

# Ochsner Rush Medical Center

## CHNA Report

December 2022

Approved by  
The Board of Directors of Ochsner Rush Medical Center  
November 14, 2022



**CRI** CARR  
RIGGS &  
INGRAM  
CPAs and Advisors  
[CRIcpa.com](http://CRIcpa.com)

## Table of Contents

LIST OF FIGURES .....	4
EXECUTIVE SUMMARY .....	5
ABOUT THE HOSPITAL.....	6
OVERVIEW.....	6
HEALTHCARE SERVICES PROVIDED .....	7
24-HOURS, PHYSICIAN-STAFFED EMERGENCY DEPARTMENT .....	7
NEONATAL INTENSIVE CARE UNIT .....	7
FAMILY BIRTH CENTER .....	7
DIABETES MANAGEMENT CENTER .....	8
GI LAB.....	8
JOINT REPLACEMENT CENTER .....	9
PAIN TREATMENT CENTER.....	9
SENIOR CARE – INTENSIVE OUTPATIENT PROGRAM. ....	10
REHABILITATION SERVICES .....	10
CARDIOLOGY DEPARTMENT .....	11
THE COMMUNITY HEALTH NEEDS ASSESSMENT.....	12
BACKGROUND.....	12
COMMUNITY ENGAGEMENT .....	12
TRANSPARENCY.....	12
DATA COLLECTION .....	12
RESPONSE TO HEALTH STRATEGIES FROM 2019 CHNA.....	14
INITIATIVE 1: PROSTATE HEALTH .....	14
RESPONSES TO INITIATIVE 1 .....	14
INITIATIVE 2: HEART HEALTH .....	14
LIFESTYLE IMPROVEMENT .....	14
RESPONSES TO INITIATIVE 2 .....	14
INITIATIVE 3: DISEASE MANAGEMENT .....	15
EMPHASIS ON COPD, SMOKING AND VAPING.....	15
RESPONSES TO INITIATIVE 3 .....	15
RESPONSE TO PUBLIC HEALTH EMERGENCY .....	16
COVID-19 OVERVIEW .....	16
COVID STATISTICS .....	16

HEALTH SYSTEM’S RESPONSE .....	17
ABOUT THE COMMUNITY .....	18
GEOGRAPHY OF THE PRIMARY SERVICE AREA .....	18
HISTORY OF THE PRIMARY SERVICE AREA .....	18
HEALTHCARE RESOURCES AVAILABLE .....	18
HEALTH OUTCOMES, DEMOGRAPHICS, AND DISEASE INCIDENCE RATES.....	19
STATE AND COUNTY LEVEL HEALTH OUTCOMES .....	19
POPULATION .....	29
DEMOGRAPHICS.....	29
SEX AND AGE.....	29
RACIAL MIX AND ETHNIC BACKGROUND .....	30
EDUCATION ATTAINMENT .....	31
POPULATION WITH A DISABILITY.....	32
ECONOMIC FACTORS .....	34
MAJOR EMPLOYERS BY INDUSTRY .....	34
TOP HEALTH ISSUES FACING THE COMMUNITY .....	36
DISEASE INCIDENCE RATES .....	36
INPUT FROM THE COMMUNITY.....	40
COMMUNITY SURVEYS .....	40
COMMUNITY FOCUS GROUP .....	40
TOP HEALTH CONCERNS IDENTIFIED BY THE COMMUNITY .....	40
RESPONDING TO THE COMMUNITY .....	41
IMPLEMENTATION PLANS.....	44
INITIATIVE 1: PROSTATE HEALTH .....	44
INITIATIVE 2: HEART HEALTH .....	44
LIFESTYLE IMPROVEMENT .....	44
INITIATIVE 3: DISEASE MANAGEMENT .....	45
EMPHASIS ON COPD, SMOKING AND VAPING.....	45
THANK YOU .....	46
REFERENCES .....	47

## LIST OF FIGURES

Figure 1 AHR 2021 Annual Report .....	21
Figure 2 AHR 2021 Senior Report .....	22
Figure 3 AHR 2021 Health of Women and Children Report, Part I .....	23
Figure 4 AHR 2021 Health of Women and Children Report, Part II .....	24
Figure 5 CHR&R 2021 Mississippi Health Outcome Map .....	25
Figure 6 CHR&R 2021 Mississippi Health Factor Map .....	26
Figure 7 CHR&R 2021 Mississippi Health Rankings.....	27
Figure 8 CHR&R 2021 Lauderdale County Health Rankings.....	28
Figure 9 Sex Comparison – Lauderdale County and Mississippi .....	29
Figure 10 Population by Age Group – Lauderdale County and Mississippi .....	30
Figure 11 Population by Racial Mix – Lauderdale County and Mississippi .....	30
Figure 12 Population by Ethnic Group – Lauderdale County and Mississippi .....	31
Figure 13 Education Attainment – Lauderdale County and Mississippi .....	31
Figure 14 Disability Status for Lauderdale County .....	32
Figure 15 CDC’s Disabilities Mississippi Fact Sheet.....	33
Figure 16 Income Total per Household – Lauderdale County and Mississippi .....	34
Figure 17 Employed Population by Industry Type – Lauderdale County and Mississippi .....	35
Figure 18 Overall Leading Causes of Death – Lauderdale County and Mississippi .....	36
Figure 19 Top 6 Causes of Death 2018-2020; All Race, All Ages, All Sex by Number of Deaths.....	37
Figure 20 Top 6 Causes of Death 2018-2020; All Race, All Ages, All Sex by Rate per 100,000.....	37
Figure 21 Top 6 Causes of Death 2018-2020; All Race, All Ages, by Number of Deaths .....	38
Figure 22 Top 6 Causes of Death 2018-2020; All Race, All Ages, by Rate per 100,000 .....	38
Figure 23 Top 6 Causes of Death 2018-2020; All Ages, All Sex by Number of Deaths .....	39
Figure 24 Top 6 Causes of Death 2018-2020; All Ages, All Sex by Rate per 100,000 .....	39
Figure 25 Ochsner Rush Medical Center Community Survey, Part I.....	42
Figure 26 Ochsner Rush Medical Center Community Survey, Part II.....	43

## EXECUTIVE SUMMARY

Ochsner Rush Medical Center 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 Rush Medical Center 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 Rush Medical Center'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 Rush Medical Center. It will provide the community with an informative overview concerning the hospital along with an explanation of the services available at Ochsner Rush Medical Center.

Previous patients, employees, and community representatives provided feedback. Ochsner Rush Medical Center 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 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 Rush Medical Center'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 Rush Medical Center 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.

Allen Tyra, VP/COO  
Ochsner Rush Medical Center





## ABOUT THE HOSPITAL

### OVERVIEW

Ochsner Rush Medical Center is a 215-bed acute care hospital located in Meridian, 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. Rush opened its doors to the Meridian community in 1915 when Dr. J.H. Rush founded the Rush Infirmary. It wasn't long before the medical needs of area residents outgrew the existing bed capacity; in 1920, the hospital expanded its facility. Today, Ochsner Rush is a comprehensive healthcare network providing quality care to people throughout East Central Mississippi and West Central Alabama.

Patients are cared for under the direction of their physician by a licensed health care team. This team comprises registered nurses, physical therapists, social workers, dietitians, pharmacists, and other ancillary staff depending on the patient's medical needs. Ochsner Rush-affiliated physicians specialize in diverse areas which include the following:

- |                        |                     |                        |
|------------------------|---------------------|------------------------|
| ▲ Allergies            | ▲ Hospitalists      | ▲ Otolaryngology (ENT) |
| ▲ Anesthesiology       | ▲ Hyperbaric        | ▲ Pain management      |
| ▲ Cardiology           | ▲ Internal medicine | ▲ Pathology            |
| ▲ Dermatology          | ▲ Neonatology       | ▲ Radiology            |
| ▲ Emergency medicine   | ▲ Neurology         | ▲ Sleep medicine       |
| ▲ Endovascular surgery | ▲ Obstetrics        | ▲ Urology              |
| ▲ Family medicine      | ▲ Gynecology        | ▲ Vascular surgery     |
| ▲ Gastroenterology     | ▲ Orthopedics       | ▲ Wound care           |
| ▲ General surgery      | ▲ Sports medicine   |                        |

Services are available on an inpatient and outpatient basis through the hospital's imaging, laboratory, and rehabilitative services, which include physical, occupational and speech therapy. Below is a list of the specialty care, facilities, and services available at Ochsner Rush Medical Center; a detailed summary on a number of these services can be found in the section titled "[Healthcare Services Provided.](#)"

- |                                |                                  |
|--------------------------------|----------------------------------|
| ▲ Emergency Department         | ▲ The Vein Center                |
| ▲ Level III Trauma Center      | ▲ Senior Care Outpatient Program |
| ▲ Neonatal Intensive Care Unit | ▲ Rehabilitation Services        |
| ▲ Family Birth Center          | ▲ Cardiology Department          |
| ▲ Diabetes Management Center   |                                  |
| ▲ GI Lab                       |                                  |
| ▲ Joint Replacement Center     |                                  |
| ▲ Pain Treatment Center        |                                  |
| ▲ Sleep Centers                |                                  |
| ▲ Surgical Robotics            |                                  |



Along with being the one of the county's largest employers and a major economic stimulus by virtue of its payroll, Ochsner Rush Medical Center also provides many benefits to the broader community in the areas of civic involvement and giving. Examples include actively supporting the American Cancer Society, conducting community education classes, providing free medical screening tests, and the dissemination of health information at civic club meetings and other community functions.

## HEALTHCARE SERVICES PROVIDED

### 24-HOURS, PHYSICIAN-STAFFED EMERGENCY DEPARTMENT

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



### NEONATAL INTENSIVE CARE UNIT

Ochsner Rush Medical Center's Level III Neonatal Intensive Care Unit has medical and nursing staff with specialized training, expertise, and compassion in caring for babies and infants facing special medical needs. The unit was founded by LeRoy C. Mims, MD, and was the first NICU to open in the Meridian area. NICU features include:

- ▲ Incubators
- ▲ Neonatologists and Neonatal Nurse Practitioners
- ▲ Specialized care for high-risk infants
- ▲ Ventilators
- ▲ Technologically advanced monitoring system to meet the unique needs of newborns
- ▲ Warmers

### FAMILY BIRTH CENTER

Ochsner Rush Medical Center's Family Birth Center features comfortable, private birthing suites where patients can labor, deliver, and recover in the same room. Each suite is equipped with an adjustable birthing bed and medical equipment needed for delivery.

The birthing suites and private rooms are more like home than hospital rooms. Family Birth Center features include:

- ▲ Private bathrooms
- ▲ Comfortable, adjustable beds that allow you to labor in different positions
- ▲ Two C-section operating rooms
- ▲ Two family waiting rooms
- ▲ Fully staffed well baby nursery that can be utilized by families if the need arises
- ▲ Bedside electronic charting system
- ▲ Fetal monitoring system in all 18 rooms with central monitoring at the station
- ▲ Whirlpool tubs in all rooms
- ▲ Sleep sofa for your birth partner
- ▲ Cable TV

### DIABETES MANAGEMENT CENTER

Ochsner Rush Medical Center is the only comprehensive diabetes center in Meridian offering management and education to patients with diabetes.

Lara King, FNP-BC, ADM-BC is the provider and is board certified in Advanced Diabetes Management. She has 20 years of experience with diabetic patients and is proud to offer comprehensive diabetes management locally. The following are services provided by the Center:

- ▲ Type 1 and Type 2 diabetes treatment for patients ages 6 and up
- ▲ Management of newly diagnosed or poorly controlled diabetes
- ▲ Management of uncontrolled cholesterol and high blood pressure in association with diabetes
- ▲ Insulin pump therapy
- ▲ Newer therapy options
- ▲ Diabetes self-management training through our education sessions
- ▲ Diabetic foot care

### GI LAB

The GI Lab provides a wide range of diagnostic and therapeutic procedures for digestive disorders, including ulcers, gastroesophageal reflux disease (GERD), colon cancer, and inflammatory bowel disease, e.g., Crohn's and ulcerative colitis. The GI lab staff is made up of experienced physicians and nurses specializing in gastrointestinal endoscopy. Care is provided before, during, and after procedures. A full array of diagnostic and treatment services is offered including:

- ▲ Colonoscopy and polypectomy
- ▲ Upper Endoscopy (EGD)
- ▲ ERCP
- ▲ PEG procedure
- ▲ Small bowel video capsule endoscopy
- ▲ Variceal and Hemorrhoid banding
- ▲ Esophageal dilation
- ▲ Flexible Sigmoidoscopy





## JOINT REPLACEMENT CENTER

The Joint Replacement Center at Ochsner Rush Medical Center is an integrated program dedicated to providing you with comprehensive preoperative education and preparation along with postoperative care for your joint replacement. The program incorporates a team approach to treatment involving a dedicated staff of orthopedic surgeons, physical and occupational therapists, orthopedic nurses, pharmacists, case managers, and orthopedic specialists.

Ochsner Rush Medical Center is the first in the region to offer MAKOpasty partial knee replacement and MAKOpasty total hip replacement procedures, performed using the RIO Robotic Arm Interactive Orthopedic System, along with the Navio Surgical System for partial knee replacement surgery. As a result of these procedures and systems, the Joint Replacement Center is able to get you back on your feet, back at home, and back doing the activities that you enjoy as quickly as possible.



## PAIN TREATMENT CENTER

The goal of the Pain Treatment Center at Ochsner Rush Medical Center is to provide compassionate, innovative, comprehensive care that allows you to “get back to being you.” The center’s physicians are fellowship-trained, board-certified experts who will help you achieve increased functional capacity, reduce pain, and live a more normal, productive life.

The primary focus for treatment is to help reduce or eliminate pain and provide referring physicians with diagnostic information using the following treatment methods:

- ▲ Consultations and office visits
- ▲ Diagnostic and therapeutic procedures
- ▲ Hospital consultations
- ▲ Medication management
- ▲ Multidisciplinary approach
- ▲ Patient education
- ▲ Referrals as medically necessary to other subspecialties

### SENIOR CARE – INTENSIVE OUTPATIENT PROGRAM.

Ochsner Rush Medical Center 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 Rush Medical Center's hope that through these services, the program can help to achieve the following 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

### REHABILITATION SERVICES

Ochsner Rush Medical Center provides the very best in rehabilitative and recuperative care. The departments' 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. Patients can rest assured that they will receive quality care from a program that has earned recognition from Focus on Therapeutic Outcomes (FOTO).

### OCCUPATIONAL THERAPY

Ochsner Rush Medical Center'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             | ▲ Work or sports-related injuries |
| ▲ Deficits in self-care functions | ▲ Neurological disorders          |
| ▲ Visual or perceptual deficits   | ▲ Cognitive deficits              |
| ▲ Splint fabrication              | ▲ Functional capacity             |
| ▲ Job site analysis               | ▲ Evaluations                     |
| ▲ Assistive technology            | ▲ Work hardening                  |
| ▲ Adaptive equipment              |                                   |

### PHYSICAL THERAPY

Ochsner Rush Medical Center'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 and subacute pain
- ▲ Chronic pain
- ▲ Work- or 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 Rush Medical Center's speech-language pathology department offers evaluation and treatment of a variety of communicative and swallowing disorders. It is their goal to provide optimum patient care by designing an individualized treatment plans 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 department specializes in the following:

- ▲ 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 or deafness
- ▲ Oral motor deficits
- ▲ Aspiration pneumonia
- ▲ Augmentative communication
- ▲ ADHD/ADD
- ▲ Autism



### CARDIOLOGY DEPARTMENT

The cardiology department provides all-encompassing cardiac care which includes prevention, detection, and treatment. The department is able to provide care using an array of noninvasive testing equipment and procedures, including treadmills, nuclear medicine, echocardiography, arrhythmia detection, and pacemaker evaluation.

## 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 Rush Medical Center'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 Rush Medical Center 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 Lauderdale 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 Rush Medical Center 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



## RESPONSE TO HEALTH STRATEGIES FROM 2019 CHNA

### INITIATIVE 1: PROSTATE HEALTH

Ochsner Rush Medical Center will create a systematic approach to improving awareness of prostate cancer with a major emphasis during Prostate Cancer Awareness Month by providing the following:

- ▲ Community service prostate screenings
- ▲ Community education with an emphasis on Benign Prostatic Hyperplasia (BPH) and Prostate Cancer

### RESPONSES TO INITIATIVE 1

- ▲ Partnered with the Community Health Improvement Network for a Lunch and Learn for Prostate Cancer Awareness
- ▲ Utilized social media platforms to push increased awareness during September

### INITIATIVE 2: HEART HEALTH

Because of the many chronic illnesses that shorten and negatively impact our lives in Lauderdale County, Ochsner Rush Medical Center will endeavor to encourage the community to improve our Southern Lifestyle in an effort to eliminate many of its unhealthy characteristics.

### LIFESTYLE IMPROVEMENT

- ▲ Community education
- ▲ Promote physical activity and exercise
- ▲ Health screenings
- ▲ Nutritional education
- ▲ Awareness of STEMI program
- ▲ Community Education regarding lifestyle and health consequences



### RESPONSES TO INITIATIVE 2

- ▲ Partnered with the Community Health Improvement Network for a Healthy Heart Luncheon **February 2022**
- ▲ Partnered with the MS Department of Health to offer Smoking Cessation Classes. **May 2021.** Classes were advertised on social media to employees and community. Classes were available for all who wanted to attend.
- ▲ Partnered with the Community Health Improvement Network for a hypertension and stroke awareness Lunch and Learn **May 2022**
- ▲ Partnered within our health system to sponsor Walk with a Doc

### INITIATIVE 3: DISEASE MANAGEMENT

Ochsner Rush Medical Center will concentrate on reducing the number of citizens in our area who are impacted by diseases associated with leading mortality rates.

#### EMPHASIS ON COPD, SMOKING AND VAPING

- ▲ Educate youth and parents about dangers of vaping – partner with school system
- ▲ Smoking cessation education

#### RESPONSES TO INITIATIVE 3

- ▲ Partnered with the MS Department of Health to offer Smoking Cessation Classes. **May 2021**. Classes were advertised on social media to employees and community. Classes were available for all who wanted to attend.
- ▲ Pulmonology physicians partnered with television stations and other outlets to offer education to the community throughout the term **2021-2022**.
- ▲ Participation in Community Vaccination Clinics throughout **2021 and 2022**
- ▲ Partnered with the Community Health Improvement Network for a Diabetes Alert Day Lunch and Learn **March 2022**
- ▲ Partnered with the Community Health Improvement Network for a Diabetes Self-Management training 6-week course. **August -September 2022**
- ▲ Partnered with the Community Health Improvement Network for a Healthy Heart Luncheon **February 2022**
- ▲ Partnered with the Community Health Improvement Network for a Dementia and Alzheimer's Brain Health Lunch and Learn **June 2022**
- ▲ Partnered within our health system to sponsor Walk with a Doc
- ▲ Partnered with the Community Health Improvement Network for a Breast & Cervical Cancer Awareness Lunch and Learn **October 2022**
- ▲ Development of Project Inspire for at Risk Youth **September 2022**

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. 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.



**ALL IN AGAINST CANCER**  
Ochsner Health Supports Cancer Awareness

## MAMMOGRAMS SAVE LIVES

**Know the Common Risk Factors:**

- Age**  
Breast cancers are more common as women get older, but 25% of cancers do occur under the age of 50.
- Personal History**  
Women who have had breast cancer may develop it again.
- Family History**  
The risk of getting breast cancer increases for a woman whose mother, sister, daughter, or two or more close relatives have had the disease.

**Have an Annual Mammogram Starting at Age 40:**  
Mammograms can detect cancers too small to feel, and these are in the state that can possibly be cured. One third of cancers detected by mammograms are the earliest form (DCIS=ductal carcinoma in situ) which is confined to the milk ducts. These can be treated with minimal surgery and do not require chemotherapy. This is why mammograms save lives!

**Same Day Results Through MyOchsner**

**Ochsner Rush Health**

For more information: **601-703-9520**  
Imaging Center: 1600 12th Street | Meridian, MS 39301 | [OchsnerRush.org](https://OchsnerRush.org)

## 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 Rush Medical Center 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 Lauderdale 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 Rush Medical Center 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 Rush Medical Center for the community are unmeasurable. Throughout the pandemic, Ochsner Rush Medical Center 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 Rush Medical Center continues to utilize its resources to battle the virus. The medical center worked in collaboration with Ochsner Specialty Hospital (who is located within the medical center) to provide an endless collaborative response to the COVID-19 pandemic. The following information is a small fraction of the statistics and collaborative response.

### COVID STATISTICS

Ochsner Rush Health System has administered over 194,000 COVID tests

Ochsner Rush Health System had 27,285 positive COVID patients cared for

- ▲ **1,764 Ochsner Rush Medical Center**
- ▲ 71 Ochsner Specialty Hospital
- ▲ 22,787 in the clinic and outpatient setting

Staff has given over 1,100 monoclonal antibody infusions at Ochsner Rush Medical Center.

Following are COVID inpatient admissions:

- ▲ **Ochsner Rush Medical Center: 1,103**
- ▲ Ochsner Specialty Hospital: 66

Following are inpatient COVID deaths

- ▲ **Ochsner Rush Medical Center: 196**
- ▲ Ochsner Specialty Hospital: 28

#### HEALTH SYSTEM'S RESPONSE

- ▲ Completed a Risk Assessment for COVID preparedness within our health system using CDC checklist
- ▲ Created strategies for securing and optimizing PPE
- ▲ Created systems of assessing patients and employees at risk and worked quickly to reduce contamination to others, e.g., screening stations for the public, employee self-screening, etc.
- ▲ 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
- ▲ Supported community through involvement and community donations of meals, PPE, etc.
- ▲ Provided outdoor COVID triage and COVID Emergency Department
- ▲ Continues to develop and improve COVID testing strategies
- ▲ Worked within the community to offer community testing agencies, including partnerships with other hospitals, military, LEMA, etc.
- ▲ Provides a COVID Hotline managed by residents and other clinical staff
- ▲ Created an incident command program for COVID management and continues daily and/or weekly briefings
- ▲ Increased ICU capacity to address COVID surges, e.g., creating adjunct ICU locations
- ▲ Launched social media campaigns to educate and inform our communities
- ▲ Planned to secure and offer monoclonal antibody infusions
- ▲ Issued healthcare vaccination enforcement
- ▲ Continues to offer spiritual and emotional wellness options to staff and patients





## ABOUT THE COMMUNITY

### GEOGRAPHY OF THE PRIMARY SERVICE AREA

Ochsner Rush Medical Center's primary service area is Lauderdale County, Mississippi. Lauderdale County has 703.7 square miles of land area and is the 18<sup>th</sup> largest county in Mississippi by total area. Lauderdale County is bordered by Neshoba County, MS; Jasper County, MS; Choctaw County, AL; Kemper County, MS; Newton County, MS; Sumter County, AL; and, Clarke County, MS.



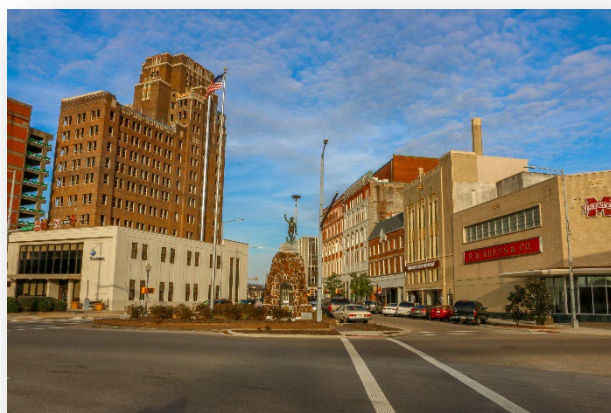
### HISTORY OF THE PRIMARY SERVICE AREA

According to the Mississippi Encyclopedia (2018), the Choctaw Nation ceded the land that makes up Lauderdale County during the 1830 Treaty of Dancing Rabbit Creek. The county was founded in 1833, and was named for Col. James Lauderdale, a US military officer killed during the War of 1812. The county's farms and plantations practiced mixed agriculture, which consisted of growing cotton, grains, rice, and sweet potatoes as well as raising livestock. With the growing city of Meridian, Lauderdale County stood out as unique due to its number of industrial establishments and workers, primarily at lumber mills. By 1900 Lauderdale County had grown dramatically, leading the state in the number of both manufacturing establishments and industrial workers. By 1960, the county ranked in the top five in the state in population, population density, per capita income, and the percentage of the population with a high school education. Today, the county no longer has an agricultural economy; instead, it continues to focus primarily on manufacturing.

### HEALTHCARE RESOURCES AVAILABLE

For many Lauderdale County residents, Ochsner Rush Medical Center serves as their major healthcare provider. Including Ochsner Rush Medical Center there are eight short term acute care hospitals located in Ochsner Rush Medical Center's primary and secondary service areas. These facilities are:

1. Ochsner Rush Medical Center
2. Hill Hospital of Sumter County
3. Alliance Health Center
4. Anderson Regional Medical Center North
5. Anderson Regional Medical Center South
6. Choctaw Hospital
7. Jasper General Hospital
8. Neshoba General





## 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.

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 Rush Medical Center 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 Rush Medical Center’s service area the most and how they potentially affect the health of the population. Ochsner Rush Medical Center 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 Rush Medical Center on what health outcomes and disease types to focus on within the community.

# Mississippi

State Health Department Website: [msdh.ms.gov](https://msdh.ms.gov)

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)	+	46	-0.612
	Public Health Funding (dollars per person)	+++	30	\$114
	Violent Crime (offenses per 100,000 population)	++++	14	278
<b>Economic Resources</b>	Economic Hardship Index (index from 1-100)	+	50	100
	Food Insecurity (% of households)	+	50	15.3%
	Income Inequality (80-20 ratio)	+	48	5.37
<b>Education</b>	High School Graduation (% of students)	+++	29	85.0%
	High School Graduation Racial Disparity (percentage point difference)	++++	4	6.5
<b>Social Support and Engagement</b>	Adverse Childhood Experiences (% ages 0-17)	+	42	18.3%
	High-speed Internet (% of households)	+	49	81.4%
	Residential Segregation — Black/White (index from 0-100)	++++	3	50
	Volunteerism (% ages 16+)	+	47	26.6%
	Voter Participation (% of U.S. citizens ages 18+)	++++	17	62.3%
<b>PHYSICAL ENVIRONMENT*</b>				
<b>Air and Water Quality</b>	Air Pollution (micrograms of fine particles per cubic meter)	++	38	8.1
	Drinking Water Violations (% of community water systems)	+	48	6.3%
	Risk-screening Environmental Indicator Score (unitless score)	++++	16	1,367,879
	Water Fluoridation (% of population served)	++	35	60.7%
<b>Housing and Transit</b>	Drive Alone to Work (% of workers ages 16+)	+	49	84.8%
	Housing With Lead Risk (% of housing stock)	++++	10	11.0%
	Severe Housing Problems (% of occupied housing units)	+++	29	15.1%
<b>CLINICAL CARE*</b>				
<b>Access to Care</b>	Avoided Care Due to Cost (% ages 18+)	+	46	13.9%
	Providers (per 100,000 population)			
	Dental Care	+	47	44.2
	Mental Health	+	41	1876
	Primary Care	++	33	244.4
<b>Preventive Clinical Services</b>	Uninsured (% of population)	+	46	13.0%
	Colorectal Cancer Screening (% ages 50-75)	++	37	70.9%
	Dental Visit (% ages 18+)	+	46	57.7%
	Immunizations			
	Childhood Immunizations (% by age 35 months)	+++	30	75.4%
<b>Quality of Care</b>	Flu Vaccination (% ages 18+)	+	45	41.3%
	HPV Vaccination (% ages 13-17)	+	50	31.9%
	Dedicated Health Care Provider (% ages 18+)	++	34	76.1%
<b>BEHAVIORS*</b>	Preventable Hospitalizations (discharges per 100,000 Medicare beneficiaries)	+	49	5,004
<b>Nutrition and Physical Activity</b>	Exercise (% ages 18+)	+	48	15.7%
	Fruit and Vegetable Consumption (% ages 18+)	+	42	6.3%
	Physical Inactivity (% ages 18+)	+	49	30.0%
<b>Sexual Health</b>	Chlamydia (new cases per 100,000 population)	+	49	850.2
	High-risk HIV Behaviors (% ages 18+)	++++	16	5.3%
	Teen Births (births per 1,000 females ages 15-19)	+	49	29.1
<b>Sleep Health</b>	Insufficient Sleep (% ages 18+)	++	40	35.0%
	Smoking (% ages 18+)	+	47	20.1%
<b>HEALTH OUTCOMES*</b>				
<b>Behavioral Health</b>	Excessive Drinking (% ages 18+)	++++	7	15.2%
	Frequent Mental Distress (% ages 18+)	++	36	14.4%
	Non-medical Drug Use (% ages 18+)	++++	14	9.2%
<b>Mortality</b>	Premature Death (years lost before age 75 per 100,000 population)	+	49	11,256
	Premature Death Racial Disparity (ratio)	+++	27	1.5
<b>Physical Health</b>	Frequent Physical Distress (% ages 18+)	++	31	10.3%
	Low Birthweight (% of live births)	+	50	12.3%
	Low Birthweight Racial Disparity (ratio)	+++	27	2.0
	Multiple Chronic Conditions (% ages 18+)	+	44	12.8%
	Obesity (% ages 18+)	+	50	39.7%
<b>OVERALL</b>			<b>-0.791</b>	<b>-</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

## 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

Figure 1  
AHR 2021 Annual Report



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
<b>SOCIAL &amp; ECONOMIC FACTORS*</b>	<b>+</b>	<b>-1.191</b>	<b>50</b>	<b>1.051</b>
<b>Community and Family Safety</b>				
Violent Crime (offenses per 100,000 population)	++++	278	14	115
<b>Economic Resources</b>				
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
<b>Social Support and Engagement</b>				
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
<b>PHYSICAL ENVIRONMENT*</b>	<b>++</b>	<b>0.047</b>	<b>40</b>	<b>1.353</b>
<b>Air and Water Quality</b>				
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
<b>Housing</b>				
Severe Housing Problems (% of small households with an adult ages 62+)	++++	25.5	9	18.3
<b>CLINICAL CARE*</b>	<b>+</b>	<b>-0.946</b>	<b>50</b>	<b>0.695</b>
<b>Access to Care</b>				
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
<b>Preventive Clinical Services</b>				
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
<b>Quality of Care</b>				
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
<b>BEHAVIORS*</b>	<b>+</b>	<b>-1.256</b>	<b>47</b>	<b>1.188</b>
<b>Nutrition and Physical Activity</b>				
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
<b>Sleep Health</b>				
Insufficient Sleep (% of adults ages 65+)	++	28.0	37	20.9
<b>Tobacco Use</b>				
Smoking (% of adults ages 65+)	++	10.7	40	4.0
<b>HEALTH OUTCOMES*</b>	<b>+</b>	<b>-0.879</b>	<b>48</b>	<b>0.932</b>
<b>Behavioral Health</b>				
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
<b>Mortality</b>				
Early Death (deaths per 100,000 adults ages 65-74)	+	2,481	50	1,380
Early Death Racial Disparity (ratio)*		1.2		1.0
<b>Physical Health</b>				
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
<b>OVERALL</b>		-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](http://www.AmericasHealthRankings.org).

SENIOR REPORT [www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org)

Mississippi

Figure 2  
AHR 2021 Senior Report

# Mississippi

State Health Department Website: [msdh.ms.gov](https://msdh.ms.gov)



## 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
<b>SOCIAL AND ECONOMIC FACTORS*</b>	<b>+</b>	<b>48</b>	<b>-0.996</b>	<b>—</b>
<b>Community and Family Safety</b>				
Intimate Partner Violence Before Pregnancy*		—	5.5%	3.0%
Violent Crime	++++	14	278	379
<b>Economic Resources</b>				
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%
<b>Education</b>				
College Graduate	+	47	26.5%	35.7%
<b>Social Support and Engagement</b>				
Infant Child Care Cost*	++++	1	76%	12.5%
Residential Segregation — Black/White	++++	3	50	62
Voter Participation	++++	14	64.6%	61.7%
<b>PHYSICAL ENVIRONMENT*</b>				
<b>Air and Water Quality</b>				
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%
<b>Climate Change</b>				
Climate Change Policies*	++	36	0	—
Transportation Energy Use*	+	43	11.5	8.7
<b>Housing and Transportation</b>				
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
<b>SOCIAL AND ECONOMIC FACTORS*</b>	<b>++</b>	<b>40</b>	<b>-0.293</b>	<b>—</b>
<b>Community and Family Safety</b>				
Child Victimization*	++	35	13.4%	8.9%
<b>Economic Resources</b>				
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%
<b>Education</b>				
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
<b>Social Support and Engagement</b>				
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%
<b>PHYSICAL ENVIRONMENT*</b>	<b>+</b>	<b>47</b>	<b>-0.446</b>	<b>—</b>
<b>Air and Water Quality</b>				
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%
<b>Climate Change</b>				
Climate Change Policies*	++	36	0	—
Transportation Energy Use*	+	43	11.5	8.7
<b>Housing and Transportation</b>				
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%

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
<b>CLINICAL CARE*</b>	<b>+</b>	<b>46</b>	<b>-0.675</b>	<b>—</b>
<b>Access to Care</b>				
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
<b>Preventive Clinical Care</b>				
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%
<b>Quality of Care</b>				
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
<b>BEHAVIORS*</b>	<b>+</b>	<b>46</b>	<b>-0.887</b>	<b>—</b>
<b>Nutrition and Physical Activity</b>				
Exercise	+	41	18.6%	21.5%
Fruit and Vegetable Consumption	+	45	7.5%	10.4%
Physical Inactivity	+	50	31.1%	22.6%
<b>Sexual Health</b>				
Chlamydia	+	48	2,529	1,743
High-risk HIV Behaviors	++++	11	8.6%	9.7%
Unintended Pregnancy*	—	—	47.1%	30.6%
<b>Sleep Health</b>				
Insufficient Sleep	++	32	37.5%	36.1%
<b>Tobacco Use</b>				
E-cigarette Use*	+++	25	5.9%	5.3%
Smoking	++	35	18.9%	14.3%
Smoking During Pregnancy	+++	28	8.5%	6.0%
<b>HEALTH OUTCOMES*</b>	<b>++</b>	<b>35</b>	<b>-0.652</b>	<b>—</b>
<b>Behavioral Health</b>				
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%
<b>Mortality</b>				
Maternal Mortality*	—	—	—	20.1
Mortality Rate	+	48	155.0	97.2
<b>Physical Health</b>				
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%
<b>OVERALL — WOMEN*</b>	<b>—</b>	<b>—</b>	<b>-0.741</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>38</b>	<b>-0.259</b>	<b>—</b>
<b>Access to Care</b>				
ADD/ADHD Treatment	++++	1	6.6%	3.0%
Pediatricians	+	46	63.7	104.6
Uninsured	++	36	6.1%	5.7%
<b>Preventive Clinical Care</b>				
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%
<b>Quality of Care</b>				
Adequate Insurance	++++	8	71.2%	66.7%
Developmental Screening	++	34	31.5%	36.9%
Medical Home	++	37	47.3%	46.8%
<b>BEHAVIORS*</b>	<b>+</b>	<b>50</b>	<b>-1.391</b>	<b>—</b>
<b>Nutrition and Physical Activity</b>				
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%
<b>Sexual Health — Youth</b>				
Dual Contraceptive Nonuse*	—	—	91.6%	90.9%
Teen Births	+	49	29.1	16.7
<b>Sleep Health</b>				
Adequate Sleep	+	49	55.2%	66.1%
Sleep Position*	—	—	69.4%	79.6%
<b>Tobacco Use — Youth</b>				
Electronic Vapor Product Use*	—	—	21.4%	32.7%
Tobacco Use	+	46	7.1%	4.0%
<b>HEALTH OUTCOMES*</b>	<b>+</b>	<b>49</b>	<b>-0.695</b>	<b>—</b>
<b>Behavioral Health</b>				
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
<b>Mortality</b>				
Child Mortality	+	49	41.8	25.4
Infant Mortality	+	50	8.6	5.7
<b>Physical Health</b>				
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%
<b>OVERALL — CHILDREN*</b>	<b>—</b>	<b>—</b>	<b>-0.586</b>	<b>—</b>
<b>OVERALL — WOMEN AND CHILDREN*</b>	<b>—</b>	<b>—</b>	<b>-0.677</b>	<b>—</b>

Figure 4

AHR 2021 Health of Women and Children Report, Part II

### Length of Life

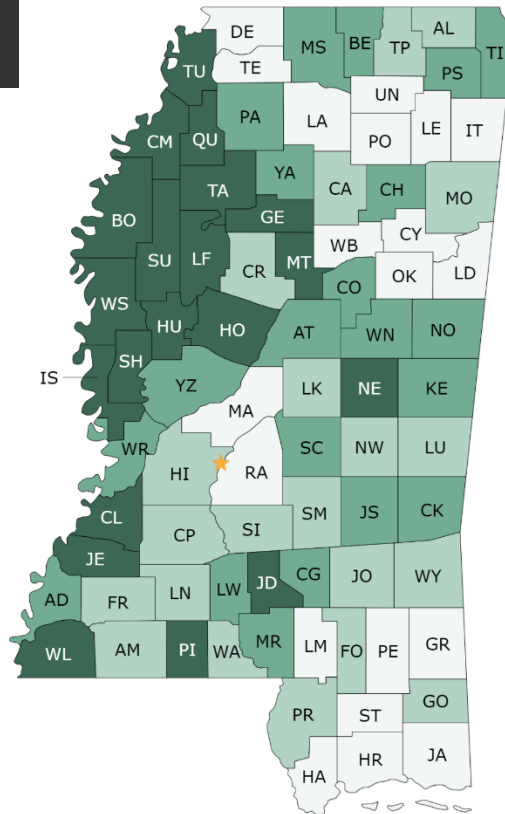
Premature death  
*(years of potential life lost  
before age 75)*

### Quality of Life

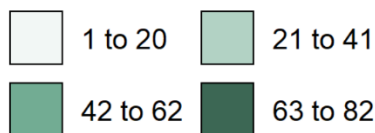
Self-reported health status

Percent of low birthweight newborns

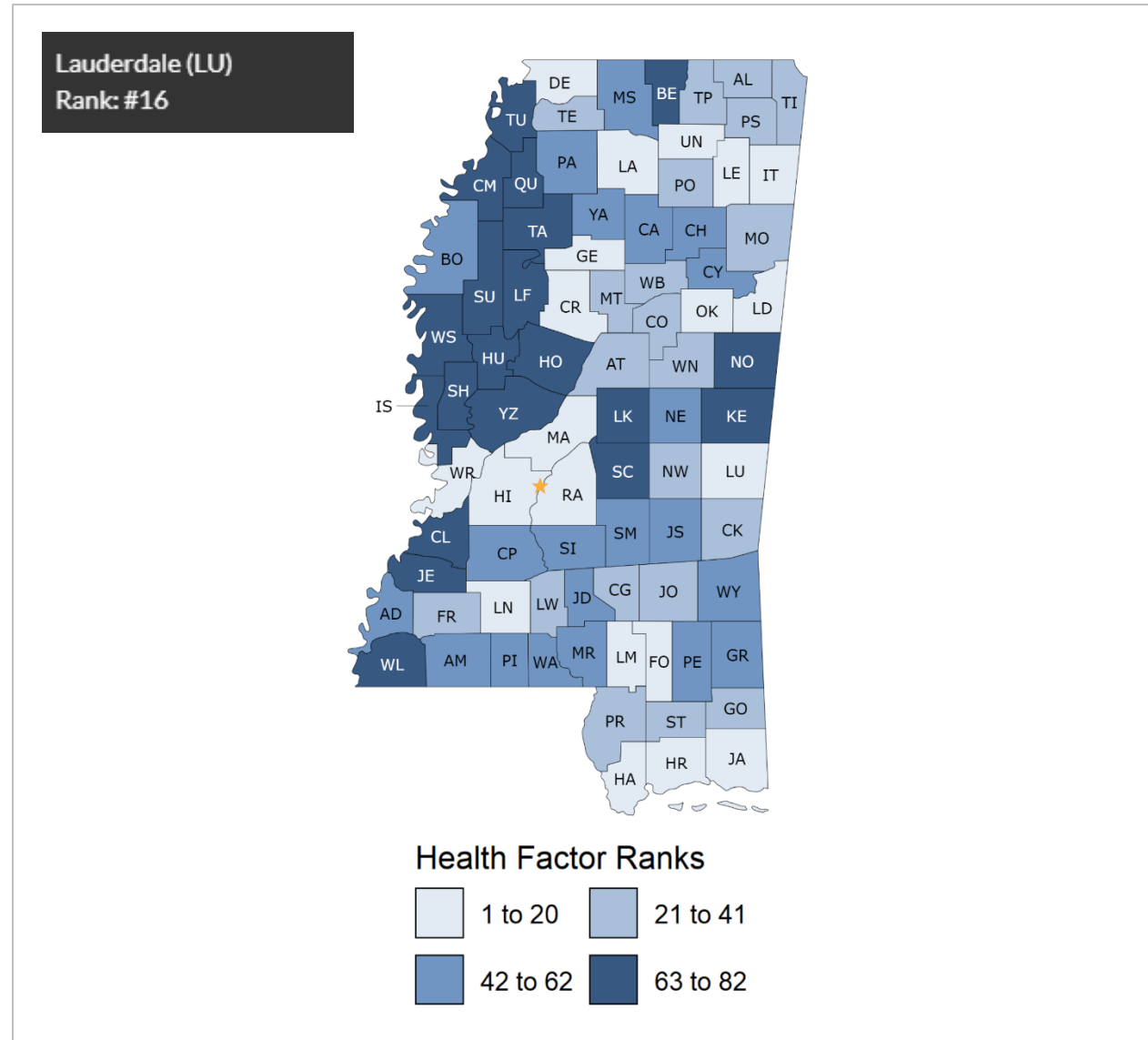
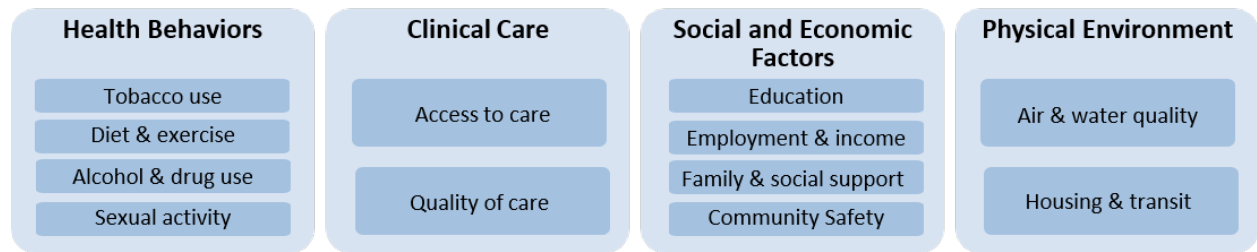
Lauderdale (LU)  
Rank: #39



### Health Outcome Ranks



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



**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
<b>HEALTH OUTCOMES</b>					
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%
<b>HEALTH FACTORS</b>					
<b>HEALTH BEHAVIORS</b>					
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 <sup>2</sup> .	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
<b>CLINICAL CARE</b>					
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%
<b>SOCIAL &amp; ECONOMIC FACTORS</b>					
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
<b>PHYSICAL ENVIRONMENT</b>					
Air pollution - particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM <sub>2.5</sub> ).	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

**Figure 7**

CHR&R 2021 Mississippi Health Rankings

	Mississippi	Lauderdale (LU), MS <span style="color: red;">X</span>
<b>Health Outcomes</b>		
<b>Length of Life</b>		
Premature Death	11,300	12,300
<b>Quality of Life</b>		
Poor or Fair Health	① 22%	24%
Poor Physical Health Days	① 4.1	4.4
Poor Mental Health Days	① 5.3	5.3
Low Birthweight	12%	13%
<b>Health Factors</b>		
<b>Health Behaviors</b>		
Adult Smoking	① 21%	22%
Adult Obesity	① 41%	44%
Food Environment Index	① 3.8	5.5
Physical Inactivity	① 37%	40%
Access to Exercise Opportunities	52%	60%
Excessive Drinking	① 16%	16%
Alcohol-Impaired Driving Deaths	19%	11%
Sexually Transmitted Infections	① 850.2	959.2
Teen Births	32	33
<b>Clinical Care</b>		
Uninsured	15%	15%
Primary Care Physicians	1,860:1	1,060:1
Dentists	2,030:1	1,510:1
Mental Health Providers	540:1	320:1
Preventable Hospital Stays	5,013	5,286
Mammography Screening	41%	51%
Flu Vaccinations	43%	40%
<b>Social &amp; Economic Factors</b>		
High School Completion	85%	85%
Some College	61%	66%
Unemployment	① 8.1%	7.5%
Children in Poverty	26%	31%
Income Inequality	5.4	6.2
Children in Single-Parent Households	37%	46%
Social Associations	12.6	16.7
Violent Crime	① 279	359
Injury Deaths	93	90
<b>Physical Environment</b>		
Air Pollution - Particulate Matter	9.2	9.8
Drinking Water Violations		No
Severe Housing Problems	15%	15%
Driving Alone to Work	85%	83%
Long Commute - Driving Alone	33%	18%

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



## POPULATION

Lauderdale County has a total population of 75,557 citizens, while the state of Mississippi has a total population of 2,981,835. The overall population for both Lauderdale County and Mississippi has seen a decrease in the population growth rate over a 5-year trend at 5.35% and 0.21% respectively. In comparison, the United States saw an increase of approximately 3.18%.

## DEMOGRAPHICS

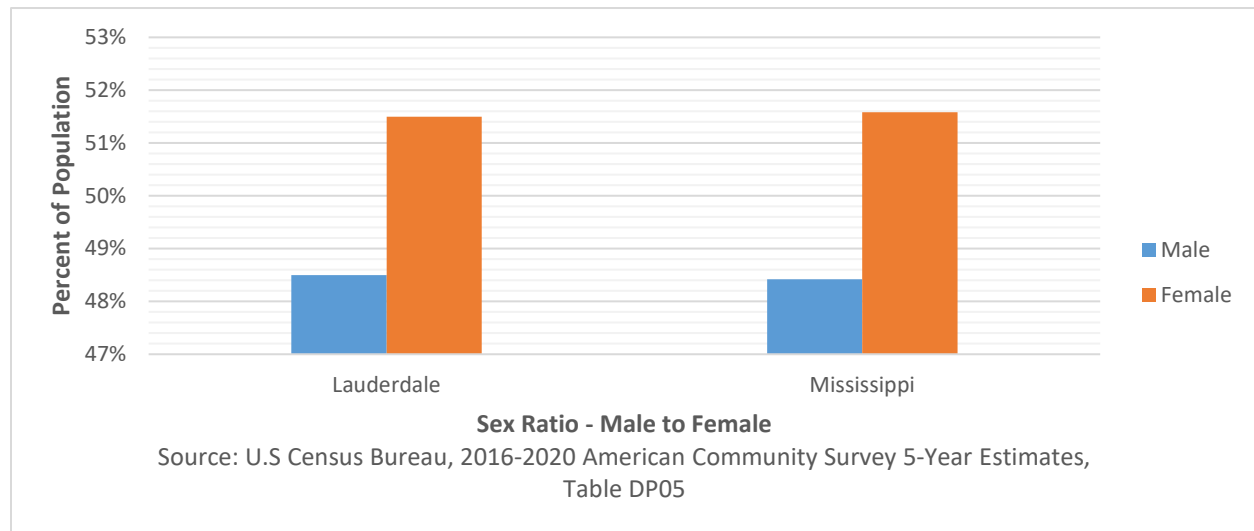
Demographics are the statistical characteristics of human populations used to identify markets. Collecting this type of data can be very informative because often the demographics of a patient have an impact on the treatment plan. The American Medical Association echoes this sentiment in their article “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 Rush Medical Center’s primary service area.

## SEX AND AGE

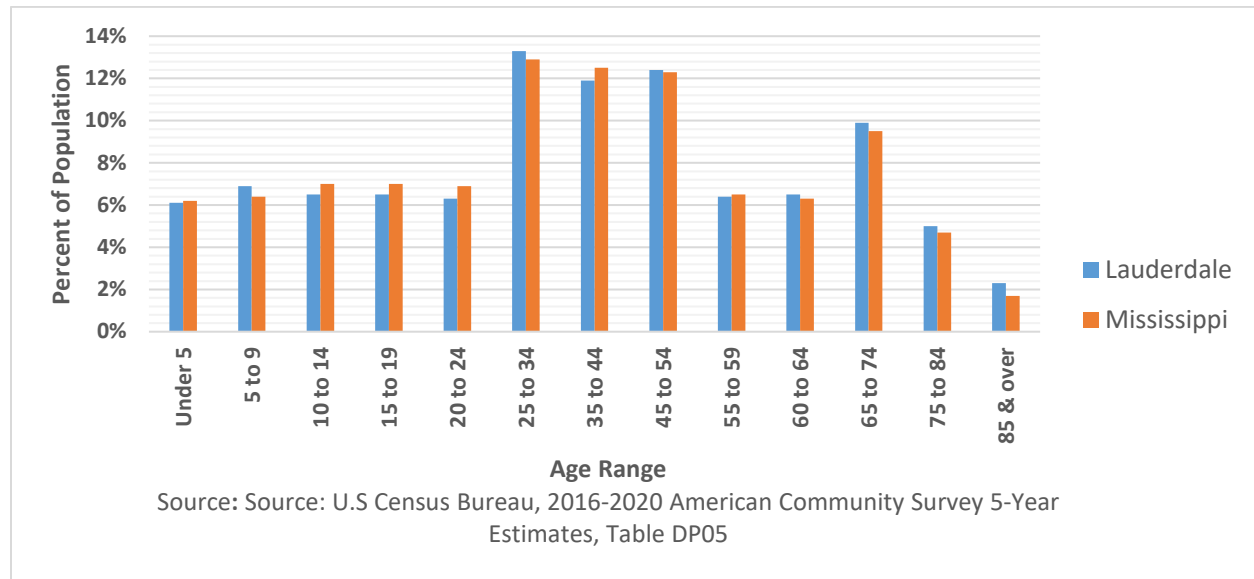
Further analysis of Lauderdale County’s census data shows that the county’s population is 48.5% male and 51.5% female. This hardly differs from the state average of 48.4% male and 51.6% female (Figure 9).



**Figure 9**

*Sex Comparison – Lauderdale County and Mississippi*

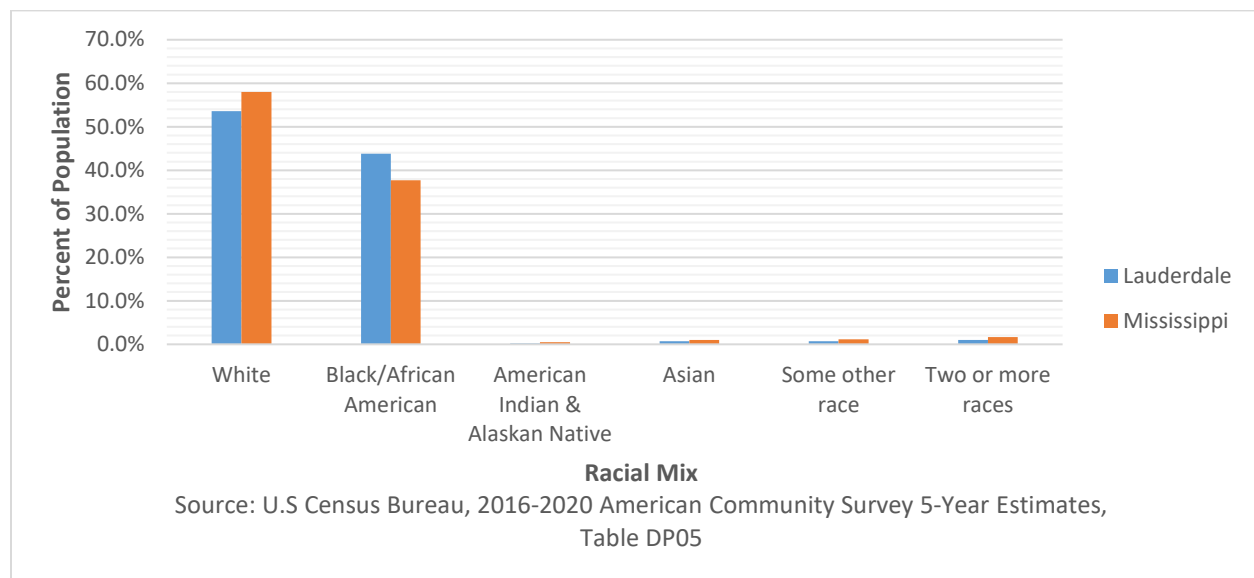
Lauderdale County has a median age of 37.9 years which is similar to the state’s median age of 37.7 years. As one would expect, Lauderdale County’s population mix is in line with the state of Mississippi in all age categories. See Figure 10 for a comparison of all age categories.



**Figure 10**  
*Population by Age Group – Lauderdale County and Mississippi*

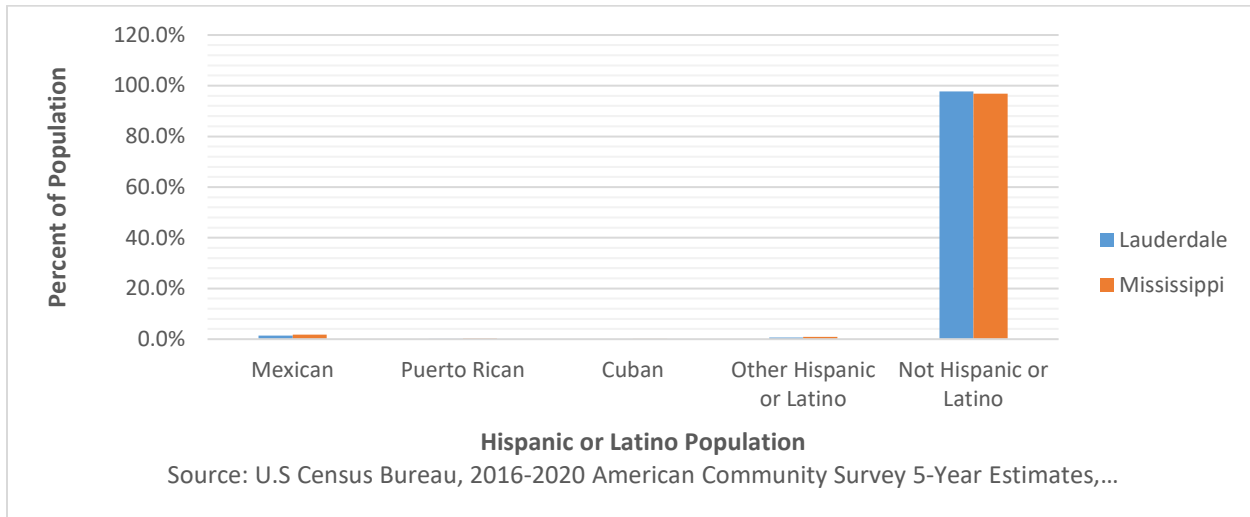
#### RACIAL MIX AND ETHNIC BACKGROUND

Census data shows that the racial mix in Lauderdale County is comparable with the mix found in Mississippi. In Lauderdale County, 53.6% of the population is white; this stat is 58.0% for the state of Mississippi (Figure 11).



**Figure 11**  
*Population by Racial Mix – Lauderdale County and Mississippi*

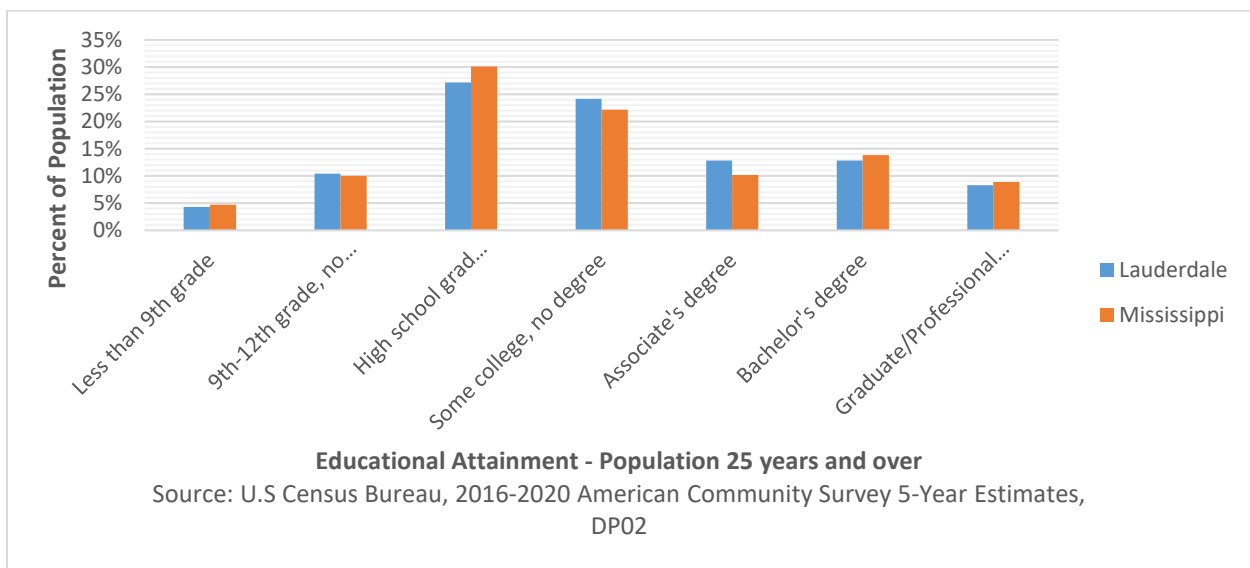
The ethnic mix in Lauderdale County is comparable to the state of Mississippi: 2.2% of the population in Lauderdale County is Hispanic or Latino compared to 3.1% of the population in Mississippi (Figure 12).



**Figure 12**  
*Population by Ethnic Group – Lauderdale County and Mississippi*

## EDUCATION ATTAINMENT

When evaluating residents that are 25 years or older, 85.3% of Lauderdale County residents have a high school diploma (includes GED) or higher compared to 85.2% of the residents in the state of Mississippi. As expected, Lauderdale County and Mississippi have similar education attainment stats across all levels of education. 33.9% of Lauderdale’s population has a college degree compared to 32.9% for the state of Mississippi (Figure 13).



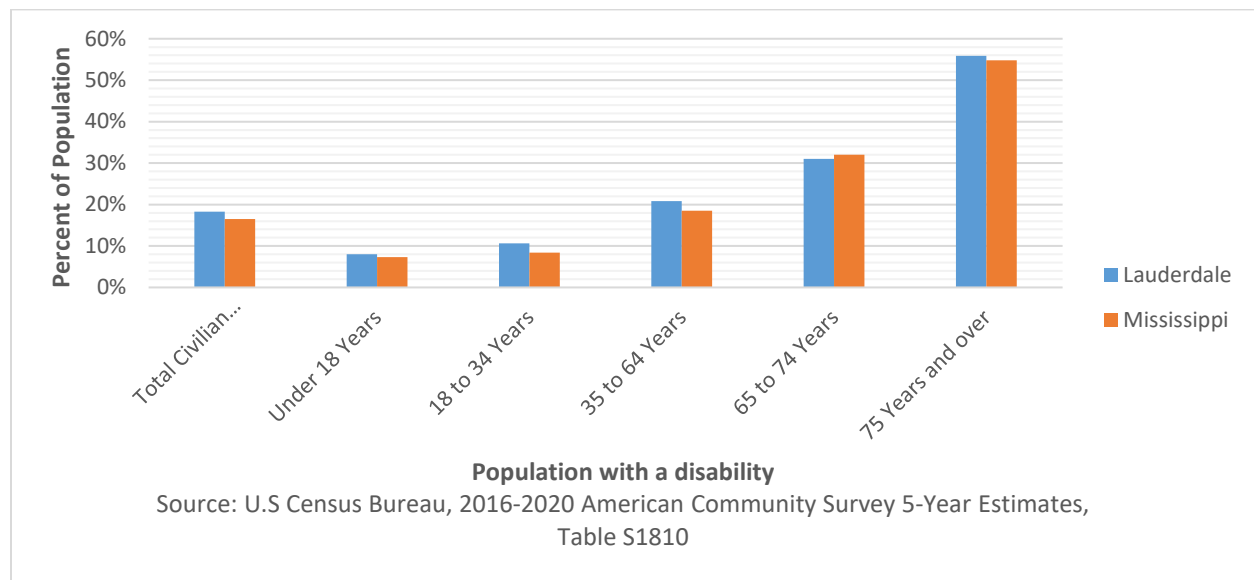
**Figure 13**  
*Education Attainment – Lauderdale County and Mississippi*

## 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. Lauderdale County’s stats are comparable with Mississippi’s disability percentages for each age group (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; see Figure 15.

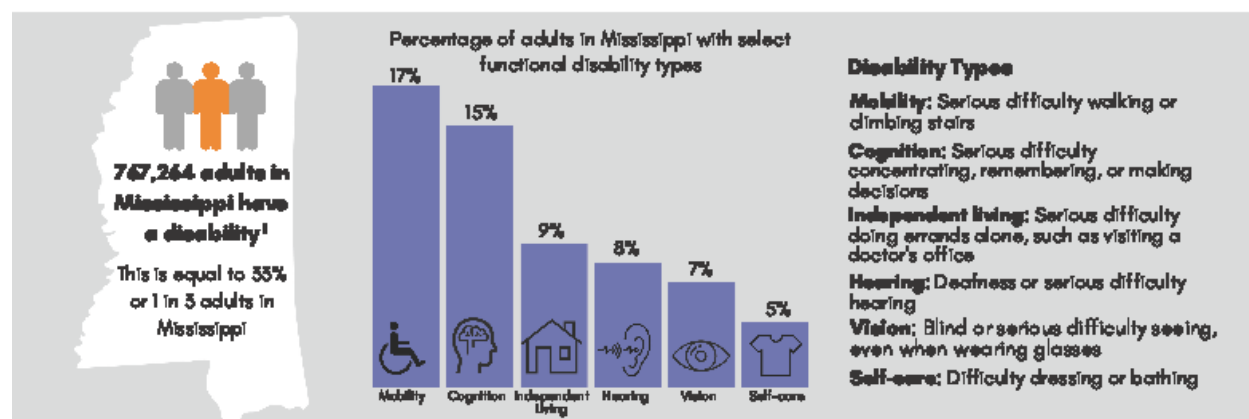


**Figure 14**  
*Disability Status for Lauderdale County*

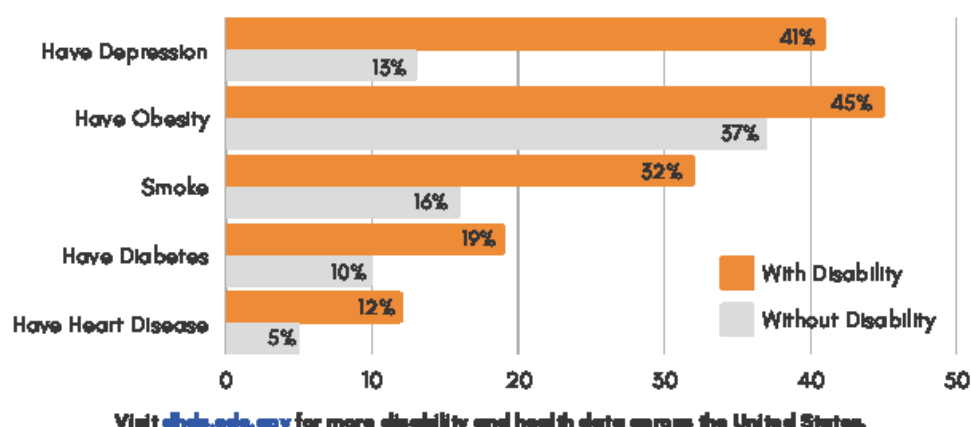
CDC's National Center on Birth Defects and Developmental Disabilities  
**DISABILITY IMPACTS MISSISSIPPI**



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.



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



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

- 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/nbddd/disabilityandhealth/programs.html](https://www.cdc.gov/nbddd/disabilityandhealth/programs.html).

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

1. DATA SOURCE: 2020 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS).

2. DISABILITY HEALTHCARE COSTS ARE PRESENTED IN 2017 DOLLARS AS REPORTED IN ZHAYJOU, 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 Lauderdale County is \$42,922 compared to \$46,511 for the state of Mississippi; the mean household income is \$61,441 and \$65,156 respectively. Lauderdale County has a greater number of residents making \$15,000 or less when compared to the state of Mississippi. Due to the lower overall income level in Lauderdale County, there is a higher portion of residents living in poverty. Overall, 22.6% of all people in Lauderdale County live in poverty compared to 19.6% of all people in the state of Mississippi. The age group with the highest percentage of poverty in Lauderdale County is those under 18 years: 32.8% for Lauderdale County; 27.6% for Mississippi. For additional breakdowns of income totals per households, see Figure 16.

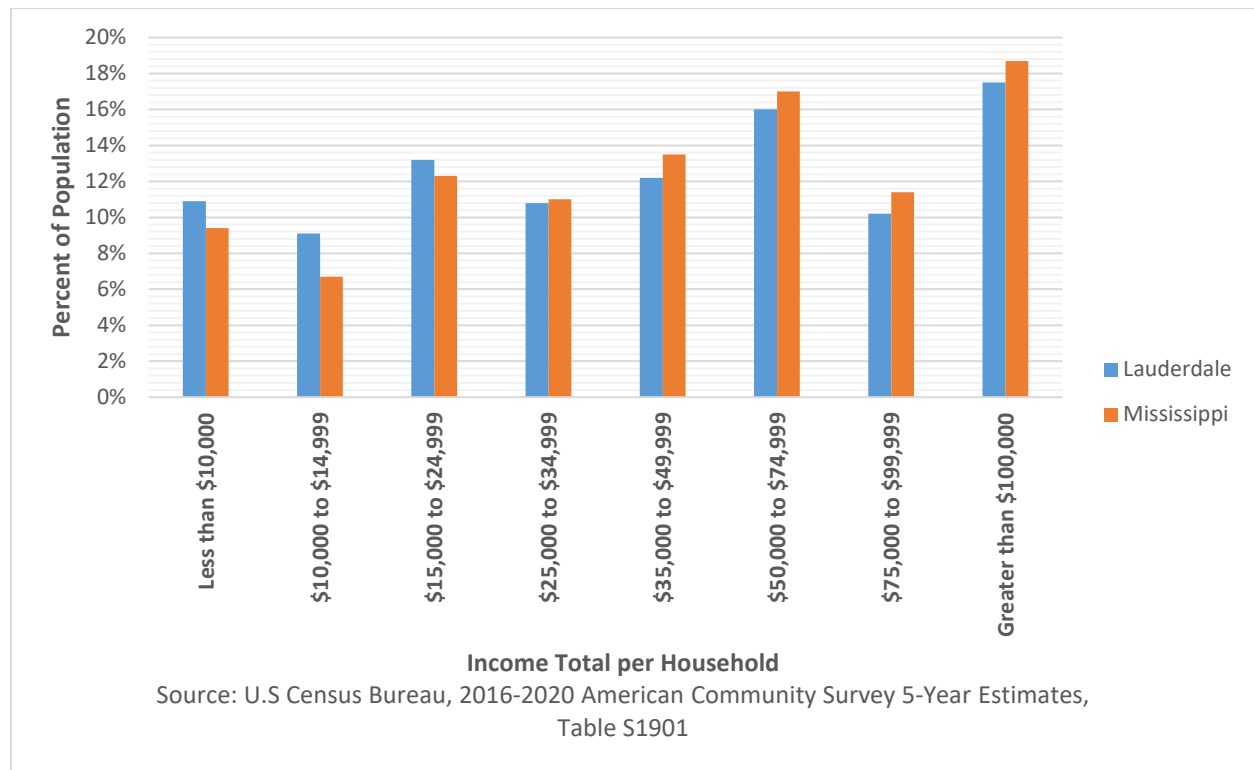
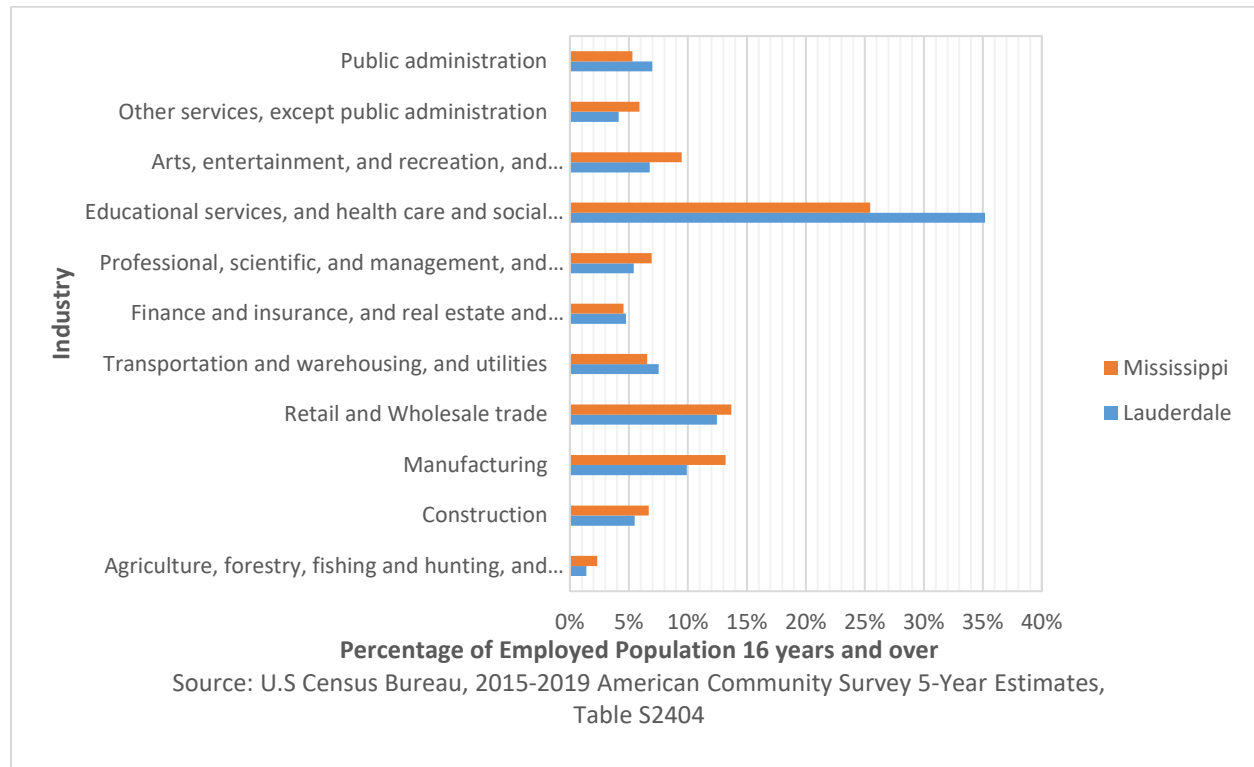


Figure 16

Income Total per Household – Lauderdale 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 Lauderdale County are in Education, Healthcare, and Social Services; Manufacturing, and; Retail and Wholesale trade. Further research into the leading types of industry in Lauderdale County help explain why the median 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, Lauderdale County has a slightly lower unemployment rate at 4.9% compared to the state unemployment rate of 7.1%.



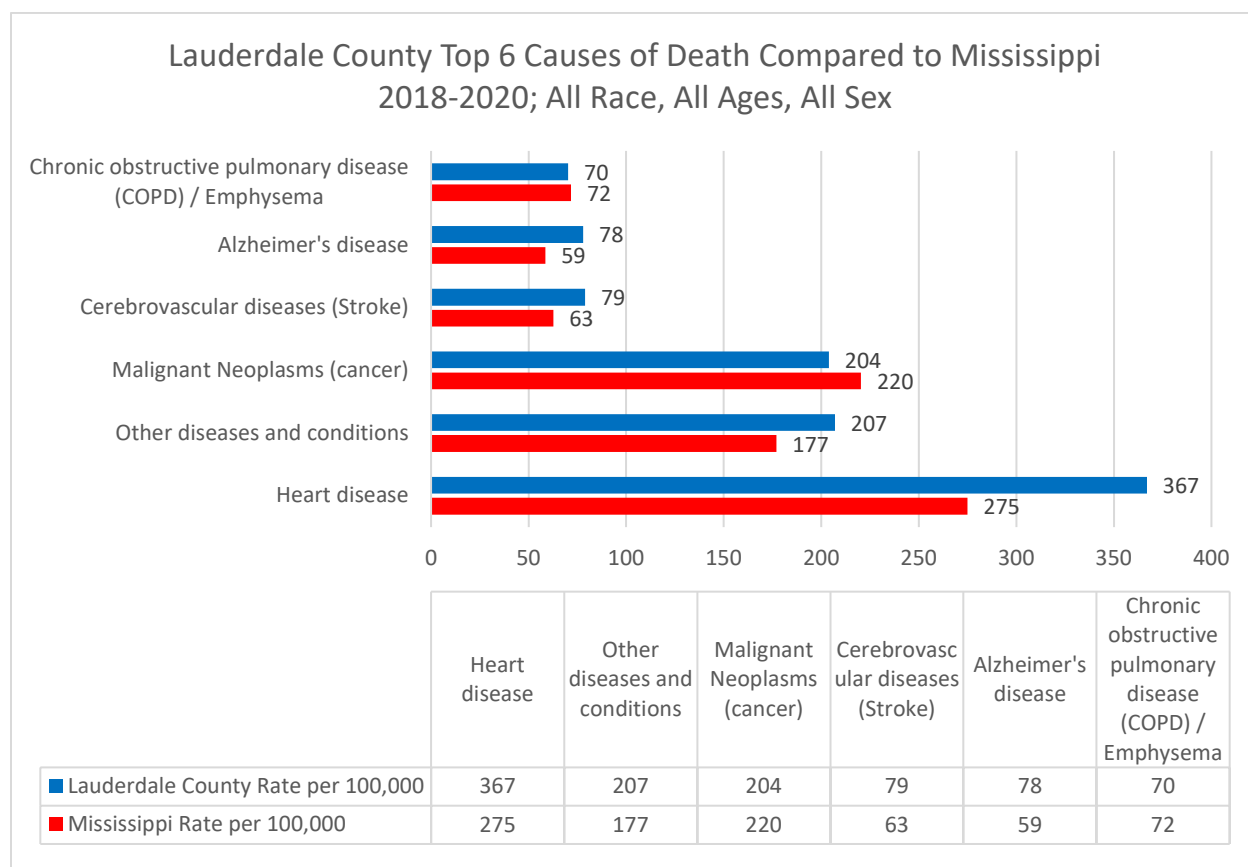
**Figure 17**  
*Employed Population by Industry Type – Lauderdale County and Mississippi*

## 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.

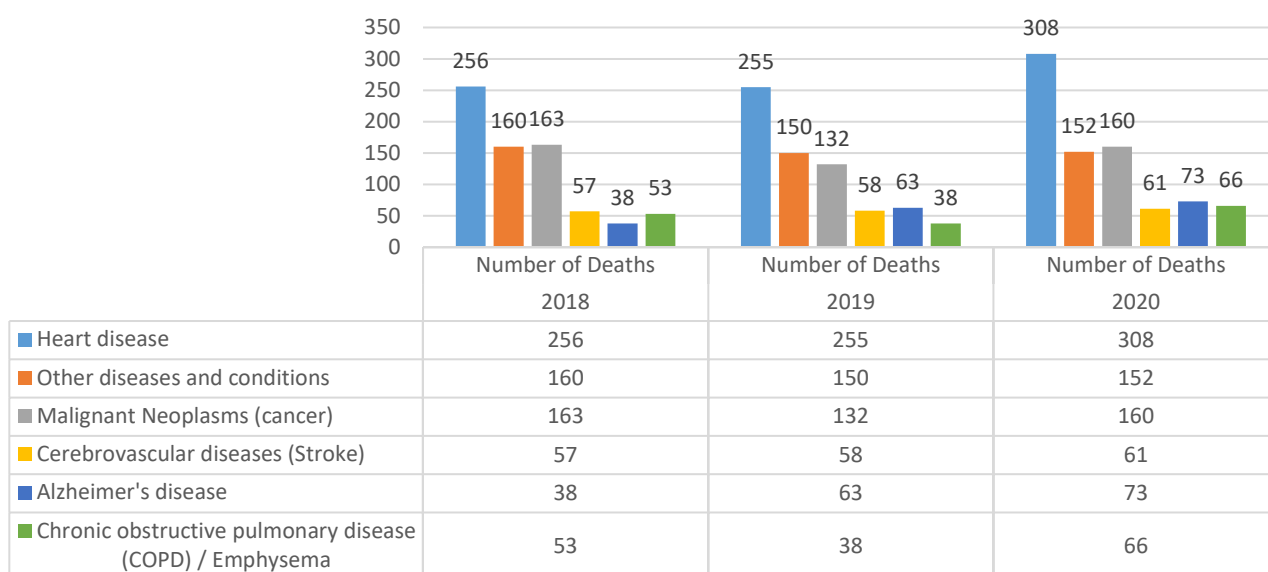
Due to the length of some of the data sets, this report will list the top six events of a given query of data presented with any additional data available upon request. Each data set query is described in the charts' titles to give the reader an understanding of what is included in the data sets. The 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 Rush Medical Center 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 Lauderdale County as seen below:

## DISEASE INCIDENCE RATES



**Figure 18**  
*Overall Leading Causes of Death – Lauderdale County and Mississippi*

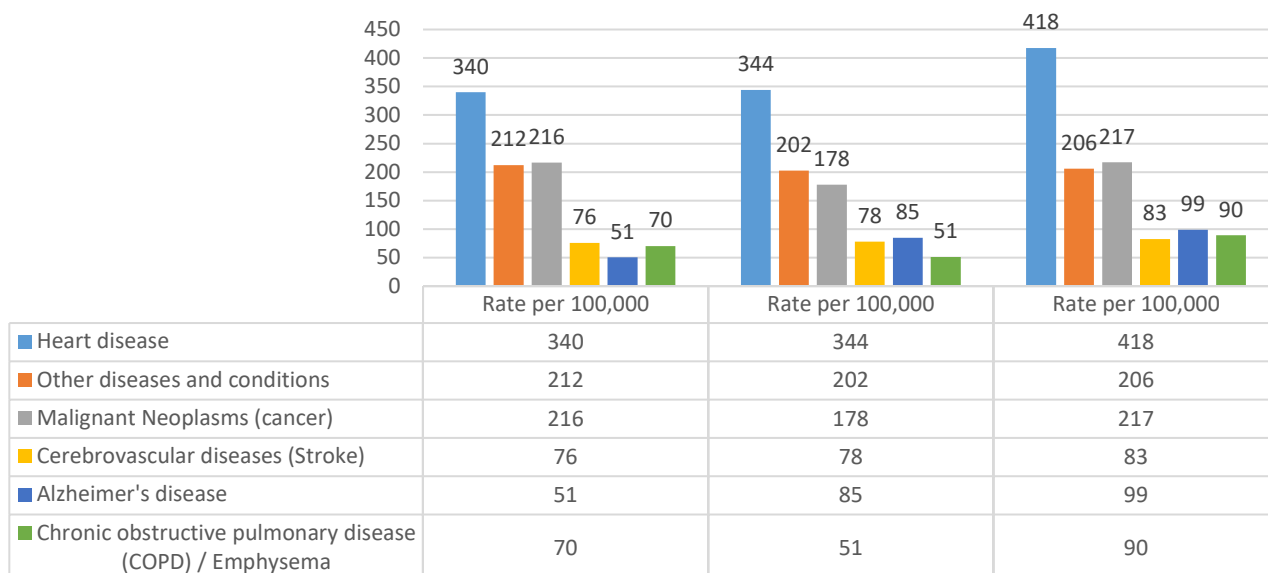
### Lauderdale County Top 6 Causes of Death 2018-2020; All Race, All Ages, All Sex



**Figure 19**

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

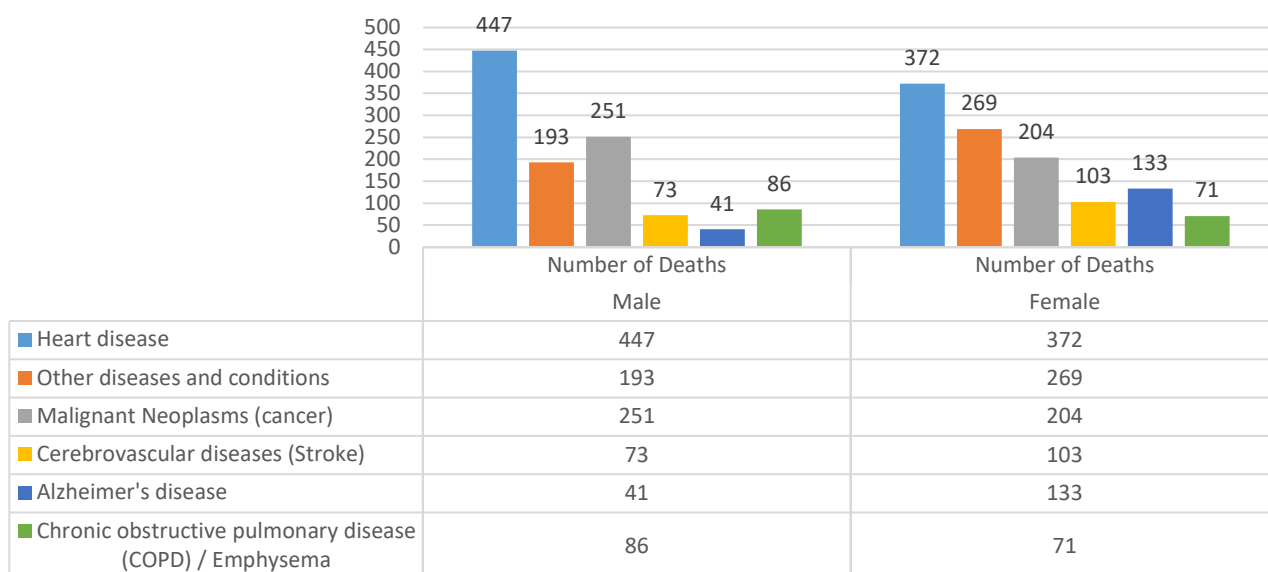
### Lauderdale County Top 6 Causes of Death 2018-2020; All Race, All Ages, All Sex



**Figure 20**

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

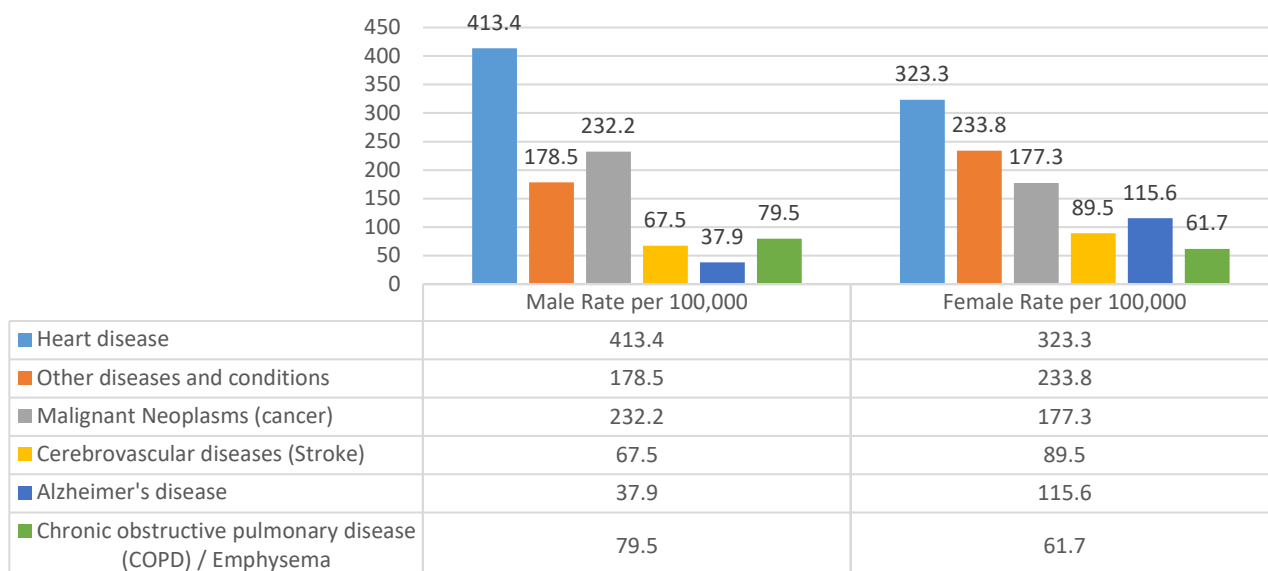
### Lauderdale County Top 6 Causes of Death 2018-2020; All Race, All Ages



**Figure 21**

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

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

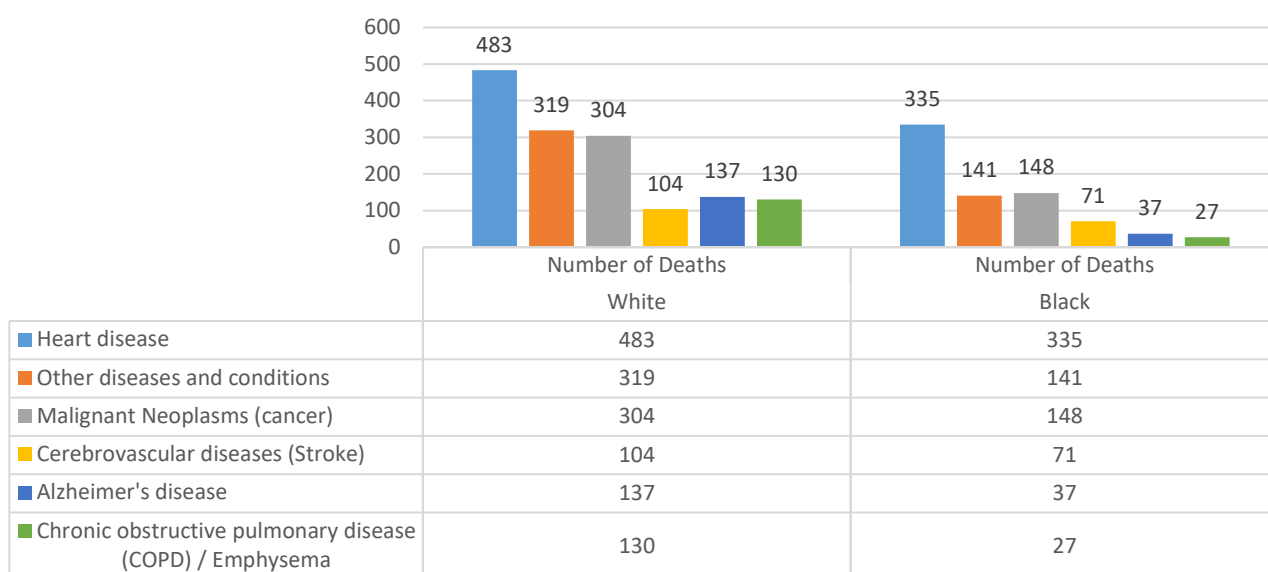


**Figure 22**

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



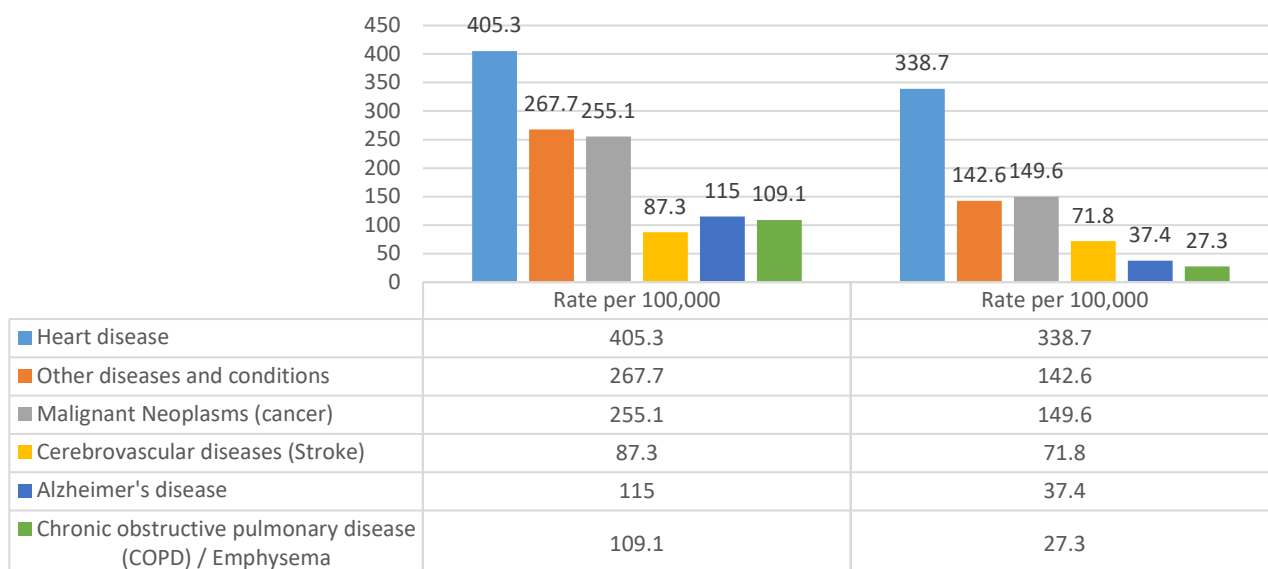
### Lauderdale County Top 6 Causes of Death 2018-2020; All Ages, All Sex



**Figure 23**

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

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



**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 Rush Medical Center 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 Rush Medical Center on October 25, 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 Rush Medical Center representatives spoke with community leaders and residents of Lauderdale County to give them an opportunity to voice their opinions on the health status and health needs of Lauderdale County. Ochsner Rush Medical Center 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 Rush Medical Center 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.

## Ochsner Rush Medical Center and Ochsner Specialty Hospital Community Survey

### How Healthy Is Our Community?

Ochsner Rush Medical Center and Ochsner Specialty 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 your participation!*

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

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

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"/> Diabetes             |
| <input type="checkbox"/> Cancers  | <input type="checkbox"/> Stroke               |
| <input type="checkbox"/> Contagious diseases (i.e., flu, pneumonia, COVID-19) | <input type="checkbox"/> Obesity              |
| <input type="checkbox"/> Heart disease  | <input type="checkbox"/> Mental Health        |
| <input type="checkbox"/> HIV/AIDS/Sexually Transmitted Diseases               | <input type="checkbox"/> Alzheimer's/Dementia |
| <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:

- |  |  |
|--|--|
| <input type="checkbox"/> Dental care services                      | <input type="checkbox"/> Pediatric Services                              |
| <input type="checkbox"/> End of life care (nursing homes, hospice) | <input type="checkbox"/> Prenatal care and childbirth education          |
| <input type="checkbox"/> Substance abuse services                  | <input type="checkbox"/> Primary care services                           |
| <input type="checkbox"/> Hospital Services                         | <input type="checkbox"/> Specialty care services (i.e., surgery, X-rays) |
| <input type="checkbox"/> Mental health services                    |  |

4. 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 |

Figure 25

Ochsner Rush Medical Center Community Survey, Part I

5. When you need to use prescription medications for an illness, do you...(check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Have your prescription filled at the drugstore or supermarket | <input type="checkbox"/> Go without medicine                 |
| <input type="checkbox"/> Buy over-the-counter medicine instead                         | <input type="checkbox"/> Use medication of friends or family |
| <input type="checkbox"/> Use leftover medication prescribed for a different illness    | <input type="checkbox"/> Use herbal remedies instead         |
| <input type="checkbox"/> Get medications from sources outside the country              |  |

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

- |  |                                    |  |   |
|--|------------------------------------|--|---|
| <input type="checkbox"/> Medical Professionals | <input type="checkbox"/> Hospitals | <input type="checkbox"/> School Clinics                | <input type="checkbox"/> Church or Other Place of Worship |
| <input type="checkbox"/> Family                | <input type="checkbox"/> Myself    | <input type="checkbox"/> Other (Please describe) _____ |   |

8. 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) _____ |   |

9. Do you have a primary care physician?

- ☐ Yes  
☐ No

10. 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 _____                  |

**OPTIONAL INFORMATION**

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

Name of City/Town where you live: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: ☐ Male ☐ Female Age: ☐ 18-under ☐ 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"/> 4-year College/Bachelor's degree |
| <input type="checkbox"/> Highschool diploma or GED   | <input type="checkbox"/> Graduate/Advanced degree         |
| <input type="checkbox"/> Technical/Community College |   |

THANK YOU FOR COMPLETING THIS SURVEY!

Figure 26

Ochsner Rush Medical Center Community Survey, Part II



## IMPLEMENTATION PLANS

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

### INITIATIVE 1: PROSTATE HEALTH

Ochsner Rush Medical Center will create a systematic approach to improving awareness of prostate cancer with a major emphasis during Prostate Cancer Awareness Month by providing the following:

- ▲ Community service prostate screenings
- ▲ Community education with an emphasis on Benign Prostatic Hyperplasia (BPH) and Prostate Cancer

### INITIATIVE 2: HEART HEALTH

Because of the impact of chronic illnesses to shorten and negatively impact our lives in Lauderdale County, Ochsner Rush Medical Center will endeavor to encourage the community to improve our Southern Lifestyle in an effort to eliminate many of its unhealthy characteristics that impact heart health.

### LIFESTYLE IMPROVEMENT

- ▲ Community education
- ▲ Promote physical activity and exercise
- ▲ Health screenings
- ▲ Nutritional education
- ▲ Awareness of STEMI program
- ▲ Community Education regarding lifestyle and health consequences

### INITIATIVE 3: DISEASE MANAGEMENT

Ochsner Rush Medical Center will concentrate on reducing the number of citizens in our area who are impacted by diseases associated with one of the leading mortality rates.

#### EMPHASIS ON COPD, SMOKING AND VAPING

- ▲ Educate youth and parents about dangers of vaping – partner with school system
- ▲ Smoking cessation education

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 Rush Medical Center 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 Lauderdale County.



## REFERENCES

America's Health Rankings. (n.d.). *Our reports*. America's Health Rankings. Retrieved September 2022, from <https://www.americashealthrankings.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>

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>

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

Mississippi Encyclopedia Staff. (2018, April 14). *Lauderdale County*. Mississippi Encyclopedia. Retrieved October 2022, from <https://mississippiencyclopedia.org/entries/lauderdale-county/>

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)