



COMMUNITY HEALTH NEEDS ASSESSMENT 2025

Prepared by
**Carr, Riggs &
Ingram**



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Our Commitment to Community Health

Message From Our President and CEO

The 2025 Community Health Needs Assessment (CHNA) serves as both a strategic guide for OCH Regional Medical Center and a resource for its community partners as they work together to improve the health and well-being of the population served. In alignment with IRS requirements, this report identifies key health priorities and outlines implementation strategies to address them over the next three years. Developed by the CHNA Steering Committee with support from Carr, Riggs & Ingram, the assessment draws on community feedback, public health data, and stakeholder input collected through surveys, a community forum, and publicly available reports.

We are deeply grateful to the patients, employees, and community members who contributed their time and insights to this important work. Their voices helped shape a responsive and meaningful assessment that reflects the real challenges and opportunities within our region. OCH remains committed to building a healthier community and looks forward to continued collaboration with those we serve.

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



About Us

OCH Regional Medical Center (OCH) is a county-owned, forward-thinking rural hospital located in Starkville, Mississippi—home to Mississippi State University. Originally constructed in the late 1940s as Felix Long Memorial Hospital, OCH moved to its current location in 1973 following a four-year construction project. The new facility began as a modest 60-bed hospital with three specialties, two operating rooms, no emergency physicians, and a cafeteria that served only two meals daily. Over the decades, OCH has expanded significantly in its facilities, staff, and range of services.



For over 47 years, OCH has delivered short-term acute care primarily to residents of Oktibbeha County and the surrounding region—Choctaw, Clay, Lowndes, Noxubee, Webster, and Winston counties. The hospital offers 21 medical specialties and a variety of other services:

- Breast Health
- Cardiac Rehab
- Cardiology
- Diabetes Management
- Emergency Services
- Family Medicine
- Intensive Care Services
- Internal Medicine
- Maternity Services
- Obstetrics/ Gynecology
- Ophthalmology
- Oral & Maxillofacial Surgery
- Orthopedics
- Otolaryngology
- Outpatient Surgery & Endoscopy
- Pain Management
- Radiology
- Rehab Services
- Respiratory Care
- Sleep Disorders
- Surgical Services
- Urology
- Wellness Connection
- Wound Care



In addition to our main campus, OCH has 13 clinics and physician practices that provide a variety of specialized services:

- Holliday Lung & Sleep Center
- Center for Breast Health & Imaging
- OCH Cardiology with University Heart
- OCH Center for Pain Management

- OCH Center for Sleep Medicine
- OCH Family Health Clinic
- OCH General Surgery Associates
- OCH Medical Associates
- OCH Pulmonology and Sleep Center
- OCH Regional Wound Healing & Hyperbaric Center
- Parsons Family Medical Clinics



With over 600 healthcare professionals and other personnel, OCH is the third-largest employer in Oktibbeha County, following Mississippi State University and the Starkville Public School District. Its deep ties to the community include partnerships with MSU—such as providing hyperbaric oxygen therapy to athletes—and active engagement in regional economic development. Additional partnerships include Women’s Health and The Breast Center. The hospital regularly reaches thousands through school visits, health fairs, community education programs, support groups, and other outreach initiatives. Guided by its mission to deliver high-quality healthcare while adapting to evolving needs, OCH continues to serve as a cornerstone of health and wellness for Mississippi’s Golden Triangle region and beyond.

At OCH Regional Medical Center, our mission is simple yet deeply meaningful: to provide high-quality healthcare to the people of Mississippi’s Golden Triangle and beyond, while continually adapting to meet the evolving needs of our community. Every year, we reach thousands of individuals in Oktibbeha County and surrounding areas through school visits, workplace programs, health fairs, support groups, and educational initiatives.

More than just delivering care, we strive to build lasting connections — aligning our services with the needs of our neighbors to strengthen the health and well-being of our entire region. That’s the heart of a truly community-focused hospital — that’s the heart of OCH.

HEALTHCARE SERVICES PROVIDED

Breast Health

OCH offers comprehensive breast care with on-site, fellowship-trained surgical breast oncologists and plastic surgeons. Services include 3D mammography, breast cancer surgery, and reconstruction. The Center for Breast Health and Imaging is certified by the American College of Radiology and is a member of the National Consortium of Breast Centers.

Cardiac Rehabilitation

The Cardiac Rehabilitation Program aims to restore cardiovascular health through AHA-based

education and structured exercise. Goals include improved function in daily activities, return to work, and overall conditioning. The program is certified by the American Association of Cardiovascular and Pulmonary Rehabilitation.

Diabetes Management

The OCH Diabetes Management Center provides individualized care for both newly diagnosed and long-term patients. Services include one-on-one instruction, group education, and support meetings. The care team consists of a certified diabetes educator, RN, pharmacist, and dietitian.

Emergency Services

OCH's Level III Trauma Center is staffed 24/7 by an emergency physician and nurse practitioner. All ED nurses hold certifications in BLS, ACLS, PALS, and TNCC. The team works closely with EMS personnel, including those supporting Mississippi State athletic events.

Gastroenterology

Three on-staff gastroenterologists treat a full range of digestive disorders affecting the esophagus, stomach, intestines, liver, pancreas, and gallbladder. Common conditions treated include GERD, IBS, diverticulitis, IBD, and more. Procedures include upper and lower GI endoscopy.

Intensive Care Unit (ICU)

The six-bed ICU cares for critically ill and injured patients. Staffed by twelve RNs, all certified in ACLS and PALS, many also hold CCRN and TNCC certifications. Hospitality suites are available for visitors wishing to remain close to loved ones.

Infusion Therapy

Specially trained nurses and clinical technicians provide infusion treatments for conditions such as anemia, osteoporosis, infections, and autoimmune diseases. Available therapies include blood transfusions, monoclonal antibodies, Injectafer, Prolia, and more.

Orthopedics

Our relationship with Columbus Orthopedic Clinic offers advanced surgical and nonsurgical care for joint, muscle, and skeletal conditions. Surgeons are fellowship-trained in sports medicine and anterior hip reconstruction—the only providers of this kind in the Golden Triangle. Conditions treated include arthritis, fractures, tendon injuries, and more.

Pain Management

Staffed by a fellowship-trained, board-certified pain specialist and three nurse practitioners, the



clinic offers interventional pain procedures such as nerve blocks, spinal cord stimulation, drug delivery systems, and radiofrequency or cryoablation therapies.

Pulmonary Wellness

This three-month program supports individuals with chronic lung diseases including asthma, COPD, and interstitial lung disorders. Patients participate in supervised education and exercise sessions twice a week.

Radiology

OCH provides comprehensive imaging services including X-ray, ultrasound, CT (80-slice), MRI (Vantage Titan system), and nuclear medicine. Radiologic technologists and board-certified radiologists deliver expert diagnostics. The program is certified by the American College of Radiology.

Rehabilitation Services

OCH Rehab Services offers inpatient and outpatient therapy provided by licensed physical, occupational, and speech therapists, as well as athletic trainers. Services include aquatic therapy, dry needling, orthopedic rehab, pediatric and prenatal therapy, sports medicine, and more.

Respiratory Care

The department's 15 therapists deliver advanced care for lung and airway disorders, administering oxygen and respiratory medications. Accredited by DNV Healthcare, the department also maintains CAP certification for its arterial blood gas lab.

Sleep Medicine

Directed by a board-certified sleep specialist, the Sleep Center evaluates and treats all sleep disorders. Services include polysomnography, CPAP/BiPAP titration, oxygen studies, home sleep tests, and wakefulness testing.

Surgical Services

OCH performs a wide range of surgical procedures, from routine to highly specialized, including appendectomy, hysterectomy, joint replacements, and sinus surgery. It is the only facility in the region offering hip arthroscopy.



2025 CHNA Executive Summary

CHNA Leadership

The 2025 CHNA was overseen by a steering committee made up of representatives from OCH, with valuable input from community stakeholders. These individuals served as liaisons, helping to connect the hospital with the communities it supports.

CHNA Steering Committee Members:

- James H. Jackson
- Audra Gines
- Susan Russell
- Cynthia Travis
- Patricia Faver
- Dee Hendrickson
- Lindsey Westbrook
- Linda Breazeale
- Amy Threadgill

Our Research Partner

OCH partnered with Carr, Riggs & Ingram (CRI) to assist in conducting the 2025 Community Health Needs Assessment (CHNA). CRI is a nationally recognized, full-service accounting and advisory firm ranked among the top 25 in the U.S., with



offices spanning from New Mexico to North Carolina. Serving over 100,000 clients across the U.S., Canada, Mexico, Puerto Rico, and overseas military installations, CRI offers a wide range of services—from traditional accounting and audits to advanced consulting, technology, and strategic advisory solutions. For more than 25 years, the firm has helped clients in over 20 industries move beyond compliance to gain a competitive edge.

CRI's Healthcare Advisory team supports hundreds of hospitals and health systems across the southern U.S., providing services such as independent audits, cost reporting, reimbursement optimization, and more. They also work closely with hospital associations and advocacy organizations to strengthen healthcare delivery in their service regions.

CRI's healthcare-related services include:

- Accounting
- Agreed-Upon Procedures (AUPs)
- Audit and Single Audit
- Compilation
- Cost Reporting
- Cybersecurity
- DSH and Supplemental Payment Programs (Medicare and Medicaid)
- Employee Benefit Plans
- Fraud & Forensics
- HIPAA & IT Risk Assessments
- HITRUST Certification
- Review Services
- Strategic Advisory Services, including CHNAs
- Transaction Advisory Services
- Valuations

With an eye toward innovation, CRI is committed to helping healthcare providers navigate a changing landscape and shape the future of care. Learn more at www.criadv.com.

Methodology and Community Engagement

The 2025 Community Health Needs Assessment (CHNA) combined quantitative data with community input to identify health trends and disparities in Oktibbeha County. Through analysis of key health indicators and direct feedback from local stakeholders, the assessment highlighted priority areas that will inform healthcare delivery, shape health improvement efforts, and support the planning of health and social service programs.

Community engagement was a cornerstone of the 2025 CHNA process. Input was collected from a diverse range of individuals, including representatives of underserved, low-income, and minority populations. Their contributions provided valuable perspectives on local health conditions, existing services, and unmet needs that contribute to disparities and health inequities.

To assess the county's health needs, the following research methods were employed:

- Analysis of demographic, socioeconomic, and health-related statistical data
- A Community Health Needs Survey to gather residents' views on key health concerns and areas for improvement
- A focus group composed of community representatives to explore healthcare access barriers and better understand local priorities and needs

CHNA Focus Group – Organizations Represented:

- City Leaders
- Pharmacists
- Social Workers
- Counselors
- Schools
- Healthcare Providers
- Board of Trustees
- Government Partners
- Non-Profits
- OCH Medical Staff
- OCH Administration
- CRI, David A. Williams and Derrick Mason

Community Health Priorities

To advance health equity, it is essential to direct resources and efforts toward the community's most pressing health challenges. With guidance from community partners and a review of the hospital's capabilities and assets, OCH leadership has identified the following key health priorities to address in the 2025–2028 Community Health Improvement Plan:

1. Address Chronic Disease & Preventive Health
2. Expand Mental Health & Substance Use Awareness
3. Improve Access to Care & Reduce Health Disparities
4. Strengthen Community Trust, Safety & Engagement

Board Approval

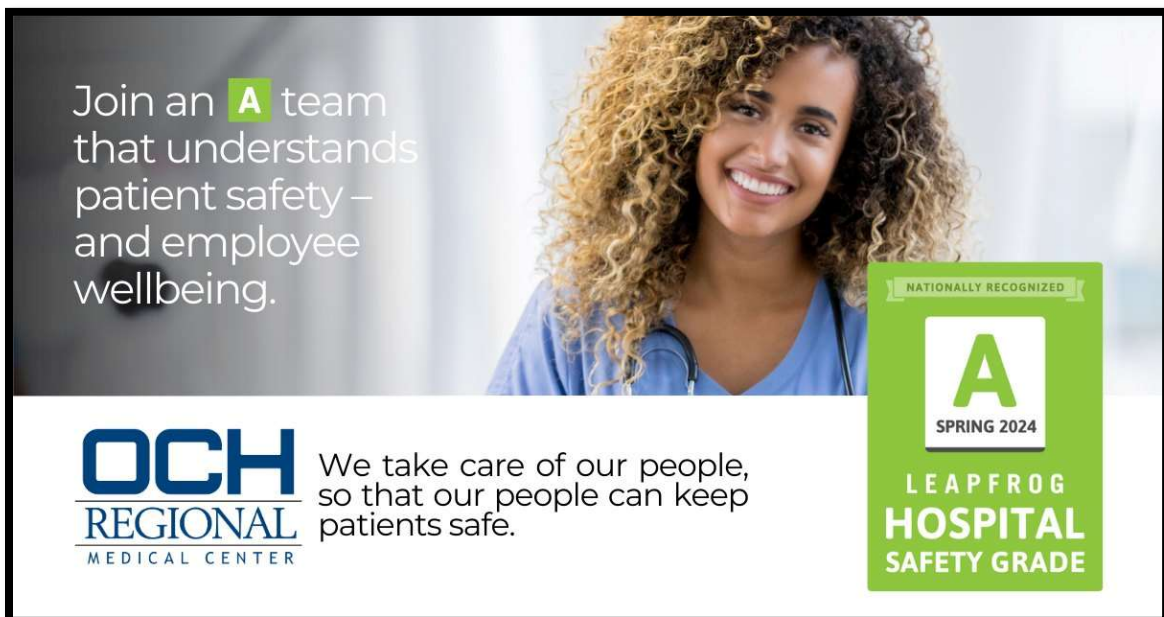
Under Section 501(r)(3)(A) of the Internal Revenue Code, tax-exempt hospitals are required to conduct a Community Health Needs Assessment (CHNA) every three years in collaboration with the communities they serve. Based on the findings of the CHNA, hospitals must then develop an implementation strategy to address the identified needs.

The Internal Revenue Service outlines the following steps that hospitals must follow when conducting a CHNA:

1. Define the community the hospital serves.
2. Assess the health needs of that community.
3. Gather and consider input from individuals who represent the broad interests of the community, including those with expertise in public health.
4. Document the assessment in a written CHNA report, which must be formally adopted by an authorized governing body of the hospital.
5. Make the CHNA report widely available to the public.

Noncompliance with these requirements may result in a \$50,000 fine from the IRS and potential loss of the hospital's tax-exempt status.

In accordance with these requirements, OCH must complete and receive board approval for its CHNA report by the end of its fiscal year on September 30, 2025. The 2025 CHNA and the accompanying Community Health Improvement Plan (CHIP) were presented to the OCH Board of Directors and approved on September 23, 2025. Following board approval, both reports were made publicly accessible on OCH's website at www.och.org. Printed copies are also available upon request at the hospital's administrative office.



Join an **A** team that understands patient safety – and employee wellbeing.

OCH
REGIONAL
MEDICAL CENTER

We take care of our people, so that our people can keep patients safe.

NATIONALLY RECOGNIZED
A
SPRING 2024
LEAPFROG
HOSPITAL
SAFETY GRADE

Primary Service Area Description

OCH primarily serves Oktibbeha County, located in East Central Mississippi. Its main facility is situated in Starkville, the county seat. According to the United States Census, Oktibbeha County encompasses 458.2 square miles of land, making it the 58th largest county in Mississippi by total area. The counties bordering Oktibbeha—Noxubee, Winston, Lowndes, Clay, Webster, and Choctaw—make up OCH's secondary service area.

According to the *Mississippi Encyclopedia*, the Choctaw Nation relinquished the land that would become Oktibbeha County through the Treaty of Dancing Rabbit Creek in 1830. The area's fertile soil and consistent water supply from the Noxubee River attracted a wave of settlers. In 1833, the first community—Boardtown—was founded. Just two years later, in 1835, it was renamed Starkville. Both Starkville and Oktibbeha County rapidly evolved into a thriving agricultural hub, primarily producing corn and cotton.

By the 1870s, the county's economic focus began to shift toward dairy farming, spurred by the arrival of an exceptional Jersey cattle herd. This transition earned the region the nickname "the Milk Pitcher of the South." In 1878, the Mississippi Agricultural and Mechanical College was established in Starkville. It was later renamed Mississippi State University in 1957. The institution played a pivotal role in sustaining the county's agricultural influence through its dedicated research programs. Today, while agriculture remains an important part of Oktibbeha County's economy, higher education and Mississippi State University's extensive research efforts have become the area's leading industries.



Social Determinates of Health

Background

Social Determinants of Health (SDOH) refer to the conditions in which people are born, grow, live, learn, work, play, worship, and age. These circumstances play a major role in shaping health outcomes, quality of life, and overall well-being. SDOH are shaped by broader societal systems such as economic policies, cultural values, and political frameworks. In essence, they highlight critical areas where focused public health strategies can create significant and lasting impact.

SDOH are typically grouped into five primary domains:

1. Economic Stability
2. Education Access and Quality
3. Health Care Access and Quality
4. Neighborhood and Built Environment
5. Social and Community Context

Addressing inequalities in these areas is vital to promoting health equity—ensuring everyone has an equal opportunity to achieve optimal health.

Studies indicate that these social and environmental factors often influence health more than genetics or access to healthcare alone. Because they are embedded in social structures, they can create barriers to essential resources like housing, education, jobs, and income, increasing the risk of poor health in underserved communities.

While promoting healthy choices remains important, it is not sufficient on its own to overcome the challenges posed by SDOH. True progress demands cross-sector collaboration—including stakeholders in education, housing, transportation, and public health—to create environments that foster physical, social, and economic well-being for all.



Understanding Health Equity

Area Deprivation Index

Residing in disadvantaged neighborhoods is associated with numerous health challenges, including increased rates of diabetes and heart disease, higher utilization of healthcare services, and reduced life expectancy. Public health initiatives that overlook neighborhood-level disparities may be less successful in improving overall health outcomes.

The Area Deprivation Index (ADI), first developed over three decades ago by the Health Resources and Services Administration (HRSA) and later enhanced by Dr. Amy Kind and her team at the University of Wisconsin–Madison, helps measure socioeconomic disadvantage at the neighborhood level. It evaluates indicators such as income, education, employment, and housing quality, making it a critical tool for informing healthcare strategies and policy—especially in underserved communities.

ADI scores are ranked within each state and organized into deciles, with a score of 1 indicating the least disadvantaged areas and 10 representing the most disadvantaged. **In 2023, Oktibbeha County received an ADI score of 4.05, suggesting that its neighborhoods are slightly less socioeconomically disadvantaged compared to the average.**

	Oktibbeha County
Overall	4.05

Social Vulnerability Index

Social vulnerability refers to the social and economic conditions that increase the likelihood of certain communities facing hardship during public health emergencies and other crises that may result in illness or injury. Factors like poverty, limited transportation access, and overcrowded housing can weaken a community’s ability to prepare for, respond to, and recover from such events.

To identify these at-risk communities, the CDC/ATSDR developed the Social Vulnerability Index (SVI). This tool uses data and mapping to highlight the various elements contributing to a community’s vulnerability. These elements are categorized into four primary themes, which are then combined to generate an overall vulnerability score for each area.

The SVI is based on a percentile ranking system, with scores ranging from 0 (least vulnerable) to 1 (most vulnerable), helping guide resource allocation and emergency planning. **Oktibbeha County’s overall SVI score is 0.2099, reflecting a generally low level of vulnerability. Most sub-indicators fall within the “low to medium” range, with the exception of racial and ethnic minority status (0.5185) and housing type/transportation (0.5432), which fall in the “medium to high” range of vulnerability.**

The following elements comprise the racial and ethnic minority status-sub indicator:

- Hispanic or Latino (of any race)
- Black or African American, Not Hispanic or Latino
- Asian, Not Hispanic or Latino
- American Indian or Alaska Native, Not Hispanic or Latino
- Native Hawaiian or Pacific Islander, Not Hispanic or Latino
- Two or More Races, Not Hispanic or Latino
- Other Races, Not Hispanic or Latino

The following elements comprise the housing type & transportation status-sub indicator:

- Multi-Unit Structures
- Mobile Homes
- Crowding
- No Vehicle
- Group Quarters

Social Vulnerability Index (SVI) 2023

	Oktibbeha County
Overall	0.2099
Socioeconomic Status	0.4691
Household Characteristics	0.0247
Racial and Ethnic Minority Status	0.5185
Housing Type/Transportation	0.5432

Distressed Communities Index

The Distressed Communities Index (DCI) reveals major disparities in economic well-being among communities across the United States. Using seven key socioeconomic indicators from the most recent Census data, the DCI classifies areas into five categories: prosperous, comfortable, mid-tier, at risk, and distressed.

The index uses a percentile-based scoring system to compare levels of distress within and across cities and states. Distress scores range from 0 (most prosperous) to 100 (most distressed).

Oktibbeha County, Mississippi falls into the mid-tier category, with a distress score of 58.20, ranking 13th out of 82 counties in the state.

Distressed Communities Index (DCI) 2025

	Oktribbeha County
Overall	58.20
No high school diploma	9.1%
Poverty rate	28.5%
Adults not working	22.0%
Housing vacancy rate	11.2%
Median income ratio	81.1%
Change in employment	-0.5%
Change in establishments	8.2%

Vizient Vulnerability Index

The Vizient Vulnerability Index (VVI) is designed to identify social needs and barriers that affect access to healthcare across different communities, potentially impacting overall health outcomes. The data provided by the VVI allows users to explore nine specific domains of vulnerability, covering all five categories of Social Determinants of Health (SDOH).

VVI scores range from -3.000 (indicating low vulnerability) to 3.000 (indicating high vulnerability). A score above 1 is considered "high vulnerability," meaning the area faces significantly greater challenges than the national average. **Oktribbeha County has an overall VVI score of 0.340, reflecting a relatively low level of vulnerability. However, the domain where the county shows the highest vulnerability is Neighborhood Resources, with a score of 1.547.**

The following elements comprise this sub-indicator:

- Lack of access to parks
- Existence of food deserts
- Availability of broadband services and corresponding household broadband subscriptions
- Sales of alcoholic beverages
- Dispensing of opioid medications

Vizient Vulnerability Index (VVI) 2025

	Oktribbeha County
Overall	0.340
Economic	1.050
Education	0.140
Health Care Access	0.187
Neighborhood	1.547
Housing	1.533
Clean Environment	0.777
Social	1.360
Transportation	-0.305
Public Safety	0.677

Priority Health Needs

As outlined in the previous section, Oktibbeha County faces multiple vulnerabilities and socioeconomic challenges that must be considered. However, to maximize impact, it is essential to concentrate resources and efforts on the most urgent health needs within the community. To determine which issues should take priority over the next three years, OCH gathered input from community stakeholders and partners. Based on this collective feedback, OCH has identified four primary health initiatives to guide its work from 2025 to 2028:

1. Address Chronic Disease & Preventive Health
2. Expand Mental Health & Substance Use Awareness
3. Improve Access to Care & Reduce Health Disparities
4. Strengthen Community Trust, Safety & Engagement

Approaches to addressing the priority areas were shaped by local population trends and feedback from community stakeholders, as outlined in the following sections.

Community Overview and Trends

While OCH serves multiple counties across East Central Mississippi and the Golden Triangle region, its primary focus remains on Oktibbeha County. The county's demographic, socioeconomic, and public health trends closely mirror those of Mississippi as a whole, suggesting that neighboring counties likely face similar challenges.

According to the 2023 Census, Oktibbeha County has a population of 51,473—an increase of approximately 6.79% since 2013—contrasting with the overall population decline in Mississippi. Over half of the county's residents identify as White, but the multiracial population has grown substantially over the past decade, with some groups more than tripling in size since 2013.

A key demographic feature of the county is its large youth and young adult population: 48.9% of residents are aged 24 or younger, with this group growing by 10.4% over the last ten years. This is largely influenced by the presence of Mississippi State University. Older adults (65+) make up just 11.9% of the population—below state and national averages—but their numbers have grown by 32.8% since 2013, driven by the aging baby boomer generation. This shift presents both challenges and opportunities as healthcare providers work to meet rising senior care needs while continuing preventive efforts for younger populations.

Poverty remains a prevalent concern in Oktibbeha County, where about one in four residents lives below the poverty line—double the national rate. Food insecurity affects roughly one fourth of the population. These challenges reflect broader regional trends across the South, where poverty and food insecurity are often intertwined. Still, progress has been made: the county has seen a -13.3% decline in overall poverty since 2013, including a -36.5% decrease in child poverty.

Housing is another area of concern, specifically high housing costs among those who rent. 47.5% of residents live in owner-occupied homes—below both state and national averages—while the renter population is proportionally higher. Over three fifths of renters are cost-burdened, spending over 30% of their income on housing.

Initiative #1: Address Chronic Disease & Preventive Health

Throughout our CHNA research process and analysis of community feedback, it has become clear that chronic disease is a major concern within our community. The most prevalent chronic diseases impacting our community, though uncontrollable to an extent, share a multitude of risk factors that are controllable, such as obesity and hypertension. Additionally, these conditions are much easier to treat when caught early through screenings and other preventative measures. At OCH, we are dedicated to reducing the burden of chronic diseases—including, but not limited to, diabetes, hypertension, obesity, heart disease, stroke, respiratory conditions, and cancer—while promoting preventive health practices throughout the community.

Initiative #2: Expand Mental Health & Substance Use Awareness

Through community feedback, we discovered that more than two-thirds of respondents believe there is a need for improved access to mental health services in Oktibbeha County and the Golden Triangle Region. Mental and physical health are closely connected, as challenges in one area can significantly impact the other. Additionally, over half of community survey participants identified a need for better access to substance abuse services. Concerns surrounding substance use were frequently mentioned throughout the survey. Notably, excessive alcohol consumption is a known risk factor for both cancer and Alzheimer's disease—two of the leading causes of death in Oktibbeha County—highlighting its serious long-term effects. At OCH, we are committed to expanding access to mental health and substance abuse services, reducing stigma, and promoting prevention within our community.

Initiative #3: Improve Access to Care & Reduce Health Disparities

Through our community survey, residents of Oktibbeha County identified several barriers to accessing healthcare. The most commonly reported challenges included limited availability of evening and weekend services, inability to pay for medication, negative experiences with healthcare, mistrust in providers, and difficulty finding providers who accept certain types of insurance. In response, OCH is committed to addressing these issues by exploring solutions such as improving transportation access, extending service hours, and enhancing resource sharing. Our goal is to ensure equitable access to healthcare and social services for all residents, with particular attention to the needs of underserved populations.

Initiative #4: Strengthen Community Trust, Safety & Engagement

As previously noted, many community members expressed difficulty trusting healthcare providers—nearly 2 in 5 reported feelings of mistrust. Additionally, over half of respondents voiced concerns about violence in the community. At OCH, we understand that healthcare alone does not define a healthy community. Building trust in healthcare and fostering safer, healthier neighborhoods are essential goals. We are committed to engaging with the community through listening sessions, safety initiatives, partnerships, and by celebrating local health champions who inspire positive change.

The sections below offer a detailed overview of the CHNA data findings for Oktibbeha County, including comparisons to state and national benchmarks.

Service Area Population Trends

Demographics

Oktibbeha County has a population of 51,473, in contrast to Mississippi’s total population of 2,951,438. While the state saw a modest population decline of 0.85%, Oktibbeha County experienced a growth of 6.79%. Likewise, the overall population of the United States grew by approximately 6.69%.

2023 Total Population

	Total Population	% Change Since 2013
Oktibbeha County	51,473	6.79%
Mississippi	2,951,438	-0.85%
United States	332,387,540	6.69%

Census data shows that Oktibbeha County’s racial makeup closely mirrors that of Mississippi overall. Approximately 55.8% of the county’s population identifies as White, compared to 56.3% for the state and 63.4% nationally. However, the county has slightly lower ethnic diversity, with only 2.4% of residents identifying as Hispanic or Latino—below the state average of 3.6% and significantly lower than the national figure of 19.0%.

Since the 2013 5-Year Estimates, both Mississippi and the United States have experienced declines in their White populations, with decreases ranging from 6.1% to 8.6%. In contrast, Oktibbeha County saw a slight increase of 1.4% in its White population. Notably, the county did not experience population declines in any racial or ethnic group. Most of its population growth came from non-White groups, with the most significant increases observed among American Indian and Alaska Native individuals, Native Hawaiian and Other Pacific Islander residents, Hispanic residents, and those identifying as two or more races or another race—each showing growth rates between 51.2% and 1600%.

2023 Population by Race and Ethnicity

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
Oktibbeha County	55.8%	36.2%	0.2%	2.9%	0.0%	0.6%	4.2%	2.4%
Mississippi	56.3%	37.0%	0.4%	1.0%	0.0%	1.7%	3.6%	3.6%
United States	63.4%	12.4%	0.9%	5.8%	0.2%	6.6%	10.7%	19.0%

Population Change by Race and Ethnicity, 2013 to 2023

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
Oktibbeha County	1.5%	4.7%	84.6%	4.7%	1600.0%	51.2%	458.6%	66.4%
Mississippi	-6.1%	-1.5%	1.2%	4.6%	415.0%	99.1%	207.7%	30.3%
United States	-8.6%	4.9%	15.1%	27.1%	19.6%	48.8%	307.6%	21.9%

According to census data, Oktibbeha County’s population is 49.3% male and 50.7% female—figures that closely mirror Mississippi’s statewide averages of 48.5% male and 51.5% female. The county’s median age is significantly lower than the state’s, at 25.5 years compared to 38.4 years. This younger age profile is largely influenced by the disproportionately high number of residents aged 18 to 24, who make up three times the percentage of that age group in the state overall. This concentration is largely due to the presence of Mississippi State University, one of the state’s largest institutions, located within the county.

As a result, Oktibbeha County has a smaller share of residents in most other age groups, presenting unique challenges and opportunities for local healthcare providers. In particular, it underscores the need for a strong emphasis on preventive care tailored to younger populations in order to foster long-term health outcomes as they age. This creates a strategic opportunity for OCH to broaden its investment in preventative health services.

At the same time, the county has seen steady growth in its senior population. Over the past decade, the number of residents aged 65 and older has increased by 32.8%, a trend that aligns with statewide and national patterns driven by the aging baby boomer generation. Interestingly, every age group in Oktibbeha County has seen population growth over the past decade—except for those aged 45 to 54, who have declined by 17.6%. This dual demographic trend highlights the need for healthcare providers to simultaneously deliver responsive care to a growing elderly population while continuing to invest in preventative strategies for younger residents.

Population by Sex

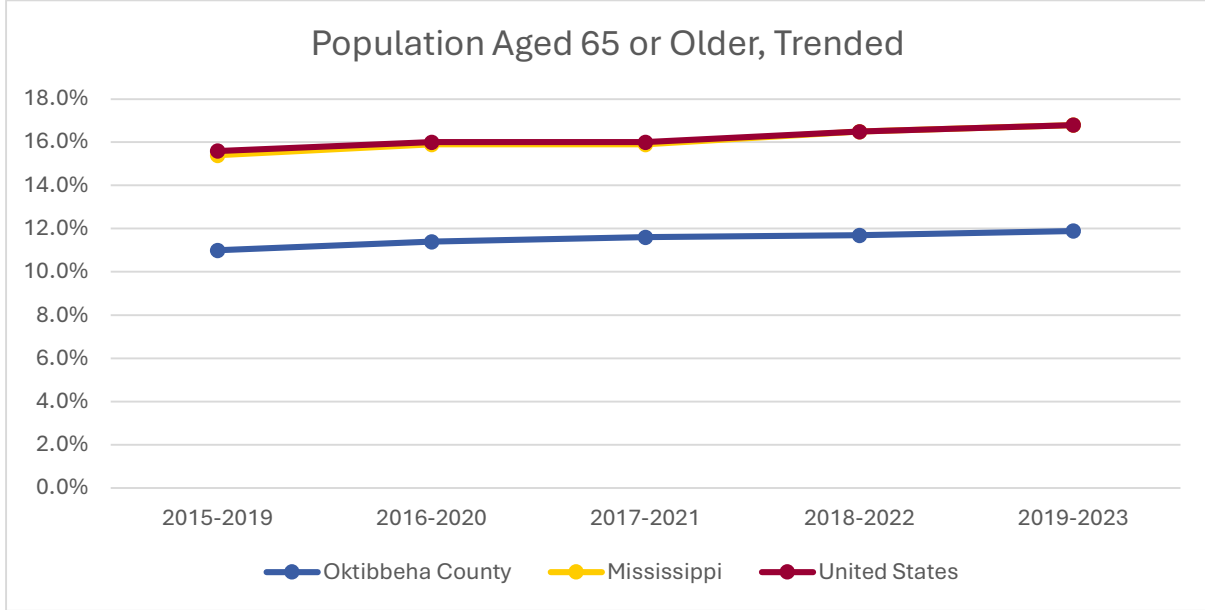
	Male	Female
Oktibbeha County	49.30%	50.70%
Mississippi	48.50%	51.50%
United States	49.50%	50.50%

2019-2023 Population by Age

	Under 18	18-24	25-34	35-44	45-54	55-64	65+ years	Median Age
Oktibbeha County	17.5%	31.4%	13.3%	9.6%	7.7%	8.6%	11.9%	25.5
Mississippi	23.5%	9.6%	12.6%	12.6%	12.1%	12.8%	16.8%	38.4
United States	22.2%	9.1%	13.7%	13.1%	12.3%	12.8%	16.8%	38.7

Population Change by Age, 2013 to 2023

	Under 18	18-24	25-34	35-44	45-54	55-64	65+ years	Median Age
Oktibbeha County	3.0%	7.4%	6.2%	14.8%	-17.6%	4.8%	32.8%	0.8%
Mississippi	-7.5%	-6.9%	-4.0%	-0.9%	-12.6%	5.6%	26.0%	6.1%
United States	-0.3%	-2.5%	9.1%	6.4%	-8.2%	13.2%	33.7%	3.8%



Income and Work

Oktibbeha County’s median household income is lower than the Mississippi state average, and the county experiences significantly higher overall poverty rates compared to both state and national levels. However, poverty rates among children and older adults in Oktibbeha County are lower than the state’s figures, though they still exceed national averages. Unemployment is slightly higher in the county than across the rest of Mississippi, which likely contributes to its elevated poverty rates.

Currently, 28.6% of Oktibbeha County residents live below the poverty line, compared to 19.1% statewide. Older adults (age 65 and over) are the least affected, with a poverty rate of 12.5%, slightly below the state average of 14.3%. Among children, 20.4% live in poverty in Oktibbeha County, compared to 26.4% across Mississippi.

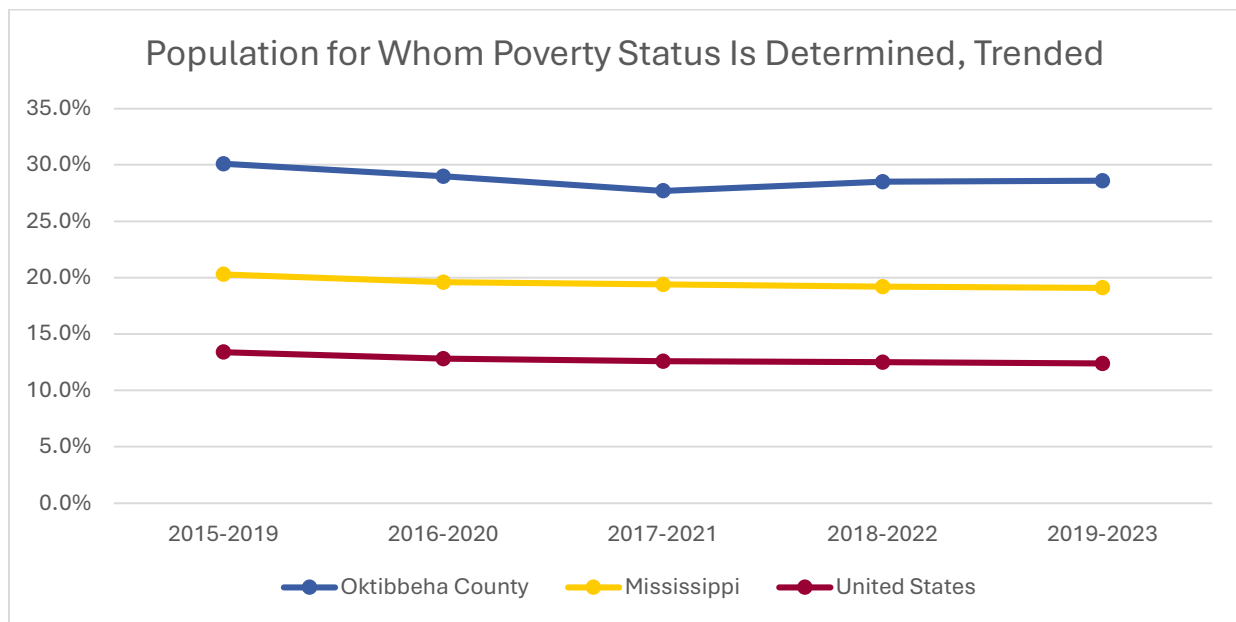
While poverty rates in the county have declined slightly over the past five years, the 2023 figures remain slightly higher than those reported in 2021. Across most racial and ethnic groups, Oktibbeha County has higher poverty rates than the state average; however, the disparities between groups are not as wide as those seen at the state or national level. Even so, Black or African American and Hispanic residents are still about 50% more likely to live in poverty than White residents.

Economic Indicators

	Oktibbeha County	Mississippi	United States
Income and Poverty (2019-2023)			
Median household income	43,482	54,915	78,538
People in poverty	28.60%	19.10%	12.40%
Children in poverty	20.70%	26.40%	16.30%
Older adults (65+) in poverty	12.50%	14.30%	10.40%
Unemployment			
2015-2019	8.40%	7.50%	5.30%
2016-2020	8.50%	7.10%	5.40%
2017-2021	7.50%	6.80%	5.50%
2018-2022	6.80%	6.40%	5.30%
2019-2023	6.30%	6.00%	5.20%

2019-2023 People in Poverty by Race and Ethnicity

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
Oktibbeha County	25.6%	34.0%	0.0%	26.4%	0.0%	30.1%	21.1%	39.2%
Mississippi	11.7%	29.9%	28.4%	12.7%	25.6%	27.6%	21.3%	25.3%
United States	9.9%	21.3%	21.8%	9.9%	17.2%	18.2%	14.7%	16.9%



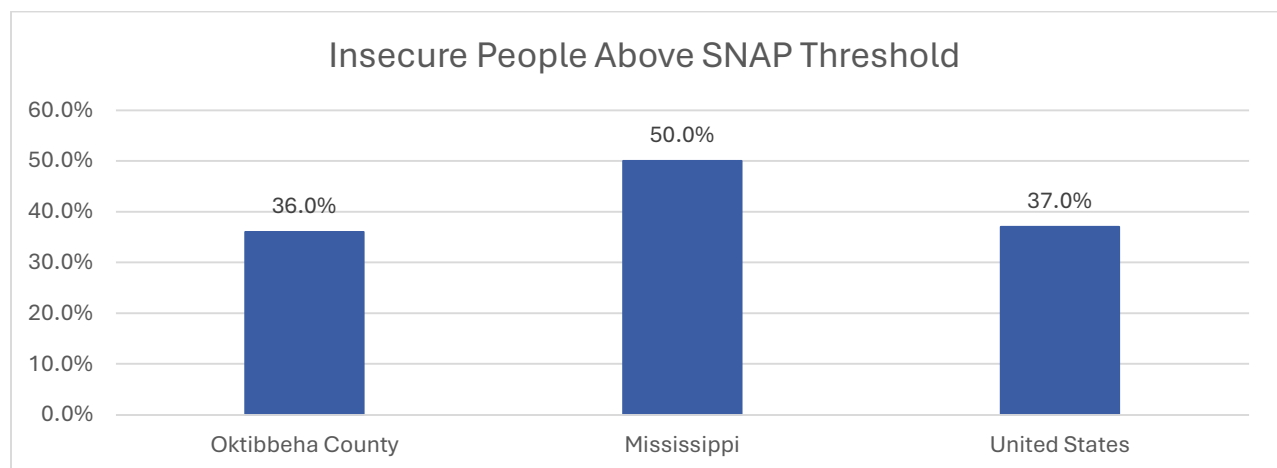
Food Insecurity

Following the economic disruption brought on by the COVID-19 pandemic, both federal and local governments expanded assistance programs in a major way. These efforts temporarily helped stabilize—and in some cases, reduce—food insecurity for about two years. However, as these emergency provisions were phased out and the cost of living, particularly food prices, continued to rise, food insecurity has once again been on the upswing.

In 2021, food insecurity in Oktibbeha County, Mississippi, as well as across the U.S., dropped to its lowest level in five years, largely due to these enhanced support measures. But since those programs ended, rates have increased, now reaching their highest point since 2019. Today, approximately one in five Oktibbeha County residents faces food insecurity. Alarming, over one-third of them earn too much to qualify for SNAP benefits. This growing challenge is not unique to the county—it reflects a broader crisis across the southern United States, where food insecurity remains deeply linked to enduring poverty.

2019-2023 Food Insecurity

	Oktibbeha County	Mississippi	United States
Food Insecurity among the Overall Population			
2023	20.1%	19.4%	14.3%
2022	18.4%	18.8%	13.5%
2021	15.6%	16.3%	10.4%
2020	17.0%	16.2%	11.8%
2019	18.5%	18.5%	10.9%
Food Insecurity among the Child Population			
2023	21.7%	23.0%	19.2%
2022	19.5%	23.6%	18.5%
2021	13.6%	18.8%	12.8%
2020	18.4%	20.4%	16.1%
2019	18.2%	22.4%	14.6%



Education

Compared to both the state of Mississippi and the nation as a whole, Oktibbeha County has a higher proportion of residents with advanced educational qualifications. Specifically, 23.2% of residents hold a bachelor’s degree and 22.6% hold a graduate or professional degree—figures that exceed the state averages of 14.7% and 9.4%, respectively, as well as the national averages of 21.3% and 13.7%. This elevated level of educational attainment is likely influenced by the presence of Mississippi State University within the county.

Educational disparities across racial and ethnic groups are less stark in Oktibbeha County than elsewhere. In fact, residents from nearly all racial and ethnic backgrounds are more likely to hold a bachelor’s degree or higher compared to their counterparts at the state and national levels. This trend is especially evident among Black or African American, Asian, Hispanic or Latino individuals, and those identifying as two or more races—all of whom exceed both state and national averages in higher educational attainment.

2019-2023 Educational Attainment

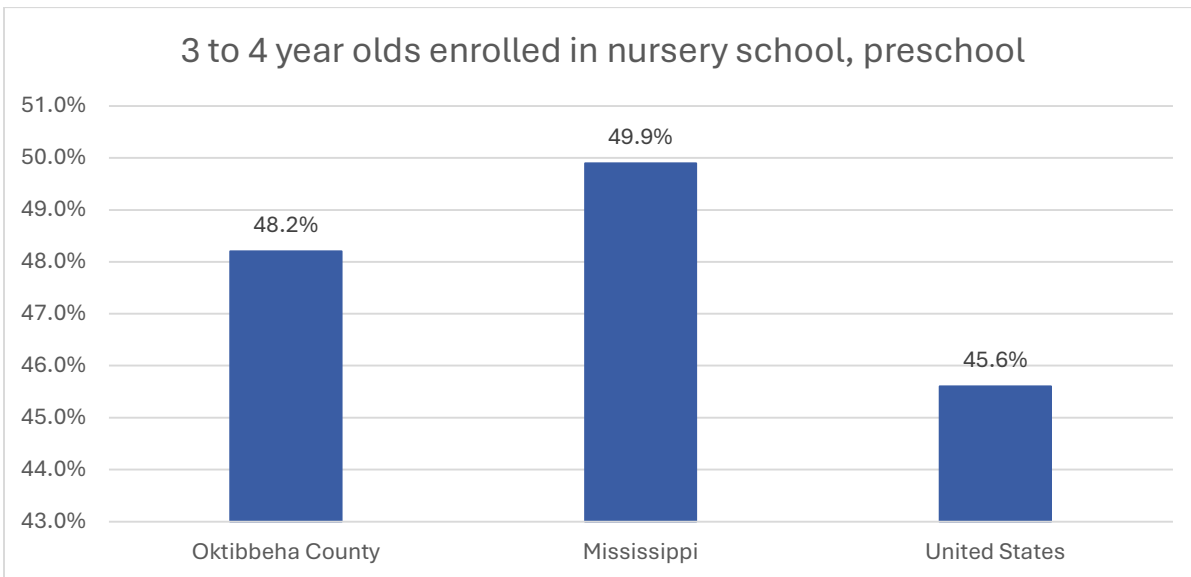
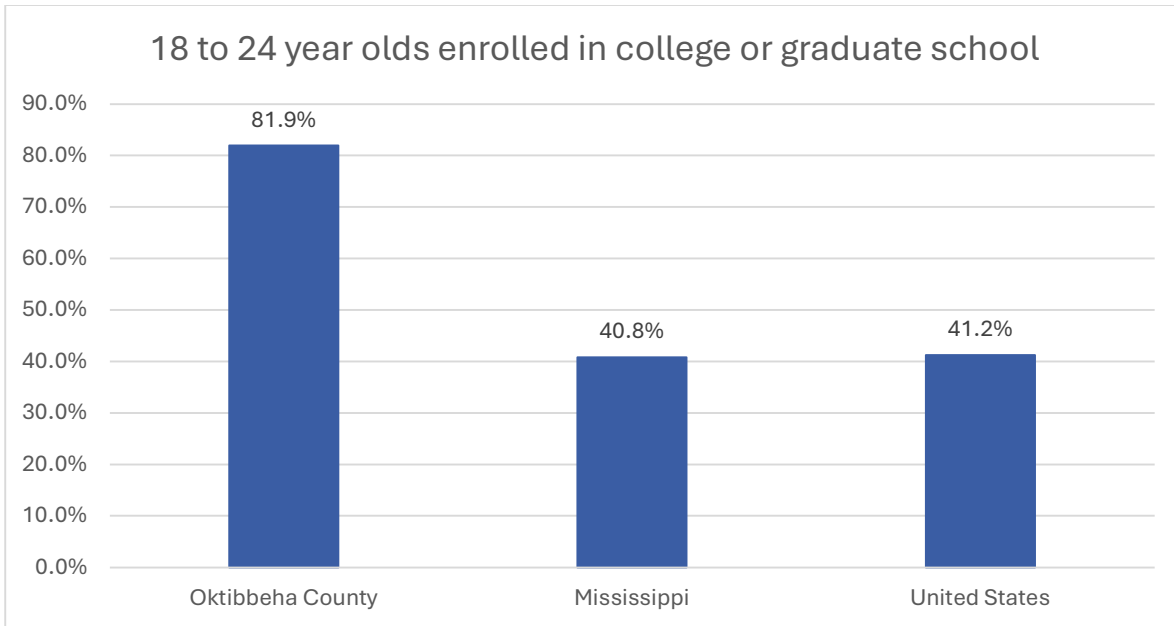
	Less than 9th grade	9th to 12th grade, no diploma	High school graduate (includes equivalency)	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
Oktibbeha County	3.4%	5.6%	22.5%	14.2%	8.5%	23.2%	22.6%
Mississippi	4.5%	8.9%	29.9%	21.8%	10.8%	14.7%	9.4%
United States	4.7%	5.9%	26.2%	19.4%	8.8%	21.3%	13.7%

2019-2023 Population with a Bachelor’s Degree or Higher by Race and Ethnicity

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
Oktibbeha County	59.9%	25.8%	0.0%	67.1%	N/A	8.6%	38.0%	20.6%
Mississippi	27.9%	17.7%	10.5%	43.3%	30.5%	16.8%	23.8%	17.2%
United States	37.7%	24.7%	16.2%	57.0%	19.0%	15.6%	28.2%	19.9%

In Oktibbeha County, college and graduate school enrollment among individuals aged 18 to 24 is substantially higher than both state and national averages—a trend likely driven by the presence of Mississippi State University. While enrollment rates for this age group are 40.8% in Mississippi and 41.2% across the U.S., 81.9% of Oktibbeha County residents in this age range are enrolled in postsecondary education.

In contrast, preschool enrollment among children ages 3 to 4 in the county closely mirrors state and national rates. Oktibbeha County reports a 48.2% enrollment rate, compared to 49.9% for Mississippi and 45.6% nationwide.



Housing

Homeownership in Oktibbeha County is significantly lower than both the state and national averages. Only 47.5% of residents own their homes, compared to 69.5% in Mississippi and 65.0% across the U.S. While the county's selected monthly owner costs (SMOC) are higher than the state average, they remain lower than the national level. Additionally, a smaller proportion of homeowners in Oktibbeha County are considered cost burdened when compared to state and national figures.

On the other hand, over half of Oktibbeha County residents live in rental housing, and 3 in 5 of these renters are cost burdened—a trend seen across Mississippi and the nation but more pronounced in Oktibbeha County. The county’s high rental rate is likely influenced by its sizable student population, many of whom live in the area temporarily and opt to rent rather than purchase homes.

2019 - 2023 Housing Indicators

	Owners				
	Occupied Units	Median SMOC - with a mortgage*	Cost-Burdened**	Median SMOC - without a mortgage*	Cost-Burdened**
Oktibbeha County	47.5%	1,517	17.3%	444	7.8%
Mississippi	69.5%	1,353	26.3%	418	12.1%
United States	65.0%	1,902	27.6%	612	13.9%

*Selected monthly owner costs (SMOC)

**Selected monthly owner costs (SMOC) equal 30% or more of monthly household income

	Renters		
	Occupied Units	Median Rent	Cost-Burdened**
Oktibbeha County	52.50%	873	61.8%
Mississippi	30.5%	923	50.5%
United States	35.0%	1,348	50.4%

Although lead-based paint was banned for residential use in the U.S. in 1978, it remains present in many older homes, posing serious health risks—particularly for children. Lead exposure can harm the kidneys, blood, and brain, and in severe cases, may result in seizures, coma, or even death. Children from low-income families and minority racial or ethnic groups are especially at risk of exposure in their homes. Data from 2019 to 2023 reveals that Oktibbeha County had a lower percentage of homes built before 1980 compared to state and national averages. Nonetheless, nearly one-third of the county’s homes fall into this category, highlighting a continued risk of lead exposure in the area.

2019-2023 Housing by Year Built

	Before 1980	1980 to 1989	1990 to 1999	2000 to 2009	2010 to 2019	2020 or later
Oktibbeha County	30.4%	16.4%	16.9%	21.0%	14.3%	1.1%
Mississippi	42.3%	13.9%	16.0%	16.7%	10.2%	1.0%
United States	50.5%	13.0%	12.8%	13.6%	8.9%	1.2%

Nationwide, people living in low-income communities and older housing often face environmental health hazards such as mold, dampness, and allergens. These conditions are linked to

approximately 21% of current asthma cases. Excess moisture can lead to mold growth and dust mite infestations and may also attract pests like cockroaches, rats, and mice—all of which produce allergens that can worsen asthma and other respiratory illnesses. In Oktibbeha County, the percentage of adults currently diagnosed with asthma is slightly above both the state and national averages, although the difference is not statistically significant.

Current Asthma among Adults, Age-Adjusted

	Oktibbeha County	Mississippi	United States
2022	10.5%	9.4%	9.9%

While most adults in the United States use the internet, many still lack broadband access at home. Gaps in broadband availability remain across lines of race, ethnicity, age, geography, education, and income. As healthcare systems increasingly rely on digital tools and online communication, expanding broadband access has become critical for promoting equitable health outcomes. In Oktibbeha County, computer access is on par with the national average and slightly higher than the state average. However, broadband connectivity falls short of national levels—about one in five residents in both the county and state lack internet access, compared to roughly one in eight nationwide.

2019 - 2023 Households with Digital Access

	With a computer	With an Internet subscription
Oktibbeha County	94.0%	83.7%
Mississippi	91.4%	81.9%
United States	94.8%	89.7%

A Closer Look at Health Statistics

Access to Healthcare

Preventive health care plays a vital role in reducing illness and preventing premature death. In Oktibbeha County, approximately four out of five residents have visited a doctor within the past year. However, many older adults are still missing important preventive services, such as flu and pneumococcal (PPV) vaccinations, colorectal cancer screenings, and mammograms. Oral health is another area of concern, as untreated dental issues are often linked to chronic diseases like diabetes and heart disease. Despite these risks, about 92% of Oktibbeha County residents have not seen a dentist in the past year. This pattern highlights a broader public health challenge seen not only in Oktibbeha County but also across Mississippi and the nation.

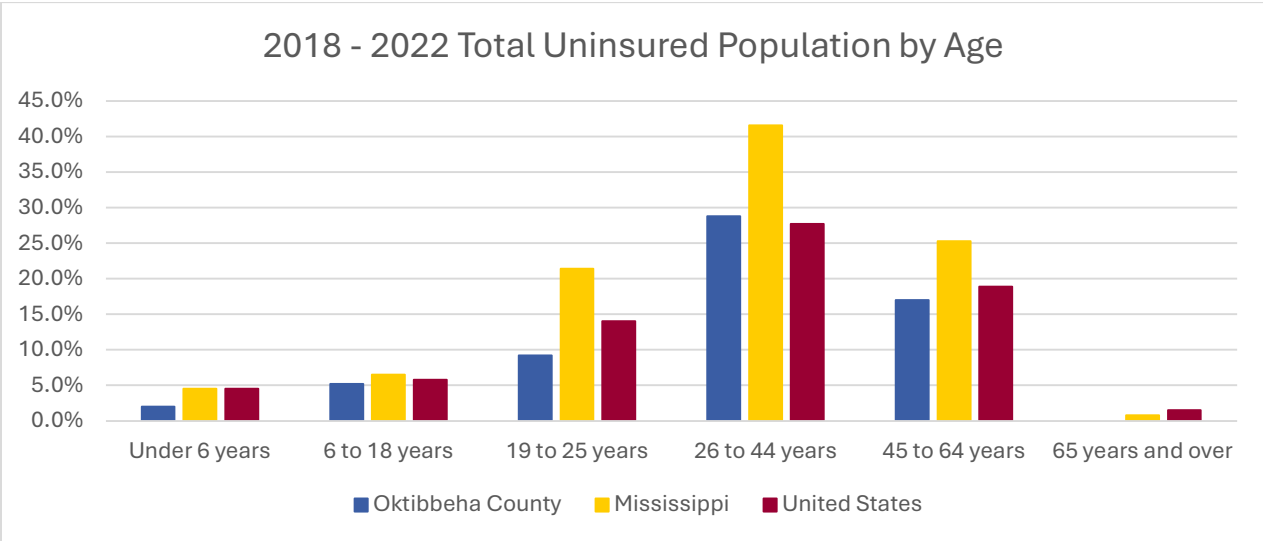
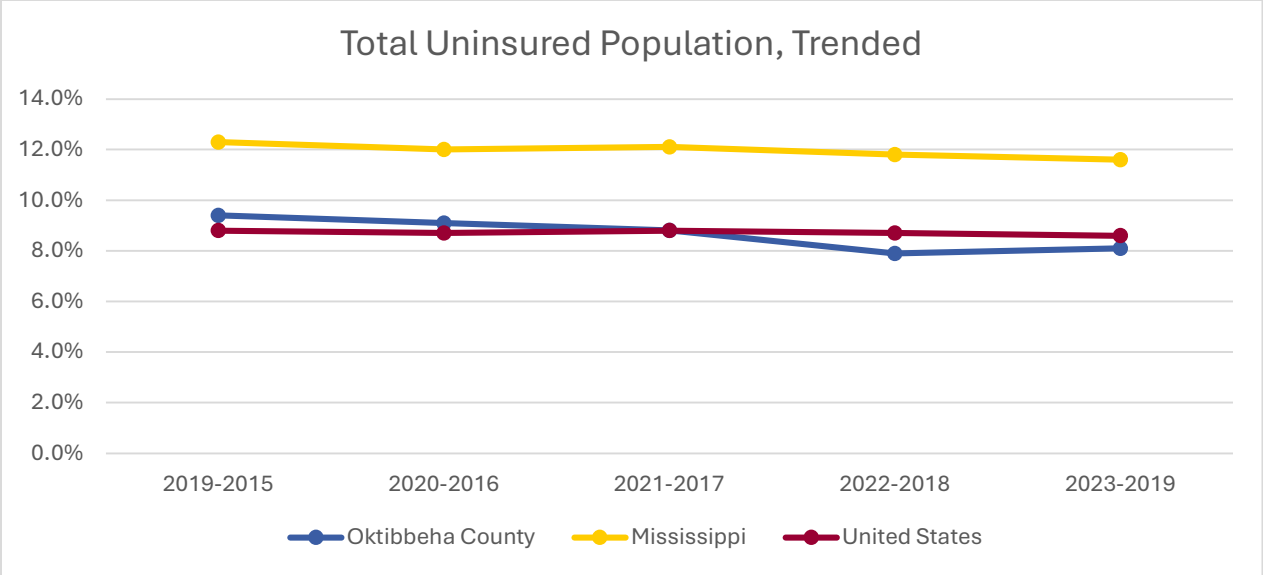
Preventative Healthcare Rates, Age-Adjusted

	Visits to Doctor	Visits to Dentist
Oktibbeha County	78.0%	7.9%
Mississippi	78.1%	58.3%
United States	74.2%	63.4%

Lacking health insurance significantly reduces the likelihood of having a regular healthcare provider and increases the chances of delaying or forgoing routine care—both of which raise the risk for more serious health problems. As of 2023, the uninsured rate in Oktibbeha County was 8.1%, a decrease from 9.4% in 2019. While the county’s decline has been mostly consistent—with a sharper drop observed in 2022—the statewide reduction has been more gradual. In comparison, the national uninsurance rate has held steady at around 8.7% over the same period.

When examined by age group, insurance coverage is nearly universal among adults aged 65 and older at the county, state, and national levels. In fact, Oktibbeha County reports full coverage—100%—for seniors in this age group. Coverage is also relatively high among individuals under 18, though slightly lower than for older adults. The highest rates of uninsurance are found among adults aged 26 to 64, especially those between 26 and 44. In Oktibbeha County, about one in four adults in this group lack health insurance—a trend that mirrors national patterns. Statewide, Mississippi shows even higher rates, with 41.6% of individuals in this age group uninsured.

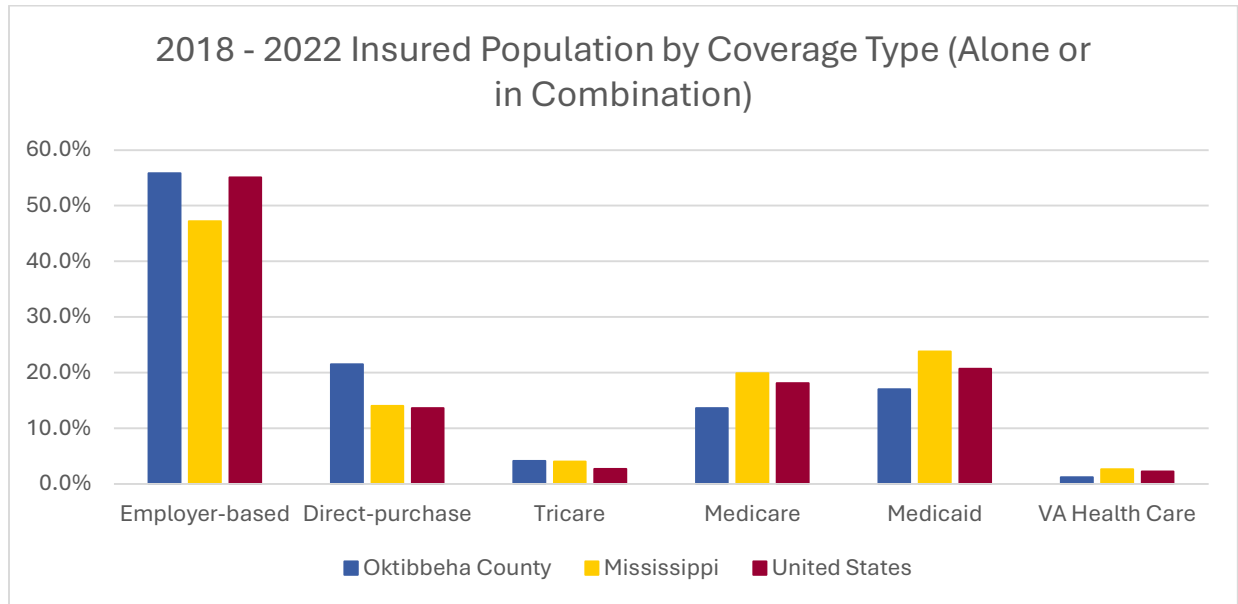
In Oktibbeha County, racial and ethnic disparities in health insurance coverage are generally less pronounced than in the rest of Mississippi. While non-White residents are more likely to be uninsured than White residents, the gap is smaller compared to state and national levels. However, individuals of Hispanic or Latino origin experience uninsurance rates similar to statewide figures, and those identifying as some other race than those specified during data collection face significantly higher rates of uninsurance than both the state and national averages.



2023 Uninsured Population by Race and Ethnicity

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some other race	Two or more races	Hispanic or Latino origin (of any race)
Oktibbeha County	5.0%	10.8%	18.3%	16.0%	0.0%	54.0%	13.2%	30.3%
Mississippi	9.7%	12.8%	28.2%	16.0%	24.4%	32.4%	16.2%	29.1%
United States	6.6%	9.5%	19.2%	5.9%	11.6%	19.7%	13.0%	17.5%

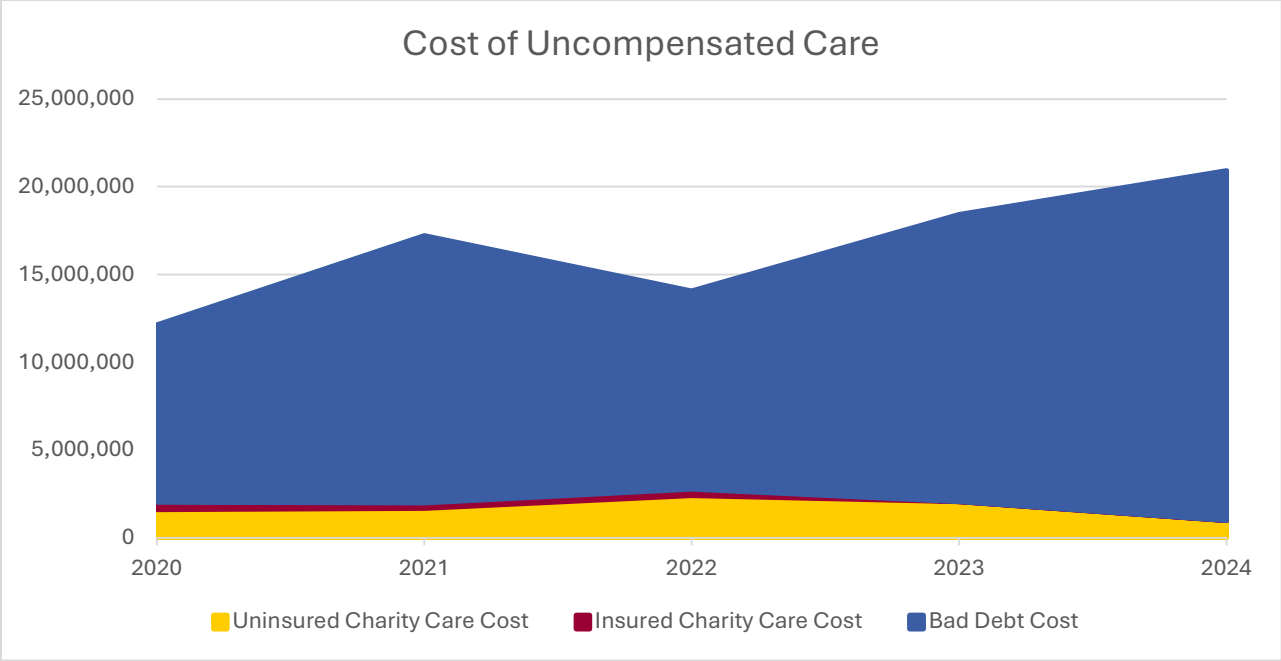
In Oktibbeha County, over half of residents are covered by employer-based health insurance plans. The remaining population is primarily insured through Medicare (13.6%), Medicaid (17.0%), or direct-purchase plans (21.5%). Reflecting the county’s age demographics and socioeconomic profile, enrollment in both Medicare and Medicaid is lower than state averages (19.9% and 23.8%, respectively) and national averages (18.1% and 20.7%).



Uncompensated Care Cost

Uncompensated care represents the total value of hospital services for which no payment was received from either the patient or an insurer. It includes both bad debt and financial assistance provided by the hospital. Financial assistance refers to services the hospital expected no reimbursement for or offered at a reduced cost to patients in need. Bad debt arises when the hospital cannot collect payment for services rendered—typically because patients are unable or unwilling to pay and do not apply for assistance. This measure does not include other unreimbursed costs, such as underpayments from Medicaid or Medicare. **Over the last five fiscal years, OCH has absorbed more than \$80 million in uncompensated care costs for services provided without payment.**

Under OCH’s Financial Assistance Policy (FAP), patients with annual household incomes below 200% of the Federal Poverty Guidelines may qualify for full or partial financial assistance for medically necessary care not covered by insurance or government programs. Patients who do not meet the income criteria may still be considered for assistance under catastrophic or medical hardship provisions on a case-by-case basis. **In the past five fiscal years, OCH has provided nearly \$10 million in charity care, with 89% of those costs covering care for uninsured patients.**



Health Risk Factors and Chronic Diseases

Oktibbeha County’s 2022 mortality data was sourced from the Mississippi State Department of Health, Office of Vital Records and Public Health Statistics. After excluding "Other Diseases and Conditions" (Rank 3), “COVID-19” (Rank 4), and "Unintentional Injury" (Rank 7), we identified the following five leading causes of death as priority focus areas:

- 1. Heart Disease
- 1. Cancer
- 2. Stroke
- 3. Diabetes
- 4. Alzheimer’s

Heart Disease

Heart disease is the leading cause of death in Oktibbeha County, across Mississippi, and nationwide. Several factors can raise a person’s risk, including existing medical conditions, lifestyle choices, age, and family history. While factors like age and genetics cannot be changed, many risks—such as those related to behavior and health management—are preventable or controllable. According to the CDC, nearly 47% of Americans have at least one of three modifiable risk factors for heart disease. The most common type, ischemic heart disease, is also the leading cause of heart-related deaths and is largely preventable.

Mississippi ranks second highest in the U.S. for heart disease mortality. However, Oktibbeha County performs better than the state average on some key indicators. Roughly 2 in 5 county residents have high blood pressure, compared to 3 in 5 statewide, and more than two-thirds of those affected are managing it with medication. Nearly one in three residents have high cholesterol, aligning with the state average. Smoking rates are also similar, with about one fifth of residents in both the county and the state identifying as current smokers.

Age-Adjusted Heart Disease Risk Factors

	High blood pressure	Taking high blood pressure medication among adults with high blood pressure	High cholesterol	Smoking
Oktibbeha County	39.9%	68.8%	29.0%	18.5%
Mississippi	63.7%	70.1%	32.8%	18.1%

Heart disease remains the leading cause of death among most racial and ethnic groups in the United States. In Mississippi, Black or African American individuals account for 39.8% of deaths related to heart disease, compared to 34.5% among White individuals. In Oktibbeha County, this

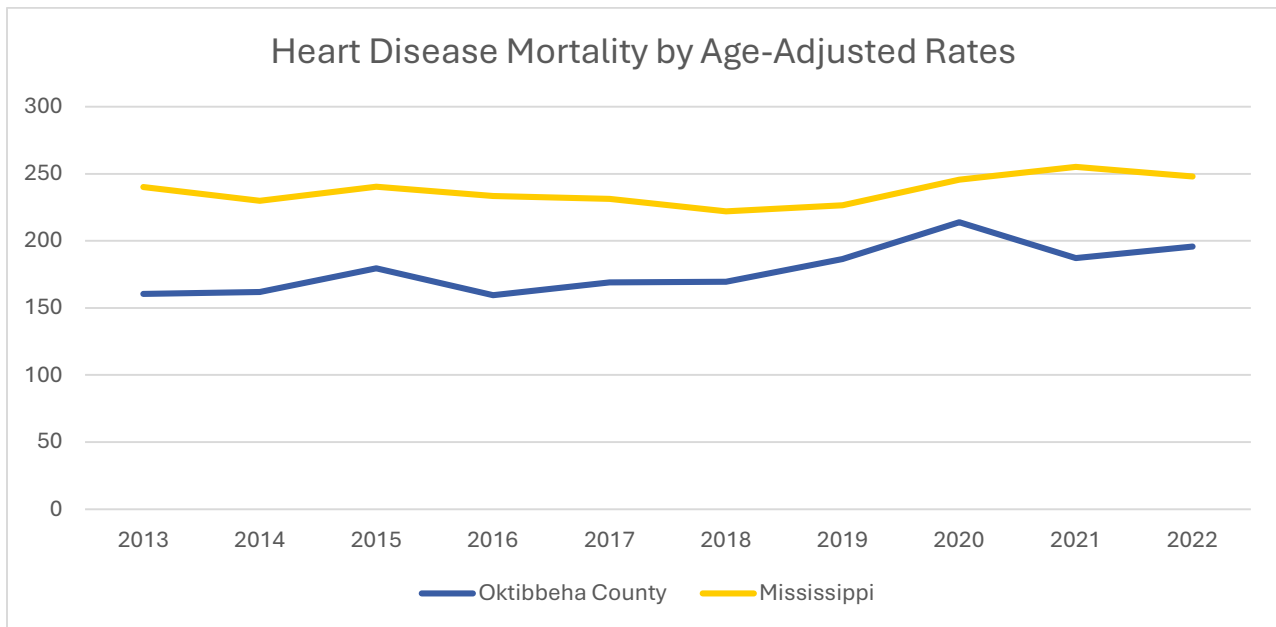
disparity is even more pronounced: 47.6% of heart disease-related deaths occur among Black or African American residents, compared to 30.5% among White residents.

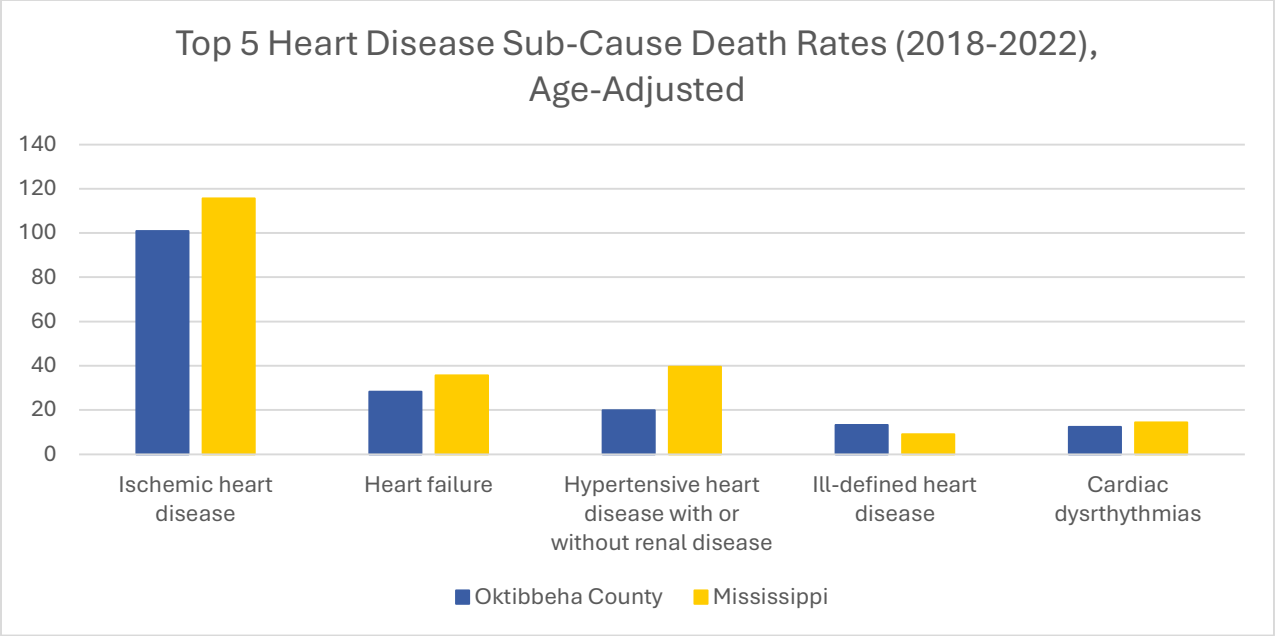
Since 2018, Mississippi has seen a slight but steady rise in heart disease mortality. In contrast, Oktibbeha County has experienced a more significant and consistent increase over time. While there have been occasional fluctuations—such as modest spikes in 2015 and 2020—the overall trend in the county over the past decade has been upward. Data from 2022 suggests that this increase may be continuing at the county level, even as statewide heart disease mortality shows signs of a possible decline.

Heart Disease Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted

	White	Black or African American	Other	Hispanic or Latino (of any race)
Oktibbeha County	155.2	242.2	39.6	71.4
Mississippi	228.4	263.3	93.9	76.2

* Age-adjusted rates expressed as per 100,000 population





Cancer

Cancer is the second leading cause of death in Oktibbeha County, across Mississippi, and nationwide. Major risk factors include tobacco use, alcohol consumption, obesity, HPV infection, and family history. While certain risks—such as genetics—are beyond individual control, many can be mitigated through healthier lifestyle choices, which can greatly lower the likelihood of developing various forms of cancer.

In Oktibbeha County, the prevalence of these risk factors generally mirrors state averages. Approximately two in five residents are classified as obese, and nearly one-third report little to no physical activity. Around one in eight residents engage in binge drinking, a rate comparable to both state and national figures.

2022 Age-Adjusted Cancer Risk Factors

	Obesity	Lack of Physical Activity	Binge drinking
Oktibbeha County	41.1%	32.0%	15.0%
Mississippi	40.1%	30.9%	14.4%
United States	33.4%	23.0%	18.0%

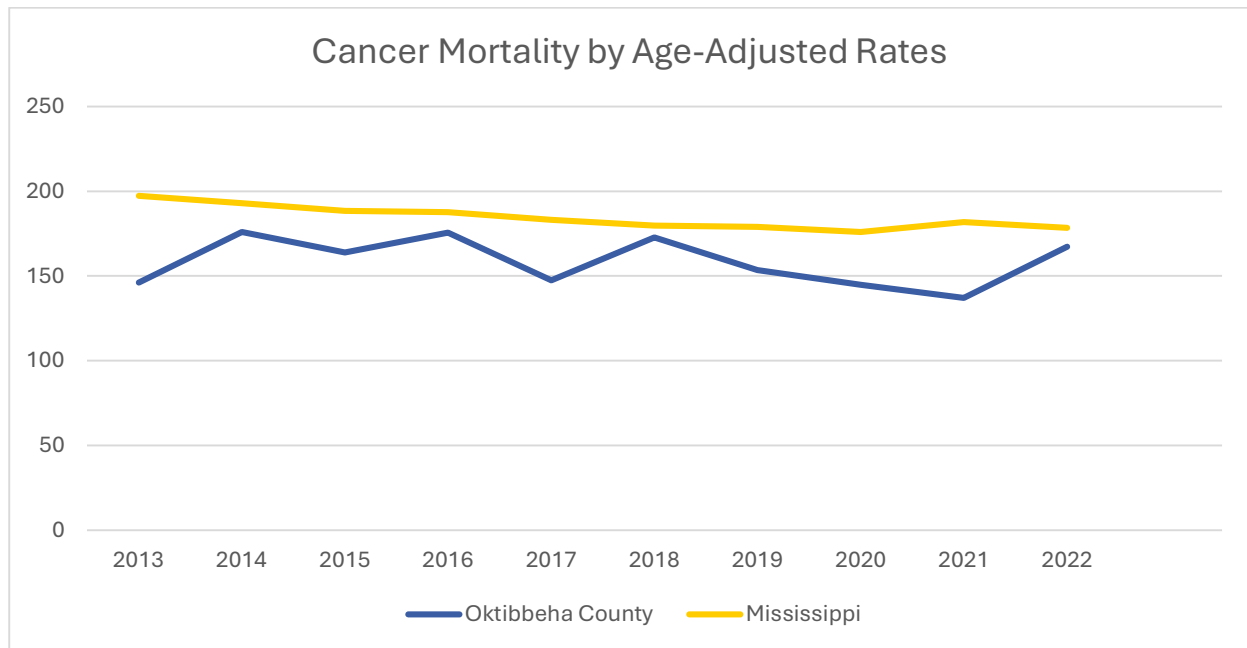
Over the past ten years, Mississippi has experienced a general decline in its age-adjusted cancer mortality rate. In contrast, Oktibbeha County has shown more variability, with an overall upward trend. Although there were notable spikes in 2014, 2016, 2018, and 2022, the county's cancer mortality rate has consistently remained below the state average. However, the sharp increase in 2022 suggests the county's rate may soon match or even exceed the state level. Across both

Oktibbeha County and Mississippi, Black or African American residents continue to face a higher risk of dying from cancer compared to other racial groups.

Cancer Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted

	White	Black or African American	Other	Hispanic or Latino (of any race)
Oktibbeha County	138.6	188.3	58.5	38.4
Mississippi	173.3	197.4	69.2	61.1

* Age-adjusted rates expressed as per 100,000 population

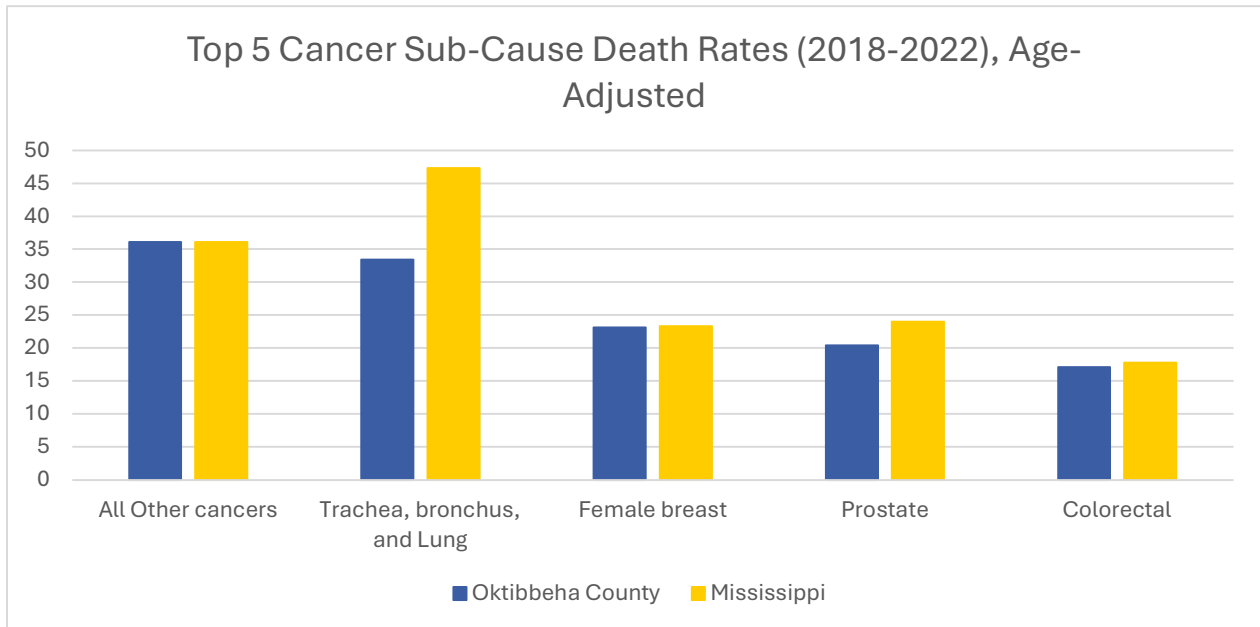


Trachea, bronchus, and lung cancers are the second leading causes of cancer-related deaths in Oktibbeha County, despite being largely preventable. According to the CDC, cigarette smoking accounts for 80% to 90% of all lung cancer deaths nationwide. In the county, around one in five residents currently smokes. The most effective way to lower the risk of lung cancer is to avoid tobacco use or quit smoking altogether.

Female breast cancer is the third leading cause of cancer death in the community. Early detection through regular mammograms can identify cancer up to three years before symptoms develop. However, only 75.5% of senior women in Oktibbeha County reported having a mammogram within the past year.

Prostate cancer ranks fourth among cancer-related deaths in the county. While any man can be affected, the risk is notably higher among older men, Black or African American men, and those with a family history of the disease. Men concerned about their risk should consult with their healthcare provider about appropriate screening options.

Colorectal cancer is the fifth leading cause of cancer death both in Oktibbeha County and across the United States. It most commonly affects individuals aged 50 and older. Locally, only about half of adults aged 45 to 75 have had a colorectal screening in the past year. Key preventive strategies include staying physically active, avoiding tobacco, and limiting alcohol intake.



Stroke

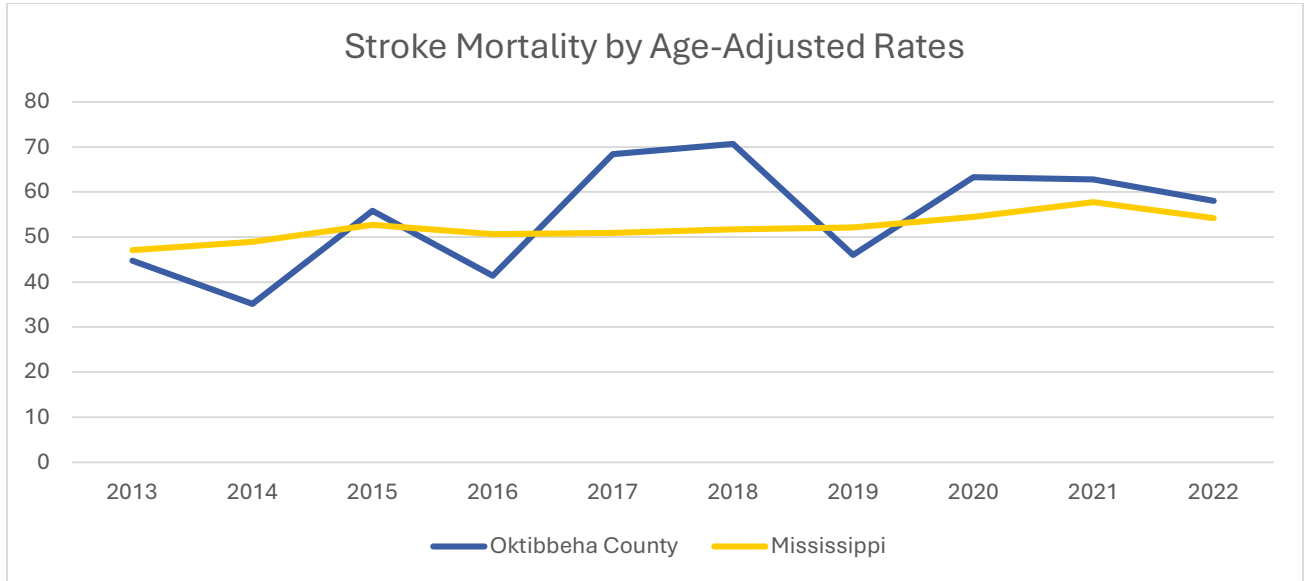
Stroke is the fifth leading cause of death in Oktibbeha County. Although strokes can occur at any age, certain risk factors significantly increase the likelihood of experiencing one. While some risks—like age and family history—are unchangeable, many others, such as obesity, smoking, high blood pressure, high cholesterol, and heart disease, can be managed or prevented. Addressing these modifiable risks is crucial for individual and community health.

The CDC reports that Black or African American individuals are nearly twice as likely as White individuals to suffer a first stroke and have a higher risk of dying from one. Over the past decade, Mississippi’s stroke mortality rate has remained relatively steady. In contrast, Oktibbeha County has experienced significant fluctuations, with sharp increases in 2015, 2017, and 2020—each time pushing the county’s rate above the state average. After the first two spikes, the rate returned to below the state level within a year or two. However, following the 2020 spike, Oktibbeha County’s stroke mortality has remained higher than Mississippi’s. Data from 2022 suggests that while stroke mortality may be declining at both the state and county levels, Oktibbeha County’s rate may remain above the state average in the future.

Stroke Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted

	White	Black or African American	Other	Hispanic or Latino (of any race)
Oktibbeha County	46.7	82.8	48.2	0
Mississippi	47.3	69.4	27.1	17.2

* Age-adjusted rates expressed as per 100,000 population



Diabetes

Prediabetes and type 2 diabetes share many of the same risk factors, and having prediabetes greatly increases the likelihood of developing type 2 diabetes. Common risk factors for both conditions include being overweight or obese, being 45 years or older, having a family history of type 2 diabetes, engaging in physical activity fewer than three times per week, having non-alcoholic fatty liver disease (NAFLD), a history of gestational diabetes, delivering a baby weighing over nine pounds, and belonging to certain racial or ethnic groups—such as Black or African American, Hispanic or Latino, American Indian, or Alaska Native populations.

While age and family history cannot be changed, obesity and physical inactivity are modifiable through lifestyle changes. In Oktibbeha County, one in seven residents has been diagnosed with type 2 diabetes. Nearly half of the population is classified as obese, and one-third report engaging in little to no physical activity.

Diabetes is the sixth leading cause of death in Oktibbeha County. For much of the past decade, the county’s diabetes-related mortality rate has exceeded the state average. While Mississippi’s overall rate has remained relatively stable—aside from slight increases in 2020 and 2021—Oktibbeha County has seen more dramatic fluctuations. In 2013 and 2015, the county’s rate was

more than twice that of the state. Although it dropped below the state level in 2017, it rose again in 2018 and has remained higher ever since. In 2022, Mississippi experienced a decline in age-adjusted diabetes mortality, but Oktibbeha County saw a similarly sized increase, indicating that its rate may continue to stay above the state's. Notably, Black or African American residents in Oktibbeha County are more than four times as likely to die from diabetes-related causes as White residents.

2022 Percentage of Residents with Diabetes, Age-Adjusted

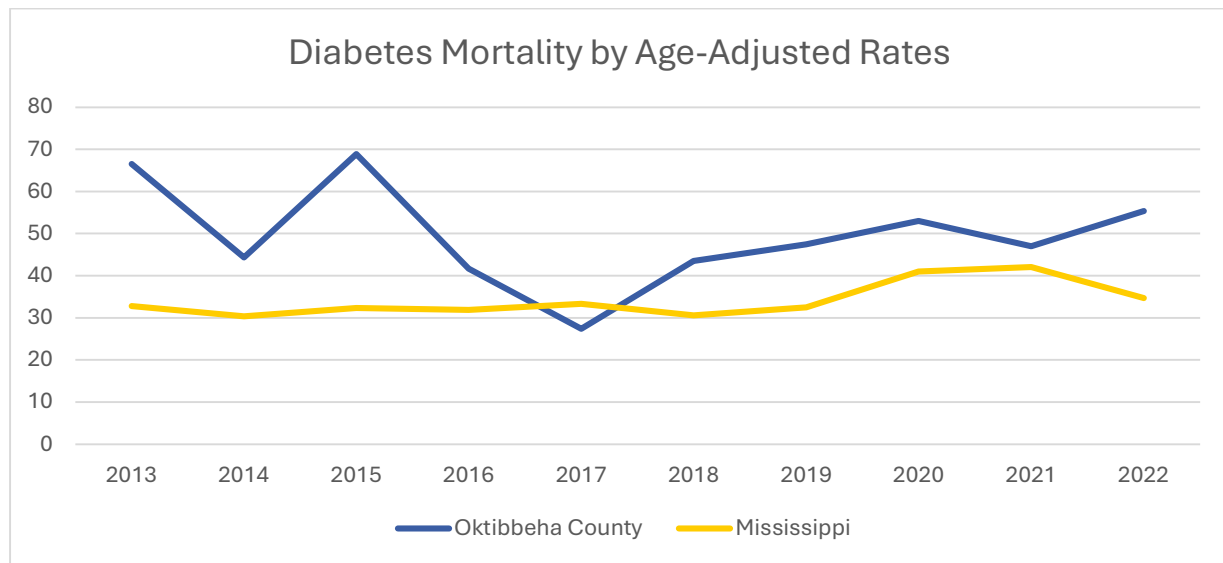
	Population with Diabetes *
Oktibbeha County	14.4%
Mississippi	13.8%

* Does not include pregnancy-related diabetes

Diabetes Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted

	White	Black or African American	Other	Hispanic or Latino (of any race)
Oktibbeha County	21.9	98.3	0	0
Mississippi	24.8	62.5	31.3	16.1

* Age-adjusted rates expressed as per 100,000 population



Alzheimer's

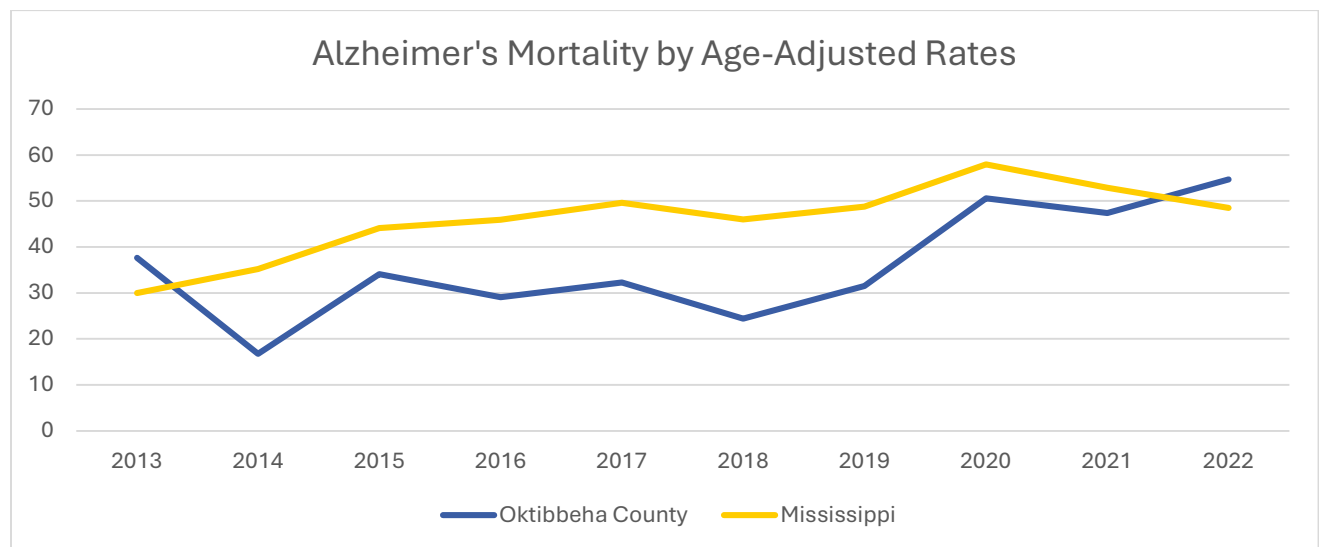
Alzheimer's disease is the eighth leading cause of death in Oktibbeha County and remains a significant cause of mortality at both the state and national levels. While some risk factors—such as age and genetics—are beyond individual control, research shows that adopting healthier habits can help reduce the risk of developing the disease. Proven strategies include controlling high blood pressure, maintaining a healthy weight, staying physically active, quitting smoking, limiting alcohol intake, treating hearing loss, and ensuring sufficient sleep.

Over the past decade, Alzheimer's-related deaths have steadily increased across Mississippi, with a more pronounced rise observed in Oktibbeha County. The county experienced a sharp decline in mortality between 2013 and 2014, but since then, rates have fluctuated with several notable increases. Despite these fluctuations, the county's Alzheimer's mortality rate remained below the state average until 2022. Given the county's overall upward trend, Alzheimer's may become an increasingly common cause of death locally. Meanwhile, state-level data from 2020 and 2021 suggests a potential decline in Alzheimer's mortality across Mississippi.

Alzheimer's Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted

	White	Black or African American	Other	Hispanic or Latino (of any race)
Oktibbeha County	41.2	45.2	21.5	0
Mississippi	53.9	44.7	10.3	13.1

* Age-adjusted rates expressed as per 100,000 population



Community Health Needs Assessment

Background and Distribution

During August 2025, a Community Health Needs Assessment (CHNA) survey was distributed to residents and employees throughout Oktibbeha County and surrounding areas. While the survey was primarily available online, printed copies and secure drop boxes were also placed at all of our facilities to ensure broader accessibility for community members.

OCH Regional Medical Center thoroughly reviewed and analyzed the survey results to guide strategic planning and identify key health priorities that would most benefit the community.

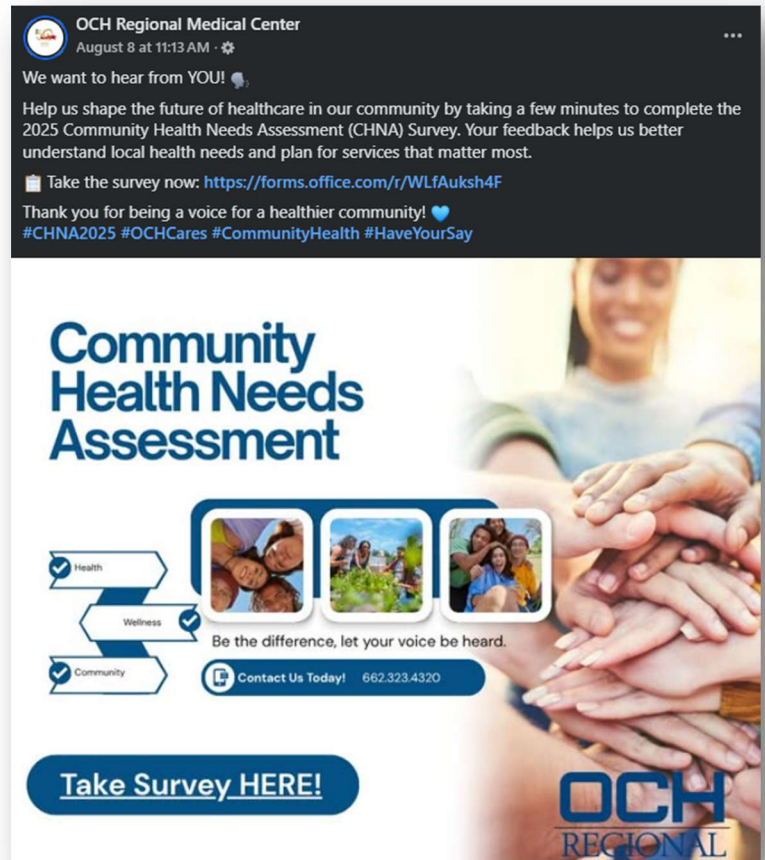
In addition to the survey, OCH hosted a focus group with key community stakeholders to gain deeper insight into local health challenges and needs. The perspectives shared during this session were instrumental in developing a community-centered health improvement plan that directly addresses the most urgent concerns of those we serve.

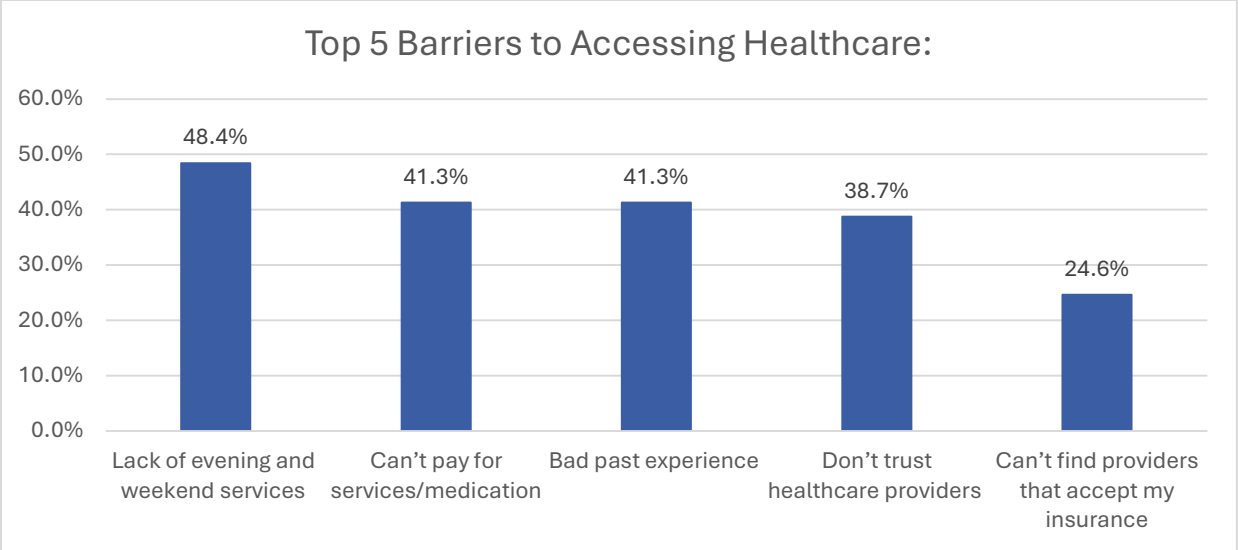
Survey Findings

The following example questions offer a glimpse into the topics covered in the community survey.

Survey participants were asked to share what they believe are the most important features of a healthy community. 9 in 10 respondents emphasized the cruciality of access to healthcare in maintaining community health, and 2 in 3 cited good education. The value our community places on healthcare access and education highlights the critical role OCH plays in the betterment of our community health by providing health care services and offering educational resources to improve health and well-being at the individual and community-wide level.

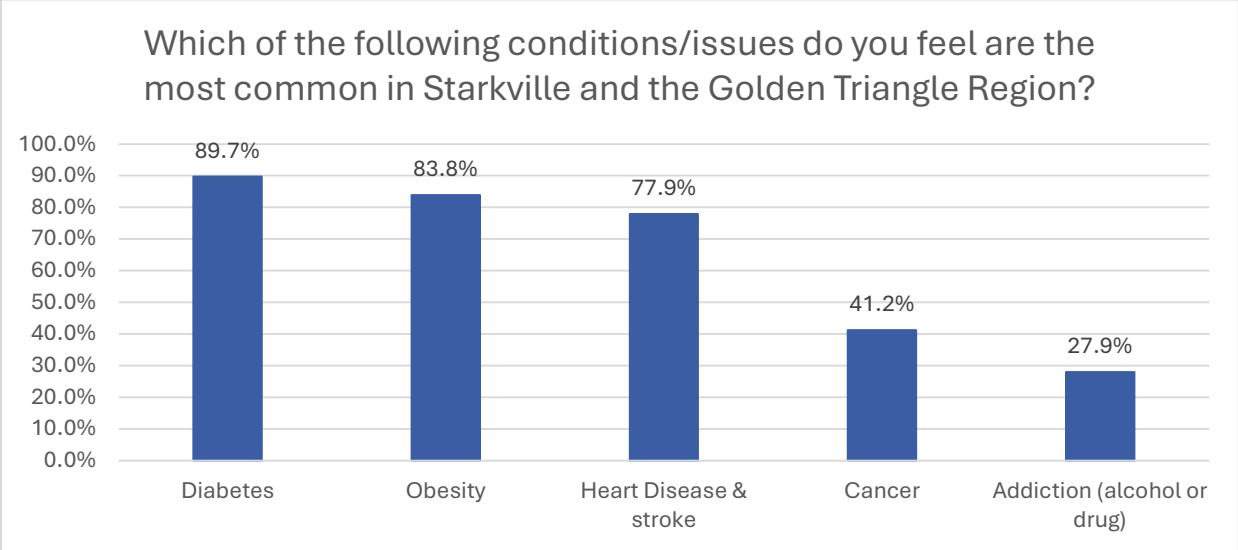
However, respondents also identified a variety of barriers to accessing care in Starkville and the Golden Triangle area. Half of participants stated that lack of evening and weekend services were a barrier. Two in five pinpointed the high cost of services and medication, a negative past experience, or mistrust in healthcare providers as barriers. One in four also expressed difficulty finding providers that accept their insurance.



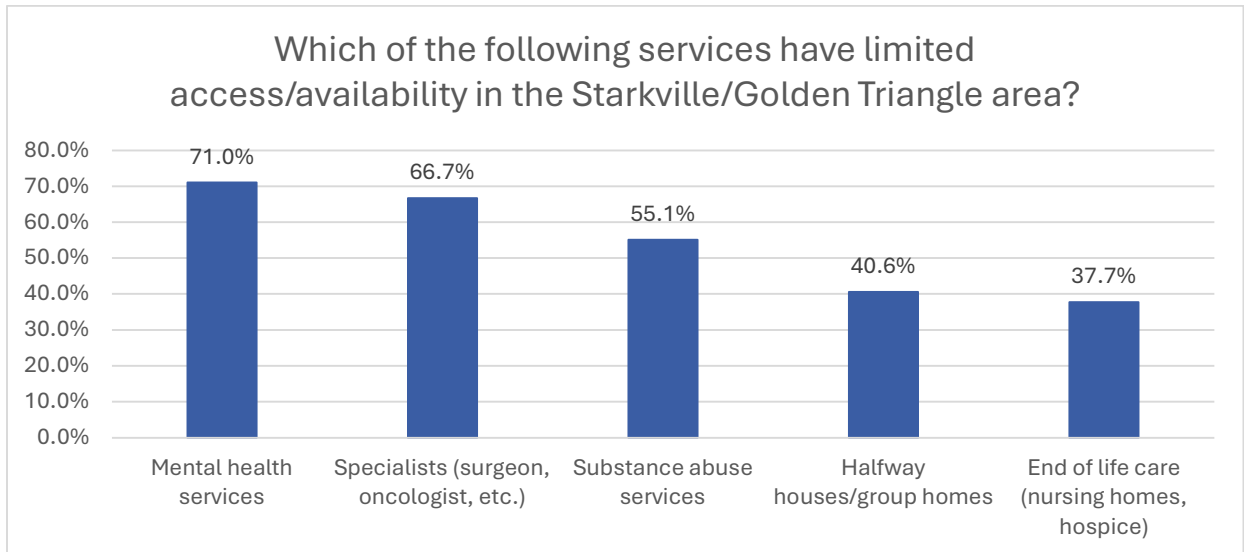


When asked which conditions or issues they believe to be most common in our community, 89.7% stated diabetes, which is the sixth leading cause of death in Oktibbeha County. Four in five participants also identified obesity as a prevalent health concern. Community education surrounding diabetes and obesity management have been priorities of OCH's for several years, emphasizing that our health goals for the region coincide with our community members' goals for themselves and their loved ones.

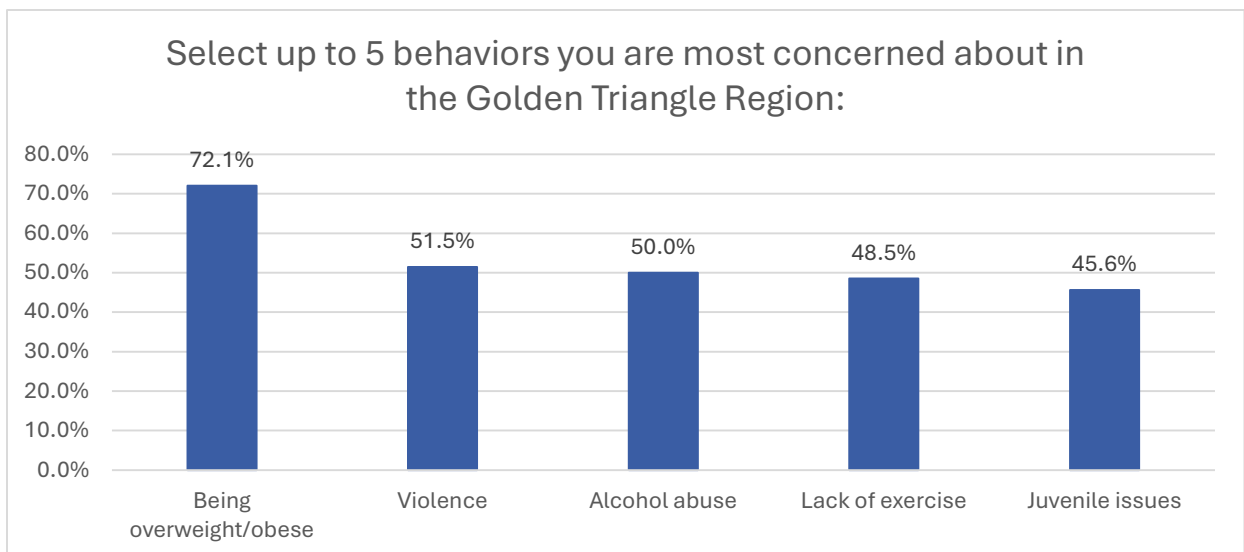
Three in four participants indicated heart disease and stroke as widespread health concerns within our community, which corresponds with the other data we have collected, as heart disease and stroke are the first and fifth leading causes of death in Oktibbeha County, respectively. Cancer, which was cited as a primary health concern by two in five participants, is the second leading cause of death in the county. One in four responses also mentioned addiction as a prevalent health issue affecting Starkville and the Golden Triangle.



When asked to distinguish which areas they feel there is limited access or availability to in the region, roughly two in three participants pointed out a need for more specialists and mental health services, and more than one in three mentioned a lack of halfway houses, group homes, or end of life care. Over half the responses expressed a need for better access to substance abuse services. Concern over substance abuse in our community was repeatedly referenced throughout the survey. Alcohol overconsumption is a risk factor for both cancer and Alzheimer’s—two of the leading causes of death in Oktibbeha County—emphasizing its long-term negative effects.



Respondents were also asked which behaviors they were most concerned about in our region, and many of these survey responses overlapped with health concerns referenced throughout the rest of the survey, specifically obesity, lack of exercise, and substance abuse, all of which are risk factors for one or more of the leading causes of death in Oktibbeha County. The consistency we saw in health issues noted throughout our community survey with concerns we identified through other data sources accentuates our alignment with the community in seeking to improve healthcare access, health education, and individual health in the Golden Triangle region.



2022 Community Health Improvement Plan Progress

Priority #1: Diabetes, Hypertension, and Obesity Management

Plan of Action

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

Response to Stated Strategies

To address diabetes, OCH implemented a bi-monthly diabetes support group meetings offered ongoing education and community support.

Programs addressing obesity included:

- **Kids Fitness Program:** Group-based activities for children ages 7–13, featuring swimming, circuit training, and healthy snack preparation.
- **Individualized Youth Exercise:** Physician-referred one-on-one exercise sessions tailored for children ages 8–14 with specific health needs.



OCH also took part in numerous health fairs, providing high blood pressure checks and other essential preventive screenings, along with educational materials to promote awareness and encourage proactive healthcare.

Priority #2: Healthcare Resource Awareness

Plan of Action

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

Response to Stated Strategies

OCH worked to improve health access and equity through:

- **Equity-Focused Programs:** Initiatives designed to reach underserved communities.

- **Community Partnerships:** Collaborations with schools, churches, local organizations, and public safety groups to expand program reach and visibility.

We also worked to improve community engagement and accountability by prioritizing the following:

- **Annual Community Health Fairs/Events:** Events offering health screenings, demonstrations, and safety education.
- **Ongoing Oversight:** Implementation plans and CHNA documents (2020, 2023) are posted publicly on OCH’s website through the "Accountability & Transparency" section.
- **Board Involvement:** Regular review and guidance provided by the Community Advisory Board and the Oktibbeha County Board of Supervisors through public meetings.

Priority #3: Healthy Lifestyle Education

Plan of Action

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

Response to Stated Strategies

To address chronic disease and promote healthy living, OCH implemented:

- **Cardiac Rehab Promotion:** “Stay Heart Healthy!” campaigns featuring mass media outreach to promote the OCH Cardiac Rehab program.
- **Health Fairs:** Events offering health screenings, demonstrations, and safety education.
- **CPR & First Aid Classes:** Public training courses aimed at increasing emergency preparedness.
- **Chronic Disease Education:** Ongoing public health education through multiple platforms and events.

Focused efforts were made to improve outcomes for mothers and infants, especially among low-income populations:

- **“Ready, Set, Baby” Program:** Monthly prenatal and breastfeeding education sessions that promote infant nutrition and maternal wellness.
- **Breastfeeding: A Great Start Classes:** Regular offerings such as those held July 3, supporting new mothers in breastfeeding initiation and maintenance.
- **Family Nutrition Counseling:** Programs providing nutritional guidance to expecting and new mothers.



2025-2028 COMMUNITY HEALTH IMPROVEMENT PLAN





2025-2028 Initiatives (New CHNA)

- ▶ **Initiative 1:** Address Chronic Disease & Preventive Health
- ▶ **Initiative 2:** Expand Mental Health & Substance Use Awareness
- ▶ **Initiative 3:** Improve Access to Care & Reduce Health Disparities
- ▶ **Initiative 4:** Strengthen Community Trust, Safety & Engagement

Goals



Initiative 1: Address Chronic Disease & Preventive Health

Goal: Reduce the prevalence and impact of diabetes, hypertension, obesity, heart disease, stroke, respiratory conditions, and cancer.

Initiative 2: Expand Mental Health & Substance Use Awareness

Goal: Improve access to mental health and substance abuse services while reducing stigma and supporting prevention.

Initiative 3: Improve Access to Care & Reduce Health Disparities

Goal: Ensure equitable access to healthcare and social services for all residents, with a focus on underserved populations.

Initiative 4: Strengthen Community Trust, Safety & Engagement

Goal: Build trust in healthcare providers and support safer, healthier communities through engagement and partnerships.

Implementation Strategies



Chronic Disease

Screenings, health fairs, vaccination campaigns



Mental Health

Awareness campaigns, school-based programs, provider recruitment



Access to Care

Transportation solutions, extended hours, navigators for resources



Trust & Engagement

Listening sessions, safety initiatives, celebrating health champions

How We Will Succeed



Better Together

Partner with schools, churches, businesses, civic groups



Knowledge is Power

Expand education & outreach



Data is King

Track results & adapt strategies



Reevaluate

Reevaluate every 3 years

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