

2025

COMMUNITY HEALTH NEEDS ASSESSMENT



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RIGGS &
INGRAM

CPAs and Advisors

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Our Commitment to Community Health

MESSAGE FROM OUR PRESIDENT AND CEO

At Memorial Health System, our commitment to improving health and advancing equity extends well beyond the walls of our facilities. We are deeply invested in the well-being of the communities we serve. This dedication is clearly reflected in our Community Health Needs Assessment, where we work closely with local stakeholders to address the unmet needs of our most vulnerable and underserved populations. Together, we’ve made meaningful strides in removing barriers to care and providing critical support, empowering individuals and families to lead healthier lives.

We are honored to be an integral part of this community, and we value the voices and experiences of those who live here. As you review this report, we encourage you to consider how you might play a role in strengthening health and wellness across our region. We all share in the life of this community—living, working, and growing together. By working in partnership, we can create a healthier future for everyone and continue to fulfill our mission. We look forward to collaborating with you in improving the health of those we are privileged to serve.

Kent Nicaud
President/CEO



ABOUT US

Memorial Health System (MHS) is a public, not-for-profit healthcare organization located in Gulfport, Mississippi. It is jointly owned by the City of Gulfport and Harrison County. Established on July 18, 1946, through resolutions passed by the Harrison County Board of Supervisors and the City of Gulfport, the system began as Memorial Hospital at Gulfport. Over 76 years later, MHS remains committed to its mission: to heal, inspire, and transform the health of the communities it serves.

As the second-largest employer in Harrison County, MHS continues to grow—expanding facilities, enhancing services, and investing in technology and staff to meet the evolving needs of modern healthcare. The system is overseen by a Board of Trustees and is guided by its Pillars of Excellence: Community, People, Service, Stewardship, Quality, and Safety.

MHS is one of Mississippi’s most comprehensive healthcare systems. It includes three acute care hospitals:

- ▲ **Memorial Hospital Gulfport**—a 328-bed facility
- ▲ **Memorial Hospital Stone County in Wiggins**—with 25 beds
- ▲ **Memorial Hospital Biloxi**—with 153 licensed beds



As a part of our expansion, MHS has acquired 100% of Memorial Hospital Biloxi, formerly Merit Health Biloxi. Additionally, MHS operates more than 110 physician clinics throughout the Gulf Coast region.

The system provides a wide range of specialized services, including a state-designated Level II Trauma Center, a comprehensive cancer center, two nursing centers, five outpatient surgery centers, and multiple satellite diagnostic and rehabilitation centers. MHS employs over 5,000 individuals, including more than 400 physicians who deliver care across more than 40 medical specialties. Its primary service area includes Harrison and Hancock counties, with a secondary reach into Jackson, Pearl River, Stone, and George counties.

MHS offers extensive clinical programs such as emergency and obstetric emergency care, cardiovascular services (including open-heart surgery and four cardiac catheterization labs), women's and children's health, orthopedics, neurosciences, and oncology/hematology. The system also provides specialized care unique to the Mississippi Gulf Coast, including a Level III Neonatal Intensive Care Unit and the state's first nationally certified Primary Stroke Center. Advanced technology, such as 3D imaging and robotic-assisted surgery, further enhances patient care.

MHS has developed strong partnerships with other healthcare organizations, improving access to specialists, resources, and services. Notable collaborations include:

- ▲ **Encompass Health Rehabilitation Hospital**—located within Memorial Hospital Gulfport
- ▲ **Gulf Coast Vascular Care**
- ▲ **Select Specialty Hospital**—a hospital-within-a-hospital model situated at Memorial Hospital Gulfport

These partnerships help streamline care and keep services close to home for patients.

In 2021, MHS received initial accreditation from the Accreditation Council for Graduate Medical Education (ACGME) and launched its first Graduate Medical Education (GME) program in Family Medicine. Building on this foundation, MHS introduced its second ACGME-accredited GME program in Internal Medicine in 2023.

Our GME programs support medical graduates (MDs and DOs) in their residency training and provide a comprehensive, hands-on education rooted in evidence-based medicine and community health, with a focus on serving Mississippi's medically underserved population. With extensive clinical exposure, quality improvement initiatives, and robust didactic training, the programs prepare residents for careers in primary care, hospital medicine, or a fellowship.



MHS holds accreditations from numerous prestigious organizations, including The Joint Commission, the College of American Pathologists, and the American College of Radiology. It is also recognized by URAC for Specialty Pharmacy, the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), the American Diabetes Association for Education, and maintains a Baby-Friendly Designation.

SUPPORTING OUR COMMUNITY

At Memorial Health System, we are deeply committed to empowering patients through ongoing education and promoting effective preventive care. Our team actively works to provide individuals with the knowledge and tools they need to take control of their health. To support this mission, we have developed a range of educational resources across several key areas of care.

2022 Community Health Improvement Plan Progress

Priority #1: Cancer Care

Radiation and Medical Oncology

The hospital's Radiation and Medical Oncology programs have made significant strides in expanding services, enhancing patient care, and advancing access to cutting-edge treatment. Medical Oncology became the first on the Gulf Coast to offer cold cap therapy (Paxman) to help chemotherapy patients reduce hair loss. Services have expanded geographically as well, with the addition of seven new infusion chairs in the Diamondhead area to better meet regional demand. Several key roles have been added to support patient care, including an Oncology Nurse Navigator/Educator, a Cancer Registry Assistant, and a Financial Counselor serving both Radiation and Medical Oncology.

In collaboration with Louisiana State University, Memorial Health Systems is actively developing a process to bring clinical research opportunities to underserved communities by linking rural hospitals and clinics with larger health systems capable of offering clinical trials and research expertise. As a result, Memorial currently offers 15 clinical trials across six types of cancer, in addition to cancer control studies, thereby expanding access to innovative treatments tailored to patient needs.

The medical team has grown with the recent addition of Dr. Eric Anderson to Radiation Oncology in April of 2025 and Dr. Vibha Mishra-Nicaud to the HOPE group in September of 2025. Preparations are also underway for the reopening of the Cedar Lake Radiation Oncology facility later this year. Technological advancements have included significant upgrades to the radiation oncology department, such as the installation of a new CT scanner and Edge equipment. Treatment options have also expanded, now including advanced therapies like Pluvicto and SpaceOAR for prostate cancer patients.

The hospital continues to engage with the community and regional initiatives, working closely with Karen Sock on the Coastal Comprehensive Cancer Control Coalition and participating in events such as the Community Resource Expo and the Mammogram-a-thon. Additionally, strong collaborative partnerships remain in place with organizations like the American Cancer Society and Pink Heart Funds, further strengthening the hospital's comprehensive approach to cancer care.

PLAN OF ACTION

- a. **Survivorship Program:** Increase participation in the program. The Oncology Nurse Navigators will be communicating with physicians who are not oncology specialists and provide education about the program and encourage referrals.
- b. **MS Breast & Cervical Cancer Program:** Oncology Nurse Navigators will evaluate and monitor participation with the Breast & Cervical Cancer Program (BCCP) by increasing awareness of the BCCP with Surgeons, Primary Care Physicians, OB/GYN and providing education to physicians and staff on the requirements and process for utilizing the BCCP.
- c. **Oncology Financial Advocacy:** Initiate logistical restructuring of the oncology financial advocacy employees' roles and provide support and retraining as needed to improve the department's team focus. This will incorporate team members cross-training (across all cancer center clinics), interdisciplinary support, and improve productivity.

RESPONSE TO STATED STRATEGIES

Patient Impact

Direct services, support, and innovations that directly benefit patients and improve outcomes.

▲ Cold Cap Therapy Access

Memorial was the first on the Gulf Coast to offer cold cap therapy to reduce hair loss for chemotherapy patients. Financial assistance is provided through the Paxman program or The Memorial Foundation when not covered by insurance.

▲ Oncology Nurse Navigators

A third Oncology Nurse Navigator was added to improve patient support, education, and care coordination. Nurse Navigators help remove barriers to care by offering transportation, prescription assistance, and treatment education.

▲ Financial Counseling Services

A dedicated financial counselor helps patients understand and plan for the cost of oncology care, reducing financial stress and improving transparency.

▲ New Treatment Options in Radiation Oncology

Introduction of advanced treatment options for metastatic prostate cancer, including radioactive drugs (Pluvicto, Xofigo) and outpatient SpaceOAR hydrogel procedures to protect healthy tissues during prostate radiation.

▲ Access to Clinical Trials

Memorial currently offers 15 clinical trials across 6 cancer types. Through a collaboration with LSU, more research opportunities will become available to patients, especially those in underserved communities.

HOSPITAL/SYSTEM IMPACT

Expansion, equipment upgrades, staffing changes, and organizational improvements.

▲ Infusion Services Expansion to Diamondhead

To serve patients in western communities, Memorial expanded oncology infusion services to Diamondhead, improving access to care.

▲ Advanced Radiation Equipment

Upgraded technology, including a new CT simulator and Edge machines, enhances the precision of tumor targeting and treatment effectiveness.

▲ New Providers

Dr. Vibha Mishra-Nicaud joined Hematology and Oncology Partners (HOPE) in September, and Dr. Eric Anderson joined Radiation Oncology in April of 2025 following Dr. Brian Center's departure.

COMMUNITY IMPACT

Programs, outreach, and partnerships benefiting the broader population beyond individual patients.

▲ Cancer Awareness and Outreach

Collaboration with Karen Sock, MP3C Chair, supports cancer education, prevention, early detection, and survivorship initiatives across the Mississippi Gulf Coast.

▲ Community Events Participation

Participation in the Community Resource Expo and annual Mammogram-a-thon promotes health engagement and cancer screening awareness.

▲ Support Through Partnerships

Ongoing collaborations with organizations like:

- **American Cancer Society** – providing grants for patient transportation during treatment.
- **Pink Heart Funds** – offering assistance with housing, utilities, food, free custom wigs, and monthly support groups for patients.



Pink Dress Run

- Through our Cancer Center Education Pathway brochure, we provide comprehensive information about the services available at our Cancer Center. This includes an overview of our care team—such as providers and nurse navigators—support group opportunities, medication management, nutrition guidance, and details about our Oncology Patient Assistance Program.

AWARDS, RECOGNITION, & INNOVATION

Firsts, leadership, and new program implementation that position Memorial as a leader in care.

- First on the Gulf Coast to Offer Cold Cap Therapy**
- Leadership in Research Access** – through the LSU partnership model, positioning Memorial as a conduit for rural clinical trial availability.

UNMET NEEDS & FUTURE OPPORTUNITIES

Areas identified for improvement or further development based on community input or observed gaps.

BEREAVEMENT SUPPORT GROUP

A need has been identified for dedicated bereavement support groups focusing on caregivers and family members after the loss of a loved one, offering emotional support and guidance during the grieving process.

Priority #2: Diabetes Education Program

Diabetes Education Pathway is a structured program designed to support patients in the self-management of diabetes. Educational materials outline the program's goals, content, and how to participate. Topics covered include:

- Demystifying Diabetes
- Healthy Eating and Carb Counting
- Addressing the Emotional Aspect of Diabetes
- Mastering Blood Glucose Monitoring with Confidence
- Understanding Your Medications
- Embracing the Power of Physical Activity
- Importance of Regular Healthcare Provider Follow-up

Through these resources, Memorial Health System continues to reinforce its commitment to patient-centered care, helping individuals lead healthier lives through education, support, and prevention.

PLAN OF ACTION

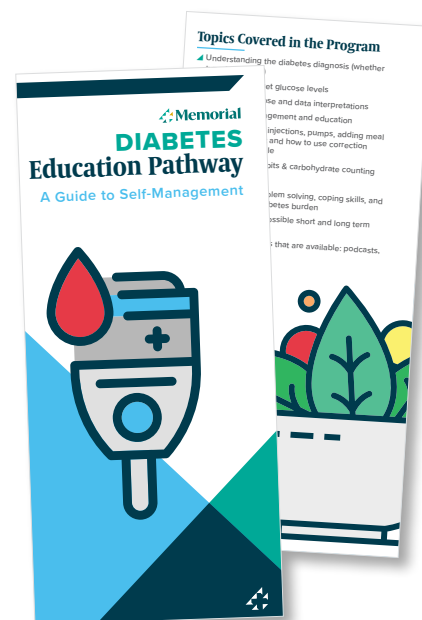
- Increase awareness internally** re: referrals to the Diabetes Management program among our Memorial primary care providers and local providers.
- Increase public awareness** (through social media) re: what diabetes is and how your PCP determines if you are pre-diabetic or diabetic. Promote healthy cooking via Kerry Scott, DO, CCMS (Certified Culinary Medicine Specialist).
- Increase telehealth appointments** for diabetic patients with transportation, health, or mobility issues.

RESPONSE TO STATED STRATEGIES

Program Impact on Patients

Initiatives and services directly supporting patient outcomes, engagement, and experience.

- New Curriculum Development**



A refreshed and updated curriculum was created to enhance education and better meet patient learning needs.

▲ Improved Accessibility

Relocated to a new, more accessible location with improved parking and easier physical access for all patients, especially those with mobility limitations.

▲ Scheduling Improvements

Moved from the Wound Care service line to Clinical Support Services, resulting in more efficient scheduling and improved patient access.

▲ Enhanced Patient Communication

Implemented text reminders to reduce no-shows and improve appointment adherence.

▲ Pregnancy and Diabetes Program Growth

Expanded support for gestational diabetes, a historically underserved area, showing significant growth in participation.

▲ Telehealth Access

Continued to offer telehealth for patients when coverage and need align.

DATA AND OUTCOMES

Measured performance and success in achieving clinical and behavioral outcomes.

▲ Referral Growth

Completed patient encounters (from referrals) increased by 70% from end of 2023 to end of 2024, supported by direct outreach and internal marketing efforts.

▲ A1c Reduction

70% of patients showed a reduction in A1c, including both full-program participants and one-time visit patients.

▲ Weight Loss Behavior Change

Among those who selected weight loss as a goal, 65% achieved measurable success in 2024.

AWARDS, ACCREDITATION & RECOGNITION

Certifications and designations reinforcing program quality and trust.

▲ ADA Accreditation

Continued recognition and accreditation by the American Diabetes Association, maintained since 2000.

HOSPITAL/SYSTEM IMPACT

Changes affecting workflow, staffing, and interdepartmental operations.

▲ Staffing Model

The program remains a one-person department with clinical support staff now managing scheduling responsibilities.

▲ Data Tracking Enhancements

Developed improved data tracking systems in collaboration with the Data Science department, with ongoing enhancements in progress.

ACCESS AND EQUITY

Efforts to reduce barriers to care and support underserved populations.

▲ Flexible Payment Options

Cash-pay rates are available for uninsured or self-pay patients.

Barrier-Free Scheduling

The new location, scheduling overhaul, and text reminders all contribute to easier access for all patients, including those with transportation and mobility challenges.

Pre-Visit Financial Clarity

Need to work toward implementing a consistent process to verify insurance coverage and out-of-pocket costs prior to visits.

Wi-Fi Access

Lack of reliable guest Wi-Fi continues to impact real-time diabetes device downloads for patients without mobile data, creating an opportunity to pursue better guest Wi-Fi options.

COMMUNITY IMPACT & OUTREACH

Education, screening, and health promotion efforts reaching the broader public.

Community Engagement Events

- Gulf Coast Senior Alliance: Elderly diabetes safety (Biloxi campus)
- Lions Club: Diabetes screenings and number awareness
- NDORI Health Fair: Two consecutive years of participation
- MLK Community Event: Two consecutive years
- Diabetes Awareness Month: Articles featured in Gulf Coast Woman magazine (2 years)
- Diabetes Awareness Month: Social media campaigns for public education

Gulf Coast Senior Alliance Monthly Meeting

Diabetes & Elderly Safety

This presentation will examine how continuous glucose monitors (CGMs) and hypo alarms can enhance safety and care for the elderly population. It will also provide an overview of the Diabetes Program at Memorial Health System, highlighting its impact on patient outcomes through education, support, and access to essential resources.

- Tuesday, June 24
- 10:00 AM–11:00 AM
- Memorial Hospital Biloxi–Nancy Harville Room
- 150 Reynoir Street | Biloxi, MS 39530
- Breakfast provided



Featuring Guest Speaker
FALON R. SISSON, NP




INNOVATIONS AND BEST PRACTICES

New tools, technology, and workflows that enhance care delivery and collaboration.

Portal Messaging

Promoting engagement through patient portal communications.

Collaborative Care Coordination

Open communication channels (Cerner messages, TigerText, phone) with providers, case managers, and office staff to ensure continuity of care.

Technology & Medication Support

Continuous updates in knowledge to support CGMs, pumps, and new diabetes medications.

Primary Care Partnership

Supporting primary care clinics in viewing and interpreting CGM data for enhanced in-clinic diabetes management.

PARTNERSHIPS AND ENGAGEMENT

Ongoing involvement with external groups to expand program reach.

- Available year-round to deliver diabetes education and presentations at community events, upon request.

Priority #3: Stroke Care

PLAN OF ACTION

- Our goal with community outreach is to **prevent stroke and heart related conditions by increasing awareness** of risk factors that cause these conditions. Risk factors include high blood pressure, high

cholesterol, diabetes, obesity, unhealthy diet, physical inactivity, and smoking. This education will be provided through Memorial’s social media and during in-person community events by collaborating with community partners.

- ▶ Another goal with community outreach is to **increase awareness of signs and symptoms of heart attack and stroke** and for our community to know when to call 911.
- ▶ **Improve access and referrals to Cardiac Rehabilitation.**
- ▶ **Provide structural heart disease services.**
- ▶ **Improve access to Neurointerventional stroke specialists** by increasing availability. Memorial is the only hospital in southern Mississippi that offers this specialty. These providers specialize in minimally invasive techniques for the diagnosis and treatment of conditions of the brain, head and neck, and spine

RESPONSE TO STATED STRATEGIES

Our stroke education materials offer clear guidance on understanding what a stroke is, recognizing the symptoms, and the importance of time-sensitive treatment. These resources also explain the emergency care patients can expect to receive in the event of a stroke.

Program Highlights and Accomplishments

Key achievements and initiatives implemented from 2022–2025.

- ▶ **Restarted Neurointerventional Radiology (Neuro IR) Program**
In February 2024, Memorial reinstated 24/7 Neuro IR coverage with a team of three specialists, offering thrombectomy-capable stroke care.
- ▶ **Updated Thrombolytic Therapy Protocol**
In May 2024, the stroke program transitioned from Alteplase to Tenecteplase (TNK) for thrombolytic therapy, aligning with evidence-based practices.
- ▶ **Stone County Campus Certification**
The Stone County campus earned designation as a Joint Commission Acute Stroke Ready Hospital in May 2025.
- ▶ **Launched Stroke Support Group**
A new Stroke Support Group with in-person and online presence began in May 2025 to support stroke survivors and caregivers.
- ▶ **Recognition for Excellence**
Multiple American Heart Association/American Stroke Association Get With The Guidelines® awards earned by both Gulfport and Stone County campuses.
- ▶ **Expanded Follow-Up and Support Tools**
Implemented Emmi post-discharge phone call follow-up system for all diagnosed stroke patients in 2024.

DATA AND OUTCOMES

Volume trends and quality-of-care metrics.

Stroke Volume by Type

Stroke Type	2024	2023	2022
Code Out – CVA	473	461	434
Code Out – TIA	150	168	129
Code Out – SAH	23	12	17
Code Out – ICH	67	42	57
Total	715	683	637

QUALITY MEASURES (JOINT COMMISSION STK & CSTK METRICS – SELECTED HIGHLIGHTS)

- ▲ **STK 4 – Thrombolytic Therapy:**
100% in 2024, up from 85% in 2023 and 79% in 2022
- ▲ **STK 8 – Stroke Education:**
100% in 2024
- ▲ **CSTK 01 – NIHSS for AIS Documentation:**
94% in 2024, improving over 91% in previous years
- ▲ **CSTK 02 – Modified Rankin Score at 90 Days:**
100% completion in 2024
- ▲ **CSTK 08 – TIC1 2B or Higher for Thrombectomy:**
68% in 2024
- ▲ **CSTK 09 – Door to Puncture (Median):**
84 minutes overall (87 direct arrival; 61 transfer)

Full metrics available in Supporting Materials.

AWARDS, ACCREDITATIONS, AND RECOGNITION

External validation of program quality.

Gulfport Campus

- ▲ AHA/ASA Get With The Guidelines® Stroke Gold Plus: 2022, 2023, 2024, 2025
- ▲ Joint Commission Advanced Primary Stroke Center with thrombectomy capability (2024)
- ▲ AHA/ASA Rural Stroke Silver Plus (2024), Rural Stroke Gold (2025)
- ▲ Joint Commission Acute Stroke Ready Hospital Certification (2025)

Stone County Campus

- ▲ AHA/ASA Rural Stroke Silver Plus (2024), Rural Stroke Gold (2025)
- ▲ Joint Commission Acute Stroke Ready Hospital Certification (2025)



STAFFING AND HIRING

Personnel updates that enhance patient care and operations .

- ▲ Neurointerventional Team Expansion
Added Dr. Liner (Neuro IR), Dr. Johnson (Neurosurgeon), and Dr. Thomasson (Neuro IR) in 2024.
- ▲ Dedicated Stroke Program Team (2023 Onward)

PARTNERSHIPS AND COMMUNITY ENGAGEMENT

Collaborations and outreach initiatives to elevate stroke awareness.

- ▲ Partnered With:
 - Encompass Rehab (Stroke Support Group)
 - EMS agencies (Pafford and Acadian)
- ▲ Participated in:
 - Trunk or Treat Health Event (2024)
 - Martin Luther King, Jr. Community Expo (2024, 2025)
 - Stone County Pine Hill Festival (2025)
 - May Stroke Awareness Month campaigns (2024, 2025)



- ♦ Biloxi Shuckers “Strike Out Stroke” (2024) & “Swing Into Stroke Awareness” (2025)
- ♦ WLOX and South Mississippi Living coverage (2025)
- ♦ Gulfport Community Pop-Up Health Fair (2025)

ACCESS AND EQUITY

Efforts to improve reach and reduce disparities.

▲ **Public Stroke Education Campaigns**

Promoted stroke signs/symptoms awareness and encouraged prompt 911 calls through events, media, and EMS training.

▲ **EMS and State Collaboration**

Worked closely with Pafford and Acadian EMS, the Mississippi Department of Health, and the Mississippi Healthcare Alliance to streamline statewide stroke response systems.

INNOVATIONS AND BEST PRACTICES

Evidence-based practices and quality monitoring tools.

▲ **Guideline-Based Practice**

Program adheres to AHA/ASA clinical guidelines to drive best outcomes.

▲ **Adoption of Emmi System**

Enables consistent patient follow-up and supports issue resolution after discharge.

▲ **Use of Get With The Guidelines®**

Ongoing use of AHA/ASA’s quality tool for unbiased performance review and continuous improvement.

CHALLENGES AND NEEDS

Barriers to care and future improvement priorities.

▲ **Challenge:**

Public misunderstanding or minimization of stroke symptoms remains a barrier to timely treatment.

▲ **Ongoing Needs:**

Community education about risk factors, signs, symptoms, and the importance of calling 911.

▲ **Future Focus:**

Increase community engagement, develop innovative outreach strategies, and improve outcomes through earlier stroke recognition.

COMMUNITY OUTREACH & INTERNAL COMMUNICATION

Public education efforts and internal initiatives.

▲ **External Engagement**

- ♦ Monthly group meetings for survivors and caregivers
- ♦ Community education events
- ♦ Articles and interviews via WLOX and South Mississippi Living

▲ **Internal Education**

- ♦ Neuro education for bedded units
- ♦ Stroke education for Graduate Medical Education (GME)
- ♦ EMS engagement and education sessions

▲ **Internal Promotion**

- ♦ Memorial Pulse articles throughout May for Stroke Awareness Month (2024 & 2025)

Priority #4: Heart Health

Memorial Cardiac Services continues to lead with innovation, collaboration, and compassionate care—empowering our community to take heart health seriously.

PROGRAM HIGHLIGHTS AND ACCOMPLISHMENTS

- ▲ U.S. News & World Report rated Memorial Health System as High Performing in Heart Attack and Heart Failure (Sept. 2022).
- ▲ Hosted and participated in multiple Gulf Coast AHA Heart Walks (2022, 2023, 2024).
- ▲ Consistent involvement in Pathways2Possibilities, educating students on healthcare careers (2022, 2023, 2024).
- ▲ Engaging annual Heart Month Social Media Campaigns (Feb. 2022–2025), covering topics like:
 - ♦ Cardiac arrest vs. heart attack symptoms
 - ♦ Heart disease awareness in Mississippi
 - ♦ Nutritional heart health
 - ♦ Congenital heart defects
 - ♦ Women’s heart health and more
- ▲ Active participation in Mississippi Healthcare Alliance (MHCA) State Symposiums (2022–2024).
- ▲ Launch of TAVR Program for mitral valve disease (Sept. 2023).
- ▲ Memorial became the first on the Coast to use the Abbott TactiFlex Ablation Catheter for Afib (Jan. 2024).
- ▲ Introduced HeartFlow Analysis (Aug. 2023), improving diagnostics for coronary artery disease.
- ▲ WATCHMAN procedures initiated (Aug. 2023); 200th procedure celebrated (April 2025).
- ▲ Expansion of the Heart Team, increasing patient access to cardiac care (Aug. 2024).
- ▲ Celebrated 100 TAVR patient milestone.
- ▲ Launched #FlexPulse clinical trial for Afib treatment (Feb. 2025).

DATA AND OUTCOMES

- ▲ Achieved 50 successful TAVR cases (Aug. 2024); 100 cases celebrated in 2025.
- ▲ WATCHMAN procedures reached a milestone of 200 (April 2025).
- ▲ Memorial Health Stone County awarded AHA’s Get With The Guidelines (GWTG) Silver Plus (Aug. 2024).
- ▲ Recognized by the American College of Cardiology NCDR Chest Pain-MI Silver Performance Achievement Award (Nov. 2024).
- ▲ Recognized by the American College of Cardiology NCDR Chest Pain-MI Gold Performance Achievement Award (June 2025)

STAFFING AND HIRING

- ▲ Expanded Heart Team in 2024 to improve patient access and capacity.
- ▲ Introduced mock surgical trainings and interdisciplinary collaboration on Afib advancements.



AHA Heart Walk

PARTNERSHIPS AND COMMUNITY ENGAGEMENT

- ▶ Partnered with Gulf Coast Vascular Care for expanded vascular treatment options (June 2023).
- ▶ Collaboration with local organizations for community outreach:
 - ♦ NAACP Health Fair (Nov. 2023)
 - ♦ Biloxi Lions Club presentations (Feb. 2025)
 - ♦ Hearts in Sync Seminar hosted by Penn Women (March 2024)

ACCESS AND EQUITY

- ▶ Educational campaigns to help the public distinguish between ED and walk-in clinic needs
- ▶ Social media campaigns addressed gender disparities in heart attack/stroke awareness
- ▶ Participation in events offering free health checks and screenings
 - ♦ Community Resource Expo (Jan. 2024)
 - ♦ SMHC Checkups and Prevention (March 2025)
 - ♦ SMPDD Senior Health Fair, Wiggins (April 2025)

INNOVATIONS AND BEST PRACTICES

- ▶ Use of HeartFlow Analysis for non-invasive coronary diagnostics
- ▶ WATCHMAN procedure as a stroke prevention option for Afib patients
- ▶ TAVR for mitral valve disease as a minimally invasive solution
- ▶ Abbott TactiFlex Ablation Catheter used for advanced arrhythmia care
- ▶ Launched #FlexPulse clinical trial for Afib treatment



WATCHMAN Event



TAVR Milestone Event

CHALLENGES AND NEEDS

- ▶ Continued public education on signs and symptoms of heart conditions
- ▶ Enhancing access to emerging cardiac technologies and clinical trials

COMMUNITY OUTREACH

- ▶ Gulf Coast AHA Heart Walks with resident and community involvement (2022, 2023, 2024).
- ▶ Health fairs, seminars, and presentations from 2022 through 2025 including:
 - ♦ Hearts in Sync Seminar (March 2024)
 - ♦ Heart Health 360 (Feb. 2025)
 - ♦ NAACP Health Fair, Lions Club, MLK Expo, and more
 - ♦ Regular media involvement and public education via social media and TV features
- ▶ Hosted a Celebration of Life for our Impella patients (June 2025)

Additional Initiatives Supporting the Key Priority Areas

HOSPITAL SAFETY AND QUALITY

In spring 2025, Memorial Health System achieved a major milestone in its commitment to patient safety by earning an “A” Hospital Safety Grade from The Leapfrog Group. This national distinction marks the first time Memorial has received the top rating and reflects a system-wide focus on improving safety standards and delivering high-quality, patient-centered care to the Mississippi Gulf Coast.

The Leapfrog Hospital Safety Grade is the only rating system in the United States that focuses exclusively on how well hospitals protect patients from preventable harm such as medical errors, infections, and injuries—factors that are known to result in over 500 deaths per day nationwide. Memorial’s “A” rating was awarded following a comprehensive review of up to 30 performance measures sourced from the Centers for Medicare & Medicaid Services (CMS), the Leapfrog Hospital Survey, and other national data. These measures include both structural indicators (like adherence to proven safety protocols) and patient outcome data.

Achieving an “A” rating affirms Memorial’s culture of safety and continuous improvement. It is the result of the daily dedication of clinicians, staff, and leadership who prioritize reducing harm and enhancing outcomes at every level of care. This commitment is embedded in Memorial’s strategic quality initiatives and is evident in its collaborations across departments, system upgrades, and ongoing staff education.

Recognition from the Leapfrog Group reinforces Memorial Health System’s responsibility to not only maintain high standards of care but also build upon this momentum. With this national achievement, Memorial continues to advance its mission to provide exceptional care that is safe, evidence-based, and responsive to the needs of the community.



COMMUNITY RESOURCE EXPO – OVERVIEW AND IMPACT

This event is an example of the type of strategic partnerships Memorial coordinates to being health care solutions and education to the community. In collaboration with several key community organizations, Memorial Health System participated in a comprehensive Community Resource Expo held on January 11, 2025. This free event was a joint effort supported by:

- | | |
|--------------------------|--------------------------------|
| ▲ Legacy Business League | ▲ Boys and Girls Clubs |
| ▲ Goodwill Industries | ▲ Coastal Family Health Center |
| ▲ City of Gulfport | ▲ NAACP |
| ▲ Hancock Whitney | ▲ Ingalls Shipbuilding |

Spearheaded by Memorial, the Community Resource Expo was conducted in partnership with multiple organizations aimed to serve as a one-stop-shop for individuals and families seeking guidance and support across a variety of essential areas. More than 30 vendors participated, providing direct access to resources related to:

- | | |
|--|-------------------------------------|
| ▲ Employment opportunities and career training | ▲ Youth development |
| ▲ Entrepreneurship | ▲ Financial literacy and planning |
| ▲ Health and wellness | ▲ Services for veterans and seniors |
| ▲ Housing assistance | ▲ Medical screenings |

To further incentivize attendance and encourage engagement, the event offered door prizes awarded every 30 minutes, free T-shirts for the first 100 adults completing a visit with one of our experts, complimentary children’s books, free hot dogs for attendees, and free COVID-19 home testing kits.



Health Education and Preventative Services Provided

Memorial Health System shared a range of informational resources to help community members better access and navigate healthcare services. Materials included provider directories and walk-in clinic information to assist individuals in finding timely medical care. Details about the Graduate Medical Education program were also provided, highlighting MHS's commitment to training future healthcare professionals. Additionally, information about the patient portal was shared to encourage patients to actively manage their health through convenient access to medical records, appointments, and communication with providers.

As part of our ongoing efforts to promote preventative care, community health, and equitable access to healthcare, Memorial Health System offered one-on-one education regarding numerous health concerns, as well as a variety of free screenings.

Cancer Education

Memorial Health System provided comprehensive information on cancer risk factors and prevention strategies across a range of health concerns. Educational materials and resources addressed breast, cervical, colon, lung, ovarian, prostate, and skin cancers, with a focus on raising awareness about early detection and lifestyle choices. In addition, information was shared on the link between tobacco use and cancer, as well as the role of diet and physical activity in reducing cancer risk.

In alignment with our commitment to early detection and expanding access to care, Memorial Health System delivered individualized support and distributed discounted mammogram certificates to women in the target audience. Attendees were informed about the benefits of early detection, assisted with scheduling appointments, and provided resources from the Memorial Foundation to apply for financial support for mammograms—especially for those who were uninsured or underinsured.

Diabetes Education

We shared valuable information on diabetes management and our Diabetes Education Pathway program. Resources included practical tips on how to manage the condition effectively, guidance on medication use, and detailed information on glucose monitoring tools to support daily blood sugar control.

Medication Review

MHS offered a variety of educational resources focused on medication management and overall

wellness. Materials included a medication register wallet card and personal medication logs to help individuals track their prescriptions accurately. Additional information was provided on managing blood pressure and weight, achieving healthy sleep habits, and taking proactive steps toward heart health. Resources such as the “28 Days Toward a Healthy Heart” guide and the “My Heart Health Tracker” supported participants in cultivating a healthier heart and healthier lifestyle.

Fall Prevention Education

Our team also shared educational resources focused on fall prevention and support for older adults and their caregivers. The information emphasized that falls are often preventable and included practical strategies to reduce risk. Caregiver resources were also shared to help families support their loved ones effectively. Additionally, MHS worked to dispel common myths surrounding falls in older adults, promoting awareness and encouraging proactive safety measures.

Stroke Education

Memorial Health System shared important information on stroke awareness, prevention, and response. Educational materials included a brochure on controlling cholesterol, emphasizing its role in reducing stroke risk. Additional resources highlighted the urgency of stroke care with the message “Every Minute Counts,” along with clear guidance on recognizing stroke signs and the critical steps to take in response. MHS also provided a general explanation of stroke and access to provider directories to help individuals connect with appropriate medical care and support services.

Health Screenings

During the Expo, MHS completed:

- ▲ 300 Glucose Screenings
- ▲ 75 Blood Pressure Screenings
- ▲ 50 BMI Screenings

The Community Resource Expo was designed not only to connect individuals with vital services but also to empower community members with knowledge, support, and tangible resources. Our collective goal was to “help our community live the dream,” by ensuring that expert guidance and preventive care were made accessible to those who needed it most.

THE MEMORIAL FOUNDATION COMMUNITY IMPACT

Established in 1986, the Memorial Hospital Foundation is a 501(c)(3) non-profit organization committed to serving as a compassionate and impactful force within the community—bridging donor generosity with meaningful, measurable outcomes for patients, families, and employees across Memorial Health System. With Memorial Health System covering all Foundation overhead expenses, 100% of every donated dollar directly supported individuals in need, reinforcing the Foundation’s unwavering donor-centric philosophy.

Program Highlights and Financial Impact

Over the last three years, the Foundation successfully managed more than 26 dedicated funds addressing diverse areas such as oncology, cardiology, pediatrics, senior care, and patient transportation. Total combined support exceeded \$4.7 million, illustrating substantial growth in donor engagement and expanded community reach.

2022-2024 Impact Highlights

- ▲ Patient Assistance: Provided support 29,689 times, offering help with medications, gas cards, medical supplies, and other essential services.



- Employee Impact: Assisted 186 employee families facing sudden, urgent situations or pursuing higher education.
- Project Funding: Sponsored 390 projects that enhanced patient care, improved outcomes, and supported Memorial staff.

Patient Impact Programs

Working closely with Nurse Navigators and the Social Services Department, the Foundation administers patient assistance funds that cover critical needs like medications, medical equipment, and transportation. Key funds include:

Breast Imaging Fund

Provides breast imaging services—such as mammograms, ultrasounds, and MRIs—for women unable to afford them.

2022-2024 Impact: Funded 260 imaging services.

Cardiac Patient Fund

Offers financial assistance to cardiology patients in need, including support for medications, blood pressure monitors, and transportation through gas cards.

2022-2024 Impact:

- Funded 2975 medications
- Provided 20 blood pressure monitors
- Purchased 6 gas cards

Endocrinology Fund

Offers financial assistance to endocrinology patients in need, including help with medication costs and transportation through gas cards.

2022-2024 impact: funded 1,355 medications and provided 47 gas cards

Lori A. Sneed Ostomy Fund

Assists ostomy patients with medical supplies.

2022-2024 Impact: Provided support 341 times.

Neonatal Intensive Care Unit (NICU) Fund

Aids in addressing the priorities and unmet needs of the NICU at Memorial.

2022-2024 Impact: Provided 267 food vouchers and 84 gas cards

Oncology Fund

Supports cancer patients with medication, transportation, and nutrition assistance.

2022-2024 Impact:

- Provided 12,247 medications
- Distributed 4,501 gas cards
- Supplied Paxman cool caps, dental care, snacks for infusion clinics, occupational therapy treatments, pain injections, and lymphedema garments

Pediatrics Fund

Supports the Pediatric Department's priorities and unmet needs.

2022-2024 Impact:

- Purchased 248 car seats



- ▲ Supplied 46 cribettes
- ▲ Delivered 2,800 pregnancy guidebooks
- ▲ Distributed 233 sleep sacks

Randall Speck Pediatric Special Needs Fund

Offers financial assistance to children from families with demonstrated financial need.

2022-2024 Impact: Provided 33 medications.

Senior Services Fund

Provides for the unique needs of Memorial's senior services.

2022-2024 Impact: Donated 500 Christmas stockings to seniors in Memorial's senior living communities.

The Rich Family Patient Transportation Fund

Offers support regarding transportation expenses for patients without access to reliable travel options.

2022-2024 Impact: Provided 1,399 rides to and from appointments. **Hospital Impact**

The Foundation supports projects across various departments within Memorial Health System that enhance patient experience and outcomes, while also providing essential tools and resources for staff.

- ▲ A **Medical Mobile Unit** for our clinics
- ▲ A **Bariatric Wheelchair** for the MRI Department
- ▲ An **iPad Translator and Stand** for the Emergency Department
- ▲ **3 Cell Phone Charging Stations**
- ▲ **4 Recliners** for the NICU
- ▲ **5 Staxi Wheelchairs**
- ▲ **4 Infant CPR Mannequins** for Pediatrics
- ▲ An **Ultrasound/Mammogram Reader** for Mammography
- ▲ **2 Flexible Rhino Laryngoscopes** for Radiation Oncology
- ▲ An **Eyecon Machine** for Pharmacy
- ▲ **De-escalation Training for 4 employees**
- ▲ **Hazardous Compounding Certifications for 2 employees**
- ▲ An **Ultrasound Machine** for Pediatrics
- ▲ A **Transmotion Stretcher Chair** for Speech Therapy
- ▲ **4 Quick Move Sit to Stand Mobility Chairs**
- ▲ **2 EKG Machines** for Clinics
- ▲ **17 pieces of simulation equipment** and an **Ultrasound Machine** for Graduate Medical Education
- ▲ A **Patient Transfer Scale** for Emergency Department
- ▲ A **Hivamat Deep Oscillation Machine** for Oncology
- ▲ A **Rapid Blood Infuser** for ICU
- ▲ **2 phototherapy units** for Pediatrics
- ▲ **20 TVs** for Infusion Clinics
- ▲ **2 ice machines** for Infusion Clinics
- ▲ **Funds to renovate the MOB infusion clinic**
- ▲ A **RapidHeat Oven** for Radiation Oncology
- ▲ A **mamaRoo baby swing** for NICU
- ▲ A **blanket warmer** for the Stone County Emergency Department
- ▲ **300 gait belts & hooks** for Patient Safety/Risk

Leadership and Governance

The Foundation's operations were guided by a dedicated leadership team and a Board of Directors composed of respected community and clinical leaders.

Foundation Leadership Team (2023–2025)

- ▲ Aimee Robertson – President
- ▲ Harrison Kajdan – Development Officer
- ▲ Kathryn Moran – Marketing Officer
- ▲ Beau Gex – Government Relations Officer
- ▲ Katherine Hill – Foundation Accountant

Board of Directors (2023–2025)

- ▲ Paul Bertucci (Chairman)
- ▲ Roianne Gutierrez (Vice Chair)
- ▲ Larry Clark (Secretary/Treasurer)
- ▲ Additional members include Roy Anderson III, Dr. Nathan Boles, Dr. John Grady, and other valued leaders.

Strategic Giving Programs

- ▲ SHINE – Employee Giving
- ▲ Society 46 – Provider Giving
- ▲ Guardian Angels – Tribute Donation Program

Ongoing Challenges and Identified Needs

As demand for services increases, the Foundation continues to address pressing challenges, including:

- ▲ Growing need for essentials such as medical supplies, medications, and transportation
- ▲ The importance of expanding the donor base to sustain and grow support
- ▲ Increasing equipment and service needs in high-demand departments like oncology and pediatrics

Outreach and Visibility

The Foundation expanded its visibility and outreach through a variety of initiatives and platforms:

- ▲ Participation in health fairs, community events, and civic engagements
- ▲ Recognition and storytelling through scholarship award ceremonies and donor campaigns
- ▲ Promotional efforts through online giving portals and multimedia content
- ▲ Distribution of marketing collateral for annual campaigns and giving programs

Memorial Hospital Foundation remains committed to supporting those most in need and to continuing its legacy of trust, stewardship, and community connection for years to come.

2025 CHNA Executive Summary

Mississippi's coastal region faces multiple areas of vulnerability and socioeconomic challenges that warrant careful consideration. Nevertheless, it is essential to strategically allocate resources and focus efforts on the most critical health needs within the community. To determine priority areas for the next three years, MHS engaged community partners and stakeholders to gather input and identify the most pressing concerns.

CHNA LEADERSHIP

The 2025 CHNA was overseen by a steering committee that included representatives from MHS and incorporated feedback from community stakeholders. These individuals served as liaisons, connecting the hospital with the communities it supports.

CHNA Steering Committee Members:

- ▲ Bob Sawyer, Chairman of the Board, MHG
- ▲ Cara Pucheu, Vice-Chairman of the Board, MHG
- ▲ Kent Nicaud, CEO, MHG
- ▲ Mary Brobst, CNO, MHG
- ▲ Angie Juzang, VP of Marketing, MHG
- ▲ Shawn Dufford, CMO, MHG
- ▲ Lori Bickel, Director, Marketing, MHG
- ▲ Christine Weiland, Director, Emergency Services, MHG
- ▲ Mercedes Caranza, Manager, Properties, LLC.
- ▲ Brandy Williams, RN, Manager, Noninvasive Cardiac Services
- ▲ Falon Sisson, CFNP, MHG
- ▲ Candace Mittlesdorf, Program Manager, Neurosciences
- ▲ Kristian Spear, Administrator, MHG, Biloxi
- ▲ Harry Kajdan, Memorial Foundation
- ▲ Cindy Johnson, Director of Case Management, MHG
- ▲ Anne Musgrove, VP of Clinic Operations, MHG
- ▲ Rob Briscoe, Chairman of the Board, MHG Biloxi
- ▲ Angela Benda, Quality Officer, MHG
- ▲ Rachel Walker, Manager, Population Health, MHG
- ▲ Greg Breland, Unit Coordinator, MHG Stone
- ▲ Samantha Seevers, Clinical Outcomes and Project Coordinator, Cardiac Administration MHG
- ▲ Aimee Robertson, President, Memorial Foundation
- ▲ Cece Shabazz, Manager, Marketing, MHG
- ▲ Erin Rosetti, Manager, Communications, MHG
- ▲ Will Barrette, VP of Finance, MHG
- ▲ Wade Wright, VP of Revenue Cycle, MHG
- ▲ Haley Zalenka, VP Legal Counsel, MHG
- ▲ Melissa McCollum, VP of HR, MHG
- ▲ Kevin Holland, VP of Operations, MHG
- ▲ Quin Barnes, Director of Cancer Services, MHG
- ▲ Derrick Mason, Consultant, CRI

OUR RESEARCH PARTNER

MHS had assistance in conducting the CHNA from Carr, Riggs & Ingram (CRI). Stretching from New Mexico to North Carolina, CRI is a nationally ranked full-service accounting and advisory firm among the top 25, offering innovative tax, accounting, audit, consulting, and advisory services to more than 100,000 clients in the U.S., Canada, Mexico, Puerto Rico, and overseas military installations. From traditional accounting services to cutting-edge business support, technology resources, and assurance offerings, CRI's breadth and depth of expertise have helped our clients in over 20 industries transition from compliance to competitive advantage for more than 25 years.

CRI's Healthcare Advisory team serves hundreds of hospitals and health systems across the U.S. in various capacities, including independent financial statement audits, cost reporting, value-added reimbursement engagements, and nearly everything in between. We collaborate with and support numerous hospital associations and advocacy groups to contribute to the success of hospitals and health systems throughout our firm's expansive footprint. CRI's Healthcare Advisory offers the following services to our clients:

- ▲ 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 Assessment
- ▲ HITRUST Certification
- ▲ Review
- ▲ Strategic Advisory Services, including CHNAs for dozens of hospitals and health systems
- ▲ Transaction Advisory Services
- ▲ Valuation

As we look to the horizon, we at CRI are poised to redefine what's possible, and we invite our clients, old and new, to join us in shaping the future. Learn more about our work at www.criadv.com.

METHODOLOGY AND COMMUNITY ENGAGEMENT

The 2025 Community Health Needs Assessment (CHNA) combined quantitative data and community input to identify health trends and disparities in the Mississippi Gulf Coast Region. Through the analysis of key health indicators and direct feedback from local stakeholders, the assessment established priority areas that will guide healthcare services, inform health improvement efforts, and support the planning of various health and social service programs.

Community engagement played a vital role in the 2025 CHNA. Input was collected from individuals representing a broad spectrum of the community—including underserved, low-income, and minority populations. These participants provided valuable perspectives on health trends, highlighted available community resources, and identified gaps in service delivery that contribute to disparities and inequities in health outcomes.



To assess community health needs, the following research methods were employed:

- ▲ Statistical analysis of demographic, socioeconomic, and health-related data
- ▲ An online Community Health Needs Survey to gather insights from residents regarding local health concerns and areas for improvement
- ▲ A focus group with key community representatives to explore healthcare access challenges and community preferences in greater depth

The following organizations were represented at the CHNA Focus Group:

- | | | |
|--------------------------------|---|--|
| ▲ American Heart Association | ▲ EMA | ▲ MS State Department of Health |
| ▲ Back Bay Mission | ▲ Encompass Health | ▲ NAACP |
| ▲ Bethel Free Clinic | ▲ Excel by 5 | ▲ Neurosciences |
| ▲ Biloxi NAACP | ▲ Gulfport Behavioral Health | ▲ Pafford Emergency Services |
| ▲ Biloxi Police Dept | ▲ Harrison County EMA | ▲ Properties, Inc. |
| ▲ Boys and Girls Club | ▲ Helping Hands Insurance Partners, Inc. | ▲ Select Specialty Hospital |
| ▲ Cardiac Admin | ▲ MHG | ▲ St. Joseph Hospice |
| ▲ Catholic Diocese | ▲ Mental Health Association | ▲ St. Vincent de Paul Community Pharmacy |
| ▲ City of Biloxi | ▲ MS Partnership for Comprehensive Cancer Control | ▲ United Way of South MS |
| ▲ City of Gulfport | | |
| ▲ Coastal Family Health Center | | |

Community Health Needs Assessment

BACKGROUND AND DISTRIBUTION

From early May through the end of July, an online Community Health Needs Assessment (CHNA) survey was made available to residents and employees across George, Hancock, Harrison, Jackson, Pearl River, and Stone counties. As of July 16, a total of 2,016 responses had been collected. While the primary method of distribution was online, paper surveys and collection boxes were also placed at each of our facilities to ensure broader accessibility.

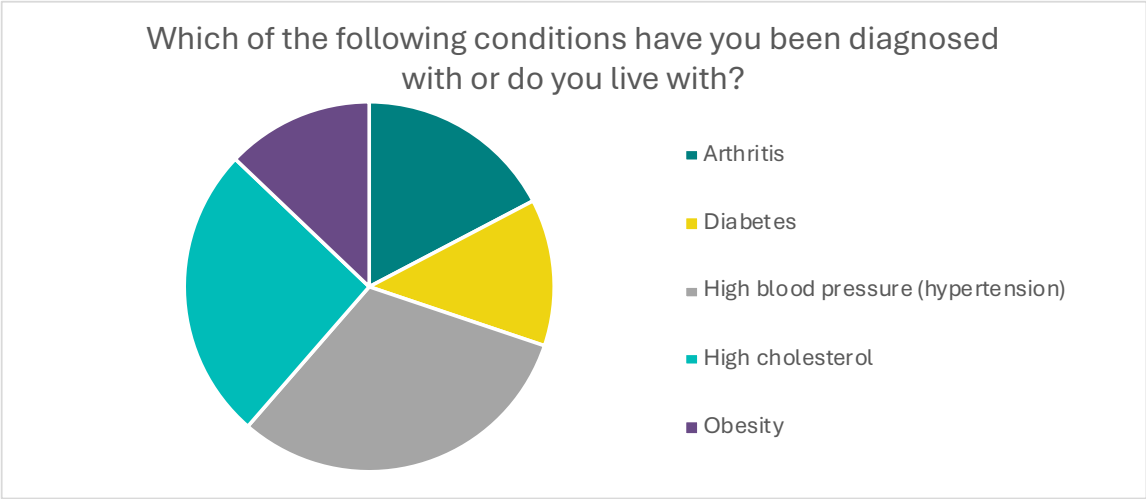
Memorial Health System (MHS) used the survey data to inform its strategic initiatives and to identify the most pressing health priorities affecting the community. Our goal is to enhance community well-being by addressing key health challenges and pursuing sustainable, long-term solutions.

In addition to the survey, MHS conducted focus groups with key community stakeholders to gain deeper insight into local health needs. Feedback from these sessions further guided the development of our health improvement plan, ensuring it is aligned with the community’s most critical concerns.

SURVEY FINDINGS

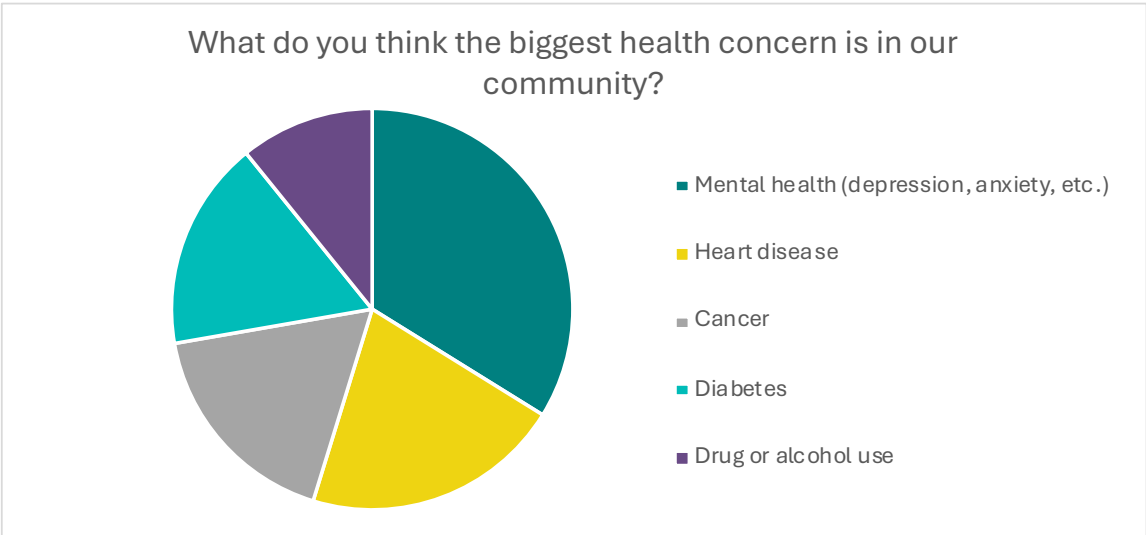
The examples below illustrate the types of questions included in the community survey.

When asked about the health conditions they have been diagnosed with or live with, 54.1% indicated high blood pressure, and 44.6% indicated high cholesterol, both of which are controllable risk factors of heart disease—the leading cause of death in Mississippi’s coastal region. 22.3% reported they live with obesity—a risk factor for both cancer and stroke, which are the 2nd and 8th leading causes of death in the region, respectively. 22.3% of respondents also shared that they live with diabetes, which is the 9th leading cause of death in the coastal counties, and 30.0% indicated having arthritis.

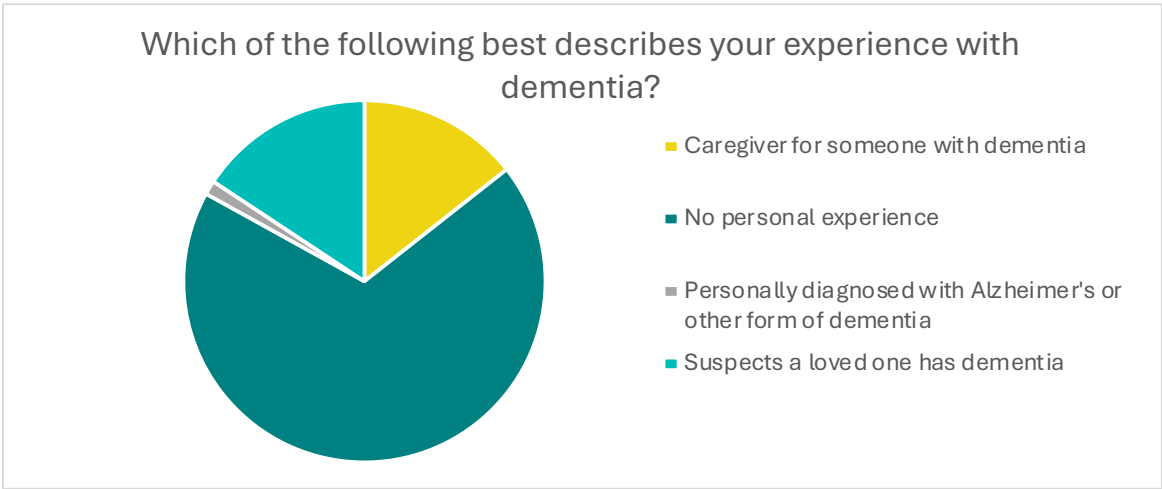


Respondents were asked which health concern they believe is most prevalent within our gulf coast community. Notably, one in four individuals identified mental health issues, such as depression and anxiety, as our community’s most pressing health concern. As we implement our community health initiatives over the next three years, it is essential to remain mindful of the potential rise in mental health concerns. Increasing community awareness of the mental and behavioral health services available through MHS is a critical step. By striving to better understand the true prevalence of mental health issues across our region, we will be better equipped to serve the residents of Mississippi’s Gulf Coast.

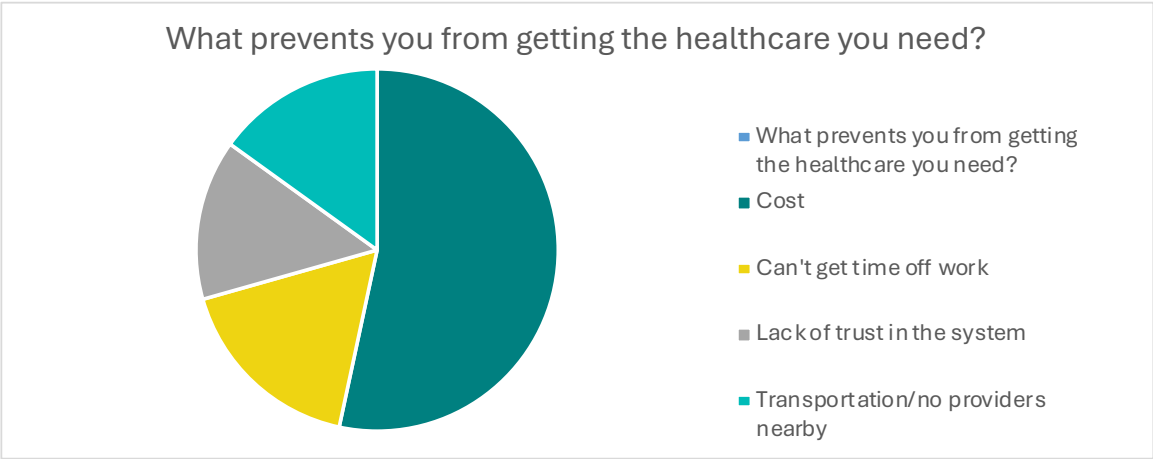
Other major health concerns noted by respondents were heart disease, cancer, diabetes, and drug or alcohol use, all of which are consistent with our analysis of prevalent health issues in the area, as heart disease, cancer, and diabetes rank among the top 10 causes of death in our community, and binge-drinking is a risk factor for both cancer and Alzheimer’s.



It should be noted that following the five most prevalent health concerns identified by our community, Alzheimer’s/dementia ranked as number six. As indicated elsewhere in our data, roughly one in three members of our community is directly affected by Alzheimer’s or dementia through a personal diagnosis or through a loved one who has or is suspected of having dementia. The community’s reported prevalence of Alzheimer’s and dementia highlights a shared concern and reinforces Memorial Health System’s commitment to addressing the most critical health challenges affecting our region.



When asked about barriers to accessing necessary healthcare, a concerning 18.1% of residents identified the cost of care as a primary obstacle. This highlights the vital role our foundation plays in supporting the health and well-being of our community and underscores the importance of MHS’s continued participation in community events such as the Community Expo, where we offer free health screenings and patient education. Engaging in these events is essential to reaching the most vulnerable members of our community. Additional barriers reported included difficulty taking time off work, lack of trust in the healthcare system, and limited access to transportation or nearby providers.



Primary Service Area

OUR PATIENT POPULATION

When observing our Medicare patient mix by county, it becomes clear that the majority of patients served by Memorial Hospital of Gulfport (MHG) reside in Harrison County, followed by Hancock, Stone, and the remaining coastal counties. Similar trends are present at Memorial Hospital of Biloxi (MHB), where patients primarily reside in Harrison County, followed by Jackson County and Hancock County. Similar trends were noted when reviewing the population mix by county for other payors such as Medicaid, Blue Cross, and other insurances.

Data was not available for Memorial Hospital of Stone County but based on the data observed from our other campuses, it is safe to assume that our Wiggins campus primarily serves Stone County residents, along with individuals from the surrounding coastal counties. As our health system is a prevalent provider for Mississippi's Gulf Coast community, it is crucial that we consider demographic and health trends across all six of the coastal counties—George, Harrison, Hancock, Jackson, Pearl River, and Stone—when determining the most pressing health needs in our region.

MHG Medicare Patient Mix	
County	Percentage of Cases
Harrison County	76.7%
Hancock County	11.7%
Stone County	7.7%
Jackson County	2.0%
Pearl River County	0.8%
Forrest County	0.4%
Lamar County	0.4%
George County	0.3

MHB Medicare Patient Mix	
County	Percentage of Cases
Harrison County	89.3%
Jackson County	9.3%
Hancock County	1.5%



Social Determinates of Health

BACKGROUND

Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that shape their health, daily lives, and overall well-being. These include broader influences like economic policies, cultural norms, and political systems that affect every day experiences and opportunities. Put simply, SDOH represent areas where targeted investments and public health efforts can lead to meaningful improvements in population health.

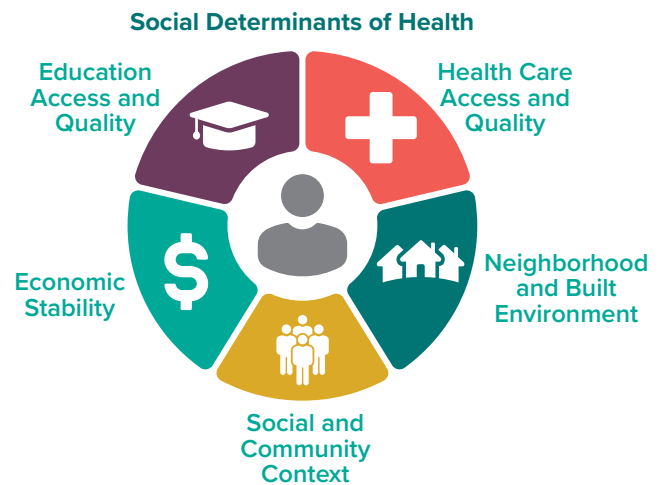
SDOH are typically grouped into five key domains:

1. Economic stability
2. Access to and quality of education
3. Access to and quality of healthcare
4. Neighborhood and built environment
5. Social and community context

Addressing gaps and inequalities within these domains is essential to advancing health equity—ensuring everyone has a fair chance to reach their highest health potential. Research shows that SDOH often have a greater impact on health outcomes than genetics or access to medical care.

The effects of SDOH are widespread and deeply rooted in societal structures, contributing to unequal access to critical resources like housing, education, income, and job opportunities. These disparities increase the risk of poor health, especially for vulnerable populations.

Improving health outcomes requires more than just encouraging healthy behaviors. Public health agencies must work collaboratively with partners in sectors like education, transportation, and housing to reshape the social, physical, and economic conditions that influence health. By doing so, we can build healthier communities and create lasting change.



Understanding Health Equity

AREA DEPRIVATION INDEX

Living in disadvantaged neighborhoods is linked to numerous health problems, including higher rates of diabetes and heart disease, greater reliance on healthcare services, and shorter life expectancy. Public health efforts that fail to consider these neighborhood-level challenges risk being ineffective.

To address this, the Area Deprivation Index (ADI) was created over 30 years ago by the Health Resources and Services Administration (HRSA) and has since been refined by Dr. Amy Kind and her team at the University of Wisconsin–Madison. The ADI ranks neighborhoods based on socioeconomic disadvantages by analyzing factors such as income, education, employment, and housing quality. It serves as a valuable tool in guiding healthcare delivery and shaping policies to better support the most underserved communities.

Within the state, ADI scores are ranked from lowest to highest and divided into ten groups (deciles), with 1 representing the least disadvantaged areas and 10 indicating the most disadvantaged. **The average ADI for Mississippi's coastal counties was 4.33, indicating this region is slightly less disadvantaged than usual, with Hancock, Harrison, and Jackson counties being the least disadvantaged.**

Area Deprivation Index (ADI) 2023

	George	Hancock	Harrison	Jackson	Pearl River	Stone
Overall	4.43	3.92	3.82	3.83	4.70	5.30

SOCIAL VULNERABILITY INDEX

Social vulnerability refers to the social and economic conditions that can increase a community’s risk of harm during public health crises and other emergencies that may lead to illness or injury. Factors such as poverty, lack of transportation, and overcrowded living conditions can reduce a community’s ability to respond to and recover from these challenges.

The CDC/ATSDR Social Vulnerability Index (SVI) is a tool designed to pinpoint communities that may require support before, during, or after disasters. It provides data and maps that highlight various indicators of vulnerability. These indicators are grouped into four major themes, which are then combined to produce an overall vulnerability score for each area.

SVI scores are expressed as percentile rankings, ranging from 0 (least vulnerable) to 1 (most vulnerable). **Our service area’s overall SVI was 0.3251, indicating a low level of vulnerability. Hancock County and Pearl River County both exhibit a very low level of vulnerability with an SVI below 1.5, whereas George, Harrison, Jackson, and Stone counties have slightly higher SVIs that fall into the low to moderate range. When exclusively considering these four counties, we observe moderate vulnerability in the household characteristics (0.5309 average) and housing type/transportation (0.5525) sub-indicators. Considering the household characteristics sub-indicator, Harrison County and Jackson County both demonstrate moderate to high vulnerability (0.6543 and 0.7531, respectively), and Stone County’s housing type/transportation figure of 0.8889 indicates high vulnerability.**

The following elements comprise the household characteristics sub-indicator:

- ▲ Individuals aged 65 and older
- ▲ Individuals aged 17 and younger
- ▲ Civilians with a disability
- ▲ Single-parent households
- ▲ Proficiency in the English language

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

	George	Hancock	Harrison	Jackson	Pearl River	Stone
Overall	0.4198	0.0370	0.5679	0.3704	0.1481	0.4074
Socioeconomic Status	0.5309	0.0617	0.5679	0.3457	0.2099	0.2469
Household Characteristics	0.4198	0.1111	0.6543	0.7531	0.5802	0.2963
Racial & Ethnic Minority Status	0.0247	0.0370	0.3827	0.2469	0.0617	0.1358
Housing Type/ Transportation	0.5926	0.1481	0.5309	0.1975	0.0864	0.8889

DISTRESSED COMMUNITIES INDEX

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

Functioning similarly to percentiles, the DCI enables comparisons of inequality both within individual cities and across different states. Each community receives a Distress Score ranging from 0 (most prosperous) to 100 (most distressed). **With a distress score average of 52.55, the Mississippi gulf coast community ranks mid-tier, but Harrison County and George County are at risk of distress with scores of 60.91 and 66.70 and rank 17 and 22, respectively, out of Mississippi’s 82 counties.**

Distressed Communities Index (DCI) 2025

	George	Hancock	Harrison	Jackson	Pearl River	Stone
Overall	66.70	32.00	60.91	50.00	47.20	58.49
No high school diploma	14.0%	9.6%	10.9%	11.3%	13.1%	14.4%
Poverty rate	20.9%	13.7%	18.4%	15.7%	15.8%	20.8%
Adults not working	36.5%	20.3%	25.3%	24.6%	25.2%	33.8%
Housing vacancy rate	10.0%	9.9%	9.8%	10.3%	12.4%	11.4%
Median income ratio	96.9%	109.2%	94.7%	103.0%	93.0%	95.9%
Change in employment	2.1%	-6.9%	-2.8%	1.7%	8.0%	9.9%
Change in establishments	3.5%	17.8%	2.8%	1.3%	8.6%	6.6%

VIZIENT VULNERABILITY INDEX

The Vizient Vulnerability Index (VVI) is designed to identify social factors and barriers that impact healthcare access across different neighborhoods, which can, in turn, affect individual health outcomes. The VVI provides data across 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 composite score above 1 is considered “high vulnerability,” signaling that the area faces significantly greater challenges compared to the national average. **The region’s overall VVI score is 1.493, which indicates a high degree of vulnerability. The sub-indicator in which the coastal counties exhibited the highest vulnerability is Health Care Access, with an average score of 0.739, the individual scores being above 1 in Pearl River County and Stone County.**

- The Health Care Access sub-indicator consists of the following:
- Percentage of uninsured individuals
 - Shortages in health care providers (primary care, dental, and mental health)
 - Far distance to travel to a hospital

Vizient Vulnerability Index (VVI) 2025

	George	Hancock	Harrison	Jackson	Pearl River	Stone
Overall	1.530	1.293	1.579	1.502	1.466	1.587
Economic	0.620	0.124	0.819	0.512	0.290	0.443
Education	0.590	0.298	0.140	0.282	0.516	0.663
Health Care Access	0.570	0.758	0.350	0.266	1.234	1.257
Neighborhood	0.830	0.552	0.794	0.385	-0.068	0.707
Housing	-0.120	-0.226	0.698	0.394	-0.428	-0.197
Clean Environment	0.030	0.160	1.052	1.085	0.468	0.123
Social	0.000	0.387	1.164	1.058	0.520	-0.147
Transportation	-0.010	-0.276	0.123	-0.040	-0.370	-0.147
Public Safety	-0.170	-0.380	0.724	0.570	-0.430	0.553

Priority Health Needs

As outlined in the previous section, Mississippi’s coastal region faces multiple areas of vulnerability and socioeconomic challenges that warrant careful consideration. Nevertheless, it is essential to strategically allocate resources and focus efforts on the most critical health needs within the community. To determine priority areas for the next three years, MHS engaged community partners and stakeholders to gather input and identify the most pressing concerns. Guided by this feedback, MHS will concentrate its initiatives on the following key health priorities for the 2025–2028 period:

- 1. Cancer Care
- 2. Diabetes Education Program
- 3. Stroke Care
- 4. Heart Health
- 5. Dementia Care

The strategies developed to address these priority areas will be informed by community demographic trends and insights gathered from stakeholder engagement, as detailed in the following subsections.

COMMUNITY OVERVIEW AND TRENDS

While Memorial Health System plays a vital role in providing healthcare across south Mississippi, our primary focus is on the six coastal counties: Harrison, Hancock, Stone, George, Pearl River, and Jackson. In aggregate, over half a million individuals—over 15% of the state’s total population—reside in these counties. In contrast to Mississippi’s slight decline in population over the last decade, each of the coastal counties has experienced population growth, some growing by as much as 10%.

The coastal region demonstrates lower racial diversity than the state as a whole, although the region exceeds the state average in ethnic diversity and has seen notable growth in its multiracial population over the last 10 years. The region is characterized by a younger population, with each county’s composition demonstrating 19.6% to 27.2% of individuals under the age of 18. The next largest population

segment in each county is the 65 and over category. This demographic composition makes it necessary for healthcare providers to balance a responsive approach for the elderly with preventative care for the younger population.

In all six of the coastal counties, poverty is less prevalent than across Mississippi overall with an average of one in six coastal county residents living in poverty compared to one in five throughout the state. Roughly one in five coastal residents experiences food insecurity, mirroring statewide figures. This challenge is not exclusive to the Gulf Coast or to the state but is a broader issue reflected throughout the southern United States.

Residents across the majority of Mississippi's coast are more likely to be homeowners and are less likely to rent compared to statewide and nationwide figures. Approximately half of renters are cost burdened across every coastal county except George County, in which 1 in 3 renters are cost burdened, indicating their rent consumes more than 30% of their household income. Furthermore, coastal county residents are slightly more likely than their peers in Mississippi and across the nation to have internet subscriptions.

PRIORITY #1: CANCER CARE

Mortality data for the coastal counties in 2022 was sourced from the Mississippi Department of Health, Office of Vital Records and Public Health Statistics. Cancer is the second leading cause along Mississippi's coast, in the United States, and ranks third among the primary causes of death throughout the state of Mississippi. Risk factors include alcohol use, family history, HPV infection, obesity, and tobacco use. Although some of these risk factors are out of our control, the risk of many common cancers may be reduced by embracing healthier lifestyle choices. With that in mind, MHS is committed to carrying out strategies for cancer prevention.

PRIORITY #2: DIABETES EDUCATION PROGRAM

Diabetes is another prevalent concern in our community, ranking ninth among the primary causes of death along Mississippi's Coast. Roughly one in four respondents in our community survey indicated that they live with diabetes. Although it may not be as significant a threat as heart disease or cancer, it is still crucial for our health system to keep the community informed about available screening options and practical lifestyle changes that can help reduce the risk of developing diabetes.

PRIORITY #3: STROKE CARE

Stroke is the eighth leading cause of death within Mississippi's Gulf Coast community. Strokes can happen at any age, but certain risk factors greatly raise the chances. Knowing and managing these risks is essential for safeguarding your health and that of your loved ones. While some factors—such as age and family history—are beyond your control, many stroke risks are preventable. These include obesity, smoking, high blood pressure, high cholesterol, and heart disease. MHS is committed to educating community members about stroke risk factors, prevention, and what to do if stroke occurs.

PRIORITY #4: HEART HEALTH

Heart disease is the primary cause of death in each of the six coastal counties, across Mississippi, and throughout the US. Various health conditions, lifestyle decisions, family history, and age can impact your risk, and many individuals in our community are impacted by these risk factors. Over one-third of coastal residents have high blood pressure, roughly one third have high cholesterol, and one in five identify as current smokers. Although some factors are unchangeable, many of these risks can be managed. We are committed to educating our community members about heart health and risk factor management, what to do in the case of a heart attack, and improving access and awareness surrounding the cardiac programs offered by MHS.

PRIORITY #5: DEMENTIA CARE

Alzheimer's disease, the most common form of dementia, is the seventh leading cause of death across

the six coastal counties. In our recent community health survey, participants identified dementia as one of the most pressing health concerns, alongside cancer, heart disease, and diabetes. The survey also revealed that approximately one-third of our Mississippi Gulf Coast community is directly impacted by Alzheimer’s or dementia, either through a personal diagnosis or by having a loved one who has been diagnosed or is suspected of having the condition. This high prevalence highlights a shared concern and reinforces Memorial Health System’s commitment to addressing the region’s most urgent health challenges. Additionally, many respondents expressed a strong need for expanded dementia support services in the area, specifically home health or in-home care, respite care, and education on dementia and caregiving.

Service Area Population Trends

DEMOGRAPHICS

The six coastal counties differ significantly in population size, ranging from 18,515 in Stone County to 209,443 in Harrison County. Collectively, these counties are home to over 500,000 residents, more than 15% of Mississippi’s total population of 2,951,438, underscoring MHS’s vital role as a leading healthcare provider in the state. While Mississippi as a whole has experienced a slight decline in population growth over the past decade, all six coastal counties have shown population increases, with George and Harrison Counties each growing by nearly 10%.

2023 Total Population

	Total Population	% Change Since 2023
George County	24,870	9.29%
Hancock County	46,057	3.27%
Harrison County	209,443	9.80%
Jackson County	144,437	3.24%
Pearl River County	56,781	2.18%
Stone County	18,515	3.70%
Mississippi	2,951,438	-0.85%
United States	332,387,540	6.69%

Census data indicates that the service area exhibits lower racial diversity compared to the state overall. While 56.3% of Mississippi’s population identifies as white, the proportion ranges from 63.1% to 86.4% across the coastal counties. Harrison and Jackson Counties reflect a level of racial diversity more closely aligned with the national average of 63.4%, whereas in the remaining counties, approximately 4 in 5 residents identify as white. In contrast, ethnic diversity in the region tends to exceed the state average. In Hancock, Harrison, Jackson, and Pearl River Counties, between 4.1% and 7.3% of residents identify as Hispanic or Latino, compared to the statewide average of 3.6%.

Compared to the 2013 5-Year Estimates, the state, the nation, and four of the six coastal counties have experienced modest declines in their white populations, ranging from -0.7% to -8.6%. In contrast, several racial and ethnic groups have seen notable growth. The American Indian and Alaska Native population increased by 123.1% in Hancock County and 71.5% in Pearl River County. The Asian population rose by 39.6% in George County and 275% in Stone County. Harrison, Jackson, and Pearl River Counties reported substantial growth in the Native Hawaiian and Other Pacific Islander population, with increases

ranging from 300% to 2,200%. Additionally, these counties, along with Stone County, experienced significant increases—between 166.3% and 1,009.1%—in individuals identifying as some other race. The population identifying as two or more races also grew markedly across the region, with county-level increases ranging from 197.4% to 276.3%.

All six coastal counties have experienced growth in ethnic diversity, driven by increases in the Hispanic or Latino population. Growth rates range from 26.8% in Hancock County to 74.7% in Stone County. On average, the region has seen a 48.4% increase in its Hispanic or Latino population—outpacing the state average and more than doubling the national rate of growth.

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 origin (of any race)
George County	86.4%	7.8%	0.1%	0.3%	0.0%	1.1%	4.4%	3.0%
Hancock County	84.4%	6.8%	0.4%	0.6%	0.0%	0.9%	6.8%	4.2%
Harrison County	63.1%	24.1%	0.3%	2.4%	0.1%	2.1%	7.9%	6.7%
Jackson County	68.3%	20.5%	0.2%	2.2%	0.0%	3.4%	5.3%	7.3%
Pearl River County	80.4%	12.3%	0.6%	0.4%	0.0%	1.5%	4.7%	4.1%
Stone County	76.6%	18.0%	0.1%	0.4%	0.0%	0.7%	4.3%	2.5%
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 origin (of any race)
George County	6.5%	4.0%	11.8%	39.6%	0.0%	-12.9%	221.1%	54.3%
Hancock County	-0.7%	-8.3%	123.1%	-44.7%	0.0%	-25.9%	276.3%	26.8%
Harrison County	-1.6%	16.9%	-17.2%	-9.9%	1658.3%	166.3%	217.7%	37.8%
Jackson County	-3.6%	-2.8%	-34.3%	6.8%	2200.0%	237.8%	258.8%	56.1%
Pearl River County	-2.8%	-0.9%	71.5%	-34.4%	300.0%	336.2%	244.7%	40.5%
Stone County	0.8%	-2.5%	-75.0%	275.0%	0.0%	1009.1%	179.4%	74.7%
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%

When examining population distribution by sex, the Mississippi Gulf Coast closely mirrors state and national patterns. In all areas analyzed—except for George County and Stone County—females slightly outnumber males.

Collectively, the coastal region has a median age of 40.0, which is slightly higher than the state’s median age of 38.4. Overall, the age distribution across the region aligns closely with statewide trends, as expected. However, Hancock County stands out with a higher proportion of residents aged 65 and older (22.0%) and a lower proportion of those under 18 (19.6%), resulting in a notably higher median age of 45.7.

Hancock, Stone, and Pearl River Counties each have a slightly larger senior population compared to the other coastal counties, the state, and the national average. In fact, these three counties—along with Harrison County—have experienced growth in their 65+ populations at nearly twice the statewide rate over the past decade. This increase mirrors a broader trend at the regional, state, and national levels, largely driven by the aging baby boomer generation. Conversely, the population under age 18 has declined across most areas, with the exception of George and Harrison Counties, where slight increases have been observed.

Across the region, the largest population segments are individuals under 18 and those over 65. This demographic distribution presents a unique challenge for healthcare providers: balancing responsive care for an aging population with preventative care for younger residents. It also presents a valuable opportunity for Memorial Health System to strengthen its focus on preventative health initiatives, promoting long-term well-being and improved outcomes across the community.

Population by Sex

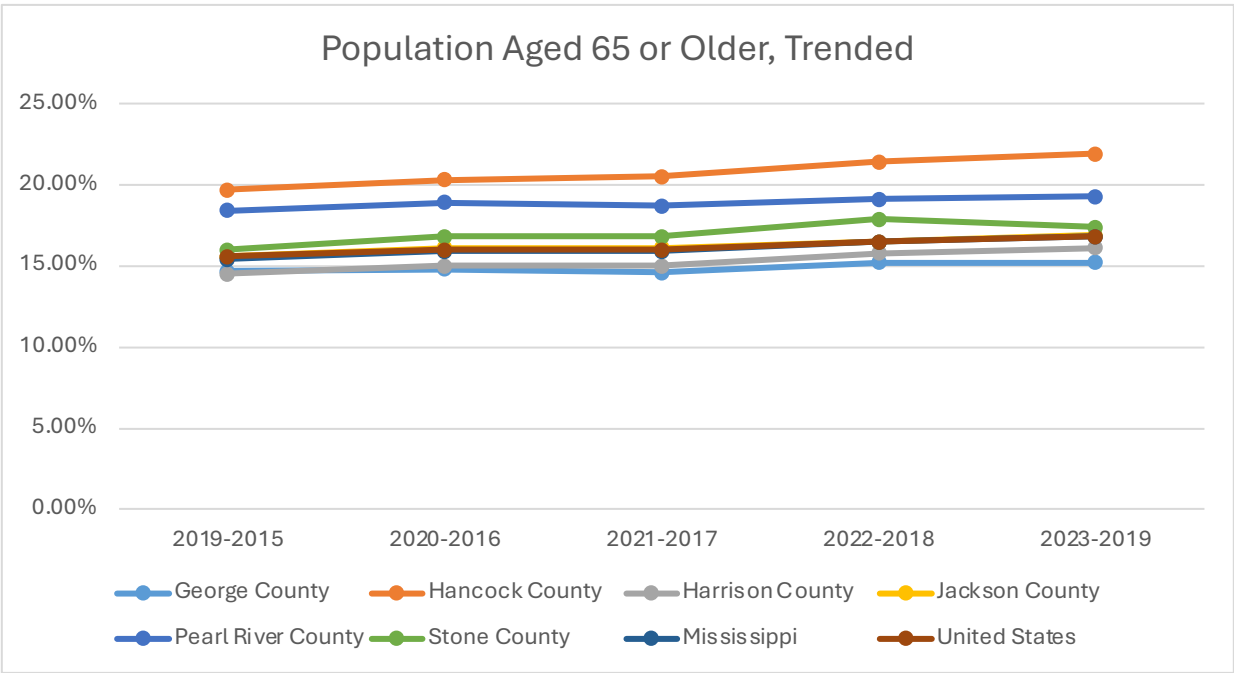
	Male	Female
George County	50.3%	49.7%
Hancock County	48.8%	51.2%
Harrison County	48.9%	51.1%
Jackson County	49.3%	50.7%
Pearl River County	49.1%	50.9%
Stone County	50.0%	50.0%
Mississippi	48.5%	51.5%
United States	49.5%	50.5%

2019-2023 Population by Age

	Under 18	18-24	25-34	35-44	45-54	55-64	65+ years	Median Age
George County	27.2%	7.6%	13.9%	11.4%	12.1%	12.6%	15.2%	36.2
Hancock County	19.6%	6.9%	11.4%	10.7%	13.4%	16.0%	22.0%	45.7
Harrison County	23.8%	8.7%	13.6%	12.8%	11.8%	13.2%	16.1%	38.1
Jackson County	23.0%	7.9%	12.8%	13.2%	12.7%	13.6%	16.8%	39.7
Pearl River County	22.8%	8.5%	11.0%	12.3%	12.3%	13.8%	19.3%	41.1
Stone County	21.5%	12.8%	10.8%	11.7%	12.6%	13.2%	17.4%	39.3
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
George County	11.5%	-8.1%	21.3%	-5.5%	-6.1%	22.9%	24.7%	0.8%
Hancock County	-12.7%	-7.2%	8.2%	-13.5%	-8.3%	15.6%	41.7%	11.5%
Harrison County	6.9%	-9.0%	3.4%	12.7%	-9.2%	23.3%	45.9%	7.9%
Jackson County	-5.3%	-9.0%	2.0%	2.6%	-10.0%	13.6%	35.5%	7.6%
Pearl River County	-4.4%	-4.7%	3.0%	-1.5%	-9.5%	3.1%	29.2%	2.8%
Stone County	-6.0%	13.5%	-17.2%	8.2%	-11.1%	7.3%	46.0%	10.4%
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%



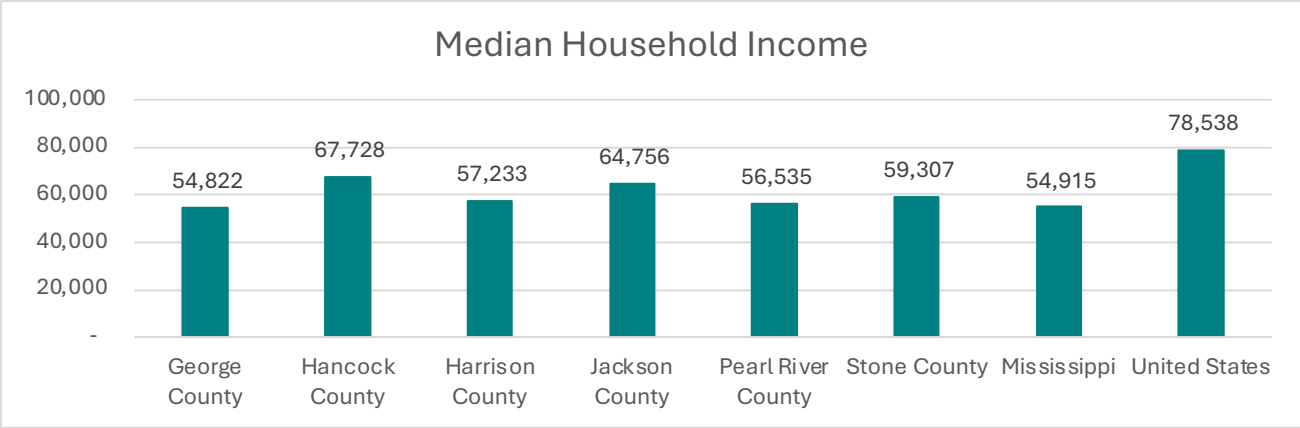
ECONOMIC INDICATORS

The median household income across Mississippi’s coastal region slightly exceeds the state median, with a regional median of \$59,328 compared to the statewide median of \$54,915. George, Harrison, and Pearl River Counties have median incomes that closely align with the state figure, while Hancock, Jackson, and Stone Counties report higher-than-average household incomes.

Generally, each county’s 2023 median household income corresponds with its unemployment rate for the same year—except for Pearl River County, which maintains a relatively low unemployment rate but also has a lower median household income compared to neighboring counties.

Over the past five years, unemployment has declined across the state, the nation, and most coastal counties, with 2023 marking the lowest unemployment rates in that period for nearly all areas. The

exceptions are Pearl River and Stone Counties. In Pearl River County, unemployment was slightly lower in 2022 than in 2023 but still follows a downward trend overall. Conversely, Stone County has seen its unemployment rate more than double over the past five years, bucking regional and statewide trends.



Unemployment by Year

	George County	Hancock County	Harrison County	Jackson County	Pearl River County	Stone County	Mississippi	United States
2023-2019	8.5%	5.3%	7.6%	7.4%	5.7%	8.2%	6.0%	5.2%
2022-2018	10.4%	6.2%	8.4%	8.1%	5.6%	8.1%	6.4%	5.3%
2021-2017	11.4%	8.0%	9.1%	8.9%	6.4%	7.4%	6.8%	5.5%
2020-2016	12.6%	6.1%	8.8%	9.3%	5.9%	6.7%	7.1%	5.4%
2019-2015	13.2%	8.1%	9.4%	8.0%	8.3%	3.5%	7.5%	5.3%

In all coastal counties, the percentage of individuals living in poverty is lower than the state average. The coastal region has a poverty rate of 16.3%, compared to 19.1% for the state overall. However, both Mississippi and its coastal region exceed the national poverty rate of 12.4%.

When it comes to children, each coastal county has a smaller proportion of young residents than the state average, with the region averaging 21.9% compared to Mississippi’s 26.4%. Still, George, Harrison, and Stone counties each have child poverty rates within 3 percentage points of the state average, indicating relatively higher levels of child poverty in these areas compared to other coastal counties. Although child poverty rates in the coastal region are lower than the state average, they remain higher than the national rate of 16.3%.

Looking at older adults, the coastal region reports a poverty rate of 11.8% for individuals aged 65 and over—lower than the state average of 14.3% but higher than the national rate of 10.4%. Pearl River County is the only coastal county where the elderly poverty rate (15.4%) exceeds the state average. In contrast, Jackson County (9.2%) and Stone County (8.4%) report rates below the national level. A 5-year trend indicates poverty has decreased over the last 5 years at the regional, statewide, and nationwide levels.

People in Poverty

	Percent below poverty level	Children in poverty	Older adults (65+) in poverty
George County	18.7%	24.7%	13.5%
Hancock County	13.3%	19.6%	12.1%
Harrison County	17.4%	23.8%	11.9%
Jackson County	14.1%	17.3%	9.2%
Pearl River County	16.4%	19.8%	15.4%
Stone County	17.9%	25.9%	8.4%
Mississippi	19.1%	26.4%	14.3%
United States	12.4%	16.3%	10.4%

People in Poverty by Year

	George County	Hancock County	Harrison County	Jackson County	Pearl River County	Stone County	Mississippi	United States
2023-2019	18.7%	13.3%	17.4%	14.1%	16.4%	17.9%	19.1%	12.4%
2022-2018	20.9%	13.7%	18.4%	15.7%	15.8%	20.8%	19.2%	12.5%
2021-2017	21.1%	15.7%	17.9%	15.2%	14.5%	18.5%	19.4%	12.6%
2020-2016	17.6%	13.6%	18.2%	15.5%	14.6%	17.0%	19.6%	12.8%
2019-2015	17.2%	18.5%	20.1%	16.2%	17.1%	19.8%	20.3%	13.4%

Notably, non-White and Hispanic individuals living along Mississippi’s coast are more than twice as likely to experience poverty. While racial and ethnic disparities in poverty exist statewide and nationally, they are especially pronounced in the coastal region—particularly among those identifying as Black or African American (34% in the region) and Hispanic or Latino (28.2%). These disparities are most evident in George County, Harrison County, and Stone County.

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 origin (of any race)
George County	16.5%	50.2%	16.7%	0.0%	0.0%	0.0%	23.0%	55.0%
Hancock County	12.0%	28.6%	0.0%	0.0%	0.0%	38.6%	14.0%	26.2%
Harrison County	10.7%	30.7%	34.7%	19.4%	0.0%	42.4%	23.4%	27.5%
Jackson County	9.8%	27.2%	21.3%	4.1%	100.0%	22.9%	17.4%	22.0%
Pearl River County	14.8%	23.8%	0.0%	41.7%	0.0%	15.9%	26.2%	21.5%
Stone County	13.1%	43.4%	0.0%	26.4%	0.0%	0.0%	3.8%	16.8%
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 disruptions caused by the COVID-19 pandemic, there was a notable expansion of federal and local support programs. These efforts temporarily stabilized or reduced food insecurity for about two years. However, as these pandemic-era assistance programs expired and household expenses—particularly food costs—continued to rise, food insecurity has once again been on the rise.

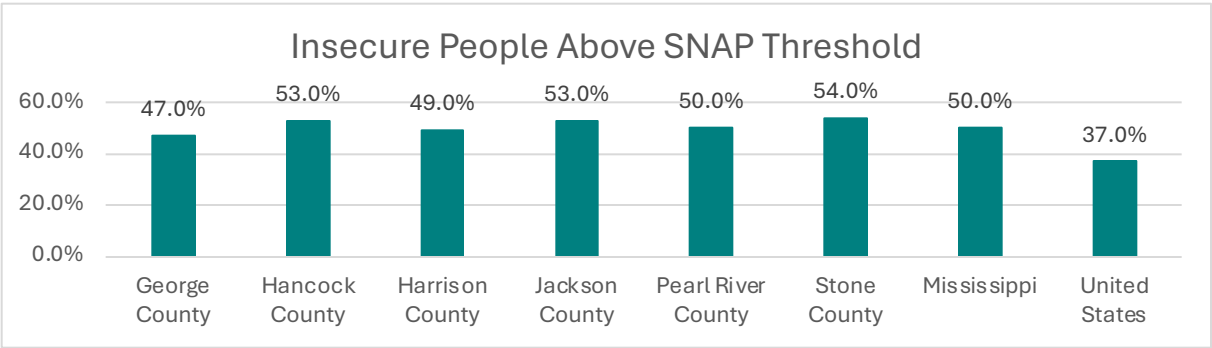
In 2021, the coastal region, Mississippi, and the United States all recorded their lowest levels of food insecurity in five years, largely due to expanded federal and local assistance programs. George, Hancock, and Stone counties reached their lowest rates in 2020, with 2021 following closely behind. However, with the expiration of these programs after two years, food insecurity has since risen, reaching its highest levels since 2019. Alarmingly, nearly one in five residents along Mississippi's coast now face food insecurity, and roughly half of these individuals are above the SNAP threshold. This challenge is not unique to the coastal region but reflects a broader issue across the southern United States, where food insecurity is closely linked to poverty.

2019-2023 Food Insecurity

	George County	Hancock County	Harrison County	Jackson County	Pearl River County	Stone County	Mississippi	United States
Food Insecurity among the Overall Population								
2023	21.0%	18.3%	20.1%	19.1%	19.5%	20.1%	19.4%	14.3%
2022	21.6%	18.2%	19.4%	18.8%	19.1%	20.8%	18.8%	13.5%
2021	19.2%	16.4%	16.9%	15.6%	16.0%	17.7%	16.3%	10.4%
2020	18.4%	15.3%	18.2%	16.8%	16.1%	17.3%	16.2%	11.8%
2019	19.4%	19.1%	19.2%	17.8%	18.3%	19.4%	18.5%	10.9%

2019-2023 Food Insecurity

	George County	Hancock County	Harrison County	Jackson County	Pearl River County	Stone County	Mississippi	United States
Food Insecurity among the Child Population								
2023	18.8%	17.3%	23.6%	19.8%	18.1%	21.1%	23.0%	19.2%
2022	18.1%	16.2%	22.5%	18.9%	17.4%	21.2%	23.6%	18.5%
2021	14.4%	12.9%	17.6%	13.8%	12.2%	15.1%	18.8%	12.8%
2020	16.7%	14.0%	21.7%	17.9%	14.4%	18.0%	20.4%	16.1%
2019	19.7%	20.5%	21.7%	18.9%	18.2%	23.3%	22.4%	14.6%



EDUCATION

Educational attainment across Mississippi’s coastal region is generally comparable to statewide trends through the associate degree level, with some notable variations. George, Hancock, Pearl River, and Stone Counties report a higher proportion of individuals whose highest level of education is a high school diploma. Meanwhile, Harrison, Jackson, and Stone Counties have slightly elevated percentages of residents holding associate degrees compared to other areas.

In terms of higher education, George, Pearl River, and Stone Counties lag behind both the state and national averages. These counties fall below Mississippi’s rates of 14.7% for bachelor’s degrees and 9.4% for graduate or professional degrees. In contrast, Hancock, Harrison, and Jackson Counties are more aligned with state averages for bachelor’s degrees or higher but still fall short of national figures. Nationally, 21.3% of individuals hold a bachelor’s degree, while these three counties range from 13.7% to 16.6%. Notably, Harrison County (16.1%) and Jackson County (16.6%) exceed the state average for bachelor’s degrees, and Hancock County surpasses the state’s graduate degree rate, with 10.9% compared to the state’s 9.4%.

2019-2023 Educational Attainment

	George County	Hancock County	Harrison County	Jackson County	Pearl River County	Stone County	Mississippi	United States
Less than high school	12.1%	10.2%	10.8%	11.2%	12.2%	12.1%	13.4%	10.6%
High school graduate (includes equivalency)	39.1%	30.7%	28.7%	26.8%	36.0%	35.7%	29.9%	26.2%
Some college, no degree	20.7%	23.6%	22.4%	25.1%	24.0%	23.9%	21.8%	19.4%
Associate's degree	11.0%	10.8%	12.6%	12.0%	11.8%	13.8%	10.8%	8.8%
Bachelor's degree	12.2%	13.7%	16.1%	16.6%	11.7%	9.0%	14.7%	21.3%
Graduate or professional degree	4.9%	10.9%	9.4%	8.3%	4.2%	5.6%	9.4%	13.7%

Disparities in educational attainment by race and ethnicity are more pronounced on Mississippi's coast than at the state or national level. In George, Pearl River, and Stone Counties, approximately one in five White residents hold a bachelor's degree or higher. However, in these same counties—as well as in Hancock County—only about one in ten Black or African American residents have achieved the same level of education. All six coastal counties fall below both state and national averages for bachelor's degree attainment among Black or African American individuals.

In Hancock, Harrison, and Jackson Counties, one in four White residents have at least a bachelor's degree, aligning with state averages but still trailing the national average by roughly 10 percentage points. Harrison and Jackson Counties are the only coastal areas where the proportion of Black or African American residents with a bachelor's degree (approximately one in six) more closely aligns with the state average, though this remains well below the national figure of one in four.

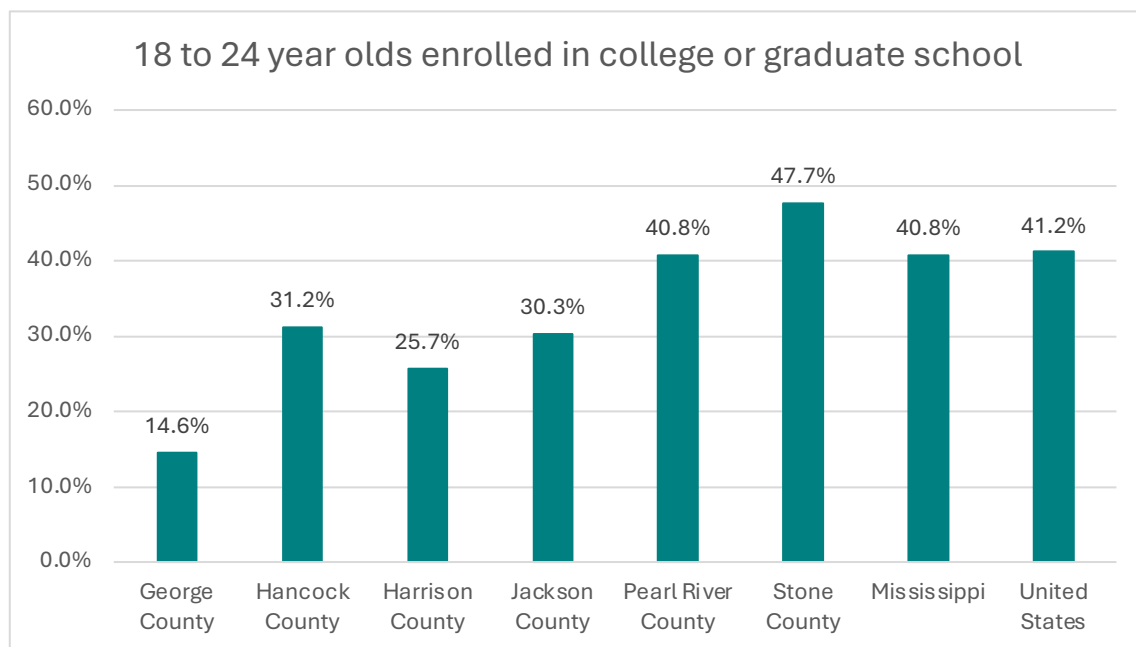
Some racial and ethnic groups show higher educational attainment than the state average in select counties. For example, George, Harrison, and Jackson Counties have a greater share of residents identifying as two or more races with a bachelor's degree or higher (26.4% to 30.5%) compared to the state's 23.8%. Harrison, Jackson, and Pearl River Counties also exceed state and national averages for individuals identifying as "some other race" with a bachelor's degree or higher, with rates ranging from 18.1% to 55%, versus 16.8% statewide and 15.6% nationally. Jackson County stands out with significantly higher educational attainment among American Indian and Alaska Native residents (25.9%) and Native Hawaiian and Other Pacific Islander residents (100%) compared to state benchmarks.

Additionally, Hancock, Harrison, Jackson, and Pearl River Counties all report notable Asian populations with higher educational attainment, and all coastal counties—except Pearl River and Stone—exceed the state average for Hispanic or Latino residents holding a bachelor's degree or higher. Despite a few positive outliers, individuals across Mississippi and within the coastal region continue to attain bachelor's and professional degrees at lower rates than their counterparts nationwide.

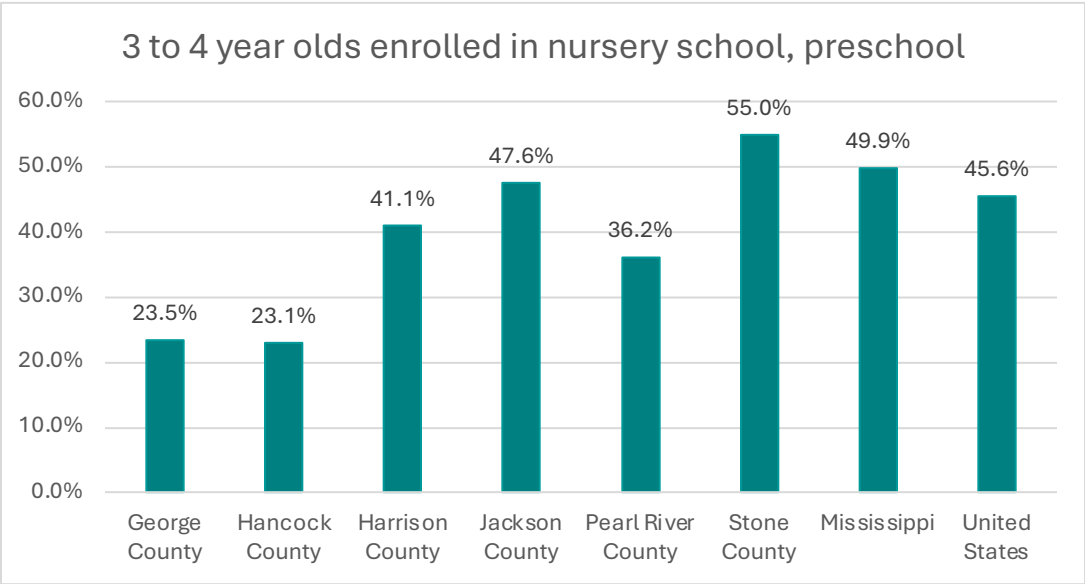
2019-2023 Population with a Bachelor's Degree or Higher by Race and Ethnicity

	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 origin (of any race)
George County	17.4%	10.7%	0.0%	0.0%	N/A	0.0%	26.5%	37.9%
Hancock County	26.5%	7.3%	0.0%	41.0%	N/A	1.6%	19.2%	18.9%
Harrison County	28.5%	17.2%	5.2%	25.3%	8.0%	18.1%	26.4%	21.9%
Jackson County	27.0%	15.9%	25.9%	28.9%	100.0%	21.6%	30.5%	21.5%
Pearl River County	16.5%	8.7%	0.0%	79.4%	N/A	55.4%	11.1%	13.9%
Stone County	16.2%	7.4%	0.0%	0.0%	N/A	12.5%	16.3%	2.6%
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 all coastal counties—except Pearl River and Stone Counties—the proportion of individuals aged 18 to 24 enrolled in college or graduate school falls significantly below both the state and national averages. While the state and national enrollment rates are 40.8% and 41.2% respectively, fewer than one in three individuals in this age group are enrolled in higher education in the other four coastal counties. The higher enrollment rates in Pearl River and Stone Counties are likely influenced by the presence of Pearl River Community College and Mississippi Gulf Coast Community College, respectively. If out-of-town students attending these institutions were excluded from Census data, the enrollment figures for these counties would likely align more closely with neighboring areas. Given that Hancock, Harrison, and Jackson Counties have higher levels of adult educational attainment, one might expect a stronger correlation with enrollment rates among 18- to 24-year-olds in these areas.



Harrison, Jackson, and Stone Counties show preschool enrollment rates for children ages 3 to 4 that are generally consistent with state and national averages—41.1% in Harrison County, 47.6% in Jackson County, and 55% in Stone County, compared to 49.9% statewide and 45.6% nationally. Notably, Stone County exceeds both benchmarks. In contrast, George, Hancock, and Pearl River Counties lag behind, with only about one in four children enrolled in preschool in George and Hancock Counties, and one in three in Pearl River County—well below the approximately one in two enrollment rate seen in the state, nation, and other coastal counties.



HOUSING

In all of Mississippi’s coastal counties except Harrison County, residents demonstrate a higher rate of homeownership compared to both the state and the nation. In George County, Pearl River County, and Stone County, roughly 4 in 5 residents live in owner occupied housing, and these counties demonstrate slightly lower selected monthly owner costs (SMOC) than the other counties listed. Despite the slightly lower SMOC, a higher proportion of residents in George County and Pearl River County are cost burdened when compared to homeowners in the other coastal counties and the state as a whole. Stone County demonstrates the lowest percentage of cost burdened homeowners with only 4.9%—notably lower than the rest of the region, the state, and the rest of the US. Homeowners in Hancock County, Harrison County, and Jackson County, though experiencing higher monthly costs, have a lower percentage of cost burdened residents than Mississippi and the nation.

The higher SMOC in these three counties are likely correlated with the lower proportion of owner-occupied units when compared to the other coastal counties, as 3 in 4 Hancock County and Jackson County residents are homeowners, and this figure is 3 in 5 in Harrison County. Compared to state and national averages, a lower percentage of residents live in rental housing in five of the coastal counties. The only exception is Harrison County, in which roughly 2 in 5 residents inhabit rental properties. Almost half of renters are cost burdened across every coastal county except George County, in which 1 in 3 renters are cost burdened.

2019 - 2023 Housing Indicators, Owners

	Owners				
	Occupied Units	Median SMOC - with a mortgage*	Cost-Burdened**	Median SMOC - without a mortgage*	Cost-Burdened**
George County	83.6%	1,283	30.2%	371	14.7%
Hancock County	78.7%	1,468	24.6%	453	10.4%
Harrison County	60.6%	1,443	30.1%	452	10.9%
Jackson County	72.0%	1,465	26.6%	452	11.8%
Pearl River County	82.9%	1,377	20.4%	408	12.4%
Stone County	80.0%	1,187	19.6%	420	4.9%
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

2019 - 2023 Housing Indicators, Renters

	Renters		
	Occupied Units	Median Rent	Cost-Burdened**
George County	16.4%	868	32.8%
Hancock County	21.3%	999	46.9%
Harrison County	39.4%	1,074	50.2%
Jackson County	28.0%	1,087	49.3%
Pearl River County	17.1%	887	47.3%
Stone County	20.0%	839	47.8%
Mississippi	30.5%	923	50.5%
United States	35.0%	1,348	50.4%

**Monthly rent equals 30% or more of monthly household income

Although the use of lead-based paint in residential housing was banned in the United States in 1978, many older homes still contain it. These homes can pose a serious health risk to children, as lead exposure can harm the kidneys, blood, and brain—and at high levels, may result in seizures, coma, or even death. Children from low-income families and those belonging to minority racial or ethnic groups are disproportionately at risk of lead exposure in their living environments. Analyzing data from 2019 to 2023, each of the coastal counties, with the exception of Jackson County, demonstrates a lower percentage of homes built before 1980 than the state and nation. Jackson County’s percentage of homes built before 1980 is slightly higher than the state average but below the national average.

2019-2023 Housing by Year Built

	1979 or earlier	1980 - 1989	1990 - 1999	2000 -2009	2010 - 2019	2020 or later
George County	37.1%	16.1%	15.6%	15.4%	13.8%	2.0%
Hancock County	27.3%	10.9%	17.0%	31.4%	12.0%	1.4%
Harrison County	35.1%	10.5%	14.9%	24.6%	14.2%	0.7%
Jackson County	45.4%	11.3%	13.4%	20.8%	8.0%	1.1%
Pearl River County	34.8%	15.0%	17.9%	22.2%	8.3%	1.8%
Stone County	24.9%	11.9%	19.5%	23.5%	18.5%	1.6%
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%

Residents of low-income neighborhoods and older homes across the United States frequently encounter issues related to allergens, moisture, and mold. Damp conditions in these homes are estimated to contribute to around 21% of current asthma cases. Excess moisture creates ideal conditions for the growth of mold and dust mites and can also attract pests such as cockroaches, rats, and mice—all of which produce allergens that can aggravate asthma and other respiratory conditions. In Mississippi’s coastal counties, the percentage of adults currently diagnosed with asthma is slightly higher than the state average, though not by a significant margin. Most of these counties report asthma rates above the national average, while Jackson and Harrison counties are more closely aligned with national figures.

2022 Current Asthma Among Adults, Age-Adjusted

	George County	Hancock County	Harrison County	Jackson County	Pearl River County	Stone County	Mississippi	United States
Asthma	10.4	10.4	9.9	9.8	10	10.6	9.4	9.9

While most adults in the United States use the internet, a substantial portion still lacks access to broadband services at home. Significant disparities in broadband availability exist across lines of race and ethnicity, age, location, education, and income. As hospitals and health systems increasingly rely on internet-based communication and digital healthcare tools, expanding broadband access is crucial to promoting equitable health outcomes. All coastal counties except George County and Pearl River County boast a higher percentage of residents with access to a computer than the state, whereas George County and Pearl River County are within 1 percentage point of the state and within 10 percentage points of the nation. Similar patterns are apparent when analyzing broadband internet access. In George County, Stone County, and the state, roughly 1 in 4 residents lack broadband internet access, compared

to 1 in 6 in Pearl River County, 1 in 7 in Hancock County, and 1 in 8 in Harrison County, Jackson County, and the nation.

2019 - 2023 Households with Digital Access

	With a computer	With a broadband Internet
George County	90.7%	80.5%
Hancock County	94.5%	85.2%
Harrison County	94.8%	87.1%
Jackson County	94.9%	87.8%
Pearl River County	90.6%	83.1%
Stone County	94.5%	78.9%
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 critical role in reducing disease and preventing premature death. While three out of four residents in the coastal region have seen a doctor within the past year, many older adults remain behind on essential preventive services such as flu and pneumococcal (PPV) vaccinations, colorectal cancer screenings, and mammograms. Oral health is another area of concern, as conditions like diabetes and heart disease are often linked to untreated dental issues. Despite this, nearly 90% of Coastal County residents have not visited a dentist in the past year. This pattern is part of a larger health challenge seen across the state and nation—not just in the coastal region.

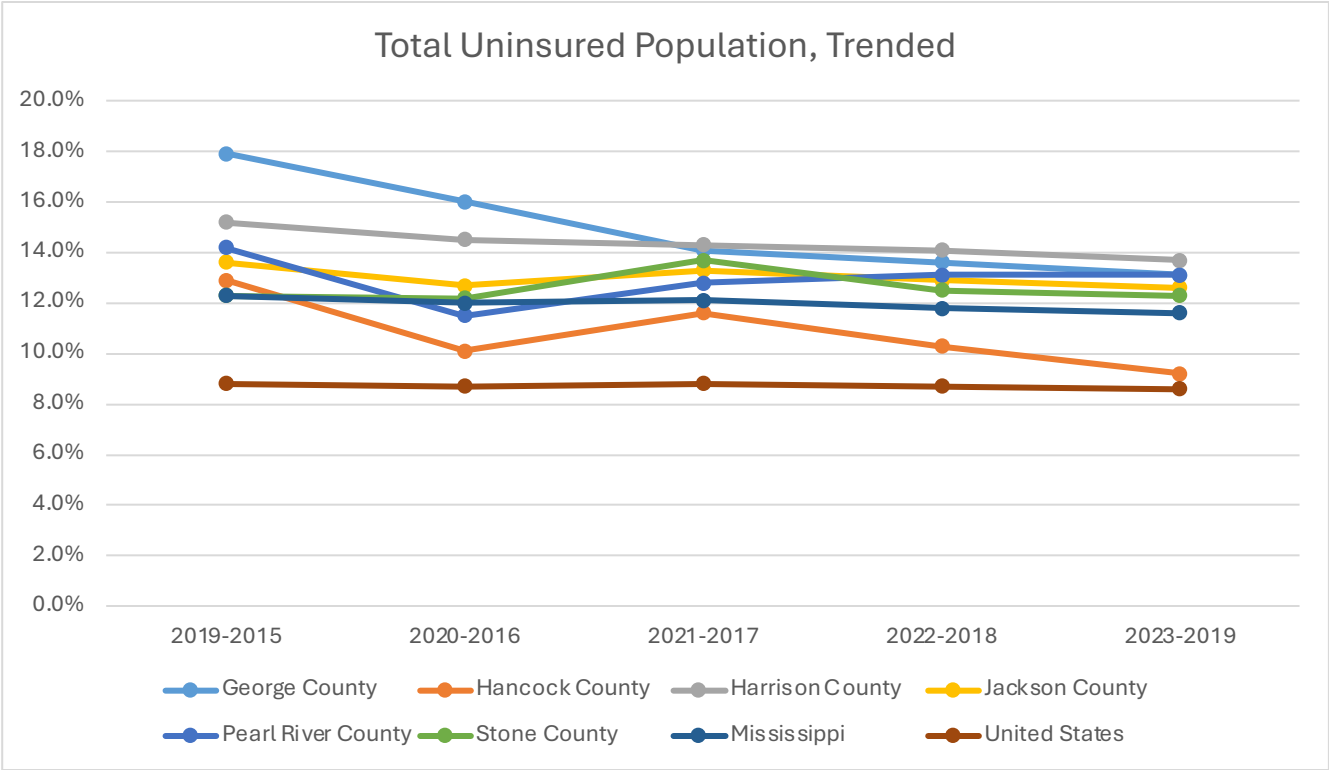
Rates of Preventative Healthcare Visits in the Past Year, Age-Adjusted

	Visits to Doctor	Visits to Dentist
George County	76	9
Hancock County	74	9
Harrison County	78	10
Jackson County	75	11
Pearl River County	76	10
Stone County	77	9
Mississippi	79	10
United States	74	63

Lack of health insurance significantly reduces the likelihood of having a regular healthcare provider and increases the chances of forgoing routine care, putting individuals at greater risk for serious health problems. As of 2023, uninsured rates in Mississippi’s coastal counties range from 9.2% to 13.7%. In 2019, those rates were higher—ranging from 12.3% to 17.9%—but have generally declined over the past five years, both regionally and at the county level. The exception is Stone County, where the uninsured rate has fluctuated but remains unchanged from 2019 at 12.3%. Currently, five of the six coastal counties have uninsured rates above the state average of 11.6%. Hancock County is the only exception, with a 2023 uninsured rate of 9.2%, which has remained below the state average for four of the past five years.

When examining health insurance coverage by age, it’s clear that uninsurance is rare among adults aged 65 and older on Mississippi’s coast. Rates are also relatively low among individuals under 18, though not as low. The highest rates of uninsurance are found among adults aged 19 to 64, with figures in most coastal counties exceeding both state and national averages. Uninsurance is especially prevalent among adults aged 26 to 44. In Harrison, Jackson, and Pearl River counties, roughly half of individuals in this age group are uninsured, while in George, Hancock, and Stone counties, about one in three lack coverage.

In line with previously noted racial and ethnic poverty disparities, non-White and Hispanic or Latino residents in the coastal counties are more likely to be uninsured compared to their White counterparts. While similar disparities exist at the state and national levels, they tend to be more pronounced among ethnic groups statewide. However, the gap in insurance coverage between White and non-White individuals is notably wider at the regional (coastal) level.



2019 - 2023 Uninsured Population by Age

	George County	Hancock County	Harrison County	Jackson County	Pearl River County	Stone County	Mississippi	United States
Under 6 years	5.1%	3.5%	5.7%	3.2%	6.3%	1.1%	4.5%	4.5%
6 to 18 years	5.0%	4.6%	8.2%	8.9%	7.2%	5.2%	6.5%	5.8%
19 to 25 years	30.3%	17.5%	24.0%	23.7%	25.5%	27.6%	21.4%	14.0%
26 to 44 years	36.7%	35.0%	49.8%	43.8%	46.0%	38.8%	41.6%	27.7%
45 to 64 years	40.7%	22.9%	29.8%	27.7%	31.8%	32.4%	25.3%	18.9%
65 years and over	0.4%	0.5%	0.9%	0.4%	0.7%	0.6%	0.8%	1.5%

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)
George County	12.2%	17.2%	16.7%	29.9%	0.0%	0.0%	27.8%	32.0%
Hancock County	8.9%	14.3%	16.3%	12.5%	0.0%	15.1%	7.0%	4.4%
Harrison County	10.7%	17.6%	35.7%	19.4%	0.0%	41.2%	15.7%	27.7%
Jackson County	11.4%	14.3%	6.4%	13.1%	0.0%	25.6%	14.2%	23.0%
Pearl River County	13.3%	9.8%	40.3%	2.7%	0.0%	11.8%	15.9%	25.1%
Stone County	11.6%	14.3%	0.0%	0.0%	0.0%	16.1%	18.9%	16.1%
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%

Across the coastal region, nearly half of insured residents receive coverage through employer-based plans. The remainder primarily rely on Medicare (21.4%) and Medicaid (22%). These rates closely mirror statewide figures—19.9% for Medicare and 23.8% for Medicaid—reflecting the region's age and socioeconomic profile. However, both are higher than the national averages of 18.1% and 20.7%, respectively.

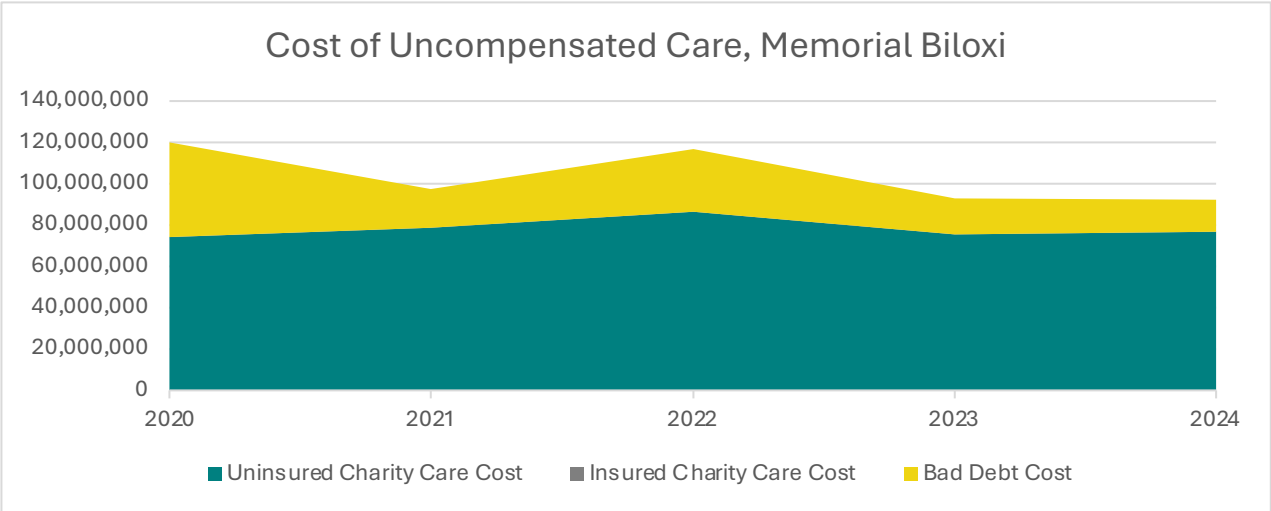
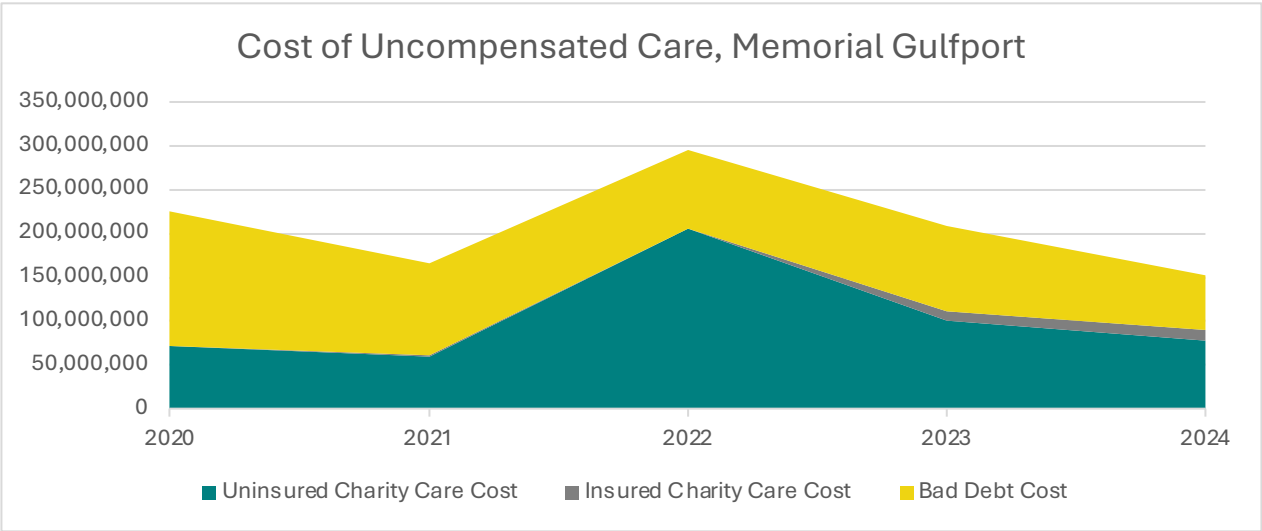
2019 - 2023 Insured Population by Coverage Type (Alone or in Combination)

	Employer-based	Direct purchase	Tricare/military	Medicare	Medicaid/means-tested	VA health care
George County	47.4%	8.6%	4.0%	20.6%	21.7%	3.8%
Hancock County	48.9%	16.8%	5.3%	24.5%	19.6%	4.4%
Harrison County	44.9%	12.3%	11.9%	19.0%	21.4%	5.5%
Jackson County	50.2%	12.7%	8.9%	19.5%	19.3%	3.9%
Pearl River County	40.5%	18.6%	3.9%	23.7%	26.2%	3.0%
Stone County	43.9%	15.9%	5.7%	21.0%	23.9%	3.2%
Mississippi	47.2%	14.0%	4.0%	19.9%	23.8%	2.6%
United States	55.1%	13.6%	2.7%	18.1%	20.7%	2.2%

UNCOMPENSATED CARE COST

Uncompensated care represents the total value of hospital services for which no reimbursement is received from either the patient or their insurer. It comprises two components: bad debt and financial assistance. Financial assistance includes services provided at no cost or at a reduced rate to patients who meet specific eligibility criteria, with no expectation of payment. Bad debt refers to the inability to collect payment for services rendered, typically when patients are unwilling or unable to pay and have not applied for financial assistance. This metric does not include other forms of unreimbursed care, such as losses incurred due to Medicaid and Medicare underpayments. **Over the past five fiscal years, MHS has incurred more than \$1.5 billion in uncompensated care costs for services rendered without reimbursement from either patients or insurers—over \$1 billion at Memorial Gulfport and over \$500 million at Memorial Biloxi.**

Under our Financial Assistance Policy (FAP), MHS offers financial assistance to uninsured and underinsured Mississippi residents within the MHS service area who require emergency or medically necessary care and have a household income at or below 200% of the Federal Poverty Level (FPL). Patients with incomes above 200% FPL may still qualify for discounted rates and are evaluated on a case-by-case basis. **MHS incurred over \$54 million in charity care expenses in 2024 and has incurred more than \$900 million over the last five fiscal years, with 97.4% of those costs attributed to care provided for uninsured patients.**



HEALTH RISK FACTORS AND CHRONIC DISEASES

Mortality data for each of Mississippi’s six coastal counties was obtained from the Mississippi State Department of Health, Office of Vital Records and Public Health Statistics. After excluding “Other diseases and conditions” (Rank 3), “Unintentional injury” (Rank 4), and “COVID-19” (Rank 6), we have identified the following five primary causes as our focus areas:

- 1. Heart Disease
- 2. Cancer
- 3. COPD / Emphysema
- 4. Alzheimer’s
- 5. Stroke

Heart Disease

Heart disease is the leading cause of death in all six coastal counties, as well as in Mississippi and across the United States. A range of health conditions, lifestyle choices, age, and family history can increase the risk. While factors like age and genetics cannot be changed, many risks are manageable. According to the CDC, about 47% of Americans have at least one of three controllable risk factors for heart disease. Ischemic heart disease, the most common subtype and leading contributor to heart-related deaths, is largely preventable.

Mississippi ranks second in the nation for heart disease-related mortality. Compared to the state overall, the coastal region has slightly lower rates of certain risk factors. Over one-third of coastal residents have high blood pressure—lower than the statewide rates three in five—and over two thirds of these individuals are taking medication to treat their high blood pressure. Roughly one third have high cholesterol across the coast, state, and nation, and smoking rates remain consistent, with one in five coastal residents identifying as current smokers, mirroring the rest of the state.

2021 Age-Adjusted Heart Disease Risk Factors

	High Blood Pressure	Taking high blood pressure medication among adults with high blood pressure	High cholesterol	Smoking
George County	39.9%	63.8%	31.3%	18.1%
Hancock County	37.1%	63.4%	31.6%	19.8%
Harrison County	39.6%	63.8%	31.7%	18.2%
Jackson County	38.4%	64.9%	33.5%	17.0%
Pearl River County	37.8%	63.9%	30.6%	18.4%
Stone County	40.9%	65.1%	31.9%	20.1%
Mississippi	63.7%	70.1%	32.8%	18.1%
United States	29.6%	58.9%	30.4%	13.2%

Heart disease remains the leading cause of death across most racial and ethnic groups in the United States. State-level data shows that Black or African American individuals make up 39.8% of heart disease-related deaths, while White individuals account for 34.5%. Along Mississippi's Gulf Coast, this pattern closely mirrors statewide trends, with slightly higher heart disease mortality rates among Black or African American individuals (43.2%) compared to White individuals (38.3%). Since 2018, both the Coastal Counties and the state have experienced a rise in heart disease deaths. However, data from 2022 suggests a potential decline in mortality rates across the state and in most coastal counties. Notably, Hancock County and Jackson County were exceptions, as both experienced an increase in heart disease-related deaths that year.

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

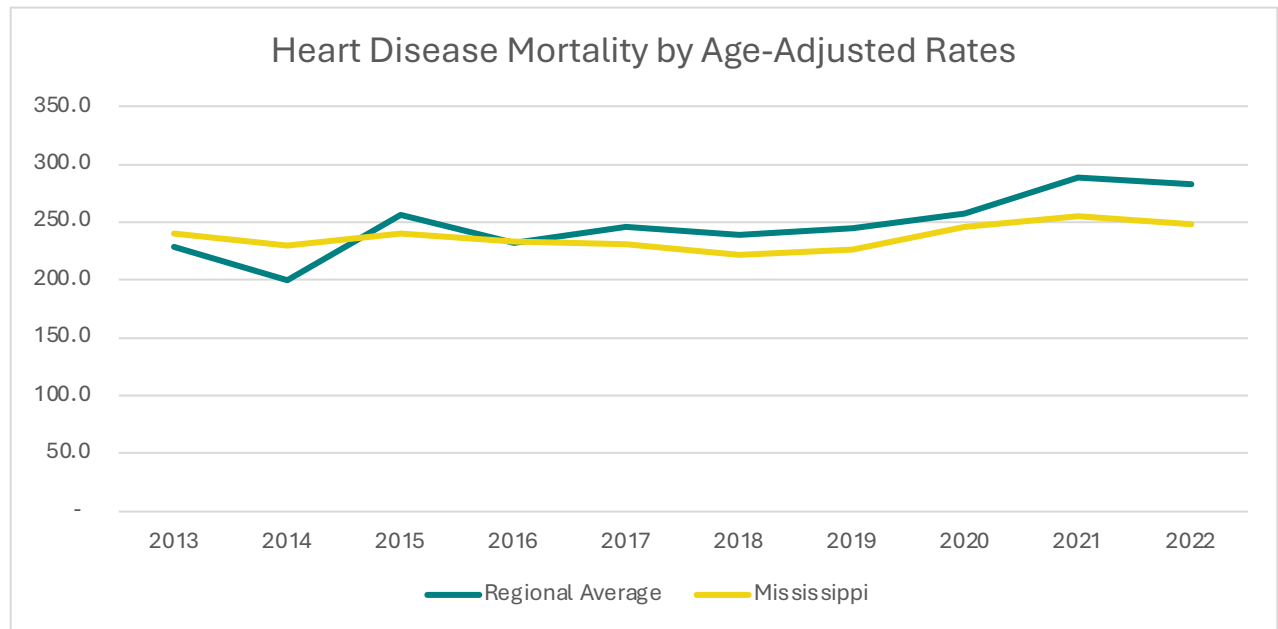
	White	Black or African American	Other	Hispanic or Latino (of any race)
George County	363.9	326.6	26.1	36.2
Hancock County	215.2	280.7	71.2	54.8
Harrison County	271	356.3	142.8	155.1
Jackson County	227	263.5	96.5	69
Pearl River County	242.8	269.9	18.1	42.7
Stone County	246.8	270.6	87.9	N/A
Mississippi	228.4	263.3	93.9	76.2

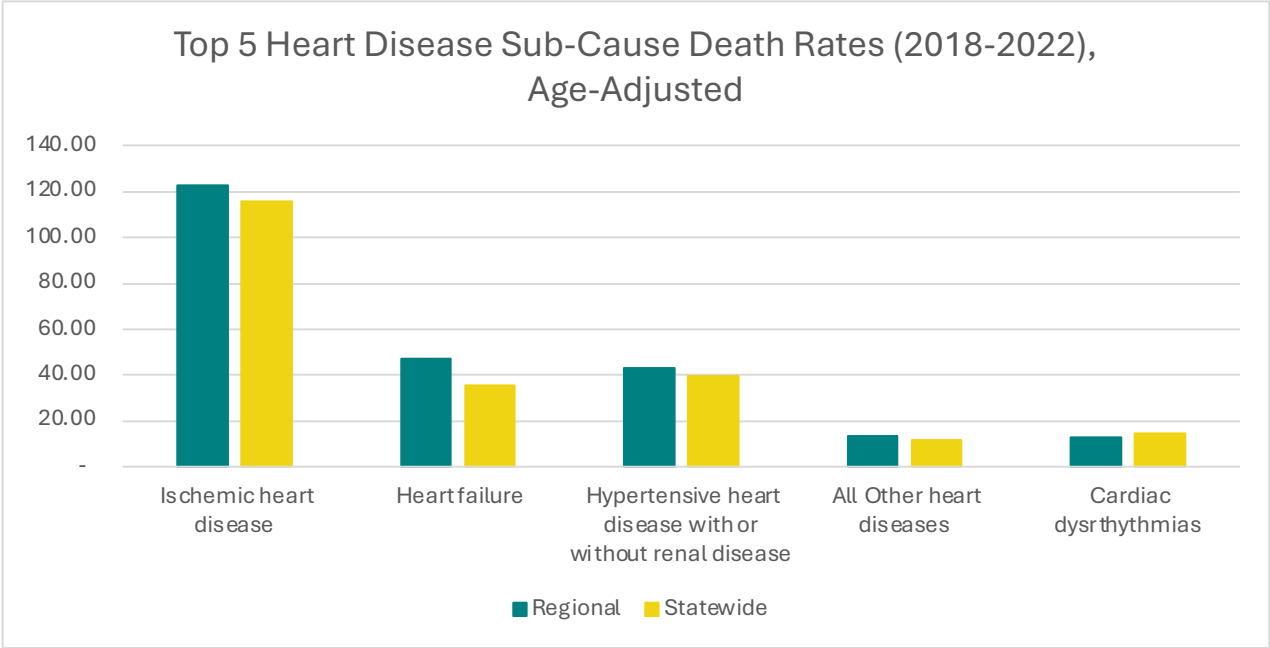
* Age-adjusted rates expressed as per 100,000 population

Heart Disease Mortality by Age-Adjusted Rates

	George County	Hancock County	Harrison County	Jackson County	Pearl River County	Stone County	Mississippi
2013	241	186.5	260.6	191.6	235.9	253.2	240.2
2014	224	162.5	247.6	188.8	203.6	169.5	229.9
2015	361.6	200	261.5	231.3	232.6	251.1	240.4
2016	234.5	222.7	245.4	211.3	196.3	279.2	233.5
2017	313.4	206.3	277.7	205.1	211.7	264.1	231.3
2018	319.3	199.7	259.4	189.3	234.9	233.5	222
2019	359.6	187.9	270.9	192.6	214.8	240.2	226.6
2020	348.8	217.4	287	230.7	231.1	232.3	245.7
2021	407.4	172.4	318.7	267.1	276.3	291.2	255.3
2022	328.9	297.7	282.6	277.6	249.1	258.6	248.1

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





Cancer

Cancer is the second leading cause of death along Mississippi’s coast and in the United States and ranks as the third leading cause of death statewide in Mississippi. Common risk factors include alcohol use, family history, HPV infection, obesity, and tobacco use. While some of these risks are unchangeable, making healthier lifestyle choices can help lower the likelihood of developing many common cancers. Similar to the rest of the state, over 1 in 3 coastal county residents faces obesity, and a third of residents also report a lack of physical activity. Approximately 1 in 6 residents reports binge drinking—less than the national average but above that of the state.

2022 Age-Adjusted Cancer Risk Factors

	Obesity	Lack of Physical Activity	Binge drinking
George County	40.4%	29.7%	16.7%
Hancock County	36.3%	31.1%	17.6%
Harrison County	34.7%	28.4%	15.8%
Jackson County	38.4%	26.5%	17.0%
Pearl River County	40.3%	29.4%	16.8%
Stone County	41.4%	32.2%	16.6%
Mississippi	40.1%	30.9%	14.4%
United States	33.4%	23.0%	18.0%

Over the past decade, the age-adjusted cancer mortality rate in Mississippi has generally declined, as has the rate in the coastal region—despite some fluctuations. Notably, there was a sharp drop in 2018 followed by a more pronounced increase in 2019. Although cancer death rates in the coastal region have typically been higher than the statewide average, they are more closely aligned with state rates as of 2022. Statewide, Black or African American residents face a higher risk of cancer-related death compared to other racial groups. However, along Mississippi’s coast, cancer mortality rates by race vary by county: White individuals have higher rates in George, Harrison, and Stone Counties, while Black or African American individuals experience higher rates in Hancock, Jackson, and Pearl River Counties.

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

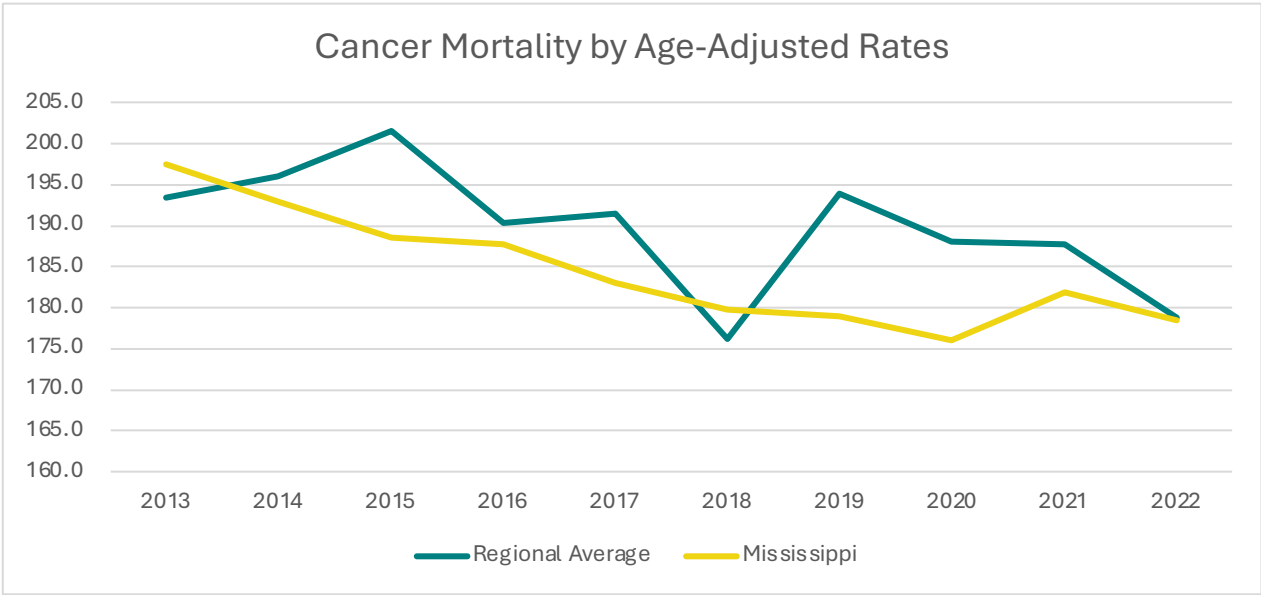
	White	Black or African American	Other	Hispanic or Latino (of any race)
George County	210.4	115.6	N/A	77.7
Hancock County	164.6	176	70.3	100
Harrison County	191.1	187.2	96.1	74.4
Jackson County	182	192.1	86	86.9
Pearl River County	197	214.5	42.4	30.2
Stone County	195.9	115.5	82.5	80.5
Mississippi	173.3	197.4	69.2	61.1

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

Cancer Mortality by Age-Adjusted Rates

	George County	Hancock County	Harrison County	Jackson County	Pearl River County	Stone County	Mississippi
2013	245.7	176	204.4	182.9	198.7	152.6	197.4
2014	214.9	179	202.7	185.3	211.4	182.8	193
2015	228.2	203.7	201.6	189.3	194.7	191.6	188.5
2016	172.3	193.3	207.5	161	190.1	217.8	187.7
2017	220.2	162.5	195.3	181	215.5	174.2	183.1
2018	176.2	126.8	197.2	191.4	181.2	184.7	179.8
2019	218.4	149.1	197.7	186.3	209.2	203	179
2020	188.7	172.5	173.2	166.6	184.5	242.9	176.1
2021	202.1	185.1	186.9	186.9	191.3	174.1	181.9
2022	219.1	176.4	178.4	175.6	206.4	117	178.5

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

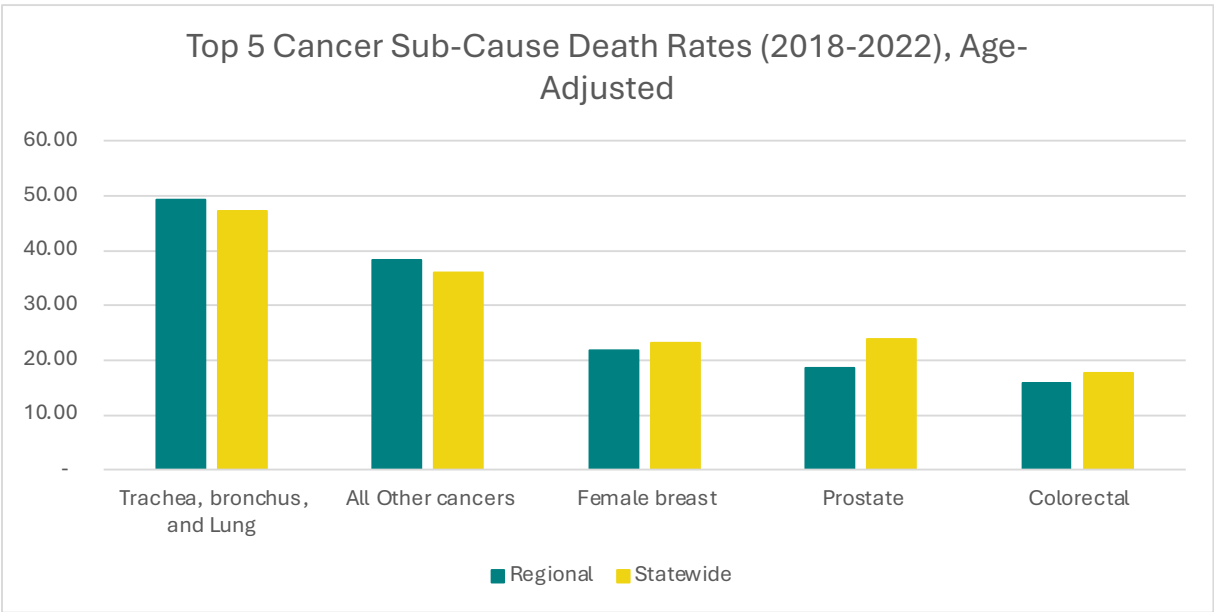


Trachea, bronchus, and lung cancers are the leading causes of cancer-related deaths in our service area, despite being largely preventable. According to the CDC, cigarette smoking is responsible for approximately 80% to 90% of lung cancer deaths nationwide. Alarming, one in five residents in the coastal counties currently smokes. The most effective way to lower the risk of lung cancer is to avoid smoking or to quit if you already do.

Female breast cancer ranks as the fourth leading cause of cancer deaths in our community. Early detection through regular mammograms is key, with screenings able to identify cancer up to three years before symptoms emerge. However, only three out of four senior women in the coastal region have had a mammogram in the past year.

Prostate cancer is also a major concern, ranking fourth among cancer-related deaths along Mississippi’s coast. While any man can develop prostate cancer, the risk is higher among older men, Black or African American men, and those with a family history of the disease. Men concerned about their risk should speak with their healthcare provider about screening options.

Colorectal cancer is the fifth leading cause of cancer death both in Mississippi’s coastal counties and across the United States. Most cases occur in individuals aged 50 and older. In our coastal community, only about half of adults aged 45 to 75 have received a colorectal cancer screening in the past year. Preventive strategies include regular physical activity, quitting or avoiding smoking, and limiting alcohol intake.



COPD / Emphysema

COPD ranks as the fifth leading cause of death in our service area and is a major contributor to mortality across both the state and the nation. Smoking is the leading cause of COPD, placing current and former smokers at greater risk of developing the disease. The most effective way to prevent COPD is to avoid smoking altogether. For individuals already diagnosed, quitting smoking remains the most critical step in managing the condition and improving long-term outcomes.

Over the past decade, COPD mortality rates in Mississippi have remained relatively stable. In contrast, the Coastal Counties have consistently experienced higher rates than the state overall, with more noticeable fluctuations — including an increase in 2016, followed by a period of stability, and a decline in 2019. By 2022, COPD mortality rates along the coast had become more closely aligned with statewide figures.

2022 Percentage of Residents with COPD, Age-Adjusted

	Chronic obstructive pulmonary disease among adults
George County	8.8%
Hancock County	8.6%
Harrison County	7.6%
Jackson County	6.8%
Pearl River County	8.0%
Stone County	9.1%
Mississippi	9.7%

COPD / Emphysema Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted

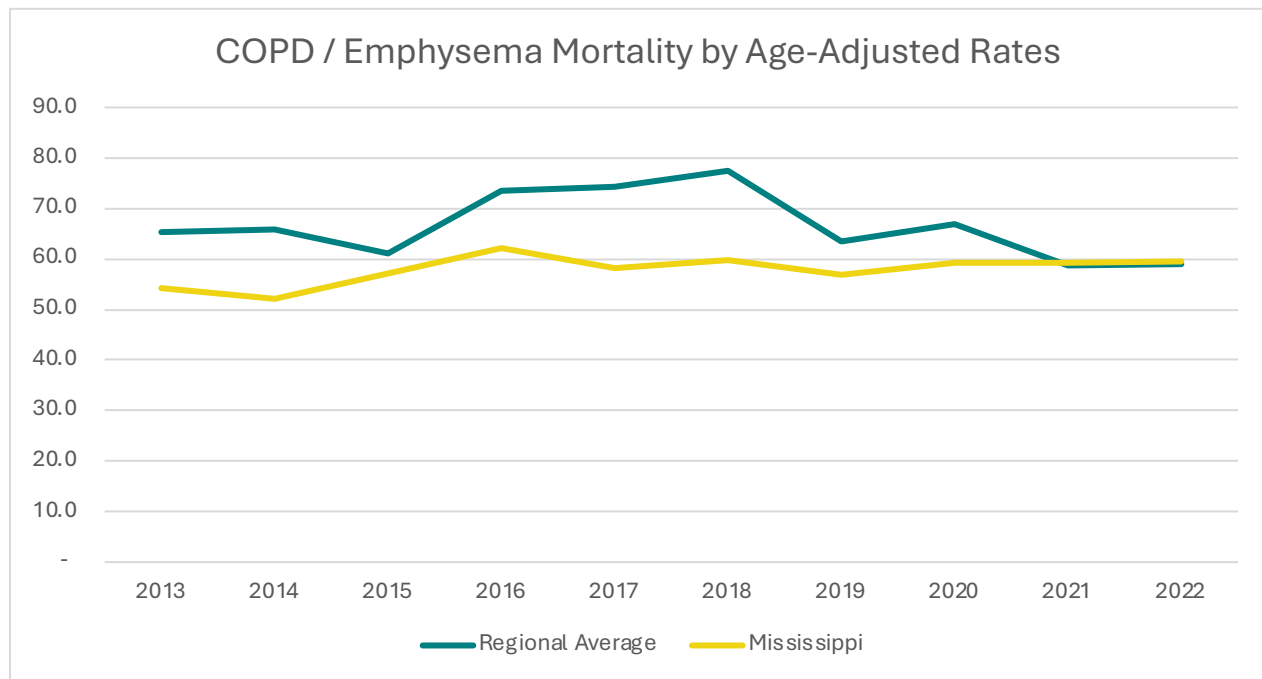
	White	Black or African American	Other	Hispanic or Latino (of any race)
George County	94.4	60.7	N/A	N/A
Hancock County	56	30.4	N/A	27.1
Harrison County	59.4	30.2	19.2	9.1
Jackson County	61.9	28.5	14.3	15.6
Pearl River County	74.8	57.4	26.5	10.9
Stone County	70.9	34	N/A	N/A
Mississippi	68.1	37.7	12.7	13.3

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

COPD / Emphysema Mortality by Age-Adjusted Rates

	George County	Hancock County	Harrison County	Jackson County	Pearl River County	Stone County	Mississippi
2013	84.3	68.6	47.2	67.4	72.9	52.4	54.3
2014	72.5	73.1	53.6	58.4	78.6	59.2	52.2
2015	46.6	68.2	54.4	57.9	84.7	54.2	57.2
2016	92.2	77.9	62.3	60.7	86.5	61.7	62.1
2017	97.3	55.7	50.8	57.5	81.9	102.3	58.2
2018	93.4	70.2	49.3	67.2	84.5	99.6	59.9
2019	89.5	50.3	46.9	65	75.9	52.6	56.9
2020	91.4	47.8	56.8	52.2	76.5	77	59.2
2021	75.1	68.9	58.2	39.4	57.5	53.8	59.2
2022	101.5	32.2	55.4	52.4	68.4	44.4	59.5

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



Alzheimer's

Alzheimer's disease ranks as the seventh leading cause of death in Mississippi's coastal region and remains a common cause of death both statewide and nationally. While certain risk factors—such as age and genetics—cannot be changed, adopting healthier lifestyle habits can help lower the risk of developing the disease. Evidence-based strategies for reducing risk include managing high blood pressure, maintaining a healthy weight, staying physically active, quitting smoking, limiting alcohol consumption, addressing hearing loss, and getting adequate sleep. Over the past decade, Alzheimer's mortality rates have shown a steady increase in both Mississippi and the coastal region. However, a slight decline observed between 2020 and 2022 suggests a potential downward trend moving forward.

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

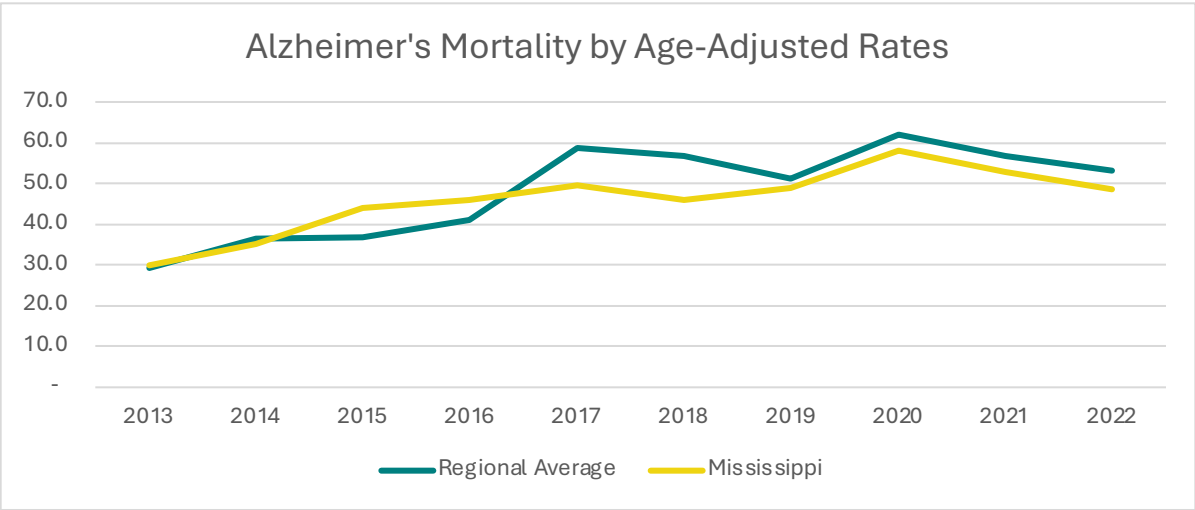
	White	Black or African American	Other	Hispanic or Latino (of any race)
George County	93.7	38.7	N/A	N/A
Hancock County	37.1	36.1	N/A	13.5
Harrison County	46.8	38.6	24.7	22.4
Jackson County	53	63	38.3	20.4
Pearl River County	58.3	27.3	N/A	11.2
Stone County	65.2	27.1	N/A	84.6
Mississippi	53.9	44.7	10.3	13.1

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

Alzheimer's Mortality by Age-Adjusted Rates

	George County	Hancock County	Harrison County	Jackson County	Pearl River County	Stone County	Mississippi
2013	29.3	26.2	19.8	26.4	20.4	52.5	30
2014	59.5	45.7	23.4	28.7	27	35.3	35.2
2015	47.7	36.3	36.5	33	39.5	27.5	44.1
2016	41.8	29.3	33	50.7	49.9	41.3	45.9
2017	82.1	48.9	40.9	50.1	47.6	83.2	49.6
2018	106.3	38.1	40.4	30.7	63.4	62.3	46
2019	83.5	37.7	48.6	51.7	52.5	33.9	48.8
2020	63.2	26.9	43	68.7	63.1	106.4	58
2021	73.1	32.6	53.3	61.1	50.9	69.1	52.9
2022	105	45.7	40.6	56.3	44	28.3	48.5

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



Stroke

Stroke is the eighth leading cause of death in Mississippi’s coastal counties. While strokes can occur at any age, certain risk factors significantly increase the likelihood. Understanding and managing these risks is key to protecting yourself and your loved ones. Although factors like age and family history cannot be changed, many stroke risks are preventable. These include obesity, smoking, high blood pressure, high cholesterol, and heart disease.

The CDC reports that Black or African American individuals are nearly twice as likely to experience a first stroke as White individuals and have a higher likelihood of dying from a stroke. This disparity is reflected in both statewide and coastal county data, with the exception of George County. In George County, Hispanic residents face disproportionately higher risk—twice the stroke rate of other groups in the county and nine times that of the state’s Hispanic population. Stroke mortality rates in Mississippi and along the coast have followed similar patterns over the past decade. Data from 2022 suggests these rates may be beginning to decline.

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

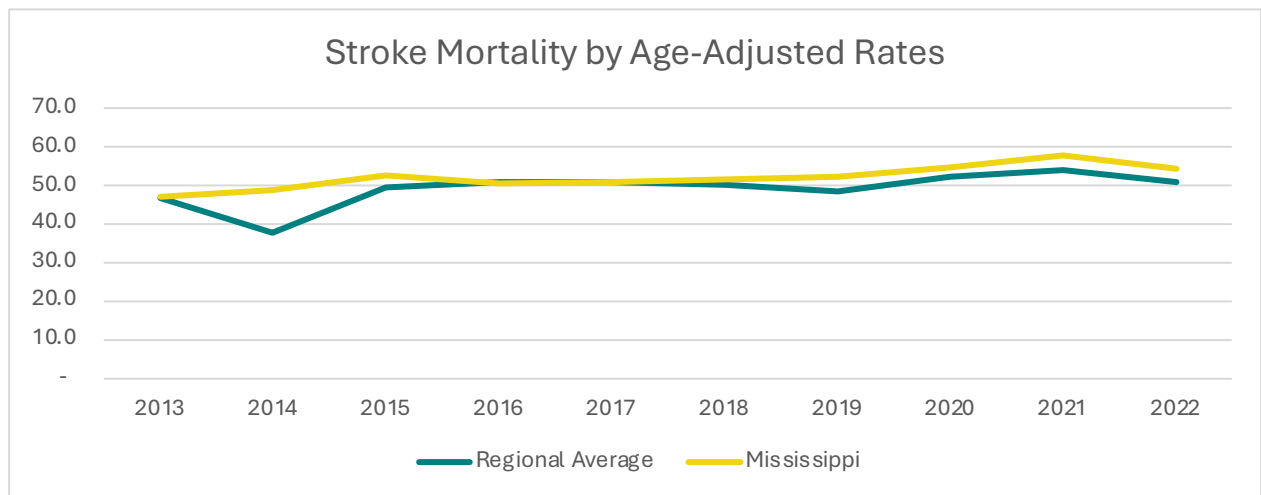
	White	Black or African American	Other	Hispanic or Latino (of any race)
George County	73	72.8	N/A	155.1
Hancock County	46.5	61.7	35.7	11.2
Harrison County	51	60.1	37.7	12.9
Jackson County	44.5	76.2	54.3	12.2
Pearl River County	42.1	100.6	N/A	20.3
Stone County	35.4	55	42.1	N/A
Mississippi	47.3	69.4	27.1	17.2

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

Stroke Mortality by Age-Adjusted Rates

	George County	Hancock County	Harrison County	Jackson County	Pearl River County	Stone County	Mississippi
2013	67.5	39.4	33.3	45.5	40.6	54.8	47.1
2014	33.3	29.5	51	48.6	32.2	31.7	48.9
2015	40.4	67.7	48	53.6	48.4	39.7	52.7
2016	75.6	39.5	42.2	59	40.7	48.2	50.6
2017	61	40.8	52.3	47.6	45.9	57.1	50.9
2018	76.9	47.5	53.3	40.4	60.1	22.7	51.7
2019	68.7	45.5	53.3	47.6	23.3	51.7	52.1
2020	50	51.3	54.1	48	60.1	49	54.5
2021	63.1	56	60.7	62.8	52.6	29.5	57.8
2022	93.6	36.1	43.7	51.6	41.2	38.8	54.2

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



BACKGROUND AND DISTRIBUTION

From early May through the end of July, an online Community Health Needs Assessment (CHNA) survey was made available to residents and employees across George, Hancock, Harrison, Jackson, Pearl River, and Stone counties. As of July 16, a total of 2,016 responses had been collected. While the primary method of distribution was online, paper surveys and collection boxes were also placed at each of our facilities to ensure broader accessibility.

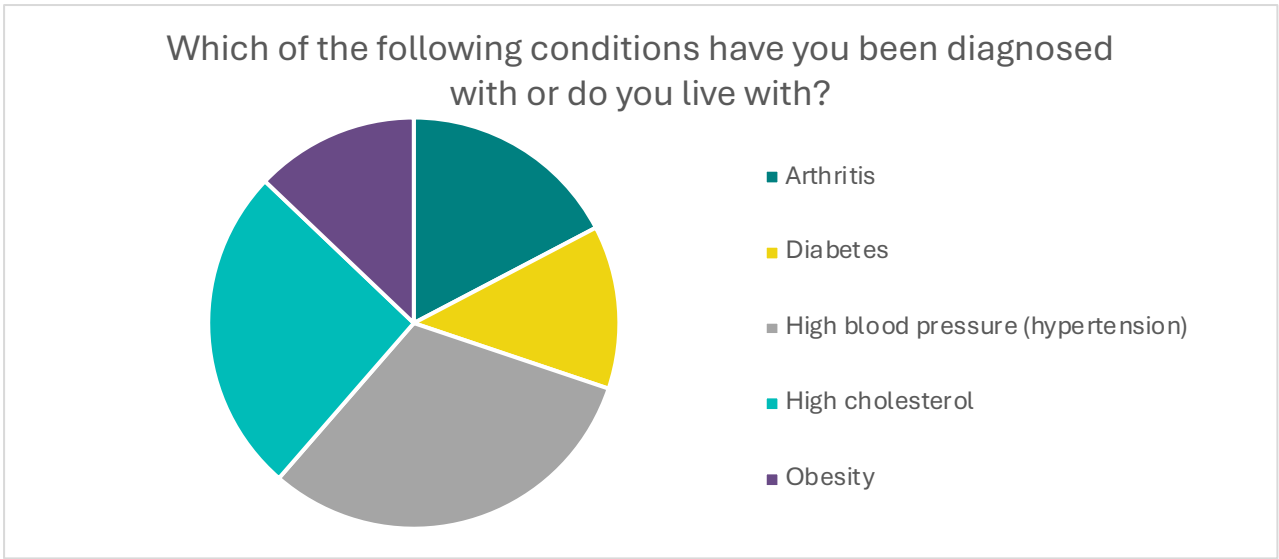
Memorial Health System (MHS) used the survey data to inform its strategic initiatives and to identify the most pressing health priorities affecting the community. Our goal is to enhance community well-being by addressing key health challenges and pursuing sustainable, long-term solutions.

In addition to the survey, MHS conducted focus groups with key community stakeholders to gain deeper insight into local health needs. Feedback from these sessions further guided the development of our health improvement plan, ensuring it is aligned with the community’s most critical concerns.

SURVEY FINDINGS

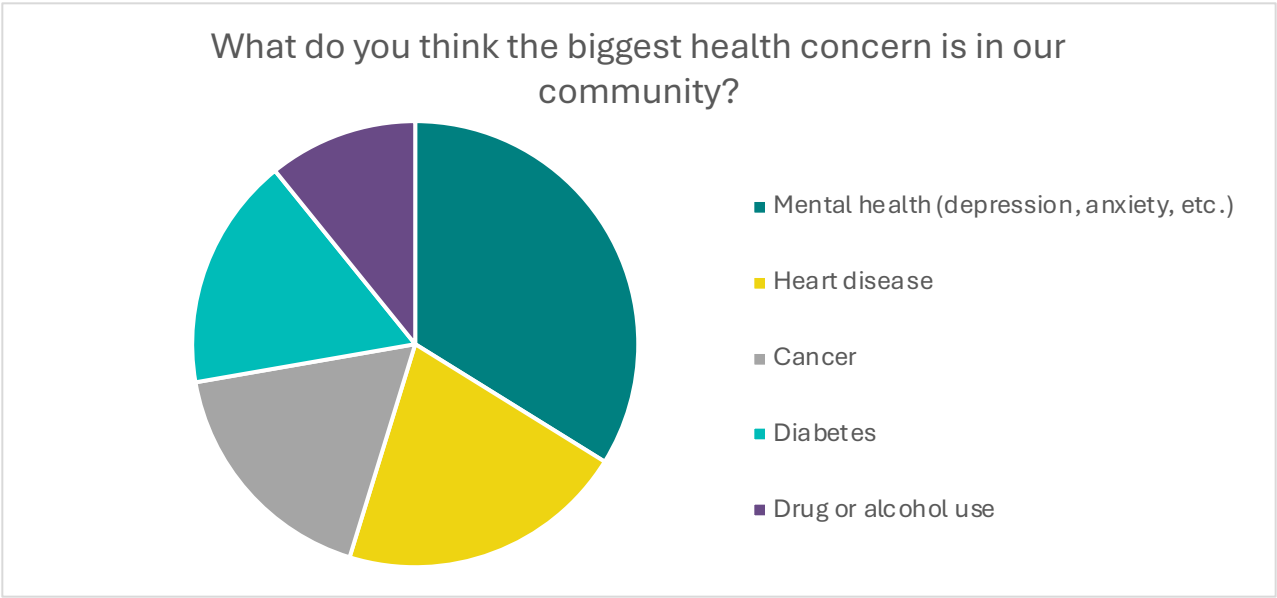
The examples below illustrate the types of questions included in the community survey.

When asked about the health conditions they have been diagnosed with or live with, 54.1% indicated high blood pressure, and 44.6% indicated high cholesterol, both of which are controllable risk factors of heart disease—the leading cause of death in Mississippi’s coastal region. 22.3% reported they live with obesity—a risk factor for both cancer and stroke, which are the 2nd and 8th leading causes of death in the region, respectively. 22.3% of respondents also shared that they live with diabetes, which is the 9th leading cause of death in the coastal counties, and 30.0% indicated having arthritis.

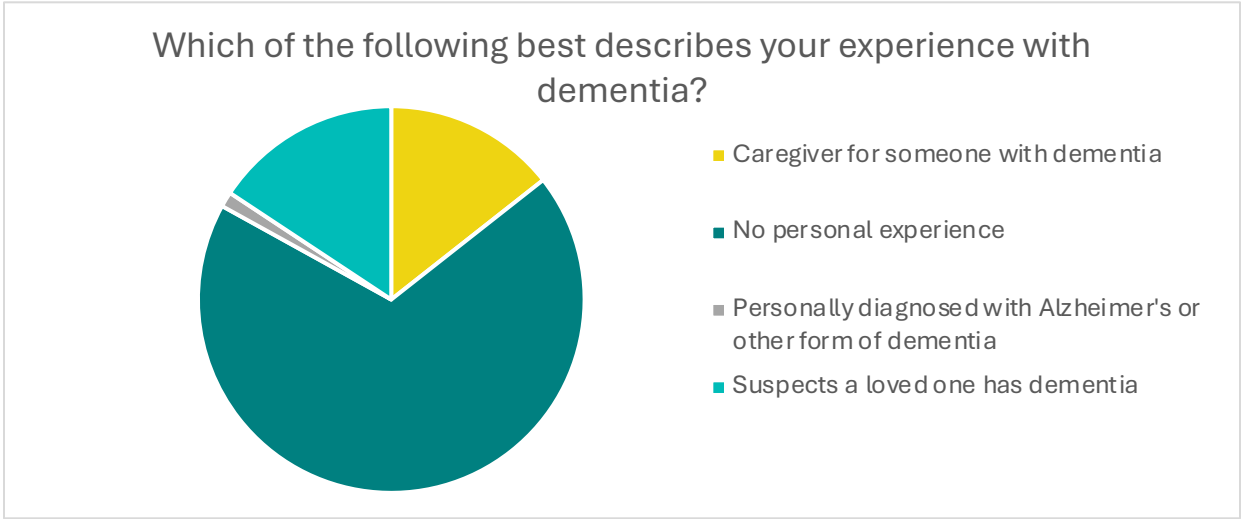


Respondents were asked which health concern they believe is most prevalent within our gulf coast community. Notably, one in four individuals identified mental health issues, such as depression and anxiety, as our community’s most pressing health concern. As we implement our community health initiatives over the next three years, it is essential to remain mindful of the potential rise in mental health concerns. Increasing community awareness of the mental and behavioral health services available through MHS is a critical step. By striving to better understand the true prevalence of mental health issues across our region, we will be better equipped to serve the residents of Mississippi’s Gulf Coast.

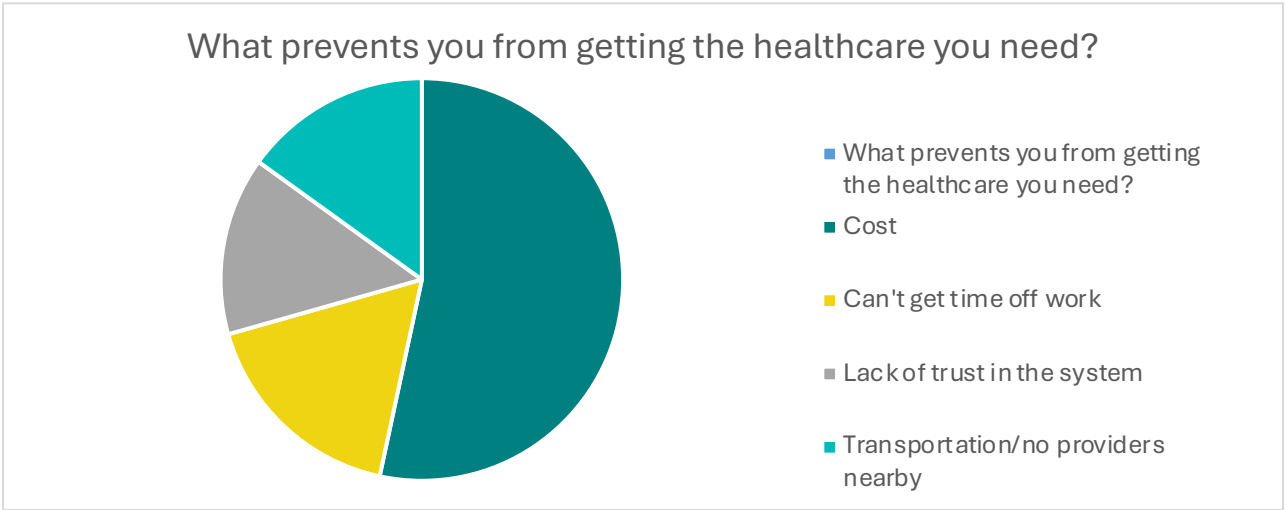
Other major health concerns noted by respondents were heart disease, cancer, diabetes, and drug or alcohol use, all of which are consistent with our analysis of prevalent health issues in the area, as heart disease, cancer, and diabetes rank among the top 10 causes of death in our community, and binge-drinking is a risk factor for both cancer and Alzheimer’s.



It should be noted that following the five most prevalent health concerns identified by our community, Alzheimer’s/dementia ranked as number six. As indicated elsewhere in our data, roughly one in three members of our community is directly affected by Alzheimer’s or dementia through a personal diagnosis or through a loved one who has or is suspected of having dementia. The community’s reported prevalence of Alzheimer’s and dementia highlights a shared concern and reinforces Memorial Health System’s commitment to addressing the most critical health challenges affecting our region.



When asked about barriers to accessing necessary healthcare, a concerning 18.1% of residents identified the cost of care as a primary obstacle. This highlights the vital role our foundation plays in supporting the health and well-being of our community and underscores the importance of MHS’s continued participation in community events such as the Community Expo, where we offer free health screenings and patient education. Engaging in these events is essential to reaching the most vulnerable members of our community. Additional barriers reported included difficulty taking time off work, lack of trust in the healthcare system, and limited access to transportation or nearby providers.



2025-2028 Community Health Improvement Plan

Priority #1: Cancer Care

PLAN OF ACTION

- ▲ **Survivorship Program:** Increase participation in the program. The Oncology Nurse Navigators will be communicating with physicians who are not oncology specialists and provide education about the program and encourage referrals.
- ▲ **MS Breast & Cervical Cancer Program:** Oncology Nurse Navigators will evaluate and monitor participation with the BCCP by increasing awareness of the BCCP with Surgeons, Primary Care Physicians, OB/GYN and providing education to physicians and staff on the requirements and process for utilizing the BCCP.
- ▲ **Oncology Financial Advocacy:** Initiate logistical restructuring of the oncology financial advocacy employees' roles and provide support and retraining as needed to improve the department's team focus. This will incorporate team members cross-training (across all cancer center clinics), interdisciplinary support, and improve productivity.

Priority #2: Diabetes Education Program

PLAN OF ACTION

- ▲ **Continue ongoing efforts for awareness of the program**
 - ♦ Current MHS providers
 - ♦ New/onboarded MHS providers with Biloxi campus
 - ♦ Incoming resident/GME providers
 - ♦ Healthcare providers outside of the MHS
- ▲ **Continue ongoing public outreach**
 - ♦ Social medial feeds
 - * Know your numbers
 - * Simple swap ideas
 - * Get wellness screenings to identify early
 - ♦ Community events
 - * Brief education on demand as people pass through along with info on how to access our program
 - * POC glucose screenings
- ▲ **Continue to provide access of resources for persons with limitations**
 - ♦ Including: transportation, language, hearing, vision, cognition, mobility, etc.
- ▲ **Continue to provide the most up to date support**
 - ♦ Support with new diabetes tech and medications

Priority #3: Stroke Care

PLAN OF ACTION

▲ Sustain and Strengthen Existing Efforts

- ♦ Continue leveraging current MHS providers to deliver diabetes education.
- ♦ Maintain and expand marketing efforts to raise awareness.
- ♦ Support ongoing community education initiatives.

▲ Expand Public Outreach and Education

- ♦ Increase visibility of diabetes education through targeted outreach campaigns.
- ♦ Collaborate with local organizations and healthcare providers to reach underserved populations.
- ♦ Promote early detection and prevention strategies.

▲ Enhance Services and Resources

- ♦ Offer group classes and individual education sessions tailored to patient needs.
- ♦ Provide point-of-care (POC) glucose screenings at accessible locations.
- ♦ Ensure patients have access to essential resources, including:
 - a. Transportation assistance
 - b. Language interpretation services
 - c. Support for hearing, vision, mobility, and technology barriers

Educate patients on new diabetes technologies and medications to improve self-management.

Priority #4: Heart Health

PLAN OF ACTION

- ▲ Our goal with community outreach is to **prevent heart related conditions** by increasing awareness of risk factors that cause these conditions. Risk factors include high blood pressure, high cholesterol, diabetes, obesity, unhealthy diet, physical inactivity, and smoking. This education will be provided through Memorial's social media and during in-person community events by collaborating with community partners.
- ▲ **Improve access and referrals to Cardiac Rehabilitation.** Cardiac rehabilitation is a medically supervised program designed to improve your heart health.
- ▲ Another goal with community outreach is to **increase awareness of signs and symptoms of heart attack** and for our community to know when to call 911. Heart attacks are medical emergencies. This education will be provided through Memorial's social media and during in-person community events.
- ▲ **Provide structural heart disease services.** Structural heart disease is a term used to describe conditions in the heart's structure such as valves. A heart problem that is structural may be congenital or it can happen from wear and tear on the heart later in life.

Priority #5: Dementia Education and Support

PLAN OF ACTION

- ▲ **Increase Awareness of Dementia Risk Factors and Prevention Strategies**

- ♦ Educate the community on modifiable risk factors such as maintaining cognitive engagement through social and intellectual activities.
- ♦ Promote healthy aging practices including balanced nutrition, regular physical activity, and mental wellness.
- ♦ Disseminate this education via Memorial's social media platforms, local senior centers, and community events in collaboration with personal care homes, memory care facilities, and assisted living communities.

▲ **Enhance Recognition of Early Signs and Symptoms of Dementia**

- ♦ Provide clear, accessible information on early indicators such as memory loss, confusion, difficulty with communication, and changes in mood or behavior.
- ♦ Encourage families and caregivers to seek early evaluation and support.
- ♦ Deliver this education through monthly community workshops, targeted outreach at nursing homes, and digital campaigns.

▲ **Expand Access to Dementia-Specific Resources and Support Services**

- ♦ Launch a monthly Alzheimer's and Dementia Support Group open to the public, featuring rotating topics like medication management, caregiver coping strategies, and navigating behavioral challenges.
- ♦ **Advocate for the development of a dedicated dementia day program** to provide structured daytime care and engagement for patients, easing caregiver burden.
- ♦ **Engage interdisciplinary team (IDT) members and nurses in community outreach** to share expertise and build trust with families and care facilities.

Priority #6 Pulmonary Disease

PLAN OF ACTION

▲ **Increase Awareness of Lung Health and Risk Factors for Lung Cancer and COPD**

- ♦ Educate the community on modifiable risk factors such as smoking cessation, exposure to environmental pollutants, and occupational hazards.
- ♦ Promote lung health through lifestyle changes including regular exercise, healthy diet, and avoiding secondhand smoke.
- ♦ Disseminate this education via Memorial's social media platforms, local health fairs, senior centers, and partnerships with schools, workplaces, and faith-based organizations.

▲ **Enhance Recognition of Early Signs and Symptoms of Lung Disease**

- ♦ Provide clear, accessible information on early indicators such as chronic cough, shortness of breath, wheezing, chest pain, and unexplained weight loss.
- ♦ Encourage individuals—especially those with a history of smoking or occupational exposure—to seek early evaluation and screening.
- ♦ Deliver this education through monthly community workshops, targeted outreach at primary care clinics and pharmacies, and digital campaigns featuring patient testimonials and expert interviews.

▲ **Expand Access to Lung Cancer Screening and COPD Support Services**

- ♦ Low-Dose CT Screening Initiative for high-risk individuals, with mobile screening units and financial assistance for uninsured patients.
- ♦ Develop a Pulmonary Wellness Program offering education on COPD management, inhaler use, breathing techniques, and smoking cessation support.

- ♦ Establish a monthly Lung Health Support Group open to the public, featuring rotating topics like oxygen therapy, nutrition for lung health, and caregiver resources.
- ♦ Engage respiratory therapists, pulmonologists, and IDT members in community outreach to build trust and provide expert guidance on navigating lung disease.

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