

# OCH Regional Medical Center CHNA Report

September 2022

Approved by  
OCH Board of Trustees September 27, 2022



**CRI** CARR  
RIGGS &  
INGRAM

CPAs and Advisors

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## EXECUTIVE SUMMARY

The purpose of this Community Health Needs Assessment (CHNA) report is to provide OCH Regional Medical Center (OCH) with a functioning tool to guide the hospital 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 results of the CHNA will guide the development of OCH's community health improvement initiatives and implementation strategies. This is a report that many of the hospital's collaborative partners in the community will use.

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 in August and September of 2022.

The opening section of this report will be about OCH. It will provide the community with an informative overview about the hospital along with an explanation of the services available at OCH.

Previous patients, employees, and community representatives provided feedback. A community forum and survey that focused on the health of the community serviced by OCH provided an opportunity for members of the community to offer input. Additional information came from public databases, reports, and publications by state and national agencies.

The response section of this report describes how the hospital and its collaborative partners worked together to address identified health needs in our community including the difficulties encountered serving the community because of the COVID-19 pandemic under the Public Health Emergency.

The implementation section describes the programs and activities that will be addressed as health priorities over the next three years. The CHNA report is available on the hospital's website [www.och.org](http://www.och.org) or a printed copy may be obtained from the hospital's administrative office.

We sincerely thank those who provided input for this assessment. We look forward to working closely with our community to help improve the overall health of those we serve.

James H. Jackson, Jr., CPA  
Administrator/CEO  
OCH Regional Medical Center



## ABOUT THE HOSPITAL

### OVERVIEW

OCH Regional Medical Center (OCH) is a county-owned, progressive rural hospital located in Starkville, Mississippi, home of Mississippi State University. Constructed in the late 1940s, OCH was formerly known as the Felix Long Memorial Hospital. In the late 1960s, construction began on a new facility. The hospital moved from its original location in 1973 after four years of construction. This new location started as a 60-bed hospital with three specialties, two operating rooms, no ER doctors, and a cafeteria that only served two meals per day. Today, the hospital has grown drastically in terms of specialties, facilities, and employees as detailed below.



For roughly fifty-years, OCH has provided short-term acute care services primarily to Oktibbeha County with secondary service areas covering the following surrounding counties: Choctaw, Clay, Lowndes, Noxubee, Webster, and Winston. The hospital provides twenty healthcare specialties. These specialties are:

- |                          |                                  |                      |
|--------------------------|----------------------------------|----------------------|
| ▲ Anesthesiology         | ▲ Internal medicine              | ▲ Pain management    |
| ▲ Breast health          | ▲ Obstetrics and gynecology      | ▲ Pediatrics         |
| ▲ Cardiovascular disease | ▲ Ophthalmology                  | ▲ Plastic surgery    |
| ▲ Emergency medicine     | ▲ Oral and maxillofacial surgery | ▲ Pulmonary medicine |
| ▲ Family practice        | ▲ Orthopedic surgery             | ▲ Radiology          |
| ▲ Gastroenterology       | ▲ Otolaryngology (ENT)           | ▲ Sleep medicine     |
| ▲ General surgery        |                                  | ▲ Urology            |

Along with the main campus, OCH operates twelve clinics that host a variety of specialties. The clinics are:

- ▲ Holliday Lung & Sleep Care
- ▲ Center for Breast Health and Imaging
- ▲ OCH Cardiology
- ▲ OCH Center for Pain Management
- ▲ OCH Center for Sleep Medicine
- ▲ OCH Family Health Clinic
- ▲ OCH General Surgery Associates
- ▲ OCH Medical Associates
- ▲ OCH Orthopedic Center
- ▲ OCH Regional Wound Healing and Hyperbaric Center
- ▲ Parsons Family Medical Clinic



In addition, the hospital operates a freestanding fitness facility (Wellness Connection), cardiac rehabilitation, diabetes management, pulmonary wellness, wound care, and a rehabilitation department providing sports medicine care, physical therapy, occupational therapy, and speech therapy. The section titled “Healthcare Services Provided” offers the community more details regarding services provided by the hospital and its clinics.

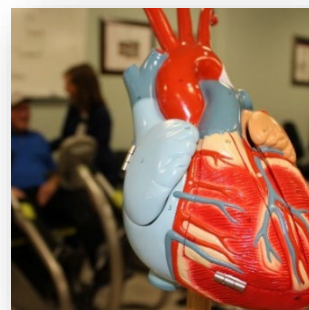
Because of its local ownership, the hospital affects virtually every facet of life for the region’s residents. With roughly 650 employees, OCH is the third largest employer in Oktibbeha County, following Mississippi State University and Starkville Public Schools. OCH is also a known partner to the community, continuously investing in the community’s development. OCH also serves those at Mississippi State, both through ties to the university and as a general healthcare provider for students and faculty. Recently, the hospital’s Center for Wound Healing & Hyperbaric partnered with the MSU Athletic Department to provide hyperbaric oxygen chamber treatment, a treatment originally available only to the NFL. The hospital also helps bring residents to the Golden Triangle, whether it be through direct employment or by serving as beacon of health to potential new residents.

The mission of OCH Regional Medical Center is basic: the provision of high-quality health care to the people of Mississippi's Golden Triangle and beyond, responding to changing community needs. Each year, OCH reaches thousands of residents in Oktibbeha County and the surrounding areas through community outreach programs, visits to schools and industries, support groups, health fairs and educational classes and training programs. OCH connects services with the needs of area residents for one reason — to improve the health of its neighbors. That is the value of a community- focused hospital, like OCH Regional Medical Center.

## HEALTHCARE SERVICES PROVIDED

**Breast Health** – With an on-site fellowship-trained surgical breast oncologist and plastic surgeon coupled with innovations such as 3D mammography, OCH's staff is able to offer women options for breast cancer surgery and breast reconstruction. The OCH Center for Breast Health and Imaging is also a member of the prestigious National Consortium of Breast Centers and is certified by the American College of Radiology.

**Cardiac Rehab** – The goal of OCH's Cardiac Rehabilitation Program is to restore participants to an optimal level of health by educating participants using American Heart Association (AHA) material coupled with an exercise program. The aim is to allow program participants to perform activities of daily living, return to work, improve cardiovascular conditioning, and meet their personal goals. The American Association of Cardiovascular and Pulmonary Rehabilitation has certified OCH's Cardiac Rehabilitation Program.



**Diabetes Management** – OCH Diabetes Management Center provides expert care to adults and children living with diabetes. A member of OCH Diabetes Self-Management Education and Support (DSMES) team assesses the patient regardless of if they are newly diagnosed or have had diabetes for years to determine a patient's specific needs. This team includes a certified diabetes educator, registered nurse, pharmacist, and registered dietitian. Programming and education include individual instruction, group sessions and support group meetings addressing a number of topics.



**Emergency Services** – The Level III Trauma Department staffs an around-the-clock nurse practitioner and board-certified emergency physician. In addition, RN's working in the emergency department are required to hold Basic Life Support, Adult Advanced Cardiac Life Support, Pediatric Advanced Life Support, as well as Trauma Nurse Core Curriculum certifications. The OCH Emergency Room staff communicates closely with the paramedics and EMTs who are in the field, including those found on the sidelines at Mississippi State sporting events.

**Gastroenterology** – OCH currently has three gastroenterologists on staff who treat all types of digestive diseases, including those affecting the esophagus, stomach, intestines, bowels, liver, pancreas, and gallbladder. The following are some of the more common diagnostic procedures performed and conditions treated by the gastroenterologist at OCH Regional Medical Center:

- ▲ Gastro-Esophageal Reflux Disease (GERD)
- ▲ Upper and Lower GI Endoscopy
- ▲ Irritable Bowel Syndrome (IBS)
- ▲ Diverticulosis and Diverticulitis
- ▲ Inflammatory Bowel Disease



**Intensive Care Unit** – The Intensive Care Unit of OCH Regional Medical Center is a six-bed unit that cares for critically ill and injured patients. The unit staffs twelve full and part-time registered nurses. All nurses are certified in Advanced Adult Cardiac Life Support and Pediatric Advanced Life Support. Several of the nurses are also Critical Care Registered Nurses as well as Trauma Nurse Core Curriculum certified. OCH provides hospitality suites with hotel-like accommodations for visitors who would like to stay near their loved-ones.

**Infusion Therapy** – The staff of registered nurses and clinical technicians specially trained in managing intravenous infusions work closely with the patient's physician or nurse practitioner to provide the best treatment course for patients diagnosed with chronic and acute conditions such as anemia, osteoporosis, rheumatoid arthritis, and infections. The following are examples of infusions available at the center:

- ▲ Blood Transfusion
- ▲ Dalvance
- ▲ Evenity
- ▲ Injectafer
- ▲ Magnesium
- ▲ Monoclonal Antibody Therapy
- ▲ Prolia



**Orthopedics** – OCH Orthopedic Center provides a full range of services in the prevention, diagnosis, and medical and surgical treatment of skeletal, joint, and muscular injury and disease. Residents in Starkville and the surrounding communities have access to the only surgeons in the Golden Triangle areas trained in anterior hip reconstruction surgery and fellowship-trained in sports medicine. The following lists some of the condition's patients can receive treatment for at the Orthopedic Center:

- |                              |                                   |
|------------------------------|-----------------------------------|
| ▲ Arthritis                  | ▲ Hammer toe                      |
| ▲ Bursitis                   | ▲ Dislocations                    |
| ▲ Tendinitis                 | ▲ Broken bones & stress fractures |
| ▲ Carpal tunnel syndrome     | ▲ Ganglion cysts                  |
| ▲ ACL, MCL, and PCL injuries | ▲ Plantar fasciitis               |
| ▲ Tennis elbow               | ▲ Rotator cuff injuries           |
| ▲ Trigger finger             | ▲ Total joint replacement         |

**Pain Management** – OCH Center for Pain Management provides interventional pain management consisting of special procedures to treat and manage pain. Three nurse practitioners and a fellowship-trained and board-certified pain management specialist staff the clinic. The clinic offers a variety of treatments, including injection of an anesthetic medicine or steroid around nerves, tendons, joints, or

muscles; spinal cord stimulation; insertion of a drug delivery system; or a procedure with radio-frequency ablation or cryoablation to stop a nerve from working for a long period.

**Pulmonary Wellness** – OCH Regional Medical Center’s Pulmonary Wellness Program is a three-month supervised education and exercise program for persons with chronic pulmonary diseases, including asthma, emphysema, chronic bronchitis, “COPD,” or any other disease labeled an interstitial lung disease. Patients meet for 2 hours twice a week for the duration of the program.

**Radiology** – From routine x-ray and ultrasound to an 80-slice CT scanner, state-of-the-art Vantage Titan



MRI system and nuclear medicine services, OCH provide the latest and most comprehensive services. The hospital’s radiologic technicians have completed special training in their respective areas of clinical service, and, along with our board-certified radiologists, boast the knowledge and expertise required to get the results patients need. The American College of Radiology certifies OCH’s radiology program.

**Rehab Services** – OCH Rehab Services houses physical therapists, occupational therapists, athletic trainers, and speech therapists all under one roof. Patients can receive both inpatient and outpatient therapies and are treated by the same licensed therapist at each visit. Treatments and therapies provided by licensed therapists and assistants include:

- |                            |                                |
|----------------------------|--------------------------------|
| ▲ Aquatic therapy          | ▲ Pediatric therapy            |
| ▲ Dry needling             | ▲ Postpartum therapy           |
| ▲ Hand therapy             | ▲ Occupational therapy         |
| ▲ General orthopedic rehab | ▲ Sports medicine rehab        |
| ▲ Manual therapy           | ▲ Speech and language therapy  |
| ▲ Neck and back therapy    | ▲ Urinary incontinence therapy |
| ▲ Prenatal therapy         | ▲ Wound care                   |

**Respiratory Care** – OCH Respiratory Care Department’s staff of fifteen therapists prides itself in providing high quality care for patients suffering from upper-airway disorders and lung diseases. The department oversees the administration of oxygen, respiratory medications, and therapeutics to help patients breathe easier. DNV Healthcare accredits the respiratory therapy department for both the provision of respiratory services and arterial blood sampling. In addition, OCH’s arterial blood gas lab is certified by the College of American Pathologists.

**Sleep Medicine** – Under the direction of a board-certified sleep specialist, the experts at OCH Center for Sleep Medicine are specially trained to evaluate, diagnose and manage all types of sleep disorders. The center provides the following procedures and tests:

- ▲ Polysomnogram (diagnostic/regular sleep study)
- ▲ CPAP/BiPAP Titration
- ▲ Oxygen Titration/Administration
- ▲ Multiple Sleep Latency Testing/Home Study Testing
- ▲ Maintenance of Wakefulness Testing



**Surgical Services** – Procedures performed in the OCH Surgical Services Department include everything from appendectomy, hysterectomy, laparoscopic gallbladder removal, laparoscopic hernia removal and carpal tunnel release to total joint replacement, total knee replacement and sinus surgery. The department also perform specialized procedures for the eyes and palate and is the only facility in the region performing hip arthroscopy.



## THE COMMUNITY HEALTH NEEDS ASSESSMENT

### BACKGROUND

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

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



Failure to comply with these guidelines could result in a fine by the IRS of \$50,000, and the possibility of losing the organization's tax-exempt status. Based on these guidelines, OCH's CHNA would be due to be completed and board approved by their fiscal year end of September 30, 2022.

### COMMUNITY ENGAGEMENT

Community engagement was a vital part of conducting the CHNA. In assessing the health needs of the community, OCH 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 Oktibbeha County.

## TRANSPARENCY

We are pleased to share with our community the results of our CHNA. The following pages define the community we serve; assess the needs of the community; address the needs of the community; offer a review of the strategic activities we have undertaken over the last three years as we responded to specific health needs identified in our 2019 CHNA along with how we responded to the public health emergency. We hope you will take time to review the health needs of our community as the findings impact each citizen of our rural Mississippi community. We also hope 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	• OCH Regional Medical Center Medical Records Department
• US Department of Health & Human Services	• Mississippi State Department of Health
• Centers for Disease Control and Prevention	• Mississippi Center for Obesity Research
• American Heart Association	• University of Mississippi Medical Center
• Trust for America's Health	• Mississippi State Department of Health, Office of Health Data, and Research



## RESPONSE TO HEALTH STRATEGIES FROM 2019 CHNA

The Hospital promoted a variety of programs and events aimed at providing community health benefits and improving the general health of the community it serves through its Community Health Needs Assessment (CHNA) Implementation Plan. Although many programs/events were cancelled due to COVID, adjustments were made to meet the changing needs in our community during FY's 2020-2022.

### PRIORITY 1

Act as a conduit to identify community resource partners to create a dialogue among those partners in order to address social determinants of health: such as cancer awareness, transportation, behavioral health, activities for children and food resources.

Community Partners	Department(s) Coordinating
Risk Underlying Rural Areas Longitudinal (RURAL) Study	Marketing/PR, Cardiac Rehab
JVILLAs after school program	Marketing/PR
*Council of Community Organizations	Marketing/PR
Emerson Family Resource Center	Marketing/PR
J.L. King Center	Marketing/PR
NAACP	Marketing/PR
Starkville Area Arts Council	Marketing/PR
United Way	Marketing/PR
Starkville Partnership	Marketing/PR, Administration
Longview First Baptist Church	Marketing/PR
Town of Maben	Marketing/PR
Starkville/Oktibbeha County School District	Marketing/PR, Administration
Junior Auxiliary	Marketing/PR
Brickfire Project	Marketing/PR
North MS Breastfeeding Coalition	Marketing/PR
Mississippi State University	Marketing/PR, EMS, Administration

*\*Event was a single occurrence.*

## PRIORITY 2

Educate the community about available resources and help make those resources available to them in an effort to promote healthy lifestyles and to reduce health disparities.

<b>Programs &amp; Services</b>	<b>Department(s) Coordinating</b>
Disaster Preparedness Expo	Disaster Preparedness Committee
Go Red! Heart Study Kick-Off	Marketing/PR, Cardiac Rehab
FBC Longview Health Fair	Marketing/PR, Infection Control
COVID Vaccinations	Infection Control, Nursing Administration
Telehealth	OCH Clinics, Information Systems
Art in the Park Drive Thru (health education and blood pressure checks)	Marketing/PR, Nursing, Volunteer Serv.
Diabetes Fair	Registered Dietitian, Wellness Center
Santa's Sweet Shoppe (health education)	Marketing/PR, Volunteer Services
Area Churches (blood pressure checks, education and COVID information provided at local events)	Marketing/PR, Volunteer Services
Launched Cardiology program	Administration
Breast/Cervical screening MS Early Detection Program and Patient Assistance Fund	Breast Center, Family Health Clinic
Breastfeeding Hotline	Perinatal Education
Car seat safety inspection	Perinatal, Nursery
Cardiac Rehabilitation	Cardiac Rehab
Community Health Fairs	Marketing/PR, various clinics and depts.
CPR training	Nursing
Cradle call hotline	Nursery, Perinatal
Daddy Boot Camp	Perinatal Education
Diabetes Support Group	Registered Dietician
First aid training	Nursing
Free flu shots	Infection Control
Hearing screenings	Speech and Language Pathology
Maternity and Infant Fair	Perinatal, Marketing/PR
*Mother to Mother Support Group	Nursery, Perinatal
Newborn follow-up clinic	Perinatal
Nicotine dependency counseling	Pulmonary and Respiratory
Population health nurse	Nursing, Revenue Management
Pulmonary wellness	Pulmonary and Respiratory
Ready, Set, Baby!	Perinatal
Saturday morning sports clinic - football	Athletic trainers, Orthopedic Surgeons
Sports medicine concussion management	Athletic trainers
Sports pre-participation physicals	Athletic trainers
Stroke Support Group	Speech and Language Pathology

*\*Event was a single occurrence.*

### PRIORITY 3

Increase knowledge about healthy behaviors to reduce the prevalence of chronic diseases which are a result of an unhealthy lifestyle, e.g., diabetes, hypertension, diabetes.

Programs & Services	Department(s) Coordinating
Social media campaigns focused on diet, exercise, routine screenings and COVID	Marketing/PR
Blood pressure checks, health education and COVID information provided to area churches and local events	Marketing/PR, Nursing
*"On the Beat" on local TV station focused on different health topics	Dr. Huxford
Asthma education services	Pulmonary and Respiratory
Cardiac rehabilitation	Cardiac Rehab
COPD disease management	Pulmonary and Respiratory
Diabetes self-management training	Registered Dietician
Diabetes Support Group	Registered Dietician, Marketing/PR
Lunch and Learns	Marketing/PR, various OCH Departs.
Metabolic testing for dietary wellness	Registered Dietician, Pulm. and Resp.
Nutrition consultation (one-on-one)	Registered Dietician
OCH Health Fair (education and screenings)	Marketing/PR, various OCH Depts.
Population Health Nurse	Revenue Management
Pulmonary rehabilitation program	Pulmonary Function
R.O.A.D. program	Pulmonary and Respiratory
Stroke Support Group	Speech and Language Pathology
Visits to schools to promote health habits	Marketing/PR, Wellness, Infection Ctrl.
Wellness Summer Camp for Kids	Wellness Connection
Wellness Walkers	Wellness Connection

*\*Event was a single occurrence.*

## RESPONSE TO PUBLIC HEALTH EMERGENCY

### Public Health Emergency – COVID-19

OCH has dedicated many hours since the onset of the public health emergency in a continuous effort to serve the health needs of the community. Reflecting to the spring of 2020, the first cases of COVID-19 in Oktibbeha County were confirmed by the Mississippi Department of Health. The spring of 2020 ended up being the start of the first wave of reported COVID-19 patients seeking treatment from providers everywhere. In response, OCH implemented an infection control plan as these first cases of COVID-19 were reported in Mississippi. Throughout the pandemic OCH continuously educated staff on all COVID-19 protocols along with utilizing equipment to maintain quarantine/isolation of affected patients while providing quality care. As these events continued to unfold no one could predict just how long the pandemic would last, but as of this writing the public health emergency is still in effect and OCH is still utilizing its resources to battle the virus.

During the public health emergency, an anxious and scared community had leaned on the hospital more than ever for help. OCH and its staff became the definition of an American Hero and stood strong never wavering no matter how adverse the circumstances were. One could never put into words all the sacrifices made, battles won and lost, or hours devoted to keeping the community safe; but to give a sense of the magnitude of effort on display by OCH the following is a small fraction of their endless response to the pandemic commonly referred to as COVID-19.

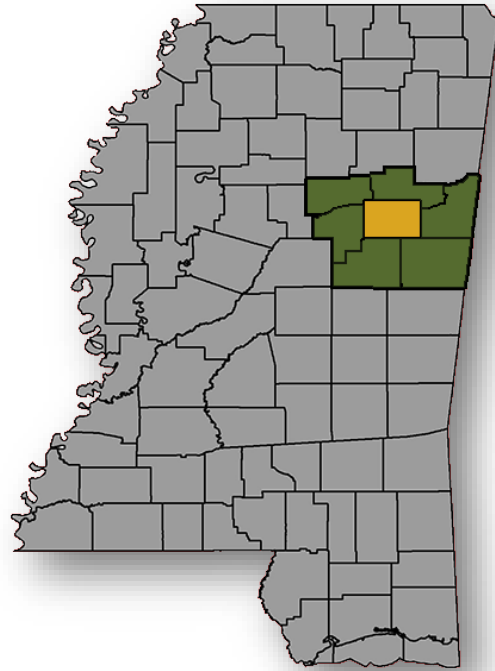
### Efforts to combat the Public Health Emergency – COVID-19

- ▲ Named COVID-19 Center of Excellence by MSDH
- ▲ Opened drive thru COVID-19 clinics where physicians and staff met patients at their vehicles.
- ▲ Set up special vaccine days for kids.
- ▲ Purchased personal protective equipment.
- ▲ Collaborated with MEMA to aid OCH in response to COVID
- ▲ Went out into the community to administer COVID vaccines. Some of the locations were as follows:
  - Schools
  - Police department and jail
  - Churches
  - Homes of community members that were unable to leave their homes
  - Other various locations in the community
- ▲ COVID education - guidance articles/education was posted online (OCH Facebook page.)

## ABOUT THE COMMUNITY

### GEOGRAPHY OF THE PRIMARY SERVICE AREA

OCH's primary service area is Oktibbeha County. Oktibbeha County is in East Central Mississippi; OCH's main facility is in the county seat, Starkville. According to the United States Census ( ), Oktibbeha County has 458.2 square miles of land area and is the 58th largest county in Mississippi by total area. Noxubee County, Winston County, Lowndes County, Clay County, Webster County, and Choctaw County border Oktibbeha County. These six surrounding counties serve as OCH's secondary service area.



### HISTORY OF THE PRIMARY SERVICE AREA

According to the Mississippi Encyclopedia ( ), the Choctaw Nation ceded the land that makes up Oktibbeha County during the 1830 Treaty of Dancing Rabbit Creek. Favorable land and a steady water supply from the Noxubee River enticed settlers to pour into the region; in 1833, Boardtown became the county's first settlement. Boardtown was renamed to Starkville shortly after in 1835, and both the city and Oktibbeha County quickly became a profitable agricultural base focusing on corn and cotton.

In the 1870's, Oktibbeha County's commercial focus shifted to dairy production with the introduction of an exceptional herd of Jersey cattle. The region became known as "the Milk Pitcher of the South." (ENCYCLOPEDIA) Mississippi Agricultural and Mechanical College was established in Starkville in 1878. Renamed Mississippi State University in 1957, Mississippi A&M helped Oktibbeha continue to contribute to agricultural development through extensive research programs focused on agricultural issues. Commerce in Oktibbeha County continues to be highly agricultural; however, higher education and the extensive research programs of Mississippi State University are now its primary industry.



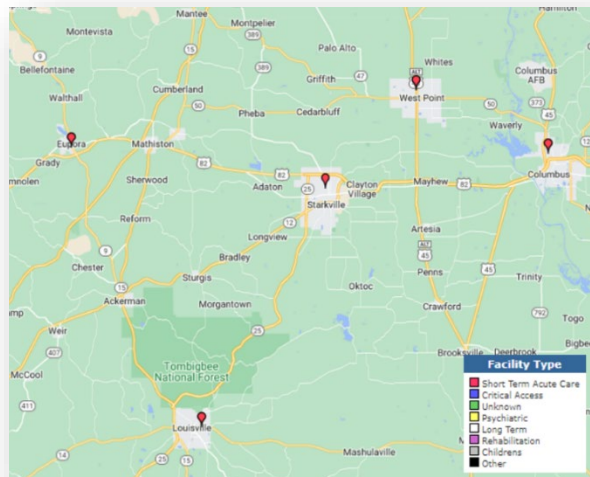


## HEALTHCARE RESOURCES AVAILABLE

For many Oktibbeha residents, OCH serves as their primary healthcare provider. Based on data pulled from the American Hospital Directory (AHD), 77% of the hospital's inpatients come from within Oktibbeha County; 94% of those come from the town of Starkville; the remaining 23% of the hospital's inpatients come from OCH's secondary service areas.

Including OCH Regional Medical Center, there are five short-term acute care hospitals located in OCH's primary and secondary service areas. These facilities are:

1. OCH Regional Medical Center
2. Baptist Memorial Hospital – Golden Triangle
3. North Mississippi Medical Center – Eupora
4. North Mississippi Medical Center – West Point
5. Winston Medical Center



Patient origin information pulled from the AHD indicates approximately 63 percent of the total number of Oktibbeha County residents discharged from these five facilities are discharged from OCH. The following table shows this percentage for all five facilities.

Patient Origin Study Summaries for the Calendar Year Ended December 31, 2021		
Oktibbeha County Residents		
Facility	Medicare Discharges	Percent
OCH Regional Medical Center	443	62.84%
Baptist Memorial Hospital – Golden Triangle	203	28.79%
North Mississippi Medical Center – Eupora	48	6.81%
North Mississippi Medical Center – West Point	0	0.00%
Winston Medical Center	11	1.56%

## 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 this section, state and county healthcare rankings will be analyzed to identify further what factors impact OCH's service area the most and how they potentially affect the health of the population. OCH will continue to study these dynamics when exploring the importance of a particular service line to add or remove from 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 (2022), "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 result, according to CHR&R (2022) 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 embedded reports 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 OCH on what health outcomes and disease types to focus on within the community.

# Mississippi

State Health Department Website: [msdh.ms.gov](https://msdh.ms.gov)

Measures	Rating	State Rank	State Value	U.S. Value
<b>SOCIAL &amp; ECONOMIC FACTORS*</b>				
<b>Community and Family Safety</b>	Occupational Fatalities (deaths per 100,000 workers)	+	47	8.2
	Public Health Funding (dollars per person)	+++	30	\$114
	Violent Crime (offenses per 100,000 population)	++++	14	278
<b>Economic Resources</b>	Economic Hardship Index (index from 1-100)	+	50	100
	Food Insecurity (% of households)	+	50	15.3%
	Income Inequality (80-20 ratio)	+	48	5.37
<b>Education</b>	High School Graduation (% of students)	+++	29	85.0%
	High School Graduation Racial Disparity (percentage point difference)	++++	4	6.5
<b>Social Support and Engagement</b>	Adverse Childhood Experiences (% ages 0-17)	+	42	18.3%
	High-speed Internet (% of households)	+	49	81.4%
	Residential Segregation — Black/White (index from 0-100)	++++	3	50
	Volunteerism (% ages 16+)	+	47	26.6%
	Voter Participation (% of U.S. citizens ages 18+)	++++	17	62.3%
<b>PHYSICAL ENVIRONMENT*</b>				
<b>Air and Water Quality</b>	Air Pollution (micrograms of fine particles per cubic meter)	++	38	8.1
	Drinking Water Violations (% of community water systems)	+	48	6.3%
	Risk-screening Environmental Indicator Score (unitless score)	++++	16	1,367,879
	Water Fluoridation (% of population served)	++	35	60.7%
	Drive Alone to Work (% of workers ages 16+)	+	49	84.8%
<b>Housing and Transit</b>	Housing With Lead Risk (% of housing stock)	++++	10	11.0%
	Severe Housing Problems (% of occupied housing units)	+++	29	15.1%
<b>CLINICAL CARE*</b>				
<b>Access to Care</b>	Avoided Care Due to Cost (% ages 18+)	+	46	13.9%
	Providers (per 100,000 population)			
	Dental Care	+	47	44.2
	Mental Health	+	41	1876
	Primary Care	++	33	244.4
<b>Preventive Clinical Services</b>	Uninsured (% of population)	+	46	13.0%
	Colorectal Cancer Screening (% ages 50-75)	++	37	70.9%
	Dental Visit (% ages 18+)	+	46	57.7%
	Immunizations			
	Childhood Immunizations (% by age 35 months)	+++	30	75.4%
<b>Quality of Care</b>	Flu Vaccination (% ages 18+)	+	45	41.3%
	HPV Vaccination (% ages 13-17)	+	50	31.9%
	Dedicated Health Care Provider (% ages 18+)	++	34	76.1%
<b>BEHAVIORS*</b>	Preventable Hospitalizations (discharges per 100,000 Medicare beneficiaries)	+	49	5,004
<b>Nutrition and Physical Activity</b>	Exercise (% ages 18+)	+	48	15.7%
	Fruit and Vegetable Consumption (% ages 18+)	+	42	6.3%
	Physical Inactivity (% ages 18+)	+	49	30.0%
<b>Sexual Health</b>	Chlamydia (new cases per 100,000 population)	+	49	850.2
	High-risk HIV Behaviors (% ages 18+)	++++	16	5.3%
	Teen Births (births per 1,000 females ages 15-19)	+	49	29.1
<b>Sleep Health</b>	Insufficient Sleep (% ages 18+)	++	40	35.0%
	Smoking (% ages 18+)	+	47	20.1%
<b>HEALTH OUTCOMES*</b>				
<b>Behavioral Health</b>	Excessive Drinking (% ages 18+)	++++	7	15.2%
	Frequent Mental Distress (% ages 18+)	++	36	14.4%
	Non-medical Drug Use (% ages 18+)	++++	14	9.2%
<b>Mortality</b>	Premature Death (years lost before age 75 per 100,000 population)	+	49	11,256
	Premature Death Racial Disparity (ratio)	+++	27	1.5
<b>Physical Health</b>	Frequent Physical Distress (% ages 18+)	++	31	10.3%
	Low Birthweight (% of live births)	+	50	12.3%
	Low Birthweight Racial Disparity (ratio)	+++	27	2.0
	Multiple Chronic Conditions (% ages 18+)	+	44	12.8%
	Obesity (% ages 18+)	+	50	39.7%
<b>OVERALL</b>			<b>-0.791</b>	

\* 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](http://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

MISSISSIPPI

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
<b>SOCIAL &amp; ECONOMIC FACTORS*</b>	<b>+</b>	<b>-1.191</b>	<b>50</b>	<b>1.051</b>
<b>Community and Family Safety</b>				
Violent Crime (offenses per 100,000 population)	++++	278	14	115
<b>Economic Resources</b>				
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
<b>Social Support and Engagement</b>				
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
<b>PHYSICAL ENVIRONMENT*</b>	<b>++</b>	<b>0.047</b>	<b>40</b>	<b>1.353</b>
<b>Air and Water Quality</b>				
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
<b>Housing</b>				
Severe Housing Problems (% of small households with an adult ages 62+)	++++	25.5	9	18.3
<b>CLINICAL CARE*</b>	<b>+</b>	<b>-0.946</b>	<b>50</b>	<b>0.695</b>
<b>Access to Care</b>				
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
<b>Preventive Clinical Services</b>				
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
<b>Quality of Care</b>				
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
<b>BEHAVIORS*</b>	<b>+</b>	<b>-1.256</b>	<b>47</b>	<b>1.188</b>
<b>Nutrition and Physical Activity</b>				
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
<b>Sleep Health</b>				
Insufficient Sleep (% of adults ages 65+)	++	28.0	37	20.9
<b>Tobacco Use</b>				
Smoking (% of adults ages 65+)	++	10.7	40	4.0
<b>HEALTH OUTCOMES*</b>	<b>+</b>	<b>-0.879</b>	<b>48</b>	<b>0.932</b>
<b>Behavioral Health</b>				
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
<b>Mortality</b>				
Early Death (deaths per 100,000 adults ages 65-74)	+	2,481	50	1,380
Early Death Racial Disparity (ratio)*		1.2		1.0
<b>Physical Health</b>				
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
<b>OVERALL</b>		-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](http://www.AmericasHealthRankings.org).

SENIOR REPORT [www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org)

Mississippi

Figure 2  
AHR 2021 Senior Report

# Mississippi

State Health Department Website: [msdh.ms.gov](https://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
<b>SOCIAL AND ECONOMIC FACTORS*</b>	<b>+</b>	<b>48</b>	<b>-0.996</b>	<b>—</b>
<b>Community and Family Safety</b>				
Intimate Partner Violence Before Pregnancy*		—	5.5%	3.0%
Violent Crime	++++	14	278	379
<b>Economic Resources</b>				
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%
<b>Education</b>				
College Graduate	+	47	26.5%	35.7%
<b>Social Support and Engagement</b>				
Infant Child Care Cost*	++++	1	76%	12.5%
Residential Segregation — Black/White	++++	3	50	62
Voter Participation	++++	14	64.6%	61.7%
<b>PHYSICAL ENVIRONMENT*</b>				
<b>Air and Water Quality</b>				
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%
<b>Climate Change</b>				
Climate Change Policies*	++	36	0	—
Transportation Energy Use*	+	43	11.5	8.7
<b>Housing and Transportation</b>				
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
<b>SOCIAL AND ECONOMIC FACTORS*</b>	<b>++</b>	<b>40</b>	<b>-0.293</b>	<b>—</b>
<b>Community and Family Safety</b>				
Child Victimization*	++	35	13.4%	8.9%
<b>Economic Resources</b>				
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%
<b>Education</b>				
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
<b>Social Support and Engagement</b>				
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%
<b>PHYSICAL ENVIRONMENT*</b>	<b>+</b>	<b>47</b>	<b>-0.446</b>	<b>—</b>
<b>Air and Water Quality</b>				
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%
<b>Climate Change</b>				
Climate Change Policies*	++	36	0	—
Transportation Energy Use*	+	43	11.5	8.7
<b>Housing and Transportation</b>				
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%

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
<b>CLINICAL CARE*</b>	<b>+</b>	<b>46</b>	<b>-0.675</b>	<b>—</b>
<b>Access to Care</b>				
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
<b>Preventive Clinical Care</b>				
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%
<b>Quality of Care</b>				
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
<b>BEHAVIORS*</b>	<b>+</b>	<b>46</b>	<b>-0.887</b>	<b>—</b>
<b>Nutrition and Physical Activity</b>				
Exercise	+	41	18.6%	21.5%
Fruit and Vegetable Consumption	+	45	7.5%	10.4%
Physical Inactivity	+	50	31.1%	22.6%
<b>Sexual Health</b>				
Chlamydia	+	48	2,529	1,743
High-risk HIV Behaviors	++++	11	8.6%	9.7%
Unintended Pregnancy*	—	—	47.1%	30.6%
<b>Sleep Health</b>				
Insufficient Sleep	++	32	37.5%	36.1%
<b>Tobacco Use</b>				
E-cigarette Use*	+++	25	5.9%	5.3%
Smoking	++	35	18.9%	14.3%
Smoking During Pregnancy	+++	28	8.5%	6.0%
<b>HEALTH OUTCOMES*</b>	<b>++</b>	<b>35</b>	<b>-0.652</b>	<b>—</b>
<b>Behavioral Health</b>				
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%
<b>Mortality</b>				
Maternal Mortality*	—	—	—	20.1
Mortality Rate	+	48	155.0	97.2
<b>Physical Health</b>				
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%
<b>OVERALL — WOMEN*</b>	<b>—</b>	<b>—</b>	<b>-0.741</b>	<b>—</b>

\* 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](http://www.AmericasHealthRankings.org).

### Children

Measures	Rating	State Rank	State Value	U.S. Value
<b>CLINICAL CARE*</b>	<b>++</b>	<b>38</b>	<b>-0.259</b>	<b>—</b>
<b>Access to Care</b>				
ADD/ADHD Treatment	++++	1	6.6%	3.0%
Pediatricians	+	46	63.7	104.6
Uninsured	++	36	6.1%	5.7%
<b>Preventive Clinical Care</b>				
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%
<b>Quality of Care</b>				
Adequate Insurance	++++	8	71.2%	66.7%
Developmental Screening	++	34	31.5%	36.9%
Medical Home	++	37	47.3%	46.8%
<b>BEHAVIORS*</b>	<b>+</b>	<b>50</b>	<b>-1.391</b>	<b>—</b>
<b>Nutrition and Physical Activity</b>				
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%
<b>Sexual Health — Youth</b>				
Dual Contraceptive Nonuse*	—	—	91.6%	90.9%
Teen Births	+	49	29.1	16.7
<b>Sleep Health</b>				
Adequate Sleep	+	49	55.2%	66.1%
Sleep Position*	—	—	69.4%	79.6%
<b>Tobacco Use — Youth</b>				
Electronic Vapor Product Use*	—	—	21.4%	32.7%
Tobacco Use	+	46	7.1%	4.0%
<b>HEALTH OUTCOMES*</b>	<b>+</b>	<b>49</b>	<b>-0.695</b>	<b>—</b>
<b>Behavioral Health</b>				
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
<b>Mortality</b>				
Child Mortality	+	49	41.8	25.4
Infant Mortality	+	50	8.6	5.7
<b>Physical Health</b>				
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%
<b>OVERALL — CHILDREN*</b>	<b>—</b>	<b>—</b>	<b>-0.586</b>	<b>—</b>
<b>OVERALL — WOMEN AND CHILDREN*</b>	<b>—</b>	<b>—</b>	<b>-0.677</b>	<b>—</b>

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

### Length of Life

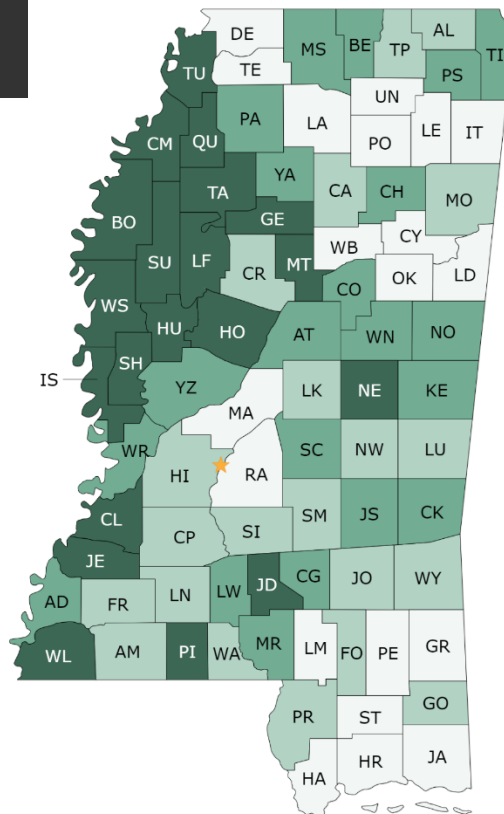
Premature death  
*(years of potential life lost  
before age 75)*

### Quality of Life

Self-reported health status

Percent of low birthweight newborns

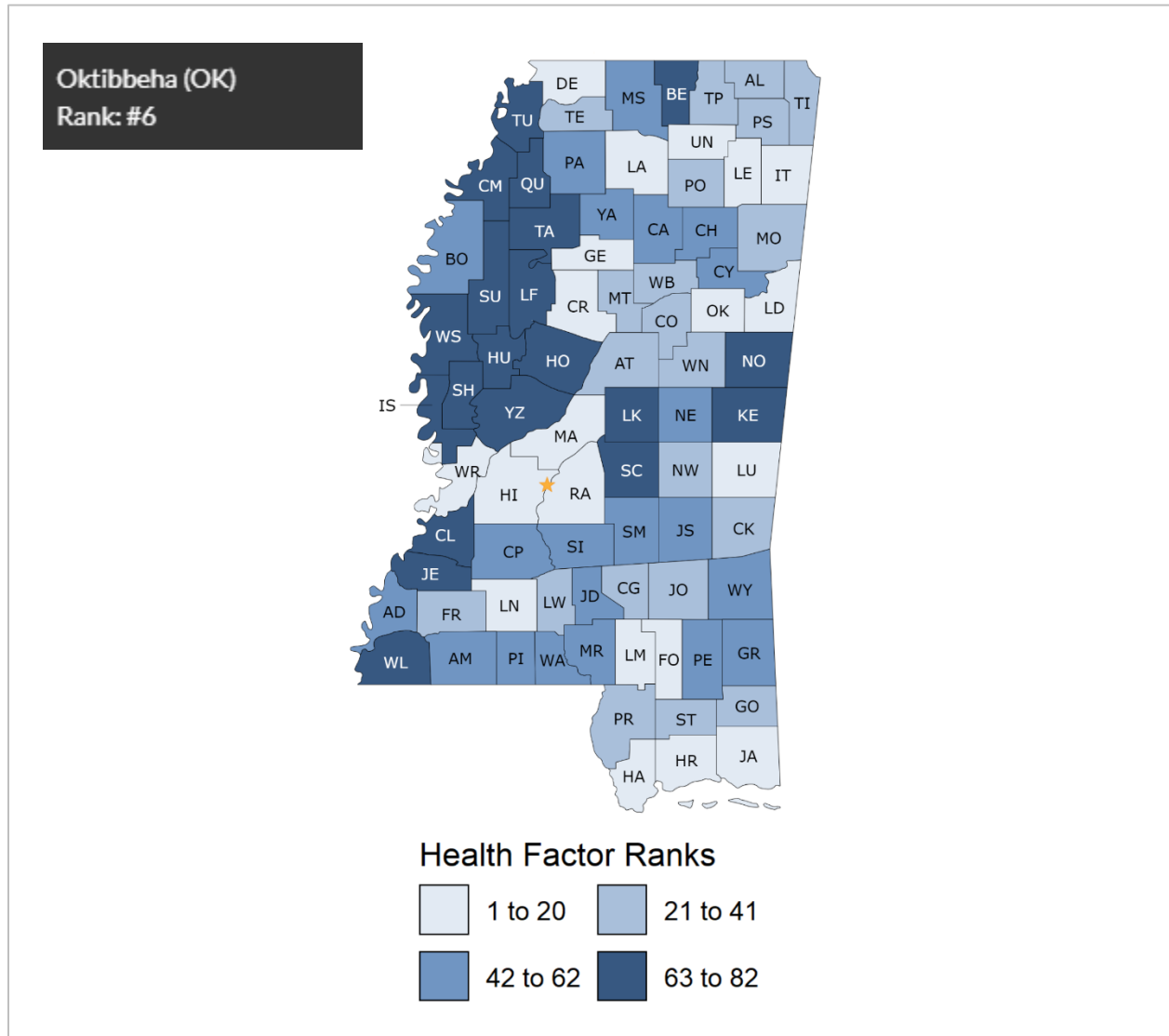
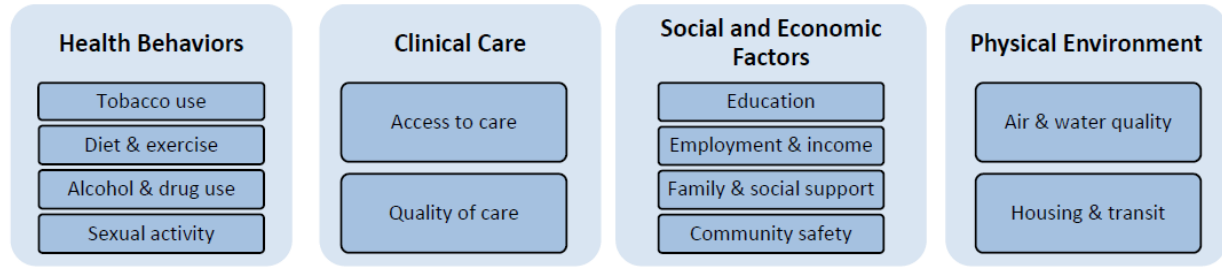
Oktibbeha (OK)  
Rank: #11



### Health Outcome Ranks



**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
<b>HEALTH OUTCOMES</b>					
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%
<b>HEALTH FACTORS</b>					
<b>HEALTH BEHAVIORS</b>					
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 <sup>2</sup> .	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
<b>CLINICAL CARE</b>					
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%
<b>SOCIAL &amp; ECONOMIC FACTORS</b>					
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
<b>PHYSICAL ENVIRONMENT</b>					
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

Page 2 | www.countyhealthrankings.org

**Figure 7**

CHR&R 2021 Mississippi Health Rankings

Mississippi		Oktibbeha (OK), MS <span style="color: red;">X</span>
<b>Health Outcomes</b>		
<b>Length of Life</b>		
Premature Death	11,300	9,500
<b>Quality of Life</b>		
Poor or Fair Health	<span style="color: blue;">1</span> 22%	22%
Poor Physical Health Days	<span style="color: blue;">1</span> 4.1	4.3
Poor Mental Health Days	<span style="color: blue;">1</span> 5.3	5.2
Low Birthweight	12%	12%
<b>Health Factors</b>		
<b>Health Behaviors</b>		
Adult Smoking	<span style="color: blue;">1</span> 21%	18%
Adult Obesity	<span style="color: blue;">1</span> 41%	39%
Food Environment Index	<span style="color: blue;">1</span> 3.8	5.3
Physical Inactivity	<span style="color: blue;">1</span> 37%	37%
Access to Exercise Opportunities	52%	63%
Excessive Drinking	<span style="color: blue;">1</span> 16%	15%
Alcohol-Impaired Driving Deaths	19%	25%
Sexually Transmitted Infections	<span style="color: blue;">1</span> 850.2	937.7
Teen Births	32	10
<b>Clinical Care</b>		
Uninsured	15%	14%
Primary Care Physicians	1,860:1	2,360:1
Dentists	2,030:1	2,770:1
Mental Health Providers	540:1	510:1
Preventable Hospital Stays	5,013	2,871
Mammography Screening	41%	39%
Flu Vaccinations	43%	50%
<b>Social &amp; Economic Factors</b>		
High School Completion	85%	91%
Some College	61%	78%
Unemployment	<span style="color: blue;">1</span> 8.1%	7.6%
Children in Poverty	26%	26%
Income Inequality	5.4	8.1
Children in Single-Parent Households	37%	40%
Social Associations	12.6	11.5
Violent Crime	<span style="color: blue;">1</span> 279	176
Injury Deaths	93	55
<b>Physical Environment</b>		
Air Pollution - Particulate Matter	9.2	9.7
Drinking Water Violations		No
Severe Housing Problems	15%	22%
Driving Alone to Work	85%	82%
Long Commute - Driving Alone	33%	17%

**Figure 8**  
CHR&R 2021 Oktibbeha County Health Rankings



## POPULATION

Oktibbeha County has a total population of 49,593 citizens (roughly 50% of those people live in Starkville), while the state of Mississippi has a total population of 2,981,835. The overall population for Oktibbeha County has seen a slow increase in the population growth rate of 1.11% over a 5-year trend. In comparison, the state of Mississippi has seen a slight decrease in its population growth rate of 2.09% over the same 5-year trend, while the United States saw an increase of approximately 6% respectfully.

## DEMOGRAPHICS

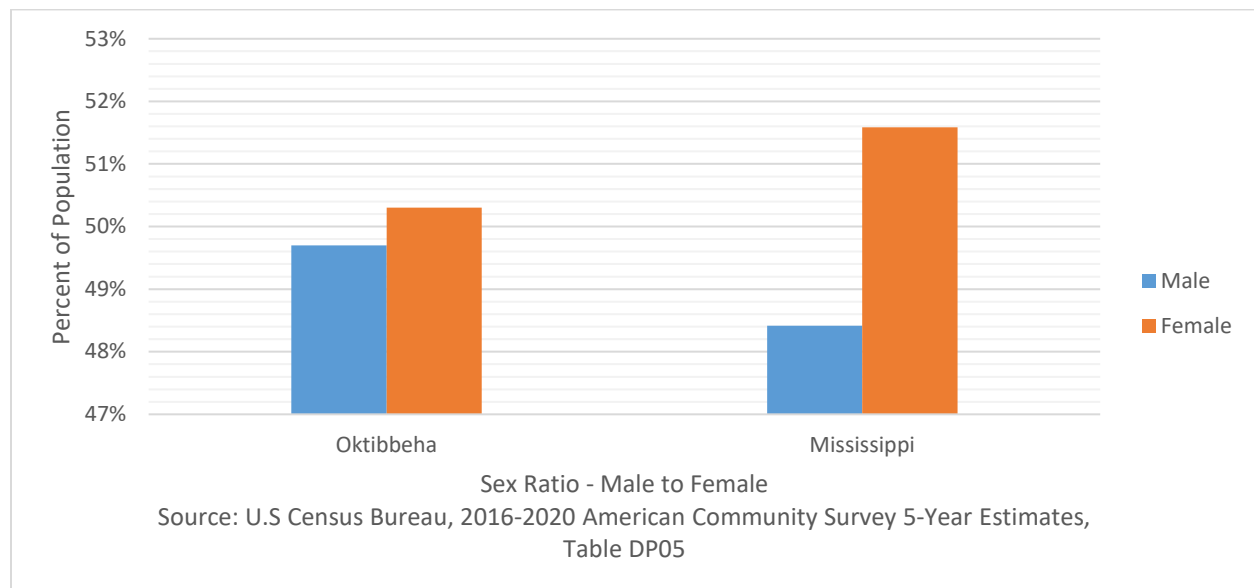
Demographics are the statistical characteristics of human populations used to identify markets. Collecting this type of data can be very informative because often the demographics of a patient have an impact on the treatment plan. The American Medical Association echoes this sentiment in their article “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 OCH’s primary service area.

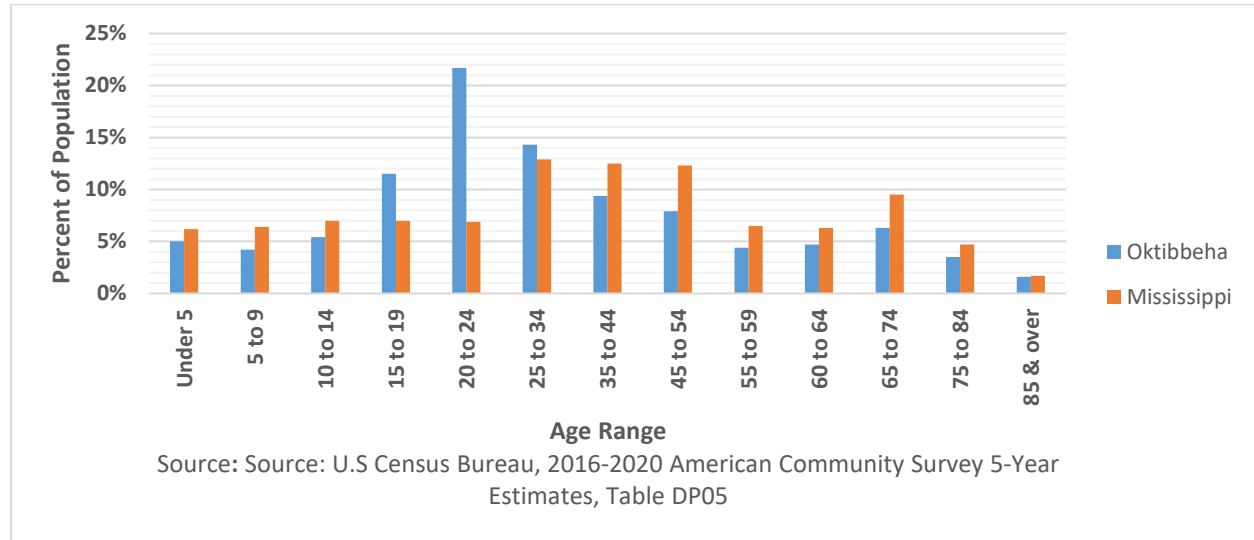
## SEX AND AGE

Further analysis of Oktibbeha County’s population shows that it is 49.7% male and 50.3% female, whereas the state average is 48.4% male and 51.6% female (Figure 9).



**Figure 9**  
*Sex Comparison – Oktibbeha County and Mississippi*

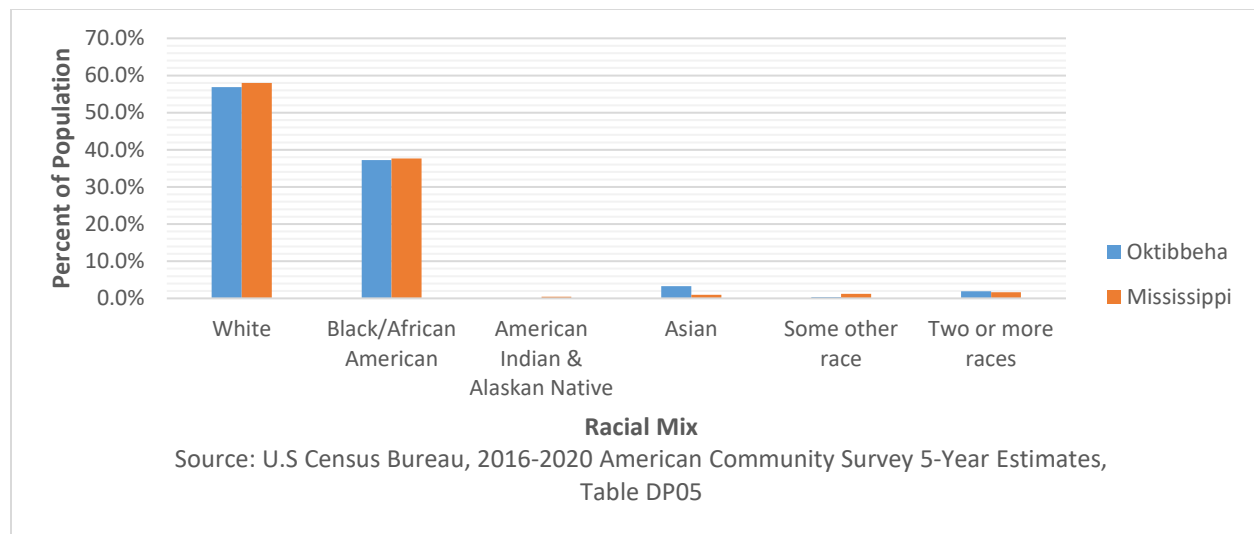
Oktibbeha County has a median age of 26.1 years, compared to the state's median age of 37.7 years. Oktibbeha County's population lags behind the state in most age range categories; however, age groups 15 to 19; 20 to 24; and 25 to 34 show a drastic increase when compared to the state. (Figure 10) This surge is due to the vast number of college students residing in Oktibbeha while attending Mississippi State University.



**Figure 10**  
*Population by Age Group – Oktibbeha County and Mississippi*

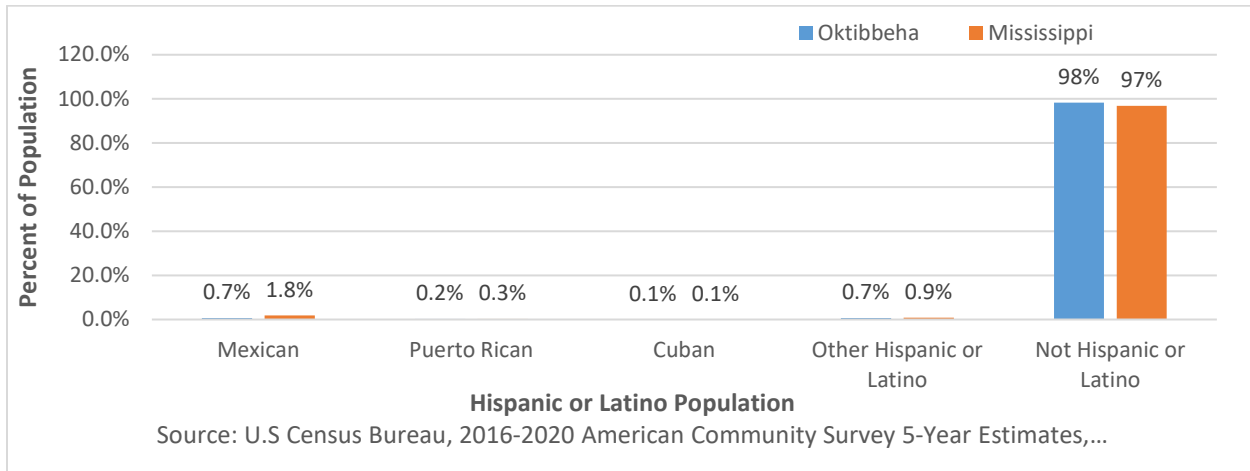
#### RACIAL MIX AND ETHNIC BACKGROUND

The racial mix of the citizens of Oktibbeha County is pretty in line with the population of the state of Mississippi. Of the citizens in Oktibbeha, 56.9% are white in comparison to 58.0% for the state of Mississippi (Figure 11).



**Figure 11**  
*Population by Racial Mix – Oktibbeha County and Mississippi*

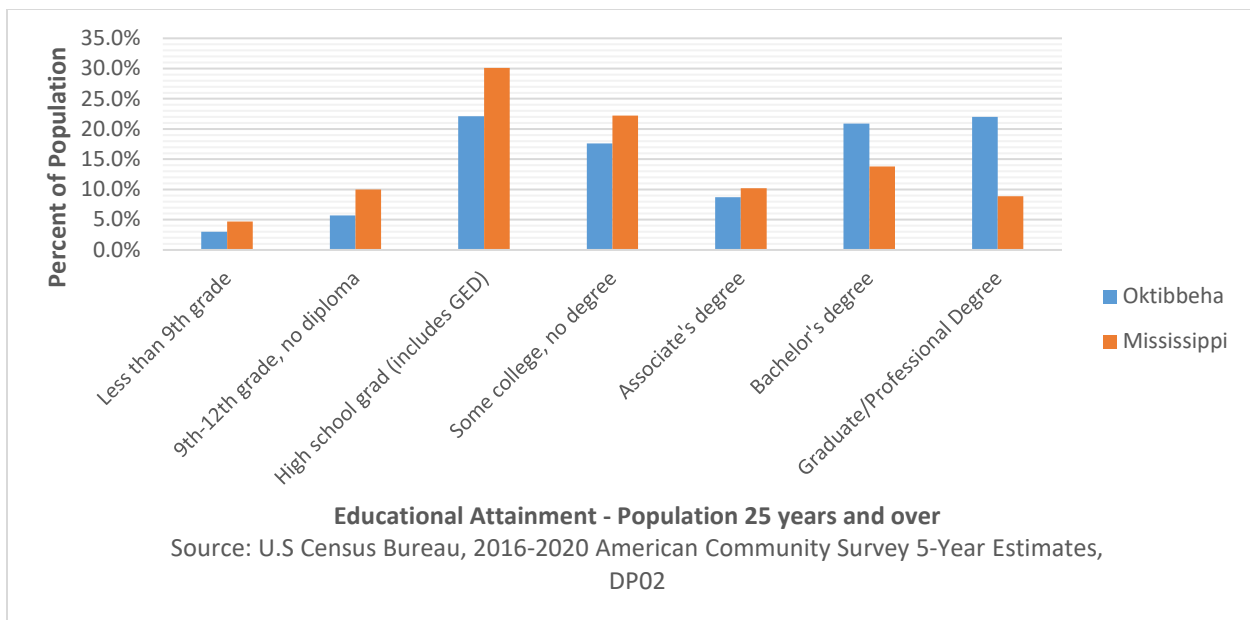
The ethnic background of the citizens in Oktibbeha is in line with the state of Mississippi. Both have a relatively low ethnic mix – 0.7% for Oktibbeha and 1.8% for Mississippi (Figure 12).



**Figure 12**  
*Population by Ethnic Group – Oktibbeha County and Mississippi*

## EDUCATION ATTAINMENT

When evaluating residents that are 25 years or older, 91.3% of Oktibbeha County residents have a high school diploma (includes GED) or higher compared to 85.2% of the residents in the state of Mississippi. While Oktibbeha County lags behind the state in a most education attainment categories, the county has 7.1% more residents with a bachelor's degree and 13.1% more residents with a Graduate or Professional degree than the state of Mississippi (Figure 13). This again is a byproduct of Mississippi State University's presence in the community.



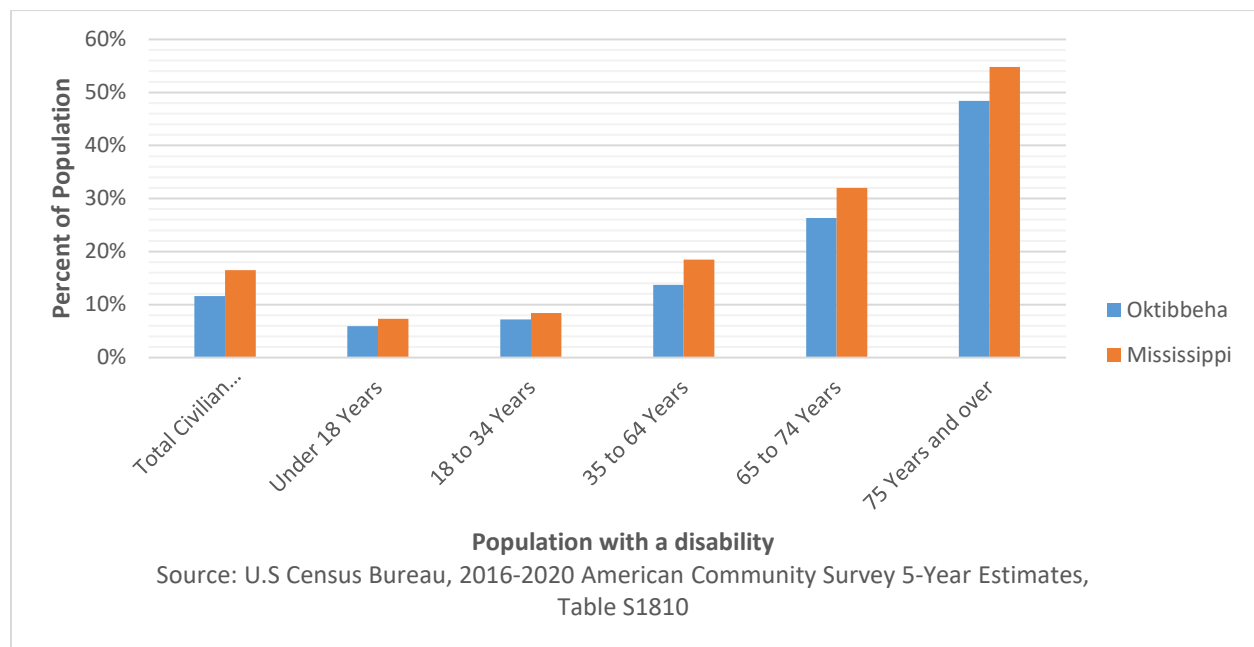
**Figure 13**  
*Education Attainment – Oktibbeha County and Mississippi*

## POPULATION WITH A DISABILITY

### WHAT IS A DISABILITY?

The US Census Bureau ( ) 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. Oktibbeha County’s stats are comparable with Mississippi’s disability percentages for each age group (Figure 14). The Centers for Disease Control and Prevention’s National Center on Birth Defects and Development Disabilities has developed a fact sheet that further outlines how disability impacts Mississippi (Figure 15).

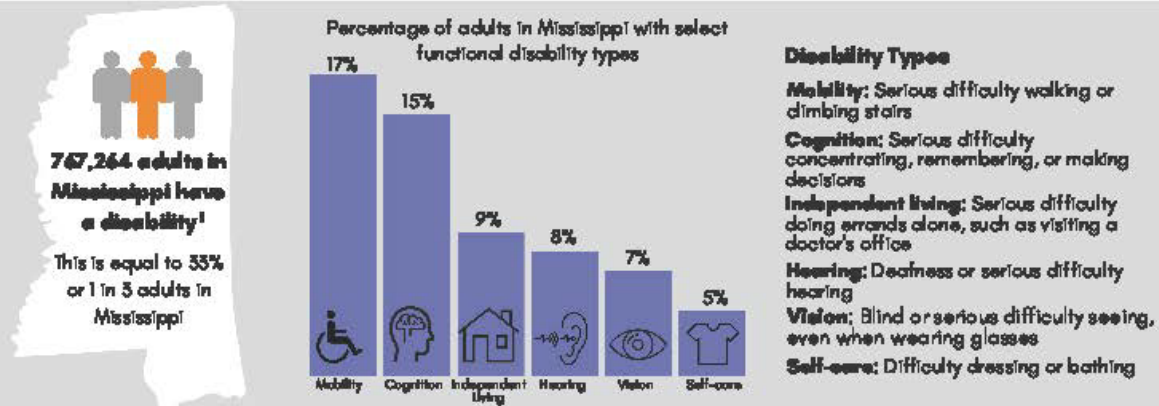


**Figure 14**  
*Disability Status for Oktibbeha County*

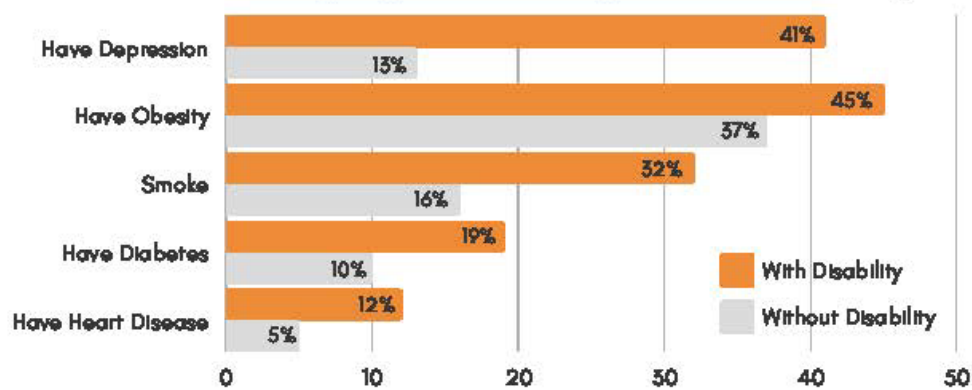
CDC's National Center on Birth Defects and Developmental Disabilities  
**DISABILITY IMPACTS MISSISSIPPI**



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...<sup>1</sup>



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

**DISABILITY HEALTHCARE COSTS IN MISSISSIPPI<sup>2</sup>**

- 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/nchsdd/disabilityhealth/programs.html](https://www.cdc.gov/nchsdd/disabilityhealth/programs.html).

NOTE: DATA ARE ROUNDED TO THE NEAREST WHOLE FIGURE. FOR MORE PRECISE PREVALENCE DATA, PLEASE VISIT [BND6.CDC.GOV](https://bnd6.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

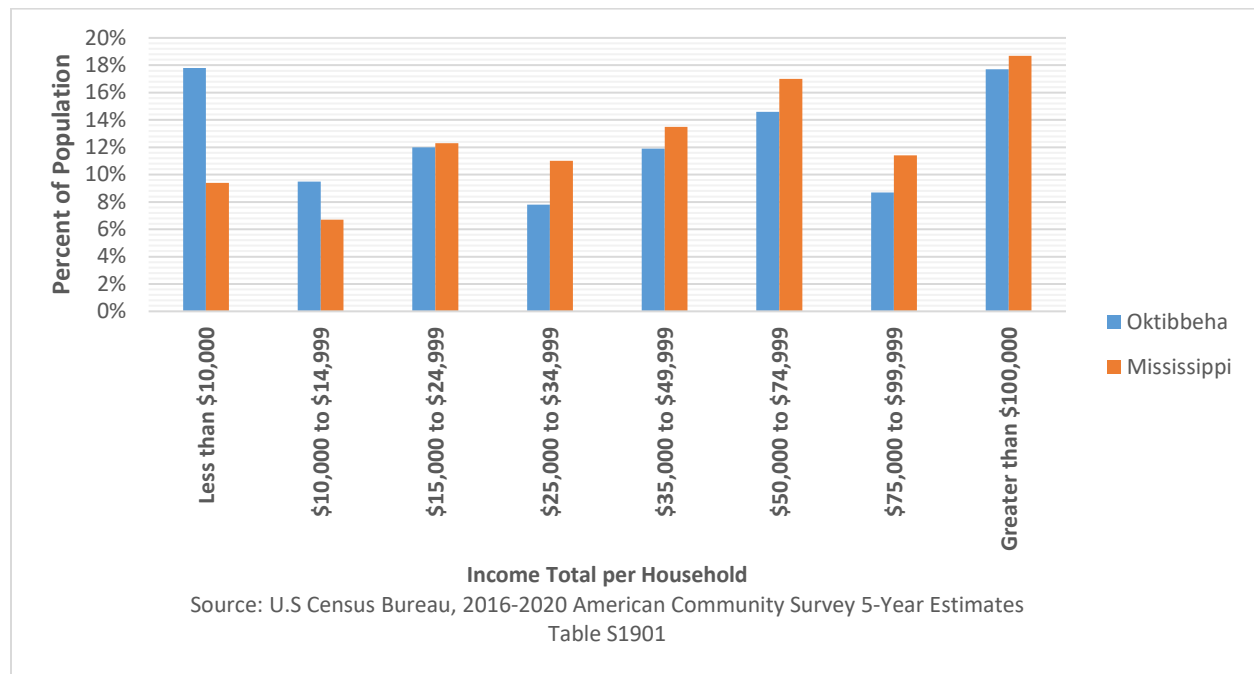


## ECONOMIC FACTORS

### INCOME

The median household income in Oktibbeha County is \$39,490 compared to \$43,567 for the state of Mississippi; the mean household income in Oktibbeha County is \$60,395 compared to \$60,640 for the state of Mississippi. Oktibbeha 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 Oktibbeha County compared to the state average, there is a higher portion of residents living in poverty. Overall, 30% of all people in Oktibbeha County live in poverty compared to 21% of all people in the state of Mississippi. Approximately 50% of individuals living below poverty in Oktibbeha County are 18 to 34 years. Again, this could relate Oktibbeha residents at Mississippi State University, or recent graduates. For additional breakdowns of income totals per households, see Figure 16.



**Figure 16**

*Income Total per Household – Oktibbeha County and Mississippi*

Figure 17 shows a comparison with the state of Mississippi between different labor groups identified by the U.S. Census Bureau. Major employers in Oktibbeha County are in Education, Healthcare, Social Services, Manufacturing, and Retail/Wholesale trade. Further research into the leading types of industry in Oktibbeha 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, Oktibbeha County has a slightly higher unemployment rate at 9.9% compared to the state unemployment rate of 8.2%.

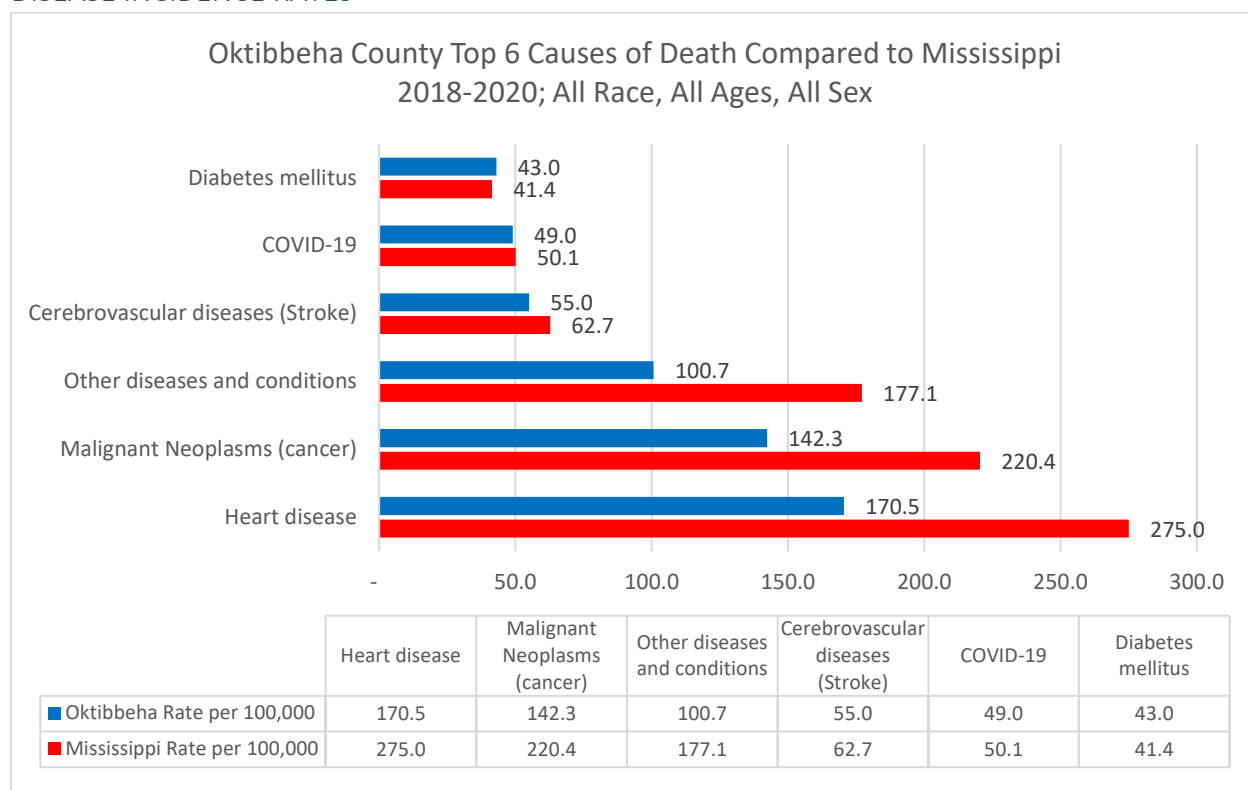


## TOP HEALTH ISSUES FACING THE COMMUNITY:

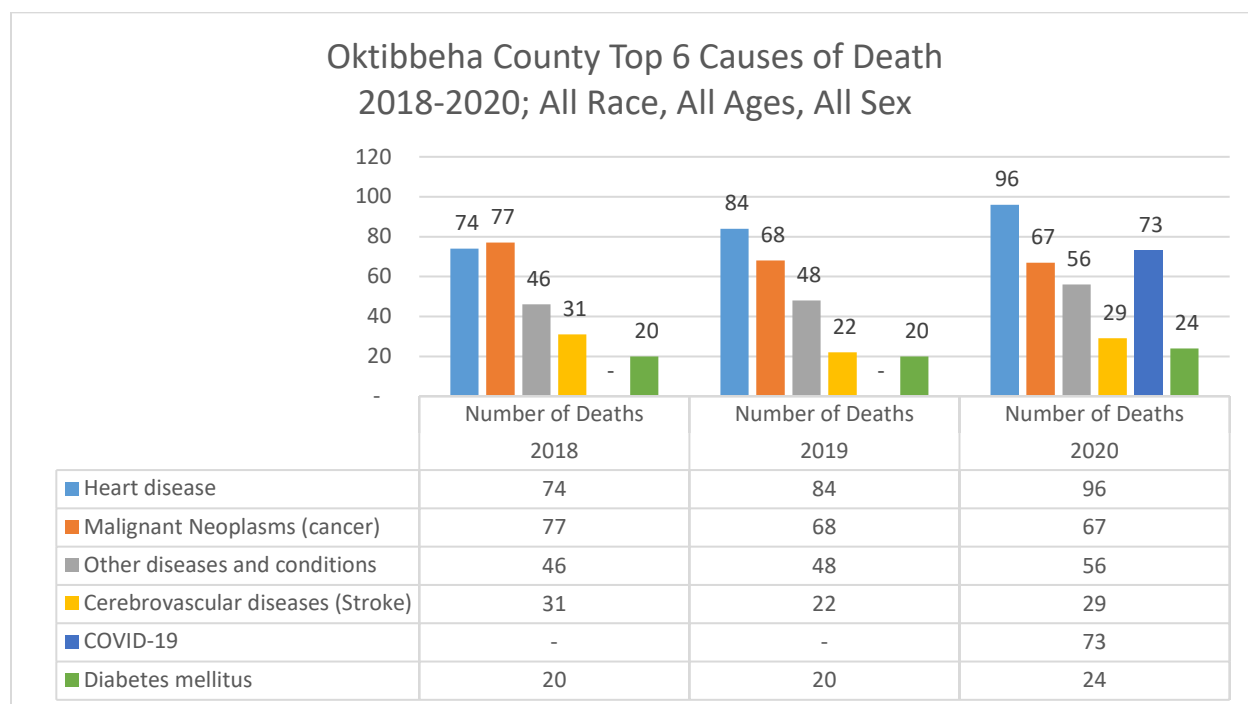
Analyzing the top health issues in the hospital's service area helps providers further assess and prioritize significant health needs in their community. Mortality data pulled from Mississippi Statistically Automated Health Resource System (MSTAHRs) represents deaths of Mississippi residents using death 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. As a result, Oktibbeha's leading causes of death rates per 100,000 population are in-line with other rural counties in the state of Mississippi despite having a higher percentage of 20- to 24-year-olds.

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, OCH 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 Oktibbeha County as seen below:

## DISEASE INCIDENCE RATES

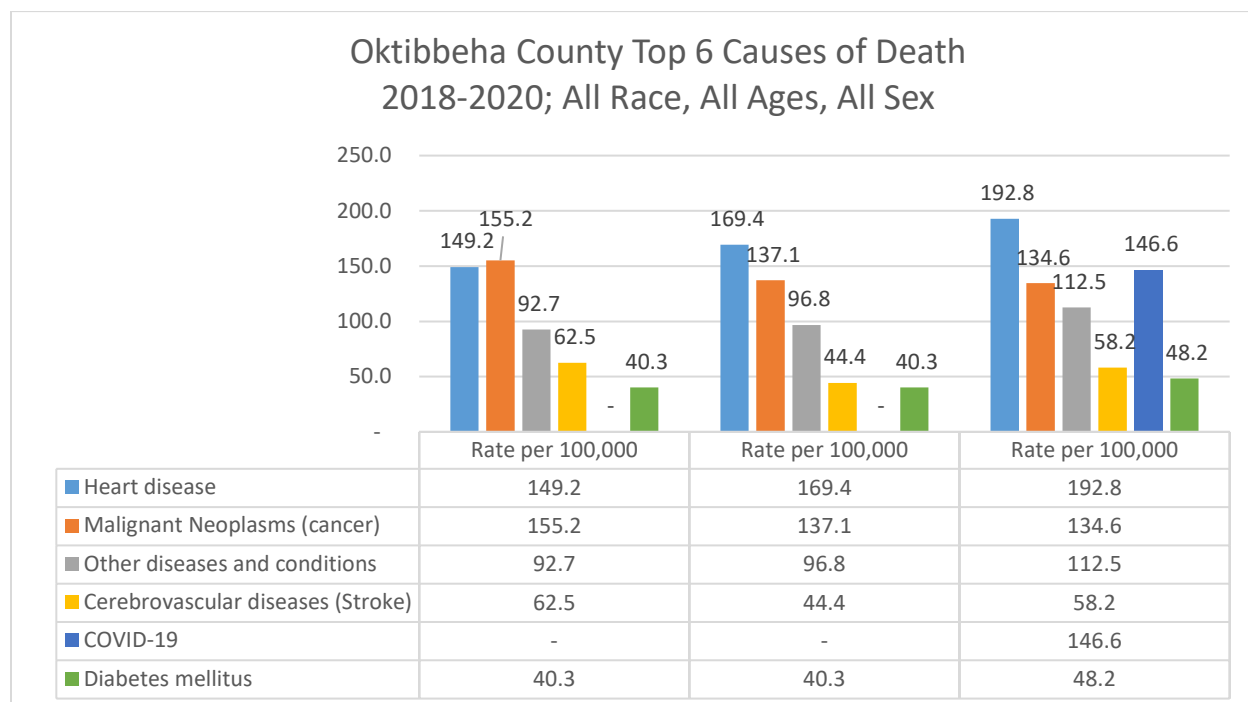


**Figure 18**  
*Overall Leading Causes of Death – Oktibbeha County and Mississippi*



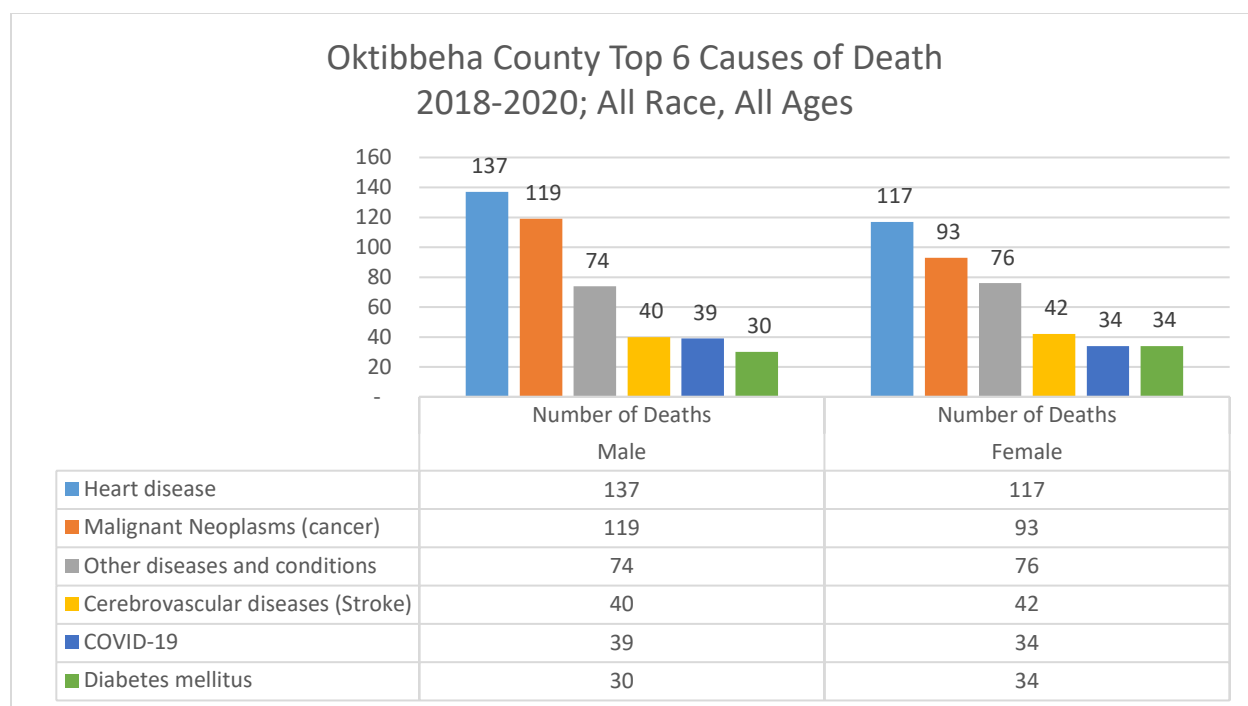
**Figure 19**

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

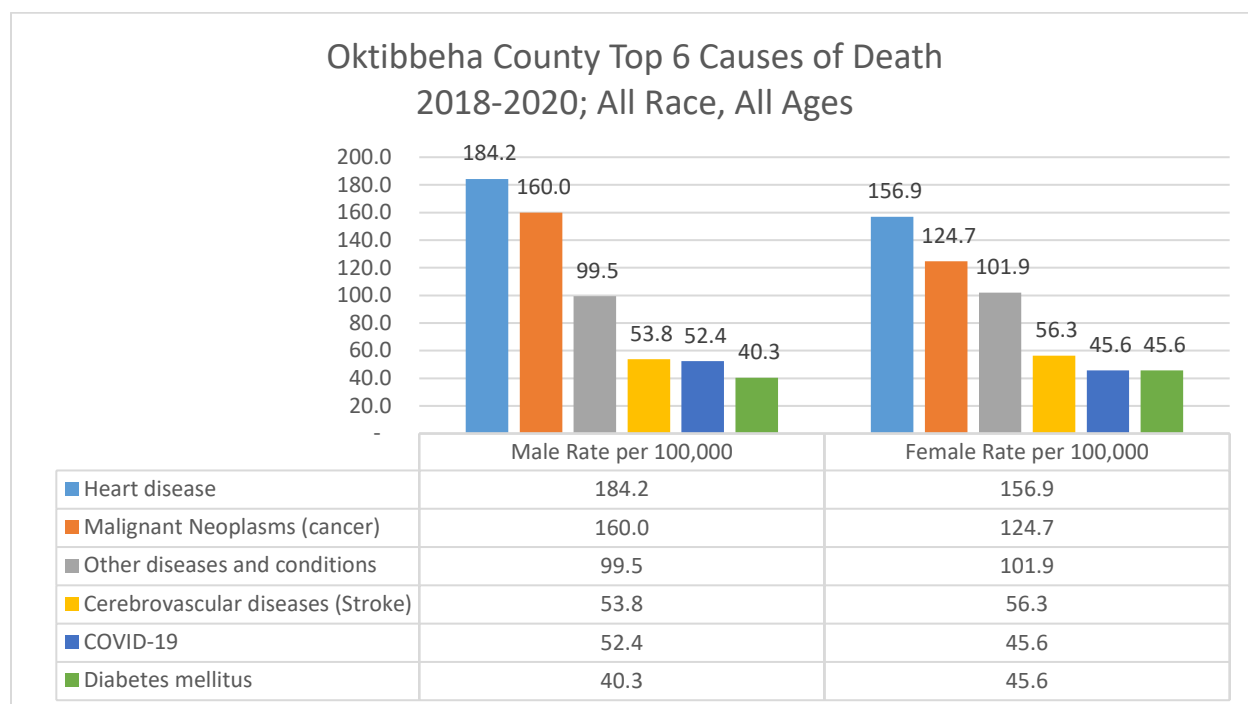


**Figure 20**

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

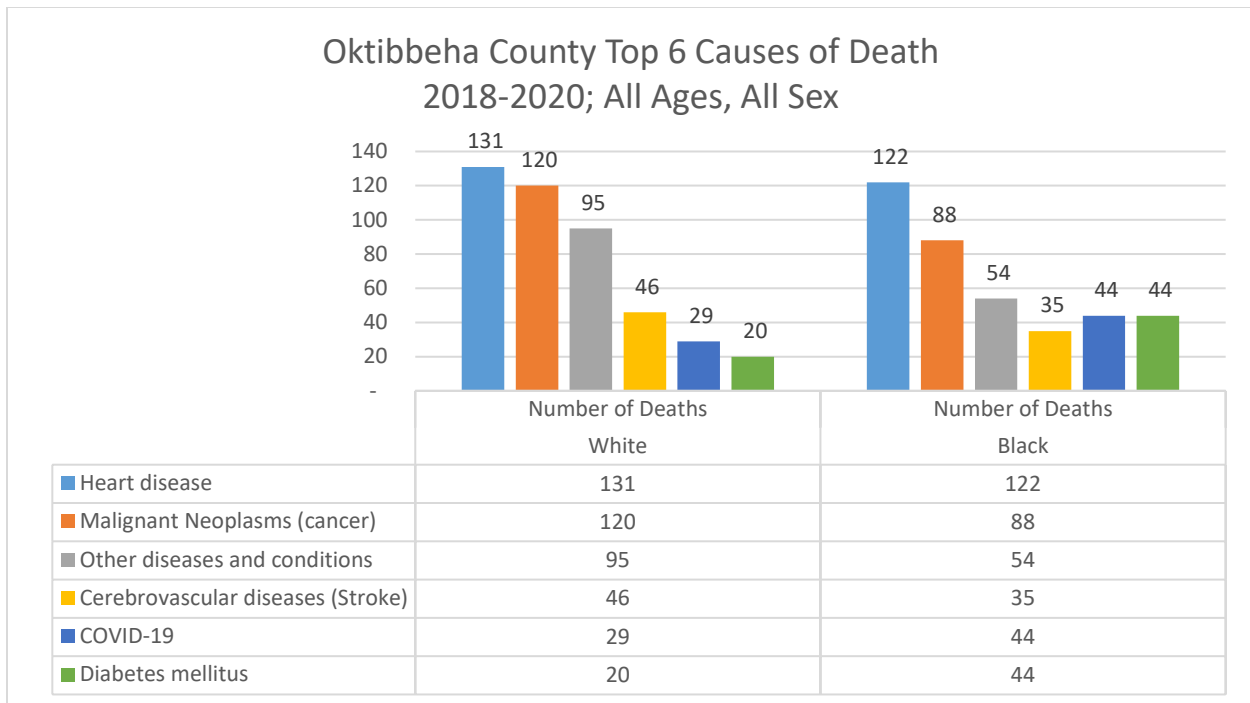


**Figure 21**  
*Top 6 Causes of Death 2018-2020; All Race, All Ages, by Number of Deaths*

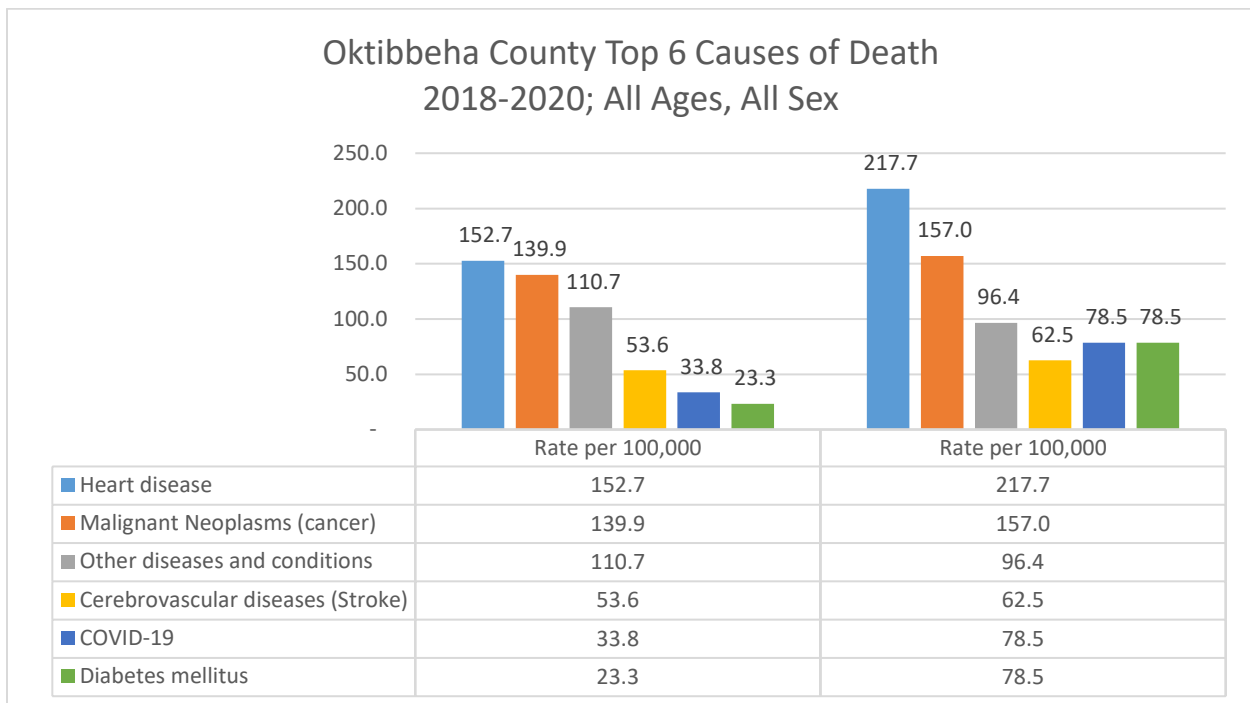


**Figure 22**  
*Top 6 Causes of Death 2018-2020; All Race, All Ages, by Rate per 100,000*





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



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

## INPUT FROM THE COMMUNITY

### COMMUNITY SURVEYS:

OCH Regional Medical Center wanted to better understand the health status of its service area through the mindset of the community. As a result, a community health survey was developed by the hospital. Members of the public were invited to participate in the online 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.

### COMMUNITY FOCUS GROUP:

A community focus group was held at OCH Regional Medical Center on Thursday, September 15, 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 a healthcare consultant from Carr, Riggs, & Ingram LLC 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:

OCH representatives spoke with community leaders and residents of Oktibbeha County to give them an opportunity to voice their opinions on the health status and health needs of Oktibbeha County. OCH representatives also review 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 changes, transportation, and access to care. 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.

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

## IMPLEMENTATION PLANS

To be successful in creating a true sense of health in our community, it will be necessary to have collaborative partnerships which will bring together all the care providers, citizens, governments, plus business and industry, around an effective plan. Many needs have been identified through this process. OCH Regional Medical Center is proud to have been the catalyst in this effort. However, addressing some of the needs identified will require expertise and financial resources far beyond what the hospital can provide.

The hospital is aware of many lifestyle issues that face citizens of Mississippi. Many of the lifestyle habits negatively impact the overall health of our community and are major contributors to several of the leading causes of death in our service area. OCH Regional Medical Center will undertake these three significant initiatives over the next three years:

**INITIATIVE 1:** Increase awareness about diabetes, hypertension, and obesity management to reduce their prevalence and educate those it impacts within the community.

**INITIATIVE 2:** Educate those living in the community about available resources and help make those resources available to them in an effort to promote healthy lifestyles and to reduce health disparities.

**INITIATIVE 3:** Educate community members about cancer (breast, colon, & prostate) and encourage healthy lifestyles that will have a positive impact on their health and the overall health of the community.

The CHNA Steering Committee will create an implementation plan which will address how each of these three health initiatives will become strategic activities for the hospital. The plan will outline the specific activities and events, along with the community collaborative partners that will work together to create a healthier Oktibbeha County. When the implementation plan is complete, it will be approved by the OCH Board of Trustees.

## THANK YOU

We at OCH Regional Medical Center, realize the importance of participating in a periodic Community Health Needs Assessment. We appreciate that this exercise is much more than a regulatory obligation. It is an opportunity to continue to be engaged with our community and involve the citizens we serve in creating 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, 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 Oktibbeha County.

Internal Revenue Service. (2022, August 15). *Community Health Needs Assessment for Charitable Hospital Organizations - section 501(r)(3)*. Internal Revenue Service. Retrieved September 9, 2022, from <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>