

# Ochsner Choctaw General

## CHNA Report

December 2022

Approved by  
The Board of Directors of Ochsner Choctaw General  
November 14, 2022



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INGRAM  
CPAs and Advisors  
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## EXECUTIVE SUMMARY

Ochsner Choctaw General completes a community health needs assessment every three years. It is through this work that we identify the unmet needs in the community and strategically plan how we can best address those needs. The purpose of this community health needs assessment report is to provide Ochsner Choctaw General with a functioning tool to guide the medical facility as it works to improve the health of the community it serves. In addition, the report meets the guidelines of the Internal Revenue Service.

The assessment was performed, and the implementation strategies were created by the Community Health Needs Assessment Steering Committee with assistance from Carr, Riggs & Ingram, a nationally ranked accounting firm based in Enterprise, AL. The assessment was conducted from September through November 2022. The community health needs assessment will guide the development of Ochsner Choctaw General's community health improvement initiatives and implementation strategies. This is a report that may be used by many of the medical facility's collaborative partners in the community.

The opening section of this report will consist of general information about Ochsner Choctaw General. It will provide the community with an informative overview concerning the hospital along with an explanation of the services available at Ochsner Choctaw General.

Previous patients, employees, and community representatives provided feedback. Ochsner Choctaw General organized a focus group that provided an opportunity to members of the community to offer input. Additional information came from public databases, reports, and publications by state and national agencies.

The response and implementation sections of this report describes how the medical facility and its collaborative partners worked together to address health needs identified in 2019's community health needs assessment. In this report, we also discuss the health priorities that we will focus on over the next three years. The community health needs assessment report is available electronically on Ochsner Choctaw General's website ([www.ochsnerrush.org](http://www.ochsnerrush.org)); a printed copy may also be obtained from the hospital's administrative office.

We sincerely appreciate the opportunity to be a part of this community. Your opinions matter. As you read this report, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community together. Ochsner Choctaw General is committed to extending care beyond our bricks and mortar. We are committed to meeting the health care needs of the broader community. Together, we can make our community healthier for every one of us and fulfill our mission. We look forward to working with you to improve the overall health of those we serve.

James W. Cowan, Administrator  
Ochsner Choctaw General





## ABOUT THE HOSPITAL

### OVERVIEW

Ochsner Choctaw General is a 25-bed critical access hospital located in Butler, Alabama that provides a wide range of inpatient, outpatient, and emergency services. This facility is a hospital built by the community for the community. Opened in March 2012, Ochsner Choctaw General is proud to be the community hospital for the people of Butler and the surrounding area.



Patients are cared for under the direction of their physician by a licensed health care team. This team includes registered nurses, physical therapists, social workers, dietitians, pharmacists, and other ancillary staff depending on the patient's medical needs.

Services are available on an inpatient and outpatient basis through the hospital's imaging, laboratory and rehabilitative services, including physical, occupational, and speech therapy.

Below is a list of the services provided by the hospital; a detailed summary on a number of these services can be found in the section titled "[Healthcare Services Provided.](#)"

- |                                 |                          |
|---------------------------------|--------------------------|
| ▲ Chronic Ventilator Management | ▲ Outpatient Infusion    |
| ▲ Community Health Education    | ▲ Pharmacy               |
| ▲ Diabetes Education            | ▲ Radiology              |
| ▲ Dietary Consultations         | ▲ Respiratory Therapy    |
| ▲ Emergency Care                | ▲ Senior Care Programs   |
| ▲ Full-Service Dining Room      | ▲ Skilled Rehab Services |
| ▲ Hospitalist Program           | ▲ Swing Bed Program      |
| ▲ Laboratory                    | ▲ Telemedicine           |
| ▲ Medical Surgical Care         | ▲ Wound Care             |

Along with the main campus, Ochsner Choctaw General operates two clinics that offer a variety of specialties to the community. The clinics are as follows:

- ▲ Choctaw Urgent Care Center
- ▲ Gilberttown Family Medical Clinic



Along with being the one of the county's largest employers and a major economic stimulus by virtue of its payroll, Ochsner Choctaw General also provides many benefits to the broader community in the areas of civic involvement and giving including actively supporting the American Cancer Society,

conducting community education classes and providing free medical screening tests, and dissemination of health information at civic club meetings and other community functions.

## HEALTHCARE SERVICES PROVIDED

### DIABETES EDUCATION

The mission of all Ochsner Choctaw General's diabetes program is to provide team-based, comprehensive care that emphasizes self-management to improve diabetes control and prevent complications. Ochsner Choctaw General specifically focuses on diabetes self-management training through education sessions which consist of:

- ▲ Learning what diabetes is and how to manage it.
- ▲ Learning how food affects your glucose and how to eat healthy for a lifetime.
- ▲ Learning the benefits of activity and how to make it part of your life.
- ▲ Learning how medications work for you.
- ▲ Learning how to monitor and interpret your blood glucose.
- ▲ Learning how to prevent complications.
- ▲ Learning skills for managing a lifetime disease.

### EMERGENCY CARE

Ochsner Choctaw General's emergency department is staffed with qualified emergency room hospitalists and family nurse practitioners and is open 24 hours a day, seven days a week. Patients should note that the hospitalists act as hospital physicians, meaning they can admit and coordinate general medical care for patients who do not have a physician.



### LABORATORY

Ochsner Choctaw General's laboratories provide quality service that is accurate, timely, and cost effective to providers, patients, and the community. The lab assists physicians in the diagnosis, treatment, and management of acute and chronic illnesses by performing a wide variety of tests in the areas of:

- ▲ Chemistry
- ▲ Hematology and Coagulation
- ▲ Transfusion Services
- ▲ Microbiology
- ▲ Pathology

## OUTPATIENT INFUSION

Infusion Therapy involves the administration of medication through a catheter as prescribed by the patient's doctor when a patient's condition is so severe that it cannot be treated effectively by oral medications. Patients can rely on the comfort of having clinically trained, licensed healthcare professionals experienced in IV infusion therapy attending to their needs. Services provided by the department include, but are not limited to:

- ▲ Antibiotic therapy
- ▲ Anti-fungal therapy
- ▲ Blood transfusion
- ▲ IV iron therapy
- ▲ Subcutaneous injections
- ▲ IV immune globulin
- ▲ Treatment for rheumatoid arthritis and other autoimmune diseases
- ▲ Supervised first dose of antibiotics for home health patients
- ▲ Hydration therapy

## RADIOLOGY

Ochsner Choctaw General is equipped with modern and effective diagnostic imaging technology which enables the hospital to diagnose illnesses and injuries quickly and efficiently. Ochsner Choctaw General radiologists are board certified in diagnostic imaging and have specialty MRI and neuroimaging training. These knowledgeable technologists and staff perform diagnostic testing with personal care and attention, taking time to explain each procedure so the patient knows what to anticipate every step of the way. These diagnostic imaging services include:

- ▲ Bone Densitometry
- ▲ CT
- ▲ CT Lung Cancer Screening
- ▲ Digital Mammography
- ▲ MRI
- ▲ Ultrasound Exams (Sonograms)

## RESPIRATORY THERAPY

Ochsner Choctaw General therapists are trained and qualified to provide high quality care for patients suffering from upper-airway disorders and lung diseases to patients of all ages. Respiratory therapists work closely with the physician to provide a comprehensive approach to treatment. The department oversees the administration of oxygen, respiratory medications, and therapeutics to help patients breathe easier.





### SENIOR CARE PROGRAMS

Ochsner Choctaw General has specialized programs for senior adults experiencing problems coping with everyday living due to anxiety, grief and/or depression. Senior Care is an intensive outpatient program that has helped many individuals through education, therapy, and medication. It is Ochsner Choctaw General's hope that through these services, the program can help to achieve these goals for patients and their loved ones:

- ▲ Restore optimum mental health
- ▲ Reduce or eliminate symptoms that interfere with the ability to function
- ▲ Support the family unit
- ▲ Maximize independence

### SKILLED REHAB SERVICES

Ochsner Choctaw General provides the very best in rehabilitative and recuperative care. The department's staff of professionals can help patients and their family members regain the skills necessary for an independent lifestyle. The department works with patients to help manage their health once they have been discharged from the hospital.



### OCCUPATIONAL THERAPY

Ochsner Choctaw General's occupational therapy department is focused on providing functionally oriented treatment that helps individuals of all ages who, because of physical, developmental, social, or emotional problems, need specialized assistance to gain or regain functional independence, promote developmental skills and/or prevent disability. The department specializes in the following:

- ▲ Orthopedic injuries
- ▲ Deficits in self-care functions
- ▲ Visual or perceptual deficits
- ▲ Splint fabrication
- ▲ Job site analysis
- ▲ Assistive technology and adaptive equipment
- ▲ Work or sports-related injuries
- ▲ Neurological disorders
- ▲ Cognitive deficits
- ▲ Functional capacity
- ▲ Evaluations
- ▲ Work hardening

### PHYSICAL THERAPY

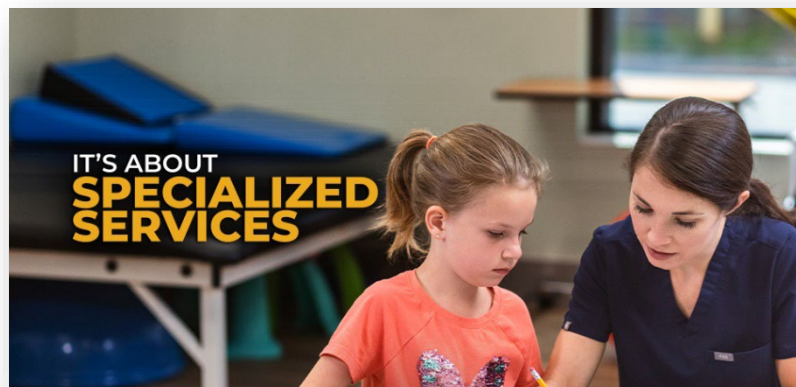
Ochsner Choctaw General's physical therapy department is dedicated to the hands-on approach of care to return patients to their highest level of function. Each patient is provided with a personal treatment regimen to meet his or her needs in returning to work, sports, and activities of daily living. The department specializes in the following:

- ▲ Acute pain
- ▲ Subacute pain
- ▲ Chronic pain
- ▲ Work-related injuries
- ▲ Sports-related injuries
- ▲ Motor vehicle injuries
- ▲ Spinal cord injuries
- ▲ Pre- and post- surgical rehab
- ▲ Pediatrics
- ▲ Neurological and stroke rehab
- ▲ Pre- and post-employment testing
- ▲ Urinary incontinence
- ▲ Aquatics
- ▲ Functional capacity evaluations

### SPEECH THERAPY

Ochsner Choctaw Generals' speech-language pathology department offers evaluation and treatment of a variety of communicative and swallowing disorders. It is the department's goal to provide optimum patient care by designing an individualized treatment plan to achieve one's maximum potential. The department's therapists hold master's degrees from accredited university programs and maintain state and national credentials. The following are the department's specializations:

- ▲ Slurred speech
- ▲ Limited attention span
- ▲ Memory deficits
- ▲ VitalStim therapy
- ▲ Stuttering
- ▲ Articulation deficits
- ▲ Hoarseness or nasality
- ▲ Swallowing or feeding difficulties
- ▲ Stroke
- ▲ High-risk infant
- ▲ Degenerative diseases
- ▲ Cerebral palsy
- ▲ Traumatic Brain Injury
- ▲ Muscular dystrophy
- ▲ Congenital anomalies
- ▲ Developmental delay
- ▲ Hardness of hearing/deafness
- ▲ Oral motor deficits
- ▲ Aspiration pneumonia
- ▲ Augmentative communication
- ▲ ADHD/ADD/autism



### SWING BED PROGRAM

Skilled nursing and rehabilitative care are available at Ochsner Choctaw General through the Swing Bed Program. Those recovering from surgery, a stroke, a fracture, or an extended medical illness and hospitalization can choose to rehabilitate at Ochsner Choctaw General, whether or not they were hospitalized in another location.

### WOUND CARE

Ochsner Choctaw General's wound care department offers individualized care for acute and traumatic wounds. The department provides a true multidisciplinary approach with medical and surgical specialists together under one roof. This involves identifying all factors in optimizing wound healing and formulating a complete and individualized treatment plan for every patient. Wound treatments and therapies include:

- ▲ Appropriate wound debridement
- ▲ Compression therapy
- ▲ Bioengineered tissue substitutes
- ▲ Negative pressure wound therapy
- ▲ Total contact casting
- ▲ The newest topical ointments and wound dressings
- ▲ Hyperbaric oxygen therapy



## THE COMMUNITY HEALTH NEEDS ASSESSMENT

### BACKGROUND

Section 501(r)(3)(A) requires tax-exempt hospitals to conduct a community health needs assessment (CHNA) every three years with the communities they serve. The hospitals then must develop an implementation strategy to meet the needs identified through the CHNA. The Internal Revenue Service (2022) outlines the steps a hospital must complete in order to conduct a CHNA:

1. Define the community it serves.
2. Assess the health needs of that community.
3. In assessing the community's health needs, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
4. Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.
5. Make the CHNA report widely available to the public.

Failure to comply with these guidelines could result in a fine by the IRS of \$50,000, and the possibility of losing the organization's tax-exempt status. Based on these guidelines, Ochsner Choctaw General's CHNA report would be due to be completed and board approved by their fiscal year end of 12/31/22.

### COMMUNITY ENGAGEMENT

Community engagement was a vital part of conducting the CHNA. In assessing the health needs of the community, Ochsner Choctaw General solicited and received input from community leaders and residents who represent the broad interests of the community. These open and transparent collaborative studies help healthcare providers build stronger relationships with their communities, identify needs, and dedicate funding and other resources toward programs that clearly benefit residents. They also provide an opportunity for the hospital to identify valuable collaborative partners as we try to better serve the community and improve the health of our citizens in Choctaw County.

### TRANSPARENCY

We are pleased to share with our community the results of our CHNA. The following pages offer a review of how we responded to specific health needs identified in our 2019 CHNA; define the hospital's service areas and assess their needs and provide our health initiatives for the next three years. We hope you will take time to review the health needs of our community as the findings impact each and every citizen of our rural Alabama community. We are confident that you will find ways you can personally improve your own health and contribute to creating a healthier community.

### DATA COLLECTION

Primary and secondary data was gathered, reviewed, and analyzed so that the most accurate information was available in determining the community's health needs and appropriate implementation process.

**Primary Data:** Collected by the assessment team directly from the community through conversations, interviews, community feedback, i.e., the most current information available.

**Secondary Data:** Collected from sources outside the community and from sources other than the assessment team; information that has already been collected, collated, and analyzed; provides an accurate look at the overall status of the community.

Secondary Data Sources	
• The United States Census Bureau	• Rural Health Information Hub
• US Department of Health & Human Services	• County Health Rankings and Roadmaps
• Centers for Disease Control and Prevention	• Ochsner Choctaw General Medical Records Dept.
• American Heart Association	• Alabama State Department of Health



## RESPONSE TO HEALTH STRATEGIES FROM 2019 CHNA

### INITIATIVE 1: MENTAL HEALTH AWARENESS

To provide community education to the general public during the next three years through lunch-and-learns and other educational offerings. Also, to provide information to the public regarding available mental and behavioral health resources. CGH will partner with Alabama State Department of Health, Penelope House and other regional organizations to address this initiative.

### INITIATIVE 2: ACCIDENT PREVENTION

In an effort to reduce the tremendous amount of severe injuries and deaths due to motor vehicle accidents, we will partner with local law enforcement agencies to identify and educate on the top three driving distractions. These efforts will include education and awareness activities focused both on automobile and ATV safety. The target audience of these efforts will primarily be school students of driving age and the general public.

### INITIATIVE 3: CANCER SCREENINGS AND AWARENESS

We will partner with UAB Cancer Center and Rush Health Systems to make communities aware of diagnostic screenings available in our area. We will offer educational opportunities to the appropriate audiences for those at greatest risk for trachea, bronchus, lung cancer, colorectal cancer, and prostate cancer.

### INITIATIVE 4: STROKE AND HEART DISEASE AWARENESS AND PREVENTION

We will continue to work with Ochsner Neurology and the Telestroke program to promote stroke prevention and awareness. We will also conduct lunch-and-learns on the prevention of heart disease and stroke.

Due the hospital's CHNA due date coinciding with the onset of the public health emergency (PHE) known as COVID-19, most of the activities planned for these initiatives were put on hold as the hospital battled against the COVID-19 virus. Instead, the hospital shifted their focus to keeping the community safe during times of uncertainty. On the following page, the report will give an overview of the PHE and how the hospital responded to the COVID-19 virus.

## RESPONSE TO PUBLIC HEALTH EMERGENCY

### COVID-19 OVERVIEW

During the public health emergency, an anxious and scared community leaned on the hospital more than ever for help. Ochsner Choctaw General and its staff stood strong and unwavering no matter how adverse the circumstances were, depicting themselves as true American Heroes.

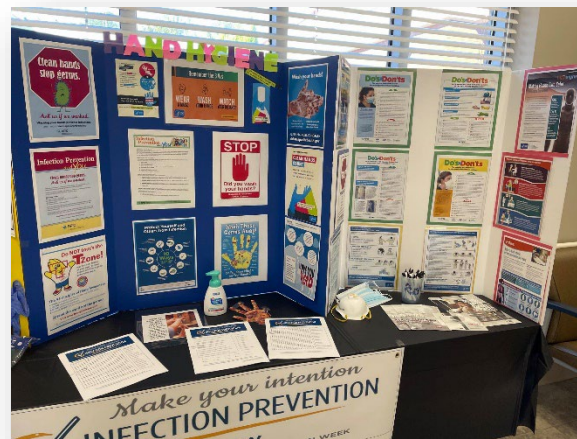
The first cases of COVID-19 in Choctaw County were confirmed by the Alabama Department of Health in spring 2020; this spring also ended up being the start of the first wave of COVID-19 patients seeking treatment from providers nationwide. In response, Ochsner Choctaw General implemented an infection control plan as these first cases were reported.

The magnitude of the hours devoted and sacrifices made by the personnel at Ochsner Choctaw General for the community are unmeasurable. Throughout the pandemic, Ochsner Choctaw General continuously educated staff on all COVID-19 protocols along with utilizing equipment to maintain quarantine and isolation of affected patients while continuing to provide quality care.

No one could predict just how long the pandemic would last. As of this writing, the public health emergency is still in effect. Ochsner Choctaw General continues to utilize its resources to battle the virus. The following is a small fraction of the hospital's endless response to the COVID-19 pandemic.

### HOSPITAL'S RESPONSE

Ochsner Choctaw General in coordination with the entire Ochsner Rush Health System also responded in the following ways:



- ▲ Coordinated strategies for securing and optimizing PPE with entire Ochsner Rush Health system
- ▲ Established contingency work plans to combat staffing shortages and related challenges
- ▲ Worked within our health system, community, and state to create a systematic approach to increasing bed capacity and getting patients into the appropriate setting.
- ▲ Physician and clinical staff participated in many community health education forums via television and social media
- ▲ Provided multiple Vaccination Drives throughout the pandemic
- ▲ Launched social media campaigns to educate and inform our communities
- ▲ Continues to offer spiritual and emotional wellness options to staff and patients



## ABOUT THE COMMUNITY

### GEOGRAPHY OF THE PRIMARY SERVICE AREA

Ochsner Choctaw General's primary service area is Choctaw County, Alabama. Choctaw County has 913.5 square miles of land area and is the 13<sup>th</sup> largest county in Alabama by total area. Choctaw County is bordered by Wayne County, MS; Clarke County, AL; Marengo County, AL; Washington County, AL; Sumter County, AL; Clarke County, MS; and, Lauderdale County, MS. These surrounding counties serve as Ochsner Choctaw General's secondary service area.

### HISTORY OF THE PRIMARY SERVICE AREA

According to the Encyclopedia of Alabama (Morton 2022), Choctaw County was created in 1847 from land formerly within the Choctaw Nation and was named for the Choctaw Indians. Early settlers in Choctaw County produced cotton and other agricultural goods that they floated down the Tombigbee River to Mobile. The forestry industry has been the economic backbone of the county since its creation in 1847. In 1912, the railroad came to the county, reducing the reliance on water traffic and remained an important commercial transport method until the 1980s. In 1944, the state of Alabama granted Hunt Oil Company a permit to drill near Gilberttown in Choctaw County. The discovery of oil led to the creation of the State Oil and Gas Board of Alabama in 1945 and to the development and growth of the petroleum industry in the state. In the mid-twentieth century, clothing factories were constructed in Silas, Toxey, and Butler, and Marathon Paper Company constructed a paper mill in the town of Naheola. By the 1990s, however, the railroad had closed and the clothing factories had moved their operations to other countries. Nonetheless, manufacturing continues to be the largest industry in Choctaw County.



## HEALTHCARE RESOURCES AVAILABLE

For many Choctaw County residents, Ochsner Choctaw General serves as their primary healthcare provider. Based on data pulled from the American Hospital Directory (AHD), 100% of the hospital's Medicare inpatients come from within Choctaw County.

Including Ochsner Choctaw General, there are three critical access hospitals located in Ochsner Choctaw General's primary and secondary service areas. These facilities are:

1. Ochsner Choctaw General
2. Ochsner Watkins Hospital
3. Washington County Hospital and Nursing Home

Patient origin information pulled from the AHD indicates 100% of the total number of Choctaw County Medicare residents discharged from the facilities listed above are discharged from Ochsner Choctaw General. The following table shows the percentage for each facility:

<b>Patient Origin Study Summaries for the Calendar Year Ended December 31, 2021</b>		
<b>Choctaw County Residents</b>		
<b>Facility</b>	<b>Medicare Discharges</b>	<b>Percent</b>
Ochsner Choctaw General	16	100.00%
Ochsner Watkins Hospital	0	0.00%
Washington County Hospital and Nursing Home	0	0.00%

## HEALTH OUTCOMES, DEMOGRAPHICS, AND DISEASE INCIDENCE RATES

### STATE AND COUNTY LEVEL HEALTH OUTCOMES

Understanding the makeup of the community served continues to gain importance as healthcare reimbursement shifts to a value-based payment model and places emphasis on population health; as a result, providers must prioritize preventive treatment to address health challenges in the community and stay ahead of the curve. In addition, the Joint Commission and the Centers for Medicare and Medicaid Services are placing increased emphasis on health equity by making certain requirements applicable to all hospitals including critical access hospitals such as Ochsner Choctaw General.

In a press release, CMS Newsroom (2022) states the following:

CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive.

To address health care disparities in hospital inpatient care and beyond, CMS is adopting three health equity-focused measures in the IQR Program. The first measure assesses a hospital's commitment to establishing a culture of equity and delivering more equitable health care by capturing concrete activities across five key domains, including strategic planning, data collection, data analysis, quality improvement, and leadership engagement. The second and third measures capture screening and identification of patient-level, health-related social needs — such as food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. By screening for and identifying such unmet needs, hospitals will be in a better position to serve patients holistically by addressing and monitoring what are often key contributors to poor physical and mental health outcomes (para. 5-6).

CMS's Newsroom also provides the following information concerning the Timeline for Joint Commission and CMS measures per FY 2023 IPPS final rule, Section K, IQR program:

- ▲ Hospital Commitment to Health Equity beginning with the Calendar Year (CY) 2023 reporting period/FY 2025 payment determination
- ▲ Screening for Social Drivers of Health begins with voluntary reporting for the CY 2023 reporting period, and mandatory reporting beginning with the CY 2024 reporting period/FY 2026 payment determination
- ▲ Screen Positive Rate for Social Drivers of Health beginning with voluntary reporting for the CY 2023 reporting period, and mandatory reporting beginning with the CY 2024 reporting period/FY 2026 payment determination
- ▲ Joint Commission requirements set to begin on January 1, 2023

The community health needs assessment will give Ochsner Choctaw General an opportunity to integrate the CHNA report with the noted above requirements to address the needs within the community while meeting reporting requirements.



In this section, state and county healthcare rankings will be analyzed to identify further what factors impact Ochsner Choctaw General's service area the most and how they potentially affect the health of the population. Ochsner Choctaw General will continue to study these dynamics when exploring the importance of adding or removing a particular service line to the hospital's current offerings.

Data pulled from America's Health Rankings (AHR) provides an analysis of health, environmental and socioeconomic data to rank the nation's health on a state-by-state basis. According to AHR (n.d.), "the platform analyzes more than 340 measures of behaviors, social and economic factors, physical environment and clinical care data." AHR uses a plethora of reputable public data sources, e.g., U.S. Census and CDC programs, to publish three state health-ranking reports annually:

- ▲ The Annual Report
- ▲ The Senior Report
- ▲ The Health of Women and Children Report

County Health Rankings & Roadmaps (CHR&R) is a University of Wisconsin Population Health Institute program that works with AHR to publish health outcomes on a county-by-county basis. The Rankings measure the health of nearly every county in all fifty states based on factors such as the quality of medical care received to the availability of good jobs, clean water, and affordable housing. The results, according to CHR&R (n.d.) are "accessible models, reports, and products that deepen the understanding of what makes communities healthy and inspires and supports improvement efforts." By looking at data related to Health Outcomes, we can get a glimpse at whether healthcare delivery systems and health improvement programs in a state, county, or community are supporting—or restricting—opportunities for health for all.

The figures that follow will present findings from these studies along with a breakdown of demographics and disease incidence rates on a local level. This comparison between national, state, and local findings will provide vital information to the leadership team at Ochsner Choctaw General on what health outcomes and disease types to focus on within the community.

# Alabama

State Health Department Website: [alabamapublichealth.gov](http://alabamapublichealth.gov)

## Summary

### Strengths:

- Low prevalence of excessive drinking
- High rate of high school graduation
- High prevalence of colorectal cancer screening

### Challenges:

- High prevalence of multiple chronic conditions
- High percentage of households with food insecurity
- High prevalence of insufficient sleep

### Highlights:

#### FREQUENT PHYSICAL DISTRESS

**▼26%**

from 16.0% to 11.8% of adults between 2019 and 2020

#### OBESITY

**▲16%**

from 33.5% to 39.0% of adults between 2014 and 2020

#### PUBLIC HEALTH FUNDING

**▲12%**

from \$115 to \$129 per person between 2017-2018 and 2019-2020

Measures	Rating	State Rank	State Value	U.S. Value
<b>SOCIAL &amp; ECONOMIC FACTORS*</b>				
<b>Community and Family Safety</b>	Occupational Fatalities (deaths per 100,000 workers)	++	38	61
	Public Health Funding (dollars per person)	++++	20	\$129
	Violent Crime (offenses per 100,000 population)	+	44	511
<b>Economic Resources</b>	Economic Hardship Index (index from 1-100)	+	43	70
	Food Insecurity (% of households)	+	46	14.0%
	Income Inequality (80:20 ratio)	+	45	5.15
<b>Education</b>	High School Graduation (% of students)	++++	1	91.7%
	High School Graduation Racial Disparity (percentage point difference)	++++	2	3.0
<b>Social Support and Engagement</b>	Adverse Childhood Experiences (% ages 0-17)	+++	30	16.3%
	High-speed Internet (% of households)	+	46	85.1%
	Residential Segregation — Black/White (index from 0-100)	++++	14	57
	Volunteerism (% ages 16+)	++	39	28.7%
	Voter Participation (% of U.S. citizens ages 18+)	+	42	55.6%
<b>PHYSICAL ENVIRONMENT*</b>				
<b>Air and Water Quality</b>	Air Pollution (micrograms of fine particles per cubic meter)	++	33	7.8
	Drinking Water Violations (% of community water systems)	+++	30	0.3%
	Risk-screening Environmental Indicator Score (unitless score)	++	40	8,583,189
	Water Fluoridation (% of population served)	+++	23	78.0%
<b>Housing and Transit</b>	Drive Alone to Work (% of workers ages 16+)	+	50	85.2%
	Housing With Lead Risk (% of housing stock)	++++	13	11.7%
	Severe Housing Problems (% of occupied housing units)	++++	15	13.7%
<b>CLINICAL CARE*</b>				
<b>Access to Care</b>	Avoided Care Due to Cost (% ages 18+)	+	45	13.1%
	Providers (per 100,000 population)			
	Dental Care	+	49	42.6
	Mental Health	+	50	120.8
	Primary Care	+	46	213.5
<b>Preventive Clinical Services</b>	Uninsured (% of population)	++	33	9.7%
	Colorectal Cancer Screening (% ages 50-75)	++++	12	76.9%
	Dental Visit (% ages 18+)	++	38	61.4%
	Immunizations			
	Childhood Immunizations (% by age 35 months)	++++	13	79.9%
<b>Quality of Care</b>	Flu Vaccination (% ages 18+)	+	42	42.2%
	HPV Vaccination (% ages 13-17)	++	39	52.9%
	Dedicated Health Care Provider (% ages 18+)	+++	22	78.5%
	Preventable Hospitalizations (discharges per 100,000 Medicare beneficiaries)	+	46	4,912
<b>BEHAVIORS*</b>				
<b>Nutrition and Physical Activity</b>	Exercise (% ages 18+)	+	45	17.6%
	Fruit and Vegetable Consumption (% ages 18+)	+	45	5.9%
	Physical Inactivity (% ages 18+)	+	45	28.8%
<b>Sexual Health</b>	Chlamydia (new cases per 100,000 population)	+	41	636.9
	High-risk HIV Behaviors (% ages 18+)	+++	30	5.7%
	Teen Births (births per 1,000 females ages 15-19)	+	46	25.6
	Insufficient Sleep (% ages 18+)	+	47	38.3%
<b>Sleep Health</b>	Smoking (% ages 18+)	+	41	18.5%
<b>HEALTH OUTCOMES*</b>				
<b>Behavioral Health</b>	Excessive Drinking (% ages 18+)	++++	5	14.3%
	Frequent Mental Distress (% ages 18+)	+	42	15.8%
	Non-medical Drug Use (% ages 18+)	++	38	13.1%
<b>Mortality</b>	Premature Death (years lost before age 75 per 100,000 population)	+	48	10,380
	Premature Death Racial Disparity (ratio)	++++	9	1.2
<b>Physical Health</b>	Frequent Physical Distress (% ages 18+)	+	43	11.8%
	Low Birthweight (% of live births)	+	48	10.5%
	Low Birthweight Racial Disparity (ratio)	++	35	2.1
	Multiple Chronic Conditions (% ages 18+)	+	48	14.3%
	Obesity (% ages 18+)	+	48	39.0%
<b>OVERALL</b>			<b>-0.601</b>	

\* Values derived from individual measure data. Higher values are considered healthier.  
— Data not available, missing or suppressed.  
For measure definitions, sources and data years, see the Appendix or visit [www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org).

Rating	Rank
++++	1-10
+++	11-20
++	21-30
+	31-40
	41-50

Figure 1  
AHR 2021 Annual Report

# Alabama

State Health Department Website: [alabamapublichealth.gov](http://alabamapublichealth.gov)

## Summary

### Strengths:

- Low prevalence of excessive drinking
- Low prevalence of severe housing problems
- High flu vaccination coverage

### Challenges:

- Low prevalence of exercise
- High early death rate
- High prevalence of multiple chronic conditions

### Highlights:

#### HIGH-SPEED INTERNET

▲16%

between 2016 and 2019 from 61.6% to 71.7% of households with adults ages 65+

#### FLU VACCINATION COVERAGE

▲15%

between 2018 and 2019 from 58.0% to 66.9% of adults ages 65+

#### PHYSICAL INACTIVITY

▲21%

between 2014 and 2019 from 30.3% to 36.6% of adults ages 65+ in fair or better health

Rating	Rank
+++++	1-10
++++	11-20
+++	21-30
++	31-40
+	41-50

\*Value indicates a score. Higher scores are healthier and lower scores are less healthy.  
# Non-ranking measure.  
— Indicates data missing or suppressed.  
For measure definitions, including data sources and years, visit [www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org).

## Measures

	Rating	2021 Value	2021 Rank	No. 1 State
<b>SOCIAL &amp; ECONOMIC FACTORS*</b>	<b>+</b>	<b>-0.504</b>	<b>44</b>	<b>1.051</b>
<b>Community and Family Safety</b>				
Violent Crime (offenses per 100,000 population)	+	511	44	115
<b>Economic Resources</b>				
Food Insecurity (% of adults ages 60+)	+	15.1	40	7.3
Poverty (% of adults ages 65+)	+	10.5	41	6.1
Poverty Racial Disparity (ratio)†		2.7		1.0
SNAP Reach (participants per 100 adults ages 60+ in poverty)	+++	65.8	28	100.0
<b>Social Support and Engagement</b>				
Community Support Expenditures (dollars per adult ages 60+)	+++++	\$84	9	\$265
High-speed Internet (% of households with adults ages 65+)	+	71.7	44	86.0
Low-care Nursing Home Residents (% of residents)	++	11.1	32	2.1
Risk of Social Isolation (percentile, adults ages 65+)	+	89	46	1
Volunteerism (% of adults ages 65+)	++	25.4	39	44.6
<b>PHYSICAL ENVIRONMENT*</b>	<b>++++</b>	<b>0.543</b>	<b>18</b>	<b>1.353</b>
<b>Air and Water Quality</b>				
Air Pollution (micrograms of fine particles per cubic meter)	++	8.0	35	4.1
Drinking Water Violations (% of community water systems)	++	0.7	31	0.0
<b>Housing</b>				
Severe Housing Problems (% of small households with an adult ages 62+)	+++++	25.3	8	18.3
<b>CLINICAL CARE*</b>	<b>++</b>	<b>-0.251</b>	<b>35</b>	<b>0.695</b>
<b>Access to Care</b>				
Avoided Care Due to Cost (% of adults ages 65+)	+	6.5	44	3.0
Geriatric Providers (providers per 100,000 adults ages 65+)	++++	30.8	16	57.7
Home Health Care Workers (workers per 1,000 adults ages 65+ with a disability)	+	61	49	44.2
<b>Preventive Clinical Services</b>				
Cancer Screenings (% of adults ages 65-75)	+++	73.8	23	81.1
Flu Vaccination (% of adults ages 65+)	++++	66.9	12	71.1
Pneumonia Vaccination (% of adults ages 65+)	++	71.8	32	78.3
<b>Quality of Care</b>				
Dedicated Health Care Provider (% of adults ages 65+)	++++	95.0	14	96.3
Hospice Care (% of Medicare decedents)	+++	49.2	28	60.5
Hospital Readmissions (% of hospitalized Medicare beneficiaries ages 65-74)	+++	16.0	21	14.0
Nursing Home Quality (% of beds rated four or five stars)	++++	50.7	17	81.9
Preventable Hospitalizations (discharges per 100,000 Medicare beneficiaries ages 65-74)	+	3,502	47	1,038
<b>BEHAVIORS*</b>	<b>+</b>	<b>-1.058</b>	<b>46</b>	<b>1.188</b>
<b>Nutrition and Physical Activity</b>				
Exercise (% of adults ages 65+)	+	15.1	46	30.3
Fruit and Vegetable Consumption (% of adults ages 65+)	+	4.8	46	12.3
Physical Inactivity (% of adults ages 65+ in fair or better health)	+	36.6	41	21.7
<b>Sleep Health</b>				
Insufficient Sleep (% of adults ages 65+)	++	28.2	40	20.9
<b>Tobacco Use</b>				
Smoking (% of adults ages 65+)	+	10.8	41	4.0
<b>HEALTH OUTCOMES*</b>	<b>+</b>	<b>-0.820</b>	<b>46</b>	<b>0.932</b>
<b>Behavioral Health</b>				
Excessive Drinking (% of adults ages 65+)	+++++	5.2	5	3.8
Frequent Mental Distress (% of adults ages 65+)	+	9.4	41	4.5
Suicide (deaths per 100,000 adults ages 65+)	+++	18.8	30	9.2
<b>Mortality</b>				
Early Death (deaths per 100,000 adults ages 65-74)	+	2,377	48	1,380
Early Death Racial Disparity (ratio)†		1.2		1.0
<b>Physical Health</b>				
Falls (% of adults ages 65+)	+	30.8	44	20.0
Frequent Physical Distress (% of adults ages 65+)	+	20.2	46	12.9
Multiple Chronic Conditions, 4+ (% of Medicare beneficiaries ages 65+)	+	48.4	49	24.3
Obesity (% of adults ages 65+)	++	31.3	31	18.8
Teeth Extractions (% of adults ages 65+)	+	20.0	44	6.2
<b>OVERALL</b>		<b>-0.591</b>	<b>—</b>	<b>0.750</b>

Figure 2  
AHR 2021 Senior Report

# Alabama

State Health Department Website: [alabamapublichealth.gov](http://alabamapublichealth.gov)



## Summary

### Strengths:

- High rate of high school graduation
- Low racial gap in high school graduation rates
- Low prevalence of excessive drinking among women

### Challenges:

- High child mortality rate
- Low prevalence of food sufficiency among children
- High prevalence of multiple chronic conditions among women

### Highlights:

#### CHILDREN IN POVERTY

▼**21%** from 27.2% to 21.4% of children ages 0-17 between 2013 and 2019

#### FLU VACCINATION

▼**16%** from 32.8% to 27.6% of women ages 18-44 between 2014-2015 and 2018-2019

#### HOUSEHOLD SMOKE

▼**22%** from 21.5% to 16.8% of children ages 0-17 between 2016-2017 and 2019-2020

#### TEEN SUICIDE

▲**18%** from 9.1 to 10.7 deaths per 100,000 adolescents ages 15-19 between 2014-2016 and 2017-2019

## Women

Measures	Rating	State Rank	State Value	U.S. Value
<b>SOCIAL AND ECONOMIC FACTORS*</b>	+	44	-0.626	—
<b>Community and Family Safety</b>				
Intimate Partner Violence Before Pregnancy*	—	—	3.7%	3.0%
Violent Crime	+	44	511	379
<b>Economic Resources</b>				
Concentrated Disadvantage	+	41	29.0%	25.1%
Food Insecurity	+	45	13.9%	11.1%
Gender Pay Gap*	+	46	74.5%	81.0%
Poverty	+	44	19.7%	15.2%
Unemployment	++++	17	3.3%	3.6%
<b>Education</b>				
College Graduate	+	44	28.1%	35.7%
<b>Social Support and Engagement</b>				
Infant Child Care Cost*	++++	3	9.1%	12.5%
Residential Segregation — Black/White	++++	14	57	62
Voter Participation	++	40	57.0%	61.7%
<b>PHYSICAL ENVIRONMENT*</b>				
<b>Air and Water Quality</b>				
Air Pollution	++	35	8.0	8.3
Drinking Water Violations	+++	30	0.3%	0.8%
Household Smoke	++	34	16.8%	14.0%
Risk-screening Environmental Indicators Risk Score	++	40	8,593,189	361,963,972
Water Fluoridation	+++	23	78.0%	73.0%
<b>Climate Change</b>				
Climate Change Policies*	++	36	0	—
Transportation Energy Use*	++	36	10.1	8.7
<b>Housing and Transportation</b>				
Drive Alone to Work	+	49	85.1%	75.4%
Housing With Lead Risk	++++	13	11.7%	17.6%
Severe Housing Problems	+++	14	13.9%	17.5%

## Children

Measures	Rating	State Rank	State Value	U.S. Value
<b>SOCIAL AND ECONOMIC FACTORS*</b>	++	33	-0.102	—
<b>Community and Family Safety</b>				
Child Victimization*	+++	30	10.7%	8.9%
<b>Economic Resources</b>				
Children in Poverty	+	45	21.4%	16.8%
Children in Poverty Racial Disparity	+++	22	3.2	3.0
High-speed Internet	+	45	89.3%	92.6%
Students Experiencing Homelessness	+++	25	2.2%	3.0%
WIC Coverage	++++	14	56.0%	53.9%
<b>Education</b>				
Early Childhood Education	++	37	43.7%	48.9%
Fourth Grade Reading Proficiency	+	47	28.2%	34.3%
High School Graduation	++++	1	91.7%	85.8%
High School Graduation Racial Disparity	++++	2	3.0	15.1
<b>Social Support and Engagement</b>				
Adverse Childhood Experiences	+++	30	16.3%	14.8%
Foster Care Instability	+	41	20.6%	16.0%
Neighborhood Amenities	+	43	20.6%	37.4%
Reading, Singing or Storytelling	+	45	50.0%	55.9%
<b>PHYSICAL ENVIRONMENT*</b>	++	31	-0.014	—

Figure 3  
AHR 2021 Health of Women and Children Report, Part I

## Alabama

Rating	Rank
++++	1-10
+++	11-20
++	21-30
+	31-40
	41-50

### Women

Measures	Rating	State Rank	State Value	U.S. Value
<b>CLINICAL CARE*</b>	<b>+</b>	<b>45</b>	<b>-0.549</b>	<b>—</b>
<b>Access to Care</b>				
Adequate Prenatal Care	+	43	72.8%	76.7%
Avoided Care Due to Cost	+	49	26.1%	18.8%
Publicly-funded Women's Health Services	++++	19	28%	29%
Uninsured	++	37	14.9%	12.9%
Women's Health Providers	+	49	31.0	48.5
<b>Preventive Clinical Care</b>				
Cervical Cancer Screening	++++	19	81.5%	79.9%
Dental Visit	++	38	63.5%	67.6%
Flu Vaccination	+	43	27.6%	31.5%
Postpartum Visit*	—	—	92.8%	90.7%
Well-woman Visit	++	31	72.6%	73.2%
<b>Quality of Care</b>				
Breastfeeding Initiation*	+	45	69.6%	84.0%
Dedicated Health Care Provider	+++	29	71.3%	71.1%
Low-risk Cesarean Delivery	+	45	28.4%	25.6%
Maternity Practices Score	+++	24	78	79
<b>BEHAVIORS*</b>	<b>+</b>	<b>48</b>	<b>-1.033</b>	<b>—</b>
<b>Nutrition and Physical Activity</b>				
Exercise	+	47	16.9%	21.5%
Fruit and Vegetable Consumption	++	38	8.3%	10.4%
Physical Inactivity	+	48	27.6%	22.6%
<b>Sexual Health</b>				
Chlamydia	+	42	2.011	1.743
High-risk HIV Behaviors	+	45	11.5%	9.7%
Unintended Pregnancy*	—	—	38.4%	30.6%
<b>Sleep Health</b>				
Insufficient Sleep	++	39	39.5%	36.1%
<b>Tobacco Use</b>				
E-cigarette Use*	++++	12	5.0%	5.3%
Smoking	+	45	20.9%	14.3%
Smoking During Pregnancy	+++	26	8.1%	6.0%
<b>HEALTH OUTCOMES*</b>	<b>+</b>	<b>47</b>	<b>-1.077</b>	<b>—</b>
<b>Behavioral Health</b>				
Drug Deaths*	+++	23	19.2	20.7
Excessive Drinking	++++	4	14.0%	19.2%
Frequent Mental Distress	++	40	21.8%	18.1%
Illicit Drug Use	++	40	12.3%	10.8%
Postpartum Depression*	—	—	23.5%	13.4%
<b>Mortality</b>				
Maternal Mortality*	—	—	35.8	20.1
Mortality Rate	+	44	142.2	97.2
<b>Physical Health</b>				
Frequent Physical Distress	+	42	10.4%	8.4%
High Blood Pressure	+	45	17.8%	10.6%
High Health Status*	+	46	49.7%	53.8%
Maternal Morbidity*	—	—	5.0	6.6
Multiple Chronic Conditions	+	45	7.1%	4.4%
Obesity	+	45	37.1%	30.0%
<b>OVERALL — WOMEN*</b>	<b>—</b>	<b>—</b>	<b>-0.671</b>	<b>—</b>

\* Overall and category values are derived from individual measure data to arrive at total scores for the state. Higher scores are considered healthier and lower scores are less healthy.

\* Measure was not included in the calculation of overall or category values.

— Data not available, missing or suppressed.

For measure descriptions, source details and methodology, visit [www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org).

### Children

Measures	Rating	State Rank	State Value	U.S. Value
<b>CLINICAL CARE*</b>	<b>++++</b>	<b>18</b>	<b>0.324</b>	<b>—</b>
<b>Access to Care</b>				
ADD/ADHD Treatment	++++	8	4.5%	3.0%
Pediatricians	++	38	77.3	104.6
Uninsured	++++	11	3.5%	5.7%
<b>Preventive Clinical Care</b>				
Childhood Immunizations	++++	10	81.0%	75.8%
HPV Vaccination	+	42	47.3%	54.2%
Preventive Dental Care	+++	23	78.2%	77.5%
Well-child Visit	++	37	77.8%	80.7%
<b>Quality of Care</b>				
Adequate Insurance	++++	2	75.9%	66.7%
Developmental Screening	++	31	33.3%	36.9%
Medical Home	++	34	47.9%	46.8%
<b>BEHAVIORS*</b>	<b>+</b>	<b>46</b>	<b>-0.903</b>	<b>—</b>
<b>Nutrition and Physical Activity</b>				
Breastfed	+	47	20.4%	25.6%
Food Sufficiency	+	46	61.7%	69.8%
Physical Activity	++++	8	25.2%	20.6%
Soda Consumption — Youth*	—	—	14.1%	9.3%
<b>Sexual Health — Youth</b>				
Dual Contraceptive Nonuse*	—	—	88.2%	90.9%
Teen Births	+	46	25.6	16.7
<b>Sleep Health</b>				
Adequate Sleep	+	47	59.2%	66.1%
Sleep Position*	—	—	72.0%	79.6%
<b>Tobacco Use — Youth</b>				
Electronic Vapor Product Use*	—	—	19.4%	32.7%
Tobacco Use	++	35	5.3%	4.0%
<b>HEALTH OUTCOMES*</b>	<b>++</b>	<b>34</b>	<b>-0.232</b>	<b>—</b>
<b>Behavioral Health</b>				
Alcohol Use — Youth	++++	7	8.2%	9.2%
Anxiety	++++	4	7.4%	9.1%
Depression	++++	2	2.5%	3.9%
Flourishing	++++	4	71.8%	69.1%
Illicit Drug Use — Youth	++++	10	7.0%	8.4%
Teen Suicide*	—	—	10.7	11.2
<b>Mortality</b>				
Child Mortality	+	47	38.3	25.4
Infant Mortality	+	46	7.2	5.7
<b>Physical Health</b>				
Asthma	+++	27	7.6%	7.5%
High Health Status*	+	47	88.8%	90.4%
Low Birthweight	+	48	10.5%	8.3%
Low Birthweight Racial Disparity	++	35	2.1	2.1
Overweight or Obesity — Youth	+	42	36.9%	32.1%
<b>OVERALL — CHILDREN*</b>	<b>—</b>	<b>—</b>	<b>-0.196</b>	<b>—</b>
<b>OVERALL — WOMEN AND CHILDREN*</b>	<b>—</b>	<b>—</b>	<b>-0.452</b>	<b>—</b>

Figure 4

AHR 2021 Health of Women and Children Report, Part II



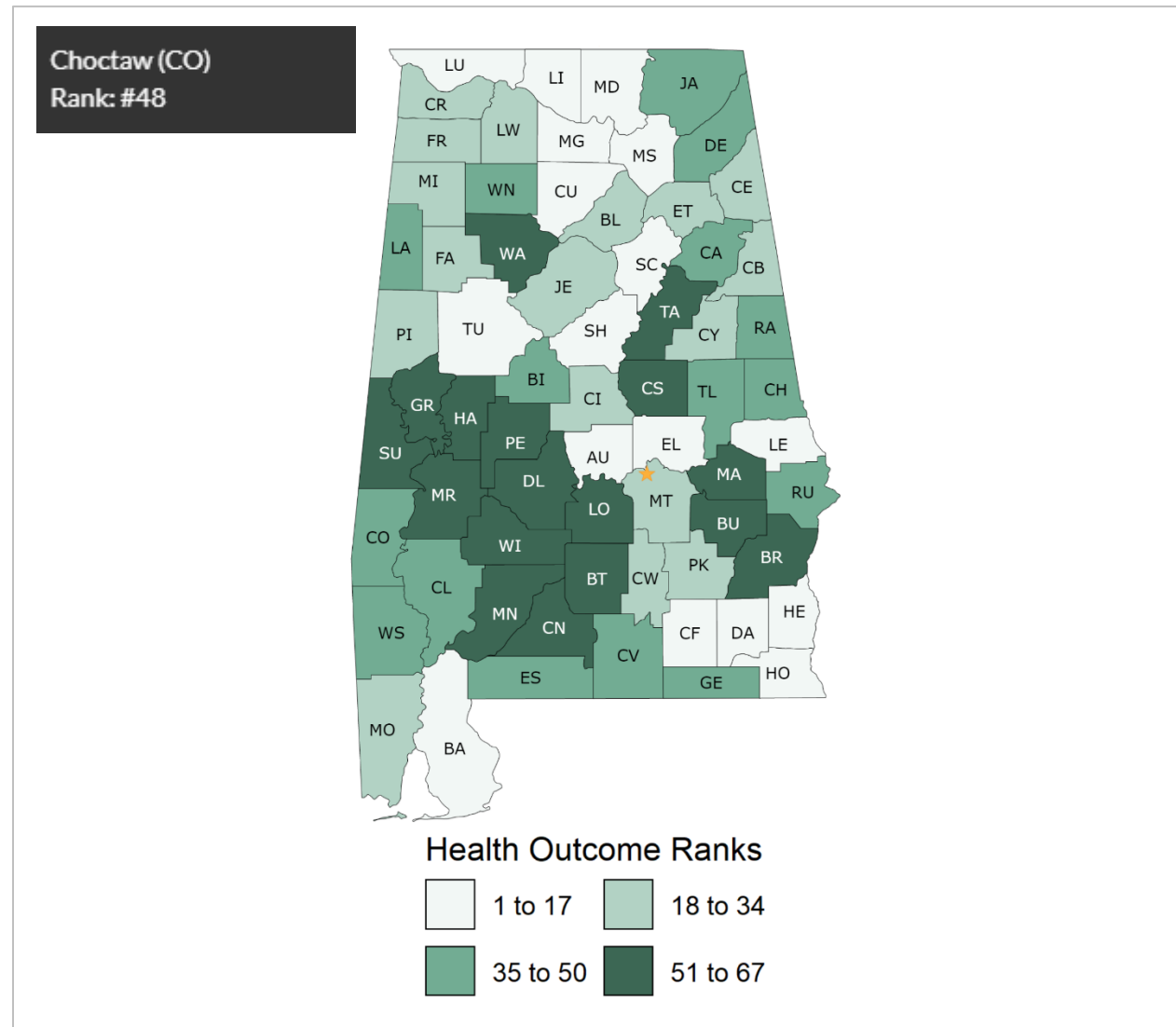
### Length of Life

Premature death  
*(years of potential life lost  
before age 75)*

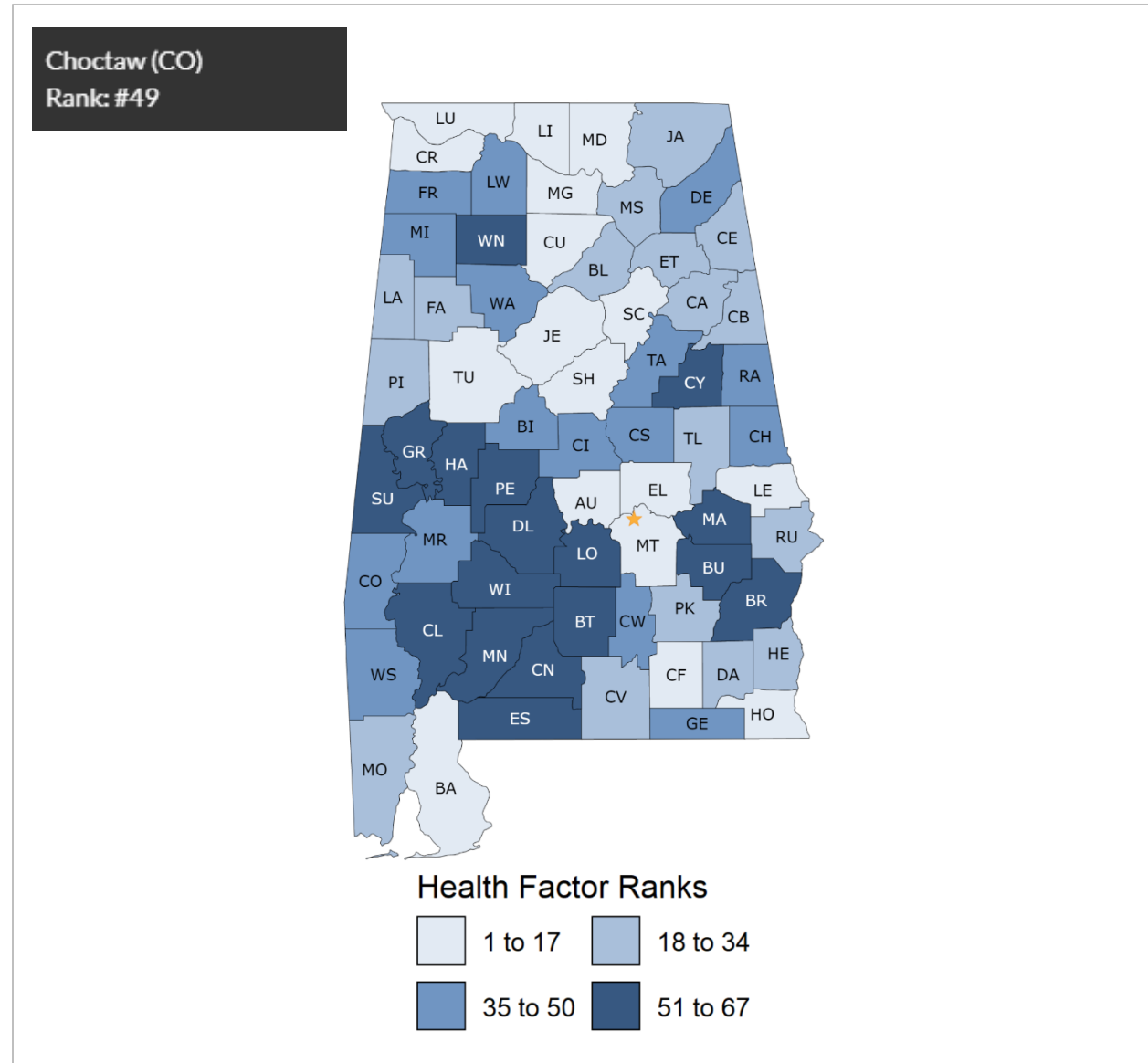
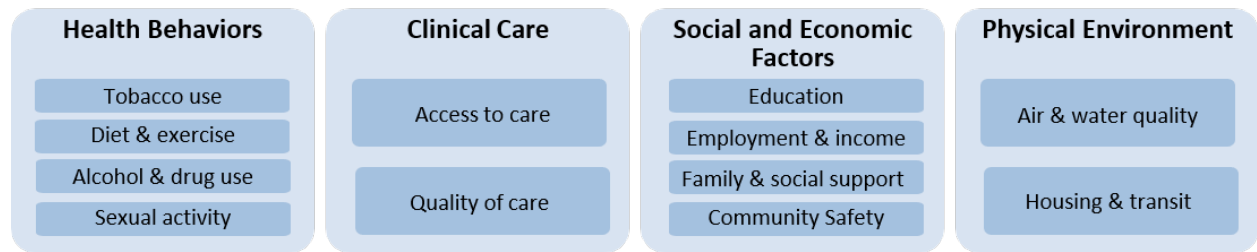
### Quality of Life

Self-reported health status

Percent of low birthweight newborns



**Figure 5**  
CHR&R 2021 Alabama Health Outcome Map



**Figure 6**  
CHR&R 2021 Alabama Health Factor Map

County Health Rankings 2021

**2021 County Health Rankings for Alabama: Measures and National/State Results**

Measure	Description	US	AL	AL Minimum	AL Maximum
<b>HEALTH OUTCOMES</b>					
Premature death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	6,900	9,800	5,900	16,500
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted).	17%	21%	15%	35%
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	3.7	4.4	3.6	6.2
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	4.1	4.9	4.4	6.0
Low birthweight*	Percentage of live births with low birthweight (< 2,500 grams).	8%	10%	7%	16%
<b>HEALTH FACTORS</b>					
<b>HEALTH BEHAVIORS</b>					
Adult smoking	Percentage of adults who are current smokers (age-adjusted).	17%	20%	15%	27%
Adult obesity	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m <sup>2</sup> .	30%	36%	30%	51%
Food environment index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	7.8	5.5	3.2	8.3
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity.	23%	29%	20%	43%
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity.	84%	61%	3%	84%
Excessive drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	19%	15%	10%	19%
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	27%	27%	9%	62%
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population.	539.9	583.4	202.3	1,505.5
Teen births*	Number of births per 1,000 female population ages 15-19.	21	29	13	49
<b>CLINICAL CARE</b>					
Uninsured	Percentage of population under age 65 without health insurance.	10%	12%	8%	19%
Primary care physicians	Ratio of population to primary care physicians.	1,320:1	1,530:1	9,970:1	920:1
Dentists	Ratio of population to dentists.	1,400:1	2,000:1	13,140:1	1,080:1
Mental health providers	Ratio of population to mental health providers.	380:1	920:1	33,250:1	240:1
Preventable hospital stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	4,236	5,466	3,471	12,212
Mammography screening*	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	42%	40%	27%	52%
Flu vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	48%	43%	23%	51%
<b>SOCIAL &amp; ECONOMIC FACTORS</b>					
High school completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	88%	86%	73%	93%
Some college	Percentage of adults ages 25-44 with some post-secondary education.	66%	61%	32%	77%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	3.7%	3.0%	2.2%	7.1%
Children in poverty*	Percentage of people under age 18 in poverty.	17%	22%	8%	49%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	4.9	5.2	4.0	8.3
Children in single-parent households	Percentage of children that live in a household headed by single parent.	26%	32%	16%	74%
Social associations	Number of membership associations per 10,000 population.	9.3	12.3	6.0	21.8
Violent crime	Number of reported violent crime offenses per 100,000 population.	386	480	89	925
Injury deaths*	Number of deaths due to injury per 100,000 population.	72	84	60	134
<b>PHYSICAL ENVIRONMENT</b>					
Air pollution - particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	7.2	9.2	7.1	11.4
Drinking water violations	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	N/A	N/A	No	Yes
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	18%	14%	9%	21%
Driving alone to work*	Percentage of the workforce that drives alone to work.	76%	86%	73%	91%
Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	37%	35%	21%	60%

\* Indicates subgroup data by race and ethnicity is available

**Figure 7**  
*CHR&R 2021 Alabama Health Rankings*

		Alabama	Choctaw (CO), AL <span style="color: red;">X</span>
<b>Health Outcomes</b>			
<b>Length of Life</b>			
Premature Death		10,400	12,100
<b>Quality of Life</b>			
Poor or Fair Health	①	21%	27%
Poor Physical Health Days	①	4.8	5.4
Poor Mental Health Days	①	5.6	6.1
Low Birthweight		10%	12%
<b>Health Factors</b>			
<b>Health Behaviors</b>			
Adult Smoking	①	21%	25%
Adult Obesity	①	36%	40%
Food Environment Index	①	5.3	5.8
Physical Inactivity	①	31%	38%
Access to Exercise Opportunities		57%	24%
Excessive Drinking	①	15%	14%
Alcohol-Impaired Driving Deaths		26%	57%
Sexually Transmitted Infections	①	636.9	500.4
Teen Births		28	30
<b>Clinical Care</b>			
Uninsured		12%	12%
Primary Care Physicians		1,520:1	2,520:1
Dentists		2,030:1	2,070:1
Mental Health Providers		850:1	12,420:1
Preventable Hospital Stays		4,875	3,292
Mammography Screening		42%	50%
Flu Vaccinations		42%	33%
<b>Social &amp; Economic Factors</b>			
High School Completion		87%	83%
Some College		62%	64%
Unemployment	①	5.9%	6.7%
Children in Poverty		21%	29%
Income Inequality		5.2	5.4
Children in Single-Parent Households		31%	44%
Social Associations		12.2	21.4
Violent Crime	①	480	128
Injury Deaths		87	97
<b>Physical Environment</b>			
Air Pollution - Particulate Matter		9.0	9.2
Drinking Water Violations			No
Severe Housing Problems		14%	12%
Driving Alone to Work		85%	86%
Long Commute - Driving Alone		35%	49%

**Figure 8**  
CHR&R 2021 Choctaw County Health Rankings

## POPULATION

Choctaw County has a total population of 12,755 citizens, while the state of Alabama has a total population of 4,893,186. The overall population for Choctaw County has seen a decrease in the population growth rate over a 5-year trend at 4.78%; Alabama has seen a slight increase in the population growth rate over a 5-year trend at 1.30%. In comparison, the United States saw an increase of approximately 3.18%.

## DEMOGRAPHICS

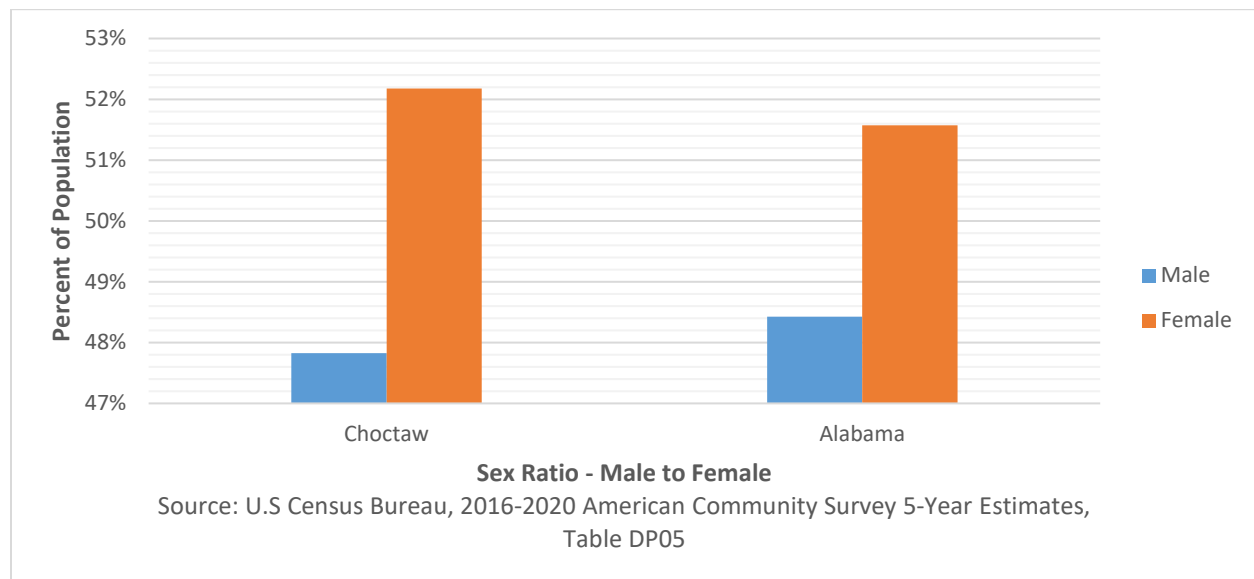
Demographics are the statistical characteristics of human populations used to identify markets. Collecting this type of data can be very informative because often the demographics of a patient have an impact on the treatment plan. The American Medical Association echoes this sentiment in their article “Improve health equity by collecting patient demographic data,” by mentioning that “Collecting [demographic] data can help improve the quality of care for all patients because ... it helps practices:

- ▲ Identify and address differences in care for specific populations.
- ▲ Distinguish which populations do not achieve optimal interventions.
- ▲ Assess whether the practice is delivering culturally competent care.
- ▲ Develop additional patient-centered services.” (Berg 2018)

What follows is an analysis of the demographic of Ochsner Choctaw General’s primary service area.

## SEX AND AGE

Further analysis of Choctaw County’s census data shows that the county’s population is 47.8% male and 52.2% female. This hardly differs from the state average 48.4% male and 51.6% female (Figure 9).

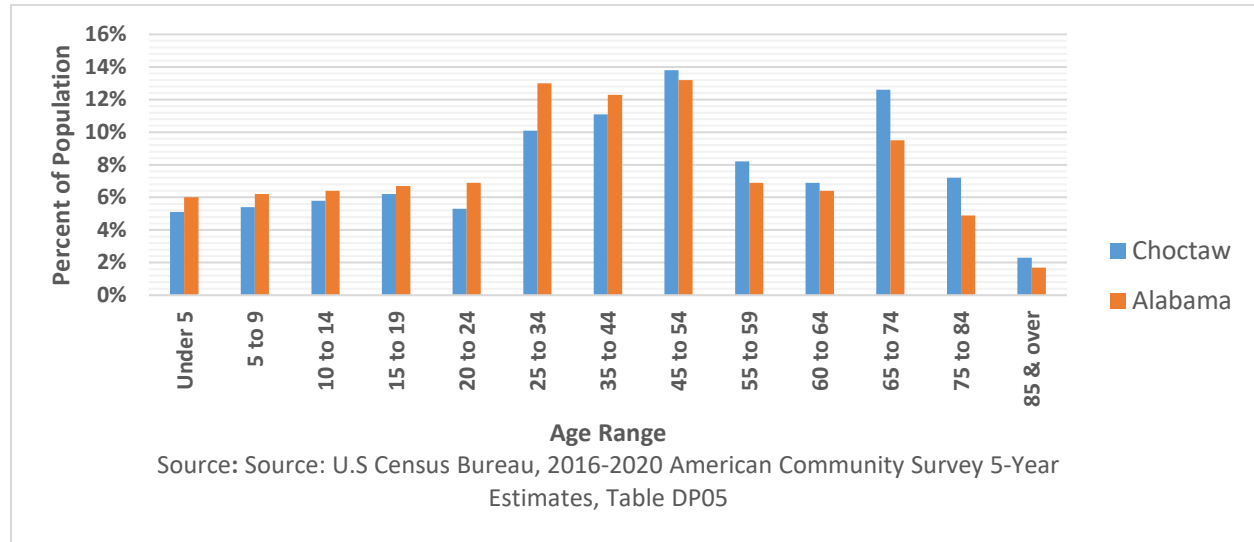


**Figure 9**

*Sex Comparison – Choctaw County and Alabama*



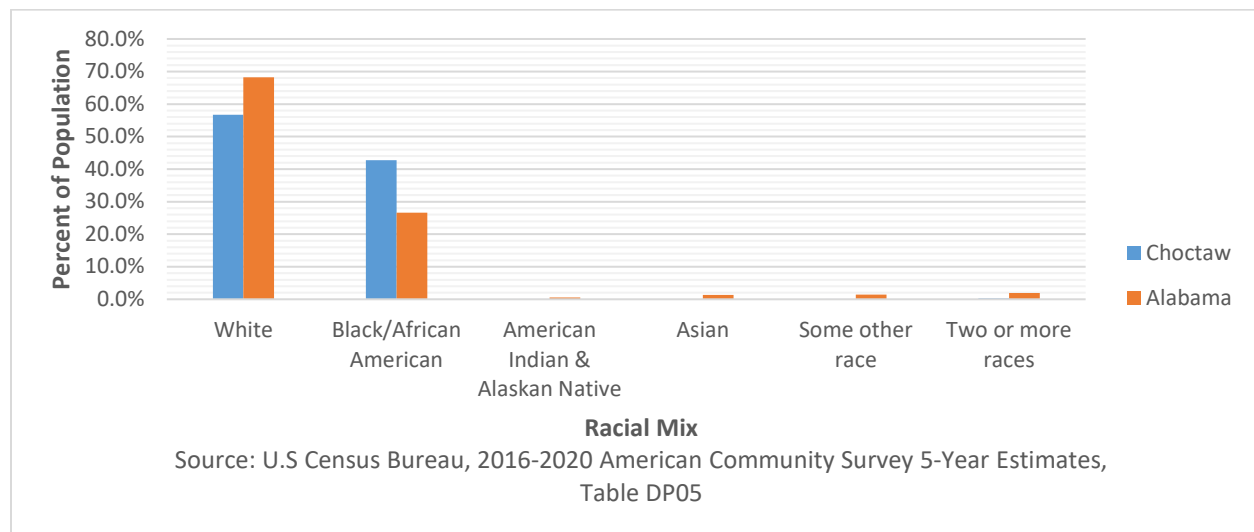
Choctaw County has a median age of 46.6 years which is similar to the state's median age of 39.2 years. As one would expect, Choctaw County's population mix is in line with the state of Alabama in all age categories; however, Choctaw County has a higher percentage of individuals aged 45 and over. See Figure 10 for a comparison of all age categories.



**Figure 10**  
*Population by Age Group – Choctaw County and Alabama*

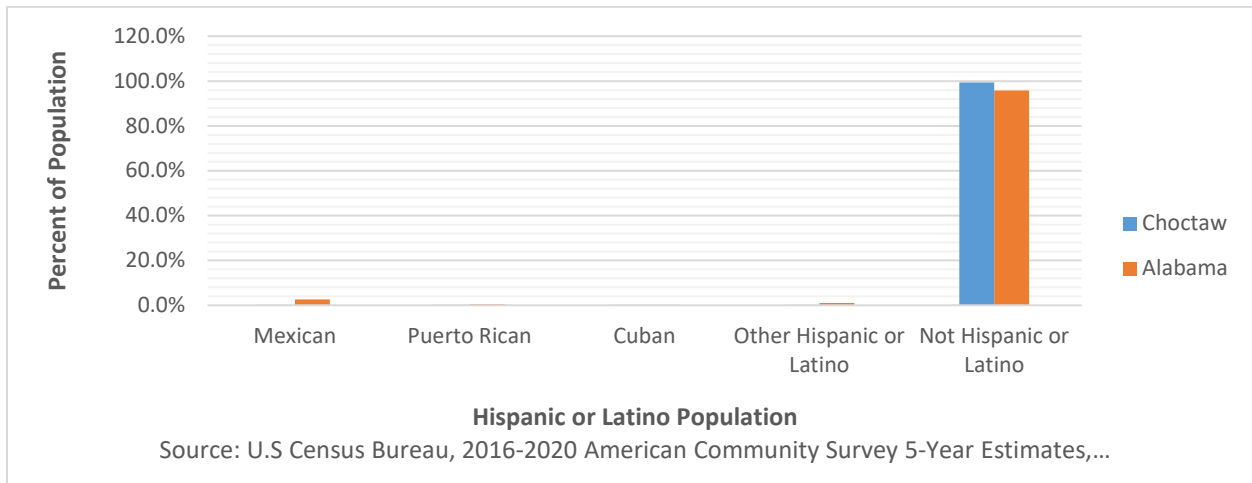
#### RACIAL MIX AND ETHNIC BACKGROUND

Census data shows that the racial mix in Choctaw County is lower than the mix in Alabama. In Choctaw County, 56.7% of the population is white; this stat is 68.2% for the state of Alabama (Figure 11).



**Figure 11**  
*Population by Racial Mix – Choctaw County and Alabama*

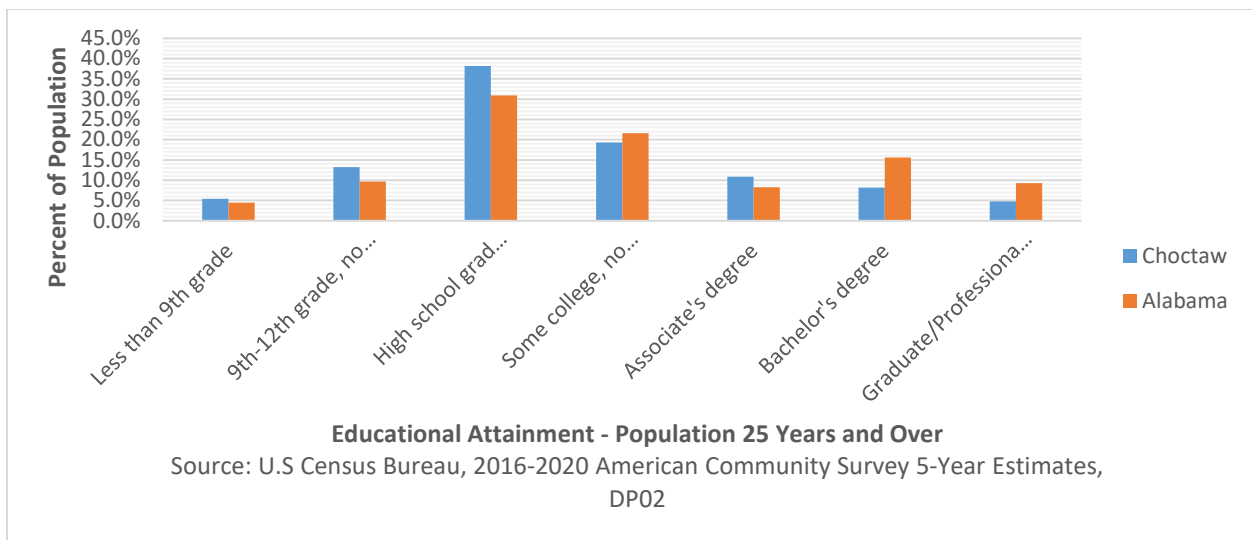
While Choctaw County and the state share similar racial mixes, the ethnic mix in Choctaw County shows less diversity when compared to the state of Alabama: 0.6% of the population in Choctaw County is Hispanic or Latino compared to 4.2% of the population in Alabama (Figure 12).



**Figure 12**  
*Population by Ethnic Group – Choctaw County and Alabama*

## EDUCATION ATTAINMENT

When evaluating residents that are 25 years or older, 81.4% of Choctaw County residents have a high school diploma (includes GED) or higher compared to 85.7% of the residents in the state of Alabama. Choctaw County has a higher percentage of educational attainment in all categories up to “Some college, no degree,” while the Alabama has a higher percentage of higher education attainment. This percentage is 23.9% for Choctaw County compared to 33.2% for the state of Alabama (Figure 13).



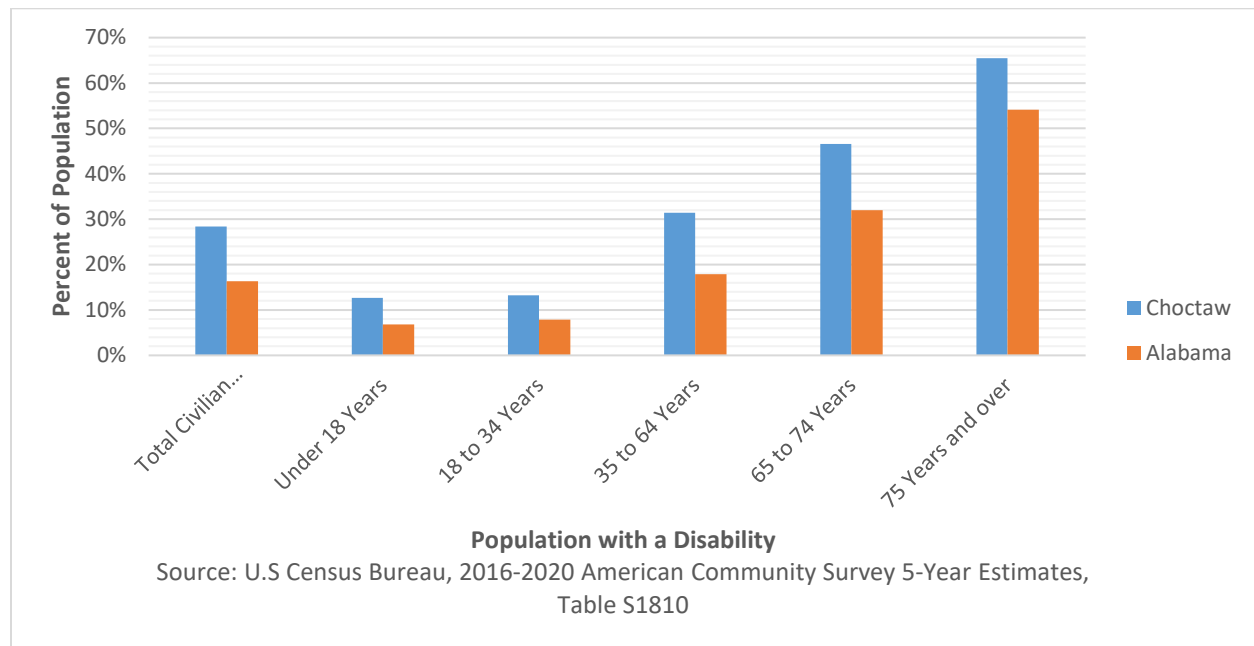
**Figure 13**  
*Education Attainment – Choctaw County and Alabama*

## POPULATION WITH A DISABILITY

### WHAT IS A DISABILITY?

The US Census Bureau (2021) defines a disability for data collecting purposes as “the product of interactions among individuals’ bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community.” The American Community Survey accounts for hearing difficulty; cognitive difficulty; ambulatory difficulty; self-care difficulty; independent living difficulty, and; disability status.

It is important for the facility to understand the challenges members of their community face. Individuals with a disability are more likely to have other medical issues resulting in higher healthcare costs, yet also have increased difficulty in accessing care. Disability affects all of us, and each of us may experience a disability in our lifetime. Choctaw County’s stats are comparable with Alabama’s disability percentages for each age group; however, Choctaw County does have a slightly higher percentage (Figure 14). The Centers for Disease Control and Prevention’s National Center on Birth Defects and Development Disabilities has developed a fact sheet that further outlines how disability impacts Alabama; see Figure 15.

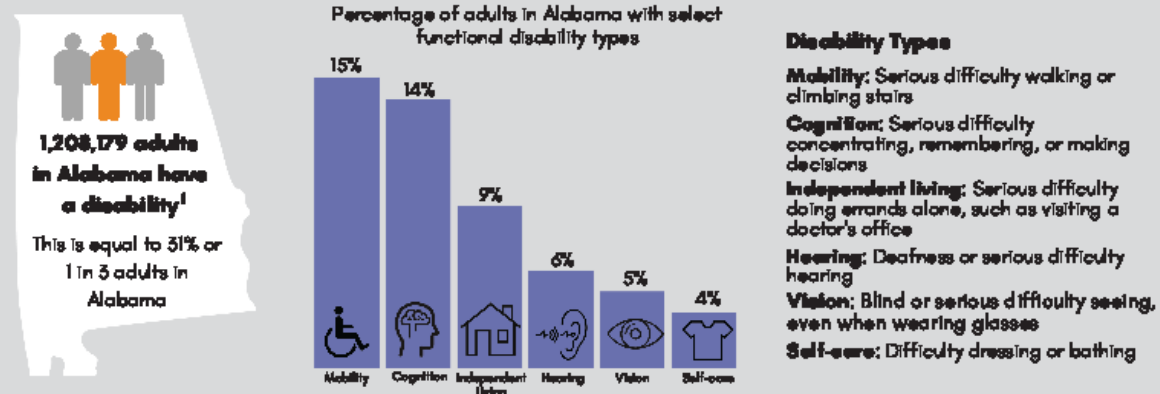


**Figure 14**  
*Disability Status for Choctaw County*

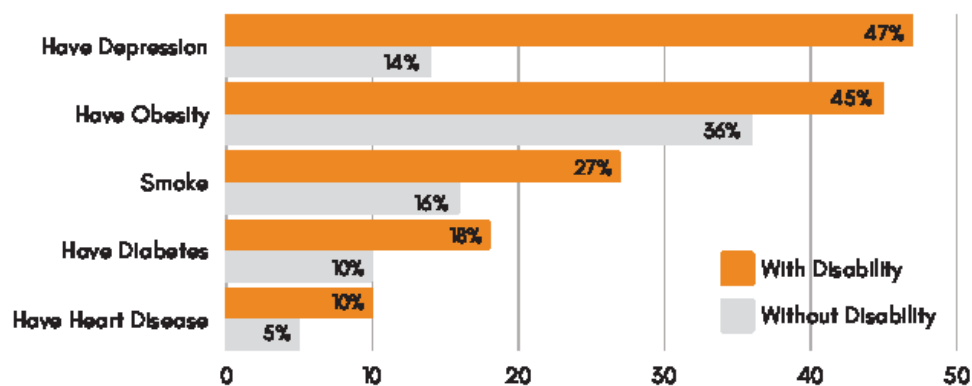
CDC's National Center on Birth Defects and Developmental Disabilities  
**DISABILITY IMPACTS ALABAMA**



Everyone can play a role in supporting more inclusive state programs, communities, and health care to help people with, or at risk for, disabilities be well and active in their communities. Join CDC and its partners as we work together to improve the health of people with disabilities.



Adults with disabilities in Alabama experience health disparities and are more likely to...<sup>1</sup>



Visit [data.cdc.gov](https://data.cdc.gov) for more disability and health data across the United States.

**DISABILITY HEALTHCARE COSTS IN ALABAMA<sup>2</sup>**

- About **\$13.2 BILLION** per year, or up to **39%** of the state's healthcare spending
- About **\$12,603** per person with a disability



Learn how CDC and state programs support people with disabilities at [www.cdc.gov/ncehdd/disabilityandhealth/programs.html](https://www.cdc.gov/ncehdd/disabilityandhealth/programs.html).

NOTE: DATA ARE ROUNDED TO THE NEAREST WHOLE FIGURE. FOR MORE PRECISE PREVALENCE DATA, PLEASE VISIT [BHDS.CDC.GOV](https://bhds.cdc.gov).

1. DATA SOURCE: 2020 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS).  
2. DISABILITY HEALTHCARE COSTS ARE PRESENTED IN 2017 DOLLARS AS REPORTED IN KHAYJOU, ET AL, STATE-LEVEL HEALTH CARE EXPENDITURES ASSOCIATED WITH DISABILITY, 2021, PUBLIC HEALTH REP.

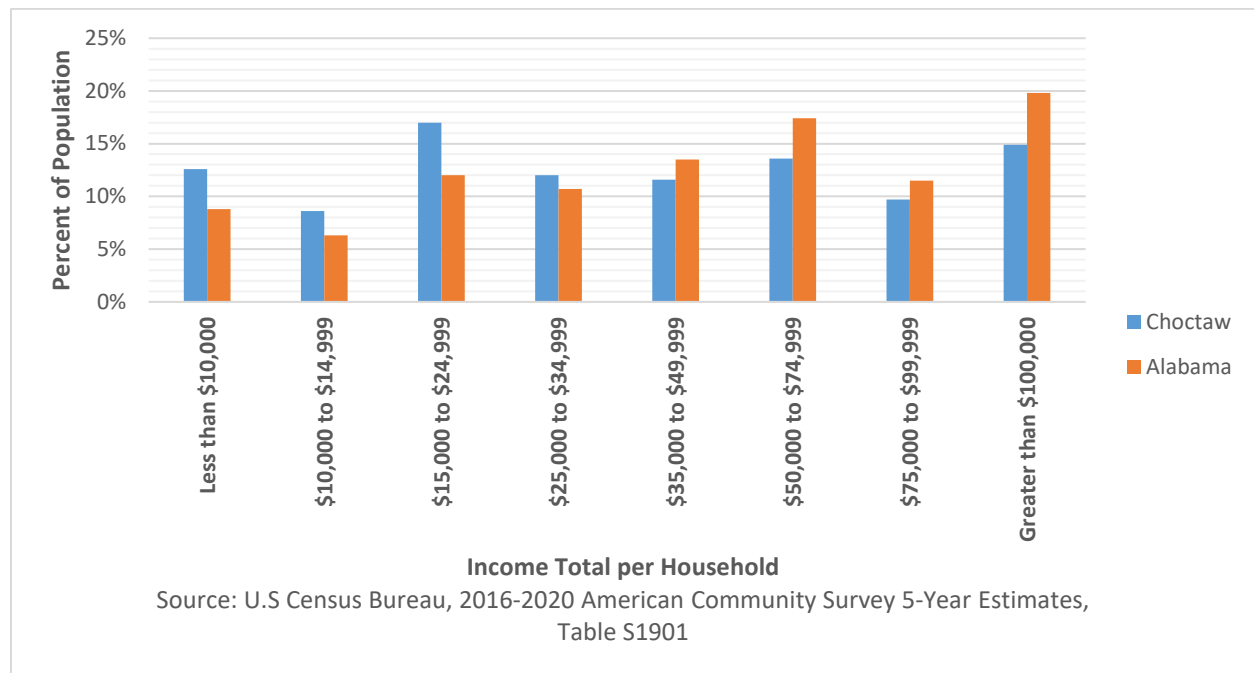


Figure 15  
CDC's Disabilities Alabama Fact Sheet

## ECONOMIC FACTORS

### INCOME

The median household income in Choctaw County is \$36,634 compared to \$52,035 for the state of Alabama; the mean household income is \$53,709 and \$71,964 respectively. Choctaw County has a greater number of residents making \$15,000 or less when compared to the state of Alabama. Due to the lower overall income level in Choctaw County, there is a higher portion of residents living in poverty. Overall, 19.7% of all people in Choctaw County live in poverty compared to 16.0% of all people in the state of Alabama. The age group with the highest percentage of poverty in Choctaw County is those under 18 years: 33.4% for Choctaw County; 22.7% for Alabama. For additional breakdowns of income totals per households, see Figure 16.

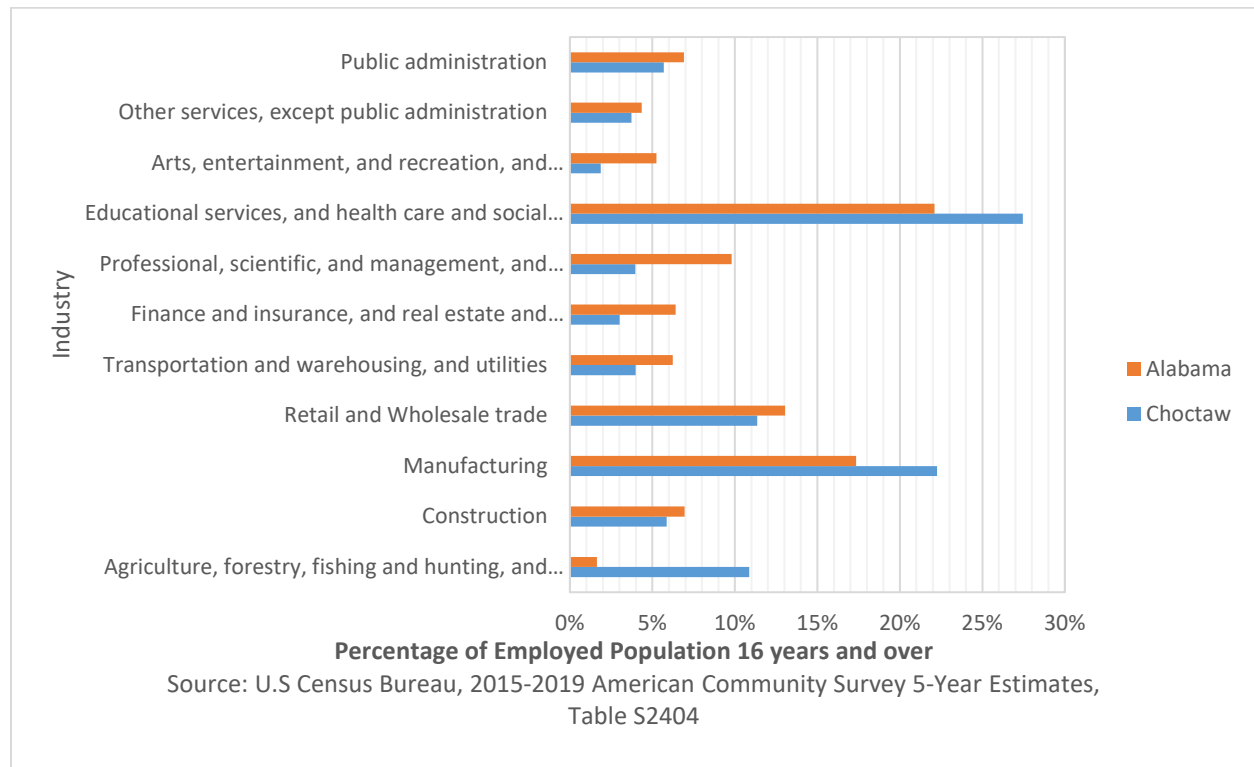


**Figure 16**

*Income Total per Household – Choctaw County and Alabama*

#### MAJOR EMPLOYERS BY INDUSTRY

Figure 17 shows a comparison with the state of Alabama between different labor groups identified by the U.S. Census Bureau. Major employers in Choctaw County are in Education, Healthcare, Social Services; Manufacturing; and Retail and Wholesale trade. Further research into the leading types of industry in Choctaw County help explain why the median household income is lower when compared to the state of Alabama. These types of industries typically generate a lower wage per hour in a rural area versus an urban area. According to the U.S. Census Bureau, Choctaw County has a slightly higher unemployment rate at 6.5% compared to the state unemployment rate of 5.6%.



**Figure 17**  
*Employed Population by Industry Type – Choctaw County and Alabama*

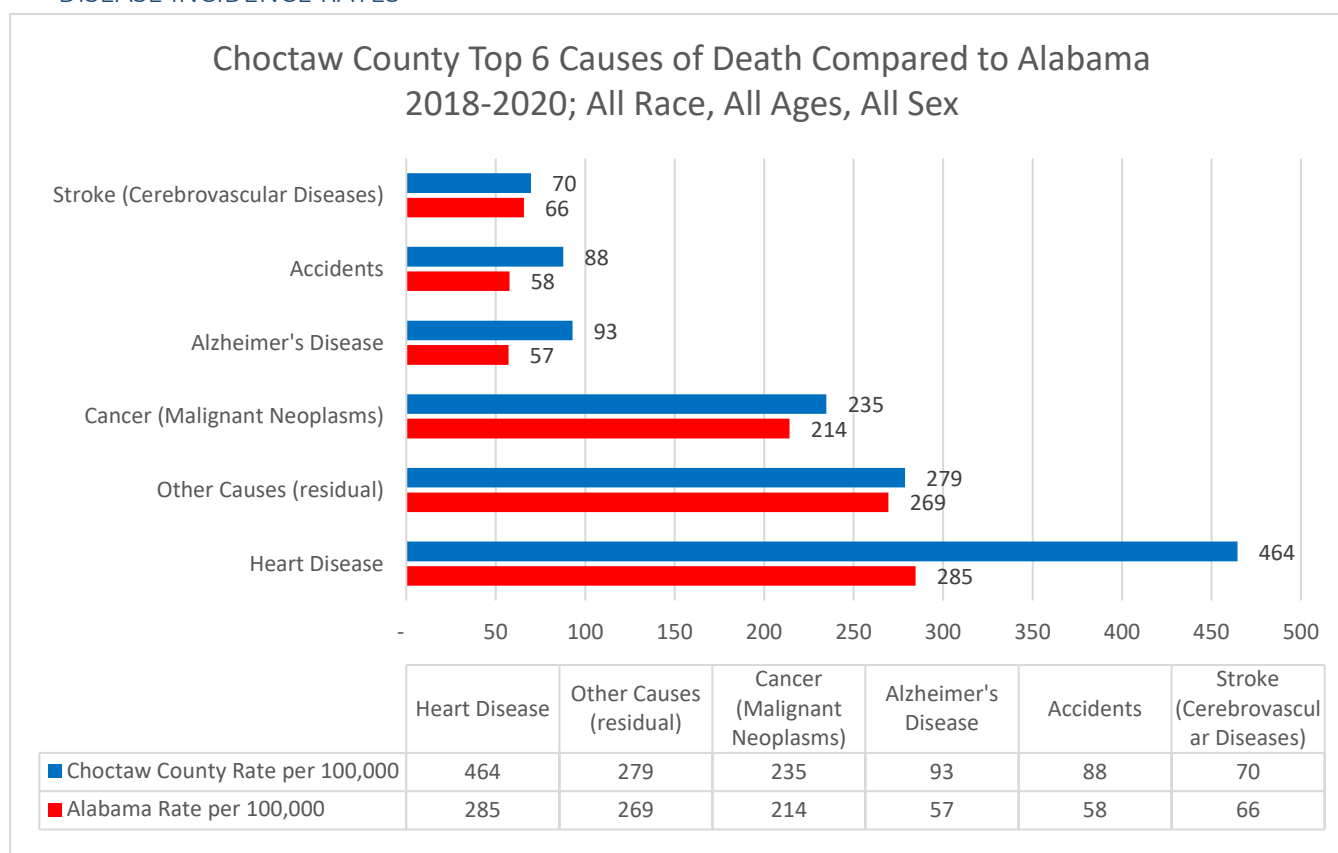


## TOP HEALTH ISSUES FACING THE COMMUNITY:

Analyzing the top health issues in the hospital's service area helps providers further assess and prioritize significant health needs in their community. Mortality data pulled from the Alabama Center for Health Statistic's Mortality Statistical Query System represents deaths of Alabama residents using death certificates filed with the Alabama Department of Health, Bureau of Vital Records. Incidence rates were calculated by Carr, Riggs, & Ingram by taking the total number of deaths related to each cause divided by the total population from 2018 to 2020. This number is then multiplied by 100,000 to get a rate per 100,000.

Due to the length of some of the data sets, this report will list the top six events of a given query of data presented with any additional data available upon request. Each data set query is described in the charts' titles to give the reader an understanding of what is included in the data sets. The charts include information from different scenarios to demonstrate how the disease process affects the patient population. By understanding how a disease affects variants in the population, Ochsner Choctaw General will be able to identify which segments of the community to focus specific strategies towards during the next three years. The charts will look at the population, impacts between race, and impacts between sexes in Choctaw County as seen below:

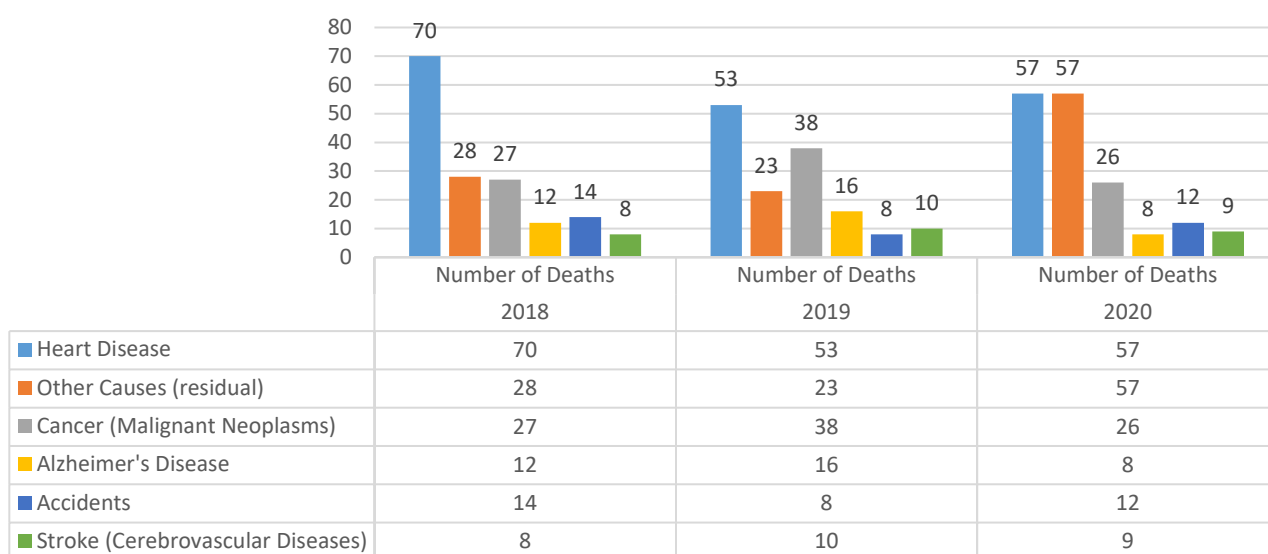
## DISEASE INCIDENCE RATES



**Figure 18**

*Overall Leading Causes of Death – Choctaw County and Alabama*

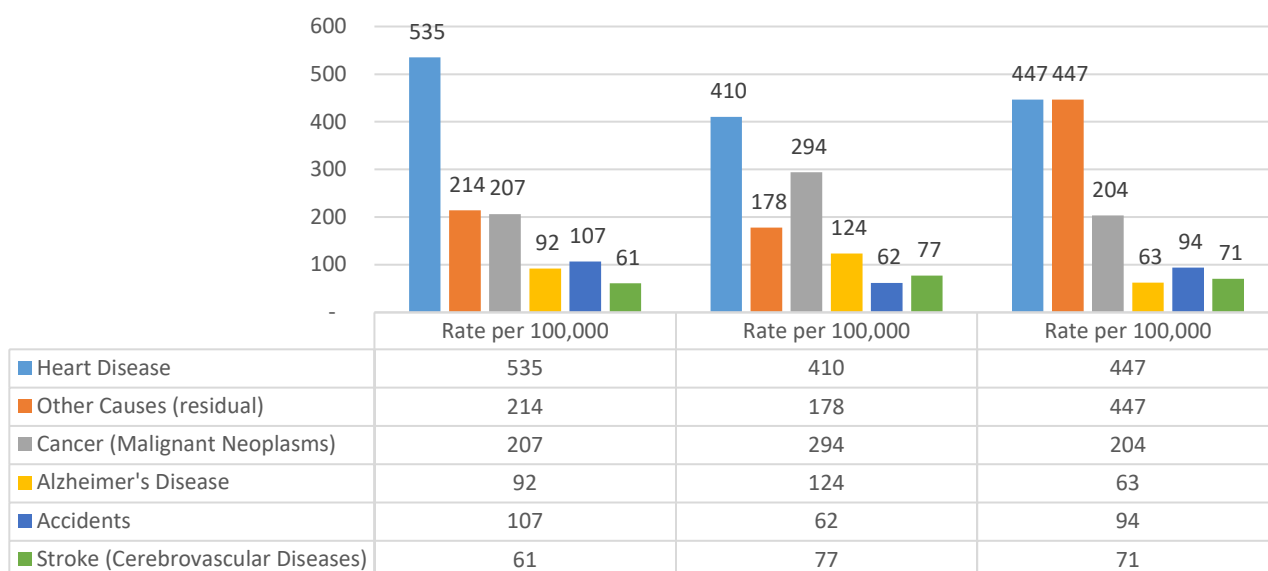
### Choctaw County Top 6 Causes of Death 2018-2020; All Race, All Ages, All Sex



**Figure 19**

*Top 6 Causes of Death 2018-2020; All Race, All Ages, All Sex by Number of Deaths*

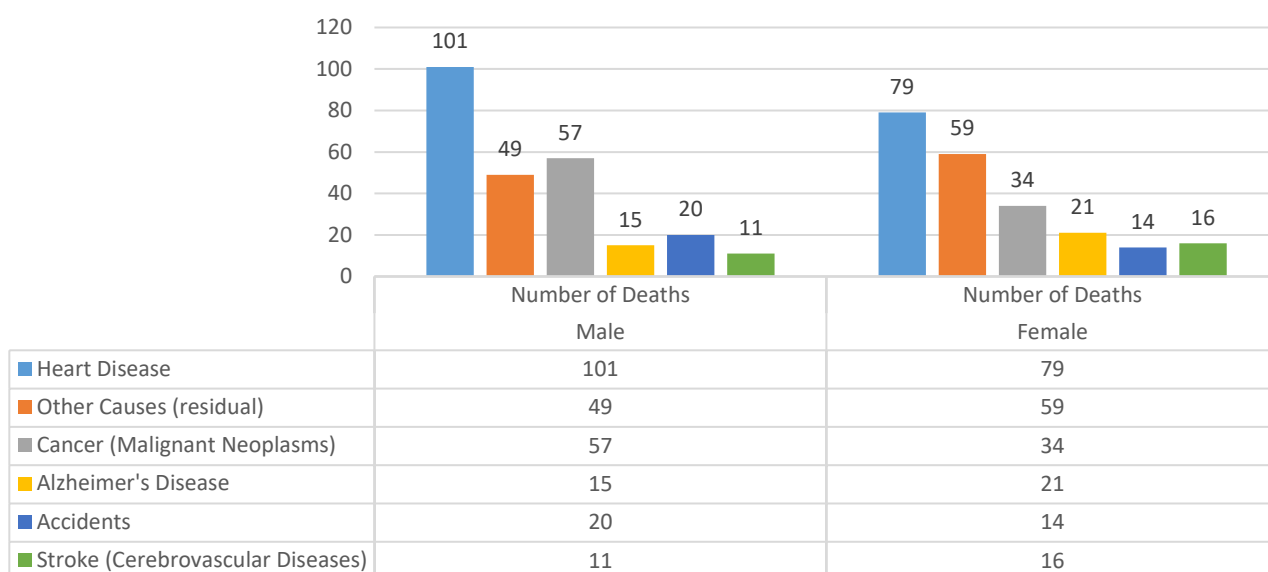
### Choctaw County Top 6 Causes of Death 2018-2020; All Race, All Ages, All Sex



**Figure 20**

*Top 6 Causes of Death 2018-2020; All Race, All Ages, All Sex by Rate per 100,000*

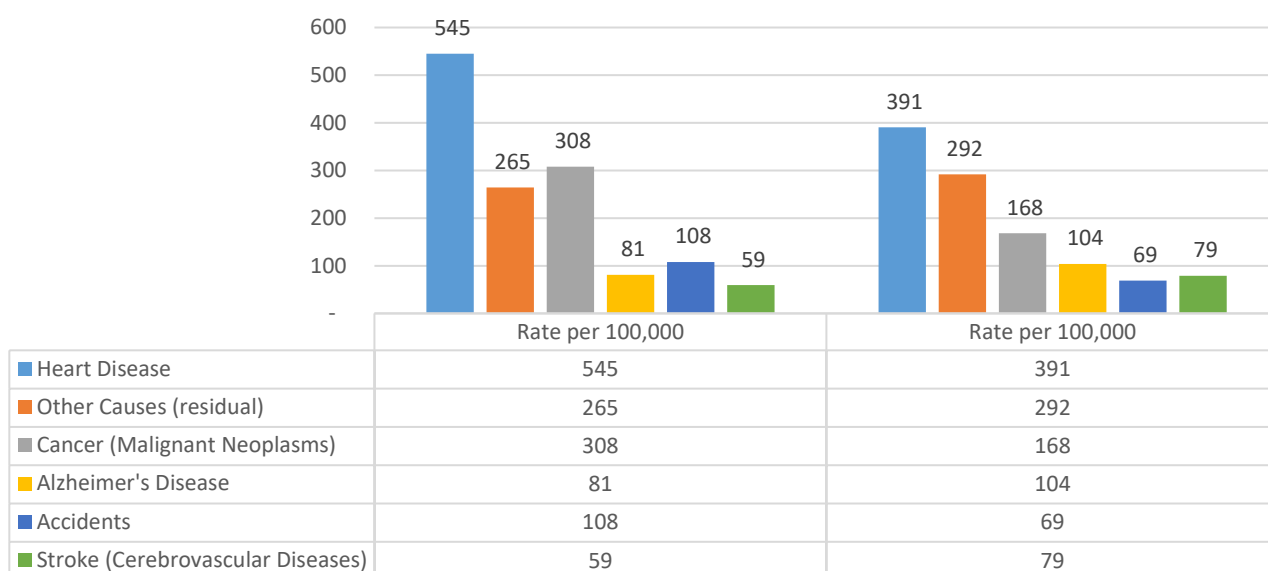
### Choctaw County Top 6 Causes of Death 2018-2020; All Race, All Ages



**Figure 21**

*Top 6 Causes of Death 2018-2020; All Race, All Ages, by Number of Deaths*

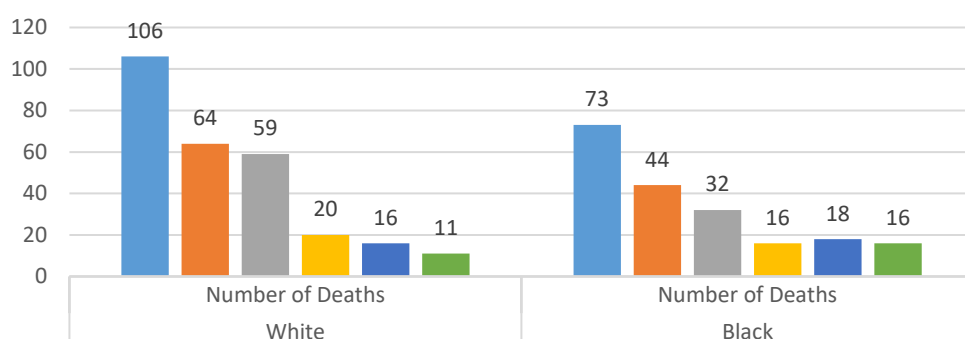
### Choctaw County Top 6 Causes of Death 2018-2020; All Race, All Ages



**Figure 22**

*Top 6 Causes of Death 2018-2020; All Race, All Ages, by Rate per 100,000*

### Choctaw County Top 6 Causes of Death 2018-2020; All Ages, All Sex

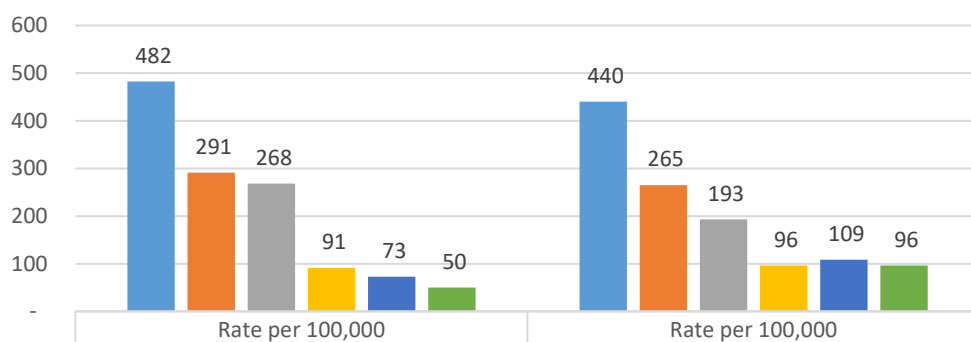


	Number of Deaths	Number of Deaths
	White	Black
Heart Disease	106	73
Other Causes (residual)	64	44
Cancer (Malignant Neoplasms)	59	32
Alzheimer's Disease	20	16
Accidents	16	18
Stroke (Cerebrovascular Diseases)	11	16

**Figure 23**

*Top 6 Causes of Death 2018-2020; All Ages, All Sex by Number of Deaths*

### Choctaw County Top 6 Causes of Death 2018-2020; All Ages, All Sex



	Rate per 100,000	Rate per 100,000
	White	Black
Heart Disease	482	440
Other Causes (residual)	291	265
Cancer (Malignant Neoplasms)	268	193
Alzheimer's Disease	91	96
Accidents	73	109
Stroke (Cerebrovascular Diseases)	50	96

**Figure 24**

*Top 6 Causes of Death 2018-2020; All Ages, All Sex by Rate per 100,000*

## INPUT FROM THE COMMUNITY

### COMMUNITY SURVEYS

Ochsner Choctaw General wanted to better understand the health status of its service area through the mindset of the community. As a result, a community health survey was developed by the hospital. Members of the public were invited to participate in the survey. The data collected from the survey was part of the input used by the steering committee in establishing the top health priorities for the hospital for the next three years. An example of this survey can be seen on the pages that follow in Figures 25, 26, and 27.

### COMMUNITY FOCUS GROUP

A community focus group was held at Ochsner Choctaw General on November 3, 2022. The participants in the group were carefully selected because they each represented a specific segment of the populations served. In addition, they can act as a continuous conduit between the community and the leadership of the hospital. These participants contributed to a structured discussion which was impartially facilitated by healthcare consultants from Carr, Riggs, & Ingram of Ridgeland, MS.

This focus group provided a deliberative venue for learning, trust-building, creative problem solving, and information gathering which ultimately served as a valuable resource for the CHNA Steering Committee as it developed the hospital's health priorities for the next three years. Since the focus group was based on open communication and critical deliberation, it will hopefully lead to improved community relations, trust, and collaborative partnerships as the hospital strives to improve the overall health of the community.

### TOP HEALTH CONCERNS IDENTIFIED BY THE COMMUNITY

Ochsner Choctaw General representatives spoke with community leaders and residents of Choctaw County to give them an opportunity to voice their opinions on the health status and health needs of Choctaw County. Ochsner Choctaw General representatives also reviewed the results of the community survey. The survey feedback and open discussions were consistent with the quantitative data. The most common health concerns mentioned by the community members were related to chronic diseases, health education, lifestyle challenges, transportation, mental health, access to care, and access to healthy foods. Additionally, heart disease, cancer, diabetes, obesity, and hypertension were all health needs identified by healthcare professionals, community members, and quantitative data. There is a direct correlation between these and the typical lifestyle of a rural Mississippi resident. As a result, community members noted a need for increased education and preventative care to aid in lowering the percentages of these diseases becoming chronic.

## RESPONDING TO THE COMMUNITY

The steering committee used the following process to prioritize the identified needs that the hospital would use when developing strategies to respond to the community's needs:

- ▲ All the findings and data were read and analyzed for needs and recurring themes within the identified needs.
- ▲ Reference was made to the content of the community input and the identified needs from those sources.
- ▲ Comparisons were made between the primary and secondary data and then compared to what was the common knowledge and experience of the clinical staff of the hospital.
- ▲ Based on what resources could be made available and what initiatives could have the most immediate and significant impact, the strategic initiatives were developed.

Ochsner Choctaw General will continue to leverage valuable partnerships that currently exist and to identify opportunities for synergy within the community. The outcomes and results of these interventions will be followed and reexamined in preparation for the next CHNA.



## Choctaw General Hospital Community Survey

### *How Healthy Is Our Community?*

Choctaw General Hospital needs your help in better understanding the community's health. Please fill out this survey to share your opinions about healthcare services and the quality of life within the community. The survey results will be presented to the community, and made available to the public in a written report. The information gathered from responses to this survey will help make our community a better place to live.

***Thank you, in advance, for you participation!***

**1. Check up to 5 selections you feel are most important features of a healthy community:**

- |                                                                                                              |                                                                    |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Access to churches or other places of worship                                       | <input type="checkbox"/> Good place to raise kids                  |
| <input type="checkbox"/> Access to healthcare                                                                | <input type="checkbox"/> Good public transportation                |
| <input type="checkbox"/> Access to parks and recreation                                                      | <input type="checkbox"/> Good education                            |
| <input type="checkbox"/> Adequate handicapped parking and other accommodations for persons with disabilities | <input type="checkbox"/> Low crime rates/safe neighborhoods        |
| <input type="checkbox"/> Affordable and/or available housing options                                         | <input type="checkbox"/> Low death and disease rates               |
| <input type="checkbox"/> Available arts and cultural events                                                  | <input type="checkbox"/> Preventive health services                |
| <input type="checkbox"/> Clean environment                                                                   | <input type="checkbox"/> Quality child care                        |
| <input type="checkbox"/> Equality among different racial/ethnic groups                                       | <input type="checkbox"/> Quality social services                   |
| <input type="checkbox"/> Good jobs, healthy economy                                                          | <input type="checkbox"/> Sidewalks, bike paths, and walking trails |
| <input type="checkbox"/> Good place to grow old                                                              | <input type="checkbox"/> Other _____                               |

**2. Select up to 3 Chronic Diseases/Health Issues you or your family members live with:**

- |                                                                              |                                               |
|------------------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> High blood pressure/Hypertension                    | <input type="checkbox"/> Alzheimer's/Dementia |
| <input type="checkbox"/> Cancers                                             | <input type="checkbox"/> Mental Health        |
| <input type="checkbox"/> Contagious diseases (i.e. flu, pneumonia, COVID-19) | <input type="checkbox"/> Obesity              |
| <input type="checkbox"/> Heart disease                                       | <input type="checkbox"/> Diabetes             |
| <input type="checkbox"/> HIV/AIDS/Sexually Transmitted Diseases              | <input type="checkbox"/> Stroke               |
| <input type="checkbox"/> Respiratory/ lung disease (Asthma, COPD, emphysema) |                                               |

**3. Select up to 3 areas you feel there is Limited Access to and/or availability of:**

- ☐ Dental care services
- ☐ End of life care (nursing homes, hospice)
- ☐ Substance abuse services
- ☐ Hospital Services
- ☐ Mental health services
- ☐ Pediatric Services
- ☐ Prenatal care and childbirth education
- ☐ Primary care services
- ☐ Specialty care services (i.e. surgery, X-rays)

**Figure 25**  
Choctaw General Hospital Community Survey 2022, Part I

**4. Select up to 5 behaviors you are most concerned about in the community:**

- |                                                                                                               |                                                                                                  |                                                             |
|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Alcohol abuse                                                                        | <input type="checkbox"/> Lack of exercise                                                        | <input type="checkbox"/> Unlicensed and/or unsafe drivers   |
| <input type="checkbox"/> Being overweight/obese                                                               | <input type="checkbox"/> Not getting vaccines to prevent disease                                 | <input type="checkbox"/> Unsafe sex/Not using birth control |
| <input type="checkbox"/> Lack of prevention activities (i.e. cancer screenings, cholesterol screenings, etc.) | <input type="checkbox"/> Tobacco use (i.e. cigarettes, cigars, chewing tobacco, e-cigarette use) | <input type="checkbox"/> Teen sexual activity               |
| <input type="checkbox"/> Child safety issues                                                                  | <input type="checkbox"/> Juvenile delinquency                                                    | <input type="checkbox"/> Dropping out of school             |
| <input type="checkbox"/> Drug abuse                                                                           | <input type="checkbox"/> Poor eating habits                                                      | <input type="checkbox"/> Other _____                        |
|                                                                                                               | <input type="checkbox"/> Racism                                                                  |                                                             |

**5. Select any of the following that you feel are barriers for you in getting healthcare:**

- |                                                                          |                                                                          |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Lack of transportation                          | <input type="checkbox"/> Have no regular source of healthcare            |
| <input type="checkbox"/> Can't pay for services/medication               | <input type="checkbox"/> Lack of evening or weekend services             |
| <input type="checkbox"/> Can't find providers that accept my insurance   | <input type="checkbox"/> Doubt the treatment will help                   |
| <input type="checkbox"/> Don't know what types of services are available | <input type="checkbox"/> Fear of what people will think                  |
| <input type="checkbox"/> Don't trust healthcare providers                | <input type="checkbox"/> Afraid to have health check-up                  |
| <input type="checkbox"/> Don't like accepting government assistance      | <input type="checkbox"/> Bad past experience                             |
| <input type="checkbox"/> Not sure when I need healthcare                 | <input type="checkbox"/> Healthcare information is not kept confidential |

**6. How is your healthcare covered? (check all that apply)**

- |                                                                                          |                                            |
|------------------------------------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Health insurance offered from your job or a family member's job | <input type="checkbox"/> Medicare          |
| <input type="checkbox"/> Health insurance that you pay for on your own                   | <input type="checkbox"/> Medicaid          |
| <input type="checkbox"/> Veterans' Administration                                        | <input type="checkbox"/> Military Coverage |
| <input type="checkbox"/> I don't have health insurance                                   | <input type="checkbox"/> Other: _____      |

**7. Where would you go if you are sick or need advice about your health? (check one selection)**

- |                                                        |                                                                             |
|--------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Hospital emergency room       | <input type="checkbox"/> Telehealth Visit                                   |
| <input type="checkbox"/> The local health department   | <input type="checkbox"/> Nowhere—I don't have a place to go when I get sick |
| <input type="checkbox"/> A particular doctor's office  | <input type="checkbox"/> Urgent Care                                        |
| <input type="checkbox"/> Other (Please describe) _____ |                                                                             |

**8. Do you have a primary care physician?**

- ☐ Yes  
☐ No

**9. Select up to 3 other areas that you feel impacts the community:**

- |                                                                     |                                                       |
|---------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Addiction – alcohol or drug                | <input type="checkbox"/> Medical errors               |
| <input type="checkbox"/> Homelessness                               | <input type="checkbox"/> Mental Health                |
| <input type="checkbox"/> Child abuse/neglect                        | <input type="checkbox"/> Motor vehicle crash injuries |
| <input type="checkbox"/> Drowning                                   | <input type="checkbox"/> Suicide/Homicide             |
| <input type="checkbox"/> Firearm-related injuries                   | <input type="checkbox"/> Teenage pregnancy            |
| <input type="checkbox"/> Domestic violence                          | <input type="checkbox"/> Prescription drug costs      |
| <input type="checkbox"/> Infant death/ premature birth              | <input type="checkbox"/> Rape/sexual assault          |
| <input type="checkbox"/> Environmental health, sewers, septic tanks | <input type="checkbox"/> Other _____                  |

**Figure 26**  
Choctaw General Hospital Community Survey 2022, Part II

**OPTIONAL INFORMATION**

Please check or fill in the blanks for the following questions. There will be no way to identify you or your answers.

**Gender:** ☐ Male ☐ Female

**Age** ☐ less than 18 ☐ 18-25 ☐ 26-39 ☐ 40-54 ☐ 55-64 ☐ 65 -74 ☐ 75+

**Race/Ethnicity: Which group do you most identify with?**

- |                                                 |                                                        |
|-------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> White/Caucasian               |
| <input type="checkbox"/> Hispanic               | <input type="checkbox"/> Asian/Pacific                 |
| <input type="checkbox"/> Native American        | <input type="checkbox"/> Other (Please describe) _____ |

**Education: Please check the highest level completed:**

- |                                                     |                                                           |                                                   |
|-----------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Grade/Middle School        | <input type="checkbox"/> Technical/Community College      | <input type="checkbox"/> Graduate/Advanced Degree |
| <input type="checkbox"/> High school diploma or GED | <input type="checkbox"/> 4 year College/Bachelor's degree |                                                   |

**Please list any other comments you have about the health issues within the community:**

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**THANK YOU FOR COMPLETING THIS SURVEY!**

**Figure 27**  
Choctaw General Hospital Community Survey 2022, Part I

## IMPLEMENTATION PLANS

While an implementation plan was established in the hospital's 2019 CHNA report, Ochsner Choctaw General was unable to generate satisfactory responses in these areas. This is due to the hospital shifting its focus in 2019 – 2022 to meet the more pressing needs that arose from the COVID-19 pandemic.

As a result, the hospital has chosen to continue focusing on these areas noting that these issues are still prevalent as of 2022. Over the next three years, pending a surge in COVID-19 or a new public health emergency, Ochsner Choctaw General and its many community partners will concentrate their efforts into these areas:

### INITIATIVE 1: MENTAL HEALTH AWARENESS

To provide community education to the general public during the next three years through lunch-and-learns and other educational offerings. Also, to provide information to the public regarding available mental and behavioral health resources. CGH will partner with Alabama State Department of Health, Penelope House and other regional organizations to address this initiative.

### INITIATIVE 2: ACCIDENT PREVENTION

In an effort to reduce the tremendous amount of severe injuries and deaths due to motor vehicle accidents, we will partner with local law enforcement agencies to identify and educate on the top three driving distractions. These efforts will include education and awareness activities focused both on automobile and ATV safety. The target audience of these efforts will primarily be school students of driving age and the general public.

### INITIATIVE 3: CANCER SCREENINGS AND AWARENESS

We will partner with UAB Cancer Center and Rush Health Systems to make communities aware of diagnostic screenings available in our area. We will offer educational opportunities to the appropriate audiences for those at greatest risk for trachea, bronchus, lung cancer, colorectal cancer, and prostate cancer.

### INITIATIVE 4: STROKE AND HEART DISEASE AWARENESS AND PREVENTION

We will continue to work with Ochsner Neurology and the Telestroke program to promote stroke prevention and awareness. We will also conduct lunch-and-learns on the prevention of heart disease and stroke.

The hospital wants the community to know that it takes all health needs within the community seriously. Unfortunately, the hospital is unable to address every health need noted over the course of the next three years covered within the current CHNA but plans to continue reviewing these needs and as resources become available in the future address them accordingly.

The implementation strategy associated with these health initiatives noted above will be developed over the coming months, submitted to the board of directors for approval, and then posted to the hospital's website by the due date of the 15<sup>th</sup> day of the fifth month after the end of the taxable year the CHNA is due with said due date being May 15<sup>th</sup>, 2023.

## THANK YOU

We at Ochsner Choctaw General realize the importance of participating in a periodic community health needs assessment. We emphasize that this report is much more than a regulatory obligation; it is an opportunity to continue to be engaged with our community by including the citizens we serve in a plan that will ensure a healthier community. This has been a collaborative effort.

Our sincere thanks go to all those who took part in this process. Our CHNA Steering Committee members and all those who participated in our Community Focus Group, either by their attendance at the Forum or by conversations, deserve a special thanks for their time, support, and insight. Their input has been invaluable.

And last, but perhaps most importantly, our thanks goes out to the public who realizes their voice does matter. Thank you for completing our Community Health Survey, reading our latest community health needs assessment, and for supporting our mission of care in Choctaw County.

## REFERENCES

America's Health Rankings. (n.d.). *Our reports*. America's Health Rankings. Retrieved September 2022, from <https://www.americahealthrankings.org/about/methodology/our-reports>

Berg, S. (2018, May 15). *Improve health equity by collecting patient demographic data*. American Medical Association. Retrieved September 2022, from <https://www.ama-assn.org/delivering-care/population-care/improve-health-equity-collecting-patient-demographic-data>

County Health Rankings. (n.d.). *About Us*. County Health Rankings & Roadmaps. Retrieved September 2022, from <https://www.countyhealthrankings.org/about-us>

CMS Newsroom. (n.d.). *New CMS Rule Increases Payments for Acute Care Hospitals and Advances Health Equity, Maternal Health*. Retrieved October 2022, from <https://www.cms.gov/newsroom/press-releases/new-cms-rule-increases-payments-acute-care-hospitals-and-advances-health-equity-maternal-health>

Morton, P. H. (2022, June 6). *Choctaw County*. Encyclopedia of Alabama. Retrieved October 2022, from <http://encyclopediaofalabama.org/article/h-1312>

United States Census Bureau. (2021, October 27). *American Community Survey and Puerto Rico Community Survey 2020 subject ...* United States Census Bureau. Retrieved September 2022, from [https://www2.census.gov/programs-surveys/acs/tech\\_docs/subject\\_definitions/2020\\_ACSSubjectDefinitions.pdf](https://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2020_ACSSubjectDefinitions.pdf)