Ochsner Laird Hospital

CHNA Report

December 2022

Approved by

The Board of Directors of Ochsner Laird Hospital

November 4, 2022

CRI CARR RIGGS & INGRAM
CPAs and Advisors
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EXECUTIVE SUMMARY

Ochsner Laird Hospital 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 Laird Hospital 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 CHNA will guide the development of Ochsner Laird Hospital'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 Laird Hospital. It will provide the community with an informative overview concerning the hospital along with an explanation of the services available at Ochsner Laird Hospital.

Previous patients, employees, and community representatives provided feedback. Ochsner Laird Hospital organized a focus group and distributed a community health survey 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 report. In this section, we also discuss the health priorities that we will focus on over the next three years. The CHNA report is available electronically on Ochsner Laird Hospital's website (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 Laird Hospital 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.

Thomas Bartlett, FACHE, Administrator
Ochsner Laird Hospital

ABOUT THE HOSPITAL

OVERVIEW

Ochsner Laird Hospital is a 25-bed critical access hospital located in Union, Mississippi that provides a wide range of inpatient, outpatient, and emergency services. This facility has a rich heritage as a hospital built by the community for the community. Founded on the vision of Dr. Earl Laird, Sr., the hospital believes in providing compassionate health care services that reach out to those living in Union 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 Program
- Diabetes Education
- Dietary Consultations
- Emergency Care
- Full-Service Dining Room
- Hospitalist Program
- Laboratory
- Medical Surgical Care
- Outpatient Infusion Therapy
- Pharmacy
- Pulmonary Rehabilitation Program
- Radiology
- Respiratory Therapy
- Senior Care Programs
- Skilled Rehab Services
- Sleep Center
- Swing Bed Program
- Telemedicine
- Wound Care

Along with the main campus, Ochsner Laird Hospital operates seven clinics that offer a variety of specialties to the community. The clinics are as follows:

- Newton Family Medical Clinic
- Family Medical Group of Union
- Rush Medical Clinic – Collinsville
- Decatur Family Medical
- Rush Central Clinic
- Family Medical Clinic
- Rush Medical Clinic – Philadelphia

The hospital is a trusted member of Union's community. The citizens depend on the hospital to not only provide for their needs when they are ill, but they also turn to the hospital as a source of health and wellness information. The hospital even boasts that the full-service dining room is a favorite dining destination for many of the citizens in the community.

HEALTHCARE SERVICES PROVIDED

DIABETES EDUCATION

The mission of all Ochsner Rush Health's diabetes programs is to provide team-based, comprehensive care that emphasizes self-management in order to improve diabetes control and prevent complications. Ochsner Laird Hospital 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 Laird Hospital'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 Rush Health'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 THERAPY

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

PULMONARY REHABILITATION PROGRAM

Pulmonary/critical care specialists diagnose and treat serious and complex medical challenges faced by people with conditions that affect the lungs and breathing. Our medical professionals use the latest technology as well as their own skill and experience for diagnosis, treatment and follow-up care. The following are some of the conditions treated and services provided:

- Chronic obstructive pulmonary disease (COPD)
- Asthma
- Chronic lung infections
- Respiratory failure
- Lung cancer
- Pulmonary function studies
- Smoking cessation

RADIOLOGY

Ochsner Laird Hospital is equipped with modern and effective diagnostic imaging technology which enables the hospital to diagnose illnesses and injuries quickly and efficiently. Ochsner Laird Hospital 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
- MRI
- Ultrasound Exams (Sonograms)

RESPIRATORY THERAPY

Ochsner Laird Hospital 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 Laird Hospital 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 Laird Hospital'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 Laird Hospital 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 Laird Hospital'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
- Assistive technology
- Adaptive equipment
- Work or sports-related injuries
- Neurological disorders
- Cognitive deficits
- Evaluations
- Work hardening

PHYSICAL THERAPY

Ochsner Laird Hospital'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
- Neurological and stroke rehab

SPEECH THERAPY

Ochsner Laird Hospitals' speech-language pathology department offers evaluation and treatment of a variety of communicative and swallowing disorders. 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
- Degenerative diseases
- Traumatic Brain Injury
- Muscular dystrophy
- Oral motor deficits
- Aspiration pneumonia
- Augmentative communication

SWING BED PROGRAM

Skilled nursing and rehabilitative care are available at Ochsner Laird Hospital 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 Laird Hospital, whether or not they were hospitalized in another location.

WOUND CARE

Ochsner Laird Hospital's wound care departments 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
- Negative pressure wound therapy
- The newest topical ointments and wound dressings

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 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 consider 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 Laird Hospital'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 Laird Hospital 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 Newton 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 citizen of our rural Mississippi 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	• Ochsner Laird Hospital Medical Records Department
• US Department of Health & Human Services	• Mississippi State Department of Health (MSDH)
• Centers for Disease Control and Prevention	• Mississippi Center for Obesity Research
• American Heart Association	• County Health Rankings and Roadmaps
• Rural Health Information Hub	• MSDH Office of Health Data and Research
• Neri Nutrition Pros	

RESPONSE TO HEALTH STRATEGIES FROM 2019 CHNA

INITIATIVE 1: LIFESTYLE IMPROVEMENT

Our goal is to focus on nutrition and exercise to help prevent comorbid diseases as well as provide education on health coverage to improve access to healthcare.

1. Health Coverage Education
2. Nutrition and Exercise Education with emphasis on lifestyle disease prevention
3. COPD education about prevention and maintenance.

INITIATIVE 1 RESPONSE

January 14, 2020, the Ochsner Laird Hospital Self-Management Education and Support Program Advisory Council met. The purpose of this meeting was to document the Council's input into the management of the program, curriculum, and support plan and to review goals for the coming year.

Ochsner Laird Hospital continued with the outpatient diabetic education program free of charge to patients who were referred. This program consists of three visits with a registered dietician. During 2021, we had six participants in the program. During 2022, we had two participants in the program. Ochsner Laird Hospital also offers diabetic education free of charge from a registered dietician at the Rush Clinic in Philadelphia and Family Medical Group of Union.

Ochsner Laird Hospital and its affiliated clinics participate in the Rural Solution ACO. Each clinic has focused on A1C control, blood pressure control, mammogram screenings, cervical screenings, colon screenings, low-dose lung CT screenings, statin use in cardiovascular disease and diabetic patients, and diabetic eye exams.

Moving into the EPIC EHR has allowed reports to be run that show non-compliant patients with a focus on patients that have not seen a primary care physician in the last year. These measures have been a focus of the Medicare Annual Wellness visits identifying possible risk factors.

INITIATIVE 2: CANCER AWARENESS

Our goal is to educate the community on early detection and the importance of follow up appointments. The focus will be on the following cancers:

1. Prostate
2. Pulmonary / Respiratory
3. Colorectal
4. Breast
5. Skin

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INITIATIVE 3: ACCIDENT PREVENTION

Our goal is to educate and prevent accidental deaths. The areas of concentration will be:

1. MVA s (including ATVs)
2. Falls
3. Water Safety
4. Drug Abuse

INITIATIVE 3 RESPONSE

Hospital patients receive education regarding fall prevention upon admission to the hospital.

All hospital patients receive education regarding fall prevention upon admission to the hospital.

Due to the timing of the CHNA due date for the hospital coinciding with the onset of the public health emergency (PHE) known as COVID-19 most of the planned activities for these initiatives were put on hold as the hospital battled against the COVID-19 virus. As a result, the hospital had to change their focus to keeping the community safe during times of uncertainty. Over the next couple of pages, 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 Laird Hospital 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 Newton County were confirmed by the Mississippi 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 Laird Hospital implemented an enhanced infection control plan as these first cases were reported.

The magnitude of the hours devoted, and sacrifices made by the personnel at Ochsner Laird Hospital for the community are unmeasurable. Throughout the pandemic, Ochsner Laird Hospital 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 Laird Hospital 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 Laird Hospital always followed MSDH and CDC recommendations during the pandemic in order to keep staff as healthy as possible to be able to provide needed care to the community. The hospital website contained information including frequently asked vaccine questions and vaccine education. The website was kept up to date with information regarding testing sites and always had links to MSDH and CDC guidelines and recommendations.

Decatur Family Medical Clinic employees participated in Decatur Treat Street on October 26, 2021, at the ECCC Campus. Employees handed COVID-19 general info and vaccine brochures, 160 face masks for the children, and 500 individual hand sanitizer spray bottles for adults. Cynthia Massey, FNP also spoke with parents and guardians about COVID vaccines for adults and children.

In May of 2022, Rush Medical Group of Collinsville participated in "Collinsville Day". The group gave away home COVID tests, KN95 Masks, and vaccination education materials.

Family Medical Clinic Primary Care and Pediatric Clinic helped with two Vaccine Confidence Community Events at Bonita Lakes Mall on January 17, 2022, and February 14, 2022. Ochsner Laird Hospital 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 Laird Hospital's primary service area is Newton County, MS and south Neshoba County, MS. This is due to Union's proximity to the county line. Newton County has 577.9 square miles of land area and is the 39th largest county in Mississippi by total area. Newton County is bordered by Neshoba County, Jasper County, Smith County, Kemper County, Leake County, Clarke County, Scott County, and Lauderdale County. These surrounding counties, except for south Neshoba County, serve as Ochsner Laird Hospital's secondary service area.

HISTORY OF THE PRIMARY SERVICE AREA

According to the Mississippi Encyclopedia (2018), the Choctaw Nation ceded the land that makes up Newton County during the 1830 Treaty of Dancing Rabbit Creek. The county was formed in 1836 and was supposedly named after Isaac Newton. As settlements developed, the county quickly became a profitable agricultural base concentrating on corn and other grains rather than on cotton. Newton County continued to advance agriculturally, and livestock eventually became a primary product. In fact, one of the first four agricultural experiment stations in Mississippi started in Newton County. Like many counties in central Mississippi Newton's revenue source has shifted towards manufacturing, e.g., furniture production and textile mills. Nonetheless, commerce in Newton County continues to be highly agricultural.

HEALTHCARE RESOURCES AVAILABLE

For many Newton County residents, Ochsner Laird Hospital serves as their primary healthcare provider. Based on data pulled from the American Hospital Directory (AHD), 100% of the hospital's inpatients come from within Newton County: 47% come from Union, Mississippi; 27% come from Newton, Mississippi; and 26% come from Decatur, Mississippi.

Including Ochsner Laird Hospital, there are six critical access hospitals located in Ochsner Laird Hospital's primary and secondary service areas. These facilities are:

1. Ochsner Laird Hospital
2. Baptist Memorial Hospital – Leake
3. Ochsner HC Watkins Memorial Hospital
4. Ochsner JC Stennis Hospital
5. Lackey Memorial Hospital
6. Ochsner Scott Regional Hospital

Patient origin information pulled from the AHD indicates approximately 87% of the total number of Newton County residents discharged from the facilities listed above are discharged from Ochsner Laird Hospital. The following table shows the percentage for each facility:

Patient Origin Study Summaries for the Calendar Year Ended December 31, 2021
Newton County Residents

Facility	Medicare Discharges	Percent
Ochsner Laird Hospital	81	87.10%
Baptist Memorial Hospital – Leake	0	0.00%
Ochsner Watkins Hospital	0	0.00%
Ochsner Stennis Hospital	0	0.00%
Lackey Memorial Hospital	12	12.90%
Ochsner Scott Regional	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 Laird Hospital.

In a CMS press release, CMS made the following statement "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."

Timeline for Joint Commission and CMS measures (per FY 2023 IPPS final rule, Section K, IQR program) are as follows:

- 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 Laird Hospital 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 Laird Hospital's service area the most and how they potentially affect the health of the population. Ochsner Laird Hospital 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 Laird Hospital on what health outcomes and disease types to focus on within the community.

Mississippi

State Health Department Website: msdh.ms.gov

Measures		Rating	State Rank	State Value	U.S. Value
SOCIAL & ECONOMIC FACTORS*		**+**	**46**	**-0.612**	**—**
Community and Family Safety	Occupational Fatalities (deaths per 100,000 workers)	+	47	8.2	4.2
	Public Health Funding (dollars per person)	+++	30	$114	$116
	Violent Crime (offenses per 100,000 population)	++++	14	278	379
Economic Resources	Economic Hardship Index (index from 1-100)	+	50	100	—
	Food Insecurity (% of households)	+	50	15.3%	10.7%
	Income Inequality (80-20 ratio)	+	48	5.37	4.85
Education	High School Graduation (% of students)	+++	29	85.0%	85.8%
	High School Graduation Racial Disparity (percentage point difference)	+++++	4	6.5	15.1
Social Support and Engagement	Adverse Childhood Experiences (% ages 0-17)	+	42	18.3%	14.8%
	High-speed Internet (% of households)	+	49	81.4%	89.4%
	Residential Segregation — Black/White (index from 0-100)	+++++	3	50	62
	Volunteerism (% ages 16+)	+	47	26.6%	33.4%
	Voter Participation (% of U.S. citizens ages 18+)	++++	17	62.3%	60.1%
PHYSICAL ENVIRONMENT*		**+**	**45**	**-0.316**	**—**
Air and Water Quality	Air Pollution (micrograms of fine particles per cubic meter)	++	38	8.1	8.3
	Drinking Water Violations (% of community water systems)	+	48	6.3%	0.8%
	Risk-screening Environmental Indicator Score (unitless score)	++++	16	1,367,879	—
	Water Fluoridation (% of population served)	++	35	60.7%	73.0%
Housing and Transit	Drive Alone to Work (% of workers ages 16+)	+	49	84.8%	75.9%
	Housing With Lead Risk (% of housing stock)	+++++	10	11.0%	17.6%
	Severe Housing Problems (% of occupied housing units)	+++	29	15.1%	17.3%
CLINICAL CARE*		**+**	**49**	**-0.992**	**—**
Access to Care	Avoided Care Due to Cost (% ages 18+)	+	46	13.9%	9.8%
	Providers (per 100,000 population)				
	Dental Care	+	47	44.2	62.3
	Mental Health	+	41	187.6	284.3
	Primary Care	++	33	244.4	252.3
	Uninsured (% of population)	+	46	13.0%	9.2%
Preventive Clinical Services	Colorectal Cancer Screening (% ages 50-75)	++	37	70.9%	74.3%
	Dental Visit (% ages 18+)	+	46	57.7%	66.7%
	Immunizations				
	Childhood Immunizations (% by age 35 months)	+++	30	75.4%	75.4%
	Flu Vaccination (% ages 18+)	+	45	41.3%	47.0%
	HPV Vaccination (% ages 13-17)	+	50	31.9%	58.6%
Quality of Care	Dedicated Health Care Provider (% ages 18+)	++	34	76.1%	77.6%
	Preventable Hospitalizations (discharges per 100,000 Medicare beneficiaries)	+	49	5,004	3,770
BEHAVIORS*		**+**	**49**	**-1.358**	**—**
Nutrition and Physical Activity	Exercise (% ages 18+)	+	48	15.7%	23.0%
	Fruit and Vegetable Consumption (% ages 18+)	+	42	6.3%	8.0%
	Physical Inactivity (% ages 18+)	+	49	30.0%	22.4%
Sexual Health	Chlamydia (new cases per 100,000 population)	+	49	850.2	551.0
	High-risk HIV Behaviors (% ages 18+)	++++	16	5.3%	5.6%
	Teen Births (births per 1,000 females ages 15-19)	+	49	29.1	16.7
Sleep Health	Insufficient Sleep (% ages 18+)	++	40	35.0%	32.3%
Smoking and Tobacco Use	Smoking (% ages 18+)	+	47	20.1%	15.5%
HEALTH OUTCOMES*		**+**	**43**	**-0.622**	**—**
Behavioral Health	Excessive Drinking (% ages 18+)	+++++	7	15.2%	17.6%
	Frequent Mental Distress (% ages 18+)	++	36	14.4%	13.2%
	Non-medical Drug Use (% ages 18+)	++++	14	9.2%	12.0%
Mortality	Premature Death (years lost before age 75 per 100,000 population)	+	49	11,256	7,337
	Premature Death Racial Disparity (ratio)	+++	27	1.5	1.5
Physical Health	Frequent Physical Distress (% ages 18+)	++	31	10.3%	9.9%
	Low Birthweight (% of live births)	+	50	12.3%	8.3%
	Low Birthweight Racial Disparity (ratio)	+++	27	2.0	2.1
	Multiple Chronic Conditions (% ages 18+)	+	44	12.8%	9.1%
	Obesity (% ages 18+)	+	50	39.7%	31.9%
OVERALL			**—**	**-0.791**	**—**

* 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.

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

Summary

Strengths:

- Low prevalence of excessive drinking
- Low racial disparity in high school graduation rates
- Low percentage of housing with lead risk

Challenges:

- High premature death rate
- High percentage of households with food insecurity
- High prevalence of cigarette smoking

Highlights:

DRUG DEATHS

▲27%

from 10.6 to 13.5 deaths per 100,000 population between 2018 and 2019

FREQUENT MENTAL DISTRESS

▼17%

from 17.3% to 14.4% of adults between 2019 and 2020

MENTAL HEALTH PROVIDERS

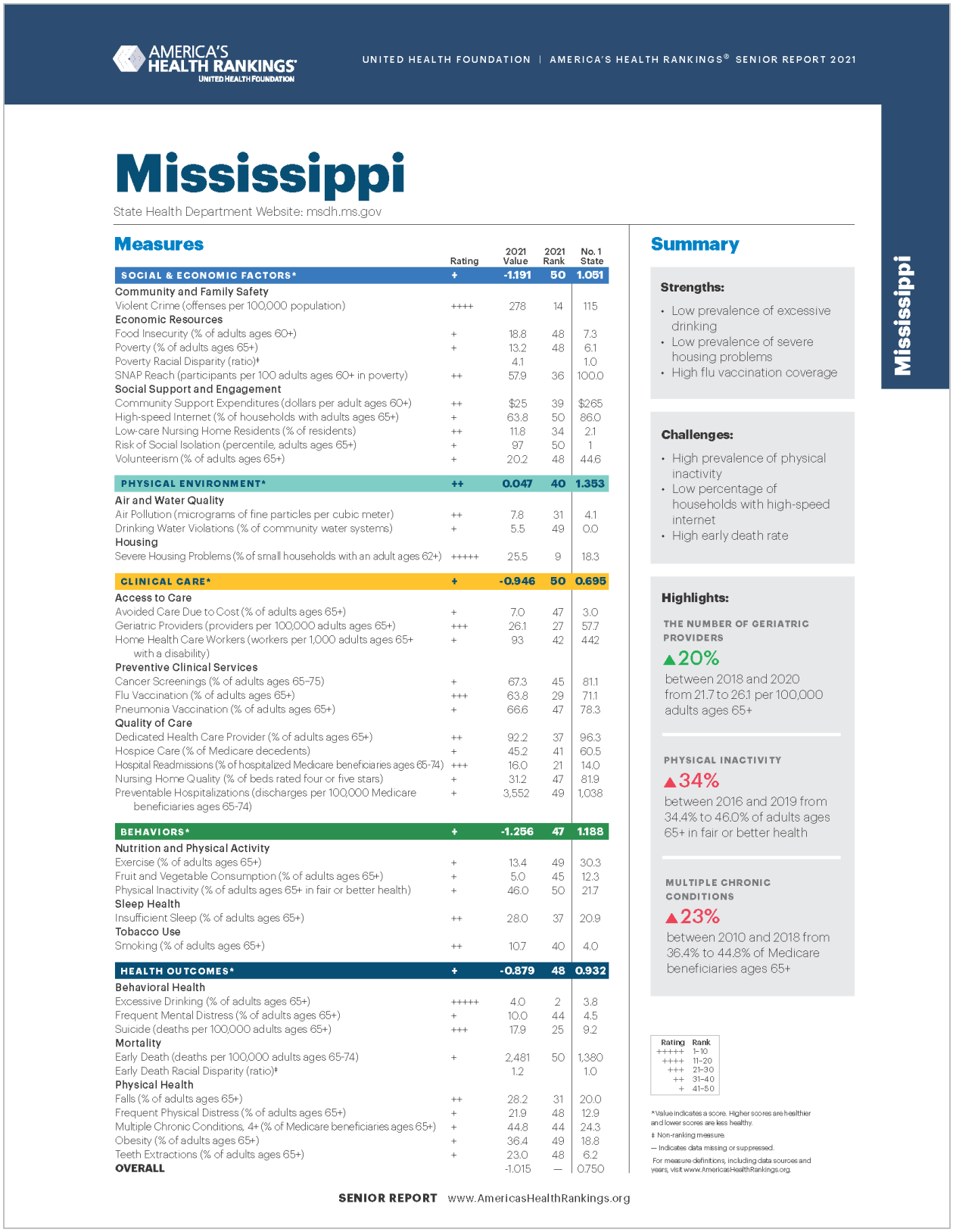
▲8%

from 173.0 to 187.6 per 100,000 population between 2020 and 2021

MISSISSIPPI

Figure 1

AHR 2021 Annual Report



AMERICA'S HEALTH RANKINGS
UNITED HEALTH FOUNDATION

UNITED HEALTH FOUNDATION | AMERICA'S HEALTH RANKINGS® SENIOR REPORT 2021

Mississippi

State Health Department Website: msdh.ms.gov

Measures

	Rating	2021 Value	2021 Rank	No. 1 State
SOCIAL & ECONOMIC FACTORS*	+	-1.191	50	1.051
Community and Family Safety				
Violent Crime (offenses per 100,000 population)	++++	278	14	115
Economic Resources				
Food Insecurity (% of adults ages 60+)	+	18.8	48	7.3
Poverty (% of adults ages 65+)	+	13.2	48	6.1
Poverty Racial Disparity (ratio)‡		4.1		1.0
SNAP Reach (participants per 100 adults ages 60+ in poverty)	++	57.9	36	100.0
Social Support and Engagement				
Community Support Expenditures (dollars per adult ages 60+)	++	$25	39	$265
High-speed Internet (% of households with adults ages 65+)	+	63.8	50	86.0
Low-care Nursing Home Residents (% of residents)	++	11.8	34	2.1
Risk of Social Isolation (percentile, adults ages 65+)	+	97	50	1
Volunteerism (% of adults ages 65+)	+	20.2	48	44.6
PHYSICAL ENVIRONMENT*	++	0.047	40	1.353
Air and Water Quality				
Air Pollution (micrograms of fine particles per cubic meter)	++	7.8	31	4.1
Drinking Water Violations (% of community water systems)	+	5.5	49	0.0
Housing				
Severe Housing Problems (% of small households with an adult ages 62+)	+++++	25.5	9	18.3
CLINICAL CARE*	+	-0.946	50	0.695
Access to Care				
Avoided Care Due to Cost (% of adults ages 65+)	+	7.0	47	3.0
Geriatric Providers (providers per 100,000 adults ages 65+)	+++	26.1	27	57.7
Home Health Care Workers (workers per 1,000 adults ages 65+ with a disability)	+	93	42	442
Preventive Clinical Services				
Cancer Screenings (% of adults ages 65–75)	+	67.3	45	81.1
Flu Vaccination (% of adults ages 65+)	+++	63.8	29	71.1
Pneumonia Vaccination (% of adults ages 65+)	+	66.6	47	78.3
Quality of Care				
Dedicated Health Care Provider (% of adults ages 65+)	++	92.2	37	96.3
Hospice Care (% of Medicare decedents)	+	45.2	41	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)	+	31.2	47	81.9
Preventable Hospitalizations (discharges per 100,000 Medicare beneficiaries ages 65-74)	+	3,552	49	1,038
BEHAVIORS*	+	-1.256	47	1.188
Nutrition and Physical Activity				
Exercise (% of adults ages 65+)	+	13.4	49	30.3
Fruit and Vegetable Consumption (% of adults ages 65+)	+	5.0	45	12.3
Physical Inactivity (% of adults ages 65+ in fair or better health)	+	46.0	50	21.7
Sleep Health				
Insufficient Sleep (% of adults ages 65+)	++	28.0	37	20.9
Tobacco Use				
Smoking (% of adults ages 65+)	++	10.7	40	4.0
HEALTH OUTCOMES*	+	-0.879	48	0.932
Behavioral Health				
Excessive Drinking (% of adults ages 65+)	+++++	4.0	2	3.8
Frequent Mental Distress (% of adults ages 65+)	+	10.0	44	4.5
Suicide (deaths per 100,000 adults ages 65+)	+++	17.9	25	9.2
Mortality				
Early Death (deaths per 100,000 adults ages 65-74)	+	2,481	50	1,380
Early Death Racial Disparity (ratio)‡		1.2		1.0
Physical Health				
Falls (% of adults ages 65+)	++	28.2	31	20.0
Frequent Physical Distress (% of adults ages 65+)	+	21.9	48	12.9
Multiple Chronic Conditions, 4+ (% of Medicare beneficiaries ages 65+)	+	44.8	44	24.3
Obesity (% of adults ages 65+)	+	36.4	49	18.8
Teeth Extractions (% of adults ages 65+)	+	23.0	48	6.2
OVERALL		-1.015	—	0.750

Summary

Strengths:

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

Challenges:

- High prevalence of physical inactivity
- Low percentage of households with high-speed internet
- High early death rate

Highlights:

THE NUMBER OF GERIATRIC PROVIDERS
▲20%
between 2018 and 2020 from 21.7 to 26.1 per 100,000 adults ages 65+

PHYSICAL INACTIVITY
▲34%
between 2016 and 2019 from 34.4% to 46.0% of adults ages 65+ in fair or better health

MULTIPLE CHRONIC CONDITIONS
▲23%
between 2010 and 2018 from 36.4% to 44.8% of Medicare beneficiaries ages 65+

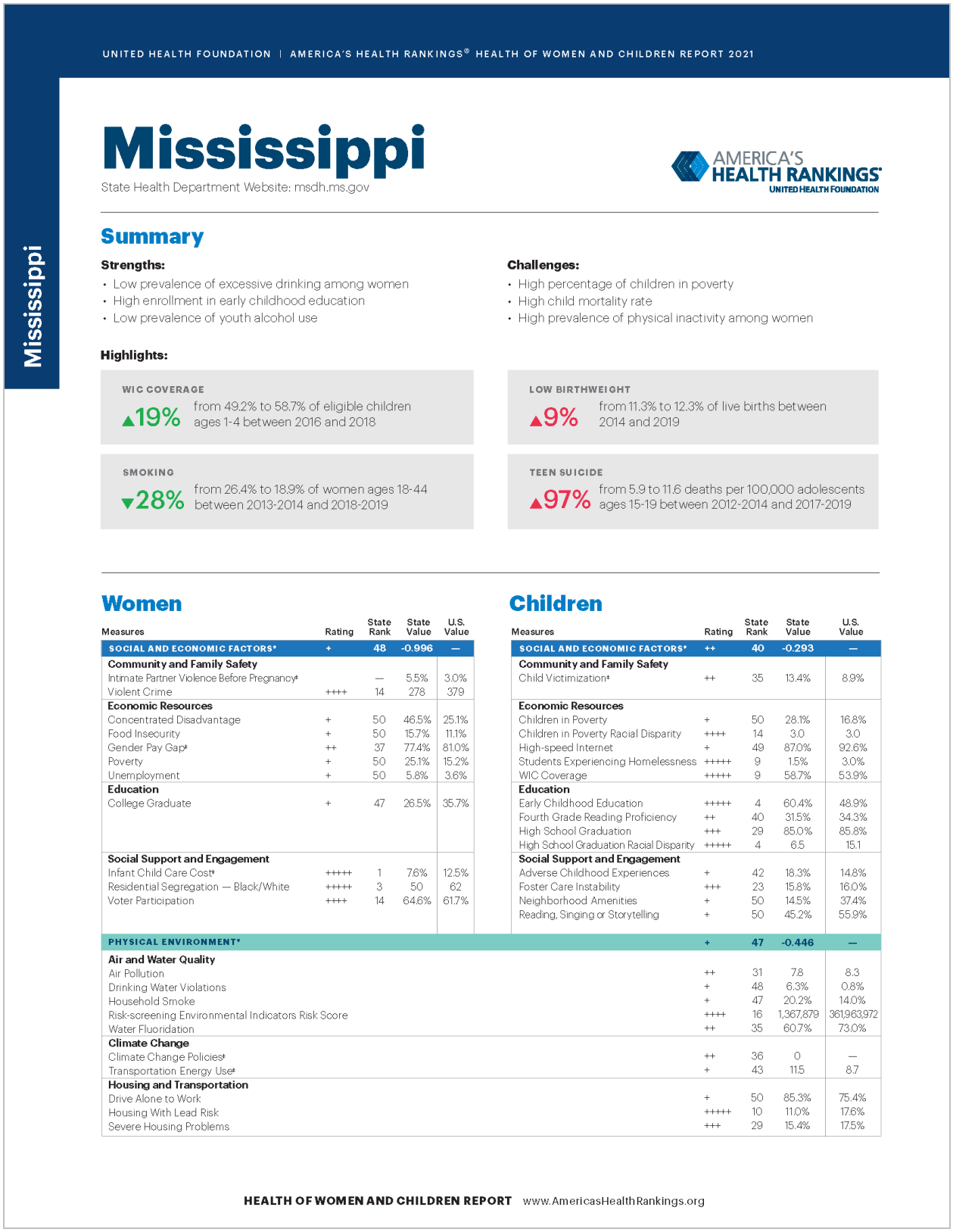
Rating	Rank
+++++	1–10
++++	11–20
+++	21–30
++	31–40
+	41–50

*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.

SENIOR REPORT www.AmericasHealthRankings.org

Mississippi

Figure 2
AHR 2021 Senior Report



UNITED HEALTH FOUNDATION | AMERICA'S HEALTH RANKINGS® HEALTH OF WOMEN AND CHILDREN REPORT 2021

Mississippi

Mississippi

State Health Department Website: msdh.ms.gov

AMERICA'S HEALTH RANKINGS® UNITED HEALTH FOUNDATION

Summary

Strengths:

- Low prevalence of excessive drinking among women
- High enrollment in early childhood education
- Low prevalence of youth alcohol use

Challenges:

- High percentage of children in poverty
- High child mortality rate
- High prevalence of physical inactivity among women

Highlights:

WIC COVERAGE
▲19% from 49.2% to 58.7% of eligible children ages 1-4 between 2016 and 2018

LOW BIRTHWEIGHT
▲9% from 11.3% to 12.3% of live births between 2014 and 2019

SMOKING
▼28% from 26.4% to 18.9% of women ages 18-44 between 2013-2014 and 2018-2019

TEEN SUICIDE
▲97% from 5.9 to 11.6 deaths per 100,000 adolescents ages 15-19 between 2012-2014 and 2017-2019

Women

Measures	Rating	State Rank	State Value	U.S. Value
SOCIAL AND ECONOMIC FACTORS*	+	48	-0.996	—
Community and Family Safety				
Intimate Partner Violence Before Pregnancy‡		—	5.5%	3.0%
Violent Crime	++++	14	278	379
Economic Resources				
Concentrated Disadvantage	+	50	46.5%	25.1%
Food Insecurity	+	50	15.7%	11.1%
Gender Pay Gap‡	++	37	77.4%	81.0%
Poverty	+	50	25.1%	15.2%
Unemployment	+	50	5.8%	3.6%
Education				
College Graduate	+	47	26.5%	35.7%
Social Support and Engagement				
Infant Child Care Cost‡	+++++	1	7.6%	12.5%
Residential Segregation — Black/White	+++++	3	50	62
Voter Participation	++++	14	64.6%	61.7%
PHYSICAL ENVIRONMENT*	+	47	-0.446	—
Air and Water Quality				
Air Pollution	++	31	7.8	8.3
Drinking Water Violations	+	48	6.3%	0.8%
Household Smoke	+	47	20.2%	14.0%
Risk-screening Environmental Indicators Risk Score	++++	16	1,367,879	361,963,972
Water Fluoridation	++	35	60.7%	73.0%
Climate Change				
Climate Change Policies‡	++	36	0	—
Transportation Energy Use‡	+	43	11.5	8.7
Housing and Transportation				
Drive Alone to Work	+	50	85.3%	75.4%
Housing With Lead Risk	+++++	10	11.0%	17.6%
Severe Housing Problems	+++	29	15.4%	17.5%

Children

Measures	Rating	State Rank	State Value	U.S. Value
SOCIAL AND ECONOMIC FACTORS*	++	40	-0.293	—
Community and Family Safety				
Child Victimization‡	++	35	13.4%	8.9%
Economic Resources				
Children in Poverty	+	50	28.1%	16.8%
Children in Poverty Racial Disparity	++++	14	3.0	3.0
High-speed Internet	+	49	87.0%	92.6%
Students Experiencing Homelessness	+++++	9	1.5%	3.0%
WIC Coverage	+++++	9	58.7%	53.9%
Education				
Early Childhood Education	+++++	4	60.4%	48.9%
Fourth Grade Reading Proficiency	++	40	31.5%	34.3%
High School Graduation	+++	29	85.0%	85.8%
High School Graduation Racial Disparity	+++++	4	6.5	15.1
Social Support and Engagement				
Adverse Childhood Experiences	+	42	18.3%	14.8%
Foster Care Instability	+++	23	15.8%	16.0%
Neighborhood Amenities	+	50	14.5%	37.4%
Reading, Singing or Storytelling	+	50	45.2%	55.9%

HEALTH OF WOMEN AND CHILDREN REPORT www.AmericasHealthRankings.org

Figure 3

AHR 2021 Health of Women and Children Report, Part I

Mississippi

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

Women

Measures	Rating	State Rank	State Value	U.S. Value
CLINICAL CARE*	+	46	-0.675	—
Access to Care				
Adequate Prenatal Care	++++	14	80.8%	76.7%
Avoided Care Due to Cost	+	47	25.3%	18.8%
Publicly-funded Women's Health Services	+++	30	23%	29%
Uninsured	+	48	20.9%	12.9%
Women's Health Providers	+	48	32.3	48.5
Preventive Clinical Care				
Cervical Cancer Screening	+++++	1	86.9%	79.9%
Dental Visit	+	49	59.3%	67.6%
Flu Vaccination	+	45	26.6%	31.5%
Postpartum Visit‡		—	89.0%	90.7%
Well-woman Visit	+++	21	74.8%	73.2%
Quality of Care				
Breastfeeding Initiation‡	+	48	65.6%	84.0%
Dedicated Health Care Provider	++	38	69.5%	71.1%
Low-risk Cesarean Delivery	+	50	30.7%	25.6%
Maternity Practices Score	++	40	73	79
BEHAVIORS*	+	46	-0.887	—
Nutrition and Physical Activity				
Exercise	+	41	18.6%	21.5%
Fruit and Vegetable Consumption	+	45	7.5%	10.4%
Physical Inactivity	+	50	31.1%	22.6%
Sexual Health				
Chlamydia	+	48	2,529	1,743
High-risk HIV Behaviors	++++	11	8.6%	9.7%
Unintended Pregnancy‡		—	47.1%	30.6%
Sleep Health				
Insufficient Sleep	++	32	37.5%	36.1%
Tobacco Use				
E-cigarette Use‡	+++	25	5.9%	5.3%
Smoking	++	35	18.9%	14.3%
Smoking During Pregnancy	+++	28	8.5%	6.0%
HEALTH OUTCOMES*	++	35	-0.652	—
Behavioral Health				
Drug Deaths‡	++++	10	12.6	20.7
Excessive Drinking	+++++	3	12.1%	19.2%
Frequent Mental Distress	++	31	20.3%	18.1%
Illicit Drug Use	+++++	7	8.8%	10.8%
Postpartum Depression‡		—	22.1%	13.4%
Mortality				
Maternal Mortality‡		—	—	20.1
Mortality Rate	+	48	155.0	97.2
Physical Health				
Frequent Physical Distress	++++	19	8.4%	8.4%
High Blood Pressure	+	50	22.4%	10.6%
High Health Status‡	+	45	49.9%	53.8%
Maternal Morbidity‡		—	5.8	6.6
Multiple Chronic Conditions	++	40	6.1%	4.4%
Obesity	+	50	43.5%	30.0%
OVERALL — WOMEN*		—	-0.741	—

Children

Measures	Rating	State Rank	State Value	U.S. Value
CLINICAL CARE*	++	38	-0.259	—
Access to Care				
ADD/ADHD Treatment	+++++	1	6.6%	3.0%
Pediatricians	+	46	63.7	104.6
Uninsured	++	36	6.1%	5.7%
Preventive Clinical Care				
Childhood Immunizations	++++	11	80.0%	75.8%
HPV Vaccination	+	50	30.5%	54.2%
Preventive Dental Care	+	43	75.0%	77.5%
Well-child Visit	+	49	74.3%	80.7%
Quality of Care				
Adequate Insurance	+++++	8	71.2%	66.7%
Developmental Screening	++	34	31.5%	36.9%
Medical Home	++	37	47.3%	46.8%
BEHAVIORS*	+	50	-1.391	—
Nutrition and Physical Activity				
Breastfed	+	50	18.1%	25.6%
Food Sufficiency	+	50	58.0%	69.8%
Physical Activity	+++++	5	26.8%	20.6%
Soda Consumption — Youth‡		—	17.3%	9.3%
Sexual Health — Youth				
Dual Contraceptive Nonuse‡		—	91.6%	90.9%
Teen Births	+	49	29.1	16.7
Sleep Health				
Adequate Sleep	+	49	55.2%	66.1%
Sleep Position‡		—	69.4%	79.6%
Tobacco Use — Youth				
Electronic Vapor Product Use‡		—	21.4%	32.7%
Tobacco Use	+	46	7.1%	4.0%
HEALTH OUTCOMES*	+	49	-0.695	—
Behavioral Health				
Alcohol Use — Youth	+++++	6	8.0%	9.2%
Anxiety	+++++	6	7.7%	9.1%
Depression	++++	20	3.8%	3.9%
Flourishing	++	34	68.4%	69.1%
Illicit Drug Use — Youth	+++++	5	6.7%	8.4%
Teen Suicide‡		—	11.6	11.2
Mortality				
Child Mortality	+	49	41.8	25.4
Infant Mortality	+	50	8.6	5.7
Physical Health				
Asthma	+	48	10.1%	7.5%
High Health Status‡	+	49	87.1%	90.4%
Low Birthweight	+	50	12.3%	8.3%
Low Birthweight Racial Disparity	+++	27	2.0	2.1
Overweight or Obesity — Youth	+	48	38.4%	32.1%
OVERALL — CHILDREN*		—	-0.586	—

OVERALL — WOMEN AND CHILDREN*	—	-0.677	—

* 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.

HEALTH OF WOMEN AND CHILDREN REPORT www.AmericasHealthRankings.org

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

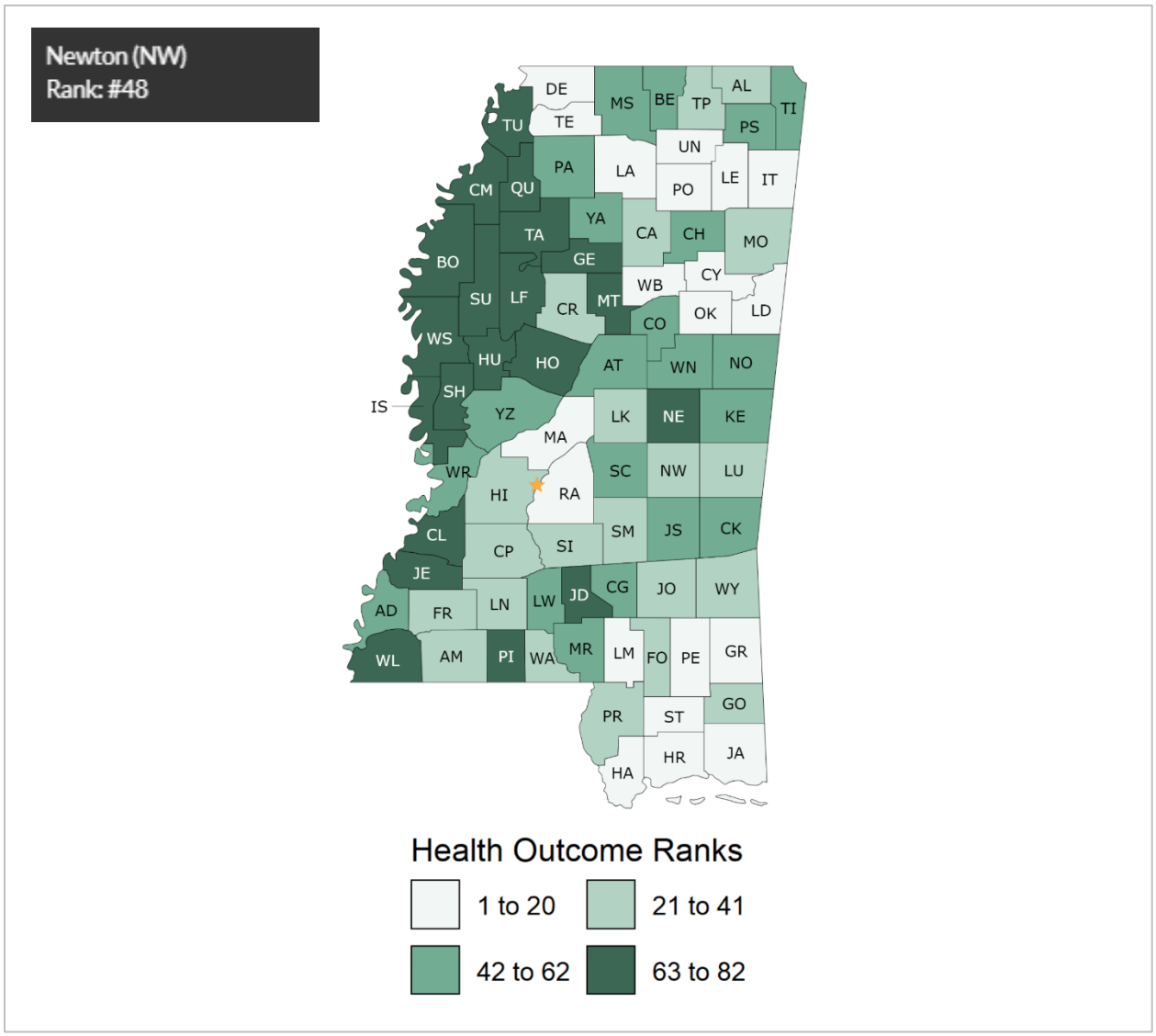


Figure 5
CHR&R 2021 Mississippi Health Outcome Map

Health Behaviors	Clinical Care	Social and Economic Factors	Physical Environment
Tobacco use	Access to care	Education	Air & water quality
Diet & exercise	Quality of care	Employment & income	Housing & transit
Alcohol & drug use		Family & social support	
Sexual activity		Community Safety	

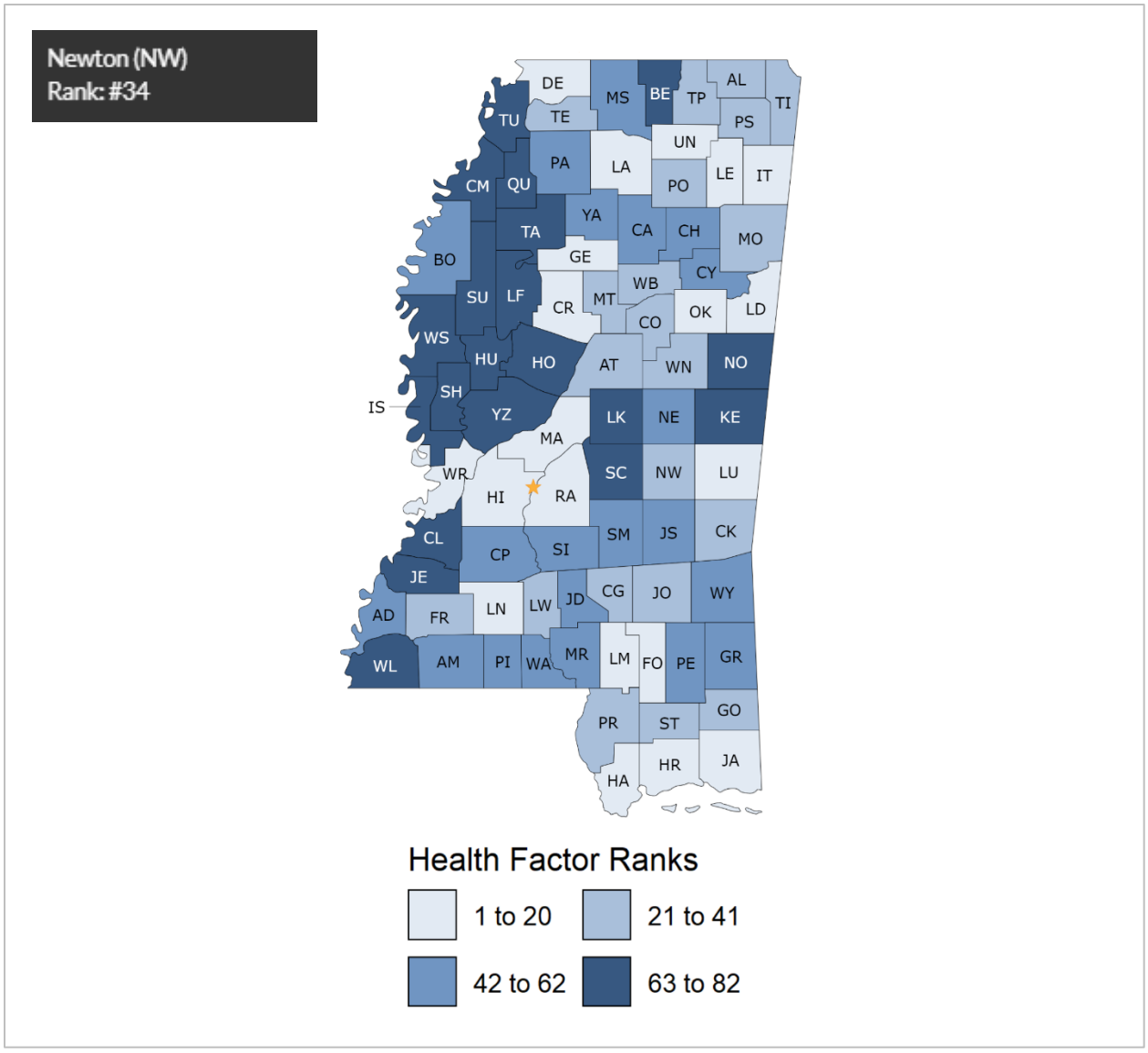


Figure 6

CHR&R 2021 Mississippi Health Factor Map

County Health Rankings 2021

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

Measure	Description	US	MS	MS Minimum	MS Maximum
HEALTH OUTCOMES					
Premature death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	6,900	10,400	6,800	17,800
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted).	17%	22%	16%	38%
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	3.7	4.5	3.3	6.4
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	4.1	4.8	4.1	5.9
Low birthweight*	Percentage of live births with low birthweight (< 2,500 grams).	8%	12%	7%	25%
HEALTH FACTORS					
HEALTH BEHAVIORS					
Adult smoking	Percentage of adults who are current smokers (age-adjusted).	17%	21%	14%	31%
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^2.	30%	39%	22%	54%
Food environment index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	7.8	4.1	2.4	7.9
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity.	23%	30%	19%	46%
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity.	84%	54%	0%	81%
Excessive drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	19%	15%	10%	17%
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	27%	20%	0%	75%
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population.	539.9	740.1	194.5	1,805.7
Teen births*	Number of births per 1,000 female population ages 15-19.	21	34	10	71
CLINICAL CARE					
Uninsured	Percentage of population under age 65 without health insurance.	10%	14%	10%	20%
Primary care physicians	Ratio of population to primary care physicians.	1,320:1	1,890:1	1,310:0	750:1
Dentists	Ratio of population to dentists.	1,400:1	2,050:1	1,330:0	950:1
Mental health providers	Ratio of population to mental health providers.	380:1	590:1	14,360:1	160:1
Preventable hospital stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	4,236	5,702	2,875	13,325
Mammography screening*	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	42%	39%	19%	52%
Flu vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	48%	43%	15%	56%
SOCIAL & ECONOMIC FACTORS					
High school completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	88%	85%	61%	92%
Some college	Percentage of adults ages 25-44 with some post-secondary education.	66%	60%	29%	80%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	3.7%	5.4%	3.9%	15.5%
Children in poverty*	Percentage of people under age 18 in poverty.	17%	28%	13%	55%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	4.9	5.3	3.7	8.8
Children in single-parent households	Percentage of children that live in a household headed by single parent.	26%	37%	14%	73%
Social associations	Number of membership associations per 10,000 population.	9.3	12.7	0.0	19.0
Violent crime	Number of reported violent crime offenses per 100,000 population.	386	279	26	755
Injury deaths*	Number of deaths due to injury per 100,000 population.	72	88	49	153
PHYSICAL ENVIRONMENT					
Air pollution - particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	7.2	8.7	7.6	9.5
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%	15%	8%	27%
Driving alone to work*	Percentage of the workforce that drives alone to work.	76%	85%	74%	91%
Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	37%	33%	8%	57%

* Indicates subgroup data by race and ethnicity is available

Page 2 | www.countyhealthrankings.org

Figure 7

CHR&R 2021 Mississippi Health Rankings

		Mississippi	Newton (NW), MS X
Health Outcomes			
Length of Life			
Premature Death		11,300	12,600
Quality of Life			
Poor or Fair Health	ⓘ	22%	26%
Poor Physical Health Days	ⓘ	4.1	4.7
Poor Mental Health Days	ⓘ	5.3	5.6
Low Birthweight		12%	13%
Health Factors			
Health Behaviors			
Adult Smoking	ⓘ	21%	22%
Adult Obesity	ⓘ	41%	40%
Food Environment Index	ⓘ	3.8	6.0
Physical Inactivity	ⓘ	37%	40%
Access to Exercise Opportunities		52%	48%
Excessive Drinking	ⓘ	16%	14%
Alcohol-Impaired Driving Deaths		19%	26%
Sexually Transmitted Infections	ⓘ	850.2	751.7
Teen Births		32	35
Clinical Care			
Uninsured		15%	18%
Primary Care Physicians		1,860:1	5,250:1
Dentists		2,030:1	4,170:1
Mental Health Providers		540:1	2,980:1
Preventable Hospital Stays		5,013	5,171
Mammography Screening		41%	46%
Flu Vaccinations		43%	31%
Social & Economic Factors			
High School Completion		85%	85%
Some College		61%	62%
Unemployment	ⓘ	8.1%	7.9%
Children in Poverty		26%	23%
Income Inequality		5.4	4.7
Children in Single-Parent Households		37%	39%
Social Associations		12.6	14.7
Violent Crime	ⓘ	279	
Injury Deaths		93	107
Physical Environment			
Air Pollution - Particulate Matter		9.2	9.7
Drinking Water Violations			No
Severe Housing Problems		15%	15%
Driving Alone to Work		85%	84%
Long Commute - Driving Alone		33%	45%

Figure 8
CHR&R 2021 Newton County Health Rankings

POPULATION

Ochsner Laird Hospital's primary service area has a total population of 33,124 while the state of Mississippi has a total population of 2,981,835. The overall population for Newton County, south Neshoba County, and Mississippi has seen a decrease in the population growth rate over a 5-year trend at 2.07%, 2.03%, and 0.21% respectively. 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 Laird Hospital's primary service area.

SEX AND AGE

Further analysis of Newton County's and south Neshoba County's populations shows that Ochsner Laird Hospital's primary service area is 47.3% male and 52.7% female. This hardly differs from the state average of 48.4% male and 51.6% female (Figure 9).

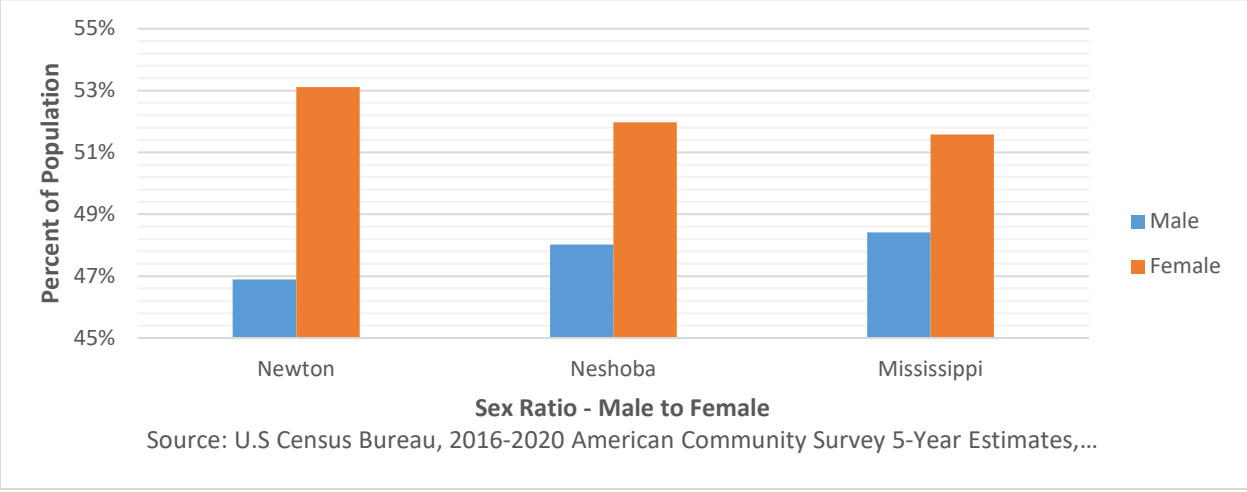


Figure 9
Sex Comparison – Newton County, South Neshoba County, and Mississippi

Newton County has a median age of 37.6 years while south Neshoba County has a median age of 41.7; these are both similar to the state's median age of 37.7 years. As one would expect, both counties'

population mixes are in line with the state of Mississippi in all age categories. See Figure 10 for a comparison of all age categories.

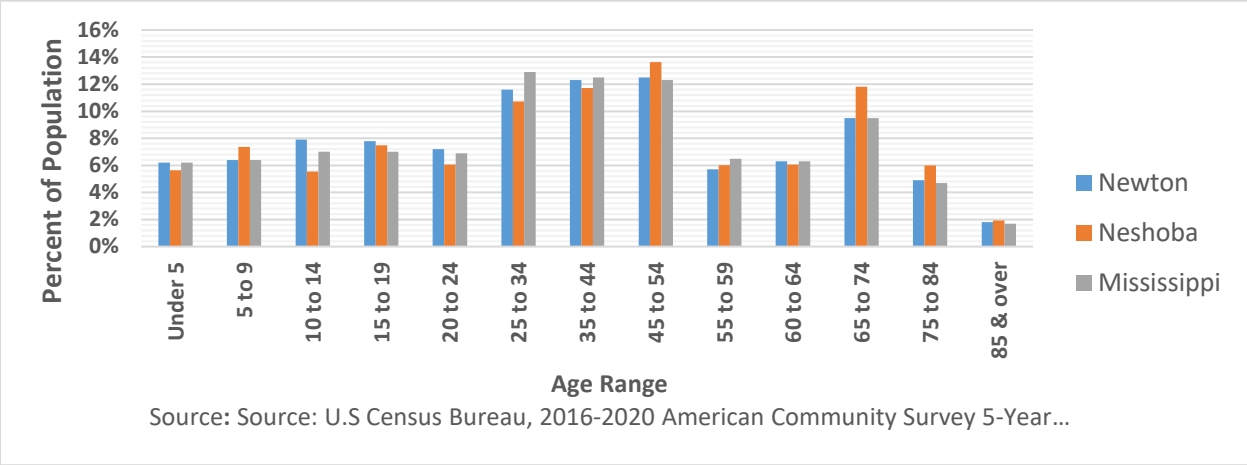


Figure 10
Population by Age Group – Newton County, South Neshoba County, and Mississippi

RACIAL MIX AND ETHNIC BACKGROUND

Census data shows that the racial mix in Newton County is comparable with the mix found in Mississippi. On the other hand, 81.1% of the population is white south Neshoba County; this stat is 58.0% for the state of Mississippi (Figure 11).

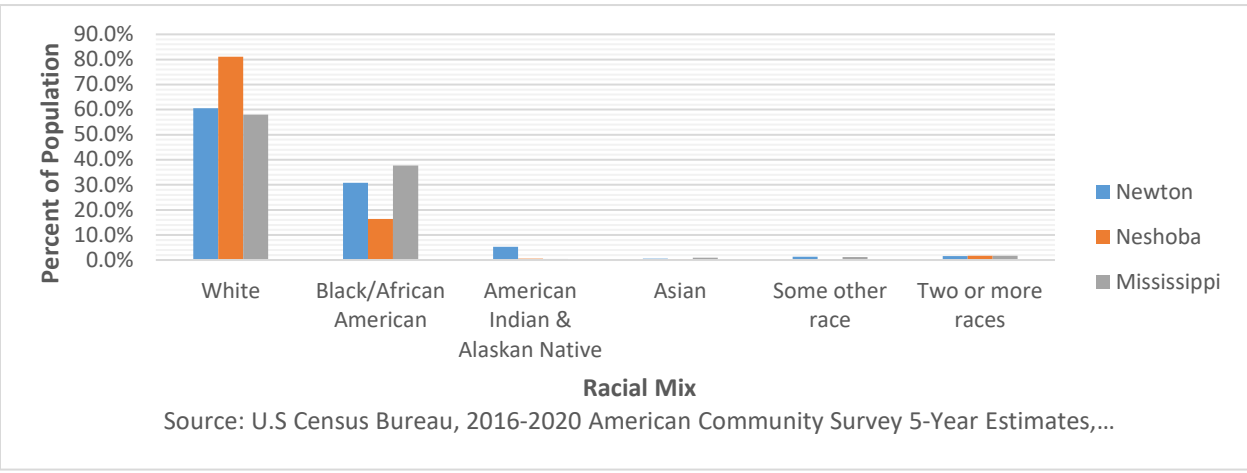


Figure 11
Population by Racial Mix – Newton County, South Neshoba County, and Mississippi

Census data shows that the ethnic mix in Newton County and south Neshoba County is comparable with the mix found in Mississippi. All three datasets have a relatively low ethnic mix – 2.0% for Newton County, 3.9% for south Neshoba County, and 3.1% for Mississippi (Figure 12).

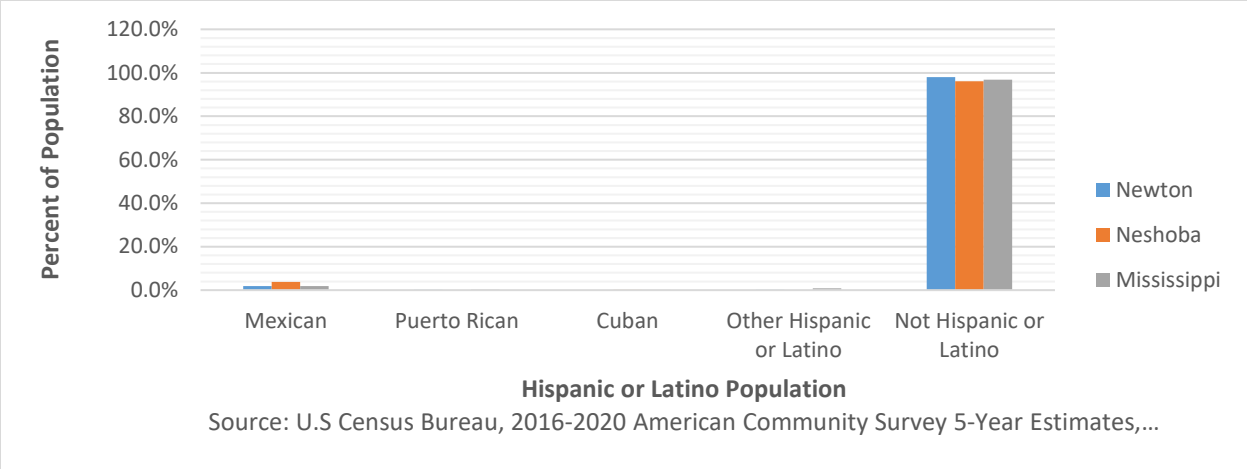


Figure 12
Population by Ethnic Group – Newton County, South Neshoba County, and Mississippi

EDUCATION ATTAINMENT

When evaluating residents that are 25 years or older, 84.9% of Newton County residents have a high school diploma (includes GED) or higher compared to 81.7% of residents in south Neshoba County and 85.2% of the residents in the state of Mississippi. As expected, both counties have a higher percentage of educational attainment in all categories up to "Some college, no degree," while the Mississippi has a higher percentage of higher education attainment. Figure 13).

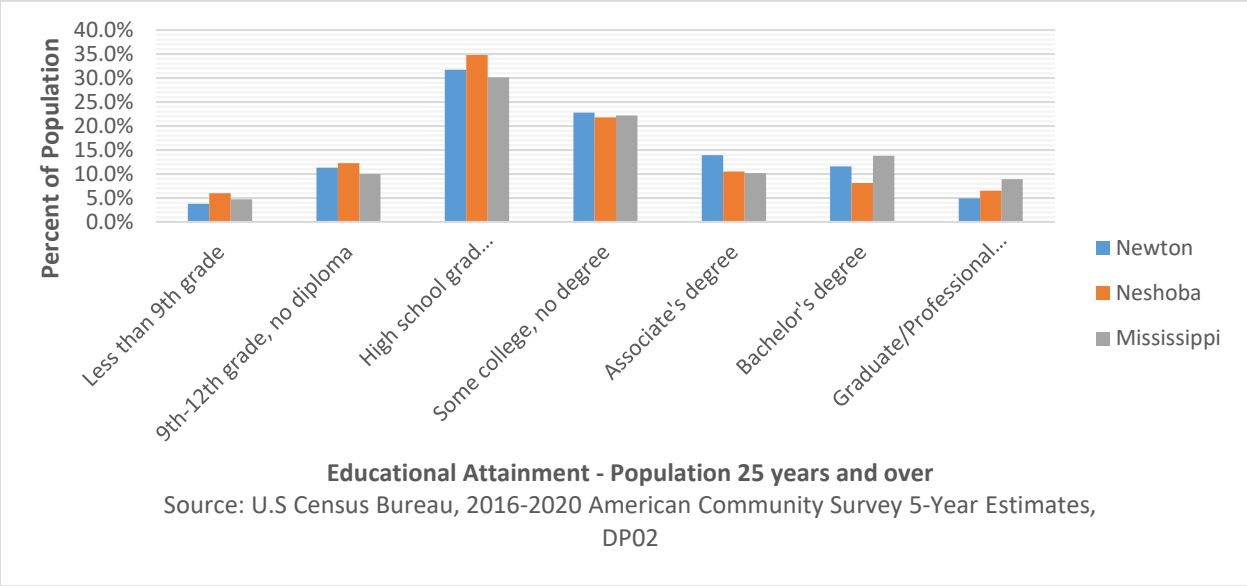


Figure 13
Education Attainment – Newton County, South Neshoba County, and Mississippi

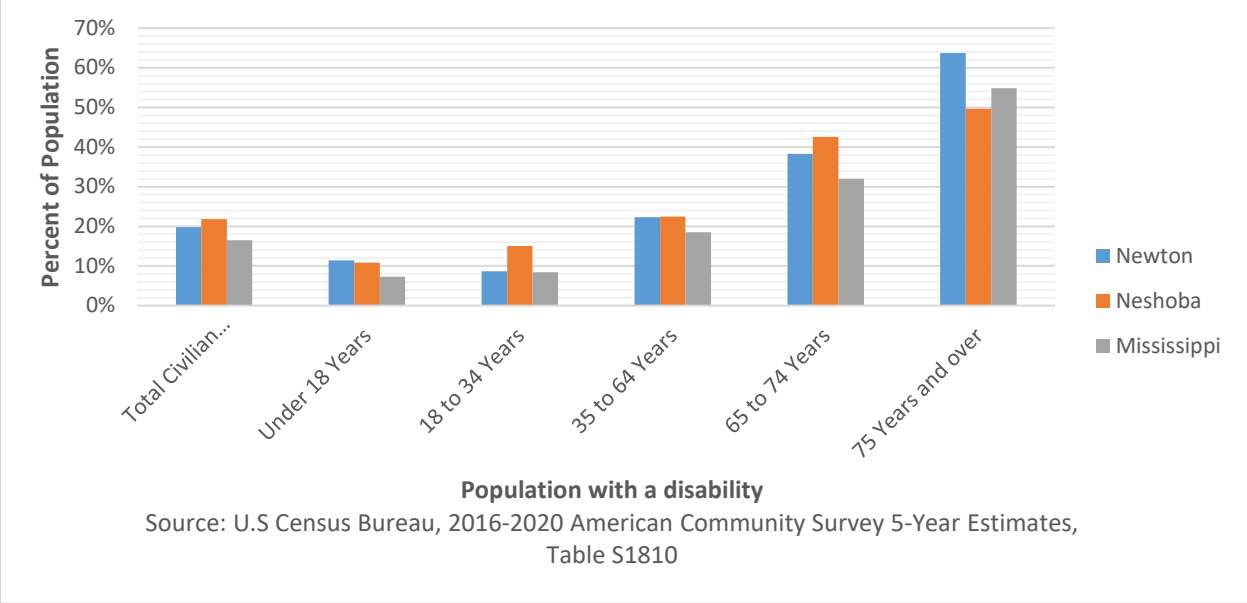
POPULATION WITH A DISABILITY

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. Newton County's and south Neshoba County's statistics are higher than Mississippi's disability percentages for each age group except for south Neshoba County's 75 years and over population (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 Mississippi (Figure 15).



Source: U.S Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, Table S1810

Figure 14
Disability Status for Newton County, South Neshoba County, and Mississippi

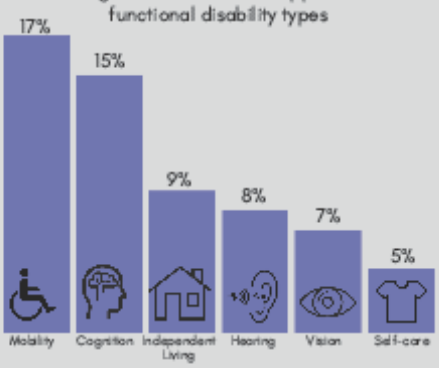
CDC's National Center on Birth Defects and Developmental Disabilities
DISABILITY IMPACTS **MISSISSIPPI**

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.

767,264 adults in Mississippi have a disability[1]

This is equal to 33% or 1 in 3 adults in Mississippi

Percentage of adults in Mississippi with select functional disability types



Disability Types

Mobility: Serious difficulty walking or climbing stairs

Cognition: Serious difficulty concentrating, remembering, or making decisions

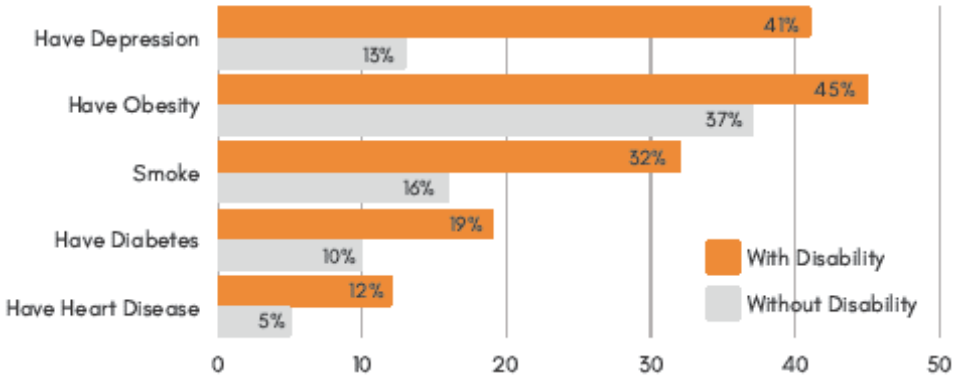
Independent living: Serious difficulty doing errands alone, such as visiting a doctor's office

Hearing: Deafness or serious difficulty hearing

Vision: Blind or serious difficulty seeing, even when wearing glasses

Self-care: Difficulty dressing or bathing

Adults with disabilities in **Mississippi** experience health disparities and are more likely to...[1]



Visit dhds.cdc.gov for more disability and health data across the United States.

DISABILITY HEALTHCARE COSTS **IN MISSISSIPPI** [2]

- About **$8.7 BILLION** per year, or up to **40%** of the state's healthcare spending
- About **$15,483** per person with a disability

Learn how CDC and state programs support people with disabilities at www.cdc.gov/ncbddd/disabilityandhealth/programs.html.

NOTE: DATA ARE ROUNDED TO THE NEAREST WHOLE FIGURE. FOR MORE PRECISE PREVALENCE DATA, PLEASE VISIT DHDS.CDC.GOV.

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

Figure 15
CDC's Disabilities Mississippi Fact Sheet

ECONOMIC FACTORS

INCOME

The median household income in Newton County is $42,176 compared to $41,074 for south Neshoba County and $46,511 for the state of Mississippi; the mean household income in Newton County is $63,089 compared to $54,943 for south Neshoba County and $65,156 for the state of Mississippi. While Newton County has a slightly lower percentage of residents making $15,000 or less when compared to the state of Mississippi (14.5% versus 16.1%), south Neshoba County has a higher percentage (17.7%). As expected, due to the overall income level in Newton County and south Neshoba County being comparable to the state average, there is a similar percentage of residents in Ochsner Laird Hospital's primary service area living in poverty. Overall, 23% of all people in Newton County and 19% of people in south Neshoba County live in poverty compared to 20% of all people in the state of Mississippi. For additional breakdowns of income totals per households, see Figure 16.

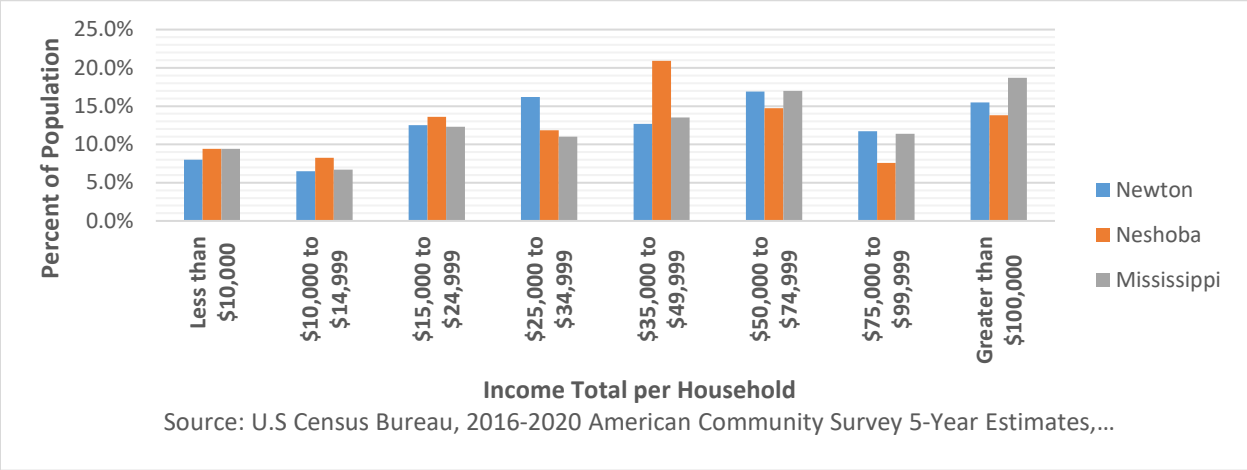


Figure 16
Income Total per Household – Newton County, South Neshoba County, and Mississippi

MAJOR EMPLOYERS BY INDUSTRY

Figure 17 shows a comparison with the state of Mississippi between different labor groups identified by the U.S. Census Bureau. Major employers in Newton County and south Neshoba County are in Education, Healthcare, Social Services; Manufacturing, and Retail and Wholesale trade. Further research into the leading types of industry in these counties helps explain why both the median and mean household income is lower when compared to the state of Mississippi. 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, Newton County has a lower unemployment rate at 3.9% compared to the state unemployment rate of 7.1%; however, south Neshoba County has a higher unemployment rate at 10.9%.

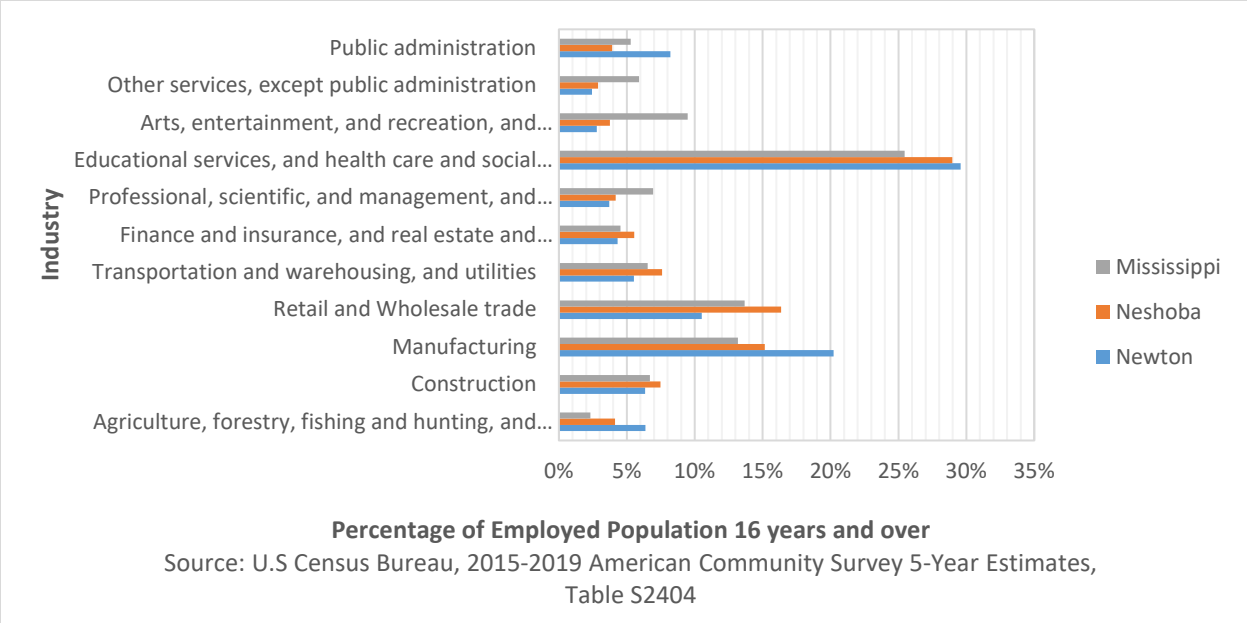


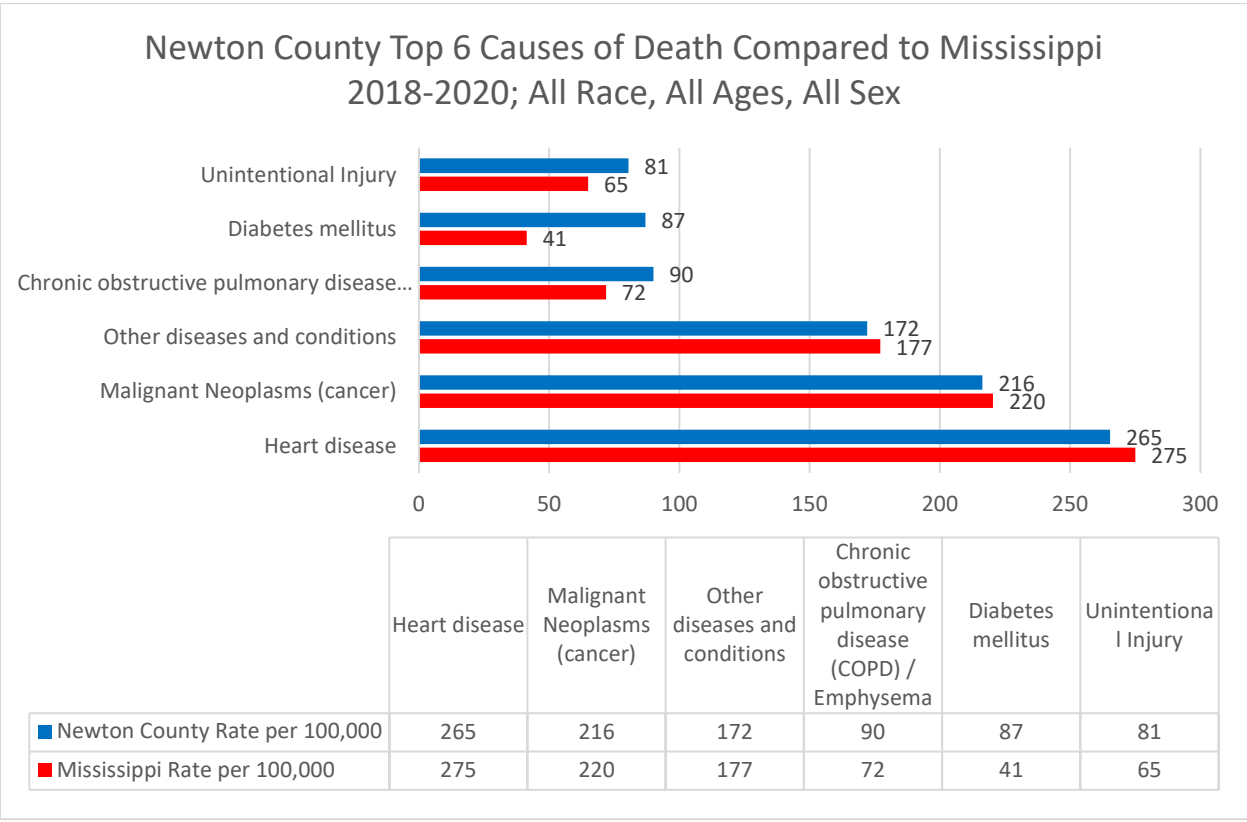
Figure 17
Employed Population by Industry Type – Newton County, South Neshoba County, and Mississippi

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 Mississippi Statistically Automated Health Resource System (MSTAHRS) represents deaths of Mississippi residents using death certificates filed with the Mississippi Department of Health, Bureau of Vital Records. It is important to note that MSTAHRS uses an age-adjusted mortality rate calculation. In doing so, counties having a higher percentage of elderly people (and in turn a higher rate of death or hospitalization) are more comparable with counties with a younger population.

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 Laird Hospital 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 Newton County as seen in the following figure:

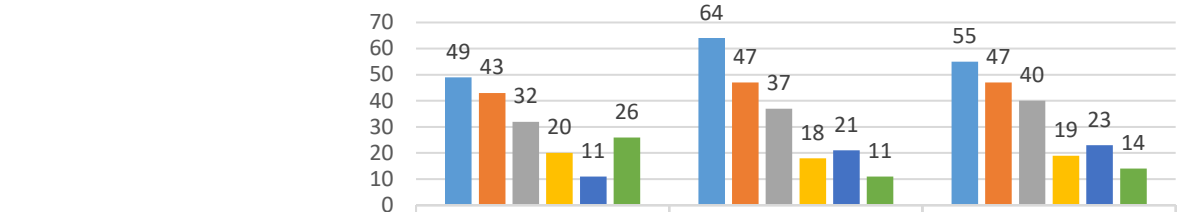
DISEASE INCIDENCE RATES



	Heart disease	Malignant Neoplasms (cancer)	Other diseases and conditions	Chronic obstructive pulmonary disease (COPD) / Emphysema	Diabetes mellitus	Unintentional Injury
Newton County Rate per 100,000	265	216	172	90	87	81
Mississippi Rate per 100,000	275	220	177	72	41	65

Figure 18

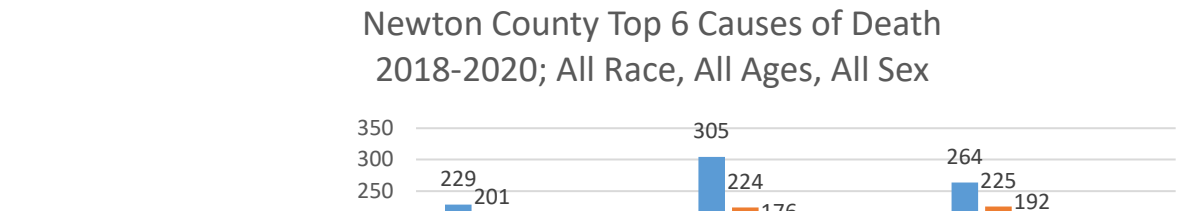
Overall Leading Causes of Death – Newton County and Mississippi



	Number of Deaths 2018	Number of Deaths 2019	Number of Deaths 2020
Heart disease	49	64	55
Malignant Neoplasms (cancer)	43	47	47
Other diseases and conditions	32	37	40
Chronic obstructive pulmonary disease (COPD) / Emphysema	20	18	19
Diabetes mellitus	11	21	23
Unintentional Injury	26	11	14

Figure 19

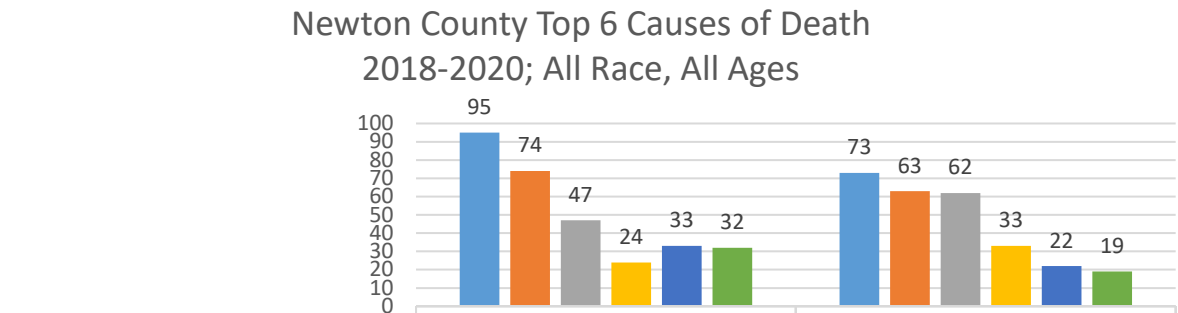
Top 6 Causes of Death 2018-2020; All Race, All Ages, All Sex by Number of Deaths



	Rate per 100,000	Rate per 100,000	Rate per 100,000
Heart disease	229	305	264
Malignant Neoplasms (cancer)	201	224	225
Other diseases and conditions	149	176	192
Chronic obstructive pulmonary disease (COPD) / Emphysema	93	86	91
Diabetes mellitus	51	100	110
Unintentional Injury	121	52	67

Figure 20

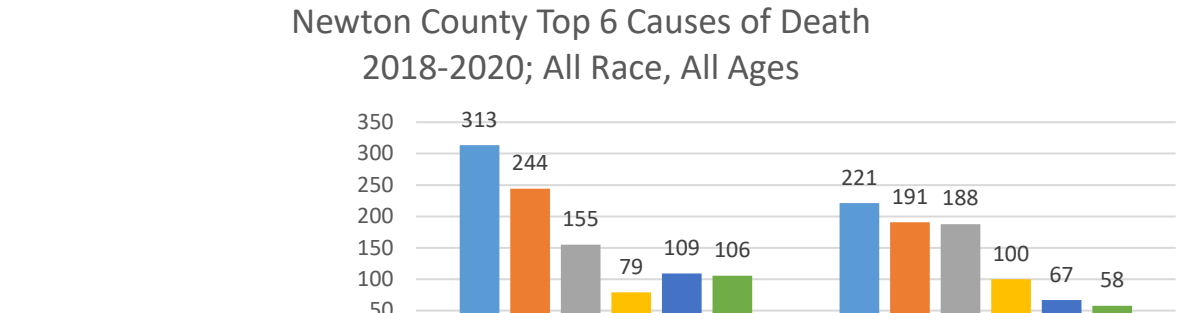
Top 6 Causes of Death 2018-2020; All Race, All Ages, All Sex by Rate per 100,000



	Number of Deaths Male	Number of Deaths Female
Heart disease	95	73
Malignant Neoplasms (cancer)	74	63
Other diseases and conditions	47	62
Chronic obstructive pulmonary disease (COPD) / Emphysema	24	33
Diabetes mellitus	33	22
Unintentional Injury	32	19

Figure 21

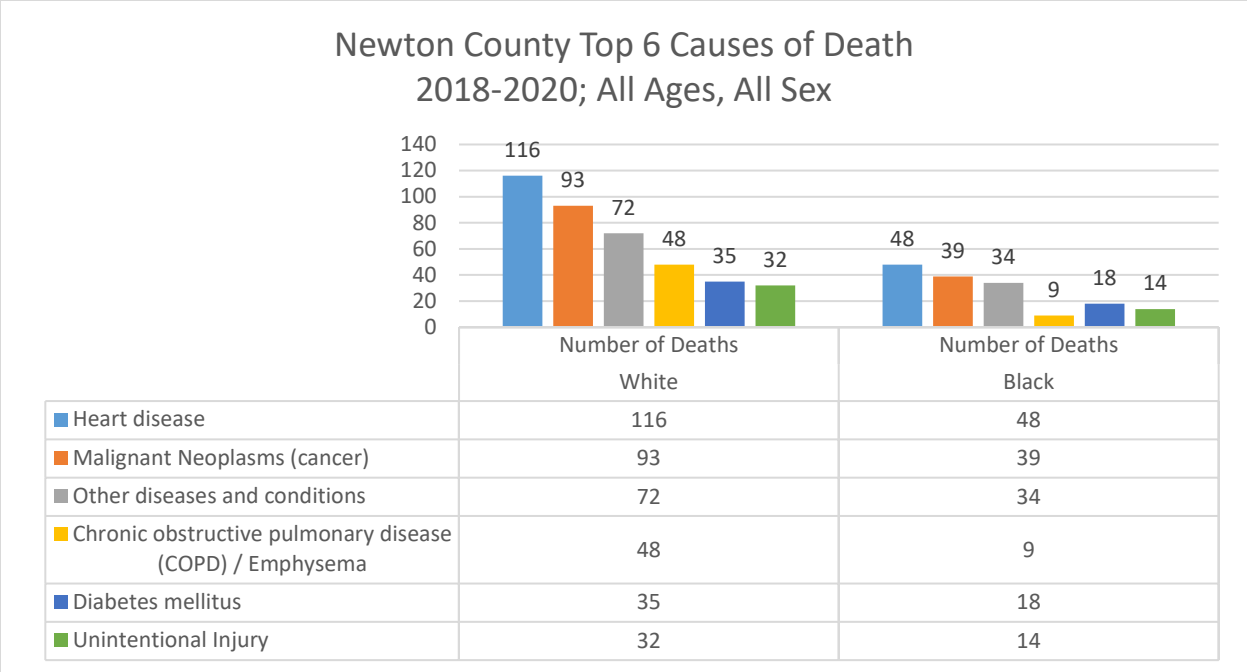
Top 6 Causes of Death 2018-2020; All Race, All Ages, by Number of Deaths



	Male Rate per 100,000	Female Rate per 100,000
Heart disease	313	221
Malignant Neoplasms (cancer)	244	191
Other diseases and conditions	155	188
Chronic obstructive pulmonary disease (COPD) / Emphysema	79	100
Diabetes mellitus	109	67
Unintentional Injury	106	58

Figure 22

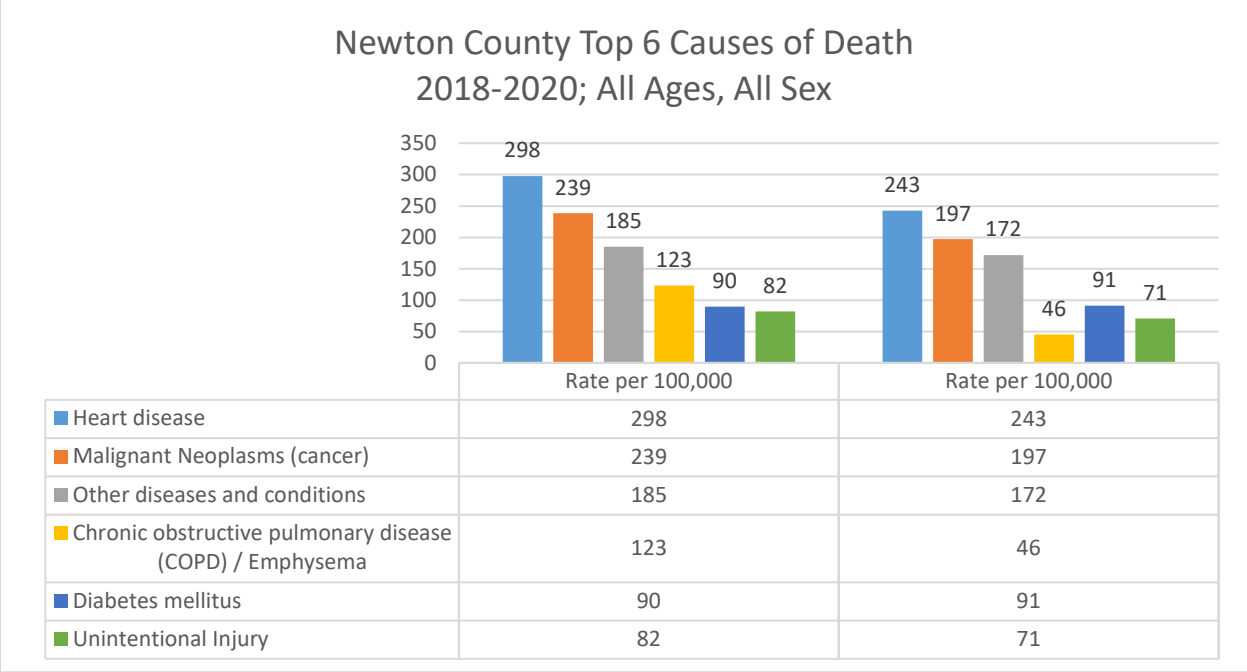
Top 6 Causes of Death 2018-2020; All Race, All Ages, by Rate per 100,000



	Number of Deaths White	Number of Deaths Black
Heart disease	116	48
Malignant Neoplasms (cancer)	93	39
Other diseases and conditions	72	34
Chronic obstructive pulmonary disease (COPD) / Emphysema	48	9
Diabetes mellitus	35	18
Unintentional Injury	32	14

Figure 23

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



	Rate per 100,000	Rate per 100,000
Heart disease	298	243
Malignant Neoplasms (cancer)	239	197
Other diseases and conditions	185	172
Chronic obstructive pulmonary disease (COPD) / Emphysema	123	46
Diabetes mellitus	90	91
Unintentional Injury	82	71

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 Laird Hospital 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 and 26.

COMMUNITY FOCUS GROUP

A community focus group was held at Ochsner Laird Hospital on October 26, 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 Laird Hospital representatives spoke with community leaders and residents of Newton County to give them an opportunity to voice their opinions on the health status and health needs of Newton County. Ochsner Laird Hospital 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 Laird Hospital 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.

Laird Hospital Community Survey

How Healthy Is Our Community?

Laird 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:

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

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

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

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)

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

- ☐ Alcohol abuse
- ☐ Being overweight/obese
- ☐ Lack of prevention activities (i.e. cancer screenings, cholesterol screenings, etc.)
- ☐ Child safety issues
- ☐ Drug abuse
- ☐ Lack of exercise
- ☐ Not getting vaccinated
- ☐ Tobacco use (i.e. cigarettes, cigars, chewing tobacco, e-cigarette use)
- ☐ Juvenile delinquency
- ☐ Poor eating habits
- ☐ Racism
- ☐ Unlicensed and/or unsafe drivers
- ☐ Unsafe sex/Not using birth control
- ☐ Teen sexual activity
- ☐ Dropping out of school
- ☐ Other_____

Please continue to other side to complete the survey, Thank you!

Figure 25
Laird Hospital Community Survey 2022, Part I

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

- ☐ Lack of transportation
- ☐ Can't pay for services/medication
- ☐ Can't find providers that accept my insurance
- ☐ Don't know what types of services are available
- ☐ Don't trust healthcare providers
- ☐ Don't like accepting government assistance
- ☐ Not able to afford/obtain prescribed medications
- ☐ Have no regular source of healthcare
- ☐ Lack of evening or weekend services
- ☐ Doubt the treatment will help
- ☐ Fear of what people will think
- ☐ Afraid to have health check-up
- ☐ Bad past experience
- ☐ Healthcare information is not kept confidential

6. How do you rate your overall health? (check one selection)

☐ Excellent ☐Good ☐Fair ☐Poor ☐Don't know

7. How would you rate your community as being a "Healthy Community?" (check one selection)

☐ Very Healthy ☐ Healthy ☐ Somewhat Healthy ☐ Somewhat Unhealthy ☐ Unhealthy ☐ Very Unhealthy

8. Who do you feel is most responsible for keeping you healthy? (check one selection)

☐ Medical Professionals ☐ Hospitals ☐ School Clinics ☐ Church or Other Place of Worship
☐ Family ☐ Myself ☐ Other (Please describe)_____

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

- ☐Hospital emergency room
- ☐The local health department
- ☐My primary care physician
- ☐Other (Please describe)_____
- ☐Telehealth Visit
- ☐Nowhere—I don't have a place to go when I get sick
- ☐Doctor Office or Urgent Care Clinic

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

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

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?

- ☐Black/African American
- ☐Hispanic
- ☐Native American
- ☐ White/Caucasian
- ☐ Asian/Pacific
- ☐ Other (Please describe) _____

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

_____

_____

THANK YOU FOR COMPLETING THIS SURVEY!

Figure 26
Laird Hospital Community Survey 2022, Part II

IMPLEMENTATION PLANS

While an implementation plan was established in the hospital's 2019 CHNA report, Ochsner Laird Hospital 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 Laird Hospital and its many community partners will concentrate their efforts into these areas:

INITIATIVE 1: LIFESTYLE IMPROVEMENT

Our goal is to focus on nutrition and exercise to help prevent comorbid diseases as well as provide education on health coverage to improve access to healthcare.

1. Health Coverage Education
2. Nutrition and Exercise Education with emphasis on lifestyle disease prevention
3. COPD education about prevention and maintenance

INITIATIVE 2: CANCER AWARENESS

Our goal is to educate the community on early detection and the importance of follow up appointments. The focus will be on the following cancers:

1. Prostate
2. Pulmonary / Respiratory
3. Colorectal
4. Breast
5. Skin

INITIATIVE 3: ACCIDENT PREVENTION

Our goal is to educate and prevent accidental deaths. The areas of concentration will be:

1. MVA s (including ATVs)
2. Falls
3. Alcohol/Drug Abuse

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 15th day of the fifth month after the end of the taxable year the CHNA is due with said due date being May 15th, 2023.

THANK YOU

We at Ochsner Laird Hospital 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 go 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 Newton County and surrounding areas.

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