LPHI, founded in 1997, is a statewide 501c(3) nonprofit and public health institute that translates evidence into strategy to optimize health ecosystems. Our work focuses on uncovering complementary connections across sectors to combine the social, economic, and human capital needed to align action for health.
A tax-exempt hospital facility must

Conduct a Community Health Needs Assessment (CHNA) every 3 years to identify needs, assets, and opportunities

- Gather input from persons who represent the broad interests of the community
- Report how prioritizing and addressing significant health needs
- Document CHNA in a written report adopted by an authorized body
- Make report widely available to the public

Adopt an implementation strategy to meet needs identified.
OMC-Hancock Community
Overview of Indicators

Demographics
- Population
- Age
- Race
- Ethnicity

Social, Economic, Environmental
- Education
- Poverty
- Housing

Clinical Care
- Access to Care
- Preventative Services

Health Behaviors
- Diet & Exercise
- Alcohol & Drug use
- Sexual Activity

Health Status
- Leading causes of death
- Incidence and prevalence

Health Outcomes
- Length of Life
- Quality of Life
Qualitative data

Gathered broad community input:

Focus group held August 22, 2019
FQHC, Housing, YMCA, Community health worker, Gulf Coast Center for non-violence

10 Interviews with key stakeholders
South MS regional public health office, Hancock County School District, CFHC, Hancock Resource Center, Gulf Coast Community Collaborative, United HealthCare

Validation meeting held October 28, 2019
Hancock Health Foundation, Leadership, and Providers
2019 Priorities

- Chronic Disease & Cancer Management
- Early Detection & Screening
- Access to Care
- Community Education
Demographics

Social, Economic, & Environmental

Clinical Care

Health Behaviors

Health Status

Health Outcomes
Length of Life
Quality of Life
# Sample Demographics

<table>
<thead>
<tr>
<th></th>
<th>Hancock</th>
<th>Harrison</th>
<th>Jackson</th>
<th>MS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>47,053</td>
<td>205,027</td>
<td>142,152</td>
<td>2,984,100</td>
</tr>
<tr>
<td>% under 18</td>
<td>21.2</td>
<td>24.1</td>
<td>23.6</td>
<td>23.9</td>
</tr>
<tr>
<td>% 65 and over</td>
<td>19.1</td>
<td>14.5</td>
<td>15.4</td>
<td>15.5</td>
</tr>
<tr>
<td>% African American</td>
<td>7.9</td>
<td>24.9</td>
<td>21.2</td>
<td>37.4</td>
</tr>
<tr>
<td>% Hispanic</td>
<td>3.9</td>
<td>5.4</td>
<td>6.5</td>
<td>3.2</td>
</tr>
<tr>
<td>% Non-Hispanic White</td>
<td>84.9</td>
<td>63.7</td>
<td>67.7</td>
<td>56.7</td>
</tr>
<tr>
<td>% Female</td>
<td>51.1</td>
<td>50.9</td>
<td>50.8</td>
<td>51.5</td>
</tr>
<tr>
<td>% Rural</td>
<td>42.6</td>
<td>22.8</td>
<td>27.3</td>
<td>50.7</td>
</tr>
</tbody>
</table>
Demographics

Social, Economic, & Environmental

Clinical Care

Health Behaviors

Health Status

Health Outcomes
Length of Life
Quality of Life
### SOCIAL AND ECONOMIC FACTORS

- **% Children in poverty**
  - Hancock: 24
  - Harrison: 31
  - Jackson: 22
  - MS: 28

- **% Children in single parent household**
  - Hancock: 40
  - Harrison: 44
  - Jackson: 37
  - MS: 44

- **% Severe housing cost burden**
  - Hancock: 13
  - Harrison: 17
  - Jackson: 12
  - MS: 14

- **% 9th grade cohort that graduated in 4 years**
  - Hancock: 83
  - Harrison: 85
  - Jackson: 87
  - MS: 83

- **% Adults with some college**
  - Hancock: 61
  - Harrison: 61
  - Jackson: 62
  - MS: 59

- **% Adults unemployed**
  - Hancock: 5
  - Harrison: 5
  - Jackson: 6
  - MS: 5

### PLACE-BASED FACTORS

- **% Severe housing problem**
  - Hancock: 15
  - Harrison: 19
  - Jackson: 14
  - MS: 16

- **% Severe housing cost burden**
  - Hancock: 13
  - Harrison: 17
  - Jackson: 12
  - MS: 14

- **% Long commute—drive alone**
  - Hancock: 45
  - Harrison: 35
  - Jackson: 32
  - MS: 35

- **% Households with no motor vehicle**
  - Hancock: 5
  - Harrison: 6
  - Jackson: 4
  - MS: 7

- **% Without high-speed internet service**
  - Hancock: 12
  - Harrison: 3
  - Jackson: 3
  - MS: 10

- **% Limited access to healthy food**
  - Hancock: 15
  - Harrison: 16
  - Jackson: 11
  - MS: 11
SocioNeeds Index, 2019

http://www.gulfcoastcommunityexchange.org/
Social, economic, & environmental factors

Qualitative Findings summary

- Transportation was the most cited socio-economic factor by participants
- Lack of quality jobs and livable wages
- Lack of affordable and safe housing (not quantity of housing, but accessibility of safe housing in a safe neighborhood). Most cited when referencing Harrison County.
- Water quality
  - Drinking water with water boil advisories, Algae bloom and unsafe Gulf waters- closing of beaches affects tourism
- Other environmental issues: infrastructure (road construction and lack of sidewalks), waste/ littering, and air quality
### Ratio of population to providers

<table>
<thead>
<tr>
<th></th>
<th>Primary Care Physicians</th>
<th>Mental Health Providers</th>
<th>Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hancock</td>
<td>2,924:1</td>
<td>4,705:1</td>
<td>4,278:1</td>
</tr>
<tr>
<td>Harrison</td>
<td>1,783:1</td>
<td>607:1</td>
<td>1,424:1</td>
</tr>
<tr>
<td>Jackson</td>
<td>2,047:1</td>
<td>704:1</td>
<td>2,494:1</td>
</tr>
<tr>
<td>MS</td>
<td>1,895:1</td>
<td>702:1</td>
<td>2,139:1</td>
</tr>
<tr>
<td>U.S.</td>
<td>1,330:1</td>
<td>440:1</td>
<td>1460:1</td>
</tr>
<tr>
<td>Demographics</td>
<td>Social, Economic, &amp; Environmental</td>
<td>Clinical Care</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------</td>
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<td>Health Behaviors</td>
<td>Health Status</td>
<td>Health Outcomes</td>
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<td></td>
<td></td>
<td>Length of Life</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Quality of Life</td>
<td></td>
</tr>
</tbody>
</table>
Behavioral Risk Factors

- % Adults smoking: Hancock 19, Harrison 21, Jackson 19, MS 23
- % Adults obese: Hancock 36, Harrison 34, Jackson 33, MS 37
- % Physical inactivity: Hancock 36, Harrison 30, Jackson 27, MS 31
- % Insufficient sleep: Hancock 32, Harrison 36, Jackson 32, MS 36
Leading Causes of death, 2017

1. Heart Diseases
2. Malignant Neoplasms
3. Emphysema and Other Chronic Lower Respiratory Diseases
4. Accidents
5. Cerebrovascular Disease

Rate per 100,000

- Hancock
- Harrison
- Jackson
- MS
Suicide and drug overdose death rate

<table>
<thead>
<tr>
<th></th>
<th>Hancock</th>
<th>Harrison</th>
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<th>MS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide death rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age adjusted rate per 100,000</td>
<td>18</td>
<td>21</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Drug overdose death rate</td>
<td>31</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>18</td>
<td></td>
<td>18</td>
<td>12</td>
</tr>
</tbody>
</table>
CANCER AGE ADJUSTED DEATH RATES, 2012-2016

- Hancock
- Harrison
- Jackson
- MS
- US

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Hancock</th>
<th>Harrison</th>
<th>Jackson</th>
<th>MS</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>All cancer deaths</td>
<td>186</td>
<td>210</td>
<td>181</td>
<td>194</td>
<td>161</td>
</tr>
<tr>
<td>Lung &amp; bronchus deaths</td>
<td>56</td>
<td>67</td>
<td>57</td>
<td>57</td>
<td>42</td>
</tr>
<tr>
<td>Prostate, males, deaths</td>
<td>26</td>
<td>24</td>
<td>21</td>
<td>25</td>
<td>19</td>
</tr>
<tr>
<td>Breast, females, deaths</td>
<td>20</td>
<td>23</td>
<td>20</td>
<td>24</td>
<td>21</td>
</tr>
<tr>
<td>Colon and Rectum, deaths</td>
<td>14</td>
<td>20</td>
<td>15</td>
<td>19</td>
<td>14</td>
</tr>
</tbody>
</table>

CANCER AGE ADJUSTED INCIDENCE RATES, 2012-2016

- Hancock
- Harrison
- Jackson
- MS
- US

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Hancock</th>
<th>Harrison</th>
<th>Jackson</th>
<th>MS</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cancers</td>
<td>469</td>
<td>499</td>
<td>455</td>
<td>469</td>
<td>448</td>
</tr>
<tr>
<td>Breast, female</td>
<td>104</td>
<td>116</td>
<td>119</td>
<td>118</td>
<td>125</td>
</tr>
<tr>
<td>Prostate, males</td>
<td>103</td>
<td>113</td>
<td>114</td>
<td>127</td>
<td>104</td>
</tr>
<tr>
<td>Lung and bronchus</td>
<td>89</td>
<td>88</td>
<td>79</td>
<td>76</td>
<td>59</td>
</tr>
<tr>
<td>Colon and rectum</td>
<td>38</td>
<td>47</td>
<td>40</td>
<td>48</td>
<td>39</td>
</tr>
</tbody>
</table>
Community strengths

Qualitative findings

- Presence of Ochsner and the expanding services is a benefit

- MS Gulf Coast has good weather and plenty of recreational activities for families (i.e., the YMCA, beaches, walking trails)

- The people: giving and supportive community

- Many resources and organizations untapped for potential collaboration to improve health
Opportunities

Qualitative findings

 Lack of funding and services for mental and behavioral health coinciding with drug addiction and use

 Lack of transportation preventing many people from seeking care

 Expand presence in community and become a hub for health
  ▪ Build relationships with other hospitals and community organizations to better coordinate care and services
  ▪ Offer health education classes, low-to-no cost screenings
  ▪ Use referral system to send patients to community orgs to receive social services
  ▪ Work at a policy level regarding insurance, smoking cessation, housing, transportation…

 Gap in healthcare due to insurance/ not expanding Medicaid
Significant Health Needs

Barriers to health
Transportation was the most cited
Lack of quality jobs & livable wages
Lack of affordable and safe housing (Most cited for Harrison County)
Lack of access to healthy foods
Lack of access to physical activity
Lack of sidewalks & construction
Water quality:
- Drinking water
- Gulf waters for recreation

Barriers to care
Insurance: Uninsured, lack of physicians accepting Medicaid
Health literacy:
- Lack of knowledge about available resources
- Growing language barriers
Lack of MH & SUD treatment services and facilities
Lack of specialty providers (including MH)
Reliable transportation

Health behaviors & outcomes
Mental health; suicide
Addictions/ substance abuse
Chronic disease: Obesity, diabetes, heart disease, hypertension, stroke
Cancer (added)
Accidents (added)
Pre-natal and maternal health
Healthful eating & physical activity
2019 Priorities & Next Steps

- Chronic Disease & Cancer Management
- Early Detection & Screening
- Access to Care
- Community Education
Thank you for your time. Any questions?

Barrie Black, Program Manager
ablack@lphi.org