Ochsner Medical Center-Hancock
2019 Community Health Needs Assessment

December 2019

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About the Louisiana Public Health Institute

Founded in 1997, Louisiana Public Health Institute (LPHI) is a 501(c)(3) nonprofit organization that serves as a partner and convener to improve population-level health outcomes. LPHI's mission is to improve health and quality of life for all. This is achieved through the coordination and management of public health programs and initiatives in the areas of health information, public policy, applied research, and evaluation. Our work focuses on uncovering complementary connections across sectors to combine the social, economic, and human capital needed to align action for health. For more information, visit www.lphi.org.

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 including Hancock, Harrison, and Jackson Counties.

OMC-Hancock contracted with the Louisiana public Health Institute (LPHI) 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 2019, 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 the American Community Survey (ACS), Behavior Risk Factor Surveillance Survey (BRFSS), and data from the Mississippi State Department of Health, among others. 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 validation meeting. 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, four community health needs were identified as top priorities:

1. **Chronic Disease and Cancer Management**

   Heart diseases and cancers are the leading causes of death for the Mississippi Gulf Coast and are often associated with chronic conditions. Chronic conditions share many of the same causes and therefore can be lessened (or prevented) using similar strategies and tackling root causes. Obesity is one of the biggest drivers of preventable chronic diseases in the US. Being overweight or obese increases the risk for many health conditions, including type 2 diabetes, heart disease, stroke, hypertension, cancer, dementia, and respiratory problems. More than two-thirds of American adults and approximately one-third of children and adolescents are overweight or obese. Decreased physical activity has also been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. Nearly 73% of high school students in the US do not meet the CDC's recommended physical activity levels.[1] Hancock county has the highest percentages of adults that are obese (36%) compared to Harrison (34%) and Jackson (33%) Counties. Hancock also has the highest percentage (36%) of inactive adults compared to the rest of the Gulf Coast and the State (31%).[2]

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[1] Christopher G, Harris CM, Spencer T, et al. *F as in fat: How obesity threatens America's future*. Washington, DC: Trust for America's Health (TFAH); 2013. County Health Rankings.
[2] CDC Diabetes Interactive Atlas, 2015 via County Health Rankings

2. Early Detection and Screenings

High quality health care is <u>timely</u>, safe, effective, affordable, and equitable. Such care requires providers, health systems, and others to work together to improve health outcomes and patient satisfaction while containing costs. Unfortunately, quality of care often varies widely depending on race, ethnicity, and income. Women and minorities tend to receive lower quality care than their counterparts even when accounting for insurance status, income, age, and condition.[3] According to National Institute of Health's (NIH) State Cancer Profile data illustrated in the report, Hancock County has the highest mortality rate of male prostate cancer deaths (26 per 100,000), and the lowest male prostate cancer incidence rate (103 per 100,000) in comparison to the two other counties and State. There are also major differences in mortality rates of prostate cancer based on race across the State and Country.

3. Access to Care

Access to care includes financial coverage, provider availability and proximity, and a reduction in barriers to care, such as transportation. Having access to care and knowledge of the health system allows individuals to enter the health care system, find care easily and locally, pay for care, and assure their health needs are met. Lack of health insurance coverage is a significant barrier to accessing needed health care and to maintaining financial security. Hancock and Harrison Counties have 15% of their population under 65 uninsured. There is a higher percentage of uninsured than Mississippi (14%) and the Country averaging 10% uninsured.

4. Community Education

Providing relevant prevention and disease management information is one way of addressing some of the many health issues persisting in Coastal Mississippi. Health literacy is a challenge for many especially when it comes to navigating our health system. Hospitals are anchor institutions in a community and can act as a hub for information, education, and resources. Community education can help meet individuals where they are and promote social interaction and collaboration with partners to leverage existing resources.

This CHNA report presents data for several needs in Hancock, Harrison, and Jackson Counties, as well as additional information specific to the above prioritized community health needs. This report will be used by OMC-Hancock as a resource for developing implementation strategies to improve community health over the next three years.

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[3] AHRQ, 2012 National health quality report, County Health Ranking

Introduction

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.[4] 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.[5]

As part of the mission and to meet federal IRS 990H requirements, OMC-Hancock contracted with the Louisiana Public Health Institute (LPHI) to conduct the community health needs assessment (CHNA) and community health improvement plan (CHIP) reports.[6] The requirements imposed by the IRS for tax-exempt hospitals includes conducting a CHNA every three years and to adopt an implementation strategy to meet the community health needs identified through the assessment.[7] The CHNA must be documented, adopted by an authorized body at the hospital facility, and made publicly available. The CHNA must include:

— A definition of the community served by the hospital facility and description of how the community was determined.

— A description of the process and methods used to conduct the CHNA.

— A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.

— A prioritized description of the significant health needs identified though the CHNA, including a description of the process and criteria used in identifying certain health needs as significant and prioritizing those needs.

— A description of resources potentially available to address the significant health needs identified.

— An evaluation of the impact of any actions that were taken to address significant health needs identified in the immediately preceding CHNA.[8]

There are significant differences in health outcomes according to where people live, how much money people make, systems that follow race and ethnicity, and other characteristics. It is important to dig into the data to understand where and why health outcomes differ across a county, how a variety of health factors combine to influence these outcomes, and how our policies and programs are supporting—or restricting—opportunities for health for all, which is a reason health assessment are conducted.

This document serves as the Ochsner Medical Center-Hancock Community Health Needs Assessment report conducted in FY 2019 for 2019-2022. This CHNA report will be made available to the public on the Ochsner Medical Center website for future reference.

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[4] https://www.seacoastecho.com/news/ochsner-hancock-ceo-updates-supers-on-transition/article_9a111146-9a9b-11e8-b767-73d5ae10add8.html

[5] https://www.ochsner.org/locations/ochsner-medical-center-hancock

[6] All statements and opinions herein were expressed by key informants and focus group participants and do not necessarily represent the view points and opinions of LPHI or its contractors.

[7] Hospital organizations use Form 990, Schedule H, Hospitals, to provide information on the activities and community benefit provided by its hospital facilities and other non-hospital health care facilities, which is separate from this report.

[8] https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3

Methodology

The mixed-methods approach conducted for this report was based off methodology used previously for CHNA clients and informed by best practices and assessment frameworks developed by national organizations such the Catholic Health Association (CHA) and National Association of County and City Health Officials (NACCHO). LPHI gathered primary community input through a focus group, 10 interviews, and a data validation meeting. This information was used to supplement the quantitative data available from secondary sources, such as the American Community Survey (ACS), Centers for Disease Control and Prevent (CDC), Behavioral Risk Factor Surveillance System (BRFSS), and the Mississippi Department of Health. A full list of data indicators and sources can be found in Appendix E.

Define Community

The geographic region was determined in collaboration with Ochsner Medical Center-Hancock (OMC-Hancock) and Ochsner Health System. The facility provided its patient zip codes for the first 3 quarters of 2017. Figure 1 illustrates OMC-Hancock primarily serves patients from cities in Hancock County, with a few from surrounding areas including Harrison county. For this assessment, OMC-Hancock defined their community as Ochsner's extended service region for the facility, which is the Mississippi Gulf Coast incorporating Hancock, Harrison, and Jackson Counties.

Zip	Pt. City	Q1-3 2017
39520	Bay Saint Louis	360
39576	Waveland	148
39556	Kiln	127
39525	Diamondhead	71
39571	Pass Christian	48
39466	Picayune	22
39521	Bay Saint Louis	16
39573	Perkinston	14
39572	Pearlington	11
39426	Carriere	10
39560	Long Beach	6
39503	Gulfport	5
39501	Gulfport	4
39558	Bay Saint Louis	4
Others		34
Total		880

Data was gathered purposefully, in order to assess both OMC-Hancock's current service area and how the system views it in the future. The secondary data was collected and analyzed for all three counties (Hancock, Harrison, and Jackson). For primary data collection, interview and focus group participants spoke primarily on Hancock and Harrison counties.

Figure 1: OMC-Hancock service area by zip code.

Gather input representing broad community

LPHI gathered input representing the broad interests of the community through three modes: interviews, a focus group, and a validation meeting. Per IRS regulations (Section 3.06 of Notice 2011-52), each facility must get input from people who fall into each of these three categories:

— *Persons with special knowledge of or expertise in public health;*
— *Federal, tribal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility;*
— *Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility.*

In order to satisfy these requirements, a focus group and interviews were conducted with key informants. Many of the informants (often referred to as participants in this report) met one or more of the above requirements and were able to speak to the geographic region served by OMC-Hancock. All qualitative data is anonymous to encourage openness. Appendix C includes a matrix detailing key informant affiliation in compliance with requirements and populations represented in the qualitative data collection process.

Along with themes and findings, an inventory of local assets and resources (Appendix A) and sample recommendations for the hospital (Appendix B) were generated through these discussions and processes with key informants.

Focus group

On August 22nd 2019, The Louisiana Public Health Institute conducted a focus group at the Bay St. Louis Library. The focus group comprised of individuals from organizations in Hancock, Harrison, and Jackson counties. Questions probed economic and societal concerns, health barriers and needs, and recommendations for OMC - Hancock.

The Chief Executive Officer of OMC - Hancock, Alan Hodges, provided an opening to the focus group. Mr. Hodges gave the group an update on the progress of OMC - Hancock recruitment efforts and allowed participants to ask questions and discuss future developments and needs. Mr. Hodges then left session to eliminate potential influence participant responses. The focus group consisted of a facilitator, a notetaker, and 6 participants. Notes were then synthesized and analyzed to identify major themes, needs, assets, and concerns.

Key informant interviews

The Louisiana Public Health Institute conducted ten key informant phone interviews from August 15, 2019 through September 12, 2019. The qualitative questionnaire was designed to take around 60 minutes to complete. Like the focus group, questions probed economic and societal concerns, health barriers, and recommendations for OMC-Hancock.

Participants of the key informant interviews came from diverse backgrounds such as governmental agencies, community organizations, and federally qualified health centers (see Appendix C). They were a mix of executive level staff as well as managerial and administrative staff.

At the beginning of the scheduled interview, consent was obtained for interviewers to transcribe the discussion. The interviewer assigned a study number to the participant and no identifiers were shared. Participants were

only asked about their names, job titles, and affiliation with OMC - Hancock to confirm if they met one of the three IRS requirements listed above (page 9).

Almost 40% of respondents identified as working in a "federal, tribal, regional, State, or local health or other departments or agencies." Another 38% were "Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility."

Collect and analyze existing quantitative data

LPHI adapted a list of potential indicators for analysis based from prior assessments, national recommendations, as well as additional measures that became relevant through the process. Existing data for the 3-county area was compiled from local and national sources and analyzed by LPHI. Different indicators that affect health were compiled across the parishes, region, state, and national level including demographics, socioeconomic, environmental factors, access to care, health status, and outcomes. Where secondary data was not readily available or outdated, topics were representatively addressed in the qualitative instruments developed by LPHI. A summary of these quantitative indicators and their data sources are listed in Appendix E.

Validation and prioritization

On October 28, 2019, LPHI presented an overview of the CHNA findings to the Hancock Health Foundation, which is comprised on community members. Participants of the meeting included hospital leadership, physicians, and members of the Hancock Health Foundation. Participants provided further input by validating the data presented discussing if the findings made sense, if anything was surprising, and if any key indicators needed clarification. Transportation was the main need discussed for the hospital and other community organizations as well. After processing the discussion, OMC-Hancock leadership then prioritized what the hospital can feasibly tackle as part of the 2019-2022 Community Health Improvement Plan (CHIP).

Findings: Hancock, Harrison, and Jackson Counties

Below are quantitative and qualitative findings of high concern covering the three-county area (Hancock, Harrison, and Jackson Counties). Findings are compared to the State of Mississippi. Qualitative findings were synthesized into themes for this report.   Many of the findings shown in this report align with the County Health Rankings Model illustrated to the right.

Mississippi recently passed Louisiana in its overall health ranking moving from #50 to #49 according to the 2018 America's Health Rankings Report.[9] According to the 2019 County Health Rankings Report, of Mississippi's 81 counties, Hancock was ranked #7, Harrison #21, and Jackson #6 for health outcomes.[10]
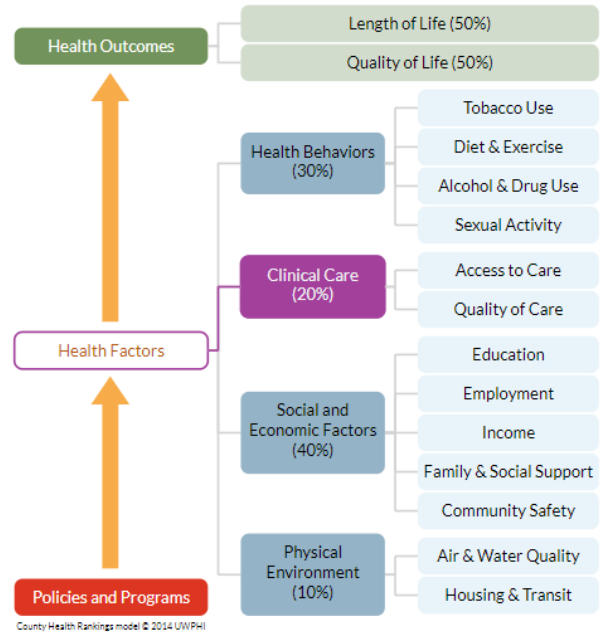
Demographics

In 2017, the population estimate for Hancock County was 47,053 persons, compared to 205,027 in Harrison County and 142,152 in Jackson County. Hancock County is predominantly rural (50.7%) and has a greater aging population with 19% over 65 years of age. Hancock County is predominately non-Hispanic white (84.9%) and much less diverse than Harrison and Jackson counties with 3.9% of population identifying as Hispanic and 7.9% identifying as African American. See Table 1 below for more demographics[11] at County level and Appendix D for detailed town demographics in the region.

Demographics, 2017	Hancock	Harrison	Jackson	MS
Population	47,053	205,027	142,152	2,984,100
Median Household Income	$45,500	$46,700	$49,700	$43,600
% under 18	21.2%	24.1%	23.6%	23.9%
% 65 and over	19.1%	14.5%	15.4%	15.5%
% African American	7.9%	24.9%	21.2%	37.4%
% Hispanic	3.9%	5.4%	6.5%	3.2%
% Non-Hispanic White	84.9%	63.7%	67.7%	56.7%
% Not Proficient in English	0%	2%	1%	1%
% Female	51.1%	50.9%	50.8%	51.5%
% Rural	50.7%	42.6%	22.8%	27.3%

Figure 2: Sample demographics of the three-counties compared to Mississippi.

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[9] https://www.americashealthrankings.org/learn/reports/2018-annual-report
[10] https://www.countyhealthrankings.org/reports/state-reports/2019-mississippi-report
[11] Census population estimates, 2017 via County Health Rankings

Socioeconomic, place-based, and other environmental factors

There are many factors outside of clinical care that impact population health such as access to social and economic opportunities, transportation, quality of schooling, and housing. The median household income was $45,500 in Hancock compared to $46,700 in Harrison and $49,700 in Jackson Counties (as illustrated above in Table 2). Figure 3 illustrates the difference in median income between those identifying as white and those identifying as black.[12]

MEDIAN HOUSEHOLD INCOME BY RACE

Figure 3: Median household income by race, 2017.

"Wages aren't where they need to be to sustain housing and health needs."

Harrison County displays interesting differences, especially with poverty, housing, and employment. Harrison County has approximately 1 in 3 children living in poverty and 44% of children in a single parent household, which is more than both Hancock and Jackson Counties. There is growing evidence linking stable and affordable quality housing to health. Housing costs have outpaced local incomes. Spending more than 30% of household income on housing is a common indicator for housing cost burden, while spending more than 50% of household income is severe housing cost burden. Approximately 35% of households in Harrison County are housing cost burdened, which is higher than the State (27%) and the Country (32%) levels.[13] Seventeen percent (17%) of Harrison County households spend more than half of their household income on housing expenses leaving them with severe housing cost burden. Figure 4 also shows percentage of those over 16 that are looking for work and unemployed. Harrison County (4.8%) has the lowest unemployment, compared to Hancock (5.4%), Jackson (5.8%), and Mississippi (5.1%).[14]

SOCIAL AND ECONOMIC FACTORS
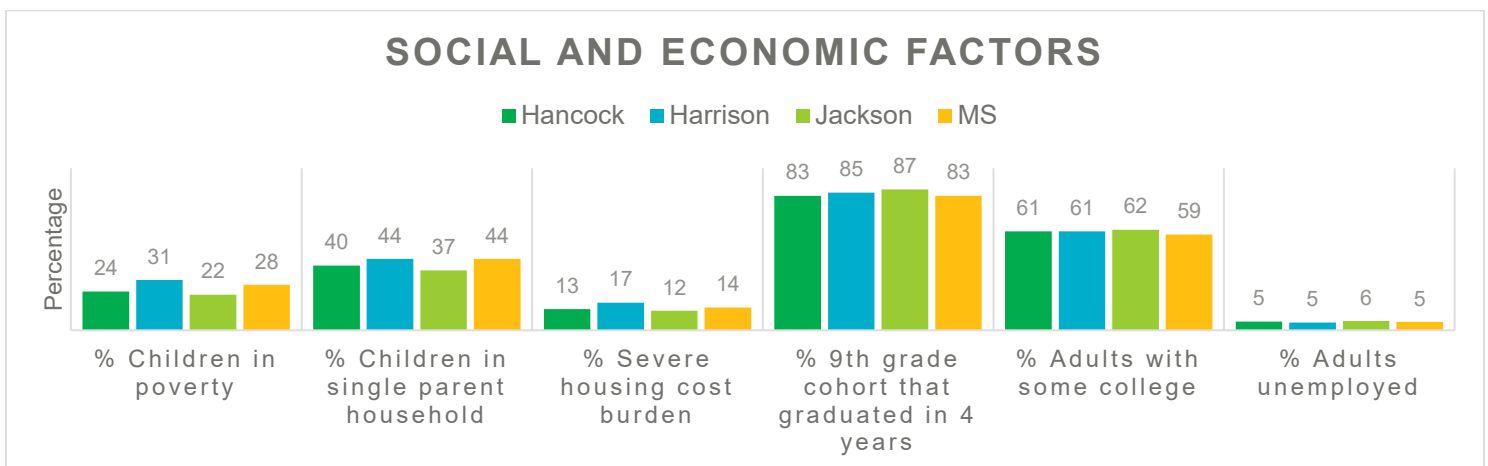
Figure 4: Percentage of population affected by certain social and economic factors.

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[12] Small Area Income and Poverty Estimates, 2017 via County Health Rankings
[13] American Community Survey, 2013-2017 via Cares Engagement Network
[14] Bureau of Labor Statistics, 2017 via County Health Rankings.

Harrison County, the most populated of the three counties, suffers with access to basic needs such as grocery stores, adequate housing, and health care. Sixteen percent (16%) are low-income and do not live close to a grocery store limiting access to healthy food.[15] Harrison also has higher percentage of population with severe housing problems (19%) compared to the other counties and state. Severe housing problems includes overcrowding, high housing costs, or lack of kitchen or plumbing.[16] Adequate housing can make important contributions to health when it protects from harmful exposures and provides a sense of security, stability, and control.

Hancock, a much more rural county, has almost half of their workers commuting more than 30 minutes alone in the car (45%). Commute time is relevant because time spent in a car is associated with a increase in likelihood of obesity, plus the longer the commute, the less an individual tends to participate in physical activity.[17] Fifteen percent (15%) of Hancock county residents have limited access to healthy food, which further impacts likelihood of obesity and chronic disease. Twelve percent (12%) of Hancock County's population does not have has access to high- speed internet, based on reported service area of providers. Access to internet opens-up opportunities for employment, education, and resources.[10]

"It's not the lack of housing availability, it's the cost of [quality] housing compared to mean wages."

PLACE-BASED FACTORS

■ Hancock ■ Harrison ■ Jackson ■ MS

	Hancock	Harrison	Jackson	MS
% Severe housing problem	15	19	14	16
% Severe housing cost burden	13	17	12	14
% Long commute-drive alone	45	25	35	32
% Households with no motor vehicle	5	6	4	7
% Without high-speed internet service	12	3	3	10
% Limited access to healthy food	15	16	11	11
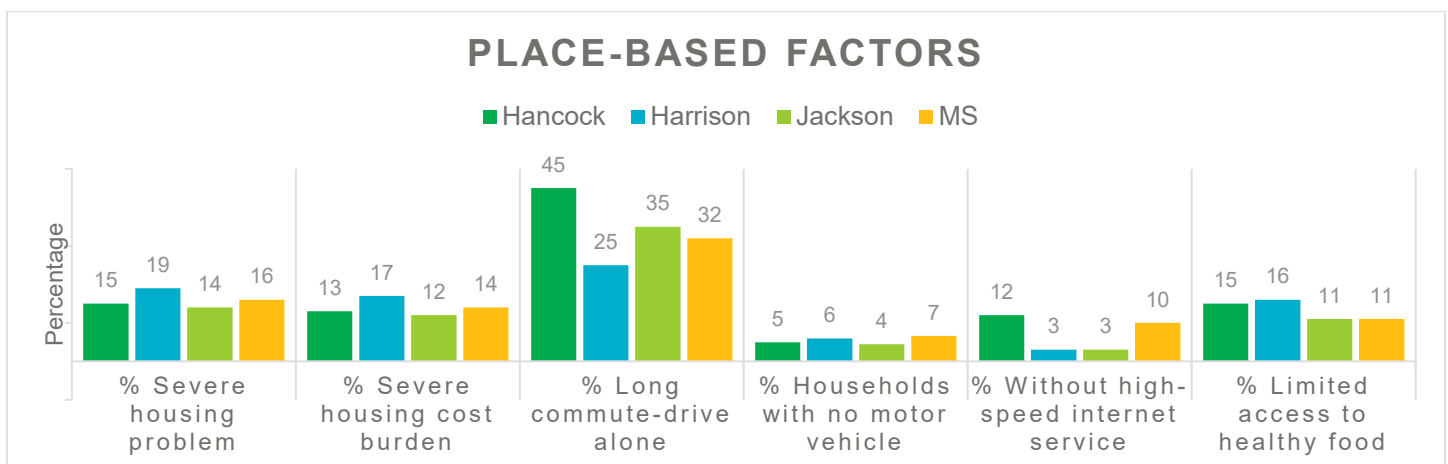
Figure 5: Percentage of population affected by placed-based factors.

The 2019 SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes, created by Conduent Healthy Communities Institute. It summarizes multiple socio-economic indicators into one composite score for easier identification of high need areas. All zip codes and counties in the United States are given an Index Value from 0 (low need) to 100 (high need). According to the SocioNeeds Index, Harrison County zip codes 39501 and 39530 have the highest need. Zip code 39501 (population 23,475) has the high index score of 98.0 followed by zip code 39530 (population 9,142) with an index score of 95.2. This compares to areas with low need, such as zip code 39564 (population 39,389) in Jackson County with an index score of 28.3 and zip code 39525 (population 9,244) in Hancock County with a low index score of 22.7. See figure 6 below for the social index distribution of the three counties in map and graph form.[18]

[15] USDA, Food Environment Atlas, 2015 via County Health Rankings
[16] Comprehensive Housing Affordability Strategy data, 2011-2015 via County Health Rankings.
[17] American Community Survey, 2013-2017 via County Health Rankings.
[18] http://www.gulfcoastcommunityexchange.org/index.php?module=indicators&controller=index&action=socioneeds
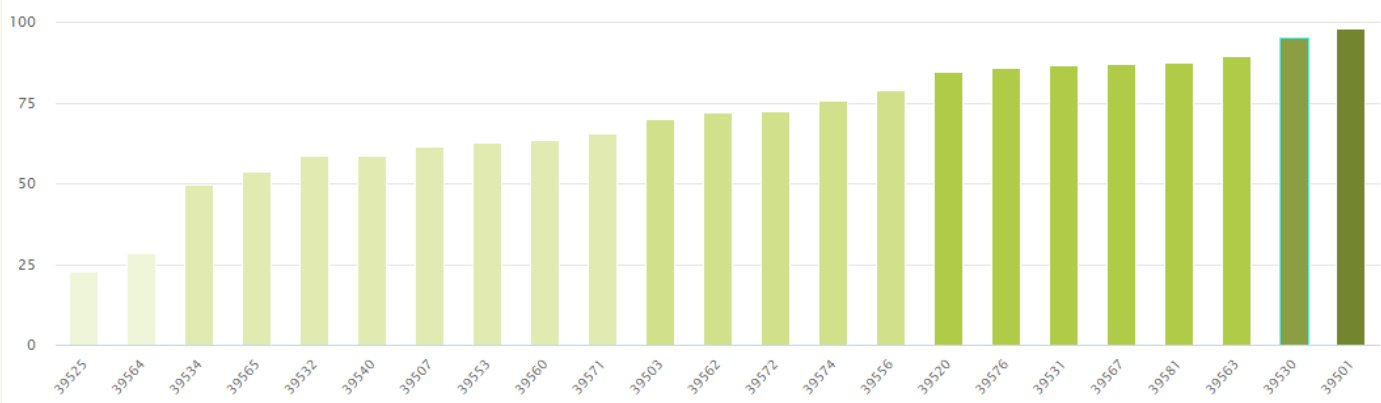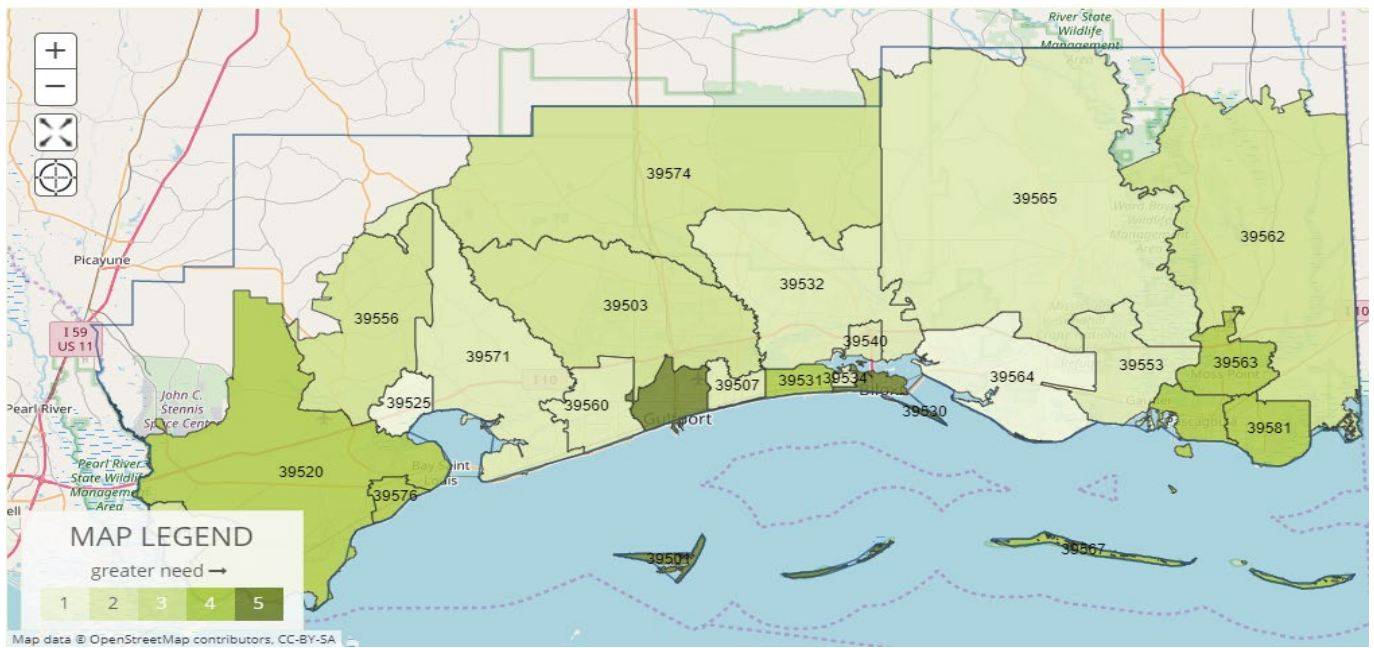
Figure 6: 2019 SocioNeeds Index identifying zip codes based on need in Hancock and Harrison, and Jackson Counties. All zip codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). To easier identify need on the map, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value

Socio-economic and place-based qualitative themes

- Transportation was the most cited socioeconomic factor by interview and focus group participants. Many interviewees cited lack of transportation as a barrier to accessing health care as well as accessing employment and other necessities.
- Lack of jobs with livable wages was also cited as a factor, often causing citizens to choose between healthcare and other necessities like rent or food.
- Lack of affordable and safe housing was connected to the livable wages. Many participants in both the key informant interviews and focus group, said many people could not afford housing and if they could, neighborhood safety and quality of housing was an issue, especially in Harrison county.
- Other key factors participants discussed were poverty, closing of mental health facilities, and access to fruits and vegetables.

Clean air and water support healthy brain and body function, growth, and development. Air pollutants such as fine particulate matter, ground-level ozone, sulfur oxides, nitrogen oxides, carbon monoxide, and greenhouse gases can harm our health and the environment. Air pollution is associated with increased asthma, emphysema, chronic bronchitis, and other lung diseases. Air pollution damages airways and lungs and increases the risk of premature death from heart or lung disease, especially for elderly. Figure 7 below illustrates the daily density of fine particulate matter in microorganisms per cubic meter (PM 2.5) with Jackson County having the highest density of 10 PM2.5.[19] These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries and automobiles react in the air.

Excess nitrogen and phosphorus run-off, medicines, chemicals, lead, and pesticides in water also pose threats to quality of life. Hancock County was shown to have at least one water violation.[20] Poor surface water quality can also make lakes unsafe for swimming and wild fish unsafe for consumption. Nitrogen pollution and harmful algae blooms create toxins in water, which can lead to rashes, stomach or liver illness, respiratory problems, and neurological effects when people ingest or encounter polluted water.[21]

Physical environmental factors	Hancock	Harrison	Jackson	MS
Air pollution particles (PM2.5), 2014	9.4	9.8	10.1	9.9
Drinking water violations, 2017	Yes	No	No	No

Figure 7: Air pollution particles and water quality violations.

Other environmental qualitative themes
- Most key informants listed the algae bloom and water quality as environmental concerns. The bloom caused the closure of beaches in their communities thus effecting tourism revenue and employment. Participants from the key informant interviews and focus group brought up the frequency of boil water advisories in the community. Combined with the closure of beaches, participants questioned the drinking water quality and safety in their respective communities. - Other place-based concerns included heat, flooding, waste and littering, air quality, road construction and the lack of sidewalks.

"Safe water, safe recreation. We are driven by tourism, so this affects those economic issues. The public is very concerned about water quality."

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[19] CDC, Environmental Public Health Tracking Network, 2014 via County Health Rankings.
[20] EPA, Safe drinking water information system, 2017 via County Health Rankings
[21] https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/physical-environment/air-and-water-quality

Health status and outcomes

The average number of years a person expected to live in Mississippi was 74.8 years between 2015-2017. The approximate number of years a person was expected live in Hancock was 76 years, in Harrison 75 years, and in Jackson 76.3 years. White persons were expected to live over a year longer than black persons in Harrison (74.9 years for versus 73.3 years) and Jackson (76.4 years versus 74.2 years respectively).[22]
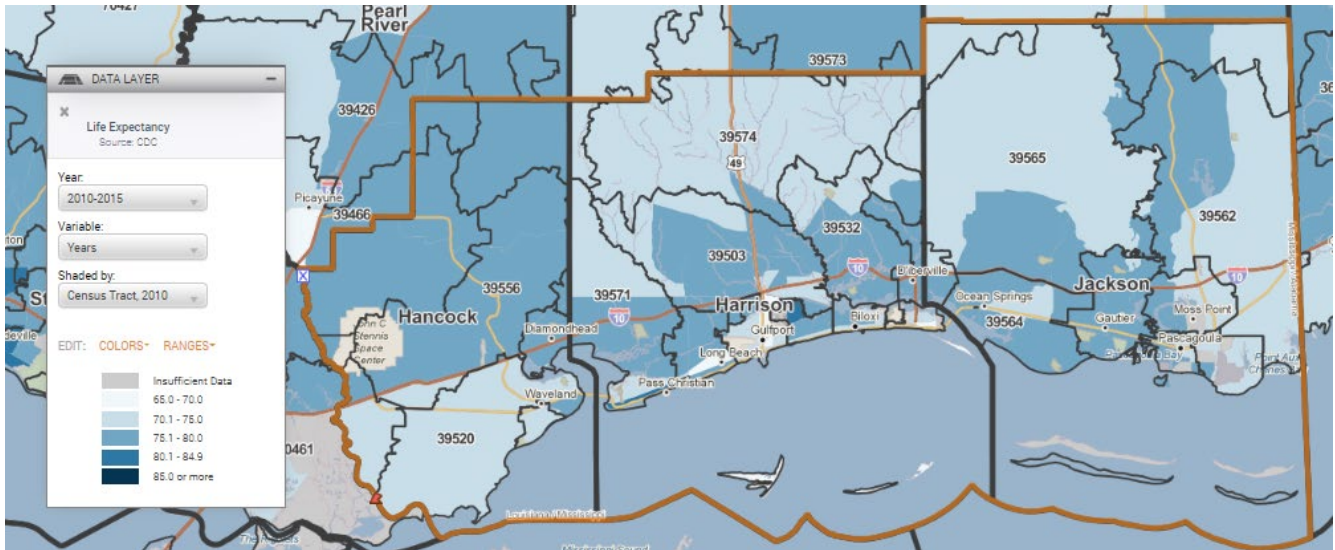
Figure 8: Life expectancy map of Hancock, Harrison, and Jackson Counties by census tract.

Behavioral risk factors and conditions

Tobacco use remains high in Mississippi and is the leading cause of preventable death in the United States. Researchers estimate that tobacco control policies have saved at least 8 million Americans, but 18% of adults still smoke nationally. Each day, nearly 3,200 youth smoke their first cigarette, and 2,100 transition from occasional to daily smokers.[23] Although smoking tobacco has been declining, vaping is on the rise, especially for younger populations. Mississippi State Department of Health reported it first vaping-associated death of an individual under the age of 30 in September 2019. Mississippi State Health Officer Dr. Thomas Dobbs declared that serious lung injury from vaping has become a national epidemic that healthcare partners across the country are trying to address.[24]

Obesity is one of the biggest drivers of preventable chronic diseases in the US. Being overweight or obese increases the risk for many health conditions, including type 2 diabetes, heart disease, stroke, hypertension, cancer, dementia, and respiratory problems. More than two-thirds of American adults and approximately 32% of children and adolescents are overweight or obese. Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality - independent of

"One of our big health issues is obesity. We like our food. It causes health risks."

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[22] National Center for Health Statistics, Mortality Files, 2015-2017, via County Health Rankings.
[23] Behavioral Risk Factor Surveillance System (BRFSS), 2016. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-factors/health-behaviors/tobacco-use.
[24] https://msdh.ms.gov/msdhsite/_static/23,21328,341.html

obesity. Nearly 73% of high school students in the US do not meet the CDC's recommended physical activity levels. Hancock County has the highest percentages of adults that are obese and inactive, both at 36%, compared to the other two counties.[25] Ongoing insufficient has also been linked to chronic health conditions, as well as psychiatric disorders.[26]
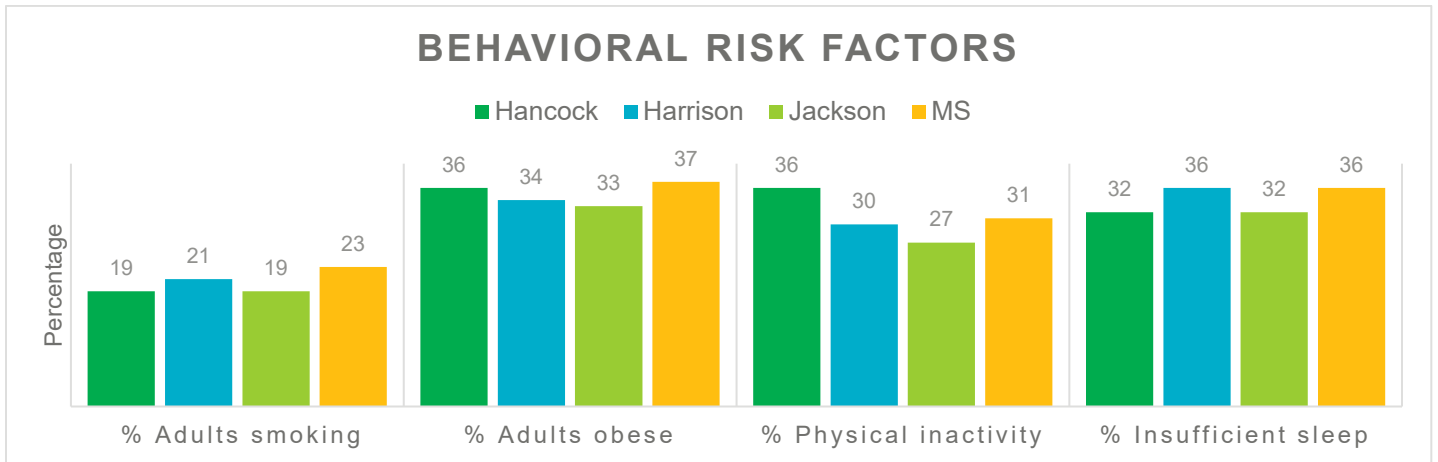
Figure 9: Percentage of population displaying behavioral risks and conditions.

Unsafe sexual behaviors, such as having unprotected sex can also lead to harmful outcomes like sexually transmitted infections (STIs) and unwanted pregnancies. Chlamydia is the most common bacterial STI in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. Teen births are represented as the number of births per 1,000 females ages 15-19. Evidence suggests teen pregnancy significantly increases the risk of repeat pregnancy and of contracting a STI, both of which can result in adverse health outcomes for mothers, children, families, and communities. The rates of incidence of chlamydia[27] and teen births[28] in the three Counties are less than Mississippi averages, but higher than the Nation's average.

Sexual Activity	Hancock	Harrison	Jackson		MS	U.S.
Chlamydia incidence rate per 100,000	330	560	428		672	497
Teen birth rate per 1,000 females	32	39	34		39	25

Figure 10: Sexual activity risk indicators.

Quality of life

Quality of life represents the well-being of a community and underscores the importance of physical, mental, social, and emotional health from birth to adulthood. Self-reported health status, such as fair or poor health and frequent mental or physical distress, are a widely used measure of people's health-related quality of life. It helps characterize the burden of disabilities and chronic diseases in a population, as well as general inequities and trends.[29] Diabetes is an important marker for a range of health behaviors. This can be a valuable source of data for communities in understanding the toll that risky health behaviors can take on their population and

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[25] CDC Diabetes Interactive Atlas, 2015 via County Health Rankings
[26] https://www.countyhealthrankings.org/explore-health-rankings/
[27] National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2016 via County Health Rankings.
[28] National Center for Health Statistics - Natality files, 2011-2017 via County Health Rankings.
[29] BRFSS, 2016.

health care system. Hancock county does have a slightly higher percentage of adults over 20 diagnosed with diabetes (15%).[30]
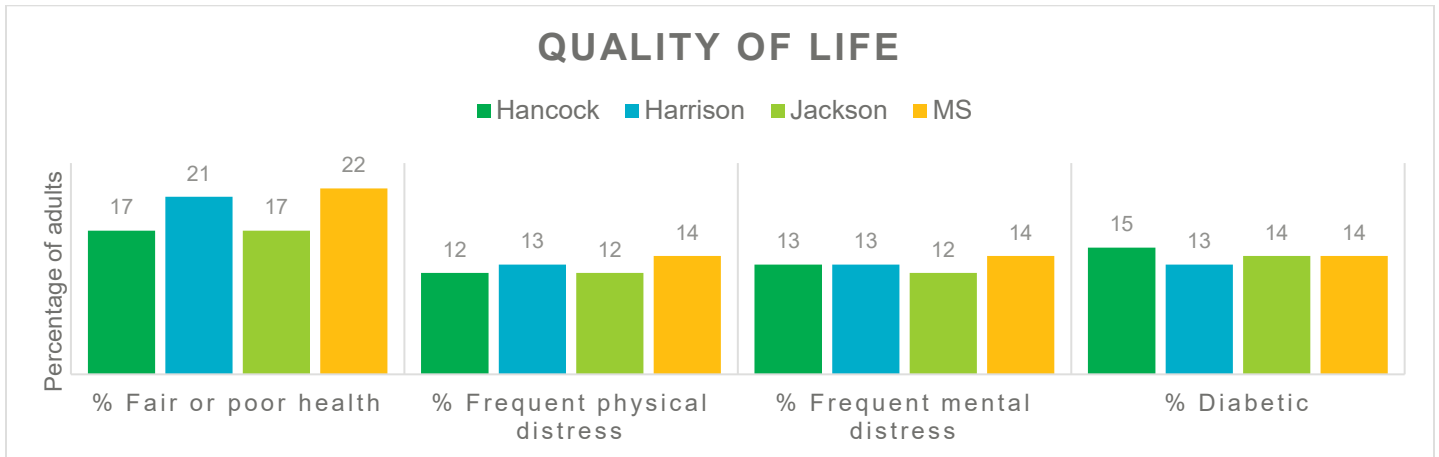
Figure 11: Health related quality of life indicators.

Injuries through accidents or violence are the third leading cause of death in the United States. Accidents and violence affect health and quality of life in the short and long-term, for those both directly and indirectly affected. Living in unsafe neighborhoods can impact health in a multitude of ways: The chronic stress associated with living in unsafe neighborhoods can harm health; Unsafe neighborhoods can cause anxiety, depression, and stress, and are linked to higher rates of pre-term births and low birthweight babies, even when accounting for income; High crime rates can also deter residents from pursuing healthy behaviors, such as exercising outdoors. The three County area has a lower violent crime rate than Mississippi.[31]

Hancock County has a higher rate of injury deaths than the State. Injuries are a leading cause of death. The leading causes of death in 2016 among unintentional injuries, respectively, were: poisoning, motor vehicle traffic deaths, and falls. Among intentional injuries, the leading causes of death in 2016, respectively, were: firearm suicides, suffocation suicides, and firearm homicides. The majority of firearm fatalities are the result of suicides (63%) and homicides (33%). Firearm fatalities and homicide rates are also included in figure 11, where suicide rates are noted in figure 12.[32]
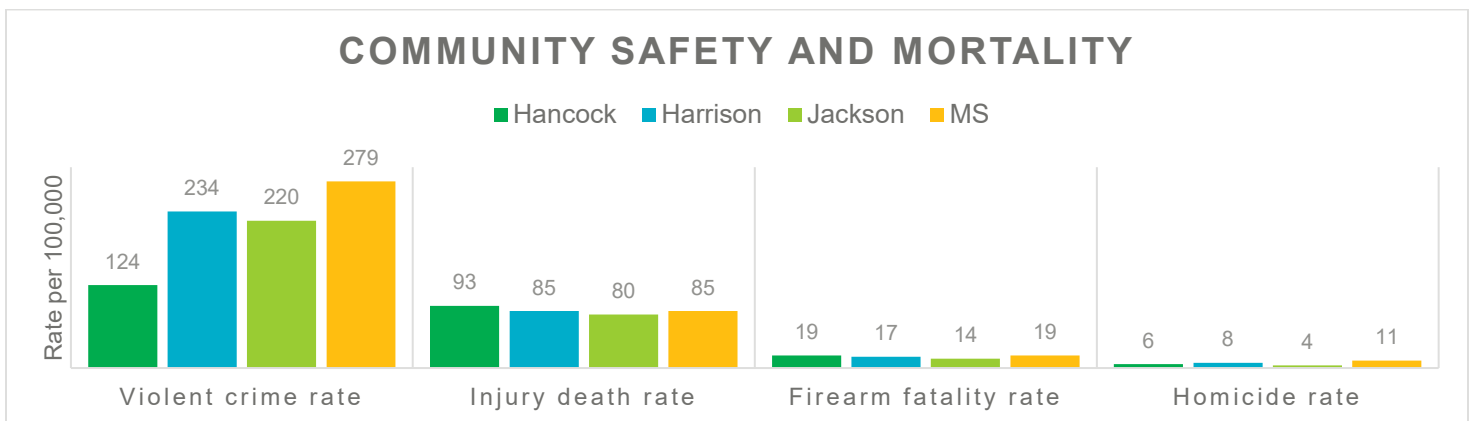
Figure 12: Community safety and mortality rates.

[30] CDC Diabetes Atlas, 2015.
[31] FBI, Uniform Crime Reporting, 2014 & 2016 via County Health Rankings
[32] CDC WONDER mortality data, 2013-2017 via County Health Rankings

Suicide is an indicator of poor mental health. Regarding the suicide death rate, Harrison County surpasses the State and Country with a third more suicides reported. There are much higher suicide deaths of males than females across the country. In Harrison, the age-adjusted suicide rate among males was 33.6 deaths per 100,000 population compared to female rate 9.04 deaths per 100,000 persons.[33]
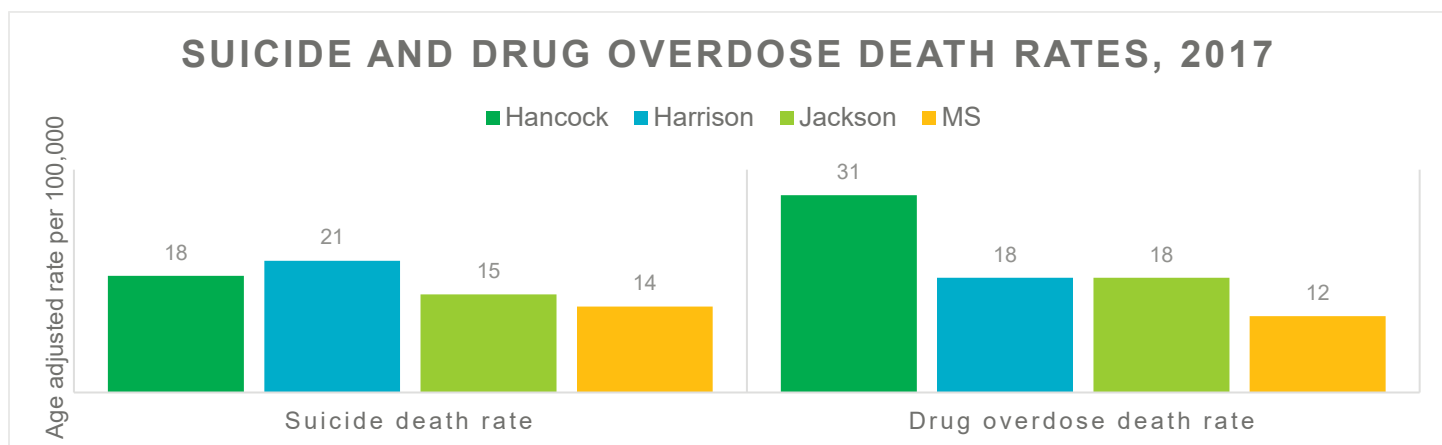
Figure 13: Suicide and drug overdose death rates.

According to the CDC, the United States is experiencing an epidemic of drug overdose deaths. Since 2000, the rate of drug overdose deaths has increased by 137 percent nationwide. Opioids contribute largely to drug overdose deaths; since 2000, there has been a 200 percent increase in deaths involving opioids (opioid pain relievers and heroin). Hancock County experienced over double the drug overdose deaths as Mississippi.[34]

Physical, mental, and behavioral health qualitative themes
- Nearly all participants cited mental health and addiction as top concerns for those in their community. - Due to lack of treatment for mental health, interviewees said that many people turn to self-medication to cope, thus creating co-morbidities. - Another significant health condition was obesity. More than half of participants cited obesity as another physical health issue in their community. Lack of movement and lack of access to healthy foods were discussed as reasons for high obesity rates. - Other health conditions mentioned in both the key informant interviews and focus group were diabetes and hypertension, often cited along with the concern for heart disease and pre-natal/maternal health in the community.

Other leading causes of death

The five leading causes of death for Mississippi are 1) Heart Diseases 2) Malignant Neoplasms 3) Emphysema and other chronic lower respiratory diseases 4) Accidents and 5) Cerebrovascular disease (see figure 8 below). It is interesting to note that in Hancock County, Alzheimer's Disease is the fourth leading cause of death with 57 deaths per 100,000 persons. The rates of death due to heart diseases and Cerebrovascular diseases has increased since 2016, whereas the rate of deaths to emphysema and other lower respiratory diseases have decreased. [35]

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[33] CDC WONDER mortality data, 2013-2017 via CARES Engagement Network
[34] CDC WONDER mortality data, 2015-2017 via County Health Rankings
[35] MSDH, 2017. https://msdh.ms.gov/phs/stat2017.htm

LEADING CAUSES OF DEATH, 2017

■ Hancock ■ Harrison ■ Jackson ■ MS

Rate per 100,000

1. Heart Diseases: 272, 302, 230, 266
2. Malignant Neoplasms: 232, 219, 216, 219
3. Emphysema and Other Chronic Lower Respiratory Diseases: 79, 54, 66, 68
4. Accidents: 53, 53, 49, 58
5. Cerebrovascular Disease: 55, 54, 51, 58
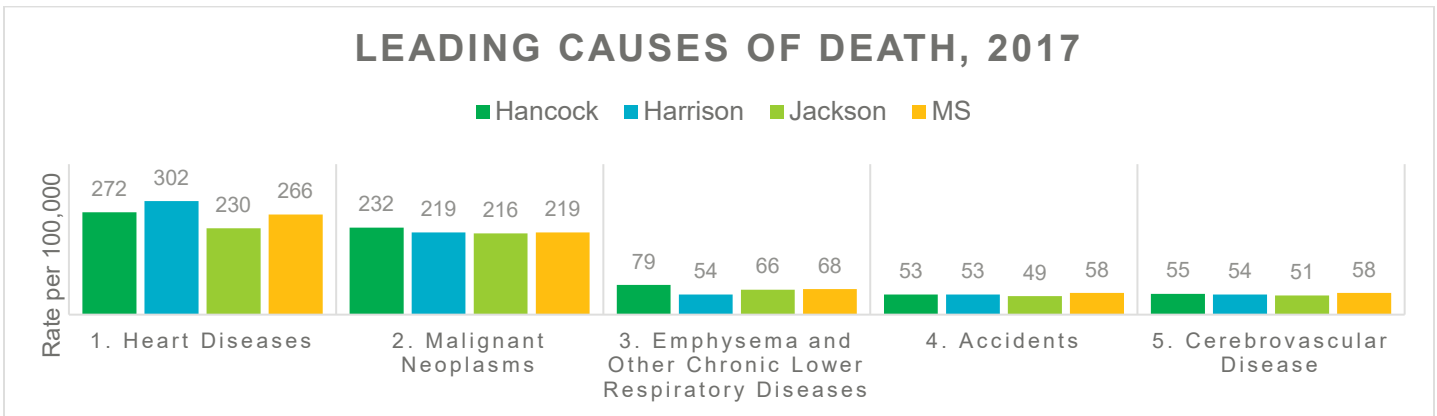
Figure 14: Five leading causes of death in Mississippi, 2017.

Risk of cancer and cancer death is influenced by many factors, including cigarette and tobacco use, aging, environmental carcinogens, genetic factors and some viral and bacterial infections. Health disparities in socioeconomic status and/or access to high-quality health care can influence cancer incidence and mortality. According to MSDH 2018 Regional Cancer Snapshot, lung cancer is the leading cause of cancer death in Mississippi among all racers and genders. Certain populations have higher incidence and mortality rates of cancer:

— African American men have higher mortality rates of prostate cancer, lung & bronchus, and colon & rectum cancers. White men have higher rates of melanoma.
— African American women have a higher incidence of aggressive breast cancer and have higher mortality rates for breast, colon & rectum, and cervix uteri cancers.
— Mortality rates for lung, prostate and colon cancer are higher in rural areas compared with urban.[36]

See figure 15 below for cancer age-adjusted death rates and figure 16 for incidence rates comparing the Coastal Counties, the State, and the U.S.[37]

CANCER AGE ADJUSTED DEATH RATES, 2012-2016

■ Hancock ■ Harrison ■ Jackson ■ MS ■ US

Age adjusted rate per 100,000

All cancer deaths: 186, 210, 181, 194, 161
Lung & bronchus deaths: 56, 67, 57, 57, 42
Prostate, males, deaths: 26, 24, 21, 25, 19
Breast, females, deaths: 20, 23, 20, 24, 21
Colon and Rectum, deaths: 14, 20, 15, 19, 14
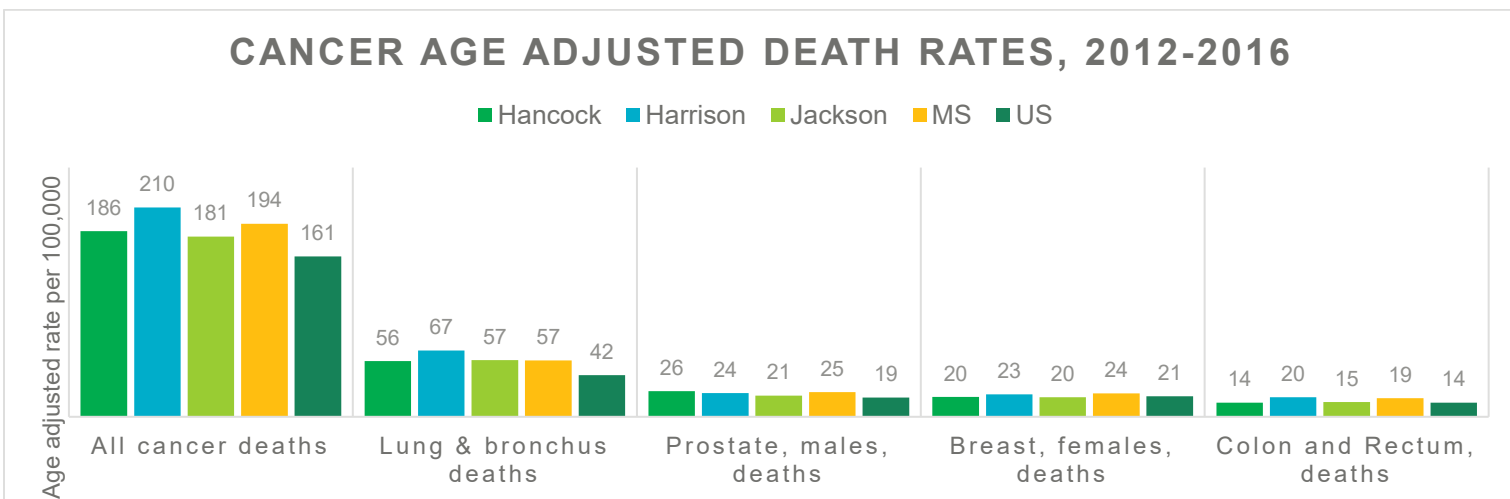
Figure 15: Age-adjusted cancer death rates by Counties, State, and U.S.

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[36] MSDH, cancer profiles and https://www.americashealthrankings.org/explore/annual/measure/CancerDeaths/state/MS
[37] https://statecancerprofiles.cancer.gov/incidencerates

According to NIHs State Cancer Profile data below, Hancock County has the highest mortality rate of male prostate cancer deaths (26 per 100,000), but lowest male prostate cancer incidence rate (103 per 100,000) in comparison to the two other counties and State.

CANCER AGE ADJUSTED INCIDENCE RATES, 2012-2016
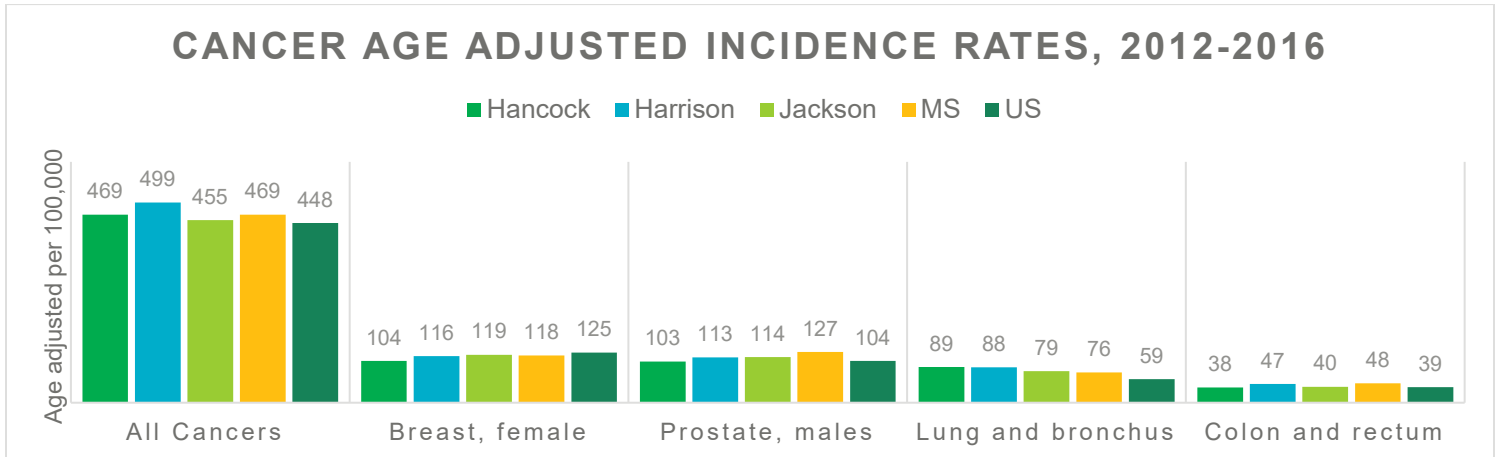
Figure 16: Age adjusted cancer incidence rates by Counties, State, and U.S.[38]

There are inequities in health care delivery that affect outcomes. Figur17 below illustrates differences in Prostate Cancer mortality based on race. Black men (including Hispanic) have higher prostate cancer death rates than white men (including Hispanic) in Mississippi and the Country.

PROSTATE CANCER, MALES - MORTALITY RATE BY RACE
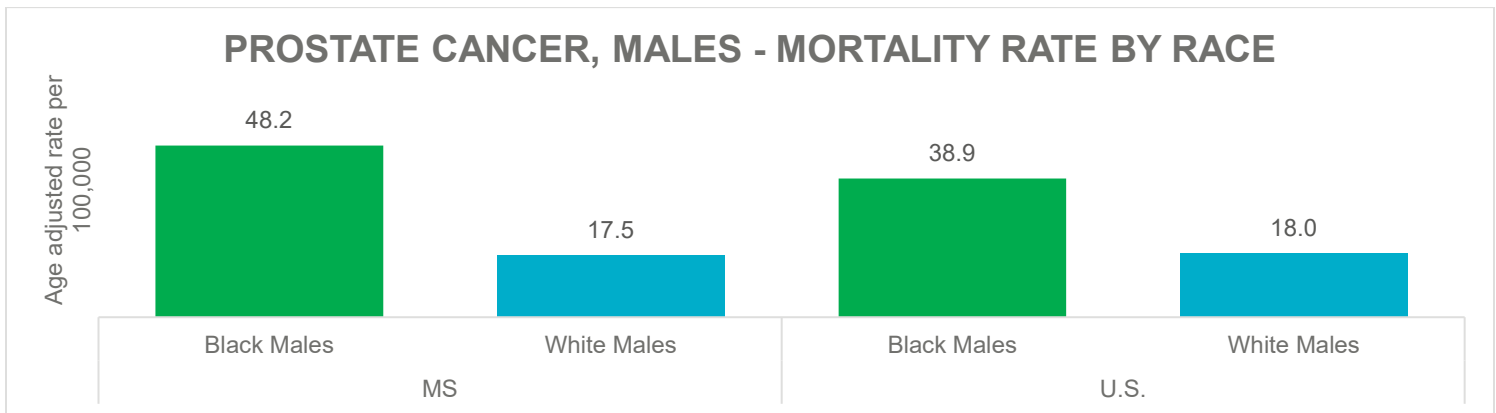
Figure 17: Prostate Cancer, male, age adjusted mortality rates in MS and U.S. based on race.

Infant mortality represents the health of the most vulnerable population. It is also commonly used to understand historical racial inequities with African American infants having a higher rate.[39] Child mortality, the number of deaths among children under 18 per 100,000 persons, has a large impact on years of potential life lost. Harrison County has a higher child mortality rate than Mississippi, while Hancock and Jackson fall below the Mississippi average.[37]

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[38] NIH, National Cancer Institute, https://statecancerprofiles.cancer.gov/incidencerates
[39] CDC WONDER mortality data, 2011-2017 via County Health Rankings

LENGTH OF LIFE

■ Hancock ■ Harrison ■ Jackson ■ MS

Infant mortality rate (per 1,000 live births): Hancock 8, Harrison 8, Jackson 7, MS 9

Child mortality rate (per 100,000 population): Hancock 64, Harrison 78, Jackson 53, MS 76
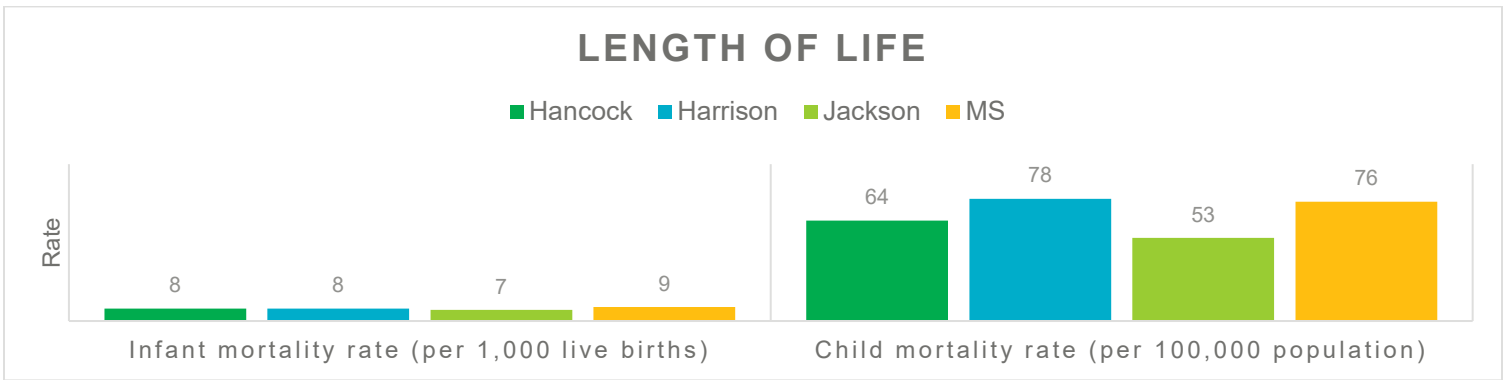
Figure 18: Infant and child mortality rates.

Access to health care

Having access to care allows individuals to enter the health care system, find care easily and locally, pay for care, and get their health needs met. Lack of health insurance coverage is a significant barrier to accessing needed health care and to maintaining financial security. In 2016, 28 million Americans younger than age 65 were uninsured, nearly a 16 fewer uninsured people since 2013 due to the Affordable Care Act (ACA). The uninsured are much less likely to have primary care providers than the insured; they also receive less preventive care, dental care, chronic disease management, and behavioral health counseling. Those without insurance are often diagnosed at later, less treatable disease stages, have worse health outcomes, lower quality of life, and higher mortality rates than their insured counterparts. Mississippi did not expand Medicaid, which participants acknowledged as a contributing factor in the lack of insurance for low income residents.

% UNINSURED UNDER 65	
Hancock	15%
Harrison	15%
Jackson	13%
MS	14%
U.S.	10%

Figure 19: Percent of population uninsured.

RATE OF HEALTH PROVIDERS

■ PCP rate ■ Dentist rate ■ Mental health provider rate

	PCP rate	Dentist rate	Mental health provider rate
Hancock	34	23	21
Harrison	56	70	165
Jackson	49	40	142
MS	53	47	142
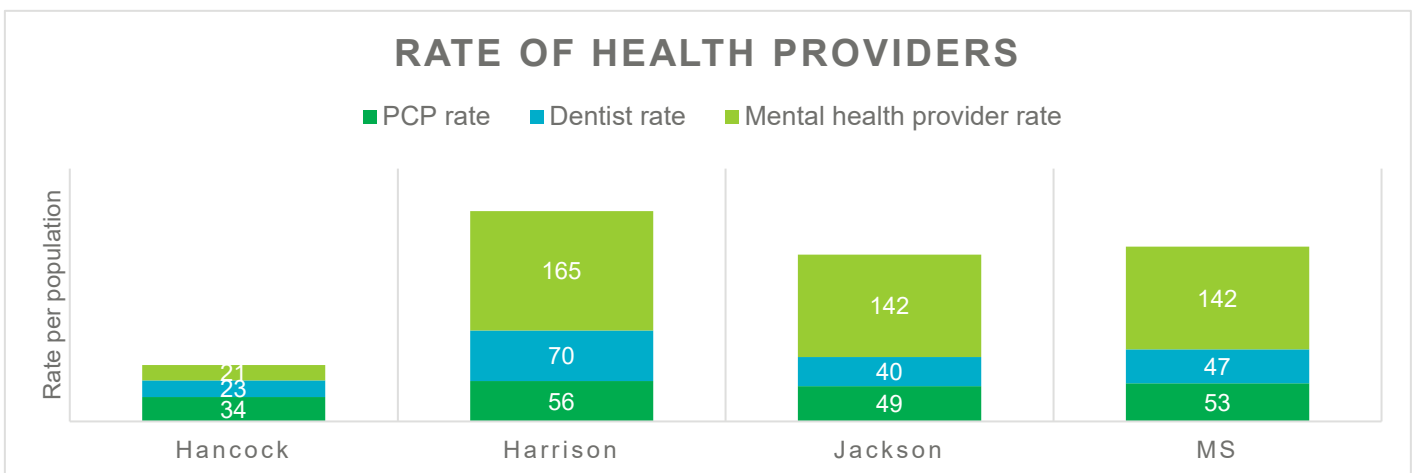
Figure 20: Rate of Primary Care Providers, Dentists, and Mental Health Providers.

Access to care requires not only financial coverage, but also available providers. Above you can see the percent of people under 65 not insured[40] as well as the rate of health providers. Another way to view provider availability is the ratio of the population to providers. Below illustrates the drastic ratio of the population to Mental Health Providers and Dentists in rural Hancock County.[41]

County	Ratio of population to providers		
	Primary Care Physicians	**Mental Health Providers**	**Dentists**
Hancock	2924:1	**4705:1**	4278:1
Harrison	1783:1	607:1	1424:1
Jackson	2047:1	704:1	2494:1
MS	1895:1	702:1	2139:1
U.S.	1330:1	440:1	1460:1

Figure 21: Ratio of population to primary care, mental health, and dental providers.

There are other barriers to care in Coastal Mississippi: see the qualitative themes for more information below.

"The big issue is transportation. It is a tremendous barrier. They can't get to hospital and can't get care."

Barriers to care qualitative themes
- In the key informant interviews, 60% of interviewees mentioned transportation as a barrier to accessing health care.   40% of interviewees cited lack of overall insurance and physicians <u>not</u> accepting Medicaid.   - Other answers given were lack of knowledge of resources and language barrier due to the growing Hispanic and Vietnamese community.   80% of participants in the key informant interviews and the focus group cited the lack of mental health facilities as a barrier to accessing mental health services. Many cited Gulf Coast Mental Health's inconsistent funding and brief closing as a real need to address.   - Participants discussed that lack of mental health facilities added to the wait time for many patients, even those in crisis.   - Other barriers cited in interviews were the lack of mental practitioners and a lack of inpatient facilities, again tied to overall lack of funding for mental health services.

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[40] US Census Small Area Health Insurance Estimates, 2016.
[41] PCPs- Area Health Resource File/American Medical Association, 2016. Dentists- Area Health Resource File/American Medical Association, 2017. MH providers- CMS, National Provider Identification, 2018. Via County Health Rankings

Prioritization process and discussion

LPHI presented an overview of the CHNA findings described above to The Hancock Health Foundation and hospital leadership on October 28, 2019. Needs were selected based on prevalence and severity according to the secondary data. Input gathered from the community during interviews and focus groups was also heavily considered. Participants discussed if the findings and needs seemed accurate, if anything was surprising, and if any key indicators needed clarification. Transportation was the main item discussed during the meeting. A summary of the community needs selected are listed below grouped into barriers to health, barriers to care, and health behaviors and outcomes.

Barriers to Health	**Barriers to Care**	**Health Behaviors and Outcomes**
• Transportation • Social determinents: lack of quality jobs & liveable wages, lack of affordable and safe housing (most cited for Harrison County) • Environment: lack of access to health foods, physical activity, and lack of sidewalks • Water Quality: drinking water, gulf waters for recreation	• Insurance: uninsured, lack of physicians accepting Medicaid • Health Literacy: lack of knowledge about available resources, growing language barriers • Lack of mental health and substance use disorder treatment services and facilities • Lack of specialty providers (including mental health) • Reliable transportation	• Mental health: suicide, addictions/substance abuse • Chrnoic Disease: obesity, diabetes, heart disease, hypertension, stroke, cancers (added) • Accidents (added) • Prenatal and maternal health • Healthful eating and physical activity

After reviewing findings and processing the discussion, OMC-Hancock leadership committed to addressing four needs that the hospital could feasibly tackle as part of the 2019-2022 Community Health Improvement Plan (CHIP). While all areas are of community concern and importance, OMC-Hancock committed to focusing on key issues where they could serve as a leader and driver of change in the community.

Top priorities for 2019-2022

The 2019 significant needs prioritized by OMC-Hancock
1. **Chronic Disease & Cancer Management** 2. **Early Detection and Screenings** 3. **Access to Care** 4. **Community education**

Figure 22: Top four priority health needs for OMC-Hancock.

To maximize resources and strengths of OMC-Hancock, some significant needs will not be explicitly included in their Community Health Implementation Plan. Although mental health and substance abuse were top concerns, OMC-Hancock found the challenges at the state, policy, and financial levels are too great at this time for the facility to tackle in three years. Others issues not selected due to lack of expertise included social determinants, environmental factors, water quality, and accidents.

Impacts from 2016 Community Health Implementation Plan

During the transition of ownership to Ochsner Medical Center, the Hancock facility continued to tackle their priorities in 2016 Community Health Implementation Plan (CHIP), which included

- Diabetes, obesity, Cardiovascular disease, and health awareness
- Access to care
- Community resources and education

Diabetes & exercise

1) Provide overall health awareness through bariatric health program as requires pre & post-surgical patient education on healthy eating, changes in behavior, increased physical activity, psych evaluations, management of conditions such as diabetes & cardiovascular diseases

   HMC recruited a provider into the organization to provide Bariatric surgery, weight management, and patient education services on a part time basis. The clinic opened in 2017 and is still present today. The clinic was connected to the overall clinic located in St. Tammany parish, and the intention was to improve the lives of patients in the local area. Over the clinic tenure at Hancock County, 9 bariatric procedures were performed locally and the MD sees over 100 patients each year. In addition, licensed dieticians provide counseling and education to patients during their stay in the hospital.

   In 2019, Ochsner introduced the "Eat Fit" healthy meal alternatives program throughout the hospital cafeteria. The program consisted of posting educational flyers about the health benefits of eating healthier and all hospital cafeteria menus were modified to include "Eat Fit" alternatives meal choices.

2) Offer resources to increase patient & community awareness regarding diabetes, obesity and cardiovascular disease

   Free meeting space has been available to the Diabetes Education Group as needed.

   Multiple health fairs were provided to area businesses as requested, as well as "Hello Health" presentations to the local community on specific health topics that include staying healthy, cardiovascular disease, cancer screenings, flu vaccinations, blood pressure screenings, and urologic health. OMC-Hancock also partnered with the Gulf Coast Mommy Blog to present health education on several topics, including cardiovascular health for women, early cancer detection & treatment issues, and breast cancer screening for women.

Dietician/Nutrition Services	CY 17	CY 18	CY 19
Item Description	Qty	Qty	Qty
Total Evaluations & Nutritional Therapy	26	261	323
Unique Patients	7	140	161

3) OMC-Hancock continued the "**Stay Fit**" exercise program for community members who want to exercise or wish to continue their rehabilitation activities after treatment for cardiovascular, pulmonary,

orthopedic or other health conditions. The two locations(Diamondhead, MS and Bay St. Louis) MS have averaged 800 participants over the past 3 years:

Stay Fit Program	CY 17	CY 18	CY 19 (10 mos analyzed)
Member Months	878	819	720
Avg Members Per Month	73	68	60

Quality improvement

1) With the change of ownership in April 2018, programs were implemented in the outpatient clinics with a focus on Wellness and chronic disease management. Our population health initiative was implemented to help identify at risk patients and assist with needed health screenings and symptom monitoring. Protocols and registries were put in place, and a dashboard has been created to track improvements in key population health metrics:

Outpatient Quality Bundle:
Loaded: **Weekly**; Sourced: **Epic**
Reporting shows **Quarterly** values.

OHS for this bundle is derived from only "Ochsner Service Area." Including: OMC, WB, BAP, KR,BR, STA, NS, HAN

Metric Name	Quarterly Trends 2018	2019	Q4-19	YTD	Goal	Variance	Q4-18	YTD	Goal	YoY Q4 Variance	YoY YTD Variance
Mammography			67.8%	67.8%	86.0%	-18.2%	42.7%	42.7%	84.0%	25.1%	25.1%
Cervical Cancer Screening			56.5%	56.5%	80.0%	-23.5%	13.3%	13.3%	77.0%	43.1%	43.1%
Colon Cancer Screening			45.1%	45.1%	80.0%	-34.9%	21.2%	21.2%	80.0%	24.0%	24.0%
Diabetes Mellitus Control			70.7%	70.7%	80.0%	-9.3%	61.4%	61.4%	80.0%	9.3%	9.3%
Blood Pressure Control			71.5%	71.5%	82.0%	-10.5%	47.7%	47.7%	75.0%	23.8%	23.8%
Diabetic Eye Exam			29.0%	29.0%	83.0%	-54.0%	8.3%	8.3%	81.0%	20.7%	20.7%
Statin Therapy			82.9%	82.9%	82.0%	0.9%	71.2%	71.2%	88.0%	11.7%	11.7%
Postpartum Care			0.0%	0.0%	N/A	N/A	0.0%	0.0%	69.0%	0.0%	0.0%

2) Specifically, focused upon key measures of Mammography screening, Cervical Cancer Screening, Colon Cancer screening, Diabetes Mellitus Control (A1C), Blood Pressure Control, Diabetic Eye Examinations, Statin Therapy and Postpartum Care, workflows have been introduced into our outpatient clinics to measure progress in bringing chronic disease under control by ensuring proper screening examinations, and ongoing patient monitoring / education.

3) We have incorporated LPN clinical care coordinators into our clinic structure to assist with the data mining to create patient registries that identify patients with recurring health needs. Those patients are proactively contacted to assist with screening, and clinical interventions to help bring their disease under control, and educational resources are provided to help patients actively manage their disease.

Access to care

Primary care

1) During the period, outpatient clinic locations and hours of operations were expanded, in order to create additional access to care – specifically in primary care services. Primary care services were expanded and are now available in Diamondhead, Port Bienville, and Bay St. Louis locations. Clinic hours were also expanded to 10 hours each workday, to allow for more convenient access to care.

2) Improvements in schedule management, a centralized call center, and implementation of the MyOcshner Web Portal for patient appointment scheduling ensures that 88% of all patients requesting same day appointments, can be accommodated. Additionally, 59.6% of all new patients establishing care in the clinics can be seen within 14 days.

3) HMC has recruited 6 new family practice providers into the Bay St. Louis & Diamondhead communities to increase the availability of providers and reduce the wait times to get into a provider.

4) Additionally, our Cardiac Rehabilitation program saw continued growth for patients suffering cardiovascular disease. During the recent period of April 2018 – October 2019, the program provided services for 68 new patients with over 1100 visits.

5) In 2019, in support of the multi-specialty clinic in Diamondhead, the hospital opened a free-standing imaging center providing laboratory, ultrasound, x-ray, and computed tomography to citizens of the Hancock County community.

Specialty care

1) In addition to primary care services, several services were expanded or initiated during the period. Urology, Pain Management, Hematology & Oncology, Gastroenterology, and Orthopedics services were all initiated in Hancock County during the period.

Urology Analysis	CY 17	CY 18	CY 19
OP Testing (Lab, Cardio, Imaging, etc)	129	339	569
Surgery	18	88	165
Total	147	427	734

Orthopedics	CY 17	CY 18	CY 19
OP Testing (Lab, Cardio, Imaging, etc)	967	1,113	2,486
Surgery	6	65	164
Total	973	1,178	2,650

2) Starting in 2015, OMC-Hancock evaluated over 291 patients for possible ischemic stroke symptoms. This technology saves valuable time when evaluating patients for stroke; and enables the care team to administer medications timely, to reduce the impact of life-changing ischemic strokes in our community.

3) The hospital increased access to mammography diagnostic services during the period – investing in 3-D Tomography equipment in 2019. This equipment allows for earlier detection of breast cancer and allows for stereotactic biopsies to be performed as well, when clinically appropriate. Additionally, the hospital continues its partnership with the Hancock Health Foundation to provide free mammography screening for uninsured patients.

Mammography	CY 17	CY 18	Annualized CY 19
Mammography Screening	1,436	1,581	2,029

4) Chemotherapy infusion services were initiated in 2019, recognizing that transportation can often impact our patients' ability to seek needed treatment. The hospital investment has allowed for many patients living within the Hancock County area to have chemotherapy and hematology services while staying in their local community.

Hematology / Oncology	2017	2018	Annualized 2019
Clinic Visits	-	65	643
Hosp Svcs / Diagnostics	72	231	961

Financial assistance program

With the transition of the hospital & clinics in 2018, a new financial assistance program was implemented to provide financial counseling and assistance to the uninsured of the community. Often, financial burden can become an obstacle for those seeking care. The financial assistance program helps identify financial resources for those in need of health care services.

Financial Assistance	2017	2018	2019
	-	83,982	423,061
	-	696,948	1,589,495
Total	-	780,930	2,012,556
Charity Care	2017	2018	2019
	-	228	158,017
	104,096	200,094	30,444
Total	104,096	200,322	188,460

Community resources & education

1) Through our partnership with Schumacher Clinical Partners, the organization continues to provide ongoing community education and health resources to members of the business community. During the period, we continued to provider over 60 health and safety events which included flu fairs and health fairs aimed at the employees of 123 companies within the Hancock County community.

Employer Activities	Total
Health Events	9
Safety Talks	7
Health Fairs	17
Company Tours	5
Community Events	2
Health Talks	2
Flu Shot Events	14
School Physicals	3
Employee Events	1
# Total Employer Events	60
# Participants	3,167
# Companies Utilizing Services	123

2) The organization continues to provide nursing resources to Bay/Waveland and Hancock County School system students. Contracts with each school district includes the provision of services that include a) assessing students for injuries, b) illnesses, c) medication administration, and d) health screenings.

School Nursing Services & Resources	Total
Student Visits – Illness/Injury/Other	32,213
Total Students	5,939
Medication Administration and Treatments	44,023
Total Students	4,453
Health Screenings	1,010
Total Students	503

Appendix A. Local assets and resources

Name of organization	Work done	County
Back Bay Mission	Strengthens neighborhoods through ministries like education and empowerment programs and housing rehabilitation program to help people in crisis and help make the transition out of poverty.	Harrison
Gulf Coast Healthy Communities Collaborative	Brings together partners across multiple sectors to catalyze data-driven action at the intersection of community development and health. The Community ExCHANGE tool provides up-to-date local community health data and resources to assist our communities in becoming more resilient places that improve health and quality of life on the Mississippi Gulf Coast.	Hancock, Harrison, Jackson
Mercy Housing & Human Development	Develops strategies to provide housing, community and economic development in the coastal counties of Mississippi.	Harrison
Biloxi Housing Authority	Develops, supports and sustains, safe quality affordable housing communities, and to encourage self-sufficiency	Harrison
East Biloxi Community Collaborative	Works with Community Members and residents to voice concerns and act collectively to hold city accountable	Harrison
Coastal Family Health Center	Provides quality comprehensive patient centered care to the community regardless of one's economic status.	Harrison, Hancock
UnitedWay of South Mississippi	Provides free prescription drug discount program, nutrition education, and early learning programs to the community.	Harrison
Salvation Army Gulfcoast	Provides social services, disaster response and recovery, cold weather shelters, and transitional Housing	Harrison, Jackson
PACT - Pine Belt Mental Healthcare Resources	An individual-centered, recovery-oriented, mental health service delivery model for facilitating community living, psychological rehabilitation and recovery for persons who have the most severe and persistent mental illnesses.	Hancock, Harrison, Jackson
GulfCoast Mental Health Clinics	Promotes better living for all citizens of Region XIII through mental health education, evaluation, and treatment.	Harrison, Hancock, Pearl River
Hancock & Gulfport WIN Job Center	WIN Job Centers are service centers that offer programs and resources geared toward your job seeking and claim needs and are partners in the American Job Center Network.	Harrison, Hancock
Gulfcoast Center for Non-Violence	Provides help to victims of domestic violence and sexual assault through shelter and non-residential programming, and violence prevention sessions	Hancock, Harrison, Jackson, Pearl River, George, and Stone
Hancock Resource Center	Works to stabilize families and strengthen the community by addressing obstacles and barriers to housing and coordinating services for families in need	Hancock
Department of Marine Resources	The MDMR is dedicated to enhancing, protecting and conserving the marine interests of Mississippi for present and future generations.	State, located in Harrison
Open Doors Homeless Coalition	Open Doors, a coalition raising awareness by building bridges within the community and acting as a unified force dedicated to preventing, reducing and ultimately ending homelessness.	Harrison, Hancock
FamiliesFirst for Mississippi	The united efforts of both organizations strengthen families of all backgrounds and life circumstances by providing support and services - from parenting classes, educational opportunities, positive youth development, literacy assistance, and workforce and job readiness.	Jackson

CASA Mississippi	Advocates for the best interests of abused and neglected children through the development and support of court-sanctioned, community-based programs which provide trained and supervised volunteers.	Jackson
Mississippi Tobacco Free Coalition - Harrison & Hancock	The MTFCs are community-based coalitions that work to prevent the initiation of tobacco use among youth, reduce exposure to secondhand smoke, promote tobacco cessation services, and eliminate tobacco-related disparities.	Harrison, Hancock
The Rescue Army	Connects citizens to free or low cost drug addiction treatment, in patient, outpatient, and provide drug and gang education classes to raise awareness.	Pearl River
Gulfport Health Center	Provides free and sliding scale services that include but are not limited to treatment when you sick, pregnancy care, dental care, normal checkups, mental health, substance abuse help, and more.	Harrison
Sue's Home	Sue's Home is a long term residential program for women and children. Accepts women who have graduated from residential drug or alcohol treatment facilities or have been released from incarceration.	Jackson
Starfish Café	8-20 week experiential learning program, students 18 and older receive hands-on training in restaurant, job, and life skills.	Hancock
Boat People SOS	Provides services to the Vietnamese community such as disaster management, workforce development, interpretation and translation services, and immigration and naturalization services.	Harrison
Department of Environmental Quality	safeguard the health, safety, and welfare of present and future generations of Mississippians by conserving and improving our environment and fostering wise economic growth through focused research and responsible regulation.	State, located in Jackson County
Disability Connection	Creates a connected community to provide social support, ensure healthy futures, eliminate barriers, and foster cooperation and understanding for people with disabilities.	State, located in Jackson County
Ingalls Shipbuilding	This allows our apprentices to receive an education, build work ethic, gain experience and develop into world-class journeymen of their crafts.	Jackson
Climb CDC	Prepares young people- getting GED and advancing them in terms of job training and placement	Harrison
YMCA Gulfcoast	Provides boxed produce for diabetes prevention program participants. the YMCA has steadily grown, with not only swimming lessons, but a diverse selection of classes and activities from which the whole community can benefit.	Jackson
Safe Kids Gulf Coast	Led by Mississippi Department of Health, Southern Region, this coalition implements evidence-based programs, such as car-seat checkups, safety workshops and sports clinics, that help parents and caregivers prevent childhood injuries.	Harrison, but inspection sites all over Gulf Coast

Appendix B. Recommendations from participants

- *Establishing formal relationships amongst community providers and themselves, such as referral systems. Convening with other hospitals in the same area to discuss and prevent duplication.*
- *I'm hoping that because of their wonderful resources they can attract these specialty areas (Orthopedics, OBGYNs, rheumatologists) in the area. Hope they can build a medical community.*
- *If Ochsner could tap into (mental and behavioral health) MBH and help find resources for our families here, that is a huge need. Especially with the uncertainty of Gulf Coast Mental Health.*
- *Organize a community wide health challenge, not just weight; how to eat healthier, make better choices, etc. We live in a fast food paced world, so what can that look like in all facets of life.*
- *Partner with ExcelBy5 Coalition with all these people in the community that care about children succeeding in kindergarten.*
- *Get serious about providing healthcare for low income people. Not blaming people who can't take care of their health. Look at the real lived lives of people and respond to that need.*
- *Would like to see Ochsner have a community education series; how to manage your diabetes, how to grocery shop in a heart heathy way. Do better outreach and education; pregnancy, childbirth, parenting, healthy behaviors for teens.*
- *We need a health care system willing to provide services in this community, not farm them out to other campuses.*
- *We need an interventional cardiologist that can respond in this ER.*
- *Provide free or reduced health screenings [and] referrals to community organizations. The hospital pulling in (Gulf coast Center for Nonviolence) GCWCFN more into their work.*
- *Public Education geared toward family planning, obesity, and smoking cessation.*
- *Discuss priorities and bring partners to table. One facility cannot do it all. [Ochsner] Needs to identify strengths and weakness, so [Ochsner] can reach out where needed and offer when able.*
- *Expanding and educating people on services they offer or follow-through with referrals when they can't provide. [Ochsner] Needs to work across the board.*
- *Ochsner should have presence at the policy level, such as tobacco ordinance. Policy change needs to be incorporated, so follow through doesn't breakdown. Working with Mayors locally, like healthy food policy, convenient store marketing or offering healthy foods.*
- *Ochsner could make a concerted effort to collaborate with transportation through organizations like (Southern Mississippi Planning & Development District) SMPDD, (Central Transportation Agency) CTA, and regional transportation authority, as well as municipalities.*
- *Hope Ochsner would see value in collaborating with other hospitals to develop standardized and coordinated CHNAs.*
- *For Ochsner, tackle transportation head on. They have a carrier service. Possible van or truck to transport. Bring hospital to them. Expand telemedical services.*
- *Come to organization meetings. One in Hancock is called PATT (Partners at the Table).*
- *Utilize organizations and not reinventing the wheel. Having organizations use their space and resources.*
- *Hospital staff be educated on social services available in the community.*
- *Sharing data would be good. Lots of non-profits need data for grant funding.*
- *Maybe in the hospital system needs to refer to us and be educated on how to refer to community orgs. We sit down with community orgs; this would be a great link for Ochsner for referrals.*

Appendix C: Key informant matrix

Per IRS regulations (Section 3.06 of Notice 2011-52), each facility must get input from people who fall into each category. It should be noted that several participants fall into more than one category and other participants identified as business owner, hospital affiliate, or community member. The number of participants who identified meeting requirements are reflected below.

Input representing broad interests of community served	Number of Participants Meeting Requirement
1) Persons with special knowledge of or expertise in public health	3
2) Federal, tribal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility	5
3) Members of medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of these populations	5

Examples of organizations and populations represented by participants included:

- Coastal Family Health Center
- Gulf Coast Women's Center for Non-Violence
- Mississippi Department of Health
- Gulf Coast Health Communities Collaborative
- Mississippi Youth Court
- United Health Care

- Low Income Mothers and families
- Those experiencing homelessness
- Families involved in the court system
- Families experiencing domestic violence

Appendix D: Demographic data from OMC-Hancock

Median Household Income by Zip
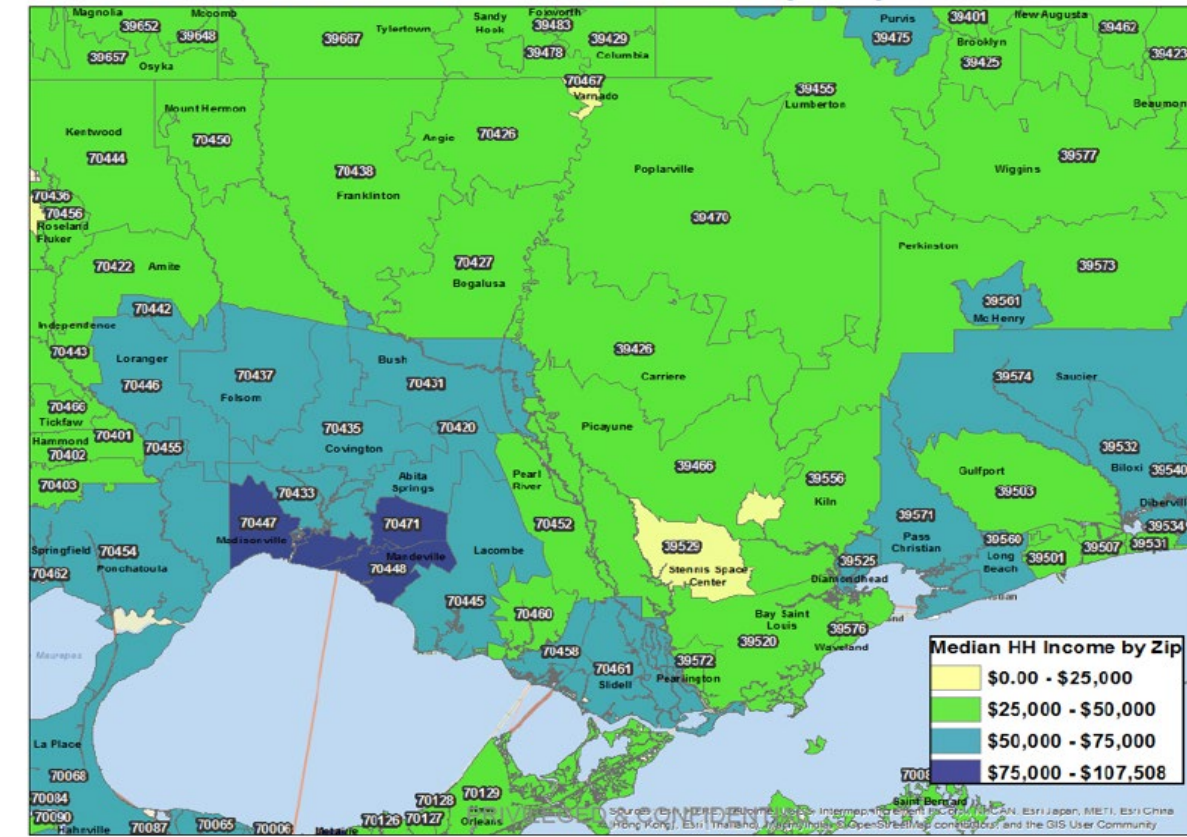
Bay St. Louis Demographic Snapshot 2017

Demographics Expert 2.7
2017 Demographic Snapshot
Area: Bay St. Louis city (10-16)
Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS	Selected Area	LA		2017	2022	% Change
2010 Total Population	14,728	4,533,372	Total Male Population	7,867	8,185	4.0%
2017 Total Population	15,945	4,706,135	Total Female Population	8,078	8,435	4.4%
2022 Total Population	16,620	4,839,118	Females, Child Bearing Age (15-44)	2,912	3,020	3.7%
% Change 2017 - 2022	4.2%	2.8%				
Average Household Income	$48,643	$68,011				

POPULATION DISTRIBUTION

Age Distribution

Age Group	2017	% of Total	2022	% of Total	LA 2017 % of Total
0-14	2,808	17.6%	2,773	16.7%	19.8%
15-17	638	4.0%	694	4.2%	4.0%
18-24	1,358	8.5%	1,455	8.8%	9.8%
25-34	2,018	12.7%	1,953	11.8%	14.2%
35-54	3,916	24.6%	3,906	23.5%	24.9%
55-64	2,437	15.3%	2,484	14.9%	12.8%
65+	2,774	17.4%	3,355	20.2%	14.6%
Total	15,945	100.0%	16,620	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

Income Distribution

2017 Household Income	HH Count	% of Total	LA % of Total
<$15K	1,315	20.5%	16.3%
$15-25K	929	14.5%	12.4%
$25-50K	1,797	28.0%	23.9%
$50-75K	1,133	17.6%	16.1%
$75-100K	645	10.0%	10.8%
Over $100K	606	9.4%	20.6%
Total	6,425	100.0%	100.0%

EDUCATION LEVEL

Education Level Distribution

2017 Adult Education Level	Pop Age 25+	% of Total	LA % of Total
Less than High School	678	6.1%	5.9%
Some High School	1,230	11.0%	10.9%
High School Degree	3,303	29.6%	33.9%
Some College/Assoc. Degree	3,478	31.2%	26.9%
Bachelor's Degree or Greater	2,456	22.0%	22.4%
Total	11,145	100.0%	100.0%

RACE/ETHNICITY

Race/Ethnicity Distribution

Race/Ethnicity	2017 Pop	% of Total	LA % of Total
White Non-Hispanic	12,339	77.4%	58.5%
Black Non-Hispanic	2,116	13.3%	31.9%
Hispanic	763	4.8%	5.3%
Asian & Pacific Is. Non-Hispanic	246	1.5%	1.9%
All Others	481	3.0%	2.4%
Total	15,945	100.0%	100.0%

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Diamondhead Demographic Snapshot 2017

Demographics Expert 2.7
2017 Demographic Snapshot
Area: Diamondhead, MS (06-17)
Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS	Selected Area	LA		2017	2022	% Change
2010 Total Population	8,376	4,533,372	Total Male Population	4,291	4,466	4.1%
2017 Total Population	9,008	4,706,135	Total Female Population	4,717	4,902	3.9%
2022 Total Population	9,368	4,839,118	Females, Child Bearing Age (15-44)	1,317	1,390	5.5%
% Change 2017 - 2022	4.0%	2.8%				
Average Household Income	$77,687	$68,011				

POPULATION DISTRIBUTION

Age Distribution

Age Group	2017	% of Total	2022	% of Total	LA 2017 % of Total
0-14	1,373	15.2%	1,358	14.5%	19.8%
15-17	303	3.4%	331	3.5%	4.0%
18-24	615	6.8%	705	7.5%	9.8%
25-34	741	8.2%	829	8.8%	14.2%
35-54	2,084	23.1%	1,945	20.8%	24.9%
55-64	1,286	14.3%	1,312	14.0%	12.8%
65+	2,606	28.9%	2,888	30.8%	14.6%
Total	9,008	100.0%	9,368	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

Income Distribution

2017 Household Income	HH Count	% of Total	LA % of Total
<$15K	270	7.0%	16.3%
$15-25K	328	8.5%	12.4%
$25-50K	733	19.0%	23.9%
$50-75K	968	25.1%	16.1%
$75-100K	619	16.1%	10.8%
Over $100K	938	24.3%	20.6%
Total	3,856	100.0%	100.0%

EDUCATION LEVEL

Education Level Distribution

2017 Adult Education Level	Pop Age 25+	% of Total	LA % of Total
Less than High School	49	0.7%	5.9%
Some High School	185	2.8%	10.9%
High School Degree	1,305	19.4%	33.9%
Some College/Assoc. Degree	2,409	35.9%	26.9%
Bachelor's Degree or Greater	2,769	41.2%	22.4%
Total	6,717	100.0%	100.0%

RACE/ETHNICITY

Race/Ethnicity Distribution

Race/Ethnicity	2017 Pop	% of Total	LA % of Total
White Non-Hispanic	8,080	89.7%	58.5%
Black Non-Hispanic	365	4.1%	31.9%
Hispanic	306	3.4%	5.3%
Asian & Pacific Is. Non-Hispanic	130	1.4%	1.9%
All Others	127	1.4%	2.4%
Total	9,008	100.0%	100.0%

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Waveland Demographic Snapshot 2017

Demographics Expert 2.7
2017 Demographic Snapshot
Area: Waveland, MS (6-17)
Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS	Selected Area	LA			2017	2022	% Change
2010 Total Population	6,000	4,533,372		Total Male Population	3,173	3,332	5.0%
2017 Total Population	6,572	4,706,135		Total Female Population	3,399	3,566	4.9%
2022 Total Population	6,898	4,839,118		Females, Child Bearing Age (15-44)	1,279	1,326	3.7%
% Change 2017 - 2022	5.0%	2.8%					
Average Household Income	$49,604	$68,011					

POPULATION DISTRIBUTION		Age Distribution				HOUSEHOLD INCOME DISTRIBUTION		Income Distribution		
Age Group	2017	% of Total	2022	% of Total	LA 2017 % of Total	2017 Household Income	HH Count	% of Total	LA % of Total	
0-14	1,258	19.1%	1,249	18.1%	19.8%	<$15K	625	23.6%	16.3%	
15-17	253	3.8%	283	4.1%	4.0%	$15-25K	382	14.4%	12.4%	
18-24	554	8.4%	586	8.5%	9.8%	$25-50K	708	26.7%	23.9%	
25-34	930	14.2%	874	12.7%	14.2%	$50-75K	542	20.5%	16.1%	
35-54	1,666	25.3%	1,730	25.1%	24.9%	$75-100K	128	4.8%	10.8%	
55-64	947	14.4%	980	14.2%	12.8%	Over $100K	263	9.9%	20.6%	
65+	964	14.7%	1,196	17.3%	14.6%					
Total	6,572	100.0%	6,898	100.0%	100.0%	Total	2,648	100.0%	100.0%	

EDUCATION LEVEL		Education Level Distribution		RACE/ETHNICITY		Race/Ethnicity Distribution	
2017 Adult Education Level	Pop Age 25+	% of Total	LA % of Total	Race/Ethnicity	2017 Pop	% of Total	LA % of Total
Less than High School	116	2.6%	5.9%	White Non-Hispanic	4,950	75.3%	58.5%
Some High School	699	15.5%	10.9%	Black Non-Hispanic	980	14.9%	31.9%
High School Degree	1,596	35.4%	33.9%	Hispanic	307	4.7%	5.3%
Some College/Assoc. Degree	1,584	35.1%	26.9%	Asian & Pacific Is. Non-Hispanic	104	1.6%	1.9%
Bachelor's Degree or Greater	512	11.4%	22.4%	All Others	231	3.5%	2.4%
Total	4,507	100.0%	100.0%	Total	6,572	100.0%	100.0%

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Pass Christian Demographic Snapshot 2017

Demographics Expert 2.7
2016 Demographic Snapshot
Area: Pass Christian (39571) Demographic Snapshot
Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA		2016	2021	% Change
2010 Total Population	13,330	308,745,538	Total Male Population	7,251	7,645	5.4%
2016 Total Population	14,695	322,431,073	Total Female Population	7,444	7,900	6.1%
2021 Total Population	15,545	334,341,965	Females, Child Bearing Age (15-44)	2,555	2,716	6.3%
% Change 2016 - 2021	5.8%	3.7%				
Average Household Income	$63,239	$77,135				

POPULATION DISTRIBUTION

	Age Distribution				USA 2016
Age Group	2016	% of Total	2021	% of Total	% of Total
0-14	2,799	19.0%	2,890	18.6%	19.0%
15-17	587	4.0%	631	4.1%	4.0%
18-24	1,275	8.7%	1,353	8.7%	9.8%
25-34	1,624	11.1%	1,777	11.4%	13.3%
35-54	3,545	24.1%	3,388	21.8%	26.0%
55-64	2,274	15.5%	2,325	15.0%	12.8%
65+	2,591	17.6%	3,181	20.5%	15.1%
Total	14,695	100.0%	15,545	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

	Income Distribution		USA
2016 Household Income	HH Count	% of Total	% of Total
<$15K	835	14.7%	12.3%
$15-25K	497	8.7%	10.4%
$25-50K	1,516	26.7%	23.4%
$50-75K	1,072	18.9%	17.6%
$75-100K	725	12.8%	12.0%
Over $100K	1,038	18.3%	24.3%
Total	5,683	100.0%	100.0%

EDUCATION LEVEL

	Education Level Distribution		USA
2016 Adult Education Level	Pop Age 25+	% of Total	% of Total
Less than High School	592	5.9%	5.8%
Some High School	727	7.2%	7.8%
High School Degree	2,863	28.5%	27.9%
Some College/Assoc. Degree	3,552	35.4%	29.2%
Bachelor's Degree or Greater	2,300	22.9%	29.4%
Total	10,034	100.0%	100.0%

RACE/ETHNICITY

	Race/Ethnicity Distribution		USA
Race/Ethnicity	2016 Pop	% of Total	% of Total
White Non-Hispanic	11,410	77.6%	61.3%
Black Non-Hispanic	2,295	15.6%	12.3%
Hispanic	359	2.4%	17.8%
Asian & Pacific Is. Non-Hispanic	251	1.7%	5.4%
All Others	380	2.6%	3.1%
Total	14,695	100.0%	100.0%

Long Beach Demographic Snapshot 2017

Demographics Expert 2.7
2016 Demographic Snapshot
Area: Long Beach (39560)
Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA
2010 Total Population	16,925	308,745,538
2016 Total Population	17,936	322,431,073
2021 Total Population	18,609	334,341,965
% Change 2016 - 2021	3.8%	3.7%
Average Household Income	$58,856	$77,135

	2016	2021	% Change
Total Male Population	8,595	8,924	3.8%
Total Female Population	9,341	9,685	3.7%
Females, Child Bearing Age (15-44)	3,465	3,567	2.9%

POPULATION DISTRIBUTION

	Age Distribution				
Age Group	2016	% of Total	2021	% of Total	USA 2016 % of Total
0-14	3,437	19.2%	3,514	18.9%	19.0%
15-17	746	4.2%	747	4.0%	4.0%
18-24	1,693	9.4%	1,699	9.1%	9.8%
25-34	2,334	13.0%	2,455	13.2%	13.3%
35-54	4,407	24.6%	4,311	23.2%	26.0%
55-64	2,477	13.8%	2,553	13.7%	12.8%
65+	2,842	15.8%	3,330	17.9%	15.1%
Total	17,936	100.0%	18,609	100.0%	100.0%

HOUSEHOLD INCOME DISTRIBUTION

	Income Distribution		
2016 Household Income	HH Count	% of Total	USA % of Total
<$15K	900	13.2%	12.3%
$15-25K	791	11.6%	10.4%
$25-50K	2,036	29.9%	23.4%
$50-75K	1,208	17.7%	17.6%
$75-100K	770	11.3%	12.0%
Over $100K	1,102	16.2%	24.3%
Total	6,807	100.0%	100.0%

EDUCATION LEVEL

	Education Level Distribution		
2016 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	533	4.4%	5.8%
Some High School	979	8.1%	7.8%
High School Degree	3,161	26.2%	27.9%
Some College/Assoc. Degree	4,524	37.5%	29.2%
Bachelor's Degree or Greater	2,863	23.7%	29.4%
Total	12,060	100.0%	100.0%

RACE/ETHNICITY

	Race/Ethnicity Distribution		
Race/Ethnicity	2016 Pop	% of Total	USA % of Total
White Non-Hispanic	14,525	81.0%	61.3%
Black Non-Hispanic	1,855	10.3%	12.3%
Hispanic	732	4.1%	17.8%
Asian & Pacific Is. Non-Hispanic	417	2.3%	5.4%
All Others	407	2.3%	3.1%
Total	17,936	100.0%	100.0%

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Appendix E. Sources of measures

Demographics				
Focus Area	**Measure Description**	**Source**	**Year**	**Accessed via…**
Population	Population estimate trend by parish	Census Population Estimates	2017	County Health Rankings, 2019
Income	Median household Income	Small Area Income Estimates	2017	County Health Rankings, 2019
Age	% population under 18 % population 65 and over	Census Population Estimates	2017	County Health Rankings, 2019
Race & Ethnicity	% non-Hispanic Black % non-Hispanic White % Hispanic	Census Population Estimates	2017	County Health Rankings, 2019
Language	% not proficient in English	American Community Survey, 5-year estimate	2013-2017	County Health Rankings, 2019
Gender	% of population identified as female	Census Population Estimates	2017	County Health Rankings, 2019
Rural/ Urban	% of county defined as rural	Census Population Estimates	2010	County Health Rankings, 2019
Socioeconomic, Placed Based, and Environmental Factors				
Focus Area	**Measure Description**	**Source**	**Year**	**Accessed via…**
Children in poverty	% of children under age 18 in poverty	ACS, 5 year estimates	2012-2016	County Health Rankings, 2019
Children in one parent house	% of children that live in a household headed by single parent	ACS, 5 year estimates	2013-2017	CARES Engagement Network
Severe Housing cost burden	% spending more than 50% of household income on housing	ACS, 5 year estimates	2013-2017	County Health Rankings, 2019
Graduated High School	% of ninth grade cohort that graduates in 4 years	ED Facts	2016-2017	County Health Rankings, 2019
Some College	% of adults ages 24-44 with some secondary education	ACS, 5 year estimates	2013-2017	County Health Rankings, 2019
Un-employment	% of population ages 16 + unemployed but seeking work	Bureau of labor statistics	2017	County Health Rankings, 2019
Severe housing problems	% living with overcrowding, high housing costs, or lack of kitchen or plumbing	Comprehensive Housing Affordability Strategy (CHAS) data	2011-2015	County Health Rankings, 2019
Long commute time-alone	% of workers commuting more than 30 minutes alone in the car	ACS, 5 year estimates	2013-2017	County Health Rankings, 2019
No motor vehicle	% of household with no motor vehicle	ACS, 5 year estimates	2013-2017	CARES Engagement Network
Internet	% of population with access to high-speed internet	National Broadband map	2018	CARES Engagement Network
Limited access to healthy food	% of population who are low-income and do not live close to a grocery store	USDA Food Environment Atlas	2015	County Health Rankings, 2019
SocioNeeds Index	Measure of socioeconomic need correlated with poor health outcomes.	Conduent Healthy Communities Institute calculated index using Claritas data	2019	Gulf Coast Community Exchange

Air pollution particulate matter	Daily density of fine particulate matter in microorganisms per cubic meter (PM 2.5)	Environmental Public Health Tracking Network	2014	County Health Rankings, 2019
Drinking water	A drinking water violation was reported	Safe Drinking Water Information System	2017	County Health Rankings, 2019

Health Status and Outcomes

Focus Area	Measure Description	Source	Year	Accessed via…
Life expectancy	Number of years a person is expected to live at birth	National Center for Health Statistics, Mortality files	2015-2017	Policy map
Smoking	% of adults smoking	Behavioral Risk Factor Surveillance System	2016	County Health Rankings, 2019
Obesity	% of adults with BMI >30	CDC Diabetes Interactive Atlas	2015	County Health Rankings, 2019
Physical Inactivity	% of adults age 20 and over reporting no leisure-time physical activity	CDC Diabetes Interactive Atlas	2015	County Health Rankings, 2019
Insufficient sleep	% of adults who report < 7 hours of sleep on average	Behavioral Risk Factor Surveillance System	2016	County Health Rankings, 2019
STIs	Number of newly diagnosed chlamydia cases per 100,000 population	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2016	County Health Rankings, 2019
Teen births	Number of births per 1,000 female population ages 15-19	National Center for Health Statistics - Natality files	2011-2017	County Health Rankings, 2019
Quality of life	Poor or fair health Frequent physical distress Frequent mental distress	Behavioral Risk Factor Surveillance System	2016	County Health Rankings, 2019
Diabetes Prevalence	% of adults > 20 diagnosed with diabetes	CDC Diabetes Interactive Atlas	2015	County Health Rankings, 2019
Violent crime	Number of reported violent crime offenses per 100,000 population	Uniform Crime Reporting - FBI	2014 & 2016	County Health Rankings, 2019
Injury death	Number of deaths due to injury per 100,000 population	CDC WONDER mortality data	2013-2017	County Health Rankings, 2019
Firearm fatality	Number of deaths due to firearms per 100,000 population	CDC WONDER mortality data	2011-2017	County Health Rankings, 2019
Homicide	Number of deaths due to homicide per 100,000 population	CDC WONDER mortality data	2013-2017	County Health Rankings, 2019
Suicide	Number of deaths due to suicide per 100,000 population	CDC WONDER mortality data	2013-2017	CARES Engagement Network
Drug overdose	Number of deaths due to homicide per 100,000 population	CDC WONDER mortality data	2012-2016	CARES Engagement Network
Leading Causes of Death	Summary statistics of death rates	Mississippi Department of Health (MSDH)	2017	https://msdh.ms.gov/ phs/stat2017.htm
Cancer	Age adjusted death rates per 100,000 and incidence rates	NIH, State Cancer Profiles	2012-2016	https://statecancerpro files.cancer.gov/
Infant mortality	Number of all infant deaths (within one year) per 1,000 births	CDC WONDER mortality data	2011-2017	County Health Rankings, 2019
Child mortality	Number of deaths among children under 18 per 100,000 persons	CDC WONDER mortality data	2011-2017	County Health Rankings, 2019

Access to Health Care				
Focus Area	**Measure Description**	**Source**	**Year**	**Accessed via…**
Uninsured	% uninsured under age 65		November 2018	http://www.ldh.la.gov/ HealthyLaDashboard/
Dentists	Number of dentists per 100,000 persons	HRSA, Area Health Resource File	2016	County Health Rankings, 2019
Mental health providers	Number of mental health providers per 100,000 persons	CMS, National Provider Identification	2018	County Health Rankings, 2019
Primary care providers	Number of primary care providers per 100,000 persons	HRSA, Area Health Resource File	2016	County Health Rankings, 2019