

Ochsner Scott Regional

CHNA Report

December 2022

Approved by
The Board of Directors of Ochsner Scott Regional
November 28, 2022



CRI CARR
RIGGS &
INGRAM

CPAs and Advisors

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EXECUTIVE SUMMARY

Ochsner Scott Regional completes a community health needs assessment (CHNA) every three years. It is through this work that we identify the unmet needs in the community and strategically plan how we can best address those needs. The purpose of this community health needs assessment report is to provide Ochsner Scott Regional with a functioning tool to guide the medical facility as it works to improve the health of the community it serves. In addition, the report meets the guidelines of the Internal Revenue Service.

The assessment was performed, and the implementation strategies were created by the Community Health Needs Assessment Steering Committee with assistance from Carr, Riggs & Ingram, a nationally ranked accounting firm based in Enterprise, AL. The assessment was conducted from September through November 2022. The CHNA will guide the development of Ochsner Scott Regional's community health improvement initiatives and implementation strategies. This is a report that may be used by many of the medical facility's collaborative partners in the community.

The opening section of this report will consist of general information about Ochsner Scott Regional. It will provide the community with an informative overview concerning the hospital along with an explanation of the services available at Ochsner Scott Regional.

Previous patients, employees, and community representatives provided feedback. Ochsner Scott Regional organized a focus group and distributed a community health survey that provided an opportunity to members of the community to offer input. Additional information came from public databases, reports, and publications by state and national agencies.

The response and implementation sections of this report describes how the medical facility and its collaborative partners worked together to address health needs identified in 2019's CHNA. In this report, we also discuss the health priorities that we will focus on over the next three years. The CHNA report is available electronically on Ochsner Scott Regional's website (www.ochsnerrush.org); a printed copy may also be obtained from the hospital's administrative office.

We sincerely appreciate the opportunity to be a part of this community. Your opinions matter. As you read this report, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community together. Ochsner Scott Regional is committed to extending care beyond our bricks and mortar. We are committed to meeting the health care needs of the broader community. Together, we can make our community healthier for every one of us and fulfill our mission. We look forward to working with you to improve the overall health of those we serve.

Heather Davis, Administrator
Ochsner Scott Regional



ABOUT THE HOSPITAL

OVERVIEW

Ochsner Scott Regional is a 25-bed critical access hospital located in Morton, Mississippi that provides a wide range of inpatient, outpatient, and emergency services. This facility has a rich heritage as a hospital built by the community for the community. Opened in June 1993, Ochsner Scott Regional has provided quality health care to the people of Morton and the surrounding area for nearly three decades.

Patients are cared for under the direction of their physician by a licensed health care team. This team comprises registered nurses, physical therapists, social workers, dietitians, pharmacists, and other ancillary staff depending on the patient’s medical needs.

Services are available on an inpatient and outpatient basis through the hospital’s imaging, laboratory, and rehabilitative services, which include physical, occupational, and speech therapy. Below is a list of the services provided by the hospital; a detailed summary on a number of these services can be found in the section titled “[Healthcare Services Provided.](#)”



- ▲ Emergency Room
- ▲ Hospitalist Program
- ▲ Inpatient Acute Care
- ▲ Diagnostic Lab
- ▲ Diagnostic Radiology
- ▲ Respiratory Therapy
- ▲ Cardiac Monitoring
- ▲ Echocardiograms
- ▲ Specialized Rehab Services
- ▲ Case Management
- ▲ Swing Bed Program
- ▲ Wound Care
- ▲ Prolia Treatment
- ▲ Community Education
- ▲ Senior Care Program
- ▲ Colonoscopies & Routine Endoscopic Procedures



Along with the main campus, Ochsner Scott Regional operates three clinics that offer a variety of specialties to the community. The clinics are as follows:

- ▲ Rush Family Practice – Lake
- ▲ Clark Medical Clinic
- ▲ Primary Healthcare

Along with being the one of the county's largest employers and a major economic stimulus by virtue of its payroll, Ochsner Scott Regional also provides many benefits to the broader community in the areas of civic involvement and giving. Examples include conducting and attending community health fairs, providing free medical screening tests and dissemination of health information, and supporting the City of Morton, local schools, and various community and civic organizations.

HEALTHCARE SERVICES PROVIDED

24 HOUR EMERGENCY ROOM

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



RESPIRATORY THERAPY

Ochsner Scott Regional therapists are trained and qualified to provide high quality care for patients of all ages suffering from upper-airway disorders and lung diseases to patients. Respiratory therapists work closely with the patient's physician to provide a comprehensive approach to treatment. The department oversees the administration of oxygen, respiratory medications, and therapeutics to help patients breathe easier.

DIAGNOSTIC LAB

Ochsner Scott Regional's laboratories provide quality service that is accurate, timely, and cost effective to providers, patients, and the community. The lab assists physicians in the diagnosis, treatment, and management of acute and chronic illnesses by performing a wide variety of tests in the areas of:

- ▲ Chemistry
- ▲ Hematology and Coagulation
- ▲ Transfusion Services
- ▲ Microbiology
- ▲ Urinalysis & Drug Screens

DIAGNOSTIC RADIOLOGY

Ochsner Scott Regional is equipped with modern and effective diagnostic imaging technology which enables the hospital to diagnose illnesses and injuries quickly and efficiently. Ochsner Scott Regional radiologists are board certified in diagnostic imaging, and have specialty MRI and neuroimaging training. These knowledgeable technologists and staff perform diagnostic testing with personal care and attention, taking time to explain each procedure so the patient knows what to anticipate every step of the way. These diagnostic imaging services include:

- ▲ Bone Densitometry
- ▲ CT
- ▲ Diagnostic X-Rays
- ▲ MRI
- ▲ Ultrasound Exams (Sonograms)

REHAB SERVICES

Ochsner Scott Regional provides the very best in rehabilitative and recuperative care. The department's staff of professionals can help patients and their family members regain the skills necessary for an independent lifestyle. The department works with patients to help manage their health once they have been discharged from the hospital.



PHYSICAL THERAPY

Ochsner Scott Regional's physical therapy department is dedicated to the hands-on approach of care to return patients to their highest level of function. Each patient is provided with a personal treatment regimen to meet his or her needs in returning to work, sports, and activities of daily living. The department specializes in the following:

- ▲ Acute and subacute pain
- ▲ Chronic pain
- ▲ Work- or sports-related injuries
- ▲ Motor vehicle injuries
- ▲ Spinal cord injuries
- ▲ Inpatient & Outpatient Services
- ▲ Pre- and post-surgical rehab
- ▲ Neurological and stroke rehab

OCCUPATIONAL THERAPY

Ochsner Scott Regional’s occupational therapy department is focused on providing functionally oriented treatment that helps individuals of all ages who, because of physical, developmental, social, or emotional problems, need specialized assistance to gain or regain functional independence, promote developmental skills, and/or prevent disability. The department specializes in the following:



- ▲ Orthopedic injuries
- ▲ Deficits in self-care functions
- ▲ Visual or perceptual deficits
- ▲ Inpatient & Outpatient services
- ▲ Assistive technology
- ▲ Adaptive equipment
- ▲ Work or sports-related injuries
- ▲ Neurological disorders
- ▲ Cognitive deficits
- ▲ Functional capacity
- ▲ Evaluations

SPEECH THERAPY

Ochsner Scott Regionals’ speech-language pathology department offers evaluation and treatment of a variety of communicative and swallowing disorders. It is the department’s goal to provide optimum patient care by designing an individualized treatment plan to achieve one’s maximum potential. The department’s therapists hold master’s degrees from accredited university programs and maintain state and national credentials. The following are the department’s specializations:

- ▲ Inpatient & Outpatient Services
- ▲ Slurred speech
- ▲ Limited attention span
- ▲ Memory deficits
- ▲ VitalStim therapy
- ▲ Stuttering
- ▲ Articulation deficits
- ▲ Hoarseness or nasality
- ▲ Swallowing or feeding difficulties
- ▲ Stroke
- ▲ Degenerative diseases
- ▲ Traumatic Brain Injury
- ▲ Muscular dystrophy
- ▲ Oral motor deficits
- ▲ Aspiration pneumonia
- ▲ Augmentative communication

SWING BED PROGRAM

Skilled nursing and rehabilitative care are available at Ochsner Scott Regional through the Swing Bed Program. Those recovering from surgery, a stroke, a fracture, or an extended medical illness and hospitalization can choose to rehabilitate at Ochsner Scott Regional whether or not they were hospitalized at another location.

WOUND CARE

Ochsner Scott Regional's wound care department offers individualized care for acute and traumatic wounds. The department provides a true multidisciplinary approach with medical and surgical specialists together under one roof. This involves identifying all factors that optimize wound healing and formulating a complete, individualized treatment plan for every patient. Wound treatments and therapies include:

- ▲ Appropriate wound debridement
- ▲ Compression therapy
- ▲ Bioengineered tissue substitutes
- ▲ Negative pressure wound therapy
- ▲ Total contact casting
- ▲ Hyperbaric oxygen therapy

SENIOR CARE PROGRAM

Ochsner Scott Regional has specialized programs for senior adults experiencing problems coping with everyday living due to anxiety, grief, and/or depression. Senior Care is an intensive outpatient program that has helped many individuals through education, therapy, and medication. It is Ochsner Scott Regional's hope that through these services, the program can help to achieve the following goals for patients and their loved ones:

- ▲ Restore optimum mental health
- ▲ Reduce or eliminate symptoms that interfere with the ability to function
- ▲ Support the family unit
- ▲ Maximize independence



GASTROENTEROLOGY

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

- ▲ Colonoscopy
- ▲ Routine Endoscopic Procedures

THE COMMUNITY HEALTH NEEDS ASSESSMENT

BACKGROUND

Section 501(r)(3)(A) requires tax-exempt hospitals to conduct a community health needs assessment (CHNA) every three years with the communities they serve. The hospitals then must develop an implementation strategy to meet the needs identified through the CHNA. The Internal Revenue Service (2022) outlines the steps a hospital must complete in order to conduct a CHNA:

1. Define the community it serves.
2. Assess the health needs of that community.
3. In assessing the community's health needs, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
4. Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.
5. Make the CHNA report widely available to the public.

Failure to comply with these guidelines could result in a fine by the IRS of \$50,000, and the possibility of losing the organization's tax-exempt status. Based on these guidelines, Ochsner Scott Regional's CHNA report would be due to be completed and board approved by their fiscal year end of 12/31/22.

COMMUNITY ENGAGEMENT

Community engagement was a vital part of conducting the CHNA. In assessing the health needs of the community, Ochsner Scott Regional solicited and received input from community leaders and residents who represent the broad interests of the community. These open and transparent collaborative studies help healthcare providers build stronger relationships with their communities, identify needs, and dedicate funding and other resources toward programs that clearly benefit residents. They also provide an opportunity for the hospital to identify valuable collaborative partners as we try to better serve the community and improve the health of our citizens in Scott County.

TRANSPARENCY

We are pleased to share with our community the results of our CHNA. The following pages offer a review of how we responded to specific health needs identified in our 2019 CHNA; define the hospital's service areas, assess their needs, and provide our health initiatives for the next three years. We hope you will take time to review the health needs of our community as the findings impact each and every citizen of our rural Mississippi community. We are confident that you will find ways you can personally improve your own health and contribute to creating a healthier community.

DATA COLLECTION

Primary and secondary data was gathered, reviewed, and analyzed so that the most accurate information was available in determining the community's health needs and appropriate implementation process.

Primary Data: Collected by the assessment team directly from the community through conversations, interviews, community feedback, i.e., the most current information available.

Secondary Data: Collected from sources outside the community and from sources other than the assessment team; information that has already been collected, collated, and analyzed; provides an accurate look at the overall status of the community.

Secondary Data Sources

-
- | | |
|--|---|
| • The United States Census Bureau | • Ochsner Scott Regional Medical Records Dept. |
| • US Department of Health & Human Services | • Mississippi State Department of Health (MSDH) |
| • Centers for Disease Control and Prevention | • Mississippi Center for Obesity Research |
| • American Heart Association | • County Health Rankings and Research |
| • Rural Health Information Hub | • MSDH, Office of Health Data and Research |
-

RESPONSE TO HEALTH STRATEGIES FROM 2019 CHNA

INITIATIVE 1: HEART HEALTH

Educate the community and bring awareness on the prevention of heart disease by promoting healthy lifestyle choice.

INITIATIVE 2: CANCER

Bring awareness to the people of our community on the different types of cancer and their causes. Provide education on screenings that are available and preventive measures that can be taken to reduce the risk of getting cancer.

INITIATIVE 3: ACCIDENT PREVENTION

Educate the people on our community to strive for safety on the road, in the home, at school, work, and play, while focusing on motor vehicle safety and prevention of falls.

HEALTH FAIRS AND COMMUNITY EVENTS

BONE HEALTH / OSTEOPOROSIS IN-SERVICE

The event was held on October 3, 2019, at the hospital. Ochsner Scott Regional sponsored an in-service titled “Let’s Talk about Bone Health.” Ruby Lucroy, FNP was the speaker. This educational in-service gave attendees information on the importance of keeping their bones healthy. They learned about the most common bone disease, osteoporosis, as well as risk factors, who is at risk, bone density tests, treatment, and how to make their bones healthier. Attendees also received information on Ochsner Scott Regional services. Fifteen people from the community attended, as well as several hospital staff.

BETTYE MAE JACK MIDDLE SCHOOL HEALTH FAIR

October 25, 2019 – This event was a collaborative effort with Clark Medical Clinic that promoted backpack safety. Students received information on the proper way to carry their backpacks with Ochsner Scott Regional staff demonstrating. A backpack filled with school supplies was given away. Students also had the opportunity to visit several booths set-up by state and local agencies, dental, health, and area businesses. The event was hosted in Morton and reached over 500 students, faculty, and staff. Ochsner Scott Regional worked with the school nurse, Candice Lucroy, RN.

October 28, 2021 – Ochsner Scott Regional set-up a booth at the Bettye Mae Jack Middle School Children’s Health Fair and provided information on healthy habits for healthy kids, bus safety, seatbelt safety, nutrition, and playground safety to the students, grades 5th – 8th. Over 500 students and staff attended.



MORTON ELEMENTARY SCHOOL HEALTH FAIR

This event was held October 29, 2019 in Morton, MS. This event was a collaborative effort with Clark Medical Clinic that promoted backpack safety. Students received information on the proper way to carry their backpacks with Ochsner Scott Regional staff demonstrating. A backpack filled with school supplies was given away. Students also had the opportunity to visit several booths set-up by state and local agencies, dental, health, and area businesses. The event was hosted in Morton, and reached over 800 students, faculty, and staff. Ochsner Scott Regional worked with school nurse, Clotee Lee, RN.

SCOTT COUNTY BAPTIST ASSOCIATION'S FALL SENIOR ADULT RALLY

The event was held on November 7, 2019, in Morton, MS. Ochsner Scott Regional, Morton Senior Care-IOP, and Ochsner Scott Regional Wound Care staff set-up booths at the Scott County Baptist Association's Fall Senior Adult Rally, held at New Liberty Baptist Church. Ochsner Scott Regional provided cholesterol and glucose screenings. Attendees received information on cholesterol, diabetes, Ochsner Scott Regional services. Over 100 senior adults attended the event.

CREATIVE CHRISTMAS

November 14, 2019 – This event reached over 100 adults and senior adults. Ochsner Scott Regional set-



up a booth and provided free glucose screenings and information on hospital services. This event was a collaboration with the Scott County Extension Service – MSU.

November 18, 2021 –Ochsner Scott Regional provided blood pressure screenings and distributed information on heart health, cancer, fall prevention, and automobile safety. Approximately 125 people attended. This event was a collaboration with the Scott County Extension Service – MSU.

FOOT HEALTH – DIABETIC FOOT CARE IN-SERVICE

The event was held on November 20, 2019 at the hospital. Ochsner Scott Regional sponsored an in-service on diabetic foot care. Karen Bell, Physician and Community Liaison for Ochsner Scott Regional Wound Care was the speaker. She provided information on how to properly care for your feet, about proper footwear, and about neuropathy. Attendees received lots of information on foot care and Ochsner Scott Regional services.

BOOT CAMP HEALTH FAIR

The event was held on January 4, 2020 in Forest, MS. Glucose and blood pressure screening were administered at the boot camp by Brandi Hurdle, FNP (Primary Healthcare Clinic). Ochsner Scott Regional provided glucose supplies and information on the services of the hospital and the clinic. Approximately 100 people attended.

WALNUT GROVE COMMUNITY HEALTH, WELLNESS, AND SAFETY RESOURCE FAIR

The event was held on February 6, 2020 in Walnut Grove, MS. Ochsner Scott Regional set-up a booth and provided cholesterol and glucose screenings and information on Ochsner Scott Regional services, heart health, cholesterol, high blood pressure, diabetes, fall precautions and more. Over 50 people attended.



WEAR RED FOR WOMEN'S HEARTH HEALTH

February 7, 2020 – Ochsner Scott Regional held a special event promoting Wear Red for Women's Heart Health. Information was available for staff and visitors on heart health, cholesterol, high blood pressure, and healthy circulation to prevent wounds.

February 3, 2021 – This event was promoted by staff wearing red and registering for a heart healthy gift basket.

February 4, 2022 – Ochsner Scott Regional observed National Wear Red Day. Staff was encouraged to wear red, and information on heart health was available to staff and visitors.

HOMEWOOD WOMEN'S GROUP

This event was held September 3, 2020. Ochsner Scott Regional provided packets for the women's group on information including heart health, cancer, fall prevention, auto safety, and Ochsner Scott Regional services. Eight women are in the group.

MORTON CHAMBER OF COMMERCE AND PARKS AND RECREATION DRIVE-THRU HALLOWEEN TRAIL OF TREATS

The event was held on October 31, 2020 in Morton, MS. Ochsner Scott Regional provided information on car seat safety to be given to each car, as well as made a monetary donation for candy.

SMITH COUNTY DRIVE-THRU HEALTH FAIR

This event was held on March 18, 2021 in Raleigh, MS. Ochsner Scott Regional participated in a drive-thru health fair at the Smith County Multi-Purpose Building Parking Lot sponsored by MS Care Center of Raleigh. Ochsner Scott Regional provided information on hospital services, heart health, cancer, and fall prevention.

MORTON BACKPACK GIVEAWAY

July 20, 2021 – Ochsner Scott Regional set-up a booth at the Morton Backpack Giveaway. Information on safety, nutrition, and more was given out to attendees. This event was a collaboration with LifeSpring Church and other agencies. Several families attended the event.

July 23, 2022 – We set-up a booth at the event and gave out healthy snacks and information on car safety, school bus safety, bicycle safety, playground safety, hand washing, etc. The hospital also donated supplies for 5 backpacks. Several families from the area attended and received free backpacks filled with school supplies. This event was a collaboration with LifeSpring Church and other agencies.

SAFE AND SOUND WEEK

This event was held July 26 – 30, 2021 in Morton, MS. Ochsner Scott Regional celebrated Safe and Sound Week. A table was set-up in the front lobby of the hospital with information on safety in the home, at school, work, and play. Information on motor vehicle safety and how to prevent falls was also available.

MISSISSIPPI HOMEMAKERS VOLUNTEERS LEADER TRAINING

This event was held January 26, 2022 in Forest, MS. Ochsner Scott Regional set-up a booth and distributed information on heart health, fall prevention, and cancer prevention. Senior Care – Forest staff presented the Senior Care program and areas of treatment. Twenty-one Scott County Homemakers and MSU Scott County Extension Service staff attended the training.

LEAKE COUNTY SENIOR CITIZEN'S DAY DRIVE THRU EVENT

This event was held March 17, 2022 in Carthage, MS. Ochsner Scott Regional set-up a booth at the event. Packets of information on topics including heart health, breast cancer, skin cancer, colorectal cancer and screenings, fall prevention, and Ochsner Scott Regional services was distributed. The event was sponsored by the Leake County Triad and Leake County Sheriff's Office with over 400 people attending.



SCOTT COUNTY WMU FAMILY FEST DAY

This event was held March 26, 2022 in Morton, MS. Ochsner Scott Regional set-up a booth and provided information on Ochsner Scott Regional services, heart health, fall prevention, and cancer prevention. Over 200 people attended.

NEW LIBERTY BAPTIST CHURCH FAMILY DAY

This event was held April 16, 2022 in Morton, MS. Kelly Bang of the Ochsner Scott Regional Senior Care – IOP, Morton, set-up a booth promoting Ochsner Scott Regional Swing Bed and Senior Care programs.

SMITH COUNTY EXTENSION OFFICE AND HOMEMAKER VOLUNTEER COUNCIL'S SENIOR CITIZENS' DAY

This event was held May 5, 2022 in Raleigh, MS. The event was held at the Charles Waldrup Ag Complex. Ochsner Scott Regional set-up a booth and distributed information on Ochsner Scott Regional services, heart health, fall prevention, and cancer prevention. Several agencies and over 100 senior adults attended the event

LAKE FEST

This event was held May 21, 2022 in Lake, MS. Forest Senior Care-IOP staff set-up a booth at Lake Fest and distributed promotional items and information on the Senior Care program.

FOREST SENIOR CARE-IOP

This event was held May 26, 2022 in Lake, MS. Forest Senior Care-IOP staff set-up a booth at Rush Family Practice in Lake to share information on Senior Care services.

WAL-MART HEALTH FAIR

This event was held September 19, 2022 in Forest, MS. Ochsner Scott Regional set-up a table at Wal-



Mart Vision Center's Health Fair from 10 AM – 12 PM. Heather Hayman, BSN, RN, DON; Kelly Bang, RN, and; Lanay Russum provided free blood pressure and glucose screenings. Vanessa Caudill, RN, of Ochsner Scott Regional Wound Care provided free foot screenings. Information was provided on Ochsner Scott Regional services, heart health, blood pressure, diabetes, etc. Ochsner Scott Regional collaborated with the Wal-Mart Vision Center to provide free eye screenings. HomeCare Hospice cleaned eyeglasses and provided

information on hospice care. Thirty-two Wal-Mart customers stopped by to inquire about services and take advantage of the screenings.

COLLABORATIONS, MEETINGS, AND COMMUNITY EDUCATION

RANKIN COUNTY CHAMBER OF COMMERCE SOCIAL WORKERS CONFERENCE

March 6, 2020 – Ochsner Scott Regional set-up a booth and distributed information on Ochsner Scott Regional services to social workers in the Central MS area. The hospital collaborated with social workers from hospitals, schools, home health and hospice, nursing homes, personal care homes, and government agencies. The hospital also collaborated with other agencies with booths, including hospitals, home health and hospice, nursing home facilities, and government agencies. Approximately 135 social workers attended.

April 1, 2022 – Ochsner Scott Regional set-up a booth and distributed information on hospital services. The hospital collaborated with over 75 social workers from central Mississippi representing hospitals, home health and hospice, nursing homes, schools, and government agencies. The hospital also collaborated with the other several agencies setting up booths at the event.

August 5, 2022 – Ochsner Scott Regional set-up a booth and distributed information on hospital services. The hospital collaborated with social workers from central MS representing hospitals, home health and hospice, nursing homes, schools, and government agencies. The hospital collaborated with 56 social workers and several other agencies attending the event.

ST. DOMINIC’S AGENCY FAIR

This event was held March 6, 2020, in Jackson, MS. Ochsner Scott Regional set-up a booth at the St. Dominic’s Agency Fair for case management and social services. Staff from Ochsner Scott Regional and Ochsner Scott Regional Wound Care provided information on services and gave antibacterial hand sanitizers to attendees.

EAST RANKIN FOOTBALL GAMES

Ochsner Scott Regional gave away bags supplied with hand sanitizer, stress balls, alligator clip, and various information at various games during the 2020 football season.

FALL PREVENTION WEEK

This event was held September 20 – 24, 2021 in Morton, MS. Fall prevention information was given to patients at Ochsner Scott Regional, including swing bed, rehab, bone density, senior care, fall prevention and safety information.

MT MORIAH BAPTIST CHURCH FALL EVENT

This event was held October 2021 in Pulaski, MS. Ochsner Scott Regional provided information on hospital services, heart, diabetes, blood pressure, breast cancer, healthy living, handwashing, and safety to approximately 50 adults and children. We also gave hand sanitizer and wound care jar openers.

DONATE LIFE BLUE & GREEN DAY

This event was held April 22, 2022 in Morton, MS. Ochsner Scott Regional set-up a table in the cafeteria to distribute information on the importance of registering as an organ, eye, and tissue donor.

MORTON CHAMBER OF COMMERCE CAREER WOMEN’S LUNCHEON

This event was held April 27, 2022 in Morton, MS. Ochsner Scott Regional decorated a table and donated a door prize at the Morton Chamber of Commerce Career Women’s Luncheon.

MEALS ON WHEELS

Provide meals for 15 senior citizens in the community (Monday – Friday of each week)

BLOOD DRIVES

Held March 11, 2021; June 24, 2021; February 15, 2022, and June 30, 2022.

Due the hospital’s CHNA due date coinciding with the onset of the public health emergency (PHE) known as COVID-19, some of the activities planned for these initiatives were put on hold as the hospital battled against the COVID-19 virus. Instead, the hospital shifted their focus to keeping the community safe during times of uncertainty. Over the next couple of pages, the report will give an overview of the PHE and how the hospital responded to the COVID-19 virus.



RESPONSE TO PUBLIC HEALTH EMERGENCY

COVID-19 OVERVIEW

During the public health emergency, an anxious and scared community leaned on the hospital more than ever for help. Ochsner Scott Regional and its staff stood strong and unwavering no matter how adverse the circumstances were, depicting themselves as true American Heroes.

The first cases of COVID-19 in Scott County were confirmed by the Mississippi Department of Health in spring 2020; this spring also ended up being the start of the first wave of COVID-19 patients seeking treatment from providers nationwide. In response, Ochsner Scott Regional implemented an infection control plan as these first cases were reported.

The magnitude of the hours devoted, and sacrifices made by the personnel at Ochsner Scott Regional for the community are unmeasurable. Throughout the pandemic, Ochsner Scott Regional continuously educated staff on all COVID-19 protocols along with utilizing equipment to maintain quarantine and isolation of affected patients while continuing to provide quality care.

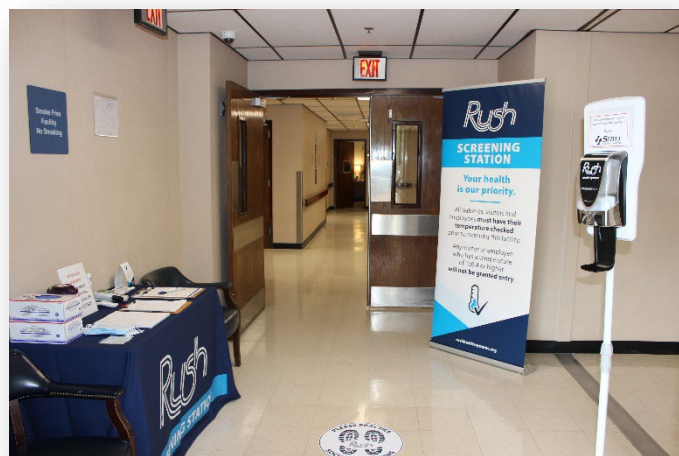
No one could predict just how long the pandemic would last. As of this writing, the public health emergency is still in effect. Ochsner Scott Regional continues to utilize its resources to battle the virus. The following is a small fraction of the hospital's endless response to the COVID-19 pandemic.

HOSPITAL'S RESPONSE

Ochsner Scott Regional staff was screened at both the Emergency Department entrance and the back entrance. Staff followed guidelines established by the MSDH and Ochsner Rush, including wearing proper PPE, handwashing, social distancing, and the importance of thoroughly cleaning and sanitizing the facility.

Ochsner Scott Regional staff screened patients and visitors at both the Emergency Department entrance and the back entrance. Screening included temperature checks and a questionnaire about signs and symptoms.

Hand sanitizer and handwashing stations were available at all entrances and throughout the hospital. Masks were also made available for staff, patients, and visitors; Ochsner Scott Regional employees made cloth masks when PPE masks were scarce or unavailable.



Information on COVID-19 was provided to the community through a variety of platforms, e.g. social media, handouts, posters, mailing lists. Ochsner Rush ensured MDHS updates were disseminated as received as well. Examples of information provided includes:

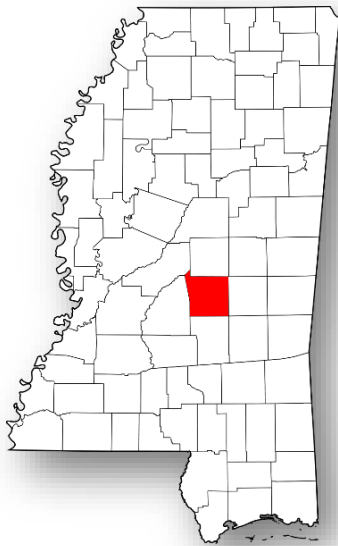
- ▲ Ochsner Rush visitation policies
- ▲ Proper handwashing protocol
- ▲ COVID-19 testing
- ▲ COVID-19 hotline
- ▲ COVID-19 vaccinations... vaccines became available in January 2021 at Clark Medical Clinic
- ▲ COVID-19 monoclonal antibodies... infusion treatment became available in August 2021
- ▲ The importance of social distancing, wearing masks, and handwashing

Ochsner Scott Regional printed and laminated educational information on Coronavirus and the importance of washing hands to reduce the spread of germs for Clotee Lee, Morton School Health Nurse. She posted the information at the Morton schools.

Ochsner Scott Regional continued to provide Wound Care services when most Wound Care departments temporarily shut down. The hospital also offered care through UMMC's telehealth program, still available today.

A protective barrier was placed at the end of both the med surg and swing bed halls in order to help quarantine COVID-19 patients. Ochsner Scott Regional also assigned specific staff to care for COVID-19 patients only to help prevent the spread of COVID-19 to other patients.





ABOUT THE COMMUNITY

GEOGRAPHY OF THE PRIMARY SERVICE AREA

Ochsner Scott Regional’s primary service area is Scott County, Mississippi. Scott County has 609.2 square miles of land area and is the 31st largest county in Mississippi by total area. Scott County is bordered by Madison County, Smith County, Leake County, Newton County, and Rankin County. These surrounding counties serve as Ochsner Scott Regional’s secondary service area.

HISTORY OF THE PRIMARY SERVICE AREA

According to the Mississippi Encyclopedia (2018), Scott County was founded in 1833 and named for Governor Abram M. Scott. Communities in Scott County include Forest, the county seat; Morton, home of Ochsner Scott Regional; Sebastopol, and; Lake. In 1840, Scott County’s first census showed that the central Mississippi County had one of the state’s smallest populations and

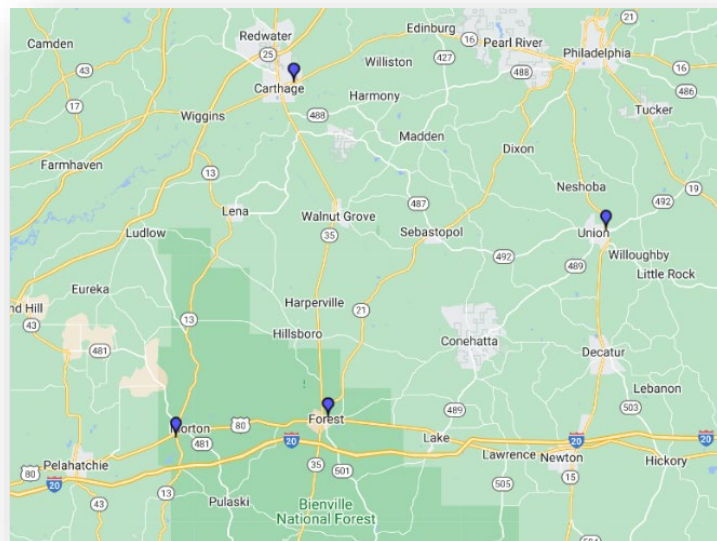
ranked in the bottom third of Mississippi counties for agricultural production. Scott County’s population continued to grow, and by 1900 it had an industrial revenue base consisting primarily of lumber mills. Bienville National Forest was established as a response to increased logging in the county with a majority of the land being directly purchased from four large lumber companies: Adams- Edgar Lumber Company, Bienville Lumber Company, Eastman Gardner Lumber Company and Marathon Lumber Company. In addition to this industrial base, the County’s agricultural base continued to develop, with the focus being primarily raising corn, soybeans, and livestock. Today, Scott County continues to focus on lumber mills, chicken hatcheries, and related manufacturing.

HEALTHCARE RESOURCES AVAILABLE

For many Scott County residents, Ochsner Scott Regional serves as a major healthcare provider. Based on data pulled from the American Hospital Directory (AHD), 100% of the hospital’s Medicare inpatients come from within Scott County.

Including Ochsner Scott Regional, there are four critical access hospitals located in Ochsner Scott Regional’s primary and secondary service areas. These facilities are:

1. Ochsner Scott Regional
2. Baptist Memorial Hospital – Leake
3. Ochsner Laird Hospital
4. Lackey Memorial Hospital



HEALTH OUTCOMES, DEMOGRAPHICS, AND DISEASE INCIDENCE RATES

STATE AND COUNTY LEVEL HEALTH OUTCOMES

Understanding the makeup of the community served continues to gain importance as healthcare reimbursement shifts to a value-based payment model and places emphasis on population health; as a result, providers must prioritize preventive treatment to address health challenges in the community and stay ahead of the curve. In addition, the Joint Commission and the Centers for Medicare and Medicaid Services are placing increased emphasis on health equity by making certain requirements applicable to all hospitals including critical access hospitals such as Ochsner Scott Regional.

In a press release, CMS Newsroom (2022) states the following:

CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive.

To address health care disparities in hospital inpatient care and beyond, CMS is adopting three health equity-focused measures in the IQR Program. The first measure assesses a hospital's commitment to establishing a culture of equity and delivering more equitable health care by capturing concrete activities across five key domains, including strategic planning, data collection, data analysis, quality improvement, and leadership engagement. The second and third measures capture screening and identification of patient-level, health-related social needs — such as food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. By screening for and identifying such unmet needs, hospitals will be in a better position to serve patients holistically by addressing and monitoring what are often key contributors to poor physical and mental health outcomes (para. 5-6).

CMS's Newsroom also provides the following information concerning the Timeline for Joint Commission and CMS measures per FY 2023 IPPS final rule, Section K, IQR program:

- ▲ Hospital Commitment to Health Equity beginning with the Calendar Year (CY) 2023 reporting period/FY 2025 payment determination
- ▲ Screening for Social Drivers of Health begins with voluntary reporting for the CY 2023 reporting period, and mandatory reporting beginning with the CY 2024 reporting period/FY 2026 payment determination
- ▲ Screen Positive Rate for Social Drivers of Health beginning with voluntary reporting for the CY 2023 reporting period, and mandatory reporting beginning with the CY 2024 reporting period/FY 2026 payment determination
- ▲ Joint Commission requirements set to begin on January 1, 2023

The community health needs assessment will give Ochsner Scott Regional an opportunity to integrate the CHNA report with the noted above requirements to address the needs within the community while meeting reporting requirements.

In this section, state and county healthcare rankings will be analyzed to identify further what factors impact Ochsner Scott Regional’s service area the most and how they potentially affect the health of the population. Ochsner Scott Regional will continue to study these dynamics when exploring the importance of adding or removing a particular service line to the hospital’s current offerings.

Data pulled from America’s Health Rankings (AHR) provides an analysis of health, environmental and socioeconomic data to rank the nation’s health on a state-by-state basis. According to AHR (n.d.), “the platform analyzes more than 340 measures of behaviors, social and economic factors, physical environment and clinical care data.” AHR uses a plethora of reputable public data sources, e.g., U.S. Census and CDC programs, to publish three state health-ranking reports annually:

- ▲ The Annual Report
- ▲ The Senior Report
- ▲ The Health of Women and Children Report

County Health Rankings & Roadmaps (CHR&R) is a University of Wisconsin Population Health Institute program that works with AHR to publish health outcomes on a county-by-county basis. The Rankings measure the health of nearly every county in all fifty states based on factors such as the quality of medical care received to the availability of good jobs, clean water, and affordable housing. The results, according to CHR&R (n.d.) are “accessible models, reports, and products that deepen the understanding of what makes communities healthy and inspires and supports improvement efforts.” By looking at data related to Health Outcomes, we can get a glimpse at whether healthcare delivery systems and health improvement programs in a state, county, or community are supporting—or restricting—opportunities for health for all.

The figures that follow will present findings from these studies along with a breakdown of demographics and disease incidence rates on a local level. This comparison between national, state, and local findings will provide vital information to the leadership team at Ochsner Scott Regional on what health outcomes and disease types to focus on within the community.

Mississippi

State Health Department Website: msdh.ms.gov

Measures	Rating	State Rank	State Value	U.S. Value
SOCIAL & ECONOMIC FACTORS*				
Community and Family Safety				
Occupational Fatalities (deaths per 100,000 workers)	+	47	8.2	4.2
Public Health Funding (dollars per person)	+++	30	\$114	\$116
Violent Crime (offenses per 100,000 population)	++++	14	278	379
Economic Resources				
Economic Hardship Index (index from 1-100)	+	50	100	—
Food Insecurity (% of households)	+	50	15.3%	10.7%
Income Inequality (80-20 ratio)	+	48	5.37	4.85
Education				
High School Graduation (% of students)	+++	29	85.0%	85.8%
High School Graduation Racial Disparity (percentage point difference)	++++	4	6.5	15.1
Social Support and Engagement				
Adverse Childhood Experiences (% ages 0-17)	+	42	18.3%	14.8%
High-speed Internet (% of households)	+	49	81.4%	89.4%
Residential Segregation — Black/White (index from 0-100)	++++	3	50	62
Volunteerism (% ages 16+)	+	47	26.6%	33.4%
Voter Participation (% of U.S. citizens ages 18+)	+++	17	62.3%	60.1%
PHYSICAL ENVIRONMENT*				
Air and Water Quality				
Air Pollution (micrograms of fine particles per cubic meter)	++	38	8.1	8.3
Drinking Water Violations (% of community water systems)	+	48	6.3%	0.8%
Risk-screening Environmental Indicator Score (unitless score)	++++	16	1,367,879	—
Water Fluoridation (% of population served)	++	35	60.7%	73.0%
Housing and Transit				
Drive Alone to Work (% of workers ages 16+)	+	49	84.8%	75.9%
Housing With Lead Risk (% of housing stock)	++++	10	11.0%	17.6%
Severe Housing Problems (% of occupied housing units)	++	29	15.1%	17.3%
CLINICAL CARE*				
Access to Care				
Avoided Care Due to Cost (% ages 18+)	+	46	13.9%	9.8%
Providers (per 100,000 population)				
Dental Care	+	47	44.2	62.3
Mental Health	+	41	187.6	284.3
Primary Care	++	33	244.4	252.3
Uninsured (% of population)	+	46	13.0%	9.2%
Preventive Clinical Services				
Colorectal Cancer Screening (% ages 50-75)	++	37	70.9%	74.3%
Dental Visit (% ages 18+)	+	46	57.7%	66.7%
Immunizations				
Childhood Immunizations (% by age 35 months)	+++	30	75.4%	75.4%
Flu Vaccination (% ages 18+)	+	45	41.3%	47.0%
HPV Vaccination (% ages 13-17)	+	50	31.9%	58.6%
Quality of Care				
Dedicated Health Care Provider (% ages 18+)	++	34	76.1%	77.6%
Preventable Hospitalizations (discharges per 100,000 Medicare beneficiaries)	+	49	5.004	3.770
BEHAVIORS*				
Nutrition and Physical Activity				
Exercise (% ages 18+)	+	48	15.7%	23.0%
Fruit and Vegetable Consumption (% ages 18+)	+	42	6.3%	8.0%
Physical Inactivity (% ages 18+)	+	49	30.0%	22.4%
Sexual Health				
Chlamydia (new cases per 100,000 population)	+	49	850.2	551.0
High-risk HIV Behaviors (% ages 18+)	++++	16	5.3%	5.6%
Teen Births (births per 1,000 females ages 15-19)	+	49	29.1	16.7
Sleep Health				
Insufficient Sleep (% ages 18+)	++	40	35.0%	32.3%
Smoking and Tobacco Use				
Smoking (% ages 18+)	+	47	20.1%	15.5%
HEALTH OUTCOMES*				
Behavioral Health				
Excessive Drinking (% ages 18+)	++++	7	15.2%	17.6%
Frequent Mental Distress (% ages 18+)	++	36	14.4%	13.2%
Non-medical Drug Use (% ages 18+)	++++	14	9.2%	12.0%
Mortality				
Premature Death (years lost before age 75 per 100,000 population)	+	49	11,256	7,337
Premature Death Racial Disparity (ratio)	+++	27	1.5	1.5
Physical Health				
Frequent Physical Distress (% ages 18+)	++	31	10.3%	9.9%
Low Birthweight (% of live births)	+	50	12.3%	8.3%
Low Birthweight Racial Disparity (ratio)	+++	27	2.0	2.1
Multiple Chronic Conditions (% ages 18+)	+	44	12.8%	9.1%
Obesity (% ages 18+)	+	50	39.7%	31.9%
OVERALL			-0.791	—

* Values derived from individual measure data. Higher values are considered healthier
— Data not available, missing or suppressed.
For measure definitions, sources and data years, see the Appendix or visit www.AmericasHealthRankings.org.

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

Summary

Strengths:

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

Challenges:

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

Highlights:

DRUG DEATHS

▲27%

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

FREQUENT MENTAL DISTRESS

▼17%

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

MENTAL HEALTH PROVIDERS

▲8%

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

Figure 1
AHR 2021 Annual Report



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

Mississippi

State Health Department Website: msdh.ms.gov

Measures

	Rating	2021 Value	2021 Rank	No. 1 State
SOCIAL & ECONOMIC FACTORS*	+	-1.191	50	1,051
Community and Family Safety				
Violent Crime (offenses per 100,000 population)	++++	278	14	115
Economic Resources				
Food Insecurity (% of adults ages 60+)	+	18.8	48	7.3
Poverty (% of adults ages 65+)	+	13.2	48	6.1
Poverty Racial Disparity (ratio)†		4.1		1.0
SNAP Reach (participants per 100 adults ages 60+ in poverty)	++	57.9	36	100.0
Social Support and Engagement				
Community Support Expenditures (dollars per adult ages 60+)	++	\$25	39	\$265
High-speed Internet (% of households with adults ages 65+)	+	63.8	50	86.0
Low-care Nursing Home Residents (% of residents)	++	11.8	34	2.1
Risk of Social Isolation (percentile, adults ages 65+)	+	97	50	1
Volunteerism (% of adults ages 65+)	+	20.2	48	44.6
PHYSICAL ENVIRONMENT*	++	0.047	40	1,353
Air and Water Quality				
Air Pollution (micrograms of fine particles per cubic meter)	++	7.8	31	4.1
Drinking Water Violations (% of community water systems)	+	5.5	49	0.0
Housing				
Severe Housing Problems (% of small households with an adult ages 62+)	++++	25.5	9	18.3
CLINICAL CARE*	+	-0.946	50	0,695
Access to Care				
Avoided Care Due to Cost (% of adults ages 65+)	+	7.0	47	3.0
Geriatric Providers (providers per 100,000 adults ages 65+)	+++	26.1	27	57.7
Home Health Care Workers (workers per 1,000 adults ages 65+ with a disability)	+	93	42	442
Preventive Clinical Services				
Cancer Screenings (% of adults ages 65-75)	+	67.3	45	81.1
Flu Vaccination (% of adults ages 65+)	+++	63.8	29	71.1
Pneumonia Vaccination (% of adults ages 65+)	+	66.6	47	78.3
Quality of Care				
Dedicated Health Care Provider (% of adults ages 65+)	++	92.2	37	96.3
Hospice Care (% of Medicare decedents)	+	45.2	41	60.5
Hospital Readmissions (% of hospitalized Medicare beneficiaries ages 65-74)	+++	16.0	21	14.0
Nursing Home Quality (% of beds rated four or five stars)	+	31.2	47	81.9
Preventable Hospitalizations (discharges per 100,000 Medicare beneficiaries ages 65-74)	+	3,552	49	1,038
BEHAVIORS*	+	-1.256	47	1,188
Nutrition and Physical Activity				
Exercise (% of adults ages 65+)	+	13.4	49	30.3
Fruit and Vegetable Consumption (% of adults ages 65+)	+	5.0	45	12.3
Physical Inactivity (% of adults ages 65+ in fair or better health)	+	46.0	50	21.7
Sleep Health				
Insufficient Sleep (% of adults ages 65+)	++	28.0	37	20.9
Tobacco Use				
Smoking (% of adults ages 65+)	++	10.7	40	4.0
HEALTH OUTCOMES*	+	-0.879	48	0,932
Behavioral Health				
Excessive Drinking (% of adults ages 65+)	++++	4.0	2	3.8
Frequent Mental Distress (% of adults ages 65+)	+	10.0	44	4.5
Suicide (deaths per 100,000 adults ages 65+)	+++	17.9	25	9.2
Mortality				
Early Death (deaths per 100,000 adults ages 65-74)	+	2,481	50	1,380
Early Death Racial Disparity (ratio)†		1.2		1.0
Physical Health				
Falls (% of adults ages 65+)	++	28.2	31	20.0
Frequent Physical Distress (% of adults ages 65+)	+	21.9	48	12.9
Multiple Chronic Conditions, 4+ (% of Medicare beneficiaries ages 65+)	+	44.8	44	24.3
Obesity (% of adults ages 65+)	+	36.4	49	18.8
Teeth Extractions (% of adults ages 65+)	+	23.0	48	6.2
OVERALL		-1.015	—	0,750

Summary

Strengths:

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

Challenges:

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

Highlights:

THE NUMBER OF GERIATRIC PROVIDERS

▲20%
between 2018 and 2020
from 21.7 to 26.1 per 100,000
adults ages 65+

PHYSICAL INACTIVITY

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

MULTIPLE CHRONIC CONDITIONS

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

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

*Value indicates a score. Higher scores are healthier and lower scores are less healthy.

† Non-ranking measure.

— Indicates data missing or suppressed.

For measure definitions, including data sources and years, visit www.AmericasHealthRankings.org.

Mississippi

Figure 2
AHR 2021 Senior Report

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

Mississippi

State Health Department Website: msdh.ms.gov



Summary

Strengths:

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

Challenges:

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

Highlights:

WIC COVERAGE

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

LOW BIRTHWEIGHT

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

SMOKING

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

TEEN SUICIDE

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

Women

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

Children

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

HEALTH OF WOMEN AND CHILDREN REPORT www.AmericasHealthRankings.org

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

Mississippi

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

Women

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

Children

Measures	Rating	State Rank	State Value	U.S. Value
CLINICAL CARE*	++	38	-0.259	—
Access to Care				
ADD/ADHD Treatment	++++	1	6.6%	3.0%
Pediatricians	+	46	6.37	10.46
Uninsured	++	36	6.1%	5.7%
Preventive Clinical Care				
Childhood Immunizations	+++	11	80.0%	75.8%
HPV Vaccination	+	50	30.5%	54.2%
Preventive Dental Care	+	43	75.0%	77.5%
Well-child Visit	+	49	74.3%	80.7%
Quality of Care				
Adequate Insurance	++++	8	71.2%	66.7%
Developmental Screening	++	34	31.5%	36.9%
Medical Home	++	37	47.3%	46.8%
BEHAVIORS*	+	50	-1.391	—
Nutrition and Physical Activity				
Breastfed	+	50	18.1%	25.6%
Food Sufficiency	+	50	58.0%	69.8%
Physical Activity	++++	5	26.8%	20.6%
Soda Consumption — Youth*	—	—	17.3%	9.3%
Sexual Health — Youth				
Dual Contraceptive Nonuse*	—	—	91.6%	90.9%
Teen Births	+	49	29.1	16.7
Sleep Health				
Adequate Sleep	+	49	55.2%	66.1%
Sleep Position*	—	—	69.4%	79.6%
Tobacco Use — Youth				
Electronic Vapor Product Use*	—	—	21.4%	32.7%
Tobacco Use	+	46	7.1%	4.0%
HEALTH OUTCOMES*	+	49	-0.695	—
Behavioral Health				
Alcohol Use — Youth	++++	6	8.0%	9.2%
Anxiety	++++	6	7.7%	9.1%
Depression	+++	20	3.8%	3.9%
Flourishing	++	34	68.4%	69.1%
Illicit Drug Use — Youth	++++	5	6.7%	8.4%
Teen Suicide*	—	—	11.6	11.2
Mortality				
Child Mortality	+	49	41.8	25.4
Infant Mortality	+	50	8.6	5.7
Physical Health				
Asthma	+	48	10.1%	7.5%
High Health Status*	+	49	87.1%	90.4%
Low Birthweight	+	50	12.3%	8.3%
Low Birthweight Racial Disparity	+++	27	2.0	2.1
Overweight or Obesity — Youth	+	48	38.4%	32.1%
OVERALL — CHILDREN*	—	—	-0.586	—
OVERALL — WOMEN AND CHILDREN*	—	—	-0.677	—

* Overall and category values are derived from individual measure data to arrive at total scores for the state. Higher scores are considered healthier and lower scores are less healthy.
 * Measure was not included in the calculation of overall or category values.
 — Data not available, missing or suppressed.
 For measure descriptions, source details and methodology, visit www.AmericasHealthRankings.org.

Figure 4
AHR 2021 Health of Women and Children Report, Part II

Length of Life

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

Quality of Life

Self-reported health status

Percent of low birthweight newborns

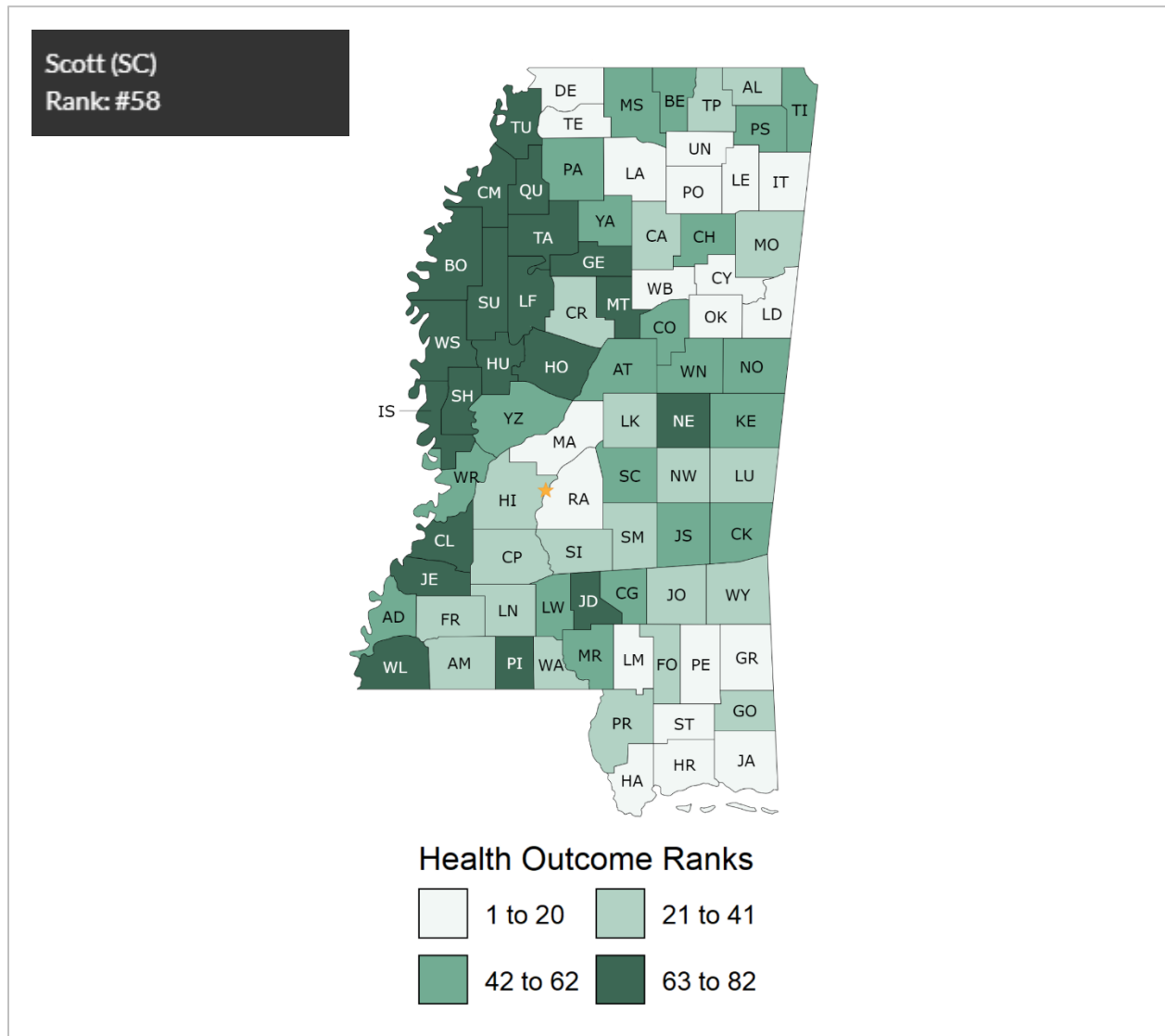


Figure 5
CHR&R 2021 Mississippi Health Outcome Map

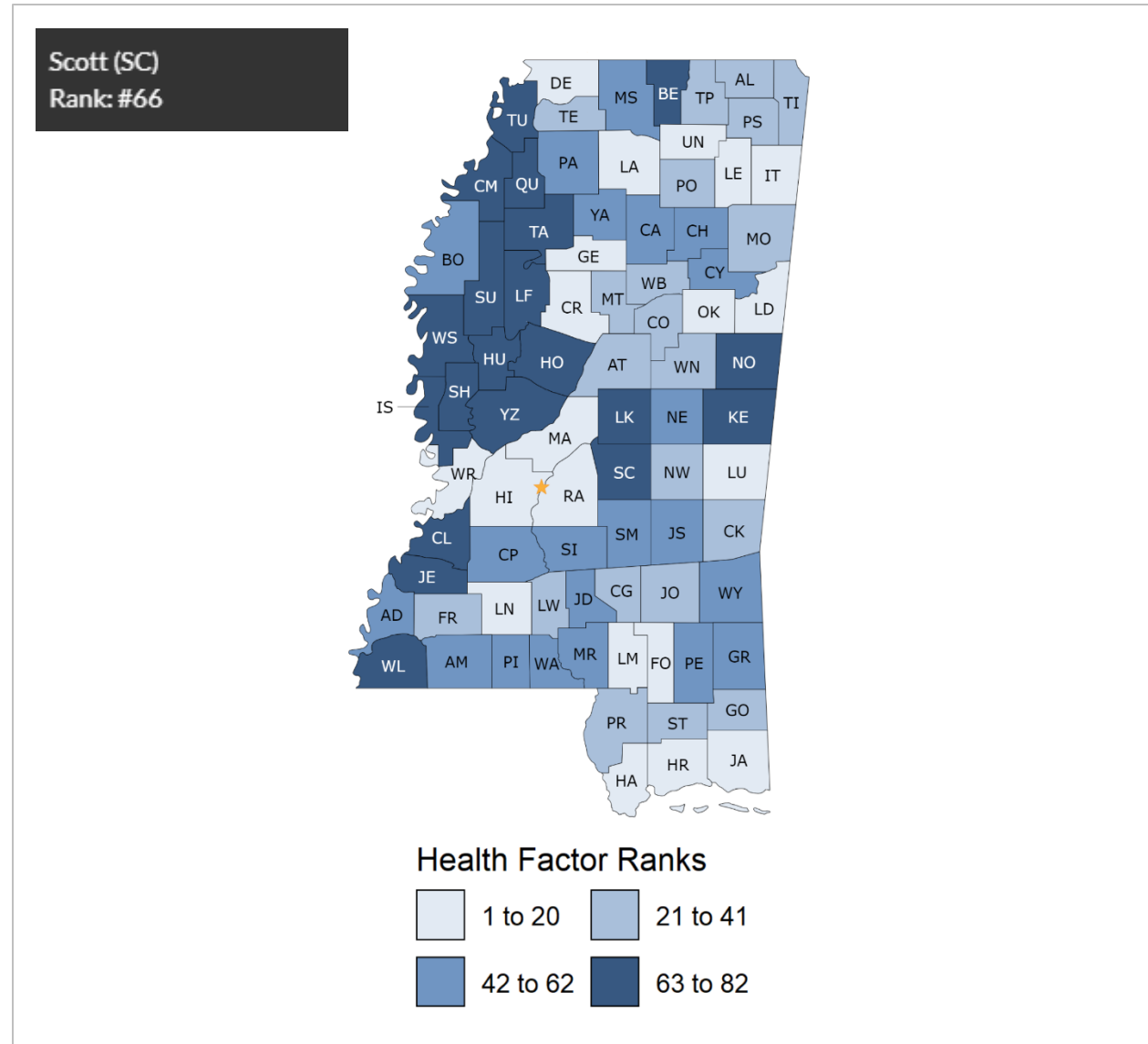
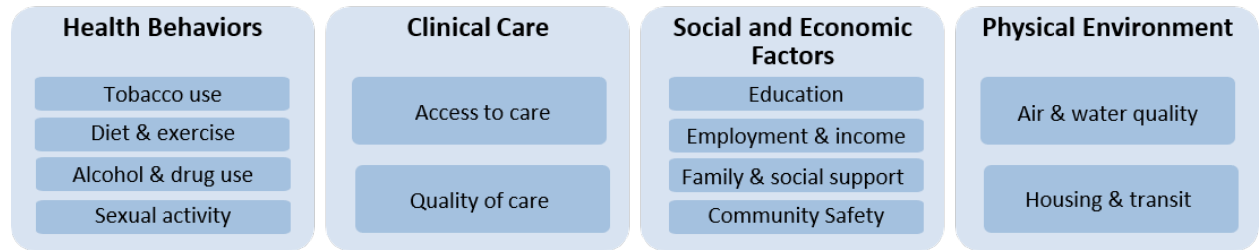


Figure 6
CHR&R 2021 Mississippi Health Factor Map

County Health Rankings 2021

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

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

* Indicates subgroup data by race and ethnicity is available

Figure 7
CHR&R 2021 Mississippi Health Rankings

	Mississippi	Scott (SC), MS ✘
Health Outcomes		
Length of Life		
Premature Death	11,300	12,400
Quality of Life		
Poor or Fair Health	● 22%	31%
Poor Physical Health Days	● 4.1	5.1
Poor Mental Health Days	● 5.3	5.6
Low Birthweight	12%	14%
Health Factors		
Health Behaviors		
Adult Smoking	● 21%	24%
Adult Obesity	● 41%	43%
Food Environment Index	● 3.8	5.4
Physical Inactivity	● 37%	47%
Access to Exercise Opportunities	52%	68%
Excessive Drinking	● 16%	13%
Alcohol-Impaired Driving Deaths	19%	7%
Sexually Transmitted Infections	● 850.2	1,205.4
Teen Births	32	64
Clinical Care		
Uninsured	15%	22%
Primary Care Physicians	1,860:1	5,620:1
Dentists	2,030:1	2,550:1
Mental Health Providers	540:1	4,680:1
Preventable Hospital Stays	5,013	5,560
Mammography Screening	41%	38%
Flu Vaccinations	43%	32%
Social & Economic Factors		
High School Completion	85%	78%
Some College	61%	45%
Unemployment	● 8.1%	5.8%
Children in Poverty	26%	26%
Income Inequality	5.4	5.2
Children in Single-Parent Households	37%	41%
Social Associations	12.6	11.7
Violent Crime	● 279	483
Injury Deaths	93	104
Physical Environment		
Air Pollution - Particulate Matter	9.2	9.8
Drinking Water Violations		Yes
Severe Housing Problems	15%	15%
Driving Alone to Work	85%	79%
Long Commute - Driving Alone	33%	42%

Figure 8
CHR&R 2021 Scott County Health Rankings

POPULATION

Scott County has a total population of 28,288 citizens, while the state of Mississippi has a total population of 2,981,835. The overall population for both Scott County and Mississippi has seen a very minimal decrease in the population growth rate over a 5-year trend at 0.02% and 0.21% respectively. In comparison, the United States saw an increase of approximately 3.18%.

DEMOGRAPHICS

Demographics are the statistical characteristics of human populations used to identify markets. Collecting this type of data can be very informative because often the demographics of a patient have an impact on the treatment plan. The American Medical Association echoes this sentiment in their article “Improve health equity by collecting patient demographic data,” by mentioning that “Collecting [demographic] data can help improve the quality of care for all patients because ... it helps practices:

- Identify and address differences in care for specific populations.
- Distinguish which populations do not achieve optimal interventions.
- Assess whether the practice is delivering culturally competent care.
- Develop additional patient-centered services.” (Berg 2018)

What follows is an analysis of the demographic of Ochsner Scott Regional’s primary service area.

SEX AND AGE

Further analysis of Scott County’s census data shows that the county’s population is 50.2% male and 49.8% female. This hardly differs from the state average of 48.4% male and 51.6% female (Figure 9).

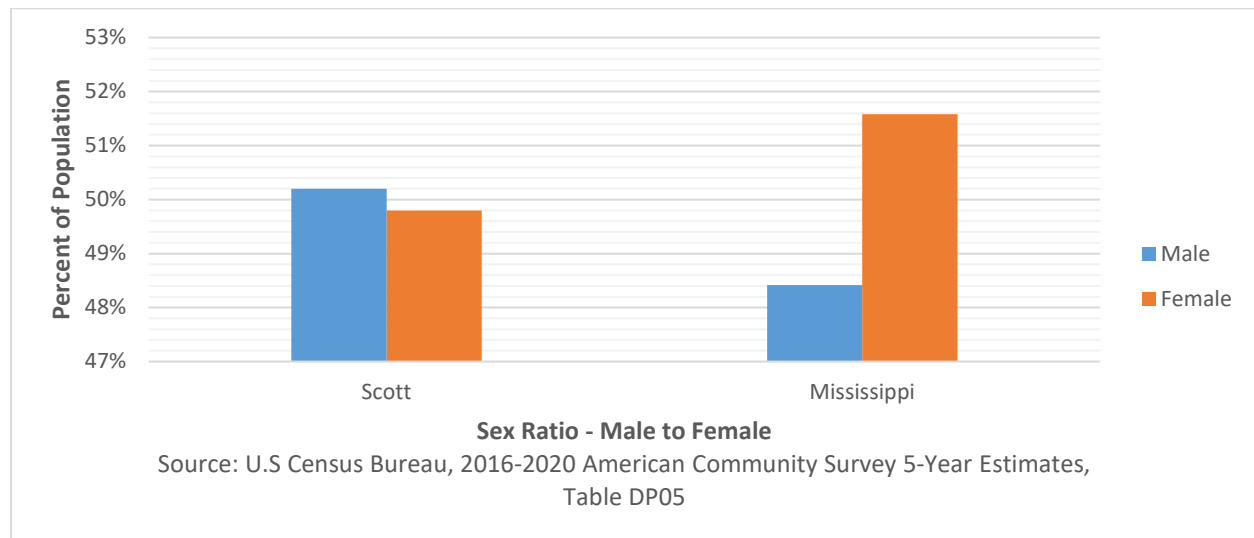


Figure 9
Sex Comparison – Scott County and Mississippi

Scott County has a median age of 36.7 years which is similar to the state’s median age of 37.7 years. As one would expect, Scott County’s population mix is in line with the state of Mississippi in all age categories; the largest variance between the two data sets is 2.00% in the 10 to 14 age category. See Figure 10 for a comparison of all age categories.

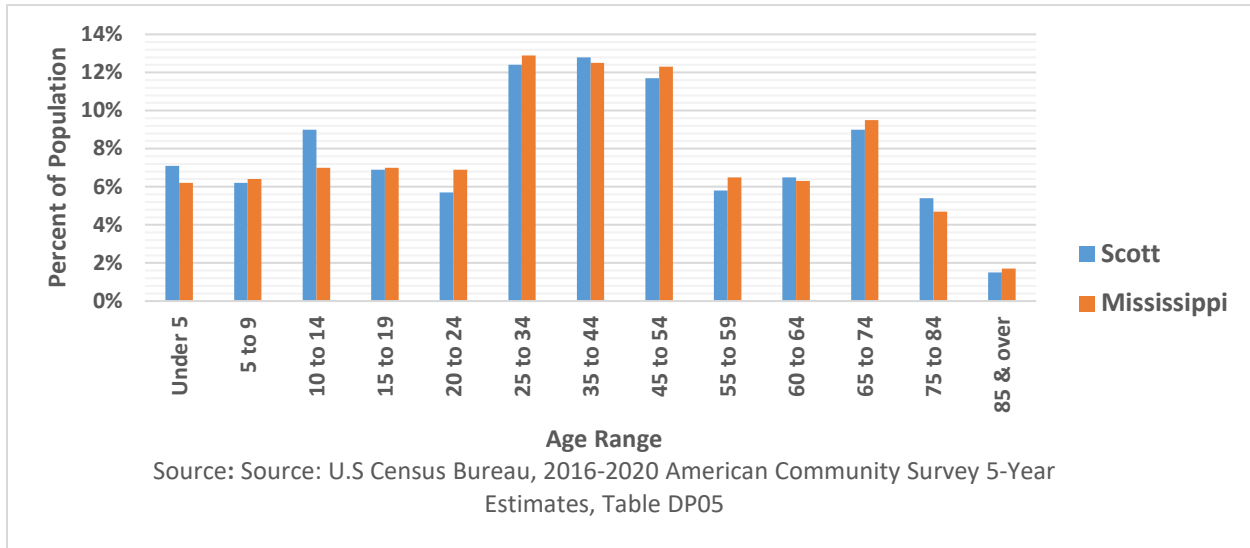


Figure 10
Population by Age Group – Scott County and Mississippi

RACIAL MIX AND ETHNIC BACKGROUND

Census data shows that the racial mix in Scott County is comparable with the mix found in Mississippi. In Scott County, 55.9% of the population is white; this stat is 58.0% for the state of Mississippi (Figure 11).

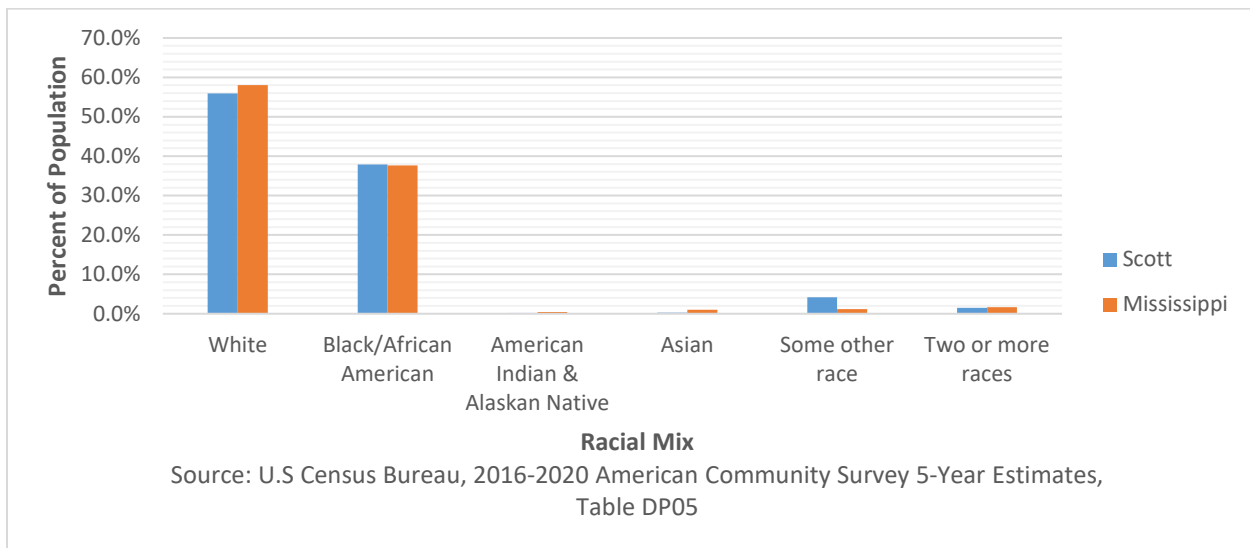


Figure 11
Population by Racial Mix – Scott County and Mississippi

While Scott County and the state share similar racial mixes, the ethnic mix in Scott County shows more diversity when compared to the state of Mississippi: 11.2% of the population in Scott County is Hispanic or Latino compared to 3.1% of the population in Mississippi (Figure 12).

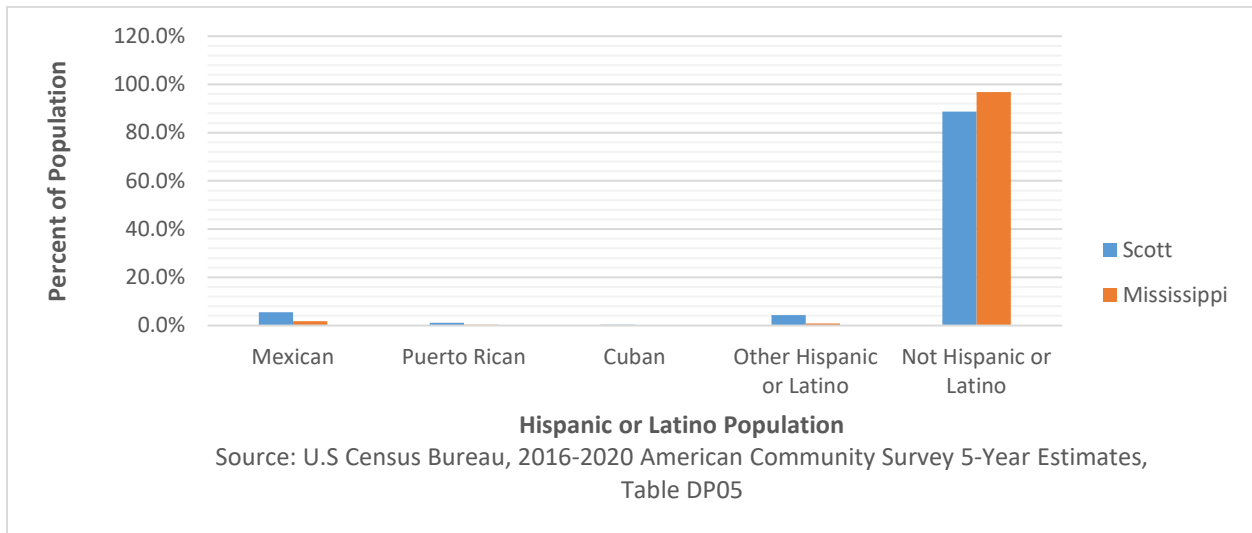


Figure 12
Population by Ethnic Group – Scott County and Mississippi

EDUCATION ATTAINMENT

When evaluating residents that are 25 years or older, 77.6% of Scott County residents have a high school diploma (includes GED) or higher compared to 85.2% of the residents in the state of Mississippi. Scott County has a higher percentage of educational attainment in all categories up to “Some college, no degree,” while the Mississippi has a higher percentage of higher education attainment. This percentage is 18.9% for Scott County compared to 32.9% for the state of Mississippi (Figure 13).

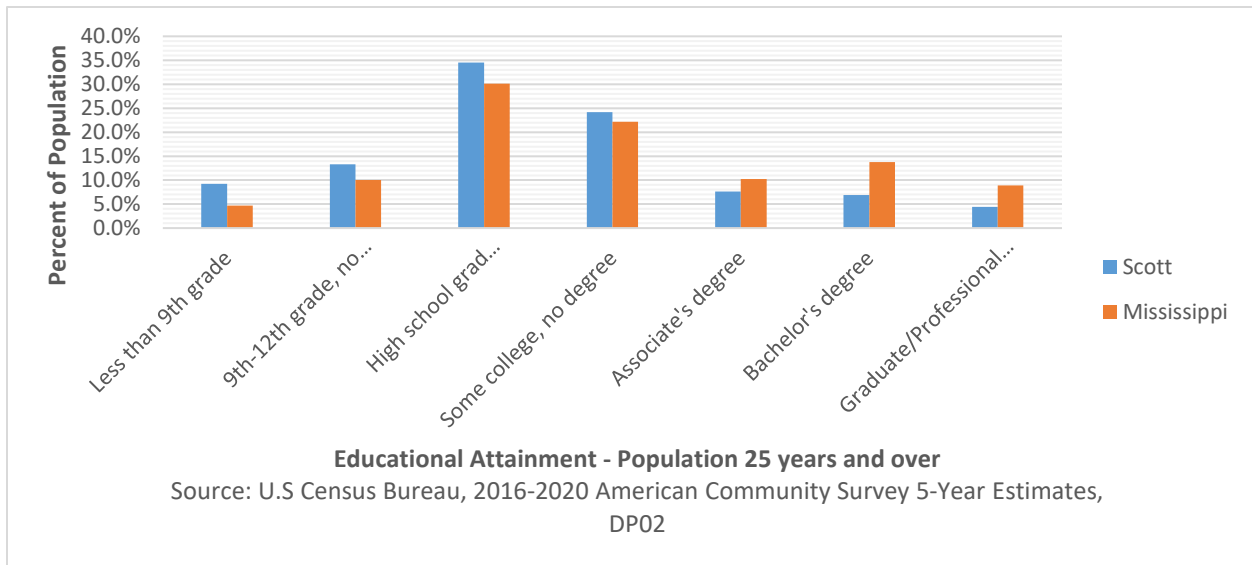


Figure 13
Education Attainment – Scott County and Mississippi

POPULATION WITH A DISABILITY

WHAT IS A DISABILITY?

The US Census Bureau (2021) defines a disability for data collecting purposes as “the product of interactions among individuals’ bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community.” The American Community Survey accounts for hearing difficulty; cognitive difficulty; ambulatory difficulty; self-care difficulty; independent living difficulty, and; disability status.

It is important for the facility to understand the challenges members of their community face. Individuals with a disability are more likely to have other medical issues resulting in higher healthcare costs, yet also have increased difficulty in accessing care. Disability affects all of us, and each of us may experience a disability in our lifetime. Scott County’s stats are comparable with Mississippi’s disability percentages for each age group; however, Scott County does have a slightly higher percentage (Figure 14). The Centers for Disease Control and Prevention’s National Center on Birth Defects and Development Disabilities has developed a fact sheet that further outlines how disability impacts Mississippi; see Figure 15.

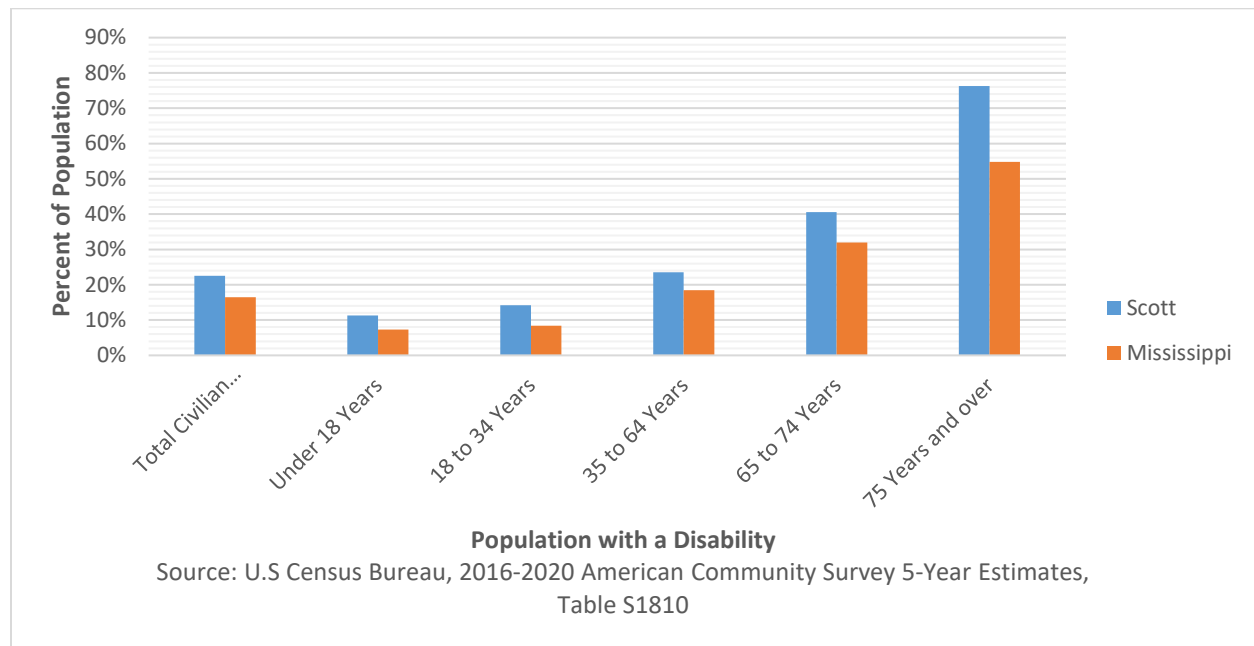
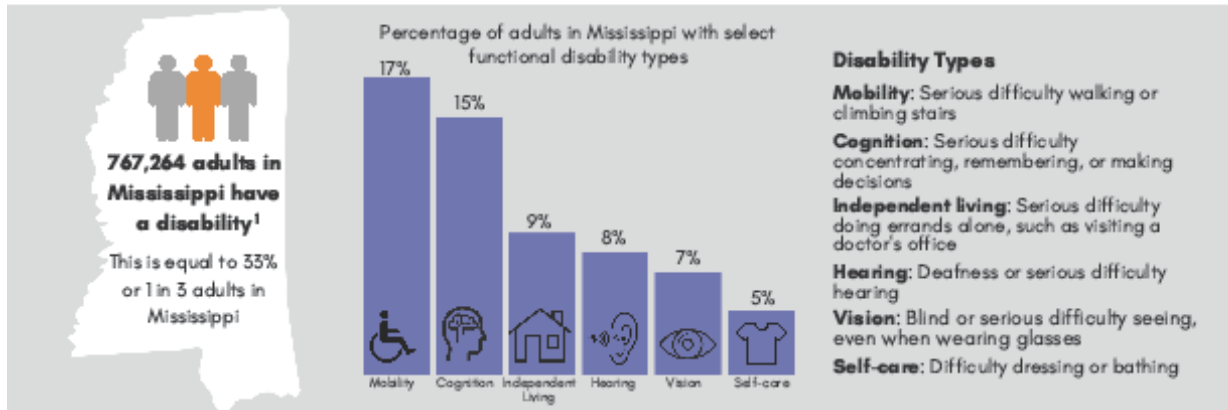


Figure 14
Disability Status for Scott County

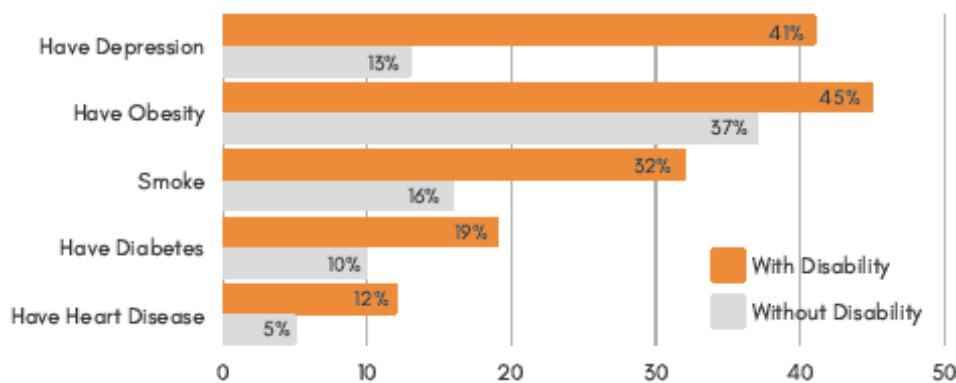
CDC's National Center on Birth Defects and Developmental Disabilities
DISABILITY IMPACTS MISSISSIPPI



Everyone can play a role in supporting more inclusive state programs, communities, and health care to help people with, or at risk for, disabilities be well and active in their communities. Join CDC and its partners as we work together to improve the health of people with disabilities.



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



Visit [dhds.cdc.gov](https://www.dhds.cdc.gov) for more disability and health data across the United States.

DISABILITY HEALTHCARE COSTS IN MISSISSIPPI²

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



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

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

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



Figure 15
CDC's Disabilities Mississippi Fact Sheet

ECONOMIC FACTORS

INCOME

The median household income in Scott County is \$39,971 compared to \$46,511 for the state of Mississippi; the mean household income is \$56,598 and \$65,156 respectively. Scott County has a greater number of residents making \$15,000 or less when compared to the state of Mississippi. Due to the lower overall income level in Scott County, there is a higher portion of residents living in poverty. Overall, 24.7% of all people in Scott County live in poverty compared to 19.6% of all people in the state of Mississippi. The age group with the highest percentage of poverty in Scott County is those under 18 years: 34.9% for Scott County; 27.6% for Mississippi. For additional breakdowns of income totals per households, see Figure 16.

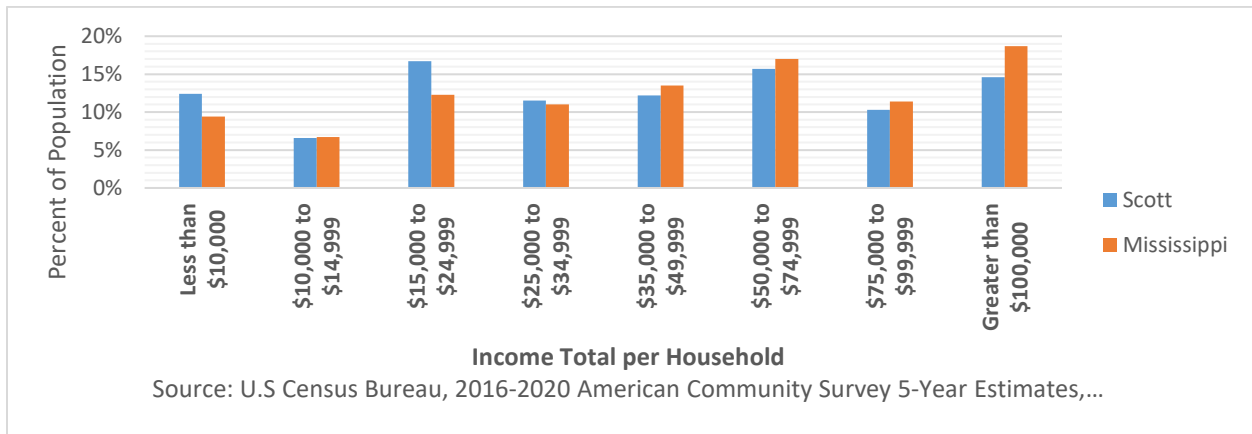


Figure 16
Income Total per Household – Scott County and Mississippi

MAJOR EMPLOYERS BY INDUSTRY

Figure 17 shows a comparison with the state of Mississippi between different labor groups identified by the U.S. Census Bureau. Major employers in Scott County are in Education, Healthcare, Social Services; Manufacturing; and Retail and Wholesale trade. Further research into the leading types of industry in Scott County help explain why the median household income is lower when compared to the state of Mississippi. These types of industries typically generate a lower wage per hour in a rural area versus an urban area. According to the U.S. Census Bureau, Scott County has a slightly higher unemployment rate at 7.2% compared to the state unemployment rate of 7.1%.

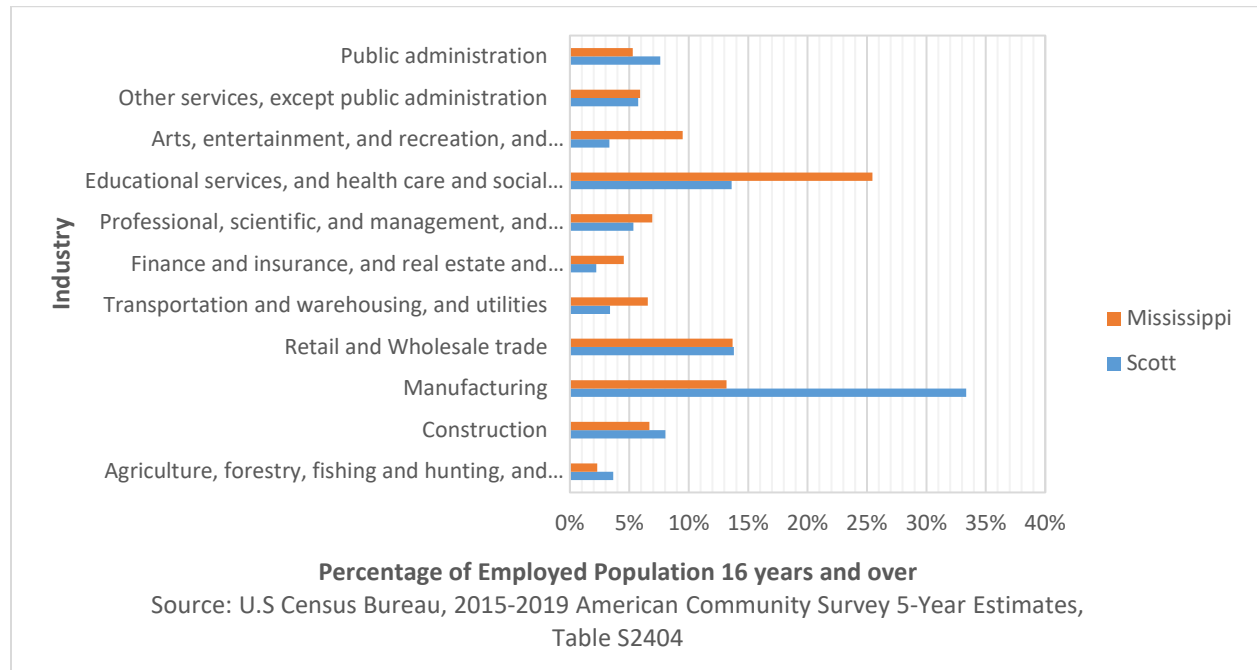


Figure 17
Employed Population by Industry Type – Scott County and Mississippi

TOP HEALTH ISSUES FACING THE COMMUNITY

Analyzing the top health issues in the hospital’s service area helps providers further assess and prioritize significant health needs in their community. Mortality data pulled from Mississippi Statistically Automated Health Resource System (MSTAHRs) represents deaths of Mississippi residents using death certificates filed with the Mississippi Department of Health, Bureau of Vital Records. It is important to note that MSTAHRs uses an age-adjusted mortality rate calculation. In doing so, counties having a higher percentage of elderly people (and in turn a higher rate of death or hospitalization) are more comparable with counties with a younger population.

Due to the length of some of the data sets, this report will list the top six events of a given query of data presented with any additional data available upon request. Each data set query is described in the charts’ titles to give the reader an understanding of what is included in the data sets. The charts include information from different scenarios to demonstrate how the disease process affects the patient population. By understanding how a disease affects variants in the population, Ochsner Scott Regional will be able to identify which segments of the community to focus specific strategies towards during the next three years. The charts will look at the population, impacts between race, and impacts between sexes in Scott County as seen in the following figure:

DISEASE INCIDENCE RATES

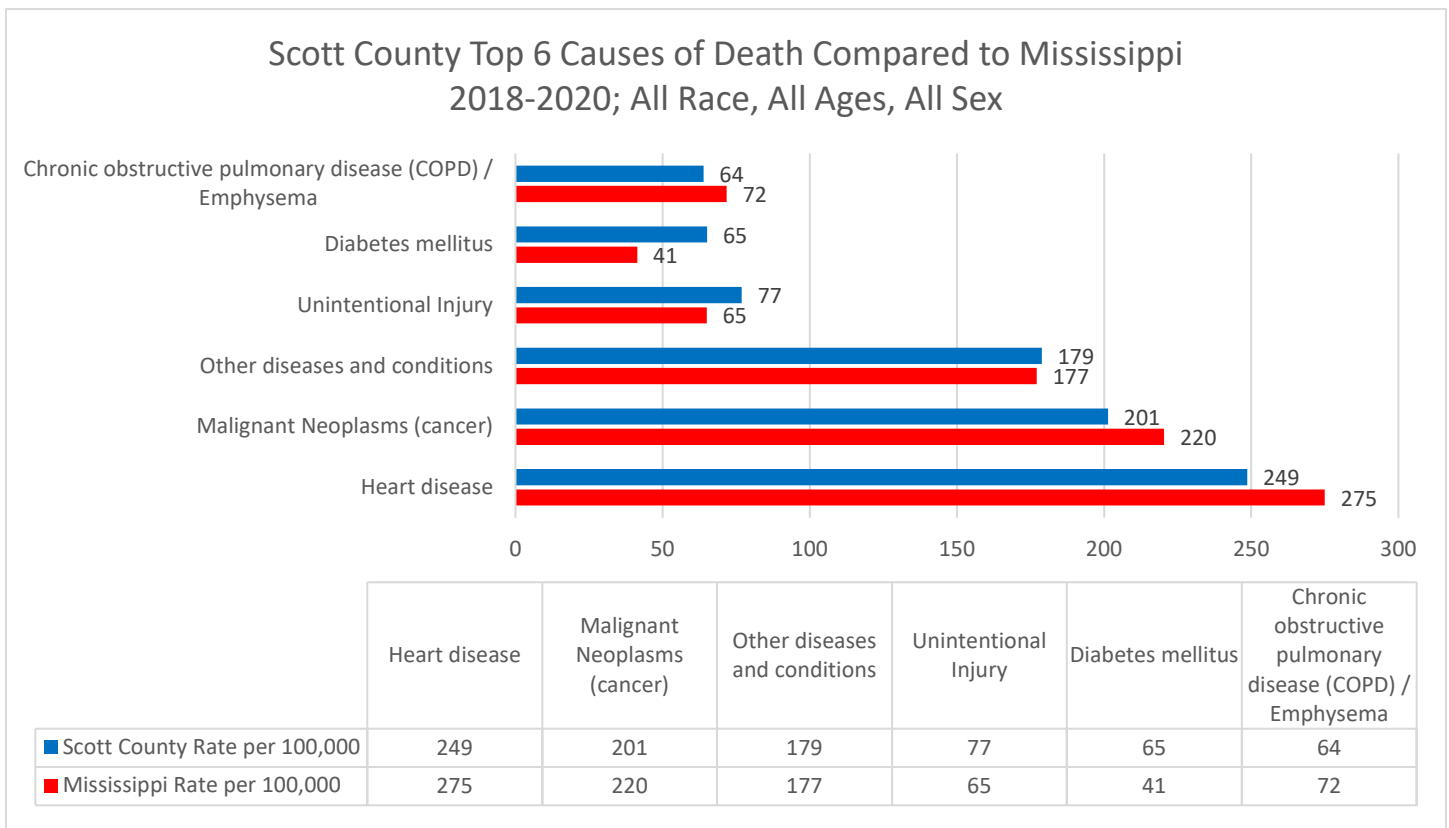
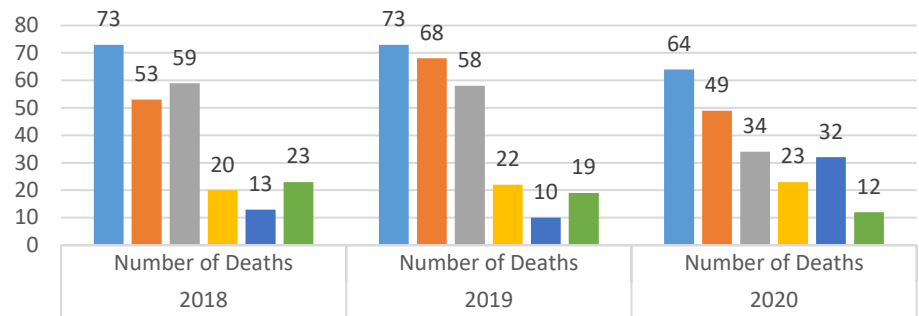


Figure 18
Overall Leading Causes of Death – Scott County and Mississippi

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

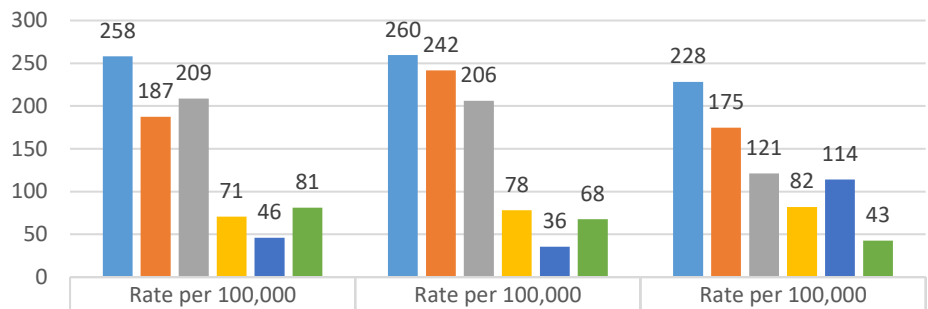


	2018	2019	2020
Heart disease	73	73	64
Malignant Neoplasms (cancer)	53	68	49
Other diseases and conditions	59	58	34
Unintentional Injury	20	22	23
Diabetes mellitus	13	10	32
Chronic obstructive pulmonary disease (COPD) / Emphysema	23	19	12

Figure 19

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

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

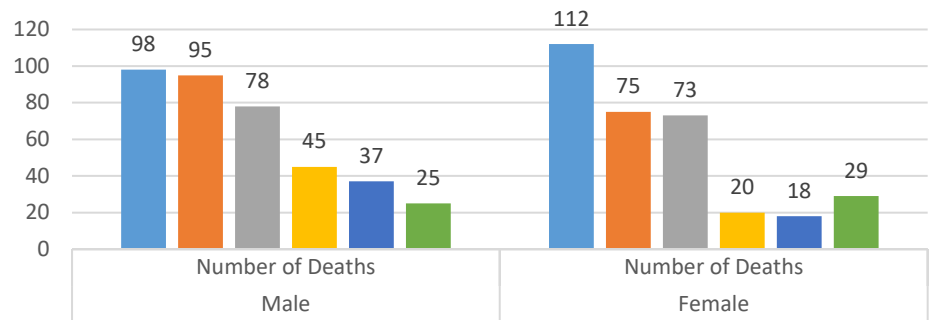


	2018	2019	2020
Heart disease	258	260	228
Malignant Neoplasms (cancer)	187	242	175
Other diseases and conditions	209	206	121
Unintentional Injury	71	78	82
Diabetes mellitus	46	36	114
Chronic obstructive pulmonary disease (COPD) / Emphysema	81	68	43

Figure 20

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

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

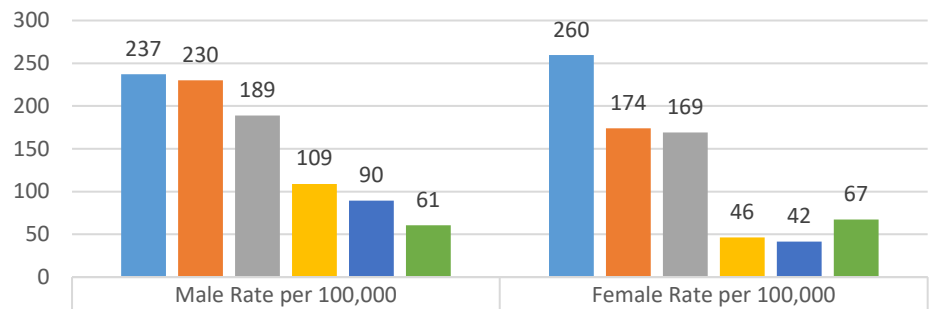


	Number of Deaths Male	Number of Deaths Female
Heart disease	98	112
Malignant Neoplasms (cancer)	95	75
Other diseases and conditions	78	73
Unintentional Injury	45	20
Diabetes mellitus	37	18
Chronic obstructive pulmonary disease (COPD) / Emphysema	25	29

Figure 21

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

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



	Male Rate per 100,000	Female Rate per 100,000
Heart disease	237	260
Malignant Neoplasms (cancer)	230	174
Other diseases and conditions	189	169
Unintentional Injury	109	46
Diabetes mellitus	90	42
Chronic obstructive pulmonary disease (COPD) / Emphysema	61	67

Figure 22

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

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

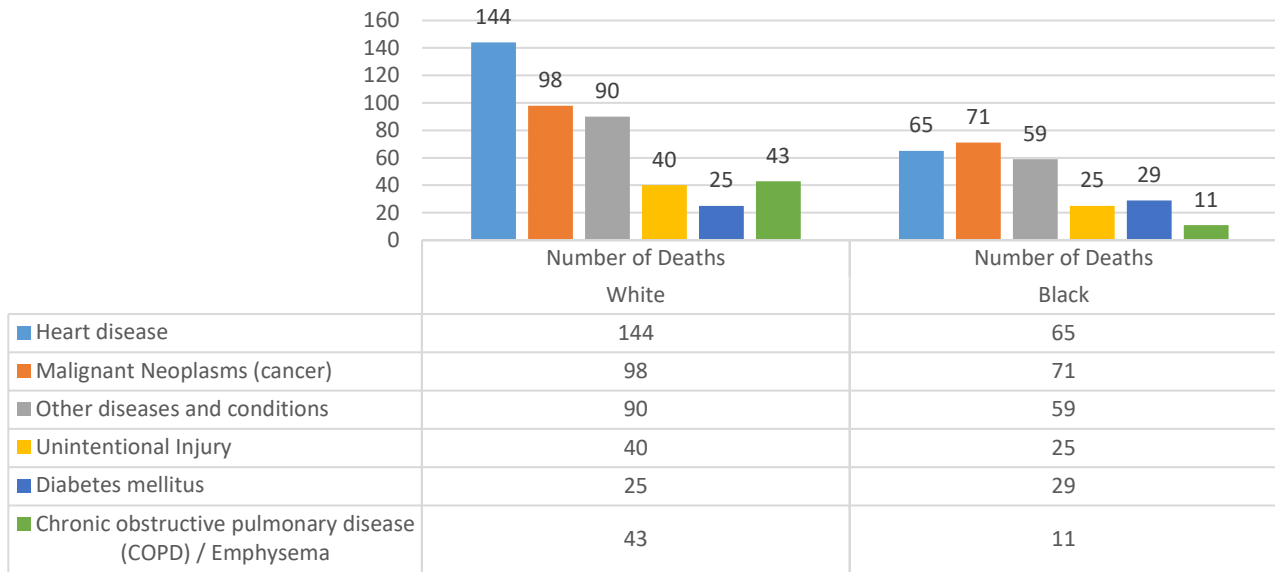


Figure 23
Top 6 Causes of Death 2018-2020; All Ages, All Sex by Number of Deaths

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

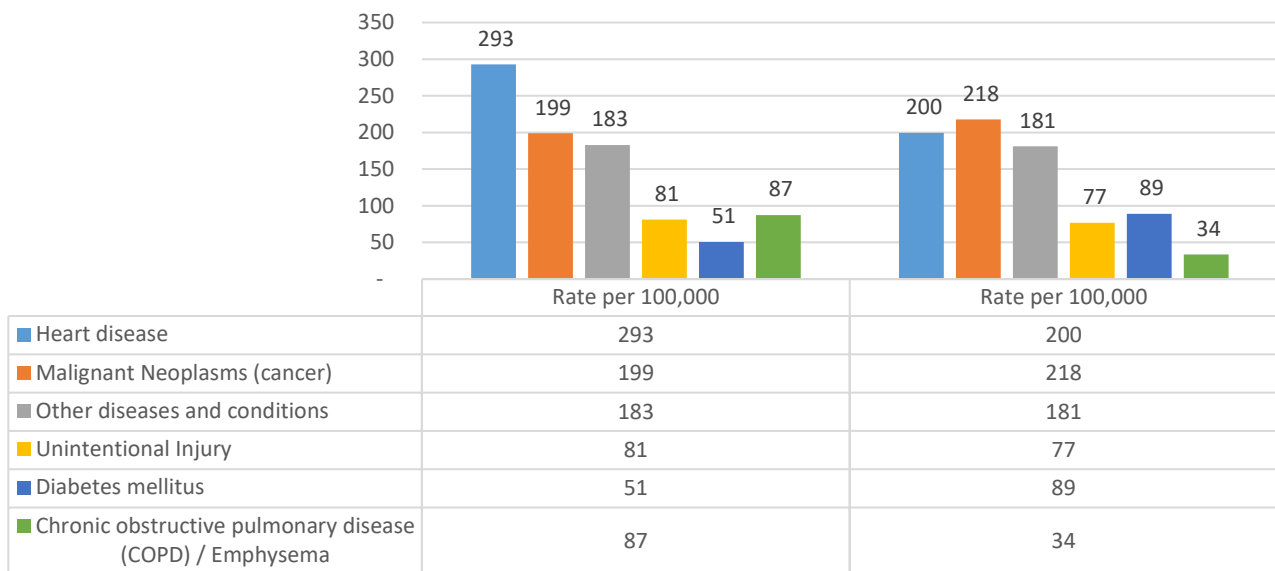


Figure 24
Top 6 Causes of Death 2018-2020; All Ages, All Sex by Rate per 100,000

INPUT FROM THE COMMUNITY

COMMUNITY SURVEYS

Ochsner Scott Regional wanted to better understand the health status of its service area through the mindset of the community. As a result, a community health survey was developed by the hospital. Members of the public were invited to participate in the survey. The data collected from the survey was part of the input used by the steering committee in establishing the top health priorities for the hospital for the next three years. An example of this survey can be seen on the pages that follow in Figures 25 and 26.

COMMUNITY FOCUS GROUP

A community focus group was held at Ochsner Scott Regional on November 1, 2022. The participants in the group were carefully selected because they each represented a specific segment of the populations served. In addition, they can act as a continuous conduit between the community and the leadership of the hospital. These participants contributed to a structured discussion which was impartially facilitated by healthcare consultants from Carr, Riggs, & Ingram of Ridgeland, MS.

This focus group provided a deliberative venue for learning, trust-building, creative problem solving, and information gathering which ultimately served as a valuable resource for the CHNA Steering Committee as it developed the hospital's health priorities for the next three years. Since the focus group was based on open communication and critical deliberation, it will hopefully lead to improved community relations, trust, and collaborative partnerships as the hospital strives to improve the overall health of the community.

TOP HEALTH CONCERNS IDENTIFIED BY THE COMMUNITY

Ochsner Scott Regional representatives spoke with community leaders and residents of Scott County to give them an opportunity to voice their opinions on the health status and health needs of Scott County. Ochsner Scott Regional representatives also reviewed the results of the community survey. The survey feedback and open discussions were consistent with the quantitative data. The most common health concerns mentioned by the community members were related to chronic diseases, health education, lifestyle challenges, transportation, mental health, access to care, and access to healthy foods. Additionally, heart disease, cancer, diabetes, obesity, and hypertension were all health needs identified by healthcare professionals, community members, and quantitative data. There is a direct correlation between these and the typical lifestyle of a rural Mississippi resident. As a result, community members noted a need for increased education and preventative care to aid in lowering the percentages of these diseases becoming chronic.

RESPONDING TO THE COMMUNITY

The steering committee used the following process to prioritize the identified needs that the hospital would use when developing strategies to respond to the community's needs:

- ▲ All the findings and data were read and analyzed for needs and recurring themes within the identified needs.
- ▲ Reference was made to the content of the community input and the identified needs from those sources.
- ▲ Comparisons were made between the primary and secondary data and then compared to what was the common knowledge and experience of the clinical staff of the hospital.
- ▲ Based on what resources could be made available and what initiatives could have the most immediate and significant impact, the strategic initiatives were developed.

Ochsner Scott Regional will continue to leverage valuable partnerships that currently exist and to identify opportunities for synergy within the community. The outcomes and results of these interventions will be followed and reexamined in preparation for the next CHNA.

Scott Regional Hospital Community Survey

How Healthy Is Our Community?

Scott Regional Hospital needs your help in better understanding the community's health. Please fill out this survey to share your opinions about healthcare services and the quality of life within the community. The survey results will be presented to the community and made available to the public in a written report. The information gathered from responses to this survey will help make our community a better place to live.

Thank you, in advance, for your participation!

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

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

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

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

3. Select up to 3 areas you feel there is Limited Access to and/or availability of:

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

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

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

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

Figure 25
Scott Regional Hospital Community Survey 2022, Part I

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

<input type="checkbox"/> Lack of transportation	<input type="checkbox"/> Have no regular source of healthcare
<input type="checkbox"/> Can't pay for services/medication	<input type="checkbox"/> Lack of evening or weekend services
<input type="checkbox"/> Can't find providers that accept my insurance	<input type="checkbox"/> Doubt the treatment will help
<input type="checkbox"/> Don't know what types of services are available	<input type="checkbox"/> Fear of what people will think
<input type="checkbox"/> Don't trust healthcare providers	<input type="checkbox"/> Afraid to have health check-up
<input type="checkbox"/> Don't like accepting government assistance	<input type="checkbox"/> Bad past experience
<input type="checkbox"/> Not sure when I need healthcare	<input type="checkbox"/> Healthcare information is not kept confidential

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

Excellent Good Fair Poor Don't know

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

Very Healthy Healthy Somewhat Healthy Somewhat Unhealthy Unhealthy Very Unhealthy

8. How is your healthcare covered? (check all that apply)

<input type="checkbox"/> Health insurance offered from your job or a family member's job	<input type="checkbox"/> Medicare
<input type="checkbox"/> Health insurance that you pay for on your own	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Veterans' Administration	<input type="checkbox"/> Military Coverage
<input type="checkbox"/> I don't have health insurance	<input type="checkbox"/> Other: _____

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

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

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

<input type="checkbox"/> Hospital emergency room	<input type="checkbox"/> Telehealth Visit
<input type="checkbox"/> The local health department	<input type="checkbox"/> Nowhere—I don't have a place to go when I get sick
<input type="checkbox"/> A particular doctor's office	<input type="checkbox"/> Urgent Care
<input type="checkbox"/> Other (Please describe) _____	

11. Do you have a primary care physician?

Yes
 No

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

Gender: Male Female

Age less than 18 18-25 26-39 40-54 55-64 65 -74 75+

Race/Ethnicity: Which group do you most identify with?

<input type="checkbox"/> Black/African American	<input type="checkbox"/> White/Caucasian
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian/Pacific
<input type="checkbox"/> Native American	<input type="checkbox"/> Other (Please describe) _____

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

THANK YOU FOR COMPLETING THIS SURVEY!

Figure 26
Scott Regional Hospital Community Survey 2022, Part II

IMPLEMENTATION PLANS

While an implementation plan was established in the hospital's 2019 CHNA report, Ochsner Scott Regional was unable to generate satisfactory responses in these areas. This is due to the hospital shifting its focus in 2019 – 2022 to meet the more pressing needs that arose from the COVID-19 pandemic.

As a result, the hospital has chosen to continue focusing on these areas noting that these issues are still prevalent as of 2022. Over the next three years, pending a surge in COVID-19 or a new public health emergency, Ochsner Scott Regional and its many community partners will concentrate their efforts into these areas:

INITIATIVE 1: HEART HEALTH

Educate the community and bring awareness on the prevention of heart disease by promoting healthy lifestyle choices.

INITIATIVE 2: CANCER

Bring awareness to the people of our community on the different types of cancer and their causes. Provide education on screenings that are available and preventive measures that can be taken to reduce the risk of getting cancer.

INITIATIVE 3: ACCIDENT PREVENTION

Educate the people in our community to strive for safety on the road, in the home, at school, work, and play, while focusing on motor vehicle safety and prevention of falls.

The hospital wants the community to know that it takes all health needs within the community seriously. Unfortunately, the hospital is unable to address every health need noted over the course of the next three years covered within the current CHNA but plans to continue reviewing these needs and as resources become available in the future address them accordingly.

The implementation strategy associated with these health initiatives noted above will be developed over the coming months, submitted to the board of directors for approval, and then posted to the hospital's website by the due date of the 15th day of the fifth month after the end of the taxable year the CHNA is due with said due date being May 15th, 2023.

THANK YOU

We at Ochsner Scott Regional realize the importance of participating in a periodic community health needs assessment. We emphasize that this report is much more than a regulatory obligation; it is an opportunity to continue to be engaged with our community by including the citizens we serve in a plan that will ensure a healthier community. This has been a collaborative effort.

Our sincere thanks go to all those who took part in this process. Our CHNA Steering Committee members and all those who participated in our Community Focus Group, either by their attendance at the Forum or by conversations, deserve a special thanks for their time, support, and insight. Their input has been invaluable.

And last, but perhaps most importantly, our thanks goes out to the public who realizes their voice does matter. Thank you for completing our Community Health Survey, reading our latest community health needs assessment, and for supporting our mission of care in Scott County.

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