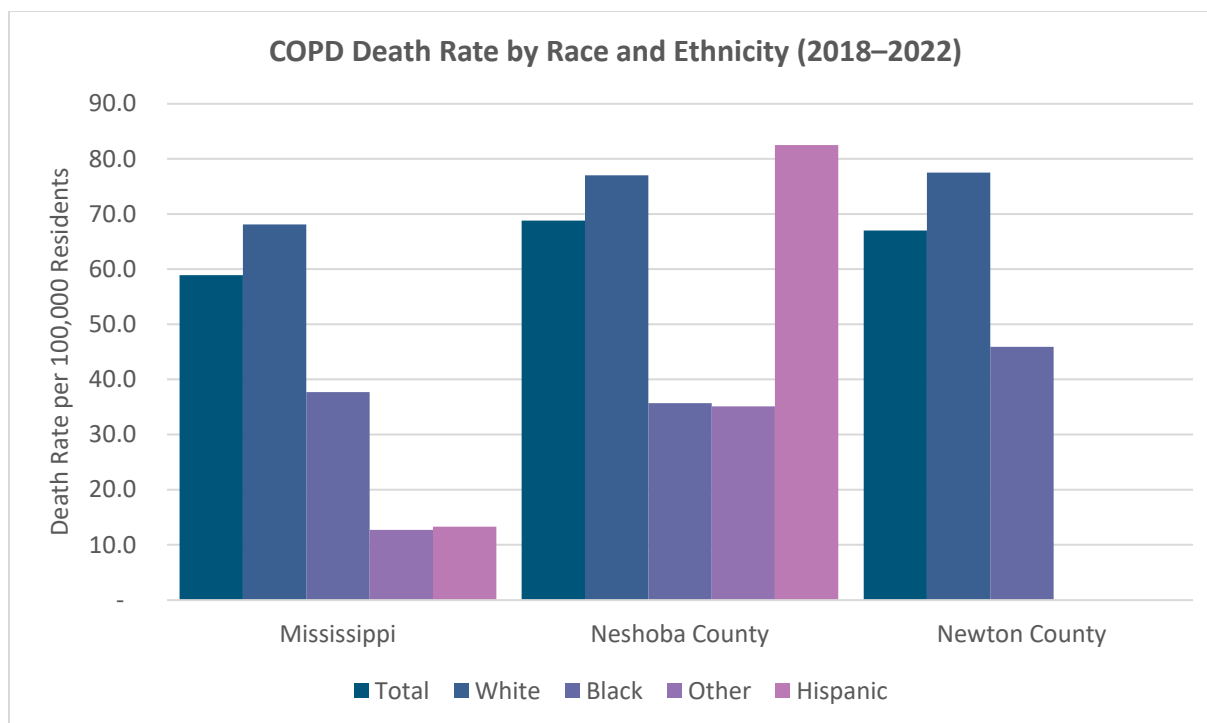
Chronic lower respiratory disease, primarily chronic obstructive pulmonary disease (COPD), is a major cause of preventable death, especially in rural areas with higher smoking rates and environmental exposures. COPD includes conditions like emphysema and chronic bronchitis that limit airflow and worsen over time. While not curable, COPD is often manageable through early diagnosis, smoking cessation, medication, and pulmonary rehabilitation. This section reviews local mortality trends and disparities by race and ethnicity.

Over the past decade, COPD mortality in Neshoba County and Newton County has fluctuated more sharply than the state average. Neshoba County's rate increased steadily between 2013 and 2016, peaked again in 2020, and ended slightly below the state rate in 2022 at 59.5 deaths per 100,000 residents. Newton County saw a spike in 2017, reaching over 100 deaths per 100,000 residents, followed by a drop and then another rise to 73.8 in 2022, which is the highest of the three areas. Mississippi's statewide rate has remained relatively stable, finishing the period at 62.2. The volatility in local trends may reflect differences in smoking prevalence, healthcare access, or delayed diagnosis.



171 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

Mortality rates from COPD also reveal disparities when viewed by race and ethnicity. White residents experience the highest COPD death rates in all three regions, particularly in Neshoba County and Newton County, where the rate exceeds 75 deaths per 100,000. In contrast, Black residents have significantly lower COPD mortality, ranging from 35 to 45 depending on the county. Notably, Hispanic residents in Neshoba County report the highest COPD death rate of any group at over 80 deaths per 100,000 residents, though small population sizes may exaggerate this figure. The consistently high rates among White residents suggest a continued need for tobacco cessation efforts and respiratory care access in this population.

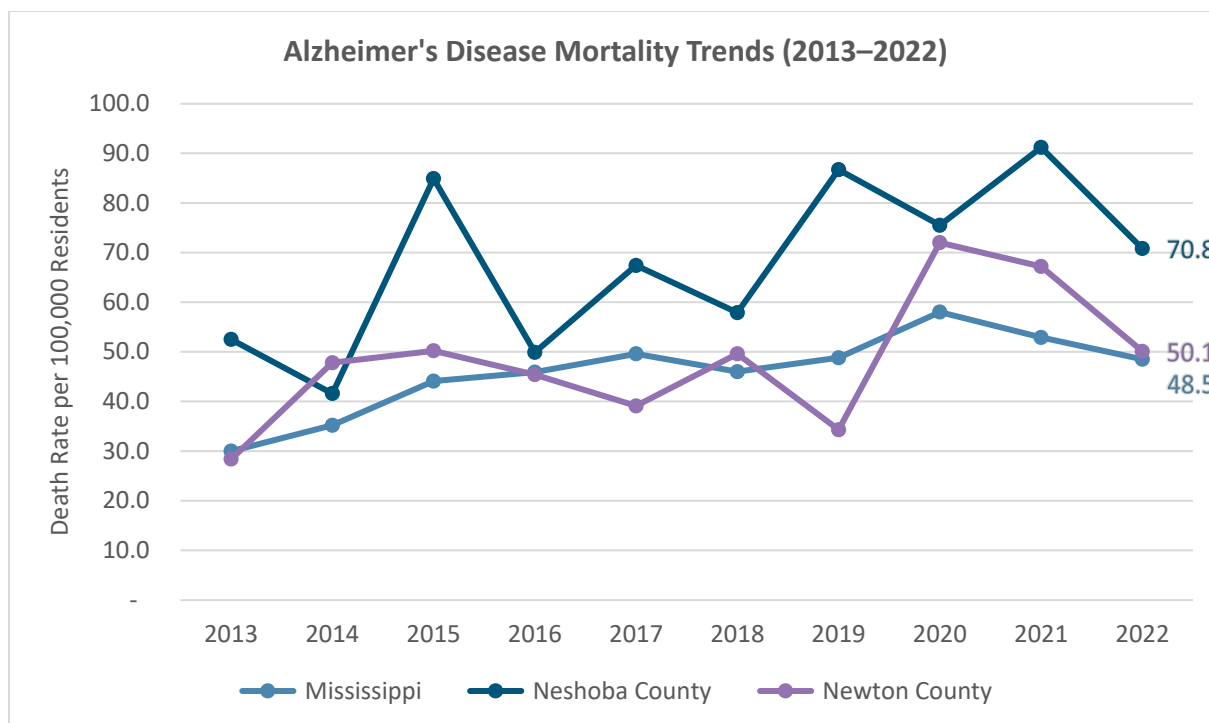


172 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Alzheimer's Disease

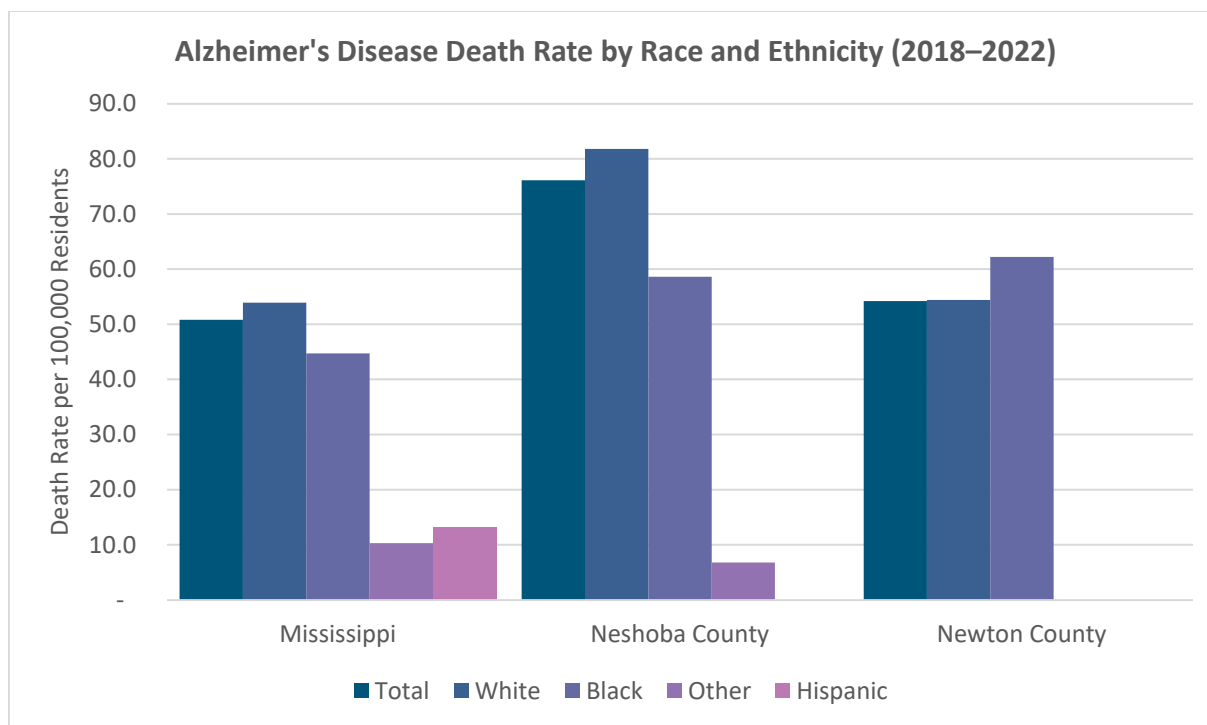
Alzheimer's disease is a progressive brain disorder that impacts memory, behavior, and the ability to perform daily activities. As life expectancy increases, Alzheimer's-related deaths have become more common, especially in older populations. While there is currently no cure, early diagnosis, family support, and coordinated care can improve quality of life for those affected. This section examines long-term mortality trends and racial and ethnic disparities in the hospital's primary service areas.

Alzheimer's mortality rates in Neshoba County and Newton County have fluctuated over the past decade but generally remain below the Mississippi average. Mississippi's rate peaked in 2021 and ended the period at 70.8 deaths per 100,000 residents. Neshoba County's rate has held relatively steady, averaging just under 55 for much of the decade and ending at 50.1 in 2022. Newton County's trend is more variable, with a spike in 2020 and a drop to 48.5 in 2022. These relatively lower local rates may reflect underdiagnosis, limited documentation of Alzheimer's as a primary cause of death, or population differences in age distribution.



173 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

When broken down by race and ethnicity, disparities in Alzheimer’s mortality are more apparent. White residents experience the highest Alzheimer’s death rates in all regions, with Neshoba County’s rate for White residents surpassing 80 deaths per 100,000 residents. In Newton County, the highest rate is seen among Black residents, who also have elevated rates in Mississippi overall. Rates among Hispanic and Other racial groups are lower, though this may be influenced by underreporting or smaller population sizes. These trends suggest a need for more accessible memory care services and earlier identification across all populations, particularly among those aging without consistent access to primary care.

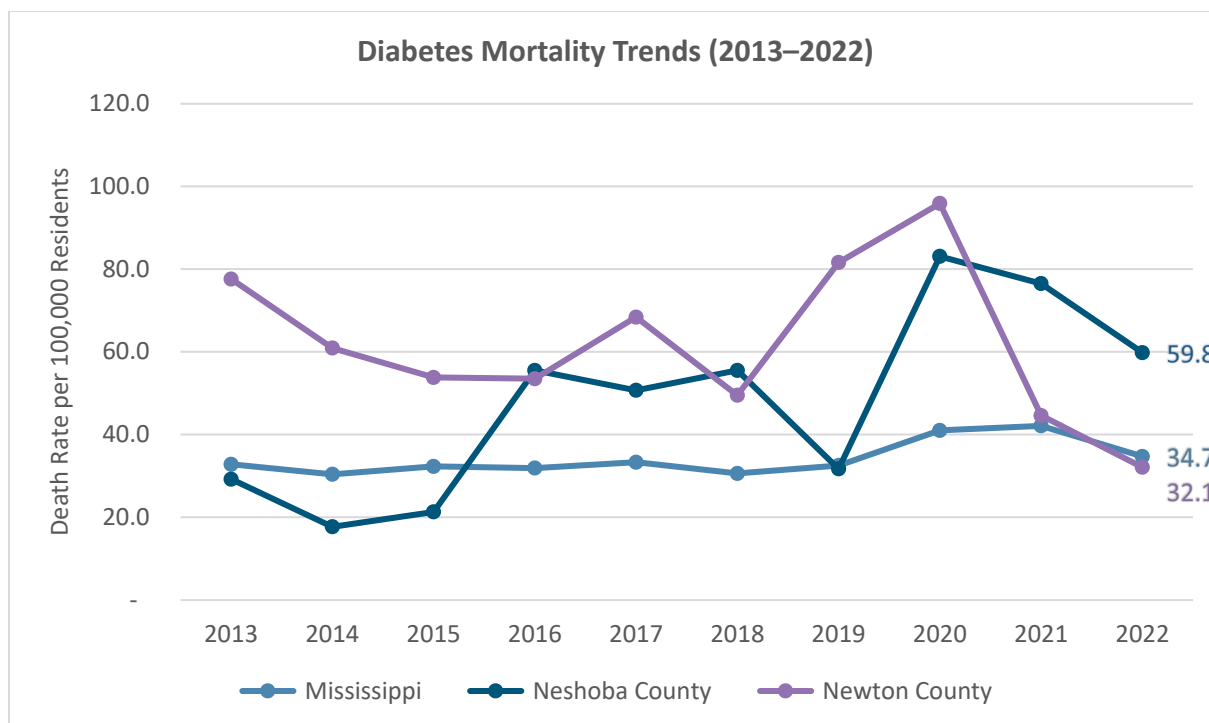


174 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Diabetes

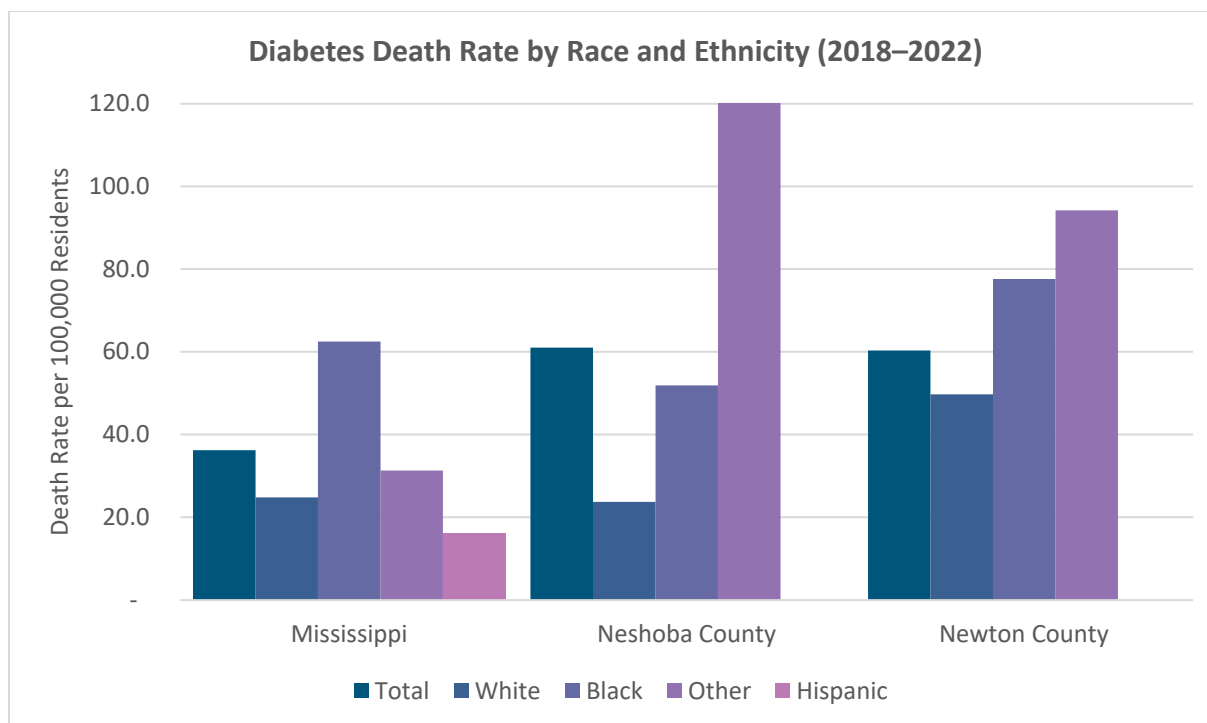
Diabetes is a chronic disease that affects how the body regulates blood sugar. If left unmanaged, it can lead to serious complications such as heart disease, kidney failure, and nerve damage. Many diabetes-related deaths are preventable with early diagnosis, regular care, and lifestyle changes. This section explores local trends and disparities in diabetes mortality across the hospital's primary service areas.

Diabetes mortality has varied widely over the past decade, particularly in Neshoba County and Newton County, where rates have spiked in recent years. Neshoba County experienced a sharp rise in 2020, reaching over 80 deaths per 100,000 residents, followed by a decline to 59.8 in 2022. Newton County's rate peaked even higher in 2020 at nearly 100 before falling to 32.1 by 2022, now below the state average. Mississippi's statewide rate has remained relatively stable, ending the period at 34.7 per 100,000 residents. These fluctuations suggest potential challenges in chronic disease management, care continuity, or access to preventive services during the COVID-19 pandemic and its aftermath.



175 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

When broken down by race and ethnicity, diabetes mortality shows some of the most extreme disparities among leading causes of death. In both Neshoba County and Newton County, residents classified as “Other” have alarmingly high diabetes death rates, reaching 337.1 per 100,000 in Neshoba and over 90 in Newton. *Neshoba County’s rate for the “Other” race/ethnicity category has been scaled down in the chart for visibility purposes.* These figures vastly surpass the state average for the same group. Black residents also face elevated diabetes mortality, particularly in Newton County, while White residents report lower rates. Hispanic residents have the lowest diabetes mortality in Mississippi and Neshoba County, though these rates still call for monitoring. These disparities underscore the need for culturally informed diabetes education, improved screening, and consistent management resources across all racial and ethnic groups.



176 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

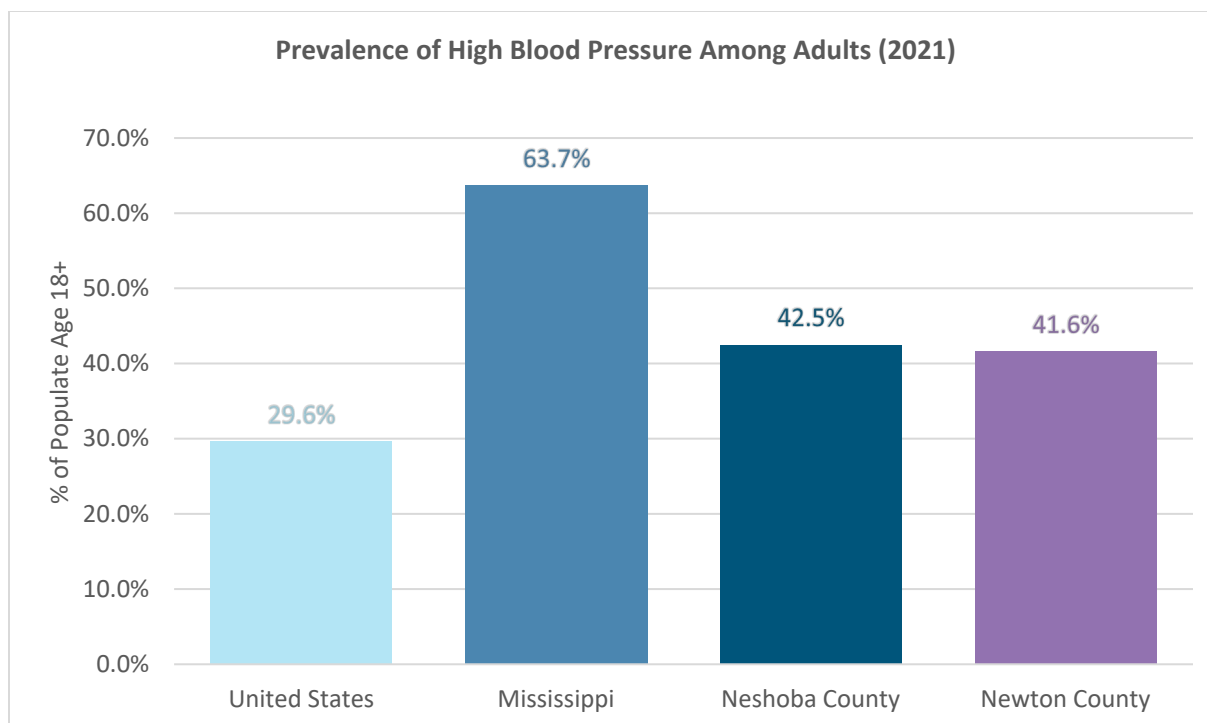
Risk and Behavioral Health Indicators

The leading causes of death and chronic disease are often influenced by health behaviors and modifiable risk factors. By tracking behavioral and clinical trends such as physical inactivity, tobacco use, and chronic conditions like diabetes and asthma, we can better understand where preventive outreach and education may have the greatest impact. This section provides local comparisons against state and national benchmarks.

High Blood Pressure

High blood pressure, or hypertension, occurs when the force of blood against artery walls remains elevated over time. Often referred to as the “silent killer,” it typically presents no symptoms but significantly increases the risk of heart disease, stroke, kidney failure, and other complications. Because it often goes undetected, routine screening and consistent management are critical to reducing its long-term effects.

In 2021, self-reported hypertension affected 42.5% of adults in Neshoba County and 41.6% in Newton County. While these rates fall below the state average of 63.7%, they remain substantially higher than the national average of 29.6%. Given that heart disease is the leading cause of death in the region, elevated blood pressure is likely a major contributing factor. It may also be linked to higher rates of stroke, kidney failure, and diabetes-related complications, especially when paired with other risk factors such as limited access to care or poor nutrition.

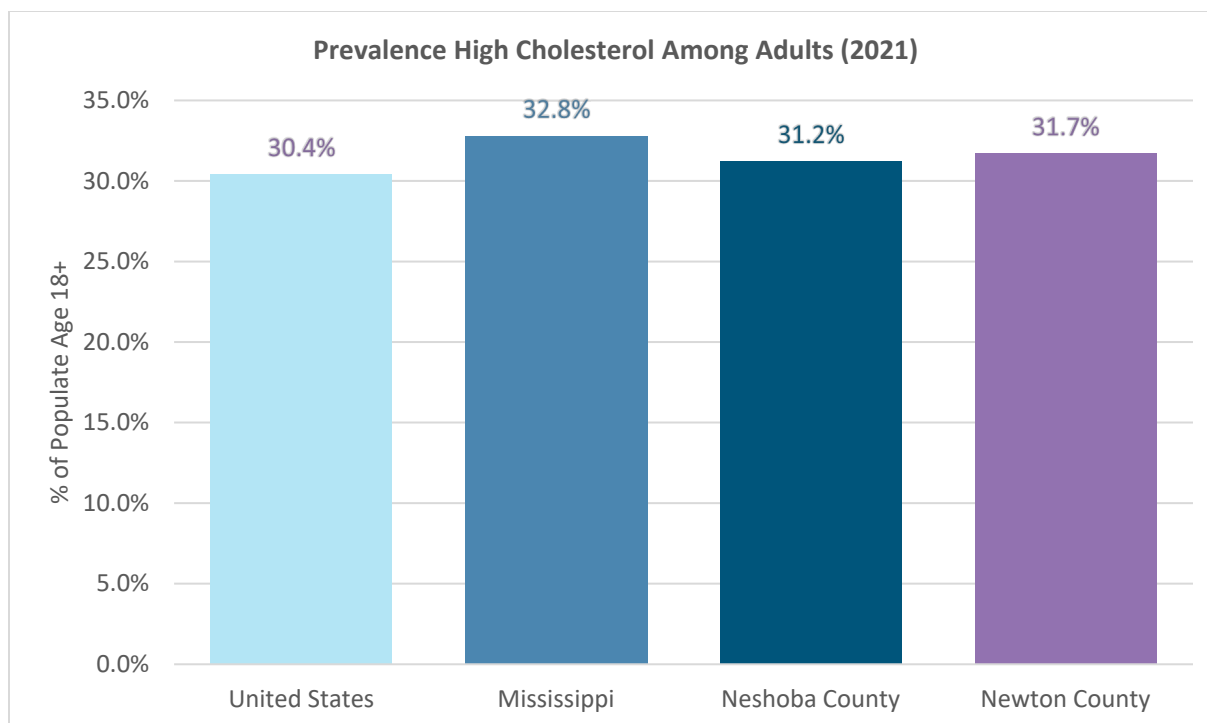


177 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2021); CDC Chronic Disease Indicators (2021)

High Cholesterol

Cholesterol is a waxy substance that the body needs in small amounts to build cells and produce hormones. However, when cholesterol levels become too high, plaque can build up in the arteries, increasing the risk of heart attack and stroke. Since high cholesterol often presents no symptoms, regular screening remains one of the few ways to detect the condition early.

In 2021, about 31% of adults in both Neshoba County and Newton County reported having high cholesterol. These rates are nearly aligned with the national average of 30.4% and slightly below the state average of 32.8%. Even modest differences in prevalence may carry greater weight in regions with existing burdens of heart disease and other chronic conditions. In communities with fewer preventive resources, high cholesterol may remain unmanaged, amplifying the effects of related risk factors like high blood pressure and diabetes.

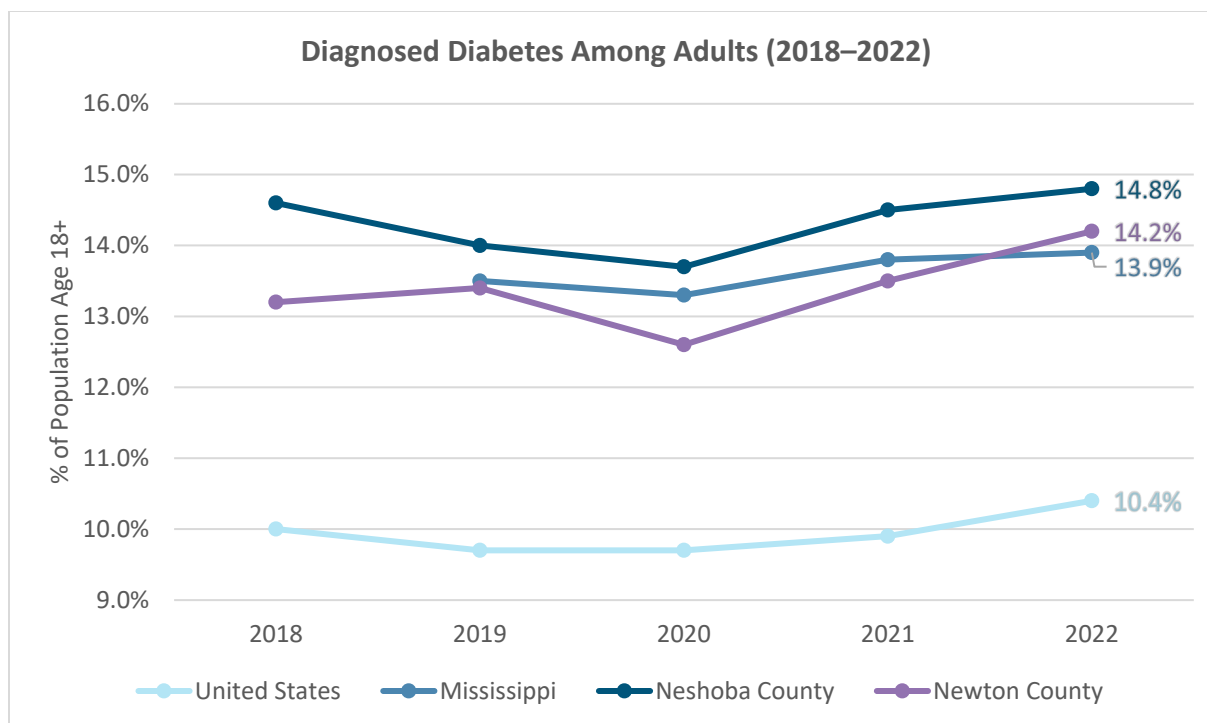


178 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2021); CDC Chronic Disease Indicators (2021)

Diagnosed Diabetes

Diabetes is a chronic condition that affects the body's ability to regulate blood sugar. Without proper management, it can lead to complications such as nerve damage, kidney failure, heart disease, and vision loss. Tracking diagnosed cases over time helps highlight where interventions may be needed most.

As of 2022, 14.8% of adults in Neshoba County and 14.2% in Newton County reported having diabetes. Both counties exceed the Mississippi average of 13.9% and the national average of 10.4%. These rates are particularly concerning given the high diabetes-related mortality observed earlier, especially among Black and Hispanic residents. The data suggest a widespread impact on health and quality of life, with implications for the sustainability of local healthcare systems.

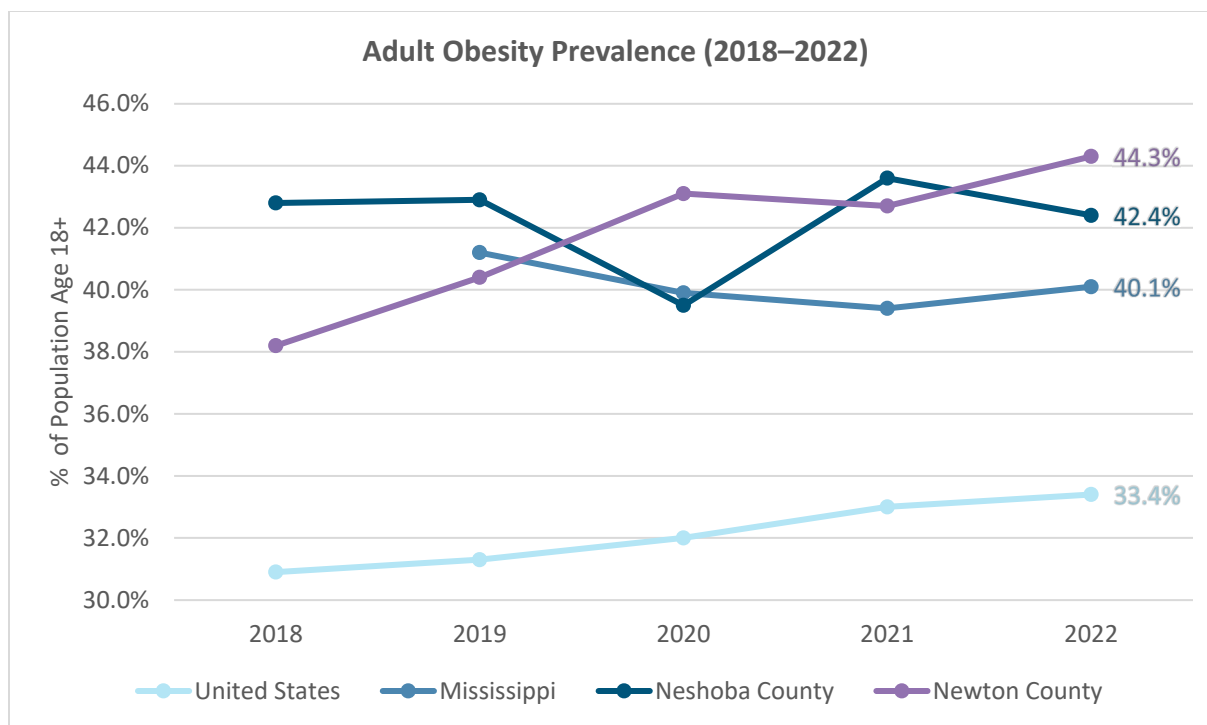


179 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2018–2022); CDC Chronic Disease Indicators (2018–2022)

Obesity

Obesity is closely tied to numerous health outcomes, including heart disease, stroke, diabetes, and certain cancers. Defined as having a body mass index (BMI) of 30 or higher, obesity is shaped by a range of factors, from genetics and lifestyle to environmental and socioeconomic conditions.

In 2022, adult obesity rates in the service area far exceeded the national average of 33.4%. Newton County reported a rate of 44.3%, while Neshoba County followed closely at 42.4%. These figures also surpass the Mississippi state average of 40.1%. Newton County’s obesity rate has increased significantly over the last five years, suggesting a growing health burden. High obesity rates are consistent with other concerning trends in the region, such as elevated blood pressure and diabetes.

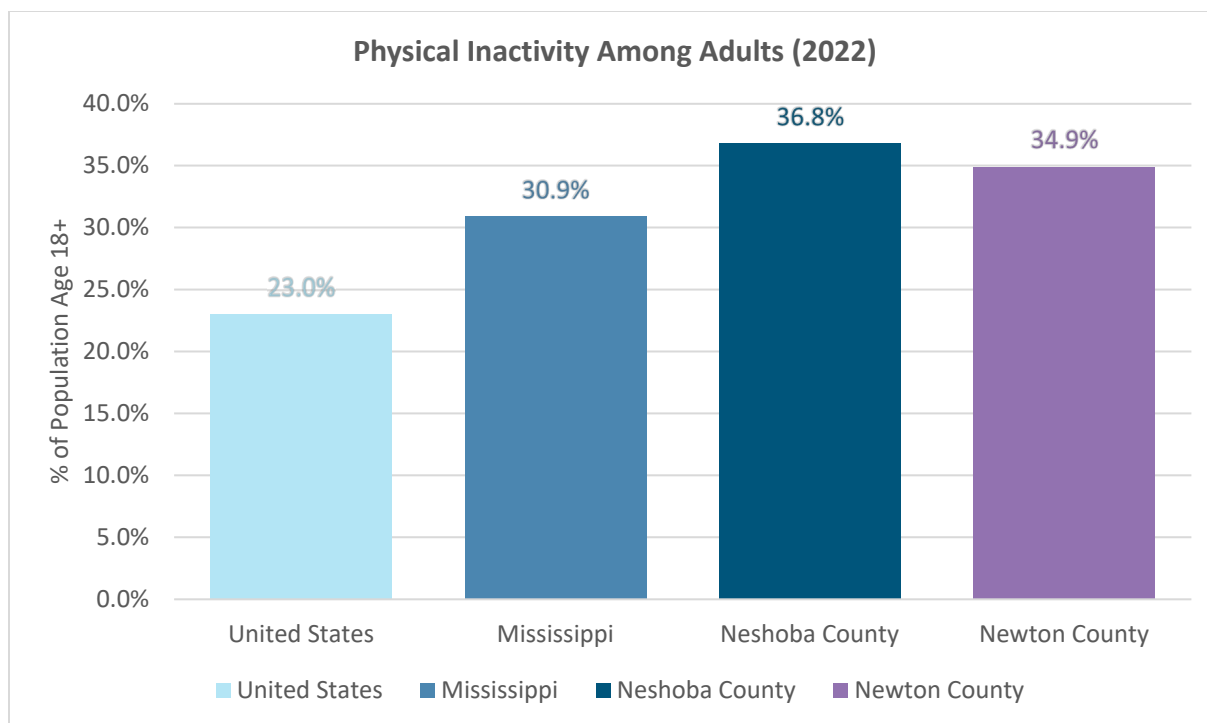


180 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2018–2022); CDC Chronic Disease Indicators (2018–2022)

No Leisure-Time Physical Activity

Engagement in physical activity is a cornerstone of chronic disease prevention and mental wellbeing. Physical inactivity, defined as no leisure-time physical activity in the past month, increases the risk for a range of health conditions, including obesity, heart disease, and diabetes.

In 2022, 36.8% of Neshoba County adults and 34.9% of Newton County adults reported no leisure-time physical activity. These rates are well above both the state average of 30.9% and the national average of 23.0%. A lack of physical activity may contribute to the already elevated rates of obesity, hypertension, and diabetes in the area, compounding the long-term risks of chronic illness.

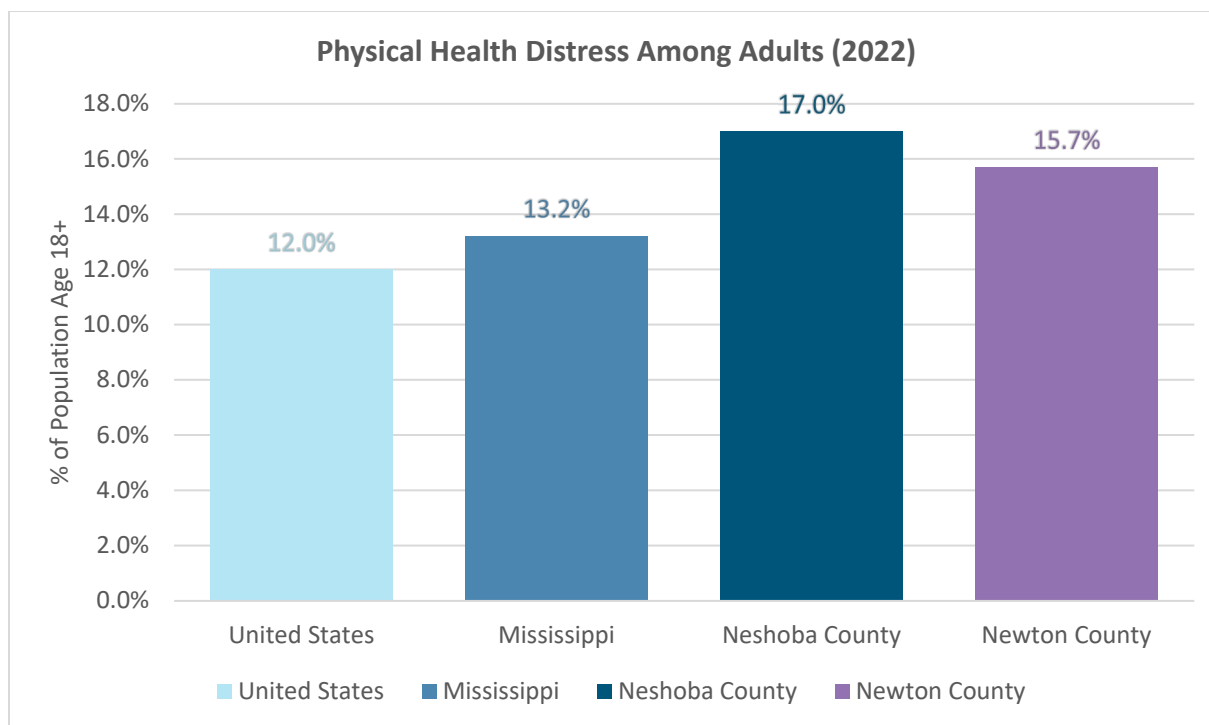


181 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Frequent Physical Distress

Frequent physical distress is measured by the percentage of adults who report feeling physically unwell for 14 or more days in the past month. This metric offers insight into the day-to-day burden of illness and the broader quality of life among community members.

In 2022, Neshoba County reported that 17.0% of adults experienced frequent physical distress, while Newton County reported a similar rate of 15.7%. These figures are higher than the state and national averages, which were 13.2% and 12.0%, respectively. This pattern mirrors the region's elevated rates of chronic disease and points to the everyday toll of poor health on the population.

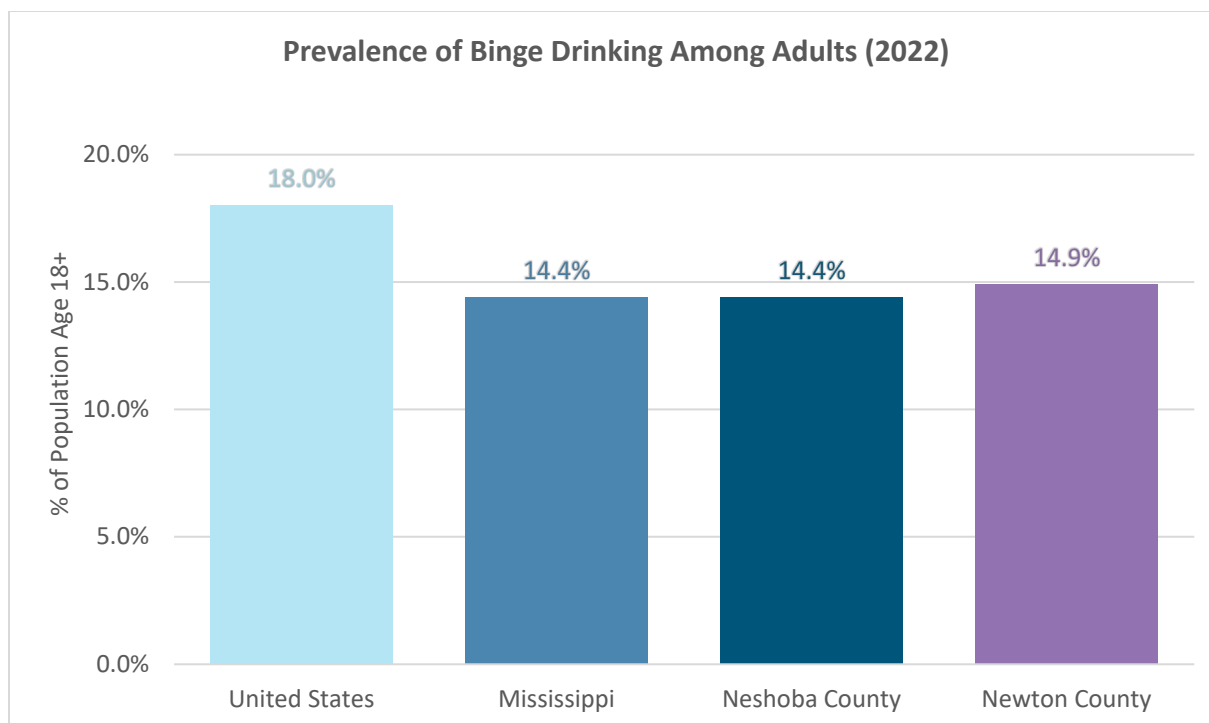


182 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Binge Drinking

Binge drinking involves consuming several alcoholic drinks on a single occasion and is associated with increased risk of injury, liver disease, high blood pressure, and certain cancers. While the prevalence of binge drinking may be lower in some rural areas, its effects can still be significant, particularly when combined with other health challenges.

In 2022, 14.9% of adults in Newton County and 14.4% in Neshoba County reported binge drinking, closely matching the state average but falling below the national rate of 18.0%. Though below the national figure, these rates still represent a meaningful portion of the adult population and could interact with other risk factors to influence health outcomes.

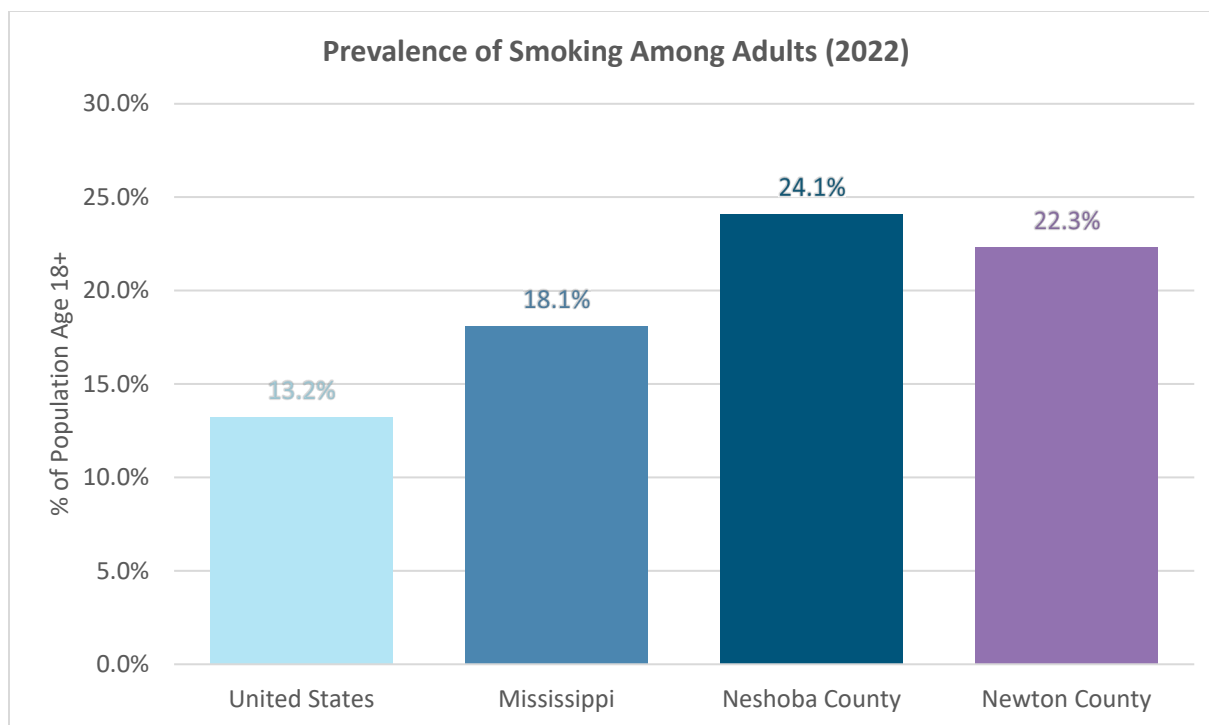


183 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Current Smoking

Smoking is widely recognized as one of the most preventable causes of death and disease. It plays a significant role in the development of cardiovascular disease, cancer, and chronic respiratory conditions, including COPD.

In 2022, Neshoba County's smoking rate reached 24.1%, with Newton County following at 22.3%. These rates exceed both the state average of 18.1% and the national average of 13.2%. Elevated smoking rates align with higher rates of COPD and heart disease mortality, highlighting the role of tobacco use in driving chronic illness in the region.

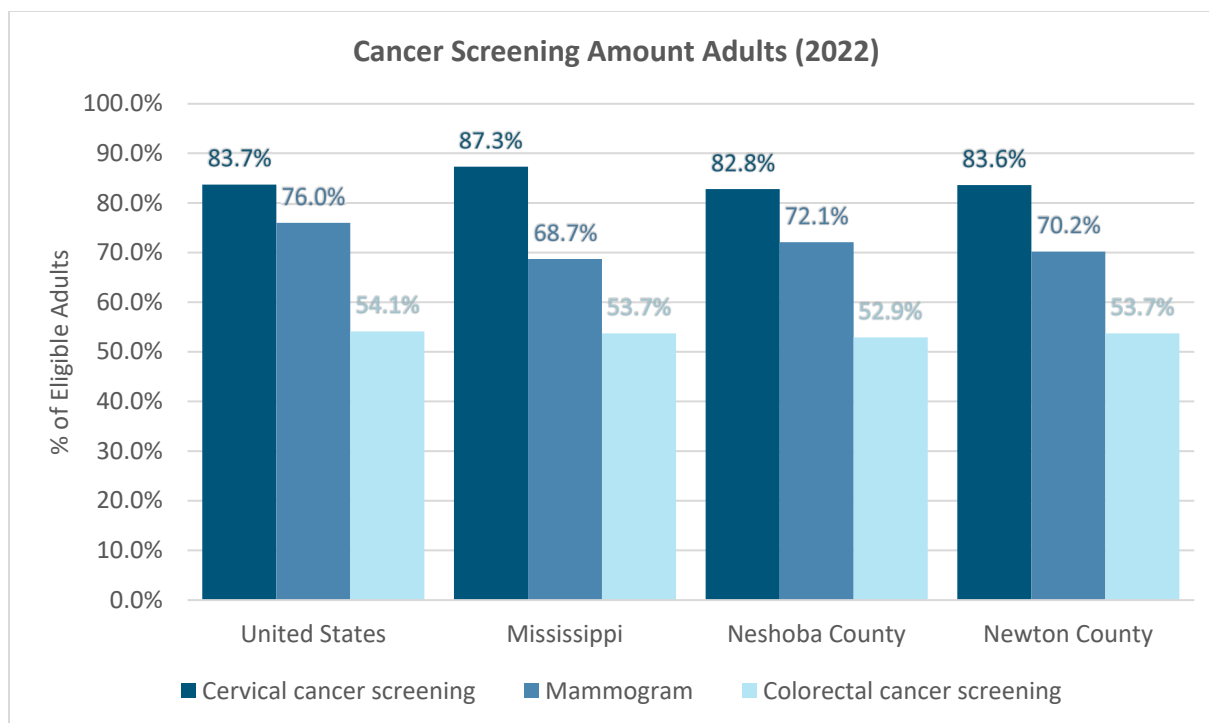


184 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Cancer Screenings

Routine screenings for cervical, breast, and colorectal cancers help detect disease early, often before symptoms appear. Early detection increases the chances of successful treatment and can reduce cancer-related mortality.

Cervical cancer screening rates in 2022 were high in all geographies, with Mississippi exceeding the national average and both Neshoba County and Newton County close behind. Mammogram rates in Neshoba County and Newton County were slightly below the national average but higher than the state average. Colorectal screening rates lagged across the board, with just over half of eligible adults reporting screening in Mississippi and the two counties. These findings are important considering earlier cancer mortality data and point to opportunities for increased early detection.

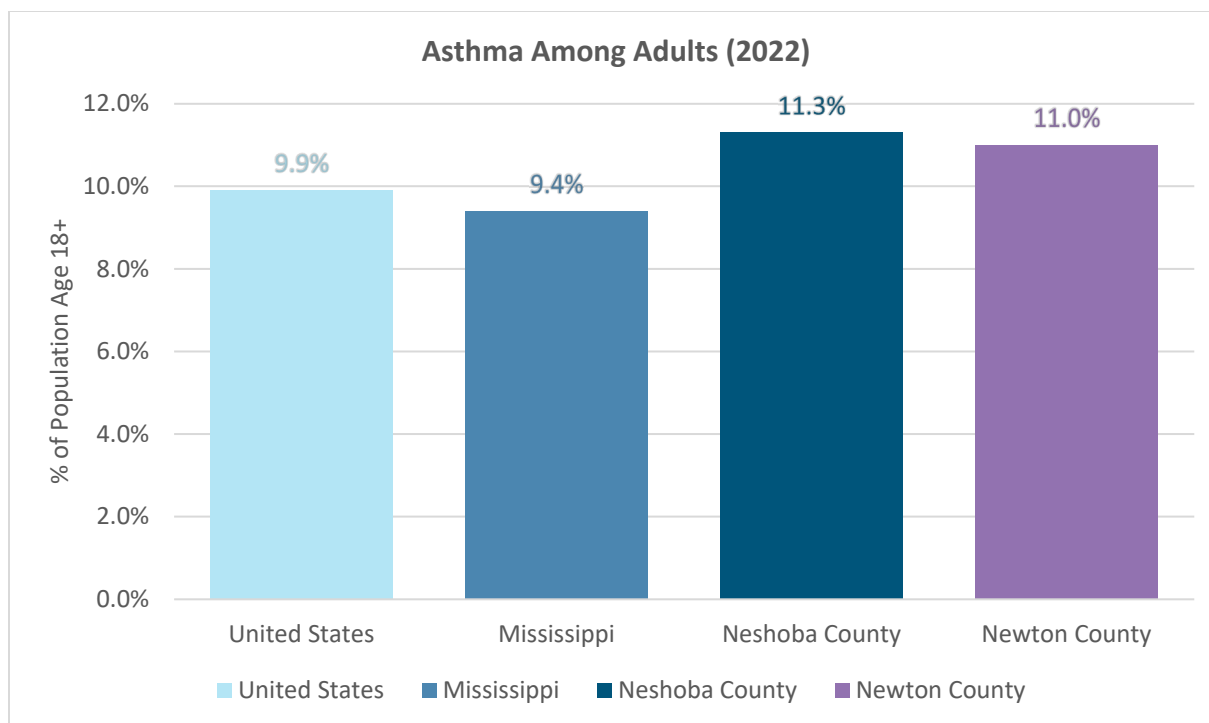


185 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Current Asthma

Asthma is a chronic respiratory condition that can limit quality of life and increase the risk of hospitalization, especially when poorly managed. It is often triggered by environmental exposures and can complicate other illnesses.

As of 2022, 11.3% of adults in Neshoba County and 11.0% in Newton County had asthma. These rates are higher than both the state and national averages, which were 9.4% and 9.9%, respectively. Elevated asthma prevalence in the region is especially significant when considered alongside high rates of COPD and smoking, suggesting a need for increased attention to respiratory health.

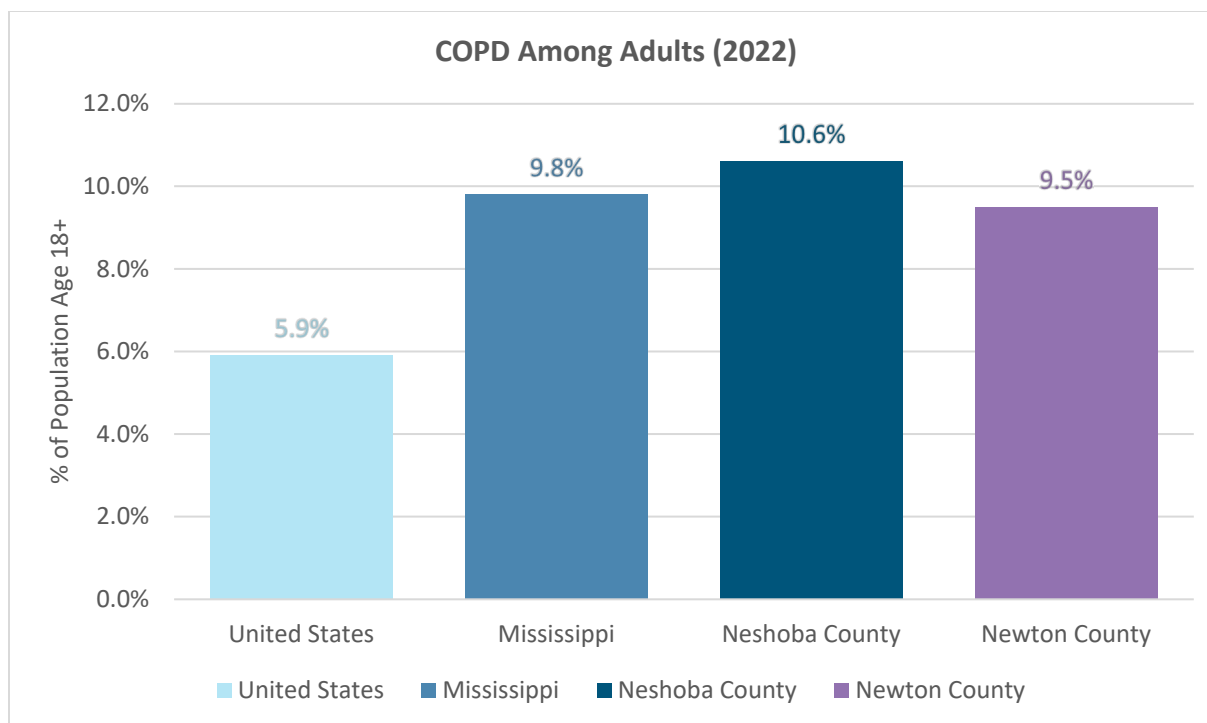


186 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Chronic Obstructive Pulmonary Disease

COPD is a progressive lung condition that can severely limit daily functioning. It is strongly linked to smoking and environmental irritants and contributes significantly to hospital admissions and premature death.

In 2022, 10.6% of adults in Neshoba County and 9.5% in Newton County were living with COPD. Both counties exceeded the state average of 9.8% and were well above the national rate of 5.9%. These figures echo the region's high smoking rates and further illustrate the link between tobacco use and chronic respiratory conditions.



187 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Together, these indicators reflect the complex interplay of personal behaviors, clinical conditions, and systemic factors that shape community health. Understanding these patterns is a necessary step in identifying where resources and interventions may have the greatest impact on long-term wellbeing.

Progress Since the Last CHNA

Since the completion of the previous CHNA, the hospital has worked to address the top priorities identified during that cycle. This section offers a high-level overview of the implementation strategies developed in response, including programs, outreach efforts, and collaborative initiatives. Reviewing what has been accomplished provides important context for the current assessment and reinforces the hospital's ongoing commitment to community health.

Initiative 1: Lifestyle Improvement

Ochsner Laird Hospital has focused on encouraging healthy living and preventive care through community engagement and participation in collaborative health initiatives.

- Participated in the Union County Day Walk and Run events on May 15, 2024, and September 13, 2025, providing water and healthy snacks to participants.
- Through participation in the Rural Solution ACO, Laird Hospital and its affiliated clinics emphasize lifestyle improvement and disease prevention for patients, focusing on COPD management, diabetes care, heart health, flu vaccination, and overall healthy living.

Initiative 2: Cancer Awareness

Ochsner Laird Hospital continues to promote cancer prevention and early detection through its partnerships and patient education efforts.

- As part of the Rural Solution ACO, the hospital and its affiliated clinics integrate cancer awareness and prevention messaging into ongoing chronic disease management initiatives, supporting early screening, healthy lifestyle choices, and patient education.

Initiative 3: Accident Prevention

Ochsner Laird Hospital remains committed to injury prevention and patient safety through education and clinical best practices.

- Patients receive fall prevention education upon admission to the hospital to reduce risks during and after hospitalization.
- The hospital and its affiliated clinics participate in the Rural Solution ACO, which incorporates safety and wellness education into broader lifestyle improvement programs addressing chronic disease prevention and overall community health.

Ochsner Scott Regional: Serving the Community

Located in Morton, Mississippi, Ochsner Scott Regional is a 25-bed critical access hospital dedicated to meeting the healthcare needs of Scott County. As the only hospital in the county, it plays a vital role in providing access to essential medical services in a predominantly rural area where alternatives may be scarce. Since its founding, the hospital has grown to offer around-the-clock emergency care, inpatient and outpatient services, diagnostic imaging, laboratory services, respiratory therapy, and rehabilitation care. Participation in the 340B drug pricing program allows the hospital to help eligible patients obtain necessary medications at reduced costs.

The care team at Ochsner Scott Regional includes physicians, nurses, technicians, and support staff who are deeply committed to patient-centered care. With strong local roots, the hospital maintains an active presence in the community through free screenings, wellness fairs, and partnerships with schools, churches, and civic organizations that support health education and prevention.

As a cornerstone of the regional healthcare safety net, Ochsner Scott Regional works closely with local agencies and community partners to identify and respond to local health priorities. Its mission to enhance quality of life aligns with a broader effort to promote long-term wellness and resilience across the region.

Ochsner Scott Regional continues to offer compassionate, dependable care to its neighbors while drawing on the resources and clinical expertise of the Ochsner Rush Health system. This partnership strengthens the hospital's ability to deliver high-quality services and reinforces its role as a trusted provider for generations of Scott County residents.

Hospital Service Area Overview

Understanding where a hospital's patients live is key to identifying local health needs and designing effective care strategies. This section outlines the primary service area for Ochsner Laird Hospital, based on Centers for Medicare & Medicaid Services (CMS) Hospital Service Area data from 2019 to 2023. These geographic insights support targeted outreach, guide resource planning, and help build strategic partnerships across the region.

Scott County, located in central Mississippi, is the sole county served by Ochsner Scott Regional. From 2019 to 2023, 100% of the hospital's Medicare patients resided within the county, highlighting the hospital's central role in meeting the healthcare needs of its immediate community. This exclusive service relationship reflects the hospital's deep integration into the local fabric and reinforces its responsibility as the primary provider of care for area residents.

Founded in 1833, Scott County has a long and steady history shaped by its agricultural roots and strong sense of community. Its towns and rural communities reflect a deep connection to place, where generations of families have lived, worked, and supported one another. Civic engagement, faith-based organizations, and local institutions serve as pillars of daily life, creating a culture built on mutual support and resilience.

The residents of Scott County have a long-standing tradition of caring for one another, especially during times of need. Local schools, churches, civic groups, and healthcare providers like Ochsner Scott Regional play a vital role in sustaining this spirit of collaboration. As the only hospital in the county, Ochsner Scott Regional provides not only essential medical services but also a dependable and familiar presence in the community.

The county's shared investment in its future is reflected in its ongoing efforts to improve local quality of life. With its focused reach and longstanding relationships, Ochsner Scott Regional is well positioned to continue supporting the health and well-being of the people it serves both now and for generations to come.

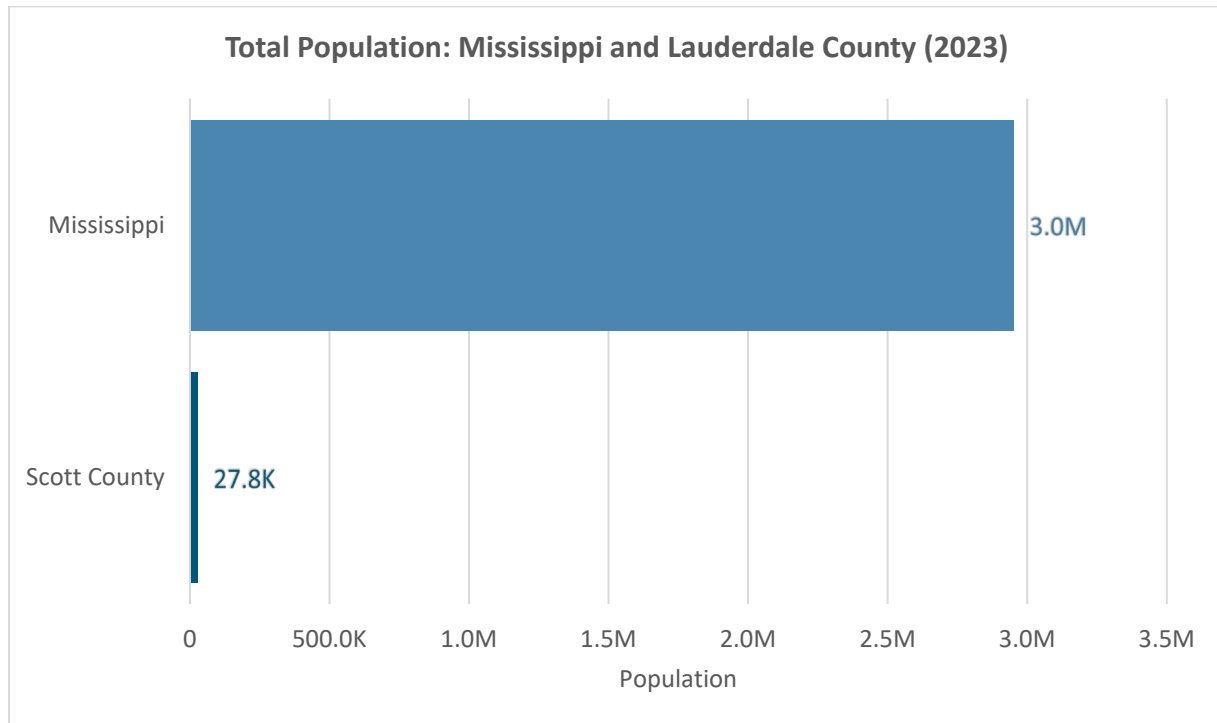
Demographic Profile of the Hospital Service Area

Demographic data provides essential context for understanding health needs, tracking changes over time, and informing strategies for care delivery and resource allocation. This section presents an overview of the population characteristics in the hospital's service area, including total population, population change over time, age distribution, sex, and racial and ethnic composition.

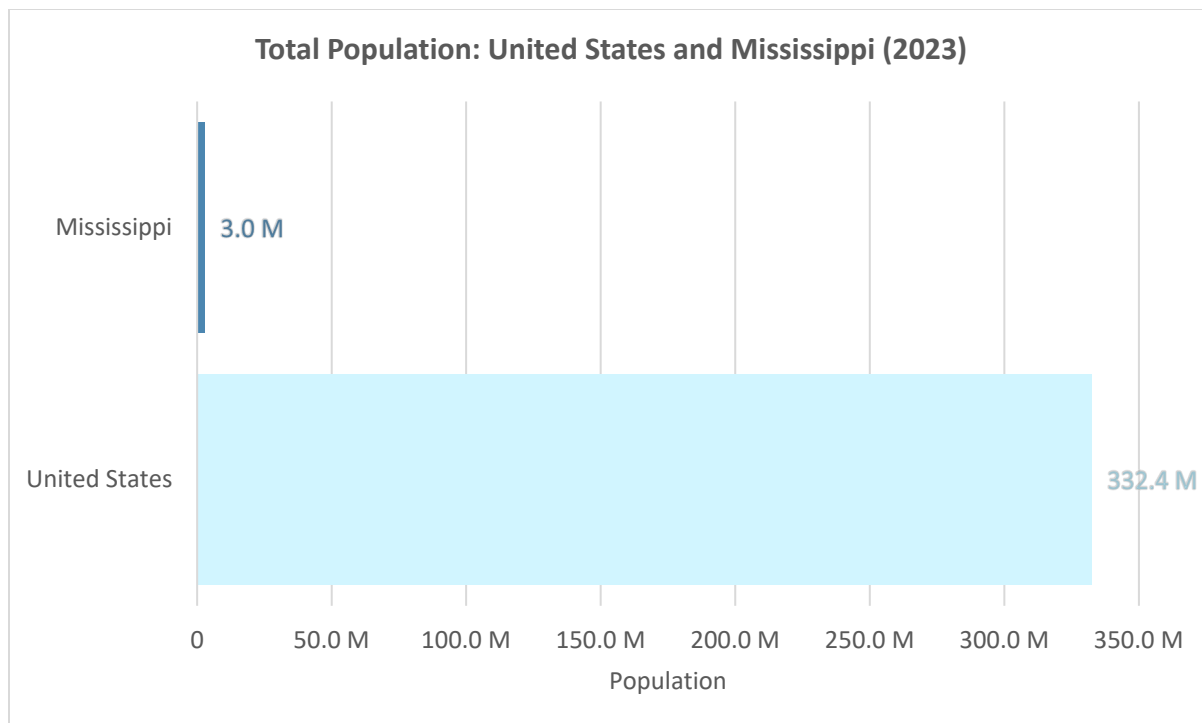
Ochsner Scott Regional is uniquely positioned with a strong local presence in Scott County. As of 2023, Scott County had a population of approximately 27,800, making it a small but vital component of Mississippi's overall population of just over 3 million.

When viewed in the national context, Mississippi makes up less than 1% of the total U.S. population of 332 million. This underscores the need for healthcare systems in rural states to be especially strategic, as they often serve broad geographic areas with limited population density.

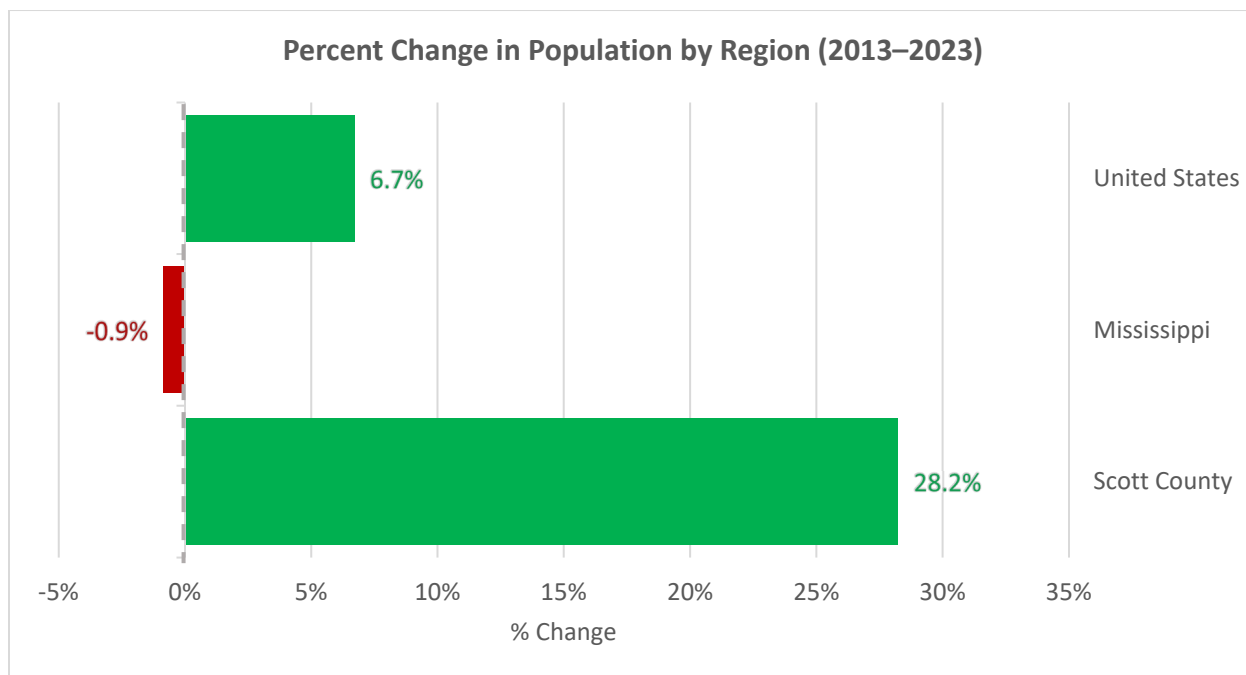
Population change over time offers insight into long-term community trends. From 2013 to 2023, Scott County experienced a significant population increase of 28.2%, contrasting with a slight decline of -0.9% in Mississippi and a 6.7% growth nationally. This growth is notable for a rural area and may reflect economic development, shifting migration patterns, or local efforts to retain and attract residents.



188 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



189 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



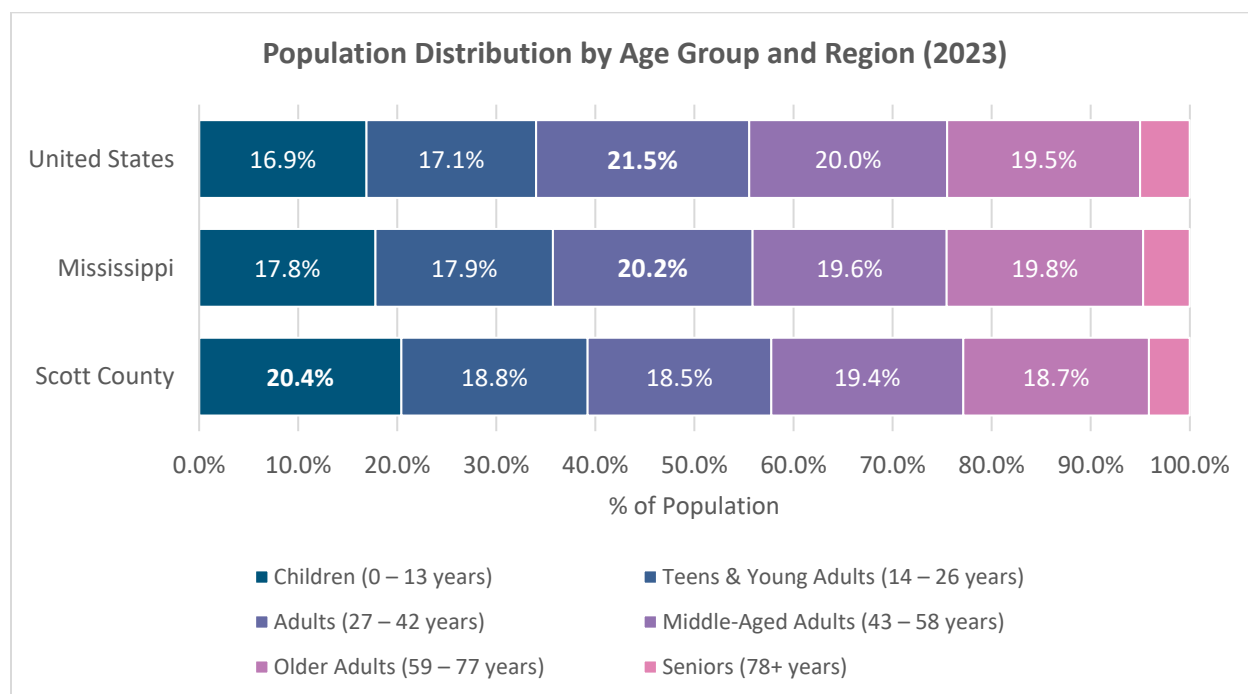
190 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013 & 2023), Table S0601

In Scott County, 20.4% of residents are children under age 14, a rate notably higher than both the Mississippi (17.8%) and national (16.9%) averages. This youthful population suggests a strong need for pediatric care, school-based health programs, and family-centered services.

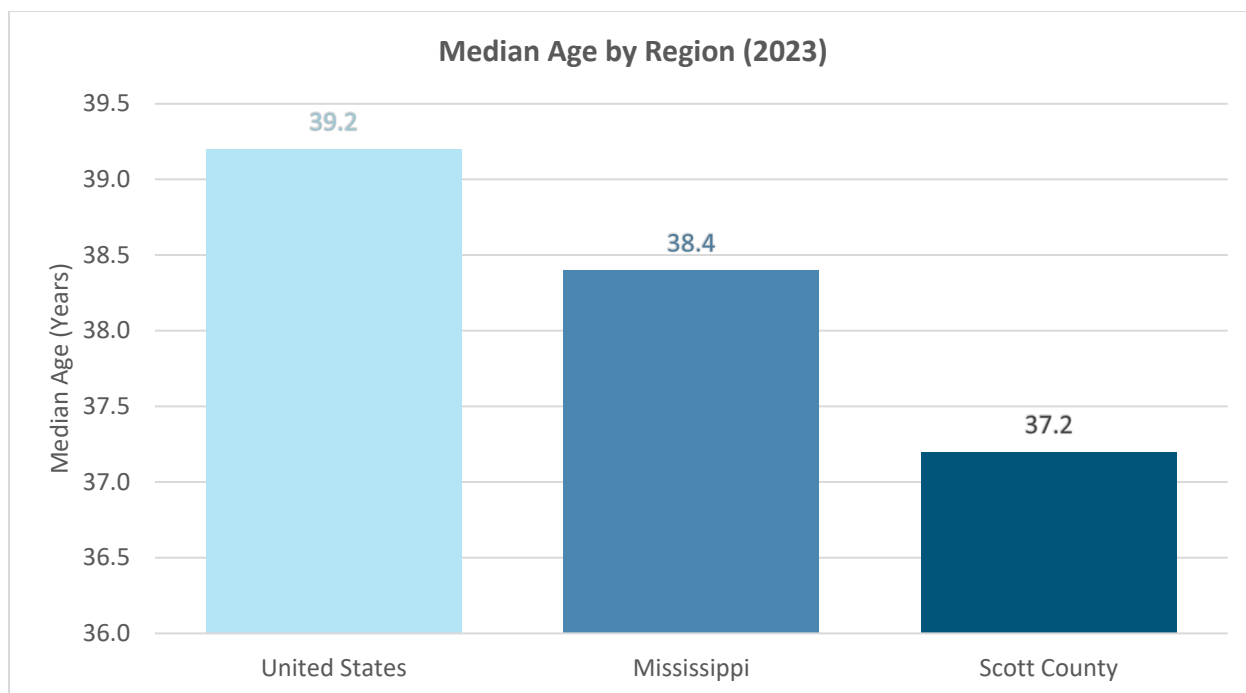
Scott County also has a slightly higher proportion of teens and young adults (18.8%) compared to Mississippi (17.9%) and the United States (17.1%). While adults aged 27 to 42 make up a smaller share (18.5%) than the national average (21.5%), the county maintains a relatively balanced distribution across working-age and older adult groups.

The median age in Scott County is 37.2 years, which is younger than both Mississippi (38.4 years) and the U.S. (39.2 years). This suggests a population that may still be in its prime working years, with opportunities for investment in workforce development and preventative care.

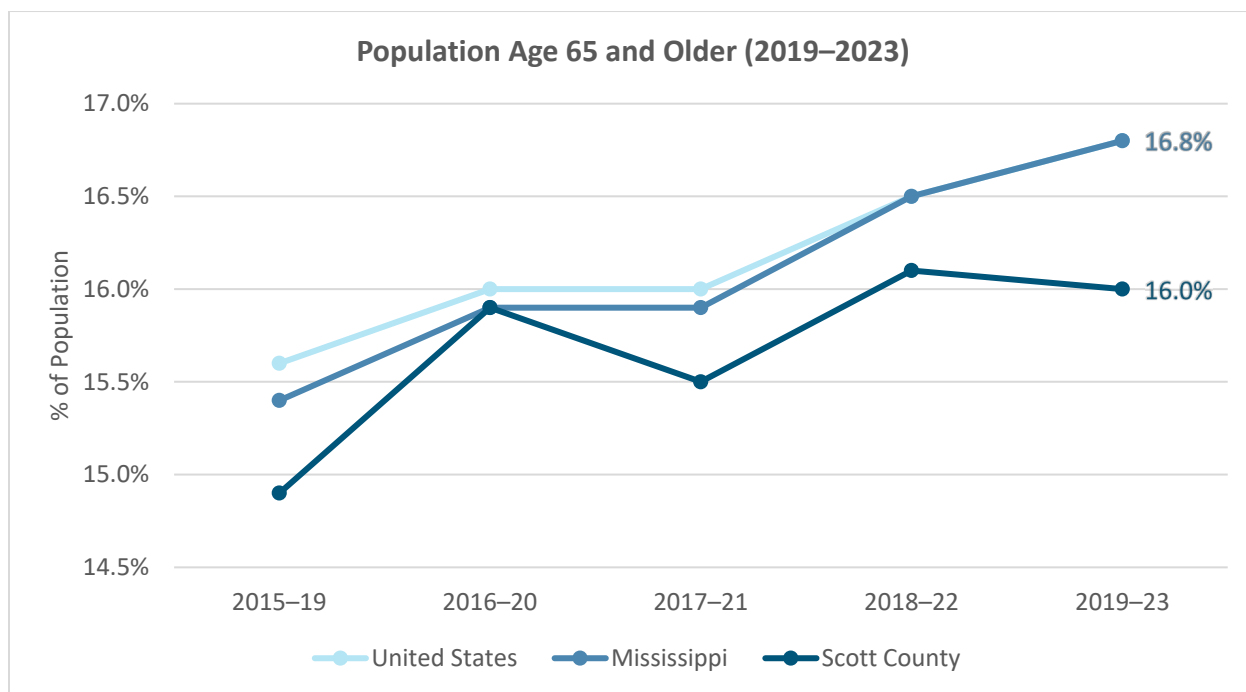
While younger overall, 16.0% of Scott County residents are age 65 or older, a share that has steadily increased over time. Although this is slightly lower than the national average of 16.8%, the trend points to a growing need for services that support healthy aging, including chronic disease management, mobility support, and caregiver resources.



191 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0101

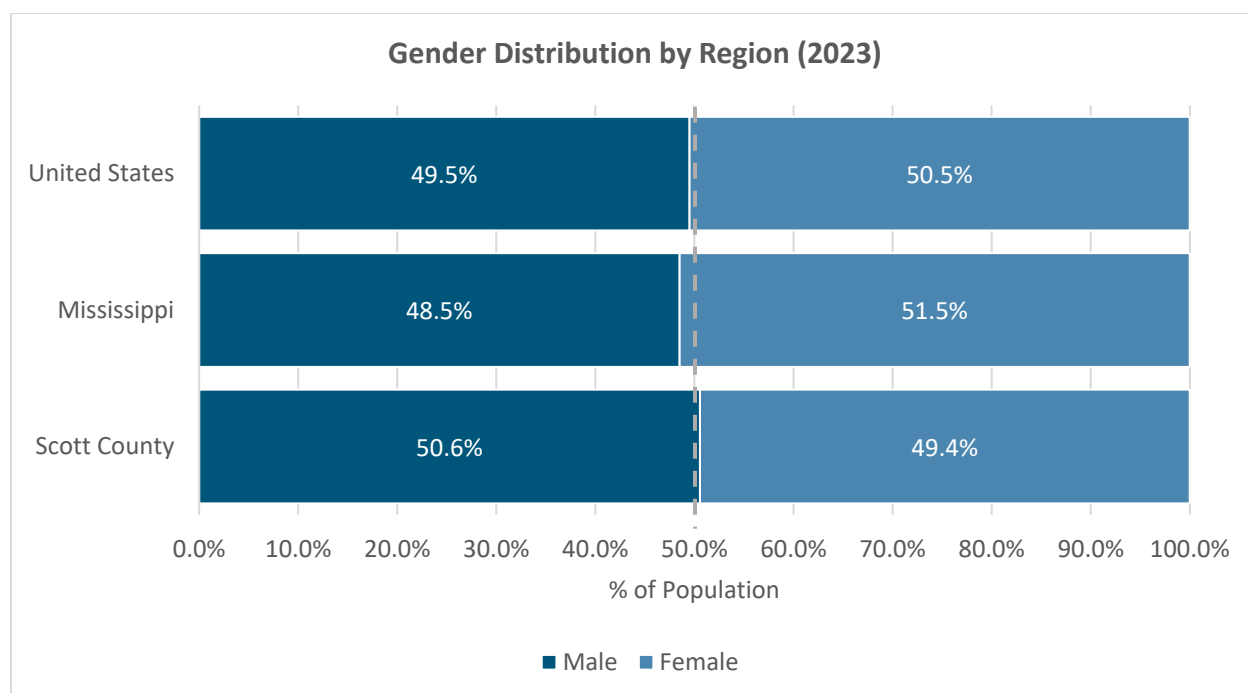


192 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0101



193 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2019–2023), Table S0101

Gender distribution in the region differs from state and national patterns, with men slightly outnumbering women. In Scott County, men make up 50.6% of the population. Though the differences are subtle, understanding gender balance can help tailor services like men's health outreach, maternal care, and family planning.

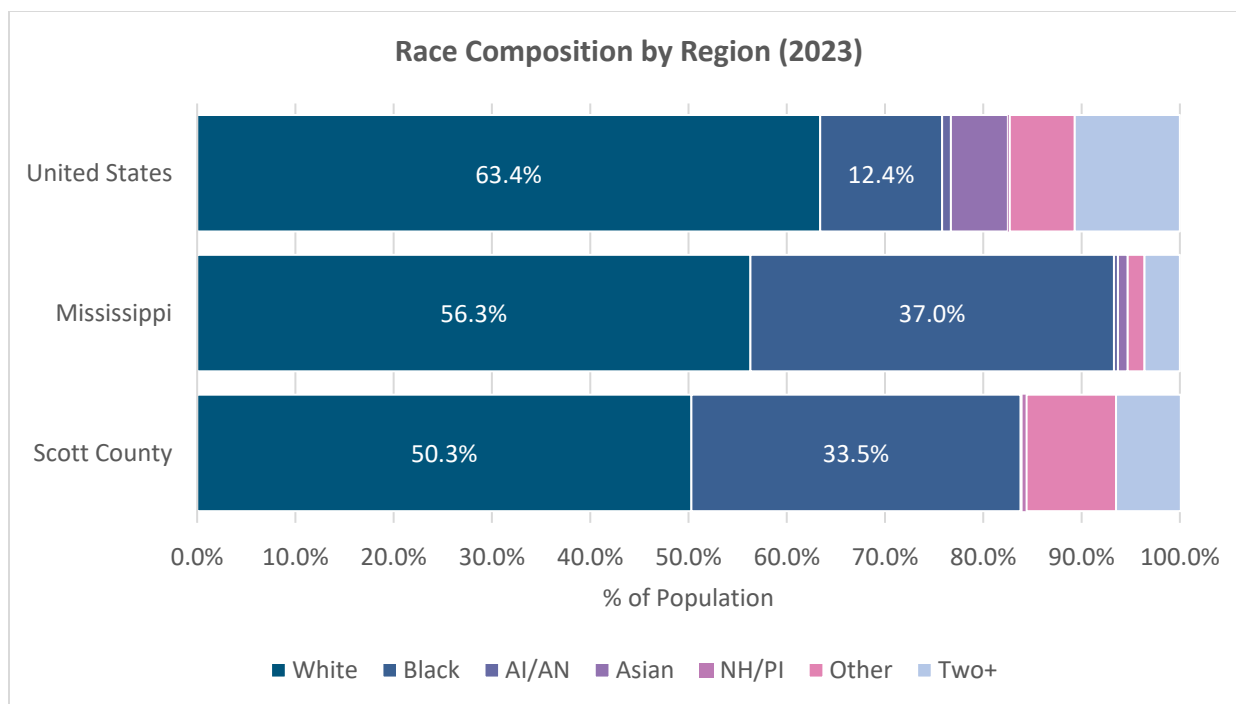


194 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0101

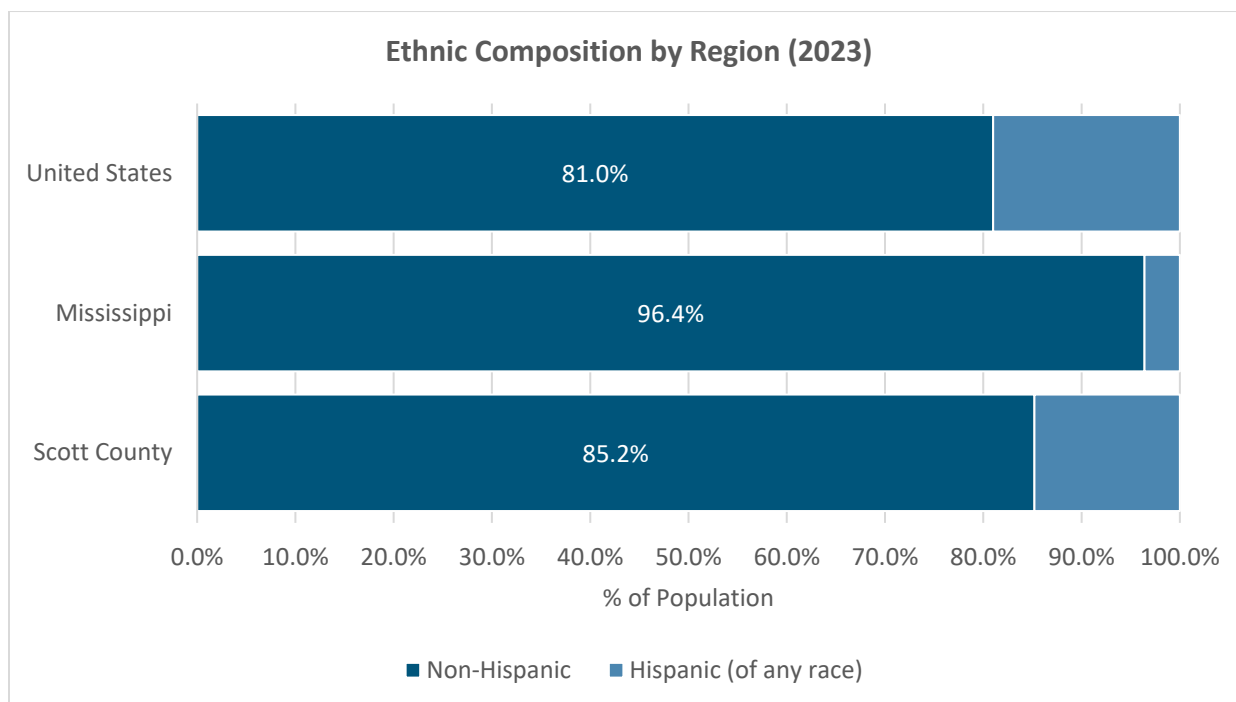
The racial and ethnic composition of Scott County reflects a more diverse population than the Mississippi average, though still less varied than the nation as a whole. In 2023, 50.3% of Scott County residents identified as White, and 33.5% identified as Black. The county also includes small but meaningful shares of residents identifying as two or more races (6.6%) and “Other” (9.1%), which is notably higher than the state and national averages for that category.

Scott County stands out for its comparatively high Hispanic or Latino population, representing 14.8% of residents in 2023. This is a significantly larger proportion than Mississippi (3.6%) and the United States overall (19.0%). The county’s ethnic diversity is important to recognize in planning and delivering culturally responsive care, particularly increased translation services and inclusive health strategies

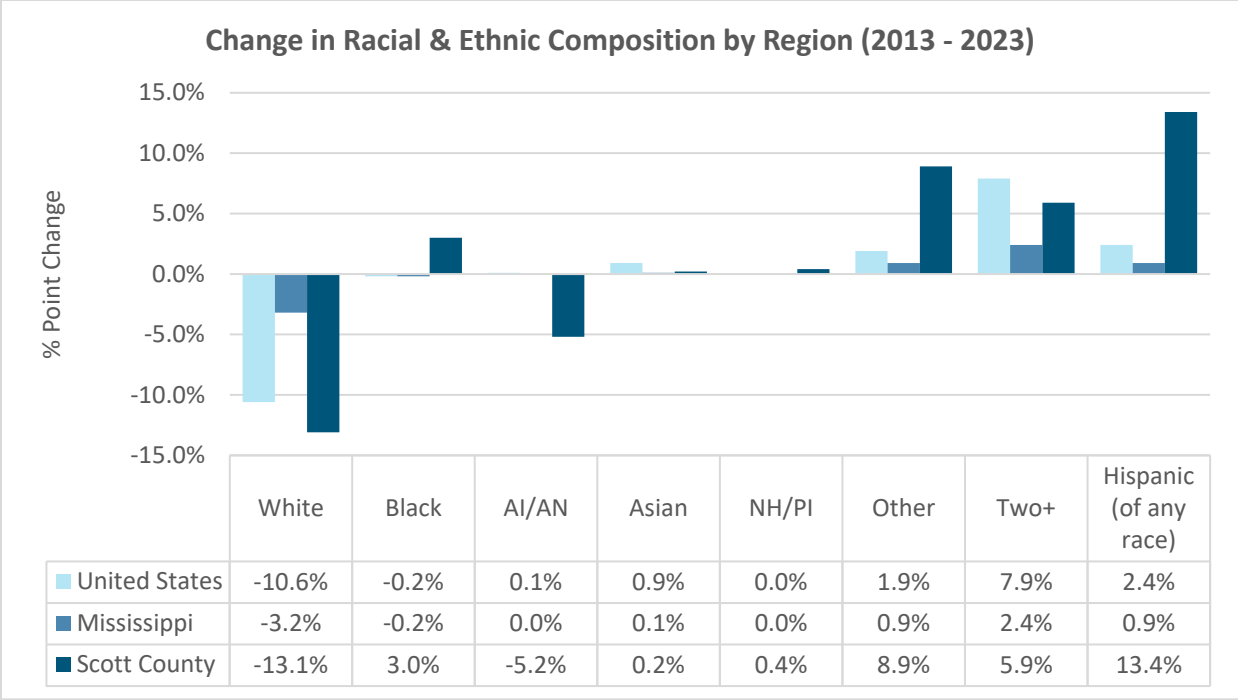
Looking at trends from 2013 to 2023, Scott County has undergone meaningful shifts in its racial and ethnic makeup. The White population declined by 13.1 percentage points, while the Hispanic population increased by 13.4 points, making it the most substantial demographic change in the region. The Black population also increased modestly by 3.0 points, while the American Indian or Alaska Native group declined slightly.



195 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



196 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



197 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table S0601

Together, these demographic insights provide a foundational understanding of who lives in the service area and how population characteristics are changing. By examining shifts in age, race, ethnicity, and overall population size, the hospital can better anticipate emerging needs and design services that are responsive, inclusive, and sustainable. To fully understand what drives health outcomes in the region, the next section explores the broader social and economic conditions that shape daily life.

Understanding Social Determinants of Health

Health is shaped by more than medical care alone. A person’s ability to live well depends on many aspects of daily life, such as access to stable housing, quality education, reliable employment, transportation, and supportive social connections. These conditions, known as social determinants of health (SDOH), influence health outcomes across a person’s life and affect the long-term strength of the community.

As part of this CHNA, the hospital is working to better understand how social and economic conditions affect the health of the people we serve. Examining these broader factors helps us better support our community, both within the hospital and beyond. This approach guides the development of more effective programs, stronger partnerships, and targeted outreach efforts aimed at long-term improvements in health and quality of life. Our goal is not just to treat illness but to help create conditions where health can thrive.

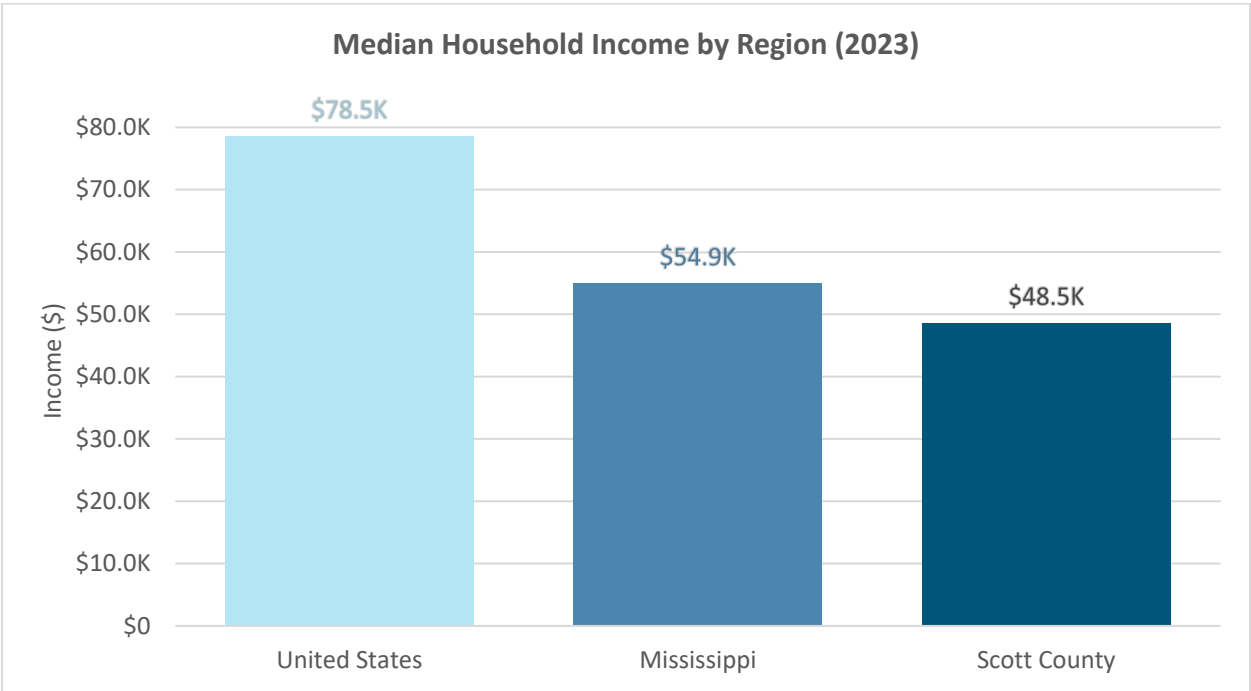
This assessment uses the Healthy People 2030 framework, which outlines five key domains of social determinants of health:

Economic Stability

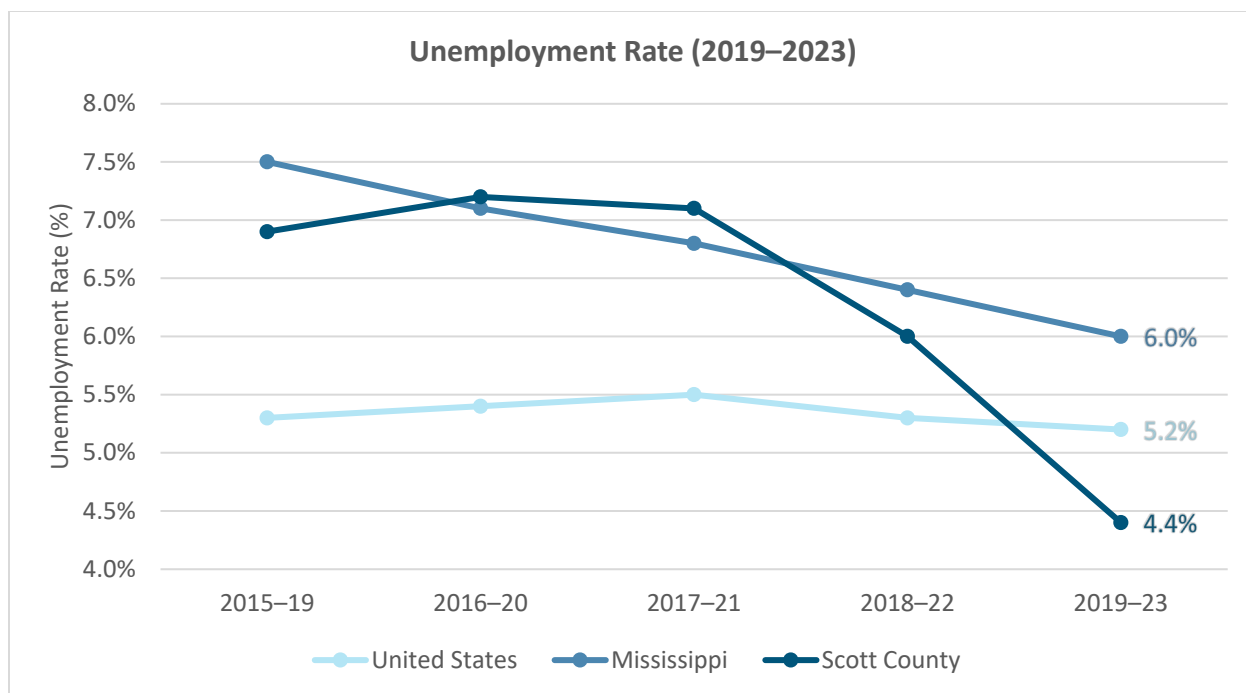
Economic stability refers to a household’s ability to consistently meet basic financial needs such as housing, food, transportation, and healthcare. When individuals and families face unemployment, underemployment, or high costs of living, they are more likely to experience stress, delay care, and suffer from preventable illness. By examining indicators such as income, poverty levels, and food insecurity, this domain highlights the financial pressures that can negatively affect health outcomes in the community.

Income levels in Scott County remain below both state and national figures. In 2023, the median household income in Scott County was approximately \$48,500, which is lower than the Mississippi median of \$54,900 and significantly below the national median of \$78,500. These lower earnings reduce financial flexibility and can limit access to housing, transportation, and preventive healthcare.

Unemployment trends show a more encouraging outlook. Scott County’s unemployment rate has steadily improved, dropping to 4.4% in 2023, which is lower than the Mississippi average of 6.0% and even below the national rate of 5.2%. This improvement reflects local economic resilience and may point to job growth or stabilization in key sectors.



198 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1901



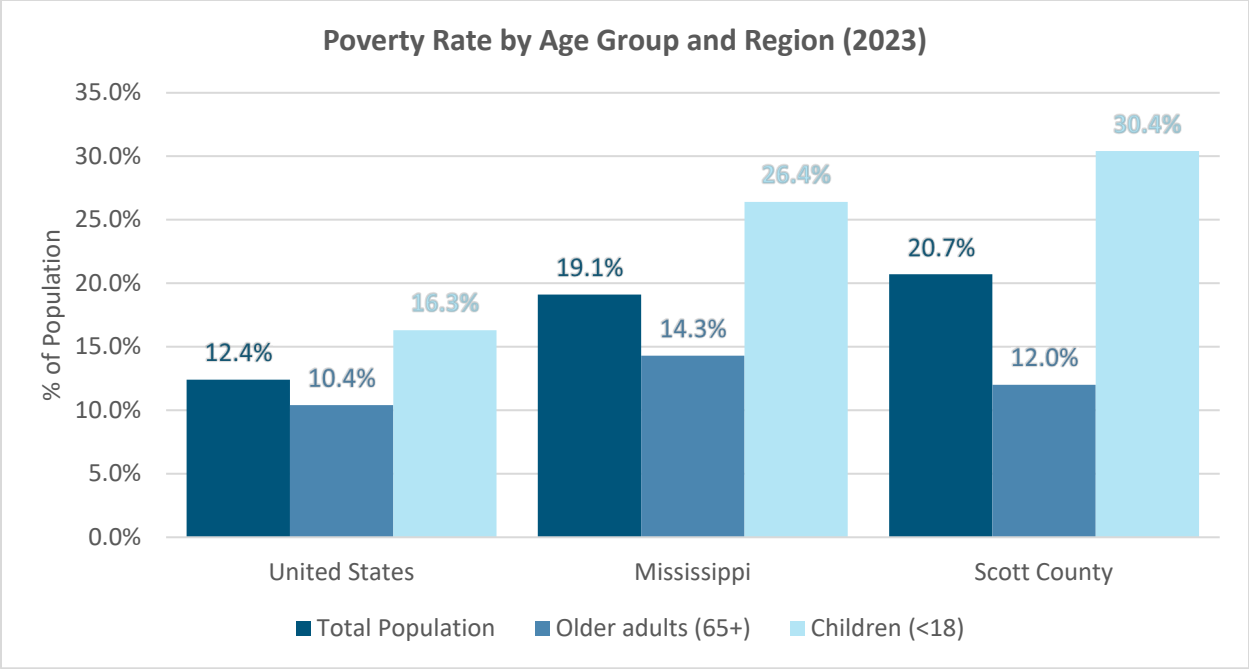
199 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table DP03

Poverty affects a significant portion of residents in Scott County, with children continuing to be the most impacted group. In 2023, 30.4% of children under 18 lived below the poverty line, a rate that is higher than both the state average of 26.4% and nearly double the national rate of 16.3%. Among older adults (65+), 12.0% live in poverty, which is comparable to the national average but slightly lower than Mississippi’s overall rate of 14.3%.

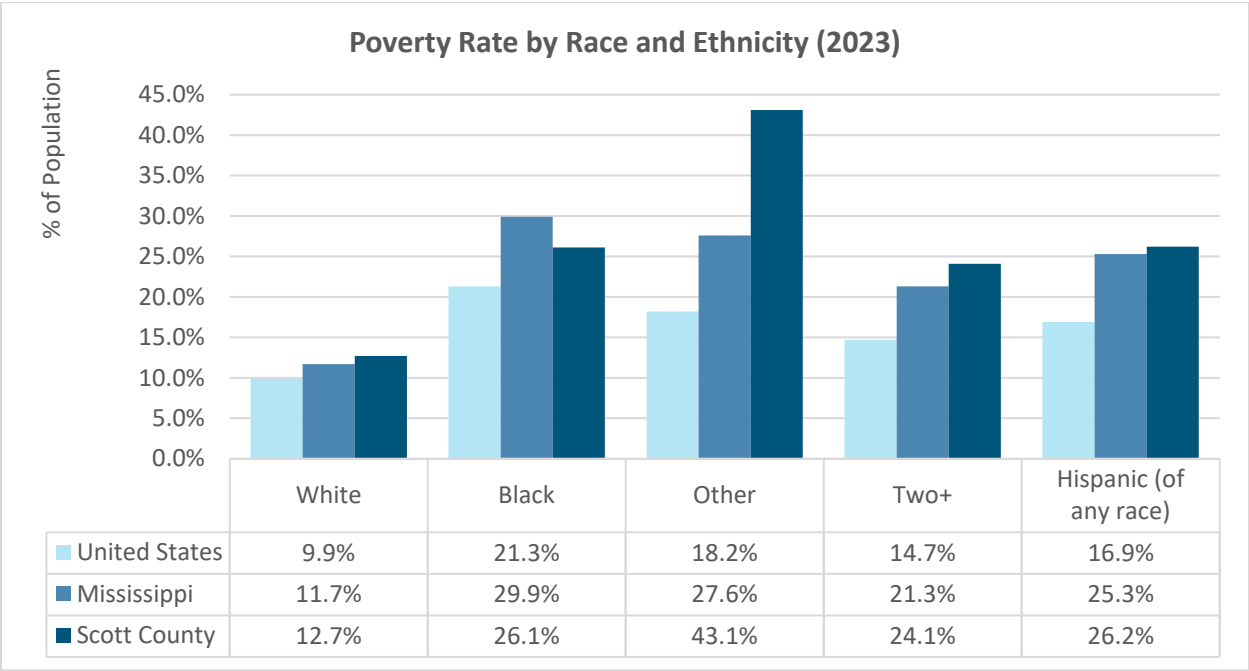
Racial and ethnic disparities in poverty remain pronounced. 43.1% of residents categorized as “Other” and 26.2% of Hispanic residents were living in poverty, compared to 12.7% of White residents. Black residents also face elevated poverty rates at 26.1%, which is higher than both the state and national averages for this population.

Data for Alaska Native (AI/AN), Native Hawaiian and Other Pacific Islander (NH/PI), and Asian populations excluded from this analysis due to small sample sizes or data suppression, which can result in statistically unstable estimates.

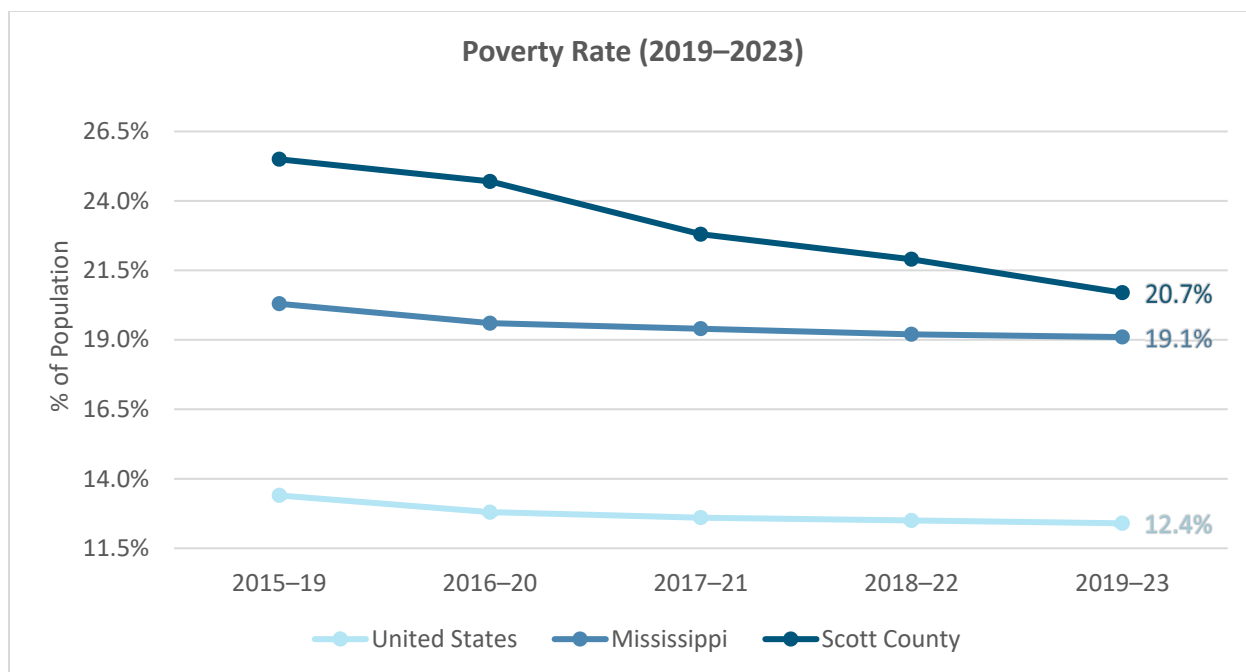
Over the past five years, Scott County’s poverty rate has declined from 25.5% to 20.7%, yet it continues to exceed both the Mississippi average (19.1%) and the national rate (12.4%). While the decline is encouraging, the persistent gap highlights ongoing challenges in economic opportunity and access to resources.



200 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1701

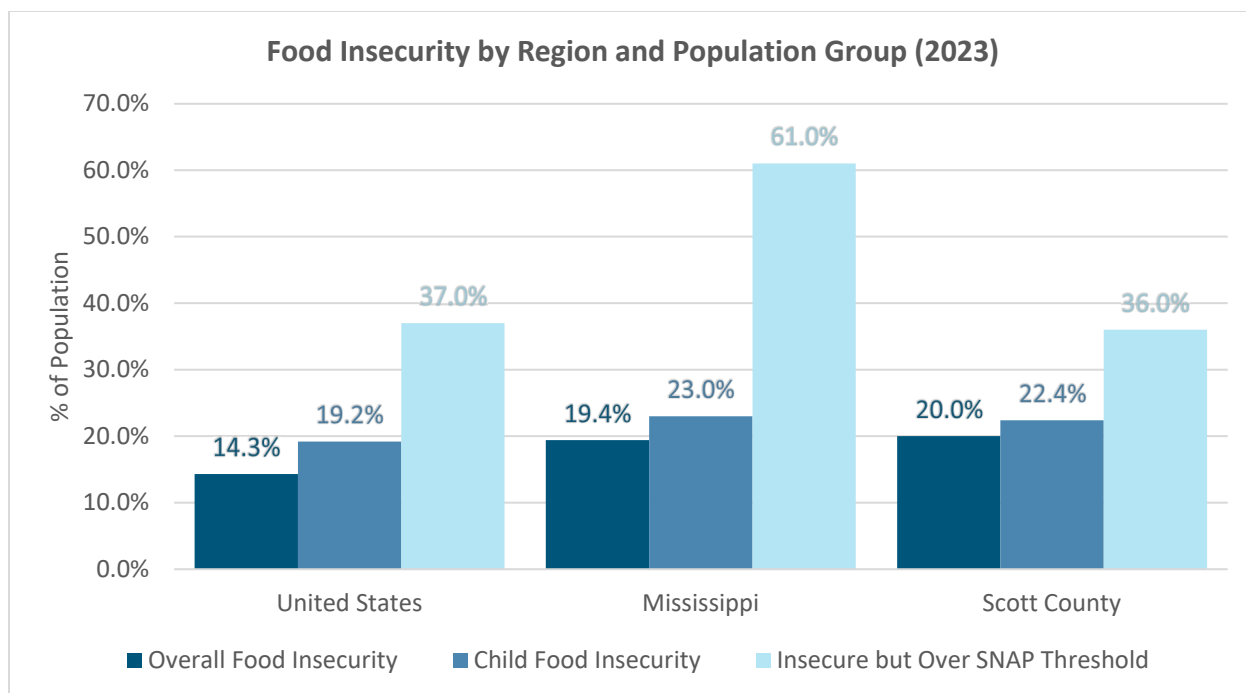


201 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1701



202 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table S1701

Food insecurity compounds the challenges of poverty, particularly when families fall just outside eligibility for public assistance. In 2023, 20.0% of Scott County residents experienced food insecurity, which is higher than the national average of 14.3% but slightly lower than the Mississippi average of 19.4%. Child food insecurity in Scott County stands at 22.4%, indicating that more than one in five children lack consistent access to nutritious meals. A significant portion of households in Scott County—36.0%—are food insecure but earn above the SNAP eligibility threshold, highlighting a critical gap in food support programs.



203 Source: Feeding America. Map the Meal Gap (2023)

While income, employment, and food security shape immediate stability, long-term opportunity and health are deeply influenced by education. The next section explores how access to quality education and educational attainment impact overall well-being and economic mobility in the community.

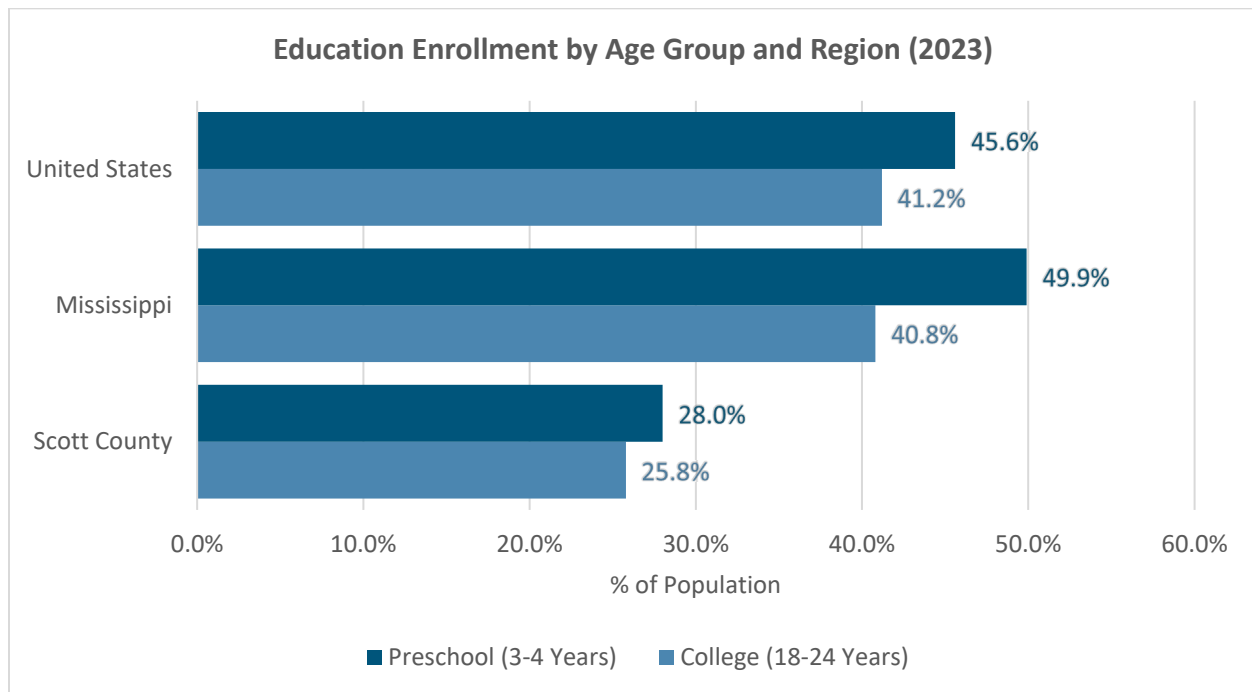
Education Access and Quality

Access to quality education lays the foundation for lifelong well-being. Educational attainment influences employment opportunities, income, health literacy, and the ability to navigate health systems effectively. Gaps in early childhood education, high school graduation, and college enrollment can lead to lasting disparities in health. This domain includes metrics that explore educational access across different age groups and examine racial and geographic disparities.

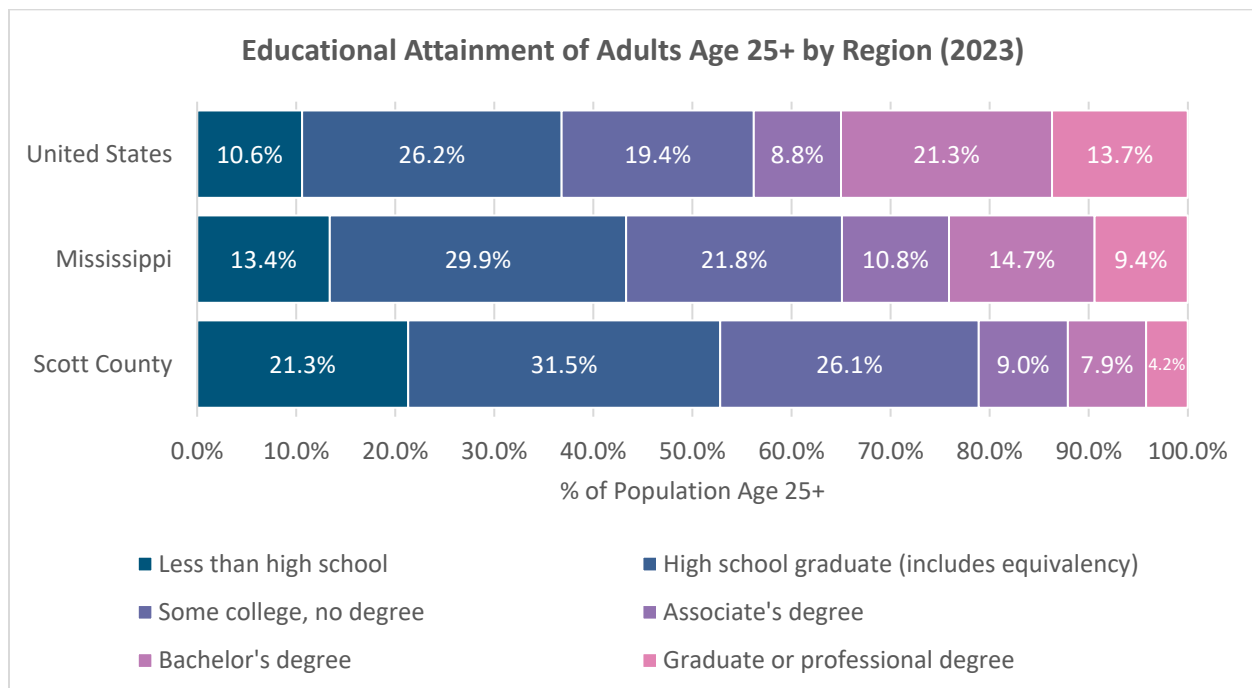
Preschool enrollment among children ages 3–4 in Scott County is 28.0%, which is notably lower than both Mississippi (49.9%) and the U.S. average (45.6%). College enrollment among young adults (ages 18–24) is also lower, with 25.8% of local young adults enrolled in post-secondary education, compared to 40.8% statewide and 41.2% nationally. These gaps suggest potential barriers to early childhood education and higher education access, which can influence long-term economic mobility and workforce readiness.

When examining educational attainment among adults aged 25 and older, 21.3% of Scott County residents lack a high school diploma, which is considerably higher than Mississippi (13.4%) and the U.S. (10.6%). The largest share of adults, 31.5%, have completed high school, while 26.1% have attended some college but hold no degree. Only 7.9% of residents have earned a bachelor's degree and 4.2% hold a graduate or professional degree, both significantly below state and national averages. These gaps may

limit residents' ability to understand health information, navigate the healthcare system, and advocate for themselves in medical settings.



204 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1401

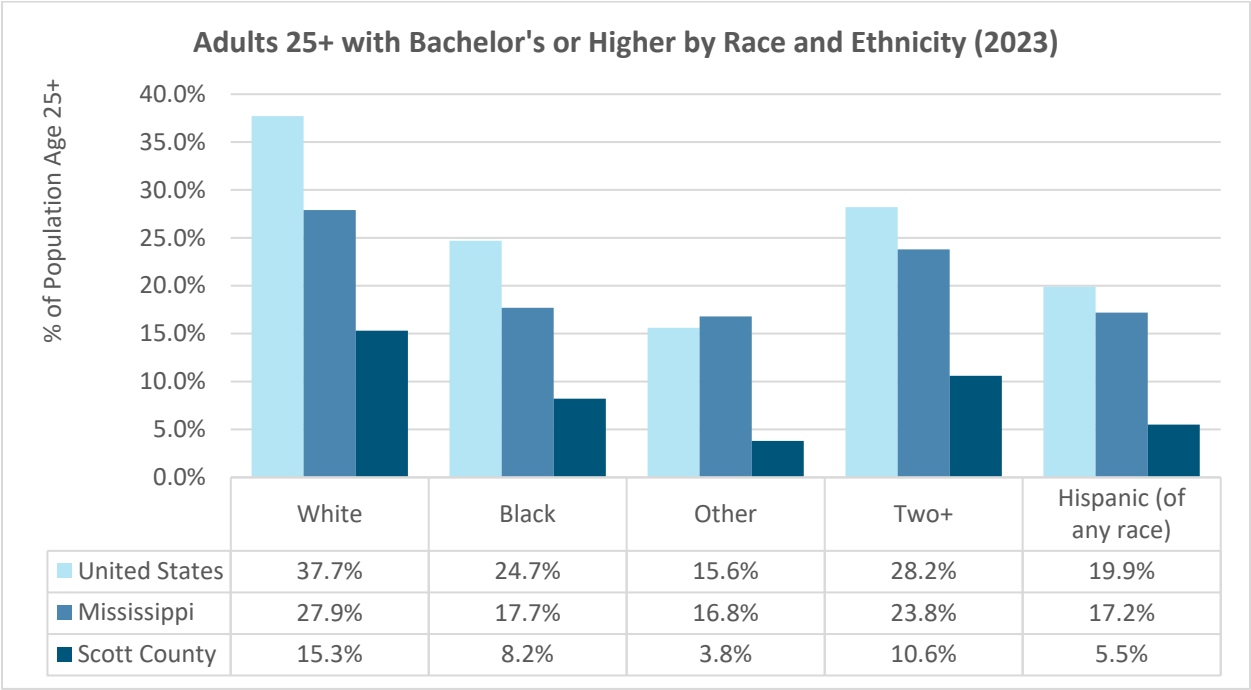


205 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP02

Educational disparities in Scott County are pronounced when examined by race and ethnicity. In 2023, only 15.3% of White adults and 8.2% of Black adults in the county had a bachelor's degree or higher.

Rates are even lower among residents identifying as “Other” (3.8%) and Hispanic (5.5%). Adults of two or more races had a slightly higher attainment rate of 10.6%, yet this remains far below state and national averages. These sharp disparities reflect systemic barriers to higher education, such as economic constraints, limited access to advanced coursework, and fewer local opportunities for post-secondary training.

Data for Alaska Native (AI/AN), Native Hawaiian and Other Pacific Islander (NH/PI), and Asian populations excluded from this analysis due to small sample sizes or data suppression, which can result in statistically unstable estimates.



206 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1501

Educational access helps lay the groundwork for healthier futures, but that foundation is only as strong as the care systems supporting it. The next section looks at how the availability, affordability, and consistency of health care impacts well-being across the community.

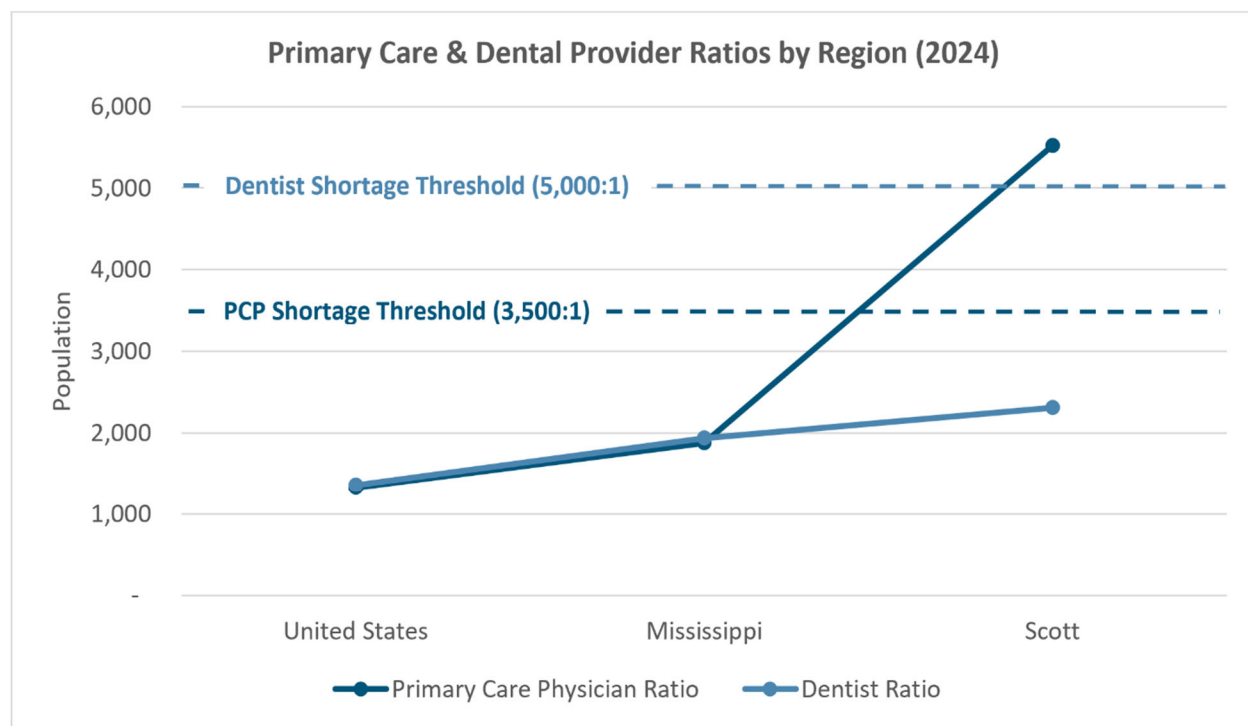
Health Care Access and Quality

Timely, affordable, and consistent access to healthcare is essential for preventing disease, managing chronic conditions, and maintaining overall health. This domain examines factors that affect whether residents can obtain care, including the availability of providers, routine medical and dental visits, insurance coverage, and the financial burden of care. Understanding access barriers helps identify where improvements are needed to ensure everyone can get the care they need.

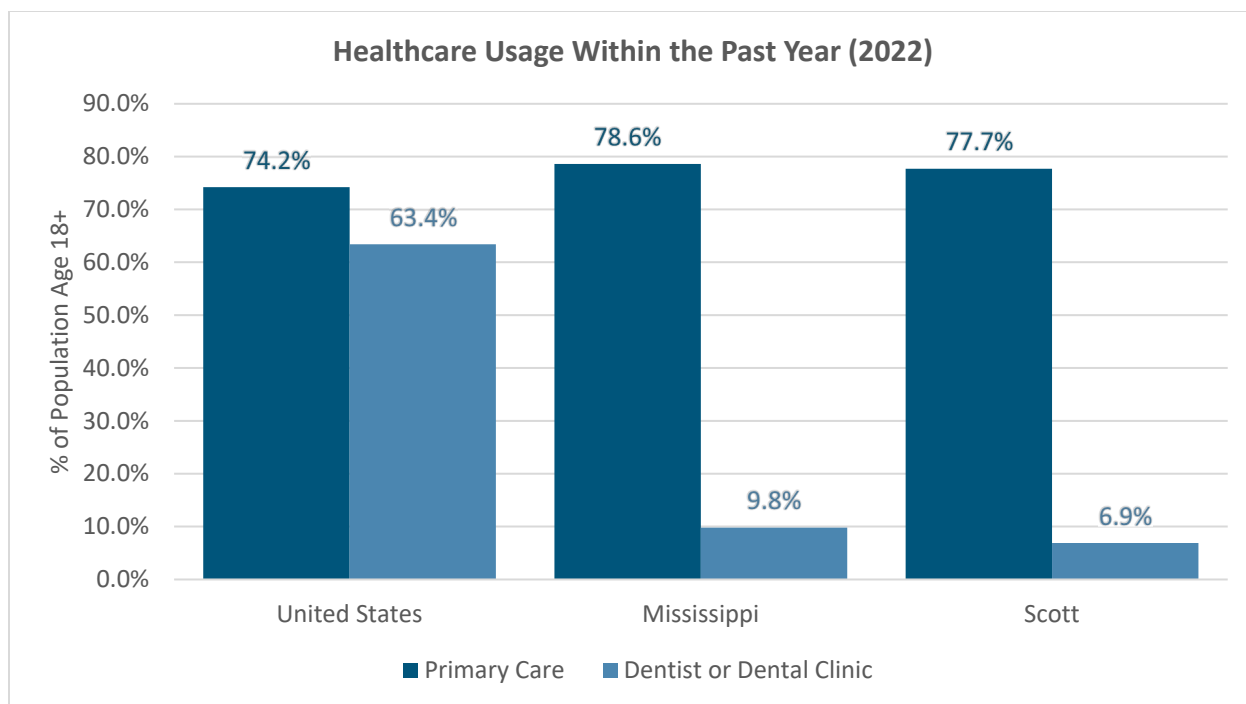
Access begins with provider availability and care utilization. The graph below displays population-to-provider ratios for primary care physicians and dentists. Dashed lines indicate federal shortage thresholds—3,500:1 for primary care and 5,000:1 for dentists. Values above these thresholds represent

areas with insufficient provider access. Scott County exceeds the primary care shortage threshold with 5,520 residents per physician.

Despite these shortages, most adults in the region report recent contact with a primary care provider. In 2022, 77.7% of adults in Scott County saw a provider in the past year—rates slightly above the national average of 74.2%. However, dental visits were significantly lower. Only 6.9% of Scott County adults had a dental visit in the past year, far below the 63.4% national benchmark. These findings highlight a major gap in oral healthcare access, likely influenced by affordability challenges.



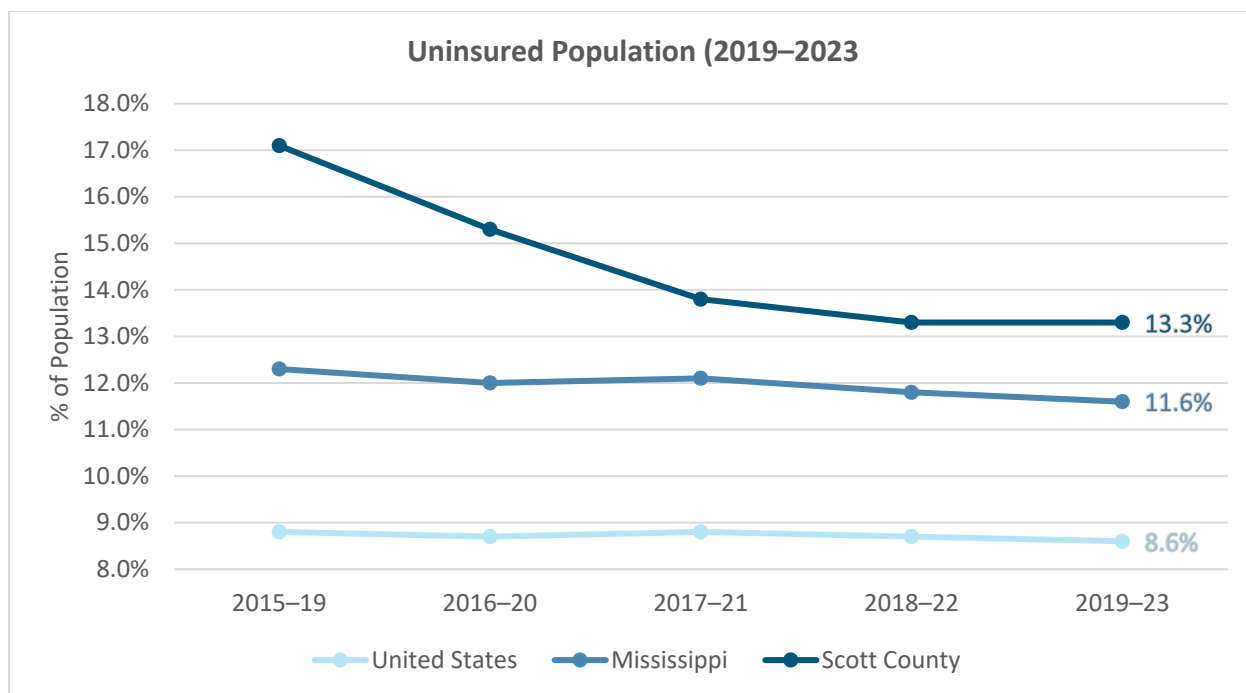
207 Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps (2024)



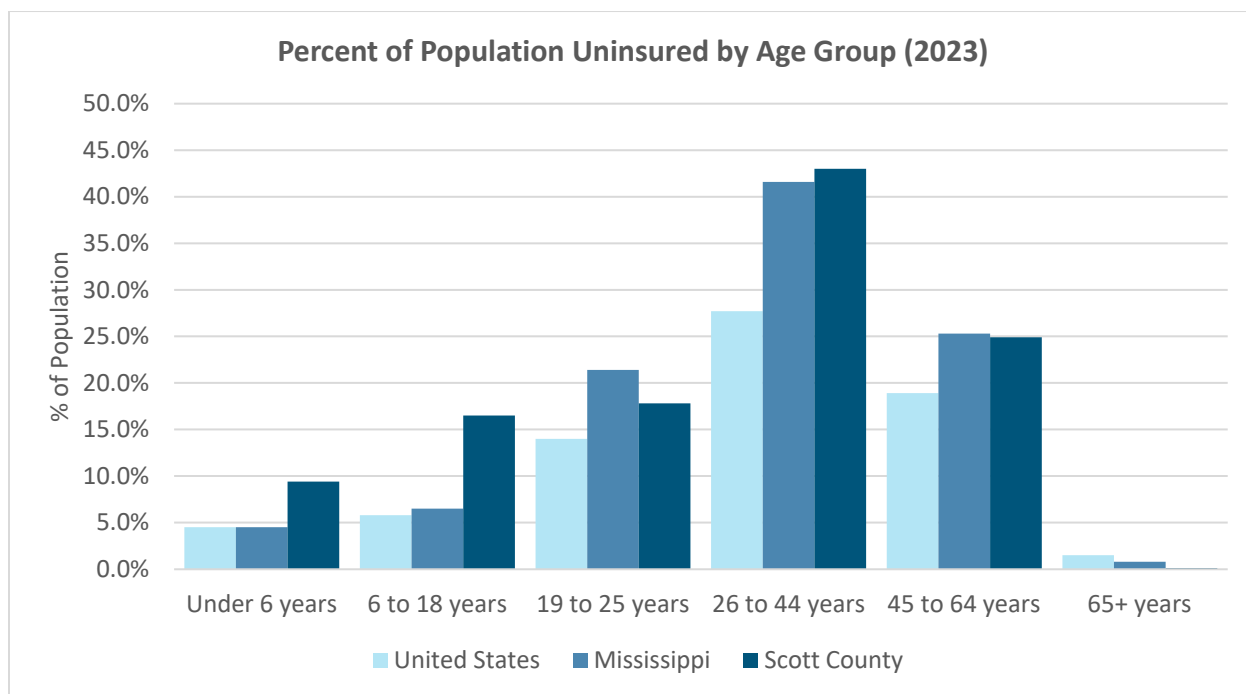
208 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Insurance coverage plays a critical role in residents' ability to access care. From 2019 to 2023, the uninsured rate in Scott County declined to 13.3%, which is slightly higher than the Mississippi average of 11.6% and well above the national average of 8.6%. While coverage has improved over the past decade, these elevated rates continue to highlight barriers to affordable health insurance, particularly for low-income and rural populations.

The age breakdown reveals especially high uninsured rates among working-age adults. In 2023, 43% of residents ages 26–44 were uninsured, significantly higher than the national rate of 27.7%. Similarly, 17.8% of young adults ages 19–25 lack health coverage, creating critical gaps during key life stages when preventive care, chronic condition management, and reproductive health services are most important.



209 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table S2701

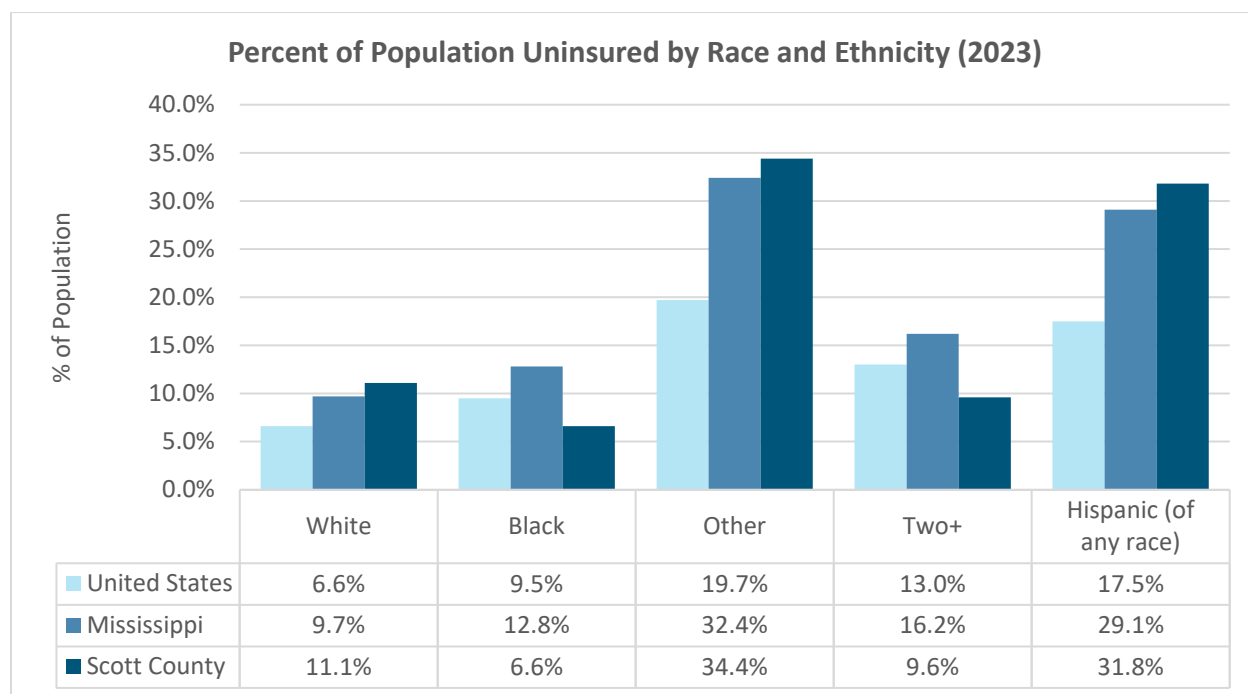


210 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S2701

Insurance disparities are evident across racial and ethnic groups in Scott County. In 2023, 34.4% of residents identifying as “Other” and 31.8% of Hispanic residents were uninsured, significantly higher than the national averages of 19.7% and 17.5% for these groups. Comparatively, White residents had an uninsurance rate of 11.1%, slightly above both the Mississippi average (9.7%) and the national average

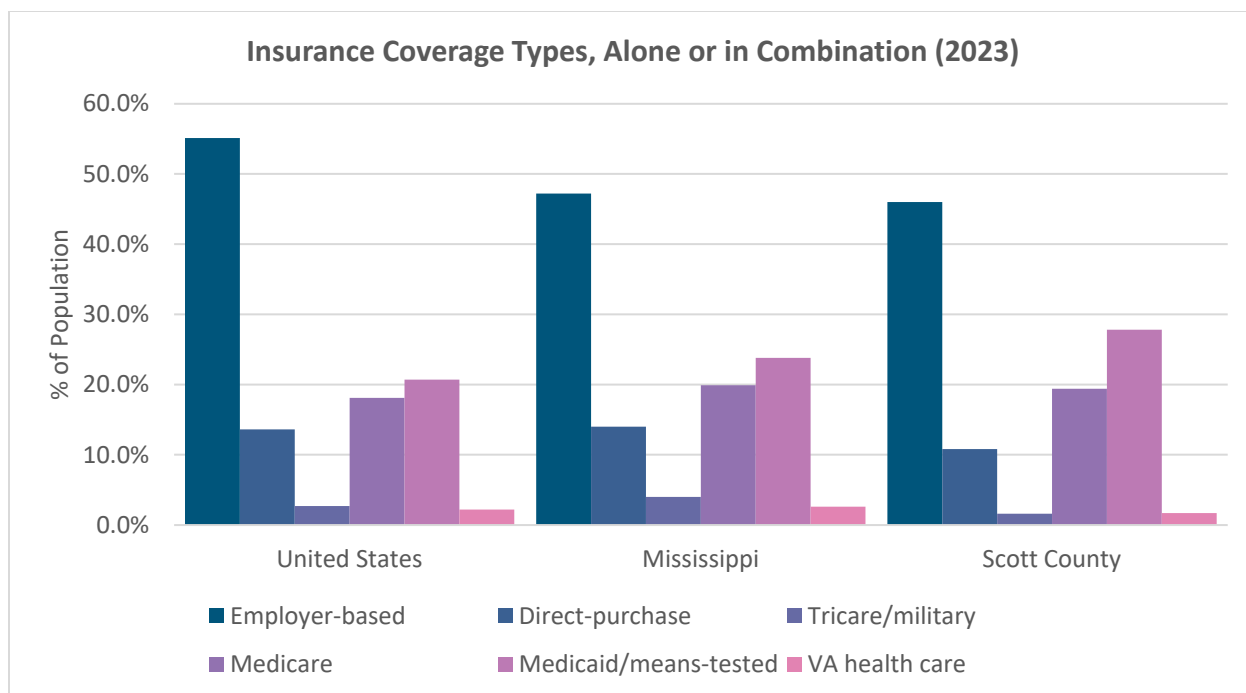
(6.6%). Black residents in Scott County had a lower uninsurance rate of 6.6%, which is below both state (12.8%) and national (9.5%) levels.

Data for Alaska Native (AI/AN), Native Hawaiian and Other Pacific Islander (NH/PI), and Asian populations excluded from this analysis due to small sample sizes or data suppression, which can result in statistically unstable estimates.



211 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S2701

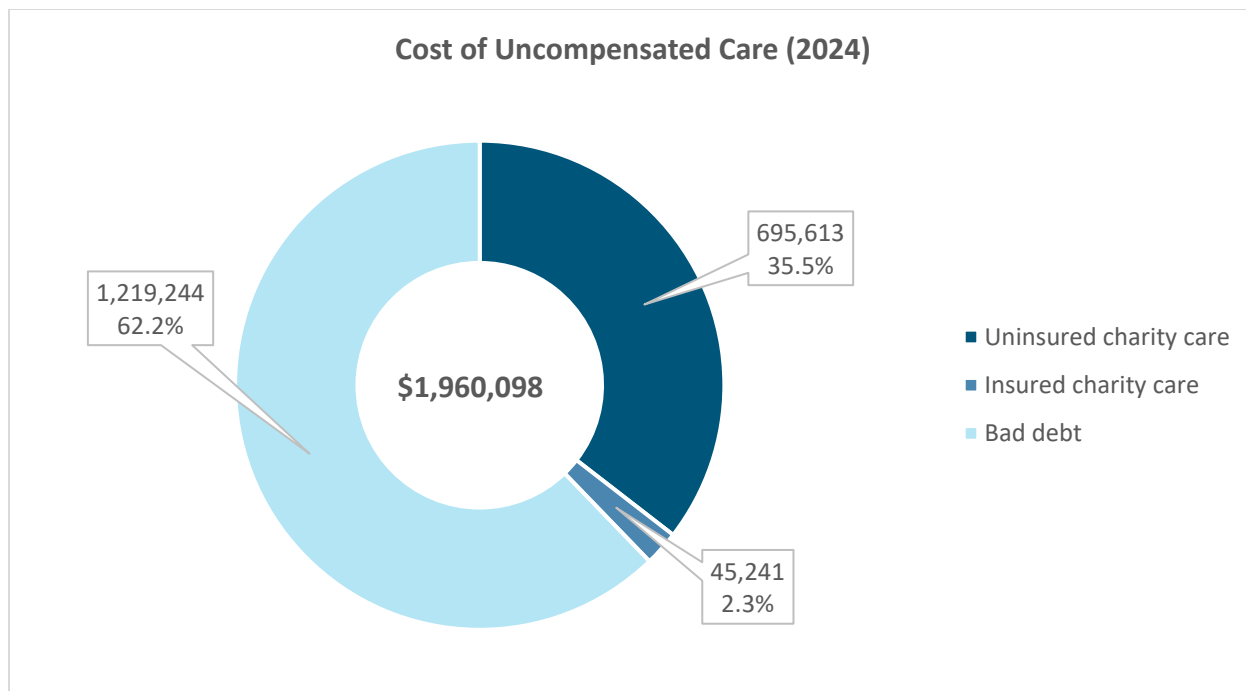
The types of insurance coverage in Scott County differ notably from national patterns. Only 46.0% of residents are covered by employer-based insurance, compared to 55.1% nationally, reflecting a smaller share of jobs that offer employer-sponsored health benefits. Accordingly, public programs play a larger role in coverage. 27.8% of Scott County residents are enrolled in Medicaid or other means-tested programs, significantly higher than the national rate of 20.7%. Medicare covers 19.4% of the local population, also above the U.S. average of 18.1%, indicating a greater reliance on public insurance options within the community.



212 Source: U.S. Census Bureau. American Community Survey 5-Year Estimates (2023), Tables S2703 & S2704

When coverage falls short, healthcare systems absorb the cost. In 2024, Ochsner Scott Regional recorded roughly \$1.9 million in uncompensated care. Bad debt, services billed to patients but never recovered, accounted for 62.2% of this amount. The remaining balance was categorized as charity care, which is provided to patients who meet the hospital's financial assistance criteria and are deemed unable to pay.

Of this total, 35.5% was charity care for uninsured patients who had no coverage at all and qualified for financial relief. An additional 2.3% was charity care for insured patients whose income or financial circumstances met the hospital's indigent policy, meaning they were unable to afford the balance remaining after insurance. These figures reflect the real-world impact of income-based hardship and insurance gaps, and underscore the financial strain placed on rural hospitals that serve medically and economically vulnerable populations.



213 Source: Internal analysis of Medicare Hospital Cost Report (FY 2024), Worksheet S-10

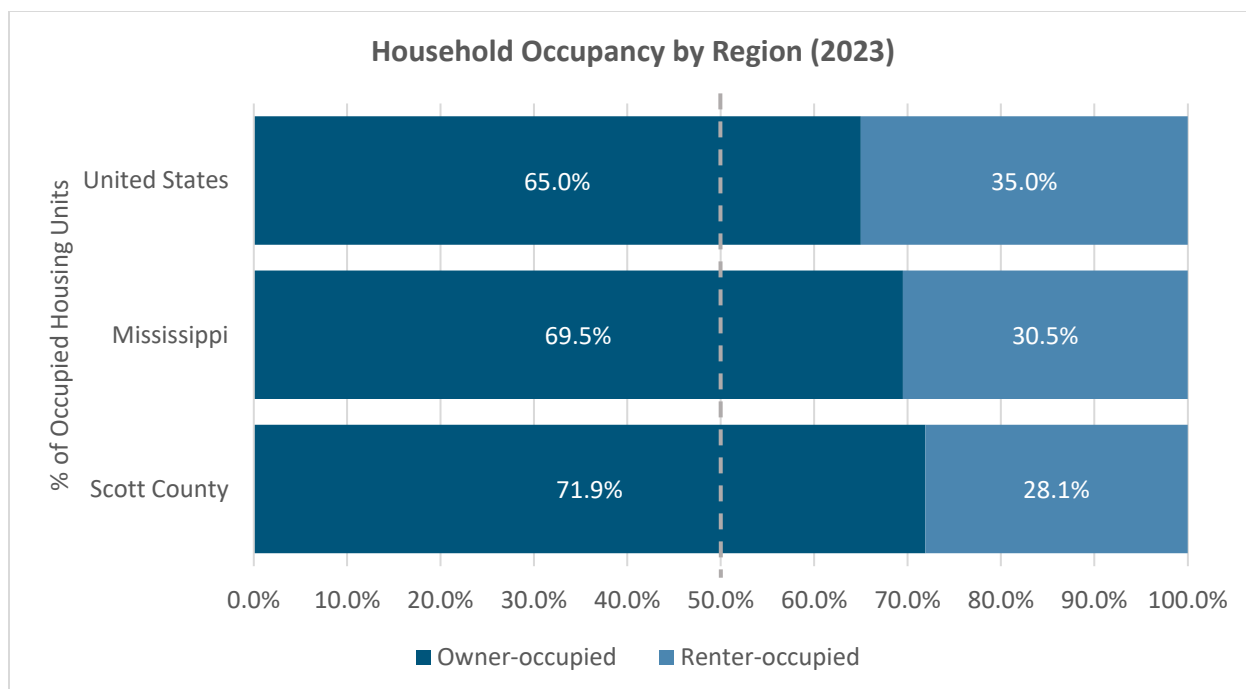
While access to healthcare is vital, a person's surroundings can significantly influence their ability to stay healthy. The next section explores how factors like housing conditions, transportation, and infrastructure shape daily life and impact overall well-being in the community.

Neighborhood and Built Environment

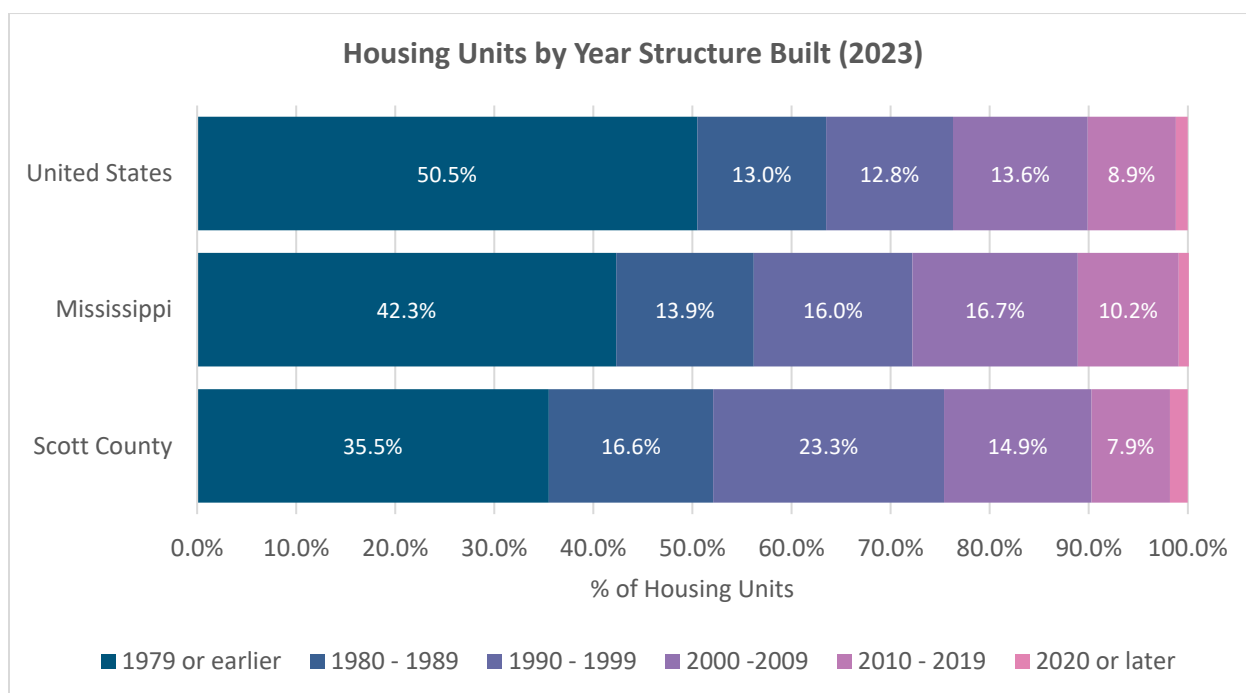
The neighborhoods where people live can either support or limit healthy living. Poor housing conditions, limited access to transportation, aging infrastructure, and unaffordable rent can all impact physical and mental health. This domain explores the age and condition of housing, housing costs compared to income, and transportation access, offering insight into how local environments influence community health.

Homeownership rates in Scott County are 71.9%, which is higher than both the Mississippi average of 69.5% and the national average of 65.0%. This elevated ownership rate may suggest greater housing stability, but it may also point to limited rental options for residents who are unable or prefer not to purchase a home. Renter-occupied housing units account for 28.1% of households, compared to 35.0% nationally.

The age of the housing stock also differs from broader trends. In Scott County, 35.5% of homes were built before 1980, which is significantly lower than the national share of 50.5% and the Mississippi share of 42.3%. However, nearly 55% of homes were built between 1980 and 2009, and only 1.8% of homes were constructed in 2020 or later. While a somewhat younger housing stock can reduce concerns about issues like lead paint or older infrastructure, the lower rate of new construction may still present challenges in meeting modern housing needs and demand.



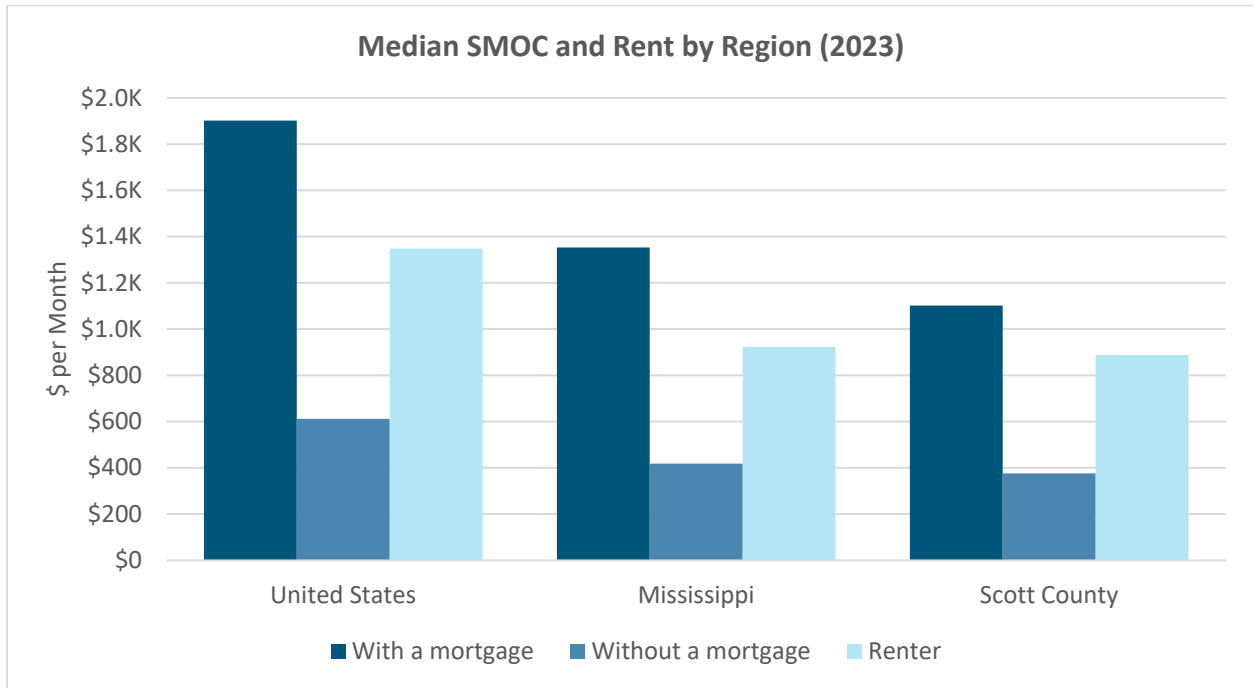
214 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04



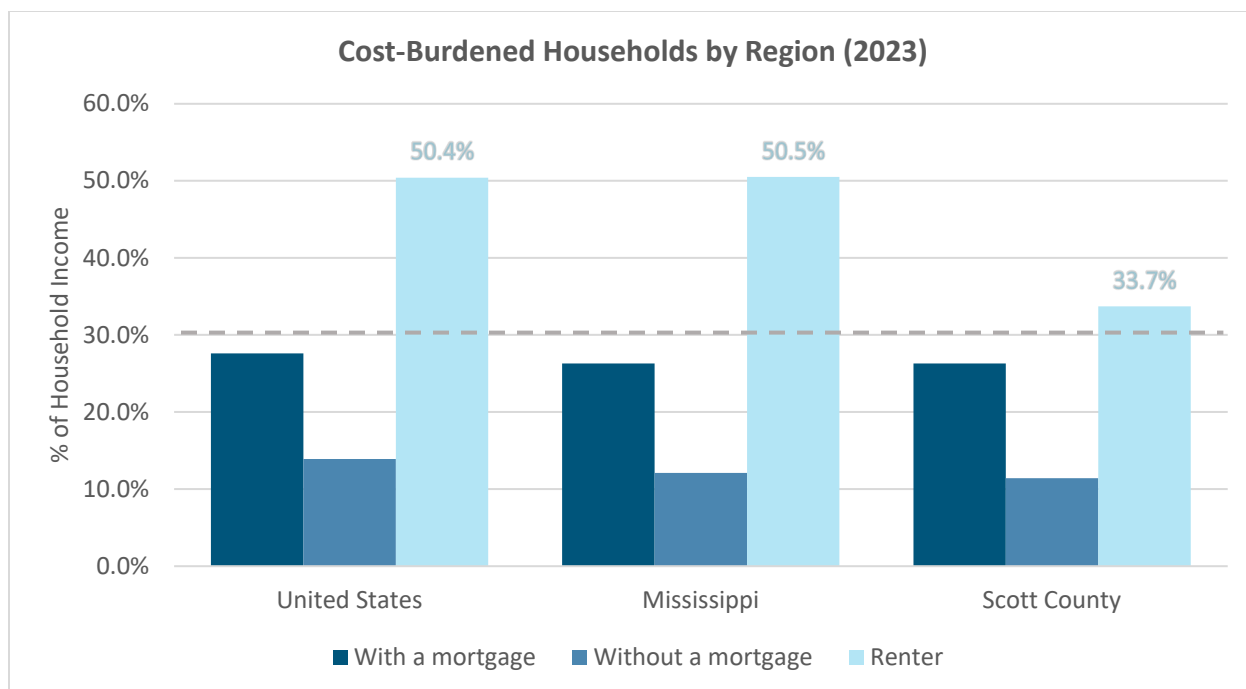
215 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04

Median monthly owner costs in Scott County was roughly \$1,100 for households with a mortgage, which is lower than the national average of roughly \$1,900 but can still represent a significant financial commitment for local residents. Households without a mortgage spent around \$375 per month, while median rent was approximately \$890, consistent with state figures but well below national levels.

However, many households are spending a disproportionately high share of their income on housing. In 2023, renters in Scott County spent 33.7% of their household income on rent, above the 30% cost-burden threshold but lower than both state (50.5%) and national (50.4%) levels. Homeowners with a mortgage spent 26.3% of their income on housing, while those without a mortgage spent 11.4%. High housing cost burdens reduce the ability to meet other basic needs such as food, healthcare, transportation, and childcare.

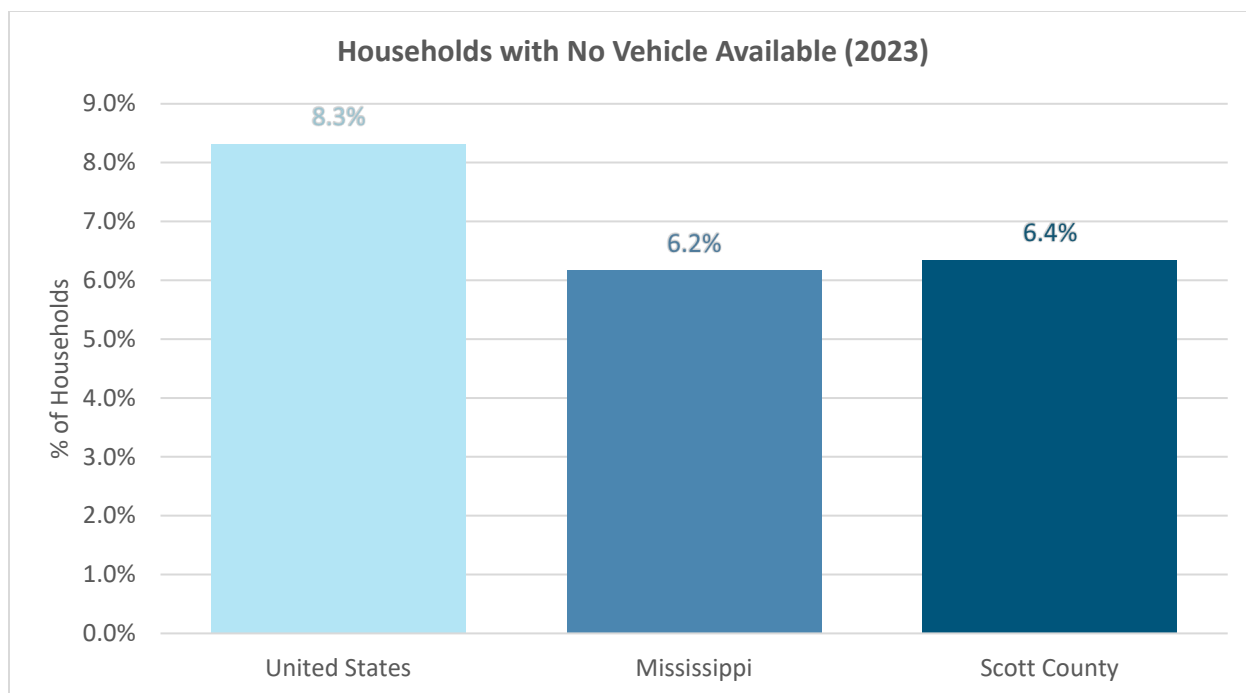


216 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04



217 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04

Transportation remains a critical determinant of access to healthcare, employment, and essential services. In Scott County, 6.4% of households do not have a vehicle available, which is slightly higher than the Mississippi average of 6.2% but lower than the national average of 8.3%. While the share of households without vehicles is relatively low, the rural nature of Scott County and the absence of robust public transportation systems can make this a significant barrier.



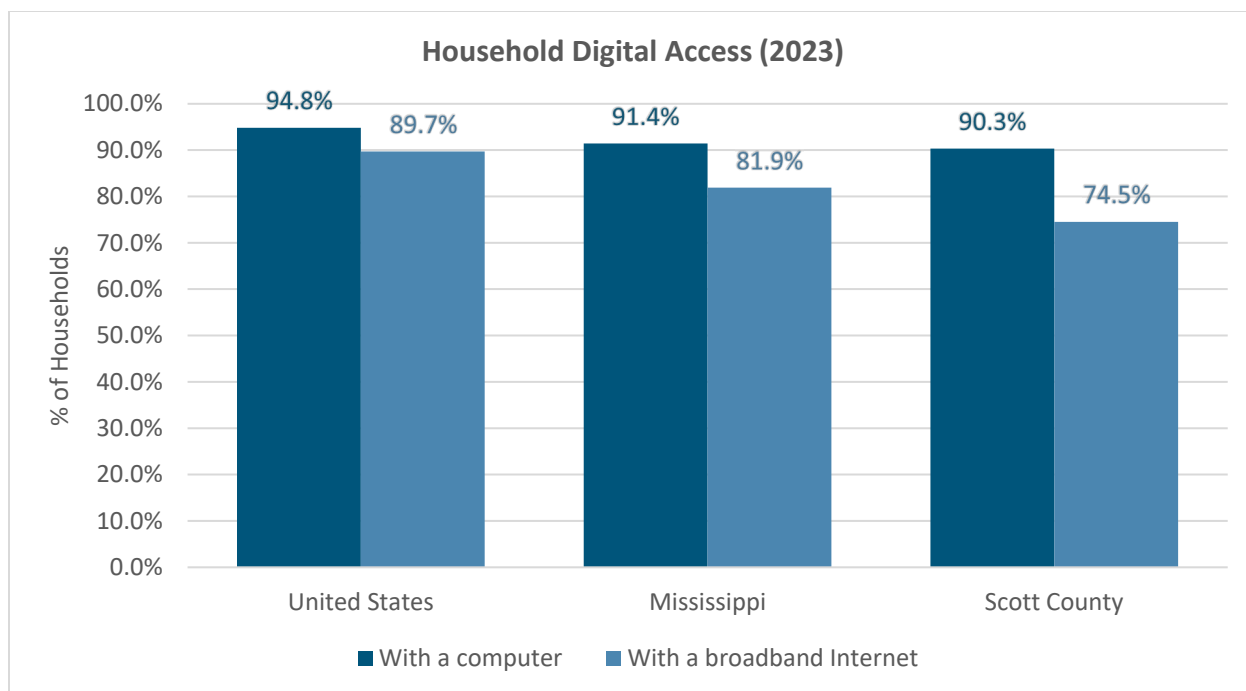
218 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table B08201

While the built environment shapes daily conditions and access to basic needs, social connection and digital inclusion are equally important for health, engagement, and opportunity. The next section explores how internet and device access influence community connection, education, and care access in a digital age.

Social and Community Context (Digital Access Focus)

Social connections and community support systems play a critical role in health. For this CHNA, we also examine digital access as a key factor shaping modern social participation, access to information, and connection to care, especially through telehealth. Lack of computer or internet access can worsen existing inequalities. This domain focuses on how connected the community is and whether digital tools are equitably accessible.

Across all regions, most households report having access to a computer, but broadband internet access remains less consistent. In 2023, 90.3% of households in Scott County had a computer, closely aligning with the state average of 91.4% and slightly below the national average of 94.8%. However, broadband access is significantly lower at 74.5%, trailing both Mississippi (81.9%) and the U.S. (89.7%). This nearly 16-point gap between computer ownership and broadband connectivity in Scott County suggests barriers related to infrastructure, affordability, or digital literacy.



219 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP02

SDOH are intricately connected to the daily lives of people in the community and play a vital role in this CHNA by helping define key areas of need. While these domains offer important insight into the root causes of health disparities, additional tools are necessary to show where systemic disadvantages have the greatest impact. The following health equity indexes provide further context to guide interventions that are both effective and fair.

Health Equity and Community Context

Building on the foundation of social determinants of health, advancing health equity is essential to improving community well-being. Health equity means that everyone has a fair and just opportunity to be as healthy as possible, regardless of where they live, their income, or their background. Achieving equity requires acknowledging and addressing differences in health that are linked to historical and current social, economic, and environmental disadvantages.

To better understand where inequities exist and how they may be addressed, this CHNA incorporates several nationally recognized health equity indexes. These tools help highlight communities facing structural barriers that contribute to poor health outcomes. By layering these data points alongside the previously discussed SDOH, this CHNA paints a more complete picture of community context and opportunities for targeted support.

Area Deprivation Index

The Area Deprivation Index (ADI) is a composite measure of neighborhood disadvantage developed by the University of Wisconsin. It incorporates seventeen variables related to income, education, employment, and housing quality, ranking areas on a scale from 1 (least disadvantaged) to 10 (most

disadvantaged). Higher ADI scores reflect greater levels of social and economic deprivation, which are often associated with poorer health outcomes and limited access to care.

Scott County scored 7.24 on the Area Deprivation Index (ADI), placing it in the more disadvantaged half of all Mississippi communities. This score indicates a higher concentration of residents living in environments affected by systemic socioeconomic challenges. These findings align with earlier data showing elevated poverty rates, food insecurity, and gaps in educational attainment, particularly among minority populations.

	Scott County
Overall ADI	7.24

220 Source: University of Wisconsin School of Medicine and Public Health, Area Deprivation Index (2023)

Distressed Communities Index

The Distressed Communities Index (DCI), developed by the Economic Innovation Group, captures economic well-being across seven indicators: education, employment, income, poverty, housing vacancy, and business growth. The DCI ranges from 0 (most prosperous) to 100 (most distressed), providing a snapshot of community vitality and opportunity.

Scott County scored 89.4 on the Distressed Communities Index (DCI), placing it firmly in the “distressed” category. The county’s economic challenges are reflected in several key indicators: 22.3% of adults lack a high school diploma, 21.9% live in poverty, and 27.9% of adults are not working. Additionally, the housing vacancy rate stands at 14.5%, and the county’s median income ratio is just 84.9% of the national average. Employment growth has been nearly stagnant with only a 0.7% increase in jobs, while the number of business establishments has declined by 5.1%. These trends underscore significant barriers to economic mobility and stability, especially for vulnerable populations.

	Scott County
Overall DCI	89.4
No high school diploma	22.3%
Poverty rate	21.9%
Adults not working	27.9%
Housing vacancy rate	14.5%
Median income ratio	84.9%
Change in employment	0.7%
Change in establishments	-5.1%

221 Source: Economic Innovation Group, Distressed Communities Index (2024)

Social Vulnerability Index

The Social Vulnerability Index (SVI), produced by the CDC and ATSDR, assesses a community’s ability to prepare for, respond to, and recover from public health emergencies and natural disasters. The index includes four themes: socioeconomic status, household characteristics, race/ethnicity/language, and housing/transportation. Higher values (closer to 1.0) indicate greater vulnerability.

Scott County has a high overall Social Vulnerability Index (SVI) score of 0.7531, indicating elevated vulnerability across several domains. The county shows particularly high vulnerability in household characteristics (0.9877), which may include factors such as single-parent households, limited English proficiency, or households with individuals with disabilities. Socioeconomic status (0.6667) and racial and ethnic minority status (0.6420) also contribute to the county's overall vulnerability, reflecting the challenges identified in prior data on poverty, educational attainment, and disparities among minority populations. In contrast, housing type and transportation vulnerability is lower at 0.4691, though this remains a concern given the rural setting and limited public transit options.

	Scott County
Overall SVI	0.7531
Socioeconomic status	0.6667
Household characteristics	0.9877
Racial & ethnic minority status	0.6420
Housing type & transportation	0.4691

222 Source: Geospatial Research, Analysis, and Services Program, CDC/ATSDR Social Vulnerability Index (2022)

Vizient Vulnerability Index

The Vizient Vulnerability Index (VVI) is a multi-dimensional tool that assesses vulnerability at the county level by evaluating nine social risk categories, ranging from economic stability and housing to public safety and environmental quality. Unlike the other indices, higher or lower values are not inherently “better” or “worse,” but rather provide a directional sense of local stressors and assets.

Scott County has an overall Vulnerable Vitality Index (VVI) score of 1.507, indicating higher-than-average vulnerability across several domains. The county's highest scores are seen in healthcare access (1.170) and education (0.850), highlighting barriers to both quality healthcare services and educational attainment. Economic vulnerability (0.646) and neighborhood resources (0.704) also contribute to the overall score, reflecting limited economic opportunities and gaps in community infrastructure. Housing (0.173), transportation (0.210), and clean environment (0.270) show lower but still notable vulnerability levels, suggesting that while these areas are less critical, they still warrant attention. The public safety score of -0.167 may point to relative strengths in this area or potential data anomalies requiring further review.

	Scott County
Overall VVI	1.507
Economic	0.646
Education	0.850
Healthcare access	1.170
Neighborhood resources	0.704
Housing	0.173
Clean environment	0.270
Social environment	0.607
Transportation	0.210

223 Source: Vizient, Inc., Vizient Vulnerability Index (2025)

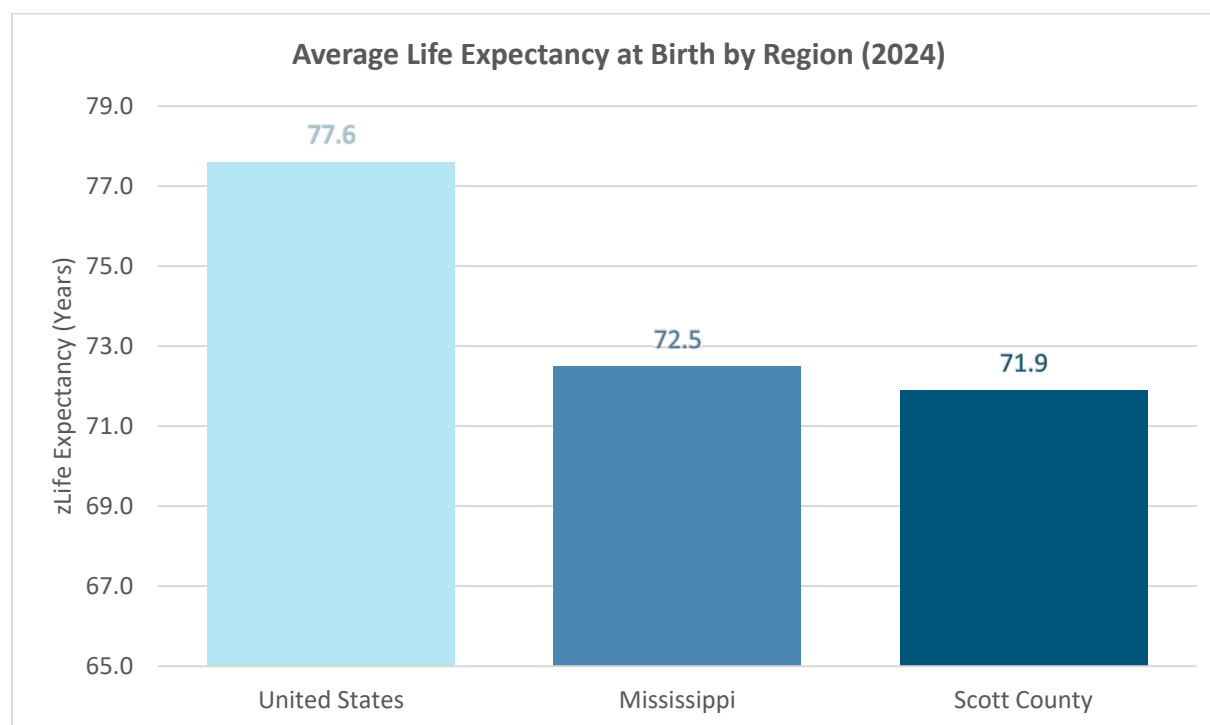
Understanding a community's context, i.e., its economic conditions, education, access to care, housing, and social environment, is essential for identifying where health challenges originate. Yet to fully assess how these upstream factors influence well-being, we must also examine health outcomes directly. This next section explores key indicators such as life expectancy, leading causes of death, and behavioral risk factors. By linking outcomes to the social and structural conditions discussed earlier, the CHNA identifies where the greatest health burdens lie and what factors are contributing to poor health in the region.

Health Outcomes and Contributing Risk Factors

Life Expectancy

Life expectancy at birth offers a snapshot of overall community health and is influenced by a range of contributing risk factors, including chronic disease, access to care, socioeconomic conditions, and health behaviors. Within the Ochsner Scott Regional Hospital primary service area, life expectancy in Scott County is 71.9 years, which is slightly below the Mississippi average of 72.5 years and well below the national average of 77.6 years. While the gap is less severe than that observed in some neighboring counties, this figure still reflects ongoing health challenges and socioeconomic disparities that impact long-term outcomes.

Factors such as higher poverty rates, limited access to preventive care, and a greater burden of chronic disease may contribute to this lower life expectancy. Monitoring these trends over time is essential for understanding local mortality patterns and for designing targeted interventions that address the root causes of reduced life expectancy.



Mortality

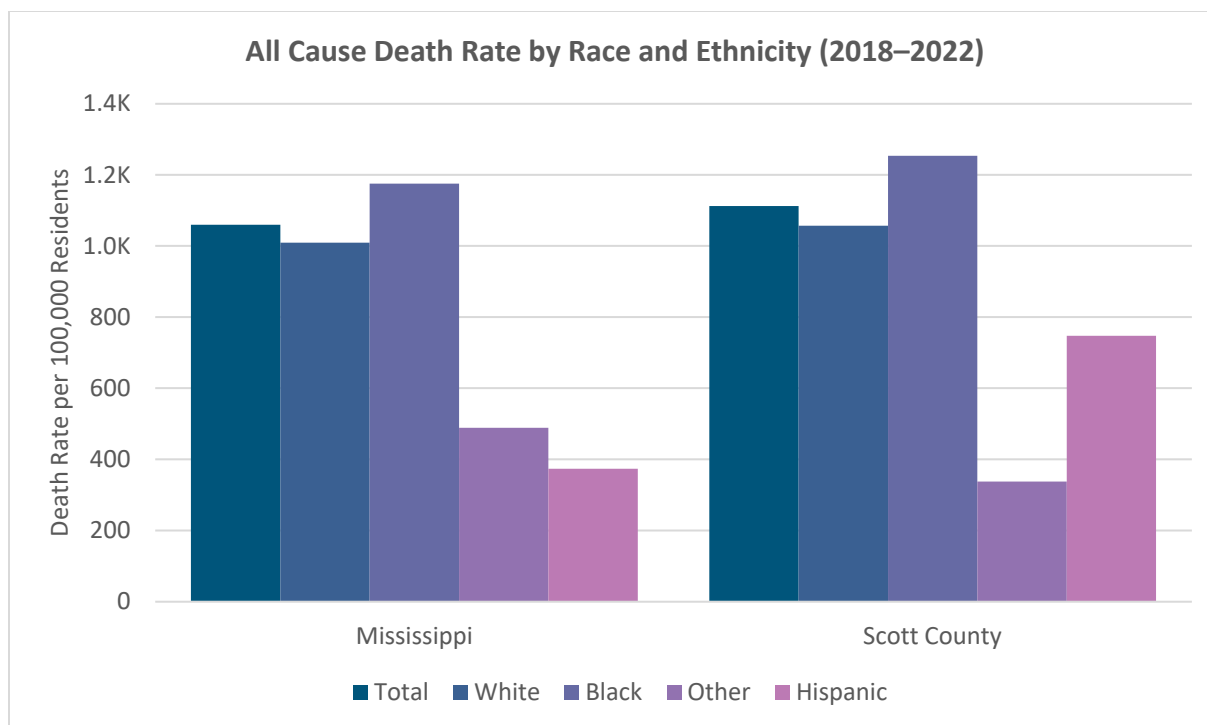
Mortality data is a foundational part of assessing health outcomes across a community. It provides insight into the burden of disease, identifies populations at greater risk of early death, and helps inform strategic priorities for health interventions. By examining both overall and cause-specific mortality patterns, communities can better understand the underlying health challenges facing residents and direct resources where they are most needed. The sections that follow explore all-cause mortality as well as the five leading causes of death in the hospital's primary service areas, including an analysis of long-term trends and racial and ethnic disparities.

All-Cause Mortality

All-cause mortality provides a direct measure of how many residents are dying from any cause and helps highlight where the greatest health burdens exist. When broken down by race and ethnicity, these data reveal disparities shaped by long-standing structural inequities in healthcare access, chronic disease prevalence, and the broader social environment.

In Scott County, Black residents experience the highest all-cause mortality rates, exceeding those of White residents and the overall population. The death rate for Black residents is above 1,250 deaths per 100,000 residents, highlighting significant disparities compared to other racial groups. White residents also face elevated mortality rates, though they remain slightly below those seen among Black residents.

The Other racial category shows relatively low mortality, but these figures should be interpreted with caution due to smaller population sizes that can cause statistical variability. Hispanic residents report lower all-cause mortality (approximately 750 deaths per 100,000), which is consistent with broader state and national patterns, potentially reflecting a younger population structure or protective health behaviors.



225 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Top Five Causes of Death

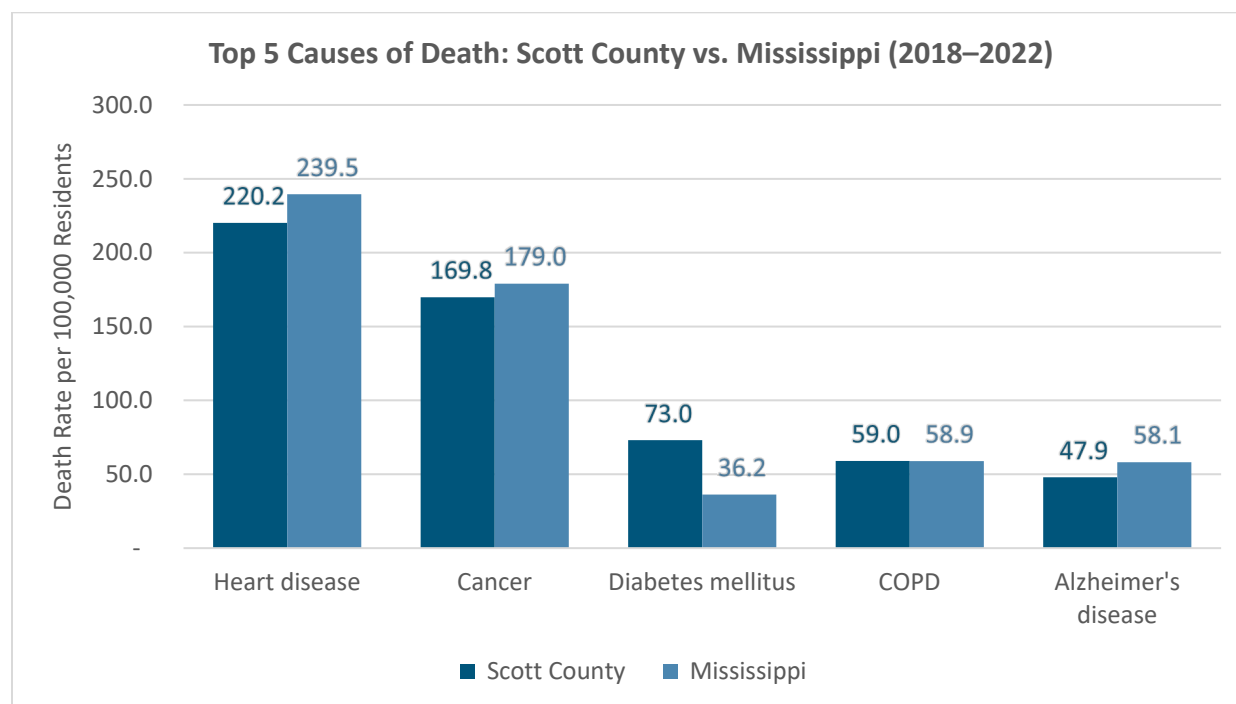
Identifying the leading causes of death is critical for understanding the most significant drivers of premature mortality in a community. This information helps local health systems and partners target prevention, education, and intervention efforts where they will have the greatest impact.

For this assessment, the top five causes of death are based on five-year average death rates (2018–2022) for residents of Scott County, the hospital’s primary service area. While COVID-19, unintentional injury, and other diseases and conditions ranked among the top causes of death during this period, they have been excluded from this section to maintain a focused analysis on chronic, non-communicable diseases that consistently drive long-term health outcomes. COVID-19 introduced a short-term spike in mortality but has since declined in ranking and does not reflect persistent health system needs in the same way as chronic disease. Similarly, deaths from unintentional injuries and broad disease categories do not offer the specificity needed for actionable planning.

The chart below compares Scott County with Mississippi as a whole. Heart disease remains the leading cause of death, with a local rate of 220.2 deaths per 100,000 residents, slightly lower than the state rate of 239.5. Cancer ranks second at 169.8 deaths per 100,000 residents, also slightly below the state rate of 179.0.

Diabetes mellitus, however, shows a concerning trend in Scott County, with a death rate of 73.0 per 100,000 residents, which is double the statewide rate of 36.2. COPD deaths in Scott County are comparable to state levels (59.0 vs. 58.9), while Alzheimer’s disease mortality is notably lower locally at

47.9 compared to 58.1 statewide. The subsections that follow examine each cause in greater depth, including trends over time and racial and ethnic disparities.

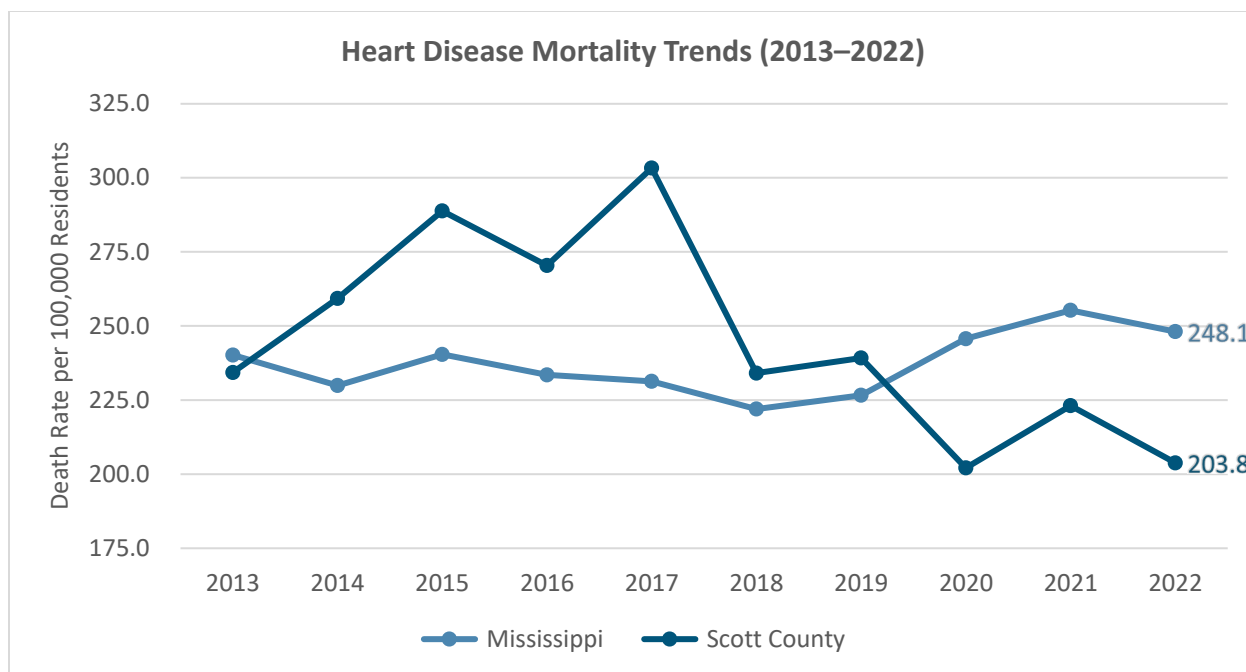


226 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Heart Disease

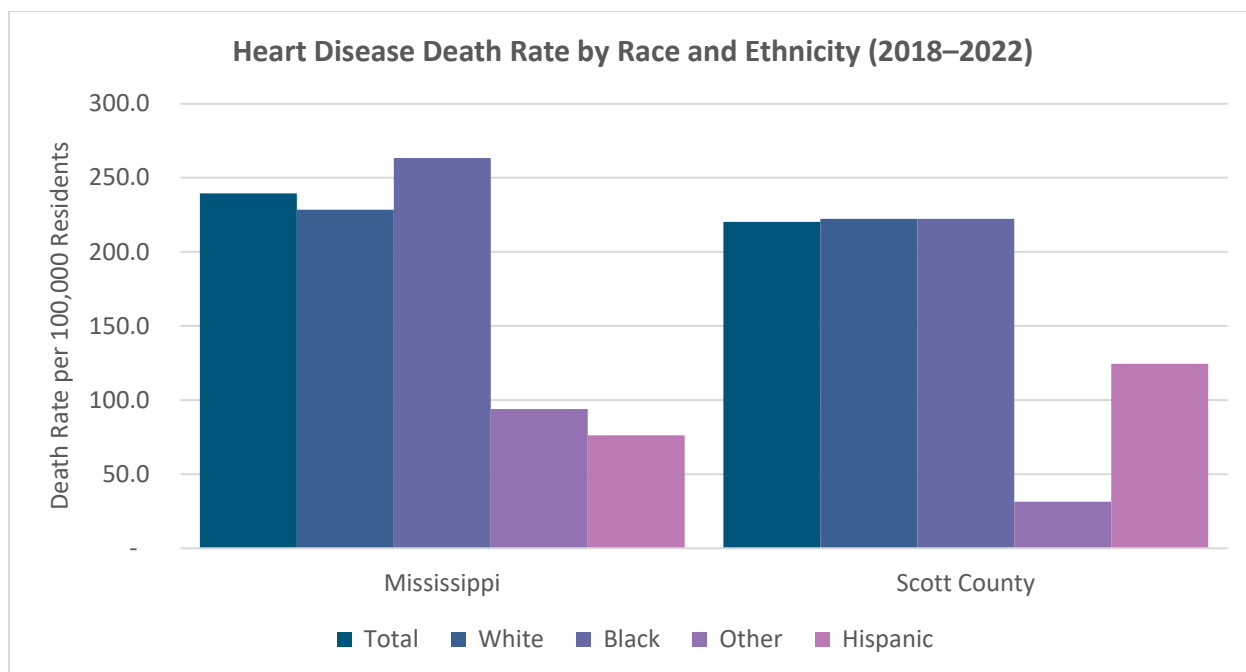
Heart disease is the leading cause of death in Scott County, though the county's rates are generally lower than the state average. This section explores mortality trends over time, disparities by race and ethnicity, and the most common subtypes contributing to heart-related deaths.

Over the past decade, Scott County's heart disease mortality rate has fluctuated considerably, peaking at over 300 deaths per 100,000 residents in 2017 before declining sharply in the following years. Since 2018, the trend has stabilized at lower levels, falling to 203.8 deaths per 100,000 residents in 2022. This is notably lower than Mississippi's statewide rate of 248.1. While Scott County's declining trend suggests progress in cardiovascular health, the rate remains elevated compared to national benchmarks.



227 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

When broken out by race and ethnicity, Scott County’s heart disease mortality rates show notable disparities. White and Black residents experience nearly identical rates, both around 220 deaths per 100,000 residents, while Hispanic residents report a lower rate of approximately 125 deaths per 100,000. In contrast, residents classified as “Other” have the lowest reported rate, though these figures should be interpreted with caution due to small population sizes and possible data limitations. These disparities underscore the importance of culturally tailored outreach, education, and treatment strategies that address the specific needs of at-risk populations.

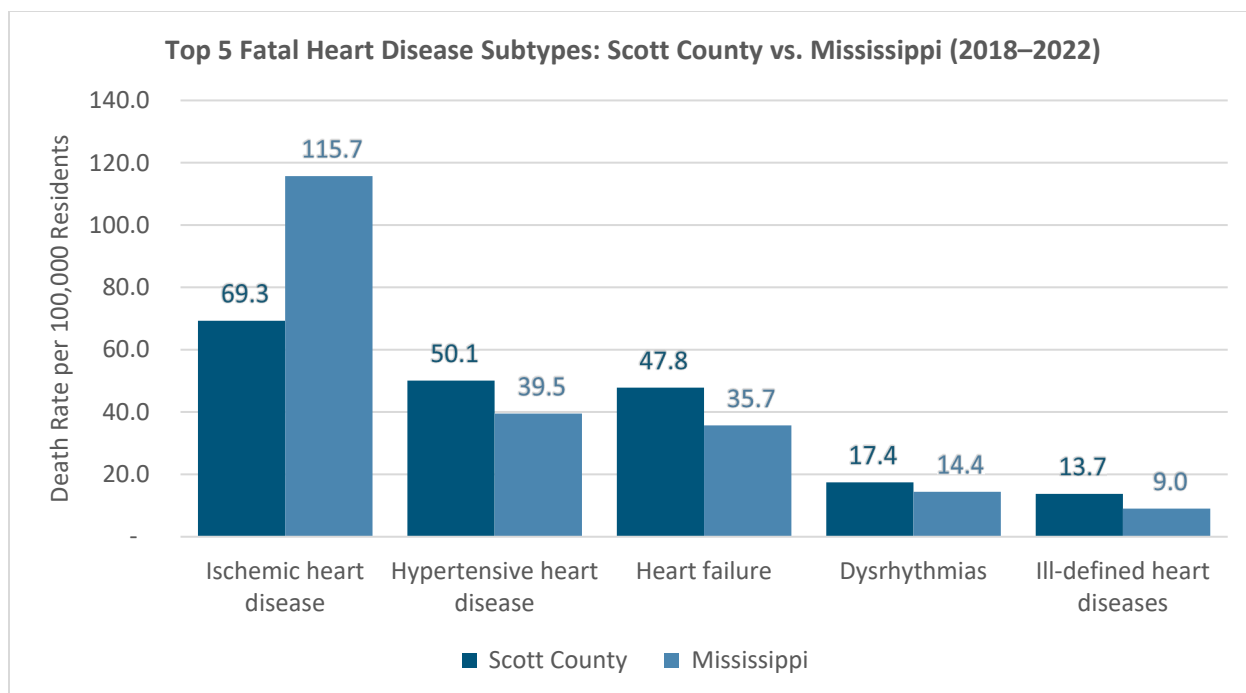


228 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Among heart disease-related deaths in Scott County, ischemic heart disease remains the leading subtype, with a death rate of 69.3 per 100,000 residents, significantly lower than the Mississippi average of 115.7. Ischemic heart disease, also called coronary artery disease, occurs when the arteries that supply blood to the heart become narrowed or blocked, often due to plaque buildup. This condition is largely preventable through lifestyle changes, early detection, and proper management of risk factors like high blood pressure, high cholesterol, and smoking.

Other common heart disease subtypes in the region include hypertensive heart disease, heart failure, dysrhythmias, and ill-defined heart diseases. Hypertensive heart disease is directly caused by chronic high blood pressure straining the heart over time. Heart failure happens when the heart can't pump blood effectively, often because of damage from prior heart attacks or uncontrolled high blood pressure. Dysrhythmias, or abnormal heart rhythms, can lead to sudden cardiac death if untreated. Ill-defined heart disease includes cases where the cause of death is heart-related but not clearly categorized, which may reflect limited access to diagnostic tools or specialist care.

While some of these conditions are complex, many are preventable or manageable with early intervention, routine screenings, medication adherence, and access to high-quality primary care. The higher death rates from nearly every subtype in the local counties point to a need for stronger community-based prevention and chronic disease management efforts.

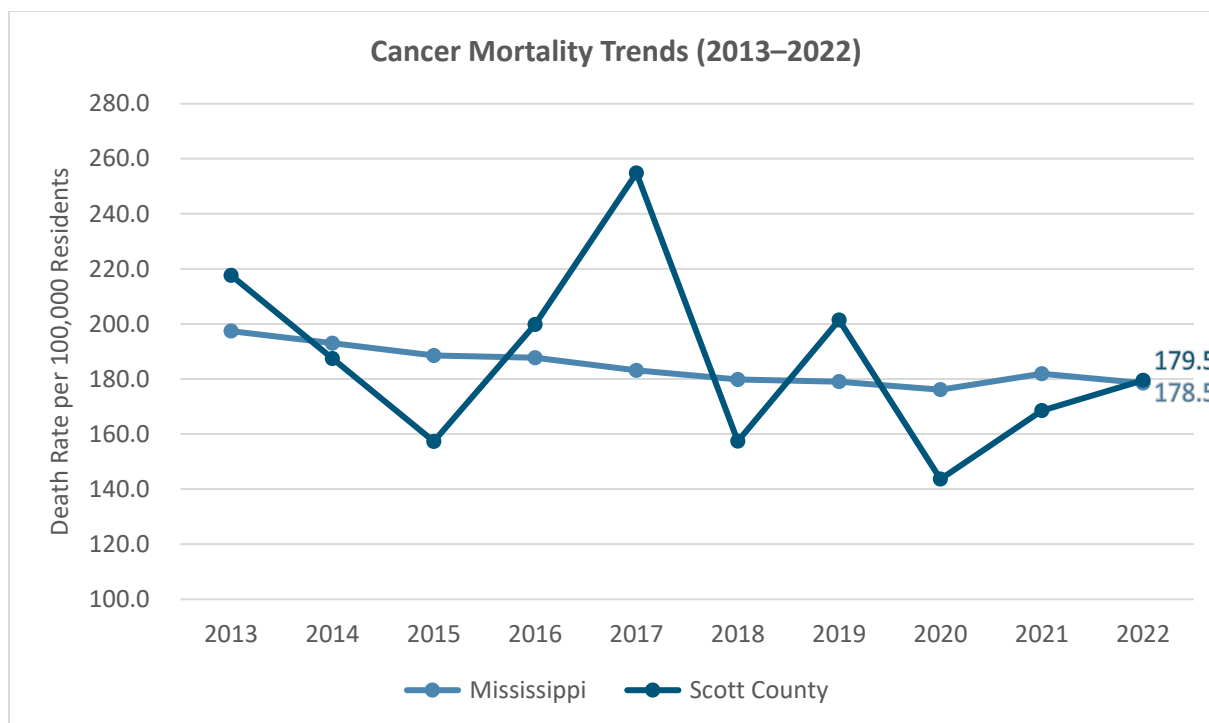


229 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Cancer

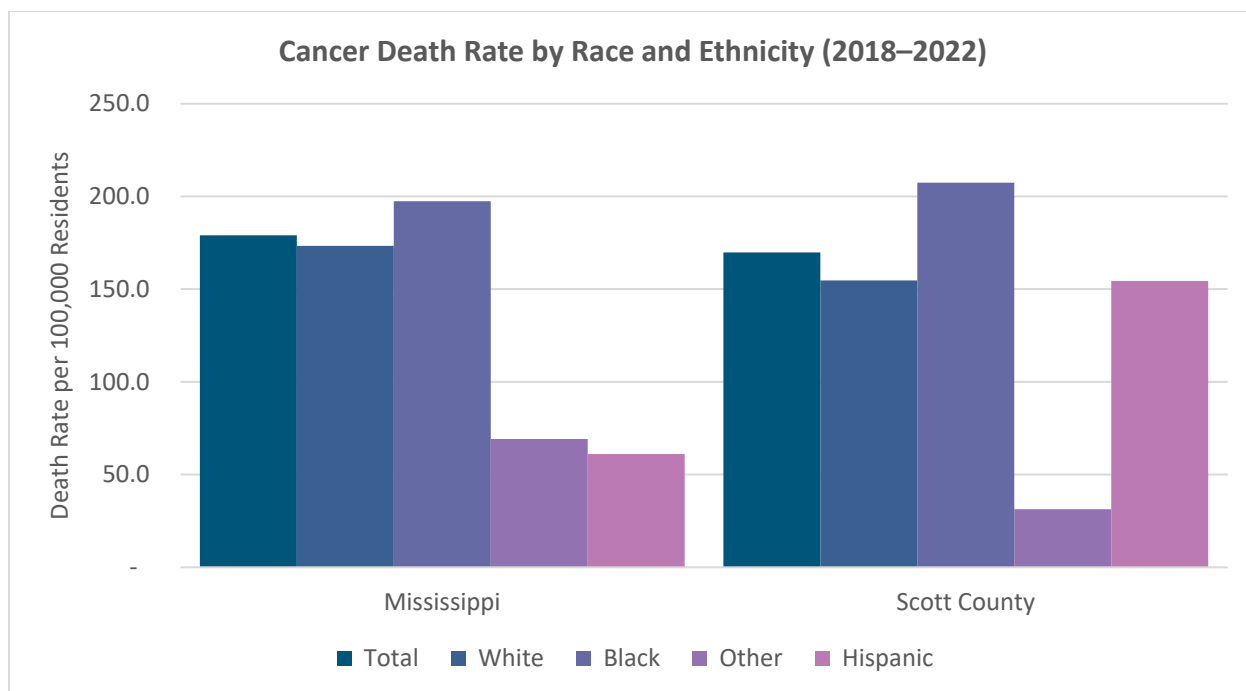
Cancer is the second leading cause of death in the hospital’s primary service areas. While some cancers are linked to genetics or other uncontrollable factors, many cases can be prevented or detected early through screenings, lifestyle changes, and improved access to care. This section explores long-term trends, racial and ethnic disparities, and the specific cancer types contributing most to mortality locally.

Cancer mortality trends in Scott County have fluctuated more noticeably than state trends over the past decade. The county's rate peaked in 2017 at 254.8 deaths per 100,000 residents, well above the state average, but has since declined and stabilized closer to Mississippi’s rate of 179.5. By 2022, Scott County’s cancer death rate was 178.5, nearly identical to the state figure. The variations over time may reflect differences in early detection, access to cancer treatment, and prevention programs. While the recent alignment with the state rate is encouraging, the past spikes highlight a continued need for sustained efforts around screening, timely diagnosis, and addressing risk factors such as tobacco use and obesity.



230 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

Disparities in cancer mortality are evident across racial and ethnic groups in Scott County. Black residents experience the highest cancer mortality, with a rate of 207.4 deaths per 100,000 residents, followed by Hispanic residents at 154.4 deaths per 100,000 residents. White residents have a lower rate at 153.9, while those classified as "Other" have the lowest at 31.3 deaths per 100,000 residents. These disparities point to potential inequities in screening, early detection, and access to oncology care that call for targeted outreach and prevention strategies.

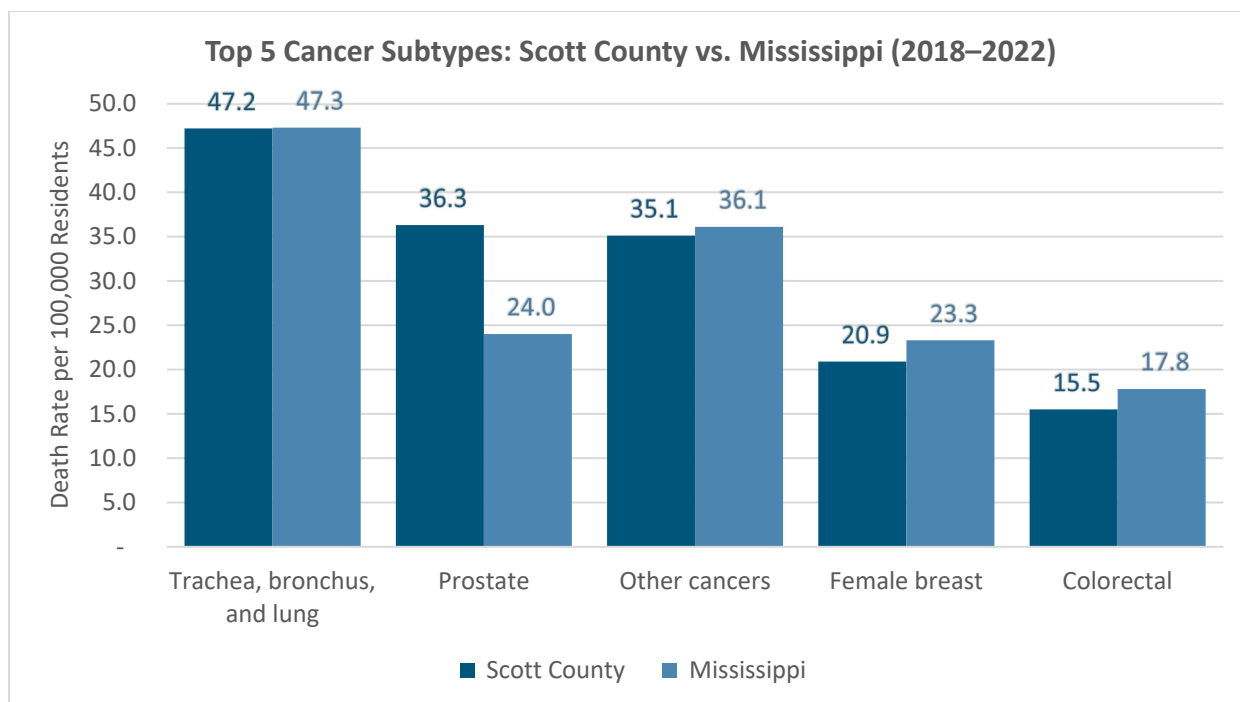


231 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

The most fatal cancer types in Scott County largely reflects statewide patterns. Lung cancer (trachea, bronchus, and lung) remains the leading cause of cancer deaths, with a local death rate of 47.2 per 100,000 residents, nearly identical to the state rate of 47.3. Lung cancer is strongly linked to tobacco use, which remains more prevalent in rural Mississippi than nationally.

The third most common category is “Other cancers,” which includes a wide range of rare or less common cancers. These span many parts of the body, such as the esophagus, gallbladder, small intestine, larynx, connective tissue, endocrine glands, lymph nodes, peritoneum, retroperitoneum, and central nervous system. It also includes metastatic cancers (cancers that have spread from other organs), many lymphomas, and cancers of unspecified or ill-defined sites. While each condition in this group is relatively uncommon, they contribute significantly to cancer mortality collectively. The diversity of this category makes it difficult to target with a single intervention, but it points to the importance of broad cancer screening, early detection, and access to specialists who can diagnose and treat rare or advanced-stage diseases.

Other leading causes of cancer death include prostate cancer, female breast cancer, and colorectal cancer. These cancers often have established screening protocols and are more treatable when caught early. Slightly elevated local rates suggest the need to improve education, screening participation, and timely follow-up care across the service area.

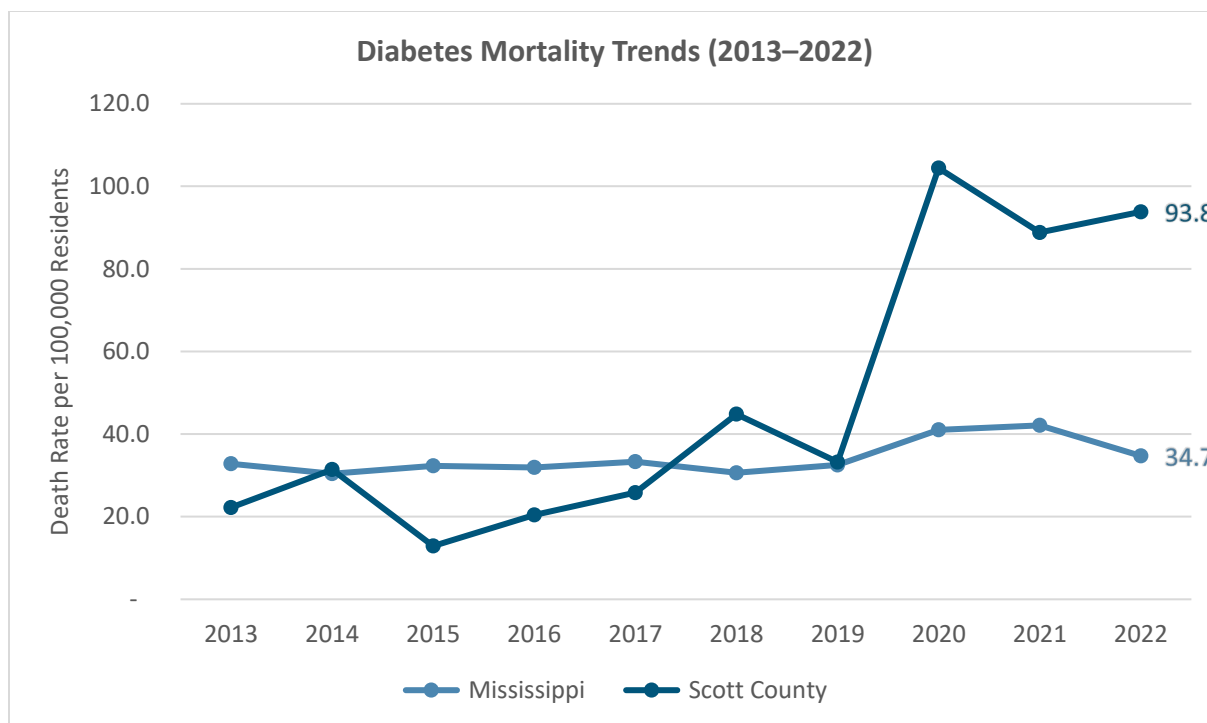


232 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Diabetes

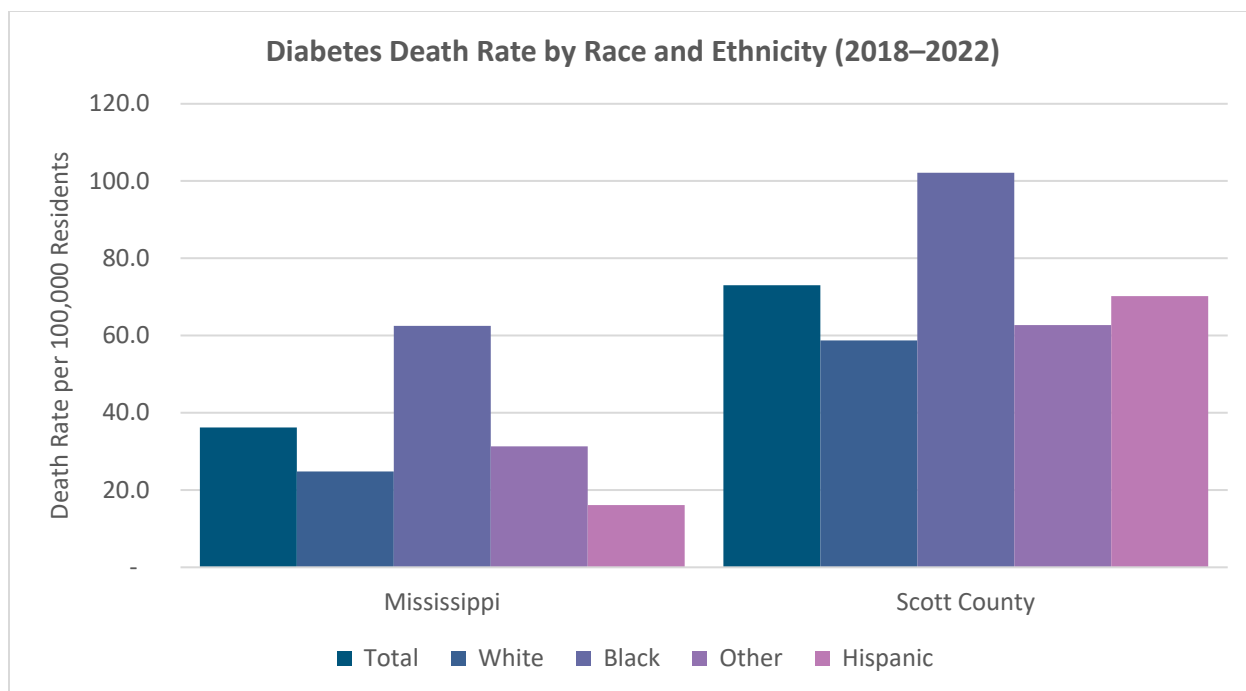
Diabetes is a chronic disease that affects how the body regulates blood sugar. If left unmanaged, it can lead to serious complications such as heart disease, kidney failure, and nerve damage. Many diabetes-related deaths are preventable with early diagnosis, regular care, and lifestyle changes. This section explores local trends and disparities in diabetes mortality across the hospital's primary service areas.

Diabetes mortality in Scott County has shown significant volatility over the past decade, with particularly sharp increases in recent years. The county's rate surged dramatically in 2020, reaching over 100 deaths per 100,000 residents, and has remained elevated since, ending at 93.8 in 2022, which is nearly triple the state average of 34.7. Mississippi's statewide rate has remained relatively stable, ending the period at 34.7 per 100,000 residents. These fluctuations suggest potential challenges in chronic disease management, care continuity, or access to preventive services during the COVID-19 pandemic and its aftermath.



233 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

When broken down by race and ethnicity, diabetes mortality in Scott County reveals stark disparities. Black residents face the highest diabetes death rate at over 100 deaths per 100,000 residents, significantly surpassing both White residents (59 per 100,000 residents) and the county average (73.2 per 100,000 residents). Hispanic residents and those classified as “Other” also experience elevated rates, at 70.4 and 63.5 per 100,000 residents, respectively. These figures are notably higher than the state averages across all groups, highlighting the disproportionate burden of diabetes in Scott County’s minority populations. An underscoring the need for culturally informed diabetes education, improved screening, and consistent management resources across all racial and ethnic groups.

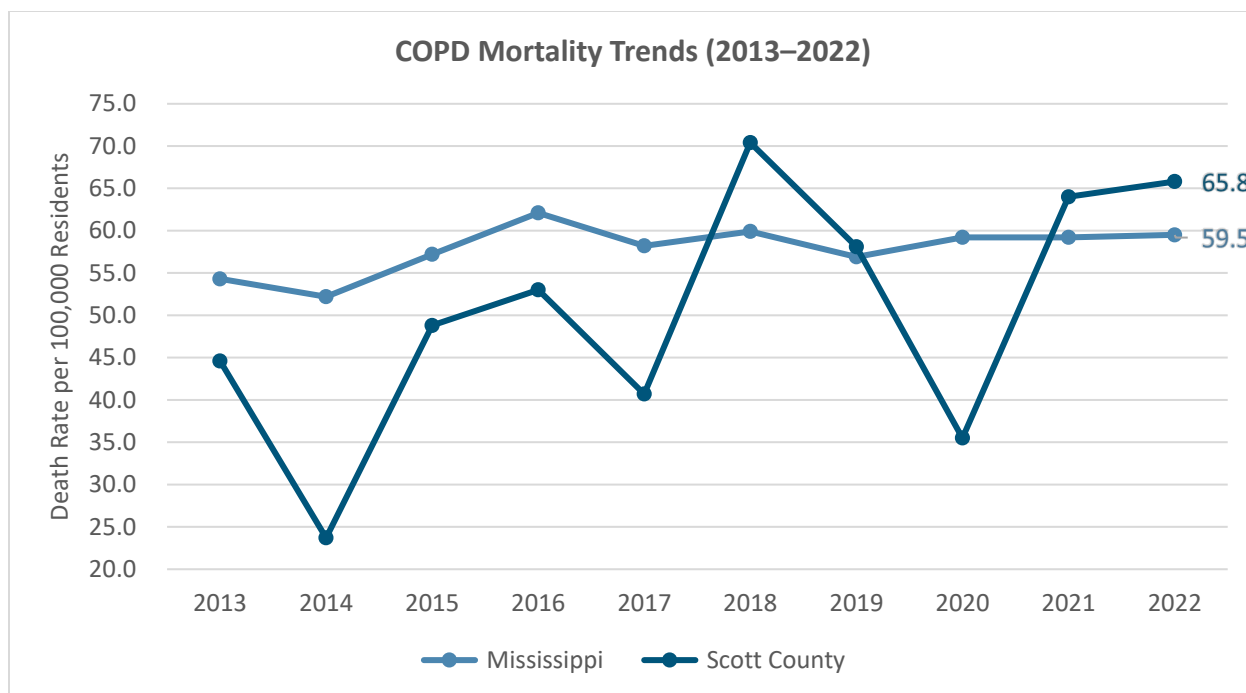


234 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Chronic Obstructive Pulmonary Disease (COPD)

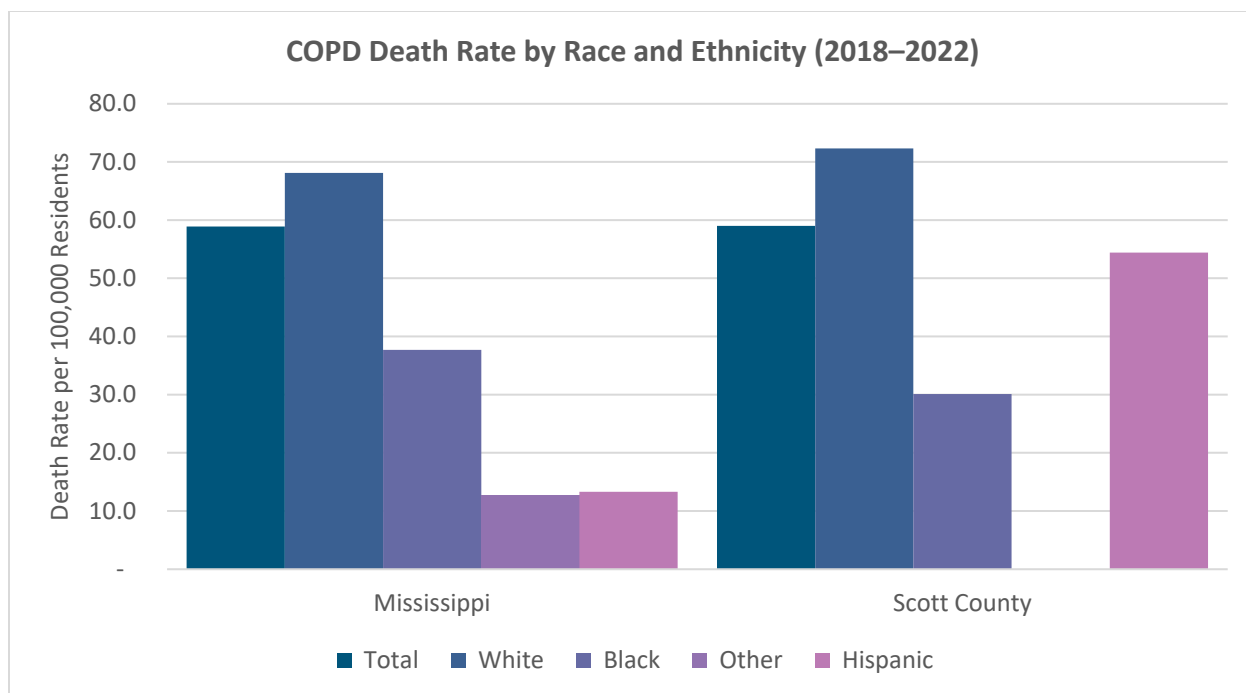
Chronic lower respiratory disease, primarily chronic obstructive pulmonary disease (COPD), is a major cause of preventable death, especially in rural areas with higher smoking rates and environmental exposures. COPD includes conditions like emphysema and chronic bronchitis that limit airflow and worsen over time. While not curable, COPD is often manageable through early diagnosis, smoking cessation, medication, and pulmonary rehabilitation. This section reviews local mortality trends and disparities by race and ethnicity.

Over the past decade, COPD mortality in Scott County has shown significant volatility compared to the steady state average. The county's rate experienced sharp fluctuations, with a dramatic peak in 2018 at 70.4 deaths per 100,000 residents, nearly 10 points higher than the state rate for that year. After dropping in 2019 and 2020, the rate rose again and ended the period at 65.8 deaths per 100,000 residents, which is notably above the Mississippi average of 59.5. These trends may be driven by higher smoking prevalence, delayed diagnosis, or challenges in managing chronic respiratory conditions, especially in rural areas where specialty care is limited.



235 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

Mortality rates from COPD in Scott County show notable racial and ethnic disparities. White residents experience the highest COPD death rate at 72.3 deaths per 100,000 residents, which is slightly above the state average for the same group. Hispanic residents also face an elevated burden, with a rate of 54.4 deaths per 100,000 residents, significantly higher than both the state and total population averages. In contrast, Black residents have a lower COPD mortality rate of 30.1 deaths per 100,000 residents. The persistently high rates among White and Hispanic residents highlight the need for targeted prevention strategies, including tobacco cessation programs, early screening for respiratory conditions, and improved access to pulmonary care.

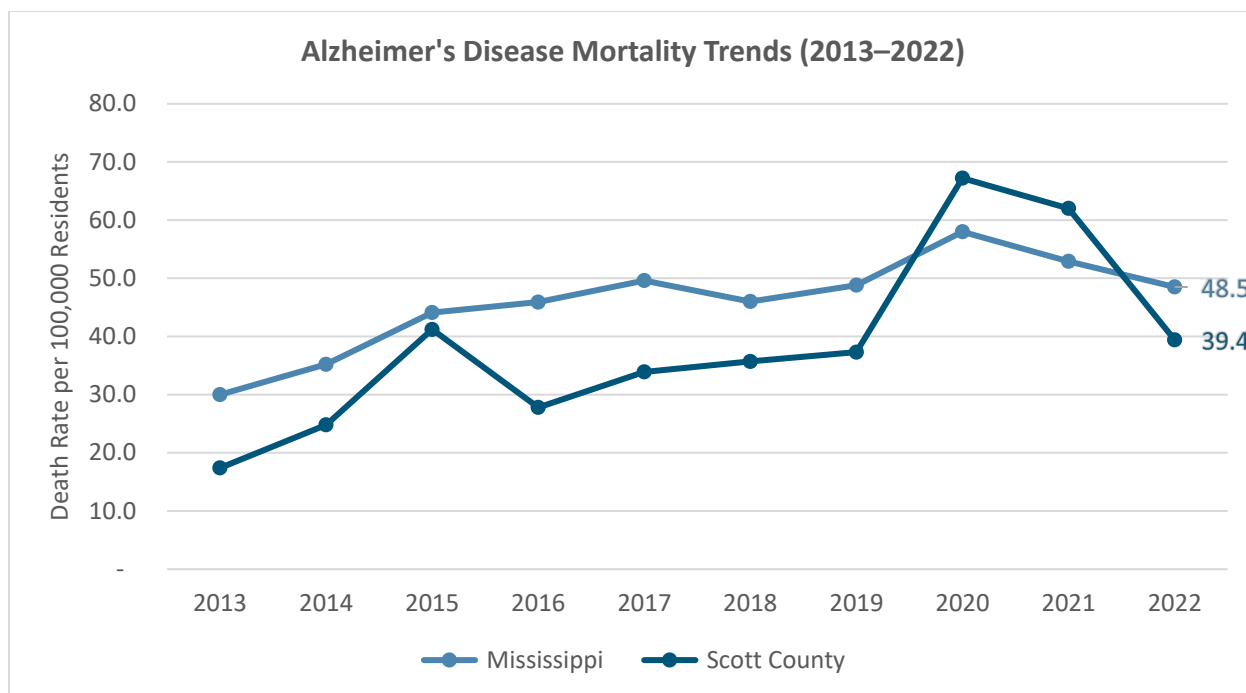


236 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Alzheimer's Disease

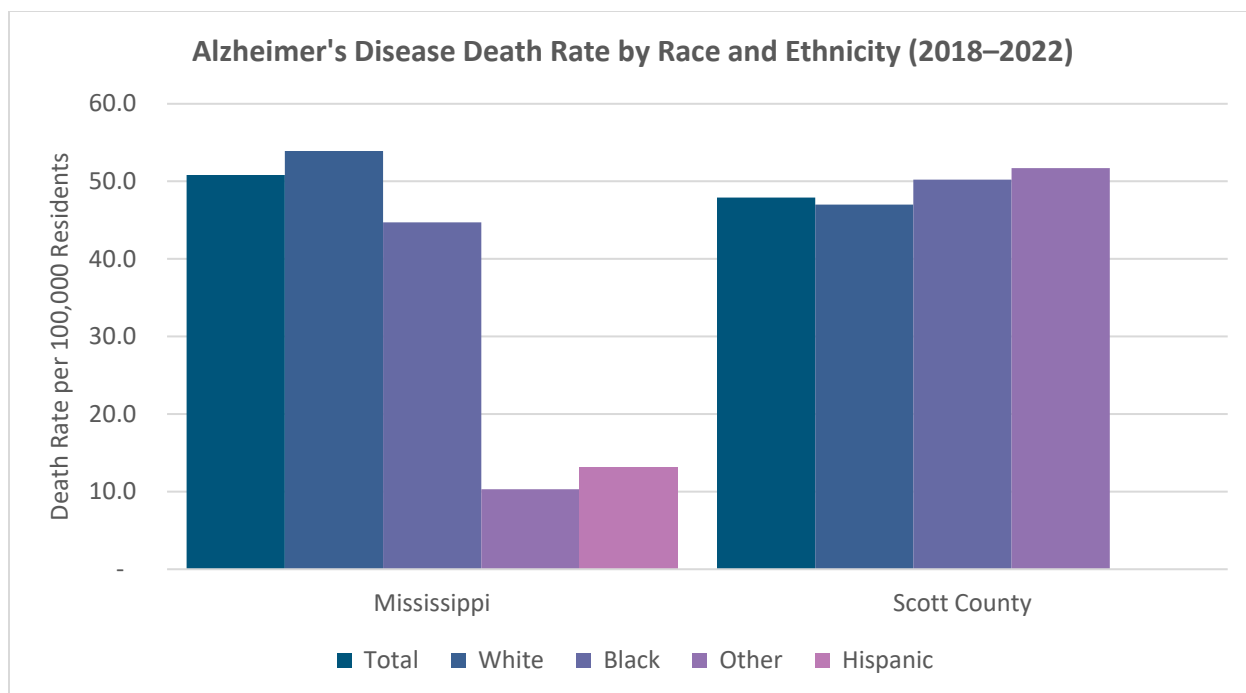
Alzheimer's disease is a progressive brain disorder that impacts memory, behavior, and the ability to perform daily activities. As life expectancy increases, Alzheimer's-related deaths have become more common, especially in older populations. While there is currently no cure, early diagnosis, family support, and coordinated care can improve quality of life for those affected. This section examines long-term mortality trends and racial and ethnic disparities in the hospital's primary service areas.

Alzheimer's disease mortality in Scott County has shown fluctuations over the past decade but remains below the Mississippi state average. The county's rate peaked in 2020 at roughly 67 deaths per 100,000 residents before declining to 39.4 in 2022, compared to the statewide rate of 48.5. While this suggests a lower burden relative to Mississippi overall, it may also reflect underdiagnosis or limited reporting of Alzheimer's as a primary cause of death, particularly in rural areas with fewer specialized healthcare providers.



237 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

When broken down by race and ethnicity, Alzheimer’s disease mortality in Scott County shows minimal disparity between racial groups. Black, White, and Other residents all have comparable death rates, hovering around 47 to 50 deaths per 100,000 residents, slightly below the state’s highest rates for White residents. Interestingly, residents identifying as “Other” in Scott County exhibit the highest Alzheimer’s mortality at 51.7 deaths per 100,000, which is significantly higher than their counterparts at the state level. While these rates may be influenced by small population sizes, they highlight a potential gap in early detection and culturally tailored dementia care services.



238 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

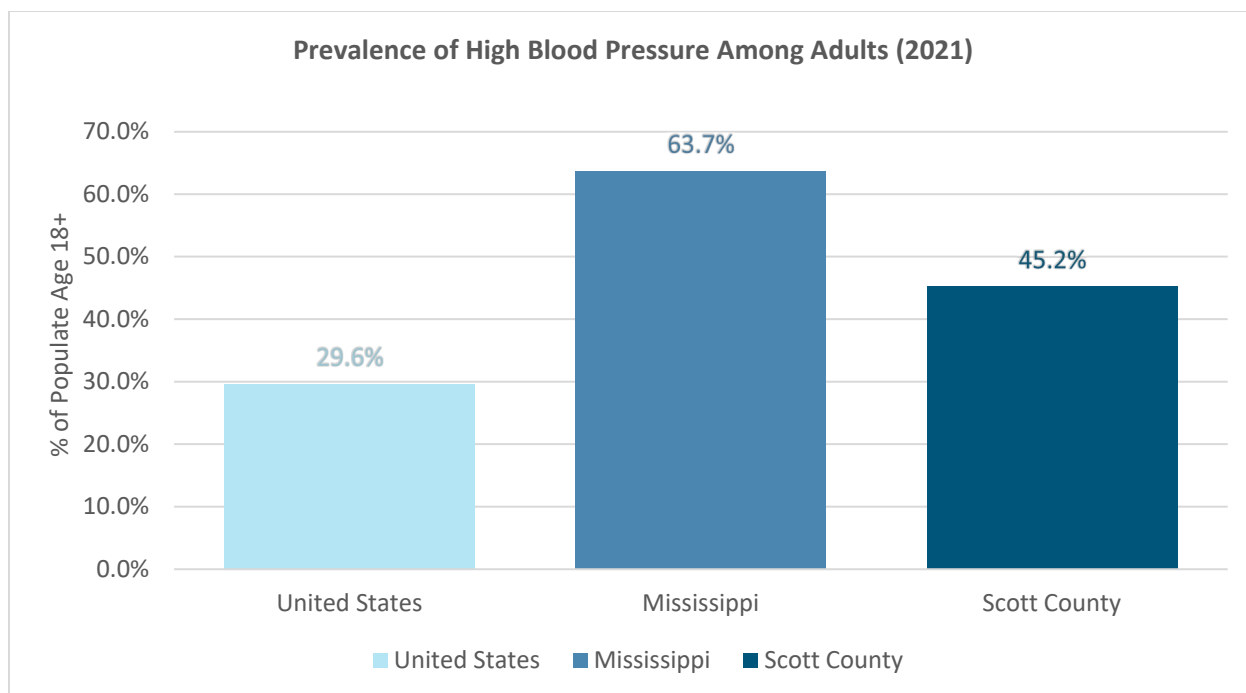
Risk and Behavioral Health Indicators

The leading causes of death and chronic disease are often influenced by health behaviors and modifiable risk factors. By tracking behavioral and clinical trends such as physical inactivity, tobacco use, and chronic conditions like diabetes and asthma, we can better understand where preventive outreach and education may have the greatest impact. This section provides local comparisons against state and national benchmarks.

High Blood Pressure

High blood pressure, or hypertension, occurs when the force of blood against artery walls remains elevated over time. Often referred to as the “silent killer,” it typically presents no symptoms but significantly increases the risk of heart disease, stroke, kidney failure, and other complications. Because it often goes undetected, routine screening and consistent management are critical to reducing its long-term effects.

In 2021, self-reported hypertension affected 45.2% of adults in Scott County. While these rates fall below the state average of 63.7%, they remain substantially higher than the national average of 29.6%. Given that heart disease is the leading cause of death in the region, elevated blood pressure is likely a major contributing factor. It may also be linked to higher rates of stroke, kidney failure, and diabetes-related complications, especially when paired with other risk factors such as limited access to care or poor nutrition.

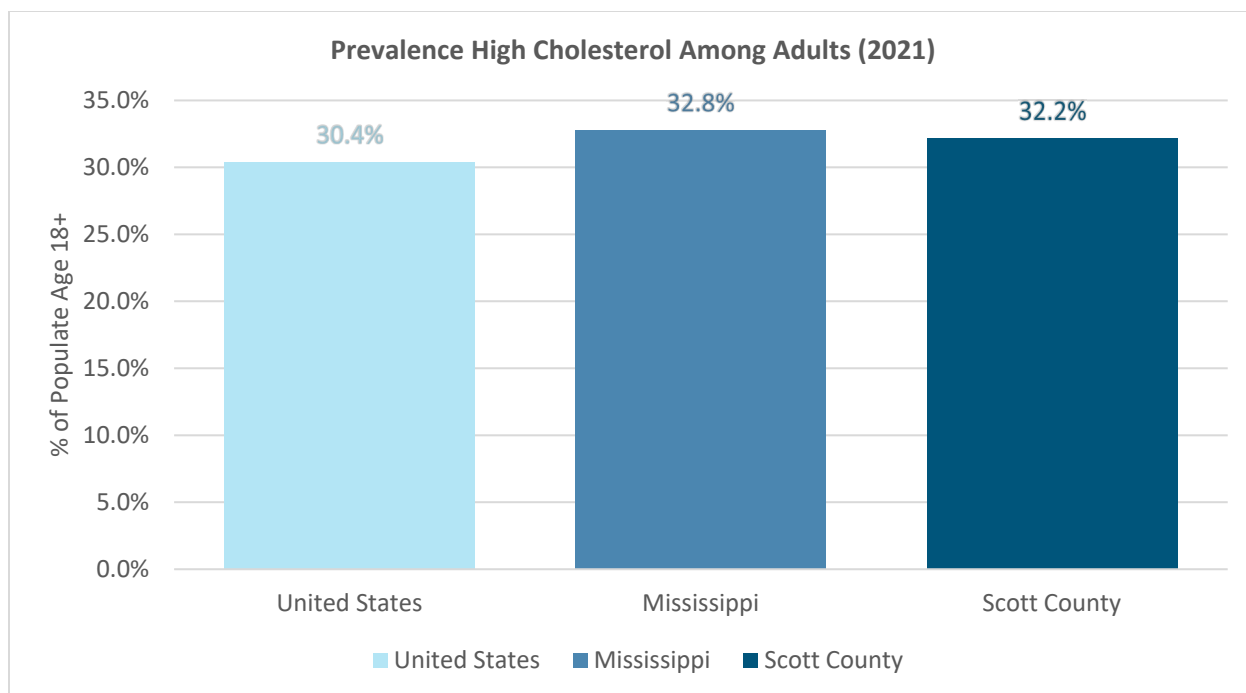


239 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2021); CDC Chronic Disease Indicators (2021)

High Cholesterol

Cholesterol is a waxy substance that the body needs in small amounts to build cells and produce hormones. However, when cholesterol levels become too high, plaque can build up in the arteries, increasing the risk of heart attack and stroke. Since high cholesterol often presents no symptoms, regular screening remains one of the few ways to detect the condition early.

In 2021, 32.2% of adults in Scott County reported having high cholesterol. These rates are nearly aligned with the national average of 30.4% and slightly below the state average of 32.8%. Even modest differences in prevalence may carry greater weight in regions with existing burdens of heart disease and other chronic conditions. In communities with fewer preventive resources, high cholesterol may remain unmanaged, amplifying the effects of related risk factors like high blood pressure and diabetes.

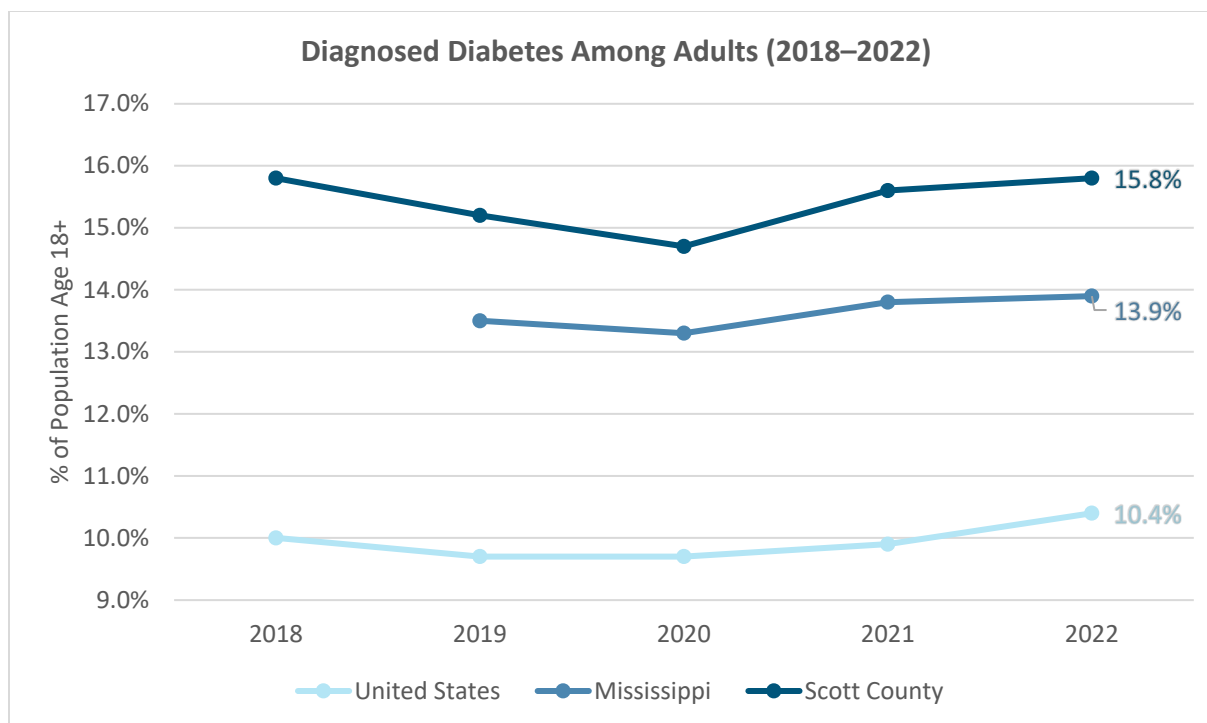


240 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2021); CDC Chronic Disease Indicators (2021)

Diagnosed Diabetes

Diabetes is a chronic condition that affects the body's ability to regulate blood sugar. Without proper management, it can lead to complications such as nerve damage, kidney failure, heart disease, and vision loss. Tracking diagnosed cases over time helps highlight where interventions may be needed most.

As of 2022, 15.8% of adults in Scott County reported having diabetes. Scott County exceeds the Mississippi average of 13.9% and the national average of 10.4%. This rate is particularly concerning given the high diabetes-related mortality observed earlier, especially among Black and Hispanic residents. The data suggest a widespread impact on health and quality of life, with implications for the sustainability of local healthcare systems.

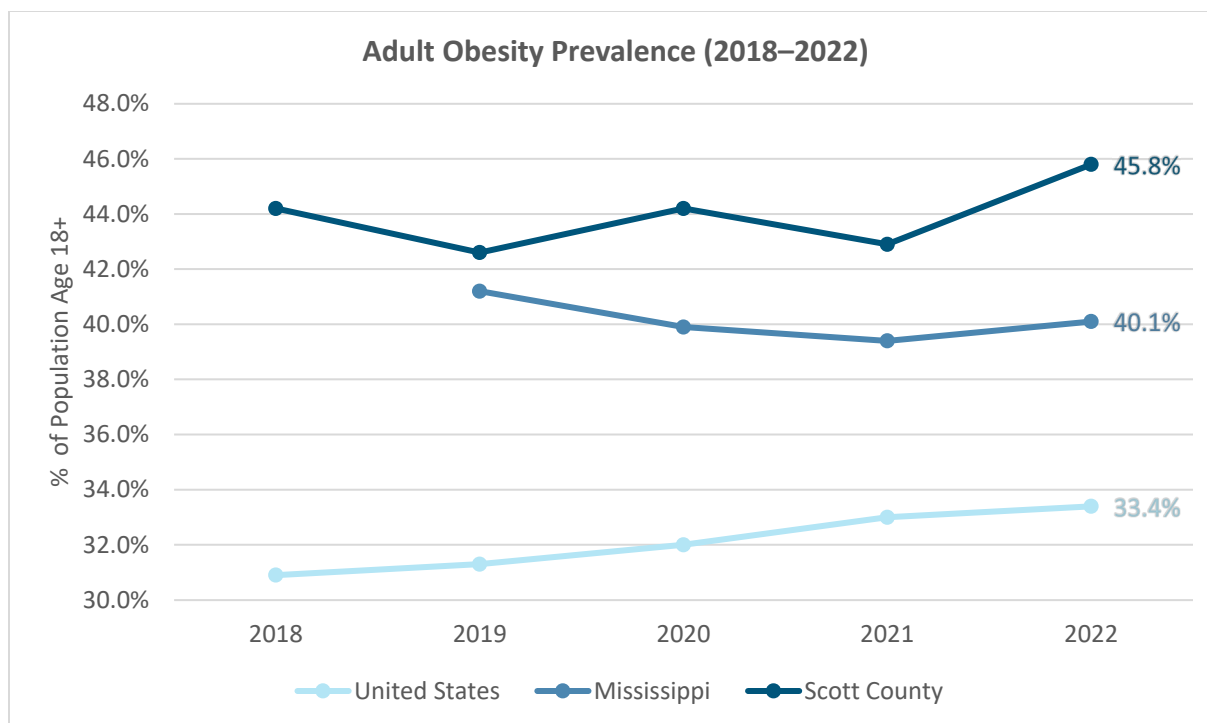


241 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2018–2022); CDC Chronic Disease Indicators (2018–2022)

Obesity

Obesity is closely tied to numerous health outcomes, including heart disease, stroke, diabetes, and certain cancers. Defined as having a body mass index (BMI) of 30 or higher, obesity is shaped by a range of factors, from genetics and lifestyle to environmental and socioeconomic conditions.

In 2022, adult obesity rates in the service area far exceeded the national average of 33.4%. Scott County reported a rate of 45.8%. This figure also surpasses the Mississippi state average of 40.1%. Scott County's obesity rate has increased over the last five years, suggesting a growing health burden. High obesity rates are consistent with other concerning trends in the region, such as elevated blood pressure and diabetes.

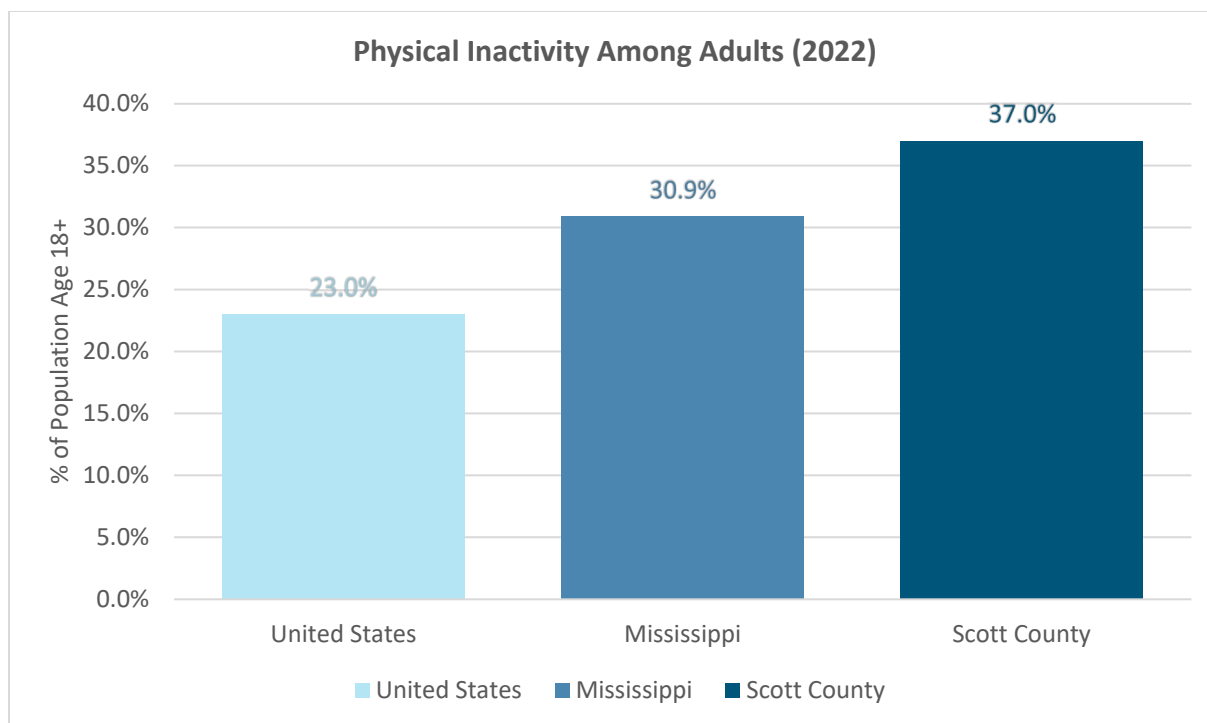


242 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2018–2022); CDC Chronic Disease Indicators (2018–2022)

No Leisure-Time Physical Activity

Engagement in physical activity is a cornerstone of chronic disease prevention and mental wellbeing. Physical inactivity, defined as no leisure-time physical activity in the past month, increases the risk for a range of health conditions, including obesity, heart disease, and diabetes.

In 2022, 37.0% of Scott County adults reported no leisure-time physical activity. These rates are well above both the state average of 30.9% and the national average of 23.0%. A lack of physical activity may contribute to the already elevated rates of obesity, hypertension, and diabetes in the area, compounding the long-term risks of chronic illness.

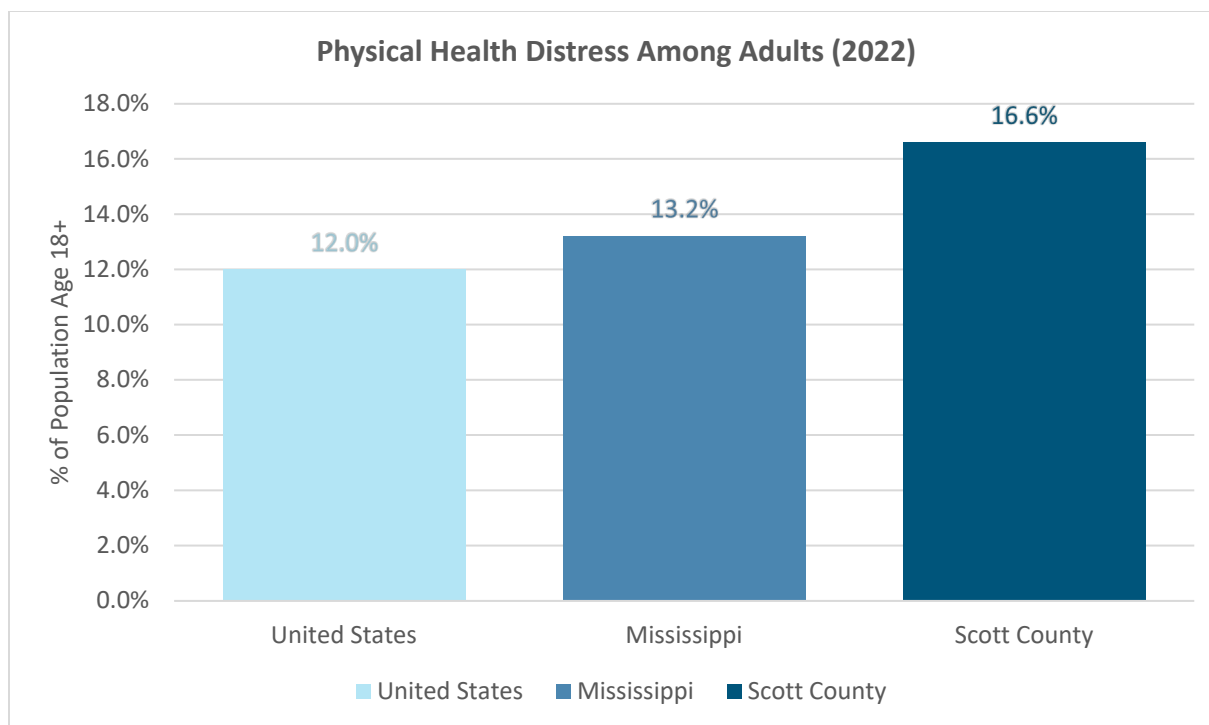


243 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Frequent Physical Distress

Frequent physical distress is measured by the percentage of adults who report feeling physically unwell for 14 or more days in the past month. This metric offers insight into the day-to-day burden of illness and the broader quality of life among community members.

In 2022, Scott County reported that 16.6% of adults experienced frequent physical distress. These figures are higher than the state and national averages, which were 13.2% and 12.0%, respectively. This pattern mirrors the region's elevated rates of chronic disease and points to the everyday toll of poor health on the population.

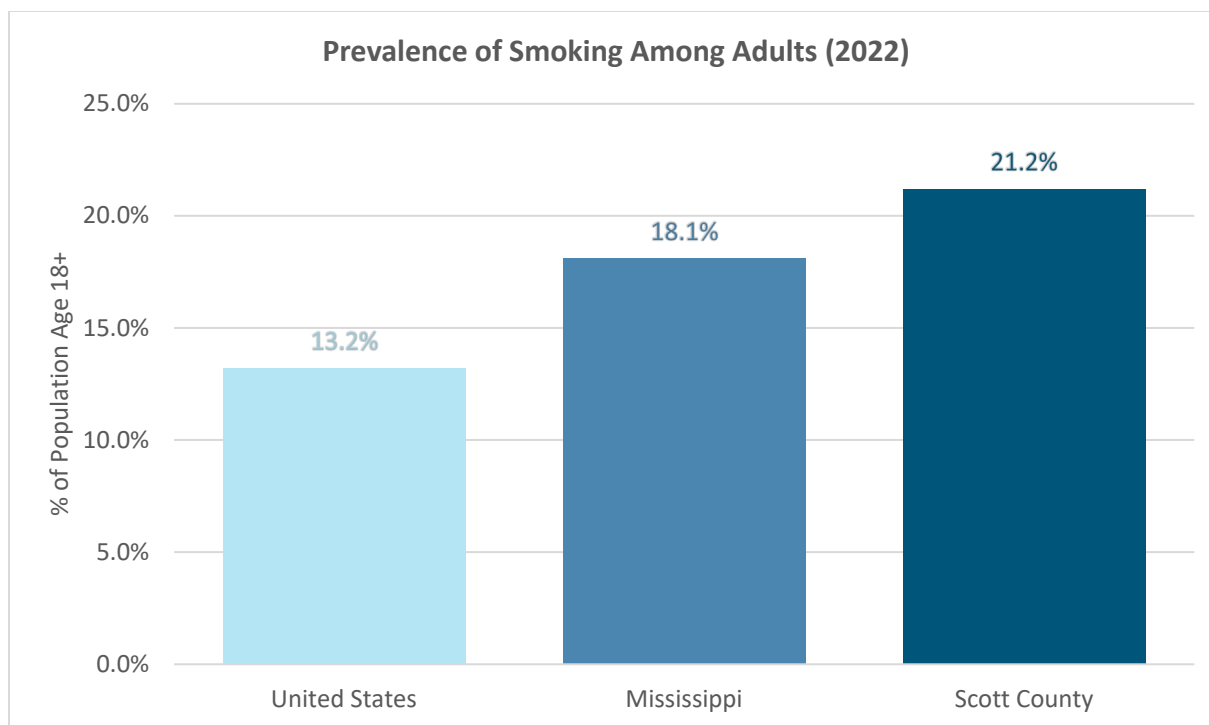


244 Source: Centers for Disease Control and Prevention. *PLACES: Local Data for Better Health (2022)*; *CDC Chronic Disease Indicators (2022)*

Binge Drinking

Binge drinking involves consuming several alcoholic drinks on a single occasion and is associated with increased risk of injury, liver disease, high blood pressure, and certain cancers. While the prevalence of binge drinking may be lower in some rural areas, its effects can still be significant, particularly when combined with other health challenges.

In 2022, 14.4% of adults in Scott County reported binge drinking, matching the state average but falling below the national rate of 18.0%. Though below the national figure, these rates still represent a meaningful portion of the adult population and could interact with other risk factors to influence health outcomes.

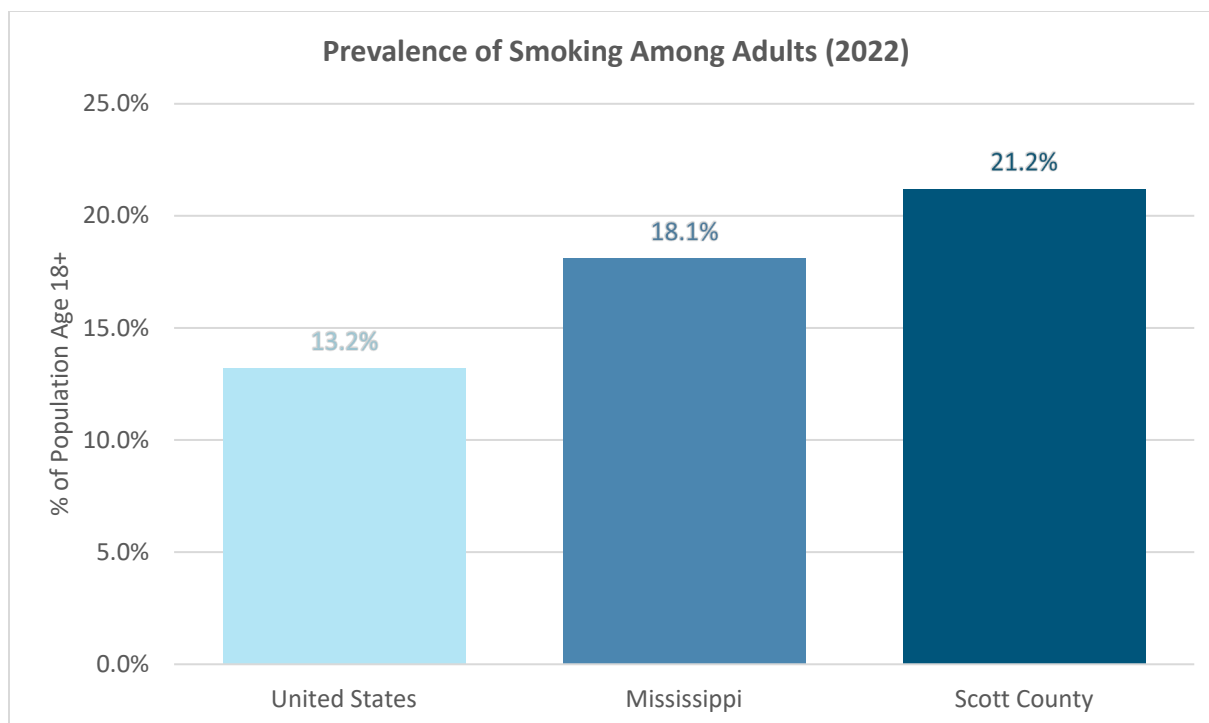


245 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Current Smoking

Smoking is widely recognized as one of the most preventable causes of death and disease. It plays a significant role in the development of cardiovascular disease, cancer, and chronic respiratory conditions, including COPD.

In 2022, Scott County's smoking rate reached 21.2%. These rates exceed both the state average of 18.1% and the national average of 13.2%. Elevated smoking rates align with higher rates of COPD and heart disease mortality, highlighting the role of tobacco use in driving chronic illness in the region.

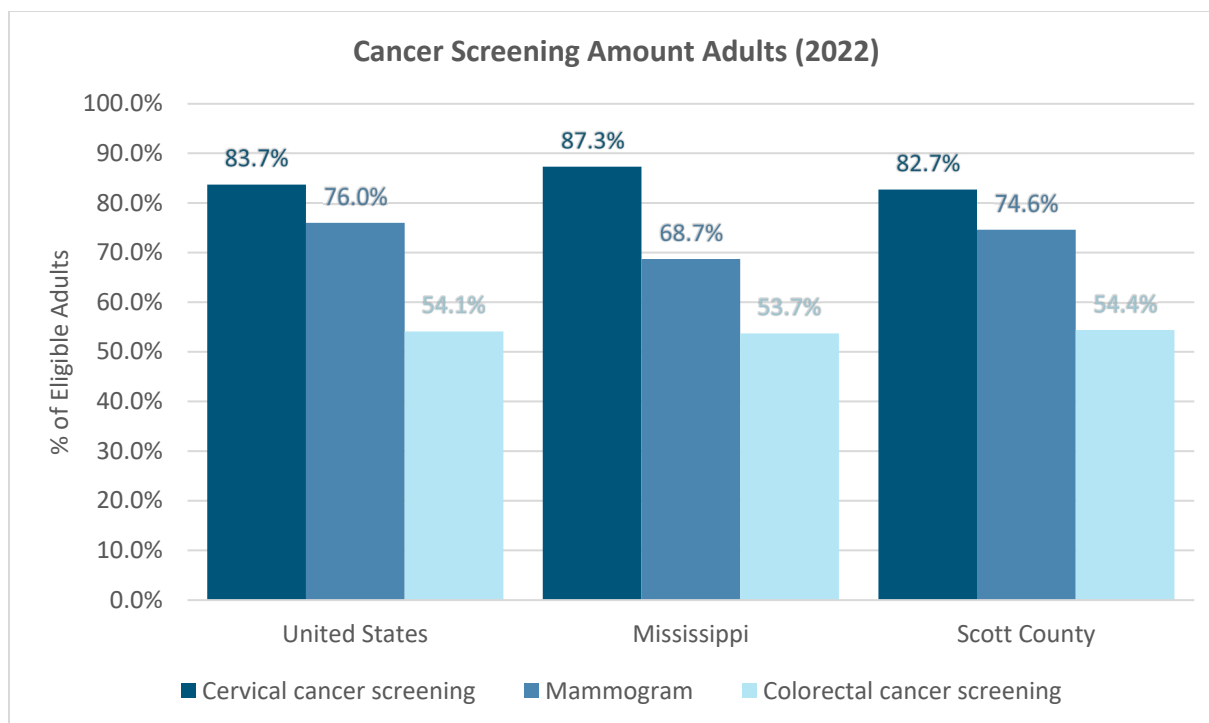


246 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Cancer Screenings

Routine screenings for cervical, breast, and colorectal cancers help detect disease early, often before symptoms appear. Early detection increases the chances of successful treatment and can reduce cancer-related mortality.

Cervical cancer screening rates in 2022 were strong in Scott County, with 82.7% of eligible adults receiving screenings, nearly matching the national rate of 83.7% and slightly below the Mississippi average of 87.3%. Mammogram rates (74.6%) in Scott County were slightly lower than the national average (76.0%) but remained above the state average of 68.7%. Colorectal cancer screening rates were lower at 54.4%, though they were slightly higher than both the Mississippi (53.7%) and national (54.1%) rates. These figures suggest that while cervical and breast cancer screening efforts are relatively effective in Scott County, there are opportunities to improve colorectal cancer screening participation to support earlier detection and better outcomes.

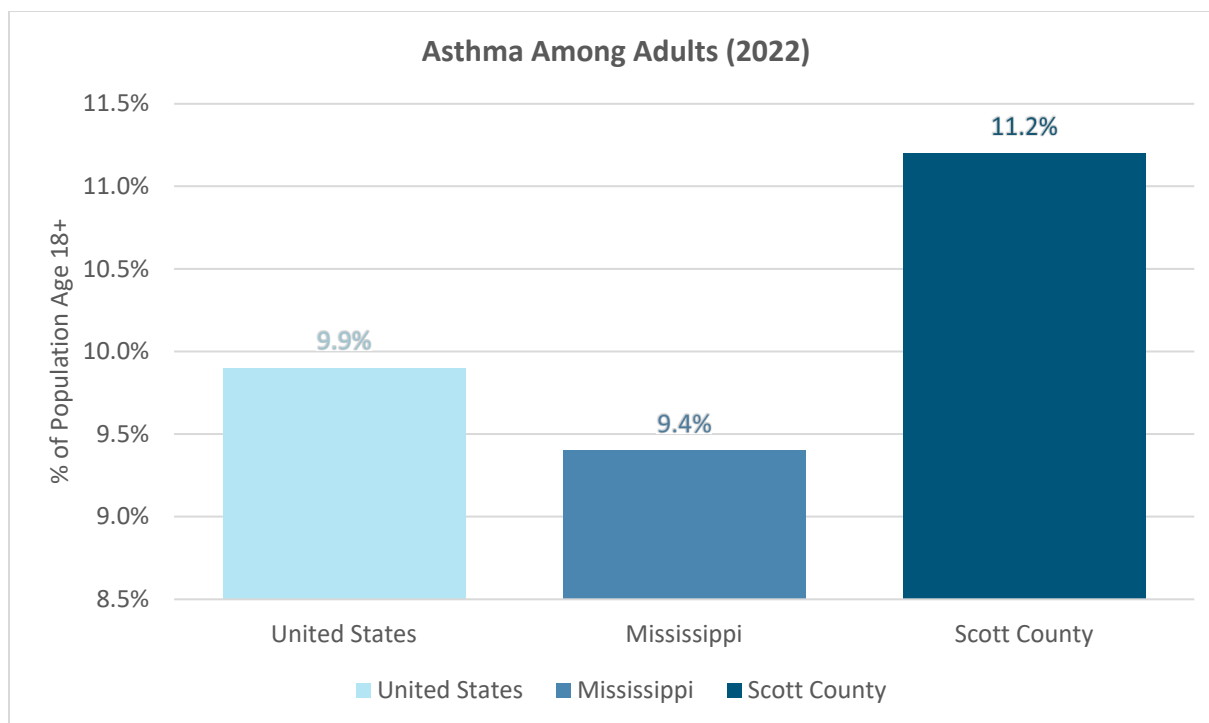


247 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Current Asthma

Asthma is a chronic respiratory condition that can limit quality of life and increase the risk of hospitalization, especially when poorly managed. It is often triggered by environmental exposures and can complicate other illnesses.

As of 2022, 11.2% of adults in Scott County had asthma. This rate is higher than both the state and national averages, which were 9.4% and 9.9%, respectively. Elevated asthma prevalence in the region is especially significant when considered alongside high rates of COPD and smoking, suggesting a need for increased attention to respiratory health.

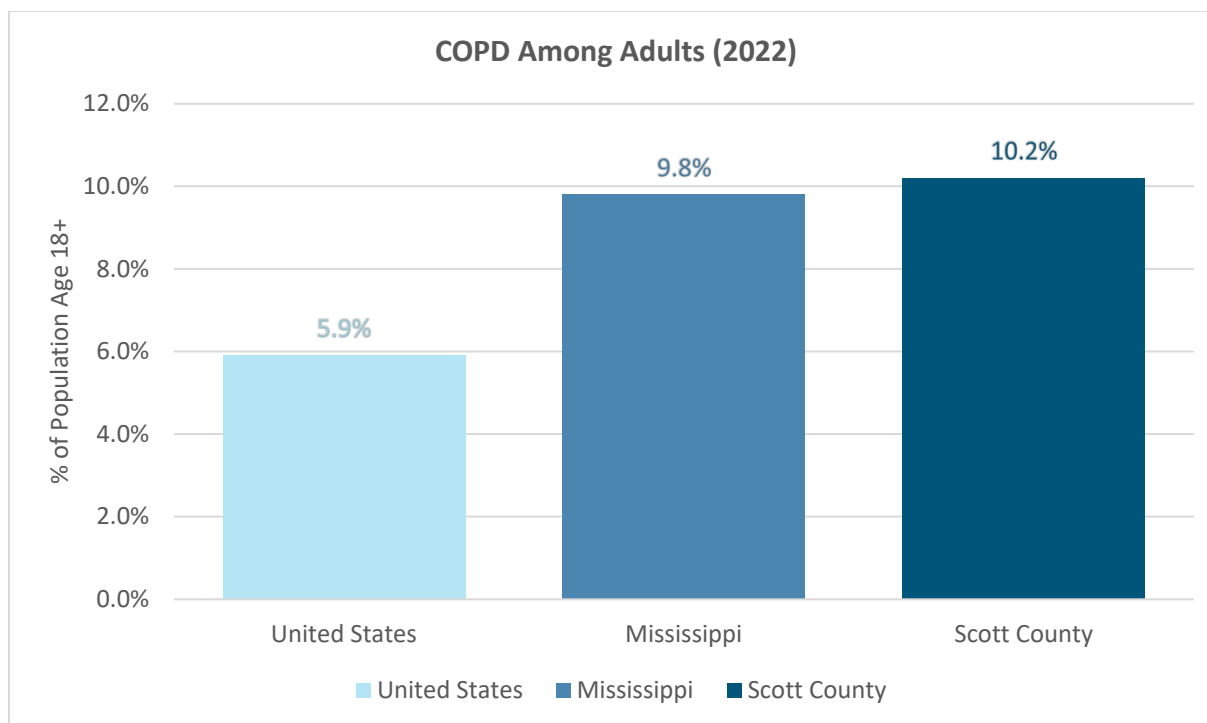


248 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Chronic Obstructive Pulmonary Disease

COPD is a progressive lung condition that can severely limit daily functioning. It is strongly linked to smoking and environmental irritants and contributes significantly to hospital admissions and premature death.

In 2022, 10.2% of adults in Scott County were living with COPD. This rate exceeds the state average of 9.8% and is well above the national rate of 5.9%. These figures echo the region’s high smoking rates and further illustrate the link between tobacco use and chronic respiratory conditions.



249 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Together, these indicators reflect the complex interplay of personal behaviors, clinical conditions, and systemic factors that shape community health. Understanding these patterns is a necessary step in identifying where resources and interventions may have the greatest impact on long-term wellbeing.

Progress Since the Last CHNA

Since the completion of the previous CHNA, the hospital has worked to address the top priorities identified during that cycle. This section offers a high-level overview of the implementation strategies developed in response, including programs, outreach efforts, and collaborative initiatives. Reviewing what has been accomplished provides important context for the current assessment and reinforces the hospital's ongoing commitment to community health.

Initiative 1: Heart Health

Ochsner Scott Regional has promoted cardiovascular education and screening through a variety of community partnerships and outreach events.

- Provided regular updates to the Morton Chamber of Commerce, sharing information about services and resources available to support heart health in the community.
- Participated in Wellness Bingo, distributing educational materials on maintaining a healthy heart, sponsored by LPF Southern Market.
- Took part in the Senior Adult Health and Safety Fair, offering glucose and blood pressure checks and distributing information on heart health, sponsored by the Leake County Sheriff's Office TRIAD.

- Shared heart health resources during the Spring Senior Adult Rally hosted by the Scott County Baptist Association at New Liberty Baptist Church.
- Participated in the Career Women’s Luncheon and the Community Health Fair, offering screenings for glucose, blood pressure, vision, foot health, oxygen saturation, BMI, and grip strength, along with heart health education.
- Engaged the community through Halloween in the Park and Meals on Wheels, providing educational materials, nutrition resources, and support for seniors and homebound residents.

Initiative 2: Cancer Awareness

Ochsner Scott Regional has continued to raise awareness about cancer prevention and screening through ongoing education and community events.

- Delivered monthly updates to the Morton Chamber of Commerce, emphasizing available cancer screening services and community resources.
- Provided glucose and blood pressure screenings and distributed cancer awareness information at the Senior Adult Health and Safety Fair and Community Health Fair.
- Shared educational materials and promotional items at the Career Women’s Luncheon and through Meals on Wheels, reinforcing early detection and preventive care.
- Partnered with community organizations to ensure outreach extended to residents of all ages and backgrounds through both in-person events and regular volunteer engagement.

Initiative 3: Accident Prevention

Ochsner Scott Regional has focused on community education and engagement to reduce preventable injuries and promote safety awareness.

- Offered safety education and accident prevention updates through monthly Morton Chamber of Commerce volunteer meetings.
- Shared prevention materials and promotional items at the Career Women’s Luncheon, Community Health Fair, and Halloween in the Park, reaching residents across all age groups.
- Provided fall prevention and safety education during community health fairs featuring screenings for blood pressure, glucose, vision, and other indicators.
- Supported the Meals on Wheels program, which helps reduce injury risk and food insecurity among elderly and homebound individuals.

Ochsner Stennis Hospital: Serving the Community

Located in DeKalb, Mississippi, Ochsner Stennis Hospital is a 25-bed critical access hospital dedicated to meeting the healthcare needs of Kemper County. As the only hospital in the county, it plays a vital role in providing access to essential medical services in a predominantly rural area where alternatives may be limited. The hospital offers 24/7 emergency care, inpatient and outpatient services, diagnostic imaging, laboratory testing, basic surgical procedures, and rehabilitative therapies. Participation in the 340B drug pricing program allows the hospital to help eligible patients obtain necessary medications at reduced costs.

In 2024, Ochsner Stennis Hospital received national recognition from the National Rural Health Association as a Top 20 Critical Access Hospital Best Practice Quality recipient. This distinction places the hospital among the highest performing rural facilities in the United States for clinical quality. Selection for the Top 20 is based on the Chartis Rural Hospital Performance INDEX, which evaluates Critical Access Hospitals across multiple indicators of quality and consistency of care. Being named a Best Practice Quality hospital signifies exceptional performance on clinical process measures and reflects strong adherence to evidence-based standards, dependable care delivery, and a sustained commitment to patient safety and effectiveness. For a small rural hospital serving a geographically dispersed population, this recognition underscores the strength of the care team and affirms the hospital's ability to provide high-quality services locally, reducing the need for residents to seek care outside the county.

The care team at Ochsner Stennis Hospital includes physicians, nurses, technicians, and support staff who are deeply committed to personalized, patient-centered care. With strong local ties, the hospital actively supports the community through health fairs, screenings, educational events, and partnerships with schools, churches, and civic organizations focused on prevention and wellness.

As a cornerstone of the regional healthcare safety net, Ochsner Stennis Hospital works closely with local agencies and community partners to identify and address local health priorities. Its mission to improve quality of life reflects a broader commitment to long-term wellness and health equity across the region.

Through its connection to the Ochsner Rush Health System, Ochsner Stennis Hospital benefits from shared clinical expertise, technology, and resources. This collaboration enhances its ability to deliver high-quality, dependable care while preserving its role as a trusted provider for generations of Kemper County residents.

Hospital Service Area Overview

Understanding where a hospital's patients live is key to identifying local health needs and designing effective care strategies. This section outlines the primary service area for Ochsner Stennis Hospital based on Centers for Medicare & Medicaid Services (CMS) Hospital Service Area data from 2019 to 2023. These geographic insights support targeted outreach, guide resource planning, and help build strategic partnerships across the region.

Kemper County, located in east Mississippi along the Alabama border, forms the entire service area for Ochsner Stennis Hospital. The county's rural character, strong community ties, and limited access to alternative healthcare providers make Ochsner Stennis a critical resource for residents throughout the area.

From 2019 to 2023, 100% of Medicare patients served by Ochsner Stennis Hospital resided in Kemper County. This complete alignment reflects the hospital's deep connection to the community and its role as the sole hospital provider in the county. Located in DeKalb, the county seat, Ochsner Stennis Hospital is well-positioned to deliver essential services close to home for the area's aging population and medically underserved residents.

Kemper County was established in 1833 and has a long history shaped by agriculture, industry, and close-knit communities. Today, the county continues to value education, public service, and neighbor-to-neighbor support. Institutions such as East Mississippi Community College and local civic groups contribute to a shared commitment to resilience and well-being.

The hospital's service area is an environment that supports comprehensive, community-based care. Ochsner Stennis Hospital remains a cornerstone of this collaborative network, helping to reduce disparities and improve health outcomes across Kemper County.

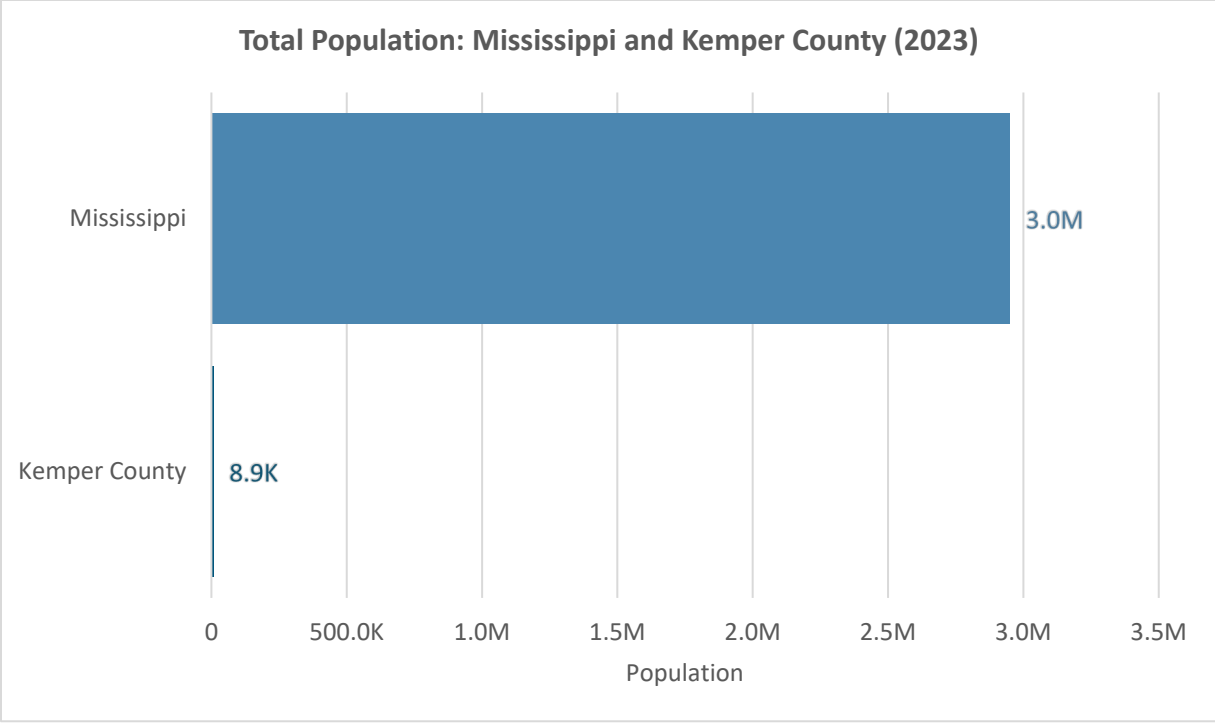
Demographic Profile of the Hospital Service Area

Demographic data provides essential context for understanding health needs, tracking changes over time, and informing strategies for care delivery and resource allocation. This section presents an overview of the population characteristics in the hospital's service area, including total population, population change over time, age distribution, sex, and racial and ethnic composition.

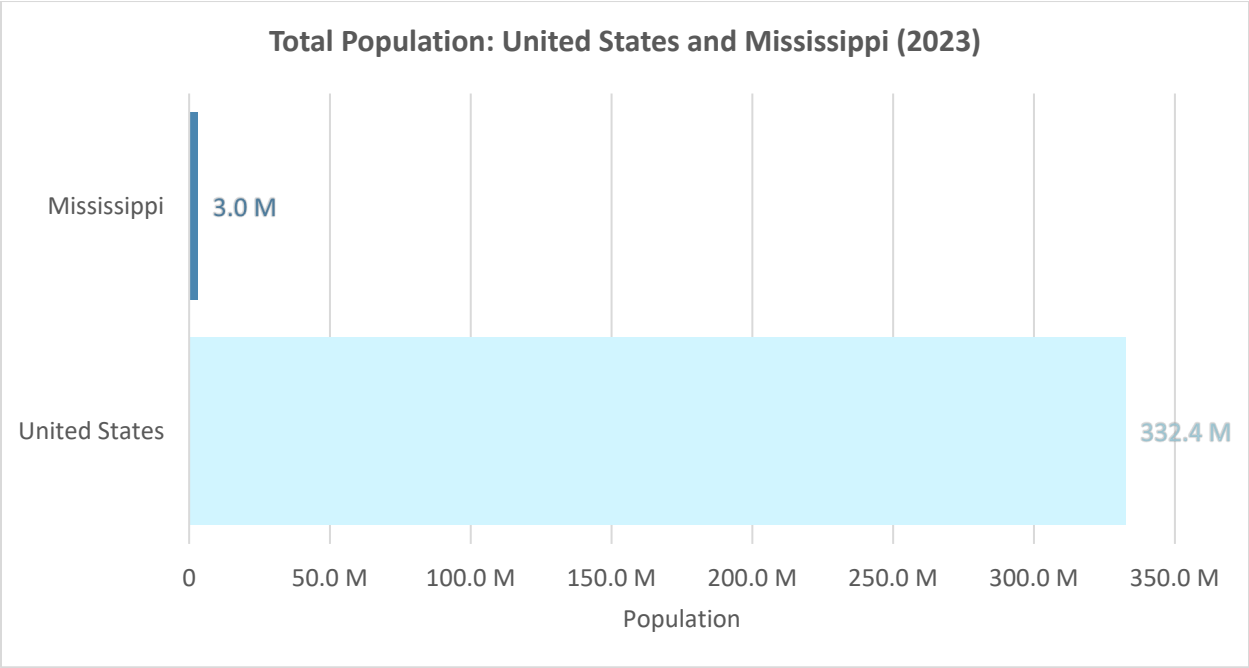
As of 2023, Kemper County had a population of approximately 8,900, making it one of the smallest counties in Mississippi. In comparison, the state's population was just over 3 million, placing Kemper well below the statewide average in terms of population size. This low population density is a key factor in shaping healthcare access, resource allocation, and provider recruitment in rural communities.

When viewed in the national context, Mississippi accounts for less than 1% of the total U.S. population of 332 million. Rural counties like Kemper must often rely on a single hospital or health center to serve widespread needs, making Ochsner Stennis Hospital a critical anchor for care in the region.

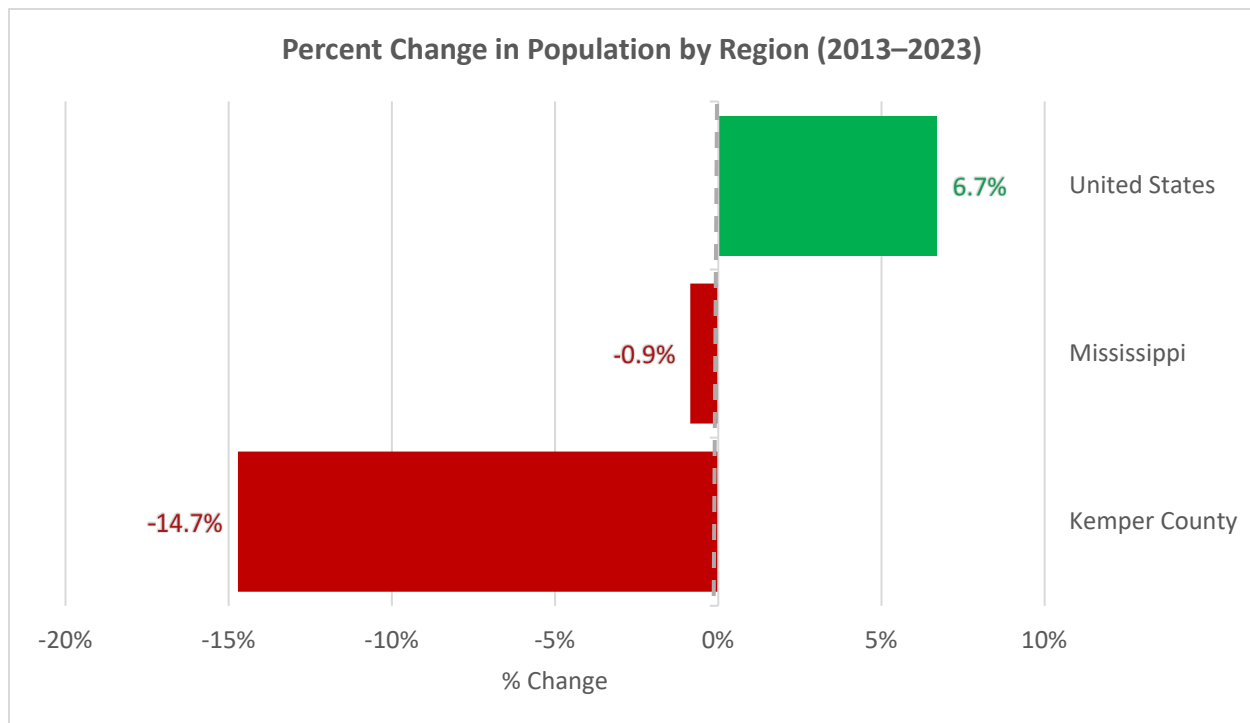
Population change over time reflects broader community trends. From 2013 to 2023, the U.S. population grew by 6.7%, while Mississippi experienced a slight decline of -0.9%. Kemper County saw a much sharper decline of -14.7%, indicating significant outmigration and an aging population. These trends can lead to workforce shortages, reduced school enrollment, and increased demand for senior services, all of which influence local health priorities and planning.



250 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



251 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601

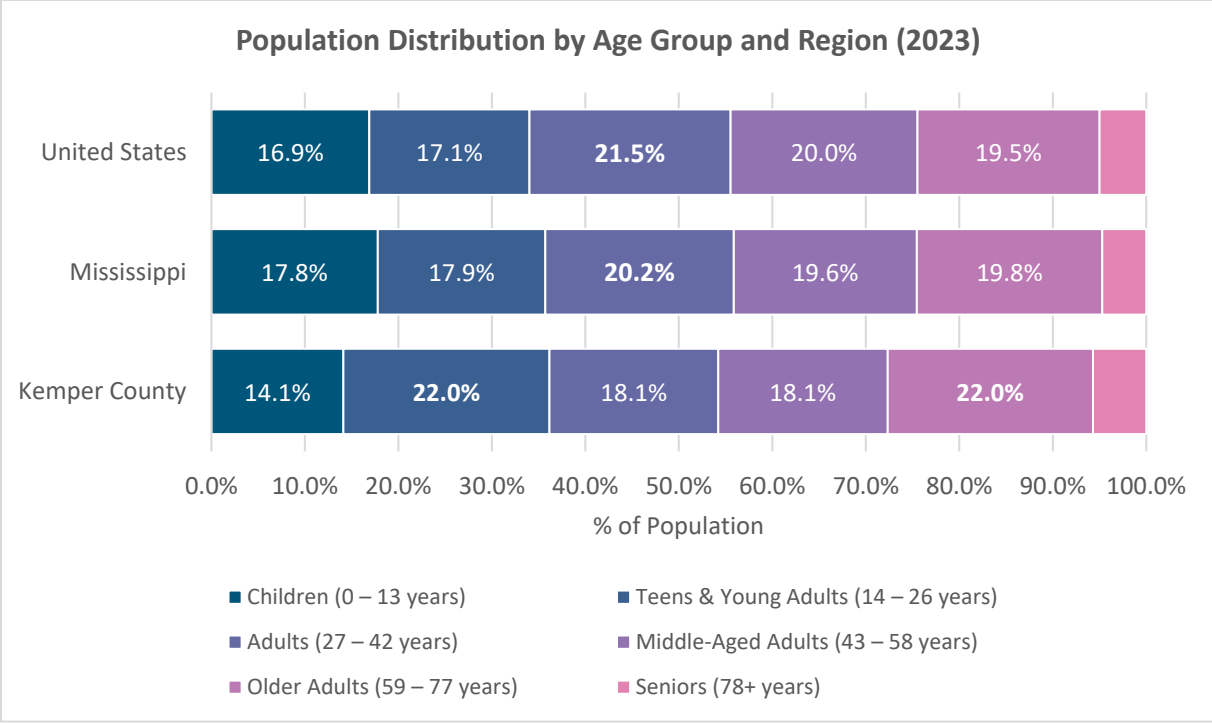


252 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013 & 2023), Table S0601

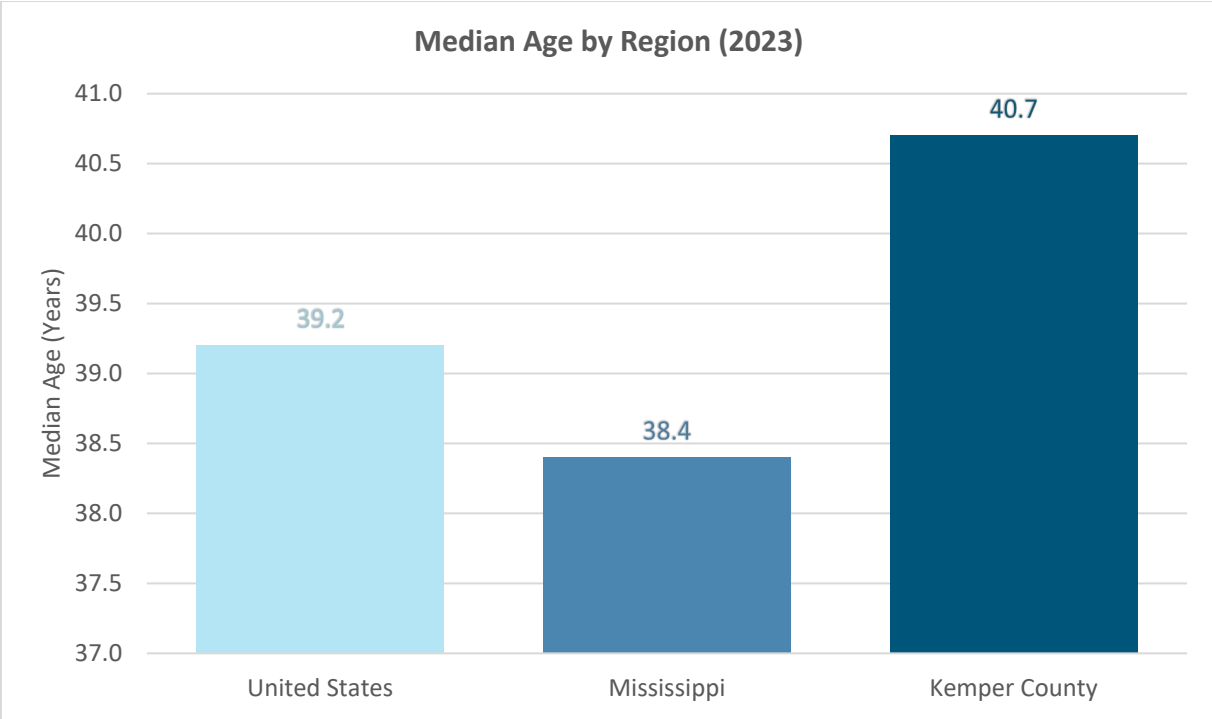
The age makeup of a community offers important insight into current and future health needs. In Kemper County, the population skews older than both the state and national averages. Seniors (ages 78 and older) make up 5.7% of the population, and older adults (ages 59 to 77) account for 22.0%. These groups represent a larger share of the population compared to Mississippi and the United States, contributing to the county's median age of 40.7 years, which is notably higher than the national median of 39.2 and the Mississippi median of 38.4.

At the other end of the spectrum, children (ages 0 to 13) make up just 14.1% of the population, which is significantly lower than state and national averages. Meanwhile, teens and young adults (ages 14 to 26) represent 22.0%, the highest share among the three regions. These trends suggest a population with fewer young families and a potential concentration of young adults enrolled in local institutions or aging out of care.

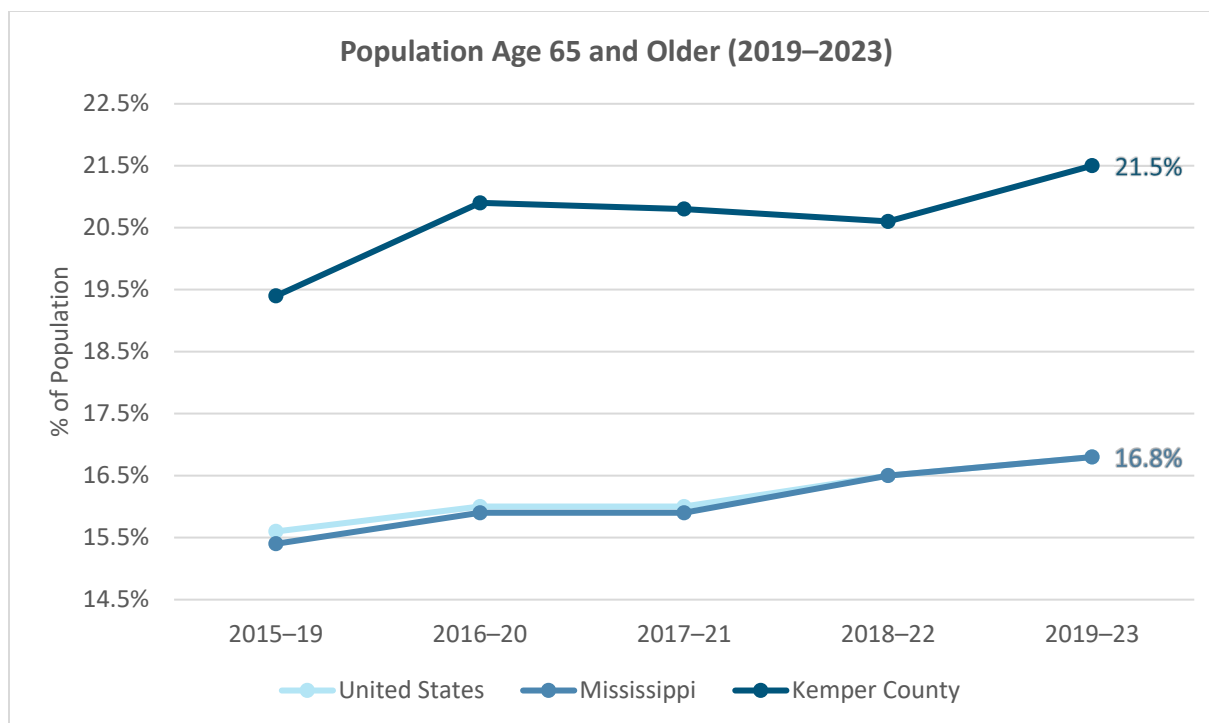
The county's aging trend is also evident in long-term data. From 2015 to 2023, the share of residents age 65 and older rose from 19.4% to 21.5%. This increase outpaces state and national growth and points to rising demand for geriatric care, chronic disease management, and services that support aging in place. These demographic patterns highlight the importance of tailoring local health strategies to meet the needs of an increasingly older population.



253 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0101

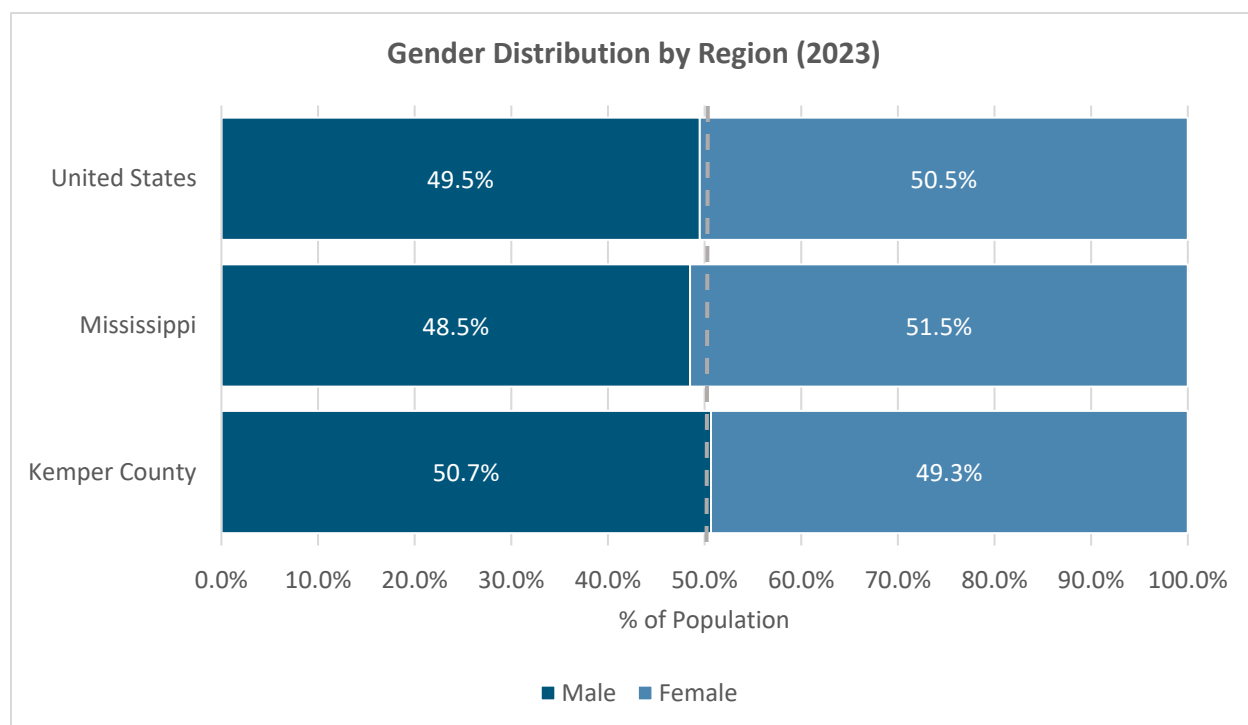


254 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0101



255 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2019–2023), Table S0101

Gender distribution in Kemper County shows a slight reversal of state and national trends, with males making up 50.7% of the population and females accounting for 49.3%. This differs from the broader pattern seen in Mississippi and the United States, where females slightly outnumber males. While the difference is relatively small, understanding the local gender balance can help inform targeted healthcare services, including men's health outreach, and reproductive and maternal health programs.

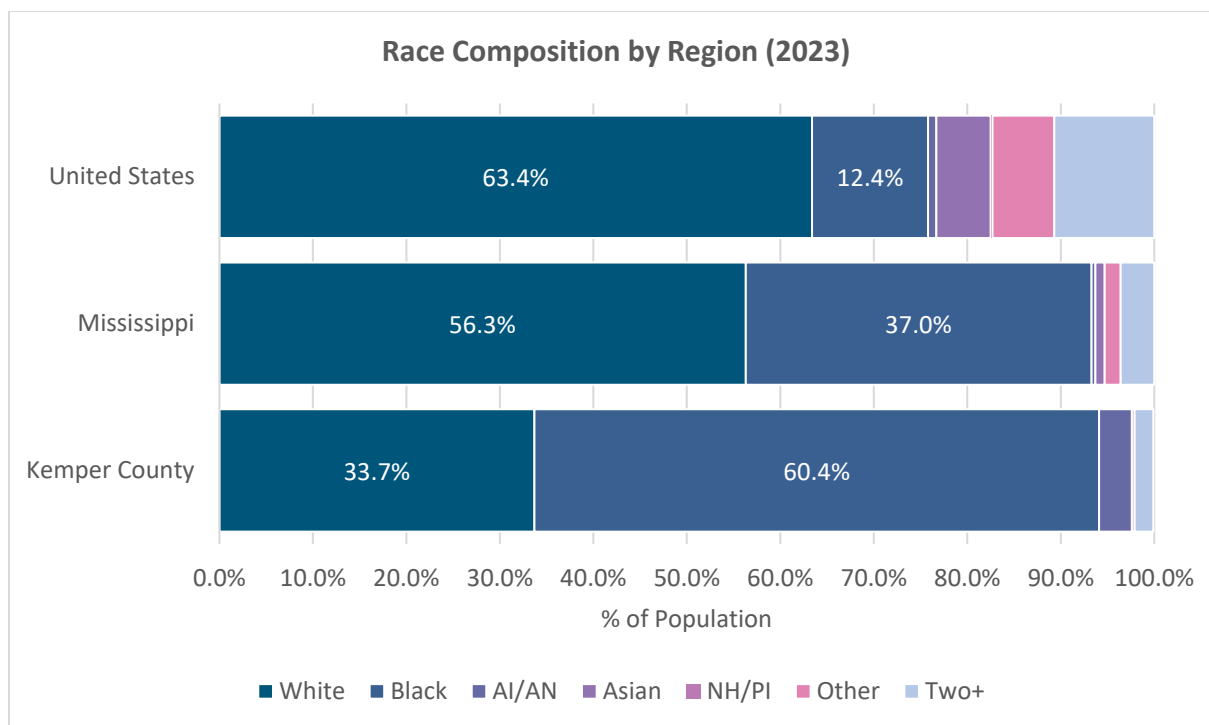


256 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0101

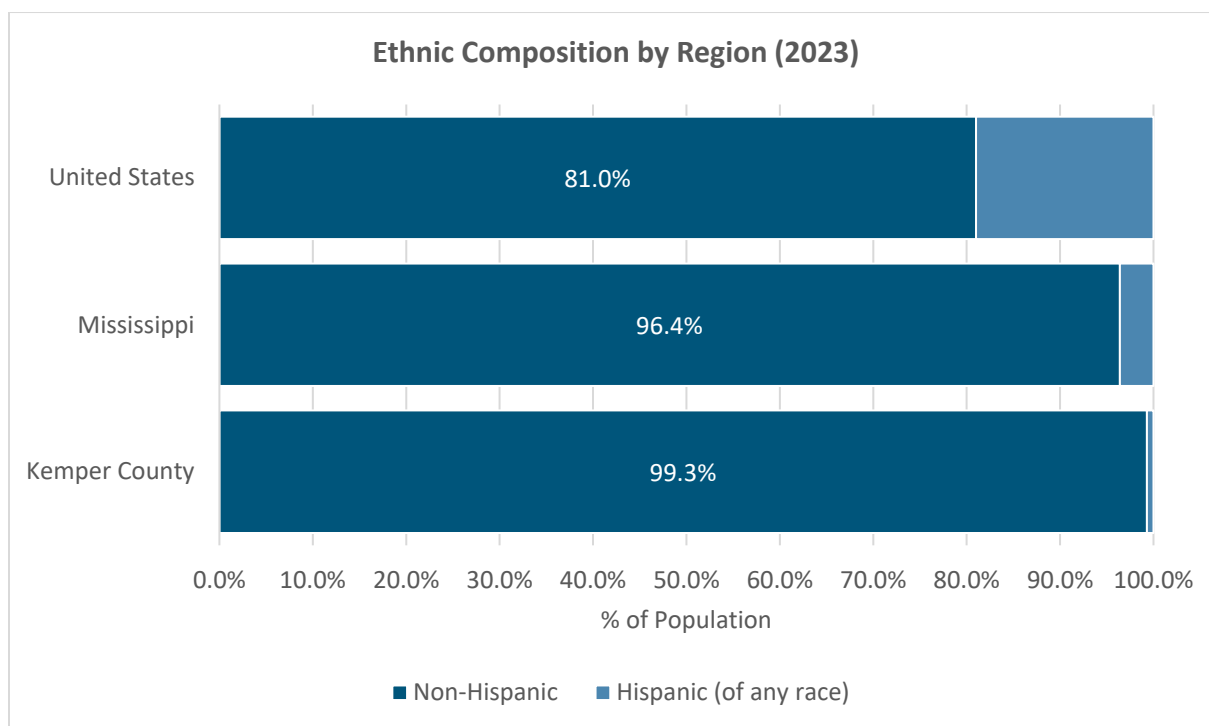
The racial and ethnic composition of Kemper County stands out from both state and national patterns, with a majority Black population and relatively limited diversity among other racial groups. As of 2023, 60.4% of residents identified as Black and 33.7% as White. An additional 3.5% identified as American Indian or Alaska Native, and 2.0% reported being of Two or More Races. All other racial groups made up less than 1% of the total population. This composition reflects the county’s deep historical and cultural roots and contrasts with Mississippi overall, where White residents still make up the majority.

Ethnic diversity in Kemper County is minimal. 99.3% of residents identify as non-Hispanic, compared to 96.4% in Mississippi and 81.0% nationally. The Hispanic population in Kemper County accounts for just 0.7% of the total and has declined slightly in the past decade. While overall diversity is limited, culturally appropriate care, interpreter access, and inclusive outreach remain important strategies for equitable health service delivery.

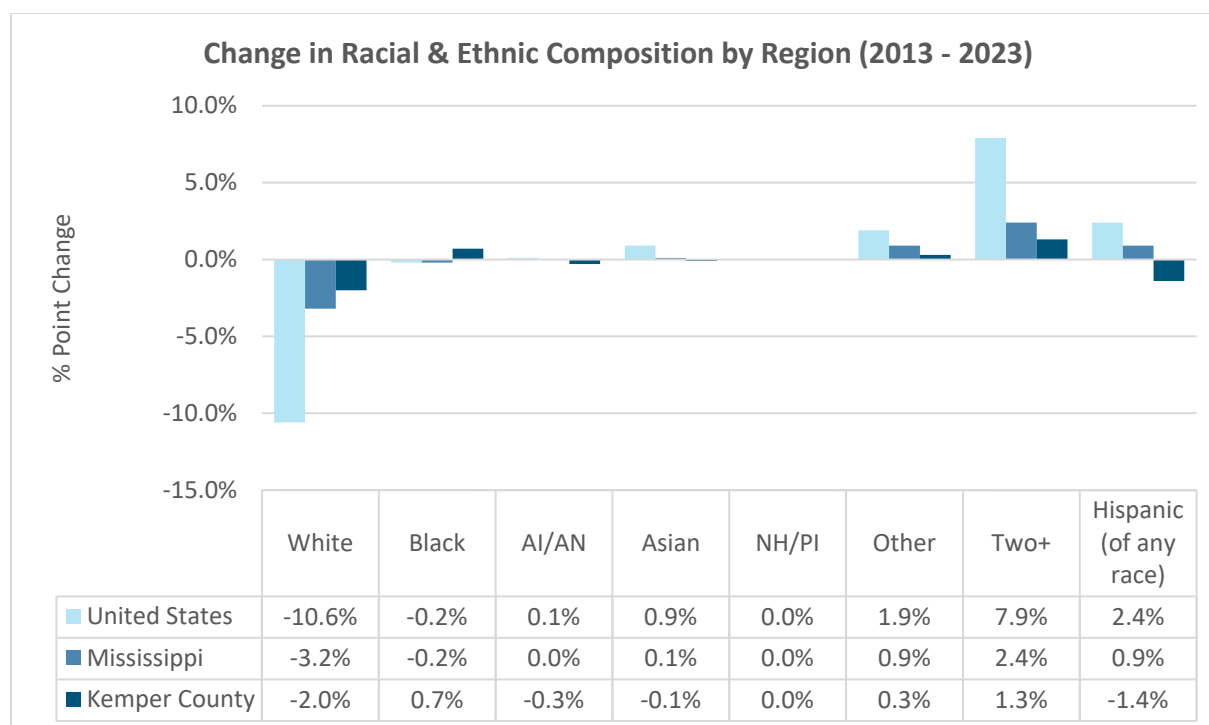
Over the past ten years, Kemper County has seen a 2.0 percentage point decline in its White population, a 0.7 percentage point increase in the Black population, and modest increases in residents identifying as Two or More Races (+1.3%) or Other (+0.3%). These shifts are relatively small compared to national trends but may still influence community dynamics and service needs over time.



257 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



258 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



259 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table S0601

Together, these demographic insights provide a foundational understanding of who lives in the service area and how population characteristics are changing. By examining shifts in age, race, ethnicity, and overall population size, the hospital can better anticipate emerging needs and design services that are responsive, inclusive, and sustainable. To fully understand what drives health outcomes in the region, the next section explores the broader social and economic conditions that shape daily life.

Understanding Social Determinants of Health

Health is shaped by more than medical care alone. A person’s ability to live well depends on many aspects of daily life, such as access to stable housing, quality education, reliable employment, transportation, and supportive social connections. These conditions, known as social determinants of health (SDOH), influence health outcomes across a person’s life and affect the long-term strength of the community.

As part of this CHNA, the hospital is working to better understand how social and economic conditions affect the health of the people we serve. Examining these broader factors helps us better support our community, both within the hospital and beyond. This approach guides the development of more effective programs, stronger partnerships, and targeted outreach efforts aimed at long-term improvements in health and quality of life. Our goal is not just to treat illness but to help create conditions where health can thrive.

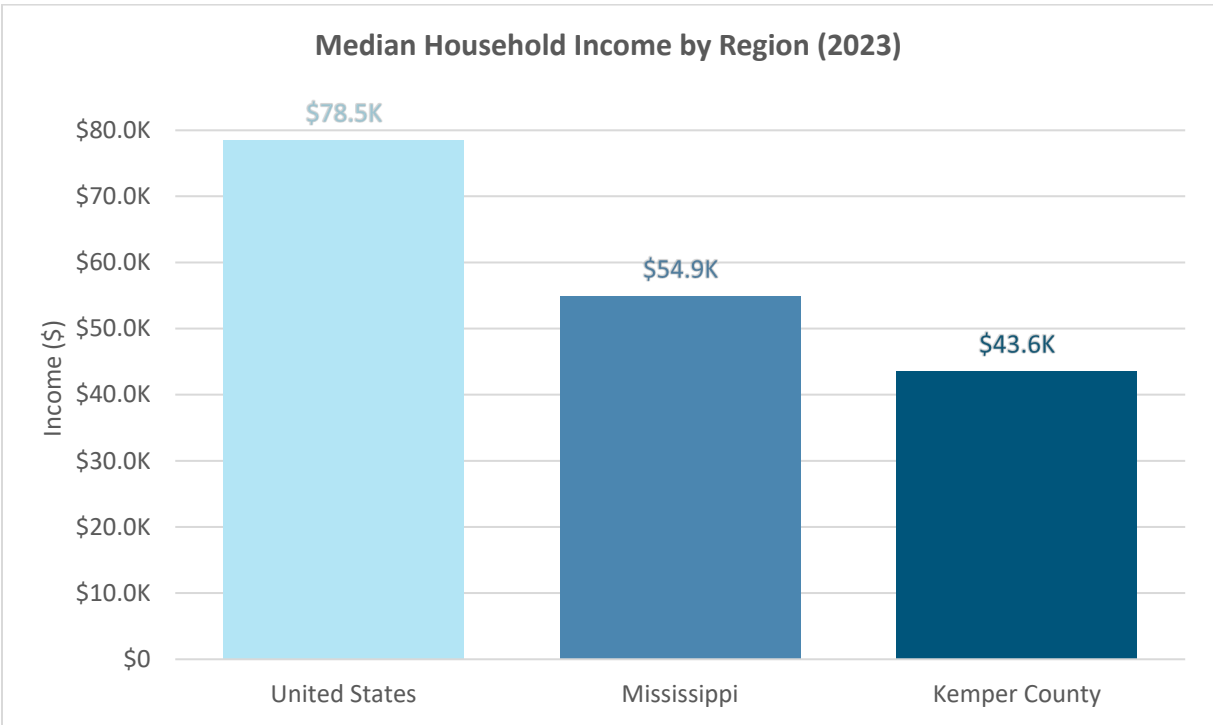
This assessment uses the Healthy People 2030 framework, which outlines five key domains of social determinants of health:

Economic Stability

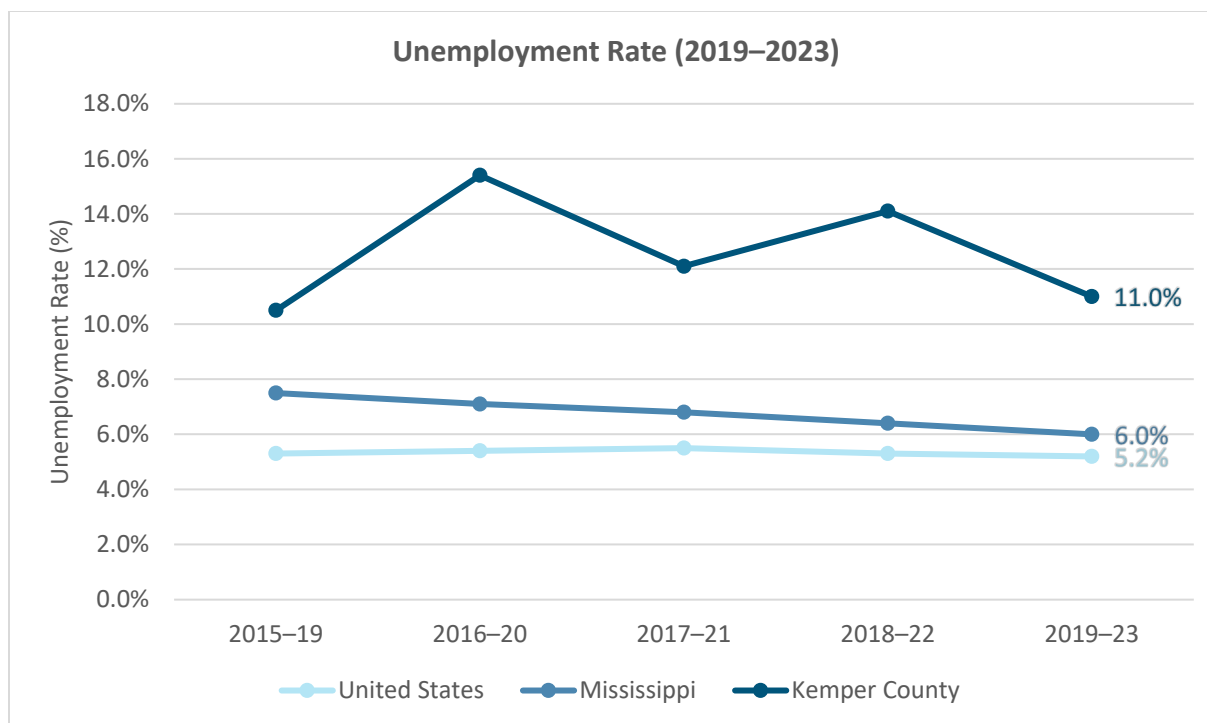
Economic stability refers to a household’s ability to consistently meet basic financial needs such as housing, food, transportation, and healthcare. When individuals and families face unemployment, underemployment, or high costs of living, they are more likely to experience stress, delay care, and suffer from preventable illness. By examining indicators such as income, poverty levels, and food insecurity, this domain highlights the financial pressures that can negatively affect health outcomes in the community.

Income levels in Kemper County fall well below state and national figures. In 2023, the median household income was \$43,600, compared to \$54,900 in Mississippi and \$78,500 nationally. These lower earnings can limit residents’ access to stable housing, reliable transportation, quality childcare, and preventive healthcare, all of which are key factors in long-term health outcomes.

Unemployment trends further illustrate the county’s economic challenges. From 2019 to 2023, Kemper County reported an average unemployment rate of 11.0%, nearly double the state rate of 6.0% and more than twice the national rate of 5.2%. Although unemployment has declined from earlier peaks, the rate remains elevated. This points to ongoing barriers in the local labor market, including limited job opportunities, educational disparities, and population loss. All of these factors contribute to economic instability and health-related hardship across the community.



260 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1901



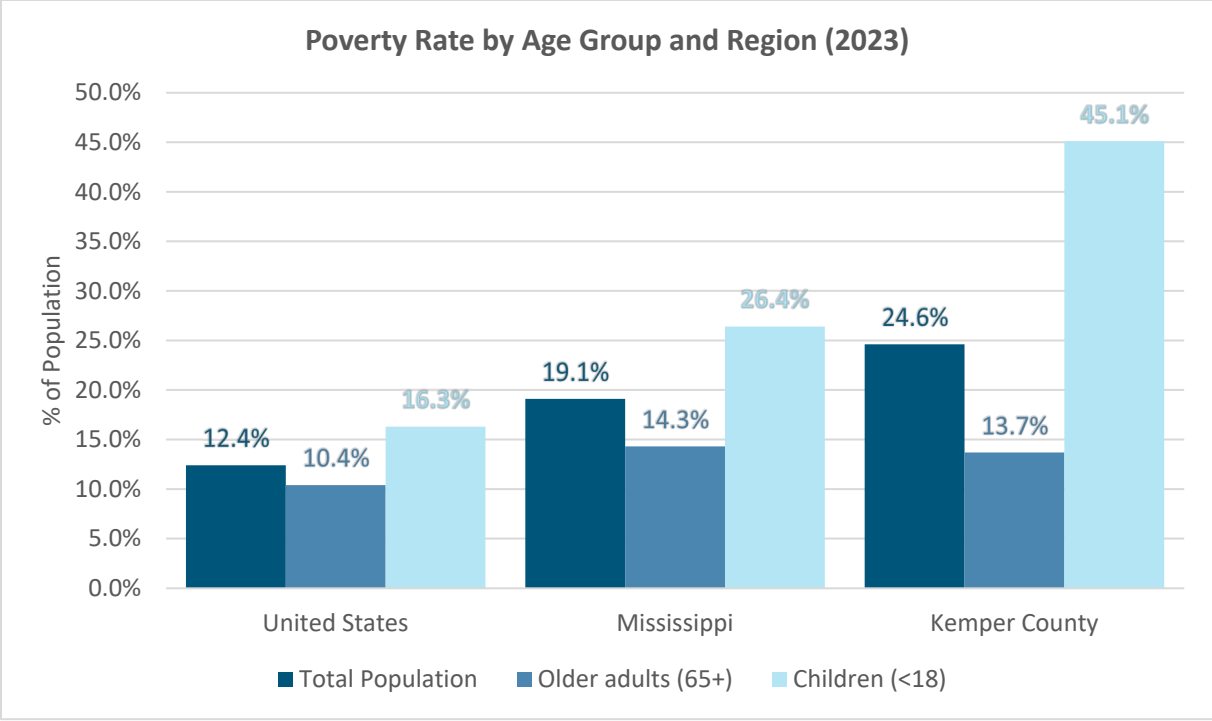
261 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table DP03

Poverty affects a significant portion of Kemper County residents, with children experiencing the highest rates of hardship. In 2023, 45.1% of children under 18 lived below the poverty line, which is nearly double the statewide rate of 26.4% and almost three times the national average of 16.3%. While older adults (age 65 and older) had a lower poverty rate of 13.7%, children remain disproportionately affected. Overall, 24.6% of Kemper County’s total population was living in poverty, a level comparable to previous years and considerably higher than the state average of 19.1% and the national average of 12.4%.

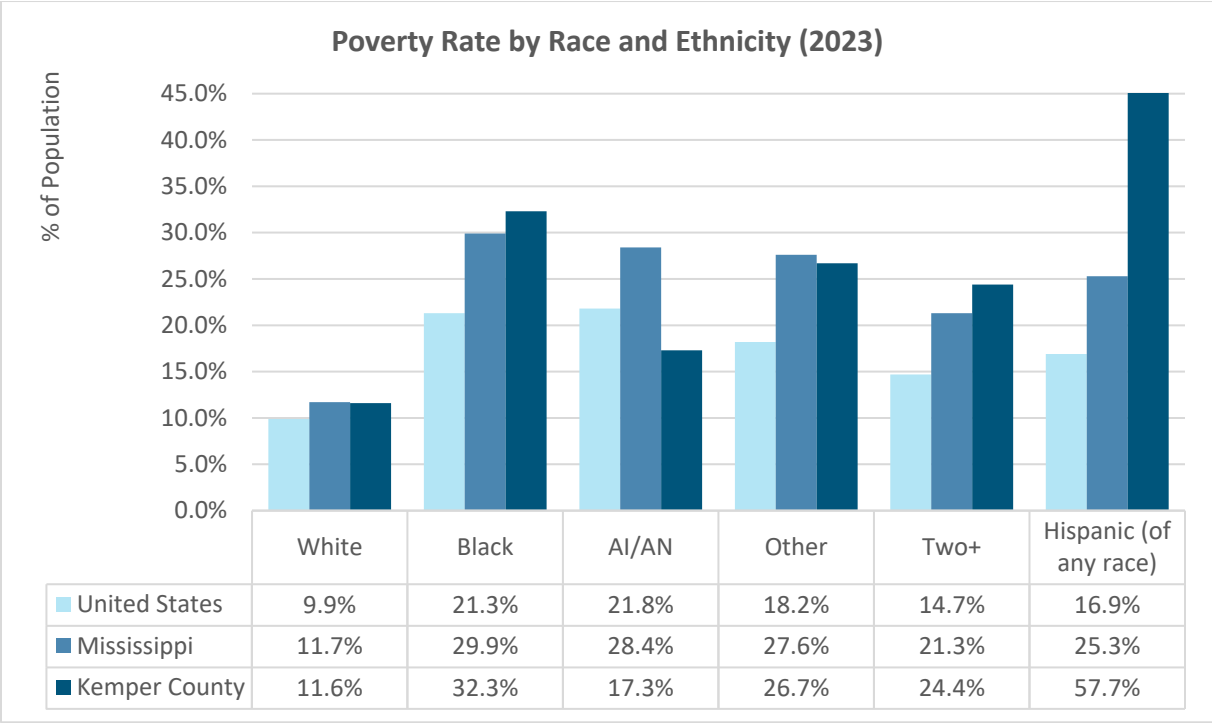
Racial and ethnic disparities are especially stark. In 2023, 32.3% of Black residents in Kemper County were living in poverty, compared to 17.3% of White residents. Residents identifying as Two or More Races (24.4%), Other (26.7%), or American Indian and Alaska Native (28.2%) also experienced elevated rates. The highest poverty rate was among Hispanic residents of any race, at 57.7%, although this group represents a small share of the county’s total population. These disparities mirror broader systemic inequities in employment access, wages, and educational opportunity.

Data for Asian and Native Hawaiian and Other Pacific Islander (NH/PI) populations were excluded due to small sample sizes or data suppression, which can lead to unstable estimates.

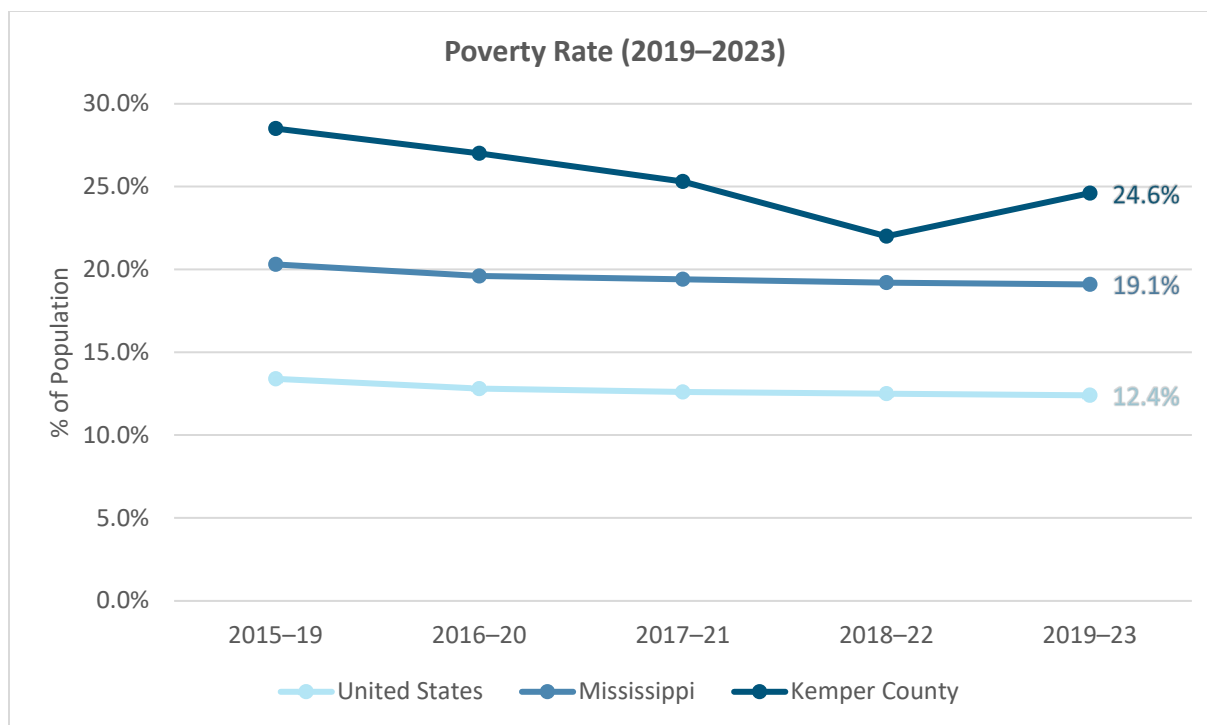
Over the past five years, poverty has remained persistently high in Kemper County. The county’s poverty rate declined slightly from a high of nearly 30% in 2015–2019 but remained at 24.6% during the 2019–2023 period, even as national rates declined and state averages held steady. These trends point to the ongoing need for economic development, targeted social support, and health-focused interventions that address the root causes of poverty in rural communities.



262 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1701

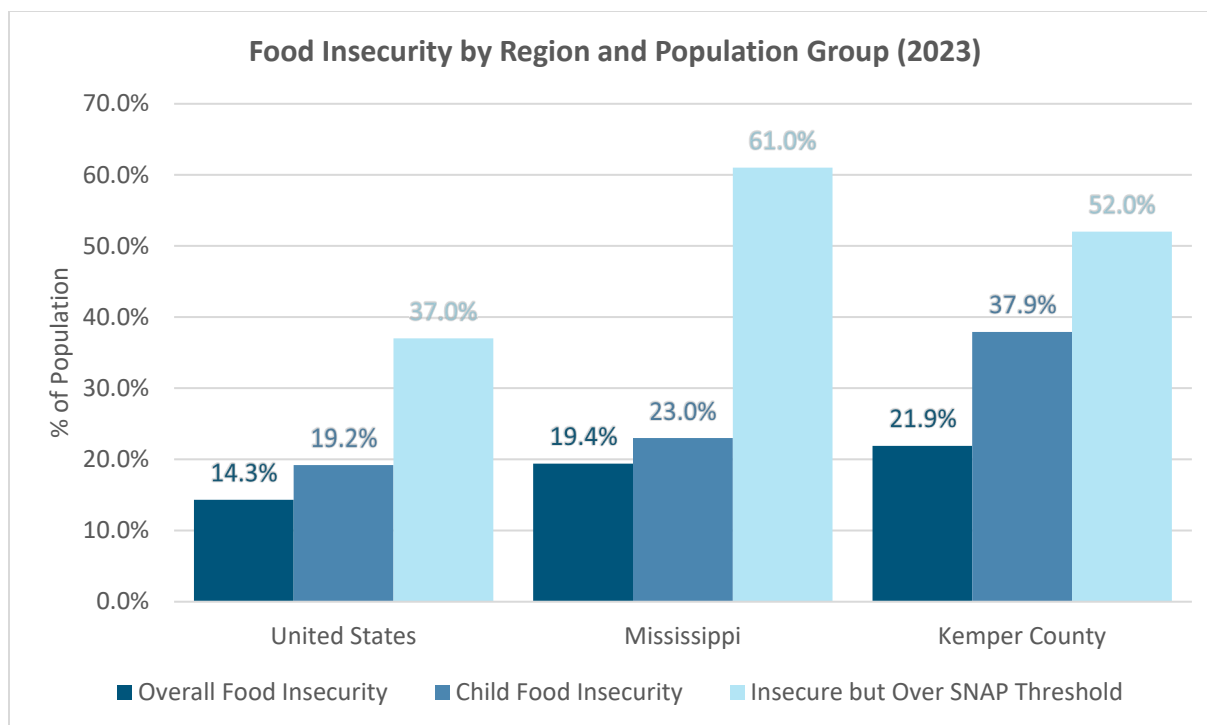


263 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1701



264 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table S1701

Food insecurity compounds the challenges of poverty, especially when families earn just above the threshold for public assistance. In 2023, 21.9% of Kemper County residents experienced food insecurity, a rate higher than both the national average of 14.3% and slightly above the Mississippi rate of 19.4%. The burden is even greater among children, with 37.9% of children in the county facing food insecurity. A significant share of food-insecure households also fall above the income limits for SNAP benefits, leaving them without access to essential nutrition assistance. In Kemper County, 52.0% of food-insecure residents are ineligible for SNAP, creating a substantial gap in support for working families and low-income individuals.



265 Source: Feeding America. *Map the Meal Gap* (2023)

While income, employment, and food security shape immediate stability, long-term opportunity and health are deeply influenced by education. The next section explores how access to quality education and educational attainment impact overall well-being and economic mobility in the community.

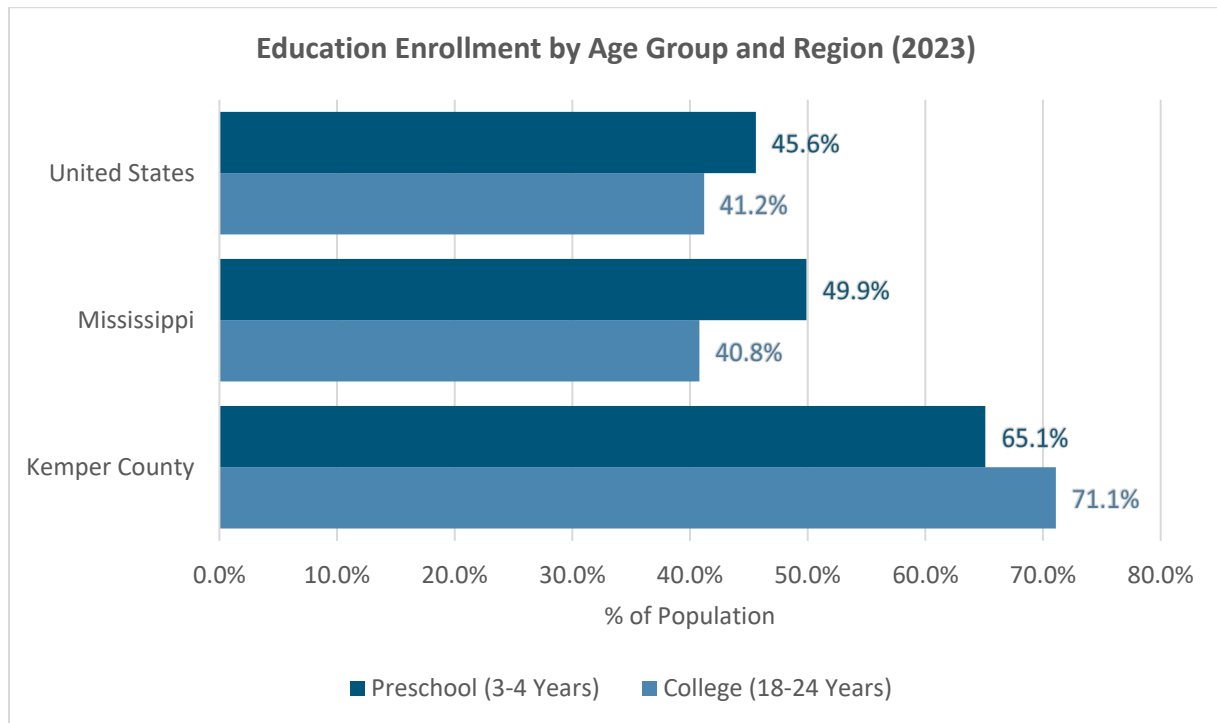
Education Access and Quality

Access to quality education lays the foundation for lifelong well-being. Educational attainment influences employment opportunities, income, health literacy, and the ability to navigate health systems effectively. Gaps in early childhood education, high school graduation, and college enrollment can lead to lasting disparities in health. This domain includes metrics that explore educational access across different age groups and examine racial and geographic disparities.

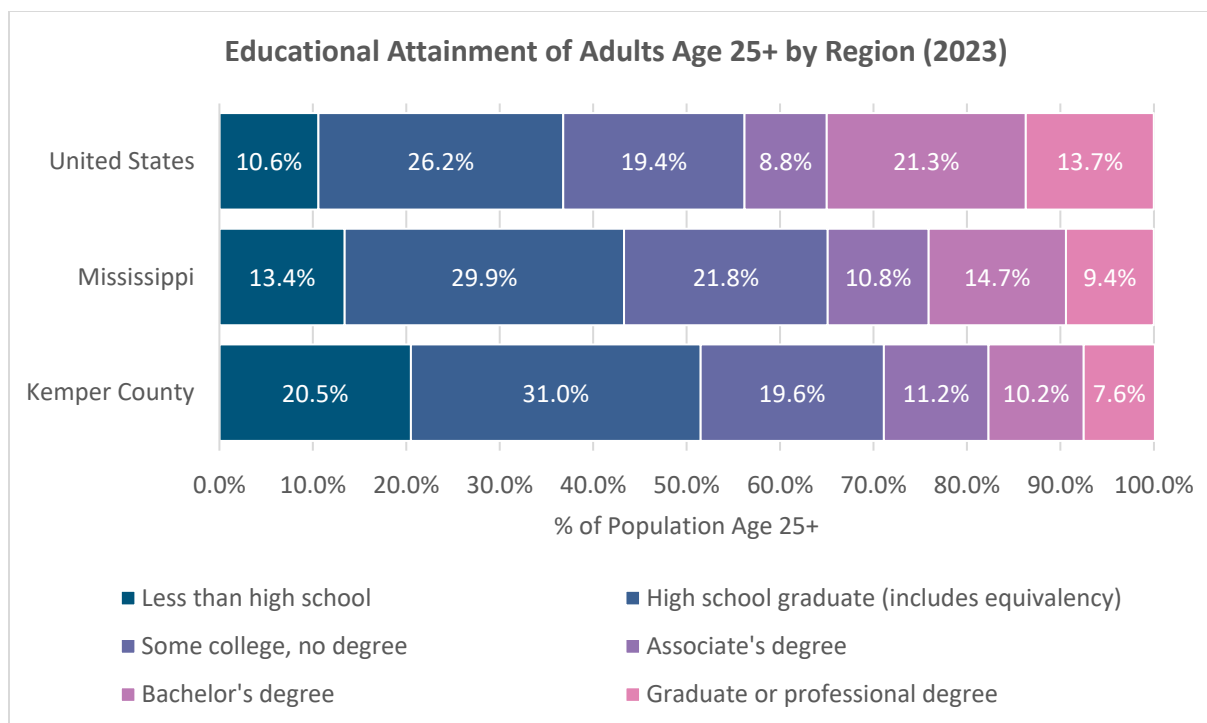
Preschool enrollment among children ages 3–4 in Kemper County is significantly higher than state and national levels. In 2023, 65.1% of preschool-aged children were enrolled in an early education program, compared to 49.9% in Mississippi and 45.6% nationally. This high participation rate suggests strong local engagement with early childhood programs, which can have long-term benefits for academic readiness and developmental outcomes.

College enrollment among young adults ages 18–24 also exceeds broader trends. 71.1% of young adults in Kemper County were enrolled in post-secondary education in 2023, well above the state rate of 40.8% and the national average of 41.2%. This unusually high figure may reflect local access to institutions like East Mississippi Community College or other regional programs that encourage higher enrollment among young adults.

Among adults aged 25 and older, Kemper County faces notable educational attainment challenges. 20.5% of residents have not completed high school, which is considerably higher than both the state rate of 13.4% and the national rate of 10.6%. At the upper end of the education spectrum, only 10.2% hold a bachelor's degree and 7.6% have a graduate or professional degree, both below state and national averages. These educational gaps can influence employment opportunities, earning potential, and health literacy, all of which impact long-term community health outcomes.



266 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1401



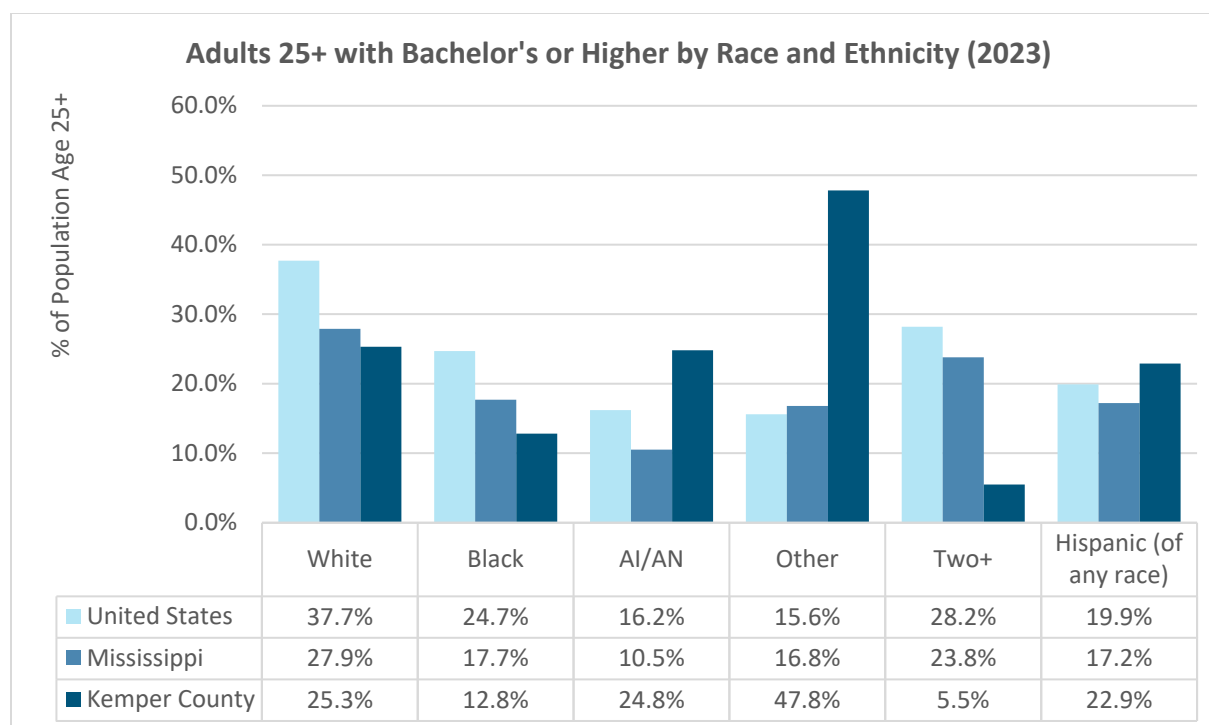
267 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP02

Educational disparities are further magnified when viewed through the lens of race and ethnicity. In Kemper County, only 12.8% of Black adults and 24.8% of American Indian/Alaska Native adults held a bachelor's degree or higher in 2023. These rates are significantly lower than those for White adults in the county, 25.3% of whom had attained a bachelor's degree or more, and highlight persistent gaps in educational access and attainment.

At the same time, nearly 48% of adults categorized as "Other" in Kemper County held a bachelor's or higher degree, a rate far exceeding both state and national averages. Among Hispanic residents, 22.9% had earned at least a bachelor's degree, which is also higher than the Mississippi rate of 17.2% and the national rate of 19.9%.

These differences underscore the importance of equity-focused strategies that address local context, historical exclusion, and population-specific barriers to higher education.

Data for Asian and Native Hawaiian and Other Pacific Islander (NH/PI) populations were excluded due to small sample sizes or data suppression, which can lead to unstable estimates.



268 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1501

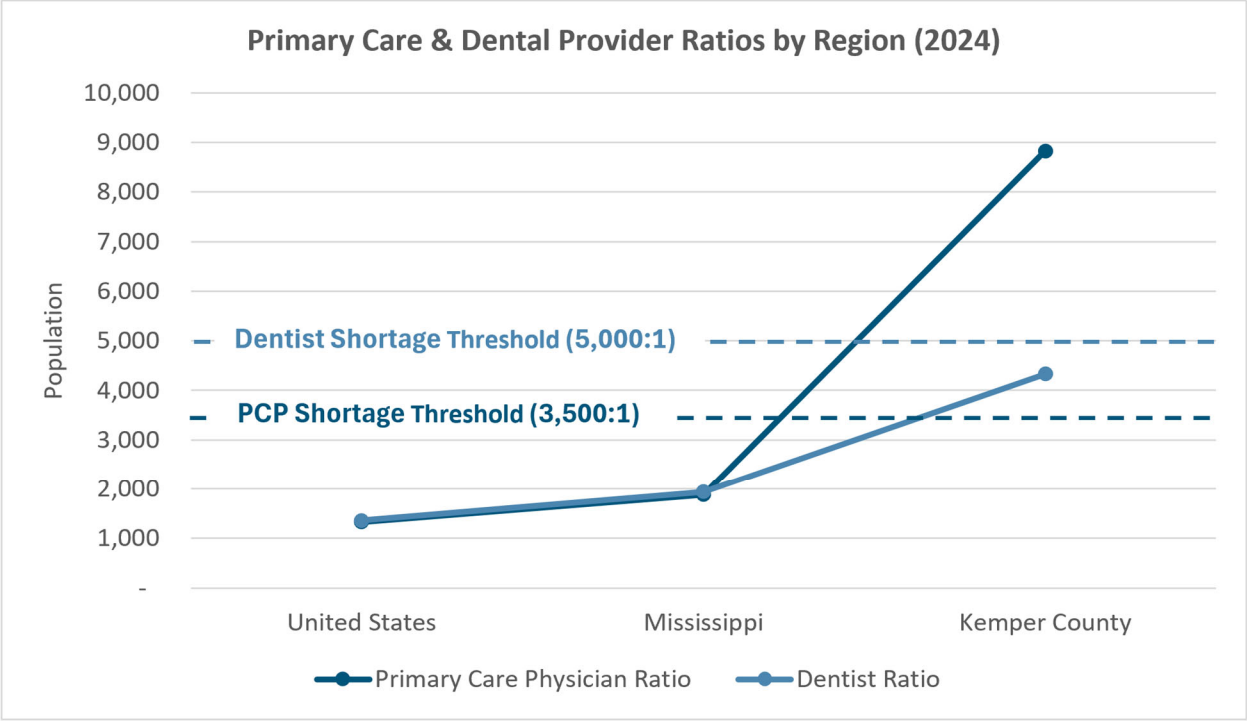
Educational access helps lay the groundwork for healthier futures, but that foundation is only as strong as the care systems supporting it. The next section looks at how the availability, affordability, and consistency of health care impacts well-being across the community.

Health Care Access and Quality

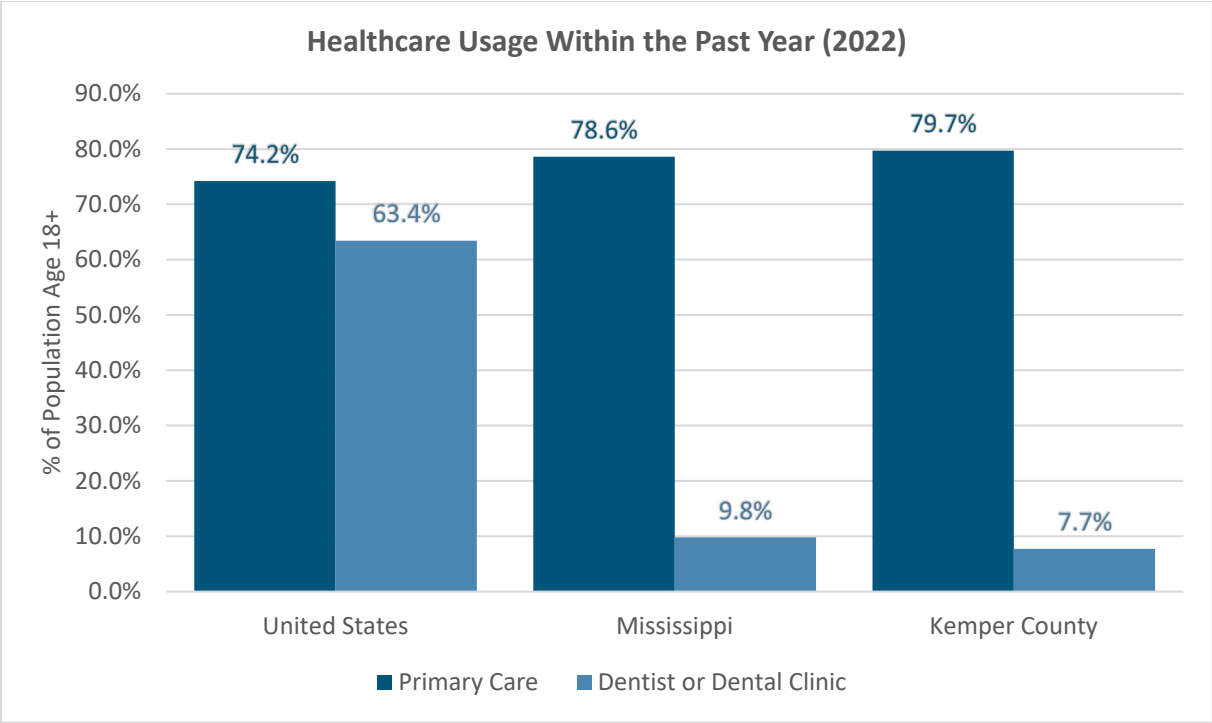
Timely, affordable, and consistent access to healthcare is essential for preventing disease, managing chronic conditions, and maintaining overall health. This domain examines factors that affect whether residents can obtain care, including the availability of providers, routine medical and dental visits, insurance coverage, and the financial burden of care. Understanding access barriers helps identify where improvements are needed to ensure everyone can get the care they need.

Access begins with provider availability and care utilization. The chart below displays population-to-provider ratios for primary care physicians and dentists. In Kemper County, there were approximately 8,800 residents per primary care physician and 4,300 residents per dentist in 2024. The dentist ratio approaches the federal shortage threshold of 5,000:1, while the primary care ratio far exceeds the federal shortage threshold of 3,500:1.

These provider shortages are reflected in healthcare utilization patterns. In 2022, 79.7% of adults in Kemper County reported seeing a primary care provider within the past year, slightly above both the state rate of 78.6% and the national rate of 74.2%. However, only 7.7% of adults visited a dentist or dental clinic, which is far below the national average of 63.4%. These findings suggest that while primary care access is strong, oral healthcare remains a significant unmet need, likely due to affordability concerns, limited insurance coverage, or lack of perceived importance among residents.



269 Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps (2024)

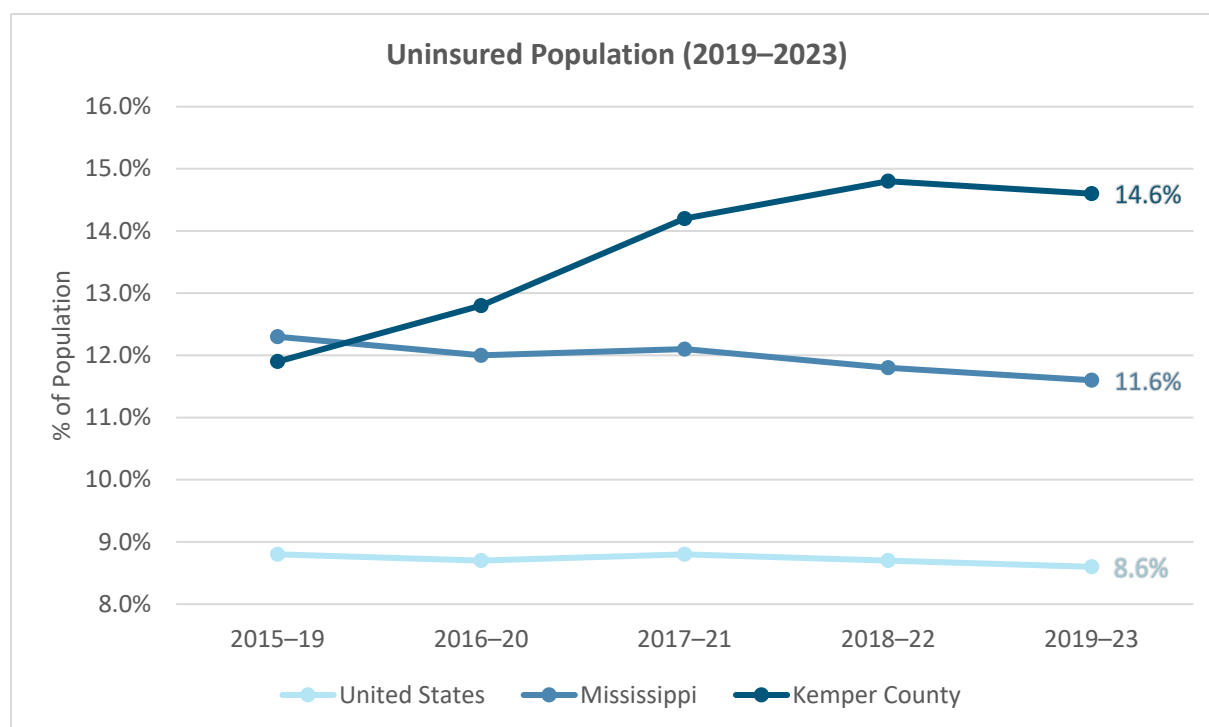


270 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

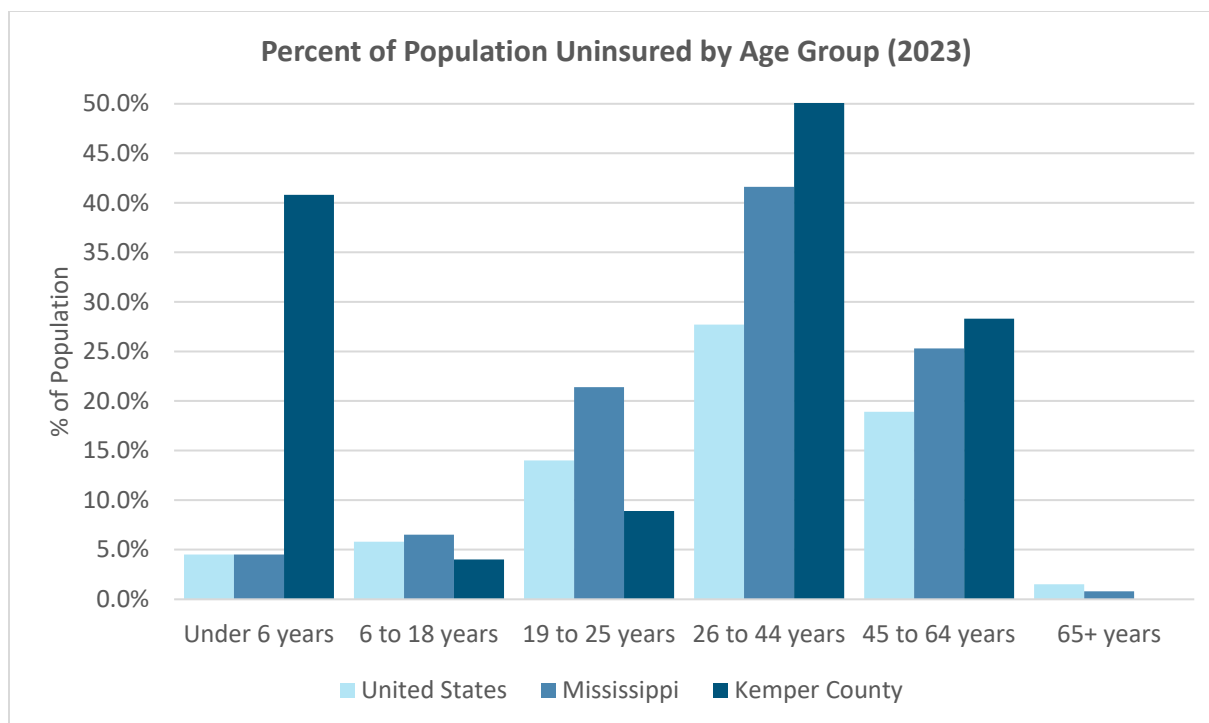
Insurance coverage plays a critical role in residents’ ability to access care. From 2019 to 2023, the uninsured rate in Kemper County averaged 14.6%, which is significantly higher than both the national

rate of 8.6% and the Mississippi average of 11.6%. While the state has seen gradual improvement in coverage, Kemper County's uninsured rate has risen sharply over time and remains elevated. These persistent coverage gaps reflect ongoing affordability and access challenges, especially in rural areas where fewer employers provide health benefits.

Age-specific data reveals deeper disparities in Kemper County. In 2023, 68.8% of adults aged 26 to 44 were uninsured. This is much higher than the national rate of 27.7% and the Mississippi rate of 41.6%. This group often faces limited eligibility for public programs and reduced access to employer-sponsored coverage. Additionally, 40.8% of children under age 6 in Kemper County were uninsured, suggesting possible administrative barriers or coverage disruptions. While older adults benefit from Medicare and have low uninsured rates, the high rates among young children and working-age adults in Kemper County point to a need for improved outreach, enrollment support, and affordable coverage options.



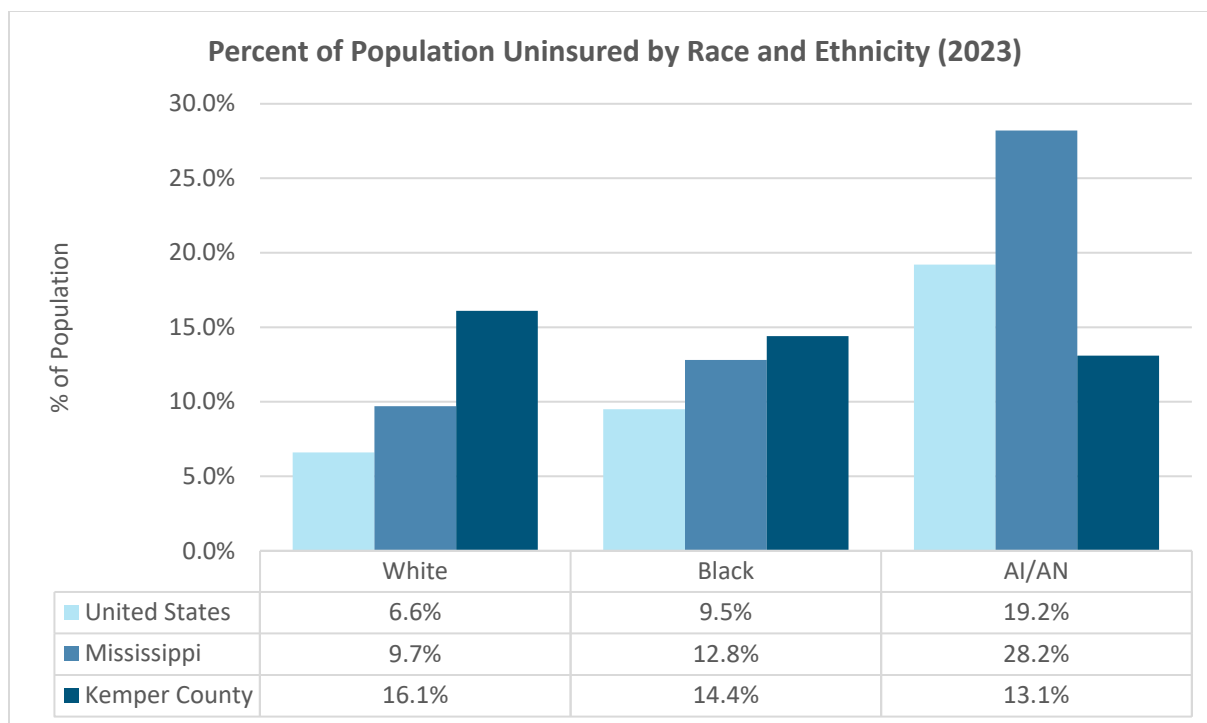
271 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table S2701



272 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S2701

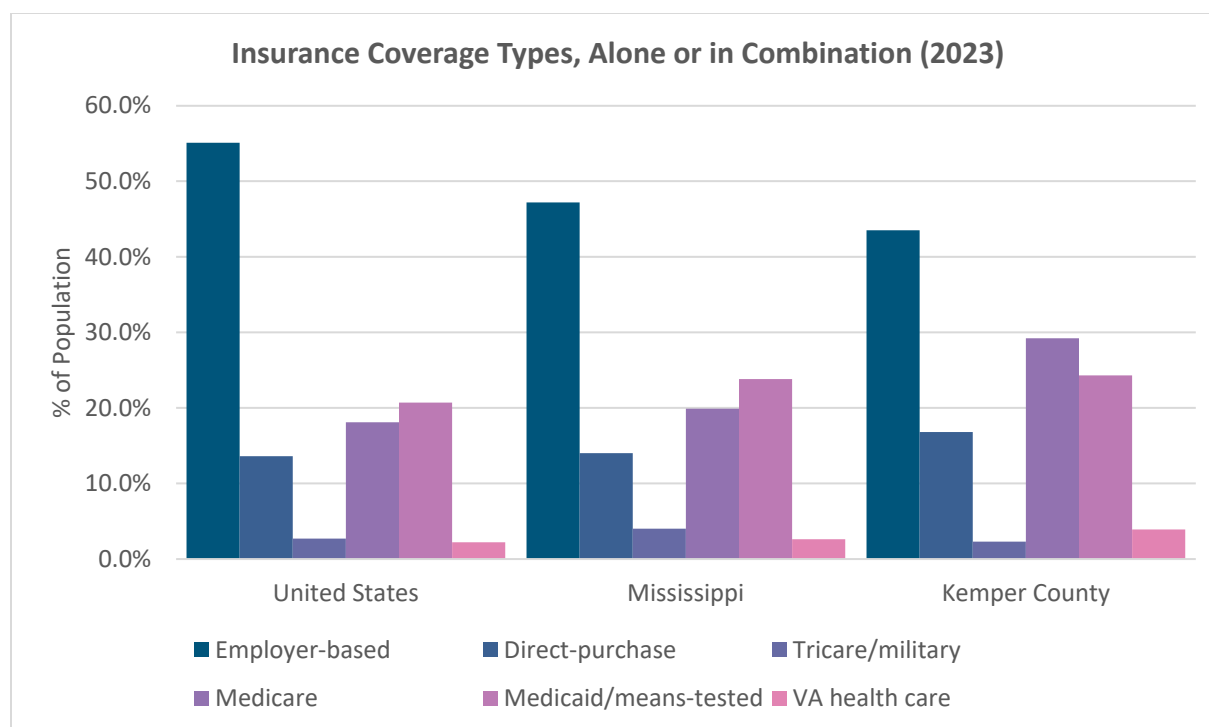
Insurance disparities are also evident across racial and ethnic groups in Kemper County. In 2023, 16.1% of White residents were uninsured, compared to 14.4% of Black residents and 13.1% of American Indian/Alaska Native residents. The uninsured rate for White residents in Kemper County was notably higher than both the state rate of 9.7% and the national rate of 6.6%. Although Black and AI/AN residents had slightly lower uninsured rates locally compared to state averages, all groups continue to face barriers to affordable coverage, including limited access to employer-sponsored plans and challenges with enrollment systems.

Data for Asian, Native Hawaiian and Other Pacific Islander (NH/PI), Other, Two or More Races, and Hispanic populations were excluded from this analysis due to a reported uninsured rate of 0.0%, which may reflect small sample sizes or suppressed data rather than an actual absence of coverage gaps.



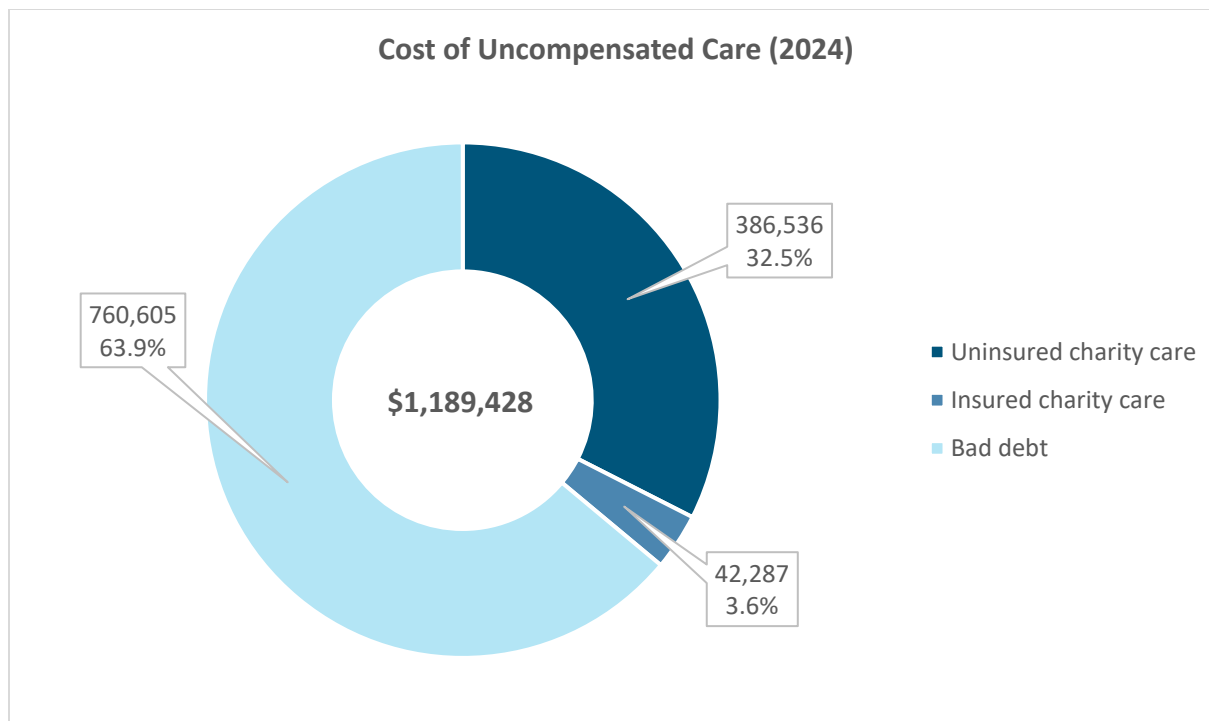
273 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S2701

The types of insurance coverage in Kemper County reflect distinct local workforce and demographic patterns. In 2023, 43.5% of residents had employer-based coverage, which remains lower than the national rate of 55.1% but is closer to the state average of 47.2%. This suggests some access to employer-sponsored benefits, though likely limited by the structure of the local labor market. Public insurance programs play a major role in meeting healthcare needs. Medicaid covered 24.3% of residents, nearly matching the state rate of 23.8% and exceeding the national average of 20.7%. Medicare enrollment was 29.2%, significantly higher than both state and national levels, reflecting the county's older age distribution. Direct-purchase plans were used by 16.8% of residents. Tricare or military coverage supported 2.3%, and VA healthcare accounted for 3.9% of the population. These figures underscore the importance of both public coverage and alternative insurance pathways in ensuring access to care in Kemper County.



274 Source: U.S. Census Bureau. American Community Survey 5-Year Estimates (2023), Tables S2703 & S2704

When coverage falls short, healthcare systems absorb the cost. In 2024, Ochsner Stennis Hospital recorded nearly \$1.2 million in uncompensated care. Bad debt, services billed to patients but never recovered, accounted for 63.9% of this amount. The remaining balance was categorized as charity care, which is provided to patients who meet the hospital's financial assistance criteria and are deemed unable to pay. Of this total, 32.5% was charity care for uninsured patients who had no coverage at all and qualified for financial relief. An additional 3.6% was charity care for insured patients whose income or financial circumstances met the hospital's indigent policy, meaning they were unable to afford the balance remaining after insurance. These figures reflect the real-world impact of income-based hardship and insurance gaps, and underscore the financial strain placed on rural hospitals that serve medically and economically vulnerable populations.



275 Source: Internal analysis of Medicare Hospital Cost Report (FY 2024), Worksheet S-10

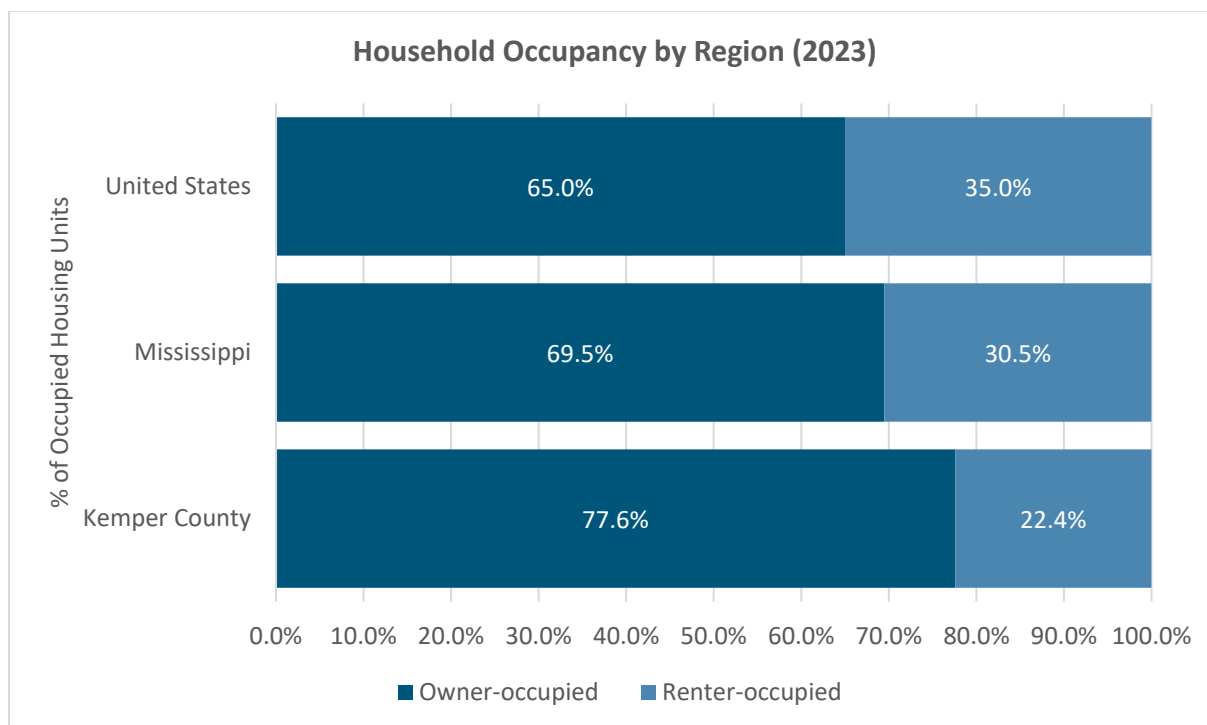
While access to healthcare is vital, a person's surroundings can significantly influence their ability to stay healthy. The next section explores how factors like housing conditions, transportation, and infrastructure shape daily life and impact overall well-being in the community.

Neighborhood and Built Environment

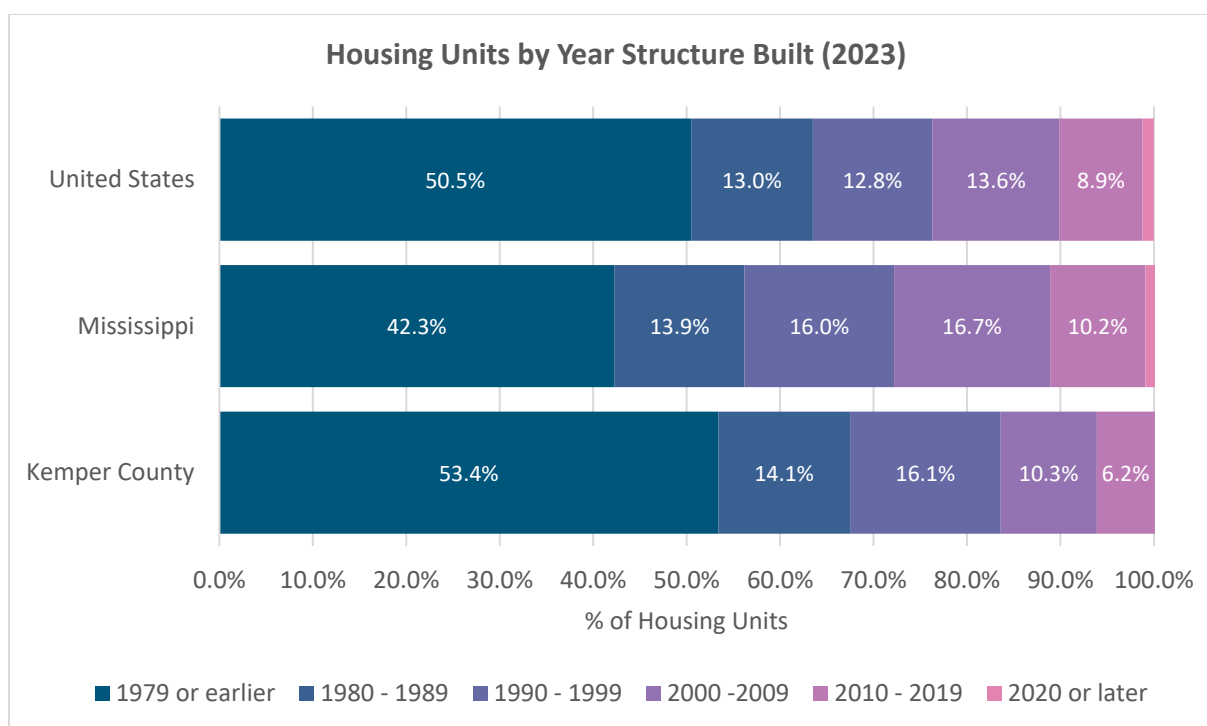
The neighborhoods where people live can either support or limit healthy living. Poor housing conditions, limited access to transportation, aging infrastructure, and unaffordable rent can all impact physical and mental health. This domain explores the age and condition of housing, housing costs compared to income, and transportation access, offering insight into how local environments influence community health.

Homeownership in Kemper County is higher than both state and national averages. In 2023, 77.6% of households were owner-occupied, compared to 69.5% in Mississippi and 65.0% nationally. This high rate of ownership reflects a more stable residential base, possibly tied to multigenerational housing or long-term settlement patterns. Only 22.4% of households rented their homes, suggesting less population turnover and potentially lower demand for short-term or transitional housing options.

Kemper County also has an older housing stock, with 53.4% of all units built in 1979 or earlier, compared to 42.3% statewide and 50.5% nationally. Older homes often require greater upkeep and may pose risks to health and safety if not adequately maintained. Issues like aging electrical systems, poor insulation, or the presence of lead-based paint and mold are more common in these structures. These concerns may place a financial strain on lower-income homeowners, especially seniors living on fixed incomes, and can affect housing quality and livability across the county.



276 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04

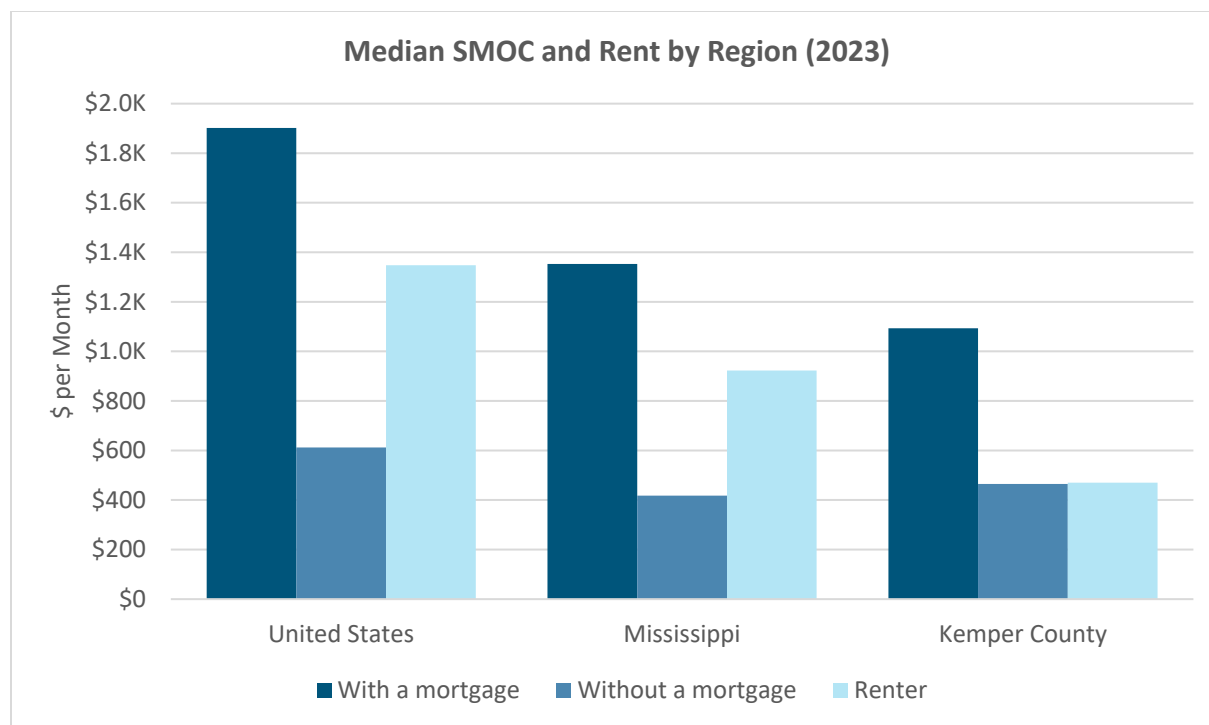


277 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04

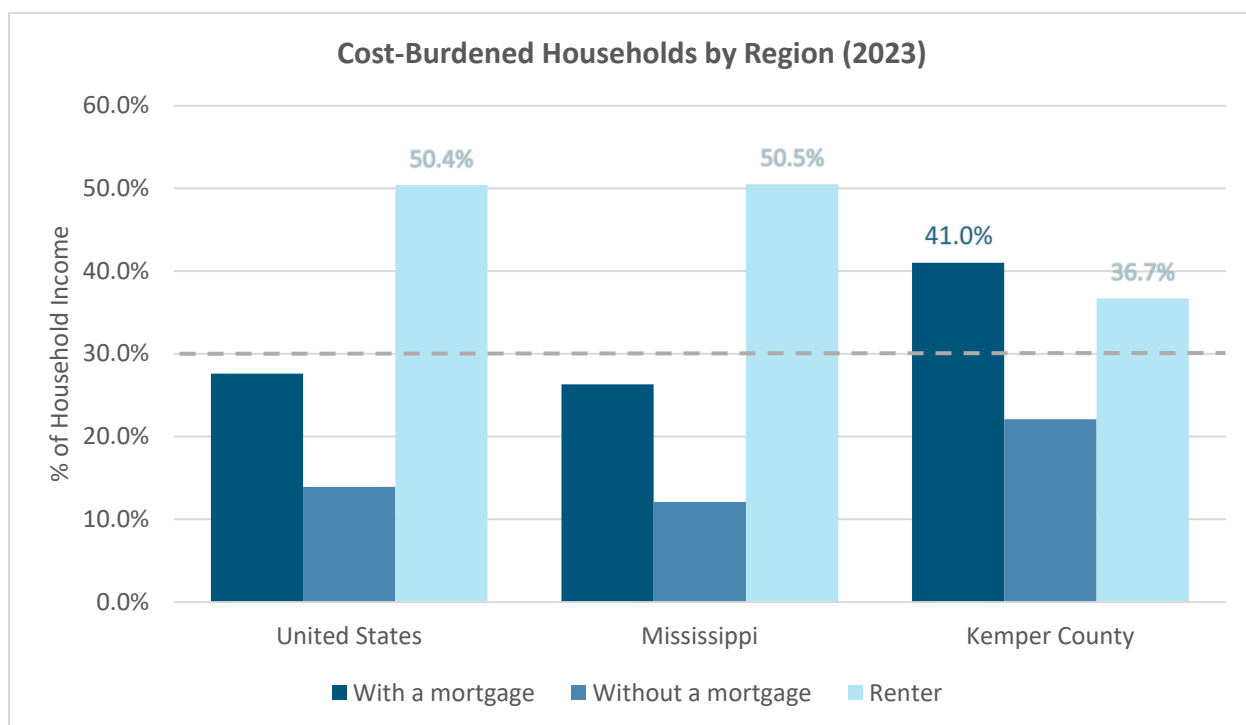
Monthly housing costs in Kemper County are relatively low compared to state and national averages. In 2023, the median monthly cost for homeowners with a mortgage was approximately \$1,100, compared

to \$1,350 in Mississippi and \$1,900 nationally. Homeowners without a mortgage spent \$465 per month, while median rent was \$470, significantly lower than both the state and national levels.

Despite lower housing costs, many households in Kemper County still face affordability challenges. In 2023, homeowners with a mortgage were cost-burdened, spending 41.0% of their income on housing. This is notably higher than both the state (26.3%) and national (27.6%) averages. Homeowners without a mortgage spent 22.2% of their income on housing. Renters in Kemper County spent 36.7% of their household income on rent, which is lower than the state (50.5%) and national (50.4%) figures but still a concern. These burdens limit the ability of families to cover other essential needs such as food, transportation, medical care, and childcare, particularly for those with lower or fixed incomes.



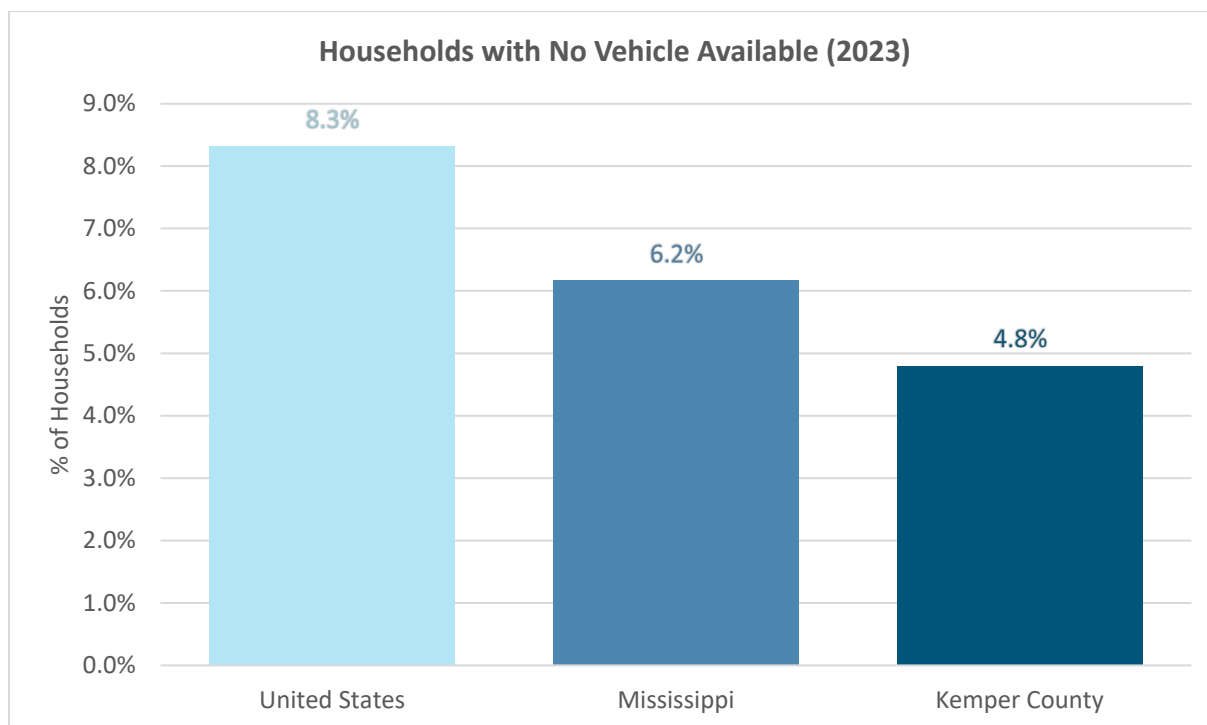
278 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04



279 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04

Transportation remains a key determinant of access to care, employment, education, and other daily needs. In 2023, 4.8% of households in Kemper County reported having no vehicle available, which is lower than both the state average of 6.2% and the national average of 8.3%.

While this lower percentage may indicate broader access to personal vehicles, it is important to note that even a small proportion of households without reliable transportation can experience substantial challenges in rural areas like Kemper County. Limited or unavailable public transit options can make it difficult for these residents to attend medical appointments, commute to work, obtain healthy food, or engage in community life.



280 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table B08201

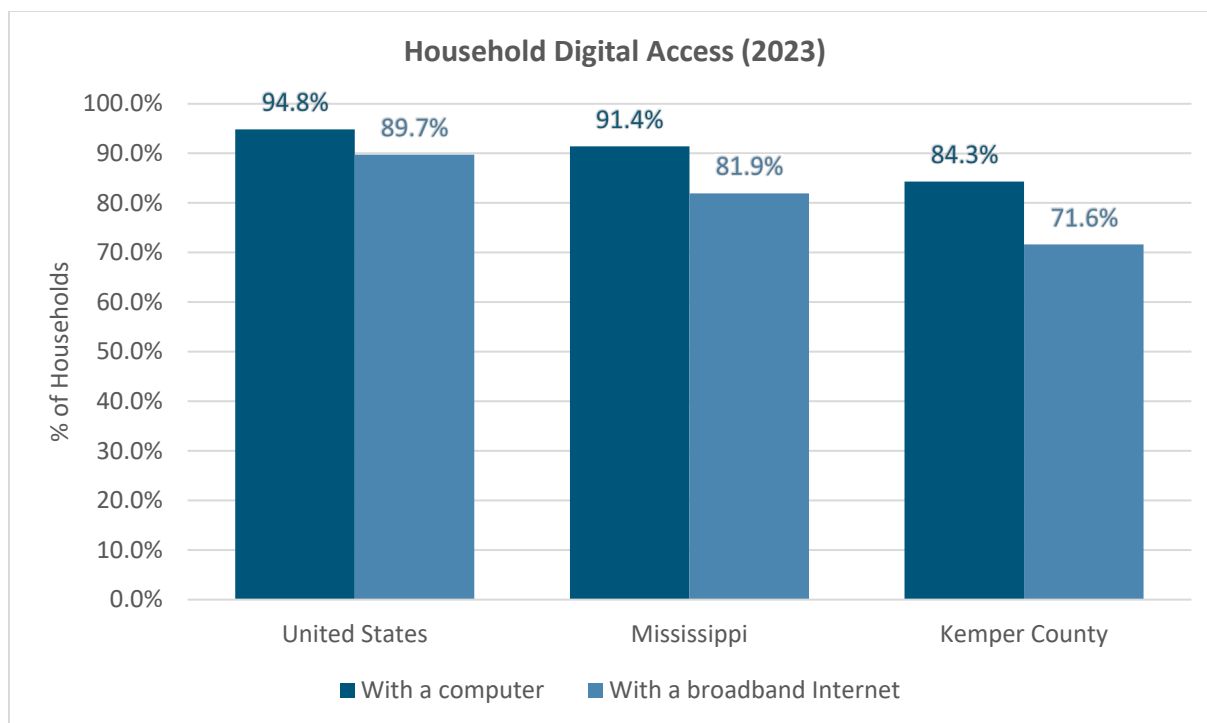
While the built environment shapes daily conditions and access to basic needs, social connection and digital inclusion are equally important for health, engagement, and opportunity. The next section explores how internet and device access influence community connection, education, and care access in a digital age.

Social and Community Context (Digital Access Focus)

Social connections and community support systems play a critical role in health. For this CHNA, we also examine digital access as a key factor shaping modern social participation, access to information, and connection to care, especially through telehealth. Lack of computer or internet access can worsen existing inequalities. This domain focuses on how connected the community is and whether digital tools are equitably accessible.

Across all regions, most households reported having access to a computer, though disparities remain in broadband internet access. Nationally, 94.8% of households have computers and 89.7% have broadband. In Mississippi, rates are slightly lower, with 91.4% of households owning a computer and 81.9% having broadband internet.

In Kemper County, 84.3% of households reported having a computer, and only 71.6% had broadband access. This 12.7-point gap between computer ownership and broadband availability suggests that many residents may face challenges related to internet affordability, limited infrastructure, or digital literacy. Access to high-speed internet is essential for telehealth, online education, job applications, and other critical services, so this gap presents a notable barrier to opportunity and access.



281 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP02

SDOH are intricately connected to the daily lives of people in the community and play a vital role in this CHNA by helping define key areas of need. While these domains offer important insight into the root causes of health disparities, additional tools are necessary to show where systemic disadvantages have the greatest impact. The following health equity indexes provide further context to guide interventions that are both effective and fair.

Health Equity and Community Context

Building on the foundation of social determinants of health, advancing health equity is essential to improving community well-being. Health equity means that everyone has a fair and just opportunity to be as healthy as possible, regardless of where they live, their income, or their background. Achieving equity requires acknowledging and addressing differences in health that are linked to historical and current social, economic, and environmental disadvantages.

To better understand where inequities exist and how they may be addressed, this CHNA incorporates several nationally recognized health equity indexes. These tools help highlight communities facing structural barriers that contribute to poor health outcomes. By layering these data points alongside the previously discussed SDOH, this CHNA paints a more complete picture of community context and opportunities for targeted support.

Area Deprivation Index

The Area Deprivation Index (ADI) is a composite measure of neighborhood disadvantage developed by the University of Wisconsin. It incorporates seventeen variables related to income, education, employment, and housing quality, ranking areas on a scale from 1 (least disadvantaged) to 10 (most

disadvantaged). Higher ADI scores reflect greater levels of social and economic deprivation, which are often associated with poorer health outcomes and limited access to care.

Kemper County scored 8.21 on the ADI, indicating a higher level of structural disadvantage compared to many other Mississippi counties. This elevated score suggests that residents in the county may experience more significant barriers related to economic hardship, healthcare access, education, and transportation. These challenges are consistent with other indicators in the region, including lower broadband access, gaps in insurance coverage, and limited access to essential services in rural areas.

	Kemper County
Overall ADI	8.21

282 Source: University of Wisconsin School of Medicine and Public Health, Area Deprivation Index (2023)

Distressed Communities Index

The Distressed Communities Index (DCI), developed by the Economic Innovation Group, captures economic well-being across seven indicators: education, employment, income, poverty, housing vacancy, and business growth. The DCI ranges from 0 (most prosperous) to 100 (most distressed), providing a snapshot of community vitality and opportunity.

Kemper County scored 99.0 on the DCI, placing it squarely within the most distressed category. The county faces widespread economic and educational hardship. One in five adults (20.0%) lacks a high school diploma, and 22.0% of residents live below the poverty line. Nearly half of working-age adults (46.8%) are not in the labor force, highlighting serious challenges with employment and opportunity. The local economy has worsened in recent years, with a 22.1% drop in employment and a 15.3% decrease in the number of business establishments. The housing vacancy rate is 19.7%, which points to instability in the housing market. Additionally, median household income is just 81.1% of the state average, showing that many families are struggling financially.

	Kemper County
Overall DCI	99.0
No high school diploma	20.0%
Poverty rate	22.0%
Adults not working	46.8%
Housing vacancy rate	19.7%
Median income ratio	81.1%
Change in employment	-22.1%
Change in establishments	-15.3%

283 Source: Economic Innovation Group, Distressed Communities Index (2024)

Social Vulnerability Index

The Social Vulnerability Index (SVI), produced by the CDC and ATSDR, assesses a community’s ability to prepare for, respond to, and recover from public health emergencies and natural disasters. The index includes four themes: socioeconomic status, household characteristics, race/ethnicity/language, and housing/transportation. Higher values (closer to 1.0) indicate greater vulnerability.

Kemper County has an overall SVI score of 0.8642, indicating high vulnerability. The most significant concern is socioeconomic status, with a score of 0.8025, reflecting challenges related to poverty, unemployment, and low educational attainment. Vulnerability is also high for racial and ethnic minority status (0.8025) and household characteristics (0.6790), which may be influenced by higher rates of single-parent households, individuals with disabilities, or limited English proficiency. The score for housing type and transportation is 0.7654, suggesting that many residents may lack access to stable housing or reliable transportation. These vulnerabilities align with earlier data showing limited broadband access, high poverty rates, and low labor force participation.

	Kemper County
Overall SVI	0.8642
Socioeconomic status	0.8025
Household characteristics	0.6790
Racial & ethnic minority status	0.8025
Housing type & transportation	0.7654

284 Source: Geospatial Research, Analysis, and Services Program, CDC/ATSDR Social Vulnerability Index (2022)

Vizient Vulnerability Index

The Vizient Vulnerability Index (VVI) is a multi-dimensional tool that assesses vulnerability at the county level by evaluating nine social risk categories, ranging from economic stability and housing to public safety and environmental quality. Unlike the other indices, higher or lower values are not inherently “better” or “worse,” but rather provide a directional sense of local stressors and assets.

Kemper County has an overall VVI score of 1.245, indicating a high level of vulnerability across several domains. The most significant concern is healthcare access, with a score of 2.088, suggesting major barriers to obtaining timely and adequate medical care. Neighborhood resources also scored high at 1.268, pointing to gaps in access to safe, supportive, and well-resourced environments.

Elevated vulnerability is also seen in the social environment (0.660) and economic conditions (0.958), which may reflect social isolation, limited community support, financial strain, or unemployment. Other domains show less vulnerability. Housing (0.128) and clean environment (0.135) indicate relatively stable conditions in those areas, while education (-0.035), transportation (-0.308), and public safety (-0.825) show lower vulnerability scores, suggesting strengths or more favorable conditions in these aspects of community life.

	Kemper County
Overall VVI	1.245
Economic	0.958
Education	(0.035)
Healthcare access	2.088
Neighborhood resources	1.268
Housing	0.128
Clean environment	0.135
Social environment	0.660

Transportation	(0.308)
Public Safety	(0.825)

285 Source: Vizient, Inc., *Vizient Vulnerability Index (2025)*

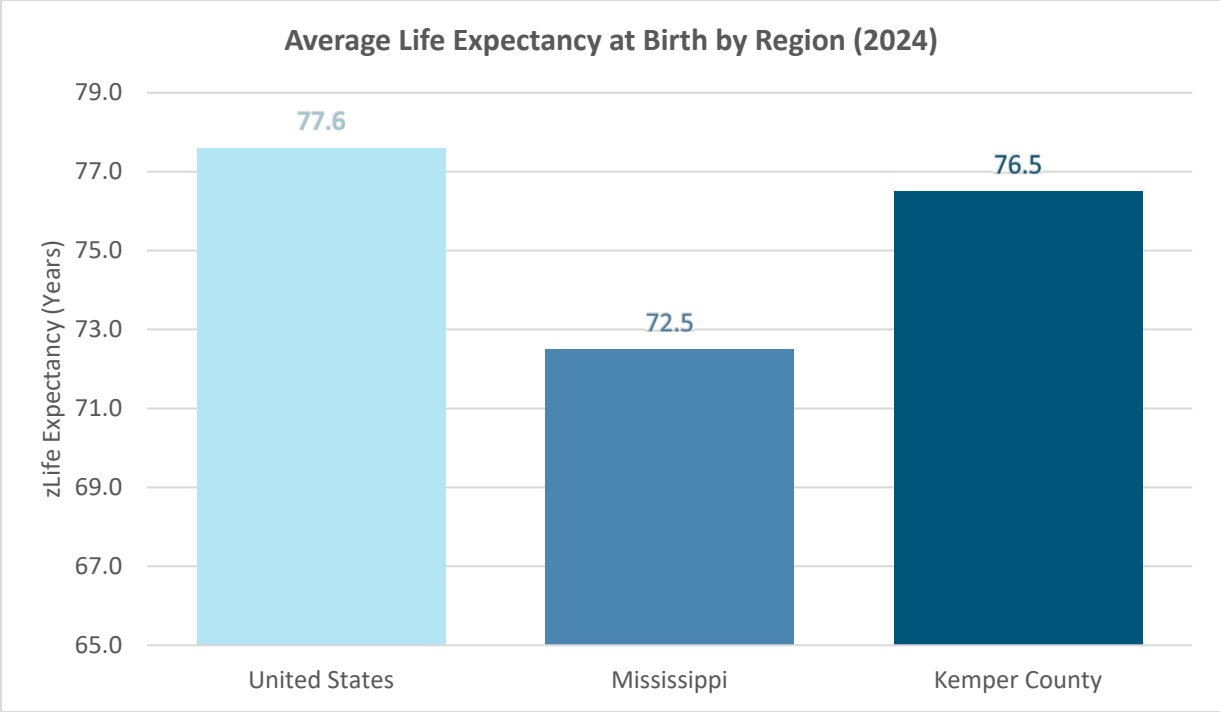
Understanding a community's context, i.e., its economic conditions, education, access to care, housing, and social environment, is essential for identifying where health challenges originate. Yet to fully assess how these upstream factors influence well-being, we must also examine health outcomes directly. This next section explores key indicators such as life expectancy, leading causes of death, and behavioral risk factors. By linking outcomes to the social and structural conditions discussed earlier, this CHNA identifies where the greatest health burdens lie and what factors are contributing to poor health in the region.

Health Outcomes and Contributing Risk Factors

Life Expectancy

Life expectancy at birth offers a snapshot of overall community health and is influenced by a range of contributing risk factors, including chronic disease, access to care, socioeconomic conditions, and health behaviors. As shown in the chart, Kemper County has an average life expectancy of 76.5 years, which is higher than the Mississippi state average of 72.5 years, though still slightly below the national average of 77.6 years.

This relatively strong outcome for Kemper County suggests some protective factors may be at play, such as lower rates of certain chronic conditions or stronger community support systems. However, the gap from the national benchmark still signals room for improvement. Ongoing efforts to reduce health disparities, expand access to preventive care, and address underlying social and economic barriers remain essential for improving long-term outcomes.



286 Source: University of Wisconsin Population Health Institute. *County Health Rankings & Roadmaps (2024)*

Mortality

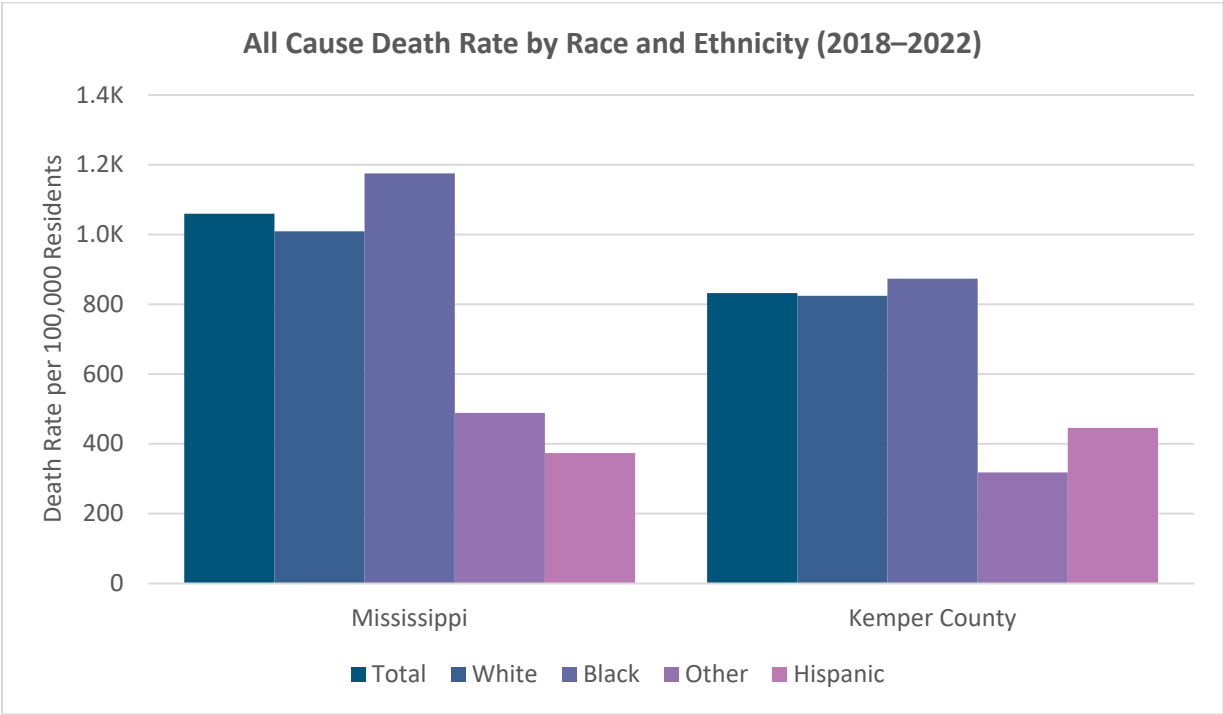
Mortality data is a foundational part of assessing health outcomes across a community. It provides insight into the burden of disease, identifies populations at greater risk of early death, and helps inform strategic priorities for health interventions. By examining both overall and cause-specific mortality patterns, communities can better understand the underlying health challenges facing residents and direct resources where they are most needed. The sections that follow explore all-cause mortality as well as the five leading causes of death in the hospital's primary service areas, including an analysis of long-term trends and racial and ethnic disparities.

All-Cause Mortality

All-cause mortality provides a direct measure of how many residents are dying from any cause and helps highlight where the greatest health burdens exist. When broken down by race and ethnicity, these data reveal disparities shaped by long-standing structural inequities in healthcare access, chronic disease prevalence, and the broader social environment.

In Kemper County, Black residents experience the highest all-cause mortality rate, slightly exceeding both White residents and the county's overall average. This mirrors state-level patterns, where Black populations consistently face higher mortality rates due to systemic disadvantages in health and healthcare. Hispanic residents in Kemper report lower all-cause mortality, which may reflect a younger population or other protective health factors. However, small sample sizes or underreporting could affect the accuracy of this trend.

Individuals categorized as Other racial groups show lower mortality rates compared to the state average, though caution is needed in interpreting these figures due to limited population size. Overall, the data reflects ongoing disparities that point to a need for more targeted public health strategies and equitable access to care.



287 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Top Five Causes of Death

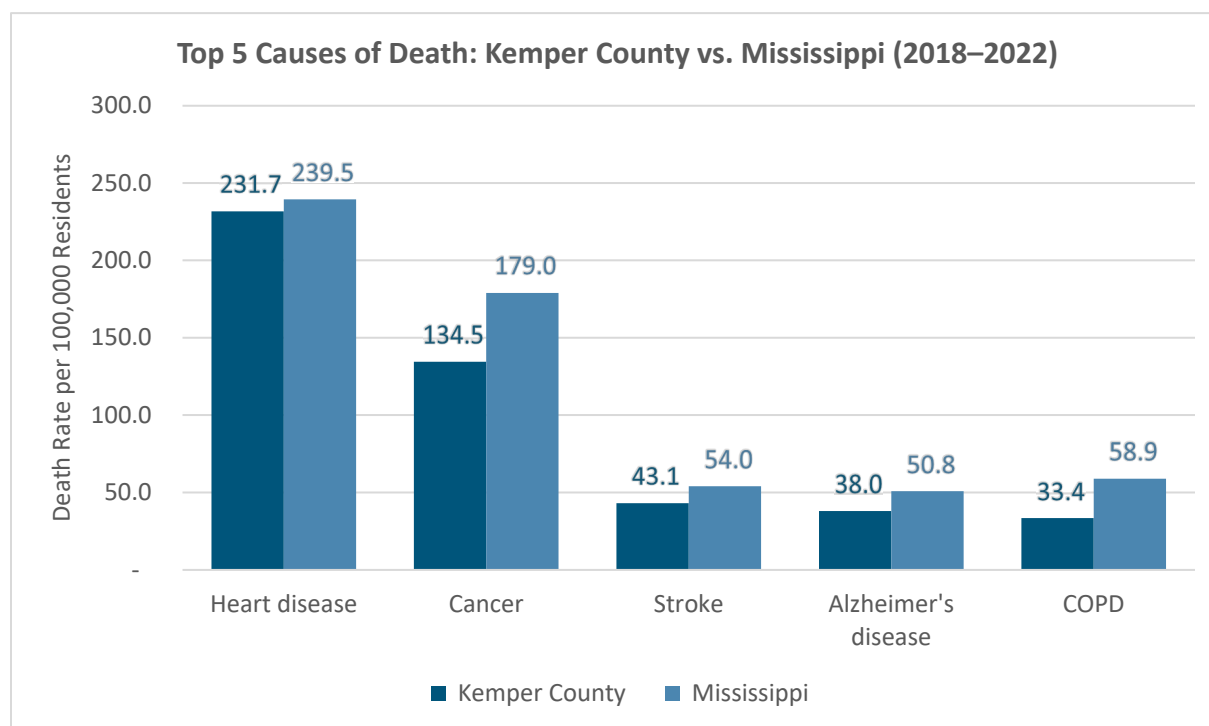
Identifying the leading causes of death is critical for understanding the most significant drivers of premature mortality in a community. This information helps local health systems and partners target prevention, education, and intervention efforts where they will have the greatest impact. For this assessment, the top five causes of death are based on five-year average death rates (2018–2022) for residents of Kemper County, the hospital’s primary service area.

While COVID-19, unintentional injury, and other diseases and conditions ranked among the top causes of death during this period, they have been excluded from this section to maintain a focused analysis on chronic, non-communicable diseases that consistently drive long-term health outcomes. COVID-19 introduced a short-term spike in mortality but has since declined in ranking and does not reflect persistent health system needs in the same way as chronic disease. Similarly, deaths from unintentional injuries and broad disease categories do not offer the specificity needed for actionable planning.

As shown in the chart, heart disease is the leading cause of death in Kemper County, with a death rate of 231.7 per 100,000 residents, slightly below the state average of 239.5. Cancer ranks second, with a local death rate of 134.5, which is significantly lower than the statewide rate of 179.0. Death rates for stroke

(43.1) and Alzheimer’s disease (38.0) in Kemper County also fall below state averages. Similarly, COPD-related deaths are lower in Kemper County at 33.4, compared to the Mississippi average of 58.9.

These patterns suggest that while chronic diseases remain a concern, Kemper County experiences lower mortality rates than the state in each of the top five categories. Continued efforts to expand preventive care, manage chronic conditions, and address underlying health risks will be important for maintaining and improving these outcomes. The following subsections provide a closer look at each condition, including trend analysis and disparities by race and ethnicity.



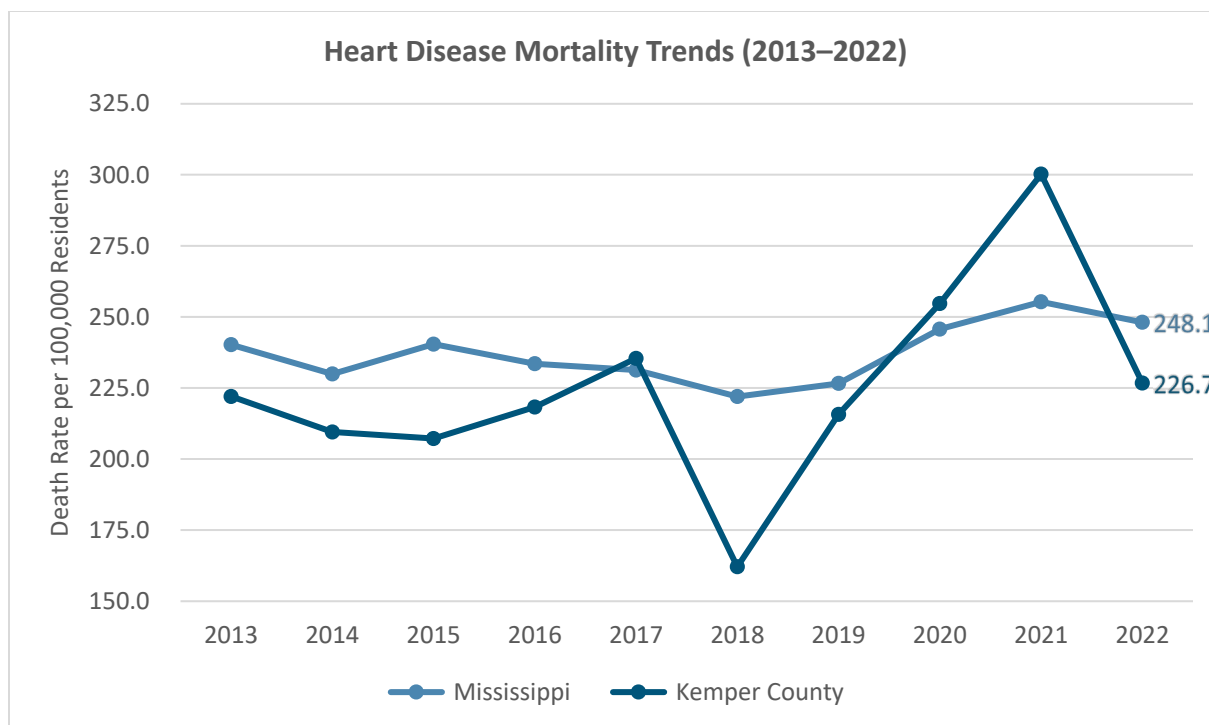
288 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Heart Disease

Heart disease is the leading cause of death in Kemper County, though mortality rates have followed a less consistent pattern compared to the state. Over the past decade, heart disease mortality in Kemper County has fluctuated, ranging from a low of 162.1 deaths per 100,000 residents in 2018 to a high of 200.2 in 2021. The most dramatic shifts occurred between 2017 and 2018, when the rate fell sharply, and again between 2019 and 2021, when it rose steeply.

By 2022, the heart disease mortality rate in Kemper County declined to 226.7, falling below the Mississippi state average of 248.1 deaths per 100,000 residents. In contrast, the state’s rate remained relatively stable throughout the same period, with only slight fluctuations.

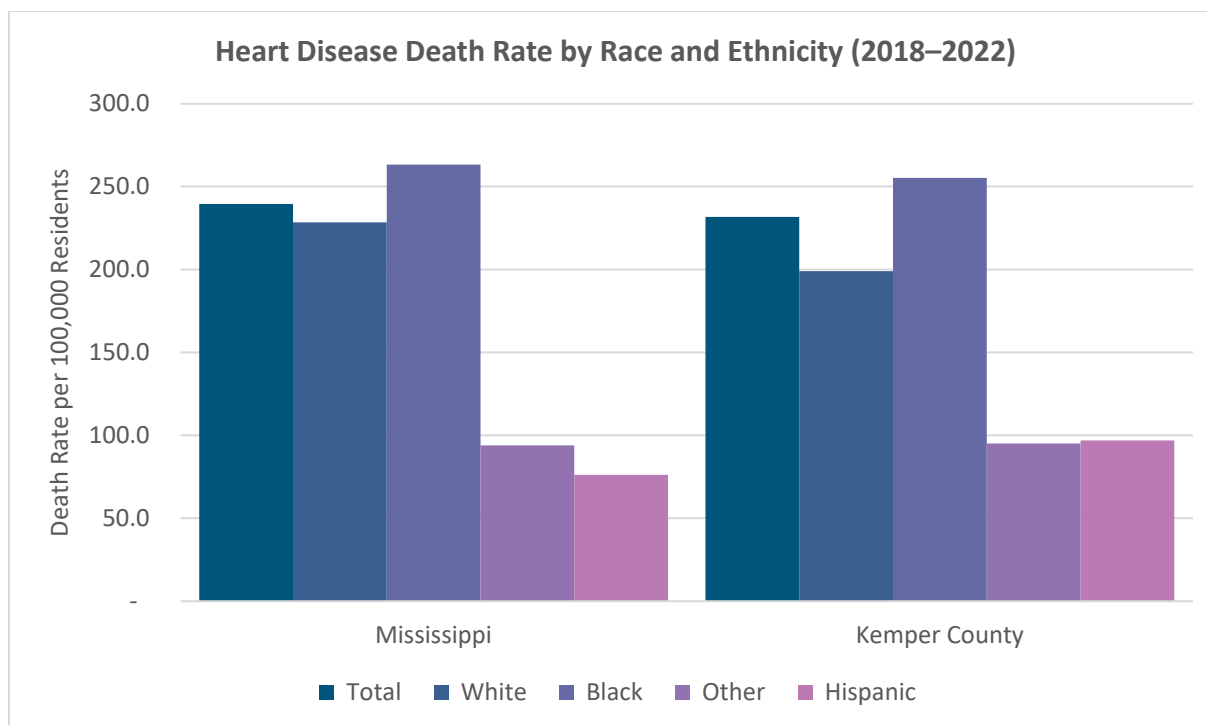
These trends suggest that while Kemper County experiences variable heart disease outcomes from year to year, recent rates are on par with or below state levels. This volatility may reflect shifting population health patterns, access to care, or small population size.



289 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

When broken out by race and ethnicity, the burden of heart disease mortality in Kemper County reveals significant disparities. Black residents have the highest heart disease death rate, at just over 255 deaths per 100,000 residents, which exceeds the rates for both White residents (approximately 199 per 100,000) and the county's total population average (about 230 per 100,000). The elevated burden among Black residents highlights the need for focused efforts to improve cardiovascular health outcomes in this population.

Rates for residents in the "Other" racial category and Hispanic residents are notably lower, both near 95 deaths per 100,000 residents. While these figures appear favorable, they should be interpreted cautiously due to small population sizes and potential limitations in data reporting.

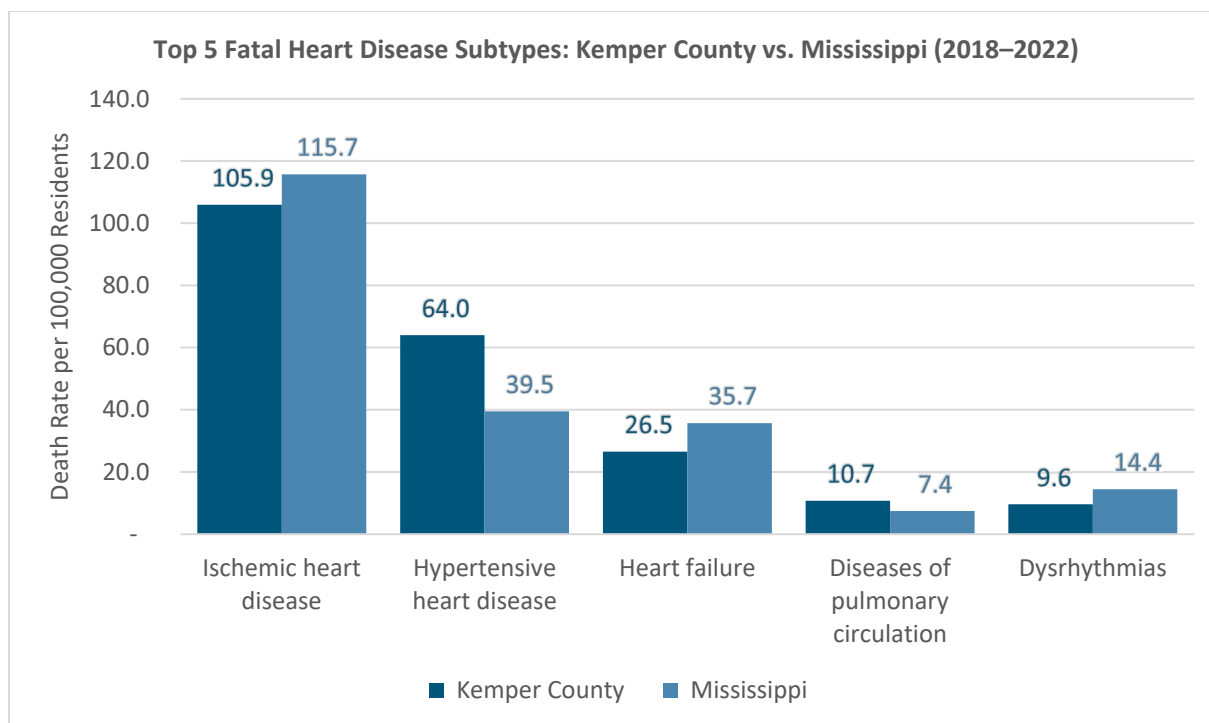


290 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Among heart disease-related deaths in Kemper County, ischemic heart disease is the most common subtype, with a death rate of 105.9 per 100,000 residents. This rate is slightly lower than the state average of 115.7, but it remains a significant contributor to mortality in the county. Ischemic heart disease, also known as coronary artery disease, occurs when the arteries supplying blood to the heart become narrowed or blocked, often due to plaque buildup. It is largely preventable through healthy lifestyle choices, regular screenings, and effective management of risk factors such as high blood pressure, high cholesterol, and smoking.

Hypertensive heart disease ranks second in Kemper County, with a death rate of 64.0, which is substantially higher than the Mississippi average of 39.5. This condition is caused by long-term high blood pressure that puts stress on the heart and blood vessels. Heart failure follows with a death rate of 26.5, which is lower than the state average of 35.7. Other fatal subtypes include diseases of pulmonary circulation (10.7) and dysrhythmias (9.6), both of which are close to or below statewide levels.

These figures suggest that while ischemic heart disease remains the most common cause of heart-related deaths, hypertensive heart disease is a particular concern in Kemper County, given its elevated rate. Many of these conditions can be prevented or managed through early detection, regular care, medication adherence, and support for healthy behaviors. Strengthening access to preventive services and chronic disease management can help reduce mortality from these conditions and improve cardiovascular outcomes across the county.

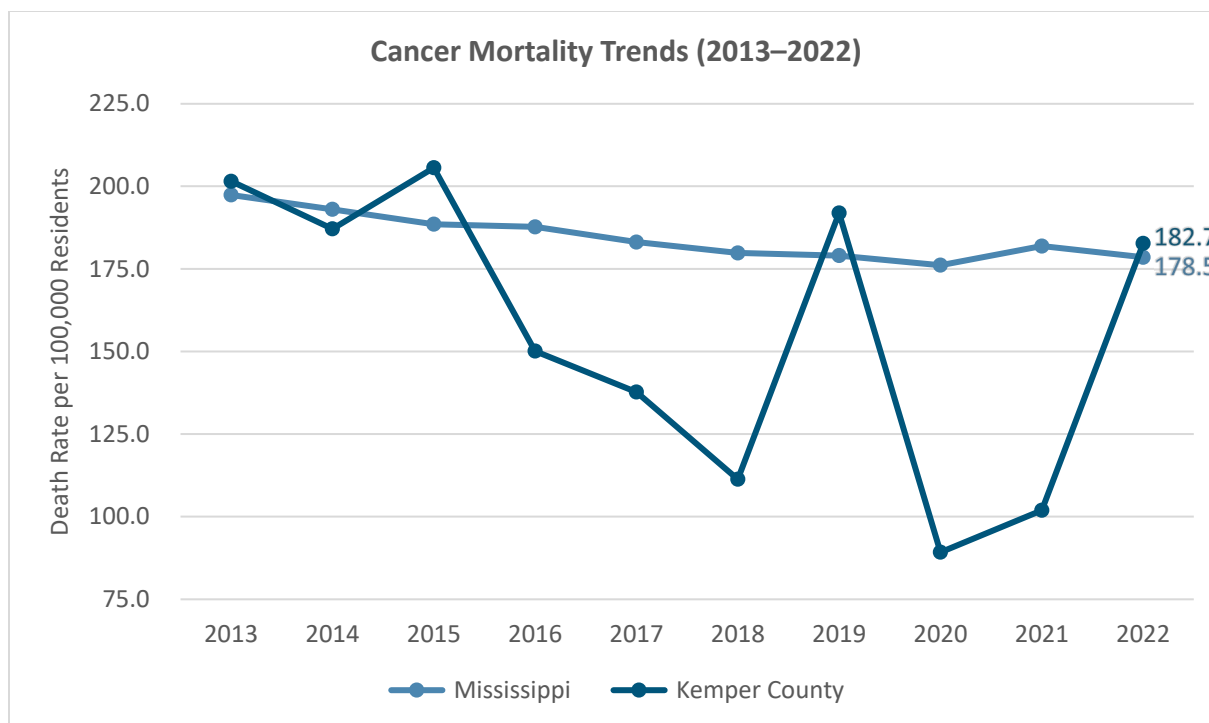


291 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Cancer

Cancer is the second leading cause of death in Kemper County, following heart disease. While some cancers are linked to genetic or environmental factors, many cases can be prevented or identified early through regular screenings, healthy behaviors, and timely access to care. This section explores long-term mortality trends, disparities by race and ethnicity, and the cancer types that contribute most to local deaths.

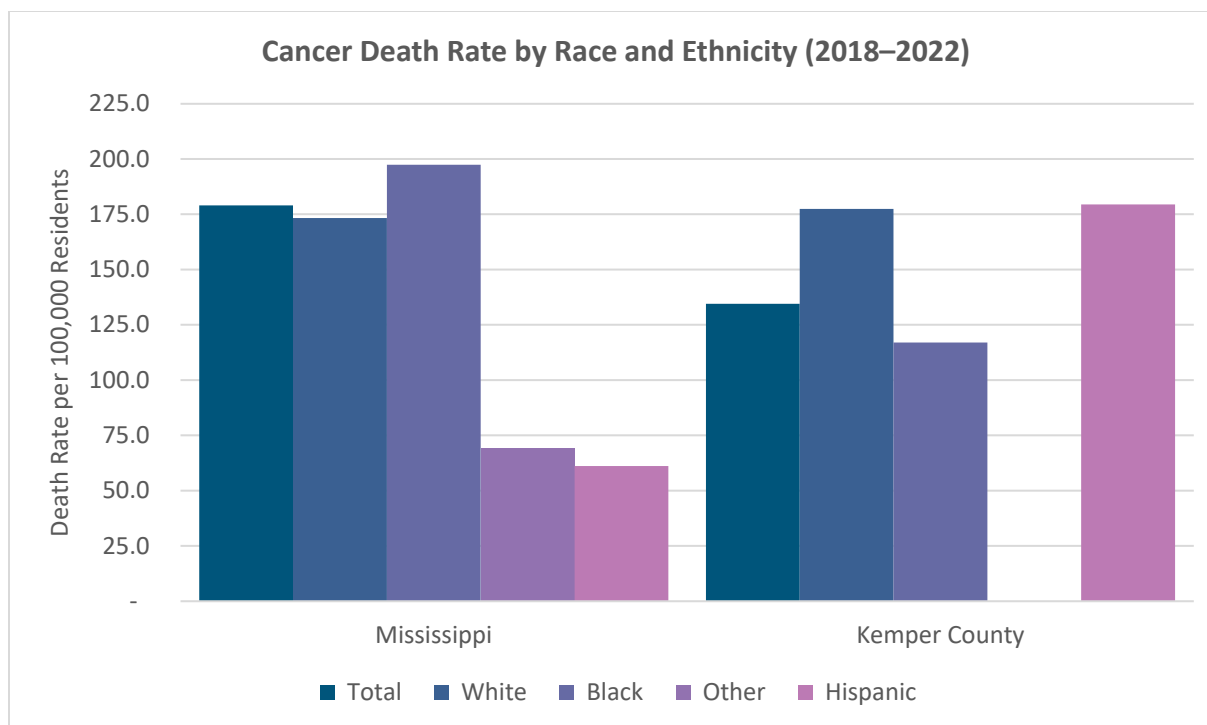
Over the past decade, cancer mortality trends in Kemper County have been highly variable, ranging from a low of 89.2 deaths per 100,000 residents in 2020 to a high of 205.6 in 2015. These sharp fluctuations suggest inconsistencies in detection, treatment, or access to healthcare services. Despite the ups and downs, Kemper County’s 2022 cancer death rate was 182.7, slightly above the state average of 178.5 deaths per 100,000 residents. In contrast, the statewide trend has shown a gradual and more consistent decline in cancer mortality. The volatility in Kemper’s trend may reflect factors such as small population size, late-stage diagnoses, and variation in available care.



292 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

Disparities in cancer mortality by race and ethnicity are evident in Kemper County, with some notable differences from statewide patterns. White and Hispanic residents have the highest cancer death rates, each reaching approximately 175 deaths per 100,000 residents, which exceeds both the county and state averages. These elevated rates suggest the need for stronger prevention, early detection, and treatment strategies targeted toward these populations.

In contrast, Black residents in Kemper County have a lower cancer death rate, around 120 deaths per 100,000 residents, which is significantly below the state average for Black residents. This difference may reflect improved outcomes in certain areas of care but could also be influenced by factors such as population size or data variation. Although encouraging in some respects, these patterns reinforce the importance of maintaining and expanding access to timely screenings, affordable treatment, and culturally responsive care.



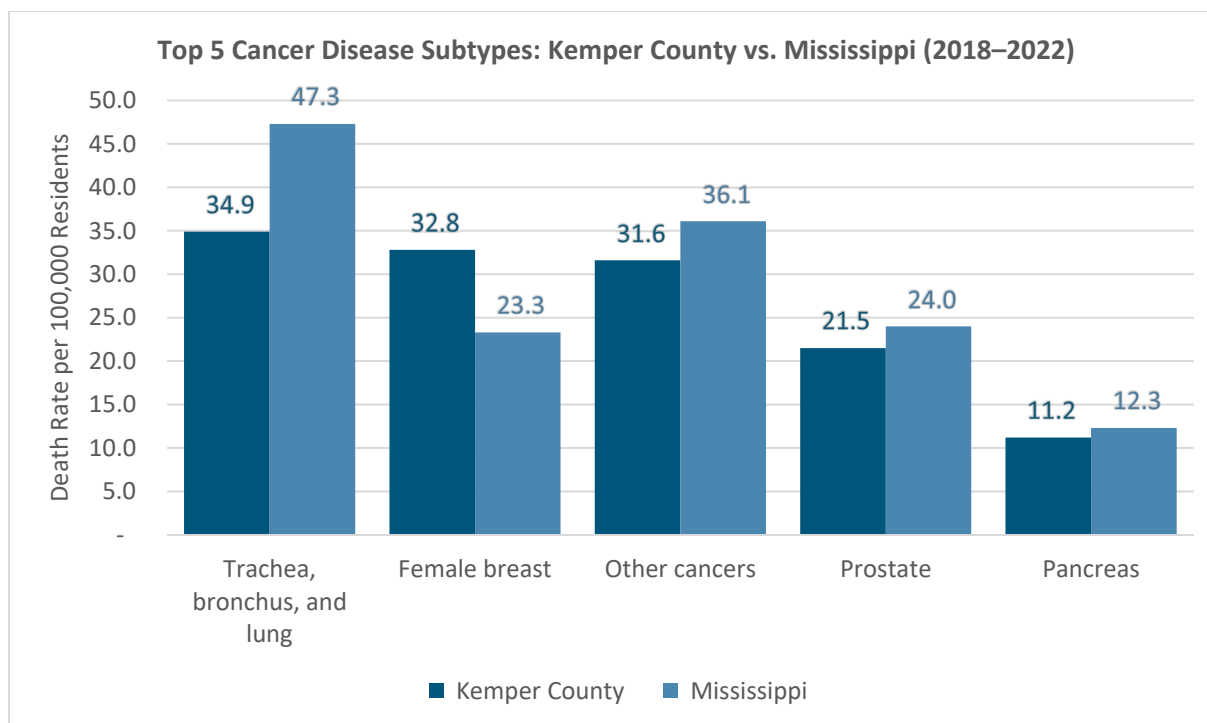
293 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

The most fatal cancer types in Kemper County closely reflect state trends. Lung cancer (trachea, bronchus, and lung) is the leading cause of cancer death locally, with a death rate of 34.9 per 100,000 residents, lower than the Mississippi average of 47.3. Lung cancer is strongly linked to tobacco use, which remains more common in rural areas of the state.

Female breast cancer is the second most common cause of cancer-related death in the county, with a rate of 32.8 per 100,000, which exceeds the statewide rate of 23.3. This suggests a need to improve access to mammography, increase awareness about breast health, and ensure timely diagnostic follow-up.

The third most common category is “Other cancers,” which has a death rate of 31.6 per 100,000 residents, slightly below the state rate of 36.1. This broad category includes a range of rare or less common cancers, such as those of the esophagus, gallbladder, small intestine, larynx, connective tissue, endocrine glands, lymph nodes, peritoneum, retroperitoneum, and central nervous system. It also includes metastatic cancers (cancers that have spread from other organs), many lymphomas, and cancers of unspecified or ill-defined sites. Although each individual condition in this group is relatively rare, together they account for a substantial share of overall cancer deaths. The diversity of this category makes it difficult to address with a single approach.

Prostate cancer and pancreatic cancer round out the top five cancer subtypes in Kemper County, with death rates of 21.5 and 11.2 per 100,000 residents, respectively. While these are slightly below state averages, they remain areas of concern, particularly given their aggressive nature when left undetected.



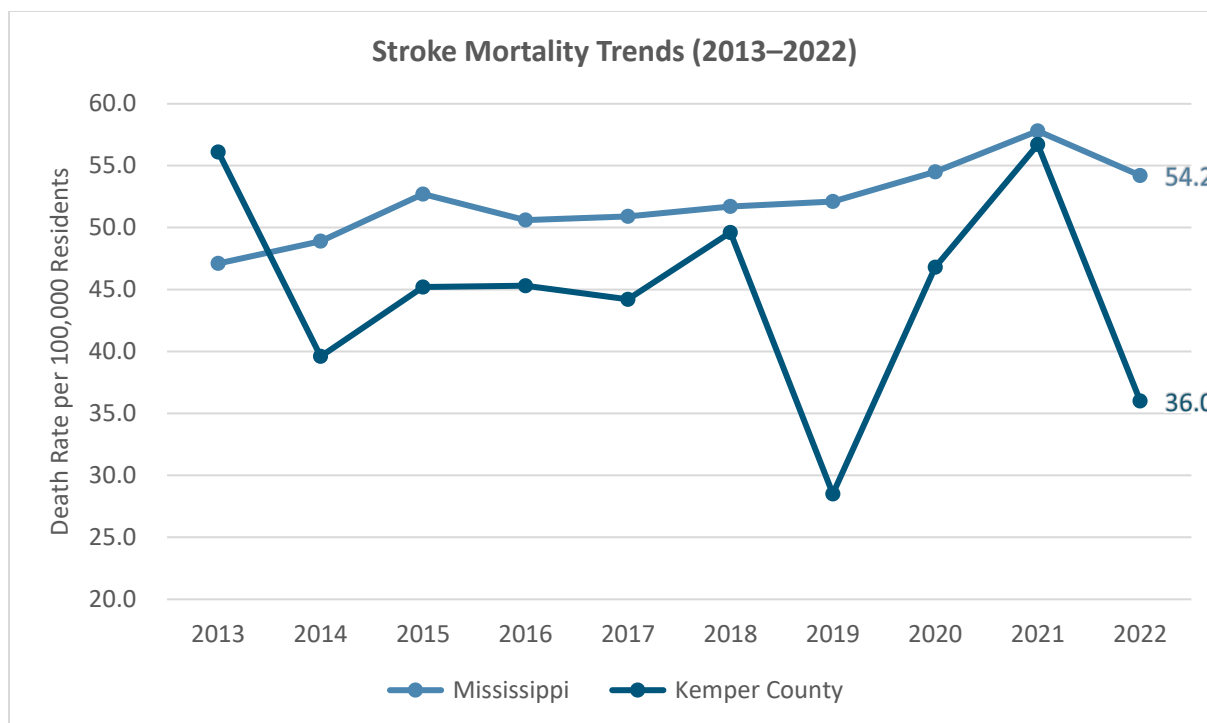
294 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Stroke

Stroke is the third leading cause of death in Kemper County, highlighting its ongoing impact on community health. Many strokes are associated with preventable or manageable risk factors such as high blood pressure, diabetes, smoking, and physical inactivity. Prevention, early detection, and access to prompt care are essential for reducing stroke-related deaths.

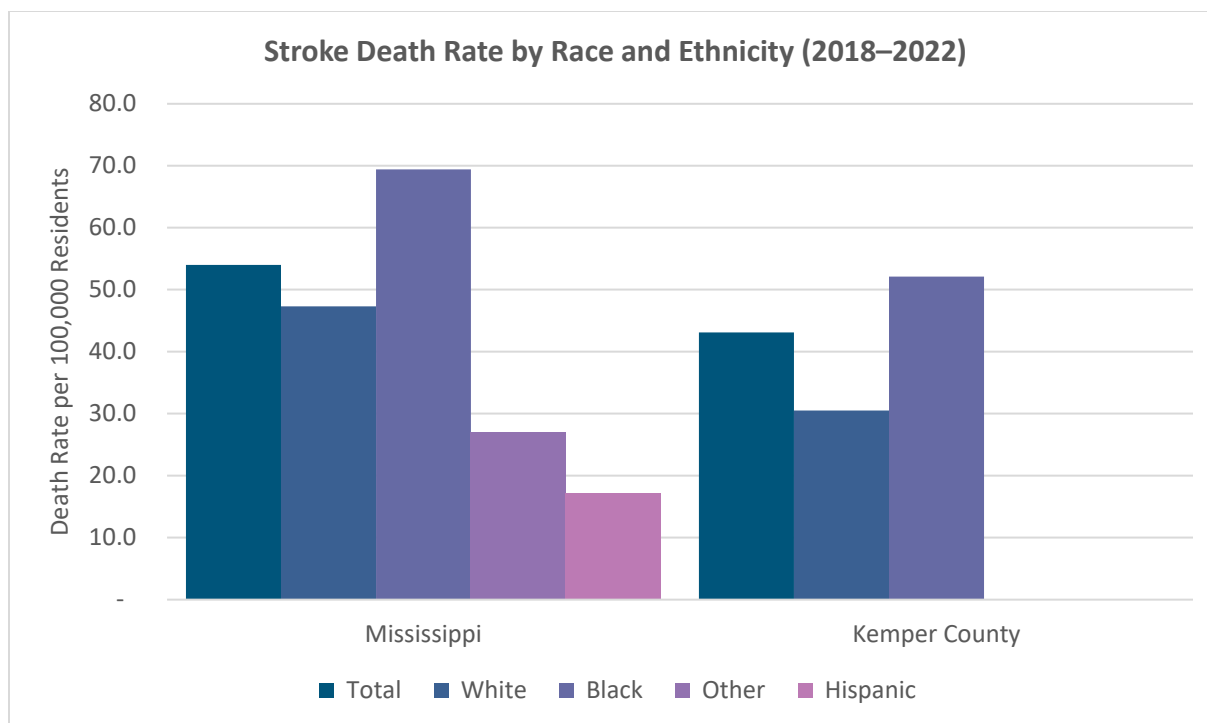
Over the past decade, stroke mortality rates in Kemper County have fluctuated significantly, with noticeable peaks in 2013 and 2021, and a steep decline in 2019 and again in 2022. The most recent data shows a 2022 death rate of 36.0 per 100,000 residents, which is well below the Mississippi average of 54.2.

While recent trends are encouraging, the volatility in Kemper County's stroke mortality may be influenced by its small population size, year-to-year variation, or uneven access to care. Continued investment in hypertension control, stroke education, and timely emergency response will be critical to maintaining lower mortality rates and improving long-term outcomes.



295 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

In Kemper County, racial disparities in stroke mortality are still present. Black residents have the highest stroke death rate, at approximately 52.0 deaths per 100,000 residents, which is above the county’s overall rate of 43.0. White residents experience a lower rate of 30.2 deaths per 100,000, falling below both the county and state averages. Data for residents in the “Other” and Hispanic categories are not reported due to small sample sizes or data suppression. The elevated burden among Black residents points to a need for targeted stroke prevention strategies, including blood pressure control, increased awareness of stroke symptoms, and equitable access to emergency care and rehabilitation services.



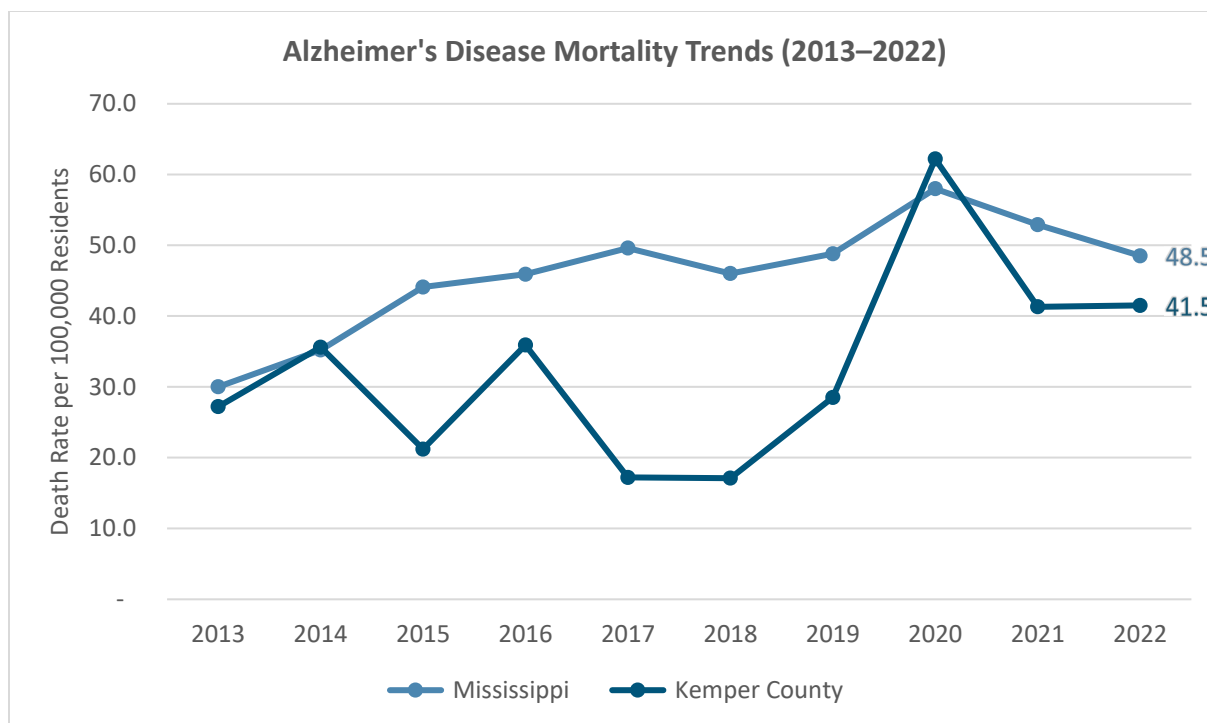
296 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Alzheimer’s Disease

Alzheimer’s disease is a progressive brain disorder that affects memory, thinking, and daily functioning. As people live longer, deaths related to Alzheimer’s have become more frequent, particularly in older populations. Although there is no cure, early diagnosis, strong family support, and coordinated care can help improve quality of life for individuals and caregivers. This section reviews long-term trends in Alzheimer’s mortality in Kemper County.

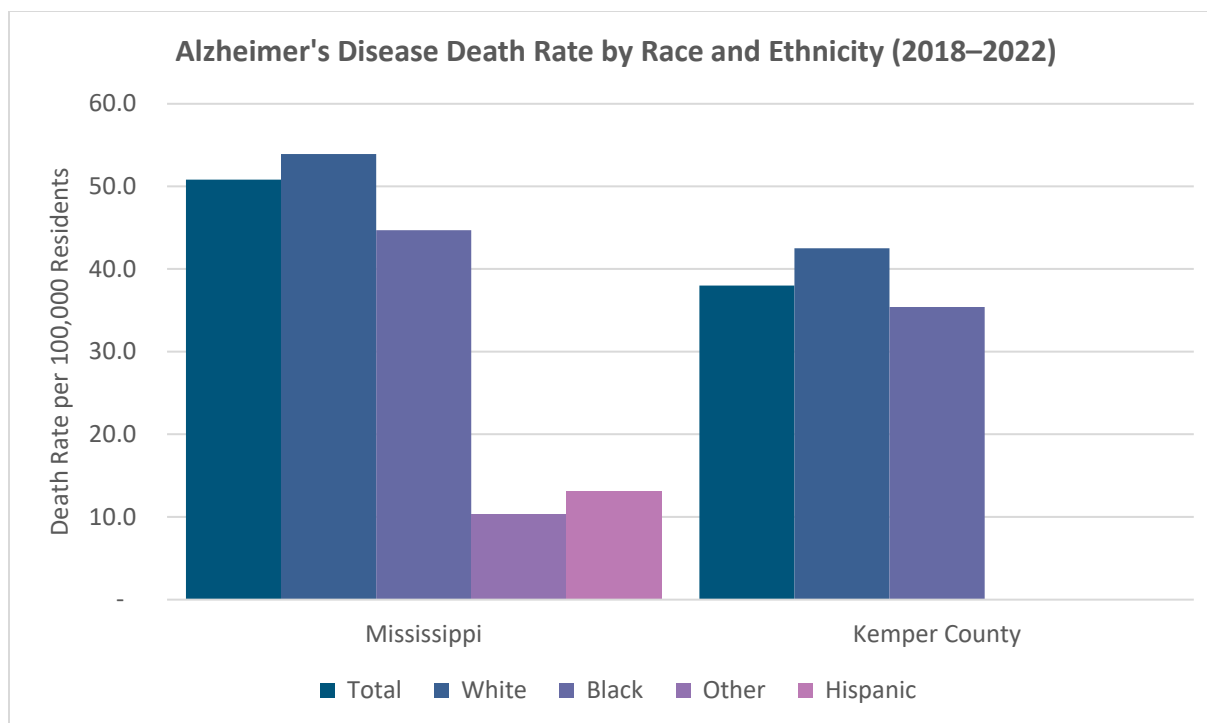
Over the past decade, Alzheimer’s disease mortality in Kemper County has fluctuated, ranging from a low of approximately 17 deaths per 100,000 residents in both 2017 and 2018 to a high of 62.2 in 2020. Since that peak, the rate has declined and remained stable, reaching 41.5 deaths per 100,000 residents in 2022, which is below the state average of 48.5.

The variability in Kemper County’s trend may reflect changes in diagnostic and reporting practices, fluctuations in the aging population, or differences in access to dementia care services. Continued investment in early detection, community-based support programs, and caregiver resources will be essential to improving outcomes for residents living with Alzheimer’s disease and related dementias.



297 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

When broken down by race and ethnicity, disparities in Alzheimer’s disease mortality are also present in Kemper County. White residents have the highest Alzheimer’s death rate, at approximately 42.4 deaths per 100,000 residents, followed by Black residents at 35.5 deaths per 100,000. Both rates are lower than the state averages for their respective groups, but the gap between racial groups locally suggests differing levels of access to care, diagnosis, or support resources. Data for Hispanic and Other populations in Kemper County are not reported due to small sample sizes or data suppression.



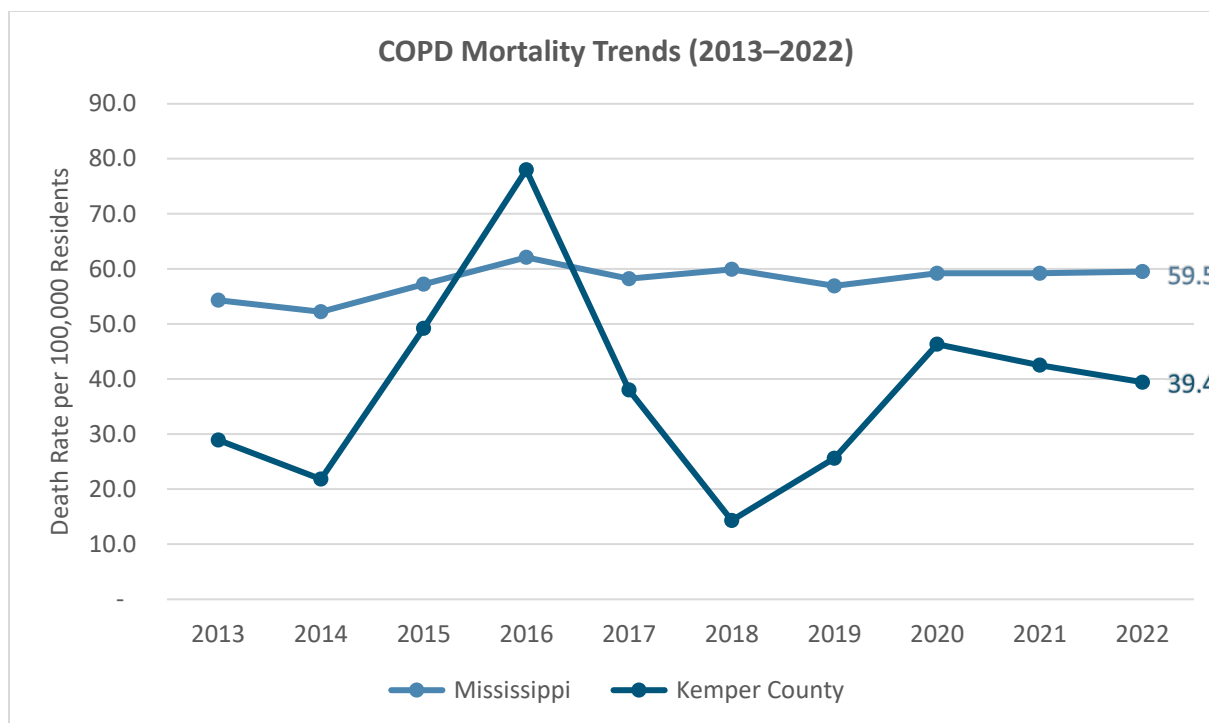
298 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Chronic Obstructive Pulmonary Disease (COPD)

Chronic lower respiratory disease, primarily chronic obstructive pulmonary disease (COPD), is a major cause of preventable death, especially in rural areas with higher smoking rates and environmental exposures. COPD includes conditions like emphysema and chronic bronchitis that limit airflow and worsen over time. While not curable, COPD is often manageable through early diagnosis, smoking cessation, medication, and pulmonary rehabilitation. This section reviews local mortality trends and disparities by race and ethnicity.

Over the past decade, COPD mortality in Kemper County has shown considerable variation, in contrast to the relatively stable state trend. Mississippi's COPD death rate remained steady, ending at 59.5 deaths per 100,000 residents in 2022. Kemper County, however, saw a sharp rise to 78.0 in 2016, followed by a steep decline to 14.3 by 2018. The rate then gradually increased, reaching 39.4 deaths per 100,000 residents in 2022.

These fluctuations may reflect changes in smoking behaviors, environmental risk factors, or access to respiratory care and early diagnosis. The county's smaller population can also contribute to greater year-to-year variability. Continued efforts to promote tobacco cessation, expand access to pulmonary care, and raise awareness about early symptoms will be essential to reducing COPD-related mortality in Kemper County.

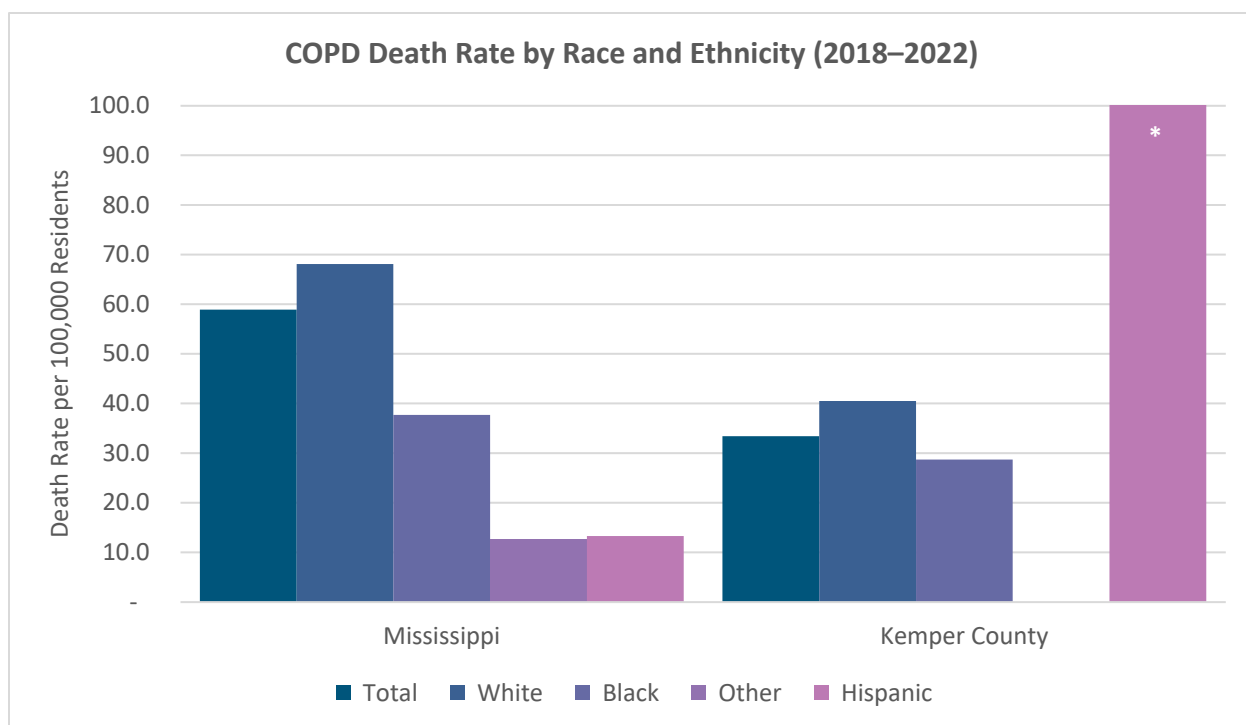


299 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

Mortality rates from COPD in Kemper County reveal significant disparities across racial and ethnic groups. Hispanic residents report the highest COPD death rate by far, at 169.3 deaths per 100,000 residents. While the graph limits this value to 100 for display purposes, the actual rate is substantially higher than any other group, pointing to an urgent need for targeted outreach, education, and access to long-term pulmonary care within the Hispanic community.

White residents follow with a rate of 40.5 deaths per 100,000 residents, while Black residents report a lower rate of 28.7. These patterns are generally consistent with statewide trends, where White residents tend to bear a higher burden of COPD-related mortality. Differences may be linked to variations in smoking rates, environmental exposures, occupational hazards, and access to respiratory care.

Data for residents in the “Other” racial category are not reported due to small sample sizes. These findings emphasize the importance of culturally appropriate smoking cessation programs, equitable access to early diagnosis and treatment, and further investigation into the exceptionally high COPD mortality among Hispanic residents in Kemper County.



300 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Risk and Behavioral Health Indicators

The leading causes of death and chronic disease are often influenced by health behaviors and modifiable risk factors. By tracking behavioral and clinical trends such as physical inactivity, tobacco use, and chronic conditions like diabetes and asthma, we can better understand where preventive outreach and education may have the greatest impact. This section provides local comparisons against state and national benchmarks.

High Blood Pressure

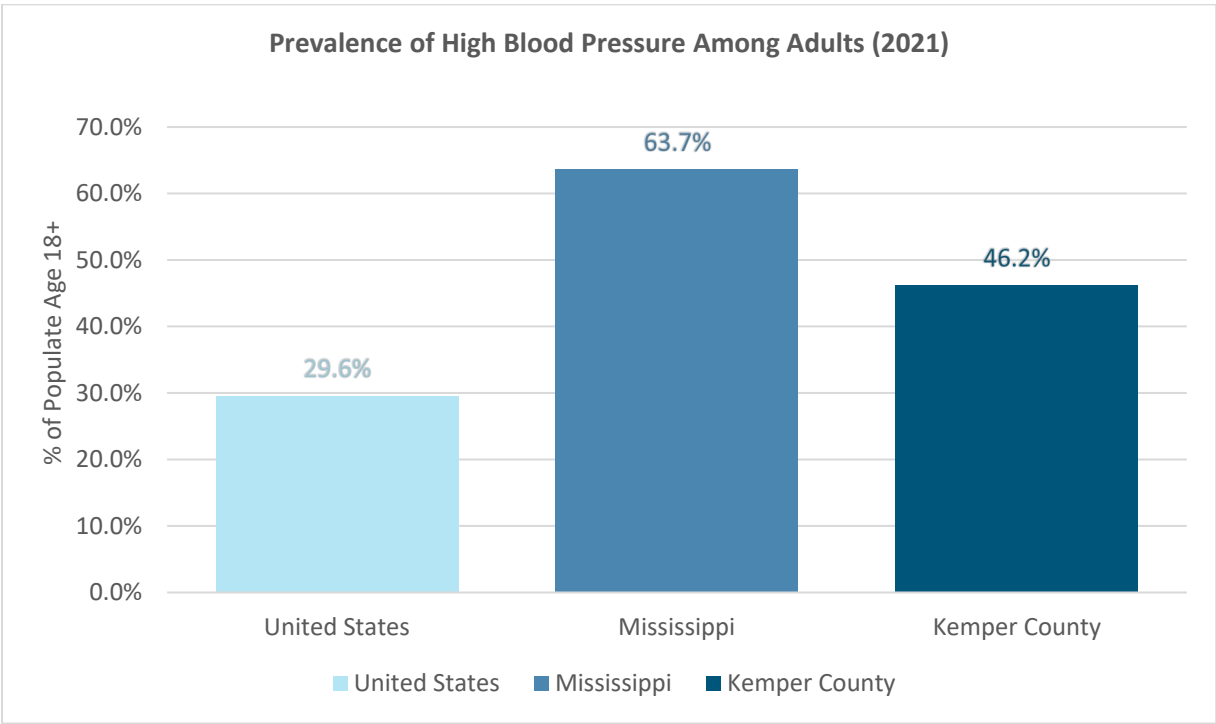
High blood pressure, or hypertension, occurs when the force of blood against artery walls remains elevated over time. Often referred to as the “silent killer,” it typically presents no symptoms but significantly increases the risk of heart disease, stroke, kidney failure, and other complications. Because it often goes undetected, routine screening and consistent management are critical to reducing its long-term effects.

In 2021, 46.2% of adults in Kemper County reported having high blood pressure. While this rate is lower than the Mississippi average of 63.7%, it remains well above the national average of 29.6%.

Hypertension is a major risk factor for heart disease, stroke, and kidney complications, all of which contribute significantly to poor health outcomes in rural communities.

The elevated prevalence of high blood pressure in Kemper County points to the need for continued investment in chronic disease prevention, routine screenings, and access to affordable primary care. Public health strategies that support healthier eating, regular physical activity, smoking cessation, and

medication adherence can help lower hypertension rates and improve long-term cardiovascular health across the county.



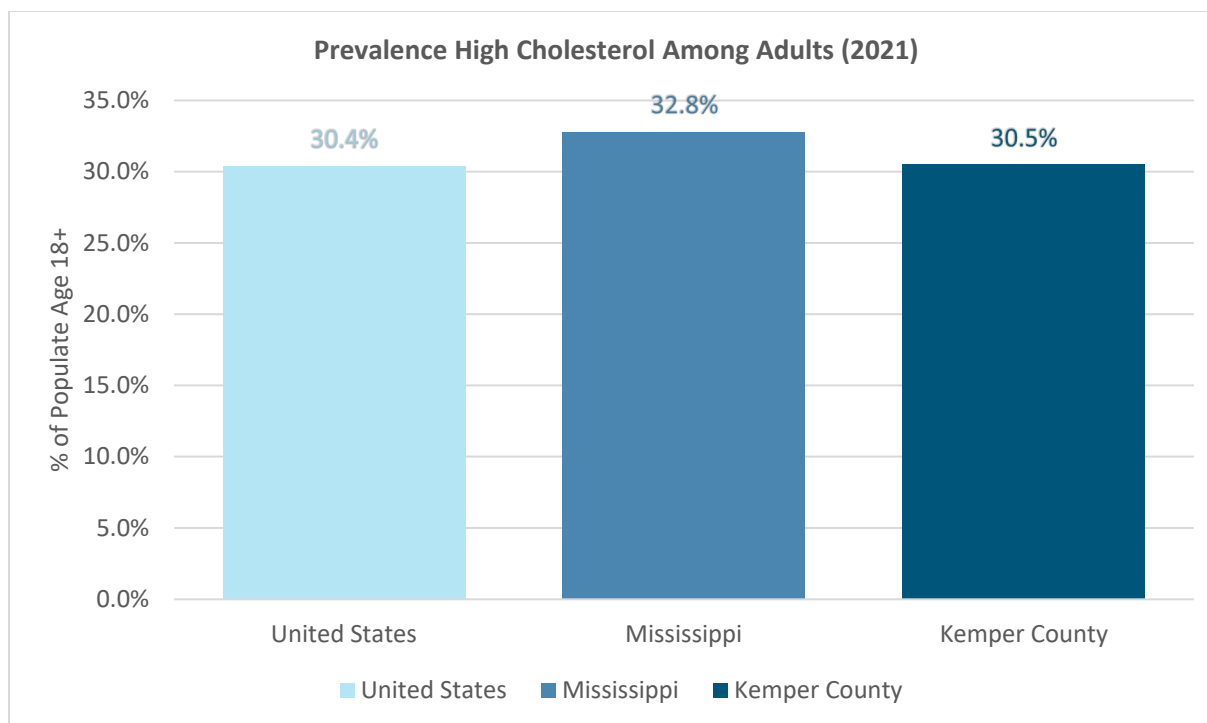
301 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2021); CDC Chronic Disease Indicators (2021)

High Cholesterol

Cholesterol is a waxy substance that the body needs in small amounts to build cells and produce hormones. However, when cholesterol levels become too high, plaque can build up in the arteries, increasing the risk of heart attack and stroke. Since high cholesterol often presents no symptoms, regular screening remains one of the few ways to detect the condition early.

In 2021, 30.5% of adults in Kemper County reported having high cholesterol. This rate is nearly identical to the national average of 30.4% and slightly below the Mississippi average of 32.8%. While the differences may appear small, high cholesterol is a major risk factor for heart disease, particularly in communities that already face elevated rates of cardiovascular illness.

When high cholesterol is combined with other unmanaged conditions like hypertension, diabetes, or obesity, the risk of serious health outcomes increases significantly. In rural areas like Kemper County, where access to consistent preventive care may be limited, this reinforces the importance of routine screenings, heart-healthy diets, and ongoing management strategies to reduce the burden of cardiovascular disease.



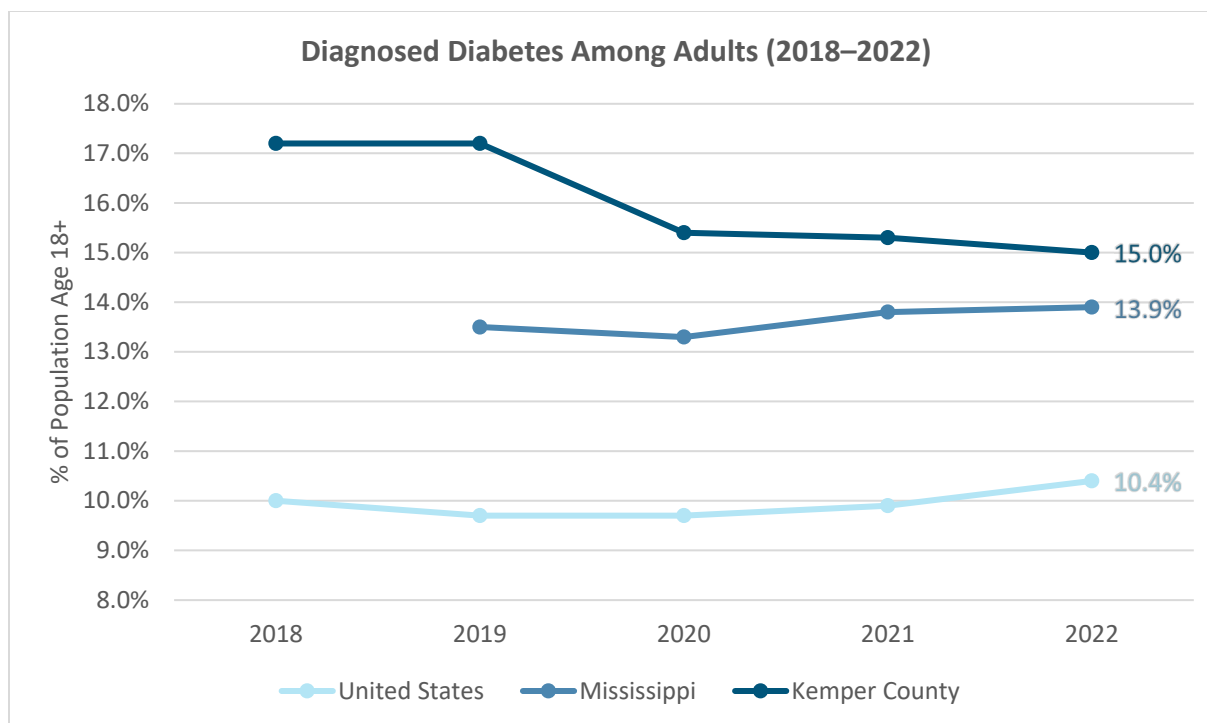
302 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2021); CDC Chronic Disease Indicators (2021)

Diagnosed Diabetes

Diabetes is a chronic condition that affects the body’s ability to regulate blood sugar. Without proper management, it can lead to complications such as nerve damage, kidney failure, heart disease, and vision loss. Tracking diagnosed cases over time helps highlight where interventions may be needed most.

As of 2022, 15.0% of adults in Kemper County reported being diagnosed with diabetes. This rate is slightly higher than the Mississippi average of 13.9% and well above the national average of 10.4%. Over the past five years, Kemper County’s diabetes prevalence has declined from earlier highs but remains elevated relative to both state and national levels.

Given the chronic nature of diabetes and its connection to serious health complications such as heart disease, stroke, and kidney failure, these rates point to a continued need for prevention, early detection, and long-term disease management. Expanding access to nutritional counseling, physical activity programs, medication support, and regular checkups can help reduce the burden of diabetes in Kemper County and improve health outcomes for residents.



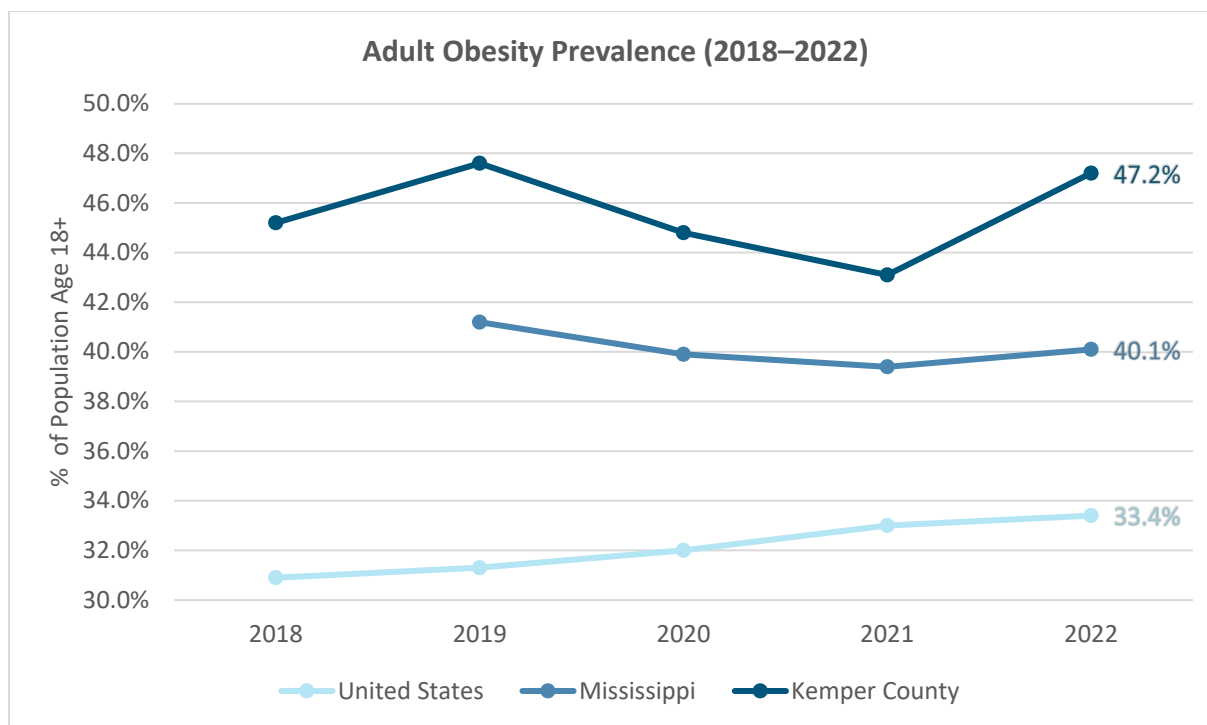
303 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2018–2022); CDC Chronic Disease Indicators (2018–2022)

Obesity

Obesity is closely tied to numerous health outcomes, including heart disease, stroke, diabetes, and certain cancers. Defined as having a body mass index (BMI) of 30 or higher, obesity is shaped by a range of factors, from genetics and lifestyle to environmental and socioeconomic conditions.

In 2022, 47.2% of adults in Kemper County were classified as obese. This rate is well above both the Mississippi state average of 40.1% and the national average of 33.4%. Over the past five years, obesity rates in Kemper County have remained elevated and have recently trended upward, reflecting ongoing challenges with weight-related health outcomes in the region.

High obesity prevalence is closely tied to other chronic health concerns such as hypertension, diabetes, and high cholesterol. These conditions often occur together and compound the risk of serious illness and reduced quality of life. The persistently high rate in Kemper County underscores the importance of comprehensive public health strategies focused on nutrition education, access to healthy foods, physical activity promotion, and preventive healthcare services. Addressing obesity is essential to improving long-term health outcomes in the community.



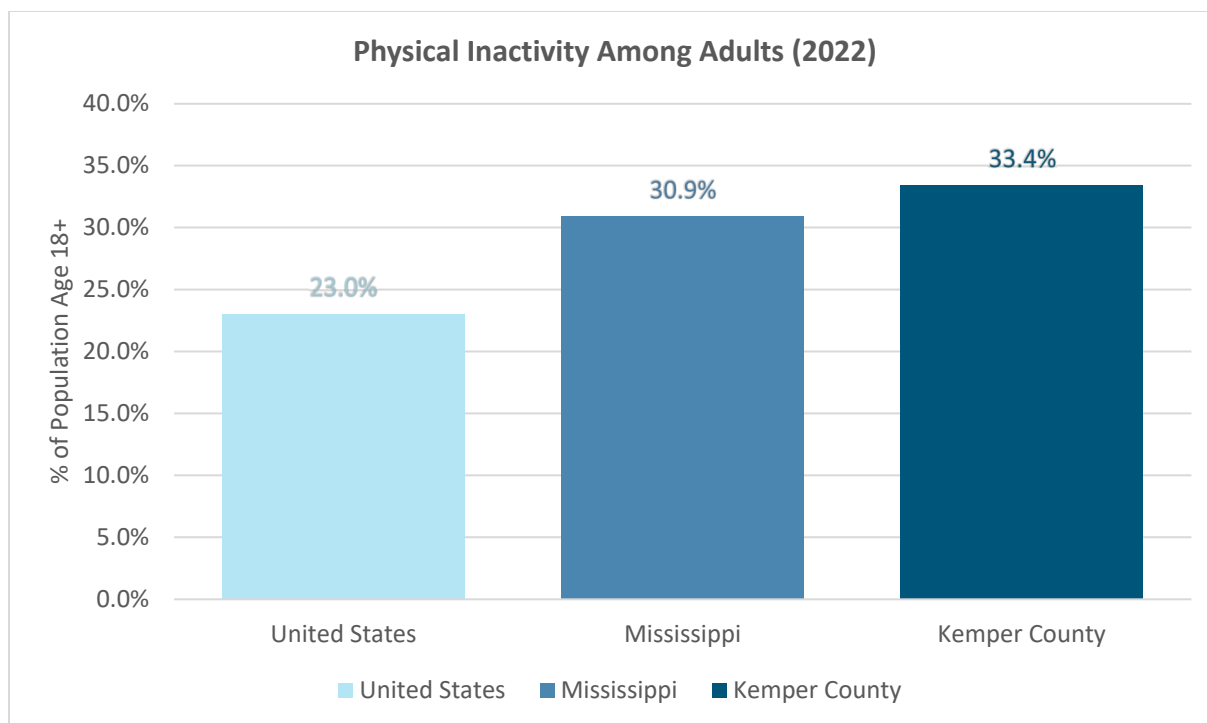
304 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2018–2022); CDC Chronic Disease Indicators (2018–2022)

No Leisure-Time Physical Activity

Engagement in physical activity is a cornerstone of chronic disease prevention and mental wellbeing. Physical inactivity, defined as no leisure-time physical activity in the past month, increases the risk for a range of health conditions, including obesity, heart disease, and diabetes.

In 2022, 33.4% of adults in Kemper County reported no leisure-time physical activity. This rate is higher than the Mississippi state average of 30.9% and well above the national average of 23.0%. Physical inactivity contributes to a range of chronic health issues, including obesity, high blood pressure, diabetes, and poor cardiovascular health.

Given the already high rates of these conditions in Kemper County, promoting physical activity is a critical public health priority. Expanding access to safe and affordable places for exercise, such as parks, walking trails, and community fitness programs, can help improve health outcomes and reduce disparities across the region.



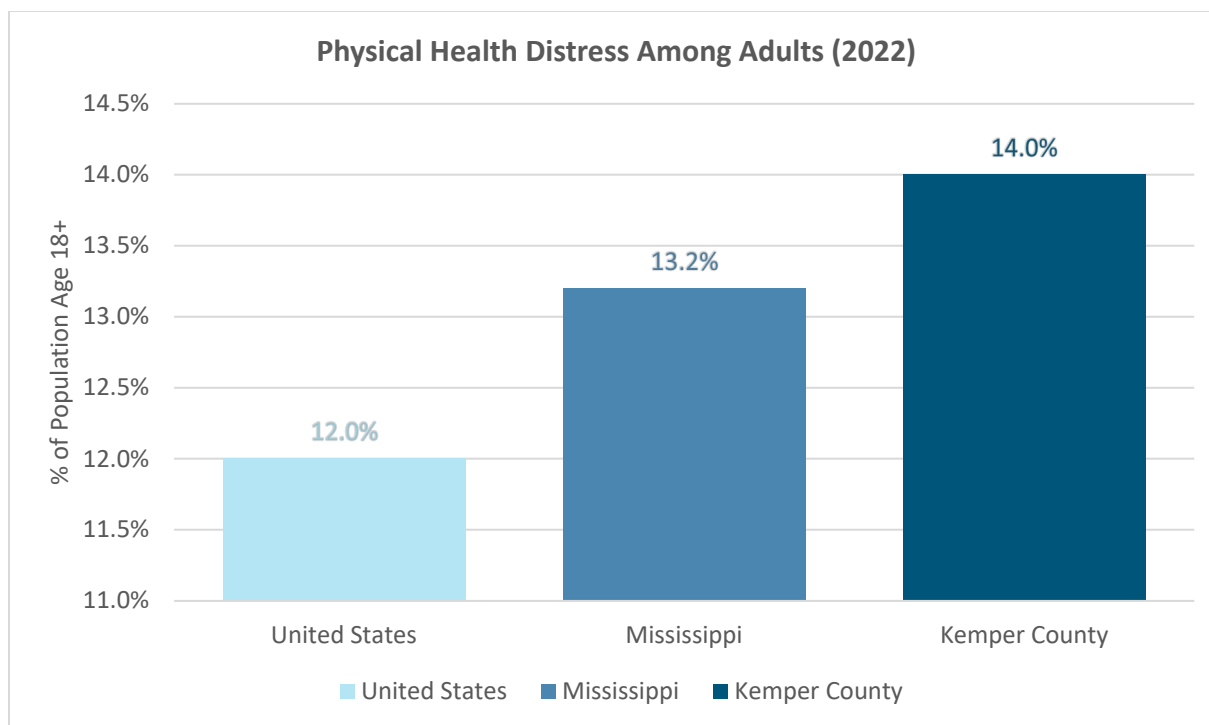
305 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Frequent Physical Distress

Frequent physical distress is measured by the percentage of adults who report feeling physically unwell for 14 or more days in the past month. This metric offers insight into the day-to-day burden of illness and the broader quality of life among community members.

In 2022, 14.0% of adults in Kemper County reported experiencing frequent physical distress. This figure is higher than the Mississippi state average of 13.2% and well above the national average of 12.0%. Elevated levels of physical distress often reflect the burden of chronic health conditions such as obesity, diabetes, and heart disease.

Frequent distress may also point to barriers in managing pain, maintaining mobility, or accessing timely preventive and routine care. These challenges reinforce the need for expanded health services, particularly those focused on chronic disease management, wellness education, and improved access to affordable care options.



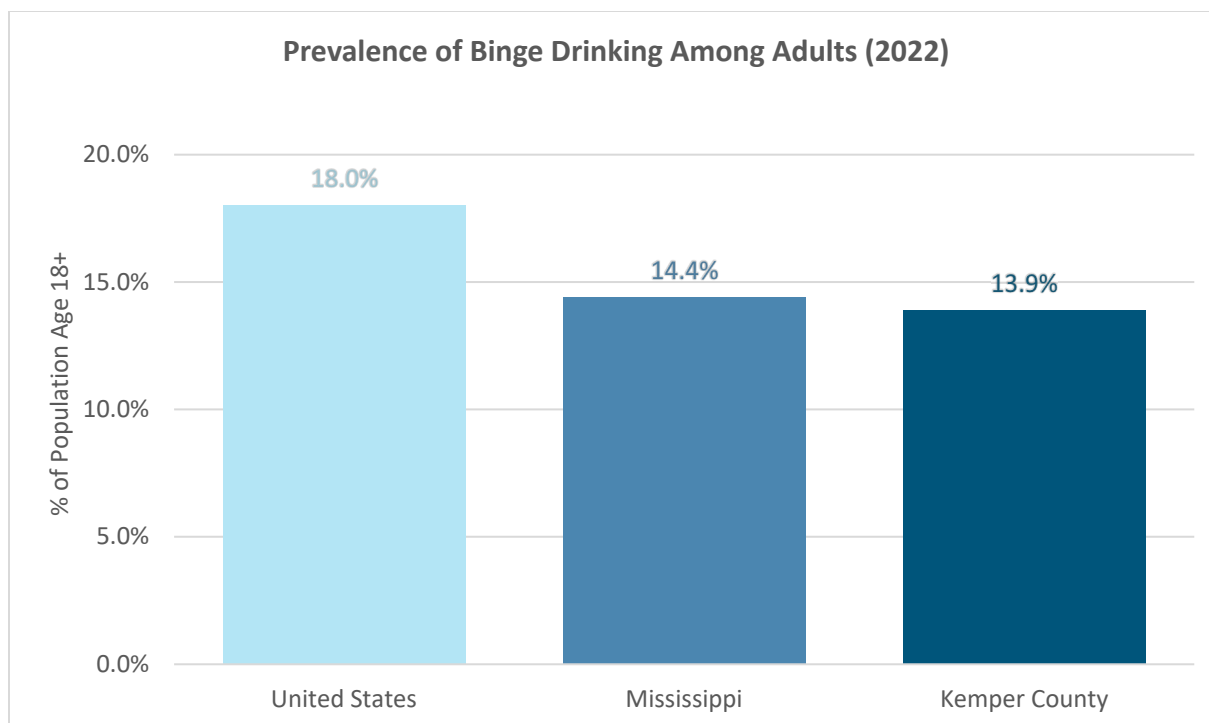
306 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Binge Drinking

Binge drinking involves consuming several alcoholic drinks on a single occasion and is associated with increased risk of injury, liver disease, high blood pressure, and certain cancers. While the prevalence of binge drinking may be lower in some rural areas, its effects can still be significant, particularly when combined with other health challenges.

In 2022, 13.9% of adults in Kemper County reported binge drinking. This rate is slightly lower than the Mississippi state average of 14.4% and falls well below the national average of 18.0%. Although alcohol misuse is not the most widespread concern in the county, it may still contribute to broader health and safety issues.

When combined with factors such as chronic illness, mental distress, or limited access to care, alcohol use can worsen individual and community health outcomes. Continued monitoring and education on responsible alcohol use remain important for promoting overall well-being.



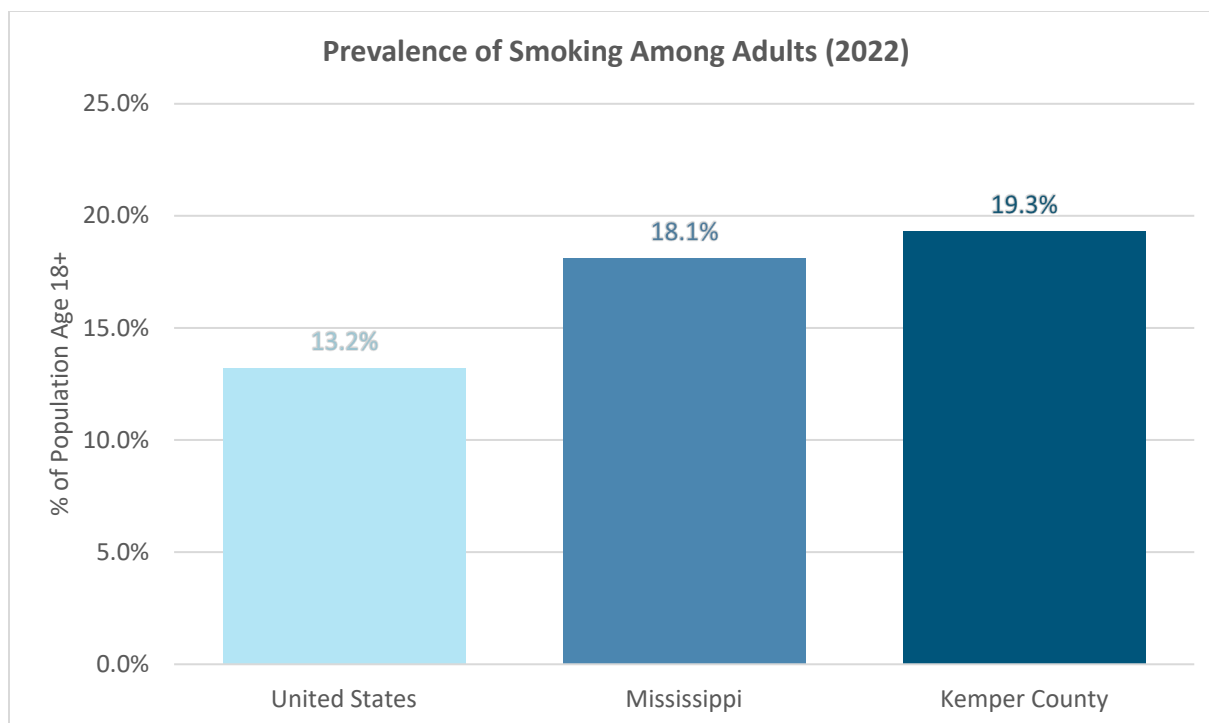
307 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Current Smoking

Smoking is widely recognized as one of the most preventable causes of death and disease. It plays a significant role in the development of cardiovascular disease, cancer, and chronic respiratory conditions, including COPD.

In 2022, 19.3% of adults in Kemper County reported smoking, which is higher than both the Mississippi state average of 18.1% and the national average of 13.2%. This elevated smoking rate contributes to the county's increased risk for chronic conditions such as COPD, cardiovascular disease, and cancer.

Tobacco use remains one of the most significant modifiable risk factors for poor health outcomes. Reducing smoking prevalence through cessation programs, community outreach, and public education is critical to improving long-term health in Kemper County.



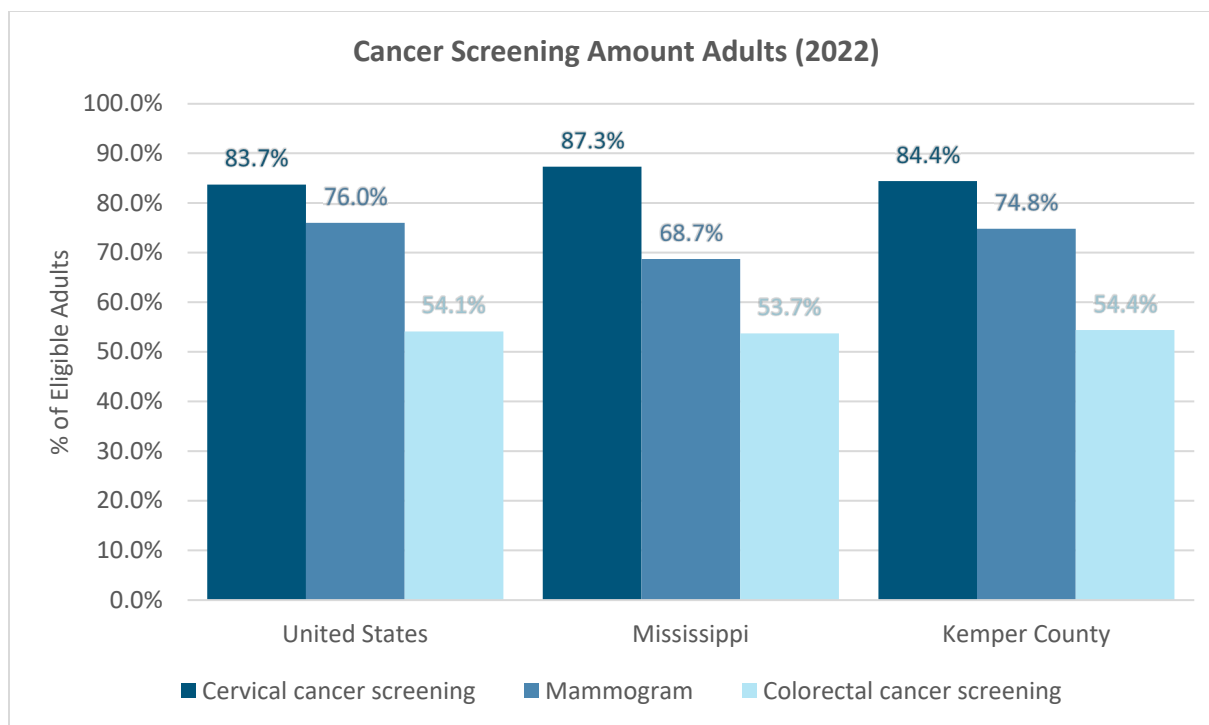
308 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Cancer Screenings

Routine screenings for cervical, breast, and colorectal cancers help detect disease early, often before symptoms appear. Early detection increases the chances of successful treatment and can reduce cancer-related mortality.

Cancer screening rates in Kemper County in 2022 reflect both strengths and opportunities for improvement. Cervical cancer screening was the most utilized, with 84.4% of eligible adults reporting participation. This slightly exceeded the national average of 83.7% but trailed the state rate of 87.3%. Mammogram screening was reported by 74.8% of eligible adults, slightly below the national benchmark of 76.0% but well above Mississippi's average of 68.7%. Colorectal cancer screening, while still the lowest of the three, was reported by 54.4% of eligible adults, narrowly surpassing both the state (53.7%) and national (54.1%) averages.

These screening levels indicate relatively strong engagement overall, but targeted outreach may be beneficial to further boost colorectal cancer screening and close remaining gaps.

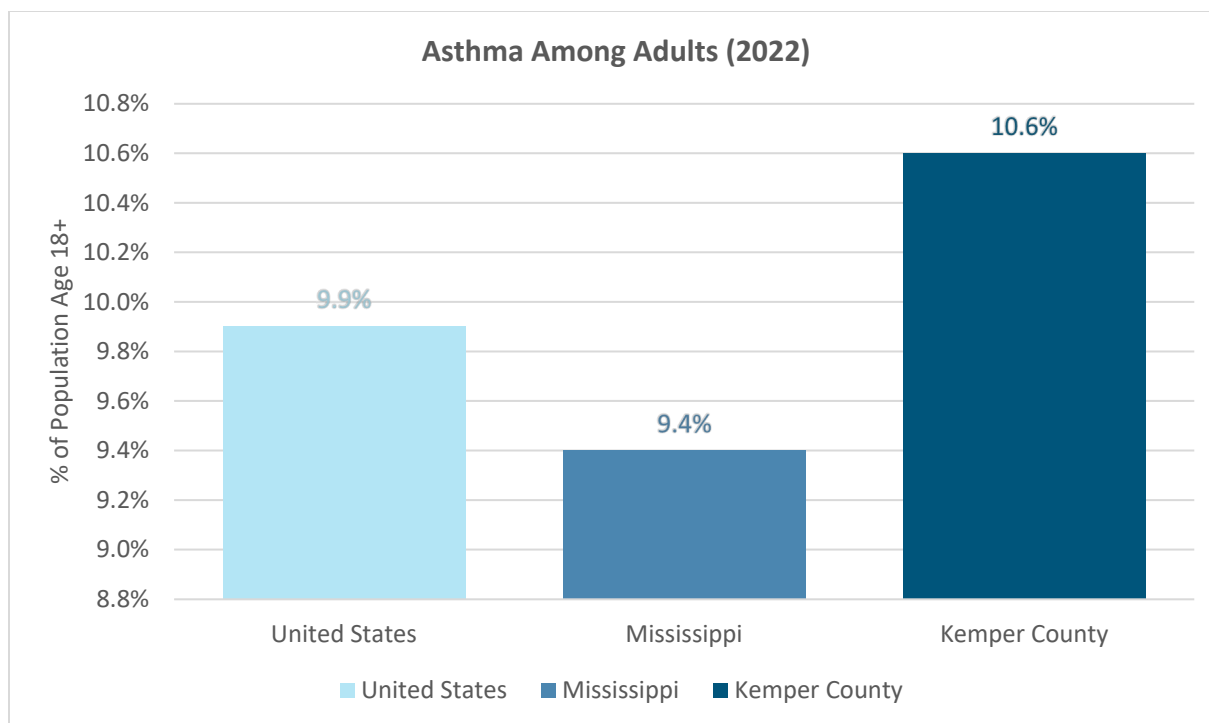


309 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Current Asthma

Asthma is a chronic respiratory condition that can limit quality of life and increase the risk of hospitalization, especially when poorly managed. It is often triggered by environmental exposures and can complicate other illnesses.

As of 2022, 10.6% of adults in Kemper County reported having asthma. This rate is higher than both the state average of 9.4% and the national average of 9.9%. The elevated prevalence points to ongoing respiratory health concerns in the community, particularly when viewed alongside other risk factors such as high smoking rates and chronic respiratory conditions. Improved access to treatment, environmental interventions, and tobacco cessation programs could help mitigate the burden of asthma in the county.

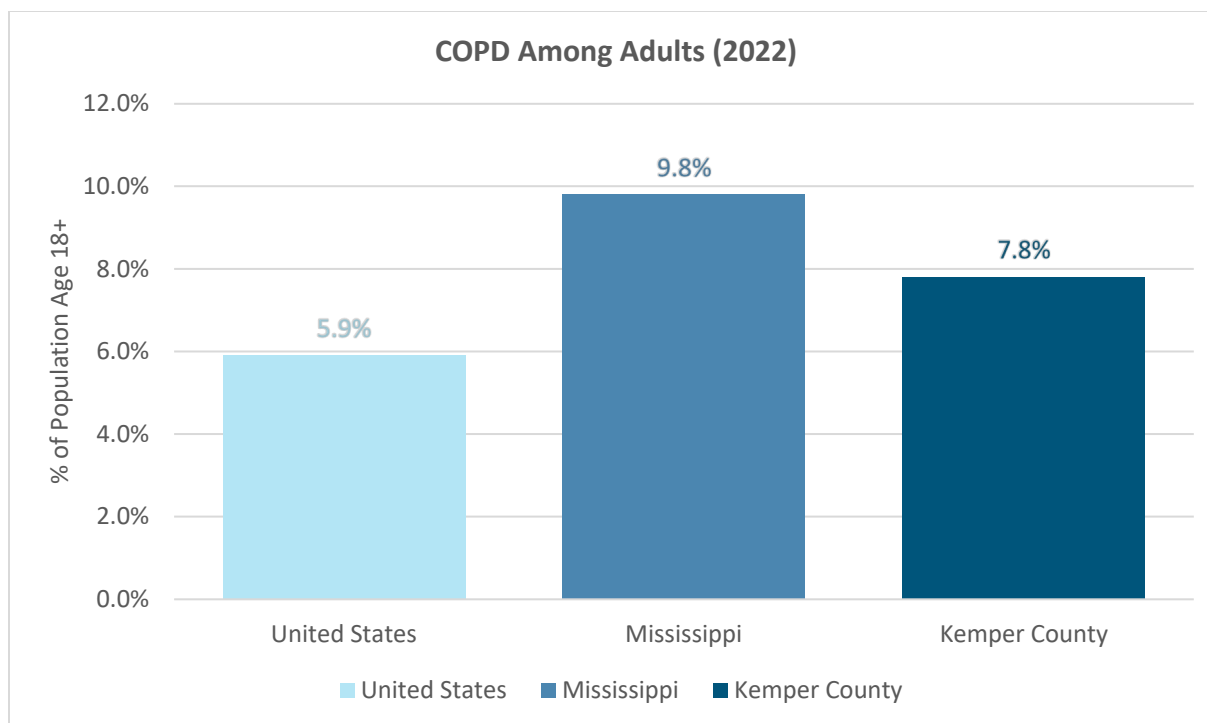


310 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Chronic Obstructive Pulmonary Disease

COPD is a progressive lung condition that can severely limit daily functioning. It is strongly linked to smoking and environmental irritants and contributes significantly to hospital admissions and premature death.

In 2022, 7.8% of adults in Kemper County were living with COPD. This rate is lower than the Mississippi state average of 9.8% but higher than the national rate of 5.9%. While not the highest among counties in the region, COPD remains a concern due to its link with smoking and other respiratory risks. Continued investment in prevention, early diagnosis, and treatment services will be important for reducing the long-term health burden of chronic respiratory disease in Kemper County.



311 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Together, these indicators reflect the complex interplay of personal behaviors, clinical conditions, and systemic factors that shape community health. Understanding these patterns is a necessary step in identifying where resources and interventions may have the greatest impact on long-term wellbeing.

Progress Since the Last CHNA

Since the completion of the previous CHNA, the hospital has worked to address the top priorities identified during that cycle. This section offers a high-level overview of the implementation strategies developed in response, including programs, outreach efforts, and collaborative initiatives. Reviewing what has been accomplished provides important context for the current assessment and reinforces the hospital's ongoing commitment to community health.

Initiative 1: Cancer Screening and Education

Ochsner Stennis has continued to prioritize early detection and education to reduce cancer risk and improve outcomes.

- Population Health nurses provide disease management education for patients and providers, including medication guidance. Through Care Harmony, patients with multiple chronic conditions and a cancer diagnosis receive regular outreach calls to support care planning, coordination, and medication management. A 24/7 nurse call line also assists patients in determining appropriate levels of care.
- Transitional Care RNs contact patients within two days of discharge to review instructions, reconcile medications, and confirm follow-up appointments.

- Cancer screenings are promoted through MyOchsner portal messages encouraging mammograms and colon and cervical screenings.
- Community outreach includes Lunch and Learn sessions at Henderson Ridge featuring educational materials on various cancer types, and the “Apple a Day” campaign, which shared free apples and information on nutrition and cancer prevention.

Initiative 2: Flu Vaccines for Community and School Children

Ochsner Stennis has expanded flu vaccine education and reminders across multiple points of care.

- Care coordination teams, including chronic care nurses, transitional care nurses, and ED navigators, educate patients about flu complications and encourage vaccination from September through March. MyChart reminders reinforce these messages.
- Nursing staff screen all patients in inpatient, clinic, and ED settings for flu vaccination status, providing education to those who accept or decline the vaccine.

Initiative 3: Heart Health Awareness

Heart disease prevention and management remain a major focus of community and clinical outreach.

- Physicians such as Dr. Eesha Khan and Dr. Daniel Evans led public events including a Heart Health Luncheon and “Coffee with a Cardiologist,” emphasizing cardiovascular prevention and lifestyle modification.
- The Ochsner Digital Medicine Program offers remote blood pressure monitoring, nutrition counseling, and access to pharmacists and cardiac educators.
- Population Health and Care Harmony nurses educate on blood pressure control, statin adherence, and tobacco cessation, while care coordinators assist with wellness visits and medication adherence.
- The Measure Up Pressure Down initiative, implemented across all primary care clinics, provides staff and provider education to improve blood pressure control.
- Transitional Care RNs, inpatient nurses, and pharmacist-led rounds reinforce discharge education on diet, medications, and daily monitoring. Community events such as the Henderson Ridge Lunch and Learn also raise awareness about heart disease prevention and management.

Initiative 4: Creating a Healthy Southern Lifestyle

Ochsner Stennis continues to promote sustainable lifestyle changes and overall wellness throughout the community.

- Primary care and wellness nurses identify patients with high BMIs and provide individualized education on healthy eating and physical activity.
- The Eat Fit program, offered through Morrison’s, promotes nutritious food choices by discounting healthier menu items in the hospital cafeteria.
- Patients who received cholesterol screenings at community events were mailed Healthy Heart diet information to support continued progress at home.

- Ongoing programs such as “Coffee with a Cardiologist” and the “Apple a Day” campaign reinforce positive lifestyle habits tied to long-term health and disease prevention.

Ochsner Watkins Hospital: Serving the Community

Located in Quitman, Mississippi, Ochsner Watkins Hospital is a 25-bed critical access hospital committed to serving the healthcare needs of Clarke County. As the only hospital in the county, it plays an essential role in providing access to vital medical services in a largely rural area where healthcare options may be limited. The hospital offers 24/7 emergency care, inpatient and outpatient services, diagnostic imaging, laboratory testing, basic surgical procedures, and rehabilitative therapies. Participation in the 340B drug pricing program helps eligible patients obtain needed medications at lower costs.

The care team at Ochsner Watkins Hospital includes physicians, nurses, technicians, and support staff who prioritize personalized, patient-centered care. With strong connections to the community, the hospital supports local wellness through health fairs, screenings, educational events, and partnerships with schools, churches, and civic organizations.

As a key part of the regional healthcare safety net, Ochsner Watkins Hospital collaborates with local agencies and partners to identify and respond to community health needs. Its mission to enhance quality of life demonstrates a broader dedication to long-term wellness and advancing health equity in the area.

Through its affiliation with the Ochsner Rush Health System, Ochsner Watkins Hospital benefits from shared expertise, technology, and resources. This partnership strengthens the hospital’s ability to deliver reliable, high-quality care while maintaining its role as a trusted provider for Clarke County residents.

Hospital Service Area Overview

Understanding where a hospital’s patients live is key to identifying local health needs and designing effective care strategies. This section outlines the primary service area for Ochsner Watkins Hospital based on Centers for Medicare & Medicaid Services (CMS) Hospital Service Area data from 2019 to 2023. These geographic insights support targeted outreach, guide resource planning, and help build strategic partnerships across the region.

Clarke County, located in east Mississippi near the Alabama border, makes up the primary service area for Ochsner Watkins Hospital. The county’s rural setting, strong sense of community, and limited availability of alternative healthcare providers make Ochsner Watkins a vital healthcare hub for residents across the region.

From 2019 to 2023, 100% of Medicare patients served by Ochsner Watkins Hospital lived in Clarke County. This complete overlap highlights the hospital’s central role in meeting the medical needs of the community and reinforces its importance as the only hospital in the county. Situated in Quitman, the county seat, Ochsner Watkins Hospital is well-placed to provide essential care close to home for the area’s aging population and underserved residents.

Clarke County was established in 1833 and has a long-standing history shaped by agriculture, timber, and community-driven values. Today, the county continues to emphasize education, public service, and local

support networks. Institutions like the Clarke County Chamber of Commerce and area schools contribute to a culture of resilience and shared well-being.

The hospital's service area is one that fosters integrated, community-based care. Ochsner Watkins Hospital remains a key part of this local care network, working to close health gaps and improve outcomes for Clarke County residents.

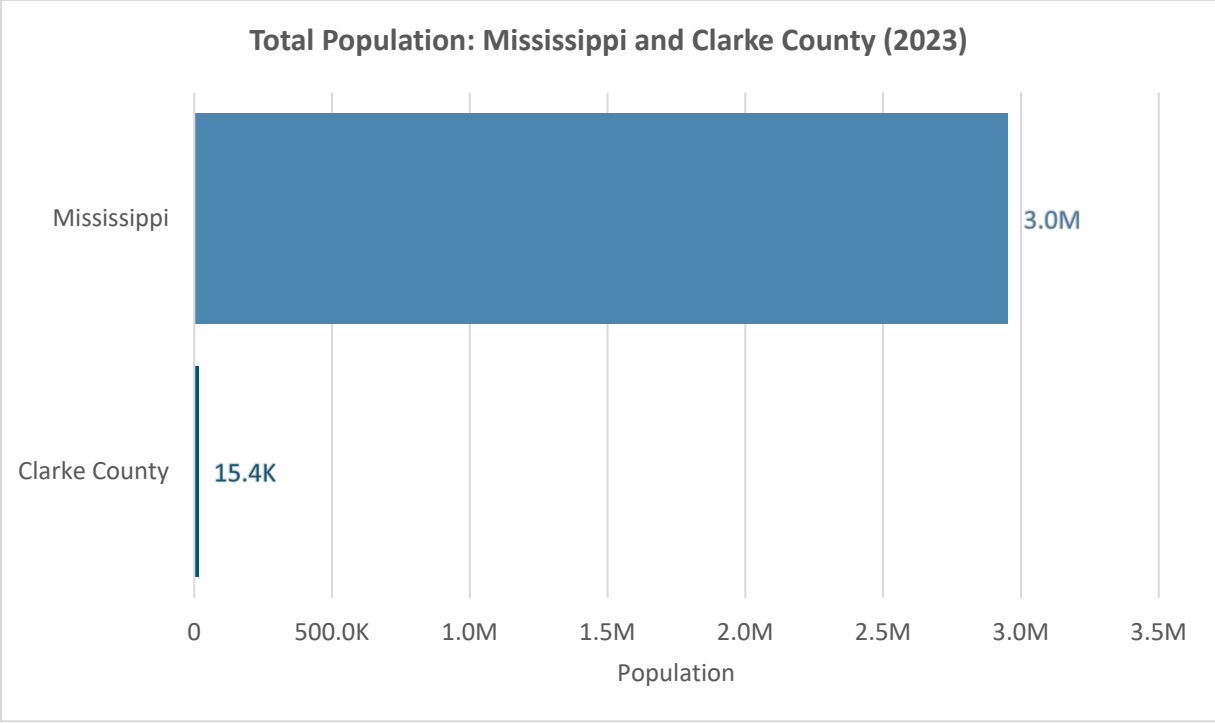
Demographic Profile of the Hospital Service Area

Demographic data provides essential context for understanding health needs, tracking changes over time, and informing strategies for care delivery and resource allocation. This section presents an overview of the population characteristics in the hospital's service area, including total population, population change over time, age distribution, sex, and racial and ethnic composition.

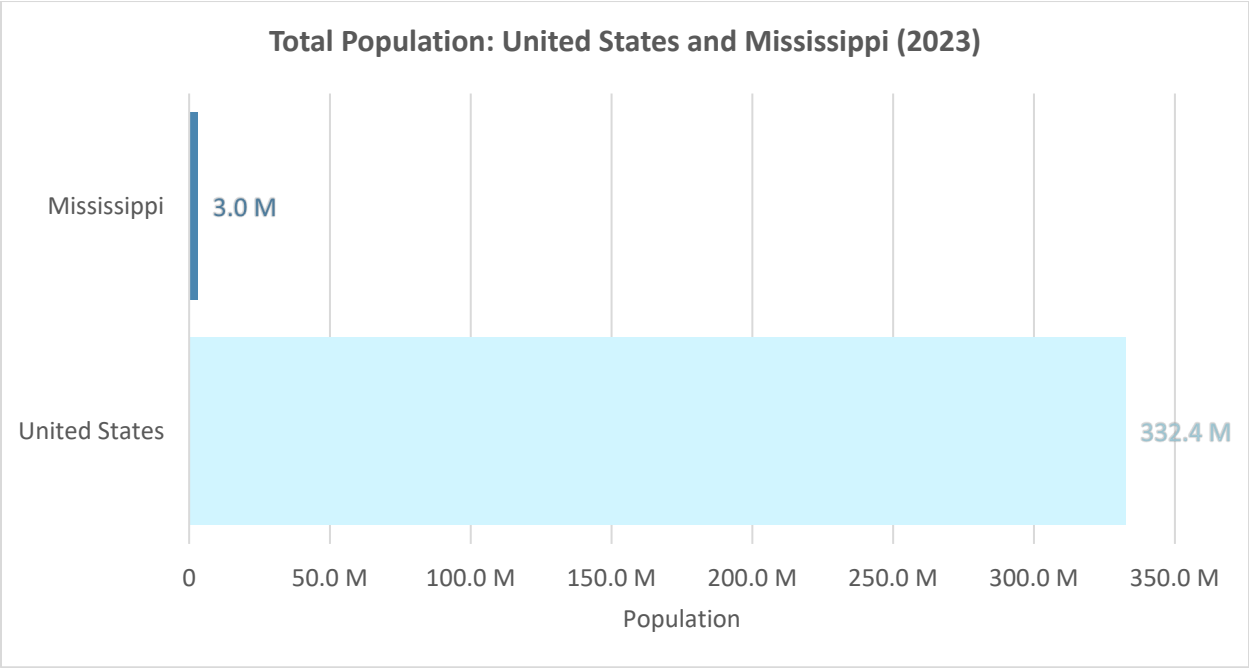
As of 2023, Clarke County had a population of approximately 15,400, placing it well below the Mississippi statewide total of 3 million. The county's small size and rural character shapes many aspects of healthcare access, resource distribution, and service delivery. Fewer residents often means fewer providers and longer travel distances for care, making local facilities like Ochsner Watkins Hospital especially important for maintaining access.

Within the broader national context, Mississippi makes up less than 1% of the U.S. population, which stood at 332 million in 2023. Rural counties such as Clarke often depend on a single hospital or clinic to meet the diverse medical needs of residents across a wide area. This reliance underscores the importance of maintaining strong infrastructure and partnerships within the local healthcare network.

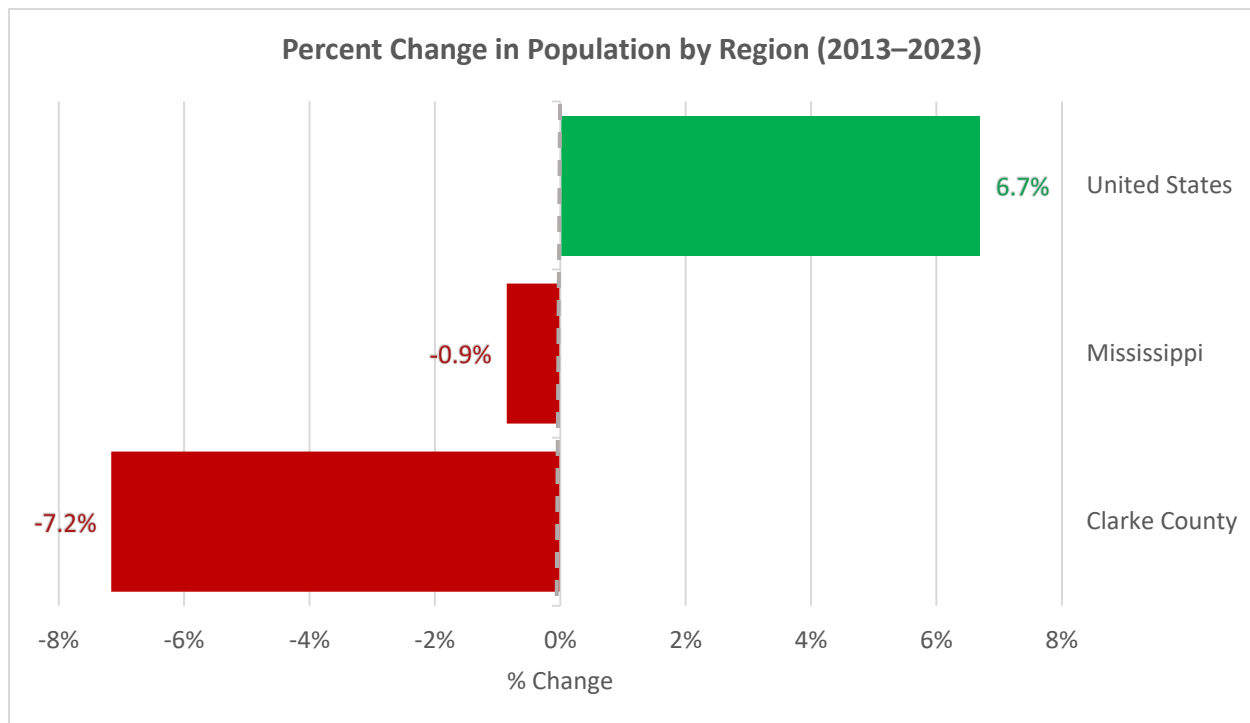
Over the past decade, Clarke County experienced a population decline of 7.2% from 2013 to 2023. This trend stands in contrast to the U.S. population, which grew by 6.7% during the same period. Mississippi saw a modest decline of 0.9%. The sharper population decrease in Clarke County reflects ongoing outmigration and demographic shifts such as aging, which may contribute to school closures, workforce shortages, and a growing need for senior services. These changes highlight the need for tailored strategies to address evolving community health needs.



312 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



313 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601

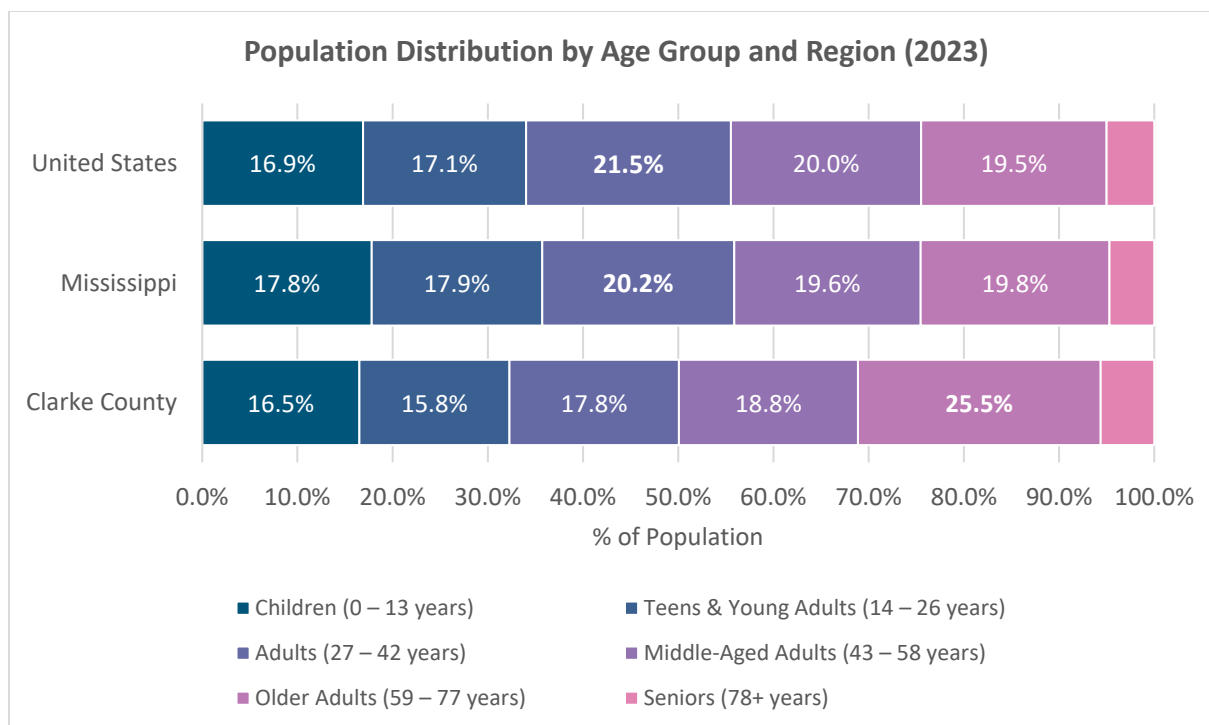


314 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013 & 2023), Table S0601

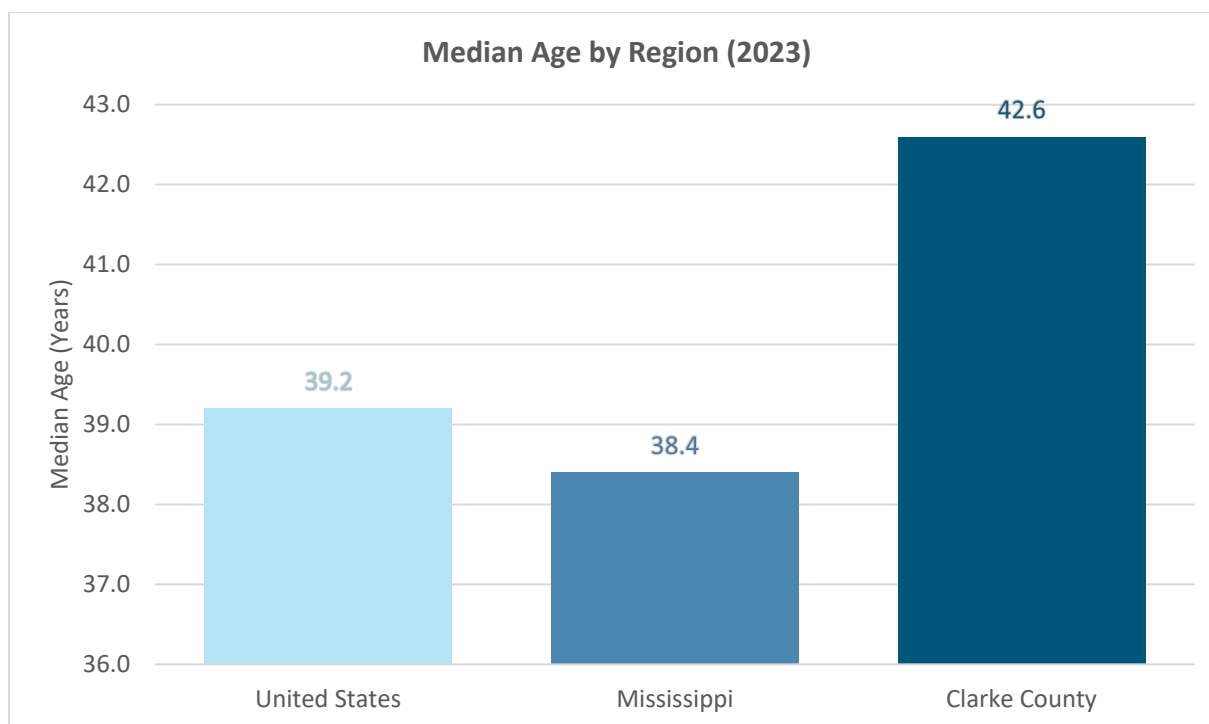
The age makeup of a community offers important insight into current and future health needs. In Clarke County, the population skews older than both the state and national averages. Seniors (ages 78 and older) make up 5.6% of the population, while older adults (ages 59 to 77) account for 25.5%, representing a significantly larger share than in Mississippi or the United States. This age structure contributes to Clarke County’s median age of 42.6 years, which is notably higher than the national median of 39.2 and the Mississippi median of 38.4.

Children (ages 0 to 13) make up 16.5% of the population, slightly lower than state and national levels. Teens and young adults (ages 14 to 26) represent 15.8%, also below comparative benchmarks. These figures reflect a population with fewer young families and a greater concentration of middle-aged and older adults.

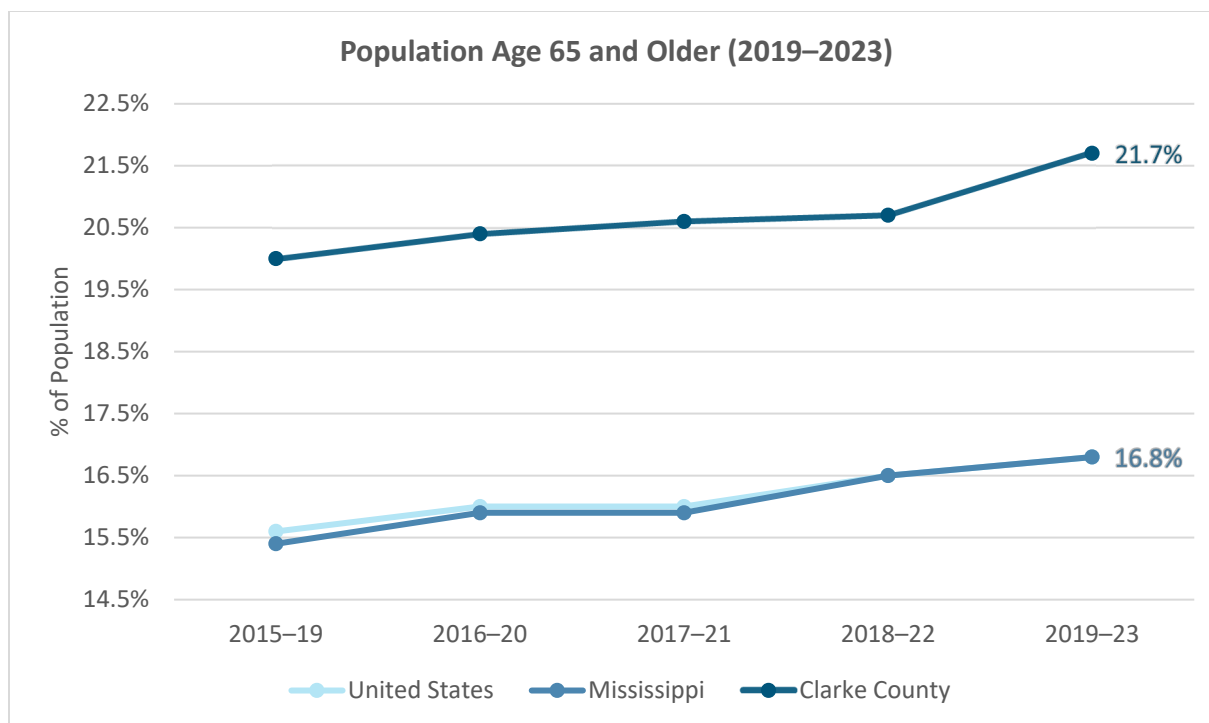
The aging trend is especially evident in long-term data. From 2015 to 2023, the share of Clarke County residents age 65 and older rose from 20.0% to 21.7%, a faster rate of growth than the state or nation. This shift highlights growing demand for services that support healthy aging, including primary care access, chronic disease management, and home- or community-based support. Tailoring local health strategies to meet the needs of this increasingly older population will be essential to ensuring long-term wellness in Clarke County.



315 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0101



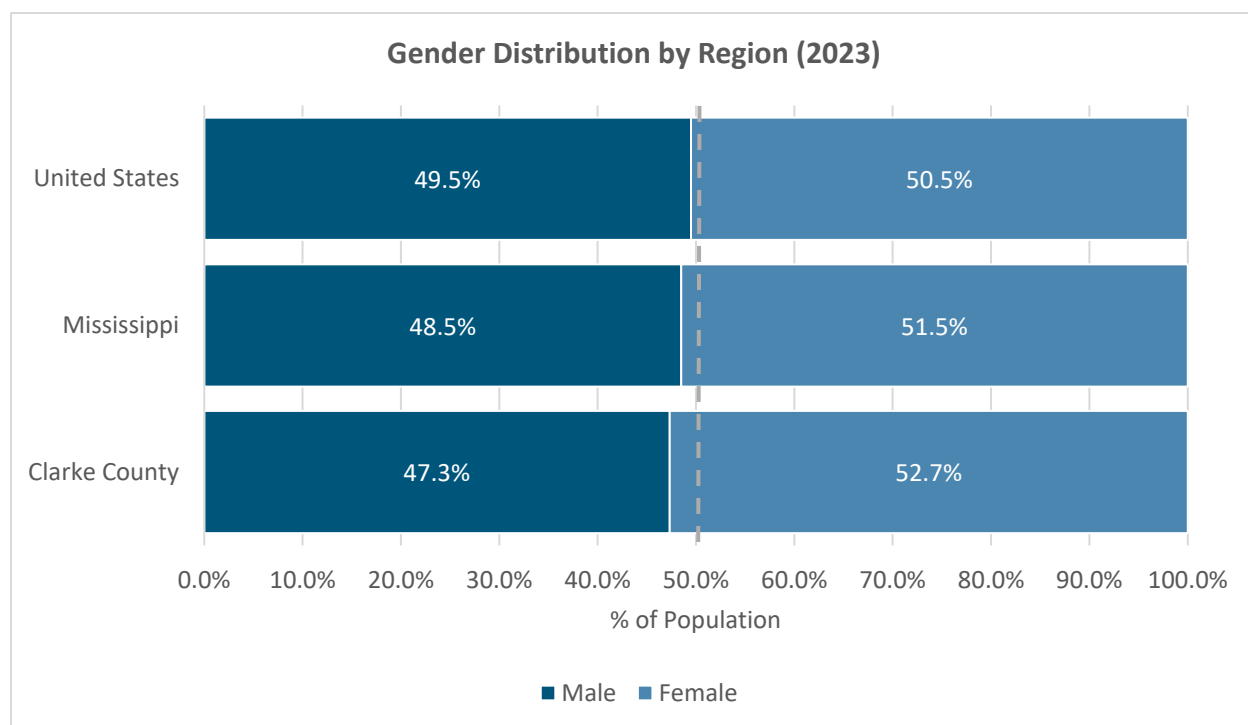
316 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0101



317 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2019–2023), Table S0101

Gender distribution in Clarke County reflects a stronger female majority than seen at the state or national level. Females make up 52.7% of the population, while males account for 47.3%. This contrasts with Mississippi and the United States overall, where the gender gap is narrower and females represent just over half of the population.

Although the difference in Clarke County is modest, it may have implications for healthcare planning. A higher share of women may increase the demand for services related to reproductive health, maternal care, and aging support, particularly as the county also has an older population overall. Understanding the local gender balance helps ensure that outreach and service delivery are appropriately aligned with community needs.

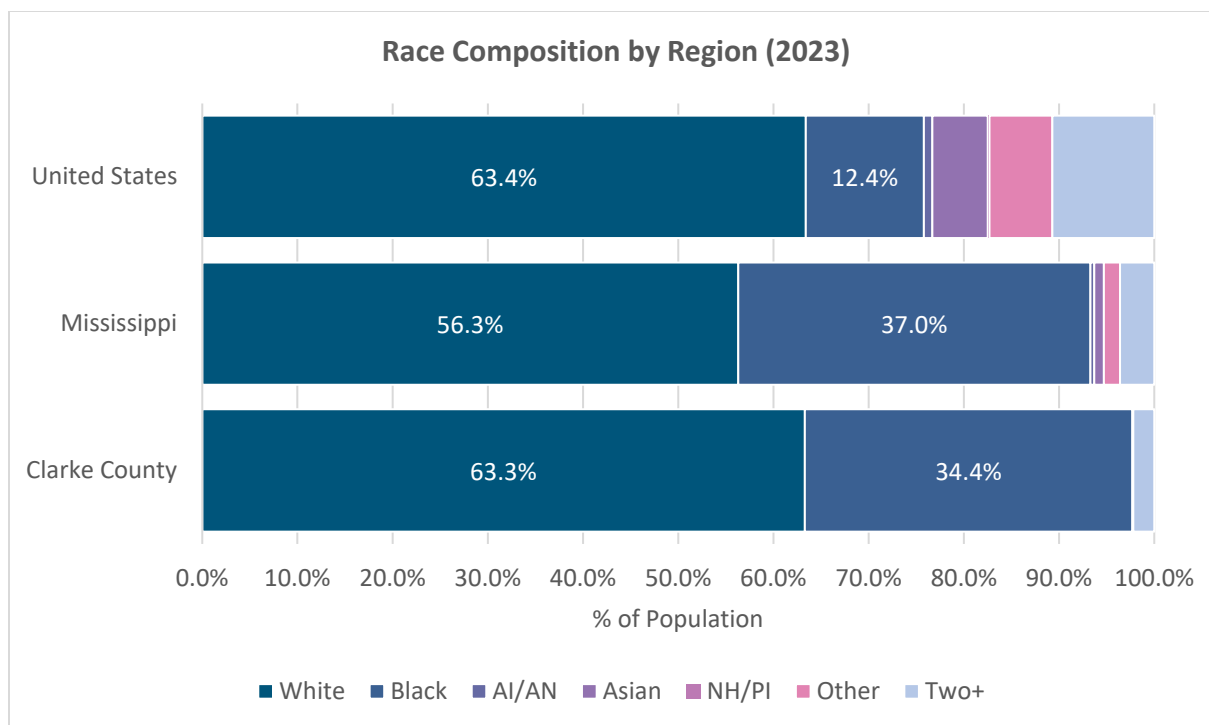


318 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0101

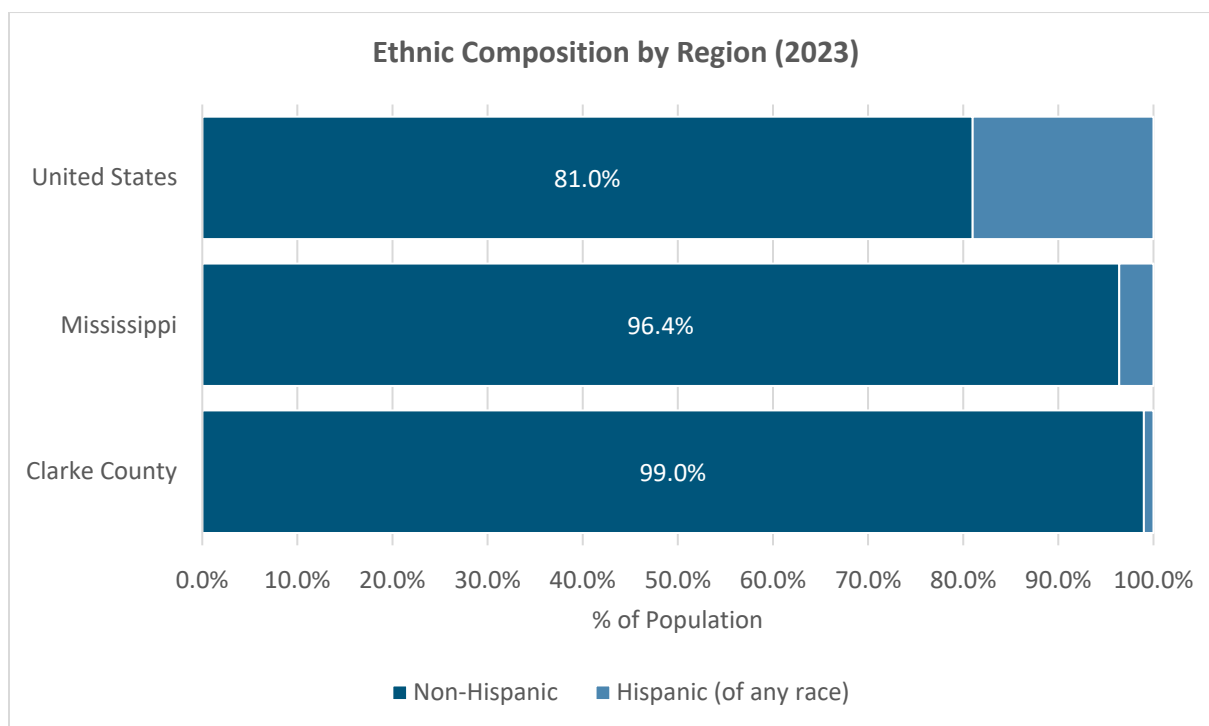
The racial and ethnic composition of Clarke County aligns more closely with national patterns than state trends, with a majority White population. As of 2023, 63.3% of residents identified as White, while 34.4% identified as Black. All other racial groups, including American Indian or Alaska Native, Asian, Native Hawaiian or Pacific Islander, and those identifying with Two or More Races, made up less than 3% of the population combined. This demographic profile reflects the county’s historical makeup and contributes to the cultural and social fabric of the region.

Clarke County has limited ethnic diversity. 99.0% of residents identify as non-Hispanic, compared to 96.4% in Mississippi and 81.0% nationwide. The Hispanic population accounts for just 1.0% of the total. Despite the low percentage, ensuring culturally responsive care and interpreter access remains important in supporting health equity.

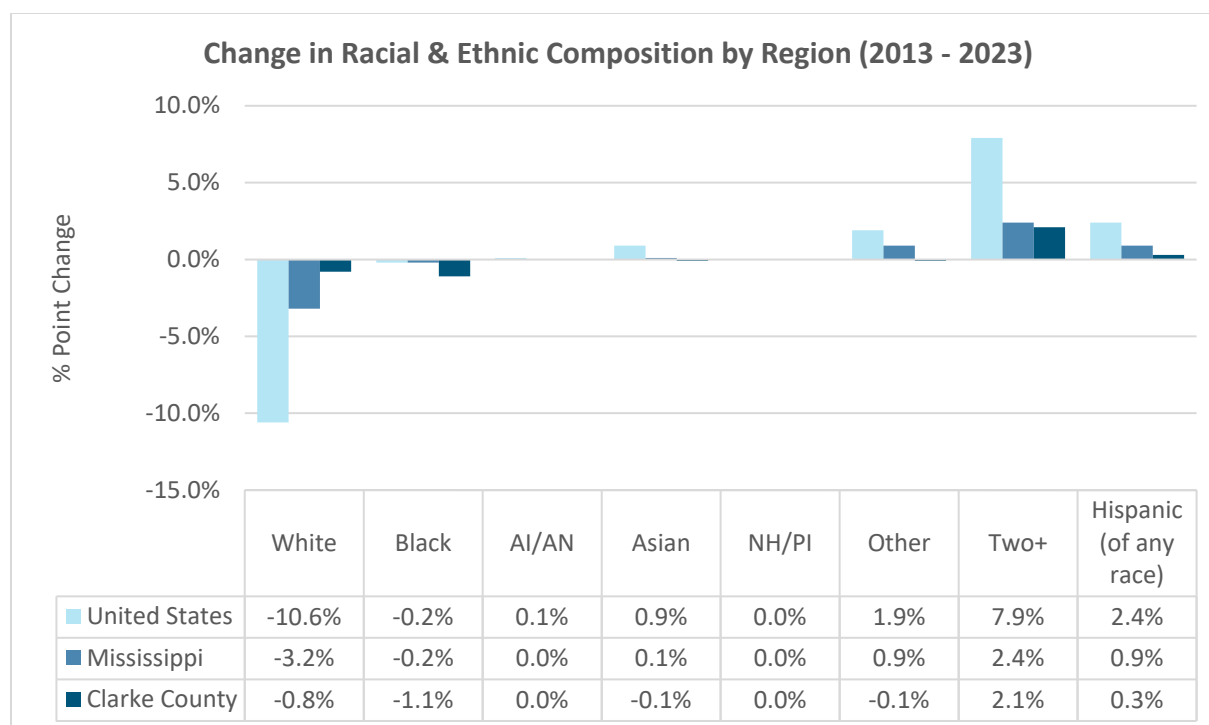
Over the past ten years, racial and ethnic change in Clarke County has been minimal. From 2013 to 2023, the percentage of White residents declined slightly by 0.8 percentage points, while the share of Black residents fell by 1.1 points. At the same time, the percentage of residents identifying as Two or More Races increased by 2.1 points, and those identifying as Hispanic rose marginally by 0.3 points. While more stable than national trends, these gradual shifts may still shape community needs and healthcare priorities over time.



319 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



320 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S0601



321 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table S0601

Together, these demographic insights provide a foundational understanding of who lives in the service area and how population characteristics are changing. By examining shifts in age, race, ethnicity, and overall population size, the hospital can better anticipate emerging needs and design services that are responsive, inclusive, and sustainable. To fully understand what drives health outcomes in the region, the next section explores the broader social and economic conditions that shape daily life.

Understanding Social Determinants of Health

Health is shaped by more than medical care alone. A person’s ability to live well depends on many aspects of daily life, such as access to stable housing, quality education, reliable employment, transportation, and supportive social connections. These conditions, known as social determinants of health (SDOH), influence health outcomes across a person’s life and affect the long-term strength of the community.

As part of this CHNA, the hospital is working to better understand how social and economic conditions affect the health of the people we serve. Examining these broader factors helps us better support our community, both within the hospital and beyond. This approach guides the development of more effective programs, stronger partnerships, and targeted outreach efforts aimed at long-term improvements in health and quality of life. Our goal is not just to treat illness but to help create conditions where health can thrive.

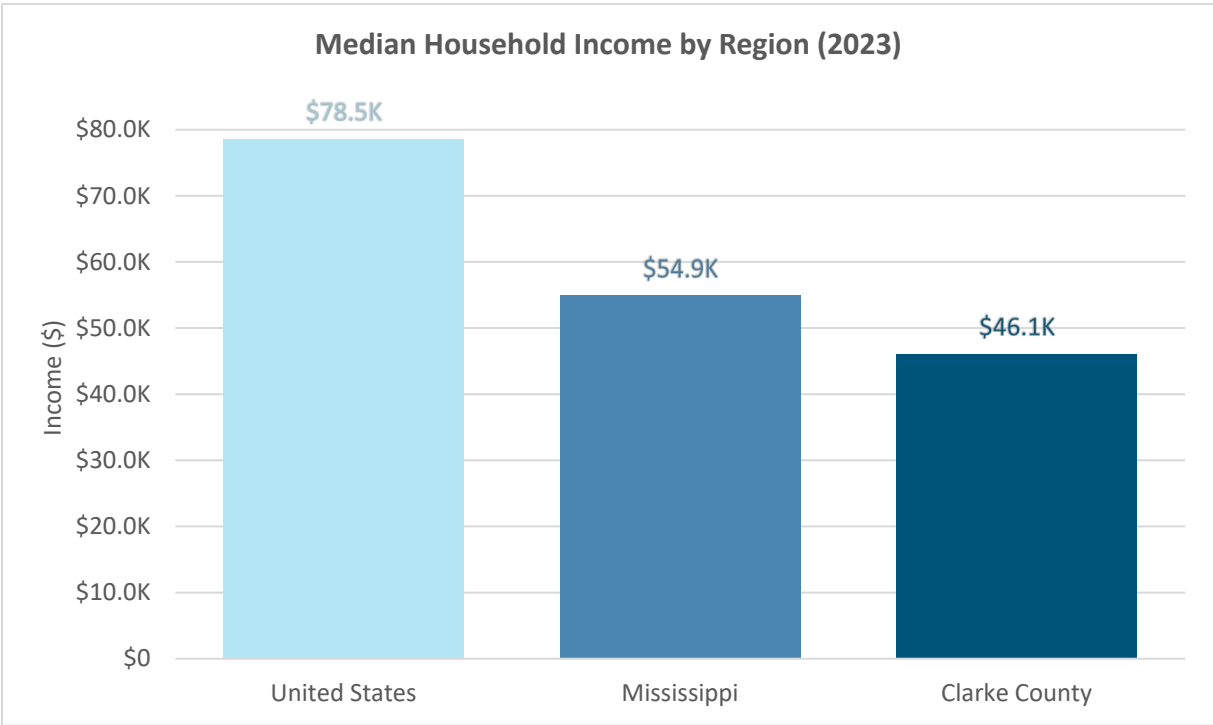
This assessment uses the Healthy People 2030 framework, which outlines five key domains of social determinants of health:

Economic Stability

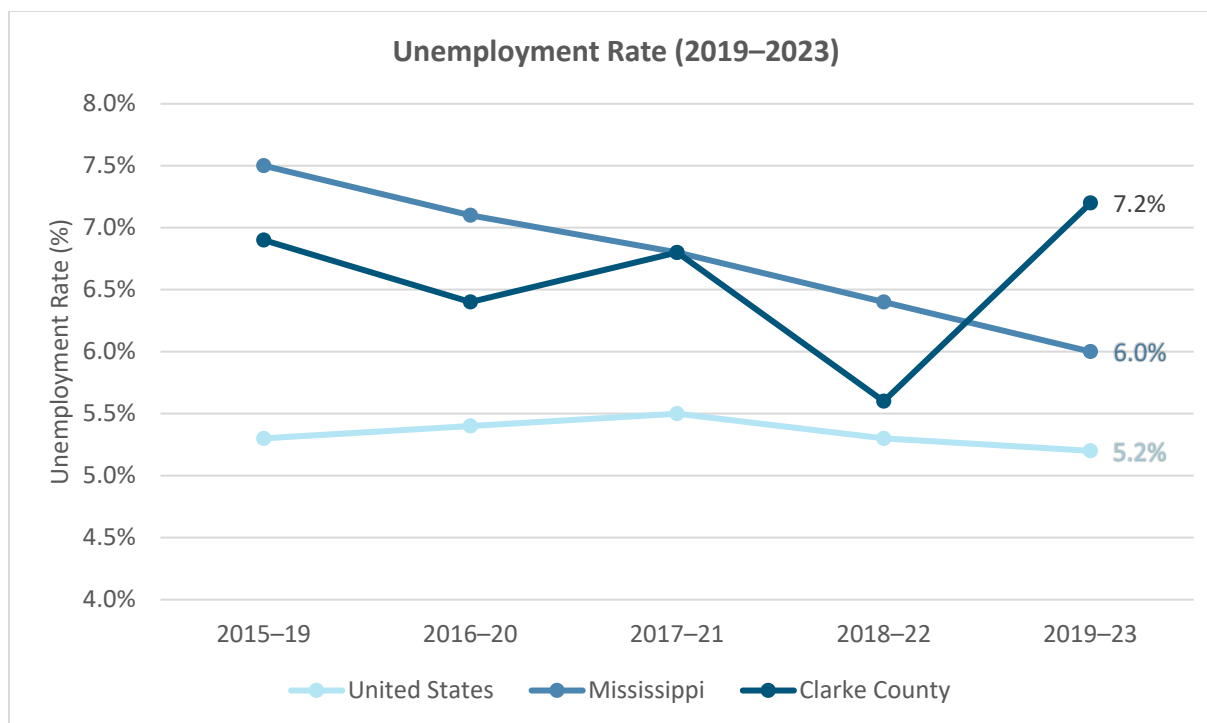
Economic stability refers to a household’s ability to consistently meet basic financial needs such as housing, food, transportation, and healthcare. When individuals and families face unemployment, underemployment, or high costs of living, they are more likely to experience stress, delay care, and suffer from preventable illness. By examining indicators such as income, poverty levels, and food insecurity, this domain highlights the financial pressures that can negatively affect health outcomes in the community.

Income levels in Clarke County are significantly lower than both state and national figures. In 2023, the median household income in the county was \$46,100, compared to \$54,900 in Mississippi and \$78,500 nationally. These limited earnings can affect residents’ ability to afford essential needs such as housing, transportation, childcare, and preventive healthcare, which are all critical to long-term health and well-being.

Unemployment trends further reflect economic hardships in the area. From 2019 to 2023, Clarke County reported an average unemployment rate of 7.2%, higher than the state rate of 6.0% and the national rate of 5.2%. While unemployment has fluctuated over time, the overall rate remains elevated. This suggests persistent challenges in the local labor market, including limited job opportunities and workforce readiness. These factors can create long-term barriers to economic stability and upward mobility.



322 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1901



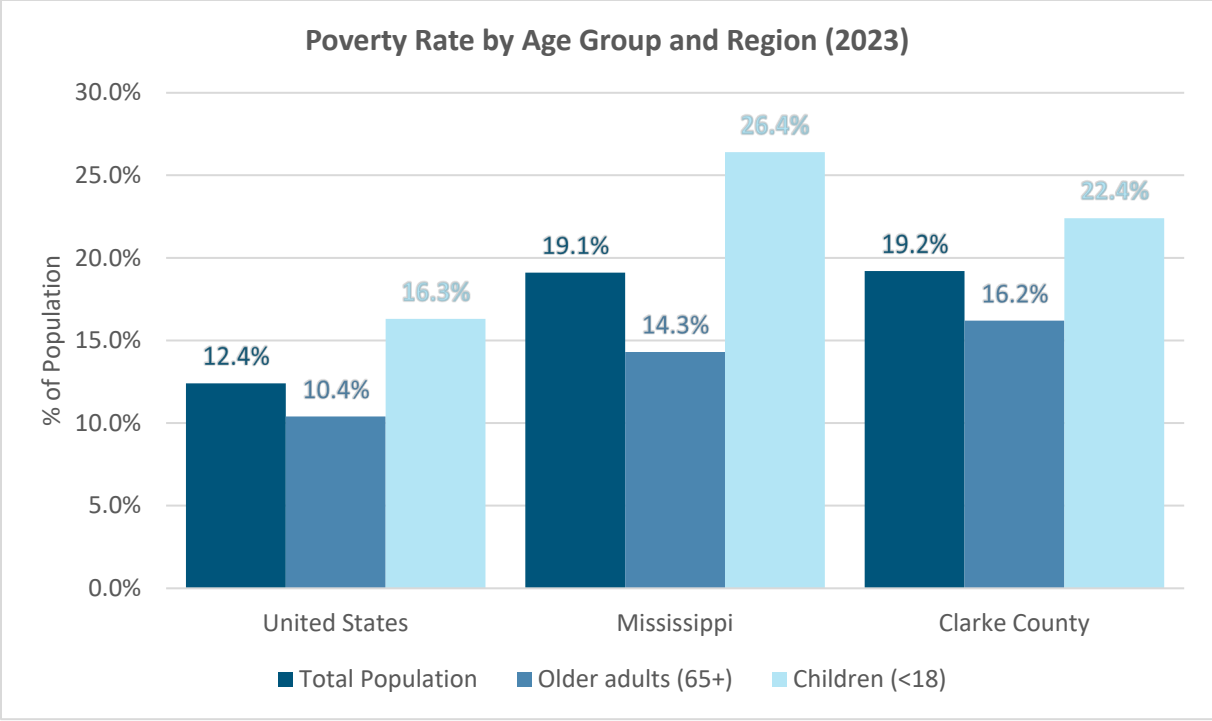
323 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table DP03

Poverty remains a significant issue in Clarke County, particularly among children and older adults. In 2023, 22.4% of children under 18 were living below the poverty line. This rate is lower than the state average of 26.4% but remains well above the national figure of 16.3%. Among older adults, 16.2% lived in poverty, which exceeds both the Mississippi average of 14.3% and the national rate of 10.4%. Overall, 19.2% of Clarke County’s population was living in poverty in 2023, closely aligning with the state average of 19.1% but significantly higher than the national rate of 12.4%.

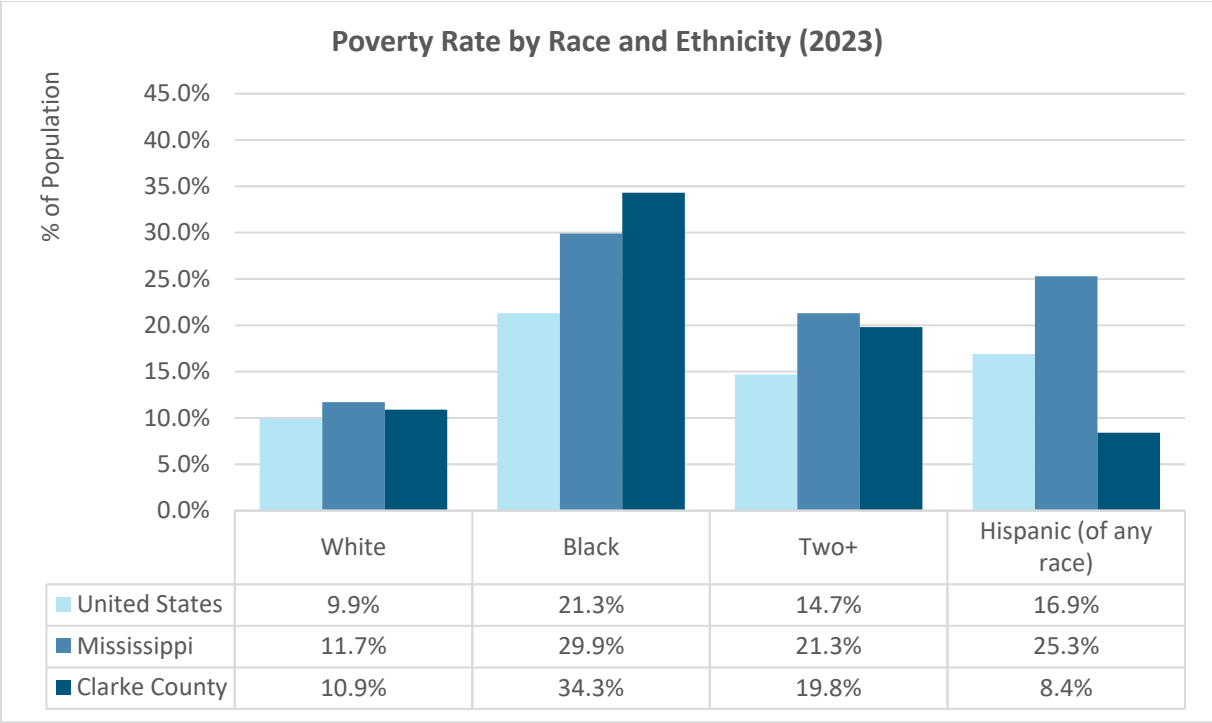
Poverty rates also vary by race and ethnicity. In 2023, 34.3% of Black residents in Clarke County lived in poverty, the highest rate among all groups. Rates were also elevated for individuals identifying as Two or More Races (19.8%), while White residents had a poverty rate of 10.9%. The Hispanic population, although a small share of the total, had the lowest recorded poverty rate at 8.4%. These disparities highlight persistent structural inequalities in employment, income, and access to opportunity.

Data for American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander (NH/PI), and “Other” populations were excluded due to small sample sizes or data suppression, which can lead to unstable estimates.

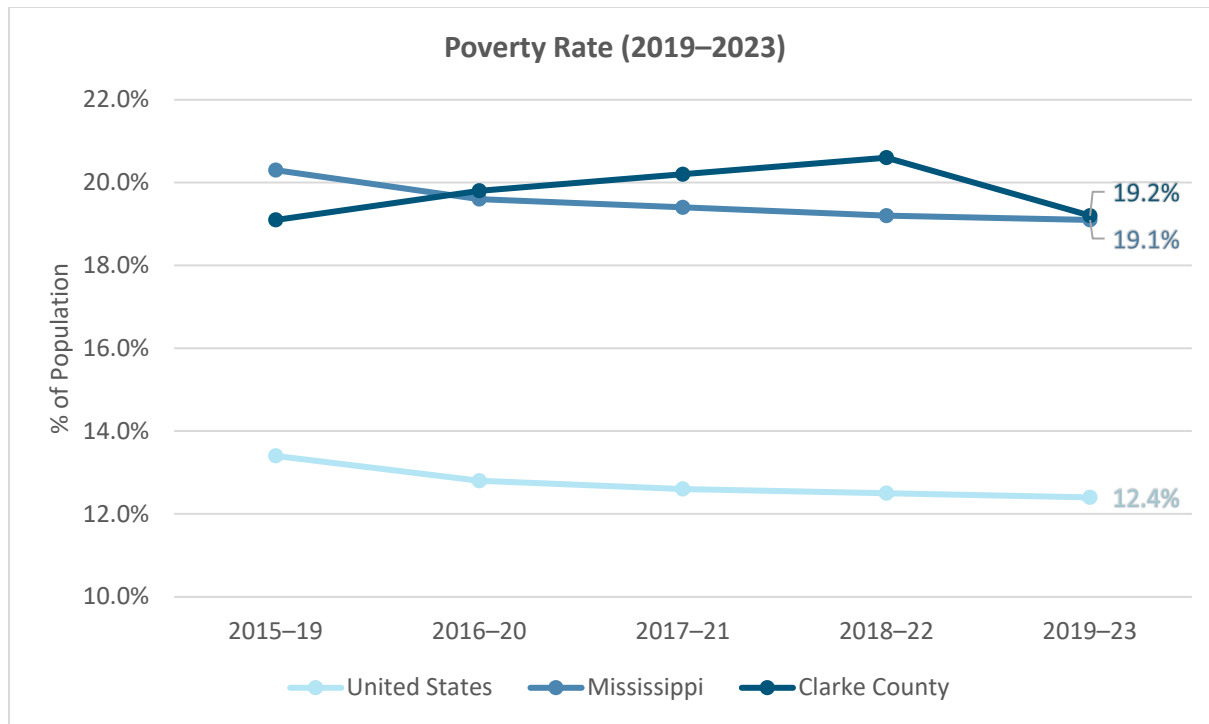
Between 2015 and 2023, Clarke County’s overall poverty rate has remained largely unchanged, averaging around 19 to 20%. While the national rate has gradually declined and state averages have stabilized, local rates in Clarke County show limited improvement. This trend underscores the continued need for targeted investments in education, workforce development, and access to essential services that address the root causes of poverty.



324 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1701



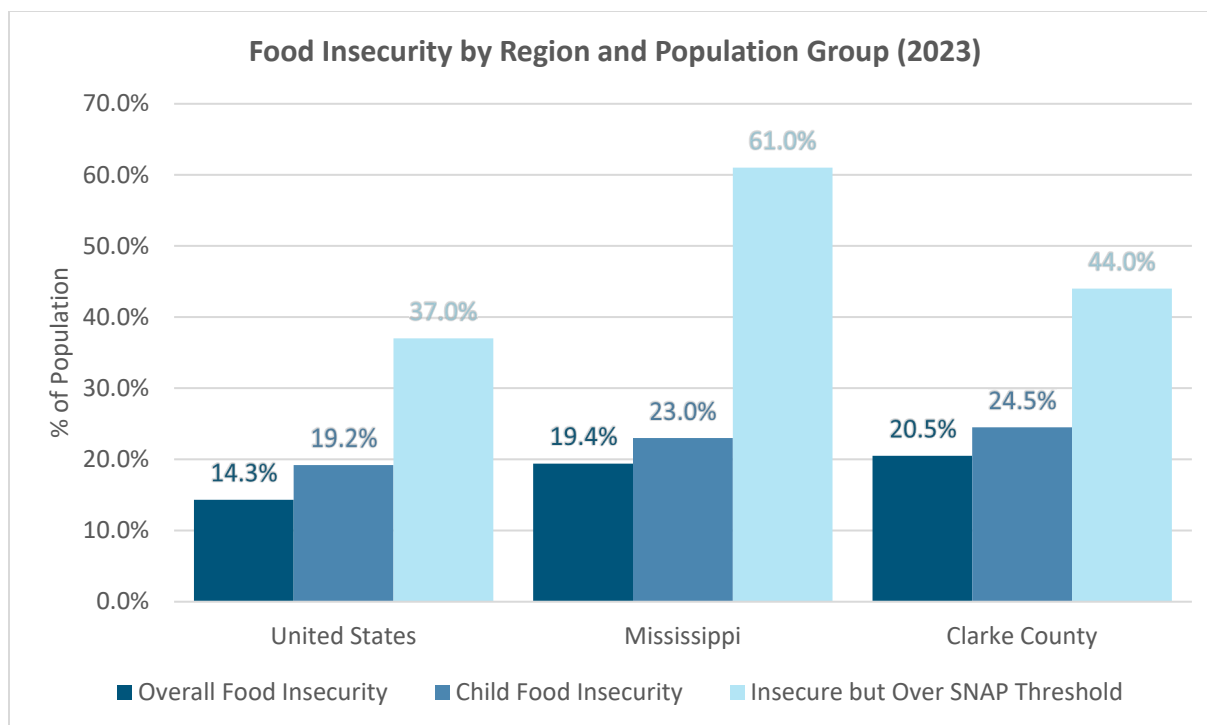
325 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1701



326 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table S1701

Food insecurity compounds the challenges of poverty, particularly when families earn just above the threshold for public assistance. In 2023, 20.5% of Clarke County residents experienced food insecurity, a rate higher than the national average of 14.3% and just above the state rate of 19.4%. The burden is even more severe among children, with 24.5% of children in Clarke County facing food insecurity.

A notable concern is that a large proportion of food-insecure households fall above the income limits for SNAP benefits, leaving them without access to critical nutrition assistance. In Clarke County, 44.0% of food-insecure residents were ineligible for SNAP in 2023. This creates a substantial gap in support for working families and low-income individuals who may not qualify for assistance but still struggle to afford basic nutrition.



327 Source: Feeding America. *Map the Meal Gap* (2023)

While income, employment, and food security shape immediate stability, long-term opportunity and health are deeply influenced by education. The next section explores how access to quality education and educational attainment impact overall well-being and economic mobility in the community.

Education Access and Quality

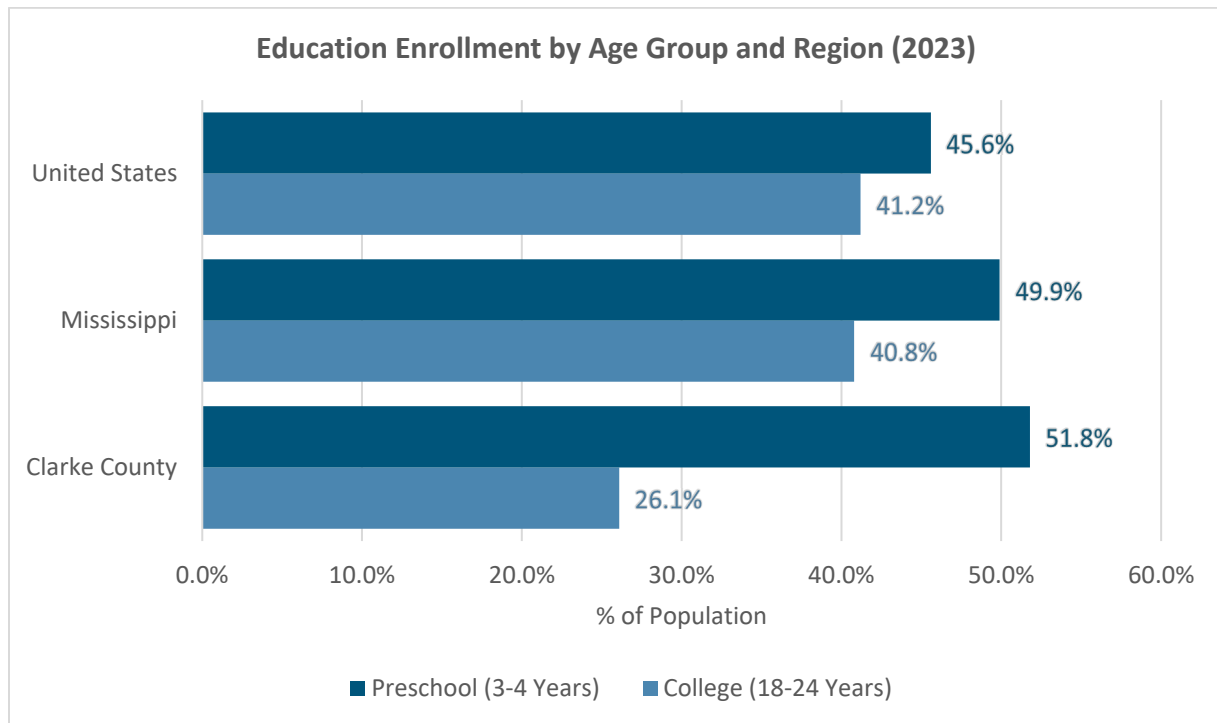
Access to quality education lays the foundation for lifelong well-being. Educational attainment influences employment opportunities, income, health literacy, and the ability to navigate health systems effectively. Gaps in early childhood education, high school graduation, and college enrollment can lead to lasting disparities in health. This domain includes metrics that explore educational access across different age groups and examine racial and geographic disparities.

Education access and attainment in Clarke County present a mixed picture. In 2023, preschool enrollment among children ages 3 to 4 was 51.8%, higher than both the state average of 49.9% and the national rate of 45.6%. This suggests strong local participation in early education, which is linked to improved academic and developmental outcomes.

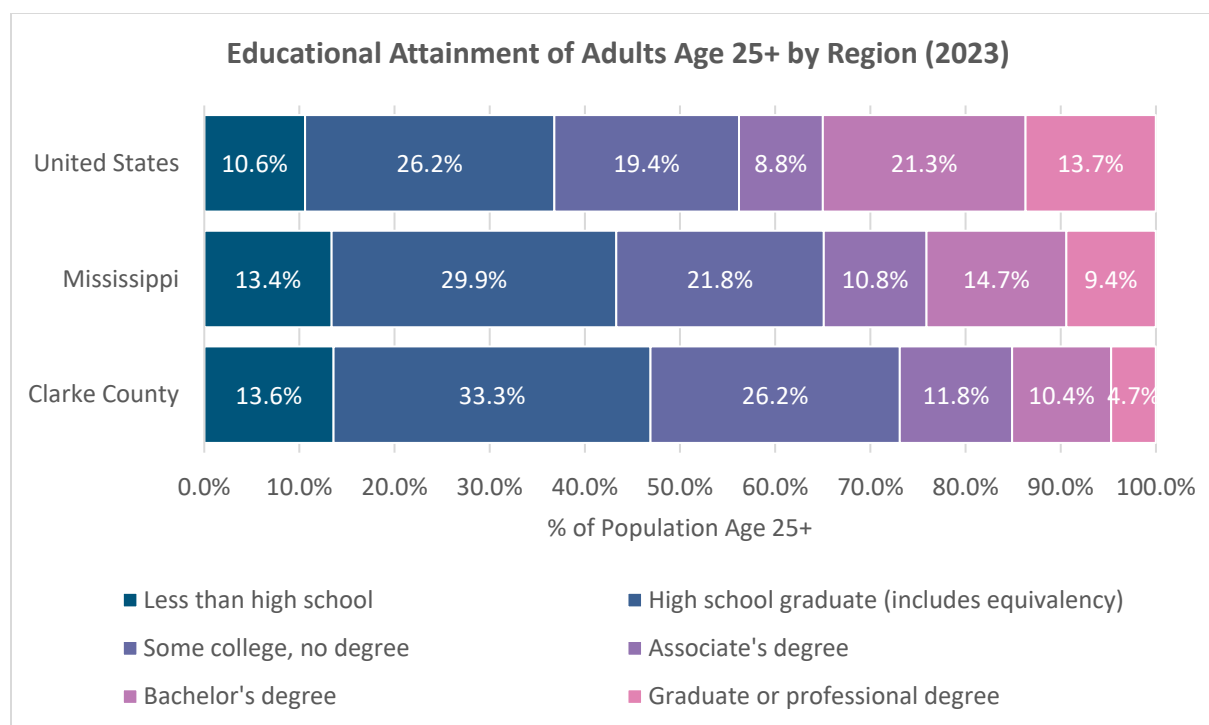
However, college enrollment among young adults ages 18 to 24 was only 26.1%, considerably below both the state (40.8%) and national (41.2%) averages. This lower participation may reflect barriers such as affordability, limited access to nearby institutions, or competing demands like work or family responsibilities.

Among adults age 25 and older, educational attainment in Clarke County skews lower than state and national benchmarks. Roughly 13.6% of residents have not completed high school, compared to 13.4% statewide and 10.6% nationally. While 33.3% of adults have a high school diploma and 26.2% have some

college but no degree, fewer residents hold post-secondary credentials. Only 10.4% have a bachelor's degree and 4.7% hold a graduate or professional degree, significantly below the national averages of 21.3% and 13.7%, respectively. These patterns suggest the need for expanded access to higher education and adult learning opportunities in Clarke County, particularly for residents seeking pathways to better employment and long-term health outcomes.



328 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1401



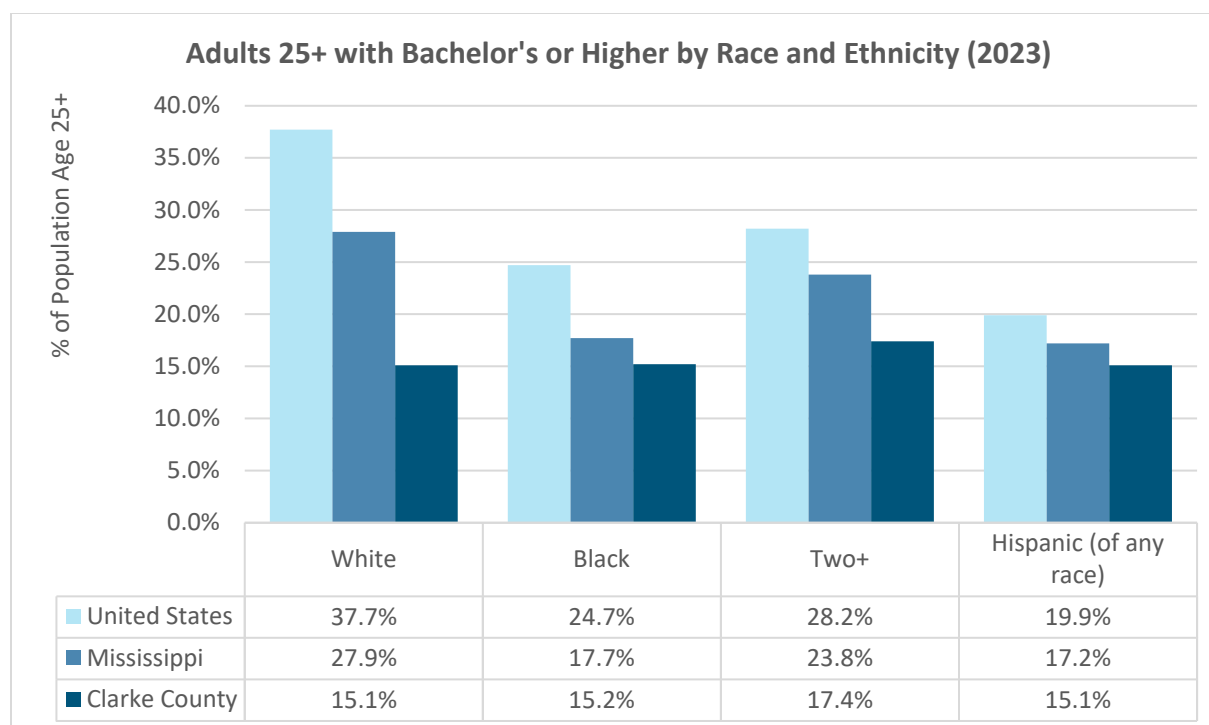
329 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP02

Educational disparities in Clarke County become more apparent when examined by race and ethnicity. In 2023, only 15.2% of White adults and 15.2% of Black adults had attained a bachelor's degree or higher. These rates fall well below the national averages of 37.7% for White adults and 24.7% for Black adults, and are also lower than state averages.

Adults identifying as Two or More Races had a bachelor's or higher attainment rate of 17.4%, while 15.1% of Hispanic residents held at least a bachelor's degree. All of these figures are below national and state benchmarks, reinforcing patterns of lower educational attainment in the county across all major racial and ethnic groups.

These gaps point to structural barriers in access to higher education and a need for targeted strategies that support degree completion, particularly for historically marginalized populations. Efforts to expand local educational pathways and address affordability, mentorship, and support systems will be essential for closing these equity gaps.

Data for American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander (NH/PI), and "Other" populations were excluded due to small sample sizes or data suppression, which can lead to unstable estimates.



330 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S1501

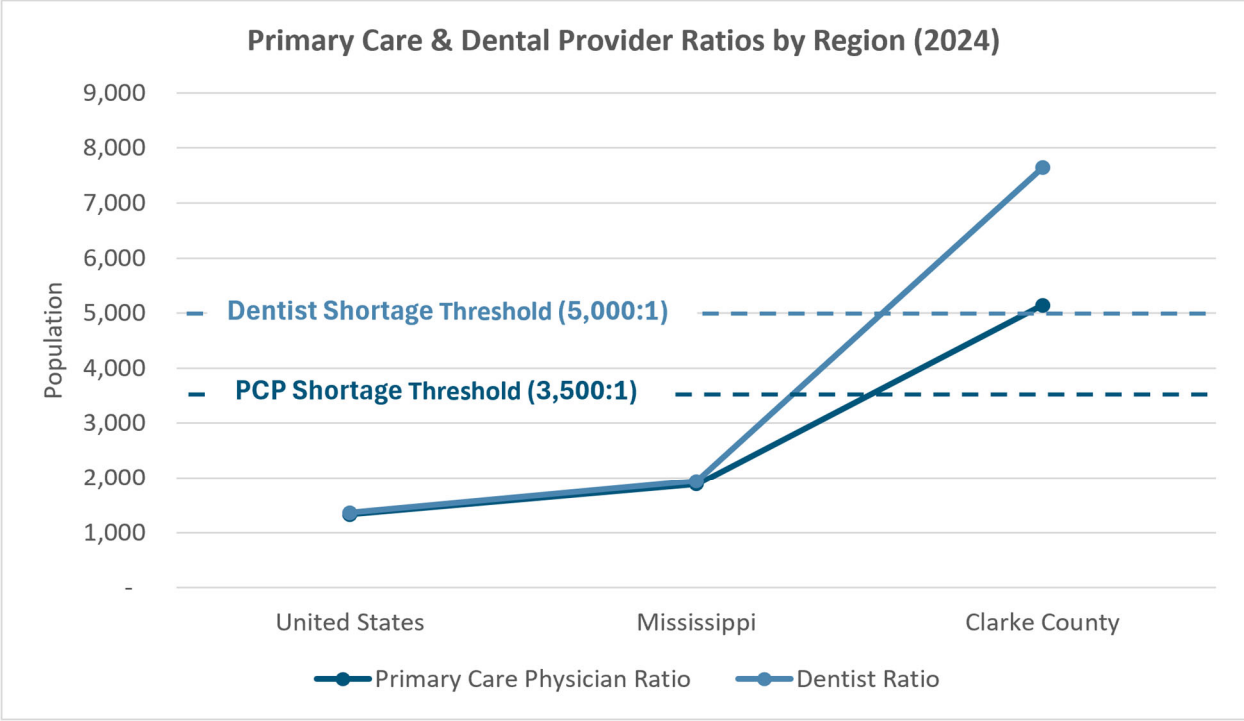
Educational access helps lay the groundwork for healthier futures, but that foundation is only as strong as the care systems supporting it. The next section looks at how the availability, affordability, and consistency of health care impacts well-being across the community.

Health Care Access and Quality

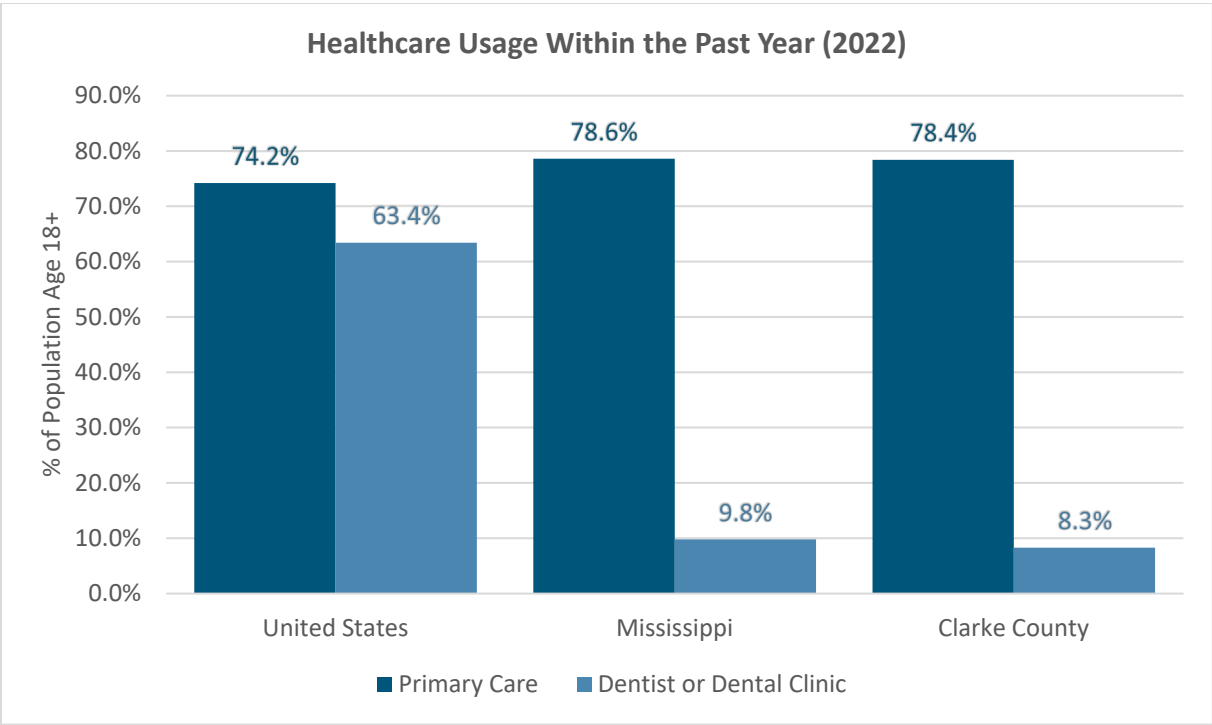
Timely, affordable, and consistent access to healthcare is essential for preventing disease, managing chronic conditions, and maintaining overall health. This domain examines factors that affect whether residents can obtain care, including the availability of providers, routine medical and dental visits, insurance coverage, and the financial burden of care. Understanding access barriers helps identify where improvements are needed to ensure everyone can get the care they need.

Access begins with provider availability and care utilization. The chart below displays population-to-provider ratios for primary care physicians and dentists. In Clarke County, there were approximately 5,200 residents per primary care physician and 7,500 residents per dentist in 2024. These ratios exceed the federal shortage thresholds of 3,500:1 for primary care and 5,000:1 for dental care, signaling significant gaps in provider availability.

These shortages are reflected in healthcare utilization patterns. In 2022, 78.4% of adults in Clarke County reported visiting a primary care provider in the past year, aligning closely with the state rate of 78.6% and above the national rate of 74.2%. However, only 8.3% of adults reported a dental visit during the same period, far below the national average of 63.4%. This disparity suggests that while residents are accessing medical care, dental services are much less utilized, likely due to barriers such as cost, lack of dental coverage, or limited local provider options.



331 Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps (2024)

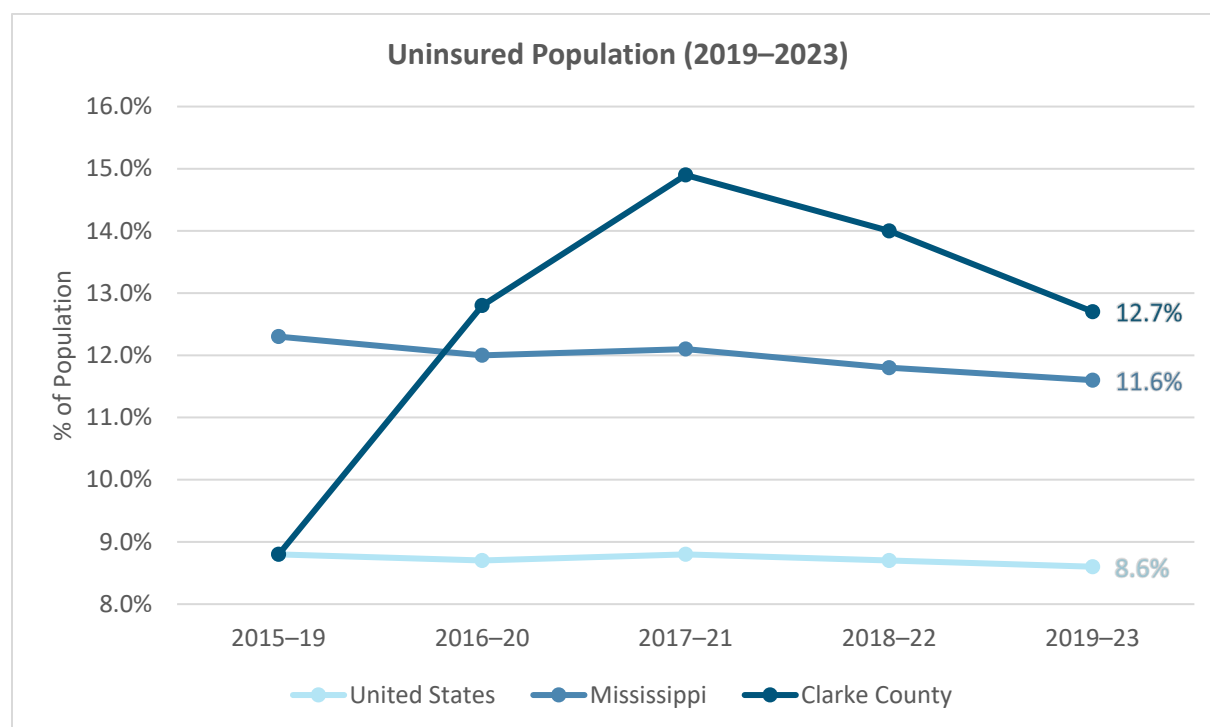


332 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

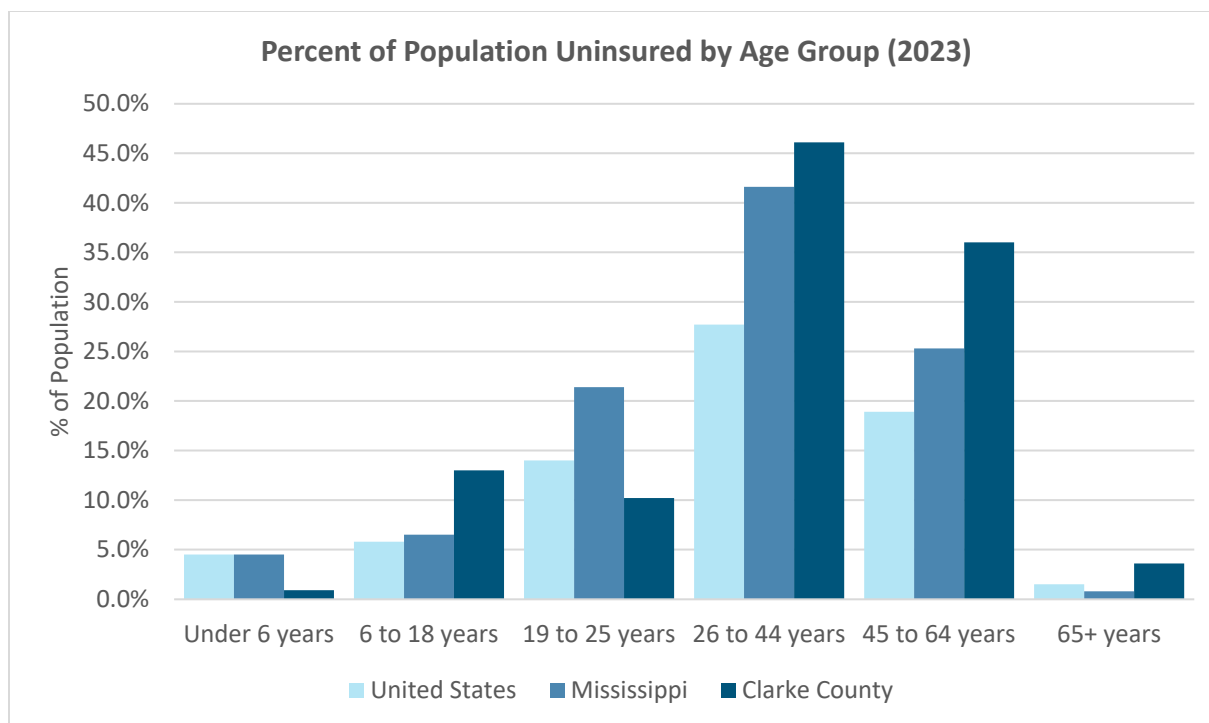
Insurance coverage is a key factor in determining whether individuals can access timely and affordable healthcare. From 2019 to 2023, the uninsured rate in Clarke County averaged 12.7%, which is higher

than both the national average of 8.6% and the Mississippi average of 11.6%. While state and national trends have shown gradual declines in uninsured rates, Clarke County's rate has fluctuated and remains above benchmark levels. This trend may be tied to employment patterns, limited access to employer-sponsored plans, and gaps in Medicaid eligibility.

Uninsured rates vary widely by age group. In 2023, 46.1% of adults aged 26 to 44 in Clarke County lacked health coverage, exceeding the Mississippi rate of 41.6% and the national rate of 27.7%. This age group often falls into coverage gaps because they are less likely to qualify for public programs and may work in jobs that do not offer insurance benefits. Coverage among older adults is much higher, largely due to Medicare eligibility. However, uninsured rates among school-age children and young adults remain a concern; 13.0% of youth aged 6 to 18 and 10.2% of those aged 19 to 25 were uninsured in 2023. These figures suggest potential barriers to enrollment or continuity of coverage, highlighting a need for strengthened outreach and support to improve health insurance access across all age groups in Clarke County.



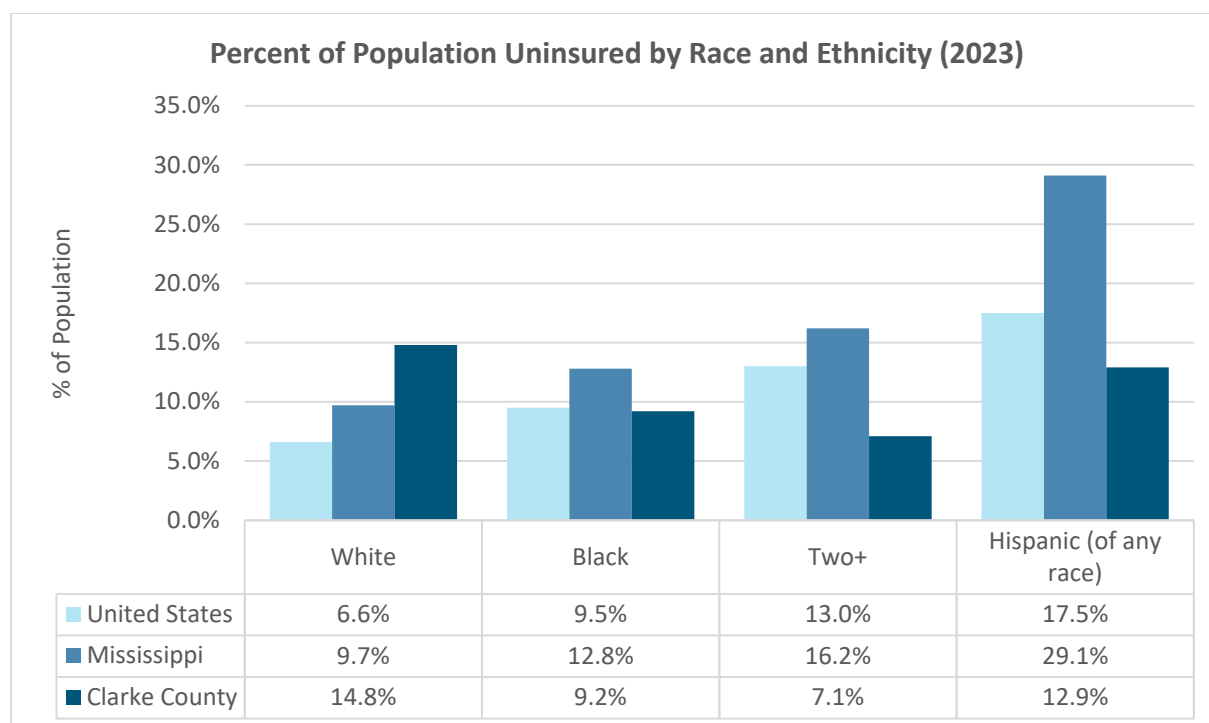
333 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2013–2023), Table S2701



334 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S2701

Insurance disparities also appear across racial and ethnic groups in Clarke County. In 2023, 14.8% of White residents were uninsured, which is significantly higher than both the Mississippi average of 9.7% and the national rate of 6.6%. By contrast, 9.2% of Black residents and 7.1% of residents identifying as Two or More Races lacked coverage, both of which are lower than statewide and national averages for those groups. Among Hispanic residents of any race, 12.9% were uninsured, which is below the Mississippi rate of 29.1% and the national rate of 17.5%. These patterns suggest that while some groups in Clarke County experience relatively lower uninsured rates than their peers statewide, White residents face higher-than-average coverage gaps.

Data for American Indian and Alaska Native (AI/AN), Asian, Native Hawaiian and Other Pacific Islander (NH/PI), and “Other” populations were excluded due to small sample sizes or data suppression, which can lead to unstable estimates.



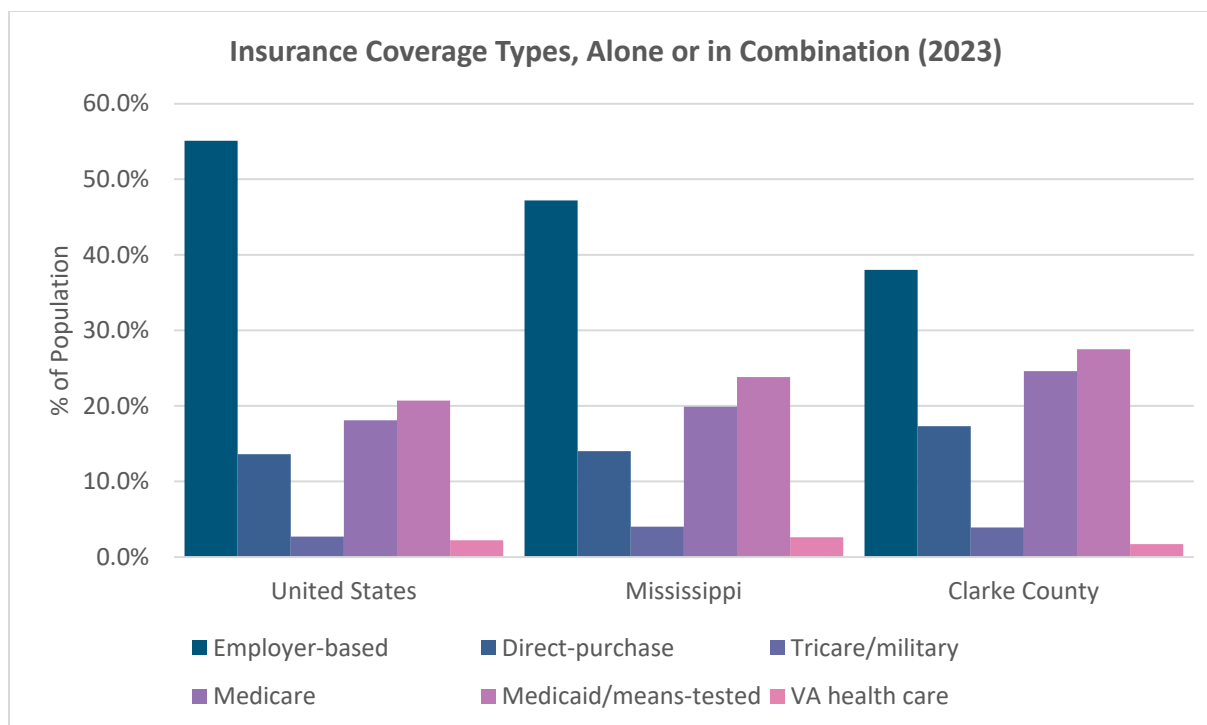
335 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table S2701

The types of insurance coverage in Clarke County reflect unique local workforce and demographic characteristics. In 2023, 38.0% of residents had employer-based coverage, which is considerably lower than both the national rate of 55.1% and the state average of 47.2%. This gap suggests more limited access to employer-sponsored benefits, possibly due to a higher concentration of part-time, low-wage, or informal employment.

Public programs play a significant role in filling coverage gaps. Medicaid covered 27.5% of Clarke County residents, which is above both the state rate of 23.8% and the national rate of 20.7%. Medicare enrollment was 24.6%, reflecting the county's aging population and aligning closely with state trends.

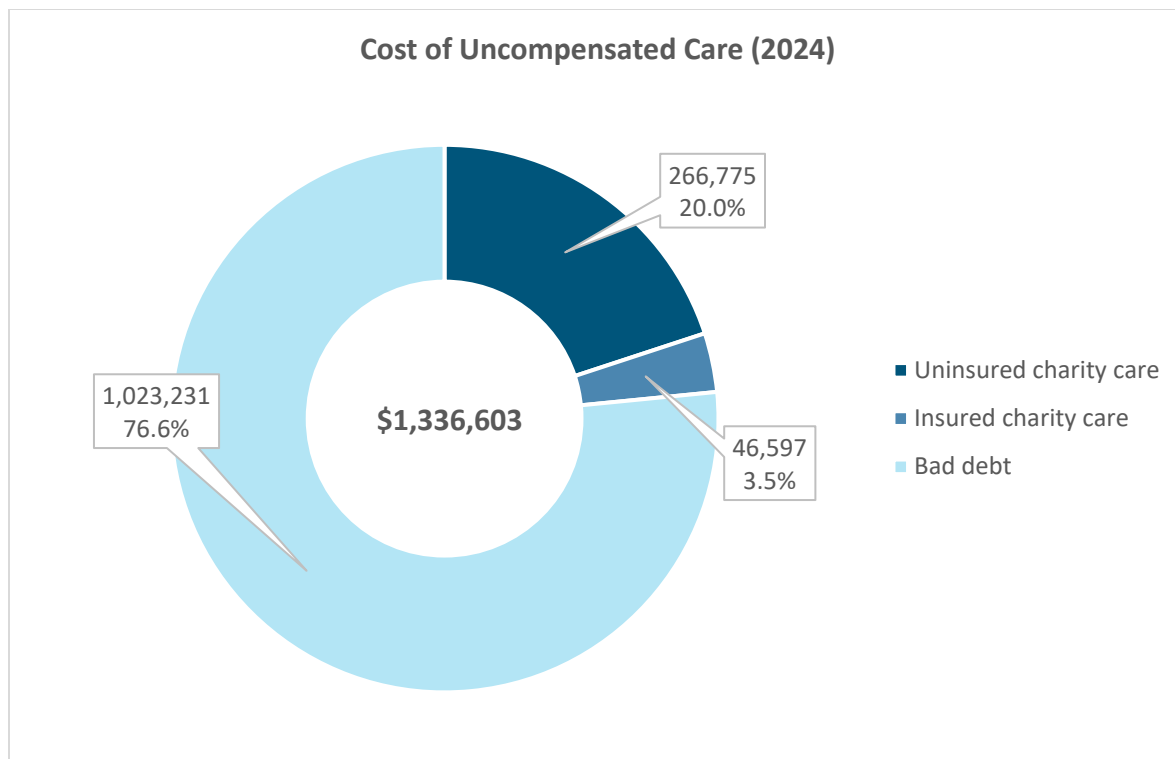
Other coverage sources also contributed to the county's insurance landscape. Direct-purchase plans accounted for 17.3% of residents, while Tricare or military insurance covered 3.9%. VA healthcare supported 1.7% of the population.

These figures highlight the essential role of public insurance and alternative coverage pathways in supporting access to care for Clarke County residents, especially in the context of a workforce with reduced access to traditional employer benefits.



336 Source: U.S. Census Bureau. American Community Survey 5-Year Estimates (2023), Tables S2703 & S2704

When coverage falls short, healthcare systems absorb the cost. In 2024, Ochsner Watkins Hospital recorded roughly \$1.3 million in uncompensated care. Bad debt, services billed to patients but never recovered, accounted for 76.6% of this amount. The remaining balance was categorized as charity care, which is provided to patients who meet the hospital's financial assistance criteria and are deemed unable to pay. Of this total, 20.0% was charity care for uninsured patients who had no coverage at all and qualified for financial relief. An additional 3.5% was charity care for insured patients whose income or financial circumstances met the hospital's indigent policy, meaning they were unable to afford the balance remaining after insurance. These figures reflect the real-world impact of income-based hardship and insurance gaps, and underscore the financial strain placed on rural hospitals that serve medically and economically vulnerable populations.



337 Source: Internal analysis of Medicare Hospital Cost Report (FY 2024), Worksheet S-10

While access to healthcare is vital, a person's surroundings can significantly influence their ability to stay healthy. The next section explores how factors like housing conditions, transportation, and infrastructure shape daily life and impact overall well-being in the community.

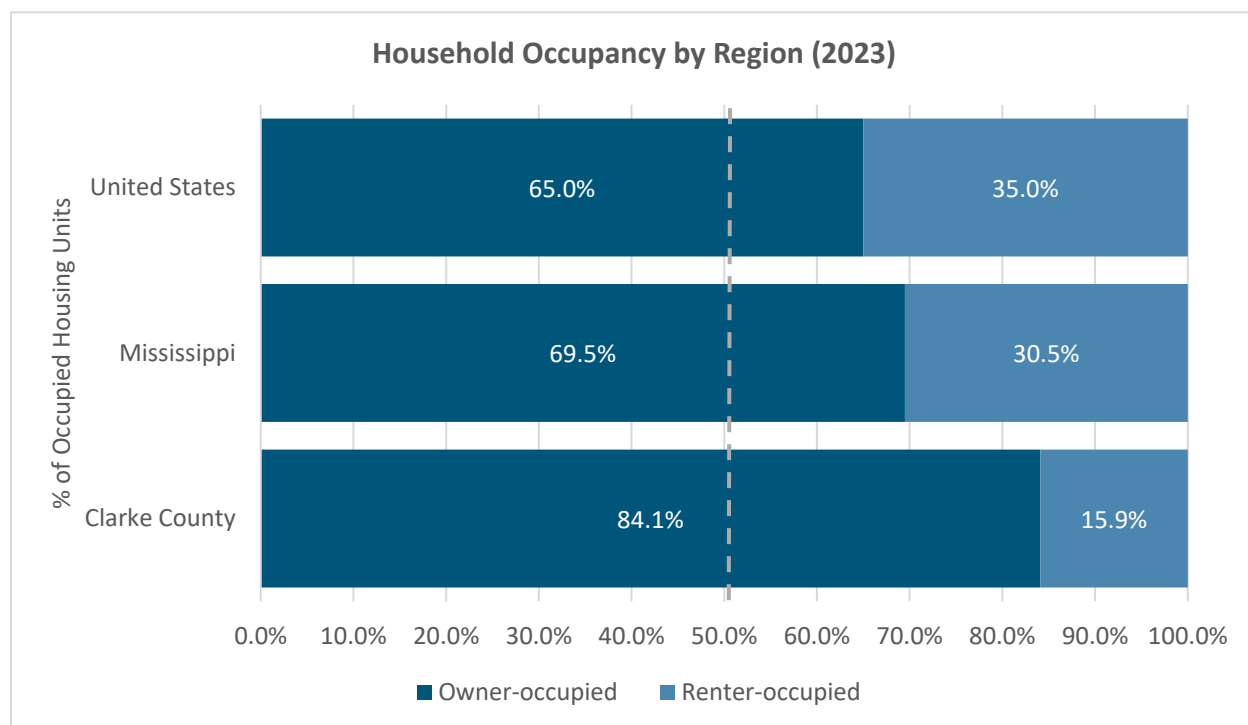
Neighborhood and Built Environment

The neighborhoods where people live can either support or limit healthy living. Poor housing conditions, limited access to transportation, aging infrastructure, and unaffordable rent can all impact physical and mental health. This domain explores the age and condition of housing, housing costs compared to income, and transportation access, offering insight into how local environments influence community health.

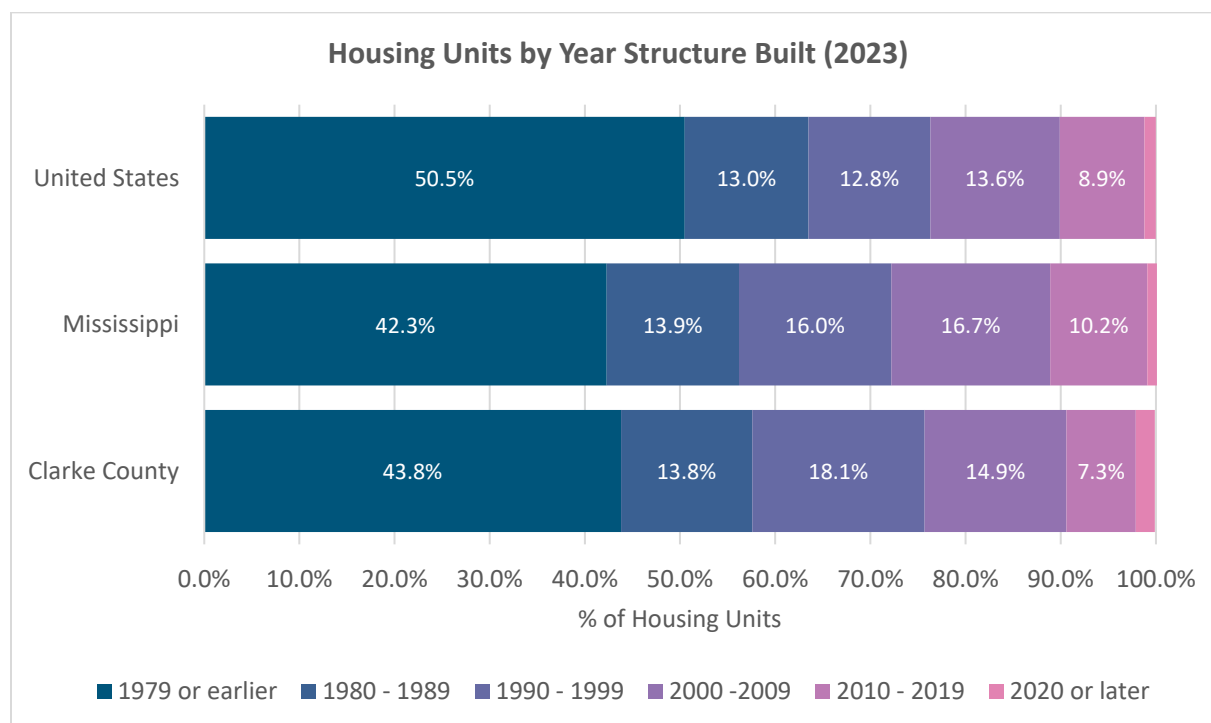
Homeownership in Clarke County is significantly higher than both state and national averages. In 2023, 84.1% of households were owner-occupied, compared to 69.5% in Mississippi and 65.0% nationally. This high rate of ownership reflects a stable residential base and may indicate strong community ties, long-term settlement patterns, or generational property retention. Only 15.9% of households rented their homes, suggesting relatively low population turnover and a limited supply of transitional housing.

The county's housing stock also trends older. In 2023, 43.8% of housing units in Clarke County were built in 1979 or earlier, similar to the national figure of 50.5% but higher than Mississippi's statewide rate of 42.3%. The age of these structures can introduce challenges related to maintenance and safety. Older homes are more likely to have issues such as outdated electrical systems, poor insulation, or the presence of hazards like lead paint or mold. These conditions may pose health risks and can be

particularly burdensome for lower-income households and seniors on fixed incomes, affecting housing quality and long-term livability.



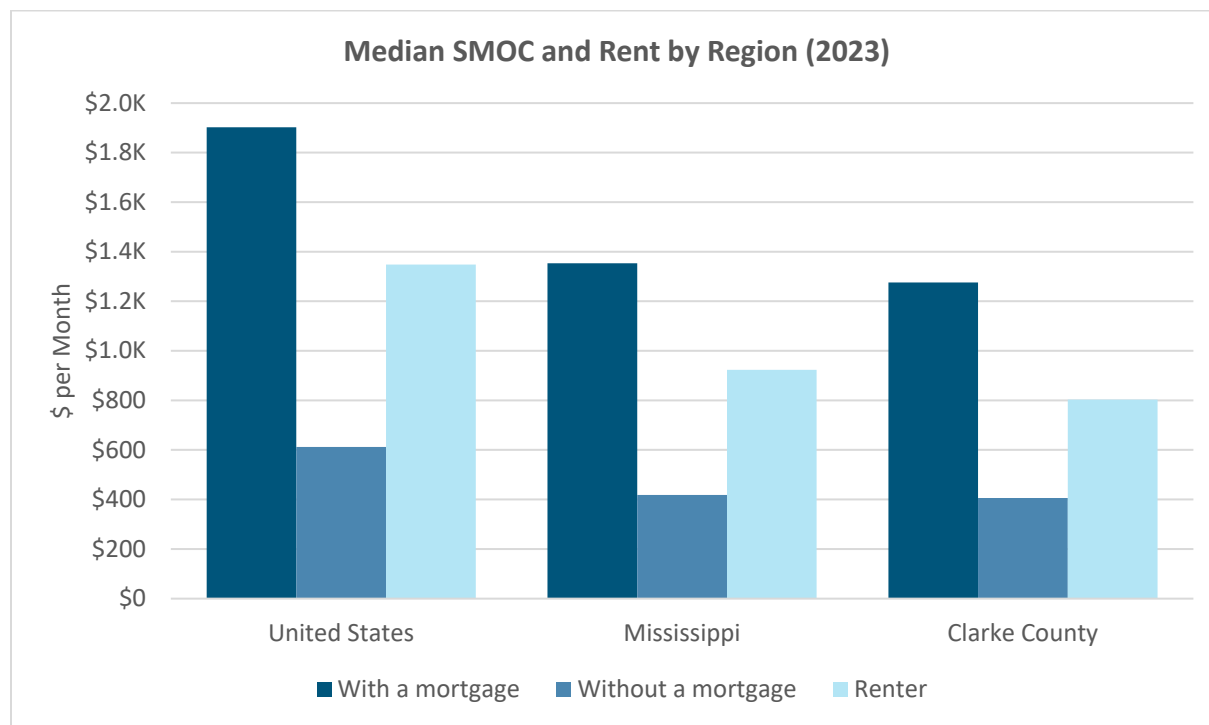
338 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04



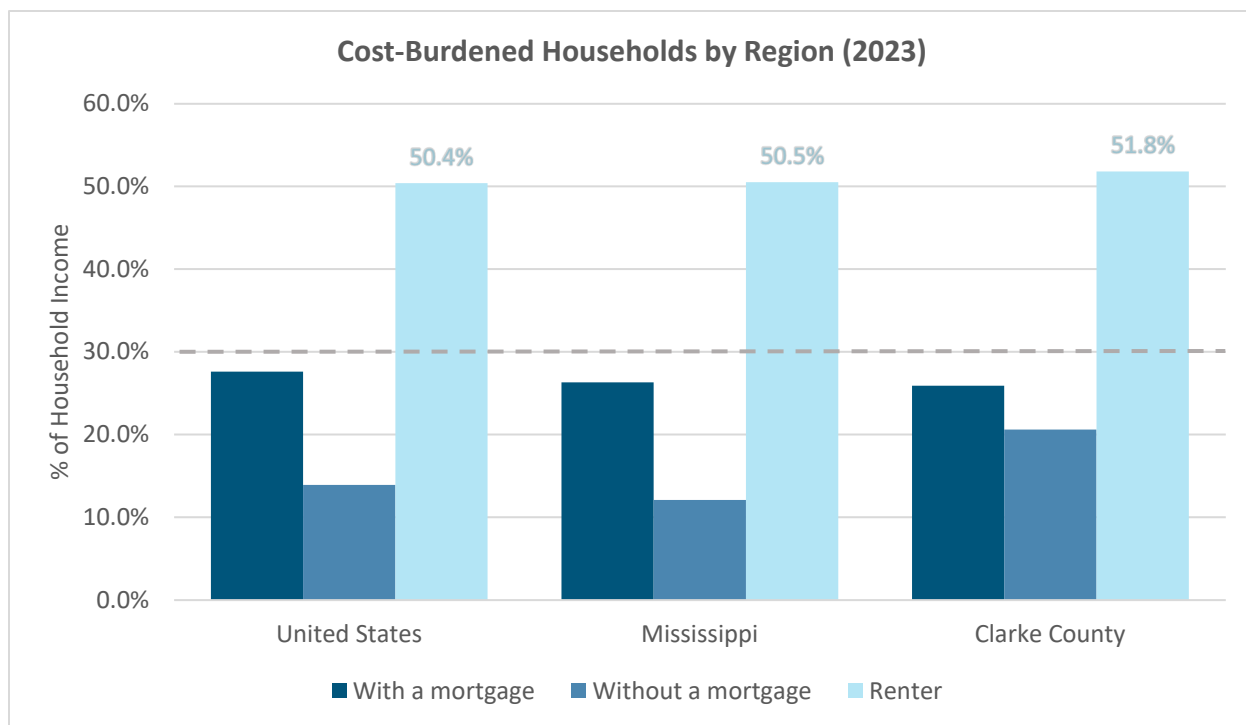
339 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04

Housing costs in Clarke County remain more affordable than in many other regions. In 2023, the median monthly cost for homeowners with a mortgage was approximately \$1,275, which is lower than both the Mississippi average of \$1,350 and the national average of \$1,900. Homeowners without a mortgage spent around \$400 per month, and the median rent in Clarke County was \$800, falling below both state and national levels.

Despite lower housing costs, many households in Clarke County still face affordability challenges. In 2023, homeowners with a mortgage spent 25.9% of their income on housing. This is slightly lower than both the state (26.3%) and national (27.6%) averages. Homeowners without a mortgage spent 20.6% of their income on housing. Renters in Clarke County were cost burdened, spending 51.8% of their household income on rent. This is higher than the state (50.5%) and national (50.4%) figures. These burdens limit the ability of families to cover other essential needs such as food, transportation, medical care, and childcare, particularly for those with lower or fixed incomes.



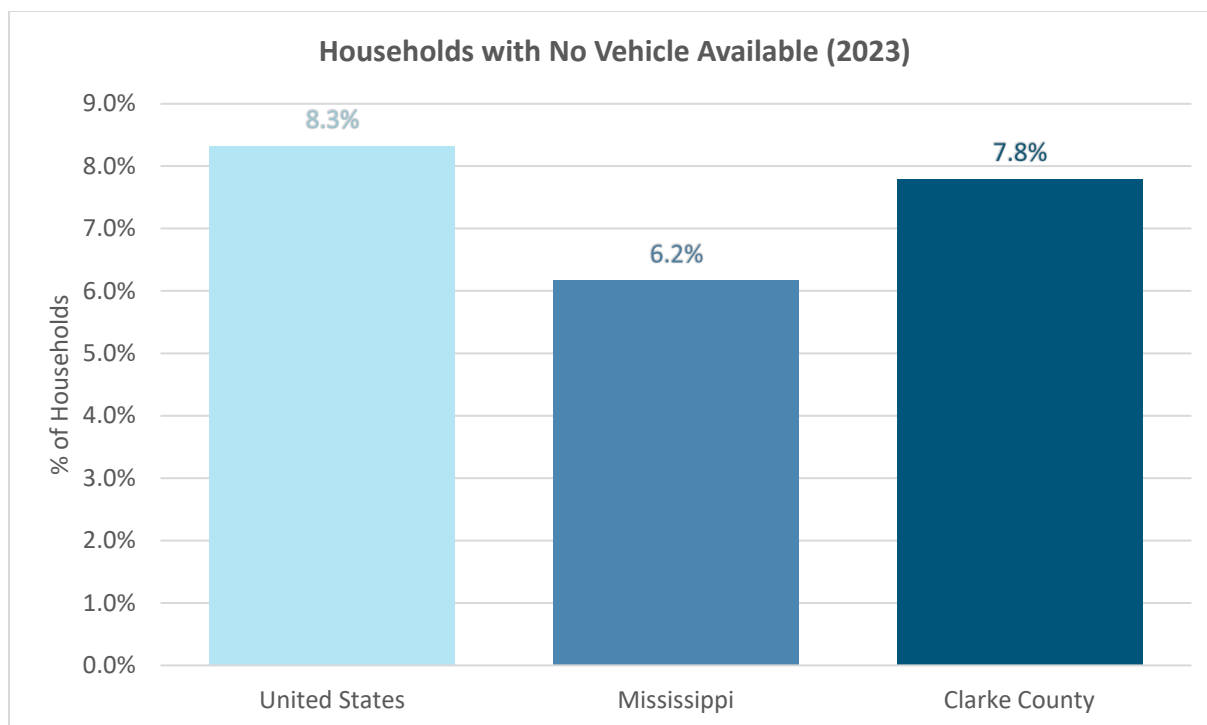
340 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04



341 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP04

Transportation remains a key determinant of access to care, employment, education, and other essential needs. In 2023, 7.8% of households in Clarke County reported having no vehicle available. This rate is higher than the Mississippi average of 6.2% but still below the national average of 8.3%.

In rural areas like Clarke County, even a modest percentage of households without reliable transportation can face significant barriers. Limited or unavailable public transit makes it harder for residents to reach medical care, workplaces, grocery stores, and other daily resources. These challenges can contribute to broader disparities in health, economic stability, and community engagement.



342 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table B08201

While the built environment shapes daily conditions and access to basic needs, social connection and digital inclusion are equally important for health, engagement, and opportunity. The next section explores how internet and device access influence community connection, education, and care access in a digital age.

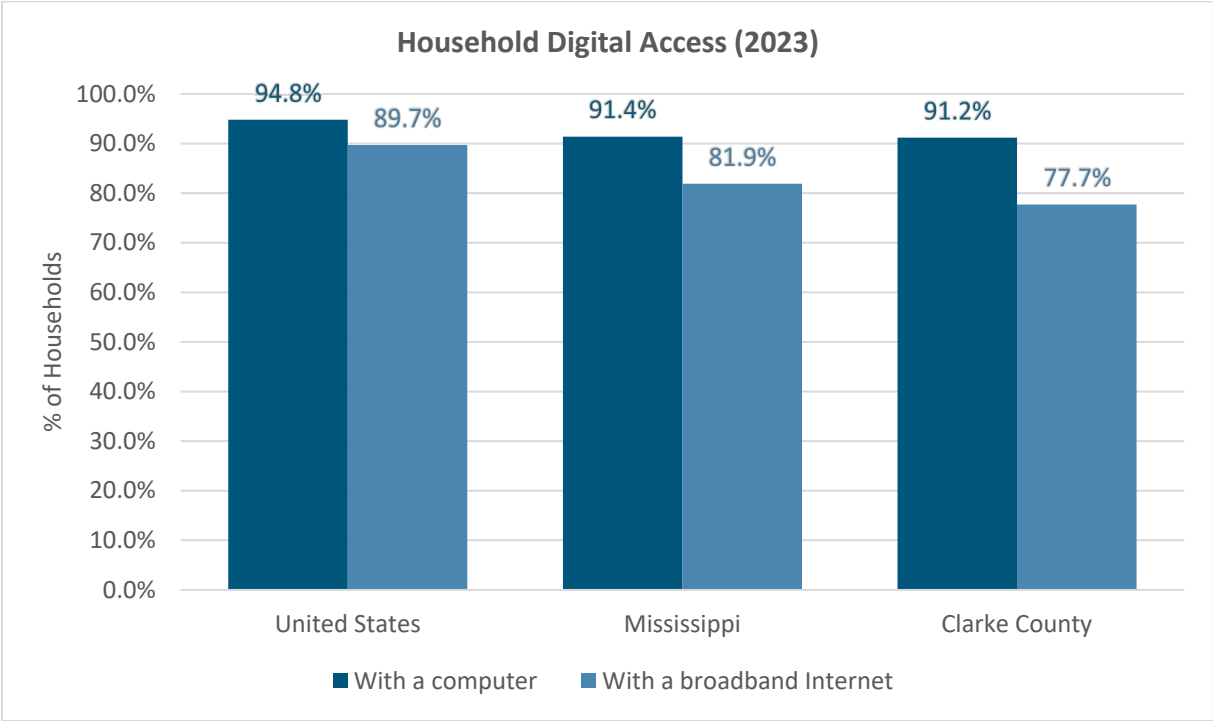
Social and Community Context (Digital Access Focus)

Social connections and community support systems play a critical role in health. For this CHNA, we also examine digital access as a key factor shaping modern social participation, access to information, and connection to care, especially through telehealth. Lack of computer or internet access can worsen existing inequalities. This domain focuses on how connected the community is and whether digital tools are equitably accessible.

Across all regions, most households reported having access to a computer, though disparities remain in broadband internet access. Nationally, 94.8% of households have computers and 89.7% have broadband. In Mississippi, rates are slightly lower, with 91.4% of households owning a computer and 81.9% having broadband internet.

In Clarke County, 91.2% of households reported having a computer, but only 77.7% had broadband access. This 13.5-point gap between computer ownership and broadband availability suggests that many residents may face challenges related to internet affordability, limited infrastructure, or digital literacy.

Access to high-speed internet is essential for telehealth, online education, job applications, and other critical services, so this gap creates a barrier to opportunity and access.



343 Source: U.S. Census Bureau, American Community Survey 5-Year Estimates (2023), Table DP02

SDOH are intricately connected to the daily lives of people in the community and play a vital role in this CHNA by helping define key areas of need. While these domains offer important insight into the root causes of health disparities, additional tools are necessary to show where systemic disadvantages have the greatest impact. The following health equity indexes provide further context to guide interventions that are both effective and fair.

Health Equity and Community Context

Building on the foundation of social determinants of health, advancing health equity is essential to improving community well-being. Health equity means that everyone has a fair and just opportunity to be as healthy as possible, regardless of where they live, their income, or their background. Achieving equity requires acknowledging and addressing differences in health that are linked to historical and current social, economic, and environmental disadvantages.

To better understand where inequities exist and how they may be addressed, this CHNA incorporates several nationally recognized health equity indexes. These tools help highlight communities facing structural barriers that contribute to poor health outcomes. By layering these data points alongside the previously discussed SDOH, this CHNA paints a more complete picture of community context and opportunities for targeted support.

Area Deprivation Index

The Area Deprivation Index (ADI) is a composite measure of neighborhood disadvantage developed by the University of Wisconsin. It incorporates seventeen variables related to income, education, employment, and housing quality, ranking areas on a scale from 1 (least disadvantaged) to 10 (most disadvantaged). Higher ADI scores reflect greater levels of social and economic deprivation, which are often associated with poorer health outcomes and limited access to care.

Clarke County scored 7.27 on the ADI, reflecting a moderate level of structural disadvantage compared to other Mississippi counties. This score indicates that while the county does face some barriers related to economic hardship, healthcare access, education, and transportation, these challenges may be less severe than those seen in areas with higher ADI scores. The findings align with other regional indicators, including lower broadband access, a high share of cost-burdened renters, and an aging housing stock that may contribute to disparities in health and wellbeing.

	Clarke County
Overall ADI	7.27

344 Source: University of Wisconsin School of Medicine and Public Health, Area Deprivation Index (2023)

Distressed Communities Index

The Distressed Communities Index (DCI), developed by the Economic Innovation Group, captures economic well-being across seven indicators: education, employment, income, poverty, housing vacancy, and business growth. The DCI ranges from 0 (most prosperous) to 100 (most distressed), providing a snapshot of community vitality and opportunity.

Clarke County scored 93.6 on the DCI, placing it firmly within the most distressed category. The county faces persistent economic and educational challenges. In 2023, 14.3% of adults lacked a high school diploma and 20.6% of residents lived below the poverty line. 28.9% of working-age adults were not in the labor force, indicating limited employment opportunities. The local economy has seen further decline, with a 23.1% drop in employment and a 4.5% decrease in the number of business establishments. The housing vacancy rate stood at 17.6%, reflecting underlying instability in the local housing market. Median household income was just 87.4% of the state average, suggesting that many families continue to face financial hardship.

	Clarke County
Overall DCI	93.6
No high school diploma	14.3%
Poverty rate	20.6%
Adults not working	28.9%
Housing vacancy rate	17.6%
Median income ratio	87.4%
Change in employment	-23.1%
Change in establishments	-4.5%

345 Source: Economic Innovation Group, Distressed Communities Index (2024)

Social Vulnerability Index

The Social Vulnerability Index (SVI), produced by the CDC and ATSDR, assesses a community's ability to prepare for, respond to, and recover from public health emergencies and natural disasters. The index includes four themes: socioeconomic status, household characteristics, race/ethnicity/language, and housing/transportation. Higher values (closer to 1.0) indicate greater vulnerability.

Clarke County has an overall SVI score of 0.3827, placing it in the moderate vulnerability range. The highest vulnerability is seen in household characteristics, which scored 0.8395. This may reflect a higher prevalence of single-parent households, individuals with disabilities, or residents with limited English proficiency. The socioeconomic status score was 0.4321, indicating moderate concerns related to income, employment, and education. Racial and ethnic minority status scored 0.3580, and housing type and transportation had a relatively low score of 0.1358, suggesting fewer structural barriers in those areas. These scores show that while Clarke County faces some social and economic challenges, its overall vulnerability is less severe than many neighboring counties.

	Clarke County
Overall SVI	0.3827
Socioeconomic status	0.4321
Household characteristics	0.8395
Racial & ethnic minority status	0.3580
Housing type & transportation	0.1358

346 Source: Geospatial Research, Analysis, and Services Program, CDC/ATSDR Social Vulnerability Index (2022)

Vizient Vulnerability Index

The Vizient Vulnerability Index (VVI) is a multi-dimensional tool that assesses vulnerability at the county level by evaluating nine social risk categories, ranging from economic stability and housing to public safety and environmental quality. Unlike the other indices, higher or lower values are not inherently “better” or “worse,” but rather provide a directional sense of local stressors and assets.

Clarke County has an overall VVI score of 1.450, reflecting a high level of community vulnerability across multiple domains. The greatest concern is healthcare access, with a score of 1.593, indicating significant barriers to obtaining timely, affordable, and comprehensive medical care. Economic vulnerability is also elevated at 0.910, highlighting local challenges related to employment, income, and financial security.

The social environment score of 0.745 suggests that some residents may face social isolation or a lack of supportive networks. Education vulnerability is moderate at 0.610, while neighborhood resources scored 0.218, indicating limited availability of safe and well-resourced surroundings.

Other domains show lower levels of vulnerability. Housing scored –0.338 and public safety scored –0.458, pointing to more favorable conditions in these areas. Transportation and clean environment scored 0.165 and 0.115, respectively, suggesting relative stability. Overall, Clarke County faces notable challenges in health, economic opportunity, and social support, though some areas of community infrastructure appear stronger.

	Clarke County
Overall VVI	1.450
Economic	0.910
Education	0.610
Healthcare access	1.593
Neighborhood resources	0.218
Housing	(0.338)
Clean environment	0.115
Social environment	0.745
Transportation	0.165
Public Safety	(0.458)

347 Source: Vizient, Inc., *Vizient Vulnerability Index (2025)*

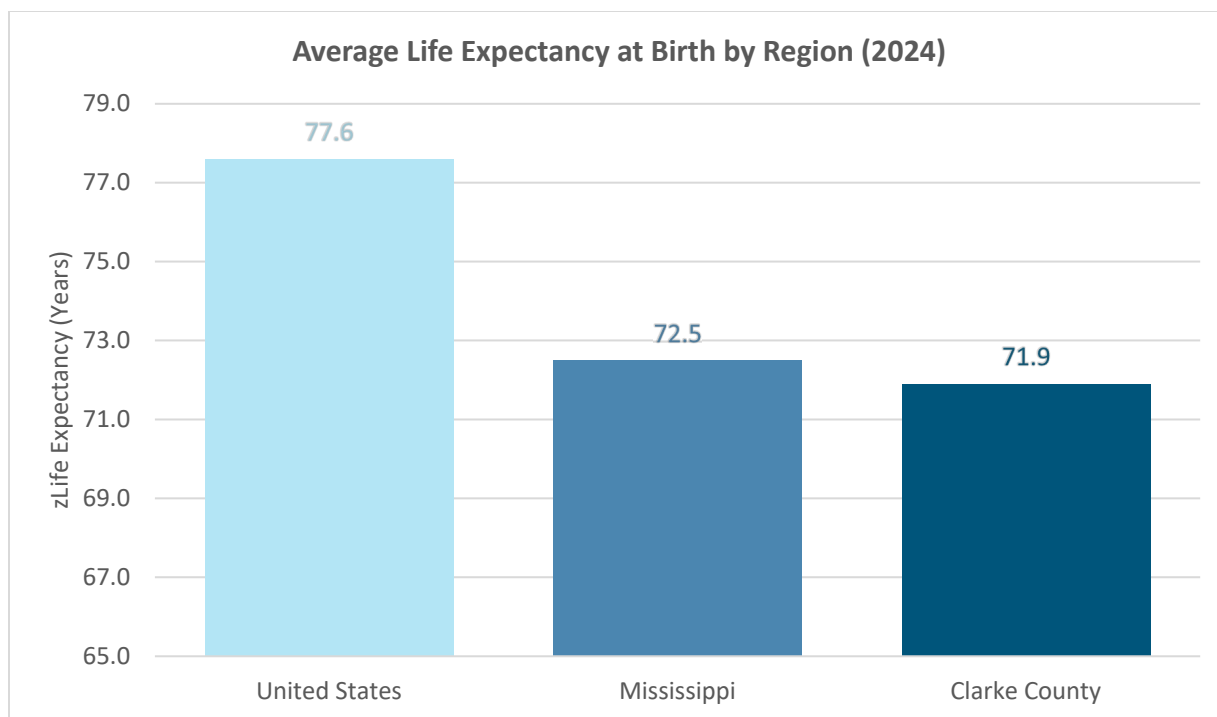
Understanding a community's context, i.e., its economic conditions, education, access to care, housing, and social environment, is essential for identifying where health challenges originate. Yet to fully assess how these upstream factors influence well-being, we must also examine health outcomes directly. This next section explores key indicators such as life expectancy, leading causes of death, and behavioral risk factors. By linking outcomes to the social and structural conditions discussed earlier, this CHNA identifies where the greatest health burdens lie and what factors are contributing to poor health in the region.

Health Outcomes and Contributing Risk Factors

Life Expectancy

Life expectancy at birth offers a snapshot of overall community health and is shaped by many contributing risk factors, including chronic disease, healthcare access, socioeconomic conditions, and health behaviors. As shown in the chart, Clarke County has an average life expectancy of 71.9 years, which is slightly lower than the Mississippi average of 72.5 years and well below the national average of 77.6 years.

This outcome suggests that Clarke County residents may be facing more pronounced challenges in key areas such as preventive care, chronic disease management, or social determinants of health. Addressing these gaps through community investment, expanded health services, and targeted outreach is essential for improving long-term health outcomes and reducing disparities.



348 Source: University of Wisconsin Population Health Institute. *County Health Rankings & Roadmaps (2024)*

Mortality

Mortality data is a foundational part of assessing health outcomes across a community. It provides insight into the burden of disease, identifies populations at greater risk of early death, and helps inform strategic priorities for health interventions. By examining both overall and cause-specific mortality patterns, communities can better understand the underlying health challenges facing residents and direct resources where they are most needed. The sections that follow explore all-cause mortality as well as the five leading causes of death in the hospital's primary service area, including an analysis of long-term trends and racial and ethnic disparities.

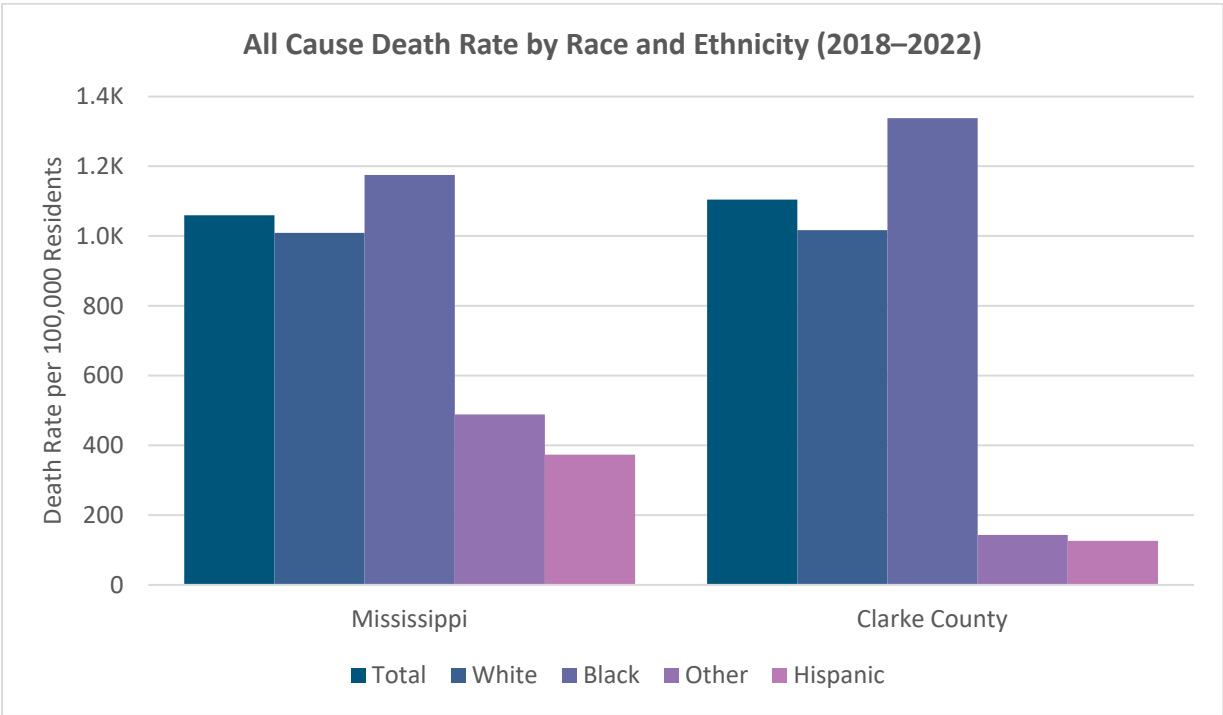
All-Cause Mortality

All-cause mortality provides a direct measure of how many residents are dying from any cause and helps highlight where the greatest health burdens exist. When broken down by race and ethnicity, these data reveal disparities shaped by long-standing structural inequities in healthcare access, chronic disease prevalence, and the broader social environment.

In Clarke County, Black residents experience the highest all-cause mortality rate, significantly exceeding both White residents and the county's overall average. This trend aligns with state-level patterns, where Black populations consistently face elevated mortality rates linked to systemic health and socioeconomic disparities. White residents in Clarke have death rates near the overall average, while Hispanic and Other racial groups show much lower rates.

These lower rates among Hispanic and Other groups may reflect protective factors such as younger age distributions or stronger community health behaviors. However, small sample sizes and potential

underreporting can limit the reliability of these figures. The stark racial disparities seen in Clarke County emphasize the need for targeted health interventions, improved access to care, and policies that address the root causes of inequity in health outcomes.



349 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Top Five Causes of Death

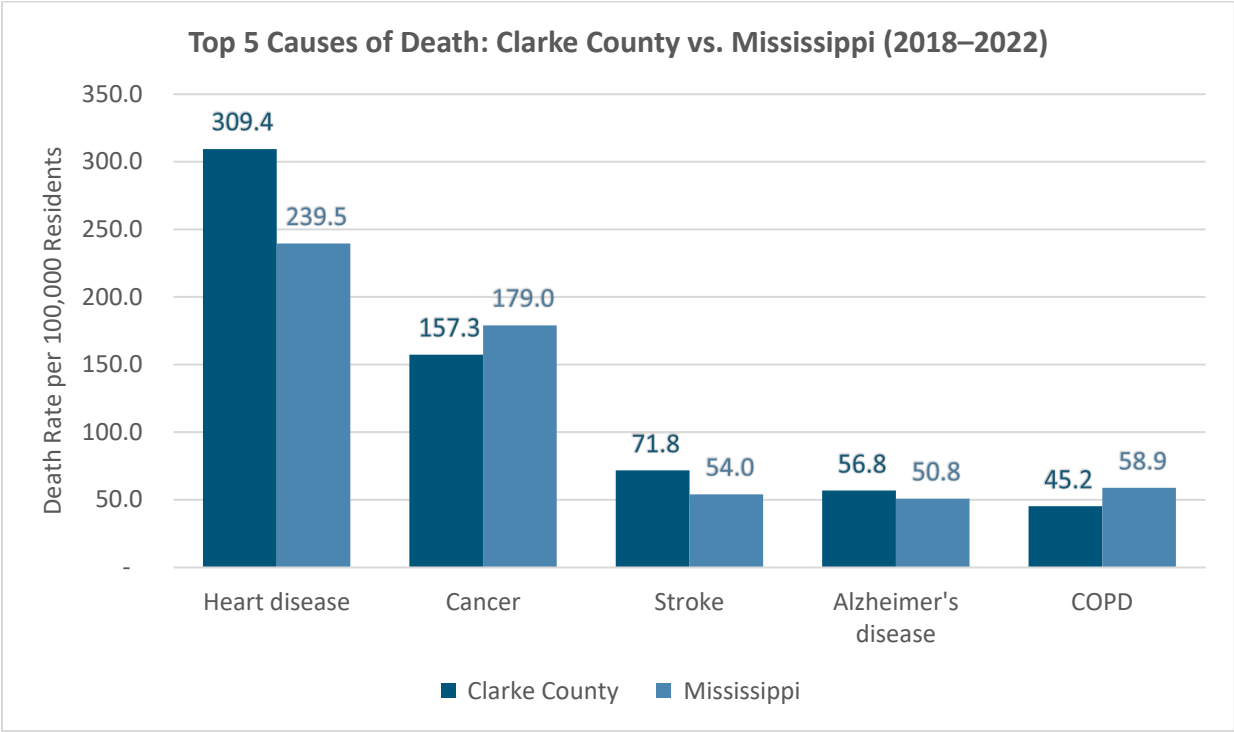
Identifying the leading causes of death is critical for understanding the most significant drivers of premature mortality in a community. This information helps local health systems and partners target prevention, education, and intervention efforts where they will have the greatest impact. For this assessment, the top five causes of death are based on five-year average death rates (2018–2022) for residents of Clarke County, the hospital’s primary service area.

While COVID-19, unintentional injury, and other diseases and conditions ranked among the top causes of death during this period, they have been excluded from this section to maintain a focused analysis on chronic, non-communicable diseases that consistently drive long-term health outcomes. COVID-19 introduced a short-term spike in mortality but has since declined in ranking and does not reflect persistent health system needs in the same way as chronic disease. Similarly, deaths from unintentional injuries and broad disease categories do not offer the specificity needed for actionable planning.

As shown in the chart, heart disease is the leading cause of death in Clarke County, with a death rate of 309.4 per 100,000 residents, which is substantially higher than the state average of 239.5. Cancer ranks second, with a local death rate of 157.3, which falls below the statewide rate of 179.0. Deaths due to

stroke (71.8) and Alzheimer’s disease (56.8) also exceed state averages, while the COPD-related death rate in Clarke County (45.2) is notably lower than the Mississippi average of 58.9.

These figures highlight a mixed pattern: Clarke County residents face a disproportionately high burden of heart disease, stroke, and Alzheimer’s disease, while experiencing lower mortality from cancer and COPD compared to state norms. Addressing these disparities will require ongoing public health efforts focused on cardiovascular health, neurological care, and chronic disease prevention. The following subsections explore trend data, and racial or ethnic disparities associated with each condition in greater detail.

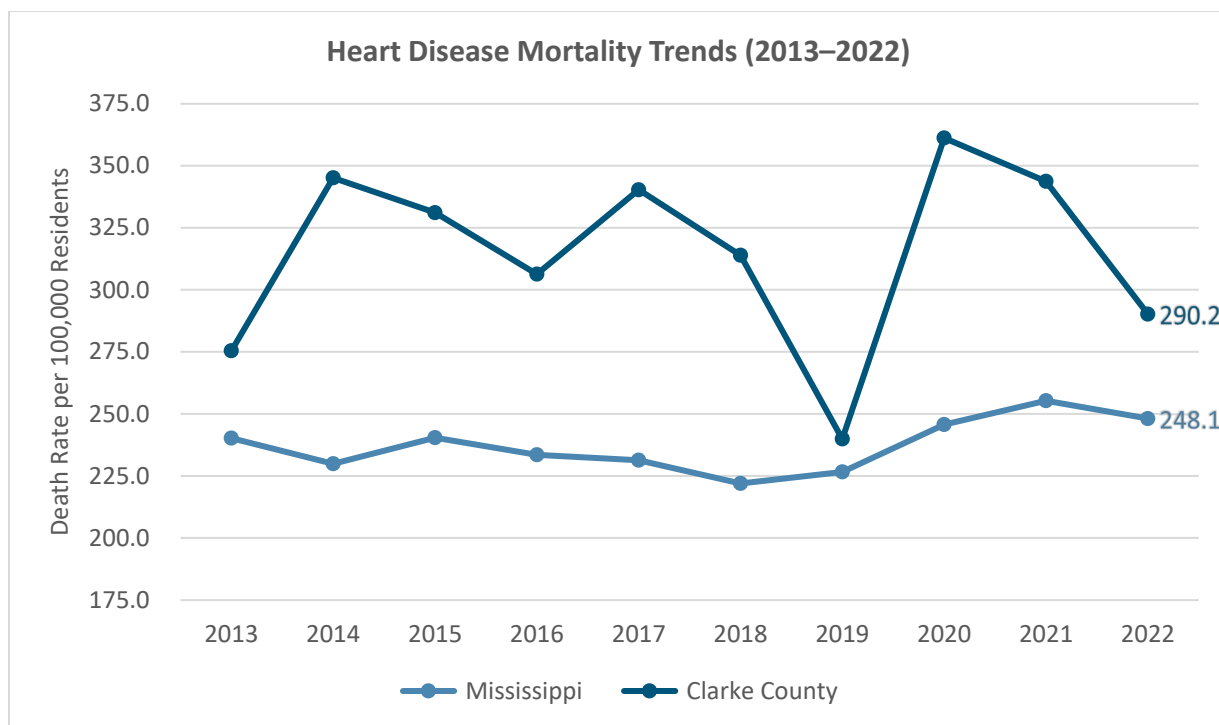


350 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Heart Disease

Heart disease remains the leading cause of death in Clarke County, with mortality rates consistently surpassing the state average. Over the past decade, Clarke County has experienced substantial year-to-year fluctuations, ranging from a low of 239.9 deaths per 100,000 residents in 2019 to a peak of 361.2 in 2020. These swings contrast with the relatively stable heart disease mortality trends observed statewide, where the rate gradually increased from 236.6 in 2019 to 248.1 in 2022.

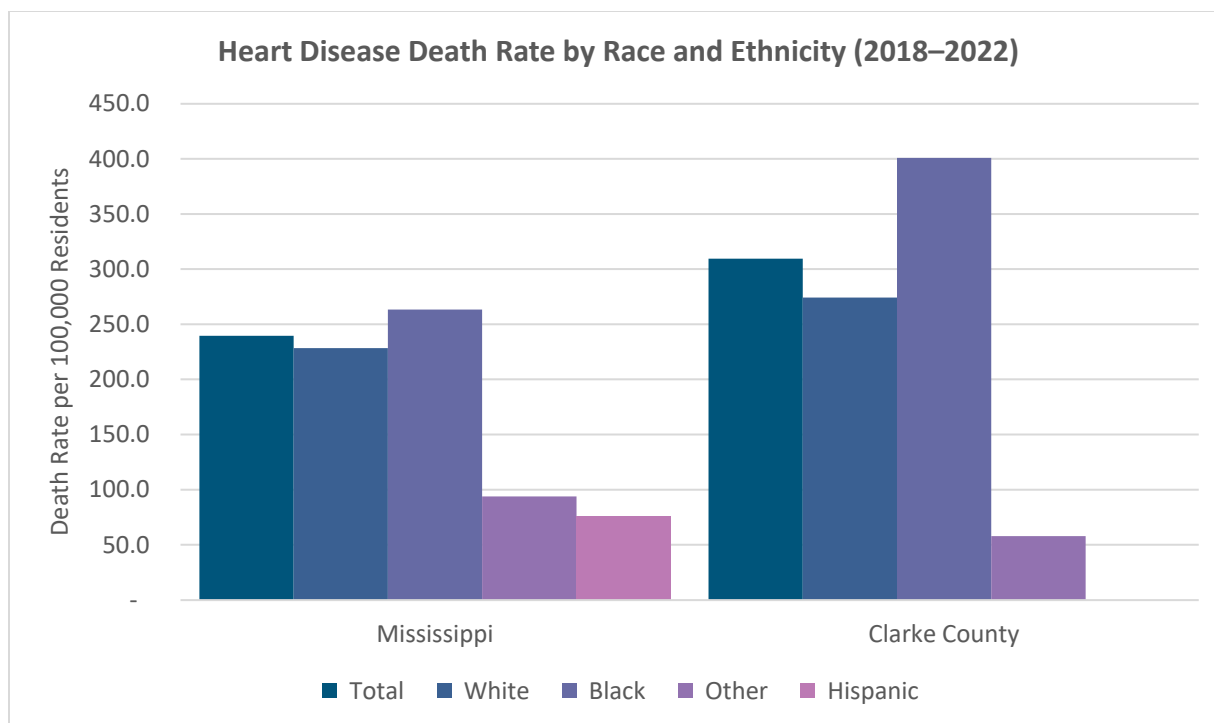
Despite a decline in recent years, Clarke County’s heart disease death rate in 2022 (290.2) still exceeded the state average, highlighting an ongoing public health concern. The volatility in local rates may reflect factors such as population size, healthcare access, or variations in chronic disease management. Sustained investment in preventive care, risk factor screening, and cardiovascular treatment is essential to address the elevated burden of heart disease in the county.



351 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

When broken out by race and ethnicity, heart disease mortality in Clarke County reveals significant disparities. Black residents experience the highest death rate by far, at approximately 400 deaths per 100,000 residents. This exceeds the rates for White residents (about 275 per 100,000) and the countywide average (just over 300 per 100,000). The sharp disparity highlights the disproportionate burden of cardiovascular disease among Black residents and reinforces the need for focused efforts to address social, economic, and healthcare-related barriers.

Residents categorized as “Other” have substantially lower reported heart disease mortality rates, around 60 deaths per 100,000. While these figures may suggest more favorable outcomes, they should be interpreted with caution due to small population sizes and possible data suppression or underreporting. The racial gap in mortality outcomes points to the importance of equitable access to preventive care, early detection, and chronic disease management.

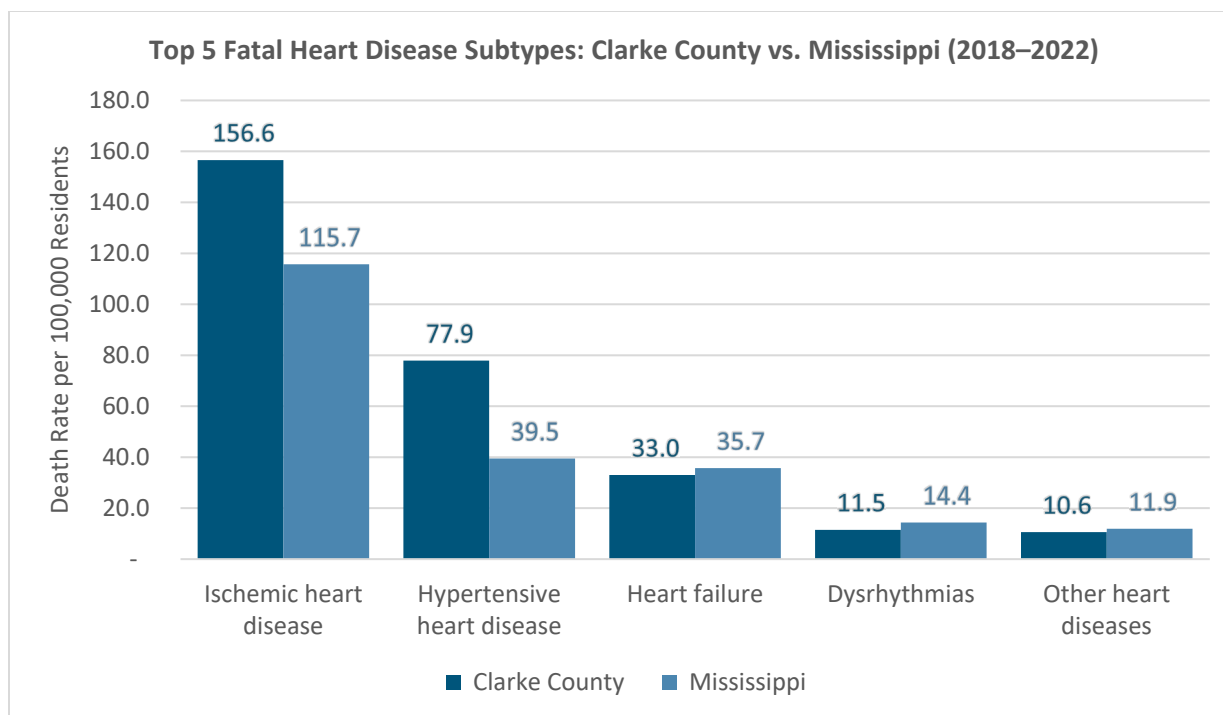


352 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Among heart disease-related deaths in Clarke County, ischemic heart disease is the most common subtype, with a death rate of 156.6 per 100,000 residents. This rate is significantly higher than the state average of 115.7 and reflects a major contributor to mortality in the county. Ischemic heart disease, also known as coronary artery disease, occurs when the arteries supplying blood to the heart become narrowed or blocked, often due to plaque buildup. It is largely preventable through healthy lifestyle choices, regular screenings, and effective management of risk factors such as high blood pressure, high cholesterol, and smoking.

Hypertensive heart disease is the second most common subtype in Clarke County, with a death rate of 77.9. This is nearly double the state average of 39.5 and indicates a particular area of concern. The condition results from long-term high blood pressure that places extra strain on the heart and circulatory system. Heart failure ranks third, with a local death rate of 33.0, which is slightly below the Mississippi average of 35.7. Other fatal subtypes such as dysrhythmias (11.5) and other heart diseases (10.6) are also reported, both of which fall below state levels.

These figures show that while ischemic heart disease remains the most frequent cause of heart-related deaths, hypertensive heart disease is a growing concern in Clarke County. Many of these conditions can be prevented or effectively managed through early detection, consistent care, adherence to treatment plans, and support for healthy behaviors. Improving access to preventive services and chronic disease management can play a key role in reducing cardiovascular deaths and improving long-term health outcomes in the community.



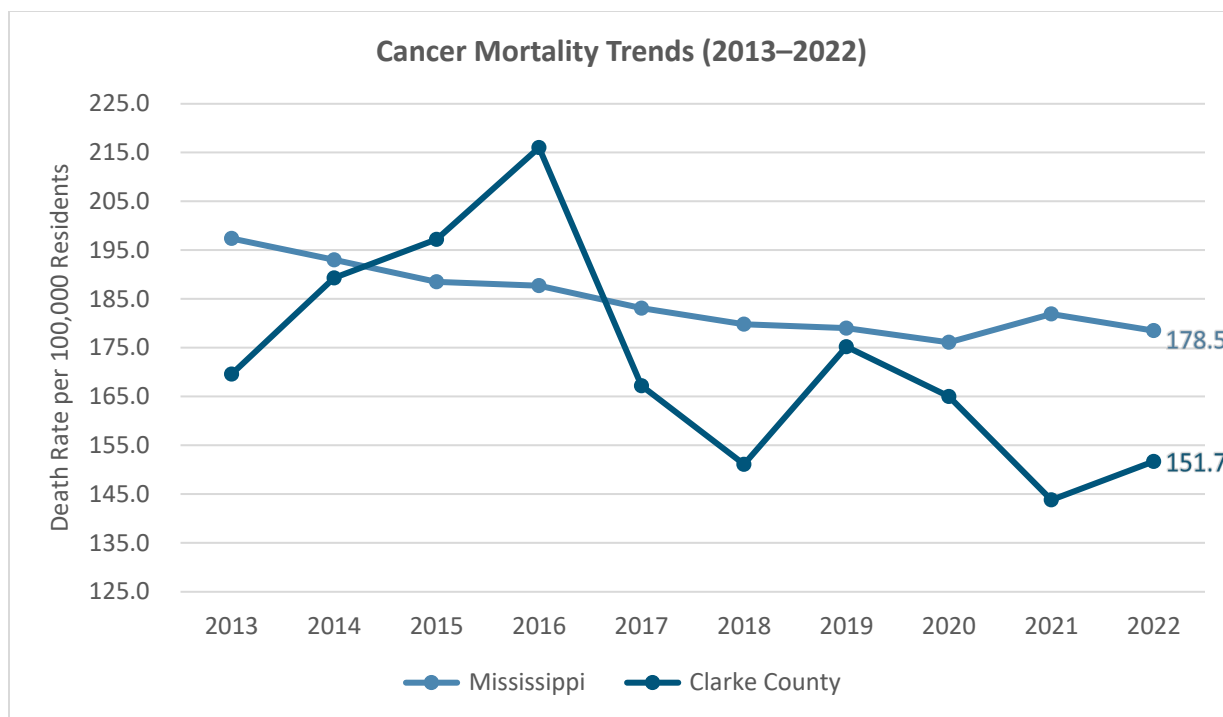
353 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Cancer

Cancer is the second leading cause of death in Clarke County, following heart disease. While some cancers are linked to genetic or environmental factors, many cases can be prevented or identified early through regular screenings, healthy behaviors, and timely access to care. This section explores long-term mortality trends, disparities by race and ethnicity, and the cancer types that contribute most to local deaths.

Over the past decade, cancer mortality trends in Clarke County have been inconsistent, with rates ranging from a high of 216.0 deaths per 100,000 residents in 2016 to a low of 143.8 in 2021. These fluctuations suggest possible challenges in consistent access to screening, timely diagnosis, and treatment services. While the statewide trend has shown a gradual decline in cancer mortality, Clarke County’s rates have varied more sharply from year to year.

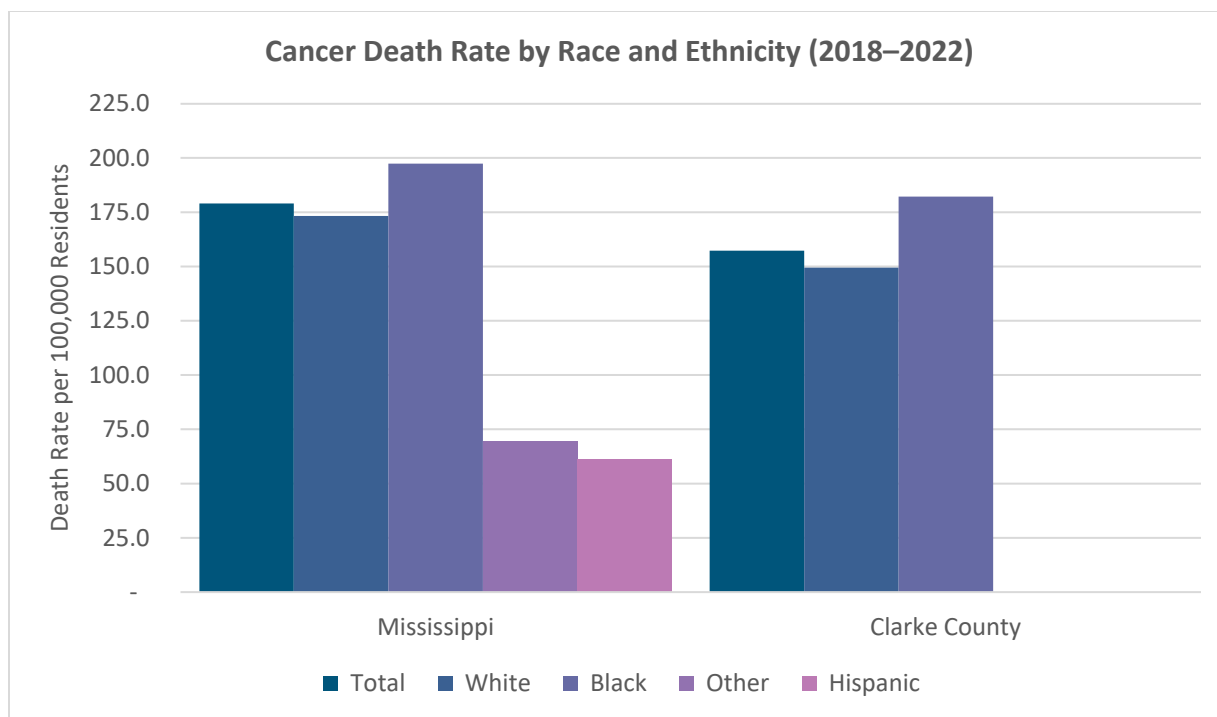
In 2022, the cancer death rate in Clarke County was 151.7, which is notably lower than the Mississippi state average of 178.5. The overall downward trend in recent years is encouraging, but the historical variability may reflect factors such as a smaller population base, late-stage detection, or uneven healthcare access. Continued efforts to expand cancer screening, early intervention, and care coordination are essential for sustaining progress and reducing cancer-related deaths in the county.



354 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

Disparities in cancer mortality by race and ethnicity are evident in Clarke County and reflect similar patterns seen at the state level. Black residents have the highest cancer death rate in the county, at approximately 182 deaths per 100,000 residents. This exceeds the rates for both White residents (around 149 per 100,000) and the countywide average. The elevated burden among Black residents points to a continued need for focused cancer prevention, screening, and treatment efforts in this population.

White residents experience slightly lower cancer mortality than the county average, while data for residents categorized as Hispanic or Other is not shown. This may be due to small population sizes or data suppression, which limits the ability to draw reliable conclusions. These trends underscore the importance of improving equitable access to early detection and timely, high-quality care, particularly for populations with the highest mortality burden.



355 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

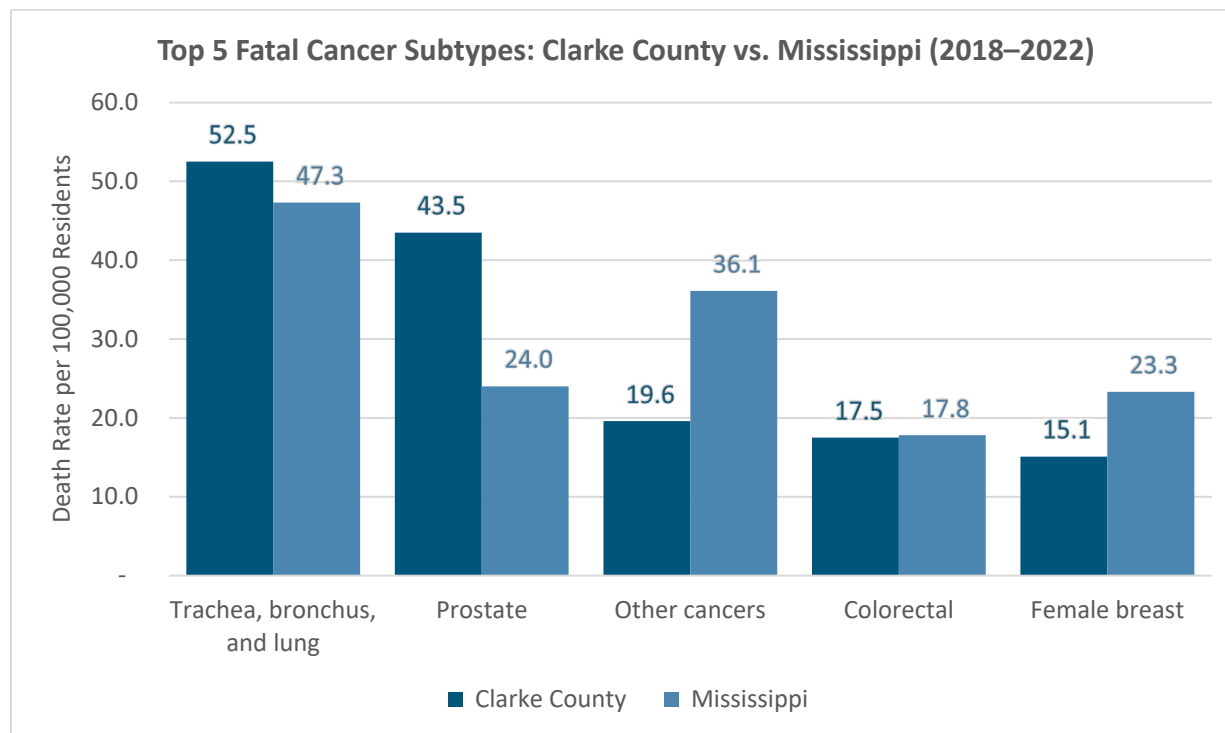
The most fatal cancer types in Clarke County generally follow statewide patterns. Lung cancer (trachea, bronchus, and lung) is the leading cause of cancer death in the county, with a rate of 52.5 deaths per 100,000 residents. This exceeds the state average of 47.3 and reflects the continued impact of smoking and other environmental or occupational exposures.

Prostate cancer is the second most common cause of cancer-related death in Clarke County, with a death rate of 43.5. This is considerably higher than the state average of 24.0 and points to the importance of early detection, routine screenings, and access to urologic care.

The third most common category is “Other cancers,” with a death rate of 19.6 per 100,000 residents, compared to the Mississippi rate of 36.1. This broad category includes a wide range of less common cancers such as those of the esophagus, gallbladder, small intestine, larynx, connective tissue, endocrine glands, lymph nodes, peritoneum, retroperitoneum, and central nervous system. It also includes metastatic cancers (those that have spread from other organs), many lymphomas, and cancers of unspecified or ill-defined sites. Although each individual cancer in this group is relatively rare, together they account for a significant portion of overall cancer deaths. Their diversity makes them challenging to prevent or detect through a single public health strategy.

Colorectal cancer ranks fourth in Clarke County, with a death rate of 17.5, nearly identical to the state rate of 17.8. Female breast cancer ranks fifth, with a death rate of 15.1, which is notably lower than the Mississippi average of 23.3. While this lower rate may be encouraging, it is important to ensure that access to mammography and follow-up care remains strong.

These findings highlight the need for a multi-pronged approach that expands cancer screening, promotes health education, and improves access to timely diagnosis and treatment to reduce the impact of these diseases in Clarke County.



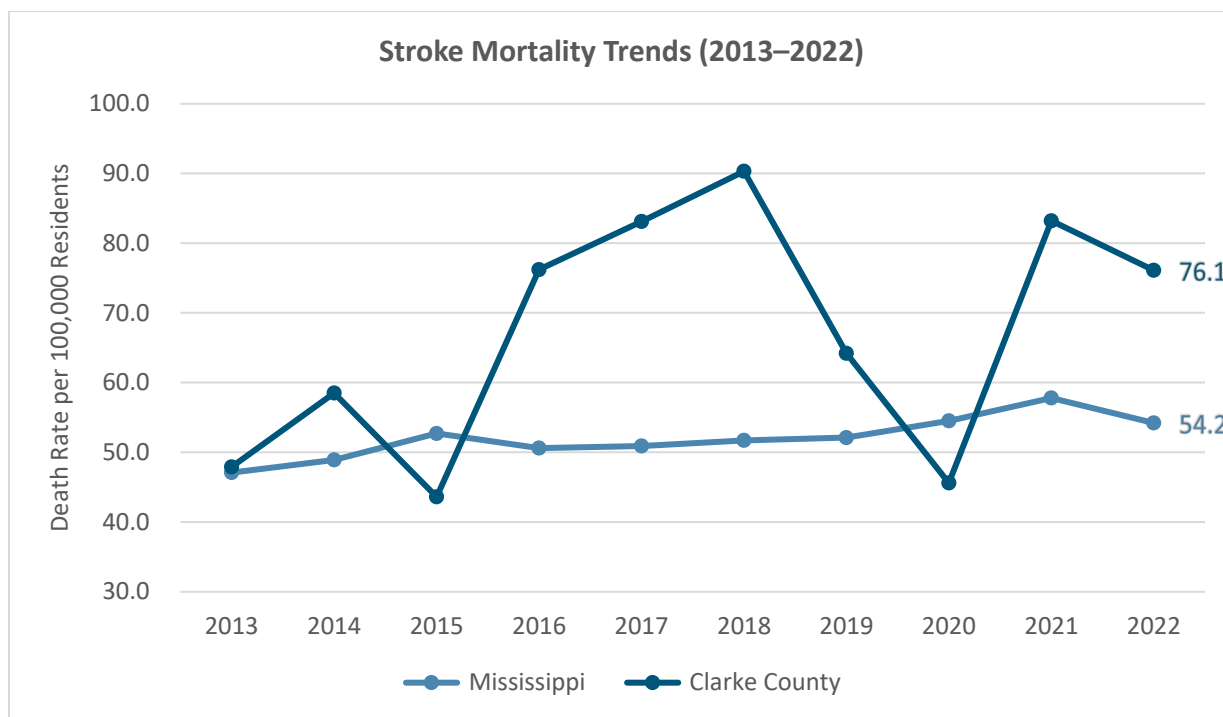
356 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Stroke

Stroke is the third leading cause of death in Clarke County, underscoring its continued impact on community health. Many strokes are linked to risk factors that can be prevented or managed, including high blood pressure, diabetes, tobacco use, and lack of physical activity. Prevention efforts, early detection, and timely access to medical care are all essential to reducing stroke-related deaths.

Over the past decade, Clarke County has experienced significant fluctuations in stroke mortality. Rates peaked in 2018 and again in 2021, with sharp declines in 2015 and 2020. In 2022, the death rate stood at 76.1 per 100,000 residents, which is substantially higher than the state average of 54.2.

These variations may reflect the effects of a small population, changes in access to emergency care, or inconsistencies in chronic disease management. Despite some improvement in recent years, the overall trend indicates a need for stronger community outreach, improved hypertension control, and better stroke awareness. Ongoing efforts to strengthen prevention and emergency response systems will be important to reducing the burden of stroke and improving health outcomes in Clarke County.

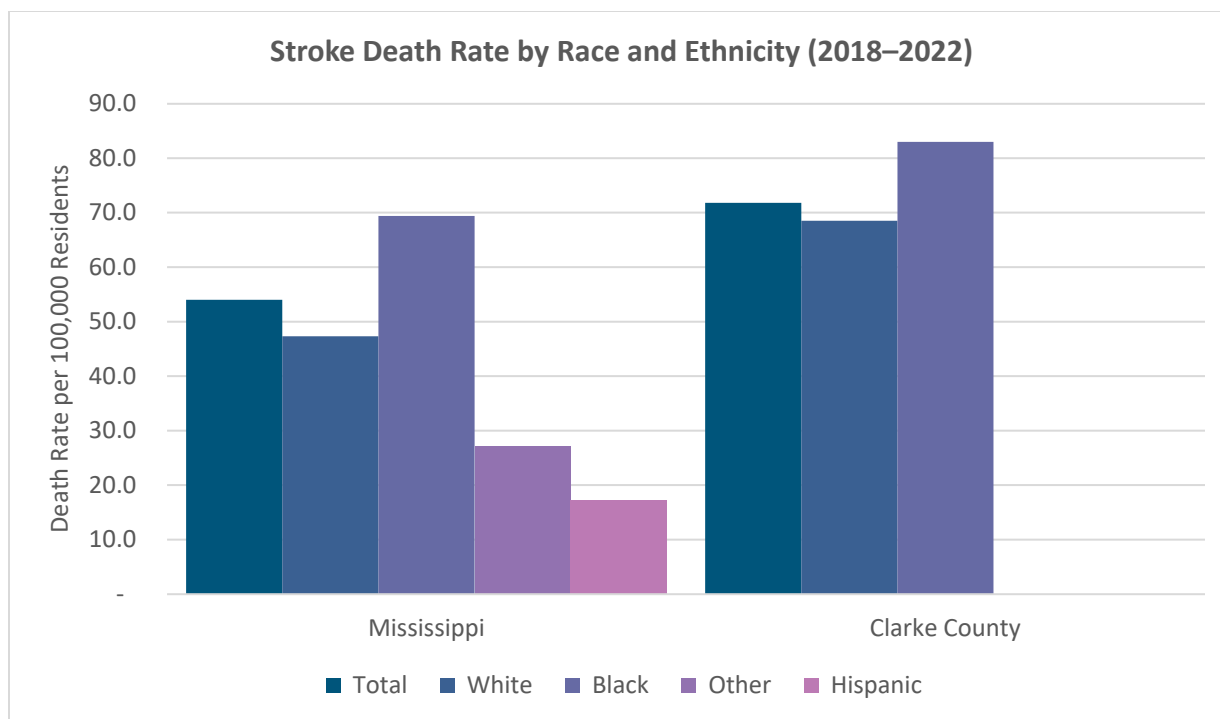


357 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

In Clarke County, racial disparities in stroke mortality remain evident. Black residents have the highest stroke death rate, at approximately 83 deaths per 100,000 residents. This is significantly above the rates for both White residents (around 69 per 100,000) and the overall county average. The elevated burden among Black residents highlights the need for targeted strategies focused on stroke prevention, early recognition of symptoms, and access to emergency and follow-up care.

White residents experience stroke mortality rates slightly below the county average but still higher than the statewide average for their racial group. Data for residents in the “Other” and Hispanic categories are not reported, likely due to small sample sizes or data suppression.

These patterns reflect ongoing health inequities that impact stroke outcomes and reinforce the importance of tailored outreach, blood pressure screening, and equitable healthcare access to reduce stroke-related deaths across all populations in Clarke County.



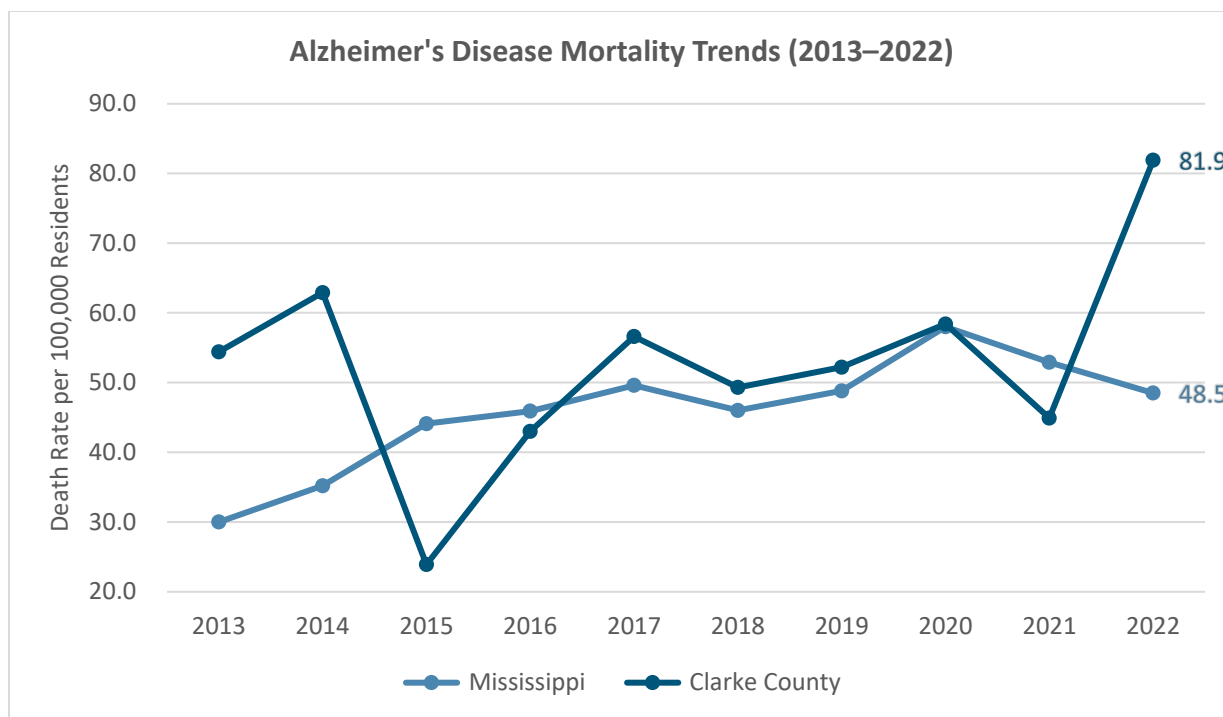
358 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Alzheimer’s Disease

Alzheimer’s disease is a progressive brain disorder that affects memory, thinking, and the ability to perform everyday tasks. As life expectancy increases, deaths related to Alzheimer’s have become more common, especially among older adults. Although there is no cure, early diagnosis, strong family and community support, and coordinated care can help improve quality of life for individuals and their caregivers. This section reviews long-term trends in Alzheimer’s mortality in Clarke County.

Over the past decade, Alzheimer’s disease mortality in Clarke County has fluctuated considerably. The rate reached a low of 23.9 deaths per 100,000 residents in 2015 and a high of 81.9 in 2022. This most recent spike places the county well above the state average of 48.5 deaths per 100,000 residents. The trend shows recurring rises and drops, suggesting variability in diagnoses, reporting practices, or shifts in the aging population.

The recent increase in mortality may reflect both an aging population and improved recognition of Alzheimer’s as a cause of death. Continued investment in early detection, dementia-friendly community programs, caregiver support, and access to memory care services will be important for managing the growing impact of Alzheimer’s disease in Clarke County.

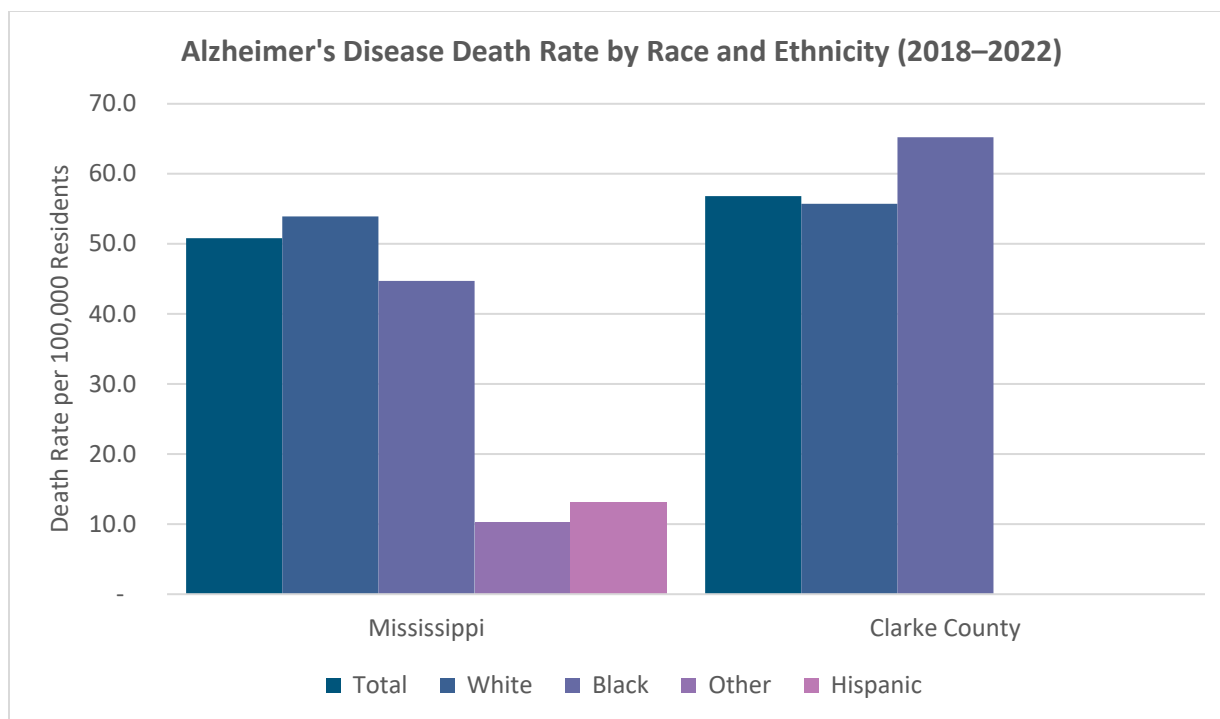


359 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

When broken down by race and ethnicity, disparities in Alzheimer’s disease mortality are clearly present in Clarke County. Black residents have the highest Alzheimer’s death rate in the county, at approximately 66 deaths per 100,000 residents. This is significantly higher than the rate for White residents, which is about 56 per 100,000. Both groups exceed the state averages for their respective populations, highlighting a growing burden in Clarke County.

The elevated rate among Black residents may point to differences in access to diagnosis, caregiver support, and specialized dementia care. Data for residents categorized as Hispanic or Other are not reported, likely due to small population sizes or data suppression, which limits broader interpretation.

These disparities reinforce the importance of increasing awareness about Alzheimer’s disease across all communities, improving access to memory care and diagnostic services, and providing culturally responsive support for families affected by dementia in Clarke County.



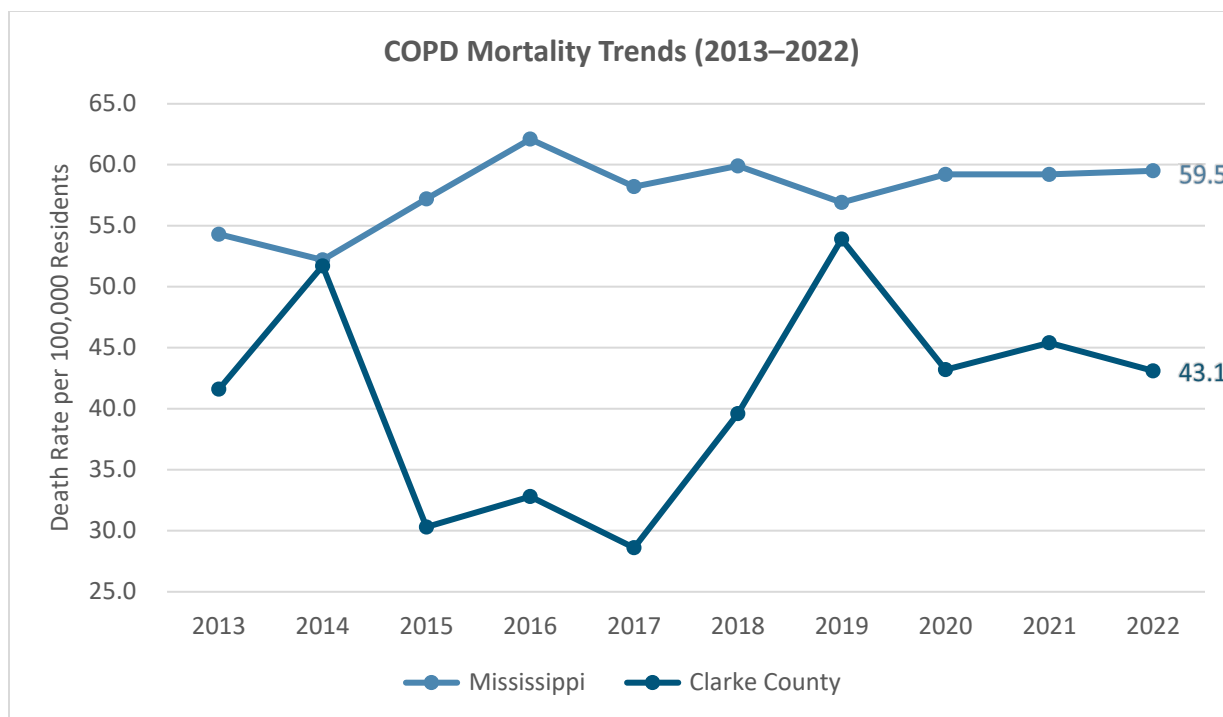
360 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Chronic Obstructive Pulmonary Disease (COPD)

Chronic lower respiratory disease, primarily chronic obstructive pulmonary disease (COPD), is a major cause of preventable death. This is especially true in rural areas where smoking rates are higher and environmental exposures may be more common. COPD includes progressive conditions such as emphysema and chronic bronchitis, which limit airflow and worsen over time. Although there is no cure, the disease can often be managed through early diagnosis, smoking cessation, medications, and pulmonary rehabilitation. This section reviews local mortality trends and contributing factors in Clarke County.

Over the past decade, COPD mortality in Clarke County has fluctuated, with several periods of notable change. The death rate rose steadily from 2013 to 2014, followed by a sharp drop in 2015. Rates remained relatively low through 2017, then increased again, peaking in 2019 at 53.9 deaths per 100,000 residents. In 2022, the COPD death rate in Clarke County stood at 43.1, below the state average of 59.5.

These trends contrast with the relatively stable statewide pattern and may reflect local differences in smoking behavior, exposure to environmental irritants, or access to early diagnosis and respiratory care. Clarke County's smaller population may also contribute to larger year-to-year variations. Continued public health efforts focused on tobacco cessation, improved access to pulmonary services, and education about early warning signs will be important for reducing COPD-related mortality in the county.

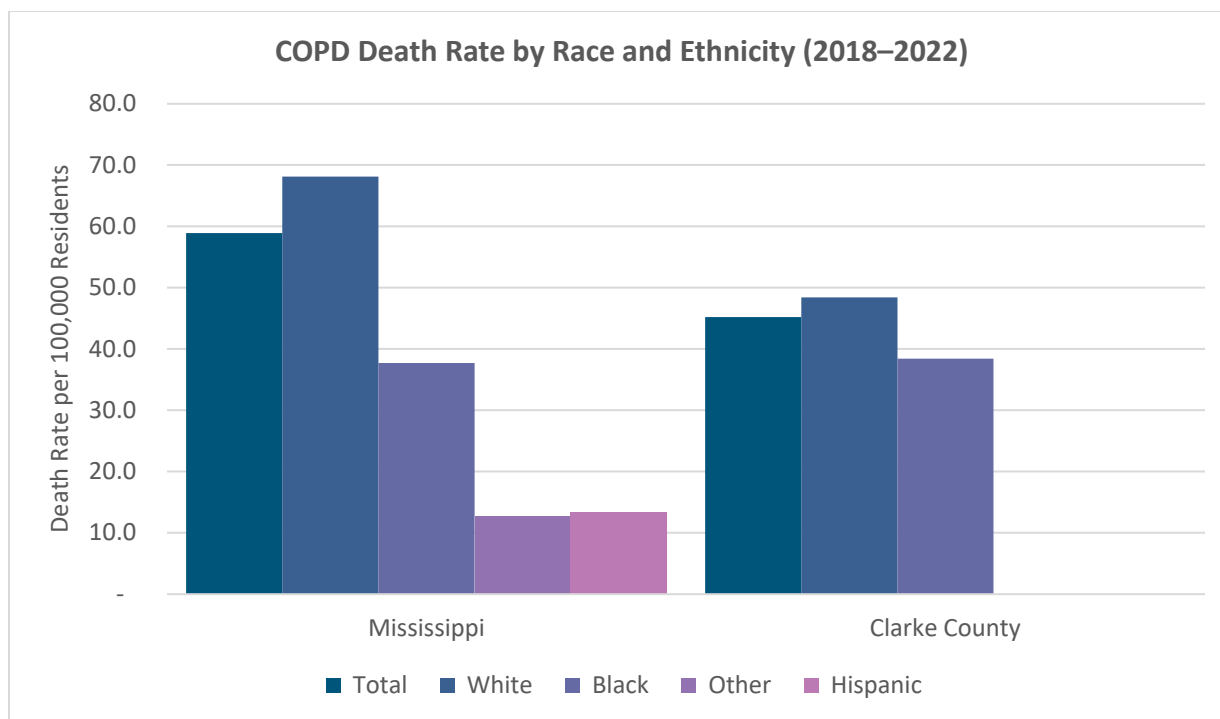


361 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2013–2022), Mortality Table

Mortality rates from COPD in Clarke County show notable differences across racial and ethnic groups. White residents have the highest COPD death rate in the county, at approximately 49 deaths per 100,000 residents. This is followed closely by Black residents, whose rate is around 38 deaths per 100,000. These figures mirror statewide patterns, where White populations tend to experience a greater burden of COPD-related mortality. These differences may reflect higher smoking rates, environmental exposures, or disparities in access to early diagnosis and respiratory care.

The overall COPD death rate in Clarke County remains lower than the statewide average, but the racial gap in outcomes highlights the need for tailored prevention and treatment strategies. Data for Hispanic and Other racial groups are not reported, likely due to small population sizes or data suppression.

Improving access to smoking cessation programs, pulmonary rehabilitation, and culturally competent care is essential to reducing COPD-related mortality and addressing disparities across Clarke County's population.



362 Source: Mississippi State Department of Health. Mississippi Statistically Automated Health Resource System (2018–2022), Mortality Table

Risk and Behavioral Health Indicators

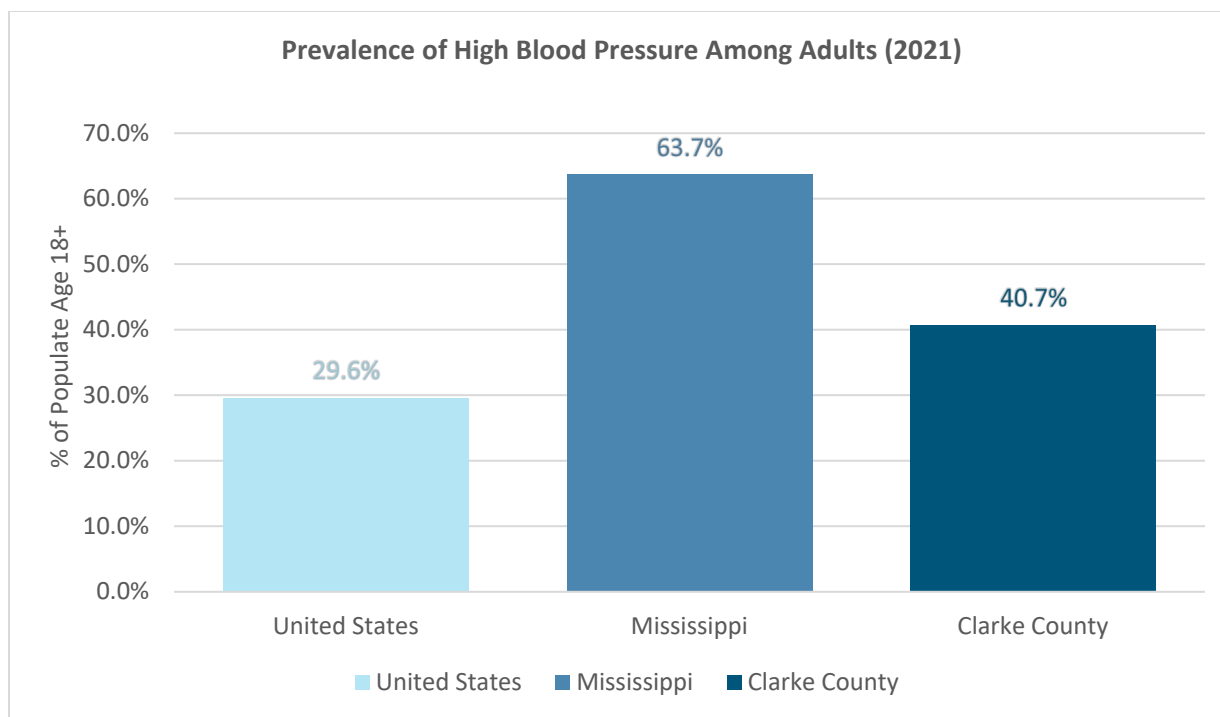
The leading causes of death and chronic disease are often influenced by health behaviors and modifiable risk factors. By tracking behavioral and clinical trends such as physical inactivity, tobacco use, and chronic conditions like diabetes and asthma, we can better understand where preventive outreach and education may have the greatest impact. This section provides local comparisons against state and national benchmarks.

High Blood Pressure

High blood pressure, or hypertension, occurs when the force of blood against artery walls remains elevated over time. Often called the “silent killer,” it typically has no symptoms but greatly increases the risk of heart disease, stroke, kidney failure, and other serious health complications. Because it often goes undetected, regular screening and consistent management are essential to preventing long-term harm.

In 2021, 40.7% of adults in Clarke County reported having high blood pressure. While this rate is significantly lower than the Mississippi average of 63.7%, it is still well above the national average of 29.6%. Hypertension remains one of the leading contributors to poor health outcomes, especially in rural communities where access to care may be more limited.

The elevated prevalence of high blood pressure in Clarke County highlights the need for continued investment in chronic disease prevention, routine monitoring, and affordable access to primary care. Public health strategies that promote nutritious diets, regular physical activity, smoking cessation, and medication adherence will be important in lowering hypertension rates and improving long-term cardiovascular health across the county.



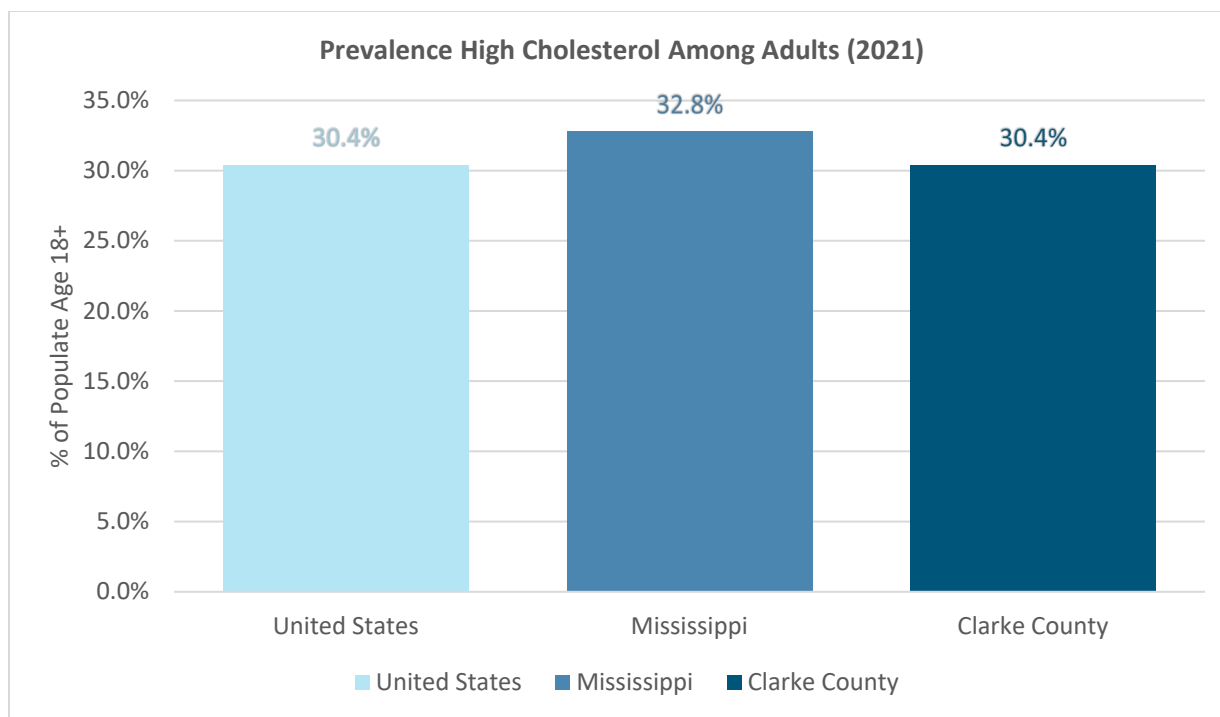
363 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2021); CDC Chronic Disease Indicators (2021)

High Cholesterol

Cholesterol is a waxy substance the body needs in small amounts to build cells and produce hormones. However, when cholesterol levels become too high, it can lead to plaque buildup in the arteries, increasing the risk of heart attack and stroke. Because high cholesterol typically presents no symptoms, routine screening is essential for early detection.

In 2021, 30.4% of adults in Clarke County reported having high cholesterol. This matches the national average of 30.4% and is slightly below the Mississippi state average of 32.8%. While the differences are relatively small, high cholesterol remains a key risk factor for cardiovascular disease.

When combined with other unmanaged conditions such as hypertension, diabetes, or obesity, high cholesterol can greatly increase the risk of serious health complications. In rural counties like Clarke, where access to continuous preventive care may be more limited, these findings highlight the importance of regular screenings, heart-healthy diets, physical activity, and adherence to treatment plans to reduce long-term cardiovascular risks.



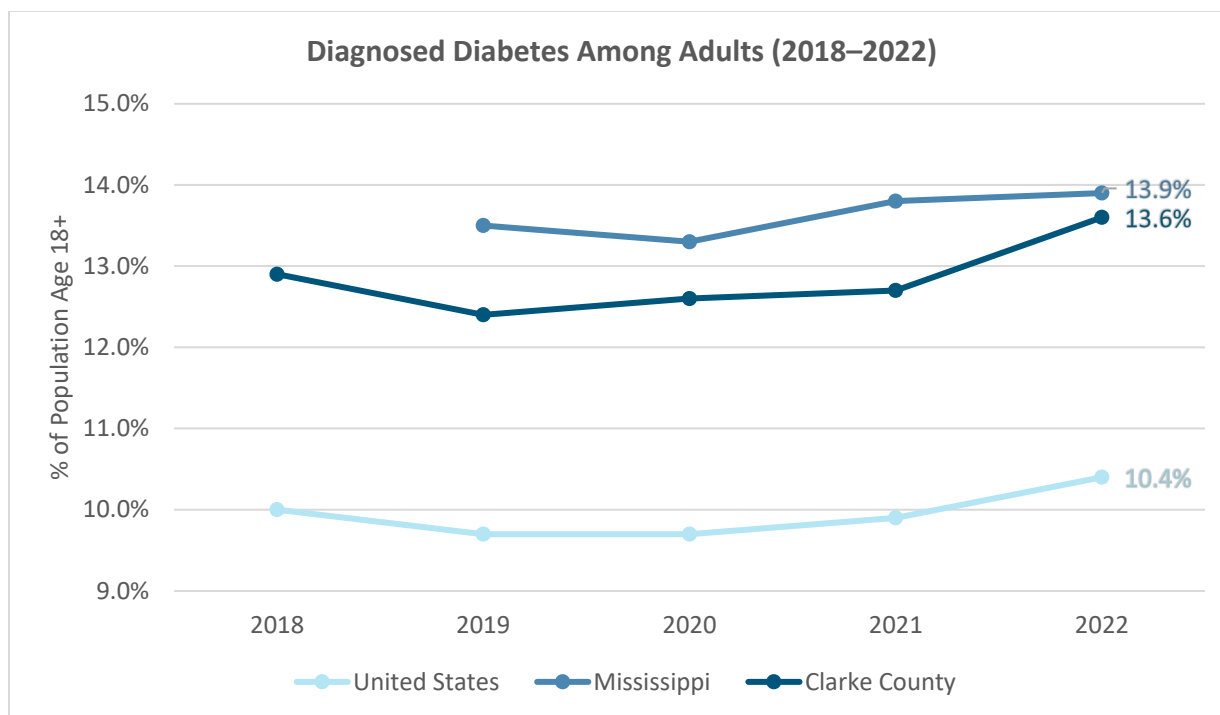
364 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2021); CDC Chronic Disease Indicators (2021)

Diagnosed Diabetes

Diabetes is a chronic condition that affects the body’s ability to regulate blood sugar. Without proper management, it can lead to serious complications such as nerve damage, kidney failure, heart disease, and vision loss. Tracking diagnosed diabetes over time helps identify areas where additional intervention and support may be needed.

As of 2022, 13.6% of adults in Clarke County reported being diagnosed with diabetes. This rate is slightly below the Mississippi average of 13.9% but remains well above the national average of 10.4%. Over the past five years, Clarke County’s diabetes rate has increased, rising from 12.4% in 2019 to its current level. This upward trend suggests a growing burden of diabetes in the community.

Given the long-term health risks associated with diabetes, there is a continued need for investment in prevention, early detection, and ongoing disease management. Expanding access to primary care, nutritional counseling, physical activity programs, diabetes education, and affordable medications can help improve outcomes and reduce the impact of diabetes on individuals and families in Clarke County.



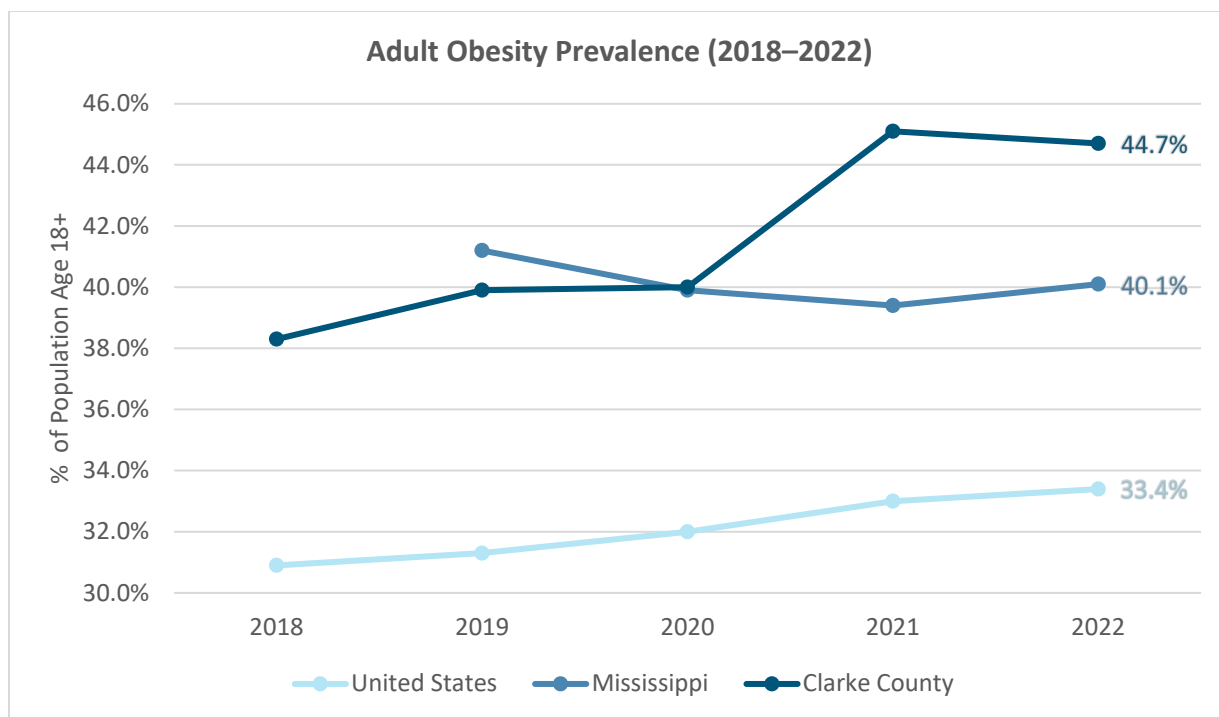
365 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2018–2022); CDC Chronic Disease Indicators (2018–2022)

Obesity

Obesity is closely linked to a range of serious health conditions, including heart disease, stroke, diabetes, and certain cancers. It is defined as having a body mass index (BMI) of 30 or higher and is influenced by a combination of genetic, behavioral, environmental, and socioeconomic factors.

In 2022, 44.7% of adults in Clarke County were classified as obese. This rate is significantly higher than both the Mississippi state average of 40.1% and the national average of 33.4%. Over the past five years, obesity in Clarke County has steadily increased, peaking in 2021 and remaining elevated in 2022. These trends indicate persistent challenges related to weight and chronic disease in the local population.

High obesity rates are often accompanied by other health concerns such as hypertension, diabetes, and high cholesterol. These conditions frequently overlap and increase the risk of severe illness and poor quality of life. The consistently high prevalence of obesity in Clarke County highlights the need for community-wide public health strategies that promote healthy eating, increase access to nutritious food, support physical activity, and expand preventive healthcare services. Addressing obesity is essential to improving overall health outcomes for residents.



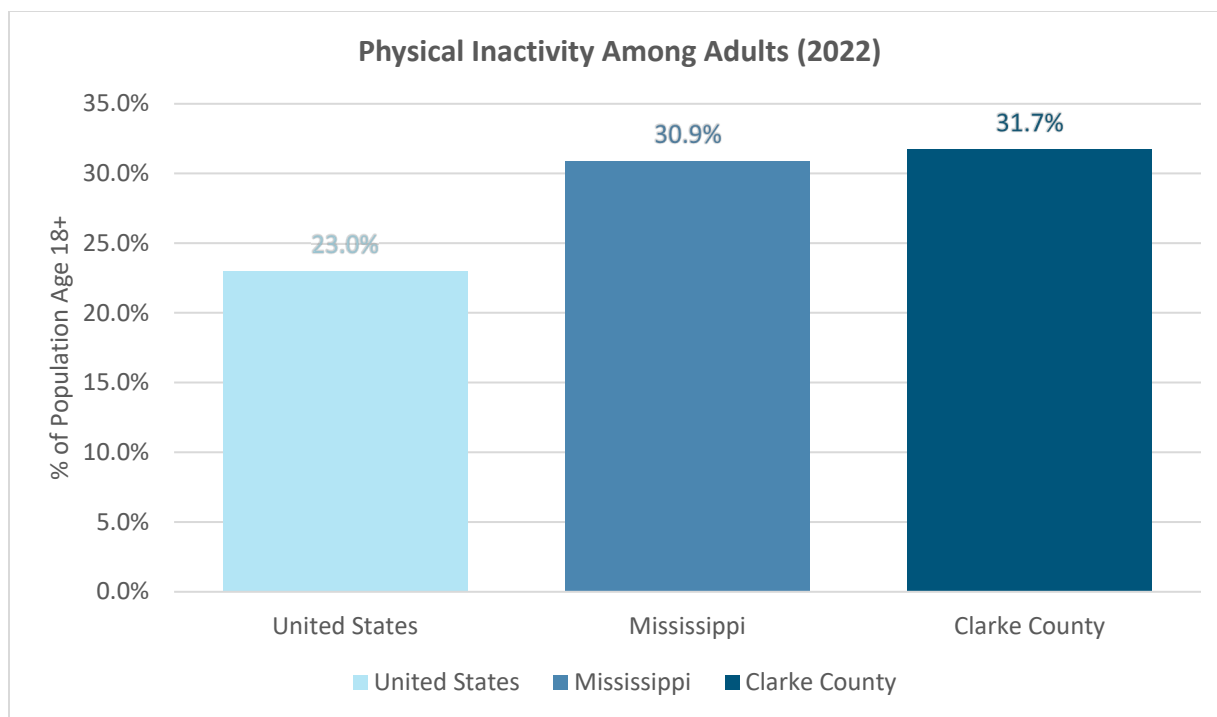
366 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2018–2022); CDC Chronic Disease Indicators (2018–2022)

No Leisure-Time Physical Activity

Engagement in physical activity is essential for preventing chronic disease and supporting mental health. Physical inactivity, defined as reporting no leisure-time physical activity in the past month, increases the risk for numerous health problems, including obesity, heart disease, and diabetes.

In 2022, 31.7% of adults in Clarke County reported no leisure-time physical activity. This rate is slightly higher than the Mississippi average of 30.9% and significantly above the national average of 23.0%. Limited physical activity contributes to a wide range of chronic conditions that are already prevalent in the community.

With high rates of obesity, hypertension, and diabetes in Clarke County, increasing physical activity should remain a public health priority. Strategies such as improving access to safe and affordable recreational spaces, investing in sidewalks and walking trails, and offering community-based fitness programs can help promote more active lifestyles and support better long-term health outcomes.



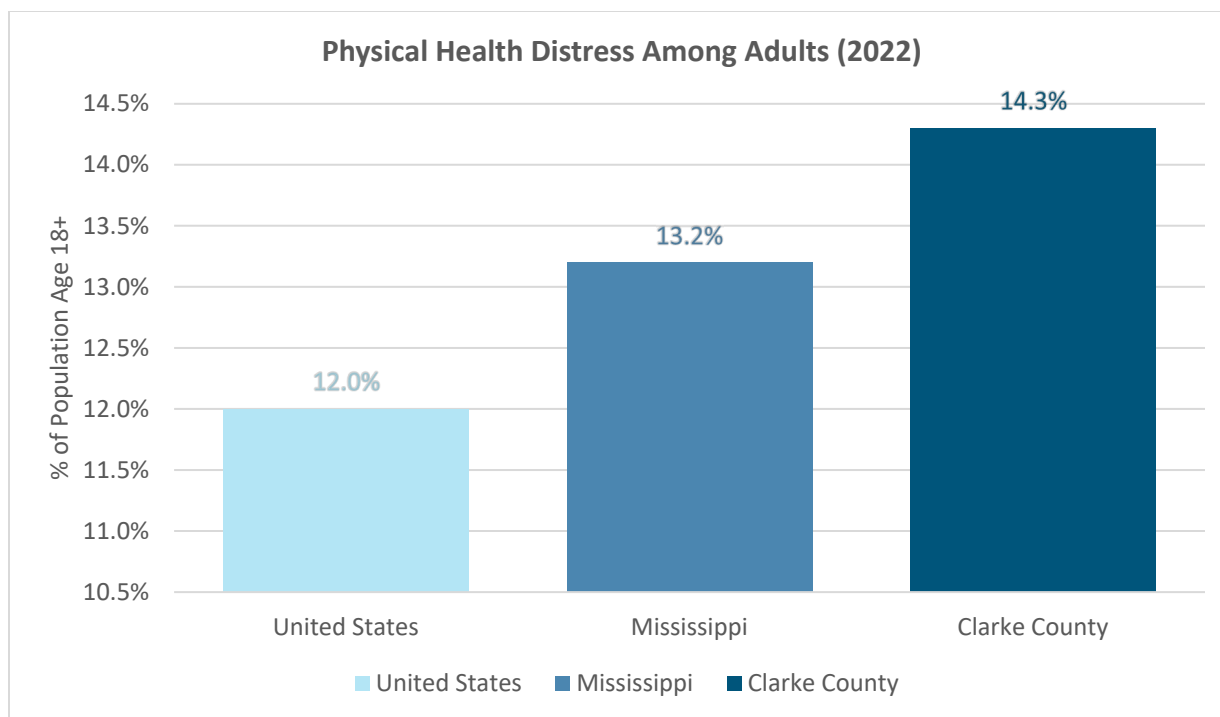
367 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Frequent Physical Distress

Frequent physical distress is measured by the percentage of adults who report feeling physically unwell for 14 or more days in the past month. This measure provides insight into the day-to-day burden of illness and the overall quality of life experienced by residents.

In 2022, 14.3% of adults in Clarke County reported experiencing frequent physical distress. This is higher than both the Mississippi state average of 13.2% and the national average of 12.0%. Elevated levels of physical distress often reflect the impact of chronic conditions such as obesity, diabetes, heart disease, and unmanaged pain.

These findings may also point to challenges related to maintaining mobility, managing symptoms, or accessing routine and preventive care. The elevated rate in Clarke County reinforces the need for expanded health services that support chronic disease management, health education, pain management, and improved access to affordable care. Addressing these concerns can help reduce daily health burdens and improve quality of life across the community.



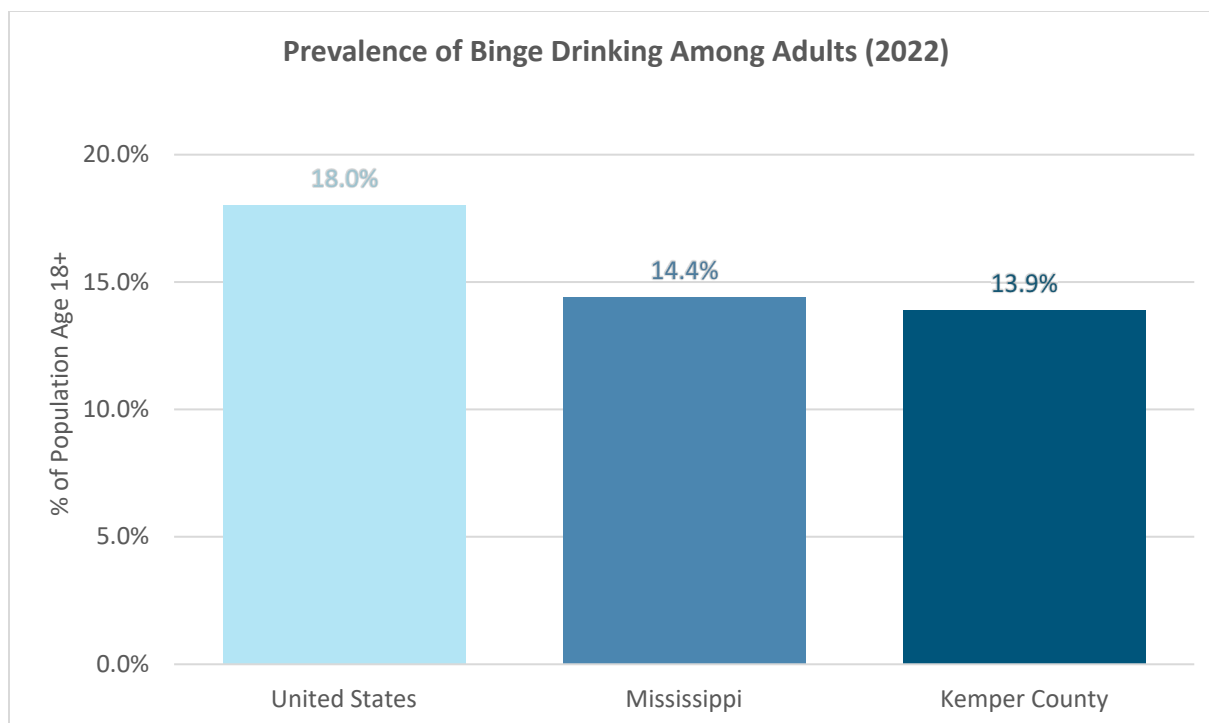
368 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Binge Drinking

Binge drinking refers to consuming several alcoholic beverages on a single occasion and is associated with increased risks such as injury, liver disease, high blood pressure, and certain types of cancer. While rural areas may have lower reported rates of binge drinking compared to urban centers, the associated health impacts can still be significant.

In 2022, 15.2% of adults in Clarke County reported engaging in binge drinking. This rate is slightly higher than the Mississippi average of 14.4% but remains below the national average of 18.0%. Although alcohol misuse is not the most pressing concern in the county, it still has the potential to contribute to other health and safety issues.

When combined with chronic conditions, mental health challenges, or limited access to care, alcohol use can further strain individual and community well-being. Ongoing efforts to raise awareness about responsible drinking and provide access to behavioral health services will support healthier outcomes for residents in Clarke County.



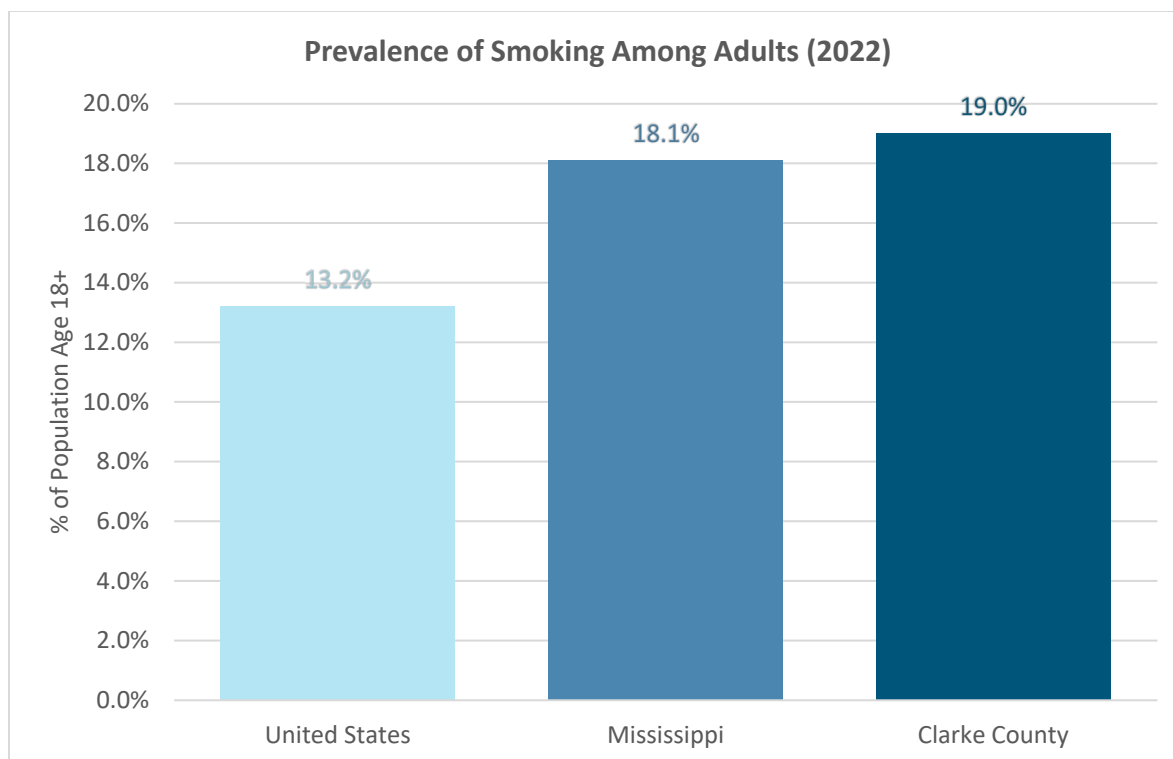
369 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Current Smoking

Smoking is one of the most preventable causes of death and disease. It significantly contributes to the development of chronic conditions such as cardiovascular disease, cancer, and chronic respiratory illnesses, including COPD.

In 2022, 19.0% of adults in Clarke County reported smoking. This rate is higher than both the Mississippi state average of 18.1% and the national average of 13.2%. The elevated smoking rate in Clarke County increases the risk for a range of chronic health conditions and puts additional strain on local healthcare systems.

Tobacco use remains one of the most important modifiable risk factors for poor health outcomes. Reducing smoking prevalence through evidence-based cessation programs, public education, and community outreach is essential to improving long-term health in Clarke County. Expanding access to support services and promoting tobacco-free environments can help reduce the burden of tobacco-related illness in the community.



370 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Cancer Screenings

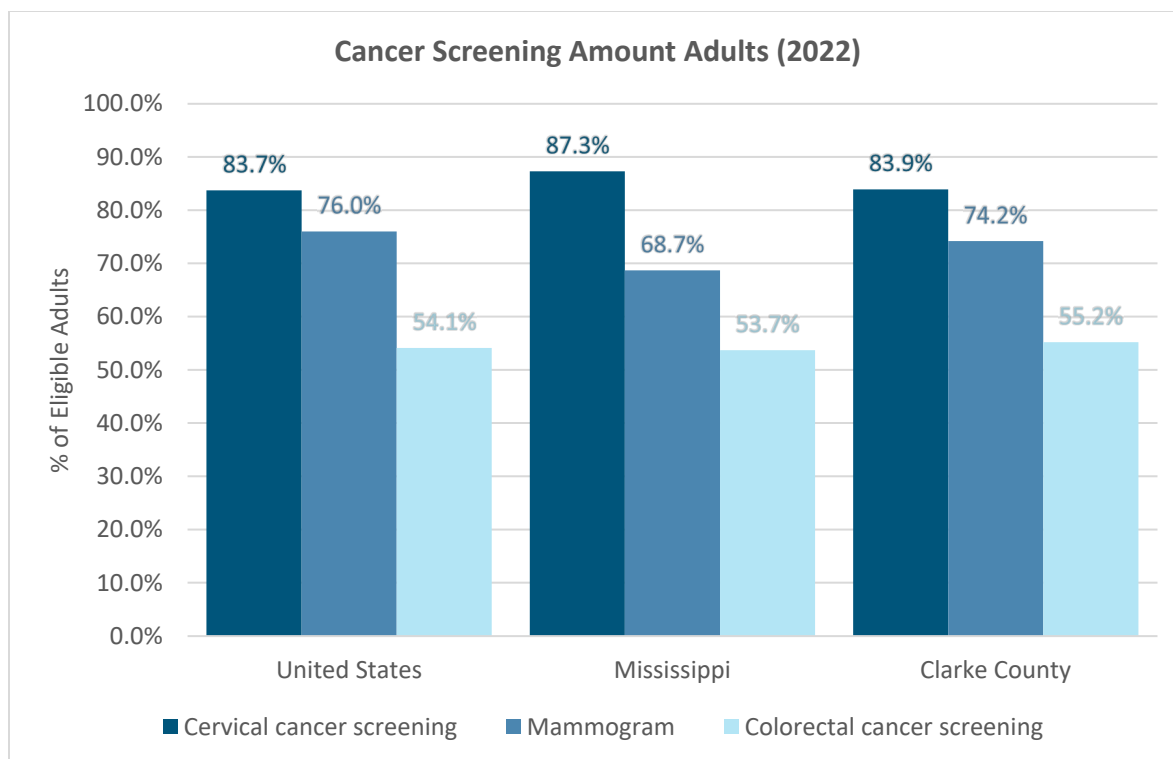
Routine screenings for cervical, breast, and colorectal cancers are critical for early detection, often identifying disease before symptoms appear. Early detection greatly improves the likelihood of successful treatment and can reduce cancer-related deaths.

In 2022, cancer screening rates in Clarke County showed a strong overall level of engagement, with room for continued improvement. Cervical cancer screening was the most commonly reported, reported by 83.9% of eligible adults. This rate is slightly above the national average of 83.7%, though lower than the Mississippi state average of 87.3%.

Mammogram screening was reported by 74.2% of eligible adults in Clarke County. This figure falls just below the national average of 76.0% but exceeds the state average of 68.7%, indicating relatively strong participation among women in the county.

Colorectal cancer screening, while the least utilized of the three, was reported by 55.2% of eligible adults. This rate is slightly higher than both the state average of 53.7% and the national average of 54.1%.

These figures suggest that while Clarke County is largely keeping pace with state and national benchmarks, additional outreach and education may help close remaining gaps, particularly for colorectal cancer screening. Efforts to improve access to screenings and reduce barriers to preventive care will support better long-term outcomes across the community.

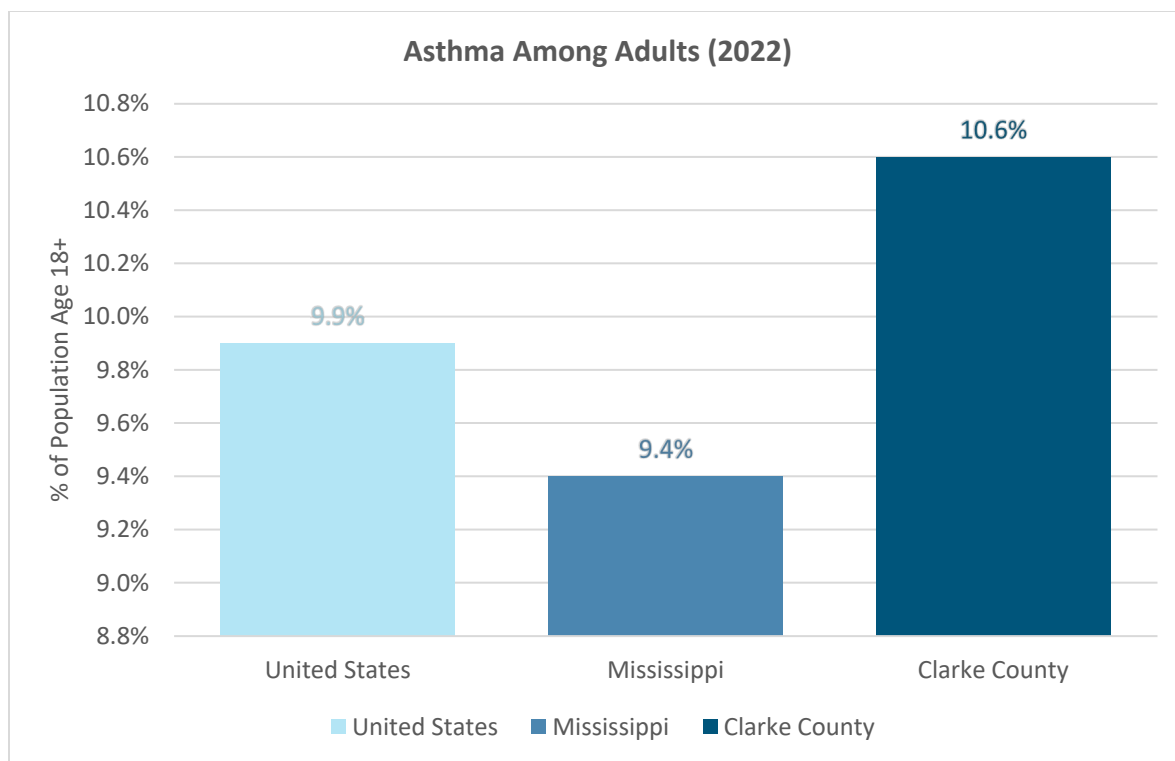


371 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Current Asthma

Asthma is a chronic respiratory condition that can limit quality of life and increase the risk of hospitalization, especially when poorly managed. It is often triggered by environmental exposures and can complicate other illnesses.

As of 2022, 10.6% of adults in Clarke County reported having asthma. This rate is higher than both the state average of 9.4% and the national average of 9.9%. The elevated prevalence points to ongoing respiratory health concerns in the community, particularly when viewed alongside other risk factors such as high smoking rates and chronic respiratory conditions. Improved access to treatment, environmental interventions, and tobacco cessation programs could help mitigate the burden of asthma in the county.



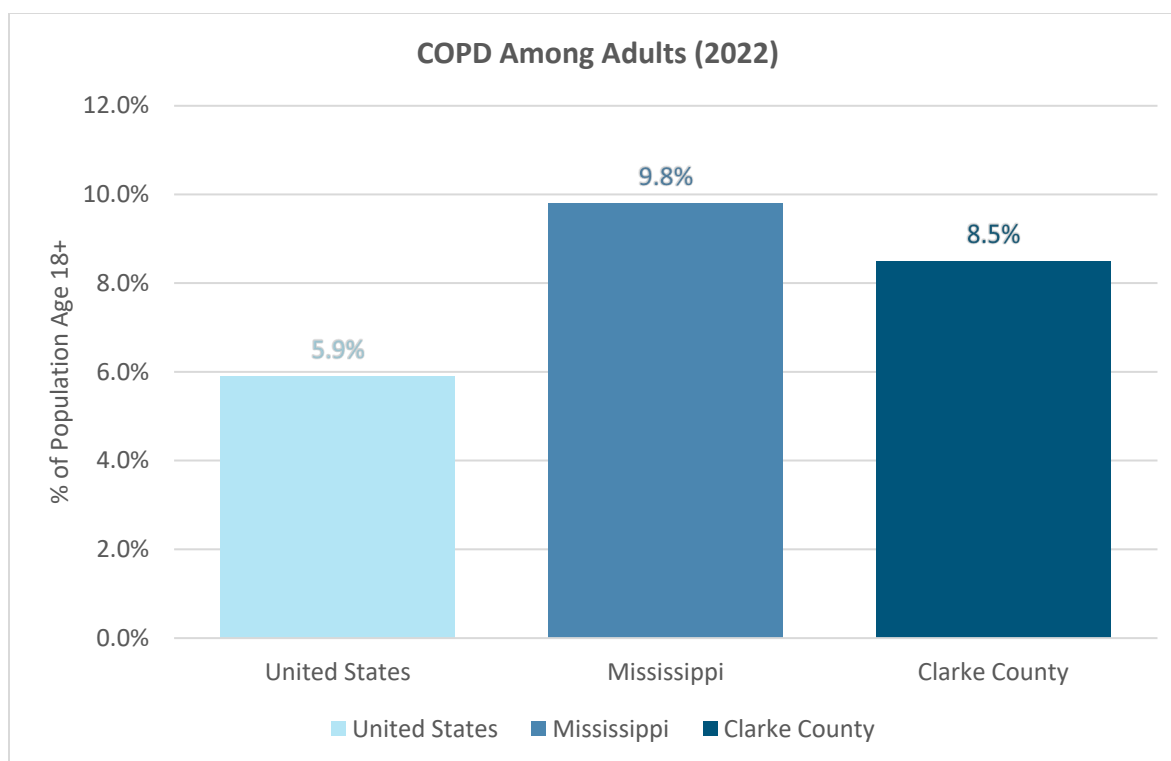
372 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Chronic Obstructive Pulmonary Disease

COPD is a progressive lung condition that can severely limit daily functioning. It is strongly associated with smoking and environmental exposures and contributes significantly to hospital admissions and early mortality.

In 2022, 8.5% of adults in Clarke County were living with COPD. This rate is lower than the Mississippi state average of 9.8% but notably higher than the national average of 5.9%. While Clarke County does not have the highest prevalence in the region, COPD continues to pose a substantial health concern due to its connection to smoking and other respiratory risk factors.

Addressing COPD in Clarke County will require sustained investment in prevention strategies, early detection efforts, and access to quality treatment. These steps are essential to reducing the long-term burden of chronic respiratory disease and improving health outcomes for residents.



373 Source: Centers for Disease Control and Prevention. PLACES: Local Data for Better Health (2022); CDC Chronic Disease Indicators (2022)

Together, these indicators reflect the complex interplay of personal behaviors, clinical conditions, and systemic factors that shape community health. Understanding these patterns is a necessary step in identifying where resources and interventions may have the greatest impact on long-term wellbeing.

Progress Since the Last CHNA

Since the completion of the previous CHNA, the hospital has worked to address the top priorities identified during that cycle. This section offers a high-level overview of the implementation strategies developed in response, including programs, outreach efforts, and collaborative initiatives. Reviewing what has been accomplished provides important context for the current assessment and reinforces the hospital's ongoing commitment to community health.

Initiative 1: Safety

Ochsner Watkins has worked to strengthen safety awareness and prevention across the community, with a particular focus on fall prevention, motor vehicle safety, and mental health education.

- Continued COVID-19 education and vaccination drives across the Ochsner Rush Region in partnership with local organizations.
- Collaborated with the Community Health Improvement Network to host educational events including Anxiety and Depression (June 2022), Mental Health Matters (September 2023), and PTSD and Mental Health (September 2024). These free community programs featured expert speakers, open Q&A sessions, and recordings shared on social platforms.

- Conducted Suicide Awareness Drives in September and October 2023 and again in 2024, along with the region's first Lean on Me Jubilee, a large-scale public event highlighting suicide prevention, mental health resources, and overall safety education.
- Partnered with the Regional Trauma Team and community therapy staff to provide education on injury prevention and fall safety.
- Offered A Matter of Balance, a free educational Lunch and Learn in August 2024 focused on physical activity and mobility among older adults.
- Made efforts to advance the 911 Address Signage Campaign in partnership with local agencies; while progress was made in planning, completion requires additional community resources.

Initiative 2: Lifestyles

Ochsner Watkins has promoted healthier living through community partnerships that emphasize nutrition, physical activity, and preventive screenings.

- Partnered with the local school district to assess educational needs and develop collaborative health and wellness programming for students and families.
- Worked with church leaders across Clarke and Lauderdale counties to provide a May 2025 community event on healthy dietary practices, label reading, hypertension, diabetes, and stroke prevention. The event included on-site blood pressure, glucose, and weight assessments for 50 to 75 attendees.
- Continued COVID-19 education and vaccination drives throughout 2022 in collaboration with community partners.
- Partnered with the Community Health Improvement Network to host annual Heart Healthy Lunch and Learn events each February, providing information on cardiovascular health and prevention.
- Supported mental health awareness through the Anxiety and Depression (2022), Mental Health Matters (2023), and PTSD and Mental Health (2024) events, along with the Lean on Me Jubilee in 2023 and 2024.
- Offered General Health and Wellness: Know Your Numbers in April 2025, a free community program emphasizing the importance of regular screenings and monitoring personal health metrics.

Initiative 3: Cancer Awareness

Ochsner Watkins has continued to expand community awareness and education on cancer prevention, early detection, and healthy behaviors.

- Provided educational materials and displays on breast, prostate, and lung cancer throughout the year, including Breast Cancer Awareness in October, Prostate Cancer in September, and Lung Cancer in November.
- Partnered with the Community Health Improvement Network to host annual Breast Cancer Awareness Luncheons in 2022, 2023, and 2024.

- Collaborated on a Colon Health Luncheon in March 2025, offering education on screening guidelines, early detection, and prevention.
- Supported awareness efforts related to tobacco and vaping risks, reinforcing messages on the importance of early detection and regular screenings.

Community Input and Perspectives

Community engagement was a key part of this CHNA process. Through surveys, focus groups, and conversations with residents and local stakeholders, the hospitals gained valuable insight into the community's experiences, concerns, and priorities. This section highlights the main themes that appeared during engagement efforts and reflects the community's perspective on health, healthcare, and the factors that influence well-being.

The Community Health Survey was circulated systemwide across Ochsner Rush Health facilities. Results were analyzed in aggregate to support both local and systemwide planning.

Community Perceptions of a Healthy Community

When asked to identify the most important features of a healthy community, respondents most often selected access to healthcare, good education, employment opportunities, and safe neighborhoods. Other frequently mentioned priorities included places of worship, accommodations for individuals with disabilities, preventive health services, affordable housing, and equality across different groups.

These responses highlight how residents view community health as more than medical care alone. Education, economic opportunity, social support, and neighborhood conditions were seen as essential components of a healthy community.

Common Health Conditions

Respondents most frequently identified high blood pressure and diabetes as the most common health conditions in their communities. Cancer and mental health concerns were also mentioned often, followed by obesity, heart disease, and Alzheimer's disease.

This pattern reflects widespread awareness of chronic disease and its impact on daily life. It also aligns with broader health outcome data for the region, reinforcing the importance of prevention, disease management, and access to quality care.

Behavioral Health Concerns

A wide range of behavioral health issues were identified by respondents. The most common concerns included being overweight or obese, tobacco use, alcohol use, juvenile issues, and violence. Others mentioned dropping out of school, lack of exercise, and limited opportunities for preventive screenings or wellness activities.

These findings suggest that residents are aware of both individual behaviors and community factors that shape health outcomes. Many of the issues identified point to opportunities for earlier intervention, stronger partnerships with schools and community groups, and increased preventive efforts.

Access and Service Gaps

Respondents frequently cited gaps in healthcare access. Specialty care, substance use treatment, pediatric care, and mental health services were the most commonly identified areas where access is limited. Prenatal care, primary care, and after-hours services were also noted as areas of need.

Transportation challenges came up repeatedly, particularly among those living in rural areas where distance and provider availability can make care more difficult to reach. These concerns were most often raised by respondents from communities served by rural hospital locations. Respondents who primarily utilize the main hospital in Meridian reported fewer access issues, indicating that many of these barriers are concentrated outside of the city.

Additional Feedback and Community Context

Open-ended responses often emphasized the importance of mental health resources, after-hours care, and transportation. Some respondents also mentioned the value of trusted local providers, faith-based supports, and other community resources. Others pointed to opportunities to improve consistency in staffing and appointment availability.

Overall, these responses provide insight into the daily realities that shape how residents experience health and healthcare. Many of the themes reflect needs related to access, chronic disease prevention, education, economic stability, and social supports. These findings will serve as an important foundation for future planning efforts and the development of strategies that reflect the priorities identified by the community.

Acknowledgment of Community Partners

Ochsner Rush Health extends its sincere appreciation to the individuals, community partners, and local businesses that participated in the focus group discussions and engagement activities. Their input was essential to developing a meaningful and accurate assessment of community needs. By sharing their perspectives and experiences, these participants helped identify the challenges and opportunities that most directly affect the health and well-being of residents throughout the region.

Members of the following organizations contributed to the focus group process:

Ochsner Rush Medical Center and Ochsner Specialty Hospital

- Community Health Improvement Network (CHIN)
- Lauderdale County Sherriff's Office
- Meridian Police Department
- Meridian Public School District
- Metro Ambulance Services
- Mississippi State Department of Health

Ochsner Choctaw General

- Butler Police Department
- Choctaw County Schools
- City of Butler
- Health Department Representative
- First Circuit Court of Alabama
- Gilberttown Assembly of God Church
- Ochsner Choctaw General Board of Directors
- Patrician Academy

Ochsner Laird Hospital

- City of Union
- First Baptist Church of Union
- Newton County Health Department
- Ochsner Laird Rehab Department
- Union Chamber of Commerce
- Union Police Department
- Union Public School District

Ochsner Scott Regional

- City of Morton
- Magnolia EMS
- Scott County Health Department
- Scott County Sheriff's Department

Ochsner Stennis Hospital

- East Mississippi Community College
- Kemper County Chamber of Commerce
- Kemper County School District
- Kemper County Health Department
- Kemper County Sheriff's Department
- Ochsner Stennis Board of Directors
- Union Baptist Church

Ochsner Watkins Hospital

- AC, General Contractor
- Ced's Rib Shack
- City of Quitman
- Clarke County Chamber of Commerce
- Mississippi State Department of Health, District 6
- Paratech Ambulance Service
- Pig Out
- Quitman School District
- Rustic Couture
- The Garage Food & Drinks
- The Rustic Freeze

Conclusion

Ochsner Rush Health remains dedicated to improving the health and well-being of the residents across its service area through collaboration, education, and evidence-based care. This Community Health Needs Assessment has identified key priorities that reflect both current challenges and opportunities for meaningful impact. By combining data-driven insights with the voices of community members, Ochsner Rush Health and its hospitals can continue developing programs and partnerships that address the most pressing needs of the region.

Each hospital within the system plays a vital role in advancing these goals through local engagement, preventive care initiatives, and ongoing evaluation of outcomes. The strategies outlined throughout this report demonstrate the system's commitment to addressing health disparities, expanding access to care, and empowering individuals to make healthier choices.

Moving forward, Ochsner Rush Health will build upon the progress achieved since the last assessment while adapting to emerging needs. Through continued collaboration with community organizations, public health agencies, and local stakeholders, the system will strive to create lasting improvements in health equity, quality of care, and overall community wellness.

Together, these efforts represent Ochsner Rush Health's ongoing promise to serve, support, and strengthen the communities that trust it with their care.

Appendix A: Local Resources Described by CHNA Participants

CHNA participants highlighted the following organizations as important community partners working to meet the health needs identified in this assessment.

Choctaw County, Alabama

Name of Organization	Focus Area	Description	Website
Choctaw County Health Department	Community Health	Provides immunizations, WIC, family planning, environmental services, and public health outreach.	https://www.alabamapublichealth.gov
Butler Senior Center/Butler Cares	Senior Services	Provides senior meals, transportation, activities, home-delivered meals, and wellness support.	—
Choctaw County Public Library	Education	Offers educational programs, technology access, and community resources.	—
Choctaw County Extension Office	Education / Community Health	Delivers nutrition education, 4-H youth development, family resources, and community programs.	https://www.aces.edu
Choctaw County Food Pantry	Food Access	Provides food assistance and distribution for low-income residents.	—
Local Faith-Based Food Ministries	Food Access	Churches offering monthly or emergency food box distribution.	—

Clarke County, Mississippi

Name of Organization	Focus Area	Description	Website
Clarke County Health Department	Community Health	Provides immunizations, family planning, WIC, STD testing, and general public health services for county residents.	https://msdh.ms.gov
Enterprise Senior Citizens Center	Senior Services	Offers meals, daily activities, socialization opportunities, and support services for older adults.	—
Clarke County Human Resource Agency	Social & Economic Needs	Provides transportation assistance, community support, and programs for low-income families and seniors.	—
Quitman Public Library	Education	Community library offering educational programs, internet access, literacy support, and children's programming.	—
Clarke County Food Pantry	Food Access	Local resource offering emergency food boxes and pantry assistance to families in need.	—

Kemper County, Mississippi

Name of Organization	Focus Area	Description	Website
Kemper County Health Department	Community Health	Public health services including immunizations, WIC, family planning, disease screening, and health education.	https://msdh.ms.gov
Barney Brown Senior Citizens Center	Senior Services	Provides congregate meals, activities, wellness checks, and support services for seniors.	—
Kemper County DHS / Community Action	Social & Economic Needs	Provides SNAP assistance, TANF, childcare support, and connections to local aid programs.	—
Kemper County Extension Service	Education / Community Health	Offers nutrition education, youth programs, family and consumer sciences resources, and agriculture support.	https://extension.msstate.edu
Kemper County Food Pantry	Food Access	Provides food distribution to low-income households and individuals experiencing food insecurity.	—
Kemper County Schools Family Resource Programs	Youth Development	Offers parental support, literacy programs, and student resource assistance.	—

Lauderdale County, Mississippi

Name of Organization	Focus Area	Description	Website
Lauderdale County Health Department	Community Health	Provides immunizations, STD testing, WIC, family planning, and other public health services to residents.	https://msdh.ms.gov
Lauderdale County Council on Aging	Senior Services	Provides senior meals, transportation, in-home services, and wellness activities for older adults.	—
Wesley House Community Center	Social & Economic Needs	Provides crisis intervention, food assistance, domestic violence support, and youth programs.	https://wesleyhousemeridian.org
Care Lodge Domestic Violence Shelter	Community Health / Safety	Offers shelter, counseling, advocacy, and support services for individuals experiencing domestic violence.	https://carelodge.com
Multi-County Community Service Agency	Social & Economic Needs	Provides LIHEAP utilities assistance, transportation, weatherization, and poverty-alleviation programs.	https://www.mccsa-ms.org
Love's Kitchen	Food Access	Community soup kitchen providing daily meals to individuals and families in need.	—

Newton County, Mississippi

Name of Organization	Focus Area	Description	Website
Newton County Health Department	Community Health	Offers immunizations, WIC, family planning, communicable disease services, and health screenings.	https://msdh.ms.gov
Newton Senior Citizen Center	Senior Services	Provides congregate meals, social activities, wellness checks, and health education for older adults.	—
East Central Planning & Development District	Social & Economic Needs	Offers workforce development, aging services, transportation programs, and community support resources.	—
Newton County Food Pantry	Food Access	Provides food distribution to families and individuals experiencing food insecurity.	—
Newton County Extension Service	Education / Community Health	Provides nutrition, youth, and family education through MSU Extension programming.	https://extension.msstate.edu
Newton County Schools Family Resource Unit	Youth Development	Supports students and families through counseling resources, attendance support, and community referrals.	—

Neshoba County, Mississippi

Name of Organization	Focus Area	Description	Website
Neshoba County Health Department	Community Health	Provides immunizations, WIC, family planning, disease testing, and community health outreach.	https://msdh.ms.gov
Northside Park Senior Citizens Center/Linwood Senior Citizen Center	Senior Services	Offers meals, transportation, activities, and supportive senior programming.	—
Neshoba County Extension Service	Education / Community Health	Nutrition classes, youth development, agriculture support, and family resource education.	https://extension.msstate.edu
Neshoba County Food Pantry	Food Access	Provides emergency food boxes and pantry resources to low-income residents.	—
Local Church-Based Food Ministries	Food Access	Churches offering weekly/monthly food box distribution for families in need.	—
Neshoba County Library	Education	Provides community education programs, technology access, and literacy support.	—

Scott County, Mississippi

Name of Organization	Focus Area	Description	Website
Scott County Health Department	Community Health	Provides immunizations, disease testing, WIC, family planning, and general public health services.	https://msdh.ms.gov
Scott County Senior Center	Senior Services	Offers programs for aging adults including meals, activities, and wellness events.	—
Scott County Rural Transportation Program	Transportation	Provides transportation for seniors, medical trips, and essential community travel needs.	—
Scott County Extension Service	Education / Community Health	Provides nutrition programs, youth development, and family education resources.	https://extension.msstate.edu
Scott County Food Pantry	Food Access	Local food pantry providing assistance to families experiencing food insecurity.	—
Church-Based Food Programs	Food Access	Individual churches providing meal distribution or emergency food support.	—