Ochsner Health

Community Health Needs Assessment

Approved December 14, 2022

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Executive Summary

In April 2018, Ochsner Health System assumed operations of Hancock Medical Center. Ochsner Medical Center (OMC)- Hancock remains a non-profit hospital located in downtown Bay St. Louis, Mississippi and continues to expand services. Ochsner is committed to improving health across the Mississippi Coast. OMC-Hancock contracted with Horne to develop the Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP) reports. This report serves as the Hancock Medical Center CHNA report for 2022, and meets the requirements set forth by the IRS in Notice 2011-52, 990 Requirements for non-profit hospitals' CHNA.

The CHNA report contains secondary data from existing sources, such as U.S. Census, Mississippi Department of Health, Center for Disease Control and Prevention, and ESRI Demographics. This report also includes input from key informants in the region, particularly those with special knowledge of public health, the health of the communities served by the hospital, and/or vulnerable populations in the communities served by the hospital. Community input was gathered through interviews, a focus group, and a community survey. Priorities were selected, in part, based on issue prevalence and severity according to county secondary data, as well as input provided by stakeholders.

As a result of the CHNA process, these community health needs were identified as top priorities:

- Access to and Continuity of Care
- Health Literacy and Education
- Mental and Behavioral Health
- Health Equity

OMC-Hancock thanks everyone in our community that participated in the focus group meeting, interviews, and completed surveys to assist us in conducting this needs assessment. We look forward to working closely with our community to help improve the overall health of the people we serve.

Jeff Edge
Chief Executive Officer
Ochsner Medical Center – Hancock

Our Mission

We serve, heal, lead, educate and innovate.

Our Vision

Inspiring healthier lives and stronger communities.

OchsnerHealth

About the Hospital

Ochsner Medical Center - Hancock

On April 1, 2018, Ochsner Health System assumed operations of Hancock Medical Center. Ochsner Medical Center (OMC) – Hancock remains a non-profit hospital located in downtown Bay St. Louis, Mississippi. The long-term lease agreement expanded the 2013 partnership between Hancock County and Ochsner. Goals of the transition included preserving and expanding services, investing in electronic medical records, and improving physician and patient experience. Ochsner continues to expand services and is committed to the Mississippi Coast providing over 100 beds, over 100 physicians, and nearly 300 professional staff members. Areas of specialty include Oncology, General Pediatrics, ENT, Pain Management, Women's Services, Cardiology, Obstetrics, Podiatry, Surgery, and more.

The Community Health Needs Assessment

The Community Health Needs Assessment defines opportunities for health care improvement, creates a collaborative community environment to engage multiple change agents, and is an open and transparent process to listen and truly understand the health needs of Hancock County. It also provides 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.

The federal government now requires that non-profit hospitals conduct a community health assessment. These collaborative studies help health care providers build stronger relationships with their communities, identify needs, and dedicate funding and other resources toward programs that clearly benefit local residents.

Community Engagement and Transparency

We are pleased to share with our community the results of our Community Health Needs Assessment. The following pages offer a review of the strategic activities we have undertaken during the last three years as we responded to specific health needs we identified in our community. The last three years presented a particular challenge for our hospital as we responded to the unprecedented health needs the pandemic brought to our service area.

The report also highlights the updated key findings of the assessment. We hope you will take time to review the health needs of our community as the findings impact each and every citizen of our rural Mississippi community. Also, review our activities in response to the needs identified in 2019. Many of the strategic actions we had planned were unable to be implemented due to our hospital's and our community's response to COVID-19. The hospital's financial and human resources were redirected to the immediate needs created by the pandemic. Additionally, we chose not to bring large groups of people together for screenings and health education opportunities.

Data Collection

Primary and secondary data was gathered, reviewed, and analyzed so 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, focus groups, digital public survey, and community forums.

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
- U.S. Department of Health & Human Services
- Centers for Disease Control & Prevention
- Mississippi State Department of Health, Office of Health Data & Research
- Mississippi State Department of Health
- ESRI Demographic Research
- American Heart Association

About the Community

Service Area

Hancock County is the southernmost county of the U.S. State of Mississippi and is named for Founding Father John Hancock. As of the 2020 census, the population is 46,053. Its county seat is Bay St. Louis.

Hancock County is part of the Gulfport–Biloxi, MS Metropolitan Statistical Area. It is situated along the Gulf of Mexico and the state line with Louisiana. The area is home to the John C. Stennis Space Center, NASA's largest rocket engine test facility.

In 2005, the eye of Hurricane Katrina made landfall in Hancock County. The damage to the land, trees, waterways, and structures was devasting. The county's communities and infrastructure suffered some of the most intense damage inflicted by that storm.

Homes as far inland as 10 miles were flooded by the storm surge, spreading the damage from the beach to the northern communities of the county.

Cities and Towns in Hancock County

- Bay St. Louis (county seat)
- Diamondhead
- Waveland

Census Designated Places in Hancock County

- Kiln
- Pearlington

Unincorporated Communities in Hancock County

- Ansley
- Clermont Harbor
- Lakeshore
- Leetown
- Napoleon
- Necaise
- Shoreline Park (formerly CDP)

Demographics

Hancock County

Population: 46,053	
Racial Mix:	
White	82.2%
African American	8.6%
Native American	.6%
Asian	.9%
Other	1.3%
Hispanic	4.2%
Non-Hispanic	95.8%

		Hancock County
Population		46,053
Racial Mix	White	37,847
	African American	3,957
	Hispanic	1,918
	Asian	429
	American Indian	293
	Pacific Islander	9
	Two or more races	2,941
	Other	586

Mississippi, Hancock County, Harrison County, and United States

	State	Hancock County	Harrison County	United States
Median Age	36.7	43.1	37.8	38.5
Median Household Income	$46,511	$53,352	$53,251	$77,881
Poverty Level*	19.07%	13.6%	18.2%	13.1%

SOURCES
Source: USAFACTS.org/data/poverty 2022
Source: U.S. Census Bureau, 2020
Source: U.S. Census Bureau, American Community
Source: ESRI Community Profile

More About the Residents of Hancock County

7%	of residents do not have access to broadband
2,702	households below the poverty level
2,714	households receiving food stamps/SNAP
6,078	households with 1+ persons with a disability
475	households with no vehicles (ACS 5-Yr)

Community Input

Community Survey

Community health needs were identified by collecting and analyzing data and information from multiple quantitative and qualitative sources. Considering information from a variety of sources is important when assessing community health needs, to ensure the assessment captures a wide range of facts and perspectives and to assist in identifying the highest-priority health needs. One of the most important sources is to seek input directly from those we serve.

A community survey was developed by the hospital. Members of the general public were encouraged to participate in the digital survey. The survey was easily available online via a clickable link or by scanning a QR code. Printed cards with the QR code and instructions were made available in public places and were included with a variety of correspondence from the hospital. The CHNA Steering Committee was encouraged to share access to the survey with the various publics they represented. The data collected from the survey was part of the input used by the Steering Committee in establishing priorities.

The survey can be found at the end of this report in Appendix A.

There were 81 responses to the community survey. The typical respondent was 36 years of age, female, white, and college educated. She lived in Hancock County and the majority of the respondents lived in the 39525 ZIP code. The primary city for this ZIP code is Diamondhead, MS.

The perception of the respondents was that Hancock County is a safe place to live and there were few concerns about the environment. There is an awareness that not all of the community has access to quality care and that public transportation is extremely limited, making access to health care providers difficult.

Community Survey (Continued)

Obstacles to having a healthier community are alcohol, tobacco, and substance abuse. These along with a lack of physical activity and healthy eating choices are concerns.

The diseases, entities and lifestyle issues that the respondents are readily aware of are heart disease, diabetes, cancer, and weight management. Mental health is considered a significant issue in the service area. The lack of treatment options for behavioral health care is extremely limited.

Suggestions for lifestyle improvement were more walking trails and opportunities for public physical activity, as well as options for healthier food sources. Events that emphasize the arts and community involvement were recommended as ways of improving the overall health of the community.

It was of particular interest to learn where the community turns for health information. This was apparent when responding to the question of where one turned for their COVID-19 information. The sources included television, primary care physicians, and 23% cited the Center for Disease Control and Prevention.

The complete summary of the survey results can be found in Appendix B.

CHNA Steering Committee

The committee is responsible for the oversight, design, and implementation of the CHNA. It will continue to collect information, establish community relationships, and oversee the budget and funding sources. Adhering to an agreed upon timeline, the committee will generate, prioritize, and select approaches to address community health needs. The committee will also monitor, quarterly, the implementation of the 2022 health initiatives. It will remain aware of any changing needs or health care issues and redirect the health improvement activities as appropriate.

The hospital's administrator developed the hospital steering committee. The appointed members are listed below. Other members may serve on the steering committee as the committee's work progresses and special expertise or insight may be needed.

Hospital Steering Committee

Deshanda Bryant – Food and Nutrition Manager, OMC – Hancock
Hillary Davis – Regional Director of Diversity and Inclusion
Jessica Diedling – Associate Program Manager – Community Benefit, Ochsner Health
Jeff Edge – CEO, Ochsner – Hancock
Melanie Hotard – Supervisor of Volunteer Services & Community Outreach, OMC – Hancock
Melissa Kappel – CNO, OMC – Hancock
Sunni LeBeouf – AVP Community and Public Affairs, Ochsner Health
Lynn Necaise – Director of Quality, OMC – Hancock
Mary Proby – Mississippi Department of Health
Rhonda Rhodes – Hancock Resource Center
Monica Soroe – Chief Nurse, Mississippi Department of Health
Timmy Thrash – AVP – Associate Administrator, OMC – Hancock
LaShea Wilson – Hancock High School Nurse Teacher, Hancock School District

Community Focus Group

A Community Focus Group was held on November 2, 2022. The participants in this diverse 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. Careful consideration was given in choosing participants who represented an inclusive blend of the community served. These participants contributed to a structured discussion which was impartially facilitated by a health care consultant from HORNE of Ridgeland, Mississippi.

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.

Participants in the Community Forum:

John Brdecka – Executive Director, Hancock County Library System
Jeremy Burke – Zoning Administrator, City of Bay St. Louis
Cynthia Chauvin – President, Rotary Club & Executive Director, CASA
Nancy Depreo – Mayor of Diamondhead
Mike Fabre – Mayor of Bay St. Louis
Terry Lynn Hilliard – Pastor, Bay St. Louis Main Street Methodist Church
Rhett Ladner – Interim Superintendent, Hancock School District
Rhonda Rhodes – Hancock Resource Center
Catherine Tibbs – Excel by 5 Program, Hancock School District
Tish Williams – Executive Director, Hancock Chamber of Commerce
LaShea Wilson – High School Nurse, Hancock School District

Invited but Unable to Attend:

Mary Proby – Mississippi Department of Health
Albert Ragas – Site EHS & S Manager, Sabic
Monica Soroe – Chief Nurse, Mississippi Department of Health
Monty Strong – Fire Chief, City of Bay St. Louis
LaShea Wilson – High School Nurse, Hancock School District

Community Input

The Community Focus Group was just one way the hospital gained insight from those the hospital serves. Each participant brought valuable input about various population groups of the county. Those who were invited, but were unable to attend, have been encouraged to share their knowledge of specific health needs with the hospital administrator and the CHNA Steering Committee.

Community Input, Continued

A variety of health care topics were introduced to the group for discussion. These discussion points were intended to solicit insights into problems and to discover the perceptions of the participants in the group. Discussion topics included:

- Access to quality health care
- Providing needed services to vulnerable populations
- Understanding social determinants of health's impact on the health of the community
- Expanding coverage for services to the broader community
- Understanding the impact of lifestyle on the health of the community
- Awareness of prevalent disease entities in the service area
- Mental health needs in the community
- Use of tobacco, alcohol, and drugs

The group expressed concern over the problem of access to affordable services, especially for underserved segments of the population. In many cases, it is not that the service is not available within the county but transportation to the site where the service is provided is not available. Many members of the county with lower incomes have limited access to private transportation and public transportation in the county is extremely limited. In the northern part of the county, there are few health service providers.

Through the discussion, it was determined that there are actually more primary care and specialty services available than the general public is aware. There are various providers but the awareness of their services is not widely known in the county. Communicating the availability of the services and how to access them was identified as one of the main perceptions of the problem of access.

Affordability was discussed and the expansion of the Medicaid program in Mississippi was identified as one of the obvious solutions. The expansion of the payment program would be particularly important to the more vulnerable population. In rural communities, people often lack adequate access to basic preventive health care services to treat chronic diseases, and many uninsured people avoid doctor's visits until it's a life-or-death scenario. The pandemic has underscored how those inequities can be deadly.

In the discussion group, there was agreement that the approach to Medicaid expansion should not be viewed as a political issue but as a health issue. The community should rally behind this initiative, not just the health care providers.

Many of the primary fatal diseases in the county are lifestyle related, diseases such as certain heart diseases, various cancers, lung issues, and diabetes. Poor nutrition, lack of physical activity, tobacco and alcohol use, obesity and drug abuse. The Focus Group recognized the strong correlation between an unhealthy southern lifestyle and poor health. Education was acknowledged as one of the most important ways to begin to help people understand the importance of disease prevention.

"It is sad to see a young fifth grader vaping – it is only the beginning."

Community Input, Continued

Mental health, both for adults and youth, was a concern for all in the focus group. According to Mental Health America, Mississippi ranked number 48 of 51 states or territories. MHA uses a complex set of criteria to categorize and rank each state. Their overall ranking specifically weighs the prevalence of mental health issues in a state with an estimated rate of access to care to address those issues. Those states ranked 1-13 have a lower prevalence of mental illness and a higher rate of access to care, while those states ranked 39-51 show a higher prevalence of mental illness and a lower rate of access to care. Over 70% of children in Mississippi with major depression did not receive treatment. That rate precedes even the national percentage,

"The Pandemic accelerated a need for mental health services among our youth."

Key Informant Interviews

The following community leaders were interviewed one on one, by a health care consultant, in an effort to gain individual insights into the overall health of Hancock County. They were also encouraged to offer input relative to social determinants of health.

Scotty Adam – Hancock County Board of Supervisors, President
Dr. Raymond Barnes – V.P. Pearl River Community College, Hancock Campus
Janita Cole – Retired Senior Volunteer Program
The Honorable Mike Favre – Mayor of the City of Bay St. Louis
The Honorable Trent Favre – Hancock Youth Court Judge
Arlene Johnson – Hancock County Senior Citizen Center
Connie Lyons – Director, King's Kitchen

Key Informant Perceptions

Recurring themes from the interviews:

- Mental health resources
- Substance abuse
- Transportation and access to health care
- Homeless population
- Prevention and wellness
- Health Equity

There is a serious shortage of **mental health** treatment across the Gulf Coast. This is true for inpatient facilities as well as outpatient and basic behavioral health counseling. The problem is particularly severe for youth who are dealing with mental health issues.

There are limited programs for those with **substance abuse.** This is especially true for those who are homeless. They are more vulnerable because of depression and drug and alcohol abuse. These health issues seem to be more prevalent in the male homeless population.

Key Informant Perceptions, Continued

According to a health care professional who has experienced patient encounters in both public and private settings, "Drug use, overdose, and substance abuse are huge in Hancock County. Treatment for these problems is not available."

It was expressed that alcohol use was not talked about enough. It is felt that alcohol can be "the hook" for other addictions. The proliferation of THC with minors is tremendous. This is a really dangerous beginning to other abuses. Opioids, especially fentanyl, are extremely dangerous and are becoming more and more popular.

There is not a strong public **transportation system** in Hancock County. There are limited shuttles and buses that provide access to a few health services. However, most of these kinds of transportation are available only to a limited population, such as senior citizens or patients with disabilities. Private transportation, like taxis or Uber and Lift, are not readily available in the county.

Because of limited government funding, many health services are simply not affordable. Often, the availability of affordable services is not well communicated to those with the greatest need.

"Mississippi needs to expand Medicaid. We leave too much on the table every year."

The **homeless population** in Hancock County has many social issues which negatively affect their health. Lack of financial resources impacts their lives in many ways – limited access to healthy food, substandard or no housing, inability to seek treatment, no transportation and can't afford medications.

Dental care is a major need for this population and there are few options for this care. The homeless, understandably, frequently suffer from depression or other mental illnesses. Alcohol and drugs are abused as a solution to the problem. This lifestyle makes the homeless more prone to chronic illness. The lack of transportation and financial resources, the lack of trust in a structured system and not having a strong sense of belonging and community, negatively affect their mental and physical health.

Wellness and prevention do not appear to be priorities for the majority of the population of the county. Many residents would rather use the emergency department or an urgent care clinic to treat an immediate health issue, rather than routinely visit a primary care provider. This is particularly harmful for patients with chronic illnesses. Health education could help this problem and facilitate transitioning the mindset from urgent care to primary care, wellness, and prevention.

"Addiction is like heart disease, you don't cure it, you manage it. We need to change that mindset."

Rural Health Disparities

Rural Americans are a population group that experiences significant health disparities. Health disparities are differences in health status when compared to the population overall, often characterized by indicators such as higher incidence of disease and/or disability, increased mortality rates, lower life expectancies, and higher rates of pain and suffering. Rural risk factors for health disparities include geographic isolation, lower socioeconomic status, higher rates of health risk behaviors, limited access to health care specialists and subspecialists, and limited job opportunities. This inequality is intensified as rural residents are less likely to have employer-provided health insurance coverage, and if they are poor, often are not covered by Medicaid.

According to the Center for Disease Control and Prevention, chronic diseases are the leading causes of death and disability in America, and they affect some populations more than others. People who live in rural areas, for example, are more likely than urban residents to die prematurely from all of the five leading causes of death: heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke. These rural health disparities have many causes.

What are the Causes of Rural Health Disparities?

The origins of health disparities in rural America are numerous and vary by region. Some frequently cited factors underlying rural health disparities include health care access, socioeconomic status, health-related behaviors, chronic conditions, and more.

- **Health Behaviors:** Rural residents often have limited access to healthy foods and fewer opportunities to be physically active compared to their urban counterparts, which can lead to conditions such as obesity and high blood pressure. Rural residents also have higher rates of smoking, which increases the risk of many chronic diseases.
- **Health Care Access:** Rural counties have fewer health care workers, specialists (such as cancer doctors), critical care units, emergency facilities, and transportation options. Residents are also more likely to be uninsured and to live farther away from health services.
- **Healthy Food Access:** National and local food studies suggest that residents of low-income, minority, and rural neighborhoods often have less access to supermarkets and healthy foods.
- **Demographic Characteristics:** Residents of rural areas tend to be older, with lower incomes and less education than their urban counterparts. These factors are linked to poor health.

Social Determinants of Health

What Determines our Health?

This CHNA report has provided many statistics on what diseases and life-threatening occurrences are attributable to the mortality rates of the residents of Hancock County. We must keep in mind for every one death that is illustrated in these statistics, there are tens more who are fortunate enough not to have died but may continue to live only through constant hospitalizations and frequent medical intervention. So, the actual health care costs and demands on the health care delivery system are much greater for trying to maintain the quality of life for those who are living with these medical conditions.

Our health is greatly impacted by three major factors. First, is heredity. Many people are born with genetic pathways that make them much more susceptible to various disease entities. Second, is the way we live – our lifestyle. Nutrition, exercise, and life habits, like smoking, abuse of alcohol and drugs, plus other risky behaviors, are components of one's lifestyle. The third is called social determinants of health. These are social and environmental influences which are frequently beyond one's control.

Social Determinants of Health

According to the Centers for Disease Control and Prevention, social determinates of health ("SDOH") are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.

These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. Social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.

The CDC's Healthy People 2030 Outlines Five Key Areas of SDOH:

Health care Access and Quality

The connection between people's access to and understanding of health services and their own health.

This domain includes key issues such as access to health care, access to primary care, health insurance coverage, and health literacy.

Education Access and Quality

The connection of education to health and well-being.

This includes key issues such as graduating from high school, enrollment in higher education, educational attainment in general, language and literacy, and early childhood education and development.

Social and Community Context

The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being.

This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, and incarceration.

Economic Stability

The connection between the financial resources people have – income, cost of living, socioeconomic status – and their health.

This area includes key issues such as poverty, employment, food security, and housing stability.

Neighborhood and Built Environment

The connection between where a person lives – housing, neighborhood, and environment – and their health and well-being.

This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and neighborhood crime and violence.

Most Unhealthy State 2022

Health can be defined as being free from illness or injury or as a person's mental or physical condition. The World Health Organization defines health as a state of complete physical, mental, and social well-being and not just the absences of disease or infirmity. Health has different meanings for different people and is measured differently for everyone. Some people place levels of health more on appearance, weight, and physical fitness, while others place more value on mental well-being. Others may focus on the absence of medical conditions and diseases. The United States, by far, spends the most on health care, more than any other country. Despite this, the country still struggles with a high prevalence of chronic health conditions and preventable deaths.

Levels of Health Among States

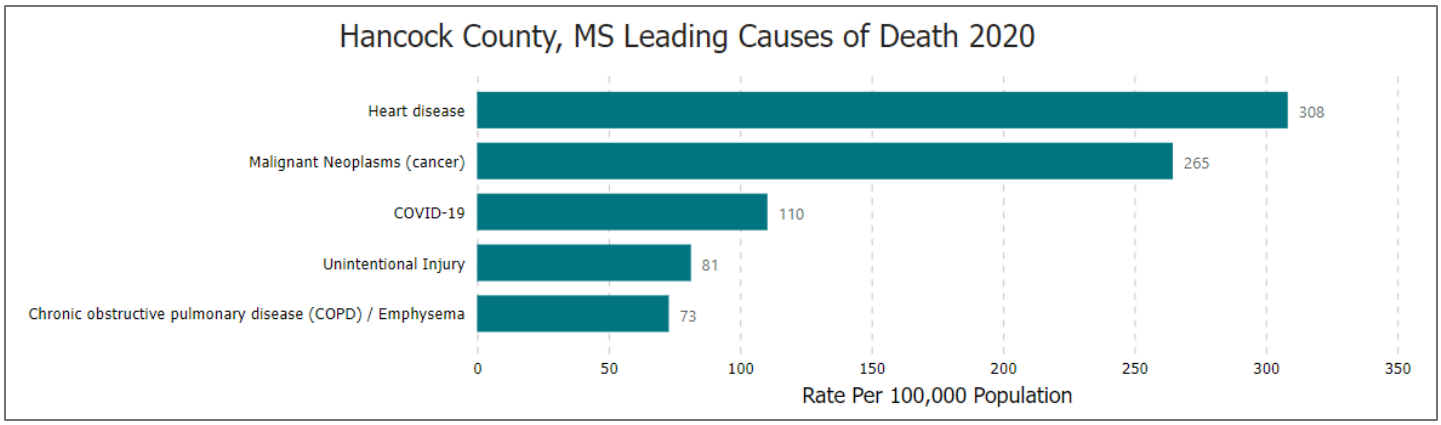
Like many other things, health levels and statistics are not uniform across all 50 states. This is evident in obesity rates across the country. Obesity is a major health problem in the United States. It can lead to other serious health problems such as certain types of cancer, type 2 diabetes, heart disease, and stroke. The Centers for Disease Control and Prevention (CDC) reported that the adult obesity rate in the U.S. was 42.4% in 2017 – 2018. This is a significant increase from 30.5% in 1999 – 2000. The states with the highest obesity rates are West Virginia, Mississippi, Alabama, and Louisiana.

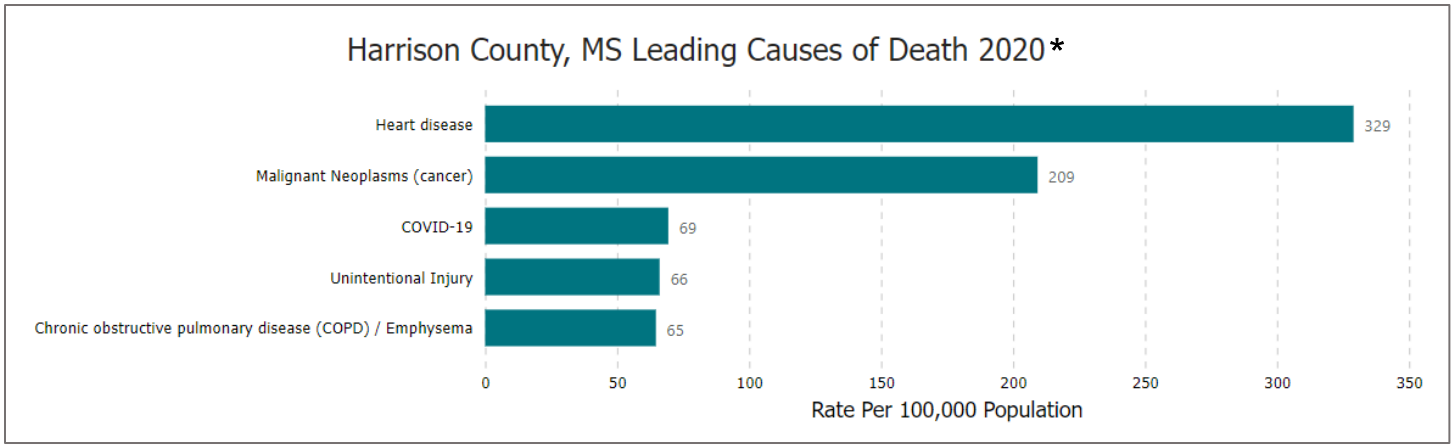
The prevalence of diabetes in the U.S. has increased from 9.5% to 10.9% from 2012 to 2018. While healthy behaviors and active lifestyles are the largest contributors to good health, health can be affected by several factors, including housing, financial safety (especially household income), lifestyle/culture, employment, community safety, education, and environment. Since these factors can vary greatly between states, each state has a different overall level of health and well-being.

Mississippi is Number One, Again

Mississippi has consistently been the country's most unhealthy state for several years. While Mississippi has a low drug death rate and low prevalence of excess drinking, it falls behind in many other categories. About 32% of Mississippi residents report getting no regular exercise, making it the most physically inactive state in the U.S. This rural state also has the highest obesity rate in the country of 39.5%.

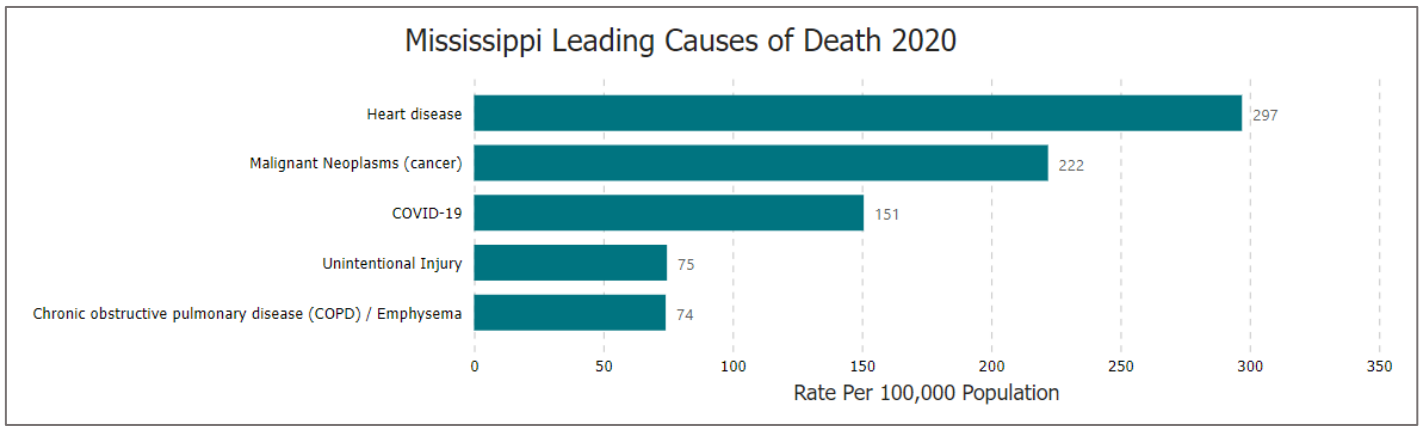
Causes of Death

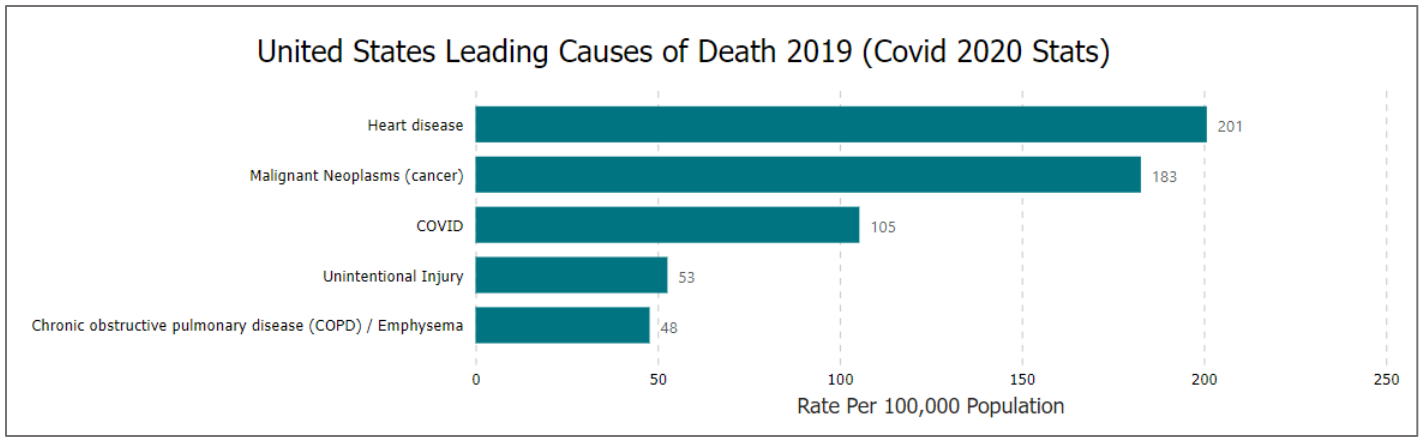




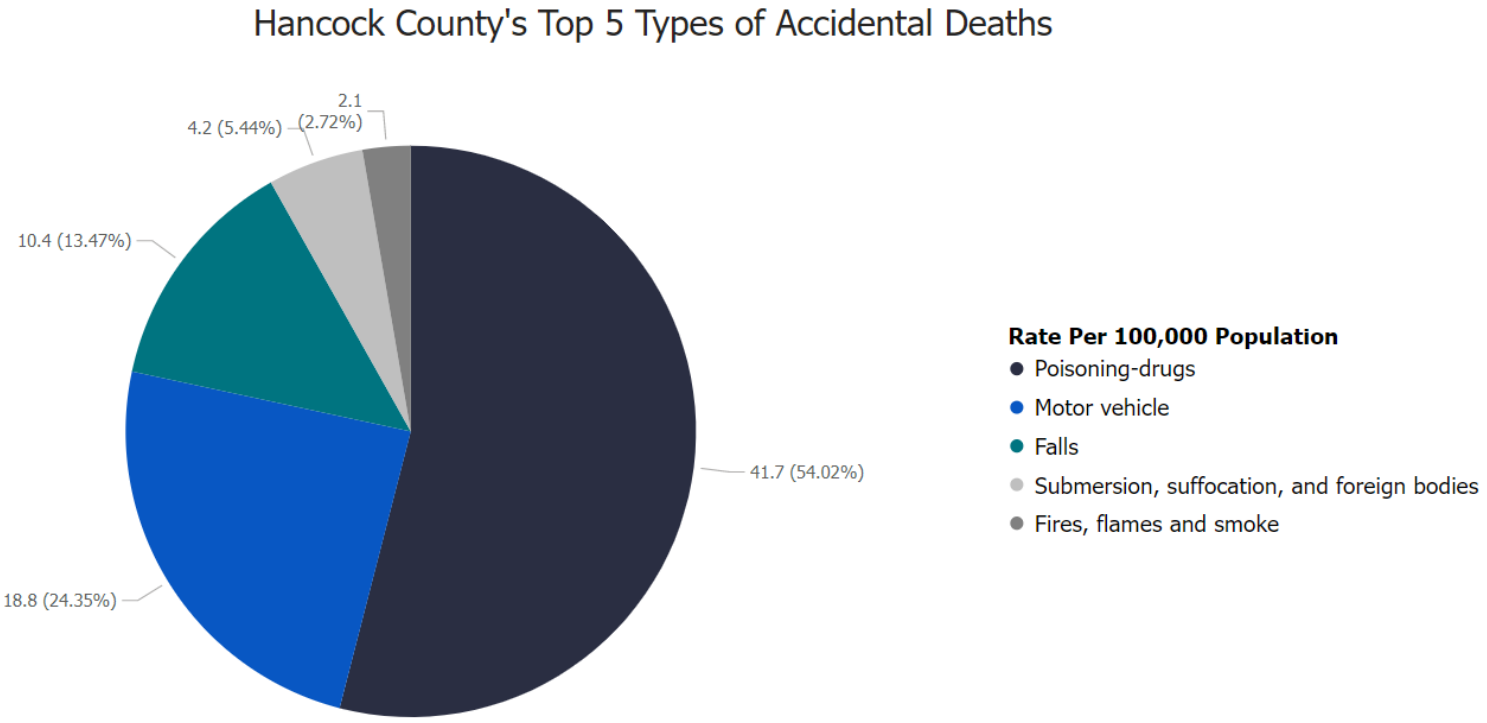
* For comparison with nearby communities with similar demographics, Harrison County is included in this graphic.

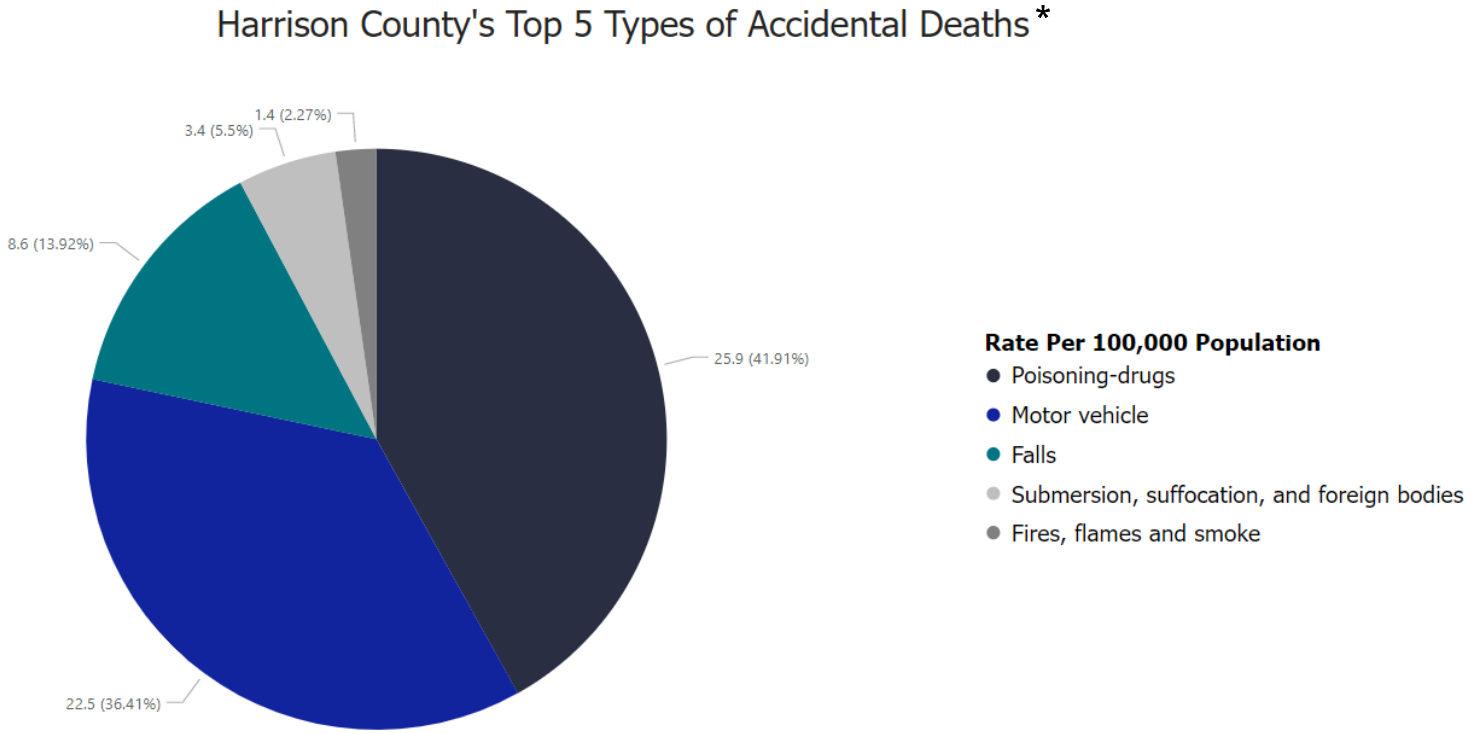
Causes of Death, Continued





Accidental Deaths





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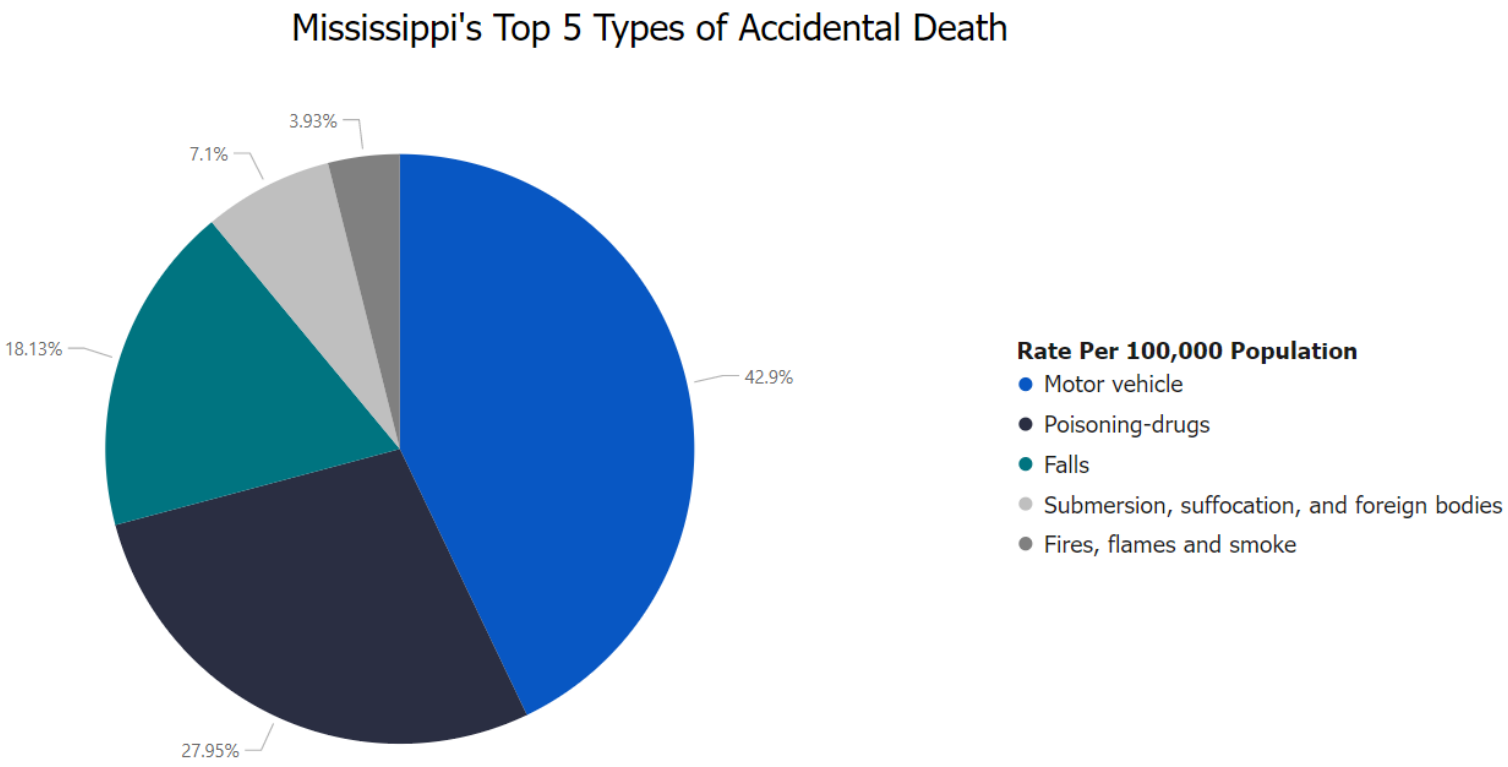
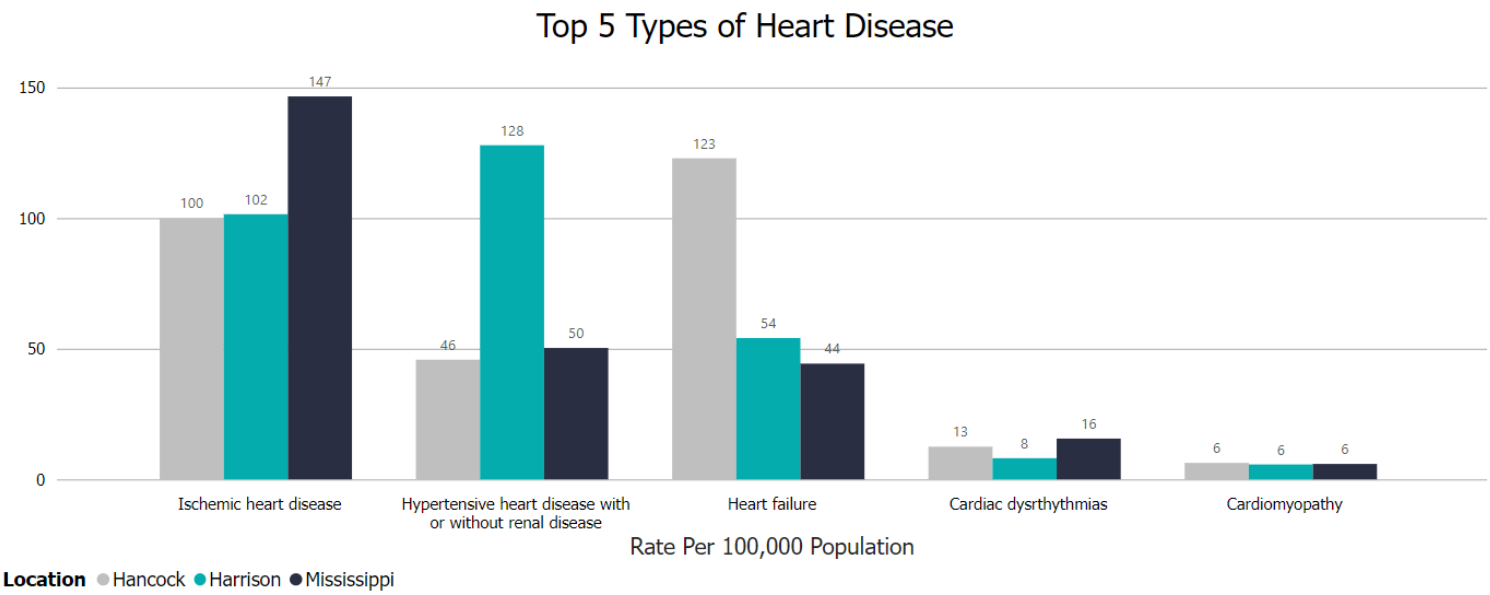
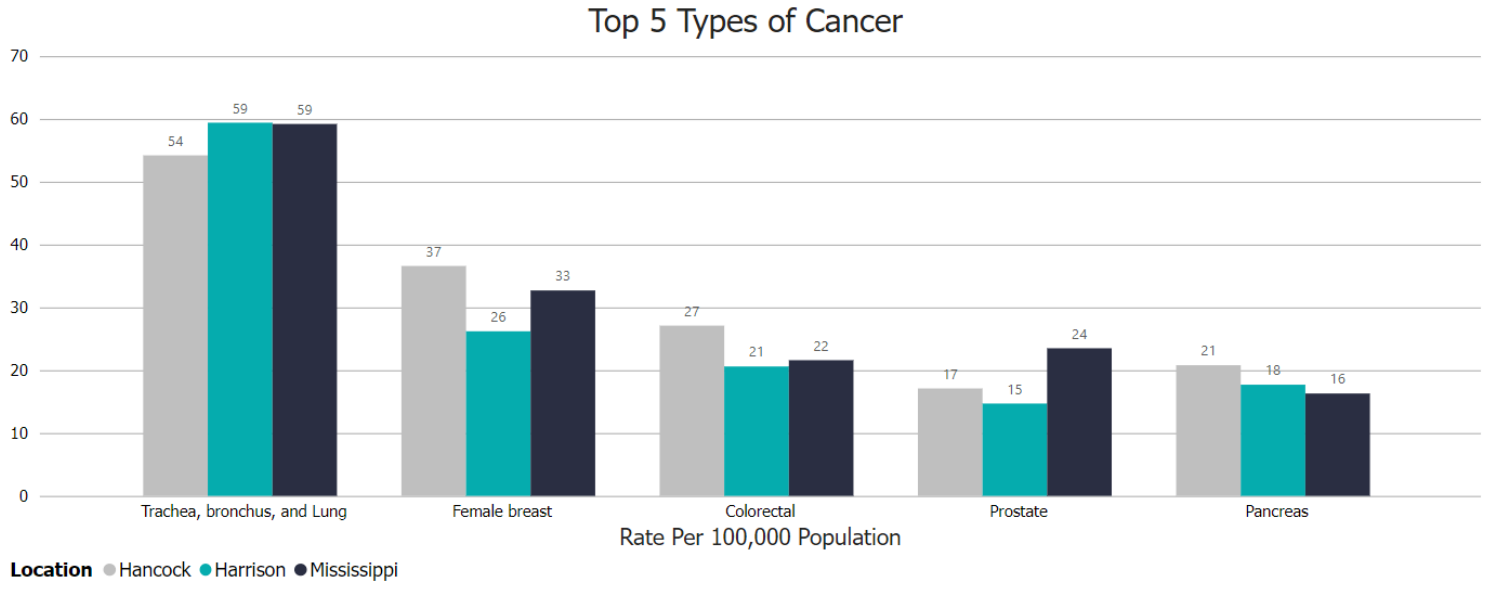
Accidental Deaths, Continued



Heart and Cancer Statistics





The Impact of the COVID-19 Pandemic

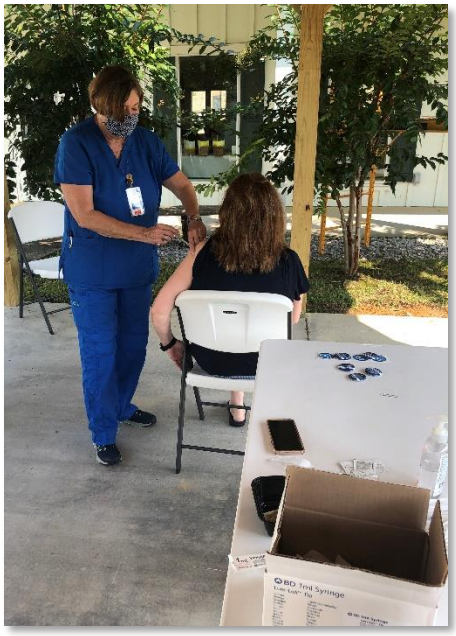
The COVID-19 pandemic's impact on our communities throughout America, and especially small rural communities, has altered the delivery of and access to health care. Every year, various regions of the U.S. are impacted by disaster, whether it is hurricanes on the Gulf Coast or forest fires on the West Coast. Because these events are somewhat annually predictable, health care providers are prepared with procedures and supplies necessary to care for these usually short term and isolated events.

However, COVID-19 was not predicted, and our health care system was not prepared. The human resource pool, the supply chain, and the financial resources were all stretched to the max. Protocols and physical plants were not ready to handle the influx of seriously ill patients. Health education and prevention opportunities and practices were not in place. Thankfully, dedicated health care workers, clinics, and hospitals answered the call and accepted the challenge.

The number one objective was to care for and protect our communities from this pandemic. Carefully crafted community health care agendas were put aside, and all resources were channeled to act and react to serve our communities. The amazing collaborative efforts of local governments, health departments, first responders, the private sector, and the committed health care workers made the seemingly impossible happen.

As stated earlier, many planned activities, some of which were part of our CHNA implementation plan, had to be put on hold. Human and financial resources were needed on the "frontline." Consequently, many health initiatives were not able to be implemented. Health education opportunities and public screenings could not happen because of the risk of bringing groups of people together.

There were many positives that came from this crisis. Communities worked together. Health care professionals were publicly appreciated and applauded for their commitment to caring, and communities, especially in rural America, found a reason to renew their trust in their small community hospital. Hospitals can look more wisely to the future because of lessons learned during this experience.



Although several of our health prevention and wellness activities were postponed, there were opportunities to initiate other activities that were created as a result of our last Community Health Needs Assessment. Those that were not implemented were carefully considered and new strategic health initiatives were developed.

2019 CHNA Strategic Action Responses

Health Priority 1: Improve Disease Management

Priority Strategy: Improve tracking of chronic illness within our community.

Anticipated Outcomes: Improving community health by ensuring patients are actively participating in monitoring and managing their chronic health issues.

OBJECTIVES	ACTIONS	PARTNERS/ COLLABORATORS/ RESOURCES	LEAD	TIME FRAME	HOW WILL IT BE MEASURED?	STATUS AS OF 2022
Actively use Population Health Metrics / tools to identify patients with chronic disease, and assist in managing their disease through ongoing monitoring and treatment	Employ the use of LPN-Clinical Care Coordinators to identify care gaps for our primary care patients and assist in scheduling patients for follow up visits to address those gaps.	Internal: Clinic staff, OMC-Hancock providers External: OHS Population Health Group, Healthcare insurers, Insurers quality analytics / scorecards	OMC Hancock Clinic Leaders	2nd Quarter 2020 Ongoing	1. % increase of provider panel patients that receive wellness visits 2. % increase of provider panel size	LPN position created, hired, and provides care coordination.
	Creation of patient registries to identify patients lacking specific diagnostic exams, or patients in need of consistent follow up care to better manage their specific chronic disease	Internal: Clinic staff, OHS providers, LPN Care coordinator External: Community providers, Healthcare insurers	OMC-Hancock LPN Care Coordinator	2nd Quarter 2020 Ongoing	1. % increase of provider panel patients compliant with targeted diagnostic testing procedures (i.e., cancer screenings, Diabetic eye exams, mammogram, etc.	Registries have been created and are being used by LPN Care Coordinator.

	ACTIONS	PARTNERS/ COLLABORATORS/ RESOURCES	LEAD	TIME FRAME	HOW WILL IT BE MEASURED?	STATUS AS OF 2022
	Implement digital medicine technology within our clinics to aid in monitoring patient blood pressure and A1C levels, to proactively bring patients' chronic conditions under control (blood pressure and diabetes).	Internal: OMC – Hancock providers External: OHS Digital Medicine Team; OHS Marketing dept	OMC Hancock Clinic Leaders	Year end 2020 2021-2022	1. Increase MyOchsner patient portal enrollment by 50% 2. Increase active patient enrollment in digital Hypertension and Diabetes medicine programs by 300 participants in 2020, and increase by 10% in years 2 and 3	Digital Medicine program active
	Care coordination via our EPIC electronic medical record platform, with other specialty providers to ensure appropriate testing and follow up care is delivered to our patients.	Internal: OMC-Hancock Patient Access team, providers, clinic staff, community relations dept, Nurse Navigators External: OHS marketing team	OMC-Hancock Clinic Director	Year end 2020 2021-2022	1. Increase MyOchsner patient portal enrollment by 50% 2. Virtual Medicine Visit growth of 1,000 by 2020, increasing by 25% in years 2 and 3	EPIC Care coordination is active.

Health Priority 2: Improve Early Detection and Screenings

Priority Strategy: Improve access to early detection and screenings by increasing specialty provider and service coverage accompanied with enhancing care coordination.

Anticipated Outcomes: Increase number of screenings and early detection of cancers across MS Gulf Coast.

OBJECTIVES	ACTIONS	PARTNERS/ COLLABORATORS/ RESOURCES	LEAD	TIME FRAME	HOW WILL IT BE MEASURED?	STATUS AS OF 2022
Promote early detection cancer screening via expanded provider coverage and additional diagnostic offerings	Provide additional provider coverage in Urology, Hematology/Oncology, Gastroenterology, and Mammography to create convenient patient access to early cancer screenings.	Internal: OMC-Hancock providers, Ancillary dept directors, OMC-Hancock clinic leadership; Patient Access/Scheduling dept External:	OMC-Hancock CEO	2nd quarter 2020 Ongoing thru 2022	1. Growth of patient encounters by specialty 2. Increasing Unique Patients by 25% in 2020 3. Increasing screening procedures by 25% by 2021 and 10% in years 2 and 3	Additional providers hired.
	Develop MRI services in Diamondhead, MS	Internal: Imaging leader, CEO External: Legal counsel, community providers & consumers of health care	Imaging Services Leader	3rd quarter 2020 Ongoing	1. CON granted or not 2. Growth of 500 MRI procedures by 2020, 25% growth in years 2 and 3	Did not accomplish
	Utilize navigators and evidence-based medicine in expanding access for ongoing health screenings for mammography,	Internal: LPN Clinical Care Coordinators, OMC-Hancock providers, Community relations/marketing	OHS Clinic Director	2nd quarter 2020 Ongoing	1. Increased number of screening exams for community members 2. Measure the number of patients utilizing / enrolled in financial assistance programs.	Navigators hired and providing these services.

	diabetic eye exams, colon screening, cervical cancer and prostate screenings	External: Community Partners (Hancock Health Foundation), School nurses; Financial counselors				
	Integrating community clinic provider offices into our electronic medical record for better coordination of care.	Internal: OHS provider network development team, EPIC team OMC-Hancock providers and staff External: Community providers & Healthcare insurers	OMC-Hancock CEO	3rd quarter 2020 Ongoing	1. Measured by additional community providers joining the Ochsner network within the gulf coast market 2. Number of practices that implement the Ochsner instance of EPIC.	Clinic providers have been integrated into EMR

Health Priority 3: Improve Access to Care

Priority Strategy: Expand patient access to primary care and increase utilization of MyOchsner portal.

Anticipated Outcomes: Increased number of primary care sites along MS Gulf Coast and Increase number of patients utilizing primary care services.

OBJECTIVES	ACTIONS	PARTNERS/ COLLABORATORS/ RESOURCES	LEAD	TIME FRAME	HOW WILL IT BE MEASURED?	STATUS AS OF 2022
Improving patient access to primary care providers	Expand services into Harrison County by developing additional primary care clinic locations. Including multi-provider clinic in Long Beach MS	Internal: Clinic leaders, business development External: Elected officials	OMC-Hancock CEO	Concurrent	1. Grow Unique patients by 2,000 by 2021. 2. Increase by 10% annually thereafter.	Clinics were expanded
	Increase enrollment in the MyOchsner patient portal for improved access to care, and health information.	Internal: Ochsner Direct to Consumer, Patient Access, Clinic staff, business development External: Local media	OMC-Hancock Clinic Director	Concurrent	1. Increase # scheduled visits by patients utilizing the MyOchsner portal. 2. Reduced no show and cancellation rates to below 8% of scheduled visits by 2nd quarter 2021	More use of MyOchsner
	Improve patient access to primary care services in the gulf coast market, by recruiting 10 primary care (adult & pediatric) providers within the coastal service area.	Internal: OMC-Hancock CEO, Clinic Leadership, OHS Business development group External: Recruiters, community providers	OMC-Hancock CEO	Concurrent Ongoing thru 2022	1. Establish 5 new primary care sites along the gulf coast region by 2022	More providers hired.

Responding to the Community

What We Learned

The information gathered from the community was very uniform and was also consistent with the quantitative data. The most common needs mentioned by the community members were related to chronic diseases, health education, lifestyle improvement and access to care.

Being aware of this lifestyle disparity, the Steering Committee was diligent in addressing these chronic illnesses which lead to a disproportionate number of deaths. Also, the quality of life in our state is negatively impacted by these conditions that rob our citizens of the ability to enjoy good health daily.

Hypertension, heart disease, diabetes, weight loss/obesity and nutrition were all health needs identified by both the community members and health care professionals. In addition, deaths from female breast cancer and trachea, bronchus and lung cancer were identified as disproportionate for the county. Community members saw a need for increased education and preventive care in order to eliminate the path to chronic disease and cancer.

Prevention can be cost effective compared to the catastrophic treatment needed when a chronic disease is unmanaged and leads to major health problems. Education related to nutrition was emphasized because of the link between obesity and so many chronic health conditions. Other community health needs that were expressed included a need for increased health literacy, and decreased health disparities among socioeconomic and racial groups.

HANCOCK COUNTY

Hancock County similar health characteristics of communities within a rural state. Many of the health issues are lifestyle related and are greatly influenced by a variety of social determinants of health.

The top two leading causes of death in Hancock County are heart disease and cancer. The most prevalent cancers are trachea, bronchus, lung, and female breast cancer. The highest death rate from heart issues in Hancock County is deaths related to ischemic heart disease.

Ischemic heart disease and hypertensive heart disease, as well as trachea, bronchus, and lung cancer are strongly related to unhealthy lifestyles – poor nutritional choices and lack of exercise, plus tobacco use. During discussions within the Steering Committee and the Community Focus Group, it was decided access to trusted health information and educating the youth of the community would create a solid foundation for reducing these lifestyle-related deaths.

Prioritization

The Steering Committee understood the facts the primary and secondary data communicated in reference to the health of the citizens of Hancock County. These information sources included data gathered from state and federal sources such as the Mississippi Department of Health, the Center for Disease Control and Prevention, etc., community survey, community focus group, and key informant interviews. Community input is shared throughout this report.

Data presented in the assessment is the most recent data available and was gathered between August and November 2022. The CHNA Steering Committee reviewed this information and combined it with the empirical data gained from hands-on care experience. The next step was to determine the broader set of identified needs. Through this assessment process, identified needs were then narrowed to a set of significant needs which were determined most crucial for community stakeholders to address. Following the completion of the CHNA assessment, significant needs were further narrowed down to a set of prioritized needs that the hospital will address within the implementation strategy.

The criteria used to prioritize the significant needs were:

- Importance of the problem to the community
- Magnitude: the number of people impacted by the problem
- Severity: the risk of morbidity and mortality associated with the problem
- Alignment with health system priorities and available resources

The four main categories of need were determined to be:

- Access to and Continuity of Care
- Health Literacy and Education
- Mental and Behavioral Health
- Health Equity

The health issues identified will be narrowed to obtainable goals which Ochsner Medical Center – Hancock can, along with community partners, collaboratively address. The Community Health Implementation Plan (CHIP) will address the process. The hospital understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. For the purposes of this implementation strategy, Ochsner Medical Center – Hancock has chosen to focus its efforts on the priorities listed above.

Thank You

This comprehensive assessment will allow us to better understand the needs and concerns of our community. Ochsner Medical Center – Hancock is proud to be part of Ochsner Health where we truly believe we are here to serve, heal, lead, educate and innovate. As always, through this commitment to compassionate and mission-focused health care, we are honored to work closely with our collaborative partners in our community to provide outstanding health care and create a healthier world for the residents of Hancock County and surrounding areas.

Our sincere thanks to all those who took part in this process. We are especially grateful to the members of the Ochsner family and the health system's leadership. Through their guidance, we are able to continue our mission in our wonderful, coastal community in Mississippi.

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, to the general public who realize their voices do matter. Thank you for completing our Community Health Survey, reading our latest Community Health Needs Assessment, and for supporting our mission of care in Hancock County. We are grateful to be a part of this community – our community

References

Esri Community Profile, Hancock County Source: U.S. Census Bureau; Esri forecast for 2021 and 2026, Census 2020 PL 94-171 Profile Hancock County, MS; Site Demographics Report, Hancock County, MS; Tapestry Segmentation Area Profile, Hancock County, MS.

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/worldpopulationreview.com/state-rankings/most-unhealthy-states

APPENDIX A

Ochsner Health

Ochsner Hancock Community Health Assessment Survey

Make your voice heard about issues in your community by taking this 10-minute survey. The feedback from the survey will help inform the Ochsner Hancock Community Health Improvement Plan for the next three years.

...

1. What is your age?

- ◯ Under 18
- ◯ 18-24
- ◯ 25-30
- ◯ 31-35
- ◯ 36-40
- ◯ 41-45
- ◯ 46-55
- ◯ 56-65
- ◯ 65+

2. What gender do you identify as?

- ◯ Male
- ◯ Female
- ◯ Transgender Male
- ◯ Transgender Female
- ◯ Non-Binary
- ◯ Prefer not to answer
- ◯ Other

3. What race or ethnicity do you identify with? Select all that apply.

- [ ] White
- [ ] Black or African American
- [ ] Asian
- [ ] Native Hawaiian or other Pacific Islander
- [ ] Indigenous American or Alaska Native
- [ ] Latino or Hispanic
- [ ] Prefer not to answer
- [ ] Other

4. What is the highest level of education you have completed?

- ◯ Less than high school
- ◯ High school or GED
- ◯ Some college
- ◯ Associates degree
- ◯ Bachelor's degree
- ◯ Graduate degree or higher
- ◯ Prefer not to answer

5. Do you live in Hancock County?

- ◯ Yes
- ◯ No

6. Zip Code

Enter your answer

7. Perceptions of Community Health:

Please htink about how much you agree or disagree with the following based on the overall health and wellbeing of your community when responding to the prompts below.

	Strongly Disgree	Disagree	Agree	Strongly Agree
Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources.	○	○	○	○
Individuals and families can get the support they need during times of stress and hardship.	○	○	○	○
People in my community actively work to make the community a better place to live.	○	○	○	○
People in my community take pride in the community and its accomplishments.	○	○	○	○
All people in my community have access to healthy, nutritious foods.	○	○	○	○
My community is a safe place to live.	○	○	○	○
There are parks and green spaces in my community.	○	○	○	○
All people have access to reliable public transportation in my community.	○	○	○	○
All people in my community live in safe, affordable housing.	○	○	○	○
My community has clean air, water, and soil.	○	○	○	○
All people in my community receive high quality education.	○	○	○	○
All workers in my community make minimum income necessary to meet basic needs.	○	○	○	○
Everyone in my community can access the health care they need.	○	○	○	○

8. Perceptions of Morbidity and Mortality in the Community

For each one, please tell me how big a problem you think it is for people in your community- a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all
Tobacco/smoking	○	○	○
Excessive alcohol use	○	○	○
Air pollution, water pollution, and chemical exposures	○	○	○
Car or motorcycle accidents	○	○	○
Violence	○	○	○
Poor nutrition	○	○	○
Physical inactivity	○	○	○
Substance abuse and addiction	○	○	○
Physical and emotional trauma	○	○	○

9. Are there any additional problems (behaviors/exposures), not listed above in question #8?

Enter your answer

10. For each one, please tell me how big a problem you think it is for people in your community--a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all
Heart disease	○	○	○
Diabetes	○	○	○
Cancer	○	○	○
Stroke	○	○	○
Unintentional injury	○	○	○
Weight management	○	○	○
Asthma	○	○	○
Suicide	○	○	○
Homicide	○	○	○
Sexually transmitted infections/diseases	○	○	○
Infant mortality	○	○	○
Mental health conditions	○	○	○

11. Are there any additional problems (behaviors/exposures), not listed above in question #10?

Enter your answer

12. Imagine that your community is the healthiest community in the country. What does that look like to you?

Enter your answer

13. What resources does your community have that help improve community health and wellbeing? Examples: community centers, community groups, youth groups, parks, access to fresh food, access to arts and cultural activities, etc...

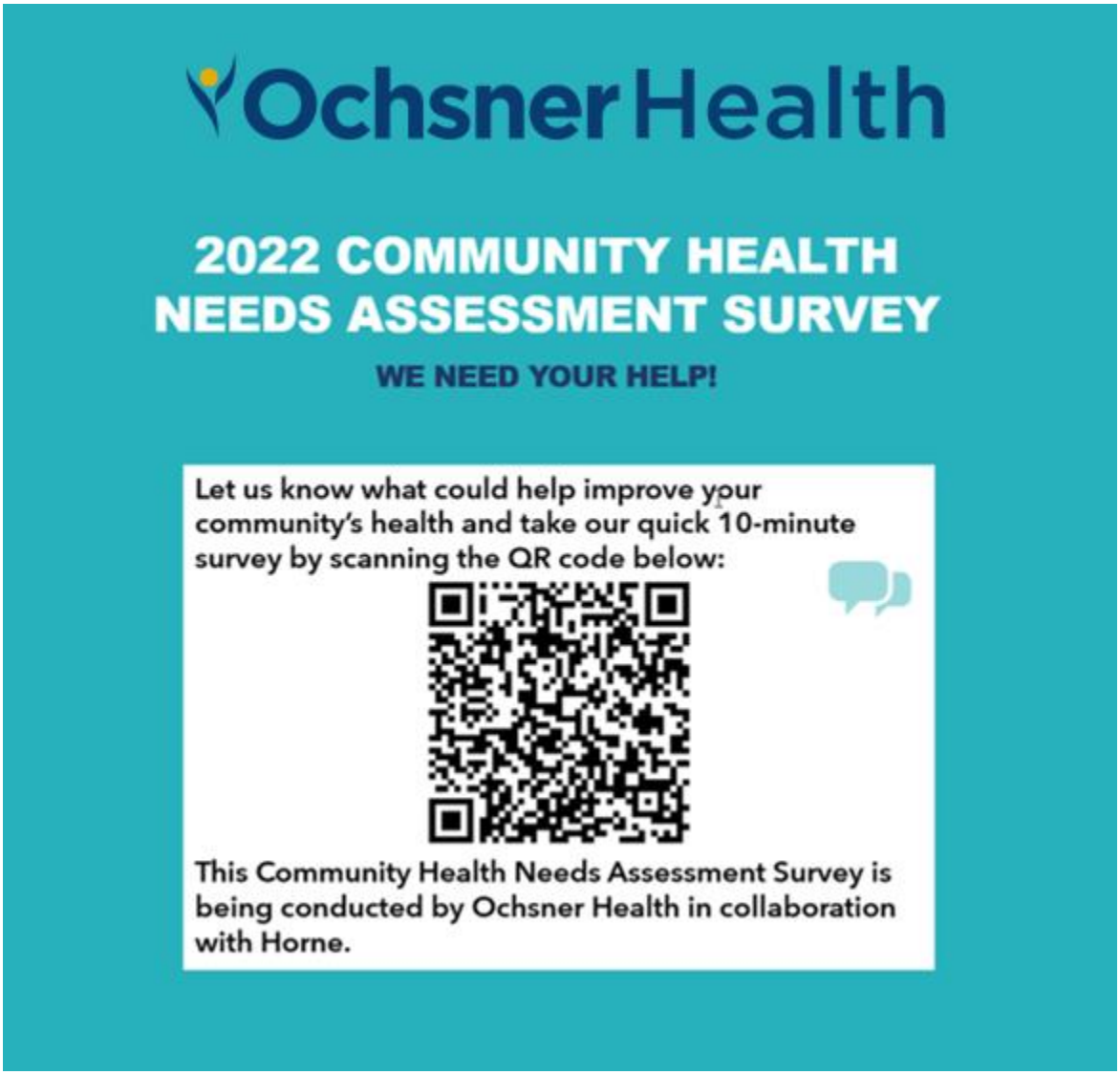
Enter your answer

14. Please describe some ideas you may have to help your community stay healthy or become healthier

Enter your answer

15. Who was your reliable source for COVID-19 information during the pandemic?

Enter your answer



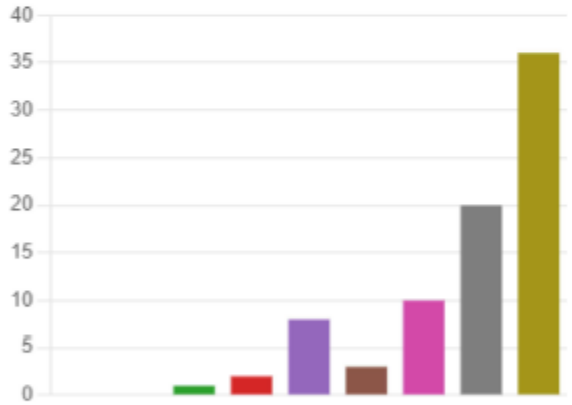
APPENDIX B

Ochsner Hancock Community Health Assessment Survey

81	10:44	Active
Responses	Average time to complete	Status

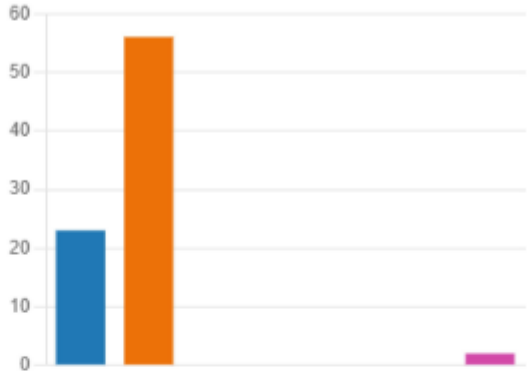
1. What is your age?

Under 18	0
18-24	0
25-30	1
31-35	2
36-40	8
41-45	3
46-55	10
56-65	20
65+	36



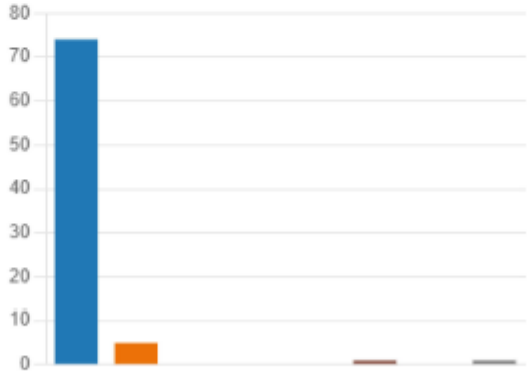
2. What gender do you identify as?

Male	23
Female	56
Transgender Male	0
Transgender Female	0
Non-Binary	0
Prefer not to answer	0
Other	2



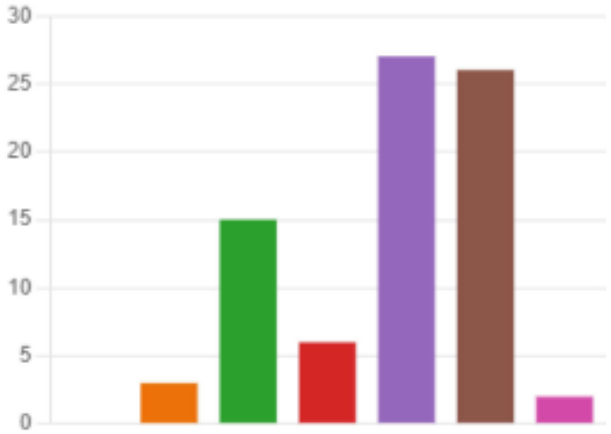
3. What race or ethnicity do you identify with? Select all that apply.

White	74
Black or African American	5
Asian	0
Native Hawaiian or other Pacific...	0
Indigenous American or Alaska ...	0
Latino or Hispanic	1
Prefer not to answer	0
Other	1



4. What is the highest level of education you have completed?

Less than high school	0
High school or GED	3
Some college	15
Associates degree	6
Bachelor's degree	27
Graduate degree or higher	26
Prefer not to answer	2



5. Do you live in Hancock County?

Yes	74
No	5

6. Zip Code

78
Responses

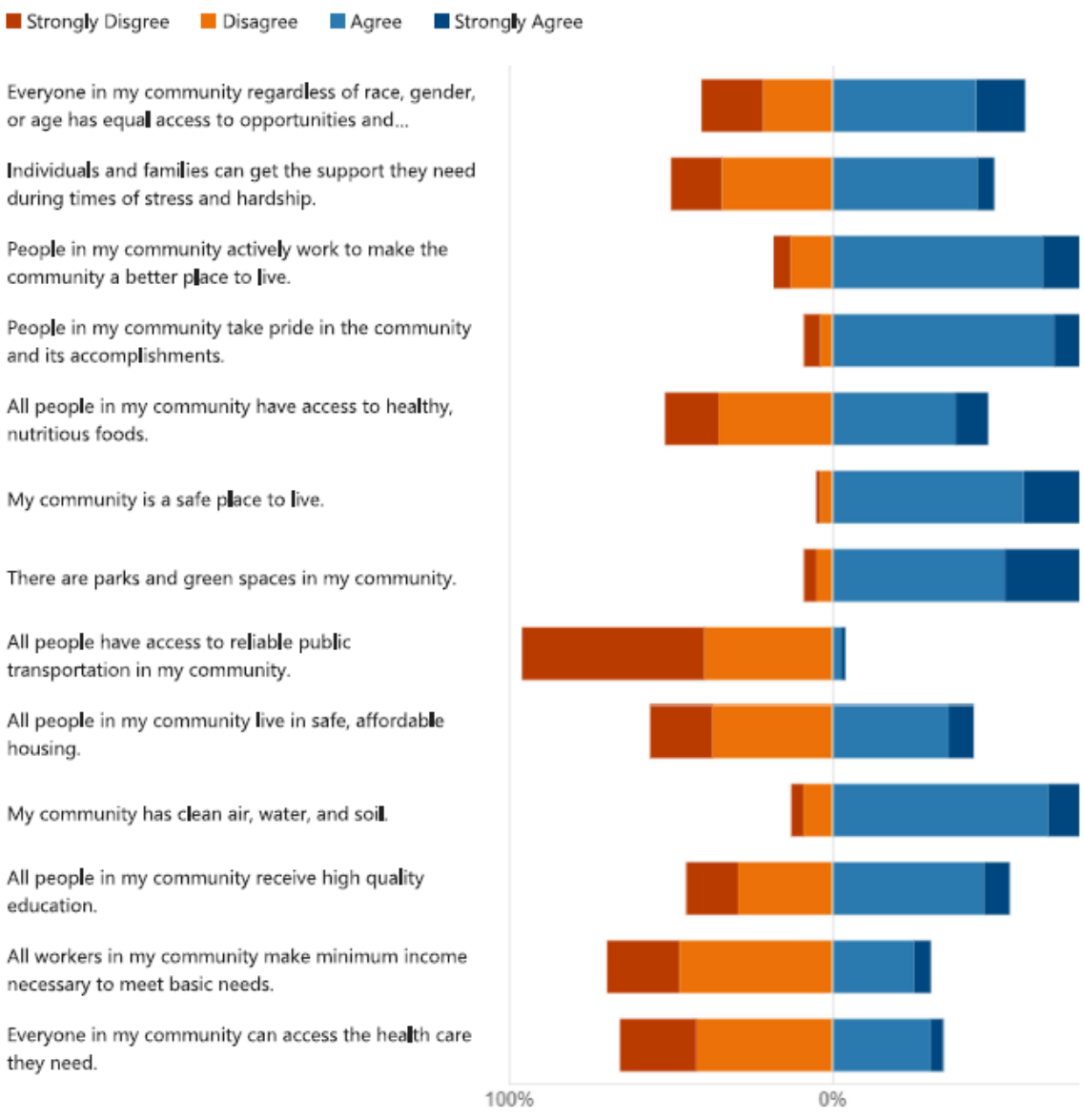
Latest Responses
"39525"
"39525"
"39525"

Update

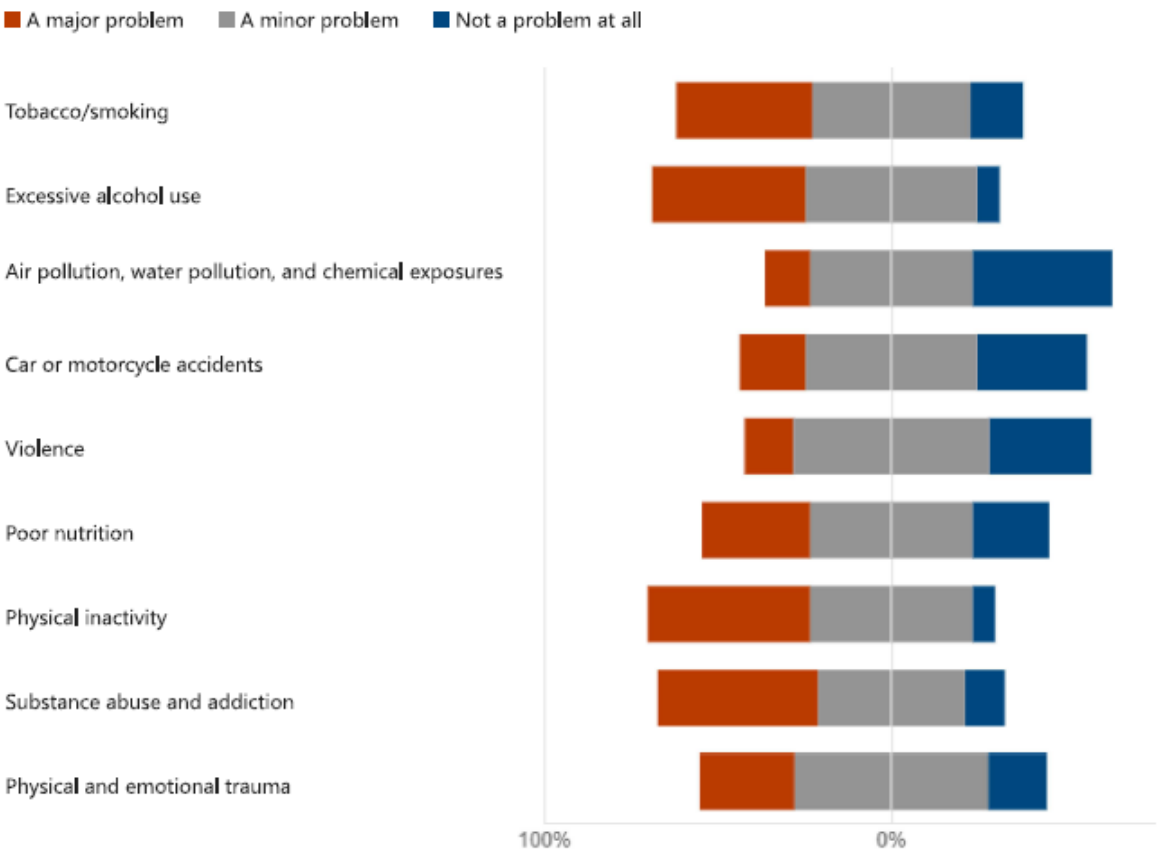
60 respondents (**79**%) answered **39525** for this question.

39576 **39525** 395

7. Perceptions of Community Health:



8. Perceptions of Morbidity and Mortality in the Community



9. Are there any additional problems (behaviors/exposures), not listed above in question #8?

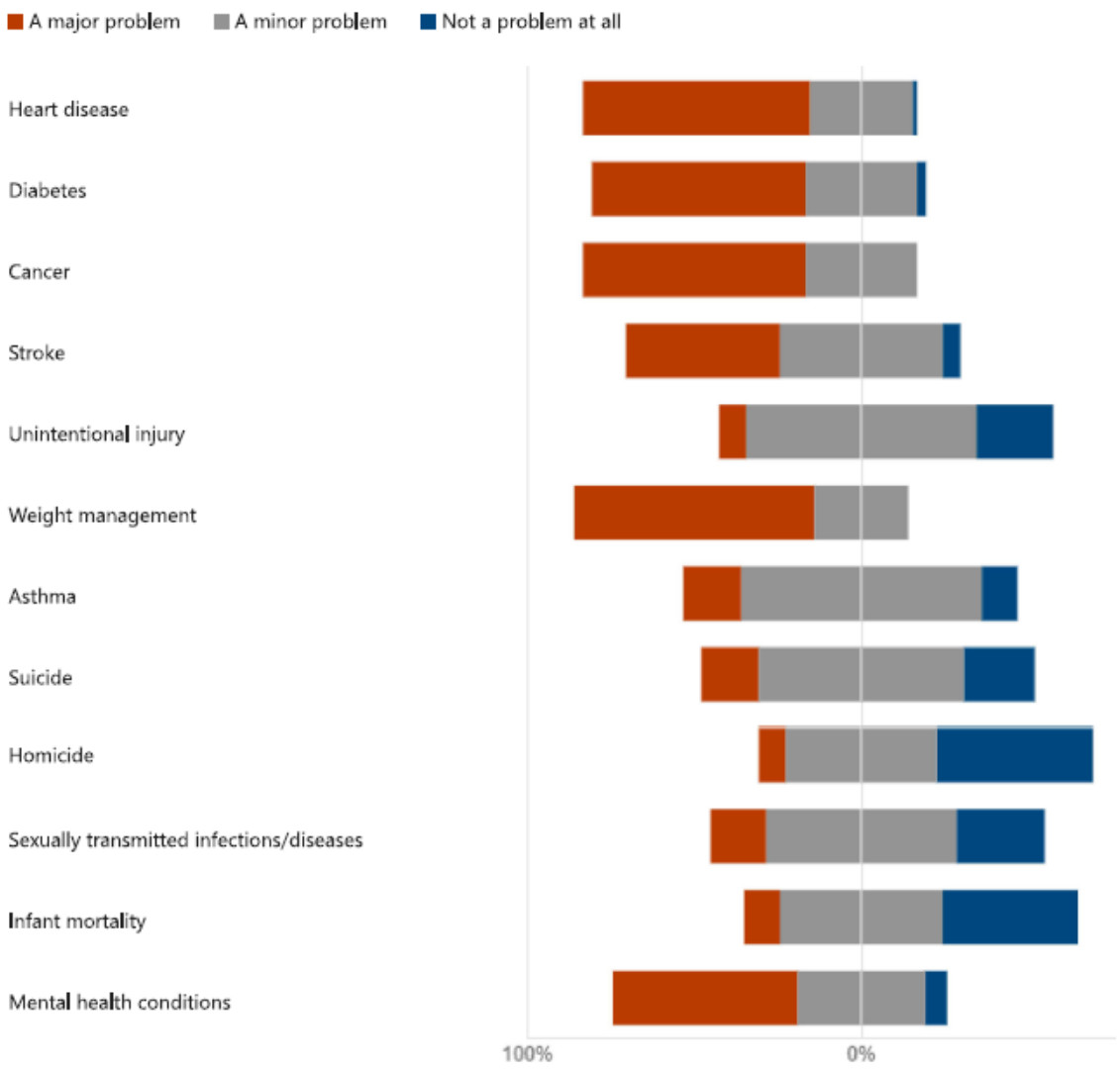
19
Responses

Latest Responses

Update

2 respondents (**11**%) answered **access** for this question.

10. For each one, please tell me how big a problem you think it is for people in your community--a major problem, a minor problem, or not a problem at all.



11. Are there any additional problems (behaviors/exposures), not listed above in question #10?

17
Responses

Latest Responses

Update

6 respondents (**35%**) answered **No** for this question.

12. Imagine that your community is the healthiest community in the country. What does that look like to you?

47
Responses

Latest Responses
"There is no smoking. Everyone is part of a fitness and weight ...

Update

12 respondents (**26**%) answered **health care** for this question.

13. What resources does your community have that help improve community health and wellbeing? Examples: community centers, community groups, youth groups, parks, access to fresh food, access to arts and cultural activities, etc...

51
Responses

Latest Responses

"Several youth team activities, only two walking trails, access to...

"All of these resources are limited. There are few arts and cultur...

Update

12 respondents (**24**%) answered **Parks** for this question.

14. Please describe some ideas you may have to help your community stay healthy or become healthier

42
Responses

Latest Responses
"More walking trails and free community exercise activities"
" Different food sources such as Sprouts and Whole Foods. Mor..."

Update

6 respondents (**15**%) answered **community** for this question.

15. Who was your reliable source for COVID-19 information during the pandemic?

58
Responses

Latest Responses
"TV"
"My Primary Care Physician and the CDC. "

Update

13 respondents (**23**%) answered **CDC** for this question.

APPENDIX C

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

COUNTY
Hancock, MS

2022

Rank #7 of 82 counties in Mississippi

Health Outcomes

Health outcomes represent how healthy a county is right now, in terms of length of life but quality of life as well.

Hancock (HA) is ranked among the healthiest counties in Mississippi (Highest 75%-100%).

Health Factors

Health Factors represent those things we can modify to improve the length and quality of life for residents.

Hancock (HA) is ranked among the healthiest counties in Mississippi (Highest 75%-100%).

County Demographics

Show More

County Snapshot

☐ Show areas to explore ☐ Show areas of strength Trends Available

Health Outcomes				
Length of Life		Hancock (HA) County	Mississippi	United States —
Premature death	~	9,100	11,300	7,300
Quality of Life		Hancock (HA) County	Mississippi	United States —
Poor or fair health		21%	22%	17%

Poor physical health days		4.2	4.1	3.9
Poor mental health days		5.3	5.3	4.5
Low birthweight		8%	12%	8%
Additional Health Outcomes (not included in overall ranking)				+
Health Factors				
Health Behaviors		Hancock (HA) County	Mississippi	United States −
Adult smoking		20%	21%	16%
Adult obesity		35%	41%	32%
Food environment index		5.6	3.8	7.8
Physical inactivity		36%	37%	26%
Access to exercise opportunities		49%	52%	80%
Excessive drinking		16%	16%	20%
Alcohol-impaired driving deaths		10%	19%	27%
Sexually transmitted infections		491.3	850.2	551.0
Teen births		27	32	19
Additional Health Behaviors (not included in overall ranking)				+
Clinical Care		Hancock (HA) County	Mississippi	United States −
Uninsured		16%	15%	11%
Primary care physicians		2,980:1	1,860:1	1,310:1
Dentists		4,360:1	2,030:1	1,400:1
Mental health providers		3,690:1	540:1	350:1
Preventable hospital stays		4,807	5,013	3,767
Mammography screening		42%	41%	43%
Flu vaccinations		44%	43%	48%

Social & Economic Factors		Hancock (HA) County	Mississippi	United States
High school completion		90%	85%	89%
Some college		58%	61%	67%
Unemployment		8.5%	8.1%	8.1%
Children in poverty		20%	26%	16%
Income inequality		5.2	5.4	4.9
Children in single-parent households		34%	37%	25%
Social associations		6.5	12.6	9.2
Violent crime		124	279	386
Injury deaths		97	93	76
Additional Social & Economic Factors (not included in overall ranking)				

Physical Environment		Hancock (HA) County	Mississippi	United States
Air pollution - particulate matter		7.7	9.2	7.5
Drinking water violations		No		
Severe housing problems		16%	15%	17%
Driving alone to work		79%	85%	75%
Long commute - driving alone		47%	33%	37%
Additional Physical Environment (not included in overall ranking)				

HORNE