Ochsner Medical Center - Hancock

Community Health Needs Assessment 2025

Ochsner Health

MSphi Mississippi Public Health Institute

We’re living longer but not always living healthier. Too many people wait until something is wrong before seeing a doctor.

Focus Group Participant

Ochsner Medical Center–Hancock (OMC-Hancock)

2025

Community Health Needs Assessment (CHNA)

Contents

Executive Summary

The 2025 Community Health Needs Assessment for Ochsner Medical Center–Hancock (OMC-Hancock) provides a comprehensive review of the health status, needs, strengths, and conditions that influence wellbeing across Hancock County. Conducted in partnership with the Mississippi Public Health Institute, the assessment fulfills Internal Revenue Service §501(r)(3) requirements for nonprofit hospitals. It identifies significant health needs, describes the data collection and analysis methods, incorporates broad community input, and guides the development of OMC-Hancock's Community Health Improvement Plan (CHIP) for 2025 through 2028.

This assessment reflects an integrated, mixed-methods approach combining quantitative secondary indicators with qualitative information gathered directly from the community. Data sources included key informant interviews with local leaders, a community focus group, and a survey of 261 residents. Input was obtained from individuals representing healthcare, public health, education, social services, faith-based organizations, local government, and groups serving underserved or medically vulnerable populations. Secondary data from the County Health Rankings and Roadmaps, CDC PLACES, the American Community Survey, and the Mississippi State Department of Health were used to describe health outcomes, access to care, and social determinants of health across Hancock County.

Synthesis of Findings and Identification of Significant Health Needs

Consistent with IRS guidance, the significant health needs presented in this assessment were identified through a structured process that examined the magnitude of each issue, the extent to which it affects health disparities, and the community's capacity to respond. Findings from all data sources were reviewed collectively and presented to the OMC-Hancock Steering Committee, which evaluated the issues using agreed-upon criteria and selected the priority needs that will guide the next three years of community health work.

KEY HEALTH FINDINGS

Access and affordability remain central concerns for residents. Although most survey respondents reported having health insurance and a regular primary care provider, many described cost-related barriers that limit their use of preventive and follow-up care. Long waits for specialty appointments, limited availability of certain services, and uncertainty about where to seek care were common themes. Participants emphasized the need to strengthen primary care as the central hub for care coordination, improve communication about available services, and rebuild confidence in local healthcare based on the expanded capabilities Ochsner brings to the region.

Chronic disease remains a leading driver of poor health outcomes. Hypertension, diabetes, obesity, and cancer screening gaps were consistently identified across data sources. Community members expressed interest in more accessible screenings, mobile outreach events, and practical health education that supports long-term prevention and early detection.

Behavioral and mental health were described as urgent and growing needs. Residents reported limited local access to counseling, psychiatry, and crisis services, as well as stigma that prevents individuals from seeking help. Stress, isolation, and changing patterns of substance use were noted by key informants and focus group participants, particularly among youth. Opportunities exist to integrate behavioral health into primary care settings and expand the use of telehealth.

Social and economic factors continue to influence health. Residents described financial pressure, housing challenges, food insecurity, and transportation barriers, particularly for older adults and people with mobility limitations. Despite these challenges, the community benefits from strong collaboration among local organizations, a committed nonprofit network, and a high level of volunteerism that supports families and individuals in need.

Scope Considerations and Next Steps

Several needs identified through this assessment fall outside the scope of services that OMC-Hancock is currently able to provide. Examples include obstetric services, comprehensive substance use and addiction treatment, and certain specialty care areas that require regional or statewide capacity. These issues remain important to the community and will require partnerships with neighboring health systems, state agencies, and community organizations to address effectively.

Findings from this CHNA will inform the development of OMC-Hancock's CHIP. The plan will outline practical strategies that strengthen access to care, expand prevention and wellness efforts, improve care coordination, and reinforce partnerships that support healthier individuals and families across Hancock County. The CHIP will guide ongoing investments and collaborative work over the next three years.

Priority Areas for 2025 through 2028

Based on the synthesis of quantitative and qualitative findings, feedback from community members, and a review of existing resources, the following priority areas were selected for focused action during the 2025 through 2028 planning cycle:

1. Access to and continuity of care
2. Health outcomes including chronic disease and prevention
3. Education and health literacy
4. Community economic opportunity
5. Multi-sector partnerships that address the social drivers

These priorities reflect community perspectives and align with the capacity of OMC-Hancock and its partners to make meaningful improvements in the health of Hancock County residents.

Purpose and Regulatory Context of the CHNA

The 2025 Community Health Needs Assessment (CHNA) for Ochsner Medical Center–Hancock (OMC-Hancock) was conducted to identify and prioritize significant health needs within the community it serves. The assessment fulfills the Internal Revenue Service (IRS) requirements for nonprofit hospitals under §501(r)(3)[1] and provides a foundation for the hospital's Community Health Improvement Plan (CHIP). The process was designed to engage community members, healthcare providers, and key partners in a collaborative evaluation of community health, aligning with Ochsner Health's mission to serve, heal, lead, educate, and innovate.

This assessment represents OMC-Hancock's third formal CHNA since joining the Ochsner Health system. It was conducted in partnership with the Mississippi Public Health Institute (MSPHI), which provided data analysis, facilitation of community engagement, and synthesis of findings across data sources.

CHNA Overview

A CHNA is a systematic process for identifying and analyzing the health status, risk factors, and social conditions that affect a community's wellbeing. The purpose of a CHNA is to ensure that hospitals and their partners base community benefit activities and resource allocation on documented evidence of local need.

The Patient Protection and Affordable Care Act (ACA)[2] requires all nonprofit hospitals to conduct a CHNA at least once every three years and to adopt an associated implementation strategy that addresses the identified priority health needs. The assessment must include input from people who represent the broad interests of the community, including individuals with expertise in public health and those representing medically underserved, low-income, or minority populations.

Hospitals must also make the completed CHNA publicly available and describe how the findings will guide future community health improvement initiatives.

The CHNA process serves several purposes:

- to provide a comprehensive understanding of the health status, needs, and resources within the community
- to identify factors that contribute to health disparities and barriers to care
- to engage residents and stakeholders in setting priorities and developing solutions
- to guide strategic planning, partnerships, and investment decisions that promote equitable and sustainable health outcomes.

CHNA Approach, Framework, and Methodology

CHNA Approach

The CHNA for OMC-Hancock was conducted in alignment with the federal requirements for nonprofit hospitals established under IRS Section 501(r)(3). These regulations outline the essential elements of a CHNA, including definition of the community served, description of methods and data sources, incorporation of stakeholder input representing the broad interests of the community, identification and prioritization of significant health needs, and evaluation of progress made since the previous CHNA cycle. The CHNA must be made widely available to the public and must guide the development of a formal Community Health Improvement Plan (CHIP). These requirements ensure that hospital investments in community benefit activities are grounded in transparent, evidence-based assessments that reflect community voice and local conditions.

The CHNA for OMC-Hancock was developed in partnership with the Mississippi Public Health Institute (MSPHI), which has extensive experience supporting hospitals, health systems, federally qualified health centers, and state and local health departments in conducting health assessments, designing improvement strategies, and applying equity-focused population health frameworks. MSPHI collaborated with OMC-Hancock leadership and the CHNA Steering Committee to gather and synthesize data, facilitate community engagement, and develop findings that reflect both statistical evidence and lived experience.

The assessment approach was informed by the Model of Health developed by the University of Wisconsin Population Health Institute. This model recognizes that health and well-being are shaped by multiple interconnected factors, including clinical care, health behaviors, community conditions, physical environments, social and economic factors, and the broader systems and policies that influence opportunities to thrive. This framework guided the organization of data and supported a comprehensive view of the conditions affecting health across Hancock County.

The CHNA used a mixed-methods design that integrated quantitative secondary data with qualitative input from residents and stakeholders. Secondary data were drawn from validated national and state sources, including the County Health Rankings and Roadmaps, CDC PLACES, the U.S. Census Bureau, and the Mississippi State Department of Health. These indicators provided a foundation for understanding demographic patterns, health outcomes, behavioral risk factors, and the social determinants that influence community health.

Primary data collection was conducted through key informant interviews, a focus group representing diverse community perspectives, and a community survey completed by 261 residents. Respondents included individuals from public health, healthcare, social services, education, government, and faith-based organizations, as well as residents representing medically underserved and low-income populations. These engagement activities provided essential insight into community strengths, perceived needs, and barriers to health and health care. They also fulfilled IRS requirements to obtain input from individuals representing the broad interests of the community.

The assessment approach centered health equity as a guiding principle. Health equity is defined as the condition in which all people have a fair and just opportunity to be as healthy as possible. This requires recognizing and addressing the systems, policies, and historical factors that drive unequal health outcomes, particularly for populations that have been marginalized. Throughout the assessment, attention was given to identifying disparities, understanding the conditions that shape them, and highlighting opportunities to address structural barriers that influence health.

Collaboration and community engagement were integral to the process. OMC-Hancock worked with local organizations, government agencies, schools, and nonprofit partners to gather information and confirm

findings. While participation in engagement activities was voluntary and may not represent all subpopulations, combining primary input with validated secondary data strengthened the overall reliability of the results.

The methods, data sources, and community engagement activities described in this section meet all federal CHNA requirements and reflect a structured, inclusive, and evidence-informed process. The resulting findings provide a clear picture of the significant health needs of Hancock County and form the basis for the 2025 to 2028 Community Health Improvement Plan.

TABLE 1 | CHNA STEERING COMMITTEE MEMBERS (2025)

NAME	TITLE
Timmy Thrash	AVP-Operations
Melissa Kappel	CNO
Dr. Robin Schwartz	VPMA
Melanie Hotard	Volunteer Services and Community Outreach
Tiffany Tyler	Director of Clinics
Michelle Entrekin	Director of Hancock ED
Melinda James	Director of Case Management
Fredia Eley	Mgr. Nursing, Pre-OP/PACU
Morgan Smith	Mgr. Performance Improvement
Ronnie Simpson	Regional Director Governmental Affairs

Model of Health Framework

The CHNA was guided by the University of Wisconsin Population Health Institute's 2025 Model of Health,[3] which expands upon the former County Health Rankings and Roadmaps framework. The model recognizes that population health and well-being are influenced by a complex interaction of factors that extend beyond individual behavior and clinical care. It highlights how community conditions, including health infrastructure, the physical environment, and social and economic factors, shape health opportunities, while societal rules (laws, policies, institutional practices, and cultural norms) and power structures determine how those opportunities are distributed. This framework provided a conceptual basis for integrating both quantitative and qualitative data and for identifying the systems and conditions that most significantly affect community well-being in Hancock County.

Data Sources and Integration

PRIMARY DATA COLLECTION

MSPHI collaborated with OMC-Hancock's community outreach lead, the Mississippi State Department of Health, and other community partners to gather input from persons who represent the broad interests of the community that OMC-Hancock serves. Primary data collection was conducted during September and October 2025 and included a combination of key informant interviews, a focus group, and a community survey (Appendix C). Twelve semi-structured key informant interviews were completed with individuals representing public health, healthcare, education, social services, faith-based organizations, local government, and community-based nonprofits (Table 2). Interviews explored perceptions of community strengths, barriers to health, emerging health issues, and opportunities for collaboration.

A focus group was held to capture the perspectives of residents representing diverse geographic areas and demographic backgrounds within Hancock County (Table 3). Discussions centered on access to care, community assets, challenges, and suggestions for improving local health outcomes. Those participants marked with an asterisk (*) provide services or resources to medically underserved, low-income, or minority populations in the community.

The community survey was entered into the Qualtrics survey platform (Provo, Utah), and disseminated electronically through local agencies, clinics, and social media networks. A total of 261 residents completed the survey. Respondents were predominantly female (87.0%), White (83.4%), and over the age of 55 (55.2%). Approximately 95.0% reported having health insurance, and 88.5% indicated they had a regular primary care provider. Most described their health as excellent (54.8%) or good (35.2%), while 10 percent rated their health as fair or poor. The survey provided additional insight into perceived community needs, barriers to care, and health-related behaviors.

TABLE 2 | KEY INFORMANT INTERVIEW PARTICIPANTS' ORGANIZATIONAL AFFILIATIONS

ORGANIZATIONAL AFFILIATIONS
City of Waveland Government Official
Excel by 5 (2)*
Family Court Judge, Hancock County
Gulfside Assembly*
Hancock County Board of Supervisors
Hancock County Library System
Hancock County Chamber of Commerce
Hancock Resource Center*
Local Physician*
Mississippi State Department of Health*
United Way of South Mississippi*

TABLE 3 | COMMUNITY FOCUS GROUP PARTICIPANTS' ORGANIZATIONAL AFFILIATIONS

ORGANIZATIONAL AFFILIATIONS
Bethel Free Medical Clinic*
City of Diamondhead Governmental Official
Councilwoman
Dentist, Retired
Mississippi State Department of Health*
Nurse, Retired (3)
Pharmacist*
Teacher, Retired

* Participants providing services or resources to medically underserved, low-income, or minority populations in the community.

SECONDARY DATA SOURCES

Secondary data provided the quantitative foundation for the assessment. These data were compiled from publicly available national and state sources to describe the demographic, socioeconomic, and health profiles of Hancock County in comparison to Harrison and Pearl River Counties, the State of Mississippi, and national benchmarks. Sources included the University of Wisconsin Population Health Institute's County Health Rankings and Roadmaps,[4] CDC PLACES,[5] the U.S. Census Bureau's American Community Survey (2022 five-year estimates),[6] the Mississippi State Department of Health,[7] and other relevant federal and state data systems. Indicators were organized into five domains:

(1) Population health and well-being,

(2) Health Behaviors,

(3) Community Conditions,

(4) Physical Environment,

(5) Social and Economic Factors

These measures provided the contextual baseline for understanding community health status, identifying disparities, and highlighting trends that informed the qualitative data collection.

DATA INTEGRATION AND ANALYSIS

Findings from primary and secondary sources were analyzed collectively to identify recurring themes, confirm alignment between community perceptions and quantitative trends, and highlight areas of divergence. Triangulation of findings across data types enhanced the validity of the assessment and ensured that identified priorities reflected both statistical evidence and community voice.

For example, secondary data confirmed persistent shortages of behavioral health providers and elevated chronic disease rates, while focus group participants emphasized the personal and logistical barriers—such as stigma, cost, and transportation—that limit access to services. Similarly, while quantitative data indicated relatively high levels of insurance coverage, community input revealed that affordability and appointment availability remain significant obstacles to care.

LIMITATIONS

As with all community assessments, this CHNA is subject to certain limitations. The community survey was distributed through convenience sampling and may not fully represent all demographic groups within the county. Some datasets used in secondary analysis rely on model-based estimates that may lag by one to two years. Nonetheless, by combining multiple data sources and methods, the assessment provides a robust and comprehensive understanding of health in Hancock County.

USING THIS CHNA

The results of this assessment will inform OMC-Hancock's Community Health Improvement Plan (CHIP), which outlines strategies, measurable objectives, and partnerships to address the most significant health needs identified through the CHNA. The CHIP will also serve as the framework for OMC-Hancock's community benefit activities and for ongoing collaboration with local organizations, public health agencies, and community stakeholders. This CHNA will be made publicly available on the Ochsner Health website in accordance with federal requirements, ensuring transparency and accountability in the hospital's commitment to improving the health and wellbeing of Hancock County residents.

Ochsner Health

40+
owned, managed, and affiliated hospitals and specialty hospitals

100+
health centers, clinics, and urgent care sites

38K+
team members across the Gulf South

Ochsner Health System Overview

Ochsner Health is a not-for-profit, integrated health system that delivers care across Louisiana, Mississippi, and the broader Gulf South. Guided by its mission to serve, heal, lead, educate, and innovate, Ochsner is committed to improving the health and wellbeing of the communities it serves through preventive screenings, health education, and strategic partnerships with organizations that share its vision to inspire healthier lives and stronger communities.

As the largest nonprofit academic healthcare system in the Gulf South, Ochsner provides coordinated clinical and hospital patient care across a growing network of facilities, all connected through an advanced electronic medical record system that enhances convenience, safety, and continuity of care. The system includes more than 40 owned, managed, and affiliated hospitals and specialty hospitals, as well as over 100 health centers, clinics, and urgent care sites. Ochsner employs more than 38,000 team members and collaborates with a wide range of academic and community partners to expand access to high-quality, evidence-based care.

Ochsner Medical Center-Hancock Overview

OMC-Hancock, located in Bay St. Louis, Mississippi, provides hospital, clinic, and surgical services in Hancock County and surrounding areas. The hospital offers a comprehensive range of inpatient, outpatient, and emergency services, with a focus on primary care, specialty medicine, surgical services, diagnostic imaging, and rehabilitation. OMC-Hancock also provides telehealth and digital medicine programs that connect patients to specialists across the Ochsner system, reducing travel barriers for rural residents.

In addition to hospital care, OMC-Hancock supports community wellbeing through preventive health initiatives, health screenings, and partnerships with local schools, businesses, and nonprofit organizations. The hospital plays a vital role as both a healthcare provider and a major employer in Hancock County, reflecting Ochsner's broader commitment to improving health outcomes and strengthening community resilience.

Defining the Community Served

For the purpose of this CHNA, the community OMC-Hancock serves was defined by using a combination of geographic, utilization, and demographic criteria consistent with IRS 501(r)(3) guidance.[1] The primary service area was determined by analyzing the county of residence for individuals who received inpatient and outpatient services at OMC-Hancock during the most recent full year of available data. This analysis showed that the majority of patients reside in Hancock County, with meaningful proportions residing in the neighboring counties of Harrison and Pearl River (Table 4). These findings guided the decision to focus primary data collection within Hancock County and to incorporate secondary data from Hancock, Harrison, and Pearl River Counties to provide broader regional context (Figure 1).

TABLE 4 | OMC-HANCOCK INPATIENT AND OUTPATIENT ENCOUNTERS BY COUNTY OF RESIDENCE (2024)

	INPATIENT VISITS n (%)	OUTPATIENT VISITS n (%)
Hancock County	1,097 (73.8)	12,680 (62.0)
Harrison County	188 (12.6)	3, 652 (17.9)
Pearl River County	55 (3.7)	1,328 (6.5)
Other MS Counties	48 (3.2)	751 (3.7)
LA Parishes	46 (3.1)	1,293 (6.3)
States Outside of MS and LA	44 (3.0)	647 (3.2)

Hancock County accounted for nearly three quarters of all inpatient visits and more than sixty percent of outpatient visits (Table 4). Surrounding counties also contributed a notable share of patient volume, particularly Harrison County and Pearl River County. Smaller proportions of patients originated from Jackson County, other counties within Mississippi, Louisiana parishes, and states outside the region.

Hancock County is a coastal, semi-rural community characterized by strong civic engagement, volunteerism, and a high degree of collaboration among local agencies and nonprofit organizations. The hospital's primary service area encompasses Bay St. Louis, Waveland, Diamondhead, and unincorporated areas of Kiln, Pearlington, Nicholson, and Shoreline Park. Secondary service areas include neighboring counties of Harrison and Pearl River.

According to the 2025 County Health Rankings (Appendix A)[4] and 2022 U.S. Census Bureau data[6], Hancock County has a total population of approximately 46,094 residents, of whom 84.1% identify as non-Hispanic White, 8.3% as non-Hispanic Black, and 4.1% as Hispanic or Latino (Table 5). Approximately 23.2% of residents are age 65 or older, a significantly higher proportion than the statewide average of 17.6%, while 18.8% are under age 18. Females comprise 51.1% of the population. The county's median household income is $61,100, higher than the state median of $54,400, and 25.0% of children live in single-parent households, compared to 37.0% statewide.[8] Roughly 38.3% of residents live in rural areas, reflecting Hancock County's blend of small towns, coastal neighborhoods, and agricultural communities.[4] About 37% of residents report living with a disability or functional limitation, slightly above the state average (36%).[4] Educational attainment is strong relative to many neighboring counties, with a high school graduation rate of 88% and increasing postsecondary enrollment among recent graduates.[9] These demographic and socioeconomic factors provide important context for understanding the community's health status and access to care, as described in the sections that follow.

FIGURE 1 | OMC-HANCOCK'S PRIMARY SERVICE AREA

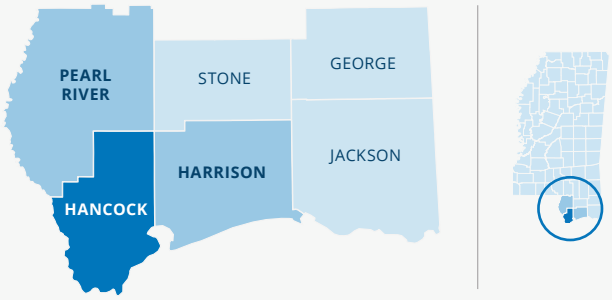


TABLE 5 | DEMOGRAPHIC CHARACTERISTICS OF OMC-HANCOCK'S PRIMARY SERVICE AREA[6]

	TOTAL POPULATION	WHITE n (%)	BLACK n (%)	ASIAN n (%)	AM. INDIAN/ AK NATIVE n (%)	NATIVE HAWAIIAN/ OTHER PACIFIC ISL. n (%)	MULTIRACIAL n (%)	HISPANIC/ LATINO n (%)
Hancock	46,094	38,744 (84.1)	3,842 (8.3)	396 (0.9)	283 (0.6)	22 (0.1)	936 (2.0)	1871 (4.1)
Harrison	211,044	131,538 (62.3)	54,640 (25.9)	6,048 (2.9)	749 (0.4)	195 (0.1)	5,622 (2.7)	12,252 (5.8)
Pearl River	57,261	46,751 (81.6)	6,772 (11.8)	252 (0.4)	337 (0.6)	49 (0.1)	1,052 (1.8)	2,048 (3.6)
MS	2,940,057	1,647,390 (56.0)	1,098,629 (37.4)	33,278 (1.1)	15,007 (0.5)	1,189 (0.04)	39,685 (1.3)	104,879 (3.6)

Key Findings

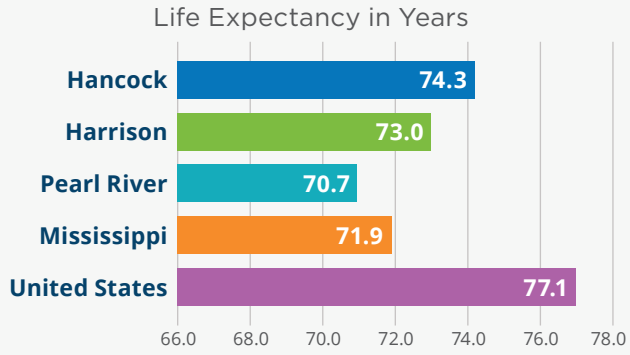
Findings presented in this section draw from both quantitative (secondary) and qualitative (primary) sources. Secondary data from the County Health Rankings,[4] CDC PLACES,[5] the U.S. Census Bureau's American Community Survey,[6] and the Mississippi State Department of Health[7] provided an objective profile of Hancock County's population, health outcomes, and determinants of health. Primary data, including twelve key-informant interviews, a community survey completed by 261 residents of the primary service area, and a facilitated focus group, added local context, perceptions, and lived experiences. The combined analysis identified recurring themes across both data types, revealing the strengths, challenges, and emerging priorities that shape community wellbeing.

Population Health and Well-Being

LENGTH OF LIFE

According to the 2025 County Health Rankings, life expectancy in Hancock County is 74.3 years,[10] higher than the Mississippi average of 71.9 years but below the national benchmark of 77.1 years.[11] The county's age-adjusted premature mortality rate is 540 deaths per 100,000 population, compared with 630 per 100,000 statewide.[12] Leading contributors to premature death include heart disease, cancer, and unintentional injuries, which collectively account for the majority of early mortality.

FIGURE 2 | LIFE EXPECTANCY (YEARS) IN HANCOCK, HARRISON, AND PEARL RIVER COUNTIES COMPARED WITH MISSISSIPPI AND THE US[12]



Statewide context underscores the significance of these findings. According to the 2024 America's Health Rankings Annual Report, Mississippi ranks 46th in overall health outcomes and 50th in health behaviors among all U.S. states.[11] These rankings reflect the persistent burden of chronic disease, behavioral-risk factors, and social determinants that continue to challenge the state's population health and longevity. Hancock County's local trends mirror this statewide pattern, though its indicators suggest relatively better performance in several domains.

CDC PLACES 2025 data further highlight the underlying conditions contributing to shortened life expectancy (Table 6).[5] The complete CDC Places report can be found in Appendix B which provides the data years utilized for each indicator. Among Hancock County adults, high blood pressure affects 43.8%, obesity 36.2%, and diagnosed diabetes 14.7%, all exceeding national averages.[5] Coronary heart disease (9.6%) and chronic obstructive pulmonary disease (11.0%) remain prevalent, reflecting the county's elevated chronic-disease burden.[5] Focus-group participants frequently cited these same conditions as primary community health concerns, linking them to limited access to specialty care, inconsistent follow-up, and challenges maintaining healthy lifestyles.

Cancer continues to play a major role in premature mortality in Hancock County. According to CDC PLACES estimates,[5] 9.6% of adults have been diagnosed with a form of cancer other than skin cancer, exceeding the national rate of approximately 8.2%. Preventive-screening rates also illustrate opportunities for improvement. Data shows that 72.5% of women aged 50–74 received a mammogram within the past two years, and 56.5% of adults aged 45–75 completed colorectal-cancer screening, both below Healthy People 2030 targets.

While Hancock County outperforms Mississippi on overall life expectancy, its high prevalence of chronic disease and lower participation in preventive screenings continue to drive premature mortality. Focus-group participants and key informants emphasized the importance of expanding chronic-disease education, improving screening adherence, and enhancing early detection and treatment pathways to reduce avoidable deaths.

> We're living longer but not always living healthier. Too many people wait until something is wrong before seeing a doctor.
>
> **— Focus Group Participant**

> Chronic disease is everywhere — high blood pressure, diabetes, heart issues — but it's the lack of follow-up and education that really hurts people.
>
> **— Key Informant Interview Participant**

TABLE 6 | PREVALENCE OF CHRONIC CONDITIONS ASSOCIATED WITH PREMATURE MORTALITY, HANCOCK AND SURROUNDING COUNTIES COMPARED WITH MISSISSIPPI AND THE UNITED STATES[5]

	HIGH BLOOD PRESSURE (2021) %	OBESITY (2022) %	DIABETES AMONG ADULTS (2022) %	COPD (2022) %	CORONARY HEART DISEASE (2022) %	CANCER (EXCLUDING SKIN CANCER) (2022) %
Hancock	43.8	36.2	14.7	14.7	9.6	9.6
Harrison	41.9	37.4	13.6	13.6	8.8	8.9
Pearl River	44.5	36.8	14.9	14.9	9.5	9.3
MS	44.5	38.7	15.6	15.6	10.1	9.2
US	32.0	31.0	11.0	11.0	6.0	8.2

LEADING CAUSES OF MORTALITY

The leading causes of death in Hancock County closely mirror statewide mortality patterns, with chronic disease remaining the dominant driver of poor health outcomes (Table 7).[13] Heart disease is the foremost cause of death, with an age-adjusted rate of 248.1 deaths per 100,000 population. Cancer is the second leading cause at 178.5 per 100,000 population, reflecting the continued impact of both early detection gaps and long-term risk factors. Accidents are the third leading cause of death, followed by COVID-19, which still contributes meaningfully to overall mortality. Chronic lower respiratory disease, stroke, and Alzheimer's disease also account for a substantial share of deaths in the county. Diabetes, influenza and pneumonia, and kidney disease complete the top ten causes, underscoring the ongoing influence of preventable or manageable chronic conditions on the health of Hancock County residents.

TABLE 7 | LEADING CAUSES OF MORTALITY, HANCOCK COUNTY, 2022[13]

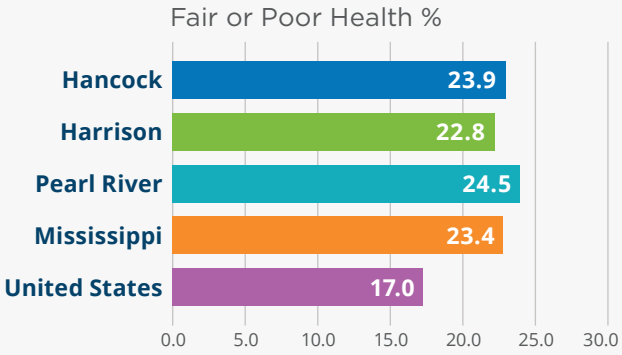
	NUMBER	AGE-ADJUSTED RATE*
1. Heart Disease	8,862	248.1
2. Cancer (Malignant Neoplasms)	6,668	178.5
3. Accidents (Unintentional Injuries)	2,371	78.4
4. COVID-19	2,301	63.8
5. Chronic Lower Respiratory Disease	2,214	59.5
6. Stroke (Cerebrovascular Disease)	1,943	54.2
7. Alzheimer's Disease	1,679	48.5
8. Diabetes Mellitus	1,256	34.7
9. Influenza and Pneumonia	761	21.3
10. Kidney Disease	760	21.1

*Per 100,000 population

QUALITY OF LIFE

Quality of life encompasses both physical and mental well-being, as well as the social and environmental factors that enable individuals to lead healthy, fulfilling lives. According to the 2024 CDC PLACES dataset (Appendix B), 23.9% of Hancock County adults report fair or poor health, similar to the state average (24.3%) but notably higher than the national estimate of approximately 17.0% (Figure 3).[5] An estimated 16.6% of adults experience frequent mental distress (defined as 14 or more poor mental-health days in the past month), while 15.5% report frequent physical distress.[5] These findings underscore the close relationship between chronic disease, mental health, and perceived quality of life.

FIGURE 3 | PREVALENCE OF ADULTS REPORTING FAIR OR POOR HEALTH IN HANCOCK, HARRISON, AND PEARL RIVER COUNTIES COMPARED WITH MISSISSIPPI AND THE US (2022)[6]



Disability is another important determinant of daily functioning and independence. In Hancock County, 39.9% of adults report at least one functional limitation, compared with 36.0% statewide.[5] Focus-group participants described mobility challenges, chronic pain, and lack of accessible transportation as major barriers to maintaining active, independent lives, particularly among older adults. Residents emphasized that although the county offers strong community support networks, isolation remains a concern for seniors and for individuals living in rural areas.

Survey responses reflected generally positive perceptions of personal well-being with 54.8% of respondents rating their health as excellent or good, while 35.2% rated it fair, and 10.0% described it as poor. Participants identified stress, inactivity, and poor diet as the leading contributors to diminished quality of life. Many also cited rising healthcare costs and caregiving burdens as factors that reduce overall well-being. Community members praised the area's natural beauty, coastal recreation, and strong sense of social connection as important contributors to life satisfaction. They highlighted faith-based organizations, volunteer groups, and civic clubs as sources of emotional support and purpose. Focus-group participants agreed that enhancing opportunities for recreation, expanding mental-health resources, and strengthening community engagement would have the greatest impact on improving overall quality of life in Hancock County.

> People here care about each other. When someone's sick or struggling, the community shows up—but we still need more places to walk, to talk, and to take care of ourselves.
>
> **— Focus Group Participant**

Health Behaviors

Health behaviors, including nutrition, physical activity, tobacco use, substance use, and preventive practices, strongly influence Hancock County's overall health outcomes. Data from the County Health Rankings[4] and CDC PLACES[5] highlight both areas of progress and persistent challenges, while survey and focus-group findings reveal how these patterns are shaped by social, environmental, and economic realities.

NUTRITION AND PHYSICAL ACTIVITY

According to the 2025 County Health Rankings,[4] 27.0% of adults in Hancock County are physically inactive (Table 8). This is slightly lower than the Mississippi average of 33.0% and similar to national levels (25.0%). CDC PLACES data[5] indicate that 78.3% of adults engage in leisure-time physical activity, compared with 70.5% statewide. Despite this positive trend, obesity remains prevalent with 36.0% of adults classified as obese, slightly below the state rate of 40.0% but well above the national average of 33.4%.

Focus-group participants linked obesity and chronic disease to dietary habits, convenience food availability, and high food prices. Residents described difficulty finding affordable healthy food options outside city centers and noted that stress and time constraints often lead to reliance on processed or fast foods. Survey data reinforce these themes. While most respondents reported having access to safe places to walk or exercise (91.1%), 13.7% expressed concerns about running out of food due to cost, suggesting that financial barriers may limit healthy dietary choices. Participants recommended more affordable nutrition programs, community gardens, and mobile farmers markets to improve access to fresh produce in rural areas.

> Healthy food is expensive, and the cheaper stuff is what fills you up. People know what they should eat, but it's not always possible.
>
> **— Focus Group Participant**

TABLE 8 | PHYSICAL ACTIVITY INDICATORS AND OUTCOMES, HANCOCK AND SURROUNDING COUNTIES COMPARED WITH MISSISSIPPI AND THE UNITED STATES[14,15,16]

	HANCOCK COUNTY	HARRISON COUNTY	PEARL RIVER COUNTY	MS	US
Adults Physically Inactive (%)[14]	27.0	28.0	31.0	33.0	25.0
Adult Obesity (%)[15]	36.0	35.0	40.0	40.0	33.4
Access to Exercise Opportunities (%)[16]	54.0	69.0	64.0	58.0	84.0

TOBACCO AND SUBSTANCE USE

Tobacco use continues to pose significant health risks. CDC PLACES data[5] estimate that 18.9% of adults in Hancock County currently smoke cigarettes, similar to the state rate (18.0%), but higher than the national average (12.9%). Key informants emphasized that tobacco prevention and cessation resources are limited, particularly for lower-income adults and teens. Focus-group participants noted that tobacco use remains normalized in many social settings, though younger residents appear more receptive to prevention messaging.

Substance use, including alcohol, marijuana, methamphetamine, opioids, and kratom, was identified by both key informants and focus-group participants as an emerging concern. While local prevalence estimates[5] for binge drinking (15.1% in Hancock County) mirror national averages (16.6%), qualitative data reveal changing norms and perceptions around newer or locally available substances. Participants described a growing acceptance of marijuana use and a normalization of kratom—often viewed as "natural" or "safe" compared with traditional drugs. Key informants from healthcare and law enforcement sectors reported increased availability of kratom products and inconsistent public understanding of associated risks.

According to the County Health Rankings,[3] Hancock County reports a drug overdose death rate of 44 deaths per 100,000 population, comparable to neighboring Harrison (40), but substantially lower than Pearl River (80). Hancock county's rate is higher than the state average of 25 per 100,000 and the national rate of 31 per 100,000 (Table 9). Community stakeholders described substance use as a growing concern driven by stress, social acceptance, and limited behavioral health infrastructure. The elevated regional overdose rates reinforce the need for stronger prevention, treatment, and recovery supports across the Gulf Coast region.

> People think because it's natural, it's harmless. Kratom is everywhere—in gas stations, convenience stores, even next to energy drinks. It's become part of the landscape.
>
> — Key Informant Interview

> Marijuana use isn't hidden anymore. It's seen as normal, even by adults who'd never touch other substances. That shift worries me more than the use itself.
>
> — Focus Group Participant

TABLE 9 | TOBACCO AND SUBSTANCE USE INDICATORS, HANCOCK AND SURROUNDING COUNTIES COMPARED WITH MISSISSIPPI AND THE UNITED STATES[5,17]

	HANCOCK COUNTY	HARRISON COUNTY	PEARL RIVER COUNTY	MS	US
Current Adult Smoking (%) (2022)[5]	18.9	17.8	17.4	18.0	12.9
Adult Binge Drinking (%) (2022)[5]	15.1	14.9	15.1	16.0	16.6
Drug Overdoes Deaths (per 100,000)[17]	44.0	40.0	80.0	25.0	31.0

Residents and service providers also cited limited local resources for prevention, counseling, and recovery. Behavioral health and substance use services were described as fragmented, with long wait times and few accessible options. Stakeholders agreed that community-level prevention efforts, youth education, and integration of substance-use screening into primary care are urgently needed to prevent escalation of these trends.

PREVENTIVE PRACTICES AND HEALTH LITERACY

Preventive behaviors remain inconsistent. CDC PLACES estimates that 77.3% of adults in Hancock County received a routine medical checkup in the past year, yet cancer-screening participation remains below national goals.[5] Only 73.5% of women aged 50–74 reported recent mammography, and 64.4% of adults aged 45–75 completed colorectal-cancer screening (Table 10) in Hancock County. Survey respondents cited cost, scheduling, and transportation as key barriers to preventive care, while focus-group participants described a need for more culturally responsive education about screening and chronic-disease prevention.

> People don't go to the doctor until something's wrong. A lot of that is cost, but some of it is just not understanding why prevention matters.
>
> — Key Informant Interview

> We need more education on what screenings are for and why they're important
>
> — Focus Group Participant

TABLE 10 | PREVENTIVE PRACTICES AND HEALTH LITERACY INDICATORS, HANCOCK AND SURROUNDING COUNTIES COMPARED WITH MISSISSIPPI AND THE UNITED STATES[5]

	HANCOCK COUNTY	HARRISON COUNTY	PEARL RIVER COUNTY	MS	US
Adults with Annual Routine Checkup (%) (2022)[5]	77.3	79.3	78.1	78.0	76.1
Women Aged 50-74 Receiving Mammogram in Last 2 Years (%) (2022)[5]	73.5	71.9	71.7	76.1	76.5
Adults Aged 45-74 with Colorectal Screening (%) (2022)[5]	64.4	60.8	61.3	58.0	66.3

Overall, Hancock County exhibits moderate engagement in physical activity and preventive health behaviors but continues to struggle with diet quality, tobacco use, and substance use, particularly as social norms evolve. Economic barriers, stress, and limited health literacy compound these challenges, underscoring the importance of coordinated prevention, community education, and behavioral health integration.

Community Conditions

HEALTH INFRASTRUCTURE (ACCESS TO CARE)

Access to timely, affordable, and high-quality healthcare services remains a defining determinant of community health in Hancock County. While most residents report having health insurance and a regular primary care provider, focus-group and key-informant feedback revealed persistent barriers to specialty care, affordability, and care coordination. The following section summarizes key indicators of healthcare infrastructure and community perceptions of access across Hancock County and the surrounding region.

Hancock County residents report generally positive experiences with local healthcare access, though system-level gaps persist. Nearly 96% of survey respondents indicated they have health insurance coverage, and 88.5% reported a regular primary care provider, both higher than statewide averages. These findings are consistent with improvements attributed to OMC-Hancock's expansion of primary care, telehealth, and digital medicine services.

Despite these strengths, residents and key informants described persistent barriers to specialty care, particularly in behavioral health, obstetrics and gynecology, cardiology, and endocrinology. Limited availability of specialists and long wait times for appointments were frequently cited as deterrents to timely care. Older adults emphasized challenges navigating insurance requirements and transportation to appointments.

Secondary indicators underscore these perceptions. The ratio of primary care physicians to residents in Hancock County (1:2,430) far exceeds the state (1:1,800) and national (1:1,310) ratios (Table 11). The ratio of mental health providers (1:1,600) is substantially higher than the state (1:410) and national (1:290) (Appendix A).[4] Preventable hospitalizations and readmission rates also remain above state and national targets, suggesting opportunities to strengthen chronic-disease management and follow-up care.[4]

Residents and providers endorsed strategies to enhance care coordination, embed pharmacists and nurse educators in primary care teams, and expand mobile and telehealth options to reach underserved areas.

TABLE 11 | PROVIDER-TO-POPULATION RATIOS AND NUMBER OF PREVENTABLE HOSPITAL STAYS, HANCOCK AND SURROUNDING COUNTIES COMPARED WITH MISSISSIPPI AND THE UNITED STATES[4]

	HANCOCK COUNTY	HARRISON COUNTY	PEARL RIVER COUNTY	MS	US
Primary Care Physicians[18]	1:2,430	1:1,920	1:4,400	1:1,800	1:1,310
Mental Health Providers[19]	1:1,600	1:360	1:1,600	1:410	1:290
Dentists[20]	1:3,850	1:1,420	1:4,460	1:1,910	1:1,340
Preventable Hospital Stays[21]	3,061	3,870	2,773	3,356	2,666

Broadband access emerged as a major community asset supporting healthcare delivery, education, and communication. According to the U.S. Census Bureau's 2023 American Community Survey, 91% of Hancock County households have reliable broadband internet service, exceeding both the Mississippi average (80%) and the national average (88%).[6] This strong digital infrastructure has been critical to the success of OMC-Hancock's telehealth and digital medicine expansion, particularly during and after the COVID-19 pandemic. Focus group participants and key informants emphasized that broadband access has improved convenience, reduced travel burdens, and enabled continuity of care for patients managing chronic conditions. Stakeholders encouraged continued investment in digital literacy and access for older adults and low-income households to ensure equitable benefit from these technologies.

> Telehealth has made a big difference for people who can't drive or can't afford to take time off work. But we still need more specialists close to home.
>
> — Key Informant Interview Participant

Physical Environment

The physical environment of Hancock County strongly influences residents' ability to live active, healthy lives. Key factors include housing quality, transportation access, environmental conditions, and infrastructure that supports physical activity and community safety. Quantitative indicators show both strengths and vulnerabilities, while community feedback underscores how these conditions shape daily life and health behavior.

> We need more safe places to walk and ride bikes, especially for kids and seniors. The environment should help people stay healthy.
>
> — Focus Group Participant

HOUSING AND INFRASTRUCTURE

According to the County Health Rankings, 14% of Hancock County households experience severe housing problems, defined as overcrowding, high cost burden, or lack of kitchen or plumbing facilities. This is equal to the state average, but above the national benchmark of 12%.[22] In the community survey, 15.4% of respondents expressed concerns about the safety or condition of their housing. Participants described challenges related to aging housing stock, rising repair costs, and limited availability of affordable rental options. Several key informants also noted a shortage of accessible housing for seniors and individuals with disabilities. Despite these concerns, most residents (92.6%) reported that their housing is stable and affordable, reflecting relative housing security for the majority of households.

TRANSPORTATION AND MOBILITY

Transportation and mobility remain important components of the county's physical environment. Although the average commute time in Hancock County is approximately 33 minutes, about 12.5% of workers face commutes of 60 minutes or more,[23] a rate significantly higher than state averages (Table 12). Transportation access is limited for specific populations. The community survey found that 95.2% of respondents had access to a personal vehicle, suggesting strong individual mobility. However, focus group participants emphasized that lack of public transportation disproportionately affects older adults, individuals with disabilities, and low-income households. Fixed-route bus service is no longer available in the county, which increases reliance on private vehicles and may limit mobility for older adults, low-income residents, and those with disabilities. The absence of alternative transportation modes combined with longer commuting times contributes to barriers in accessing employment, healthcare, and healthy food. The absence of a coordinated transportation network was identified as a recurring theme across multiple data sources.

TABLE 12 | TRANSPORTATION AND MOBILITY INDICATORS, HANCOCK AND SURROUNDING COUNTIES COMPARED WITH MISSISSIPPI AND THE UNITED STATES[23,24,25]

	HANCOCK COUNTY	HARRISON COUNTY	PEARL RIVER COUNTY	MS	US
Average Commute Time (minutes)[23]	33.0	25.2	33.8	25.9	26.8
Workers Commuting >60 minutes (%)[24]	12.5	7.8	14.1	8.9	8.3
Households with no Vehicle (%)[25]	6.0	7.0	5.0	7.0	N/A

ENVIRONMENTAL CONDITIONS

Environmental quality indicators suggest overall favorable conditions but localized challenges. Air and water quality measures in Hancock County meet or exceed state standards, and the county's coastal geography provides abundant natural recreation opportunities.[4] However, 26.6% of survey respondents reported concern about environmental issues such as drainage, flooding, or pollution. Focus group participants cited frequent flooding in low-lying neighborhoods, stormwater management problems, and concerns about hurricane readiness as ongoing issues. Local leaders emphasized the need for infrastructure investments to address drainage and protect coastal areas from erosion and storm damage.

RECREATION AND ACTIVE LIVING

Recreation and access to safe spaces for physical activity are critical to maintaining physical and mental health. Quantitative data and community feedback indicate that Hancock County residents enjoy stronger access to recreational opportunities than many Mississippi communities, though gaps remain for rural and low-income households.

According to the 2025 County Health Rankings, only 4% of Hancock County residents live within half a mile of a park or recreational area, compared with 14% statewide and 51% nationally.[26] The adult physical inactivity rate in Hancock County is equal to the state average of 31%, and higher than the national average (23%) (Table 13). Lack of proximity to parks may not impact leisure-time physical activity. CDC PLACES 2024 data show that 67.1% of adults in Hancock County engage in leisure-time physical activity, which is slightly lower than the national average (76.3%).[5]

Community survey findings reinforce these strengths. More than 91% of respondents reported having safe access to places to walk or exercise, and residents frequently cited the county's beaches, parks, and natural landscapes as sources of pride and wellbeing. Focus group participants described the Bay St. Louis Historic Depot District, McLeod Park, and the coastal walking trail as important community assets that promote both physical activity and social connectedness.

Despite these advantages, stakeholders identified several barriers that limit consistent engagement in recreation. Transportation and geographic dispersion make it difficult for some residents, particularly seniors and rural families, to reach parks and fitness facilities. Participants also emphasized the need for improved sidewalks, lighting, and drainage infrastructure to make walking and cycling safer. The absence of a public transit system further compounds access barriers for those without vehicles.

> We're lucky to have beaches and trails, but if you live outside town, there's no easy way to get to them unless you drive. People want to be active—they just need safe, convenient places to do it.
>
> **— Focus Group Participant**

Overall, Hancock County's recreational environment is a major strength, offering extensive access to outdoor space and strong community engagement with physical activity. Continued investment in sidewalk networks, trail connectivity, and inclusive transportation planning would further enhance equitable access and support healthy lifestyles across the county.

TABLE 13 | RECREATION AND PHYSICAL ACTIVITY INDICATORS, HANCOCK AND SURROUNDING COUNTIES COMPARED WITH MISSISSIPPI AND THE UNITED STATES[5,26]

	HANCOCK COUNTY	HARRISON COUNTY	PEARL RIVER COUNTY	MS	US
Adults Living within One Half Mile from a Park (%)[26]	4.0	13.0	14.0	14.0	51.0
Adults Participating in Leisure-time Physical Activity (%) (2022)[5]	67.1	70.9	69.5	69.0	76.3

Social and Economic Factors

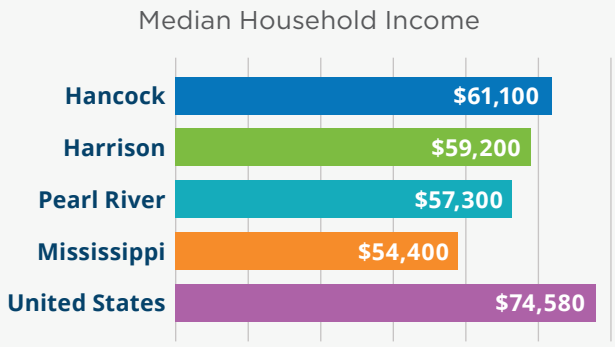
Social and economic conditions play a defining role in Hancock County's overall health. These determinants—including income, employment, education, and social connectedness—shape opportunities for stability and well-being across the lifespan. Quantitative data from the County Health Rankings and the American Community Survey show that Hancock County performs better than much of Mississippi but continues to trail national benchmarks.

ECONOMIC STABILITY

Hancock County's median household income is $61,100, compared with $54,400 statewide and $74,580 nationally (Figure 4).[8] About 13% of residents live below the federal poverty level, and 25% of children reside in single-parent households (Table 14).[4] The unemployment rate in Hancock County (3.3%) is consistent with the state average (3.2%), but slightly higher than national levels.[27] Focus group and key informant participants emphasized that these statistics only partially capture the economic challenges families face. Many residents described underemployment, lack of benefits, and limited advancement opportunities as ongoing barriers. Survey respondents echoed these concerns, identifying poverty and low income (13.8%) and limited employment opportunities (9.0%) among the top five social issues affecting their community. Participants frequently linked economic stress to chronic disease management and mental health. Individuals working multiple jobs reported little time for preventive care or exercise.

Food access and affordability also emerged as local concerns. According to the 2025 County Health Rankings, 18.0% of Hancock County residents experience food insecurity.[28] This is comparable to the state average (19.0%), but higher than national estimates (14.5%). In the community survey, 13.7% of respondents reported that they worried that their food would run out before they had money to buy more. Focus group participants described limited availability of affordable healthy foods, especially in rural areas. Several stakeholders noted that rising food prices and transportation costs have increased dependence on food pantries and local charities.

FIGURE 4 | MEDIAN HOUSEHOLD INCOME, HANCOCK AND SURROUNDING COUNTIES COMPARED WITH MISSISSIPPI AND THE UNITED STATES[8]



> People are working, but they're still struggling to keep up with groceries, gas, and medical bills. It's hard to stay healthy when you're constantly choosing which bill to pay.
>
> — Focus Group Participant

TABLE 14 | KEY SOCIOECONOMIC INDICATORS, HANCOCK AND SURROUNDING COUNTIES COMPARED WITH MISSISSIPPI AND THE UNITED STATES[4]

	HANCOCK COUNTY	HARRISON COUNTY	PEARL RIVER COUNTY	MS	US
Below Poverty Level (%)[4]	13.0	15.0	14.0	18.0	12.0
Children in Single-Parent Households (%)[4]	25.0	36.0	29.0	37.0	25.0

EDUCATION AND WORKFORCE DEVELOPMENT

Education emerged as both a strength and a challenge. In Hancock County, 88.0% of adults have completed high school, which is in line with the state average of 89.0% (Table 15). Stakeholders noted that while local schools and community colleges provide strong academic preparation, many residents leave the county for higher education or specialized training and do not return due to limited professional opportunities. Key informants highlighted workforce development initiatives such as the Ochsner Scholars program and partnerships with Stennis Space Center as promising models for retaining skilled workers and expanding access to healthcare and technical careers. Survey data support this perspective as respondents frequently cited the need for career pathways and higher-wage employment as essential to improving health and economic security.

> It's not that jobs don't exist—it's that wages haven't kept up with the cost of living.
>
> — Focus Group Participant

TABLE 15 | EDUCATION INDICATORS, HANCOCK AND SURROUNDING COUNTIES COMPARED WITH MISSISSIPPI AND THE UNITED STATES[9,29]

	HANCOCK COUNTY	HARRISON COUNTY	PEARL RIVER COUNTY	MS	US
≥High School Graduate (%)[9]	88.0	90.0	85.0	89.0	90.0
≥ Bachelor's Degree (%)[29]	23.0	25.0	21.0	22.0	33.0

SOCIAL SUPPORT AND COMMUNITY COHESION

Despite economic strain, residents report a high degree of social connectedness and community pride. Nearly 80% of survey respondents said they could rely on family or friends for emotional support, and 94% described their neighborhood as a safe and supportive place to live. Faith-based organizations, civic groups, and local nonprofits were repeatedly praised for their compassion and commitment to serving vulnerable populations. These networks were viewed as protective factors that buffer families from the full impact of financial hardship and promote mental and emotional well-being. Key informants emphasized that social cohesion is one of Hancock County's greatest assets, providing a foundation for collaboration across healthcare, education, and community sectors.

Together, these findings reveal a community with strong social capital and moderate economic stability but persistent structural barriers that limit long-term opportunity. Addressing income inequality, expanding workforce pathways, and strengthening interorganizational coordination were identified as critical strategies for improving population health.

Despite ongoing challenges, Hancock County's social and economic landscape demonstrates significant resilience. Residents report strong neighborhood safety, robust social connections, and deep community pride. These assets, combined with active civic engagement and a collaborative network of local organizations, provide a solid foundation for addressing the broader social determinants of health.

> We have incredible community organizations that care deeply about helping people, but they often work in silos. If we could connect them better, we could make an even bigger impact.
>
> — Key Informant Interview Participant

Cross-Cutting Themes

The integration of quantitative indicators and community input revealed a series of recurring themes that cut across all domains of health in Hancock County. These cross-cutting issues illustrate how clinical, behavioral, social, and environmental factors intersect to shape overall community well-being.

Access and Affordability

Behavioral Health and Substance Use

Prevention and Health Literacy

Social and Economic Stressors

Physical Environment and Community Safety

Access and Affordability

Access to care remains a central determinant of health across all populations. While most residents reported having health insurance and a regular primary care provider, affordability, provider shortages, and transportation barriers continue to limit timely care—particularly for specialty services such as behavioral health, cardiology, endocrinology, and women's health. Both key informants and focus-group participants described challenges navigating insurance requirements and confusion about out-of-pocket costs. Even among insured residents, high deductibles and copayments were cited as reasons for delaying preventive visits or follow-up appointments. Cost of care also surfaced in the context of medication adherence and preventive screenings, with residents expressing frustration that "people don't go to the doctor until something's wrong."

Behavioral Health and Substance Use

Concerns about mental health and substance use emerged consistently across focus groups, key-informant interviews, and secondary data. Frequent mental distress affects nearly one in six adults in Hancock County, and behavioral health provider shortages contribute to long waits for counseling and treatment. Stakeholders described increasing normalization of marijuana and kratom use, growing alcohol dependence, and stress-related coping behaviors. These issues intersect with economic stress, social isolation, and limited availability of local behavioral health services. Community members emphasized the need for early intervention, integrated behavioral health in primary care, and culturally appropriate prevention efforts for youth.

Prevention and Health Literacy

Low participation in preventive screenings and mixed understanding of preventive care were consistent themes throughout the assessment. Although nearly 77% of adults reported an annual checkup, screening rates for breast and colorectal cancer remain below national benchmarks. Focus-group participants linked this to both financial barriers and limited understanding of prevention's value, stating that "a lot of people just don't know what screenings are for or why they're important." Health literacy challenges were described as a barrier to managing chronic disease, navigating insurance, and understanding care instructions. Respondents endorsed the need for clearer communication, community health education, and peer-support models that build trust in healthcare providers.

Social and Economic Stressors

Economic instability, underemployment, and the rising cost of living affect nearly every dimension of health. Residents consistently described financial strain as a barrier to healthy food, preventive care, and recreation. Single-parent households and caregivers reported difficulty balancing work, family, and medical needs. Community members connected stress and economic insecurity to higher rates of chronic disease and substance use, noting that "people are working hard but still struggling to keep up with groceries, gas, and medical bills." These pressures are amplified for low-income and rural households with limited access to transportation or local employment opportunities.

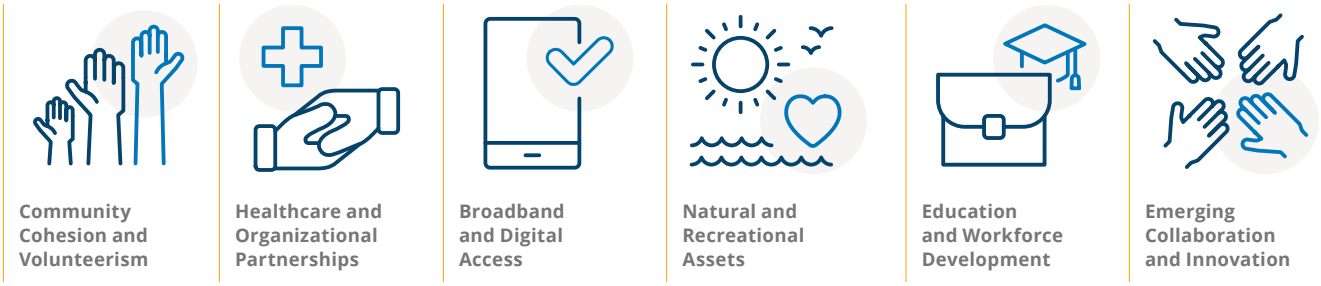
Physical Environment and Community Safety

Housing, transportation, and infrastructure were repeatedly mentioned as both barriers and opportunities for health improvement. Residents identified drainage, flooding, and road safety as key environmental concerns and called for improved sidewalks, lighting, and connectivity between neighborhoods and parks. Although Hancock County benefits from abundant natural and recreational assets, rural dispersion and lack of public transit limit access for those without vehicles. Focus-group participants expressed a desire for environments that make healthy choices easier and safer.

Across all data sources, residents demonstrated deep pride in their community, describing Hancock County as a place defined by compassion, resilience, and a strong sense of connection. These shared values, combined with expanding broadband access, active local organizations, and a growing emphasis on prevention, position the community to make meaningful progress in addressing the health challenges identified through this assessment.

Community Strengths

Despite the barriers identified throughout the assessment, Hancock County demonstrates notable strengths that provide a foundation for improving population health and advancing health equity. These assets reflect the county's strong civic engagement, collaborative partnerships, and growing infrastructure for care and prevention.



Community Cohesion and Volunteerism

Residents consistently described Hancock County as a close-knit community where neighbors, churches, and local organizations support one another in times of need. Survey and focus-group participants highlighted this spirit of connection as one of the county's defining strengths. Faith-based organizations, civic groups, and nonprofits such as the Hancock Resource Center, United Way, Hope Haven, CASA, and Catholic Charities, were praised for their compassion, responsiveness, and creative approaches to addressing social needs. Key informants emphasized that this culture of service fosters resilience and enhances the community's capacity to respond to emerging challenges.

Healthcare and Organizational Partnerships

OMC-Hancock is viewed as a cornerstone of the local healthcare system and a trusted partner in advancing community health. Participants credited OMC-Hancock with expanding access to primary care, telehealth, and digital medicine, which have improved convenience and continuity of care. The hospital's partnerships with local schools, community colleges, and employers, particularly through initiatives such as Ochsner Scholars and work-based learning programs, demonstrate a commitment to workforce development and economic stability. These relationships also position OMC-Hancock as a convener capable of linking healthcare, education, and social services.

Broadband and Digital Access

Hancock County's robust broadband infrastructure is a key asset supporting healthcare, education, and communication. With 91% of households reporting reliable internet access, the county surpasses both state and national averages. Broadband expansion has facilitated the success of Ochsner's telehealth and digital medicine initiatives, reducing travel barriers and enhancing access for residents managing chronic conditions. Stakeholders described broadband access as essential to reducing rural disparities and improving service delivery for homebound or low-mobility populations.

Natural and Recreational Assets

Residents expressed pride in the county's natural environment, coastal trails, and recreational amenities, describing them as central to physical activity, mental health, and community identity. More than 91% of survey respondents reported access to safe places to walk or exercise—well above state and national rates. Public parks, beaches, and community centers were identified as important gathering places that promote social connectedness and wellbeing. Investments in sidewalks, lighting, and trail expansion could further enhance equitable access to these assets.

Education and Workforce Development

Local educational institutions and training programs contribute to the county's long-term health and economic vitality. Key informants cited Hancock County's strong K–12 system, library network, and partnerships with Stennis Space Center and Ochsner Health as examples of the community's commitment to lifelong learning and workforce readiness. Programs that link education and employment—particularly in healthcare and technical fields—were viewed as essential to building a stable, skilled workforce and supporting broader determinants of health.

Emerging Collaboration and Innovation

Stakeholders expressed optimism about growing collaboration between healthcare, government, and community organizations. OMC-Hancock's leadership in expanding telemedicine and embedding preventive health into clinical practice has been widely recognized. Community partners described new opportunities for data sharing, coordinated outreach, and joint grant initiatives. These developments suggest a community increasingly equipped to leverage innovation and cross-sector partnerships to address complex health challenges.

Resources Potentially Available to Address Significant Health Needs

Hancock County has a wide range of healthcare, public health, nonprofit, educational, and community-based resources that can be mobilized to address the major health needs identified through this Community Health Needs Assessment. These assets represent both clinical service capacity and the broader social supports that influence health outcomes. The following description summarizes the resources available locally and regionally that can support ongoing efforts to address significant health needs identified through the CHNA process.

Behavioral Health and Substance Use Resources

Several organizations offer behavioral health and substance use prevention and treatment services for children, adults, and families. OMC-Hancock provides primary care integration and outpatient services. Pine Belt Mental Healthcare Resources serves as a regional provider of counseling, crisis stabilization, and case management. Youth Villages and associated programs such as MyPAC and Intercept offer in-home and family-based behavioral therapy for children and adolescents. Hope Haven Child Advocacy Center provides trauma-informed services, forensic interviews, and multidisciplinary coordination for children who have experienced abuse or neglect. Numerous faith-based organizations across the county offer counseling, support groups, and recovery services. Local courts and schools also play a key role in identifying at-risk youth, referring families to behavioral health services, and coordinating early intervention.

Chronic Disease Prevention and Obesity Resources

A number of partners support efforts to prevent and manage chronic diseases such as diabetes, hypertension, and cardiovascular disease. OMC-Hancock delivers primary and specialty care, rehabilitation services, and evidence-informed chronic disease management programs. The Mississippi State Department of Health provides nutrition counseling through WIC, vaccination programs, and chronic disease prevention initiatives. The Hancock County Library System offers health and wellness education, cooking demonstrations, and digital health literacy classes. Local parks and recreation departments maintain walking paths, sports facilities, and community parks that contribute to active living. Faith-based organizations, community groups, and the YMCA of the Gulf Coast offer fitness programs and nutrition activities. Food access is supported by farmers' markets and food pantries, including the Hancock County Food Pantry, which expands access to healthy foods for residents with financial barriers.

Access to Care and Care Coordination Resources

Clinical care and coordination resources in Hancock County include OMC-Hancock and its associated primary care and specialty clinics, which serve as the main hubs for preventive services, chronic disease management, urgent care, telehealth, and referrals. Coastal Family Health Center, a Federally Qualified Health Center, provides accessible primary and preventive care for individuals regardless of insurance status. Local pharmacies provide medication counseling, adherence support, and opportunities for deeper collaboration with primary care teams. Churches, civic groups, and volunteer networks often assist with transportation, care navigation, and connection to resources. The

Hancock County Library System serves as an access point for telehealth, digital literacy, and public information, and is positioned to host telehealth kiosks or resource navigation services.

Healthy Aging and Transportation Resources

Several organizations support the needs of older adults and people with mobility challenges. The Hancock County Senior Center and the Retired Senior Volunteer Program provide congregate meals, social programs, transportation assistance, and volunteer engagement opportunities for older residents. Veterans' organizations and the VA system assist veterans with health navigation, transportation, and coordinated care. Faith-based shuttle programs and informal volunteer driver initiatives offer transportation for medical appointments and essential errands. Ochsner Home Health and Hospice provides in-home nursing, therapy, and palliative care services. Local Emergency Medical Services (EMS) and community paramedicine programs offer emerging models of home-based support for chronic disease monitoring and follow-up.

Communication, Coordination, and Resource Awareness Resources

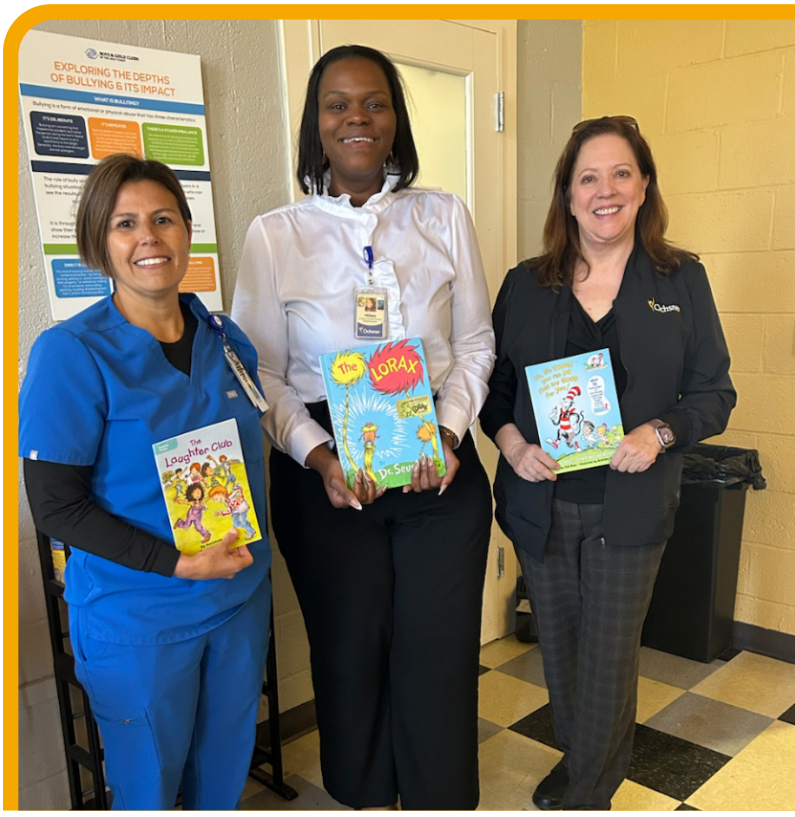
Multiple organizations in Hancock County serve as central hubs for community coordination, public information, and outreach. The Hancock Resource Center provides housing support, case management, disaster recovery services, and cross-agency coordination. United Way of South Mississippi serves as a regional convener and funder that strengthens communication and collaboration among agencies. The Hancock County Library System offers digital access, public information services, and space for community education. Ochsner Hancock operates a marketing and communications team that can support community awareness campaigns, health literacy outreach, and initiatives to rebuild trust and improve recognition of available healthcare services. Local media outlets and civic organizations such as Rotary and Lions Clubs also serve as important distribution channels for information.

Workforce Development and Education Resources

Workforce development resources include Pearl River Community College, which trains nurses, allied health professionals, and technical staff for the healthcare and social service sectors. William Carey University College of Osteopathic Medicine provides opportunities for medical student and resident training in local clinical settings, contributing to recruitment and retention of future healthcare providers. The Hancock Chamber of Commerce and its Foundation support workforce initiatives, economic development, and business partnerships that influence health. The Ochsner Health system offers professional development programs, continuing education, and statewide workforce recruitment initiatives that can help strengthen the local healthcare workforce.

Summary

Hancock County has a broad and diverse network of healthcare providers, public health partners, community organizations, faith-based groups, educational institutions, and service agencies. These organizations are positioned to support the priority areas identified through this assessment. The greatest opportunities involve strengthening coordination among existing partners, improving visibility and awareness of available services, and expanding integrated approaches such as telehealth, care coordination, and primary care based behavioral health. Leveraging these resources will be central to advancing the community's health improvement goals and developing an effective Community Health Improvement Plan (CHIP).



Progress Since the 2022 CHNA

Since completion of the 2022 CHNA, OMC-Hancock and its community partners have implemented a broad range of initiatives to improve access, strengthen health literacy, and expand preventive and behavioral health services. These efforts reflect sustained progress across each of the priority areas identified in the previous CHIP.

Access to and Continuity of Care

OMC-Hancock continued to enhance primary-care access and care coordination. Clinics hosted community health fairs in Diamondhead, Gulfside Assembly, and St. Rosa Church, reaching more than 150 older adults with free screenings and blood-pressure checks. Providers and staff promoted the importance of having a regular primary-care provider through presentations to civic and senior groups, while new partnerships expanded transportation support—including referrals to free local bus transport and post-visit rides to pharmacies or home. These activities align with the hospital's mission to improve continuity of care and reduce transportation barriers.

Health Equity and Discrimination in Healthcare

Language-access and cultural-competency initiatives have strengthened equity in patient care. The hospital doubled its use of telephone interpreter services and introduced video remote interpretation. All employees completed mandatory education on language-access resources, and OMC-Hancock leadership participated in the regional DEI Council to ensure that system-wide diversity and inclusion initiatives were implemented locally. Staff also volunteered with the Boys and Girls Club reading program, engaging more than 200 students and reinforcing the system's commitment to inclusive community outreach.

Health Literacy and Education

OMC-Hancock expanded health-literacy programming in collaboration with schools and community partners. Educational outreach included anti-vaping classes and cooking demonstrations in local high schools that reached over 800 students, interactive booths at community events, and guest speakers on chronic-disease prevention and healthy lifestyles. The hospital distributed materials on children's health, smoking cessation, and diabetes management, and worked with United Way and the Hancock Health Foundation to reach new mothers with preventive-care information.

Mental and Behavioral Health

Recognizing the ongoing shortage of behavioral-health providers, OMC-Hancock expanded access through new referral pathways and partnerships. The hospital established a collaboration with the Family Treatment Court to provide comprehensive primary-care and baseline behavioral-health evaluations for families involved in Youth Court cases supported by Tulane University partners. Primary-care providers began referring patients for telepsychiatry services, ensuring earlier and more consistent access to behavioral-health support. Employee-led community beautification projects also promoted positive mental-health environments and community pride.

Community Partnerships and Collaboration

Across all priority areas, OMC-Hancock leveraged its strong partnerships with faith-based organizations, schools, and civic groups to deliver outreach and education. Volunteerism remained high, and telehealth expansion further integrated hospital and community services. The progress achieved since the 2022 CHNA demonstrates meaningful advancement toward improved access, equity, and preventive health—while highlighting opportunities for continued collaboration around behavioral health, chronic-disease prevention, and community education.

These collective efforts and lessons learned will inform the development of the 2025–2028 Community Health Improvement Plan (CHIP).

Priority Areas for 2025–2028

Building on progress since the 2022 CHNA, OMC-Hancock, in partnership with the Mississippi Public Health Institute (MSPHI) and community stakeholders, identified five priority areas for the 2025–2028 Community Health Improvement Plan (CHIP). These priorities reflect both quantitative findings and community perspectives gathered through surveys, focus groups, and key-informant interviews.

The priorities integrate the cross-cutting issues identified throughout this assessment—affordability, access, coordination, prevention, and community trust—with the opportunities outlined by stakeholders during the prioritization process. While several community needs, such as substance use and addiction services, obstetric care, and dental or vision services, were acknowledged as important, they fall beyond the current scope and available resources of OMC-Hancock and are not included in this CHIP cycle.

Access To and Continuity of Care

The CHNA process reaffirmed that improving access to and continuity of care is foundational to community health. Building on recent expansions in telehealth and primary-care capacity, stakeholders emphasized the need to strengthen coordination and rebuild trust in healthcare services. OMC-Hancock and its partners can focus on embedding pharmacists and nurse educators within primary-care teams to support medication management, chronic-disease follow-up, and patient education. Marketing campaigns can be used to increase awareness of available Ochsner services and highlight the quality of care delivered locally. Stakeholders also recommended positioning primary care as the central hub for coordination across specialties and social services, leveraging telehealth to close geographic and transportation gaps, and continuing to support patients with insurance navigation and financial counseling.

Health Outcomes

To sustain progress in managing chronic disease and reducing preventable hospitalizations, the next CHIP will emphasize prevention, early detection, and continuity of care. Stakeholders recommend expanding community-based screenings and mobile outreach events, particularly in rural areas, and promoting participation in evidence-based chronic-disease programs. OMC-Hancock can continue building capacity for digital medicine programs that support management of

hypertension and diabetes, integrate behavioral health into primary care, and strengthen follow-up systems after discharge. Collaboration with community partners to deliver education on nutrition, physical activity, and stress management can further improve long-term health outcomes.

Education

Education and health literacy are key drivers of both prevention and workforce development. Community partners identified opportunities to expand outreach in schools, libraries, and community centers, emphasizing practical education about preventive care, healthy eating, and chronic-disease management. Ochsner Hancock can continue to support the Ochsner Scholars and work-based learning programs to build the local healthcare workforce. Collaborations with schools to deliver anti-vaping education, mental-health awareness, and healthy-lifestyle programming will enhance both student wellness and long-term workforce readiness. Expanding partnerships with educators and civic groups can reinforce a culture of health across generations.

Community Economic Opportunity

Economic stability directly influences health, and Ochsner Hancock plays a central role as a major regional employer and community investor. Opportunities include expanding workforce-development pipelines through clinical training and apprenticeships, continuing collaboration with Stennis Space Center and local colleges, and supporting local business utilization through the Ochsner Louisiana Innovation Fund. Partnerships that promote entrepreneurship, job training, and small-business development can strengthen financial stability and community resilience. Stakeholders also emphasized continuing to recruit and retain healthcare professionals locally to sustain access and employment opportunities.

Community Partnerships to Address Social Drivers

Community partnerships remain one of Hancock County's greatest strengths and a critical lever for improving health equity. The next CHIP will build on this network by enhancing coordination among hospitals, schools, churches, and nonprofits. Stakeholders recommended creating or maintaining an updated, centralized resource directory to improve navigation and reduce duplication of services. Ochsner Hancock can continue to serve as a convener, linking healthcare with social services, transportation, and food-security programs. Strengthening collaboration with organizations such as United Way, the Hancock Resource Center, and faith-based networks will ensure residents receive comprehensive, connected support across the continuum of care.

Summary

These priorities translate the findings of the 2025 CHNA into actionable strategies that reflect both local needs and community strengths. They emphasize prevention, coordination, education, and partnership—building on the strong foundation established through the previous CHIP. Together, they will guide OMC–Hancock and its partners in advancing equitable, sustainable improvements in community health and well-being over the next three years.

OMC-Hancock's Board of Directors approved the 2025 Community Health Needs Assessment and priority areas on December 17, 2025.

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Appendices Index

Appendix A

County Health Rankings Key Indicators: Hancock, Harrison, Pearl River

Population Health and Well-being

LENGTH OF LIFE	MISSISSIPPI	HANCOCK COUNTY	HARRISON COUNTY	PEARL RIVER COUNTY
Premature Death	12,800 ‡	11,300 ‡	11,800 ‡	14,700 ‡
QUALITY OF LIFE	**MISSISSIPPI**	**HANCOCK COUNTY**	**HARRISON COUNTY**	**PEARL RIVER COUNTY**
Poor Physical Health Days	4.1	3.9	4.5	4.2
Low Birth Weight	12%	9%	11%	10%
Poor Mental Health Days	5.1	5.1	5.7	5.3
Poor or Fair Health	23%	22%	21%	21%

Community Conditions

HEALTH INFRASTRUCTURE	MISSISSIPPI	HANCOCK COUNTY	HARRISON COUNTY	PEARL RIVER COUNTY
Flu Vaccinations	42%	42%	39%	39%
Access to Exercise Opportunities	58%	54%	69%	64%
Food Environment Index	3.9	5.9	5.7	6.7
Primary Care Physicians	1,800:1 †	2,430:1 †	1,920:1 †	4,400:1 †
Mental Health Providers	410:1 †	1,600:1 †	360:1 †	1,600:1 †
Dentists	1,910:1 †	3,850:1 †	1,420:1 †	4,460:1 †
Preventable Hospital Stays	3,356	3,061	3,870	2,773
Mammography Screening	42%	46%	40%	44%
Uninsured	13%	12%	14%	15%

† Data updated 09/24/2025 ‡ Data updated 11/04/2025

PHYSICAL ENVIRONMENT	MISSISSIPPI	HANCOCK COUNTY	HARRISON COUNTY	PEARL RIVER COUNTY
Severe Housing Problems	14%	14%	16%	12%
Driving Alone to Work	83%	77%	80%	77%
Long Commute - Driving Alone	34%	52%	28%	49%
Air Pollution: Particulate Matter	8.7	8.4	9.6	9.0
Drinking Water Violations		Yes	No	No
Broadband Access	82%	85%	87%	83%
Library Access	1	3	1	<1
SOCIAL AND ECONOMIC FACTORS	**MISSISSIPPI**	**HANCOCK COUNTY**	**HARRISON COUNTY**	**PEARL RIVER COUNTY**
Some College	62%	57%	64%	60%
High School Completion	87%	90%	89%	88%
Unemployment	3.2%	3.3%	2.9%	3.0%
Income Inequality	5.3	4.7	4.8	5.2
Children in Poverty	24%	20%	20%	23%
Injury Deaths	112 ‡	115 ‡	102 ‡	154 ‡
Social Associations	12.5	7.2	8.8	8.4
Child Care Cost Burden	25%	25%	27%	22%

Note: Blank values reflect unreliable or missing data.

Population Health and Well-being

LENGTH OF LIFE	MISSISSIPPI	HANCOCK COUNTY	HARRISON COUNTY	PEARL RIVER COUNTY
Life Expectancy	12,800 ‡	11,300 ‡	11,800 ‡	14,700 ‡
Premature Age-Adjusted Mortality	600 ‡	520 ‡	570 ‡	660 ‡
Child Mortality	90 ‡	80 ‡	70 ‡	90 ‡
Infant Mortality	9 ‡	7 ‡	7 ‡	9 ‡

† Data updated 09/24/2025 ‡ Data updated 11/04/2025

QUALITY OF LIFE	MISSISSIPPI	HANCOCK COUNTY	HARRISON COUNTY	PEARL RIVER COUNTY
Frequent Physical Distress	13%	14%	14%	14%
Diabetes Prevalence	14%	11%	12%	11%
HIV Prevalence	401	209	398	215
Adult Obesity	40%	36%	35%	40%
Frequent Mental Distress	17%	19%	18%	18%
Suicides	15 ‡	19 ‡	19 ‡	19 ‡
Feelings of Loneliness	35%	33%	36%	35%

Community Conditions

HEALTH INFRASTRUCTURE	MISSISSIPPI	HANCOCK COUNTY	HARRISON COUNTY	PEARL RIVER COUNTY
Limited Access to Healthy Foods	11%	15%	15%	6%
Food Insecurity	19%	18%	19%	19%
Insufficient Sleep	39%	36%	41%	40%
Teen Births	28	20	25	25
Sexually Transmitted Infections	781.2	390.5	692.3	438.3
Excessive Drinking	16%	20%	17%	18%
Alcohol-Impaired Driving Deaths	19% ‡	13% ‡	19% ‡	13% ‡
Drug Overdose Deaths	25 ‡	44 ‡	40 ‡	80 ‡
Adult Smoking	18%	20%	18%	18%
Physical Inactivity	31%	31%	28%	29%
Uninsured Adults	16%	15%	17%	19%
Uninsured Children	6%	6%	6%	6%
Other Primary Care Providers	590:1 †	1,130:1 †	480:1 †	1,090:1 †

† Data updated 09/24/2025 ‡ Data updated 11/04/2025

PHYSICAL ENVIRONMENT	MISSISSIPPI	HANCOCK COUNTY	HARRISON COUNTY	PEARL RIVER COUNTY
Traffic Volume	41	28	77	20
Homeownership	69%	79%	61%	83%
Severe Housing Cost Burden	13%	11%	15%	11%
Access to Parks	14%	4%	13%	14%
Adverse Climate Events		1	1	1
Census Participation		58.0%	64.0%	56.6%
Voter Turnout	58.7%	56.0%	49.4%	56.2%
SOCIAL AND ECONOMIC FACTORS	**MISSISSIPPI**	**HANCOCK COUNTY**	**HARRISON COUNTY**	**PEARL RIVER COUNTY**
High School Graduation	89%	88%	90%	85%
Reading Scores	3.1	3.2	3.3	3.1
Math Scores	3.1	3.2	3.4	2.9
School Segregation	0.27	0.07	0.11	0.11
School Funding Adequacy	-$9,487	-$2,040	-$5,765	-$3,010
Children Eligible for Free or Reduced Price Lunch	100%	100%	100%	100%
Gender Pay Gap	0.76	0.70	0.78	0.74
Median Household Income	$54,400	$61,100	$56,700	$54,300
Living Wage	$39.58	$40.54	$40.32	$38.71
Child Care Centers	6	5	7	6
Residential Segregation - Black/White	51	58	43	68
Homicides	17 ‡	9 ‡	10 ‡	9 ‡
Motor Vehicle Crash Deaths	26 ‡	18 ‡	18 ‡	28 ‡
Firearm Fatalities	28 ‡	24 ‡	23 ‡	19 ‡
Disconnected Youth	8%		6%	
Lack of Social and Emotional Support	33%	27%	32%	31%

Note: Blank values reflect unreliable or missing data.

DEMOGRAPHICS	MISSISSIPPI	HANCOCK COUNTY	HARRISON COUNTY	PEARL RIVER COUNTY
% Below 18 Years of Age	23.1%	18.8%	23.3%	22.8%
% 65 and Older	17.6%	23.2%	17.2%	19.9%
% Female	51.5%	51.1%	51.3%	50.6%
% American Indian or Alaska Native	0.7%	0.8%	0.5%	0.8%
% Asian	1.2%	1.0%	2.9%	0.5%
% Hispanic	3.9%	4.2%	6.8%	4.4%
% Native Hawaiian or Other Pacific Islander	0.1%	0.1%	0.1%	0.1%
% Non-Hispanic Black	37.4%	8.1%	25.6%	11.9%
% Non-Hispanic White	55.6%	84.0%	61.6%	80.8%
% Disability: Functional Limitations	36%	37%	36%	36%
% Not Proficient in English	1%	0%	1%	1%
Children in Single-Parent Households	37%	25%	36%	30%
% Rural	53.7%	38.3%	19.2%	71.0%
Population	2,939,690	46,159	210,612	57,978

Note: Blank values reflect unreliable or missing data.

Appendix B

CDC PLACES Data Summary

Health Outcomes

MEASURE	DATA TYPE	UNITED STATES CENSUS 2022 POPULATION ESTIMATE: 333,287,557	HANCOCK COUNTY CENSUS 2022 POPULATION ESTIMATE: 46,094	HARRISON COUNTY CENSUS 2022 POPULATION ESTIMATE: 211,044	PEARL RIVER COUNTY CENSUS 2022 POPULATION ESTIMATE: 57,261
Arthritis among adults - 2022	Crude prevalence % (95% CI)	26.6 (26.4 – 26.9)	37.0 (36.1 – 37.8)	31.7 (30.5 – 33.0)	34.7 (32.9 – 36.5)
	Age-adjusted prevalence % (95% CI)	23.3 (23.0 – 23.5)	28.7 (25.2 – 32.4)	27.9 (24.9 – 31.1)	28.4 (24.8 – 32.1)
Current asthma among adults - 2022	Crude prevalence % (95% CI)	9.9 (9.7 – 10.1)	10.2 (8.9 – 11.6)	9.9 (8.6 – 11.2)	9.9 (8.7 – 11.3)
	Age-adjusted prevalence % (95% CI)	9.9 (9.7 – 10.1)	10.4 (9.1 – 11.8)	9.9 (8.7 – 11.3)	10.0 (8.7 – 11.4)
High blood pressure among adults - 2021	Crude prevalence % (95% CI)	32.7 (32.4 – 33.0)	43.8 (39.0 – 48.6)	42.4 (38.5 – 46.3)	42.9 (38.6 – 47.3)
	Age-adjusted prevalence % (95% CI)	29.6 (29.3 – 29.8)	37.1 (32.4 – 42.4)	39.6 (35.8 – 43.4)	37.8 (33.7 – 42.1)
Cancer (nonskin) or melanoma among adults - 2022	Crude prevalence % (95% CI)	8.2 (8.0 – 8.3)	9.6 (8.7 – 10.6)	7.7 (6.9 – 8.5)	9.0 (8.0 – 10.0)
	Age-adjusted prevalence % (95% CI)	6.9 (6.7 – 7.0)	7.1 (6.4 – 7.8)	6.6 (6.0 – 7.3)	7.1 (6.3 – 7.9)
High cholesterol among adults who have ever been screened - 2021	Crude prevalence % (95% CI)	35.5 (35.2 – 35.9)	39.0 (34.0 – 44.0)	36.1 (32.3 – 40.1)	36.6 (32.2 – 41.3)
	Age-adjusted prevalence % (95% CI)	30.4 (30.1 – 30.8)	31.6 (26.9 – 36.5)	31.7 (27.8 – 35.7)	30.6 (26.4 – 35.2)
Chronic obstructive pulmonary disease among adults - 2022	Crude prevalence % (95% CI)	6.8 (6.6 – 6.9)	11.0 (9.8 – 12.2)	8.5 (7.6 – 9.5)	9.4 (8.4 – 10.5)
	Age-adjusted prevalence % (95% CI)	5.9 (5.8 – 6.1)	8.6 (7.7 – 9.6)	7.6 (6.8 – 8.5)	8.0 (7.1 – 8.9)
Coronary heart disease among adults - 2022	Crude prevalence % (95% CI)	6.8 (6.7 – 7.0)	9.6 (8.6 – 10.7)	7.8 (7.0 – 8.6)	8.7 (7.7 – 9.7)
	Age-adjusted prevalence % (95% CI)	5.7 (5.6 – 5.8)	6.9 (6.2 – 7.7)	6.7 (6.0 – 7.4)	6.9 (6.1 – 7.6)

MEASURE	DATA TYPE	UNITED STATES CENSUS 2022 POPULATION ESTIMATE: 333,287,557	HANCOCK COUNTY CENSUS 2022 POPULATION ESTIMATE: 46,094	HARRISON COUNTY CENSUS 2022 POPULATION ESTIMATE: 211,044	PEARL RIVER COUNTY CENSUS 2022 POPULATION ESTIMATE: 57,261
Diagnosed diabetes among adults - 2022	Crude prevalence % (95% CI)	12.0 (11.8 – 12.2)	14.7 (12.8 – 16.8)	13.9 (12.1 – 15.8)	13.8 (11.9 – 15.9)
	Age-adjusted prevalence % (95% CI)	10.4 (10.2 – 10.6)	11.2 (9.7 – 12.9)	12.3 (10.7 – 14.0)	11.4 (9.8 – 13.1)
Obesity among adults - 2022	Crude prevalence % (95% CI)	33.3 (33.0 – 33.6)	36.2 (28.8 – 44.1)	34.4 (29.2 – 39.8)	39.9 (32.3 – 47.8)
	Age-adjusted prevalence % (95% CI)	33.4 (33.1 – 33.7)	36.3 (28.9 – 44.2)	34.7 (29.5 – 40.1)	40.3 (32.7 – 48.2)
All teeth lost among adults aged >=65 years - 2022	Crude prevalence % (95% CI)	12.2 (11.8 – 12.6)	11.8 (9.4 – 14.5)	14.8 (12.0 – 17.9)	16.3 (13.3 – 19.7)
	Age-adjusted prevalence % (95% CI)	12.6 (12.2 – 13.0)	12.3 (9.8 – 15.1)	14.8 (12.0 – 17.8)	17.2 (14.1 – 20.7)
Stroke among adults - 2022	Crude prevalence % (95% CI)	3.6 (3.5 – 3.7)	4.7 (4.3 – 5.2)	4.1 (3.8 – 4.5)	4.3 (3.9 – 4.7)
	Age-adjusted prevalence % (95% CI)	3.1 (3.0 – 3.2)	3.5 (3.2 – 3.9)	3.7 (3.4 – 4.0)	3.5 (3.2 – 3.9)
Depression among adults - 2022	Crude prevalence % (95% CI)	20.7 (20.4 – 20.9)	22.8 (19.3 – 26.6)	24.0 (20.7 – 27.4)	22.2 (18.7 – 26.0)
	Age-adjusted prevalence % (95% CI)	21.1 (20.8 – 21.3)	24.5 (20.8 – 28.5)	24.5 (21.2 – 28.1)	23.3 (19.7 – 27.3)

Prevention

MEASURE	DATA TYPE	UNITED STATES CENSUS 2022 POPULATION ESTIMATE: 333,287,557	HANCOCK COUNTY CENSUS 2022 POPULATION ESTIMATE: 46,094	HARRISON COUNTY CENSUS 2022 POPULATION ESTIMATE: 211,044	PEARL RIVER COUNTY CENSUS 2022 POPULATION ESTIMATE: 57,261
Current lack of health insurance among adults aged 18–64 years - 2022	Crude prevalence % (95% CI)	10.8 (10.5 – 11.1)	9.5 (8.3 – 10.8)	9.1 (8.0 – 10.2)	9.4 (8.2 – 10.6)
	Age-adjusted prevalence % (95% CI)	11.2 (11.0 – 11.5)	10.6 (9.2 – 12.1)	12.9 (11.4 – 14.5)	11.4 (10.0 – 12.8)
Routine checkup within the past year among adults - 2022	Crude prevalence % (95% CI)	76.1 (75.9 – 76.4)	77.3 (73.3 – 80.9)	79.3 (75.9 – 82.4)	78.1 (74.3 – 81.7)
	Age-adjusted prevalence % (95% CI)	74.2 (73.9 – 74.5)	73.5 (69.1 – 77.6)	78.0 (74.4 – 81.3)	75.7 (71.5 – 79.6)

MEASURE	DATA TYPE	UNITED STATES CENSUS 2022 POPULATION ESTIMATE: 333,287,557	HANCOCK COUNTY CENSUS 2022 POPULATION ESTIMATE: 46,094	HARRISON COUNTY CENSUS 2022 POPULATION ESTIMATE: 211,044	PEARL RIVER COUNTY CENSUS 2022 POPULATION ESTIMATE: 57,261
Visited dentist or dental clinic in the past year among adults - 2022	Crude prevalence % (95% CI)	63.9 (63.6 – 64.2)	9.4 (7.9 – 11.0)	9.9 (8.4 – 11.6)	10.3 (8.7 – 12.1)
	Age-adjusted prevalence % (95% CI)	63.4 (63.1 – 63.7)	8.7 (7.3 – 10.3)	9.6 (8.1 – 11.3)	9.8 (8.2 – 11.5)
Taking medicine to control high blood pressure among adults with high blood pressure - 2021	Crude prevalence % (95% CI)	78.2 (77.7 – 78.7)	82.2 (79.2 – 84.8)	78.9 (75.9 – 81.6)	81.6 (78.7 – 84.2)
	Age-adjusted prevalence % (95% CI)	58.9 (58.2 – 59.6)	63.4 (58.3 – 68.5)	63.8 (59.0 – 68.2)	63.9 (59.0 – 68.8)
Cholesterol screening within the past 5 years among adults - 2021	Crude prevalence % (95% CI)	86.4 (86.1 – 86.6)	86.5 (84.1 – 88.7)	83.2 (80.4 – 85.7)	85.1 (82.5 – 87.6)
	Age-adjusted prevalence % (95% CI)	84.3 (84.1 – 84.6)	83.1 (80.2 – 85.8)	81.9 (78.9 – 84.6)	82.8 (79.8 – 85.7)
Mammography use among women aged 50–74 years - 2022	Crude prevalence % (95% CI)	76.5 (75.9 – 77.1)	73.5 (65.2 – 80.7)	71.9 (64.4 – 78.6)	71.7 (62.9 – 79.3)
	Age-adjusted prevalence % (95% CI)	76.0 (75.4 – 76.7)	72.5 (64.0 – 79.9)	71.3 (63.8 – 78.1)	70.9 (62.0 – 78.6)
Colorectal cancer screening among adults aged 45–75 years - 2022	Crude prevalence % (95% CI)	66.3 (65.9 – 66.8)	64.4 (59.0 – 69.5)	60.8 (55.8 – 65.5)	61.3 (56.1 – 66.6)
	Age-adjusted prevalence % (95% CI)	54.1 (53.7 – 54.6)	56.5 (51.1 – 61.7)	55.2 (50.2 – 59.9)	54.6 (49.3 – 60.0)

Health Risk Behaviors

MEASURE	DATA TYPE	UNITED STATES CENSUS 2022 POPULATION ESTIMATE: 333,287,557	HANCOCK COUNTY CENSUS 2022 POPULATION ESTIMATE: 46,094	HARRISON COUNTY CENSUS 2022 POPULATION ESTIMATE: 211,044	PEARL RIVER COUNTY CENSUS 2022 POPULATION ESTIMATE: 57,261
Binge drinking among adults - 2022	Crude prevalence % (95% CI)	16.6 (16.3 – 16.8)	15.1 (12.0 – 18.5)	14.9 (12.3 – 18.0)	15.1 (12.1 – 18.4)
	Age-adjusted prevalence % (95% CI)	18.0 (17.7 – 18.2)	17.6 (14.2 – 21.4)	15.8 (13.0 – 19.0)	16.8 (13.6 – 20.5)
Current cigarette smoking among adults - 2022	Crude prevalence % (95% CI)	12.9 (12.7 – 13.1)	18.9 (16.6 – 21.4)	17.8 (15.6 – 20.0)	17.4 (15.3 – 19.8)
	Age-adjusted prevalence % (95% CI)	13.2 (13.0 – 13.4)	19.8 (17.4 – 22.4)	18.2 (16.0 – 20.5)	18.4 (16.1 – 20.9)

MEASURE	DATA TYPE	UNITED STATES CENSUS 2022 POPULATION ESTIMATE: 333,287,557	HANCOCK COUNTY CENSUS 2022 POPULATION ESTIMATE: 46,094	HARRISON COUNTY CENSUS 2022 POPULATION ESTIMATE: 211,044	PEARL RIVER COUNTY CENSUS 2022 POPULATION ESTIMATE: 57,261
No leisuretime physical activity among adults - 2022	Crude prevalence % (95% CI)	23.7 (23.4 – 24.0)	32.9 (28.1 – 37.9)	29.1 (25.3 – 33.2)	30.5 (26.0 – 35.4)
	Age-adjusted prevalence % (95% CI)	23.0 (22.7 – 23.3)	31.1 (26.3 – 36.1)	28.4 (24.7 – 32.4)	29.4 (24.9 – 34.2)
Short sleep duration among adults - 2022	Crude prevalence % (95% CI)	36.0 (35.7 – 36.3)	34.6 (28.2 – 41.5)	40.1 (35.0 – 45.4)	38.6 (31.8 – 45.6)
	Age-adjusted prevalence % (95% CI)	36.8 (36.5 – 37.2)	36.4 (29.7 – 43.4)	41.1 (35.9 – 46.3)	40.0 (33.2 – 47.2)

Health Status

MEASURE	DATA TYPE	UNITED STATES CENSUS 2022 POPULATION ESTIMATE: 333,287,557	HANCOCK COUNTY CENSUS 2022 POPULATION ESTIMATE: 46,094	HARRISON COUNTY CENSUS 2022 POPULATION ESTIMATE: 211,044	PEARL RIVER COUNTY CENSUS 2022 POPULATION ESTIMATE: 57,261
Frequent mental distress among adults - 2022	Crude prevalence % (95% CI)	15.8 (15.5 – 16.0)	16.6 (14.9 – 18.4)	17.2 (15.4 – 19.0)	16.7 (15.0 – 18.5)
	Age-adjusted prevalence % (95% CI)	16.4 (16.2 – 16.7)	18.8 (16.9 – 20.8)	18.0 (16.2 – 19.9)	18.0 (16.2 – 20.1)
Frequent physical distress among adults - 2022	Crude prevalence % (95% CI)	12.7 (12.4 – 12.9)	15.5 (13.7 – 17.3)	14.1 (12.5 – 15.8)	14.4 (12.8 – 16.3)
	Age-adjusted prevalence % (95% CI)	12.0 (11.8 – 12.2)	13.9 (12.3 – 15.7)	13.5 (11.9 – 15.1)	13.5 (11.9 – 15.2)
Fair or poor self-rated health status among adults - 2022	Crude prevalence % (95% CI)	17.9 (17.6 – 18.1)	23.9 (21.5 – 26.5)	22.0 (19.7 – 24.4)	22.3 (19.9 – 24.8)
	Age-adjusted prevalence % (95% CI)	17.0 (16.8 – 17.3)	21.8 (19.5 – 24.3)	21.2 (18.9 – 23.5)	20.9 (18.6 – 23.3)

Disability

MEASURE	DATA TYPE	UNITED STATES CENSUS 2022 POPULATION ESTIMATE: 333,287,557	HANCOCK COUNTY CENSUS 2022 POPULATION ESTIMATE: 46,094	HARRISON COUNTY CENSUS 2022 POPULATION ESTIMATE: 211,044	PEARL RIVER COUNTY CENSUS 2022 POPULATION ESTIMATE: 57,261
Hearing disability among adults - 2022	Crude prevalence % (95% CI)	7.1 (6.9 – 7.2)	10.5 (9.3 – 11.7)	8.5 (7.6 – 9.5)	9.6 (8.6 – 10.8)
	Age-adjusted prevalence % (95% CI)	6.2 (6.1 – 6.4)	8.2 (7.3 – 9.2)	7.7 (6.8 – 8.6)	8.1 (7.2 – 9.1)
Vision disability among adults - 2022	Crude prevalence % (95% CI)	5.7 (5.5 – 5.8)	7.1 (6.4 – 7.8)	6.7 (6.1 – 7.4)	6.6 (6.0 – 7.3)
	Age-adjusted prevalence % (95% CI)	5.4 (5.2 – 5.5)	6.3 (5.8 – 7.0)	6.5 (5.9 – 7.1)	6.1 (5.6 – 6.7)
Cognitive disability among adults - 2022	Crude prevalence % (95% CI)	13.4 (13.2 – 13.6)	17.0 (15.2 – 18.9)	15.9 (14.2 – 17.7)	16.4 (14.7 – 18.3)
	Age-adjusted prevalence % (95% CI)	13.7 (13.5 – 14.0)	18.5 (16.6 – 20.6)	16.4 (14.6 – 18.2)	17.2 (15.4 – 19.2)
Mobility disability among adults - 2022	Crude prevalence % (95% CI)	13.7 (13.5 – 13.9)	19.8 (17.7 – 22.1)	17.7 (15.7 – 19.7)	17.9 (15.9 – 20.0)
	Age-adjusted prevalence % (95% CI)	12.0 (11.8 – 12.2)	15.6 (13.8 – 17.5)	16.0 (14.2 – 17.8)	15.1 (13.4 – 17.1)
Self-care disability among adults - 2022	Crude prevalence % (95% CI)	3.8 (3.7 – 4.0)	4.9 (4.5 – 5.3)	4.6 (4.2 – 5.0)	4.6 (4.2 – 5.0)
	Age-adjusted prevalence % (95% CI)	3.5 (3.4 – 3.6)	4.1 (3.8 – 4.5)	4.3 (4.0 – 4.7)	4.1 (3.8 – 4.5)
Independent living disability among adults - 2022	Crude prevalence % (95% CI)	7.9 (7.7 – 8.1)	9.9 (8.9 – 10.9)	9.1 (8.2 – 10.1)	9.4 (8.4 – 10.4)
	Age-adjusted prevalence % (95% CI)	7.7 (7.5 – 7.8)	9.7 (8.7 – 10.7)	9.0 (8.1 – 10.0)	9.1 (8.2 – 10.2)
Any disability among adults - 2022	Crude prevalence % (95% CI)	29.9 (29.6 – 30.2)	39.9 (35.3 – 44.5)	37.7 (33.7 – 41.7)	37.5 (33.1 – 42.1)
	Age-adjusted prevalence % (95% CI)	28.3 (28.0 – 28.6)	37.3 (32.7 – 41.9)	36.4 (32.5 – 40.5)	35.5 (31.2 – 40.0)

Health-Related Social Needs

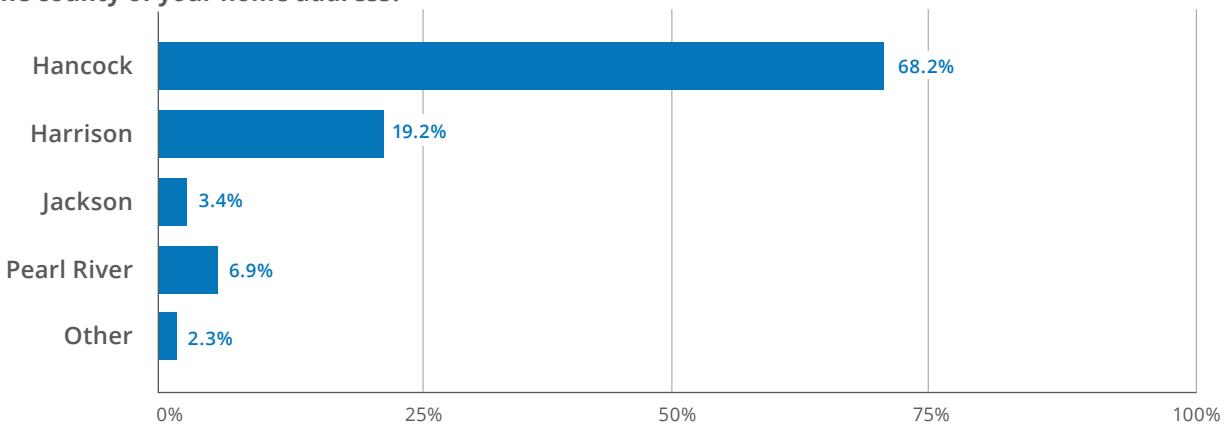
MEASURE	DATA TYPE	UNITED STATES CENSUS 2022 POPULATION ESTIMATE: 333,287,557	HANCOCK COUNTY CENSUS 2022 POPULATION ESTIMATE: 46,094	HARRISON COUNTY CENSUS 2022 POPULATION ESTIMATE: 211,044	PEARL RIVER COUNTY CENSUS 2022 POPULATION ESTIMATE: 57,261
Feeling socially isolated among adults - 2022	Crude prevalence % (95% CI)	31.9 (31.5 – 32.2)	31.3 (26.5 – 36.3)	35.0 (30.5 – 39.5)	33.5 (28.3 – 38.5)
	Age-adjusted prevalence % (95% CI)	33.0 (32.6 – 33.4)	33.4 (28.4 – 38.5)	35.5 (31.0 – 40.1)	35.0 (29.6 – 40.1)
Received food stamps in the past 12 months among adults - 2022	Crude prevalence % (95% CI)	11.8 (11.5 – 12.0)	7.8 (6.7 – 8.9)	12.4 (10.9 – 14.0)	11.1 (9.7 – 12.6)
	Age-adjusted prevalence % (95% CI)	12.4 (12.1 – 12.7)	8.6 (7.5 – 9.8)	12.6 (11.1 – 14.2)	12.2 (10.6 – 13.8)
Food insecurity in the past 12 months among adults - 2022	Crude prevalence % (95% CI)	13.9 (13.6 – 14.3)	12.9 (11.5 – 14.5)	19.9 (17.9 – 21.9)	17.8 (15.8 – 19.7)
	Age-adjusted prevalence % (95% CI)	14.5 (14.2 – 14.9)	14.1 (12.5 – 15.8)	20.0 (18.0 – 22.1)	19.0 (16.9 – 21.1)
Housing insecurity in the past 12 months among adults - 2022	Crude prevalence % (95% CI)	11.8 (11.6 – 12.1)	10.1 (8.8 – 11.4)	15.6 (13.9 – 17.5)	13.6 (11.9 – 15.3)
	Age-adjusted prevalence % (95% CI)	12.9 (12.6 – 13.2)	11.7 (10.3 – 13.2)	16.4 (14.5 – 18.3)	15.3 (13.4 – 17.2)
Utility services threat in the past 12 months among adults - 2022	Crude prevalence % (95% CI)	7.5 (7.3 – 7.7)	6.4 (5.6 – 7.3)	9.9 (8.7 – 11.2)	8.5 (7.3 – 9.7)
	Age-adjusted prevalence % (95% CI)	8.2 (7.9 – 8.4)	7.4 (6.4 – 8.5)	10.5 (9.2 – 11.8)	9.6 (8.3 – 10.9)
Lack of reliable transportation in the past 12 months among adults - 2022	Crude prevalence % (95% CI)	8.2 (7.9 – 8.4)	7.5 (6.7 – 8.2)	10.8 (9.8 – 11.9)	9.9 (8.9 – 10.9)
	Age-adjusted prevalence % (95% CI)	8.7 (8.4 – 9.0)	8.4 (7.5 – 9.3)	11.1 (10.0 – 12.2)	10.8 (9.7 – 11.8)
Lack of social and emotional support among adults - 2022	Crude prevalence % (95% CI)	25.1 (24.7 – 25.4)	25.8 (22.2 – 29.5)	32.0 (28.3 – 35.9)	30.2 (26.1 – 34.2)
	Age-adjusted prevalence % (95% CI)	25.7 (25.3 – 26.1)	27.0 (23.3 – 30.8)	32.3 (28.6 – 36.2)	31.4 (27.1 – 35.4)

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. PLACES Data [online]. 2024 [accessed Nov 16 2025].. URL: https://www.cdc.gov/PLACES

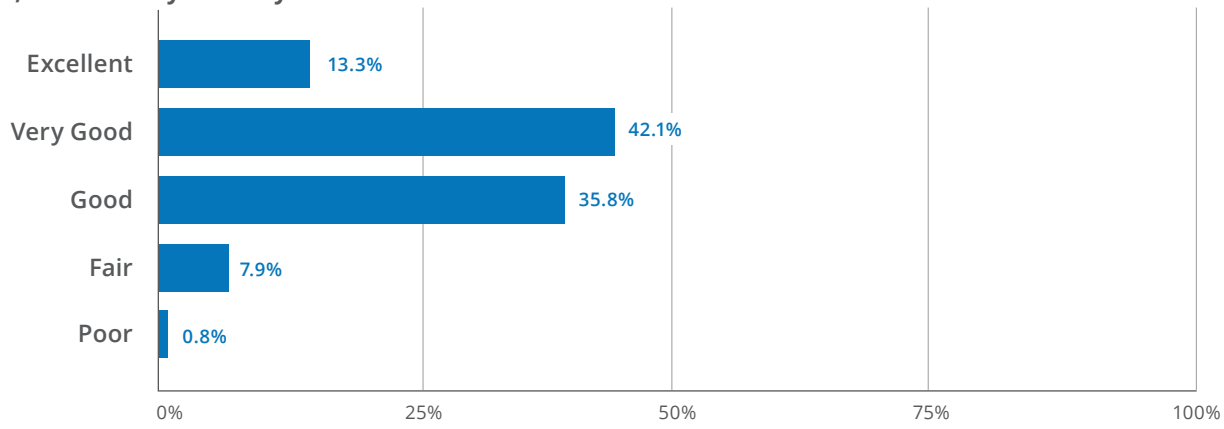
Appendix C

Community Survey Summary

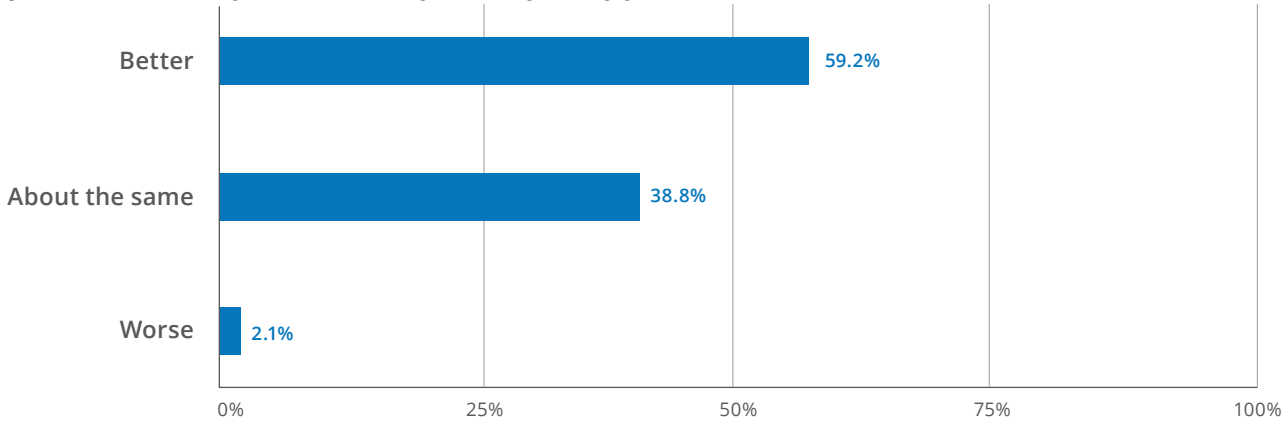
What is the county of your home address?



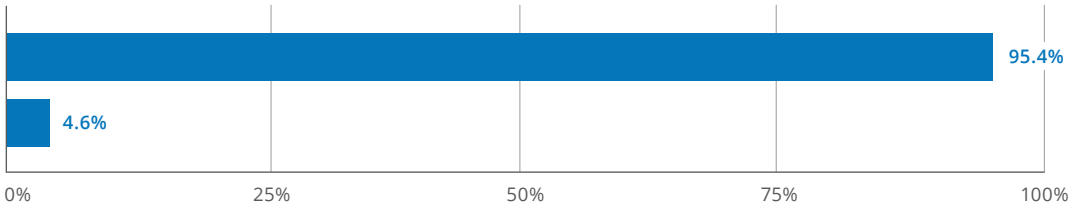
In general, how would you rate your overall health?



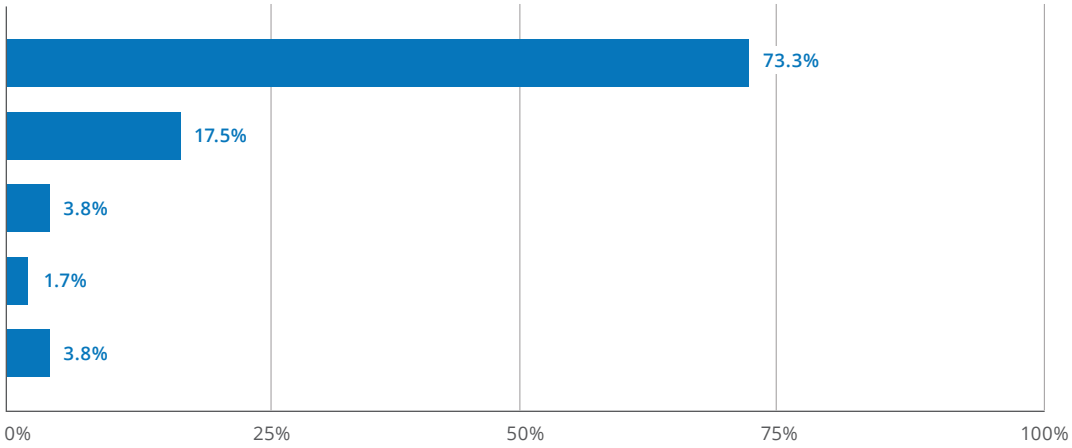
Compared to others in your community, would you say your health is....



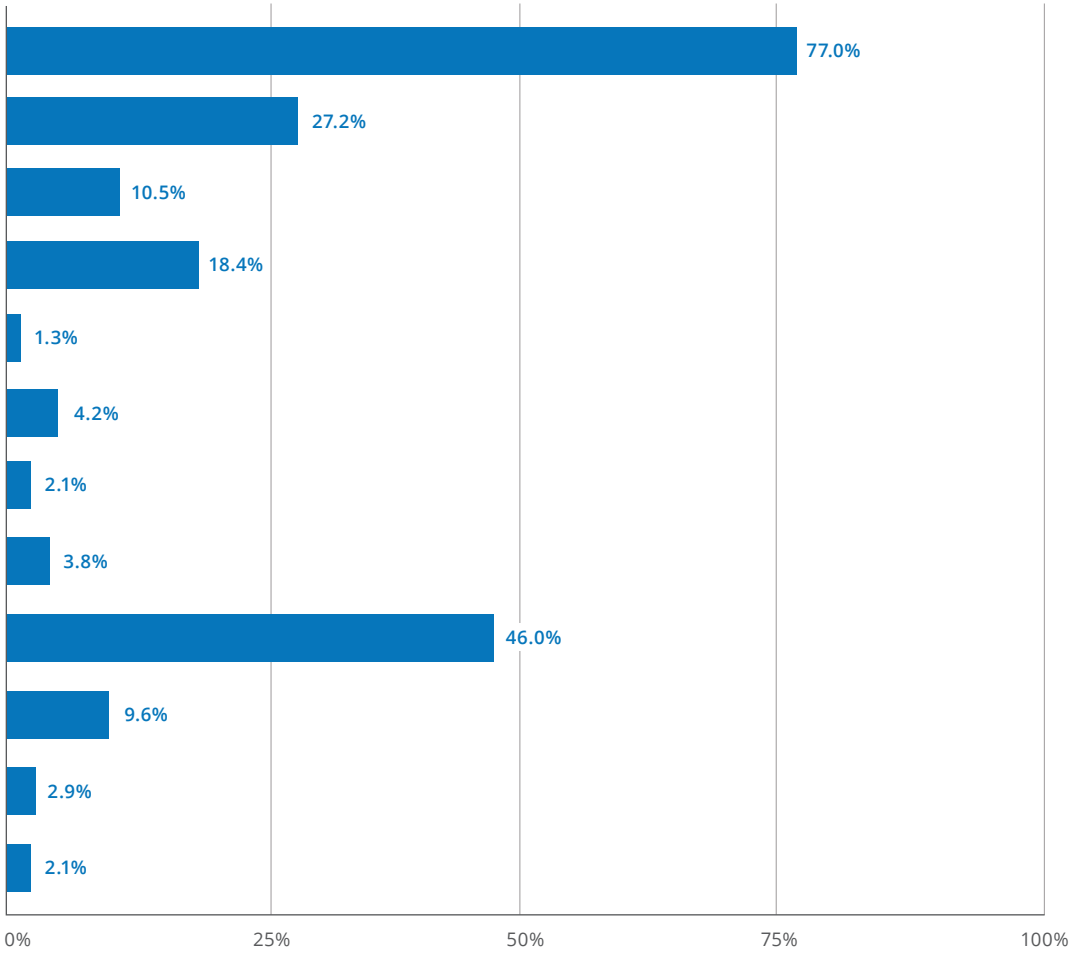
Do you currently have health insurance coverage?



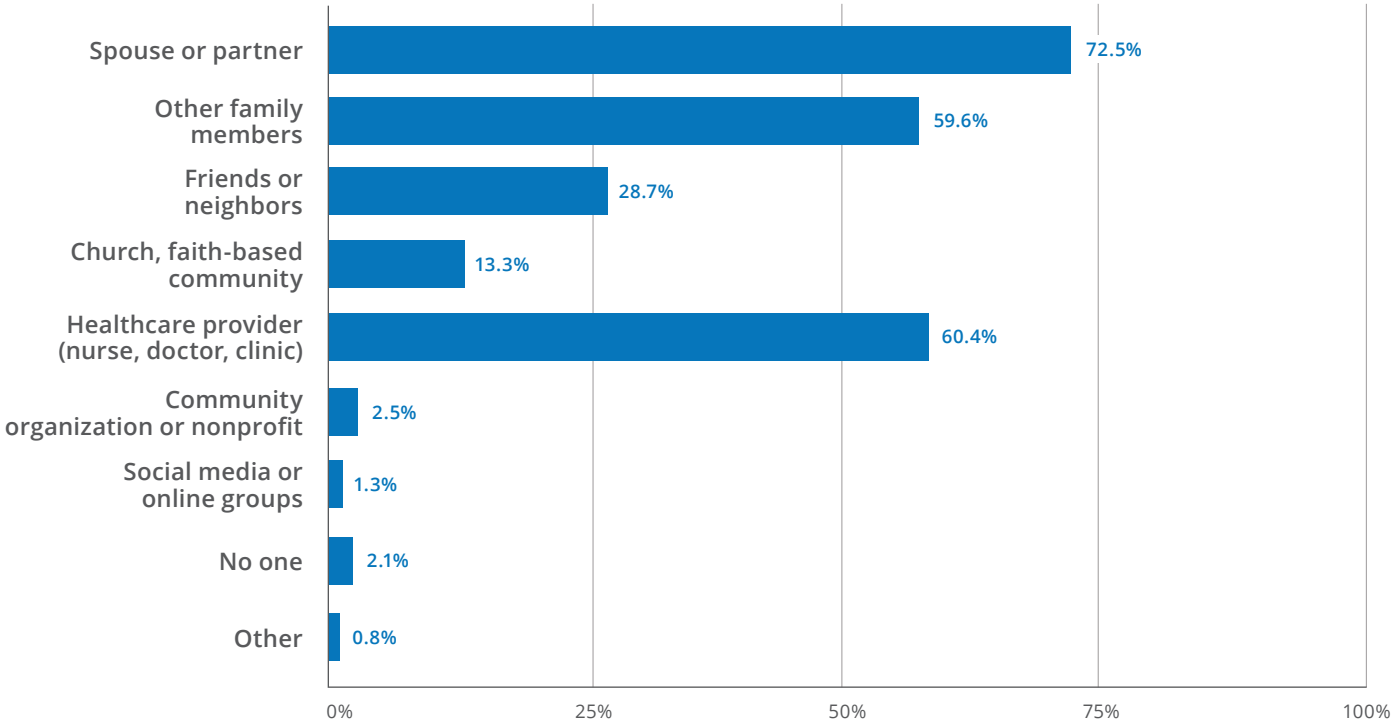
Where do you usually go when you are sick or need healthcare?



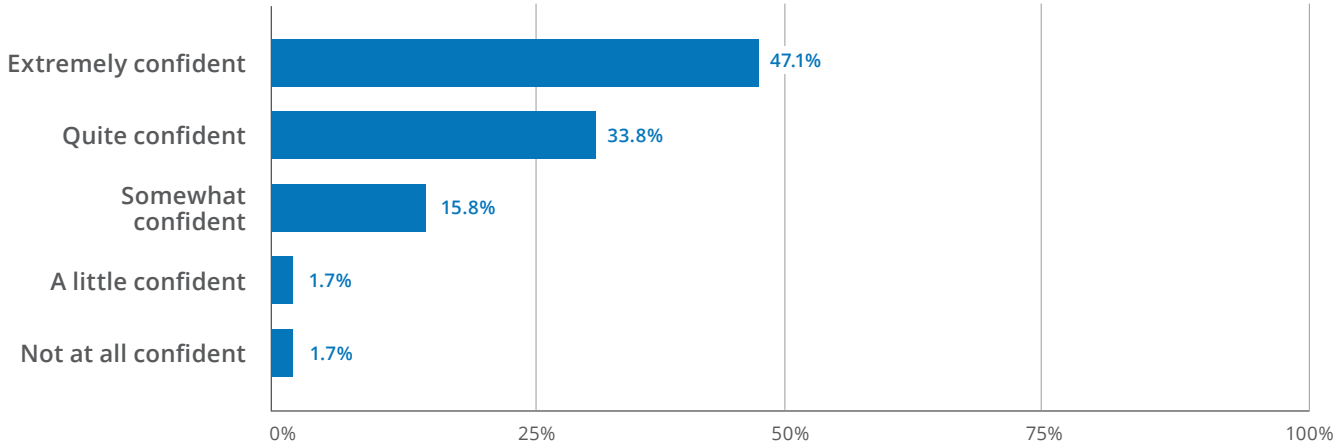
Where do you go for information about health and wellness?



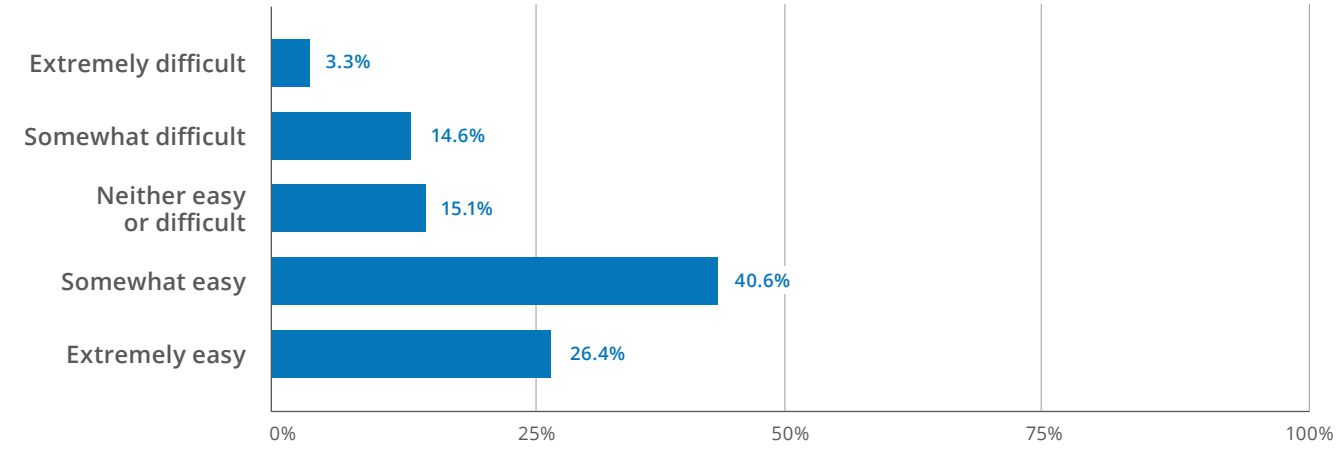
If you had a health crisis, who would you turn to for support? (Check all that apply)



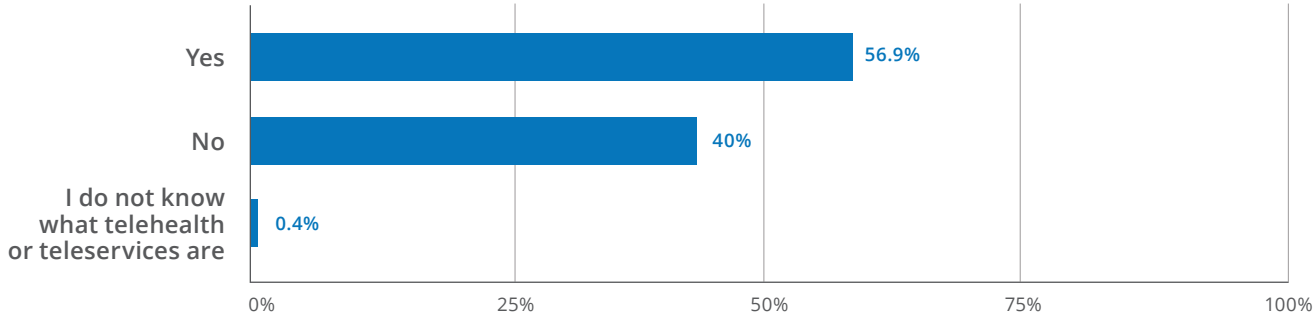
How confident do you feel in understanding the information your doctor or healthcare provider gives you?



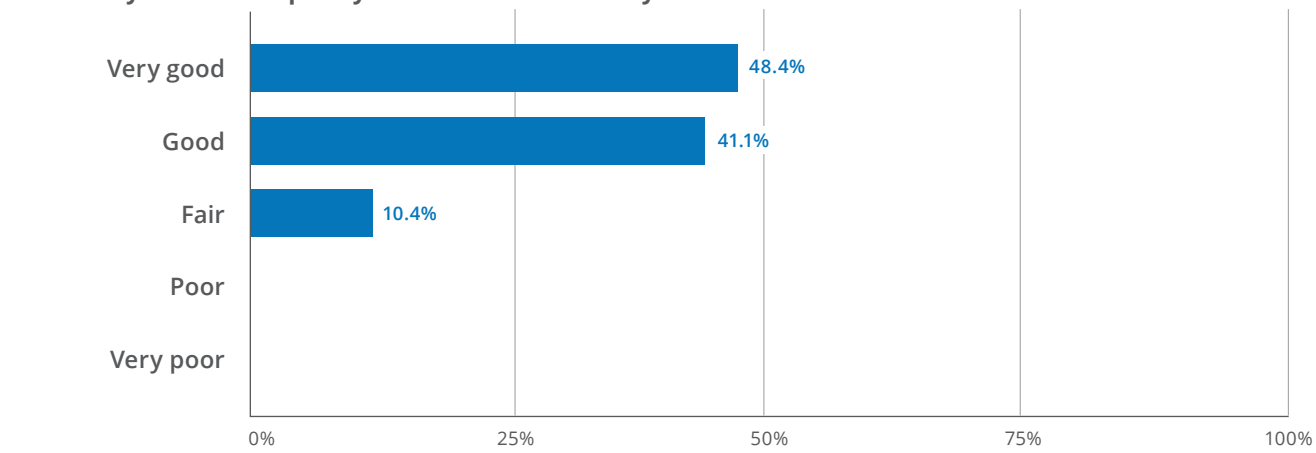
When you need healthcare, how easy is it for you to get an appointment?



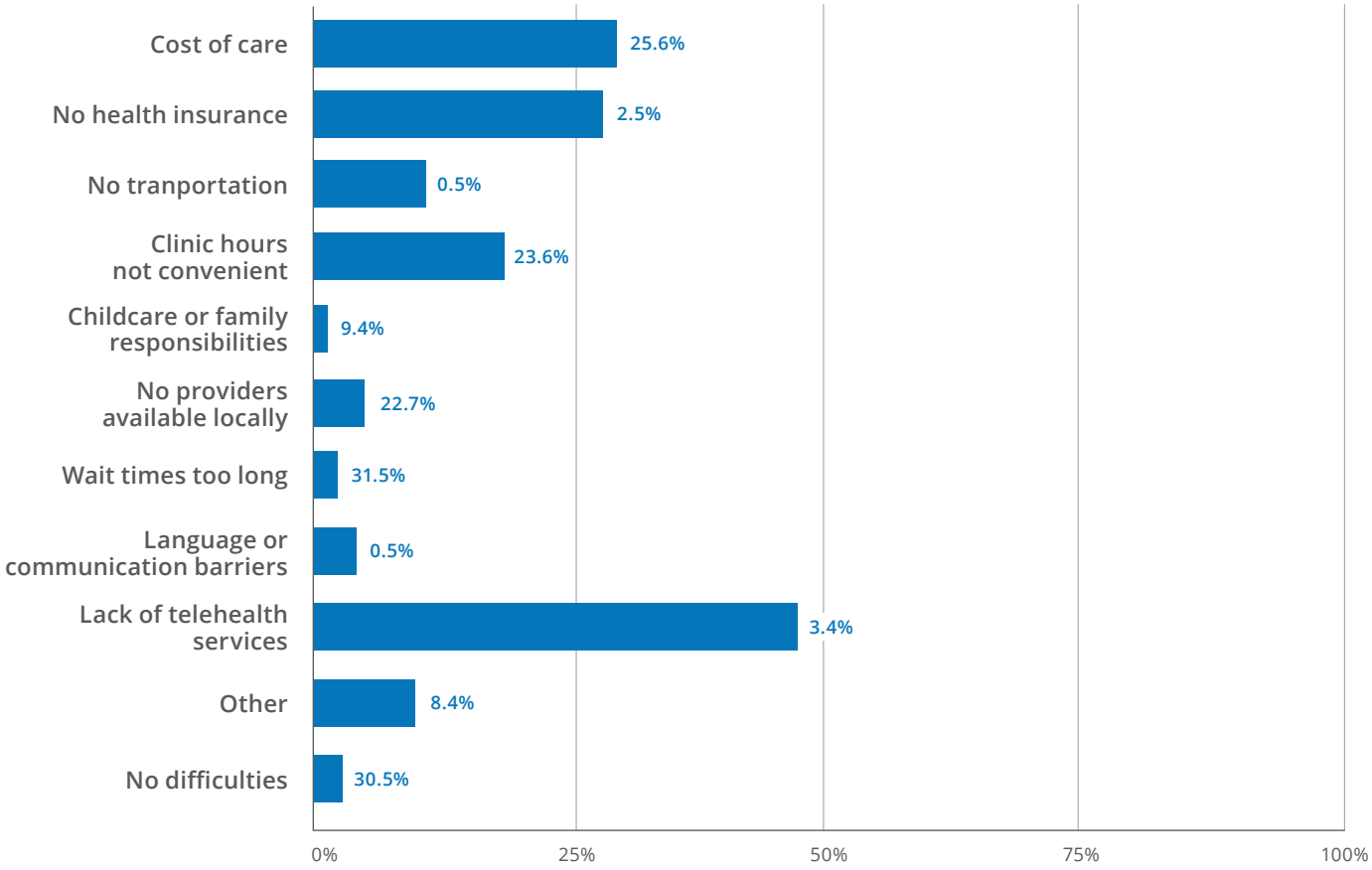
Have you ever had a doctor's appointment through telehealth or teleservices?



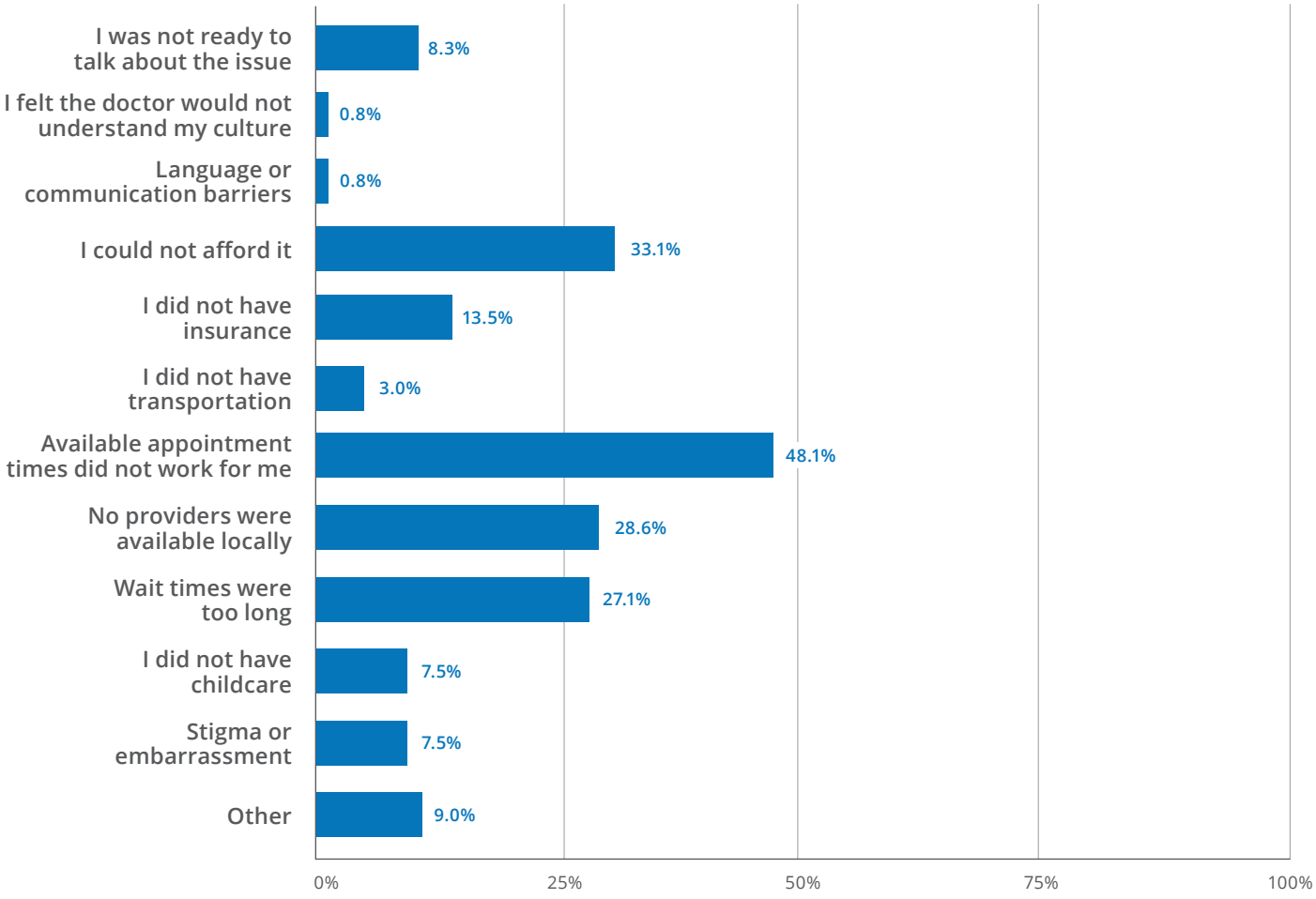
How would you rate the quality of the telehealth care you received?



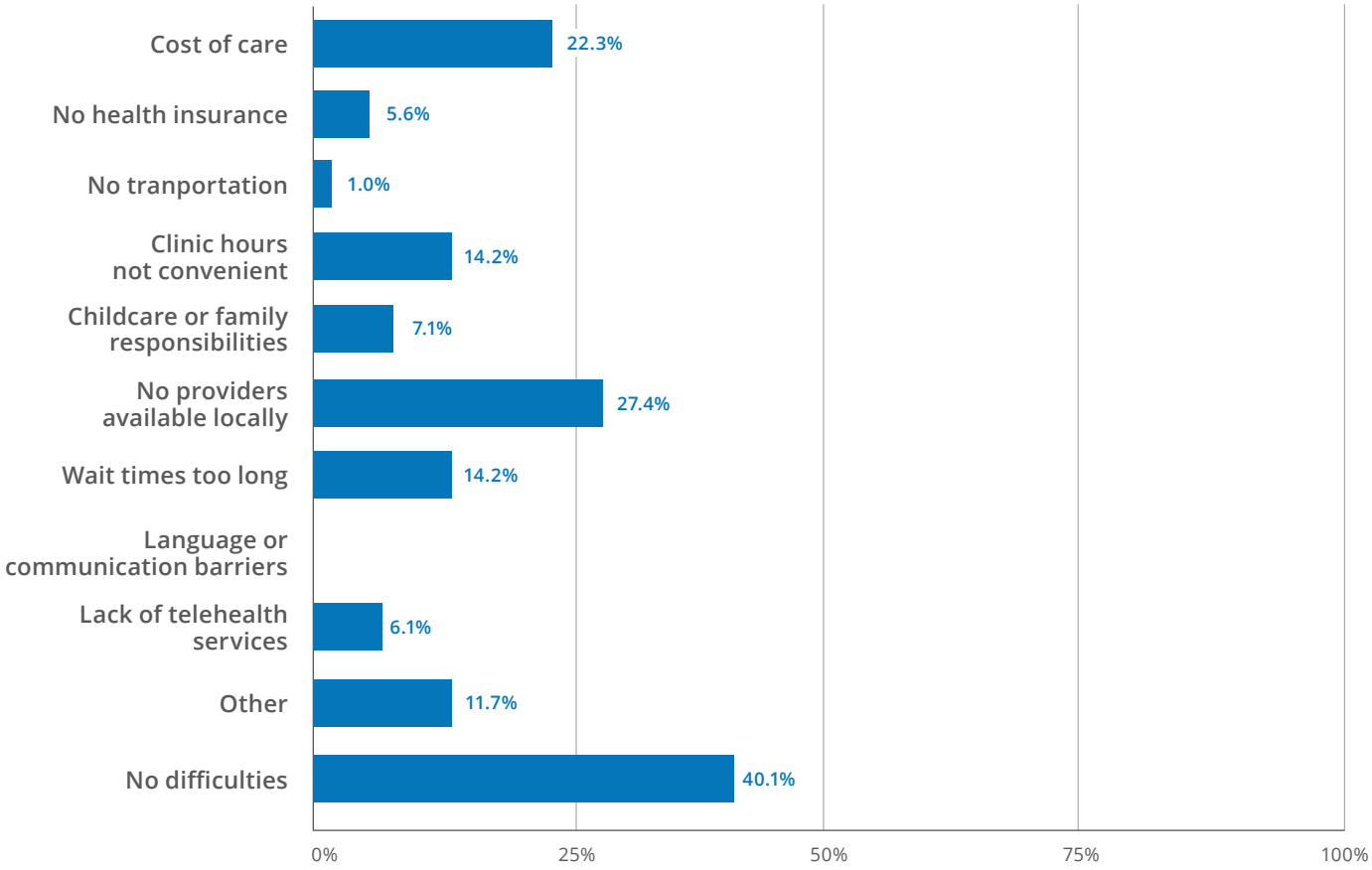
What makes it difficult for you to get medical care when you need it? (Select all that apply)



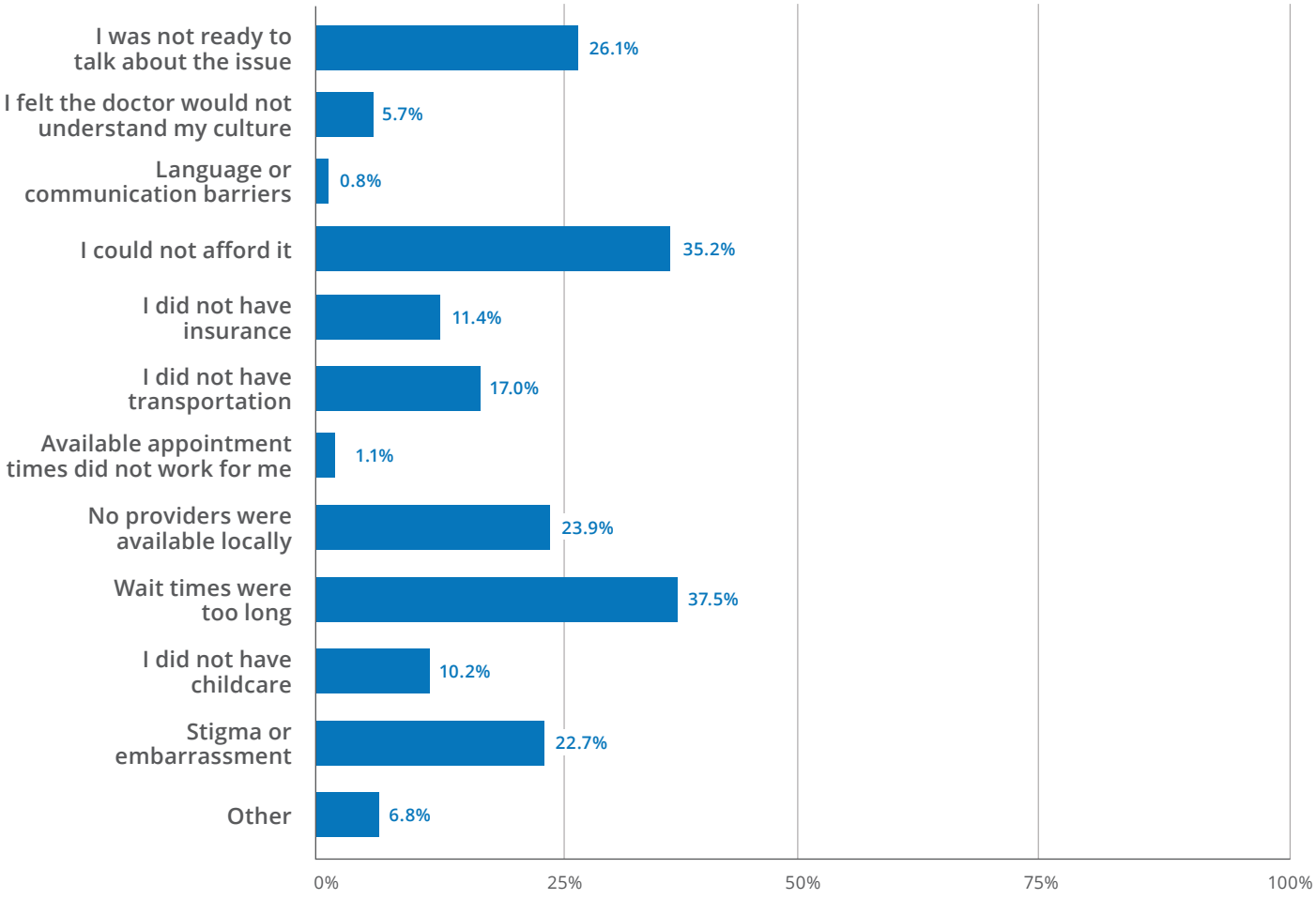
If you have ever chosen not to see a doctor when you felt you needed medical care, what was/were the reason(s)? (Select all reasons that apply)



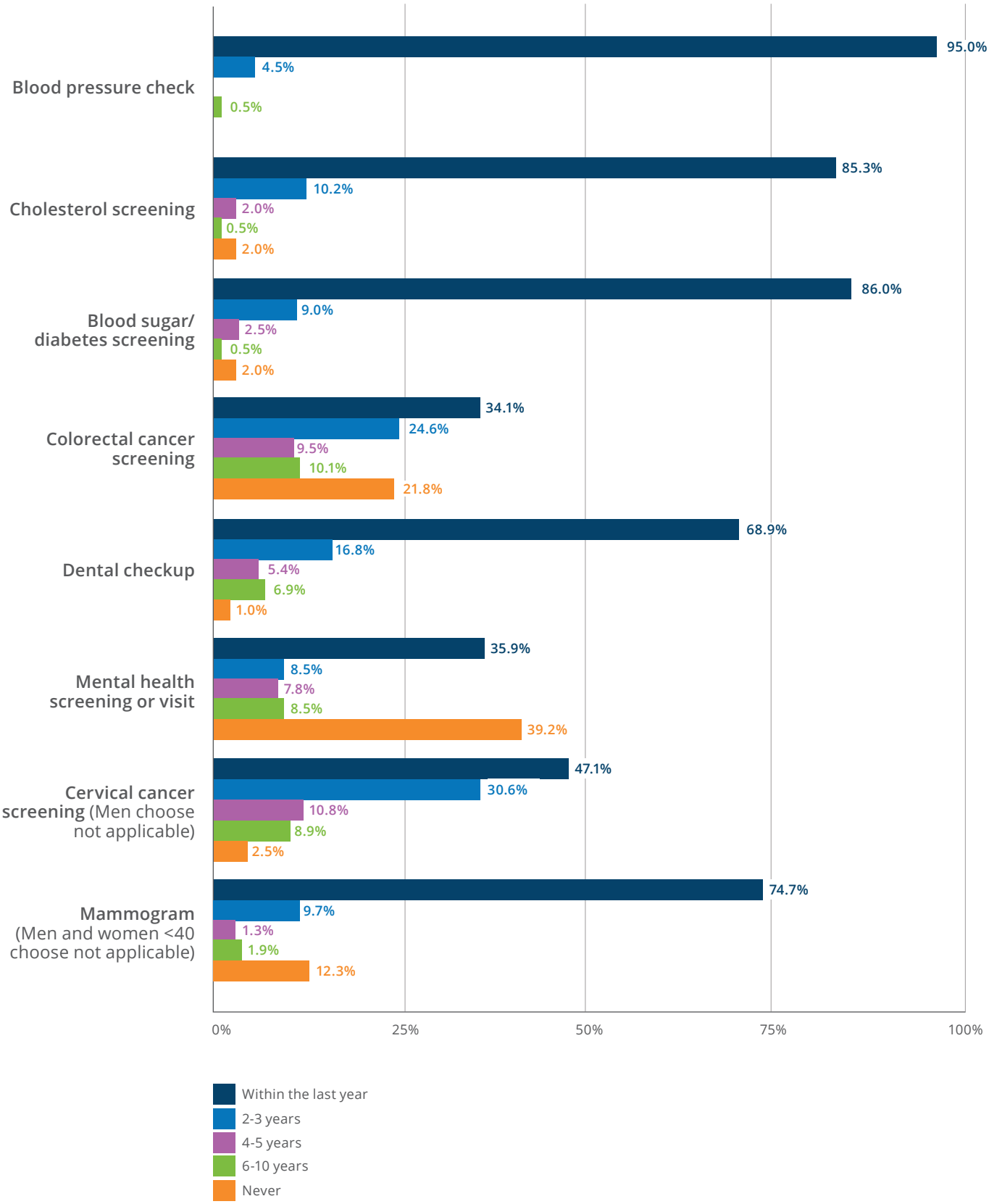
What makes it difficult for you to get mental health services when you need it? (Select all that apply)



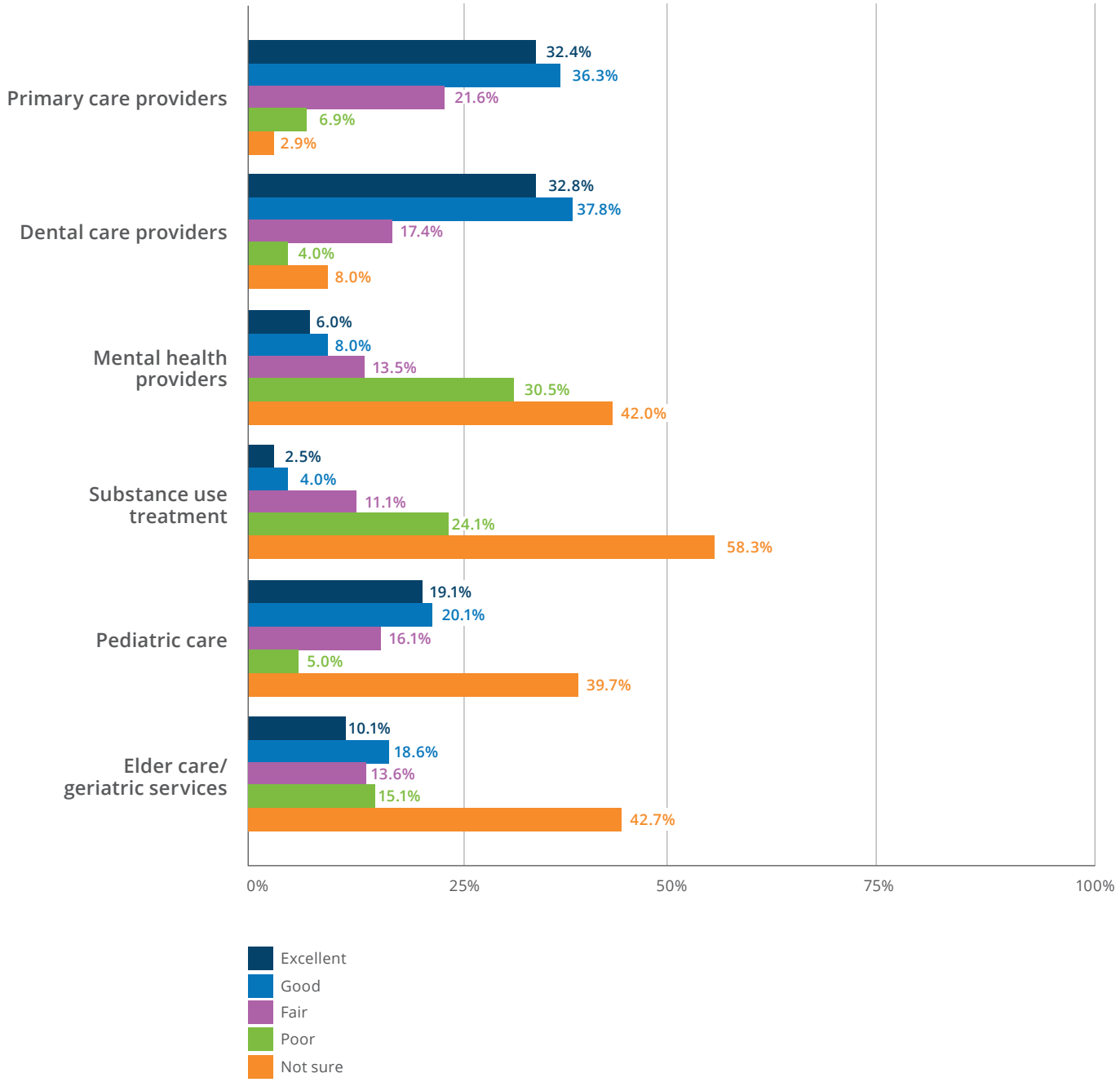
If you have ever chosen not to seek mental health services when you felt you needed it, what was/were the reason(s)? (Select all reasons that apply)



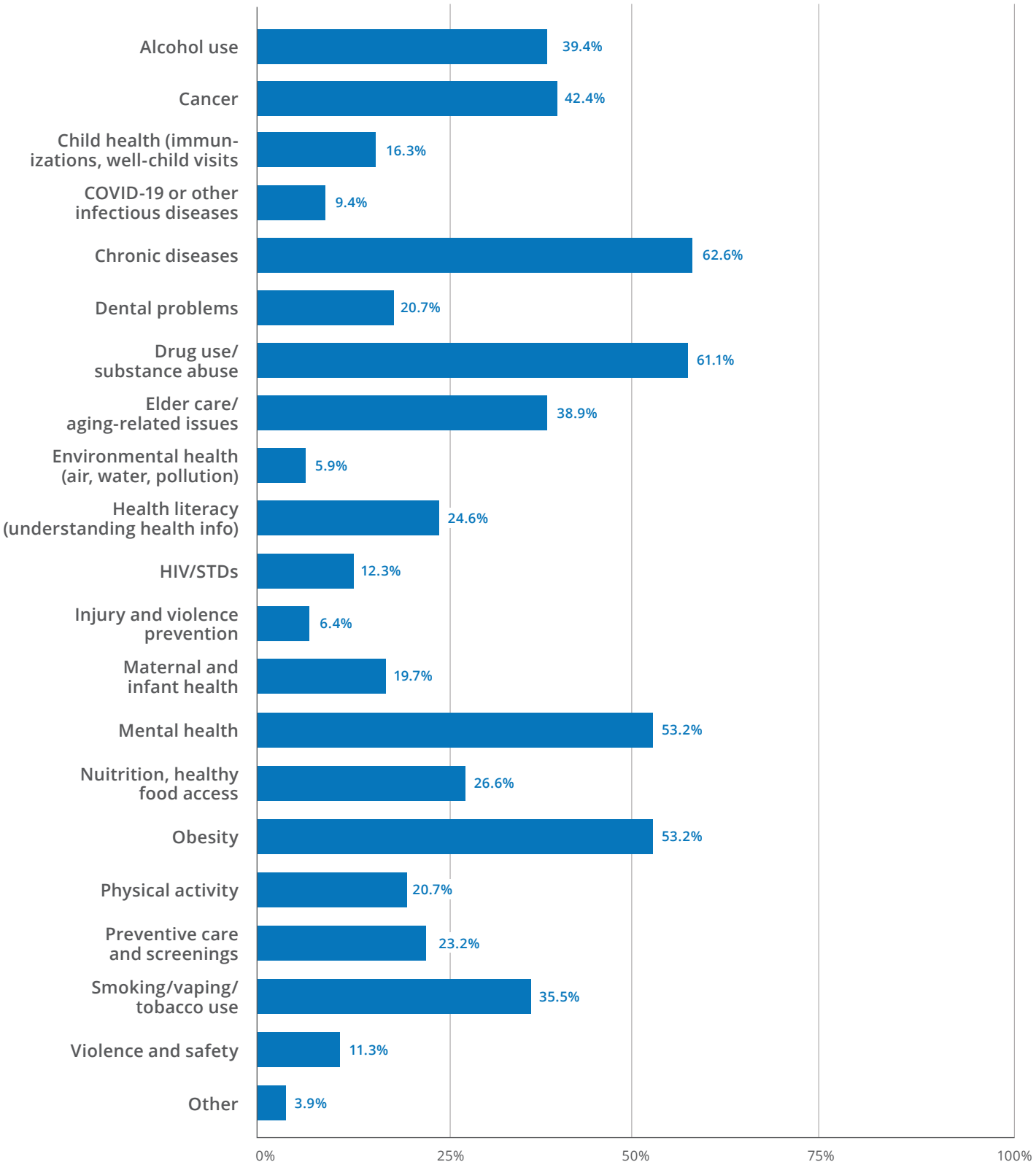
When was the last time you had the following health screenings?



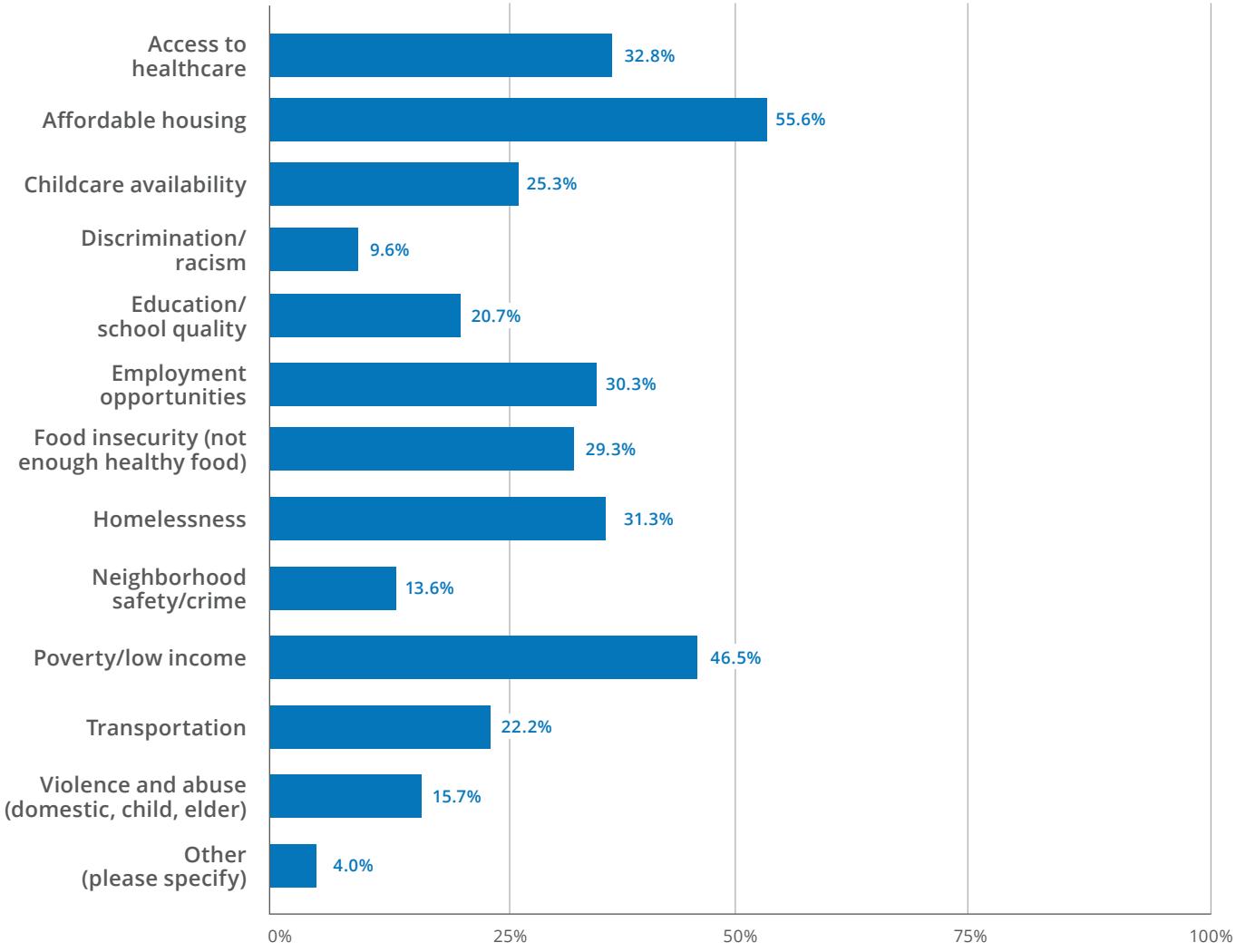
How would you rate the availability of the following services in your community?



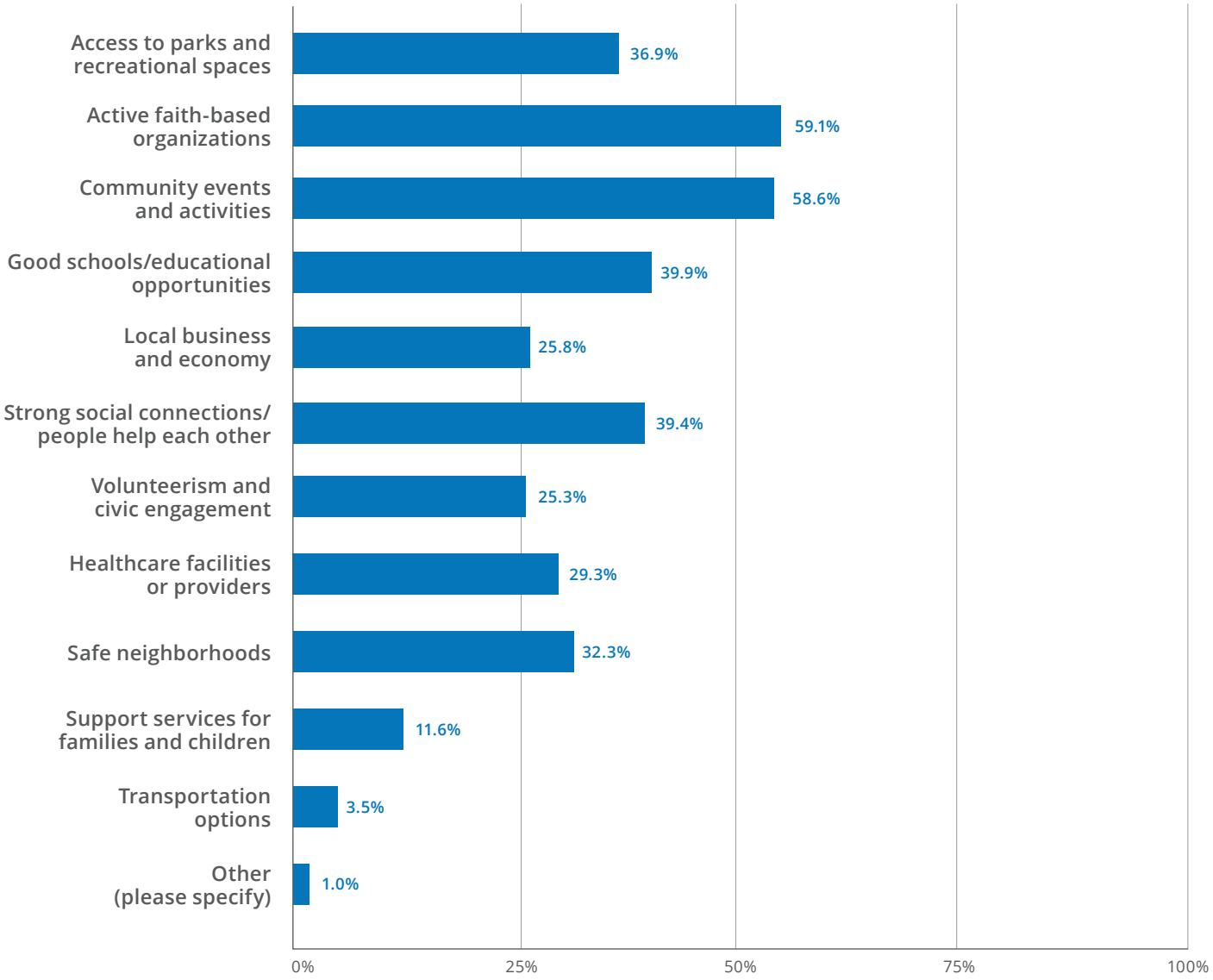
The following is a list of health problems that communities can experience. What do you think are the most important health problems in your community? (Select up to five from the list below).



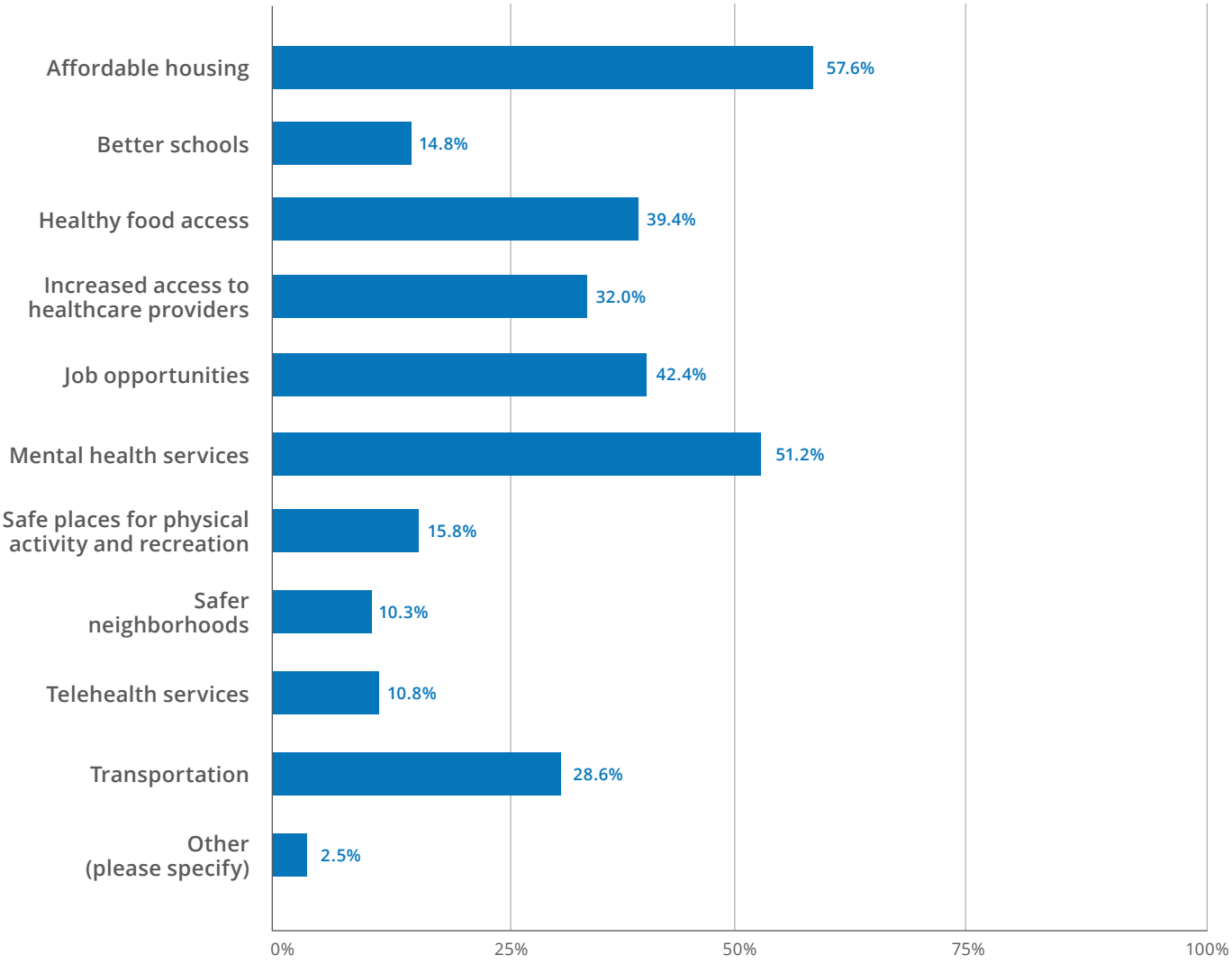
The following is a list of social problems most often experienced in communities. What do you think are the most important social problems in your community? (Select up to 3)



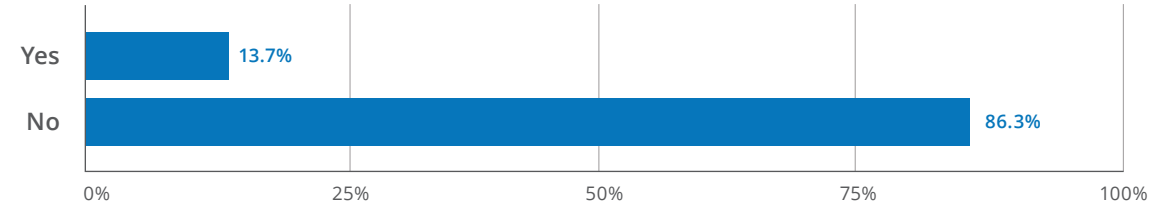
The following is a list of possible community strengths. What do you think are the greatest strengths of your community? (Select up to 5)



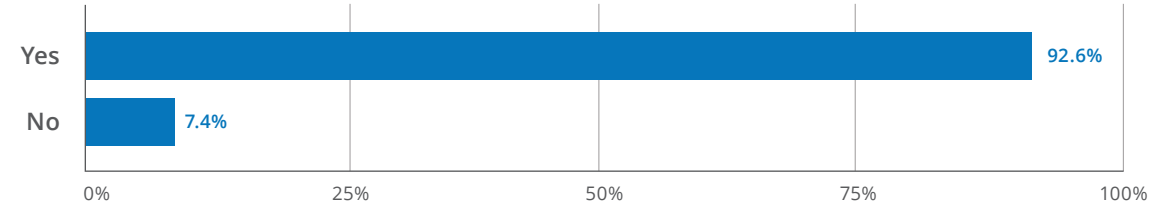
What resources or services, if improved, would have the biggest impact on improving health in your community? (Choose up to 3)



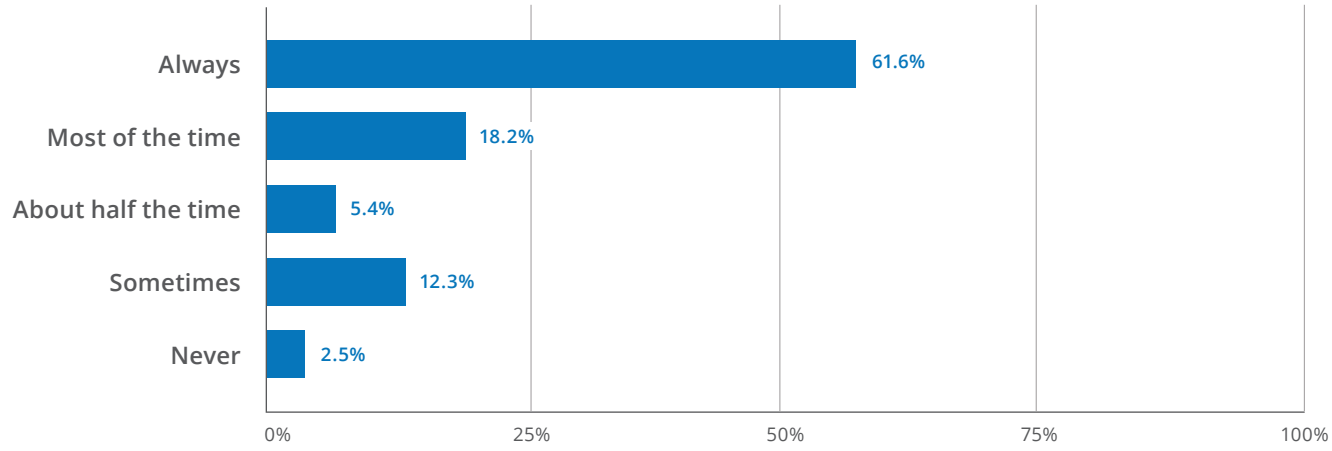
In the past 12 months, were you ever worried that your food would run out before you had money to buy more?



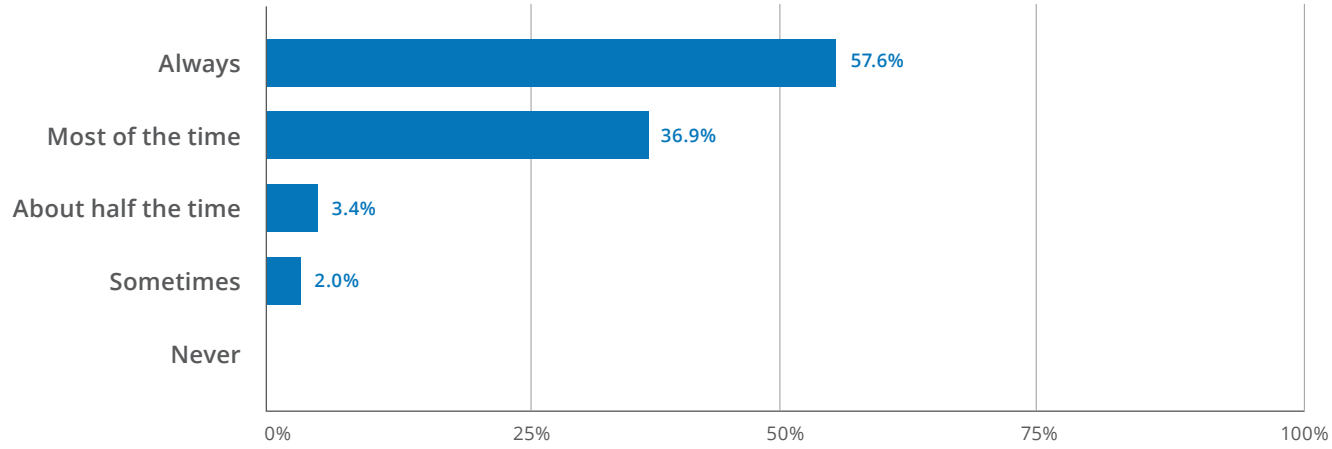
Do you currently have stable housing that you can afford?



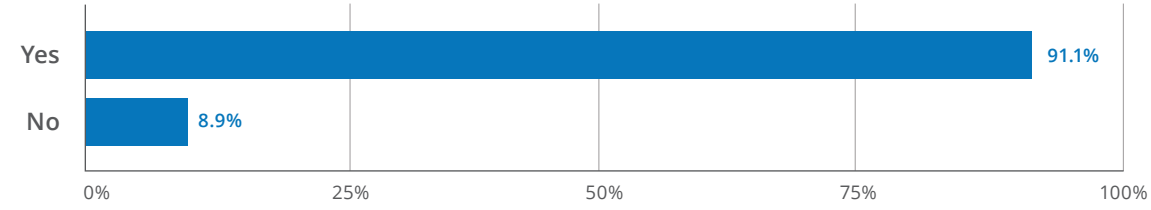
How often do you feel you have friends, family, or neighbors you can rely on for support?



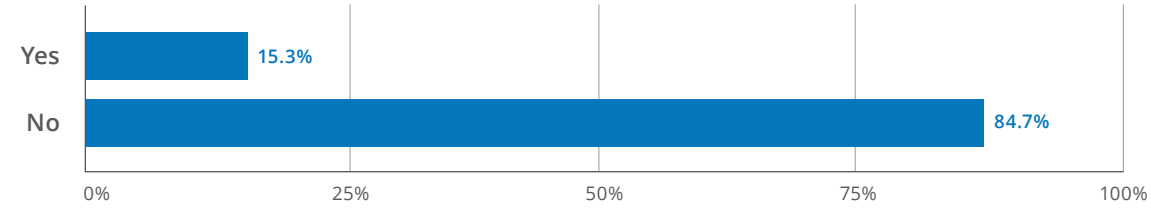
Do you feel safe in your neighborhood?



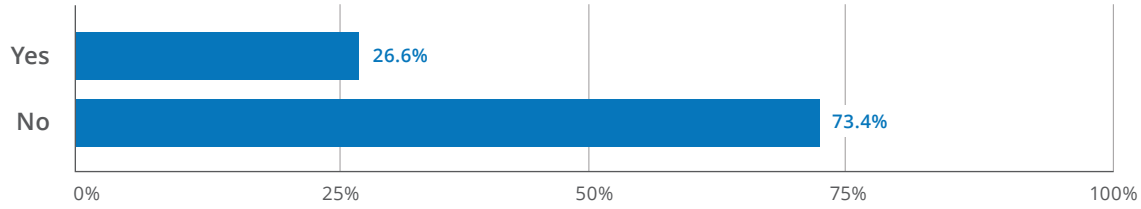
Do you have access to safe places for physical activity (parks, gyms, sidewalks)?



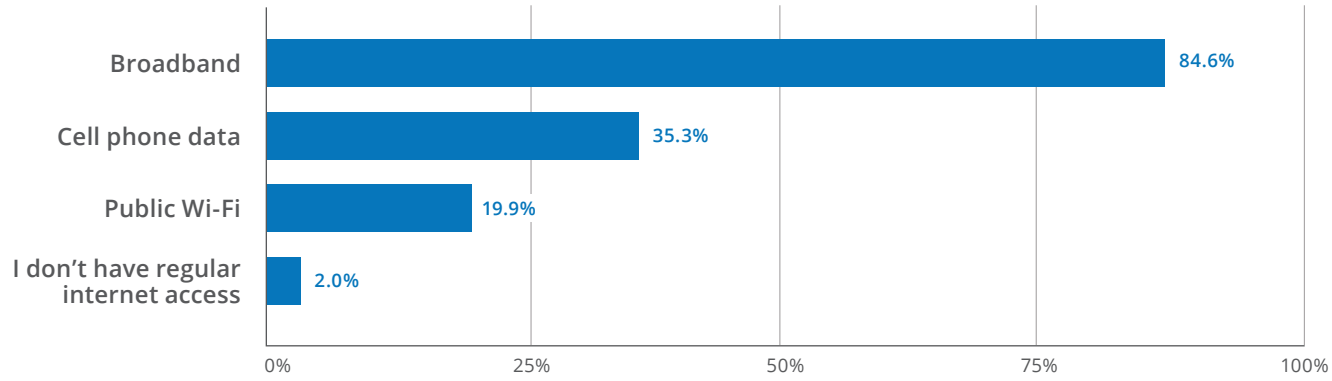
Do you have concerns about the quality of your housing (mold, pests, overcrowding)?



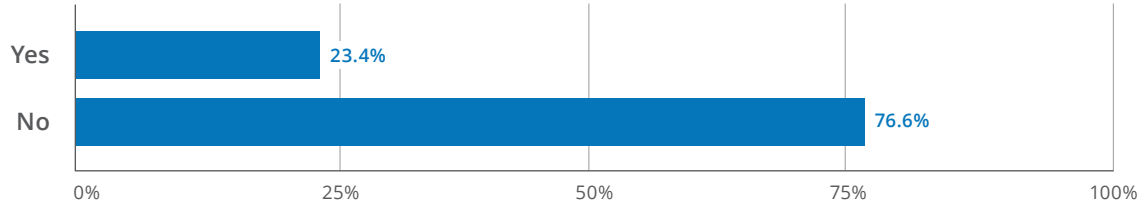
Do you have concerns about environmental issues where you live (air quality, water quality, pollution)?



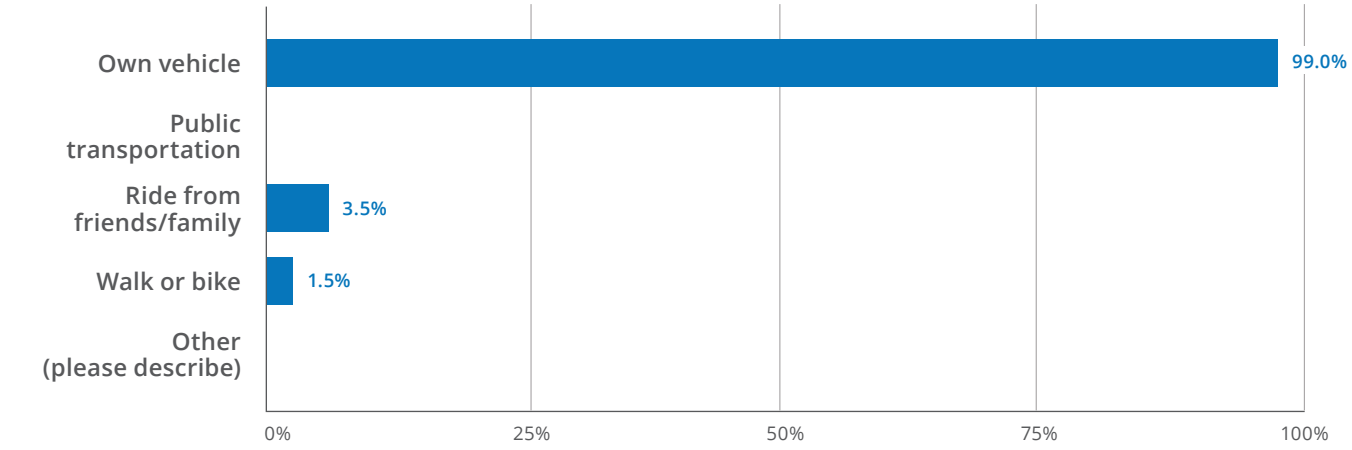
Describe your internet access at home. (Choose all that apply)



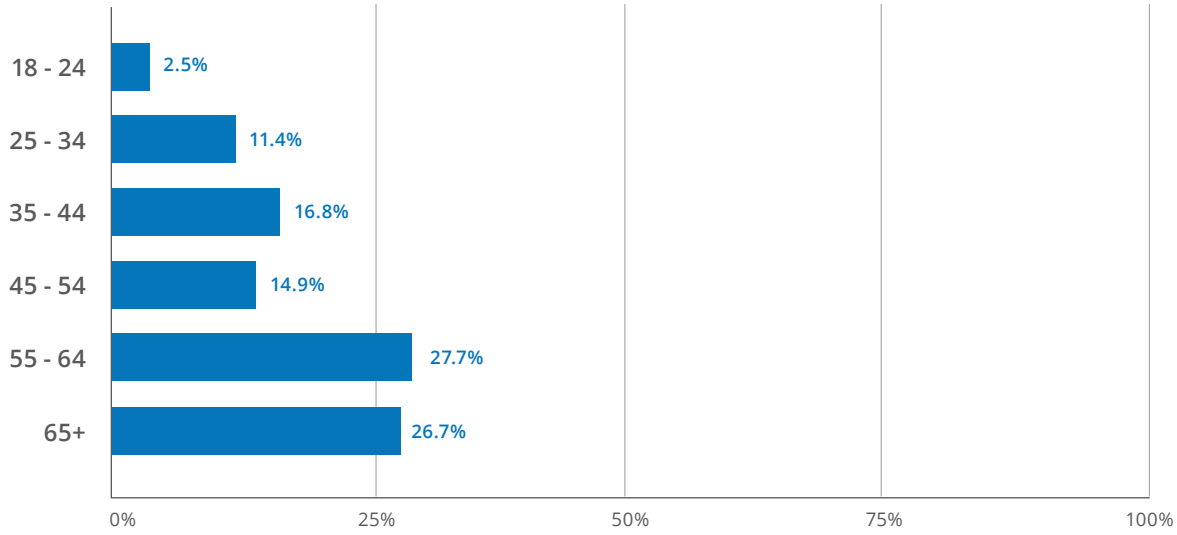
Do you currently provide care for a family member or friend who is ill, elderly, or has a disability?



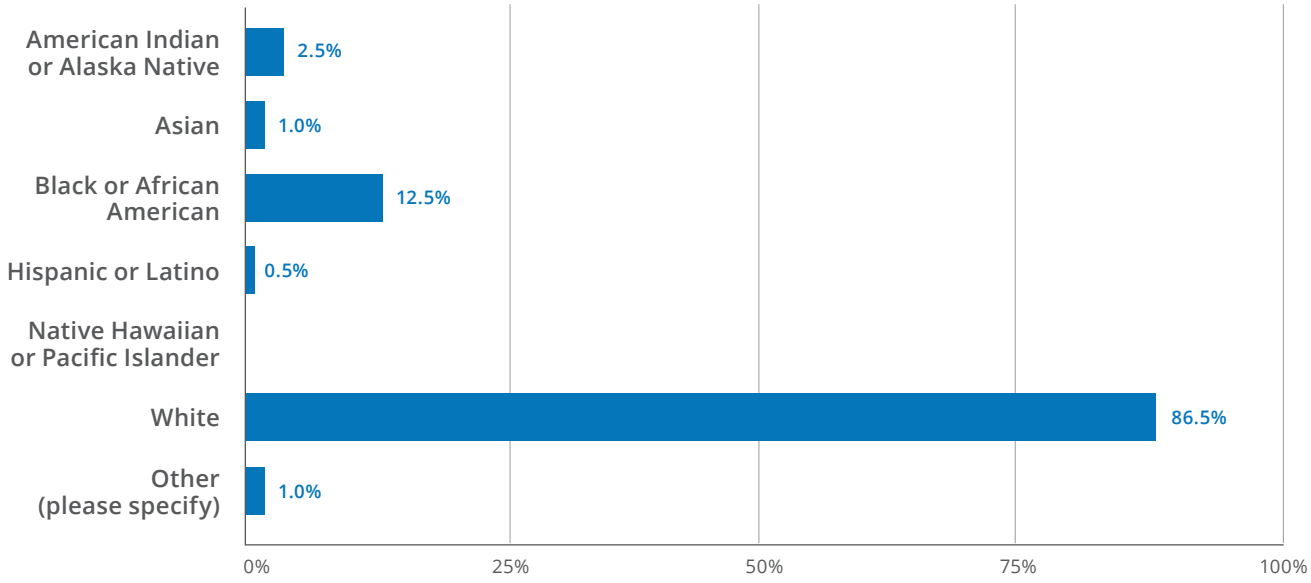
How do you usually get to places like work, school, or the grocery store? (Select all that apply)



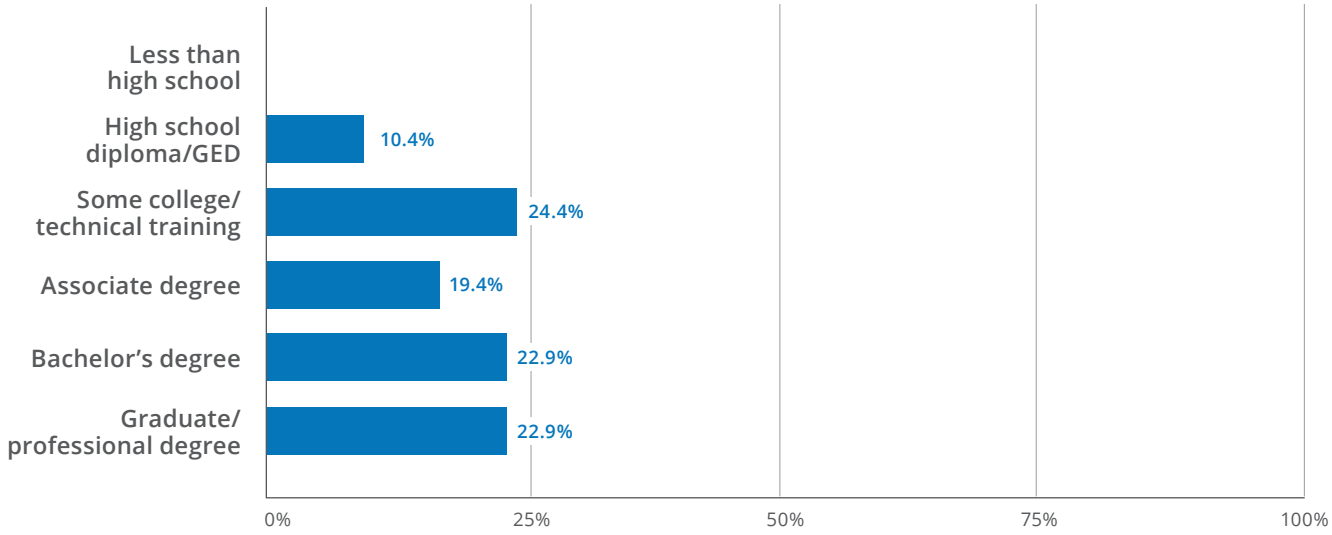
What is your age group?



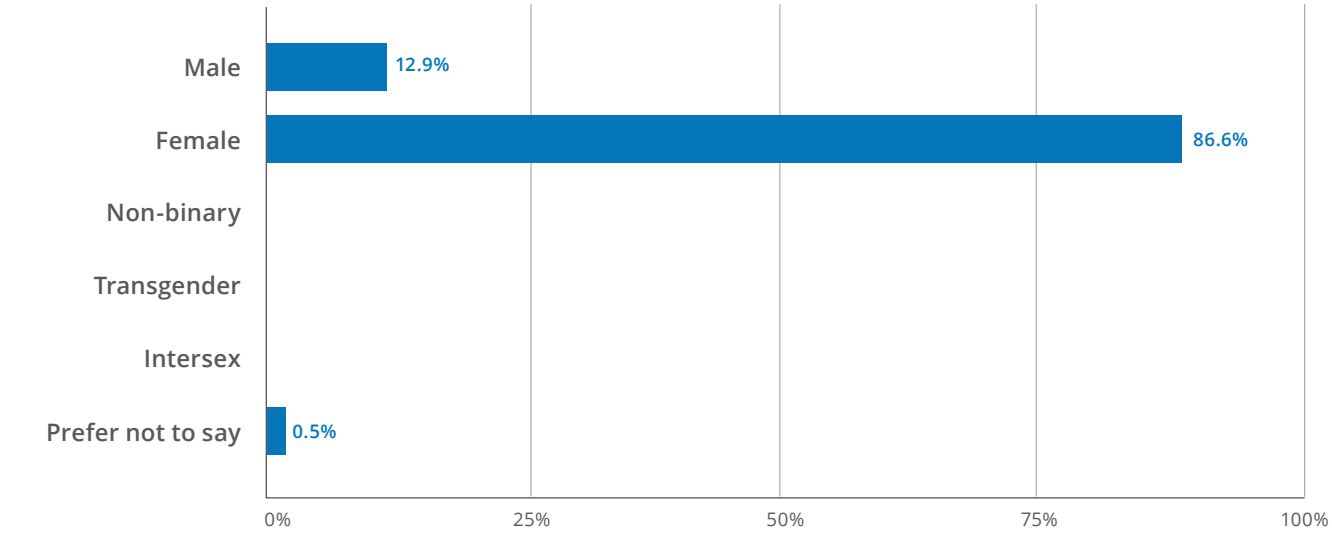
What is your race/ethnicity? (Select all that apply)



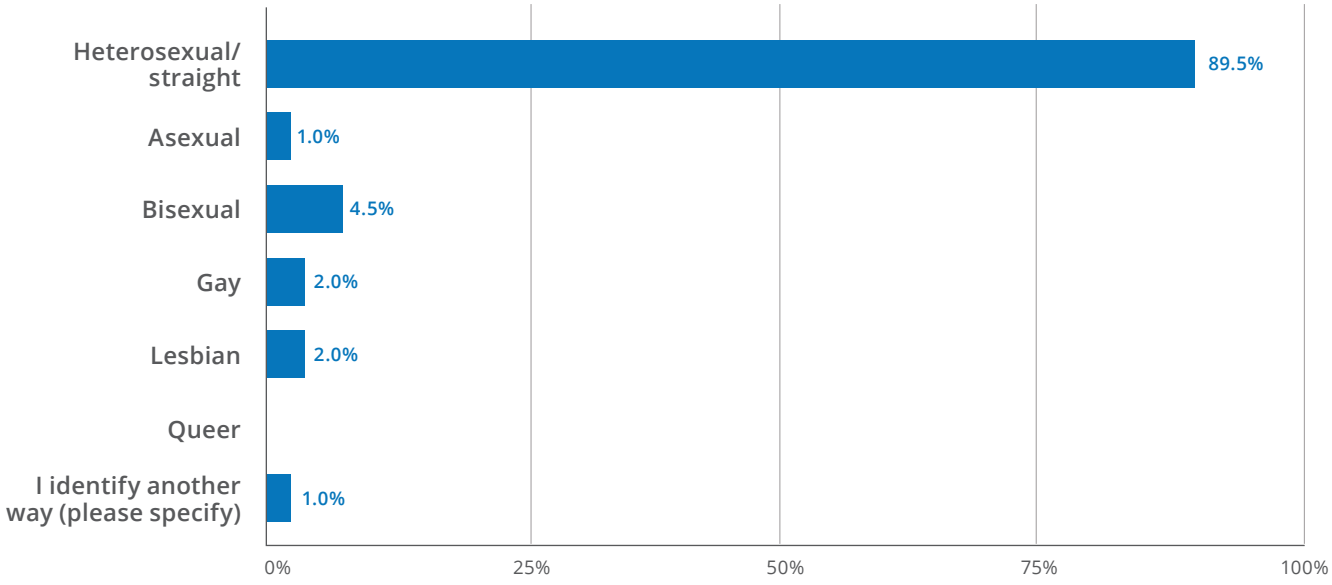
What is the highest level of education you have completed?



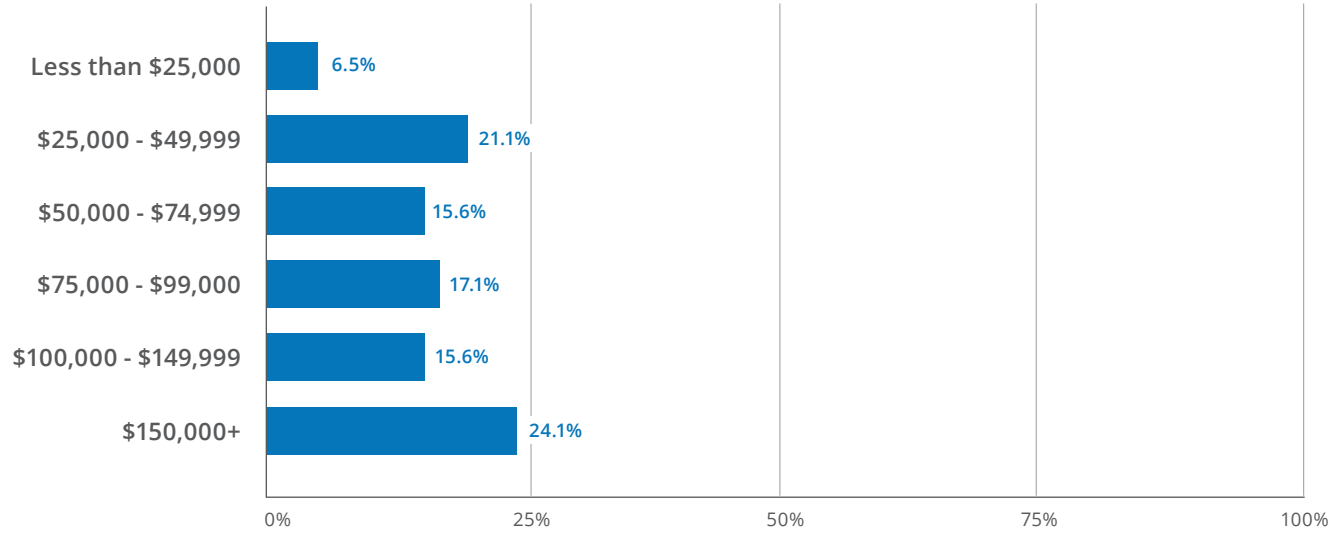
What is your gender identity?



What is your sexual orientation?



What is your current household income?



Community Health Needs Assessment 2025

Ochsner Health

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