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

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
- Level III Trauma Center
- Neonatal Intensive Care Unit
- Family Birth Center
- Diabetes Management Center
- GI Lab
- Joint Replacement Center
- Pain Treatment Center
- Sleep Centers
- Surgical Robotics
- The Vein Center
- Senior Care Outpatient Program
- Rehabilitation Services
- Cardiology Department
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 MAKOplasty partial knee replacement and MAKOplasty 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
▲ Deficits in self-care functions
▲ Visual or perceptual deficits
▲ Splint fabrication
▲ Job site analysis
▲ Assistive technology
▲ Adaptive equipment
▲ Work or sports-related injuries
▲ Neurological disorders
▲ Cognitive deficits
▲ Functional capacity
▲ Evaluations
▲ Work hardening
Ochsner Rush Medical Center
Community Health Needs Assessment

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.

<table>
<thead>
<tr>
<th>Secondary Data Sources</th>
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<tbody>
<tr>
<td>• The United States Census Bureau</td>
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<td>• Ochsner Rush Medical Center Medical Records Department</td>
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<tr>
<td>• US Department of Health &amp; Human Services</td>
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<td>• Mississippi State Department of Health (MSDH)</td>
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<td>• Centers for Disease Control and Prevention</td>
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<td>• Mississippi Center for Obesity Research</td>
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<td>• American Heart Association</td>
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<tr>
<td>• County Health Rankings and Roadmaps</td>
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<tr>
<td>• Rural Health Information Hub</td>
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<td>• MSDH, Office of Health Data and Research</td>
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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.
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 18th 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.
Ochsner Rush Medical Center
Community Health Needs Assessment

Mississippi
State Health Department Website: mississippi.gov

UNITED HEALTH FOUNDATION | AMERICA’S HEALTH RANKINGS® ANNUAL REPORT 2021

Mississippi

Figure 1
AHR 2021 Annual Report

**SUMMARY**

**Strengths:**
- Low prevalence of excessive drinking
- Low racial disparity in high school graduation rates
- Low percentage of households 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

---

**Measures**

<table>
<thead>
<tr>
<th>Measures</th>
<th>Rating</th>
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<th>State Value</th>
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*Note: Data sourced from various sources are used. Higher values are considered healthier.

For more information, visit americashealthrankings.org.
# Mississippi

## State Health Department Website: msdhh.ms.gov

### 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:**
- **20%** between 2018 and 2020 from 21.7 to 20.1 per 100,000 adults ages 65+
- **34%** between 2016 and 2019 from 33.4% to 46.0% of adults ages 65+ in fair or better health
- **23%** between 2010 and 2018 from 35.4% to 44.8% of Medicare beneficiaries ages 65+

### Measures

#### Social & Economic Factors

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<td>Economic Resources</td>
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<td>16.8</td>
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<td>Food Insecurity (% of adults aged 60+)</td>
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<td>Poverty (1% of adults aged 65+)</td>
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<td>SNAP Receipt (participants per 100 adults aged 60+ in poverty)</td>
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#### Physical Environment

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<td>Air Pollution (micrometers of fine particles per cubic meter)</td>
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<td>Drinking Water Violations (% of community water systems)</td>
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<tr>
<td>Housing</td>
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<td>Severe Housing Problems (% of small households with an adult ages 62+)</td>
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#### Clinical Care

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<td>Access to Care</td>
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<td>Dental Care (percent of adults aged 65+)</td>
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<td>Preventive Clinical Services</td>
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<td>Preventive Care (percent of adults aged 65+)</td>
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<td>Quality of Care</td>
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<td>Hospital (percent of hospital Medicare beneficiaries ages 65+)</td>
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<td>21</td>
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<td>Preventative Hospitalizations (discharges per 10,000 Medicare beneficiaries ages 65+)</td>
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#### Behaviors

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<td>Nutrition and Physical Activity</td>
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<td>Fruit and Vegetable Consumption (% of adults aged 65+)</td>
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<tr>
<td>Physical Inactivity (% of adults aged 65+ in fair or better health)</td>
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<td>46.0</td>
<td>50</td>
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<td>Sleep Health</td>
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<tr>
<td>Insufficient Sleep (% of adults aged 65+)</td>
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<tr>
<td>Tobacco Use</td>
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<tr>
<td>Smoking (% of adults aged 65+)</td>
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#### Health Outcomes

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<td>Excessive Drinking (% of adults aged 65+)</td>
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<td>Frequent Mental Distress (% of adults aged 65+)</td>
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<tr>
<td>Mortality</td>
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<tr>
<td>Early Death (deaths per 100,000 adults aged 65+)</td>
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<td>179</td>
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<td>Mortality Early Death (deaths per 100,000 adults aged 65+)</td>
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<td>Early Death (mortality rate)</td>
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<tr>
<td>Physical Health</td>
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<td>Falls (% of adults aged 65+)</td>
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<td>31</td>
<td>20.0</td>
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<td>Physical Inactivity (% of adults aged 65+)</td>
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<td>Physical Health Falls (1% of adults aged 65+)</td>
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<td>Obesity (% of adults aged 65+)</td>
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<td>18.9</td>
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<td>Health Status (1% of adults aged 65+)</td>
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<td>6.2</td>
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**OVERALL**

<table>
<thead>
<tr>
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**Senior Report:** [www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org)

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Figure 2

AHR 2021 Senior Report
Mississippi
State Health Department Website: mosh.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 88.7% of eligible children ages 1-4 between 2016 and 2018

**Smoking**
▼28% from 26.8% to 18.9% of women ages 15-44 between 2013-2014 and 2018-2019

**Low Birth Weight**
▲9% from 11.3% to 12.3% of live births between 2014 and 2019

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

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<td>15.7%</td>
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<td>Infant Child Care Cap</td>
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<table>
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<td>Community and Family Safety</td>
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<td>Children in Poverty</td>
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<td>High-speed Internet</td>
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<td>49</td>
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<td>1.6%</td>
<td>3.0%</td>
<td>3.0%</td>
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<td>57.6%</td>
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<td>33.3%</td>
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<td>66.0%</td>
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<td>51.5%</td>
<td>51.5%</td>
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<td>Adverse Childhood Experiences</td>
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<td>42</td>
<td>10.3%</td>
<td>14.8%</td>
<td>14.8%</td>
</tr>
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<td>Foster Care Instability</td>
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<td>29</td>
<td>15.6%</td>
<td>10.5%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Neighborhood Amenities</td>
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<td>50</td>
<td>14.5%</td>
<td>37.4%</td>
<td>37.4%</td>
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<tr>
<td>Reading, Singing or Storytelling</td>
<td>+</td>
<td>50</td>
<td>45.2%</td>
<td>33.5%</td>
<td>33.5%</td>
</tr>
</tbody>
</table>

**Physical Environment**

| | | | | | |
| **Air and Water Quality** | | | | | |
| Air Pollution | ++ | 31 | 7.8 | 8.3 | 8.3 |
| Drinking Water Violations | + | 48 | 6.3% | 0.8% | 0.8% |
| Household Drinking Water | + | 47 | 10.2% | 14.0% | 14.0% |
| Risk-scoring Environment Indicators Risk Score | +++ | 16 | 1,267.07 | 3,0981,947.2 | 3,0981,947.2 |
| **Climate Change** | | | | | |
| Climate Change Policies | + | 36 | 0 | — | — |
| Transportation Energy Use | + | 45 | 11.5 | 8.7 | 8.7 |

**Health of Women and Children Report** www.AmericaHealthRankings.org

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

<table>
<thead>
<tr>
<th>Measure</th>
<th>Rating</th>
<th>State Rank</th>
<th>State Value</th>
<th>U.S. Value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLINICAL CARE</strong></td>
<td>++</td>
<td>38</td>
<td>-0.286</td>
<td>-</td>
</tr>
<tr>
<td>Access to Care</td>
<td>++</td>
<td>64</td>
<td>80.0%</td>
<td>76.7%</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>++++</td>
<td>11</td>
<td>84.3%</td>
<td>87.5%</td>
</tr>
<tr>
<td>Quality of Care</td>
<td>++</td>
<td>21</td>
<td>74.6%</td>
<td>73.2%</td>
</tr>
<tr>
<td><strong>BEHAVIOR</strong></td>
<td>++</td>
<td>48</td>
<td>65.6%</td>
<td>64.0%</td>
</tr>
<tr>
<td>Nutrition and Physical Activity</td>
<td>++</td>
<td>48</td>
<td>65.6%</td>
<td>64.0%</td>
</tr>
<tr>
<td>Sexual Health</td>
<td>++</td>
<td>23</td>
<td>50.7%</td>
<td>56.0%</td>
</tr>
<tr>
<td>Sleep Health</td>
<td>++</td>
<td>48</td>
<td>65.6%</td>
<td>64.0%</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>++</td>
<td>23</td>
<td>50.7%</td>
<td>56.0%</td>
</tr>
<tr>
<td><strong>HEALTH OUTCOMES</strong></td>
<td>++</td>
<td>35</td>
<td>-0.592</td>
<td>-</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>++++</td>
<td>10</td>
<td>12.6%</td>
<td>20.7%</td>
</tr>
<tr>
<td>Mortality</td>
<td>++</td>
<td>18</td>
<td>19.0%</td>
<td>20.1%</td>
</tr>
<tr>
<td><strong>Children</strong></td>
<td>++</td>
<td>38</td>
<td>-0.286</td>
<td>-</td>
</tr>
<tr>
<td>Access to Care</td>
<td>++++</td>
<td>1</td>
<td>6.6%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>++++</td>
<td>11</td>
<td>82.0%</td>
<td>75.6%</td>
</tr>
<tr>
<td>Quality of Care</td>
<td>++++</td>
<td>8</td>
<td>71.2%</td>
<td>68.7%</td>
</tr>
<tr>
<td><strong>BEHAVIOR</strong></td>
<td>++++</td>
<td>50</td>
<td>-4.391</td>
<td>-</td>
</tr>
<tr>
<td>Nutrition and Physical Activity</td>
<td>++++</td>
<td>50</td>
<td>18.1%</td>
<td>25.6%</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>++++</td>
<td>50</td>
<td>56.0%</td>
<td>63.8%</td>
</tr>
<tr>
<td>Soda Consumption — Youth</td>
<td>++++</td>
<td>5</td>
<td>26.5%</td>
<td>20.6%</td>
</tr>
<tr>
<td>Sleep Health</td>
<td>++++</td>
<td>5</td>
<td>74.3%</td>
<td>80.7%</td>
</tr>
<tr>
<td>Tobacco Use</td>
<td>++++</td>
<td>5</td>
<td>74.3%</td>
<td>80.7%</td>
</tr>
<tr>
<td><strong>HEALTH OUTCOMES</strong></td>
<td>++++</td>
<td>49</td>
<td>-0.995</td>
<td>-</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>++++</td>
<td>6</td>
<td>8.0%</td>
<td>9.2%</td>
</tr>
<tr>
<td>Mortality</td>
<td>++++</td>
<td>6</td>
<td>57.7%</td>
<td>61.1%</td>
</tr>
</tbody>
</table>

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

** Measures were not included in the calculation of overall or category values.

--- Data not available, missing or suppressed.

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

**HEALTH OF WOMEN AND CHILDREN REPORT** [www.americanshealthrankings.org](http://www.americanshealthrankings.org)

Figure 4

AHR 2021 Health of Women and Children Report, Part II
Figure 5
CHR&R 2021 Mississippi Health Outcome Map
Figure 6
CHR&R 2021 Mississippi Health Factor Map
## 2021 County Health Rankings for Mississippi: Measures and National/State Results

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
<th>US</th>
<th>MS</th>
<th>MS Minimum</th>
<th>MS Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HEALTH OUTCOMES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature death*</td>
<td>Years of potential life lost before age 75 per 100,000 population (age-adjusted)</td>
<td>6,900</td>
<td>10,400</td>
<td>6,800</td>
<td>17,800</td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>Percentage of adults reporting fair or poor health (age-adjusted)</td>
<td>17%</td>
<td>22%</td>
<td>16%</td>
<td>38%</td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>Percentage of physically unhealthy days reported in past 30 days (age-adjusted)</td>
<td>3.7</td>
<td>4.5</td>
<td>3.3</td>
<td>6.4</td>
</tr>
<tr>
<td>Poor mental health days</td>
<td>Average number of mentally unhealthy days reported in past 30 days (age-adjusted)</td>
<td>4.1</td>
<td>4.8</td>
<td>4.1</td>
<td>5.9</td>
</tr>
<tr>
<td>Low birthweight*</td>
<td>Percentage of live births with low birthweight (&lt;2,500 grams)</td>
<td>8%</td>
<td>12%</td>
<td>7%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>HEALTH FACTORS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>HEALTH BEHAVIORS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking</td>
<td>Percentage of adults who are current smokers (age-adjusted)</td>
<td>17%</td>
<td>21%</td>
<td>14%</td>
<td>31%</td>
</tr>
<tr>
<td>Adult obesity</td>
<td>Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m²</td>
<td>30%</td>
<td>39%</td>
<td>22%</td>
<td>54%</td>
</tr>
<tr>
<td>Food environment index</td>
<td>Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)</td>
<td>7.8</td>
<td>4.1</td>
<td>2.4</td>
<td>7.9</td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>Percentage of adults age 20 and over reporting no leisure-time physical activity</td>
<td>23%</td>
<td>30%</td>
<td>19%</td>
<td>46%</td>
</tr>
<tr>
<td>Access to exercise opportunities</td>
<td>Percentage of population with adequate access to locations for physical activity</td>
<td>84%</td>
<td>54%</td>
<td>0%</td>
<td>81%</td>
</tr>
<tr>
<td>Excessive drinking</td>
<td>Percentage of adults reporting binge or heavy drinking (age-adjusted)</td>
<td>19%</td>
<td>15%</td>
<td>10%</td>
<td>17%</td>
</tr>
<tr>
<td>Alcohol-impaired driving deaths</td>
<td>Percentage of driving deaths with alcohol involvement</td>
<td>27%</td>
<td>20%</td>
<td>0%</td>
<td>75%</td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>Number of newly diagnosed chlamydia cases per 100,000 population</td>
<td>539.9</td>
<td>740.1</td>
<td>194.5</td>
<td>1,805.7</td>
</tr>
<tr>
<td>Teen births*</td>
<td>Number of births per 1,000 female population ages 15-19</td>
<td>21</td>
<td>54</td>
<td>10</td>
<td>71</td>
</tr>
<tr>
<td><strong>CLINICAL CARE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>Percentage of population under age 65 without health insurance</td>
<td>10%</td>
<td>14%</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>Ratio of population to primary care physicians</td>
<td>1,320:1</td>
<td>1,890:1</td>
<td>1,330:1</td>
<td>750:1</td>
</tr>
<tr>
<td>Dentists</td>
<td>Ratio of population to dentists</td>
<td>1,400:1</td>
<td>2,050:1</td>
<td>1,330:1</td>
<td>950:1</td>
</tr>
<tr>
<td>Mental health providers</td>
<td>Ratio of population to mental health providers</td>
<td>380:1</td>
<td>590:1</td>
<td>14,360:1</td>
<td>160:1</td>
</tr>
<tr>
<td>Preventable hospital stays*</td>
<td>Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees</td>
<td>4,236</td>
<td>5,702</td>
<td>2,875</td>
<td>13,325</td>
</tr>
<tr>
<td>Mammography screening*</td>
<td>Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening</td>
<td>42%</td>
<td>39%</td>
<td>19%</td>
<td>52%</td>
</tr>
<tr>
<td>Flu vaccinations*</td>
<td>Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination</td>
<td>48%</td>
<td>43%</td>
<td>15%</td>
<td>56%</td>
</tr>
<tr>
<td><strong>SOCIAL &amp; ECONOMIC FACTORS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school completion</td>
<td>Percentage of adults ages 25 and over with a high school diploma or equivalent</td>
<td>88%</td>
<td>85%</td>
<td>61%</td>
<td>93%</td>
</tr>
<tr>
<td>Some college</td>
<td>Percentage of adults 25-44 with some post-secondary education</td>
<td>66%</td>
<td>60%</td>
<td>29%</td>
<td>80%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>Percentage of population ages 16 and older unemployed but seeking work</td>
<td>3.7%</td>
<td>5.4%</td>
<td>3.9%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Children in poverty*</td>
<td>Percentage of people under age 18 in poverty</td>
<td>17%</td>
<td>28%</td>
<td>13%</td>
<td>55%</td>
</tr>
<tr>
<td>Income inequality</td>
<td>Ratio of household income at the 80th percentile to income at the 20th percentile</td>
<td>4.9</td>
<td>5.3</td>
<td>3.7</td>
<td>8.8</td>
</tr>
<tr>
<td>Children in single-parent households</td>
<td>Percentage of children that live in a household headed by single parent</td>
<td>26%</td>
<td>37%</td>
<td>14%</td>
<td>73%</td>
</tr>
<tr>
<td>Social associations</td>
<td>Number of membership associations per 10,000 population</td>
<td>9.3</td>
<td>12.7</td>
<td>0.0</td>
<td>19.0</td>
</tr>
<tr>
<td>Violent crime</td>
<td>Number of reported violent crime offenses per 100,000 population</td>
<td>386</td>
<td>279</td>
<td>26</td>
<td>755</td>
</tr>
<tr>
<td>Injury deaths*</td>
<td>Number of deaths due to injury per 100,000 population</td>
<td>72</td>
<td>88</td>
<td>49</td>
<td>153</td>
</tr>
<tr>
<td><strong>PHYSICAL ENVIRONMENT</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air pollution - particulate matter</td>
<td>Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)</td>
<td>7.2</td>
<td>8.7</td>
<td>7.6</td>
<td>9.5</td>
</tr>
<tr>
<td>Drinking water violations</td>
<td>Indicator of the presence of health-related drinking water violations. &quot;Yes&quot; indicates the presence of a violation, &quot;No&quot; indicates no violation</td>
<td>N/A</td>
<td>N/A</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Severe housing problems</td>
<td>Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities</td>
<td>18%</td>
<td>15%</td>
<td>8%</td>
<td>27%</td>
</tr>
<tr>
<td>Driving alone to work*</td>
<td>Percentage of the workforce that drives alone to work</td>
<td>76%</td>
<td>85%</td>
<td>74%</td>
<td>91%</td>
</tr>
<tr>
<td>Long commute - driving alone</td>
<td>Among workers who commute in their car alone, the percentage that commute more than 30 minutes</td>
<td>37%</td>
<td>33%</td>
<td>8%</td>
<td>57%</td>
</tr>
</tbody>
</table>

* Indicates subgroup data by race and ethnicity is available
# Health Outcomes

## Length of Life
- Premature Death: 11,300
- Lauderdale: 12,000

## Quality of Life

<table>
<thead>
<tr>
<th>Health Factor</th>
<th>Mississippi</th>
<th>Lauderdale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor or Fair Health</td>
<td>22%</td>
<td>24%</td>
</tr>
<tr>
<td>Poor Physical Health Days</td>
<td>4.1%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Poor Mental Health Days</td>
<td>5.2%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Low Birthweight</td>
<td>12%</td>
<td>13%</td>
</tr>
</tbody>
</table>

## Health Behaviors

<table>
<thead>
<tr>
<th>Health Behavior</th>
<th>Mississippi</th>
<th>Lauderdale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Smoking</td>
<td>21%</td>
<td>23%</td>
</tr>
<tr>
<td>Adult Obesity</td>
<td>41%</td>
<td>44%</td>
</tr>
<tr>
<td>Food Environment Index</td>
<td>8.8%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Physical Inactivity</td>
<td>37%</td>
<td>60%</td>
</tr>
<tr>
<td>Access to Exercise Opportunities</td>
<td>52%</td>
<td>60%</td>
</tr>
<tr>
<td>Excessive Drinking</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>Alcohol-Related Driving Deaths</td>
<td>19%</td>
<td>11%</td>
</tr>
<tr>
<td>Sexually Transmitted Infections</td>
<td>830.2%</td>
<td>939.2%</td>
</tr>
<tr>
<td>Teen Births</td>
<td>32%</td>
<td>33%</td>
</tr>
</tbody>
</table>

## Clinical Care

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Mississippi</th>
<th>Lauderdale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Primary Care Physicians</td>
<td>1,000:1</td>
<td>1,060:1</td>
</tr>
<tr>
<td>Dentists</td>
<td>2,000:1</td>
<td>1,010:1</td>
</tr>
<tr>
<td>Mental Health Providers</td>
<td>540:1</td>
<td>320:1</td>
</tr>
<tr>
<td>Preventable Hospital Stays</td>
<td>5,013</td>
<td>5,280</td>
</tr>
<tr>
<td>Mammography Screening</td>
<td>41%</td>
<td>51%</td>
</tr>
<tr>
<td>Flu Vaccinations</td>
<td>43%</td>
<td>40%</td>
</tr>
</tbody>
</table>

## Social & Economic Factors

<table>
<thead>
<tr>
<th>Social &amp; Economic Factor</th>
<th>Mississippi</th>
<th>Lauderdale</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Completion</td>
<td>89%</td>
<td>85%</td>
</tr>
<tr>
<td>Some College</td>
<td>81%</td>
<td>66%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>8.1%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Children in Poverty</td>
<td>20%</td>
<td>31%</td>
</tr>
<tr>
<td>Income Inequality</td>
<td>5.4%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Children in Single-Parent Households</td>
<td>37%</td>
<td>40%</td>
</tr>
<tr>
<td>Social Associations</td>
<td>12.8%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Violent Crime</td>
<td>2.7%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Injury Deaths</td>
<td>93%</td>
<td>90%</td>
</tr>
</tbody>
</table>

## Physical Environment

<table>
<thead>
<tr>
<th>Physical Environment Parameter</th>
<th>Mississippi</th>
<th>Lauderdale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Pollution - Particulate Matter</td>
<td>9.2%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Drinking Water Violations</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Severe Housing Problems</td>
<td>11%</td>
<td>13%</td>
</tr>
<tr>
<td>Driving Alone to Work</td>
<td>83%</td>
<td>83%</td>
</tr>
<tr>
<td>Long Commute - Driving Alone</td>
<td>33%</td>
<td>18%</td>
</tr>
</tbody>
</table>
Ochsner Rush Medical Center  
Community Health Needs Assessment

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).

![Sex Comparison – Lauderdale County and Mississippi](Figure 9)
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](image)

**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](image)

**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](image.png)

**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](image.png)

**Educational Attainment - Population 25 years and over**

Source: U.S Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, DP02

*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).

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

Disability Types
- Mobility: Serious difficulty walking or climbing stairs
- Cognitive: Serious difficulty concentrating, remembering, or making decisions
- Independent living: Serious difficulty doing errands alone, such as visiting a doctor’s office
- Hearing: Deafness or serious difficulty hearing
- Vision: Blind or serious difficulty seeing, even when wearing glasses
- Self-care: Difficulty dressing or bathing

Adults with disabilities in Mississippi experience health disparities and are more likely to...

- Have Depression: 41% with disability vs. 13% without
- Have Obesity: 45% with disability vs. 37% without
- Smoke: 52% with disability vs. 16% without
- Have Diabetes: 19% with disability vs. 10% without
- Have Heart Disease: 12% with disability vs. 5% without

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

Disability Healthcare Costs in Mississippi
- About $8.7 million 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 data.cdc.gov/relabilities/mississippi-costs.html.

Notes:
- Data are smaller than “the market” whole figure, for more precise prevalence data, please visit drc.cdc.gov.
- Data source: NCHS Behavioral Risk Factor Surveillance System (BRFSS).

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](Image)

*Income Total per Household – Lauderdale County and Mississippi*

Source: U.S Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, Table S1901
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](image-url)

Source: U.S Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Table S2404
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

![Lauderdale County Top 6 Causes of Death Compared to Mississippi 2018-2020; All Race, All Ages, All Sex](image)

Figure 18
*Overall Leading Causes of Death – Lauderdale County and Mississippi*
Figure 19
Top 6 Causes of Death 2018-2020; All Race, All Ages, All Sex by Number of Deaths

Figure 20
Top 6 Causes of Death 2018-2020; All Race, All Ages, All Sex by Rate per 100,000
Figure 21
Top 6 Causes of Death 2018-2020; All Race, All Ages, by Number of Deaths

<table>
<thead>
<tr>
<th>Cause</th>
<th>Number of Deaths Male</th>
<th>Number of Deaths Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>447</td>
<td>372</td>
</tr>
<tr>
<td>Other diseases and conditions</td>
<td>193</td>
<td>269</td>
</tr>
<tr>
<td>Malignant Neoplasms (cancer)</td>
<td>251</td>
<td>204</td>
</tr>
<tr>
<td>Cerebrovascular diseases (Stroke)</td>
<td>73</td>
<td>103</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>41</td>
<td>133</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease (COPD) / Emphysema</td>
<td>86</td>
<td>71</td>
</tr>
</tbody>
</table>

Figure 22
Top 6 Causes of Death 2018-2020; All Race, All Ages, by Rate per 100,000

<table>
<thead>
<tr>
<th>Cause</th>
<th>Male Rate per 100,000</th>
<th>Female Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>413.4</td>
<td>323.3</td>
</tr>
<tr>
<td>Other diseases and conditions</td>
<td>178.5</td>
<td>233.8</td>
</tr>
<tr>
<td>Malignant Neoplasms (cancer)</td>
<td>232.2</td>
<td>177.3</td>
</tr>
<tr>
<td>Cerebrovascular diseases (Stroke)</td>
<td>67.5</td>
<td>89.5</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>37.9</td>
<td>115.6</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease (COPD) / Emphysema</td>
<td>79.5</td>
<td>61.7</td>
</tr>
</tbody>
</table>
Top 6 Causes of Death 2018-2020; All Ages, All Sex by Number of Deaths

<table>
<thead>
<tr>
<th>Cause</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>483</td>
<td>335</td>
</tr>
<tr>
<td>Other diseases and conditions</td>
<td>319</td>
<td>141</td>
</tr>
<tr>
<td>Malignant Neoplasms (cancer)</td>
<td>304</td>
<td>148</td>
</tr>
<tr>
<td>Cerebrovascular diseases (Stroke)</td>
<td>104</td>
<td>71</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>137</td>
<td>37</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease (COPD) / Emphysema</td>
<td>130</td>
<td>27</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Cause</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>405.3</td>
<td>338.7</td>
</tr>
<tr>
<td>Other diseases and conditions</td>
<td>267.7</td>
<td>142.6</td>
</tr>
<tr>
<td>Malignant Neoplasms (cancer)</td>
<td>255.1</td>
<td>149.6</td>
</tr>
<tr>
<td>Cerebrovascular diseases (Stroke)</td>
<td>87.3</td>
<td>71.8</td>
</tr>
<tr>
<td>Alzheimer’s disease</td>
<td>115</td>
<td>37.4</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease (COPD) / Emphysema</td>
<td>109.1</td>
<td>27.3</td>
</tr>
</tbody>
</table>
Ochsner Rush Medical Center
Community Health Needs Assessment

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

2. Select up to 3 Chronic Diseases/Health Issues you or your family members live with:
   - High blood pressure/Hypertension
   - Cancers
   - Contagious diseases (i.e., flu, pneumonia, COVID-19)
   - Heart disease
   - HIV/AIDS/Sexually Transmitted Diseases
   - Respiratory/lung disease (Asthma, COPD, emphysema)
   - Diabetes
   - Stroke
   - Obesity
   - Mental Health
   - Alzheimer’s/Dementia

3. Select up to 3 areas you feel there is Limited Access to and/or availability of:
   - Dental care services
   - End of life care (nursing homes, hospice)
   - Substance abuse services
   - Hospital services
   - Mental health services
   - Pediatric Services
   - Prenatal care and childbirth education
   - Primary care services
   - Specialty care services (i.e., surgery, X-rays)

4. Select any of the following that you feel are barriers for you in getting healthcare:
   - Lack of transportation
   - Can’t pay for services/medication
   - Can’t find providers that accept my insurance
   - Don’t know what types of services are available
   - Don’t trust healthcare providers
   - Don’t like accepting government assistance
   - Not sure when I need healthcare
   - Have no regular source of healthcare
   - Lack of evening or weekend services
   - Dout the treatment will help
   - Fear of what people will think
   - Afraid to have health check-up
   - Bad past experience
   - Healthcare information is not kept confidential
5. When you need to use prescription medications for an illness, do you...(check all that apply)

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

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

- Health insurance offered from your job or a family member’s job
- Health insurance that you pay for on your own
- Veterans’ Administration
- I don’t have health insurance
- Medicare
- Medicaid
- Military Coverage
- Other: __________________________

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

- Medical Professionals
- Hospitals
- School Clinics
- Church or Other Place of Worship
- Family
- Myself
- Other (Please describe): __________________________

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

- Hospital emergency room
- The local health department
- A particular doctor’s office
- Other (Please describe): __________________________
- Telehealth Visit
- Nowhere—I don’t have a place to go when I get sick
- Urgent Care

9. Do you have a primary care physician?

- Yes
- No

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

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

OPTIONAL INFORMATION

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

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?

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

Education: Please check the highest level completed:

- Grade/Middle School
- Highschool diploma or GED
- Technical/Community College
- 4-year College/Bachelor’s degree
- Graduate/Advanced degree

THANK YOU FOR COMPLETING THIS SURVEY!
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 morality 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 15th day of the fifth month after the end of the taxable year the CHNA is due with said due date being May 15th, 2023.
THANK YOU

We at Ochsner 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


