Anderson Regional Health System

Community Health Needs Assessment Report

September 2021

Approved by Anderson Regional Health System Board of Directors

CRI CARR RIGGS & INGRAM
CPAs and Advisors
CRIcpa.com

TABLE OF CONTENTS

List of Figures 3
Executive Summary 4
About the Hospital 5
The Community Health Needs Assessment 11
    Background 11
    Community Engagement 11
    Transparency 12
    Data Collection 12
2019-2021 CHNA Response 13
About the Community 18
Population 29
Demographics 29
Input from the Community 36
    Community Survey 36
    Community Focus Group 43
Top Health Issues Facing the Community 45
    Leading Causes of Death 46
    Cancer 49
    Heart Disease 49
Top Health Issues Identified by Community 50
Thank You 50
CHNA: Implementation Strategy 51
Implementation Strategies 52

List of Figures

Figure 1. Photo of Dr. Jeff Anderson 5
Figure 2. Night Photo of ARHS Courtyard 7
Figure 3. Photos of different stages of ARHS brand 8
Figure 4. Aerial photo of ARHS campus 9
Figure 5. Community Volunteers at ARHS 11
Figure 6. ARHS employees thanking community for standing together amid PHE 12
Figure 7. Map of the location of Anderson Regional Medical Center 13
Figure 8. Map listing the providers within the service area of ARHS 14
Figure 9. Photo of carousel artwork around the city of Meridian 24
Figure 10. Age Range Lauderdale County per U.S. Census Bureau 25
Figure 11. Racial Mix Lauderdale County per U.S. Census Bureau 25
Figure 12. Sex Breakout All Ages Lauderdale County per U.S. Census Bureau 26
Figure 13. Sex Breakout Over Age 65 Lauderdale County per U.S. Census Bureau 26
Figure 14. Breakout of Households for Lauderdale County per U.S. Census Bureau 27
Figure 15. Education Levels in Lauderdale County per U.S. Census Bureau 27
Figure 16. Disability Status for Lauderdale County per U.S. Census Bureau 28
Figure 17. Disability Impacts All of Us handout 29
Figure 18. Income levels for Lauderdale County per U.S. Census Bureau 30
Figure 19. Health Insurance Coverage for Lauderdale County per U.S. Census Bureau 30
Figure 20. CHNA Roadmap Figure 31
Figure 21. Photo of ARHS online survey requesting feedback 32
Figure 22. Community Survey Question (CSQ) – How do you rate your overall health? 33
Figure 23. CSQ – How would you rate Lauderdale County as a "Healthy Community"? 33
Figure 24. Who do you feel is most responsible for keeping you healthy? 34
Figure 25. CSQ – Have you used any health services at ARHS in the past 12 months? 34
Figure 26. CSQ – Do you or a member of your family live with a chronic disease? 35
Figure 27. CSQ – Where do you go when you are looking for info/educ. about topics related to health? 35
Figure 28. CSQ – Do you have a Primary Care Provider? 36
Figure 29. CSQ – Where do you go for routine healthcare? 36
Figure 30. General photo – Thank you for your feedback 37
Figure 31. Photo of Focus Group Participants 38
Figure 32. General photo – thinking cap 44
Figure 33. Leading causes of death 2016-19 46
Figure 34. Leading causes of death 2016-19 by Race 47
Figure 35. Leading causes of death 2016-19 by Sex 47
Figure 36. Leading causes of death 2016-19 by Age Group 45-64 48
Figure 37. Leading causes of death 2016-19 by Age Group 65-Up 48
Figure 38. Top types of Cancer Mortality Rates 2016-19 49
Figure 39. Top types of Heart Disease Mortality Rates 2016-19 49

EXECUTIVE SUMMARY

The purpose of this Community Health Needs Assessment (CHNA) report is to provide Anderson Regional Health System (ARHS) with a functioning tool to guide the hospital as it works to improve the health of the community it serves. In addition, the report meets the guidelines of the Internal Revenue Service.

The results of the CHNA will guide the development of Anderson Regional Health System's community health improvement initiatives and implementation strategies. This is a report that may be used by many of the hospital's collaborative partners in the community.

The assessment was performed, and the implementation strategies were developed with assistance from Carr, Riggs, & Ingram LLC (CRI), a top accounting firm based in Jackson, MS. The assessment was conducted July - September 2021.

The main input was provided by previous patients, employees, and community representatives. An opportunity to offer input was made available to the entire community through word of mouth, plus a published and publicly available community survey. In addition to the community survey, a focus group was conducted with participants representing various demographic & ethnic groups of the community. Additional information came from public databases, reports, and publications by state and national agencies.

The opening section of this report will be about ARHS. It will provide the community with an informative overview about the hospital, a brief walk through the history of ARHS, our brand and how it reflects our mission, and an overview of the services available at ARHS.

The response section of this report describes how the hospital and its collaborative partners worked together to address identified health needs in our community during the past three years including the difficulties encountered serving the community because of the COVID-19 pandemic under the Public Health Emergency. In this report, we also discuss demographics of the community, feedback from the community, leading causes of death for Lauderdale county, and the health priorities that we will focus on over the next three years. The CHNA report is available on the hospital's website https://www.andersonregional.org/ or a printed copy may be obtained from the hospital's administrative office.

We sincerely appreciate the opportunity to continue to be a part of this community. We look forward to working with you to improve the overall health of those we serve.

John G. Anderson, FACHE
President & CEO
Anderson Regional Health System

ABOUT THE HOSPITAL

About Us:

Our founder, Dr. Jeff Anderson's heritage of healing and improving life has been the foundation of physical growth, medical advancements, and patient focused care since 1928. What was once a 30-bed infirmary is now a regional health system with an economic impact of $380M.

As the most comprehensive health system in East Mississippi, Anderson provides the area's only radiation oncology program and inpatient pediatric services, advanced surgical techniques that utilize robotics and enhanced anesthesia protocols, inpatient rehabilitation, and unprecedented cardiovascular services that include Meridian's only open-heart surgery program. With two hospitals, a regional cancer center and a network of clinics, Anderson is proud to be the established leader in offering premier medical services.

Anderson History:

Dr. Jeff Anderson's Vision

It was the year 1928, just 12 months before the Great Depression hit America, when Dr. William Jefferson Anderson established what is known today as Anderson Regional Medical Center. Having been founded in one of the bleakest economic eras in American history, and having grown through both good and bad economies, Anderson has always had an eye toward the future and the people and tools in place to weather hard times.

History

Visionary from the start, Dr. Jeff Anderson saw a need to improve health care for the people of East Central Mississippi and West Central Alabama. In 1929, he purchased the old Turner Hospital and renamed it Anderson Infirmary.

Anderson Infirmary operated 30 hospital beds, a laboratory and two operating rooms. On staff were three physicians and a half-dozen nurses and technicians. Dr. Anderson's vision of improving the quality of medical care had begun.

He, too, was hit by the effects of the Great Depression. He mortgaged his home (now a historic landmark on 23rd Avenue) to keep the doors of Anderson Infirmary open.

Despite the hard times, Dr. Anderson provided care to all patients and payment was creative — ranging from promissory notes and fruits and vegetables to more. In many cases care was rendered for free. No one was turned away.

Figure 1 - Photo of Dr. Jeff Anderson

Economic Recovery

In the late 30s and throughout the 40s, economic recovery began. As a result, the hospital experienced expansive growth and patient care services expanded. Additional operating rooms and X-ray were added, and the laboratory was enlarged. Anderson Infirmary became the first hospital in Meridian to become fully air-conditioned — a true milestone in the South.

Anderson Infirmary grew so much that by the 1950s, the original facilities were cramped and outdated. Changes in technology, including antiseptic, antibiotic, and surgical advances, had profound impacts on medicine. As a result, Anderson Infirmary grew from a medical staff of three in 1928 to more than 24 in 1951, including Dr. Anderson's son, surgeon Dr. William J. Anderson Jr. That was also the year that founder Dr. William Jefferson Anderson passed away.

New Leadership

With Dr. William Anderson at the helm, the hospital continued to grow and plan for the future. Under his leadership, Anderson Infirmary became Jeff Anderson Memorial Hospital and, in 1965, opened an entirely new state-of-the-art facility. The hospital housed 120 private acute care beds with expanded services in laboratory, X-ray, surgery, obstetrics, and emergency departments. Jeff Anderson Memorial Hospital became the area's first and largest full-service hospital in the East Mississippi/West Alabama area.

Growth

By 1975, the hospital had expanded from 120 to 260 beds and achieved "regional medical center" status. The exponential growth occurred from one directive and one directive only — continuously improving the quality of patient care. Since 1975, we have experienced steady growth, not only in brick and mortar, but in services as well. The 1980s saw the development of Centers of Excellence in cardiology, wellness, and cancer treatment. In 1999, under the leadership of Dr. William J. Anderson III, the hospital began implementing a multi-phase master facility plan. This plan was based on a patient focused design and involved relocation of all services for easy patient access. Jeff Anderson Regional Medical Center completed the final construction phase of the multi-phase master facility plan in the spring of 2000. The completion of this multi-million-dollar project provided evidence of the commitment for the continued improvement of healthcare quality for the consumers the medical center serves. Rebranded in 2009 to better reflect our roots, Anderson Regional Medical Center houses Centers of Excellence in cardiac services, wellness, oncology, women's health, sleep disorders and more. Anderson Regional Cancer Center is the region's only comprehensive Cancer Center.

Acquisition

On January 1, 2011, Anderson took ownership of substantially all of the assets of Riley Hospital. This acquisition added 140 licensed beds, making Anderson Regional a 400-bed facility — among the largest in the state and region. Anderson added several key service lines, including long-term acute care, wound care, inpatient rehabilitation, and a pain management center. In keeping with our mission, this acquisition allowed our healthcare system to expand its campus and enhance and increase key services to help us better serve the residents of this region.

Anderson Today

Today Anderson Regional Health System is led by Dr. Jeff Anderson's grandsons, Joe Anderson (Chairman of the Board of Directors) and John G. Anderson (President and CEO). The health system hosts a robust medical staff spanning 35 specialties, enabling residents of this area to stay close to home for advanced medical care. Anderson is one of the largest medical systems in Mississippi and one of the state's major employers.

Figure 2 - Night photo of ARHS Courtyard

Branding and its reflection on our Mission:

Our evolved brand identity is a reflection of Anderson's past, its present and its future. It redefines and visually communicates the values that reflect Anderson's mission — a long family history of care and role as protector, commitment to healing, strong beliefs in the values of faith and compassion and the three distinct groups of people we depend on daily to carry out the Anderson legacy. Our identity elements are used to visually represent the Anderson brand and we use them to tell our brand story through a very distinct point of view or perspective. The Anderson Regional Health System logo represents our mission: to continue our heritage of healing and improving life for the people we serve.

Shield

The crest or shield is a stately and dignified symbol associated with family, a long history, and deep roots. The shield is also the symbol of a protector, a safe haven, an entity that preserved the well-being of those who may not have the ability to protect themselves. Our shield represents our mission: to continue our heritage.

Medical Cross

Our mission of healing includes reaching out to those who suffer the afflictions of all manner and form. It is that commitment to the value of human life that has made Anderson the institution it is today. At the very core of Anderson is the red medical cross, a symbol known around the world for healing, protection, safety — the very things Anderson has represented throughout its history.

Christian Cross

But Anderson is about more than healing the human body, it is about healing the human soul, of reaching out to those who seek compassion and are in need of mercy, those who yearn for the warm touch of a nurse, or a kind word from a doctor. The Christian cross is a symbol around the world and is recognized by all faiths as a sign of hope and love, helping others, especially the least of these.

Healing Waters

To improve the lives of the people we serve takes a team. This team of healers — those who carry on the legacy of compassion Anderson has spent years building — is our PEOPLE. Healing waters have a rich history in all faiths and countries around the world. These waters represent a renewed spirit and body, a new day of hope. For Anderson, the three waves of healing waters represent the three groups who make healing possible: from the base of the waves reaching upward, the waves represent our Physicians, our Caregivers, and our Support Team.

What do the colors in our logo represent?

Green conveys our commitment to renewing the body and spirit, as well as our efforts to care for the planet and our community. Green also conveys hope, a new day and growth for our people and our institution. Red is a rich, deep color and is a perfect complement to the green. Red is associated with many of our values: love of mankind, strength of character, and is the symbol of medical care throughout the world.

Figure 3 - Photos of different stages of ARHS brand

Health System Overview:

Advanced Medicine. Compassionate Care. Close to Home.

As the most comprehensive health system in East Mississippi and West Alabama, Anderson Regional Health System is the established leader in offering premier medical services. With more than 1,600 employees, a 200-member medical staff spanning 35 medical specialties, and affiliation with 40 area clinics, our healthcare professionals are committed to the continued mission of providing a heritage of healing and improving life for the people we serve.

- Featuring two campuses, North and South
- 400 patient rooms
- Area's first Cardiovascular Surgery Program
- Heart Cath Lab Services
- Area's only Cancer Center including Radiation Oncology and Medical Oncology
- Level III Trauma ER with helipad service
- Advanced Intensive Care and Cardiac Care Units
- Obstetrics LDR Program, Level II NICU
- Tom C. Maynor Rehabilitation Center (Inpatient Physical, Speech and Occupational Therapy)
- Area's Only Weight Loss Surgery
- Pain Management Center
- Wound Healing and Hyperbaric Center
- Horizons Geri-Psych Center
- Sleep Disorders Center
- Breast Imaging Center of Excellence
- Outpatient Infusion Center
- Medically based fitness center
- Hospital Medicine Program, including Pediatric Hospital Medicine
- Primary Care Centers in East Mississippi service area
- Children's Medical Clinic
- Dr. William G. Riley Inpatient Pediatric Center
- Major multi-specialty physician groups located on hospital campus

Accreditations

Anderson Regional Health System holds accreditations and membership in organizations committed to the highest levels of quality in the healthcare field. The following list is some of those accreditations:

- The Joint Commission
- Commission on Cancer
- American College of Surgeons
- American College of Radiology
- Society of Cardiovascular Patient Care
- College of American Pathologists
- Mississippi State Medical Association

Our Mission

To continue our heritage of healing and improving life for the people we serve.

Our Vision

To be the healthcare provider of choice.

Our Values

We recognize: Respect, Trust, Dignity, Responsiveness.

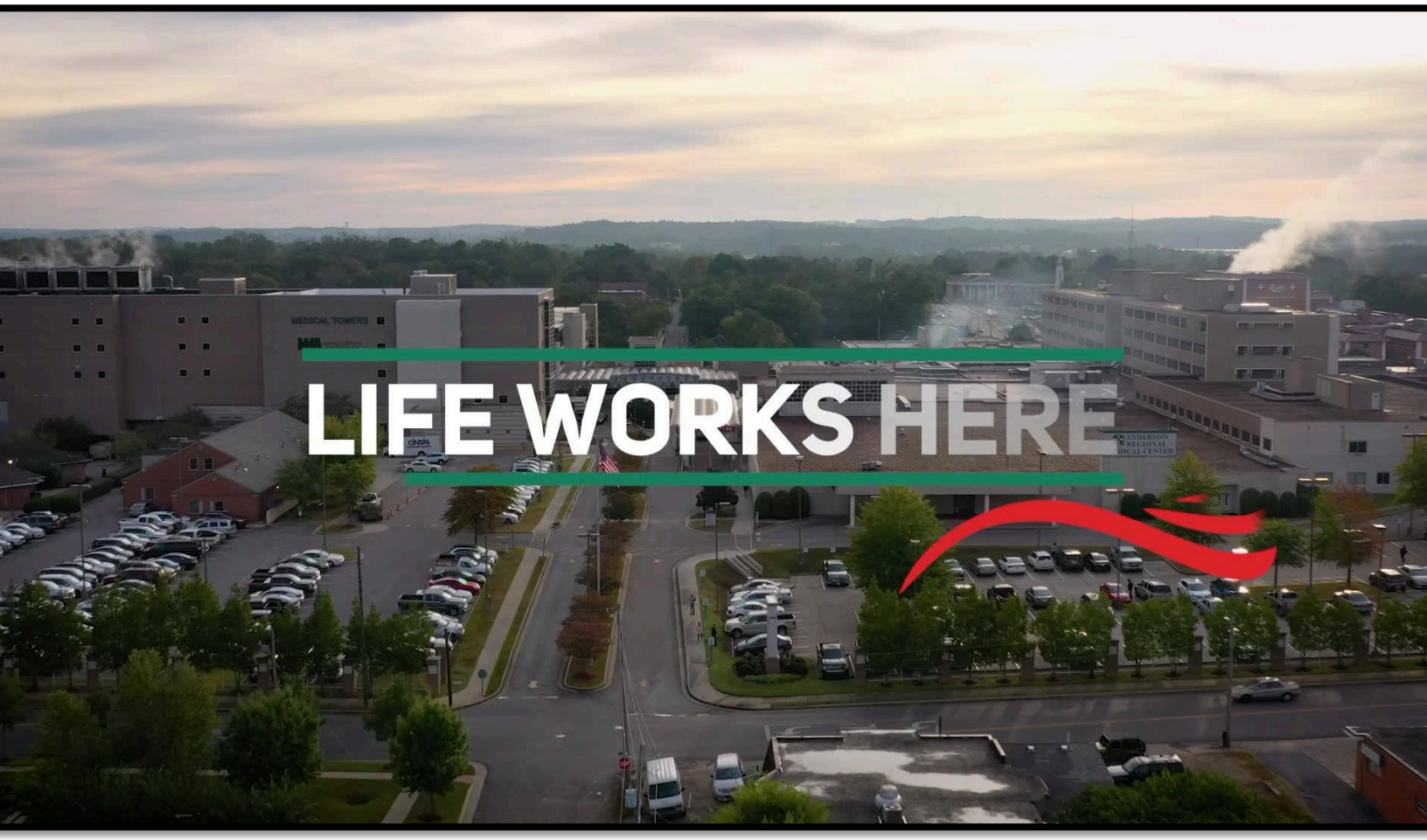


Figure 4 - Aerial photo of ARHS campus

THE COMMUNITY HEALTH NEEDS ASSESSMENT

Background

The federal government now requires that non-profit hospitals conduct a Community Health Needs Assessment (CHNA) once every three years. The full report must contain both an assessment of the community, and an implementation strategy to address the needs recognized in the assessment. There are specific guidelines and dates set forth by the IRS that the organization must follow that includes: making the report available to the public, posting the board approved report to the hospital's website by the fiscal year end of the year the report is due, and be reported on the hospital's IRS Form 990. Failure to comply with these guidelines could result in a fine by the IRS of $50,000, and the possibility of losing the organization's tax-exempt status. Based on these guidelines, Anderson Regional Health System's CHNA is due to be completed and board approved by September 30, 2021.

Community Engagement

These collaborative studies help healthcare providers build stronger relationships with their communities, identify needs, and dedicate funding and other resources toward programs that clearly benefit residents. The Community Health Needs Assessment can also define opportunities for healthcare improvement, create a collaborative community environment to engage multiple change agents, and is an open and transparent process to listen and truly understand the health needs of Lauderdale County. It also provides an opportunity for the hospital to identify valuable collaborative partners as we try to better serve the community and improve the health of our citizens.

Figure 5 - Community volunteers at ARHS

Transparency

We are pleased to share with our community the results of our Community Health Needs Assessment. The following pages offer a review of the community we serve, strategic activities we have undertaken over the last three years (2019-2021), how we responded to specific health needs such as the COVID-19 pandemic, and our health initiatives for the next three years (2022-2024). We hope you will take time to review the health needs of our community as the findings impact each citizen of our rural Mississippi community. Hopefully, you will find ways you can personally improve your own health and contribute to creating a healthier community.

Data Collection

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

Primary Data: collected by the assessment team directly from the community through conversations, focus groups, community surveys; the most current information available.

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

Figure 6 - ARHS employees thanking community for standing together amid PHE

RESPONSE TO HEALTH STRATEGIES FROM 2018 CHNA

Health Strategies from the 2018 CHNA Implementation Strategy include the following:

1. Improve access to comprehensive, quality health care services
2. Increase the number of people who take advantage of and have access to clinical preventative services
3. Reduce consequences of unintentional injuries and violence
4. Improve the health and well-being of women, infants, children, and families
5. Improve mental health through prevention and by ensuring access to appropriate, quality mental health services
6. Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of a healthy body weight
7. Promote healthy sexual behaviors, strengthen community capacity, and increase access to quality services to prevent STD's and their complications
8. Reduce substance abuse to protect the health, safety, and quality of life for all, especially children; reduce illness, disability, and death related to tobacco use and secondhand smoke exposure
9. Improve the health and quality of life of the people in our community

The following information is in response to the above stated goals/strategies. The description of action items below serves as examples of how ARHS served its community through utilization of the CHNA. These responses are highlights of how ARHS responded to needs within the community and is not meant to be all inclusive.

Strategy #1

- Continued membership in the Community Health Improvement Network
  - Through collaboration between community and provider partners to create joint programs and cooperative ventures that improve and sustain health care access and quality delivery, especially for underserved and underprivileged populations in our area.
- Continued support of The Free Clinic of Meridian
  - Through a collaboration of strategic partners that provides free quality medical care and referral services with compassion and dignity to the uninsured adults in our community.
  - Continued to provide services to the facility at no charge to the organization; assisted with supplies and referral sources
- Physician recruiter will increase search for primary care providers
  - ARHS assisted an affiliated clinic with hiring a primary care physician and we hired a nurse practitioner for a walk-in clinic.
- Current providers will encourage patients to attend wellness visits
  - A marketing campaign was implemented to promote wellness visits in our Airpark and Enterprise Primary Care clinics.
- Chronic Care Management Program
  - Continued use of CCM and population health measures through our ACO
- Utilize Medical Minutes on TV, organization's website, and Facebook page as educational resources about available healthcare services
  - Over 50 medical minutes were produced for TV, website and Facebook page promoting various health topics and services offered by ARHS.

Strategy #2

- Recruitment of more Primary Care and Specialist Physicians
  - ARHS assisted an affiliated clinic with hiring a primary care physician and we hired a nurse practitioner for a walk-in clinic.
  - ARHS assisted an affiliate with hiring an ENT and gastroenterologist.
- Continued membership in the Community Health Improvement Network
- Advancement of our chronic care management program
  - Continued use of CCM and population health measures through our ACO
- Promotion of wellness visits
  - A marketing campaign was implemented to promote wellness visits in our Airpark and Enterprise Primary Care clinics.
- Offer various health screening opportunities
  - Heart Check and Healthy Heart Screening (Calcium score)
    - This was offered in February 2018 and 2019.
  - Free mammogram event for uninsured women
    - This was offered in October 2018.
  - Prostate cancer screening
    - This was offered in September 2018 and 2019.
  - Oral cancer screening
    - This was offered in May 2018.
  - Skin cancer screening
    - This was offered in May 2018 and 2019.
- Educational campaigns utilizing Lunch and Learn events, Medical Minutes, billboards, Facebook messages, website, etc.
  - Stroke
    - Awareness PSA's in May 2018, 2019 and 2021
  - Diabetes
    - Support group held bi-annually in 2018 and 2019
  - Heart Disease
    - Ongoing marketing campaign, Go Red for Women Event February 2018, 2019 and 2020
  - Cancer
    - Ongoing marketing campaign
  - Obesity
    - Weight loss surgery campaign in January 2018, 2019 and 2020

Strategy #3

- Continues designation as a Level III Trauma center specializing in treating life-threatening injuries
- On-site helipad for air ambulance service; through an affiliation with UMMC's AirCare four-helicopter medical transport program ARHS is able to deliver trauma care to more patients

Strategy #4

- ARHS has been designated as a Baby-Friendly facility by Baby-Friendly, USA, INC the national authority for the implementation of the Baby-Friendly Hospital Initiative. The Baby-Friendly Hospital Initiative is a global program sponsored by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) to recognize hospitals that offer an optimal level of care for mothers and their babies. Baby-Friendly hospitals educate mothers on the importance of breastfeeding, provide outstanding maternity care, and achieve excellent infant feeding outcomes and mother/baby bonding.
- ARHS Birth Center staff completed hundreds of hours of training over the course of four years to achieve this designation. The training culminated in a rigorous on-site survey that our staff passed with zero recommendations for improvement. Demonstrates a continuation of offering quality care in women's and children's health.

Strategy #5

- Continue caring for the emotional, behavioral, and physical needs of older adults at Horizons Geri-Psych Center – is an ongoing commitment
- Utilize case management and social workers to direct patients to appropriate care setting – is an ongoing commitment
- Continued membership in the Community Health Improvement Network which includes mental health partners – is an ongoing commitment

Strategy #6

- Utilize Anderson Health and Fitness Center's promotional efforts to reach community members in need of an exercise facility, nutritional guidance, etc.
    - TV commercials and Facebook posts are ongoing
- Host annual road race
    - Held in 2018 and 2019
- Enhance clinical integration program – is an ongoing commitment
- Participate in awareness events – is an ongoing commitment
- Develop pediatric wellness program with Anderson Health and Fitness Center
    - Offered free/reduced memberships for kids
- Develop a partnership between Anderson Health and Fitness Center and Meridian Freedom Project
    - Implement a 6-week program for 6th-9th grade students that focuses on the health benefits of fitness and proper nutrition
    - Classes/work outs will be held at Anderson Health and Fitness Center and led by AHFC staff
    - Parents will be included in portions of the program, including a field trip to the grocery store for healthy shopping tips
- Educational campaigns utilizing Lunch and Learn events, Medical Minutes, billboards, Facebook messages, website, etc.
    - Obesity
        - Weight loss surgery marketing campaign
    - Exercise
        - Medical minute was aired on TV in 2018 and 2019, also posted on Facebook and website

Strategy #7

- Promote educational opportunities between OB-GYN/midwife and patient at routine visits – is an ongoing commitment
- Provide sexual health education to teenage pediatric patients – is an ongoing commitment

Strategy #8

- Offer Tobacco Cessation Classes to the public
  - Offered in January, April, July and October 2018, 2019
- Promote CT Lung Screening for early lung cancer detection
  - Marketing campaign to the public and physician offices in 2019
- Utilize Medical Minutes, Facebook posts, and our website to provide education about the effects of alcohol, opioid and tobacco use
  - Medical minute about New Vision drug withdrawal service was aired on TV in 2019, posted on Facebook and website

Strategy #9

- Promote topics that center around health equity, population health, quality of life
  - Educational campaigns utilizing Medical Minutes, billboards, Facebook messages, website, etc.
  - Is an ongoing commitment

Public Health Emergency – COVID-19

ARHS dedicated many hours to the health strategies noted above in a continuous effort to better serve the health needs of the community. However, achieving some of their goals for these strategies came to a screeching halt in the spring of 2020. ARHS reported their first COVID-19 patient on March 25, 2020. ARHS had already begun preparing their staff and community to combat the virus. Before the first case was diagnosed ARHS had already activated their emergency response incident command center to prepare for the fast-approaching pandemic. They immediately outfitted 27 critical care beds and 18 medical beds with negative pressure capability to meet CDC guidelines for treating COVID-19 patients. This was quite a feat considering that prior to the pandemic ARHS only had three negative pressure beds. These extraordinary efforts demonstrated the ability of the staff to roll up their sleeves and stand tall as the first line of defense for the community.

As these events unfolded no one could predict just how long the pandemic would last, but as of this writing ARHS is combatting the fourth wave of the pandemic as COVID cases surged to all time highs during the summer of 2021. It had been 18 long months. An anxious and scared community had leaned on the hospital more than ever for help. During these times, ARHS and its staff became the definition of an American Hero, and just like Old Glory always flying high they stood strong never wavering no matter how adverse the circumstances were. The entire team at ARHS partnered with the community by #standingtogether. One could never put into words all the sacrifices made, battles won and loss, or hours devoted to keeping the community safe; but to give a sense of the magnitude of effort on display by ARHS the following is a small fraction of their endless response to the pandemic commonly referred to as COVID-19.

Efforts to combat the Public Health Emergency – COVID-19

- Produced numerous commercials and social media videos regarding social distancing, hand washing, mask wearing, and vaccine information
- Led seminars on COVID-19 prevention, signs and symptoms, and treatment options
  - July 11, 2020 at Boys and Girls Club
  - November 14, 2020 for Phi Delta Kappa Men's Club
  - August 25, 2021 for Phi Delta Kappa Ladies Club
- Developed a drive through testing site on campus for the public and an onsite testing clinic for employees and family members
- Extended the hours of our express care clinic from 8-5 Monday-Friday to 8-8 Monday-Thursday and 8-5 Friday. This site served as a testing and treatment site for employees and public
- Purchased and validated PCR COVID Testing capabilities and Rapid Ag capabilities across multiple companies and set up utilization in multiple clinic sites for the community and employees
- ARMC reorganized our primary care clinics into sick and well clinics to segregate patient population (this included having separate areas for each to minimize exposure)
- Anderson Children's clinic developed sick only clinics and testing only clinics for pediatric populations.
- Contracted with multiple laboratory vendors for the processing of PCR COVID test
- ARMC developed a vaccine clinic that has administered roughly 6000 shots to date
- ARMC is developing plans to take vaccines into local employers for administration. This is slated to start for the fourth quarter of 2021
- Bio-medical and plant operations departments converted battery operated ventilators from the state to continuous direct current preventing interrupted patient ventilation
- Central Sterile department adapted high temperature sterilization equipment just to sterilize N-95 face masks in response to personal protective equipment supply shortages
- The community also answered the call by assisting with the following:
  - Corporations converted operations to make PPE and hand sanitizer
  - Community members and Church groups became known as "Sewing Heroes" by making hundreds of masks
  - Both companies and community members offered a steady stream of food, well wishes, cards, letters, and (most coveted) prayers for the ARHS team

Standing Together

ABOUT THE COMMUNITY

Service Area:

Primary: Lauderdale County, Mississippi

Secondary: Clarke, Newton, and Neshoba counties

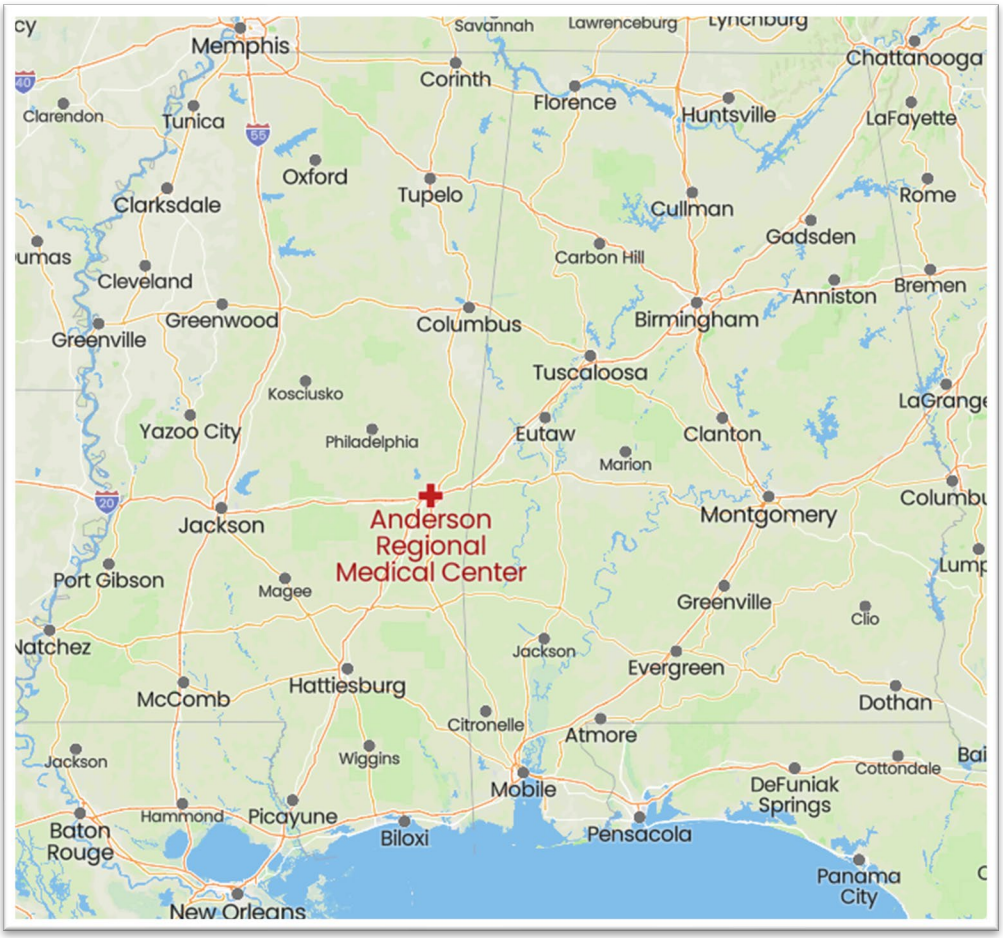
Tertiary: Other surrounding counties and states

Geography of the Primary Service Area:

Lauderdale County is located on the eastern border of the state of Mississippi. The earliest county seat was located at Marion until 1866. In 1866-1870, the county seat was located at Marion Station. In 1870, the county seat was moved to Meridian where it remains today.

According to the U.S. Census Bureau, the county has a total are of 715 square miles, of which 704 square miles (or 98.4%) is land and 12 square miles (or 1.6%) is water. Lauderdale County is bordered by Kemper County, MS to the North; Sumter County, AL to the East; Choctaw County, AL to the Southeast; Clarke County, MS to the South; and Newton County, MS to the West.

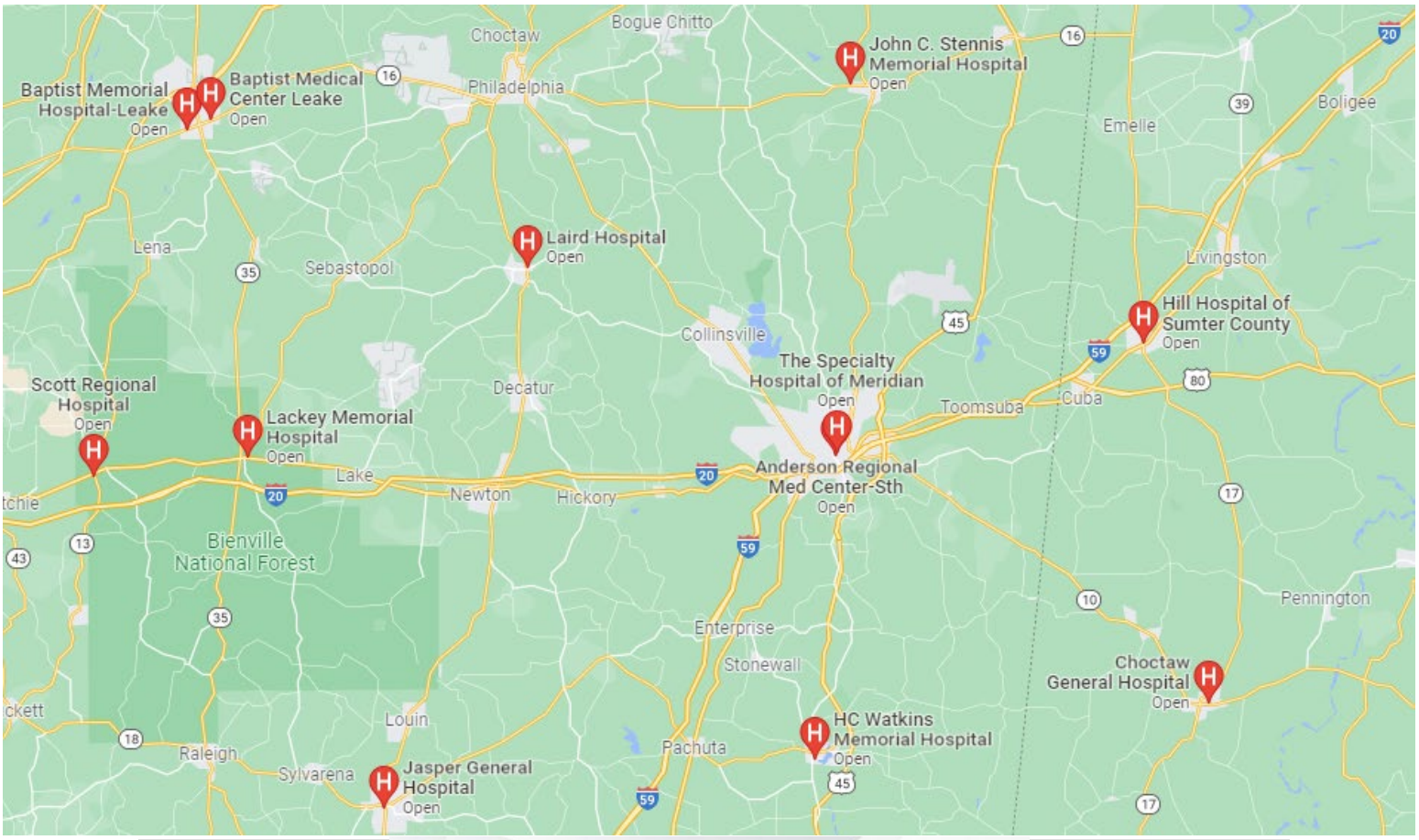
Figure 7 - Map of the location of Anderson Regional Medical Center



Healthcare Providers in the Area:

- Anderson Regional Health System – North and South Campus
- Rush Foundation Hospital
- Regency Hospital
- The Special Hospital of Meridian
- Lackey Memorial Hospital
- Scott Regional Hospital
- Laird Hospital
- John C. Stennis Memorial Hospital
- Hill Hospital of Sumter County
- Choctaw General Hospital
- HC Watkins Hospital
- Jasper General Hospital

Figure 8 - Map listing the providers within the service area of ARHS



HEALTH OUTCOMES, DEMOGRAPHICS, & DISEASE INCIDENCE RATES

Mississippi Health Outcomes:

Understanding the makeup of the community being served will continue to gain importance as healthcare providers see reimbursement continue to shift and place emphasis on value-based care and population health. For ARHS to adapt to these changes, they will have to place greater emphasis and focus on preventive medicine treatment plans that focus more on population health, and with this change having a deeper understanding of the patient population will be crucial. In this section, health outcomes will be addressed from a national and state perspective to give further support on identifying what impacts ARHS service area the most and the effects it can have on the health of the population. ARHS will want to understand these dynamics when exploring the importance of a particular service line to add or remove from the health systems current offerings.

According to the County Health Rankings and Roadmaps program, health outcomes represent how healthy a state, county, or community is right now. They reflect the physical and mental well-being of residents within a community through measures representing not only the length of life but quality of life as well. Health Outcomes are influenced by the many factors that influence health, from the quality of medical care received to the availability of good jobs, clean water, and affordable housing. These health factors are influenced by programs and policies in place at the local, state, and federal levels. By looking at data related to Health Outcomes, we can get a glimpse at whether healthcare delivery systems and health improvement programs in a state, county, or community are working. There are significant differences in health outcomes according to where we live, how much money we make, our race and ethnicity, and other characteristics. It is important to dig into the data to understand where and why health outcomes differ across an area, how a variety of health factors combine to influence these outcomes, and how our policies and programs are supporting—or restricting—opportunities for health for all.

According to the America's Health Ranking annual report put out by the United Health Foundation, the state of Mississippi has the following health rankings compared to the rest of the United States.

Mississippi

AMERICA'S HEALTH RANKINGS
UNITED HEALTH FOUNDATION

Mississippi

State Health Department Website: msdh.ms.gov

Summary

Strengths:
- Low prevalence of excessive drinking
- Low racial gap in high school graduation
- Low residential segregation

Challenges:
- High economic hardship index score
- Low prevalence of exercise
- High premature death rate

Highlights:

FOOD INSECURITY
▼24% between 2013-2015 and 2016-2018 from 20.8% to 15.9% of households

HIGH SCHOOL GRADUATION RACIAL GAP
▲12% between 2017 and 2018 from 7.8 to 8.7 percentage points

ADULTS WHO AVOIDED CARE DUE TO COST
▼26% between 2011 and 2019 from 23.3% to 17.2%

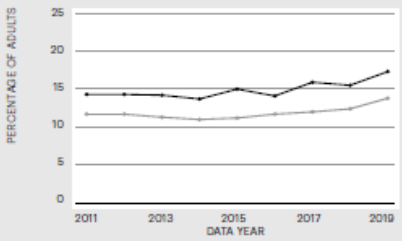
LOW BIRTHWEIGHT
▲26% between 1991 and 2018 from 9.6% to 12.1% of live births

HIGH-SPEED INTERNET
▲23% between 2015 and 2018 from 65.6% to 80.6% of households

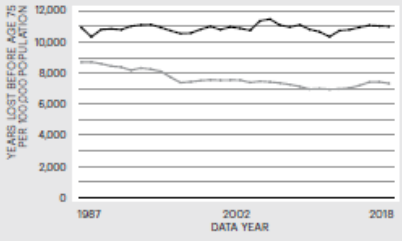
FREQUENT MENTAL DISTRESS
▲26% between 2014 and 2019 from 13.7% to 17.3% of adults

Trends

FREQUENT MENTAL DISTRESS



PREMATURE DEATH



State ⟷ Nation ⟷

For source details and methodology visit www.AmericasHealthRankings.org.

Economic Hardship Index

The economic hardship index compares financial strain between states. It combines six population-level social and economic measures to provide a more complete picture of the difficulties faced by communities than a single measure could provide.

Measure	State Value
Crowded Housing (units with more than one person/room)	2.6%
Dependency (ages 0-17 or ages 65+)	39.8%
Education (ages 25+ without a high school diploma)	14.7%
Per Capita Income	$25,301
Poverty (households below the poverty level)	18.9%
Unemployment (ages 16-64)	6.8%

Multiple Chronic Conditions

Chronic conditions are medical conditions that last more than a year, require ongoing medical attention and/or limit activities of daily living. Adults with multiple chronic conditions represent one of the highest-need segments of the population.

Measure	State Value
Arthritis	28.9%
Asthma	9.9%
Cancer (excluding skin)	6.6%
Cardiovascular Disease	11.3%
Chronic Kidney Disease	2.9%
Chronic Obstructive Pulmonary Disease	9.4%
Depression	20.6%
Diabetes	14.8%

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

Measures

Measures		Rating	Value	Rank	Healthiest State
SOCIAL & ECONOMIC FACTORS		**+**	**-0.674**	**47**	**0.965**
Community and Family Safety	Occupational Fatalities (deaths per 100,000 workers)	+	8.5	47	2.9
	Public Health Funding (dollars per person)	+++	$87	29	$289
	Violent Crime (offenses per 100,000 population)	++++	278	14	115
Economic Resources	Economic Hardship Index (index from 1-100)	+	100	50	1
	Food Insecurity (% of households)	+	15.9	49	7.8
	Income Inequality (80-20 ratio)	+	5.37	48	3.70
Education	High School Graduation (% of students)	++	84.0	32	91.4
	High School Graduation Racial Gap (percentage point difference)	+++++	8.7	7	3.9
Social Support and Engagement	Adverse Childhood Experiences (% of children ages 0-17)	++	18.2	40	8.9
	High-speed Internet (% of households)	+	80.6	49	92.9
	Residential Segregation (index from 0-100)	+++++	48	7	42
	Volunteerism (% of adults)	+	23.8	49	51.0
	Voter Participation — Midterm (% of U.S. citizens)	+++	54.2	21	65.6
PHYSICAL ENVIRONMENT		**+**	**-0.246**	**47**	**0.816**
Air and Water Quality	Air Pollution (micrograms of fine particles per cubic meter)	++	7.8	31	4.1
	Drinking Water Violations (% of community water systems)	+	5.5	49	0.0
	Non-smoking Regulation (% of population)*	++	31.1	34	100.0
	Risk-screening Environmental Indicator Score (unitless score)	++++	2,102,778	18	317
	Water Fluoridation (% of population served)	++	60.7	35	99.8
Climate Change	Climate Change Policies (number of four policies)*	++	0	36	4
	Transportation Energy Use (trillions of BTUs per 100,000 population)*	+	14.2	46	5.8
Housing and Transit	Drive Alone to Work (% of workers)	+	84.8	49	52.8
	Housing With Lead Risk (% of housing stock)	+++++	11.0	10	5.2
	Severe Housing Problems (% of occupied housing units)	+++	15.4	29	11.2
CLINICAL CARE		**+**	**-1.100**	**49**	**1.443**
Access to Care	Avoided Care Due to Cost (% of adults)	+	17.2	47	8.2
	Providers				
	Dental Providers (number per 100,000 population)	+	43.2	47	90.6
	Mental Health Providers (number per 100,000 population)	+	173.0	42	666.4
	Primary Care Providers (number per 100,000 population)	++	232.3	33	362.8
	Uninsured (% of population)	+	13.0	46	3.0
Preventive Clinical Services	Colorectal Cancer Screening (% of adults ages 50-75)	+	62.6	46	77.1
	Dental Visit (% of adults)	+	54.1	50	76.5
	Immunizations				
	Childhood Immunizations (% by age 35 months)	++++	80.0	11	86.6
	Flu Vaccination (% adults)	+	39.4	41	50.5
	HPV Vaccination (% of adolescents ages 13-17)	+	30.5	50	78.9
Quality of Care	Dedicated Health Care Provider (% of adults)	++	73.6	38	88.4
	Preventable Hospitalizations (discharges per 100,000 Medicare enrollees)	+	5,628	49	1,971
BEHAVIORS		**+**	**-1.375**	**49**	**1.072**
Sleep Health	Insufficient Sleep (% of adults)	++	37.1	35	28.7
Nutrition and Physical Activity	Exercise (% of adults)	+	15.7	48	28.5
	Fruit and Vegetable Consumption (% of adults)	+	6.3	42	14.1
	Physical Inactivity (% of adults)	+	37.7	50	18.5
Sexual Health	Chlamydia (cases per 100,000 population)	+	740.1	48	198.2
	High-risk HIV Behaviors (% of adults)	++	6.7	35	4.5
	Teen Births (births per 1,000 females ages 15-19)	+	27.8	49	7.2
Tobacco Use	E-cigarette Use (% of adults)*		5.6%		4.3
	Smoking (% of adults)	+	20.4	46	7.9
ALL DETERMINANTS		**+**	**-0.889**	**49**	**0.865**
HEALTH OUTCOMES		**+**	**-0.975**	**49**	**0.846**
Behavioral Health	Depression (% of adults)*	++	20.6	32	11.8
	Excessive Drinking (% of adults)	+++++	14.6	5	12.0
	Frequent Mental Distress (% of adults)	+	17.3	46	10.6
	Non-medical Drug Use (% of adults)	++	12.9	36	6.4
Mortality	Drug Deaths (deaths per 100,000 population)*	+++++	10.6	5	6.8
	Premature Death (years lost before age 75 per 100,000 population)	+	11,011	49	5,648
	Premature Death Racial Inequality (ratio)	+++	1.5	27	1.0
	Suicide (deaths per 100,000 population)*	++++	14.2	12	8.6
Physical Health	Frequent Physical Distress (% of adults)	++	14.0	40	9.3
	Low Birthweight (% of live births)	+	12.1	50	5.9
	Low Birthweight Racial Gap (percentage point difference)	+	8.4	47	2.4
	Multiple Chronic Conditions (% of adults)	+	13.2	44	6.4
	Risk Factors				
	High Blood Pressure (% of adults)*	+	43.6	49	25.8
	High Cholesterol (% of adults)*	+	36.8	45	28.1
	Obesity (% of adults)	+	40.8	50	23.8
OVERALL			**-0.915**	**—**	**0.723**

* Measure not included in overall score. For measure definitions, source details and methodology, visit www.AmericasHealthRankings.org.
—Indicates data missing or suppressed.

AMERICA'S HEALTH RANKINGS® ANNUAL REPORT www.AmericasHealthRankings.org

Health outcomes for the senior population per the America's Health Ranking annual report by United Health Foundation.

Mississippi

AMERICA'S HEALTH RANKINGS
UNITED HEALTH FOUNDATION

Mississippi

State Health Department Website: msdh.ms.gov

GAPNA
Gerontological Advanced Practice Nurses Association

Summary

Strengths:
- Low prevalence of excessive drinking
- High flu vaccination coverage
- Low violent crime rate

Challenges:
- High percentage of seniors living in poverty
- High early death rate
- Low prevalence of exercise

Highlights:

SNAP REACH
▼14% in the past four years from 67.6 to 57.9 participants per 100 adults ages 60+ in poverty

ABLE-BODIED SENIORS
▲12% since 2013 from 54.0% to 60.4% of adults ages 65+

FOOD INSECURITY
▼27% in the past two years from 24.3% to 17.7% of adults ages 60+

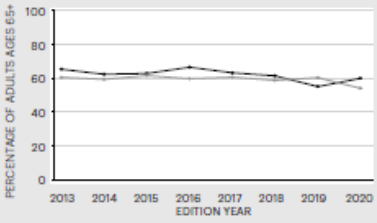
FREQUENT MENTAL DISTRESS
▲32% in the past four years from 7.4% to 9.8% of adults ages 65+

FLU VACCINATION
▼8% since 2013 from 65.4% to 60.0% of adults ages 65+

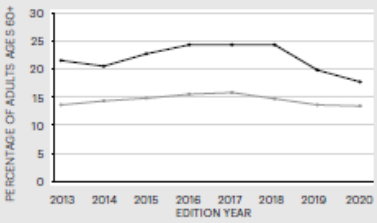
FALLS
▼10% in the past two years from 31.5% to 28.2% of adults ages 65+

Trends

FLU VACCINATION



FOOD INSECURITY



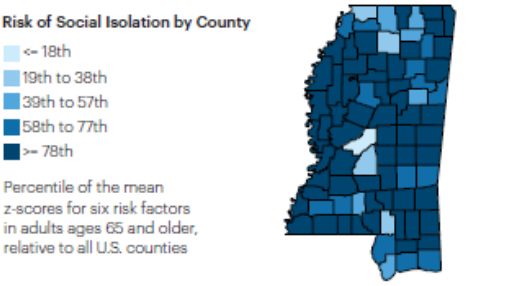
State ⟷ Nation ⟷

For source details and methodology visit www.AmericasHealthRankings.org

Risk of Social Isolation

Social isolation, defined as an absence of meaningful social relationships, can negatively impact physical health and mental well-being of seniors. The risk of social isolation measure can be used by states to identify counties in greater need of interventions that alleviate isolation and loneliness in older adults.

Risk of Social Isolation by County



Percentile of the mean z-scores for six risk factors in adults ages 65 and older, relative to all U.S. counties

Risk Factors Among Adults Ages 65+	State Value (%)
Disability	42.1
Divorced, Separated or Widowed	42.6
Independent Living Difficulty	18.8
Live Alone	11.3
Never Married	4.8
Poverty	12.7

Source: U.S. Census Bureau, American Community Survey, 2014-2018

ANDERSON Regional Health System

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

Measures

Measures	Rating	2020 Value	2020 Rank	No. 1 State
BEHAVIORS*	+	-0.729	45	1.050
Insufficient Sleep (% of adults ages 65+)	++	28.0	37	20.9
Physical Activity and Nutrition*	+	-1.532	48	1.393
Exercise (% of adults ages 65+)	+	10.9	50	24.5
Physical Inactivity (% of adults ages 65+ in fair or better health)	+	37.1	47	20.3
Fruit Consumption (% of adults ages 65+)	+	27.6	44	42.2
Vegetable Consumption (% of adults ages 65+)	++	11.4	39	19.6
Substance Use*	++++	0.192	13	1.912
Excessive Drinking (% of adults ages 65+)	+++++	3.9	3	3.6
Smoking (% of adults ages 65+)	+	11.1	43	5.5
SOCIAL & ECONOMIC FACTORS*	+	-0.965	48	1.110
Household Economics*	+	-1.428	49	1.398
Food Insecurity (% of adults ages 60+)	+	17.7	45	6.6
Poverty (% of adults ages 65+)	+	12.4	48	5.5
SNAP Reach (participants per 100 adults ages 60+ living in poverty)	++	57.9	36	100.0
Social Support and Engagement*	+	-0.859	50	1.425
Community Support Expenditure (dollars per adult ages 60+)	++	$25	39	$265
Low-care Nursing Home Residents (% of residents)	++	11.8	34	2.1
Risk of Social Isolation (percentile of mean z-scores for risk factors in adults 65+)	+	97	50	1
Volunteerism (% of adults ages 65+)	+	20.2	48	44.6
Voter Turnout (% of citizens ages 65+)	+++	65.8	26	78.9
Violent Crime (offenses per 100,000 population)	++++	234	13	112
PHYSICAL ENVIRONMENT*	+	-0.286	45	1.272
Air and Water Quality*	+	-0.507	48	1.110
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.7	30	4.4
Non-smoking Regulation (% of population)	++	31.1	34	100.0
Drinking Water Violations (% of community water systems)	+	6.7	45	0.0
Severe Housing Problems (% of occupied housing units)	+++	15.8	29	11.2
CLINICAL CARE*	+	-0.839	50	0.795
Access to Care*	+	-0.808	46	1.524
Avoided Care Due to Cost (% of adults ages 65+)	++	6.1	40	2.8
Dedicated Health Care Provider (% of adults ages 65+)	+++	93.6	27	96.6
Geriatricians (number per 100,000 adults ages 65+)	+	6.7	45	26.9
Home Health Care Workers (number per 1,000 adults ages 65+ with a disability)	+	72	46	398
Preventive Clinical Services*	+	-1.092	48	0.850
Cancer Screenings (% of seniors)	+	67.3	45	81.1
Immunizations*	+	-0.753	45	1.220
Flu Vaccination (% of adults ages 65+)	+++++	60.0	6	65.6
Pneumonia Vaccination (% of adults ages 65+)	+	68.7	42	78.6
Shingles Vaccination (% of adults ages 65+)	+	29.2	50	55.9
Quality of Care*	+	-0.618	47	1.465
Hospice Care (% of Medicare decedents)	++	44.5	40	59.4
Hospital Readmissions (% of hospitalized Medicare enrollees ages 65–74)	+++	16.0	23	14.0
Nursing Home Quality (% of 4- or 5-star beds)	++	44.9	34	67.9
Preventable Hospitalizations (discharges per 100,000 Medicare enrollees ages 65–74)	+	3,770	48	1,128
ALL DETERMINANTS*	+	-0.778	49	0.847
HEALTH OUTCOMES*	+	-1.250	47	1.183
Health Status*	+	-1.698	49	1.543
Able-bodied (% of adults ages 65+)	+	60.4	45	70.6
Frequent Mental Distress (% of adults ages 65+)	+	9.8	45	4.6
Frequent Physical Distress (% of adults ages 65+)	+	22.2	49	13.2
High Health Status (% of adults ages 65+)	+	28.8	50	52.6
Injury and Illness*	+	-0.812	45	1.660
Falls (% of adults ages 65+)	++	28.2	31	20.0
Multiple Chronic Conditions, 4+ (% Medicare enrollees ages 65+)	+	42.6	43	23.6
Obesity (% of adults ages 65+)	+	32.8	46	17.4
Teeth Extractions (% of adults ages 65+)	+	23.0	48	6.2
Mortality*	+	-1.228	45	1.098
Early Death (deaths per 100,000 adults ages 65-74)	+	2,486	50	1,419
Suicide (deaths per 100,000 adults ages 65+)	+++	17.4	26	9.4
OVERALL*	+	-0.896	—	0.868

* Value indicates z-score. Negative scores are below U.S. value, positive scores are above U.S. value. Years reflect edition year, not data source year. For measure definitions, including data sources and years, visit www.AmericasHealthRankings.org.

—Indicates data suppressed.

AMERICA'S HEALTH RANKINGS® SENIOR DATA 2020 UPDATE www.AmericasHealthRankings.org

Health outcomes for women and children per the America's Health Ranking annual report by United Health Foundation.

Mississippi

Mississippi

State Health Department Website: msdh.ms.gov

AMERICA'S HEALTH RANKINGS
UNITED HEALTH FOUNDATION

Summary

Strengths:
- Low prevalence of excessive drinking among women
- High prevalence of cervical cancer screening
- Low residential segregation

Challenges:
- High percentage of children in poverty
- High mortality rate among women ages 20-44
- Low prevalence of food sufficiency among children

Highlights:

FOOD INSECURITY
▼28% In the past four years from 22.0% to 15.9% of households

DEDICATED HEALTH CARE PROVIDER
▼8% In the past two years from 75.0% to 68.8% of women ages 18-44

EARLY CHILDHOOD EDUCATION ENROLLMENT
▼9% In the past two years from 54.0% to 49.1% of children ages 3-4

INFANT MORTALITY
▼6% In the past four years from 9.3 to 8.7 deaths per 1,000 live births

Women

Measures	Rating	2020 Value	2020 Rank	No. 1 State
SOCIAL & ECONOMIC FACTORS	+	-1.002	47	1.216
Community and Family Safety				
Intimate Partner Violence Before Pregnancy*		4.0%		1.8%
Violent Crime	++++	234	13	112
Economic Resources				
Concentrated Disadvantage	+	45.4%	50	2.1%
Food Insecurity — Household	+	15.9%	49	7.8%
Gender Pay Gap*	+	74.8%	43	87.8%
Poverty	+	24.7%	50	10.4%
Unemployment	+	5.0%	49	2.2%
Education				
College Graduate	+	25.4%	48	50.3%
Social Support and Engagement				
Residential Segregation	+++++	48	7	42
Voter Participation — Midterm	++++	55.9%	20	67.7%

Children

Measures	Rating	2020 Value	2020 Rank	No. 1 State
SOCIAL & ECONOMIC FACTORS	+	-0.714	48	1.027
Community and Family Safety				
Child Victimization*	++	14.2	36	1.8
Economic Resources				
Children in Poverty	+	27.8%	50	9.5%
Children in Poverty Racial Gap	+	30.2	46	0.0
High-speed Internet	+	89.1%	48	97.1%
Students Experiencing Homelessness	+++	2.1%	22	0.8%
WIC Coverage	++++	51.0%	11	61.4%
Education				
Early Childhood Education	++++	49.1%	13	67.0%
Fourth Grade Reading Proficiency	++	31.5%	40	45.4%
High School Graduation	++	84.0%	32	91.4%
High School Graduation Racial Gap	+++++	8.7	7	3.9
Social Support and Engagement				
Adverse Childhood Experiences	++	18.2%	40	8.9%
Foster Care Instability	+++	14.8%	25	9.4%
Neighborhood Amenities	+	16.2%	50	55.9%
Reading, Singing or Storytelling	+	43.7%	50	69.4%

PHYSICAL ENVIRONMENT	+	-0.343	48	0.751
Air and Water Quality				
Air Pollution	+++	7.7	30	4.4
Drinking Water Violations	+	5.5%	49	0.0%
Household Smoke	+	19.9%	42	6.1%
Risk-screening Environmental Indicators Risk Score	++++	2,102,778	18	317
Water Fluoridation	++	61.0%	35	99.9%
Climate Change*				
Climate Change Policies*	++	0	37	4
Transportation Energy Use*	+	14.2	46	5.8
Housing and Transportation				
Drive Alone to Work — Women	+	85.6%	49	50.9%
Housing With Lead Risk	+++++	10.7%	8	5.2%
Severe Housing Problems	+++	15.8%	29	11.2%

AMERICA'S HEALTH RANKINGS® HEALTH OF WOMEN AND CHILDREN DATA 2020 UPDATE www.AmericasHealthRankings.org

Women

Measures	Rating	2020 Value	2020 Rank	No. 1 State
CLINICAL CARE	+	-0.731	47	1.382
Access to Care				
Adequate Prenatal Care	++++	80.9%	11	90.9%
Avoided Care Due to Cost	+	26.6%	50	9.2%
Publicly-funded Women's Health Services	+++	23%	30	66%
Uninsured	+	19.2%	46	3.5%
Women's Health Providers	+	32.1	48	98.0
Preventive Clinical Care				
Cervical Cancer Screening	+++++	86.9%	1	86.9%
Dental Visit	+	59.3%	49	78.1%
Flu Vaccination	+	25.0%	47	41.3%
Postpartum Visit*		88.3%		95.5%
Well-woman Visit	++	67.8%	33	79.4%
Quality of Care				
Dedicated Health Care Provider	+	68.8%	41	86.7%
Low-risk Cesarean Delivery	+	31.2%	50	16.7%
mPINC	++	73	40	96
BEHAVIORS	+	-0.971	48	1.341
Nutrition and Physical Activity				
Exercise	+	16.1%	48	29.1%
Fruit and Vegetable Consumption	+	9.5%	43	21.1%
Physical Inactivity	+	29.5%	50	14.8%
Sexual Health				
Chlamydia	+	2,529.1	48	724.3
High-risk HIV Behaviors	++++	8.7%	15	6.2%
Unintended Pregnancy*		44.6%		21.7%
Sleep Health				
Insufficient Sleep	++	37.5%	32	27.3%
Tobacco Use				
E-cigarette Use*	+++	5.9%	25	3.0%
Smoking	+	21.7%	43	7.0%
Smoking During Pregnancy	+++	8.9%	29	1.3%
HEALTH OUTCOMES	+	-0.829	42	0.891
Behavioral Health				
Excessive Drinking	+++++	11.7%	1	11.7%
Frequent Mental Distress	++	19.5%	32	11.1%
Illicit Drug Use	++++	6.8%	14	5.2%
Postpartum Depression*		23.5%		9.7%
Mortality				
Drug Deaths*	+++++	12.0	9	6.9
Maternal Mortality*		—		11.7
Mortality Rate	+	154.9	49	66.9
Physical Health				
Frequent Physical Distress	++	9.6%	35	6.6%
High Blood Pressure	+	18.3%	49	6.6%
High Health Status*	+	50.6%	45	62.0%
Multiple Chronic Conditions	+	6.5%	43	2.2%
Obesity	+	40.3%	49	21.3%
OVERALL — WOMEN	+	-0.846	48	0.828

Children

Measures	Rating	2020 Value	2020 Rank	No. 1 State
CLINICAL CARE	+	-0.496	42	1.607
Access to Care				
ADD/ADHD Treatment	+++++	5.7%	2	5.8%
Pediatricians	+	62.2	44	201.5
Uninsured	+++	4.7%	26	1.2%
Preventive Clinical Care				
Childhood Immunizations	+	70.2%	45	85.9%
HPV Vaccination	+	32.6%	50	78.1%
Preventive Dental Care	+	77.1%	41	88.4%
Well-child Visit	+	78.0%	45	90.7%
Quality of Care				
Adequate Insurance	+++++	70.6%	10	81.3%
Developmental Screening	+	28.0%	47	62.6%
Medical Home	++	46.3%	40	59.2%
BEHAVIORS	+	-1.422	50	0.949
Nutrition and Physical Activity				
Breastfed	+	13.0%	50	42.1%
Food Sufficiency	+	56.7%	50	78.3%
Physical Activity	++++	24.7%	15	32.4%
Soda Consumption — Youth*		17.3%		5.5%
Sexual Health — Youth				
Dual Contraceptive Nonuse*		91.6%		79.2%
Teen Births	+	27.8	49	7.2
Sleep Health				
Adequate Sleep	+	50.5%	50	74.9%
Sleep Position*		72.2%		89.0%
Tobacco Use — Youth				
Electronic Vapor Product Use*		21.4%		9.7%
Tobacco Use	+	7.1%	41	2.3%
HEALTH OUTCOMES	+	-0.944	50	0.911
Behavioral Health				
Alcohol Use — Youth	+++	9.5%	25	3.3%
Anxiety	+++++	6.6%	5	4.4%
Depression	++++	3.4%	15	1.5%
Flourishing	+	69.0%	42	77.8%
Illicit Drug Use — Youth	+++++	6.1%	6	5.1%
Mortality				
Child Mortality	+	40.6	48	16.0
Infant Mortality	+	8.7	50	3.8
Teen Suicide*	++++	10.3	15	5.0
Physical Health				
Asthma	+	10.6%	50	4.3%
High Health Status*	+	85.9%	50	94.7%
Low Birthweight	+	12.1%	50	5.9%
Low Birthweight Racial Gap	+	8.4	47	2.4
Overweight or Obesity — Youth	+	37.7%	49	22.4%
OVERALL — CHILDREN	+	-0.843	50	0.664
OVERALL — WOMEN AND CHILDREN	+	-0.834	—	0.651

* Measure not included in overall score.

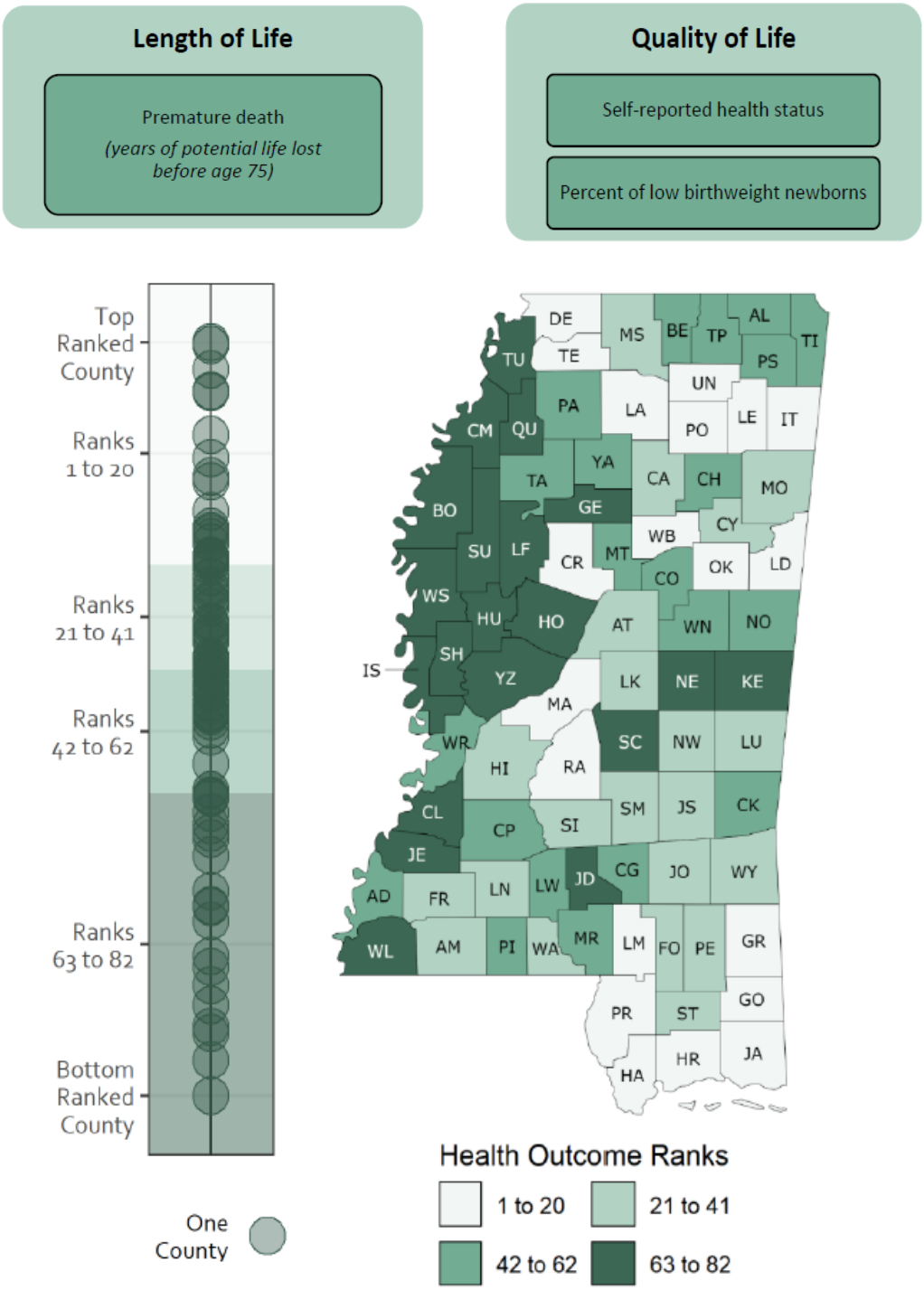
—Indicates data missing or suppressed.

Notes: Model category and overall values are presented as a weighted z-score of the included measures. Negative scores are below U.S. value, positive scores are above U.S. value. Years reflect edition year, not data source year. For measure definitions, including data sources and years, visit www.AmericasHealthRankings.org.

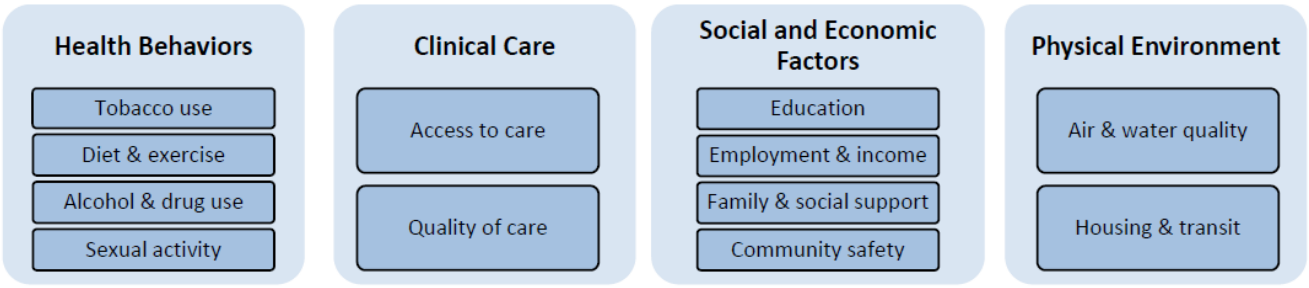
AMERICA'S HEALTH RANKINGS® HEALTH OF WOMEN AND CHILDREN DATA 2020 UPDATE www.AmericasHealthRankings.org

The Robert Wood Johnson Foundation supports programs across the United States, and one of those programs, in collaboration with the University of Wisconsin Population Health Institute, is County Health Rankings & Roadmaps which focuses on "Building a Culture of Health, County by County". The program ranks each county within a state to help illustrate where each county compares to other counties within the state by asking what is keeping people healthy or making them sick within the community.

For 2020, Lauderdale county ranked 30th for health outcomes which is measured by both length and quality of life.



For 2020, Lauderdale county ranked 13th for health factors which represent things that can change to improve the health in the community. Health factors in the study are broken into four measurable categories: Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment.



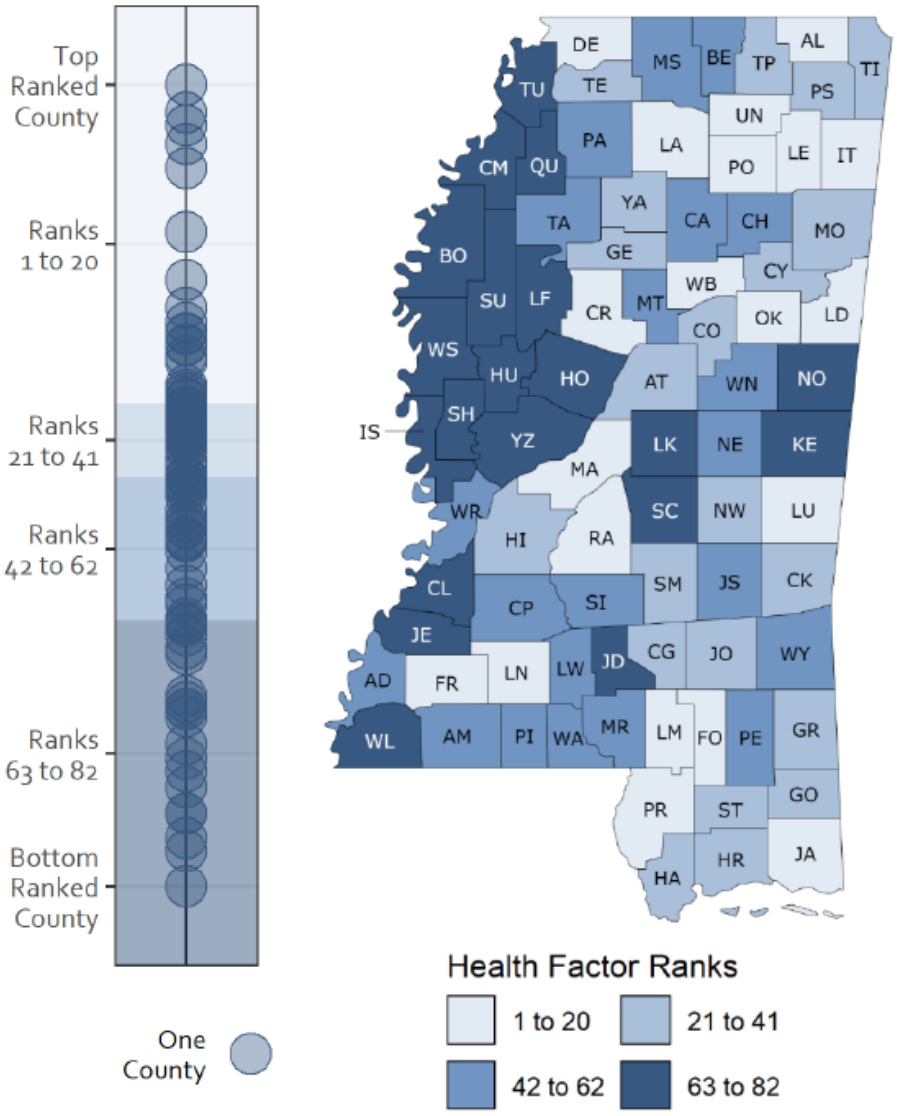


Figure 9 - Photo of carousel artwork around the city of Meridian

Population:

Lauderdale County has a total population of 76,279 citizens, while the state of Mississippi has a total population of 2,984,418. Over the past decade, Lauderdale County has seen a slow decline in the population growth rate of -1.25%. In comparison, the state of Mississippi has been flat in its population growth rate while the United States saw an increase of 6.3% respectfully.

Demographics:

What does the term demographics mean and why is it important to ARHS? Demographics are the statistical characteristics of human populations used to identify markets. Understanding the statistical characteristics of ARHS service area is important because depending on the demographic makeup of the community being served a direct correlation to the types of diseases and health issues that can impact the patient population can be ascertained. The American Medical Association echoes this sentiment in their article on how to "Improve health equity by collecting patient demographic data", by mentioning that "collecting demographic data can help improve the quality of care for all patients because it helps practices: 1) Identify and address differences in care for specific populations, 2) Distinguish which populations do not achieve optimal interventions, 3) Assess whether the practice is delivering culturally competent care, and 4) Develops additional patient-centered services". The graphs that follow will focus on the following demographics for Lauderdale county.

- Age
- Race
- Sex
- Households by type
- Educational Attainment
- Disability status
- Income and benefits
- Health insurance coverage

Figure 10 - Age Range Lauderdale County per U.S. Census Bureau

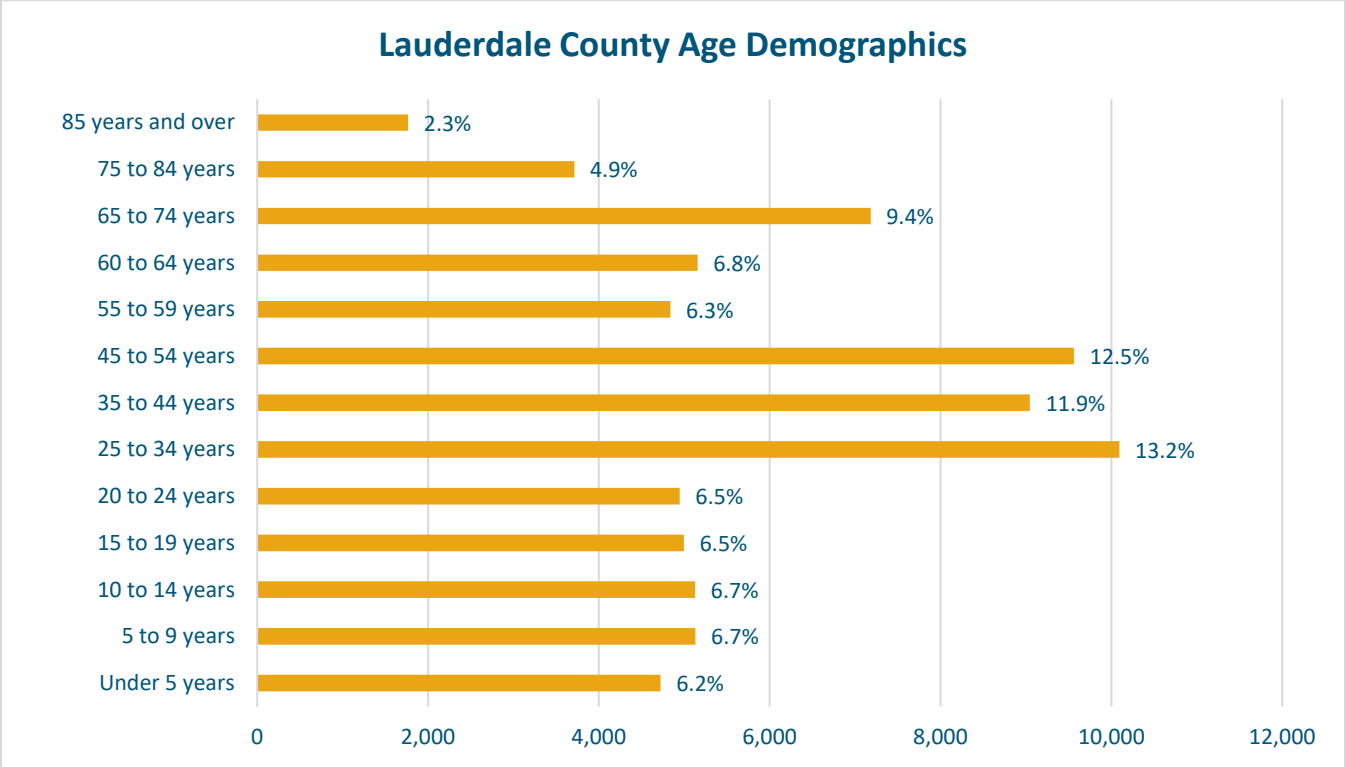


Figure 11 - Racial Mix Lauderdale County per U.S. Census Bureau

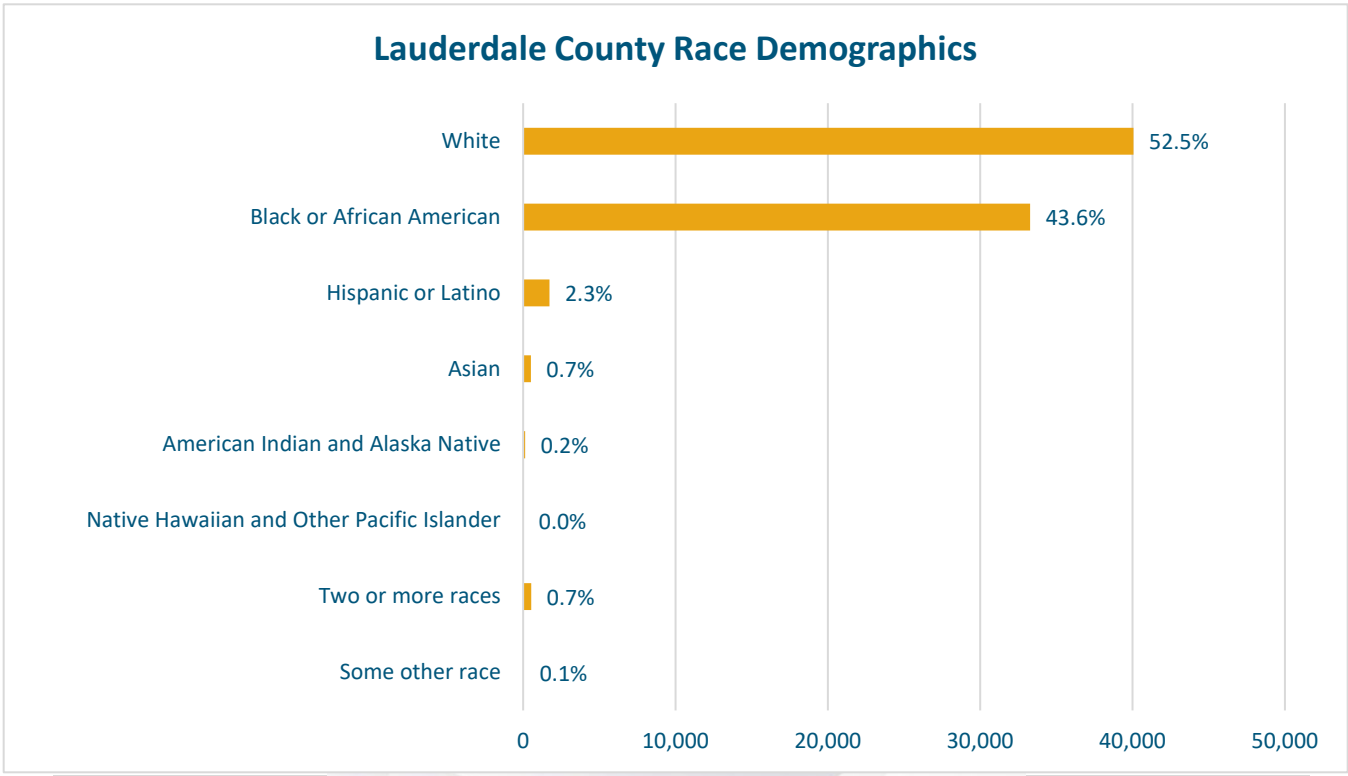


Figure 12 - Sex Breakout All Ages Lauderdale County per U.S. Census Bureau

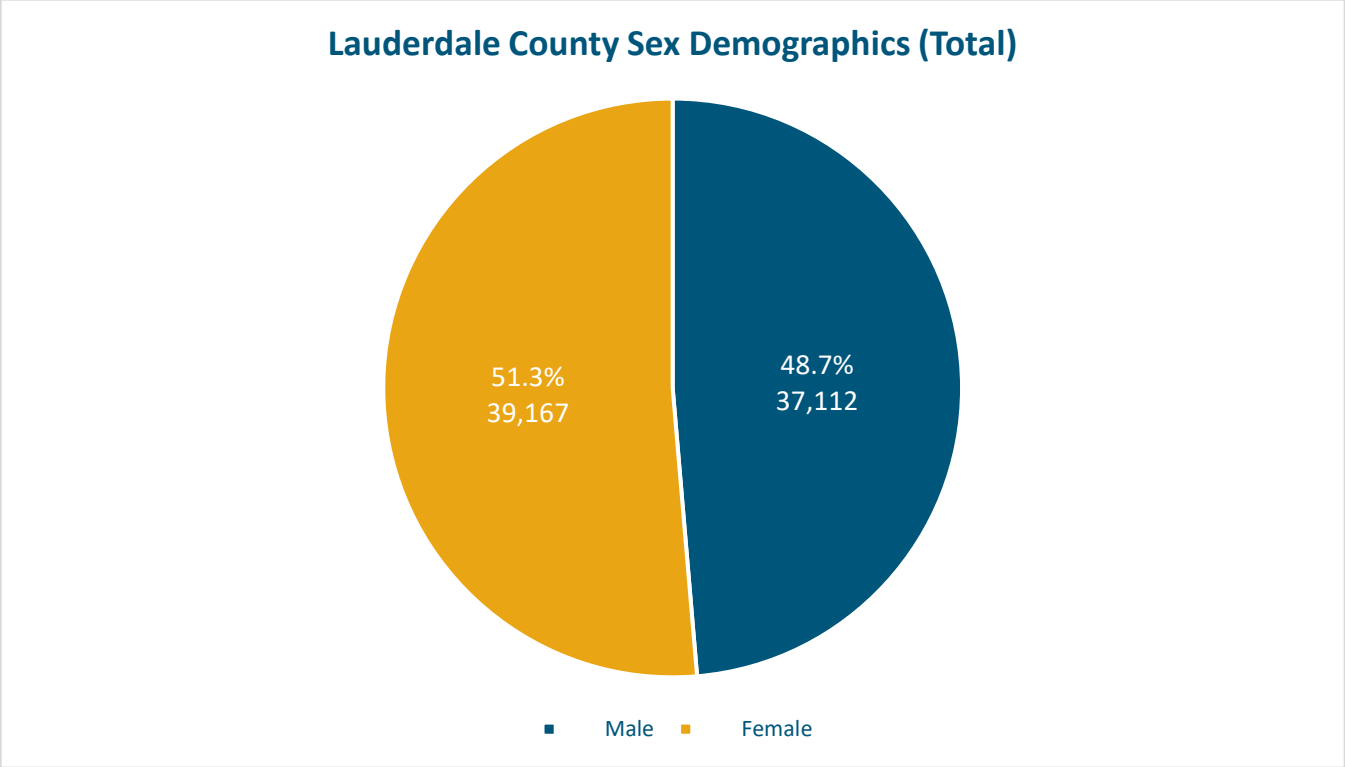


Figure 13 - Sex Breakout Over Age 65 Lauderdale County per U.S. Census Bureau

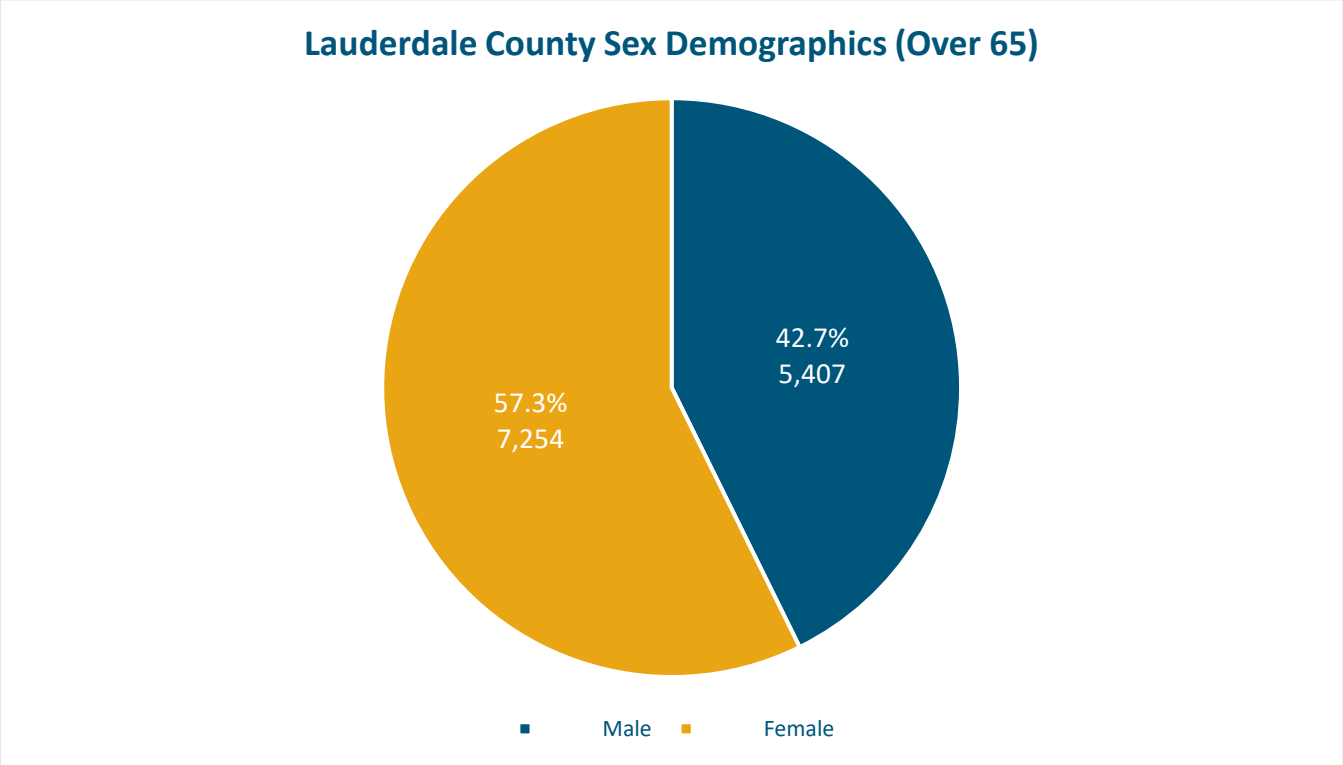


Figure 14 - Breakout of Households for Lauderdale County per U.S. Census Bureau

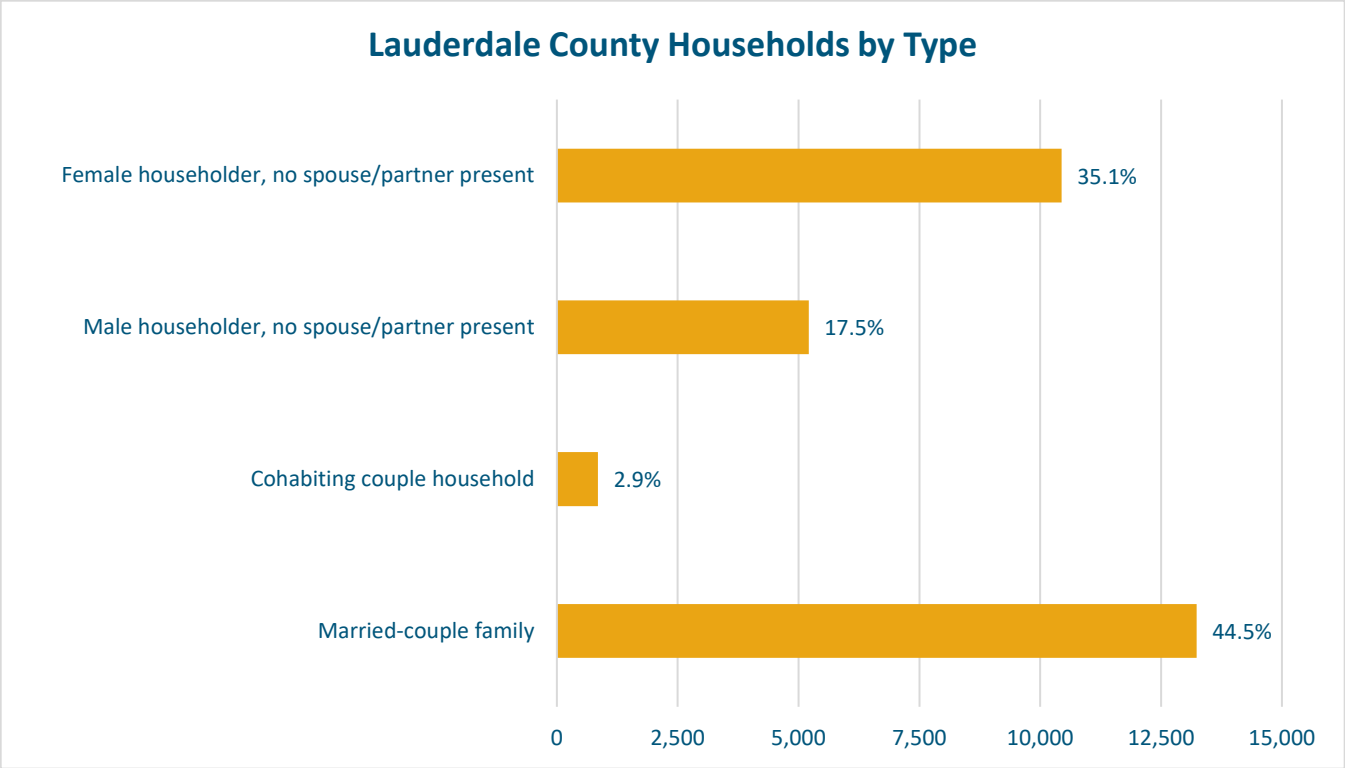
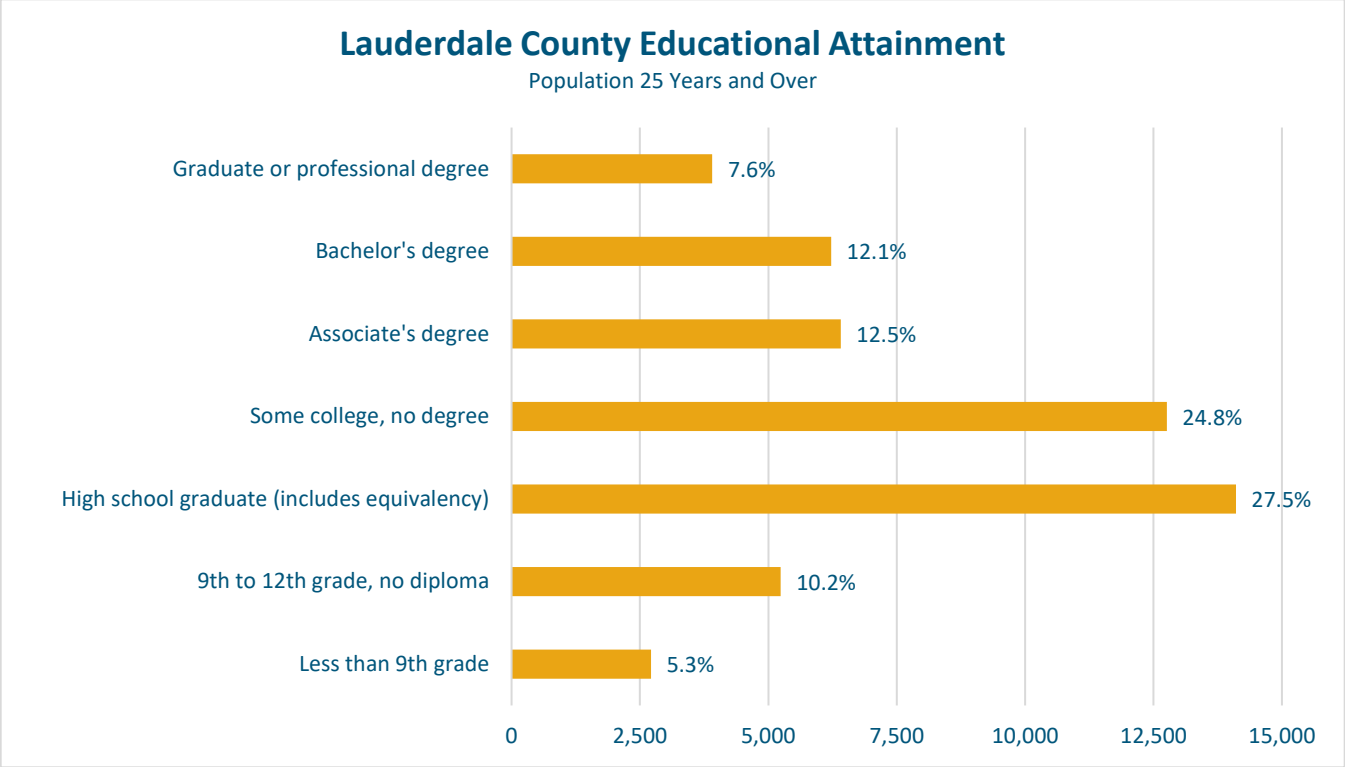


Figure 15 - Education Levels in Lauderdale County per U.S. Census Bureau

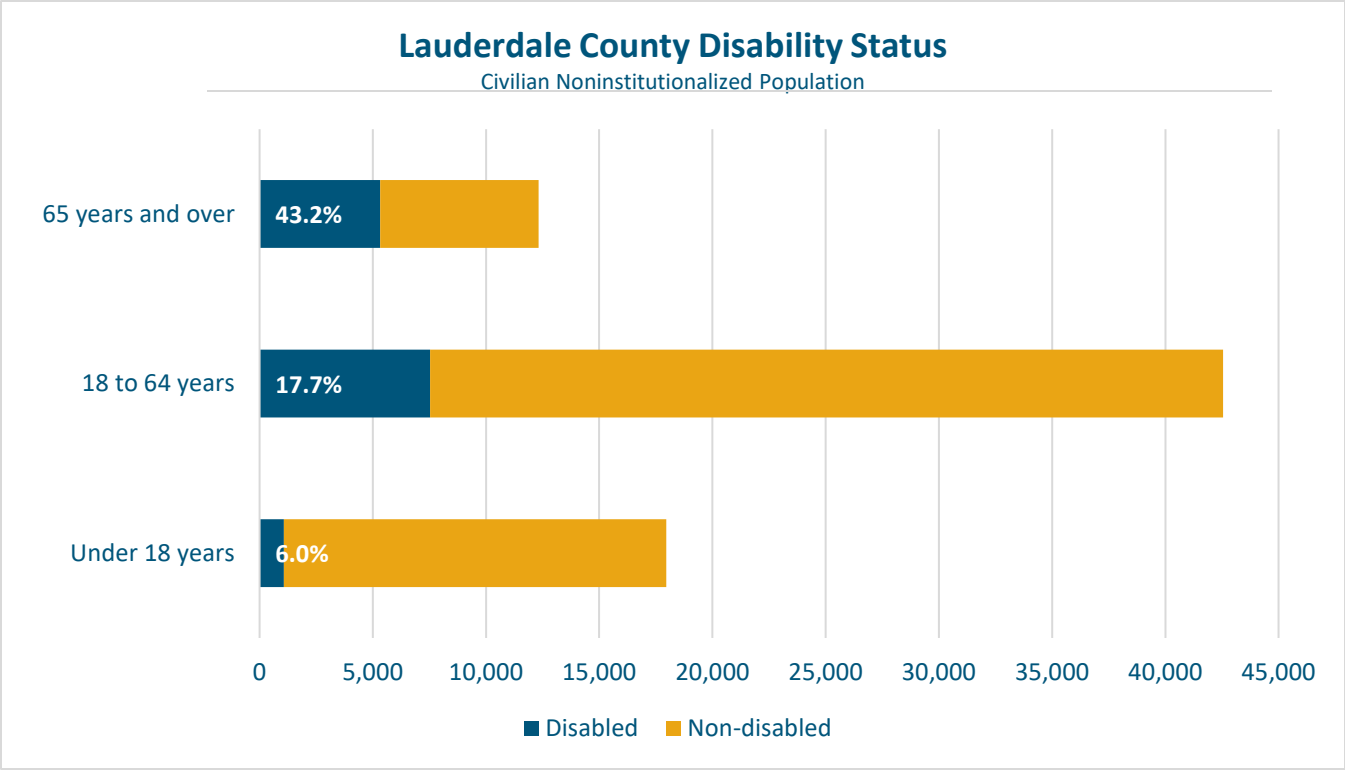


Population with a Disability:

What is a disability?

A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).[1]

Figure 16 - Disability Status for Lauderdale County per U.S. Census Bureau



Individuals with a disability will face many obstacles during their lifetime. They are also more likely to have other medical issues, increased difficulty in accessing care, and will incur higher healthcare costs.

Disability impacts all of us, and each of us may experience a disability in our lifetime. The Centers for Disease Control and Prevention's National Center on Birth Defects and Development Disabilities has developed a Factsheet demonstrating how "Disability Impacts ALL of US" (Figure 17).[2]

[1] U.S. Centers for Disease Control and Prevention. (2020, November 16). Disability and Health Overview. Retrieved from CDC.gov: www.cdc.gov/ncbddd/disabilityandhealth/disability.html

[2] U.S. Centers for Disease Control and Prevention. (2020, November 16). Disability Impacts All of Us – Factsheet.Retrieved from CDC.gov: www.cdc.gov/ncbddd/disabilityandhealth/impacts/florida.html

Figure 17 - Disability Impacts ALL of US – CDC's National Center on Birth Defects and Development Disabilities – Factsheet

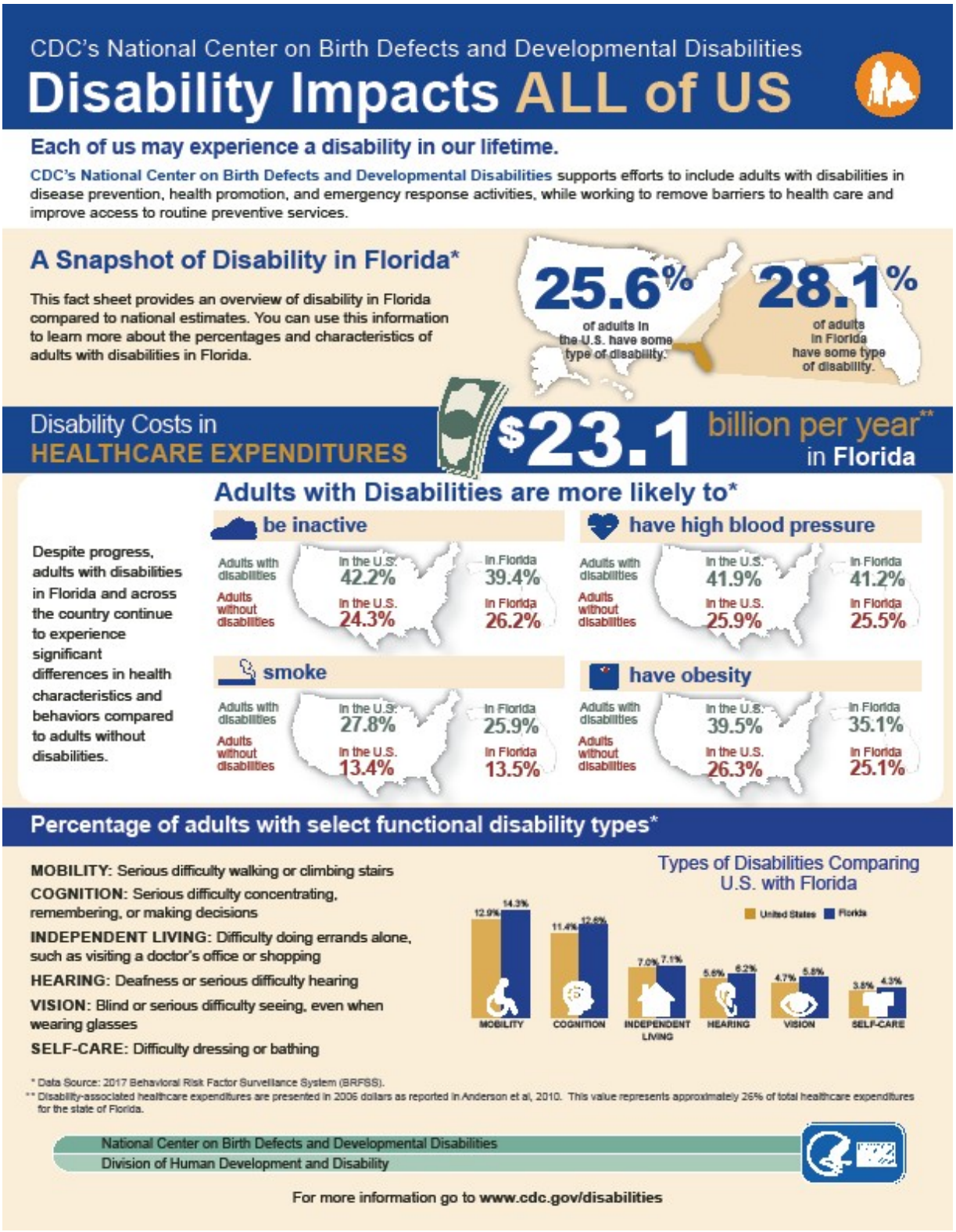


Figure 18 – Income levels for Lauderdale County per U.S. Census Bureau

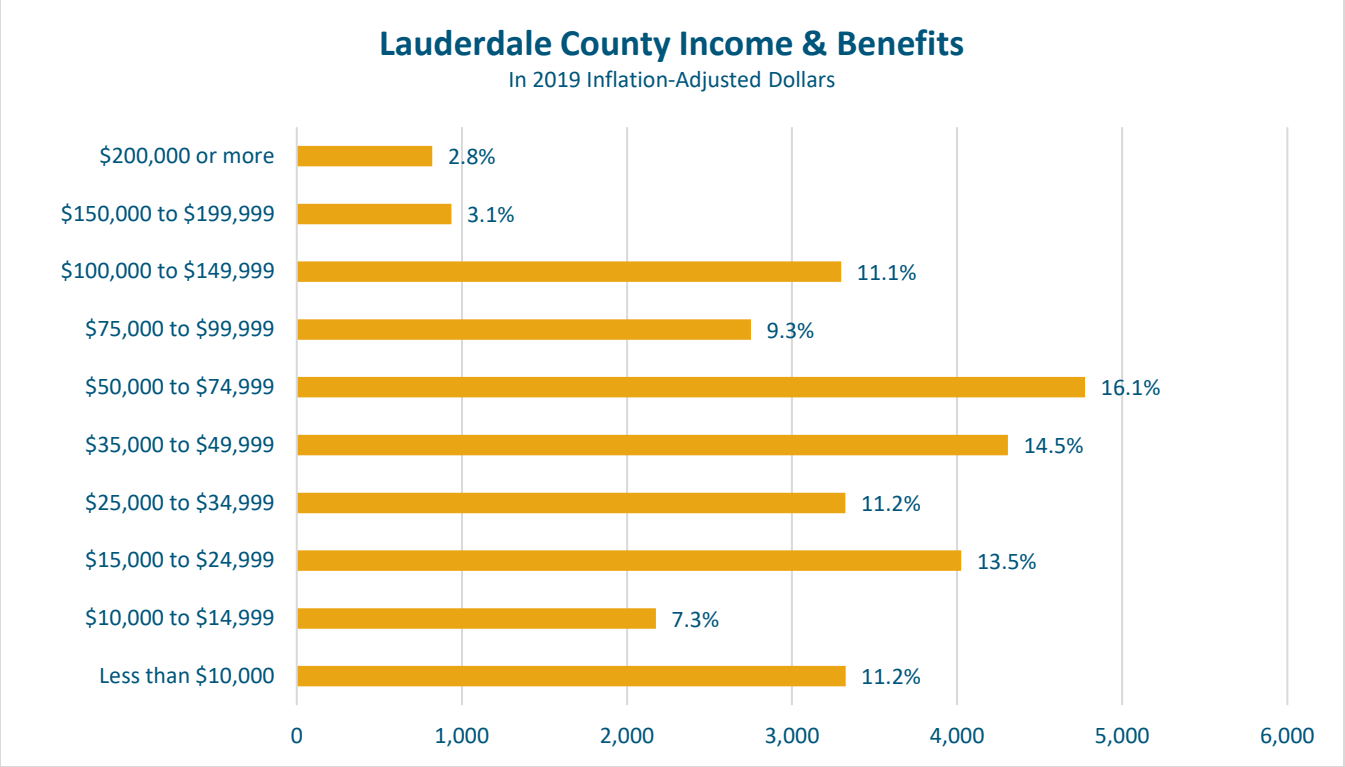
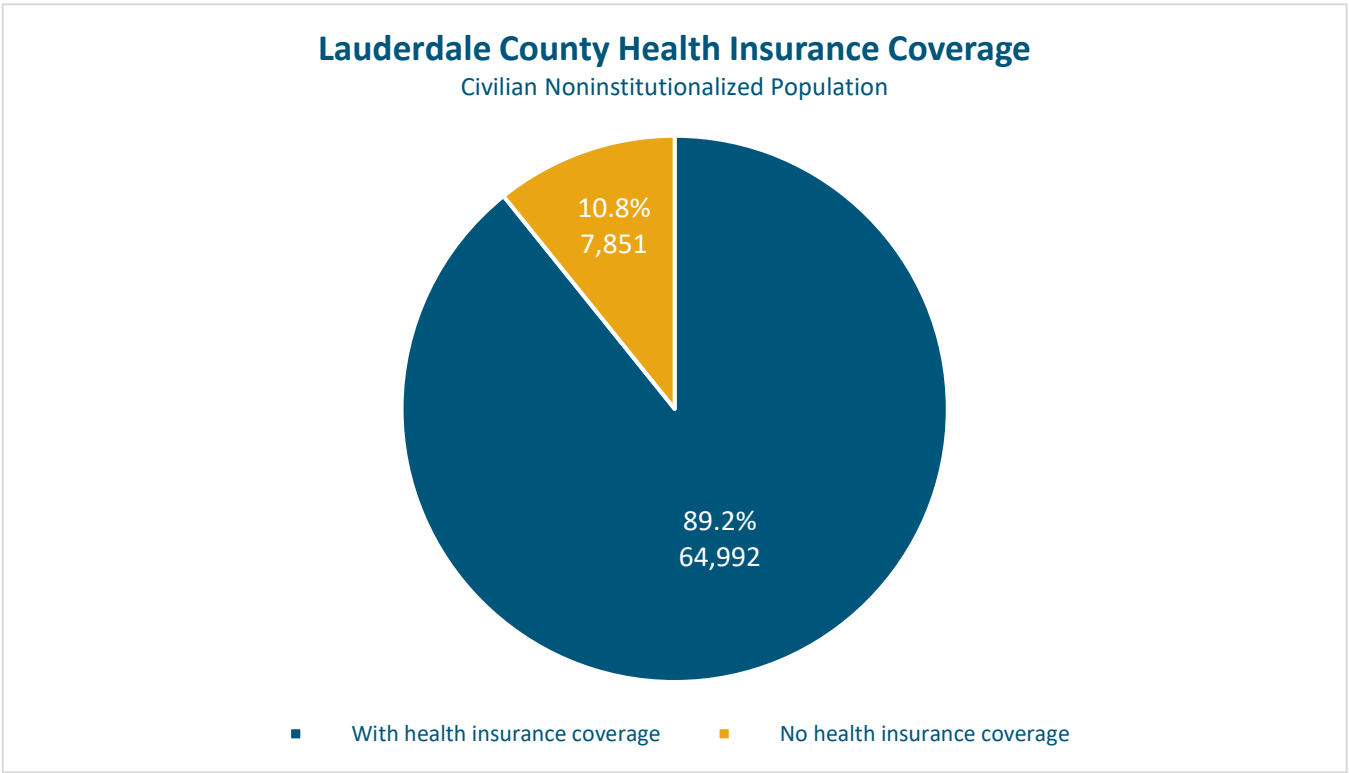


Figure 19 - Health Insurance Coverage for Lauderdale County per U.S. Census Bureau



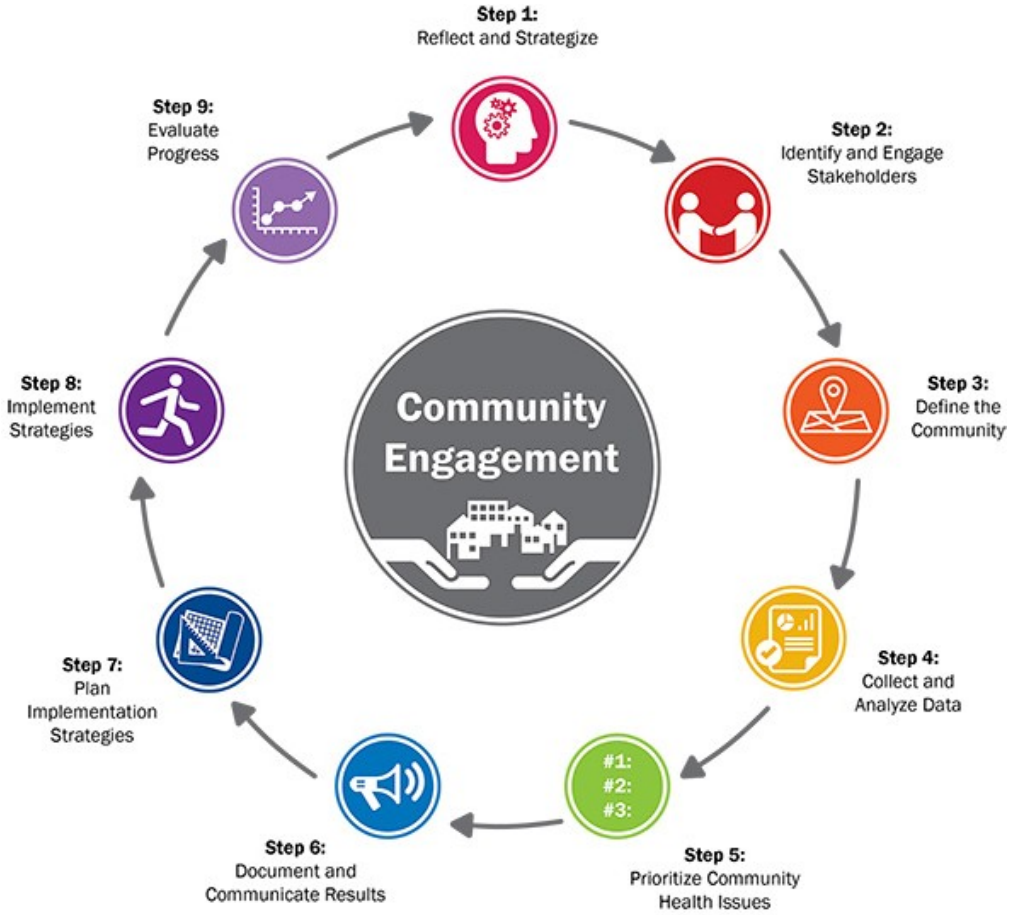
INPUT FROM THE COMMUNITY

Community Survey:

ARHS wanted to better understand the health status of Lauderdale County through the mindset of the community. As a result, an online community survey was developed by the hospital. Members of the public were encouraged by the hospital to participate in the online survey. The data collected from the survey was given consideration and used in establishing the top health priorities for ARHS to focus on over the next three years.

Disclaimer regarding the community survey: Of the members of the community that responded to the survey not all the respondents answered every question on the survey. In charts and analysis that follow, the calculations are based on the number of respondents that answered that specific question versus that total number of respondents that took the survey.

Figure 20 - The Association for Community Health Improvement's Community Health Assessment Toolkit Nine-step Pathway – Sponsored by Centers for Disease Control and Prevention



Results of the Community Survey:

The graphs on the pages that follow show the results from respondents who took the online community survey. ARHS would like to thank all participants who took the time to respond to the survey, and by providing insight on different aspects of health within our community.

Figure 21 - Photo of ARHS online survey requesting feedback

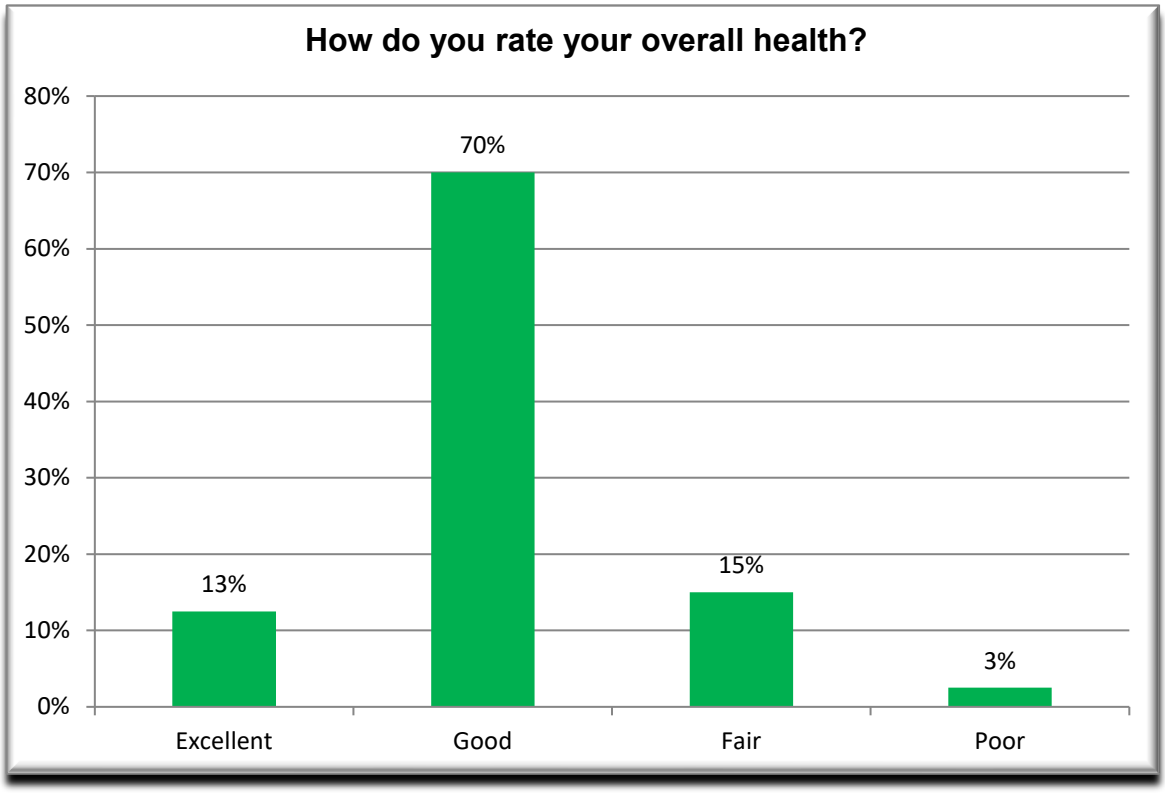
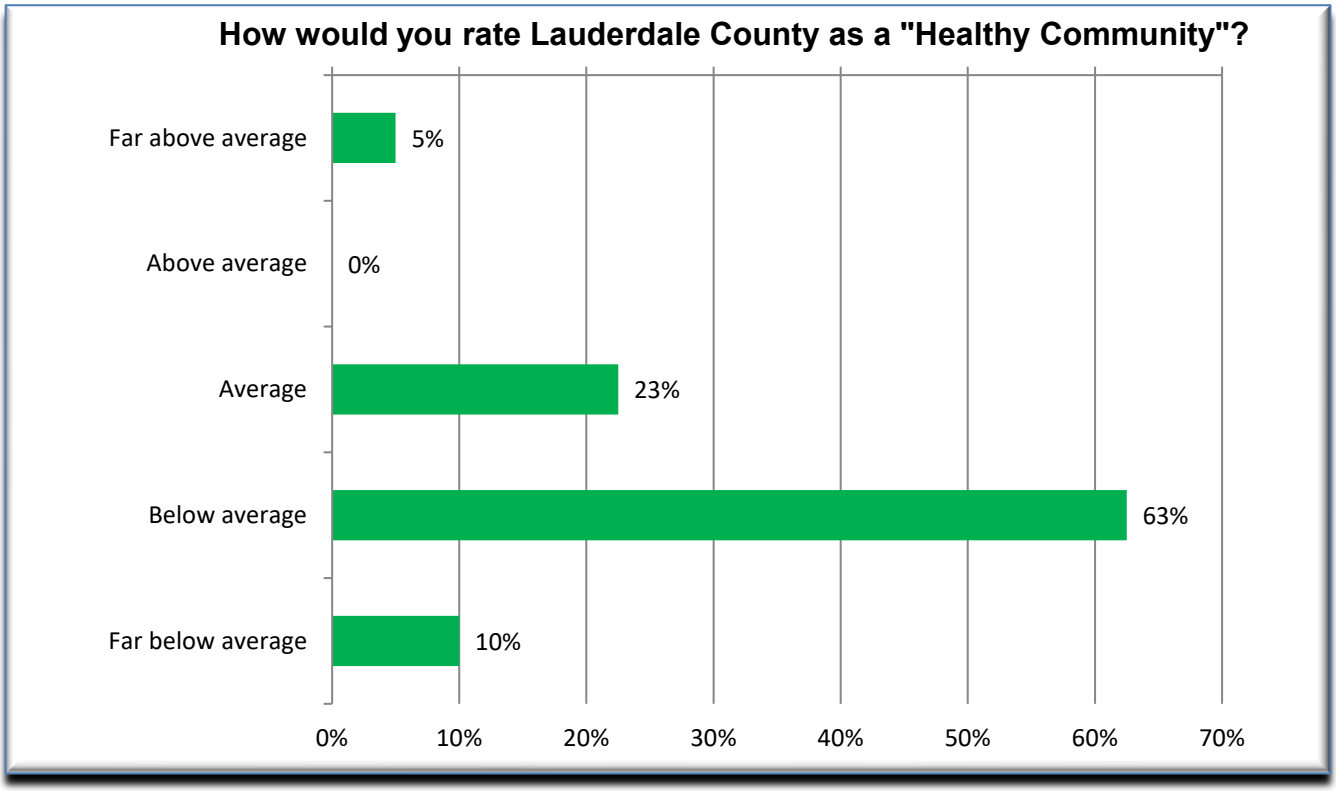


Figure 22 - Community Survey Question (CSQ) – How do you rate your overall health?

Figure 23 - CSQ – How would you rate Lauderdale County as a "Healthy Community"?



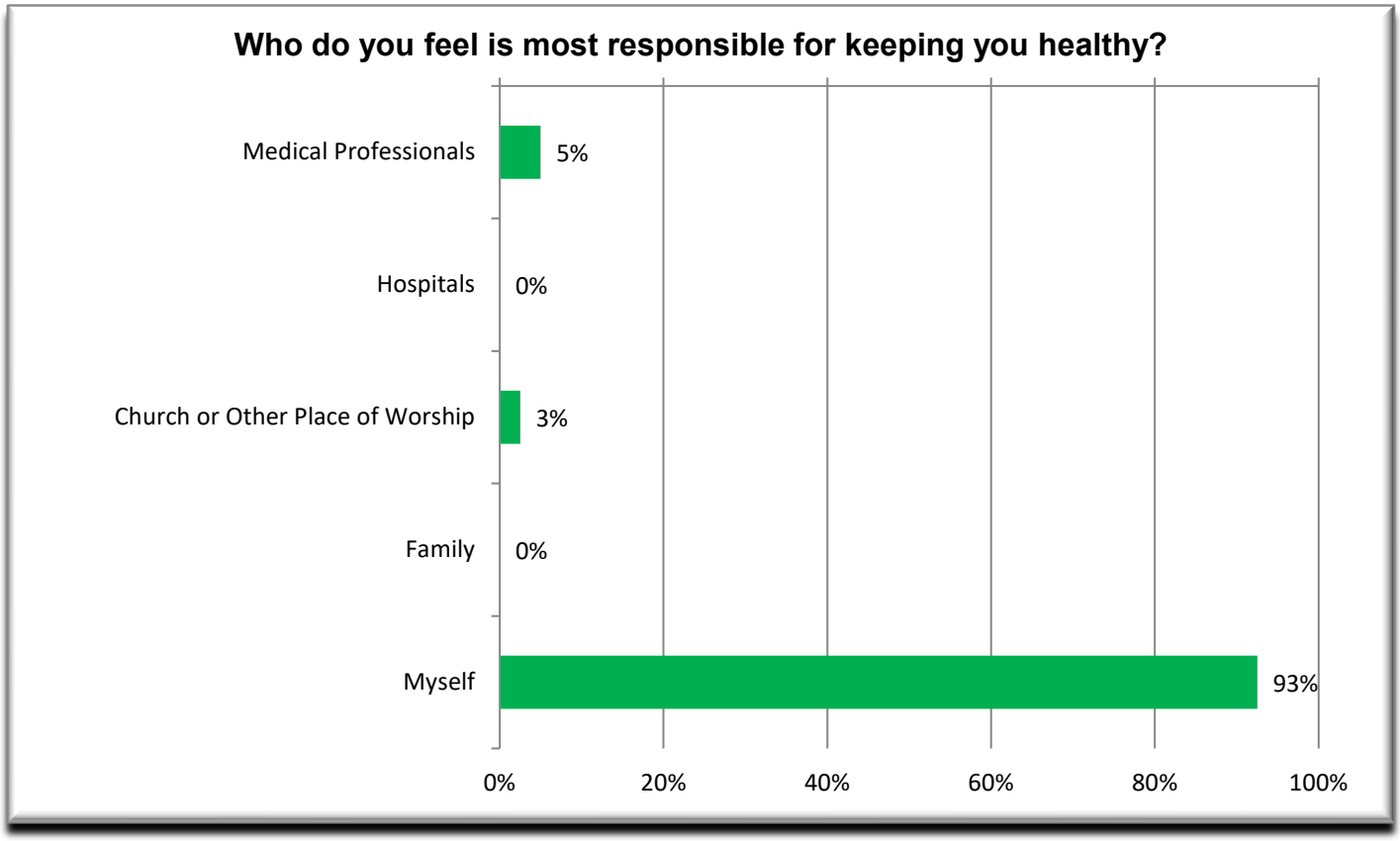
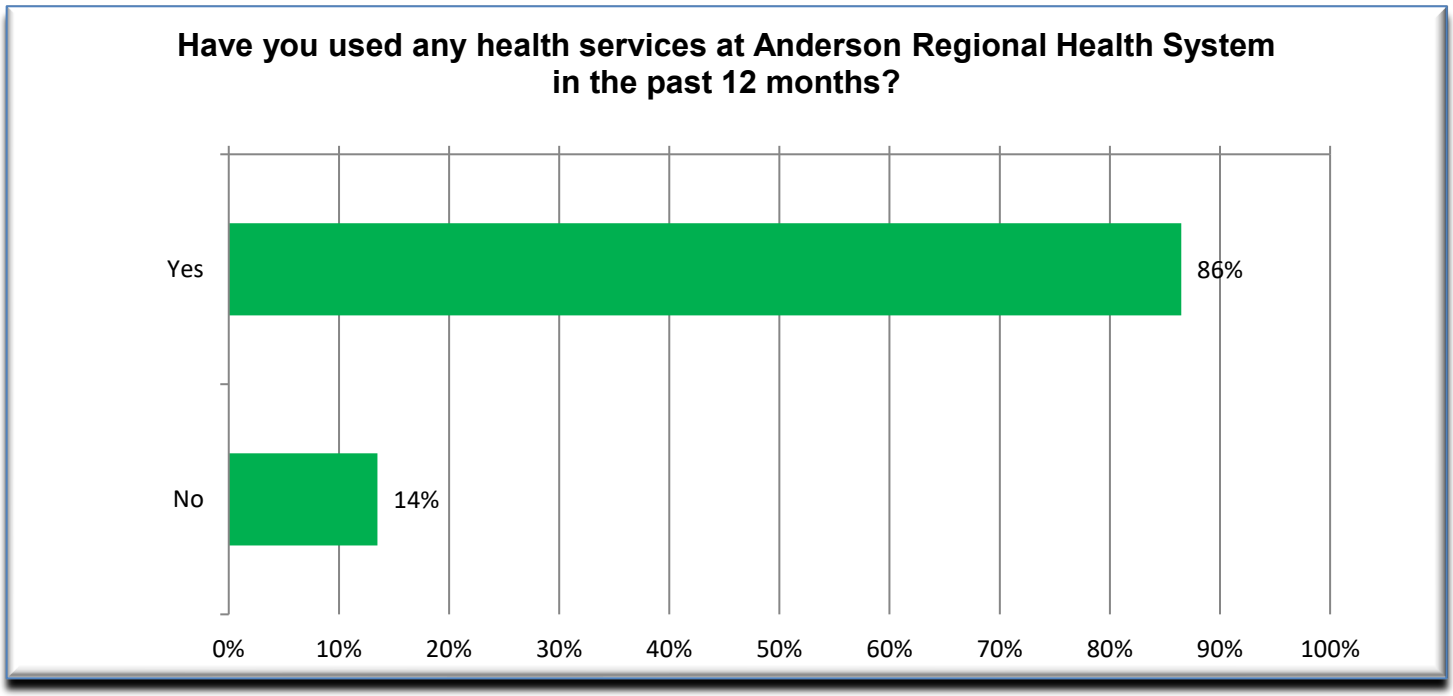


Figure 24 - CSQ – Who do you feel is most responsible for keeping you healthy?

Figure 25 - CSQ – Have you used any health services at ARHS in the past 12 months?



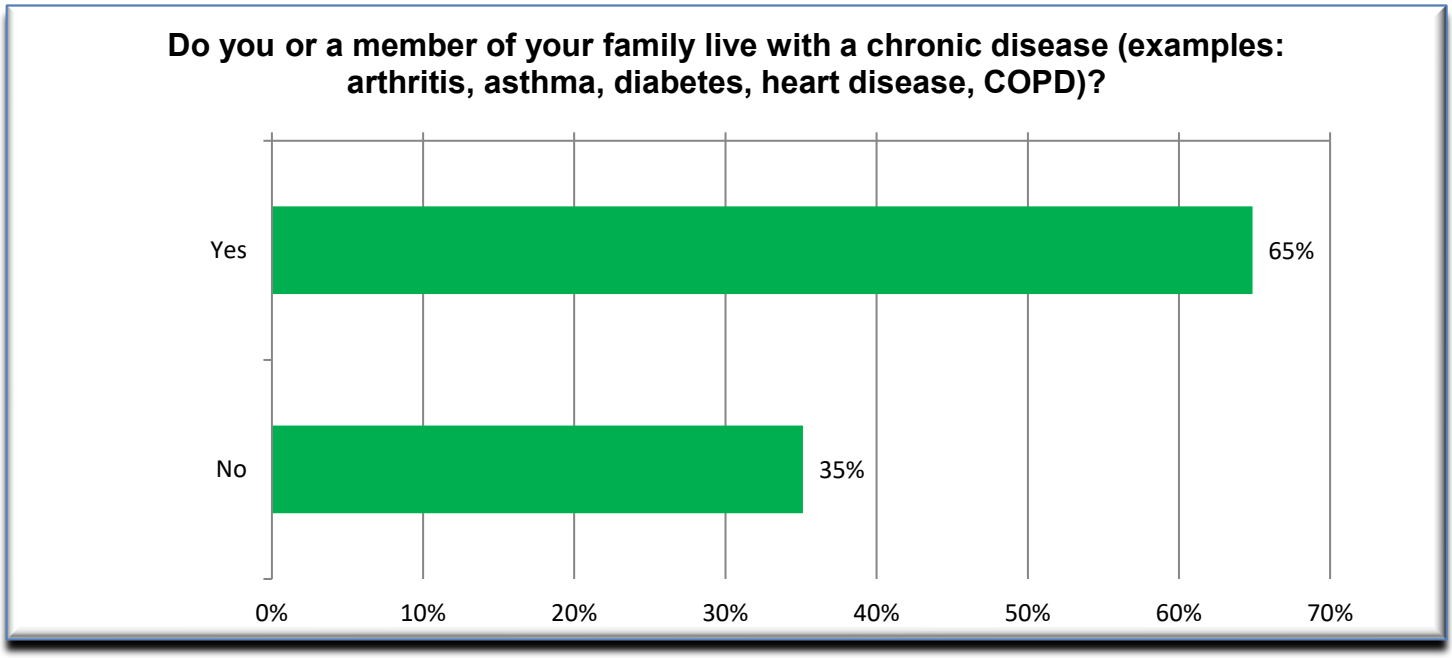
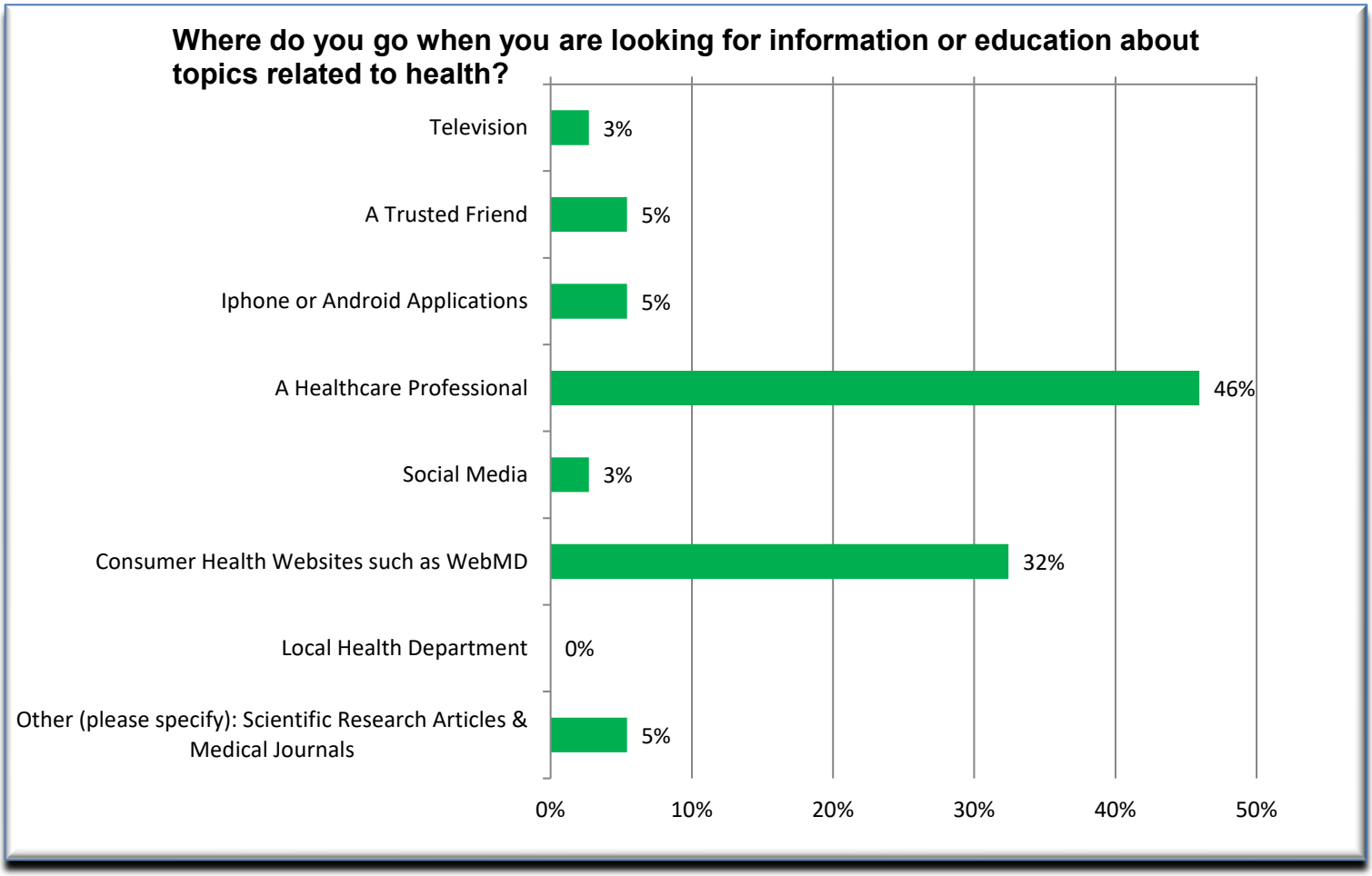


Figure 26 - CSQ – Do you or a member of your family live with a chronic disease?

Figure 27 - CSQ – Where do you go when you are looking for information or education about topics related to health?



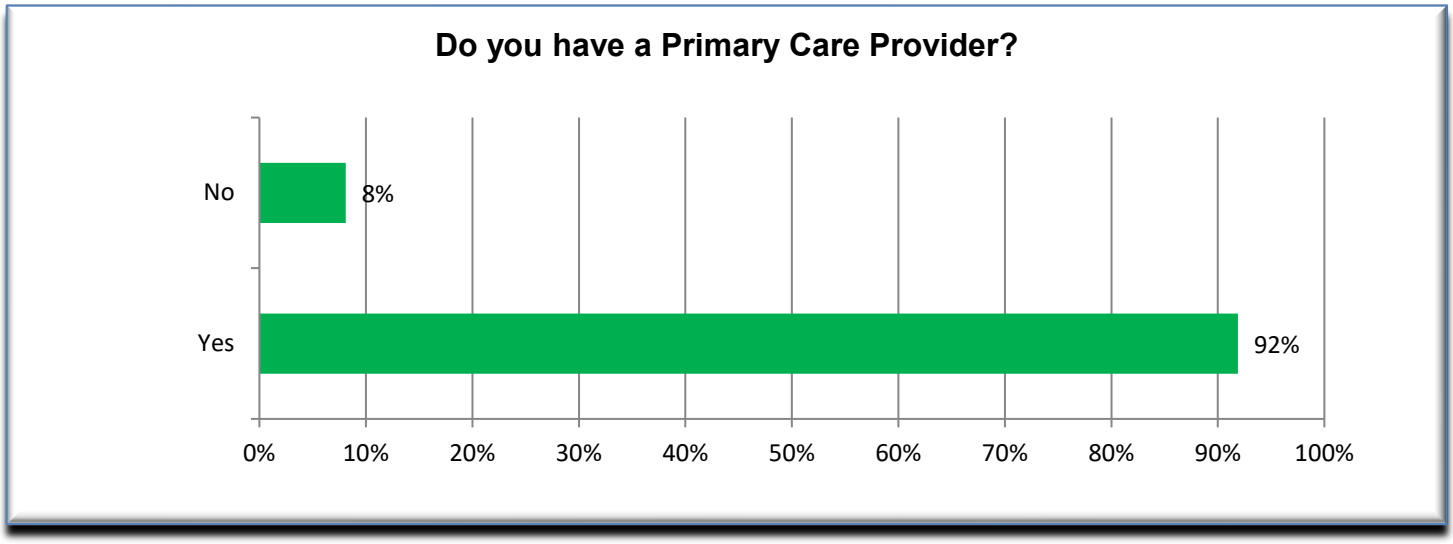
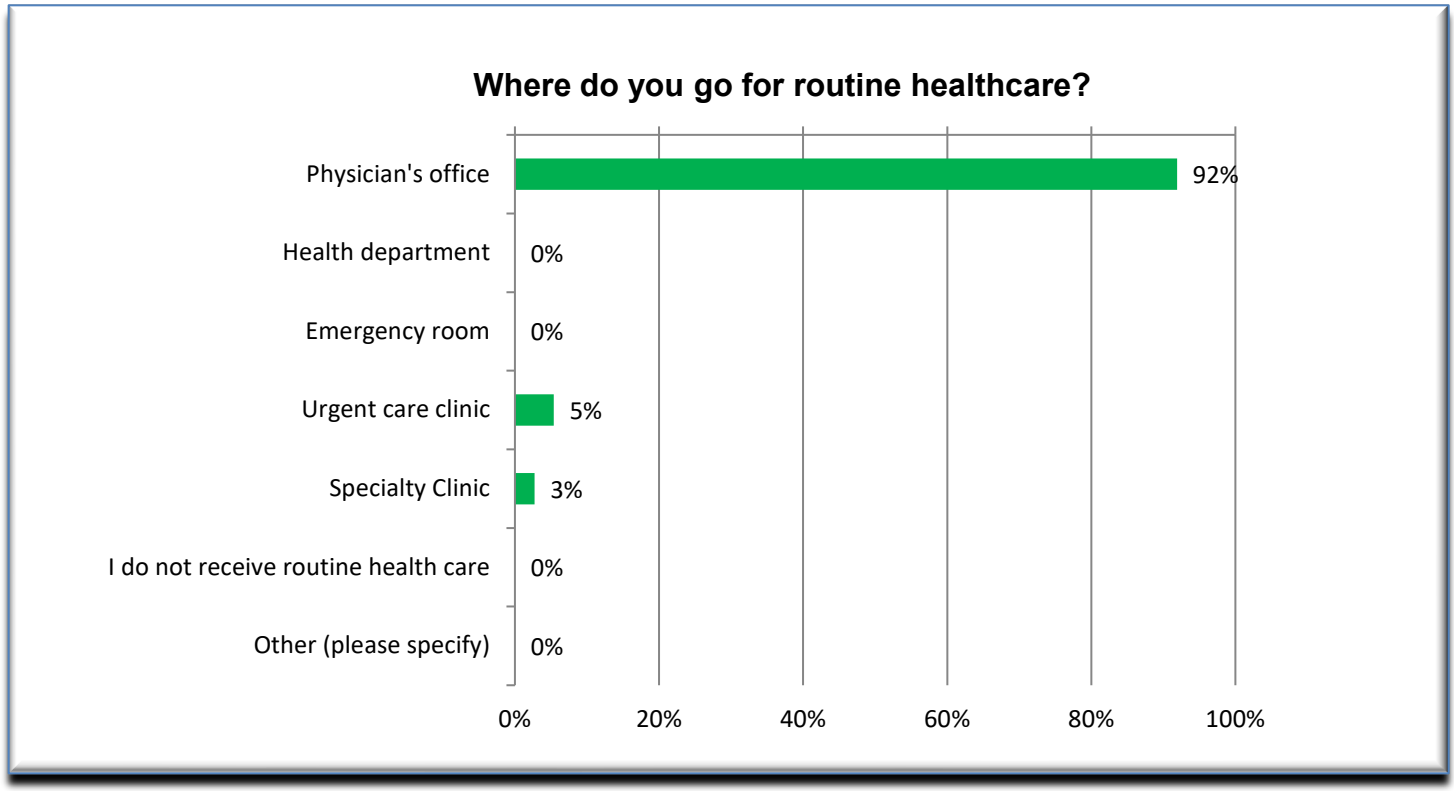


Figure 28 - CSQ – Do you have a Primary Care Provider?

Figure 29 - CSQ – Where do you go for routine healthcare?



The following two questions from the community survey respondents where able to fill in the answer. The answers were summarized with the top ones listed below each question.

CSQ – Is there a health or wellness need that you are aware of in our area?

- Continued/Additional education of COVID-19 along with vaccines for COVID
- Obesity seen as a major issue. Resources/education/nutritional guide on how to combat it along with ways to live a healthier lifestyle
- Pediatric specialists
- Drugs and alcohol
- Resources/Education in general with outreach to schools, churches, and community as whole
- Breastfeeding support system
- More specialists – cardiovascular, neurosurgeon, endocrinologist

CSQ – How can Anderson Regional Health System better meet your healthcare needs?

- More education related to discharge teaching with additional support offered after discharge for questions/education
- More specialists
- Community wide lunch and learns
- After hours/weekend clinic
- Pediatric specialists
- More education/resources about health issues

Figure 30 - General photo

Community Focus Group:

Focus groups present an important component in soliciting information from the community about the health status of Lauderdale County. ARHS hosted a focus group inviting different members of the community to participate in discussing the health of Lauderdale County. However, due to the Public Health Emergency (PHE) due to COVID-19 ARHS had to be cognizant of safety protocols related to indoor gatherings. Per recommendations by the Centers for Disease Control and Prevention (CDC), fewer participants than in previous years were invited to ensure ARHS could meet guidelines set forth that included 6 feet of spacing between individuals. ARHS realizes that the PHE and COVID-19 was stressful to everyone and would like to extend a heartfelt "Thank You!" to the members of the community listed below that attended the focus group to offer their feedback.

- Derron Radcliff, United Way of East Mississippi
- Stephanie Woodall, The Free Clinic of Meridian
- Beverly Hearn, Greater Meridian Health Clinic
- Debbie Mathis, East Mississippi Business Development Council
- Karhna Washington, Weems Mental Health
- Beverly Knox, The Montgomery Institute/Community Health Improvement Network

Figure 31 - Photo of Focus Group Participants

Feedback from Community Focus Group:

The focus group was very engaged and offered some wonderful feedback the ARHS will be able to utilize moving forward. The following is a sample of some of the questions and answers discussed at the focus group meeting.

- How healthy is our community?
  - Group ranked it as a 3 on a scale of 1-10
- Barriers to health in the community
  - Access to care for rural areas, lifestyle, money, and denial of health issue
- For children, what do you see as the major health issues?
  - Obesity, lack of preventive healthcare measures, access to proper nutrition, lack of exercise, COVID-19
- For young adults, what do you see as the major health issues?
  - Drugs, alcohol, abuse, suicide, mental health, obesity, false sense of security due to age, COVID19
- For adults, what do you see as the major health issues?
  - Cancer, heart disease, obesity, diabetes, mental health, culture/lifestyle, unmanaged health issues, smoking, alcohol, COVID-19
- For over age 65, what do you see as the major health issues?
  - Dementia, Alzheimer's, COPD, cancer, heart disease, COVID-19
- What specialties do you feel are needed in the community?
  - Pediatrician, Neurosurgeon, Endocrinologists, Pediatric specialists, Mental Health

Figure 32 - General photo – thinking cap

Top Health Issues Facing the Community:

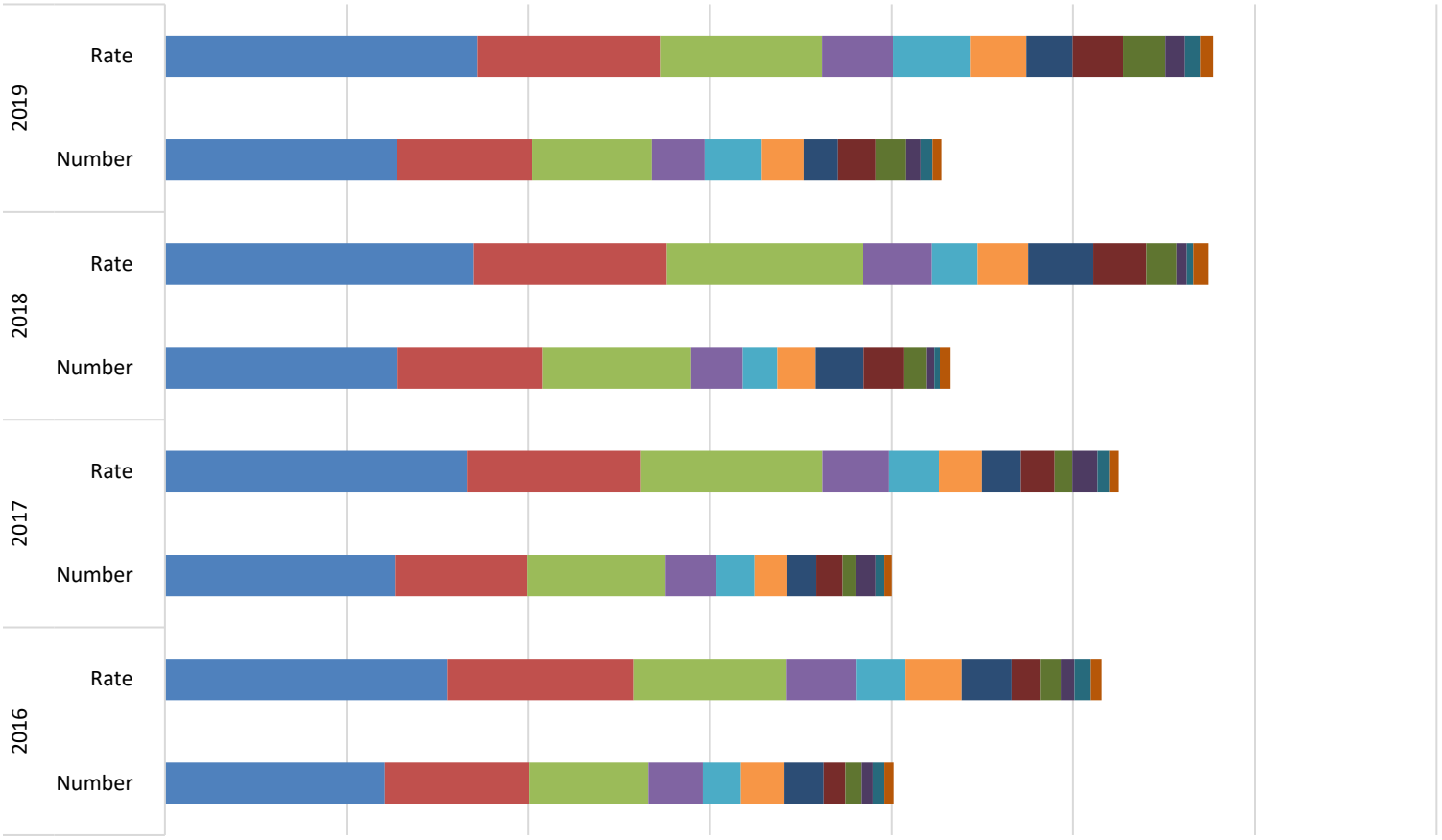
Disease Incidence Rates:

Per the Centers for Disease Control and Prevention, incidence refers to the occurrence of new cases of disease or injury in a population over a specified period and incidence rate is a measure of incidence that incorporates time directly into the denominator. Thus, the incidence rate is a measure of disease that allows us to determine a person's probability of being diagnosed with a disease during a given period. In other words, incidence is the number of newly diagnosed cases of a disease and incidence rate is the number of new cases of a disease divided by the number of persons at risk for the disease. It is customary to use rates of per 100,000 population for deaths to make the rate comparable with counties that may have more or less than 100,000 residents. An example of how a diseases incidence rate is calculated: if over the course of a designated time period 215 residents within Lauderdale County with a population of 76,279 was diagnosed with heart disease whom did not have heart disease at the beginning of the designated time period, then the study would show the incidence rate of heart disease in this population was 281.86 ((215/76,279)*100,000) meaning 282 individuals per 100,000 residents would have heart disease in this or a similar population during the designated time frame.

The table series will contain a significant amount of data from the ARHS service area to assist ARHS leadership team identify disease types that have the greatest impact on the patient population. This information will lend support to ARHS leadership team in developing health strategies to focus on over the next three years by detailing the disease types within the community and validating if there is a need for the proposed strategy. The information contained in the data sets were pulled from the records of the Mississippi State Department of Health (MSDH), and the categories of data are determined by MSDH. Due to the length of some of the data sets, this report will list the top events of a given query of data presented with any additional data available upon request. Each data set query will be described in each charts title to give the reader an understanding of what is included in the data set of each chart.

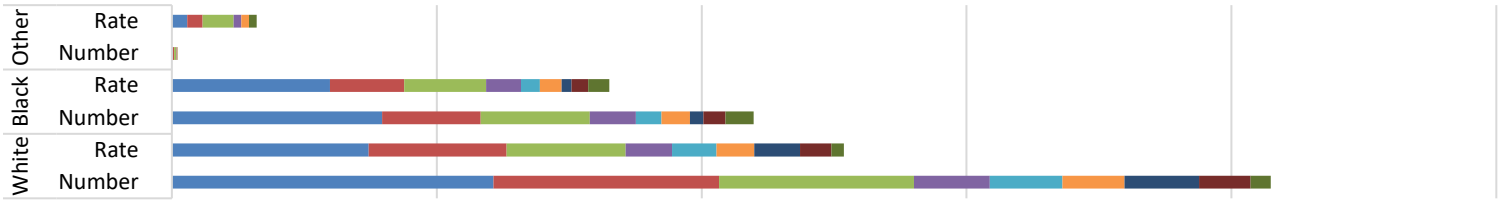
The charts will include information from different scenarios to demonstrate how the disease process impacts the patient population. By understanding how a disease affects variants in the population ARHS will be able to identify which segments of the community to focus specific strategies towards. The charts will look at the population, impacts between race, impacts between sex, and impacts on different age groups in Lauderdale County.

Figure 33 - Leading causes of death 2016-19



	2016		2017		2018		2019	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart disease	242	311.2	253	332.2	256	339.9	255	344
Other diseases and conditions	159	204.5	146	191.7	160	212.4	149	201
Malignant Neoplasms (cancer)	131	168.5	152	199.6	163	216.4	132	178.1
Cerebrovascular diseases (Stroke)	60	77.2	56	73.5	57	75.7	58	78.2
Alzheimer's disease	42	54	42	55.2	38	50.5	63	85
Unintentional Injury	48	61.7	36	47.3	42	55.8	46	62.1
Chronic obstructive pulmonary disease (COPD) / Emphysema	43	55.3	32	42	53	70.4	38	51.3
Pneumonia & influenza	24	30.9	29	38.1	45	59.7	41	55.3
Nephritis, nephrotic syndrome and nephrosis (Kidney disease)	18	23.1	15	19.7	25	33.2	34	45.9
Homicide and legal intervention	12	15.4	21	27.6	8	10.6	16	21.6
Chronic Liver disease & cirrhosis	13	16.7	10	13.1	6	8	13	17.5
Diabetes mellitus	10	12.9	8	10.5	12	15.9	10	13.5

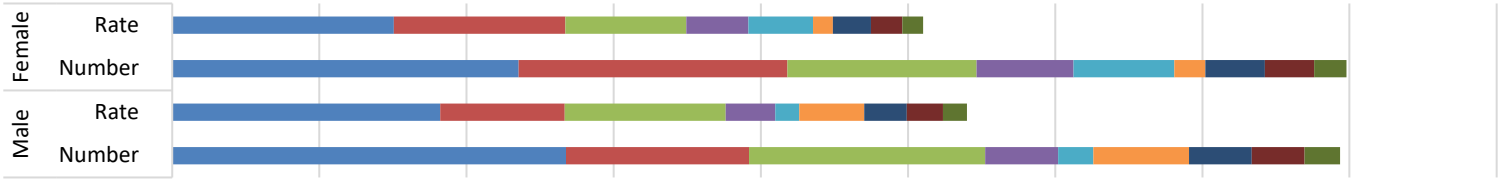
Lauderdale County Top 9 Categories of Disease Incidence Rates by Race includes All Sex, All Ages



	White		Black		Other	
	Number	Rate	Number	Rate	Number	Rate
Heart disease	607	371.2	397	298.6	2	29.1
Other diseases and conditions	426	260.5	186	139.9	2	29.1
Malignant Neoplasms (cancer)	368	225	206	154.9	4	58.3
Cerebrovascular diseases (Stroke)	143	87.5	87	65.4	1	14.6
Alzheimer's disease	137	83.8	48	36.1	0	0
Unintentional Injury	117	71.6	54	40.6	1	14.6
Chronic obstructive pulmonary disease (COPD) / Emphysema	141	86.2	25	18.8	0	0
Pneumonia & influenza	97	59.3	42	31.6	0	0
Nephritis, nephrotic syndrome and nephrosis (Kidney disease)	38	23.2	53	39.9	1	14.6

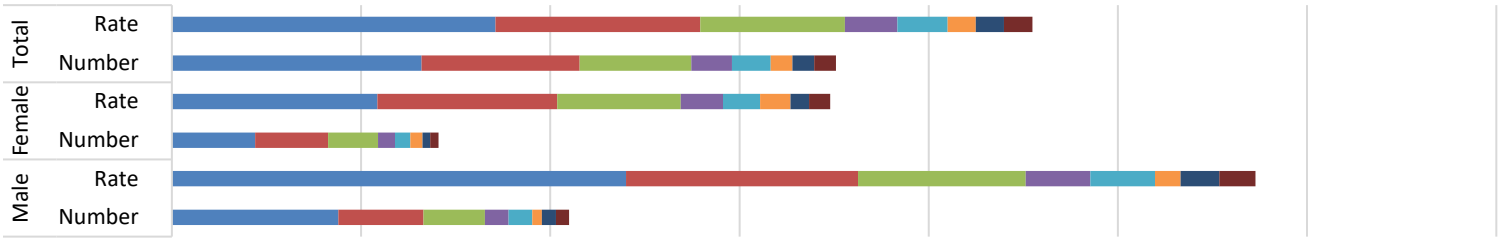
Figure 34 - Leading causes of death 2016-19 by Race
Figure 35 - Leading causes of death 2016-19 by Sex

Lauderdale County Top 9 Categories of Disease Incidence Rates by Sex includes All Race, All Ages



	Male		Female	
	Number	Rate	Number	Rate
Heart disease	535	364.1	471	301.1
Other diseases and conditions	249	169.5	365	233.4
Malignant Neoplasms (cancer)	321	218.5	257	164.3
Cerebrovascular diseases (Stroke)	99	67.4	132	84.4
Alzheimer's disease	48	32.7	137	87.6
Unintentional Injury	130	88.5	42	26.9
Chronic obstructive pulmonary disease (COPD) / Emphysema	85	57.8	81	51.8
Pneumonia & influenza	72	49	67	42.8
Nephritis, nephrotic syndrome and nephrosis (Kidney disease)	48	32.7	44	28.1

Lauderdale County Top 8 Categories of Disease Incidence Rates by Age Group 45-64 & Sex includes All Race

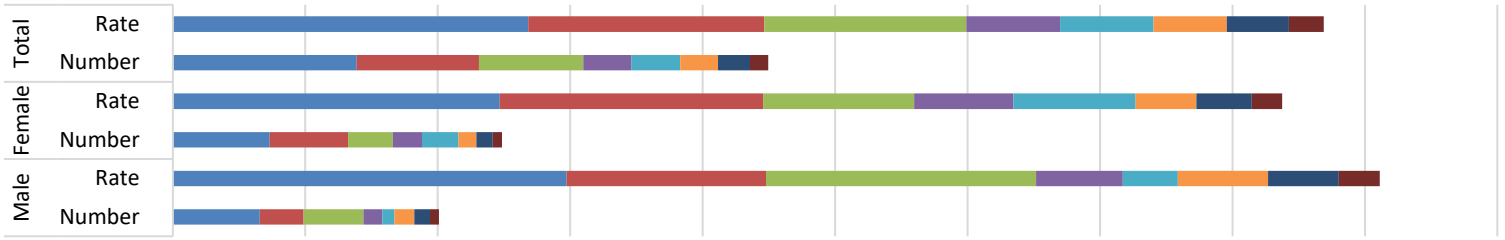


	Male		Female		Total	
	Number	Rate	Number	Rate	Number	Rate
Heart disease	176	480	88	217.2	264	342
Malignant Neoplasms (cancer)	90	245.4	77	190	167	216.4
Other diseases and conditions	65	177.3	53	130.8	118	152.9
Cerebrovascular diseases (Stroke)	25	68.2	18	44.4	43	55.7
Unintentional Injury	25	68.2	16	39.5	41	53.1
Chronic obstructive pulmonary disease (COPD) / Emphysema	10	27.3	13	32.1	23	29.8
Chronic Liver disease & cirrhosis	15	40.9	8	19.7	23	29.8
Nephritis, nephrotic syndrome and nephrosis (Kidney disease)	14	38.2	9	22.2	23	29.8

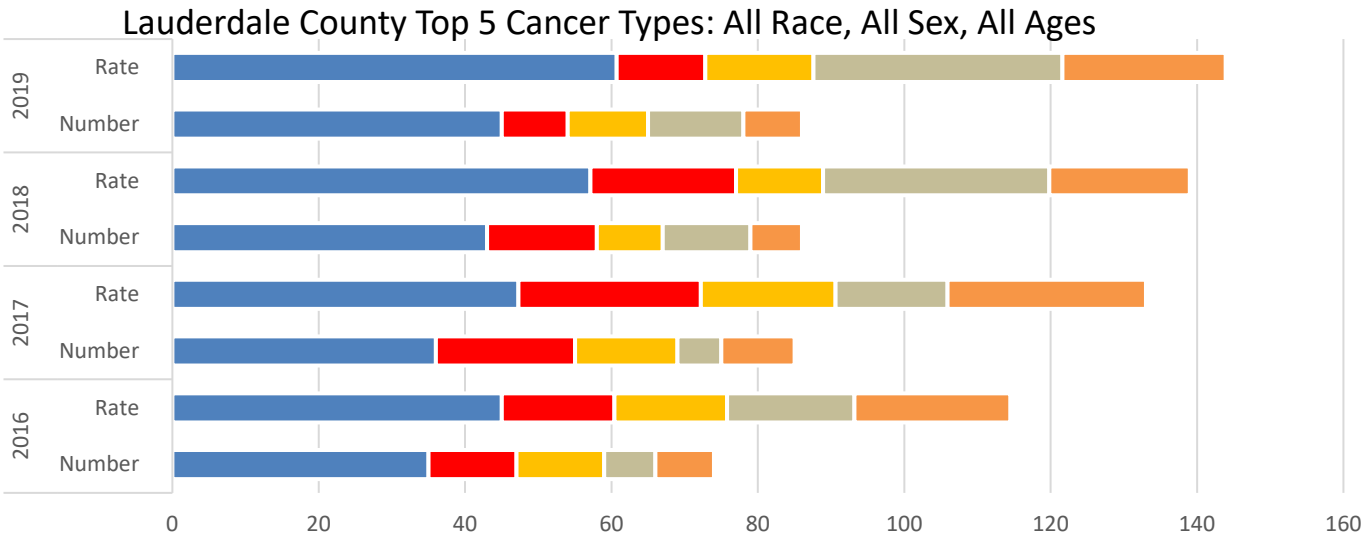
Figure 36 - Leading causes of death 2016-19 by Age Group 45-64

Figure 37 - Leading causes of death 2016-19 by Age Group 65-Up

Lauderdale County Top 8 Categories of Disease Incidence Rates by Age Group 65-Up & Sex includes All Race



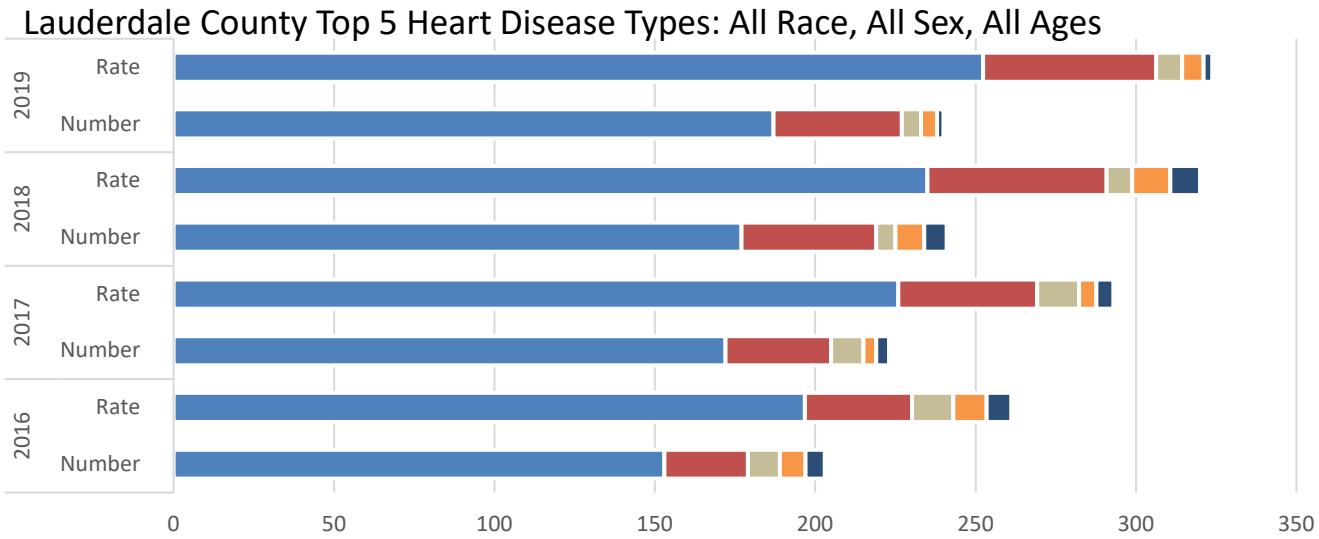
	Male		Female		Total	
	Number	Rate	Number	Rate	Number	Rate
Heart disease	328	1,486.80	366	1,233.90	694	1,341.80
Other diseases and conditions	166	752.5	295	994.5	461	891.3
Malignant Neoplasms (cancer)	225	1,019.90	169	569.8	394	761.8
Cerebrovascular diseases (Stroke)	72	326.4	111	374.2	183	353.8
Alzheimer's disease	46	208.5	137	461.9	183	353.8
Chronic obstructive pulmonary disease (COPD) / Emphysema	75	340	68	229.2	143	276.5
Pneumonia & influenza	59	267.4	62	209	121	233.9
Nephritis, nephrotic syndrome and nephrosis (Kidney disease)	34	154.1	34	114.6	68	131.5



	2016		2017		2018		2019	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Trachea, bronchus, and Lung	35	45	36	47.3	43	57.1	45	60.7
Pancreas	12	15.4	19	24.9	15	19.9	9	12.1
Colorectal	12	15.4	14	18.4	9	11.9	11	14.8
Female breast	7	17.4	6	15.3	12	30.9	13	34
Prostate	8	21.3	10	27.1	7	19.2	8	22.3

Figure 38 - Top types of Cancer Mortality Rates 2016-19

Figure 39 - Top types of Heart Disease Mortality Rates 2016-19



	2016		2017		2018		2019	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Ischemic heart disease	153	196.8	172	225.9	177	235	187	252.3
Heart failure	26	33.4	33	43.3	42	55.8	40	54
Cardiac dysrthythmias	10	12.9	10	13.1	6	8	6	8.1
Diseases of pulmonary circulation	8	10.3	4	5.3	9	11.9	5	6.7
Cardiomyopathy	6	7.7	4	5.3	7	9.3	2	2.7

Top Health Issues Identified by Community:

Anderson Regional Health System through conversations with community members and distribution of an online survey throughout Lauderdale County gave residents an opportunity to voice their opinions on the health status and health needs of Lauderdale County. Below is a summary of the top health issues identified by community members:

1. COVID-19
2. Heart Disease & Stroke
3. Diabetes
4. Obesity
5. Cancers
6. Addiction – Drug or alcohol
7. Mental Health Issues

Thank You section:

This comprehensive assessment will allow us to better understand the needs and concerns of our community. Anderson Regional Health System is proud to serve our community. As always, through our commitment to compassionate and mission-focused healthcare, we are honored to work closely with our collaborative partners in our community to provide outstanding healthcare and create a healthier world for the residents of Lauderdale County and the surrounding area. Dedication to our values of performance, accountability, service, stewardship, integrity, and teamwork has allowed us to continue to proudly serve our community.

Thanks to each of you who provided valuable insight into this report. Your participation in the data gathering, discussions, and decision-making process helped make this a true community effort which will better serve all segments of our population.

2021 Community Health Needs Assessment: Implementation Strategy

Implementation Strategies:

After reviewing the quantitative data, as well as the top health issues identified through conversations with community members and community surveys, ARHS determined which issues would become the priority issues to be addressed over the next three years as part of the Community Health Implementation Plan. For the plan, ARHS has outlined the following strategies for the next three years, however, due to the difficulties placed upon the health system from COVID-19 and the limitations this pandemic has placed on community interaction the strategies below were developed with the mindsight that ARHS may have to change/adapt each strategy as they continue to navigate the pandemic. ARHS focus is to keep the community safe and informed while always striving to enhance the level of care delivered to their community. The initial health strategies are as follows:

1. COVID-19 and its impact on the health and well- being of the community
    a. Continue to educate the community through health minutes and social media regarding social distancing, hand washing, mask wearing, and vaccine information
    b. Continue to protect the community through delivery of care services
2. Chronic Disease Prevention (including Diabetes, High Blood Pressure, and Heart Disease)
    a. Continue educational campaigns utilizing Lunch and Learn events, Medical Minutes, billboards, Facebook messages, website, etc.
    b. Work with Community partner/affiliates as a change agent for health-related illnesses
3. Healthy Lifestyle/Prevention (including Obesity, Poor Nutrition/Unhealthy Eating, and Tobacco Use)
    a. Continue educational campaigns utilizing Lunch and Learn events, Medical Minutes, billboards, Facebook messages, website, etc.
    b. Work with Community partner/affiliates as a change agent for a healthier community
4. Substance Abuse and Mental Health Awareness
    a. Continue educational campaigns utilizing Medical Minutes, billboards, Facebook messages, website, etc.
    b. Work with local law enforcement through educating them on best practices of how to handle these crisis situations