Ochsner Stennis Hospital

CHNA Report

December 2022

Approved by
The Board of Directors of Ochsner Stennis Hospital
November 15, 2022

CRI CARR RIGGS & INGRAM
CPAs and Advisors
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EXECUTIVE SUMMARY

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

The assessment was performed, and the implementation strategies were created by the Community Health Needs Assessment Steering Committee with assistance from Carr, Riggs & Ingram, a nationally ranked accounting firm based in Enterprise, AL. The assessment was conducted from September through November 2022. The community health needs assessment will guide the development of Ochsner Stennis Hospital'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 Stennis Hospital. It will provide the community with an informative overview concerning the hospital along with an explanation of the services available at Ochsner Stennis Hospital.

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

The response and implementation sections of this report describes how the medical facility and its collaborative partners worked together to address health needs identified in 2019's community health needs assessment report. In this section, we also discuss the health priorities that we will focus on over the next three years. The community health needs assessment report is available electronically on Ochsner Stennis Hospital'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 Stennis Hospital 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.

Kristin Molony, Administrator
Ochsner Stennis Hospital

ABOUT THE HOSPITAL

OVERVIEW

Ochsner Stennis Hospital is a 25-bed critical access hospital located in DeKalb, 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 March 2011, Ochsner Stennis Hospital has provided quality health care to the people of DeKalb and the surrounding area for over a decade and is proud to be the area's community hospital.

Patients are cared for under the direction of their physician by a licensed health care team. This team includes 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, including 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."

- Acute Care (Inpatient)
- Cardiac Monitoring
- Case Management
- Community Education
- Dietary Consultations
- Emergency Room (24 Hours a Day)
- Full-Service Dining Room
- Hospitalist Program
- Laboratory
- Medical Surgical Care
- Nursing
- Outpatient Infusion
- Outpatient Surgery
- Pharmacy
- Radiology
- Respiratory Therapy
- Senior Care Programs
- Skilled Rehab Services
- Swing Bed Program
- Telemedicine
- Wound Care

Ochsner Stennis Hospital additionally operates five clinics that offer a variety of specialties to the community. The clinics are as follows:

- Immediate Care Family Clinic
- North Hills Family Medical Clinic
- Rush Medical Group – Livingston
- Rush Medical Clinic – DeKalb
- Marion Primary Care Center

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

HEALTHCARE SERVICES PROVIDED

EMERGENCY ROOM

Ochsner Stennis Hospital's emergency department is staffed with qualified emergency room hospitalists and family nurse practitioners and is open 24 hours a day, seven days a week. 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.

LABORATORY

Ochsner Stennis Hospital'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
- Pathology

OUTPATIENT INFUSION

Infusion therapy involves the administration of medication through a catheter as prescribed by the patient's doctor when a patient's condition is so severe that it cannot be treated effectively by oral medications. Patients can rely on the comfort of having clinically trained, licensed healthcare professionals experienced in IV infusion therapy attending to their needs. Services provided by the department include, but are not limited to:

- Antibiotic therapy
- Anti-fungal therapy
- Blood transfusion
- IV iron therapy
- Subcutaneous injections
- IV immune globulin
- Treatment for rheumatoid arthritis and other autoimmune diseases
- Supervised first dose of antibiotics for home health patients
- Hydration therapy

RADIOLOGY

Ochsner Stennis Hospital is equipped with modern and effective diagnostic imaging technology which enables the hospital to diagnose illnesses and injuries quickly and efficiently. Ochsner Stennis Hospital 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
- CT Lung Cancer Screening
- Digital Mammography
- MRI
- Ultrasound Exams (Sonograms)

RESPIRATORY THERAPY

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

SENIOR CARE PROGRAMS

Ochsner Stennis Hospital 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 Stennis Hospital'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

SKILLED REHAB INPATIENT AND OUTPATIENT SERVICES

Ochsner Stennis Hospital 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.

OCCUPATIONAL THERAPY

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

- Orthopedic injuries
- Deficits in self-care functions
- Visual or perceptual deficits
- Splint fabrication
- Job site analysis
- Assistive technology and adaptive equipment
- Work or sports-related injuries
- Neurological disorders
- Cognitive deficits
- Functional capacity
- Evaluations
- Work hardening

PHYSICAL THERAPY

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

- Acute pain
- Subacute pain
- Chronic pain
- Work- or sports-related injuries
- Motor vehicle injuries
- Spinal cord injuries
- Pre- and post-surgical rehab
- Pediatrics
- Neurological and stroke rehab
- Pre- and post-employment testing
- Urinary incontinence
- Aquatics
- Functional capacity evaluations

SPEECH THERAPY

Ochsner Stennis Hospitals' speech-language pathology department offers evaluation and treatment of a variety of communicative and swallowing disorders. It is their goal to provide optimum patient care by designing an individualized treatment 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:

- Slurred speech
- Limited attention span
- Memory deficits
- VitalStim therapy
- Stuttering
- Articulation deficits
- Hoarseness or nasality
- Swallowing or feeding difficulties
- Stroke
- High-risk infant
- Degenerative diseases
- Cerebral palsy
- Traumatic Brain Injury
- Muscular dystrophy
- Congenital anomalies
- Developmental delay
- Hardness of hearing/deafness
- Oral motor deficits
- Aspiration pneumonia
- Augmentative communication
- ADHD/ADD/autism

SWING BED PROGRAM

Skilled nursing and rehabilitative care are available at Ochsner Stennis Hospital 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 Stennis Hospital, regardless if they were hospitalized in another location.

WOUND CARE

Ochsner Stennis Hospital'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 for optimizing wound healing and formulating a complete and 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
- The newest topical ointments and wound dressings
- Hyperbaric oxygen therapy

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 Stennis Hospital'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 Stennis Hospital 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 Kemper County.

TRANSPARENCY

We are pleased to share with our community the results of our CHNA. The following pages offer a review of how we responded to specific health needs identified in our 2019 CHNA; define the hospital's service areas and assess their needs, and; provide our health initiatives for the next three years. We hope you will take time to review the health needs of our community as the findings impact each 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 Stennis Hospital Medical Records Department
• US Department of Health & Human Services	• Mississippi State Department of Health (MSDH)
• Centers for Disease Control and Prevention	• Mississippi Center for Obesity Research
• American Heart Association	• County Health Rankings and Roadmaps
• Rural Health Information Hub	• MSDH, Office of Health Data and Research

RESPONSE TO HEALTH STRATEGIES FROM 2019 CHNA

INITIATIVE 1: CANCER SCREENING AND EDUCATION INITIATIVES

OBJECTIVE

To educate and bring awareness about the most prevalent cancers in Dekalb and Kemper County, which are Prostate, Colorectal, Breast and Tracheal/bronchial/Lung cancers.

INITIATIVE 2: FLU VACCINES FOR COMMUNITY AND SCHOOL CHILDREN

OBJECTIVE

To help provide access and availability to flu vaccines for the community.

INITIATIVE 3: HEART HEALTH AWARENESS

OBJECTIVE

To bring awareness and education to the community by promoting healthy lifestyle choices including the importance of screening and treatment.

INITIATIVE 4: CREATING A HEALTHY SOUTHERN LIFESTYLE

OBJECTIVE

Provide healthy alternatives to traditional southern food, by changing how it is prepared and/or how it is cooked. We will also provide overall healthy lifestyle tips.

Due the hospital's CHNA due date coinciding with the onset of the public health emergency (PHE) known as COVID-19, 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. On the following page, the report will give an overview of the PHE and some examples of 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 Stennis Hospital 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 Kemper 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 Stennis Hospital implemented an infection control plan as these first cases were reported.

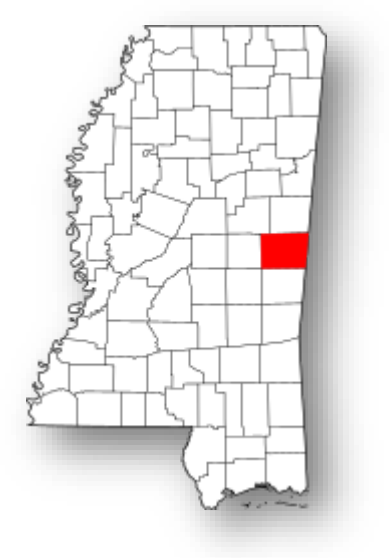
The magnitude of the hours devoted and sacrifices made by the personnel at Ochsner Stennis Hospital for the community are unmeasurable. Throughout the pandemic, Ochsner Stennis Hospital continuously educated staff on all COVID-19 protocols along with utilizing equipment to maintain quarantine and isolation 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 Stennis Hospital 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 Stennis Hospital in coordination with the entire Ochsner Rush Health System responded in the following ways:

- Coordinated strategies for securing and optimizing PPE with entire Ochsner Rush Health system
- Established contingency work plans to combat staffing shortages and related challenges
- Worked within our health system, community, and state to create a systematic approach to increasing bed capacity and getting patients into the appropriate setting.
- Physician and clinical staff participated in many community health education forums via television and social media
- Provided multiple Vaccination Drives throughout the pandemic
- Launched social media campaigns to educate and inform our communities
- Continues to offer spiritual and emotional wellness options to staff and patients



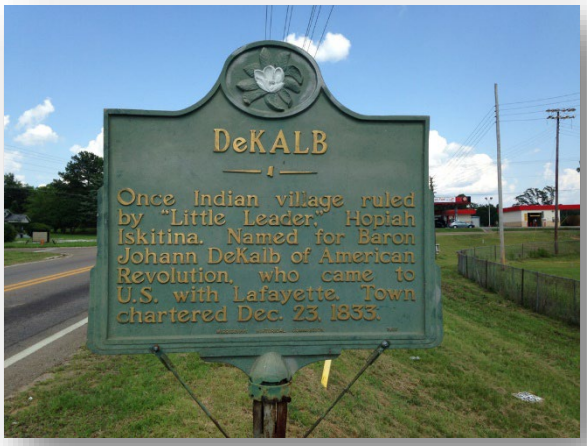
ABOUT THE COMMUNITY

GEOGRAPHY OF THE PRIMARY SERVICE AREA

Ochsner Stennis Hospital's primary service area is Kemper County, MS. Kemper County has 766.2 square miles of land area and is the 8th largest county in Mississippi by total area. Kemper County is bordered by Noxubee County, MS; Neshoba County, MS; Newton County, MS; Winston County, MS; Sumter County, AL; and, Lauderdale County, MS. These surrounding counties serve as Ochsner Stennis Hospital's secondary service area.

HISTORY OF THE PRIMARY SERVICE AREA

According to the Mississippi Encyclopedia (2018), Kemper County was founded on December 23, 1833, from lands that were ceded to the United States by the Choctaw Tribe under the 1830 Treaty of Dancing Rabbit Creek. The county is named for Reuben, Nathan, and Samuel Kemper, a trio of brothers who fought under General Andrew Jackson in the War of 1812. Kemper County emerged in the 1830s as a rapidly growing part of eastern Mississippi. Agriculture was typical of Mississippi in both the size of Kemper's farms and the percentage of farm ownership; Kemper's farms and plantations practiced mixed agriculture, concentrating on cotton, corn, sweet potatoes, and livestock. Industry was slow to develop in the county, but by 1930 the county's industrial sector had undergone significant expansion and employed almost a thousand workers. This revenue base continues to be prevalent today and includes lumber mills and furniture production.



HEALTHCARE RESOURCES AVAILABLE

For many Kemper County residents, Ochsner Stennis Hospital serves as their primary healthcare provider. Based on data pulled from the American Hospital Directory (AHD), 100% of the hospital's Medicare inpatients come from within Kemper County: 74.51% come from De Kalb, Mississippi; 25.49% come from Preston, Mississippi.

Including Ochsner Stennis Hospital, there are three critical access hospitals located in Ochsner Stennis Hospital's primary and secondary service areas. These facilities are:

1. Ochsner Stennis Hospital
2. Ochsner Laird Hospital
3. Noxubee General Hospital

Patient origin information pulled from the AHD indicates 100% of the total number of Kemper County residents discharged from the facilities listed above are discharged from Ochsner Stennis Hospital. The following table shows the percentage for each facility:

Patient Origin Study Summaries for the Calendar Year Ended December 31, 2021
Kemper County Residents

Facility	Medicare Discharges	Percent
Ochsner Stennis Hospital	51	100.00%
Ochsner Laird Hospital	0	0.00%
Noxubee General Hospital	0	0.00%

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 Stennis Hospital.

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 Stennis Hospital 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 Stennis Hospital's service area the most and how they potentially affect the health of the population. Ochsner Stennis Hospital 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 Stennis Hospital 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*		**+**	**46**	**-0.612**	**—**
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*		**+**	**45**	**-0.316**	**—**
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*		**+**	**49**	**-0.992**	**—**
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*		**+**	**49**	**-1.358**	**—**
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*		**+**	**43**	**-0.622**	**—**
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

MISSISSIPPI

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

AMERICA'S HEALTH RANKINGS UNITED HEALTH FOUNDATION

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.

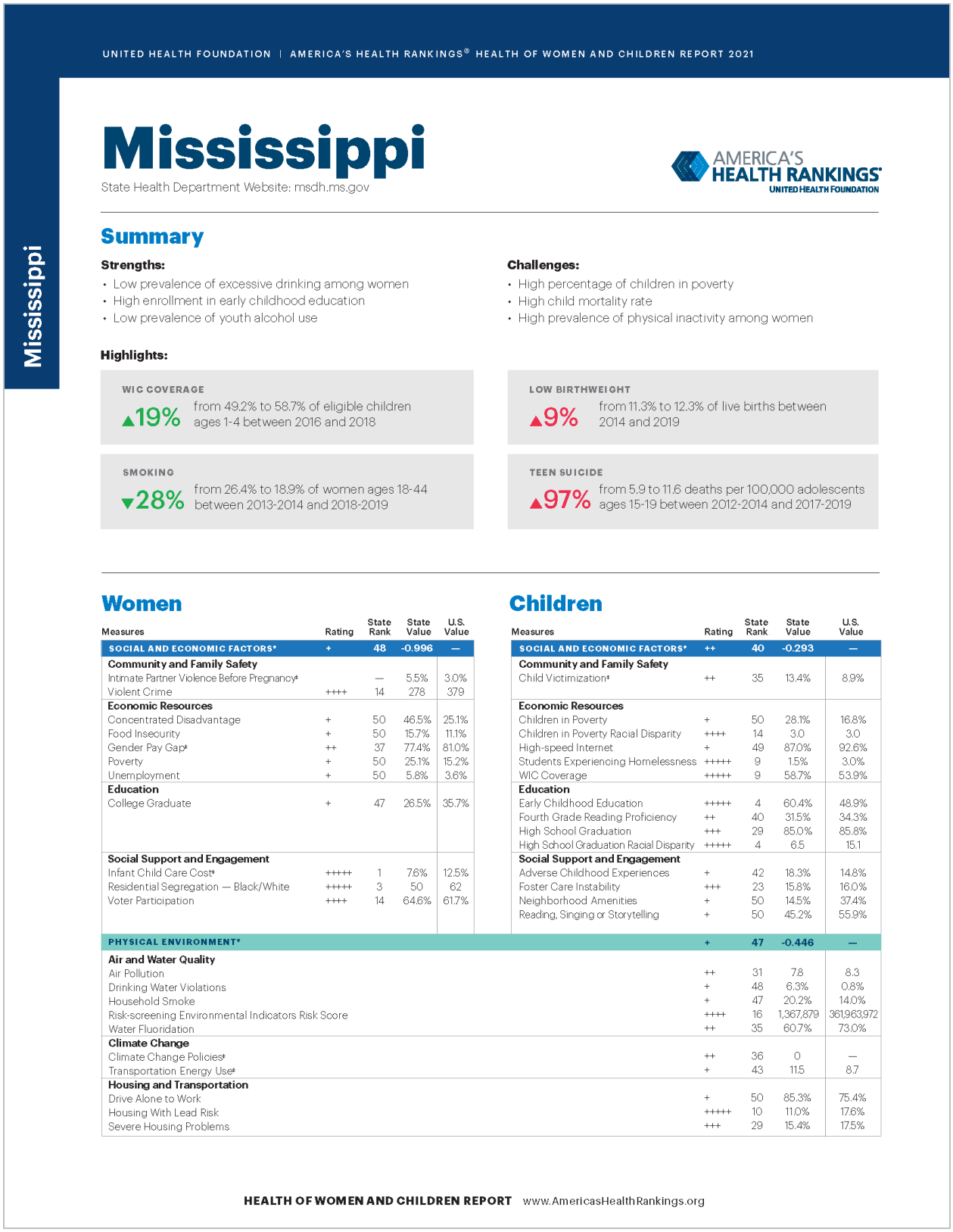
For measure definitions, including data sources and years, visit www.AmericasHealthRankings.org.

Mississippi

SENIOR REPORT www.AmericasHealthRankings.org

Figure 2

AHR 2021 Senior Report



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

Mississippi

Mississippi

State Health Department Website: msdh.ms.gov

AMERICA'S HEALTH RANKINGS® UNITED HEALTH FOUNDATION

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	63.7	104.6
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.

HEALTH OF WOMEN AND CHILDREN REPORT 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

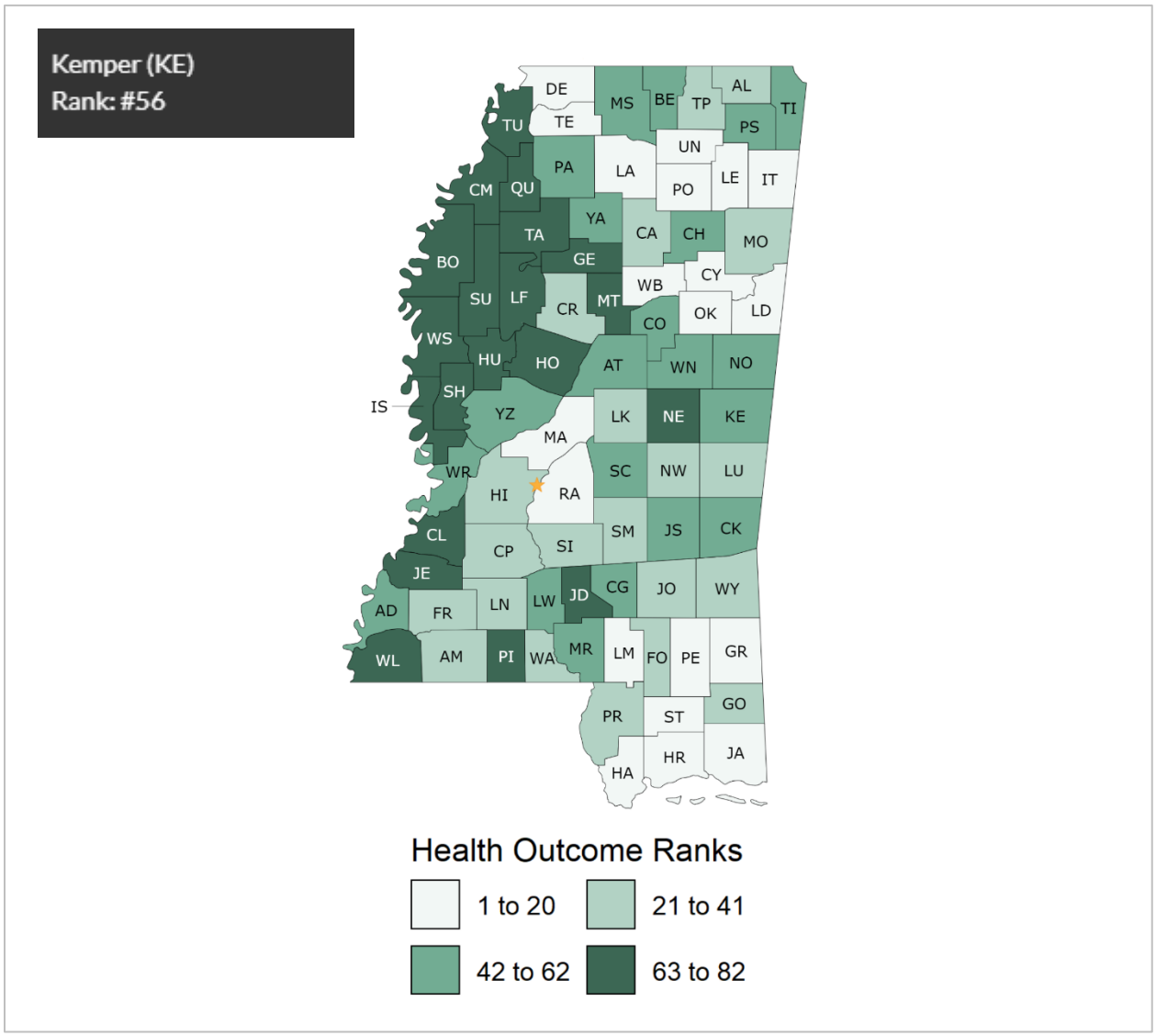


Figure 5
CHR&R 2021 Mississippi Health Outcome Map

Health Behaviors	Clinical Care	Social and Economic Factors	Physical Environment
Tobacco use	Access to care	Education	Air & water quality
Diet & exercise	Quality of care	Employment & income	Housing & transit
Alcohol & drug use		Family & social support	
Sexual activity		Community Safety	

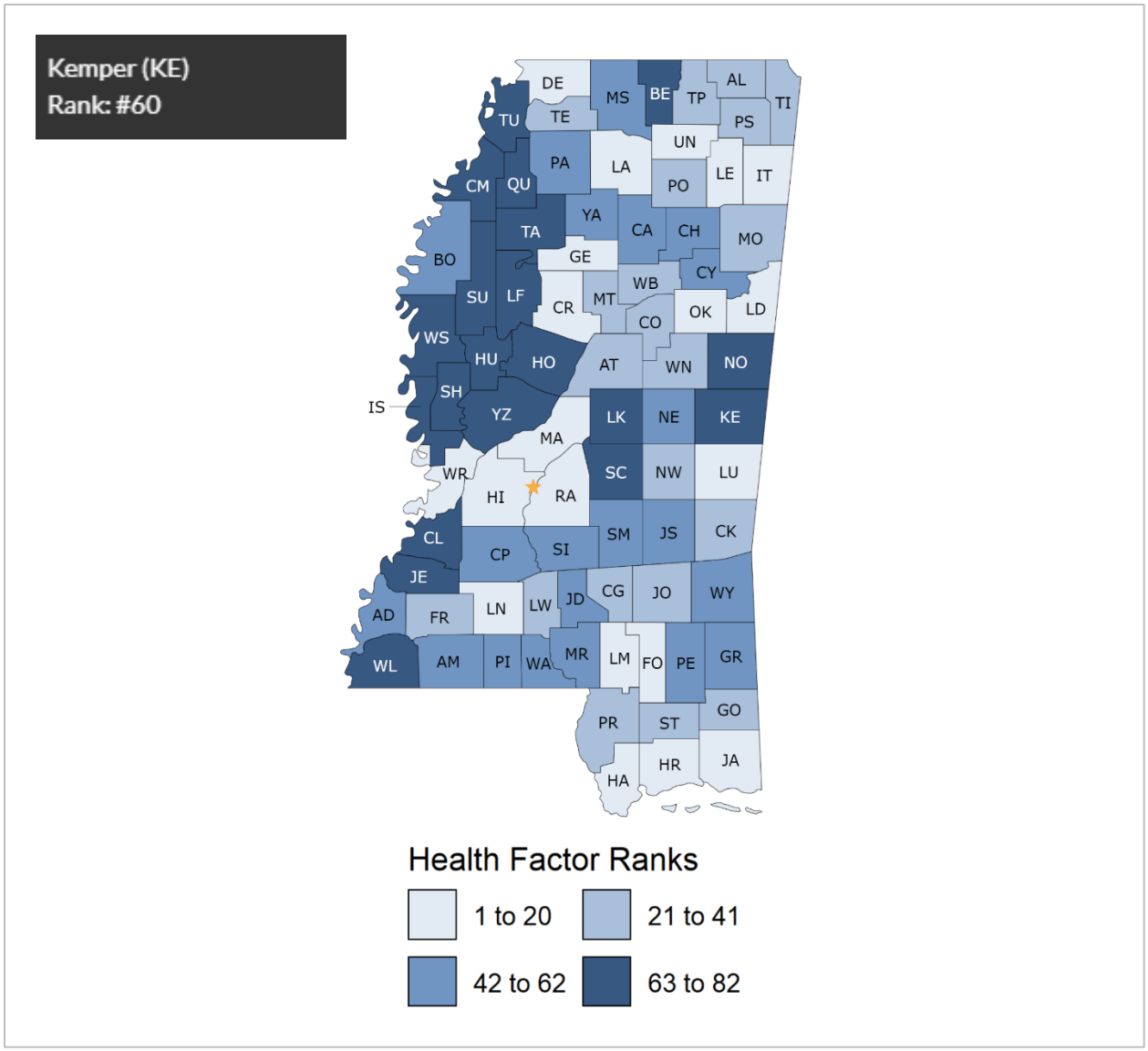


Figure 6

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

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Figure 7

CHR&R 2021 Mississippi Health Rankings

		Mississippi	Kemper (KE), MS X
Health Outcomes			
Length of Life			
Premature Death		11,300	10,900
Quality of Life			
Poor or Fair Health	ⓘ	22%	31%
Poor Physical Health Days	ⓘ	4.1	5.2
Poor Mental Health Days	ⓘ	5.3	5.8
Low Birthweight		12%	15%
Health Factors			
Health Behaviors			
Adult Smoking	ⓘ	21%	24%
Adult Obesity	ⓘ	41%	48%
Food Environment Index	ⓘ	3.8	4.4
Physical Inactivity	ⓘ	37%	47%
Access to Exercise Opportunities		52%	1%
Excessive Drinking	ⓘ	16%	12%
Alcohol-Impaired Driving Deaths		19%	30%
Sexually Transmitted Infections	ⓘ	850.2	831.5
Teen Births		32	20
Clinical Care			
Uninsured		15%	19%
Primary Care Physicians		1,860:1	9,740:1
Dentists		2,030:1	4,760:1
Mental Health Providers		540:1	
Preventable Hospital Stays		5,013	5,323
Mammography Screening		41%	49%
Flu Vaccinations		43%	30%
Social & Economic Factors			
High School Completion		85%	83%
Some College		61%	54%
Unemployment	ⓘ	8.1%	9.6%
Children in Poverty		26%	36%
Income Inequality		5.4	4.1
Children in Single-Parent Households		37%	51%
Social Associations		12.6	9.2
Violent Crime	ⓘ	279	99
Injury Deaths		93	63
Physical Environment			
Air Pollution - Particulate Matter		9.2	9.4
Drinking Water Violations			No
Severe Housing Problems		15%	16%
Driving Alone to Work		85%	86%
Long Commute - Driving Alone		33%	60%

Figure 8
CHR&R 2021 Kemper County Health Rankings

POPULATION

Kemper County has a total population of 9,829 citizens, while the state of Mississippi has a total population of 2,981,835. The overall population for both Kemper County and Mississippi has seen a decrease in the population growth rate over a 5-year trend at 3.74% 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 Stennis Hospital's primary service area.

SEX AND AGE

Further analysis of Kemper County's census data shows that the county's population is 49.7% male and 50.3% female. This hardly differs from the state average of 48.4% male and 51.6% female (Figure 9).

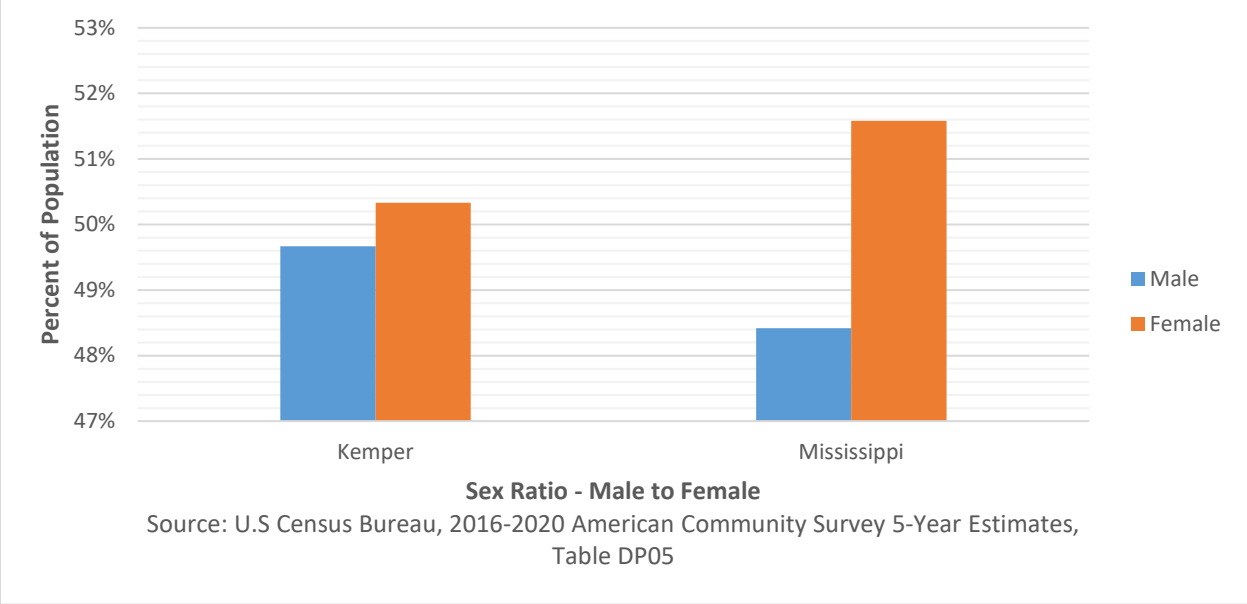
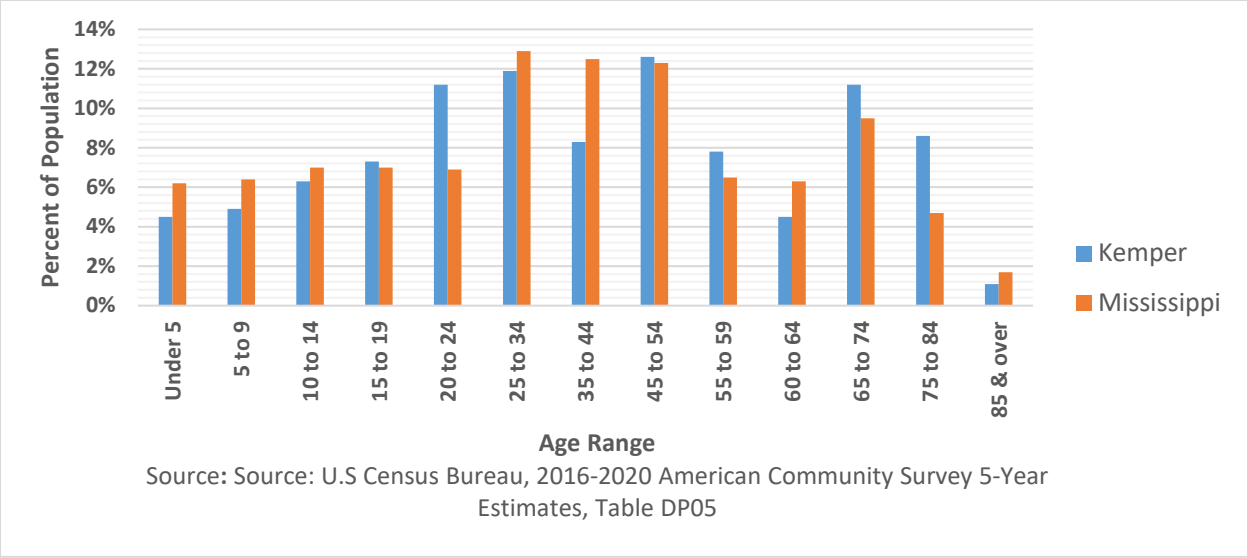


Figure 9

Sex Comparison – Kemper County and Mississippi

Kemper County has a median age of 38.6 years which is similar to the state's median age of 37.7 years. As one would expect, Kemper County's population mix is in line with the state of Mississippi in all age categories; Kemper County has a slightly higher older population as seen in age groups 65 to 74 and 75 to 84. See Figure 10 for a further breakout.



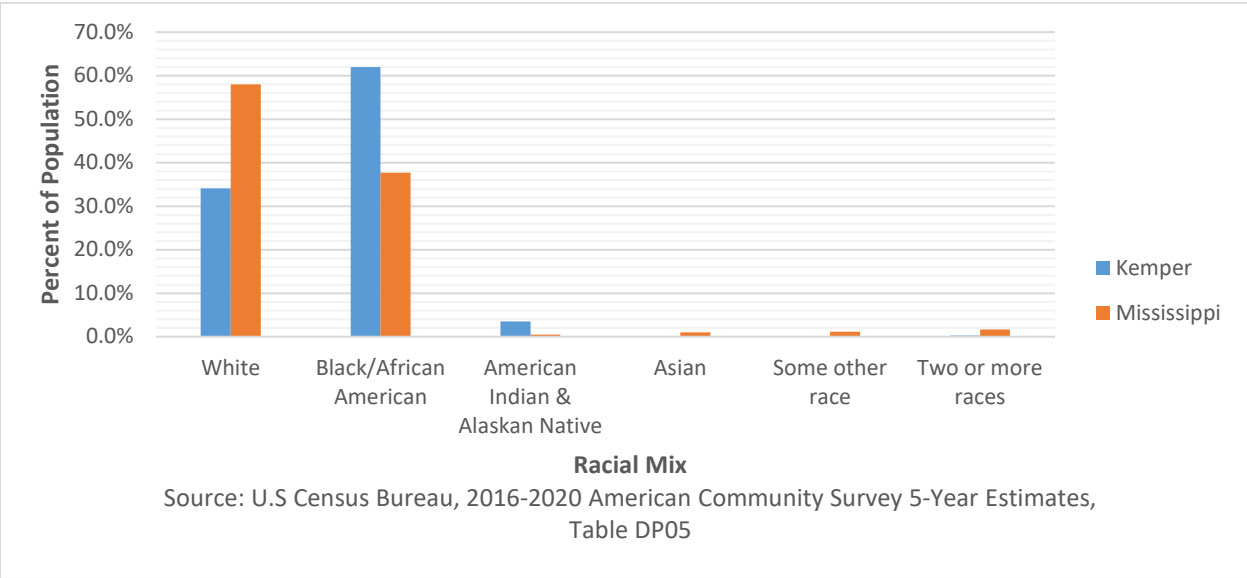
Source: Source: U.S Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, Table DP05

Figure 10

Population by Age Group – Kemper County and Mississippi

RACIAL MIX AND ETHNIC BACKGROUND

Census data shows that the racial mix in Kemper County differs significantly from the mix found in Mississippi. In Kemper County, 34.1% of the population is white; this stat is 58.0% for the state of Mississippi (Figure 11).



Source: U.S Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, Table DP05

Figure 11

Population by Racial Mix – Kemper County and Mississippi

While Kemper County and the state have different racial mixes, the ethnic mix in Kemper County is relatively low like the state of Mississippi: 0.4% of the population in Kemper County is Hispanic or Latino compared to 3.1% of the population in Mississippi (Figure 12).

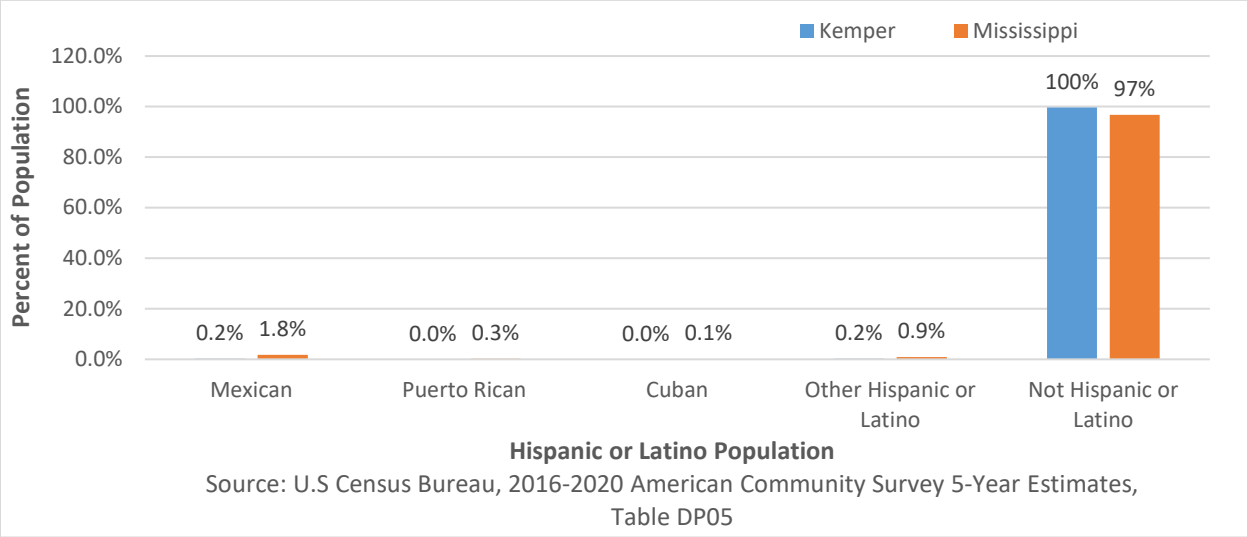


Figure 12
Population by Ethnic Group – Kemper County and Mississippi

EDUCATION ATTAINMENT

When evaluating residents that are 25 years or older, 83.2% of Kemper County residents have a high school diploma (includes GED) or higher compared to 85.2% of the residents in the state of Mississippi. Kemper County has a higher percentage of educational attainment in lower categories, while the Mississippi has a higher percentage of higher education attainment. This percentage is 23.3% for Kemper County compared to 32.9% for the state of Mississippi (Figure 13).

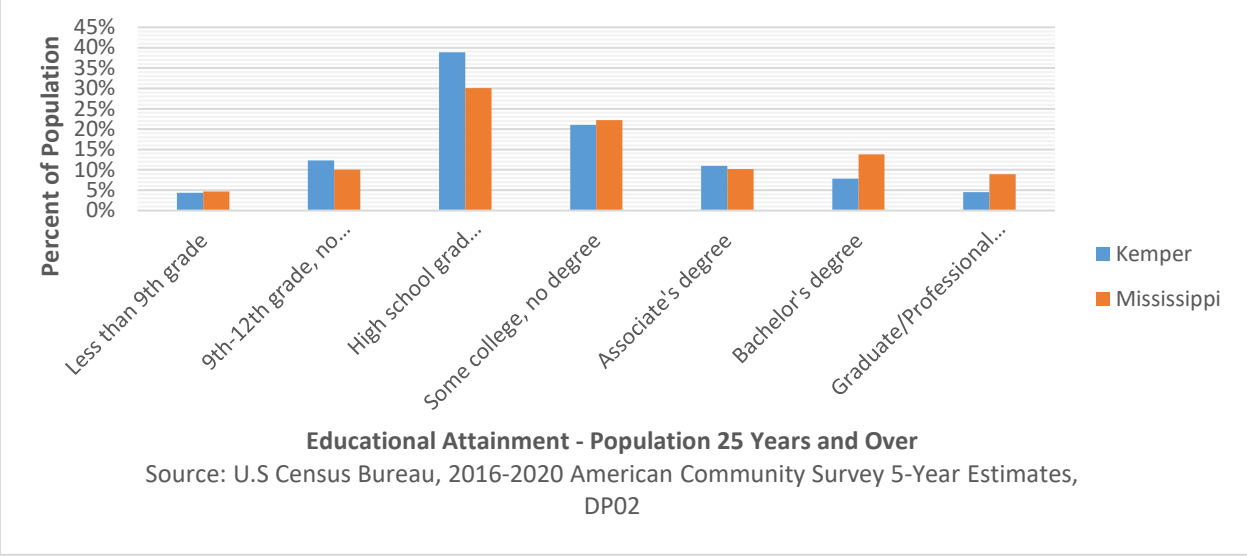


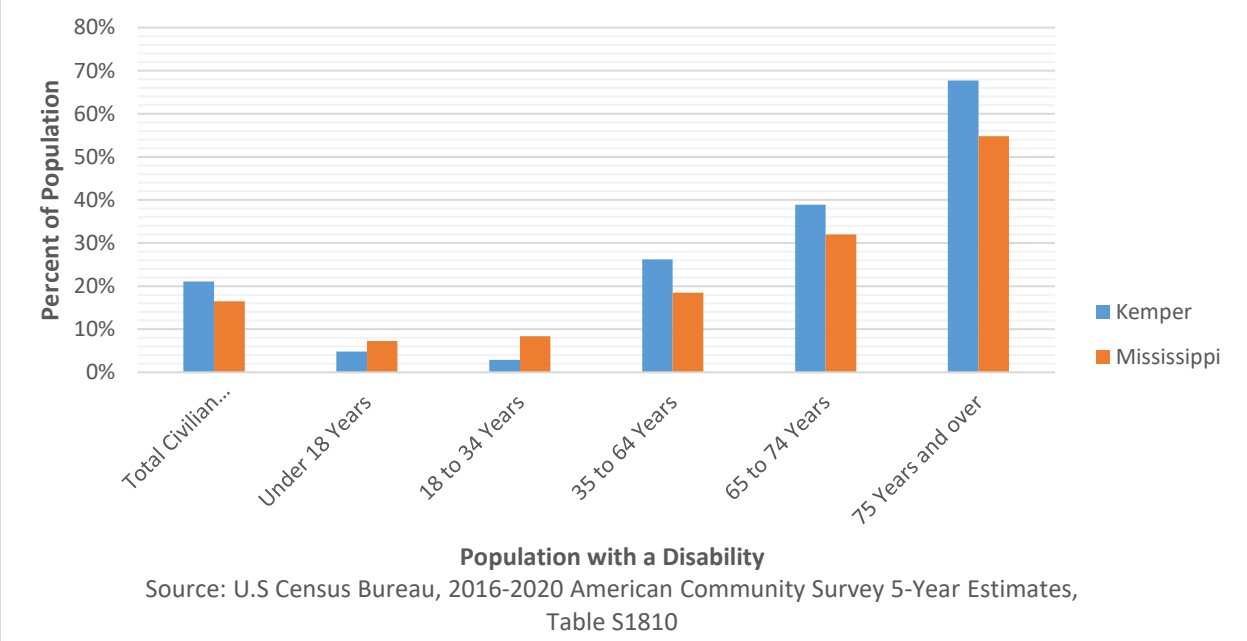
Figure 13
Education Attainment – Kemper County and Mississippi

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. Kemper County's stats are comparable with Mississippi's disability percentages for each age group; however, Kemper 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.



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

Figure 14

Disability Status for Kemper County

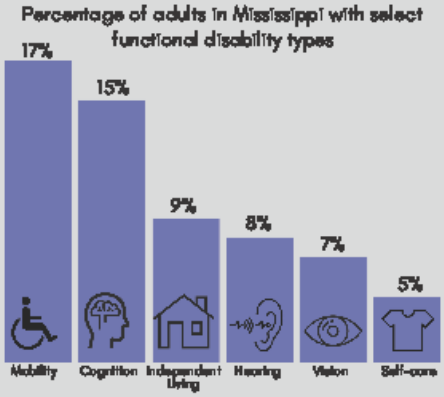
CDC's National Center on Birth Defects and Developmental Disabilities

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.

767,264 adults in Mississippi have a disability[1]

This is equal to 33% or 1 in 3 adults in Mississippi



Disability Types

Mobility: Serious difficulty walking or climbing stairs

Cognition: Serious difficulty concentrating, remembering, or making decisions

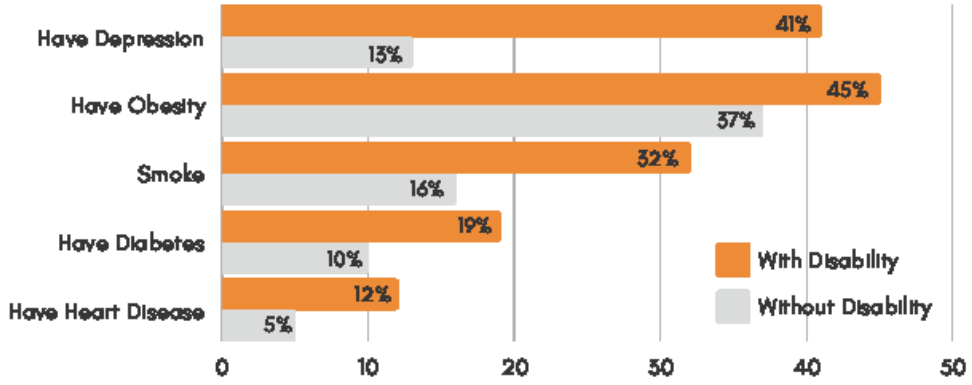
Independent living: Serious difficulty doing errands alone, such as visiting a doctor's office

Hearing: Deafness or serious difficulty hearing

Vision: Blind or serious difficulty seeing, even when wearing glasses

Self-care: Difficulty dressing or bathing

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



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

DISABILITY HEALTHCARE COSTS **IN MISSISSIPPI**[2]

- 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/ncbddd/disabilityandhealth/programs.html.

NOTE: DATA ARE ROUNDED TO THE NEAREST WHOLE FIGURE. FOR MORE PRECISE PREVALENCE DATA, PLEASE VISIT DHDS.CDC.GOV.

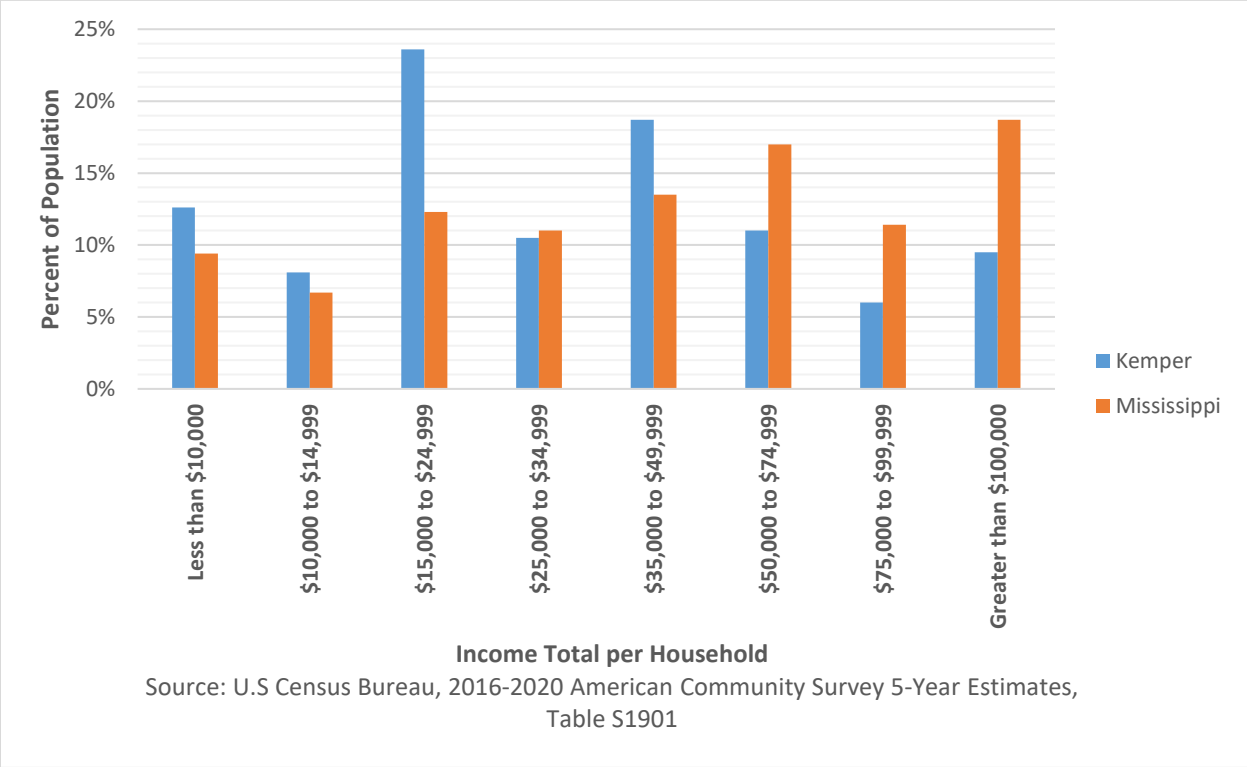
1. DATA SOURCE: 2020 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS).
2. DISABILITY HEALTHCARE COSTS ARE PRESENTED IN 2017 DOLLARS AS REPORTED IN KHAVJOU, ET AL. STATE-LEVEL HEALTH CARE EXPENDITURES ASSOCIATED WITH DISABILITY, 2021. PUBLIC HEALTH REP.

Figure 15
CDC's Disabilities Mississippi Fact Sheet

ECONOMIC FACTORS

INCOME

The median household income in Kemper County is $30,735 compared to $46,511 for the state of Mississippi; the mean household income is $44,381 and $65,156 respectively. Kemper 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 Kemper County, there is a higher portion of residents living in poverty. Overall, 30.0% of all people in Kemper 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 Kemper County is those under 18 years: roughly 45% for Kemper County; 27.6% for Mississippi. For additional breakdowns of income totals per households, see Figure 16.



Source: U.S Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, Table S1901

Figure 16

Income Total per Household – Kemper 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 Kemper County are in Education, Healthcare, Social Services; Manufacturing; and Arts, Entertainment, Recreation, Accommodation and Food Services. Further research into the leading types of industry in Kemper 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, Kemper County has a higher unemployment rate at 15.4% compared to the state unemployment rate of 7.1%.

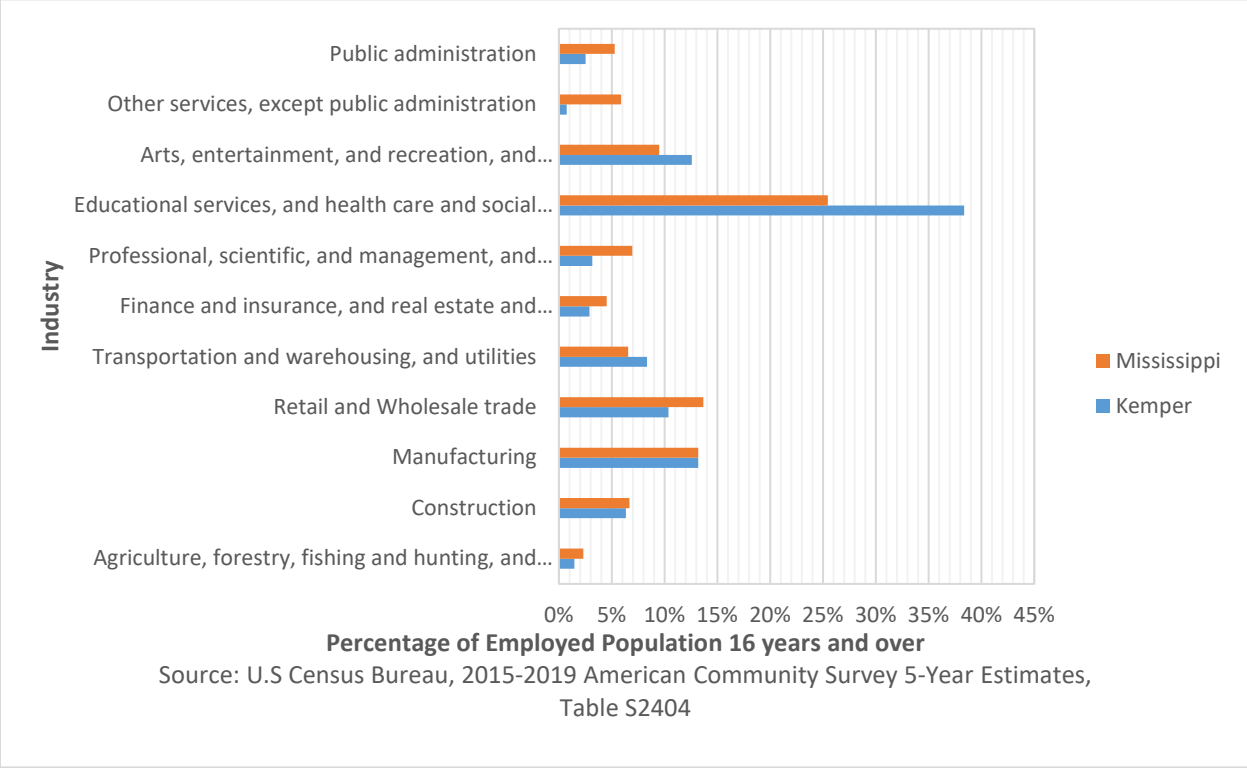


Figure 17

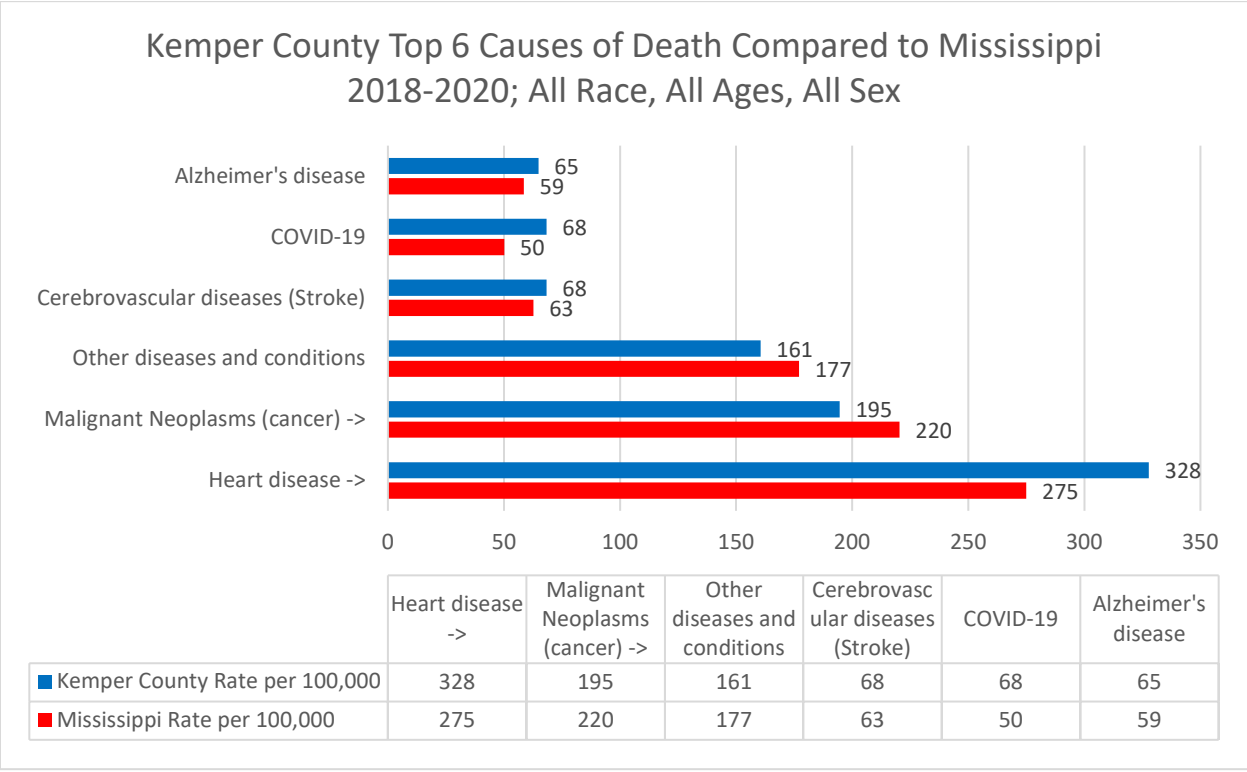
Employed Population by Industry Type – Kemper County and Mississippi

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 Stennis Hospital 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 Kemper County as seen in the following figure:

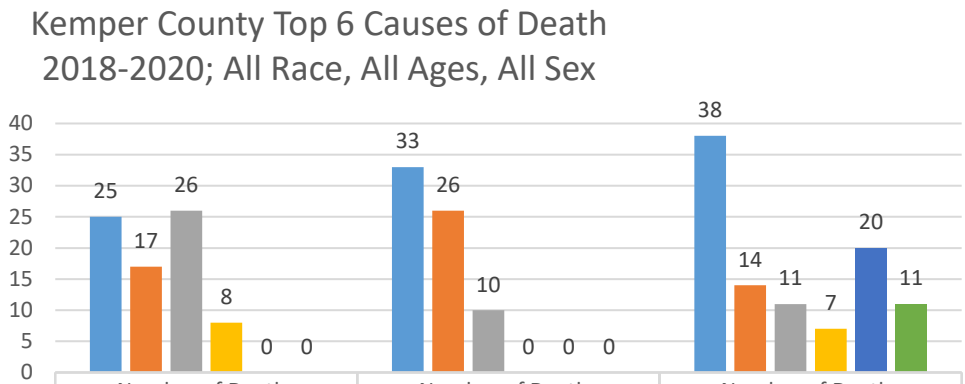
DISEASE INCIDENCE RATES



	Heart disease ->	Malignant Neoplasms (cancer) ->	Other diseases and conditions	Cerebrovascular diseases (Stroke)	COVID-19	Alzheimer's disease
Kemper County Rate per 100,000	328	195	161	68	68	65
Mississippi Rate per 100,000	275	220	177	63	50	59

Figure 18

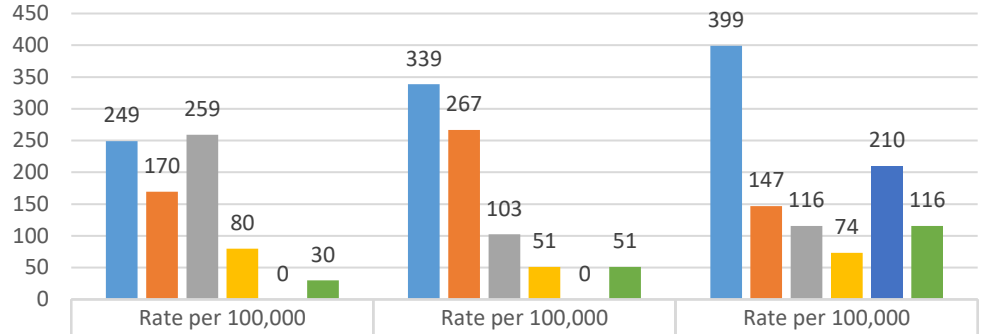
Overall Leading Causes of Death – Kemper County and Mississippi



	Number of Deaths 2018	Number of Deaths 2019	Number of Deaths 2020
Heart disease ->	25	33	38
Malignant Neoplasms (cancer) ->	17	26	14
Other diseases and conditions	26	10	11
Cerebrovascular diseases (Stroke)	8	0	7
COVID-19	0	0	20
Alzheimer's disease	0	0	11

Figure 19

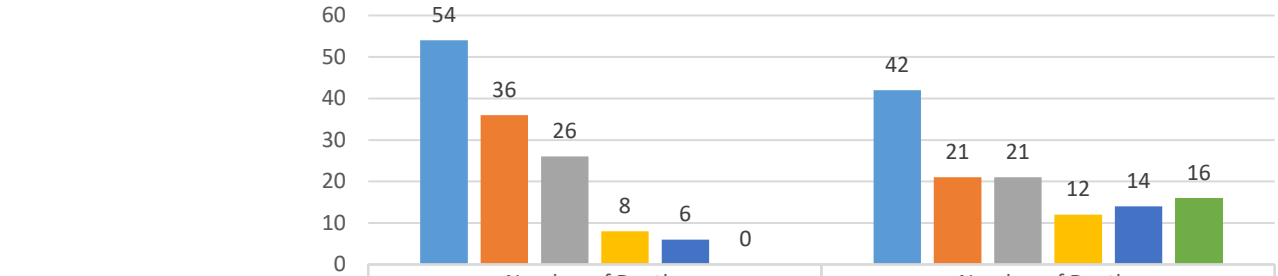
Top 6 Causes of Death 2018-2020; All Race, All Ages, All Sex by Number of Deaths



	Rate per 100,000	Rate per 100,000	Rate per 100,000
Heart disease ->	249	339	399
Malignant Neoplasms (cancer) ->	170	267	147
Other diseases and conditions	259	103	116
Cerebrovascular diseases (Stroke)	80	51	74
COVID-19	0	0	210
Alzheimer's disease	30	51	116

Figure 20

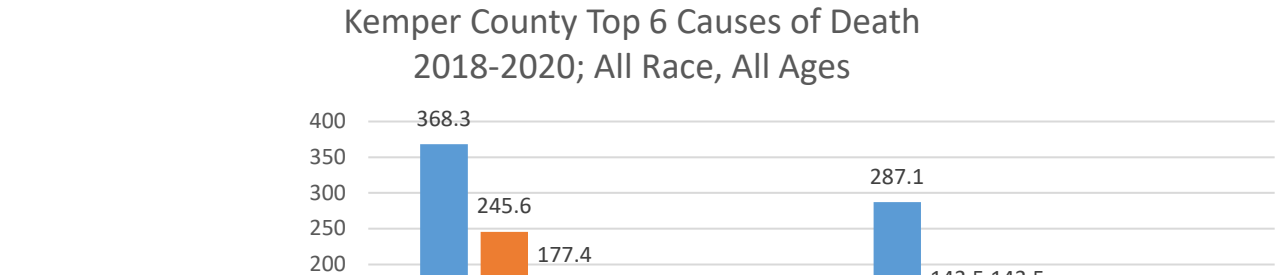
Top 6 Causes of Death 2018-2020; All Race, All Ages, All Sex by Rate per 100,000



	Number of Deaths Male	Number of Deaths Female
Heart disease ->	54	42
Malignant Neoplasms (cancer) ->	36	21
Other diseases and conditions	26	21
Cerebrovascular diseases (Stroke)	8	12
COVID-19	6	14
Alzheimer's disease	0	16

Figure 21

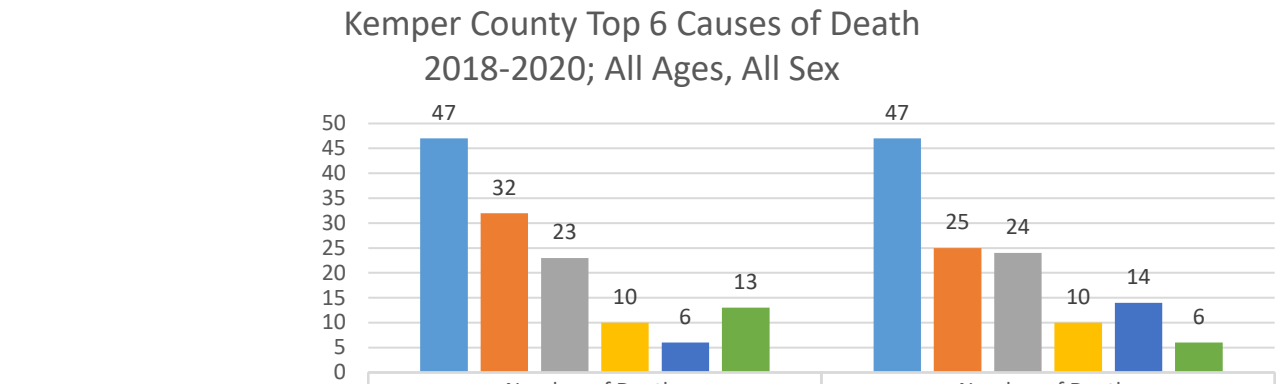
Top 6 Causes of Death 2018-2020; All Race, All Ages, by Number of Deaths



	Male Rate per 100,000	Female Rate per 100,000
Heart disease ->	368.3	287.1
Malignant Neoplasms (cancer) ->	245.6	143.5
Other diseases and conditions	177.4	143.5
Cerebrovascular diseases (Stroke)	54.6	82
COVID-19	40.9	95.7
Alzheimer's disease	20.5	109.4

Figure 22

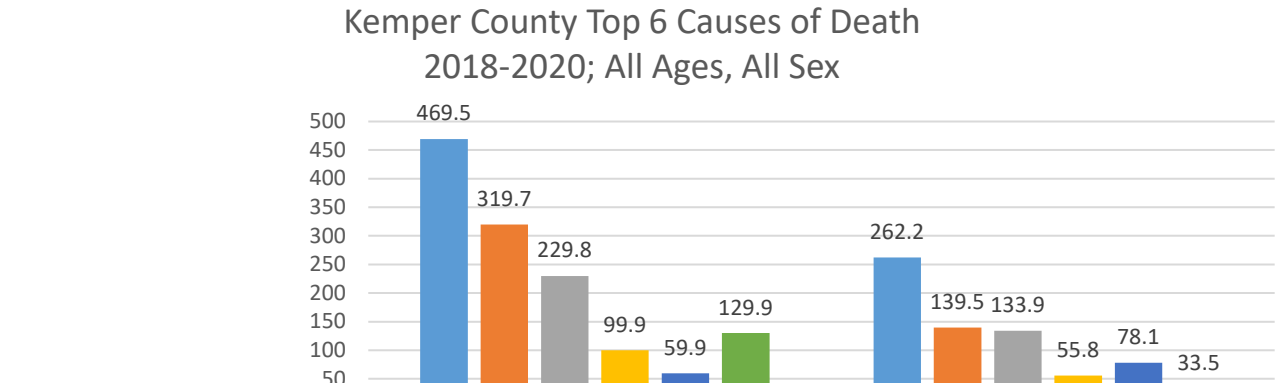
Top 6 Causes of Death 2018-2020; All Race, All Ages, by Rate per 100,000



	Number of Deaths White	Number of Deaths Black
Heart disease ->	47	47
Malignant Neoplasms (cancer) ->	32	25
Other diseases and conditions	23	24
Cerebrovascular diseases (Stroke)	10	10
COVID-19	6	14
Alzheimer's disease	13	6

Figure 23

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



	Rate per 100,000	Rate per 100,000
Heart disease ->	469.5	262.2
Malignant Neoplasms (cancer) ->	319.7	139.5
Other diseases and conditions	229.8	133.9
Cerebrovascular diseases (Stroke)	99.9	55.8
COVID-19	59.9	78.1
Alzheimer's disease	129.9	33.5

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 Stennis Hospital 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 Stennis Hospital on October 27, 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 Stennis Hospital representatives spoke with community leaders and residents of Kemper County to give them an opportunity to voice their opinions on the health status and health needs of Kemper County. Ochsner Stennis Hospital 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 Stennis Hospital 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.

John C. Stennis Memorial Hospital Community Survey

How Healthy Is Our Community?

John C. Stennis Memorial 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. Select up to 3 Chronic Diseases/Health Issues you or your family members live with:

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

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

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

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

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

4. How do you rate your overall health? (Check one selection)

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Don't Know

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

☐ Medical Professionals ☐ Hospitals ☐ School Clinics ☐ Church or Other Place of Worship

☐ Family ☐ Myself ☐ Other (Please describe) _____

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

Figure 25
John C. Stennis Memorial Hospital Community Survey 2022, Part I

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

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

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

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

8. **Do you have a primary care physician (PCP)? If yes, who is your PCP?**

- ☐ Yes _____
- ☐ No

9. Are there any healthcare services not currently offered that you would like to see offered at the hospital and/or clinics?

_____

_____

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

_____

_____

OPTIONAL INFORMATION

The following questions are for informational purposes. There will be no way to identify you or your answers.

Gender: ☐Male ☐Female **Age:** ☐18-under ☐18-25☐ 26-39☐ 40-54☐ 55-64☐65-74☐75+

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

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

Education: Please check the highest level completed:

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

THANK YOU FOR COMPLETING THIS SURVEY!

Figure 26
John C. Stennis Memorial Hospital Community Survey 2022, Part II

IMPLEMENTATION PLANS

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

INITIATIVE 1: CANCER SCREENING AND EDUCATION INITIATIVES

OBJECTIVE

To educate and bring awareness about the most prevalent cancers in Dekalb and Kemper County, which are Prostate, Colorectal, Breast and Tracheal/bronchial/Lung cancers.

STRATEGY

- To start a campaign spreading awareness of the top four cancers in Dekalb and Kemper County.
- To provide screening opportunities convenient for community members.
- To host "Lunch and Learn" sessions to educate our community on these cancers and the importance of early detection.
- To work with businesses in the community to help reach the male population that may be reluctant to seek proper screening. Take the information to them and make screening easily accessible.

INITIATIVE 2: FLU VACCINES FOR COMMUNITY AND SCHOOL CHILDREN

OBJECTIVE

To help provide access and availability to flu vaccines for the community.

STRATEGY

- To screen all patients on admission to JCSMH for Flu and Pneumonia vaccine.
- To conduct Medicaid EPSDT (Early Periodic Screening Diagnostic Treatment) screening in the DeKalb clinic.
- Vaccine for Children. Work with The State of MS to obtain the vaccines for the DeKalb clinic to administer to the children. Investigate the possibility of hospital nurses going to the schools to vaccinate.
- To assist in the search and recruitment of a pharmacy to replace the only one in the county that closed. This effort would drastically increase available vaccines for the community.

INITIATIVE 3: HEART HEALTH AWARENESS

OBJECTIVE

To bring awareness and education to the community by promoting healthy lifestyle choices including the importance of screening and treatment.

STRATEGY

- To participate in community health fair(s), providing education on Ischemic and hypertensive heart disease due to the prevalence in Kemper County.
- To provide free Heart Health Info and free Cholesterol Screenings along with free Blood Pressure Checks to JCSMH employees.
- To offer a free lunch for community members to come hear from a Cardiologist about heart disease and how lifestyle has an impact.

INITIATIVE 4: CREATING A HEALTHY SOUTHERN LIFESTYLE

OBJECTIVE

Provide healthy alternatives to traditional southern food, by changing how it is prepared and/or how it is cooked. We will also provide overall healthy lifestyle tips.

STRATEGY

- To have a nutritionist available several times each year for the community come in and visit with and learn.
- To provide healthy living tips in the local paper each week or month.
- To provide more healthy options in our facility and cafeteria for staff and community.

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

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

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

REFERENCES

America's Health Rankings. (n.d.). *Our reports*. America's Health Rankings. Retrieved September 2022, from https://www.americashealthrankings.org/about/methodology/our-reports

Berg, S. (2018, May 15). *Improve health equity by collecting patient demographic data*. American Medical Association. Retrieved September 2022, from https://www.ama-assn.org/delivering-care/population-care/improve-health-equity-collecting-patient-demographic-data

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

CMS Newsroom. (n.d.). *New CMS Rule Increases Payments for Acute Care Hospitals and Advances Health Equity, Maternal Health*. Retrieved October 2022, from https://www.cms.gov/newsroom/press-releases/new-cms-rule-increases-payments-acute-care-hospitals-and-advances-health-equity-maternal-health

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

United States Census Bureau. (2021, October 27). *American Community Survey and Puerto Rico Community Survey 2020 subject ...* United States Census Bureau. Retrieved September 2022, from https://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2020_ACSSubjectDefinitions.pdf