The University of Mississippi Medical Center

Adult Hospitals
Community Health Needs Assessment
2021-2022

THE UNIVERSITY OF MISSISSIPPI
MEDICAL CENTER

The University of Mississippi Medical Center

Adult Hospitals
Community Health Needs Assessment
2021-2022

Acknowledgments

We sincerely appreciate members of the community who participated in the focus groups, key informant interviews, completed surveys, and provided other valuable contributions to the 2021-2022 Adult Hospitals Community Health Needs Assessment.

Additionally, we would like to thank all those who contributed to completing this report.

Table of Contents

EXECUTIVE SUMMARY

The community health needs assessment (CHNA) includes secondary data from the United States Census Bureau, the United Health Foundation, the Mississippi State Department of Health, and other sources. Primary data was collected from persons who represent the broad interests from the community, individuals with expertise in public health, and members of the community served by UMMC facilities.

Health disparities are significantly worse in Mississippi and many poor health outcomes are due to the social determinants of health. For that reason, social determinants of health were a focus of this CHNA. Based on a review of the data, the following were identified as leading health issues:
- Access to health care
- Access to health insurance
- Access to healthy food
- Hypertension
- Obesity
- Type II Diabetes Mellitus

Access to healthy food, Type II Diabetes Mellitus, and access to healthcare were the health needs selected as areas of focus for the implementation plan after a review of available resources and the health system's ability to make an impact. The final step in the process is to follow through with the implementation plan.

The CHNA process was overseen by the John D. Bower School of Population Health. One written comment from the 2018 CHNA was received, indicating a link in the report was invalid. The link was repaired and the report was updated.

COMMUNITY HEALTH NEEDS ASSESSMENT, 2021

PURPOSE

The community health needs assessment (CHNA) aims to describe the health status and prioritize the health needs of the University of Mississippi Medical Center (UMMC) community. The CHNA is required by the Internal Revenue Service and meets the requirements of the Patient Protection and Affordable Care Act of 2010 (ACA). This federal statute is designed to improve health outcomes, reduce healthcare costs, and increase quality healthcare practices. The CHNA provides an opportunity for hospital organizations, public health agencies, and stakeholders to gather data, identify community needs, and inform strategies to address them.

PROCESS

The Association for Community Health Improvement's Assessment Process was adapted and used to guide the CHNA. A CHNA Steering Committee was formed to engage stakeholders that ultimately became the CHNA Task Force. Consistent with the requirements of the ACA, the Steering Committee guided the Task Force and recommended the CHNA be completed in four phases:

    Phase 1: Create a plan and define the
                community using secondary data
    Phase 2: Develop primary data collection
                methods and collect data
    Phase 3: Analyze and synthesize data,
                prioritize issues, and document
                and communicate results
    Phase 4: Develop implementation strategies

FRAMEWORK

Before engaging with community members, the Task Force reviewed data from several sources to better understand the community. Based on these data, a social determinants and population health framework were used to explore community perspectives and needs. Social determinants of health directly contribute to well-being, health status, and quality of life. Unmet social needs influence lifestyle choices and make it challenging for UMMC's most vulnerable patients to prioritize their health and the health of their families. [1] Social factors include access to quality health care, living conditions, and education and

employment opportunities **(Figure 1)**. There is a propensity for poor health outcomes amid social disadvantage. Therefore, the 2021/2022 UMMC Adult Hospital CHNA was guided by the HealthyPeople.gov social determinants of health framework.

Figure 1

Social Determinants of Health

Social Determinants of Health
Copyright-free

Healthy People 2030

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER HEALTH SYSTEM

The 697-bed UMMC Health System is the teaching enterprise for the Medical Center's educational programs and the state's principal diagnostic and referral center. The UMMC Health System is comprised of six hospitals, including University Hospital, Children's of Mississippi, Wallace Conerly Hospital for Critical Care, Winfred L. Wiser Hospital for Women and Infants, UMMC Grenada, and UMMC Holmes County.

The UMMC Health System serves outpatients in more than 50 ambulatory facilities across the state, with a primary presence in Hinds, Rankin, Madison, and Grenada Counties, and in counties along the Mississippi Gulf Coast. Annually, there are approximately 30,450

hospital admissions, 121,692 emergency room visits, 165,802 hospital outpatient visits, and 481,626 clinic visits.

The UMMC campus in Jackson encompasses seven health science schools including medicine, nursing, health-related professions, dentistry, pharmacy, graduate studies, and population health. The Medical Center is the state's primary safety net hospital. Its health care enterprise includes the state's only Level I trauma center, children's hospital, and organ and bone marrow transplant program. The UMMC is also home to one of two federally designated Telehealth Center of Excellence nationally.

Children's of Mississippi is UMMC's statewide pediatric arm and includes the Kathy and Joe Sanderson Tower opened in 2020. The tower houses 88 private neonatal intensive care unit (NICU) rooms, 32 private pediatric intensive care rooms, 12 surgical suites, a pediatric imaging center, and a multidisciplinary outpatient specialty care clinic. The NICU is the only Level IV facility – the highest designation – in the state.

UMMC includes two community hospitals, UMMC Grenada and UMMC Holmes County. UMMC Grenada is a 142-bed community hospital that joined the UMMC family in 2013. Since then, much of the hospital's growth has come through the recruitment of dozens of specialists in more than 20 fields, including orthopedics, gastroenterology, rheumatology, radiology, pulmonology, women's care, wound care, pain management, and interventional radiology.

UMMC Holmes County is a 25-bed critical access hospital that joined the Health System in 2000. The critical access designation means it must have no more than 25 beds, a full Emergency Department, and admit patients for no more than 96 hours.

As the state's only academic medical center, the UMMC system focuses on measurable improvements in health care and population health. The organization strives to be the leader in high-quality, value-based care for all Mississippians. The 10,000 UMMC faculty and staff are responsible for supporting the UMMC's teaching, research, and clinical missions.

AFFILIATED HOSPITALS

The G.V. "Sonny" Montgomery Veterans Affairs Medical Center of Jackson is the principal teaching affiliate for the Medical Center. The Addie McBryde Rehabilitation Center for the

Blind and Methodist Rehabilitation Center adjoin the Medical Center. UMMC also has relationships with Anderson Regional Medical Center in Meridian, Oktibbeha County Hospital Regional Medical Center in Starkville, Southwest Mississippi Regional Medical Center in McComb, Merit Health in Madison County, Memorial Hospital in Gulfport, Vanderbilt University in Nashville, Tennessee, and the Mayo Clinic in Rochester, Minnesota.

THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER COMMUNITY

The UMMC community includes the State's entire geographic area and population. Indicators of morbidity and mortality are less favorable for Mississippi than in any other state and the State is persistently rated as among the "sickest" in the nation. Underlying factors, such as obesity and malnutrition, contribute to high rates of both acute and chronic conditions. Mississippi is also characterized by high levels of inequalities and disparities by race, place, and income. Much of the state is medically underserved and under or uninsured.

DEFINITION OF COMMUNITY

POPULATION DEMOGRAPHICS

In 2020, Mississippi had an estimated population of 2,949,965. [2] There were 1,339,047 housing units and 82% were occupied. [3] About one-quarter (23.5%) of Mississippians were younger than 18 years and 16.4% were 65 years and older. 2 In 2019, the median age was 38.3 years and 52% of the population was female. 3 Mississippi has the largest state-level percent Black or African American population in the country (38%); however, in 2021, White or Caucasian persons were the largest racial group (56%). [3]

POPULATION HEALTH

In 2020, the leading chronic condition among Mississippi adults was depression (20.6%) followed by type 2 diabetes (14.8%) and cardiovascular disease (11.3%). High rates of arthritis (28.9%), chronic pulmonary disease (9.4%), and asthma (9.9%) were also reported.

ENVIRONMENTAL CONTEXT AND SOCIAL DETERMINANTS

Except where noted, the Mississippi-based environmental context and social characteristics were derived from America's Health Rankings 2020 Annual Report, Mississippi. [4]

Strengths
- Low prevalence of excessive drinking
- Low number of drug deaths and suicide
- Low racial inequality in premature deaths
- Low racial gap in high school graduation
- Low residential segregation
- Low incidence of violent crime
- Low prevalence of cancer

Challenges
- High economic hardship index score
- High percentages of unhealthy

behaviors (e.g., insufficient sleep, poor nutrition, low prevalence of physical activity, poor sexual health, and high tobacco use).
- High frequent mental distress (17.3%)
- High annual mortality (specifically high premature death rate)
- High prevalence of obesity (40.8%), hypertension (43.6%), and high cholesterol (46.8%)
- Ranked in the lowest quintile of states in the U.S. for high prevalence of multiple chronic conditions, and the individual conditions of cardiovascular diseases, chronic obstructive pulmonary disease, and diabetes.

Highlights
- Food insecurity decreased 24% between 2013-2015 and 2016-2018 from 20.8% to 15.9% of households
- High school graduation racial gap increased 12% between 2017 and 2018

from 7.8 to 8.7 percentage points
- Adults who avoided care due to cost decreased 26% between 2011 and 2019 from 23.3% to 17.2%
- Low birthweight increased 26% between 1991 and 2018 from 9.6% to 12.1% of live births
- Frequent mental distress increased 26% between 2014 and 2019 from 13.7% to 17.3% of adults

Health Care Access and Quality
America's Health Ranking model lists Mississippi as 49th of 50 states related to access to quality health care and preventive services. These include primary care providers, immunizations, and preventable hospitalizations.

Clinical Care
- 13.9 % of adults reported a time in the past 12 months when they needed to

see a doctor but could not because of cost

- Oral health - Mississippi has 44.2 general dentists and advanced practice dental therapists per 100,000 population compared to the national average of 47.
- Mental health - Mississippi has 187.6 psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, advanced practice nurses specializing in mental health care as well as those treating alcohol and other drug abuse per 100,000 population. The national average is 284.3.
- Primary care – Mississippi has 244.4 active primary care providers (including general practice, family practice, obstetrics and gynecology, pediatrics, geriatrics, internal medicine, physician assistants and nurse practitioners) per 100,000 population. This is less than the U.S. average of 252.3.
- 13% of the population in Mississippi is not covered by private or public health insurance

Preventive Clinical Services

- 70.9% of Mississippians ages 50-75 who reported receiving one or more of the recommended colorectal cancer screening tests within the recommended time interval (blood stool test within the past year, sigmoidoscopy within the past five years, colonoscopy within the past 10 years, stool DNA test within the past three years, virtual colonoscopy within the past five years or sigmoidoscopy within the past 10 years and blood stool

test in the past year)
- 57.7% adults reported visiting a dentist or dental clinic within the past year

Immunizations

- 41.3% of adults reported receiving a seasonal flu vaccine in the past 12 months
- Related to the HPV Vaccination, Mississippi is the state with the lowest vaccination rate having 31.9% of adolescents ages 13-17 who received all recommended doses

Quality of Care

- 76.1% of adults in MS reported having a personal doctor or healthcare provider
- There were 5,004 discharges following hospitalization for diabetes with short- or long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, angina without a procedure, asthma, hypertension, heart failure, dehydration, bacterial pneumonia, or urinary tract infection per 100,000 Medicare beneficiaries ages 18 and older continuously enrolled in Medicare fee-for-service Part A

Neighborhood and Built Environment

Mississippi ranks 45th of 50 with the physical environment measure. The physical environment category represents where individuals live, work and play, and their interaction with this space. Topics in this category are air and water quality, climate change, and housing and transit.

Air and Water Quality
- 6.3% of the population served by community water systems with a serious drinking water violation during the year
- 31.3% of the population is covered by 100% smoke-free laws for restaurants, bars, and non-hospitality workplaces
- 60.7% of the population is served by community water systems that have fluoridated water

Climate Change
- Mississippi currently has no policies in place related to legally binding electricity portfolio standards, carbon pricing policies, climate change action plans, and economy-wide greenhouse gas emission targets

Housing and Transit
- 84.8% of workers ages 16 and older drove alone to work

- 11.0% of housing stock has potentially elevated lead risk due to the age of housing
- 15.1% of occupied housing units have at least one of the following problems: lack of complete kitchen facilities, lack of plumbing facilities, overcrowding, or severely cost-burdened occupants (5-year estimate)

Social and Community Context
The social factors and community category represents the broader impact the society has on an individual or community's ability to make healthy choices. Topics in this category are community and family safety and social support and engagement.

Community and Family Safety
- 8.2 fatal occupational injuries in construction, manufacturing, trade,

transportation, utilities as well as professional and business services per 100,000 workers (3-year estimate)
- $114 is the amount of state dollars dedicated to public health and federal dollars directed to states per person by the Centers for Disease Control and Prevention and the Health Resources & Services Administration (2-year estimate)
- 278 murders, rapes, robberies, and aggravated assaults per 100,000 population

Social Support and Engagement
- The percentage of households in Mississippi with a broadband internet subscription and a computer, smartphone, or tablet is among the lowest in the country (81.4%)
- There is a low level of residential segregation (Index of dissimilarity = 50) between Blacks and Whites
- 26.6% of the population ages 16 and older who reported volunteering in the past 12 months
- 62.3% of the citizens' ages 18 and older voted in the last presidential and the last midterm national elections

Economic Stability

The economic factors category represents the broader impact the economy has on an individual or community's ability to make healthy choices. America's Health Rankings scored Mississippi's Economic Hardship Index as 100 indicating Mississippi is the least-healthy state with economic conditions based on crowded housing, dependency, education, income, poverty, and unemployment.

Economic Resources
- 2.6% of occupied housing units have more than one person per room
- 14.7% of the population ages 25 and older are without a high school diploma
- Per capita income in the past 12 months, in inflation-adjusted dollars to data year, is $25,301; Mississippi is considered the least healthy of all United States
- 18.9% of households live below the federal poverty level.
- 6.8% of the civilian population ages 16-64 are unemployed in Mississippi
- 34.3% of jobs in Mississippi were found to be low-wage jobs

Food Insecurity
- Mississippi is the most food-insecure state with 15.3% of households unable to provide adequate food for one or more household members due to a lack of resources
- More than 10,000 adults and children receive federal welfare, with more than 320,000 children receiving food stamps through the Supplemental Nutrition Assistance Program or SNAP
- In rural Mississippi, 23% of the 65 counties are food insecure
- In 2020, the monthly average of families who received temporary assistance for needy families (TANF) in Mississippi was 4,767

Home Ownership
- 67.3% of housing units are owned by the occupant
- DATA USA reported that the median property value in MS in the year 2018 was $123, 300.[5]

- According to Spotlight on Poverty and Opportunity (2021), 83,600 Mississippians spend more than 50% of their income on housing.[6]

Home Ownership Racial Disparity
- The difference in the homeownership rate between the White population and the racial/ethnic population with the lowest rate is 27.2

Education Access and Quality
Individuals who are more educated generally have increased financial, emotional, psychological, and social resources than those with less education. These resources allow them to make better behavior-based lifestyle choices, which contribute to positive physical and psychological well-being.

Education
- 31.5% of fourth-grade public school students scored proficient or above on the National Assessment of Educational Progress assessment in reading comprehension
- 85% of high school students graduate with a regular high school diploma within four years of starting ninth grade
- 34.3% of high school students met the ACT benchmarks for English or reading and for math [7]
- In 2018, there were more than 2,100 teaching vacancies and 2,256 uncertified teachers. [8]

Workforce Training
- Job training programs are offered by:
  - 4-year colleges and universities and community colleges
  - Mississippi Department of Employment Security

o   Mississippi Department of
    Rehabilitation Services for
    Mississippians with Physical or
    Mental Disorders
o   Job Corps for 16 to 24-year-olds
o   Mississippi Apprenticeship Program

Workforce Participation

- In 2017, 73.18% of males and 78.10% of females were employed in the workforce within one year after graduating from community colleges
- In 2017, 51.22% of males and 63.54% of females were employed in the workforce within one year after graduating from public universities

Health Literacy

- In 2018, Mississippi had the lowest median health IQ (110) of all the states in the US[9]
- A health IQ score correlates to higher diabetes, obesity, and high blood pressure rates[9]

METHODS

QUANTITATIVE DATA COLLECTION

Community members from 73 counties (of 82) in Mississippi completed a self-administered survey online or via paper survey in person. Offered in three languages (English, Spanish, and Vietnamese), over 1300 Mississippians (18 years or older) completed the survey. Designed to learn more about the health needs of populations throughout Mississippi, the survey consisted of items intended to measure behavioral, community, and social determinants that influence health. Demographic characteristics of survey participants included: zip code, age, sex, race, ethnicity, and level of education.
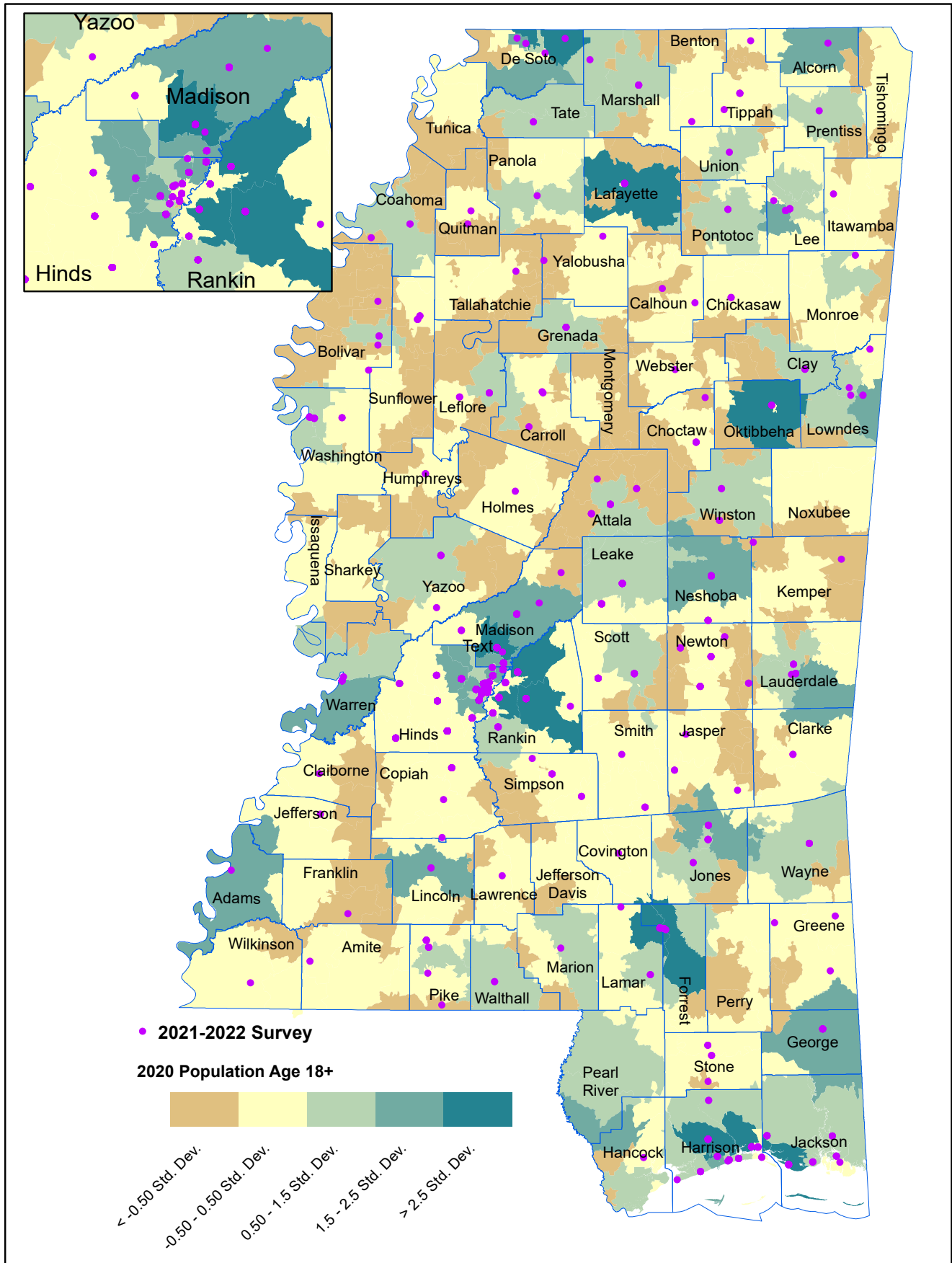
Figure 2 Location of 2021-2022 survey by zip code

QUALITATIVE DATA COLLECTION

Focus groups and interviews were conducted in-person or via WebEx by UMMC staff trained in qualitative methods with 16 external stakeholder groups. These groups consisted of 5 to 10 individuals from community based-organizations, academic institutions, churches, and healthcare organizations. A total of 92 participants were given background information on the CHNA and asked to provide input on health issues and factors, available health-related resources, barriers to optimal health, social influences, and potential solutions to improve the health of Mississippians. The focus group sessions were digitally recorded with the permission of the participants and transcribed. Two staff members reviewed transcripts to code and catalog key themes.

The organizations represented at the focus group sessions included the following:

- American Cancer Society
- American Heart Association
- Center for Mississippi Health Policy
- Coastal Family Health Center
- Enterprise Church of Christ
- Human Rights Campaign
- Inverness Elementary School Parents
- Mississippi Food Network
- Mississippi Hospital Association
- Mississippi Public Health Institute
- Mississippi State Department of Health
- Myrlie Evers-Williams Institute for the Elimination of Health Disparities (MEWI) Community Advisory Board
- My Brother's Keeper
- UMMC Family Advisory Support Team
- UMMC Patient and Advisory Council
- William Carey University
- Teachers, brokers, religious leaders, politicians, bankers/finance managers

Interview participants included representatives from community-based organizations, academic institutions, health care organizations, private businesses, local school districts, health insurance organizations, city/county administrative offices, the Mississippi Senate, emergency management agencies, food suppliers, financial organizations, and religious organizations. When provided permission, the semi-structured interviews were digitally recorded and transcribed. Two staff members reviewed transcripts to code and catalog key themes.

Focus Group and Interview Questions

1. What do you consider the top three (3) health issues in your community?
2. What three (3) things outside of medical care do you think impact the health of people in your community the most?
3. What factors do you think contribute to good health in your community?
4. What barriers do members of your community face related to being healthy?
5. What are ways UMMC can engage community organizations, groups, and leaders to improve health in your community?
6. How do social determinants of health (i.e. housing, transportation, economic stability, neighborhood and the built environment, etc.) impact the health and well-being of adults in your community?
7. What is the number one issue you would like to see addressed to improve health in your community?

RESULTS

60.7% of all respondents were from the Jackson Metropolitan Area

- 10.4% Madison
- 9.9% Rankin
- 40.0% Hinds

3 Most Critical Health Issues
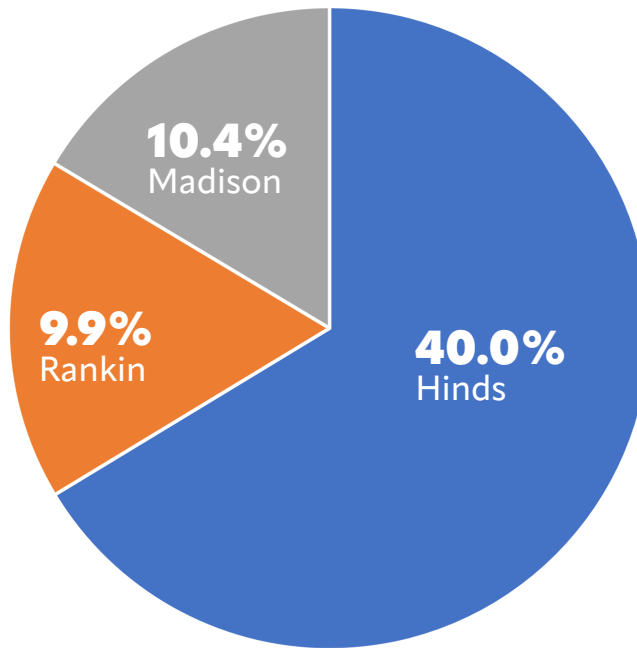
- 32.0% Obesity
- 51.3% Hypertension
- 49.8% Type II Diabetes Mellitus
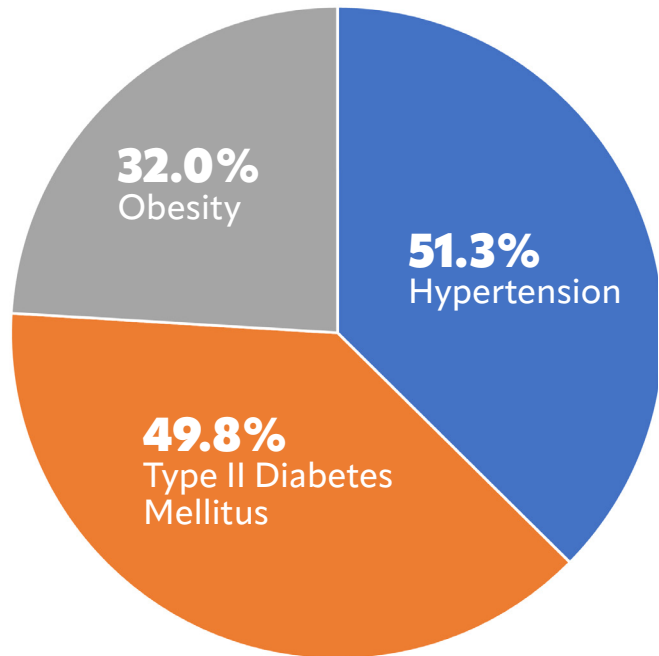
Top 3 Social Determinants of Health

→ **Access to healthy food**

→ **Access to health care**

→ **Access to health insurance**

The majority (60.7%) of all respondents were from the Jackson Metropolitan Area including Hinds (40.0%), Madison (10.4%), and Rankin (9.9%) counties. race (White/Black) and ethnicity (H/L), sex, education, and age. Unemployed (29.8% - US 39%, MS 47%)

The survey, interview, and focus group participants identified type II diabetes mellitus (49.8%), hypertension (51.3%), and obesity

(32.0%) as the most critical health issues. Four influential health factors resulted from our analysis. Themes represent contributing factors to health and participant-recommended prevention and treatment strategies to improve community health.

The top 3 determinants of health included access to healthy food, access to health care, and access to health insurance.

The 3 most important health behaviors included diet, physical activity, and stress management.

KEY FINDING 1:

Nutritious food is good medicine – when available, affordable, and consumed.

BUILT & SOCIAL ENVIRONMENT

72.8% had access to a supercenter and/or supermarket within 5 miles of their home

17.2% said lack of access to affordable and healthy food contributes to poor health

18.3% said access to affordable healthy food contributed to good health

19.4% said poor nutrition is related to poor health

Outside of the clinical care setting, food insecurity and food inequity were the most critical barriers to optimal health. The culture of food and healthy food access, availability, and affordability were drivers of health outcomes. Nutrition education and skills for making healthy food choices and food preparation were lacking in communities with limited resources.

"There are a lot of issues related to food insecurity. Not just access to fresh fruit and produce, they don't have access to food at all."

Suggestions to address food insecurity and promote food equity included healthy food pantries, community-led gardens, and farmers' markets. Schools were recognized as a community resource with the potential to address food insecurity, improve dietary quality, increase nutritional knowledge, and promote healthy eating habits in kids and families.

"School lunch programs need to be healthier; send students home with nutritional foods in a backpack."

KEY FINDING 2:

Health can be realized when the built and social environments are supportive of healthy living.

12.9% were concerned about bugs in their home

8.5% were concerned about mold in their home

9.1% had housing but were concerned about losing it

The built and social environments were important to health and health equity. Factors that contributed to poor health included limited or lack of access to 1) quality education, 2) affordable housing, 3) safe, physical activity-friendly resources and recreational spaces, and 4) clinical and public health care resources, which were compounded by inadequate health insurance and transportation. These

Figure 3

Health &
Wellbeing

Health care
coverage

Housing

Physical
activity and
food setting

Education, job training, employment opportunities

groups. Improving the quality of education and increasing educational attainment followed by job training and gainful employment opportunities were thought to be part of the many solutions needed to address barriers and improve community health **(Figure 3)**.

Physical activity-friendly communities were defined by the presence of parks, open green spaces, walking and biking trails,

14.1%	said a lack of access to healthcare services contributed to poor health
10.9%	said increased access to overall health care would improve health
11.2%	said increased access to mental health care services would improve health
14.1%	said lack of stress management contributes to poor health

and neighborhood sidewalks. Participants mentioned the importance of community safety and social connectedness to promote physical activity.

"Safety is a barrier in our community. Some of our parks do not feel safe for members of the community."

"People having others to motivate them to participate in physical activity; or, seeing others in their communities walk and take jogs. Community coaches may help."

barriers were thought to be most salient in rural communities and communities with high poverty and crime levels.

The importance of alleviating social needs was acknowledged in all interviews and focus

18.6%	lack physical activity contributed to poor health
57.0%	did not have access to a bike or walking trail in or near their neighborhood
17.9%	said their neighborhood was unsafe from crime
8.4%	said community safety would improve the health of their community
46.6%	said they sometimes, often, or always felt isolated from those around them

KEY FINDING 3:

The availability of healthcare resources, the delivery of healthcare services, and access to health insurance impact healthcare utilization.

Access to healthcare

18.3% contributes to good health and health insurance (12.5%)

13.7% said they had difficulty accessing cardiology specialty care

The availability and accessibility of medical and public health care resources were important to improving health. While the physical presence of community health centers was considered ideal, having reliable and affordable transportation, health care coverage, and reliable broadband made connecting to care at any distance possible. Specific requests were

55.6%	said their community was in poor or fair health
49.7%	said they utilize telehealth services
16.7%	said they do not know how to use telehealth
39.0%	preferred in-person care

made for affordable transportation options, adequate health care coverage, access to and awareness of telehealth services, after-hours clinical care, and continuous access to preventive care and postpartum care for women.

Reasons For Not Seeking Medical Care

8.7% Fear or Distrust

19.2% Cost

13.2% Lack of Insurance
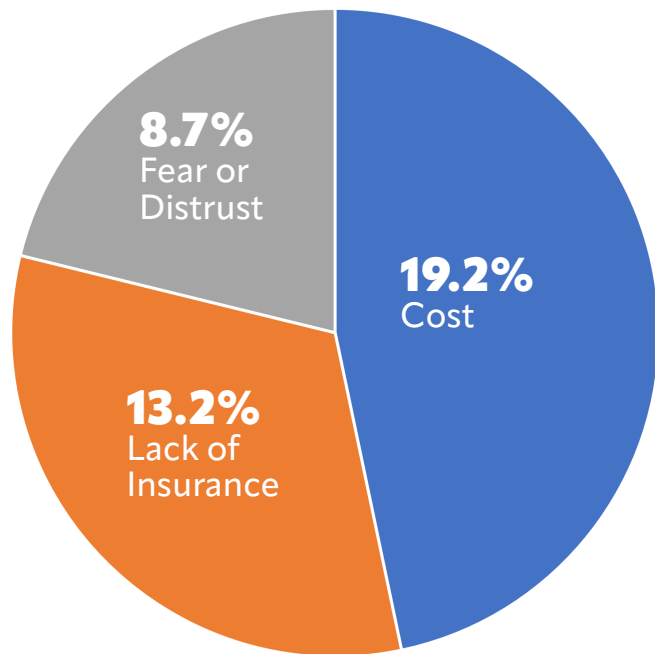
KEY FINDING 4:

Communication builds trust.

The reasons for not seeking medical care included cost (19.2%), lack of insurance (13.2%), and fear or distrust of the healthcare system (8.7%).

Relationships between patients and providers and limited opportunities to create relationships with providers contributed to distrust and fear of health care providers. Patient engagement interventions were suggested to develop positive rapport and empower patients to manage their health. A lack of diversity in health care providers contributed to distrust and it was clear, Mississippi needs a well-trained and diverse health care workforce. Enhancing the workforce in this way, would improve communication.

"Racial distrust is a barrier to health in my community. Trust and fear need to be addressed."

"Lack of diversity with health clinicians and distrust of information [are barriers to health in my community]."

Misinformation and lack of information about health were barriers, particularly in rural Mississippi. Resources to improve communication between health leaders like UMMC, the Mississippi State Department of Health, and communities are needed to convey accurate and reliable information. UMMC needs to bring reliable information to communities using digital technology and via trusted members of the community. Health literacy was also named as a barrier to health and improving health literacy in youth was recommended.

"People don't know. They do not know what they do not know. Someone needs to tell, help them."

"Access to the correct information is important too. Some people retrieve information via social media, and this is not always correct."

"People trust those close to them and in their community. By and large – distrust and fear of information [is a barrier] – what is the right information?"

"Demographic equality impacts health, certain information may reach low crime areas that don't reach high crime areas. The scale isn't balanced in Mississippi."

Another important aspect of communication included communities feeling supported and heard by their elected officials, policymakers, and organizational leaders. Participants wanted leaders to advocate for Medicaid expansion and increased availability, reliability, and quality of broadband. Enhancing connectivity is critical to scaling telehealth care services.

"There needs to be better networking and implementation through city leaders – UMMC needs to work with city leaders."

"I cannot even watch a news station using my home internet and I have the best service that is offered. How in the world would I trust having a medical appointment using telehealth?"

KEY FINDING 5:

A strong UMMC presence in all communities will foster communication, build trust, and improve access to primary, specialty, and preventive healthcare.

Participants expressed the need for UMMC to break down silos to initiate partnerships and communication. Focusing their efforts on community engagement, awareness, and activation was described as critical. Increasing the availability of telehealth services, supporting peer provider roles and train-the-trainer programs, and conducting community health education were suggested as approaches that may support this goal.

"What can we say, people in the community uniting together to help each other, forming those kinds of networks, but UMMC have the framework for the partnerships that are in place and is the heart of the state. This is

a valuable resource but the linkage to the community is vital."

"Get more people out in the community and be more visible, more vocal. Let people know that UMMC supports diverse groups."

"Where does UMMC stand on diversity? The community wants and needs to know – because they don't."

IMPLEMENTATION PLAN

Topic	Goal	Collaborations
Healthy food environment		
MEWI dietician	By 2024, provide medical nutrition therapy to improve health outcomes among UMMC patients and their families (n=10,000) through nutritional services (i.e., food pantry, dining on a dollar) provided by the MEWI.	• Adult Specialty Care Clinic • Mississippi Accredited Dietetics programs • American Heart Association • American Cancer Society
Food systems coordination	By 2024, expand the MEWI food pantry initiative to include healthier foods and to reach two additional communities.	• Mississippi Food Network • Southern Foodways Alliance
Healthy Cooking Demonstrations	By 2024, video-record and digitally disseminate five (5) healthy food demonstrations.	• Johnson & Johnson • Department of Preventive Medicine, UMMC • Nick Wallace, Chef • Jeff Good, business owner
Community engagement, awareness, and activation		
Social Marketing Strategy	By 2024, develop a social media marketing campaign for the Diabetes Prevention Program.	• Mississippi Public Broadcast • Southern Remedy • WLBT news station • Radio Stations • Mississippi State Department of Health
Food panel	By 2024, invite one panel of food sociologists to raise awareness in the medical community of the interaction of race, place, and health.	• Southern Foodways Alliance • School of Medicine, UMMC • Mississippi Urban League • Mississippi Food Network • Dr. Ewoodzie and panel

UMMC community presence			
Interdisciplinary Healthcare Internship	By 2024, develop and pilot an interdisciplinary internship with six students to increase representation of historically marginalized populations in health professions.	• Alcorn State University • Jackson State University • Tougaloo College • MS Valley State University	
Statewide School-based Telehealth Program	By 2024, equip 144 school districts with telehealth technology to deliver emergent care, behavioral health, dental care, and obesity treatment to students (400,000) while at school.	• Mississippi State Department of Education • Center for Telehealth, UMMC • School of Dentistry, UMMC • John D. Bower School of Population Health, UMMC • School of Medicine, UMMC	
UMMConnect	By 2024, revise the web page for the MEWI to highlight community partners and available resources.	• UMMC Marketing Team • America Heart Association • American Cancer Society • Jackson Medical Mall Foundation • Mississippi State Department of Health • Mississippi Food Network • Community Colleges	

REFERENCES

1. Braveman P and Gottlieb L. The social determinants of health: it's time to consider the causes of the causes. Public Health Rep. 2014.129 Suppl 2(Suppl 2), 19–31. https://doi.org/10.1177/00333549141291S206

2. U.S. Census Bureau. (2021). Quick facts: Mississippi. United States Census Bureau. https://www.census.gov/quickfacts/MS

3. U.S. Census Bureau. (2020). American Community Survey 1-year estimates. Census Reporter Profile page for Mississippi. http://censusreporter.org/profiles/04000US28-mississippi/

4. United Health Foundation. (2022). America's Health Rankings analysis of America's Health Rankings composite measure. https://www.americashealthrankings.org/explore/states/MS.

5. Data USA. (2021). Mississippi. https://datausa.io/profile/geo/mississippi

6. Spotlight on Poverty & Opportunity. (2022). Mississippi. https://spotlightonpoverty.org/states/mississippi/

7. Mississippi Department of Education (2021). Accountability data. https://msrc.mdek12.org/entity?EntityID=0000-000&SchoolYear=2020

8. Mississippi Public School Consortium (n.d.). Bringing blended AP STEM coursework to Mississippi's most talented students. https://www.educationaccessms.org/

9. Health IQ (2021). Health literacy in the United States. https://www.healthiq.com/health-literacy

APPENDIX A

Mississippi

AMERICA'S
HEALTH RANKINGS®
UNITED HEALTH FOUNDATION
www.AmericasHealthRankings.org

Summary

Low Disparities[1]

- Between metropolitan[2] and non-metropolitan[2] areas for low birthweight
- Between those with less than a high school education[3] and some college education[3] for excessive drinking
- Between metropolitan[2] and non-metropolitan[2] areas for uninsured

High Disparities

- Between those with less than a high school education[2] and college graduates[3] for physical inactivity
- Between Asian/Pacific Islander[2] and white[3] adults for dedicated health care provider
- Between those with less than a high school education[2] and college graduates[3] for poverty

[1] Low disparities within a state does not indicate that all populations are doing well. Consider rates in comparison to national averages.
[2] Rates worse than national average. [3] Rates same or better than national average.

Highlights

24% ▼ **Infant Mortality** in Black infants between 2003-2006 and 2015-2018 from 15.3 to 11.6 deaths (before age 1) per 1,000 live births

31% ▼ **Less Than a High School Education** in the female population between 2005-2009 and 2015-2019 from 19.8% to 13.7%

29% ▼ **Avoided Care Due to Cost** in Black adults between 2011-2013 and 2017-2019 from 29.0% to 20.5%

36% ▲ **Asthma** in adults with some college education between 2011-2013 and 2017-2019 from 6.7% to 9.1%

39% ▲ **Food Insecurity** in white households between 2003-2007 and 2015-2019 from 9.1% to 12.6%

30% ▲ **Diabetes** in adults with less than a high school education between 2011-2013 and 2017-2019 from 18.3% to 23.7%

Trends

High Health Status by Race & Ethnicity

Legend: American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, Multiracial, White
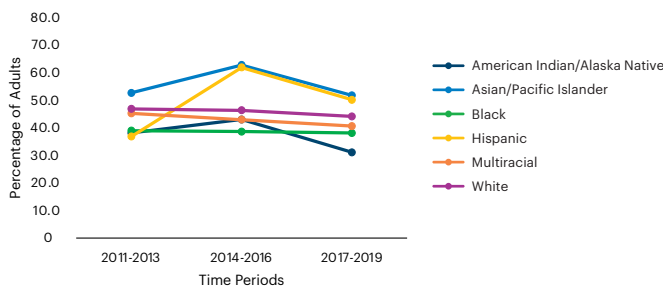
Frequent Mental Distress by Education

Legend: Less than High School, High School Graduate, Some College, College Graduate
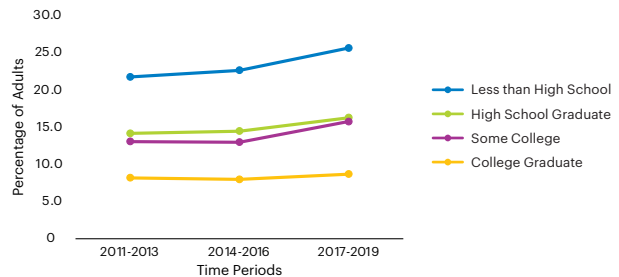
Income Inequality

Income inequality measures the ratio of median household income of the 20% richest to the 20% poorest. A high ratio indicates greater income inequality. Research demonstrates an association between greater income disparity and poorer population health.

In Mississippi, income inequality has increased since 2011. Mississippi's ratio is currently higher than the national ratio.

Legend: National, Mississippi

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

APPENDIX B

Mississippi
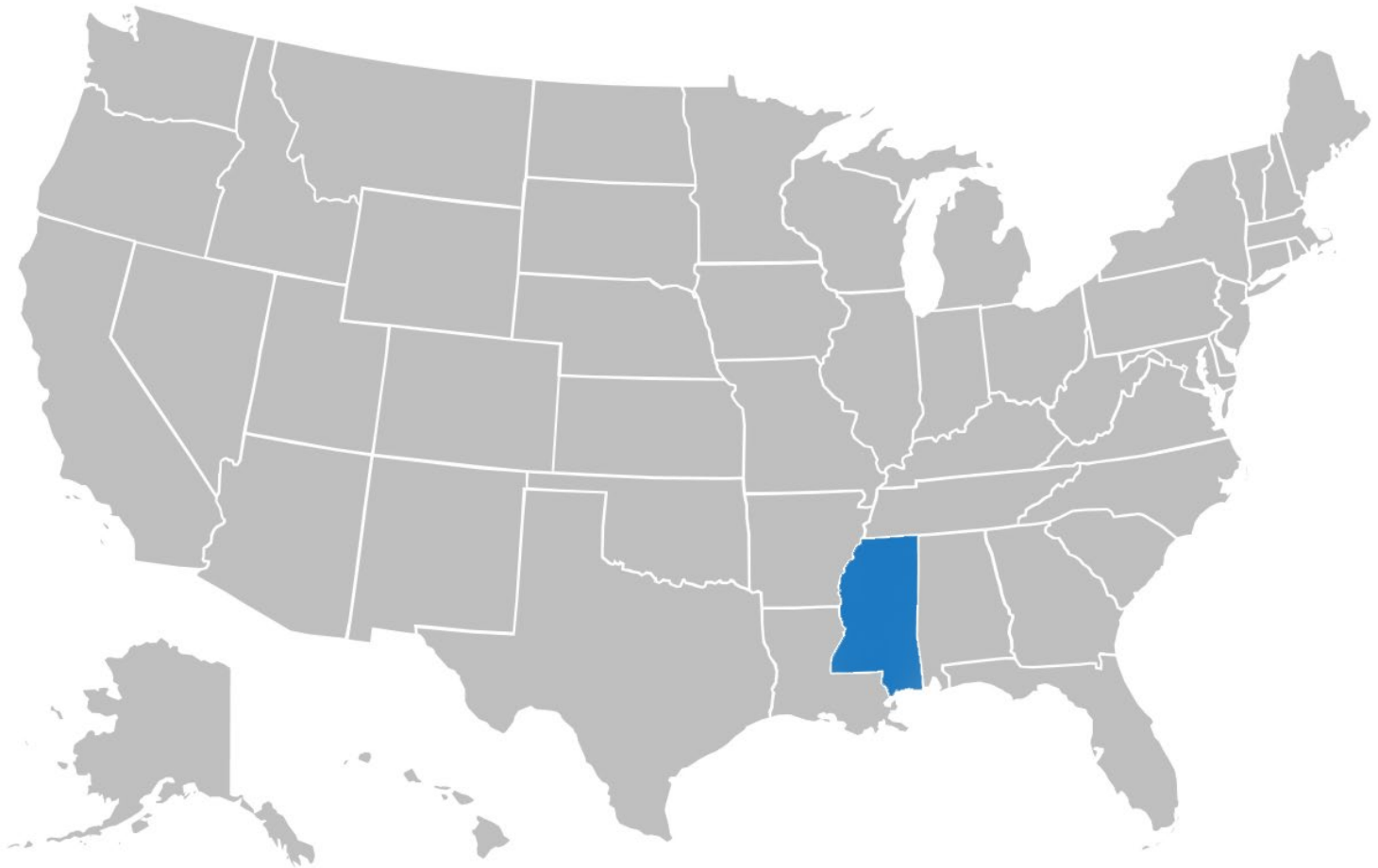
2020 County Health Rankings Report

2020 County Health Rankings for the 82 Ranked Counties in Mississippi

County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors	County	Health Outcomes	Health Factors
Adams	60	56	Grenada	69	33	Lincoln	26	17	Simpson	32	46
Alcorn	42	14	Hancock	6	23	Lowndes	16	8	Smith	27	29
Amite	25	50	Harrison	12	28	Madison	1	1	Stone	22	21
Attala	40	32	Hinds	37	39	Marion	59	47	Sunflower	72	77
Benton	52	55	Holmes	77	81	Marshall	38	53	Tallahatchie	57	59
Bolivar	63	63	Humphreys	66	75	Monroe	24	22	Tate	19	38
Calhoun	34	43	Issaquena	73	78	Montgomery	61	48	Tippah	44	24
Carroll	14	16	Itawamba	13	9	Neshoba	67	62	Tishomingo	51	30
Chickasaw	50	51	Jackson	9	12	Newton	39	35	Tunica	70	67
Choctaw	43	34	Jasper	41	49	Noxubee	58	69	Union	8	11
Claiborne	79	79	Jefferson	81	82	Oktibbeha	17	7	Walthall	31	61
Clarke	49	31	Jefferson Davis	76	68	Panola	47	57	Warren	54	44
Clay	23	37	Jones	35	26	Pearl River	18	19	Washington	71	71
Coahoma	80	74	Kemper	68	65	Perry	21	54	Wayne	28	60
Copiah	46	52	Lafayette	4	5	Pike	62	58	Webster	20	20
Covington	56	41	Lamar	3	3	Pontotoc	10	18	Wilkinson	74	76
DeSoto	5	4	Lauderdale	30	13	Prentiss	48	27	Winston	55	42
Forrest	36	10	Lawrence	53	45	Quitman	78	80	Yalobusha	45	40
Franklin	29	15	Leake	33	64	Rankin	2	2	Yazoo	64	70
George	11	36	Lee	15	6	Scott	65	66			
Greene	7	25	Leflore	75	73	Sharkey	82	72			

For more information on how these ranks are calculated, view the tables at the end of this report and visit

www.countyhealthrankings.org

**Stay Up-To-Date with County Health Rankings & Roadmaps**

For the latest updates on Rankings, What Works for Health, community support, RWJF Culture of Health Prize communities, Action Learning Guides, and more visit www.countyhealthrankings.org. You can see what we're featuring on our webinar series, what communities are doing to improve health, and how you can get involved!

The County Health Rankings & Roadmaps (CHR&R) lifts up actionable data, evidence, guidance, and stories for communities to make it easier for people to be healthy in their neighborhoods, schools, and workplaces. Ranking the health of nearly every county in the nation (based on the model below), CHR&R illustrates what we currently know when it comes to what is keeping people healthy or making them sick and shows what we can do to create healthier places to live, learn, work, and play.

What are the County Health Rankings?

Published online at **www.countyhealthrankings.org**, the Rankings help us understand what influences our health and how long and well we live. The Rankings are unique in their ability to provide measures of the current overall health of each county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, children in poverty, and teen births.

For the past 10 years, communities have used the Rankings to garner support for local health improvement initiatives by engaging government agencies, health care providers, community organizations, business leaders, policymakers, and the public.

County Health Rankings model © 2014 UWPHI
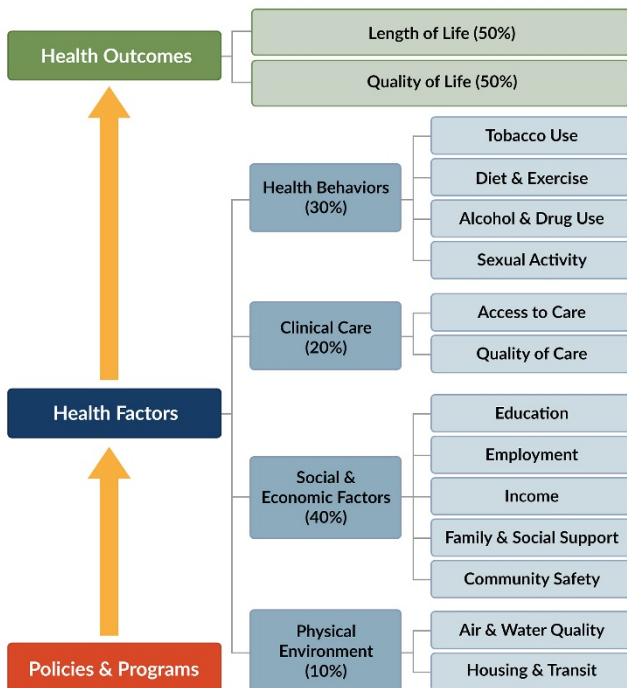
Moving with Data to Action

The **Take Action to Improve Health** section of our website helps communities join together to look at the many factors influencing health, select strategies that work, and make changes that can have a lasting impact. Take Action to Improve Health is a hub for information to help any community member or leader who wants to improve their community's health and foster health equity. You will find:

- **What Works for Health**, a searchable menu of evidence-informed strategies that can make a difference locally;
- **The Action Center**, your home for step-by-step guidance and tools to help you move with data to action;
- **Action Learning Guides**, self-directed learning modules combining guidance, tools, and hands-on practice and reflection activities on specific topics;
- **The Partner Center**, information to help you identify the right partners and explore tips to engage them.

Ensuring Healthy Places for All

Communities thrive when all people can be healthy in their neighborhoods, schools, and workplaces. CHR&R brings actionable data and strategies to communities working to ensure that healthy places are available to all. Pages 4 and 5 of this report highlights how health outcomes and health factors differ by place within your state. On pages 6 and 7, we illustrate how health differs among racial/ethnic groups within places.

The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation.

What are Health Outcomes?

Everyone wants to experience long and healthy lives, yet places have different resources and opportunities. To understand the health outcomes in a community, we measure both length and quality of life by county within Mississippi.

Length of Life

Premature death

(years of potential life lost before age 75)

Quality of Life

Self-reported health status

Percent of low birthweight newborns
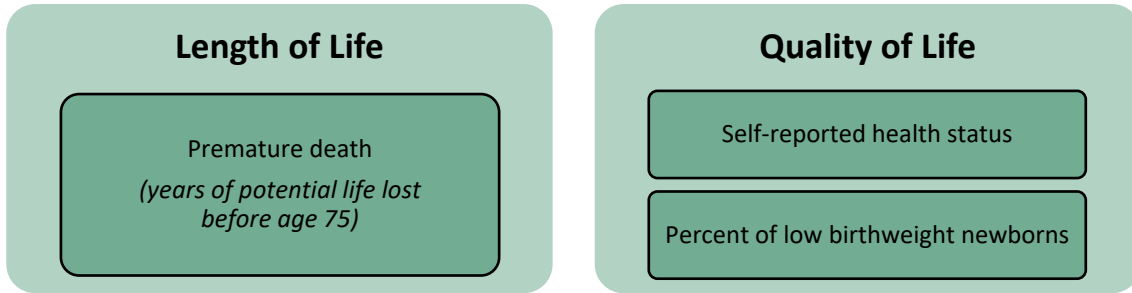
How Do Counties Rank for Health Outcomes?

The green map shows the distribution of Mississippi's **health outcome ranks** across counties. The map is divided into four quartiles with less color intensity indicating better health outcomes in the respective summary rankings. Specific county ranks can be found in the table on page 2.

Detailed information on the measures and their associated weights is available on page 9. You can also learn about how we calculate health outcome ranks at **www.countyhealthrankings.org**.

What Do Differences Between Ranks Mean?

Counties are ordered by the health outcome rank, with a top-ranked county (rank = 1) having the best health outcome score. Ranks are easy to communicate, but they mask differences in health within counties and from one ranked county to the next. The chart next to the map shows the spread of health outcome scores (ranks) for each county (green circles) in Mississippi. This graphic shows the size of the gap *between* ranked counties. The different background colors correspond to the four quartiles used in the map.

Figure 1. Health outcome ranks displayed using quartiles (map) and underlying health outcome scores (chart)

What are Health Factors?

Many factors shape our opportunities to be healthy and influence how well and how long we live. Health factors represent the things we can change to improve health for all, like opportunities for quality education, good paying jobs, access to quality clinical care, healthy foods, green spaces, and secure and affordable housing. We measure four health factor areas.

Health Behaviors	Clinical Care	Social and Economic Factors	Physical Environment
Tobacco use	Access to care	Education	Air & water quality
Diet & exercise		Employment & income	
Alcohol & drug use	Quality of care	Family & social support	Housing & transit
Sexual activity		Community safety	

How Do Counties Rank for Health Factors?

The blue map shows the distribution of Mississippi's **health factor ranks** across counties. The map is divided into four quartiles with less color intensity indicating better health factors in the respective summary rankings. Specific county ranks can be found in the table on page 2.

Detailed information on the measures and their associated weights is available on page 9. You can also learn about how we calculate health factor ranks, at **www.countyhealthrankings.org**.

What Do Differences Between Ranks Mean?

Counties are ordered by the health factor rank, with a top-ranked county (rank = 1) having the best health factor score. As previously noted, ranks mask differences in the opportunity for health within counties and from one county to the next. The chart next to the map shows the spread of health factor scores (ranks) for each ranked county (blue circles) in Mississippi. This graphic shows the size of the gap *between* ranked counties. The different background colors correspond to the four quartiles used in the map.
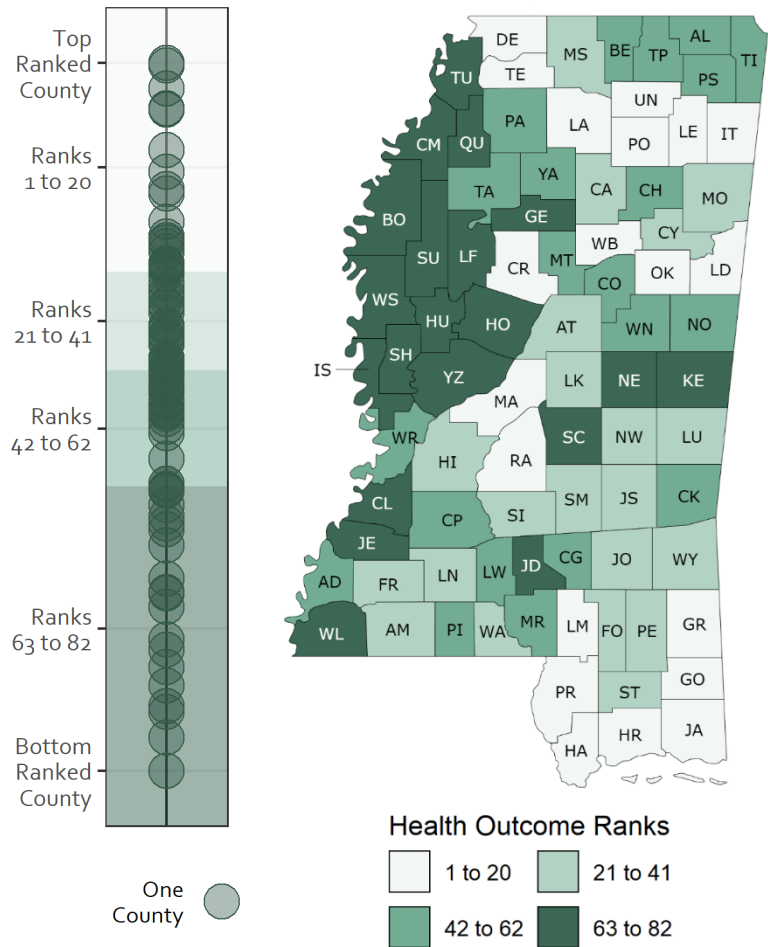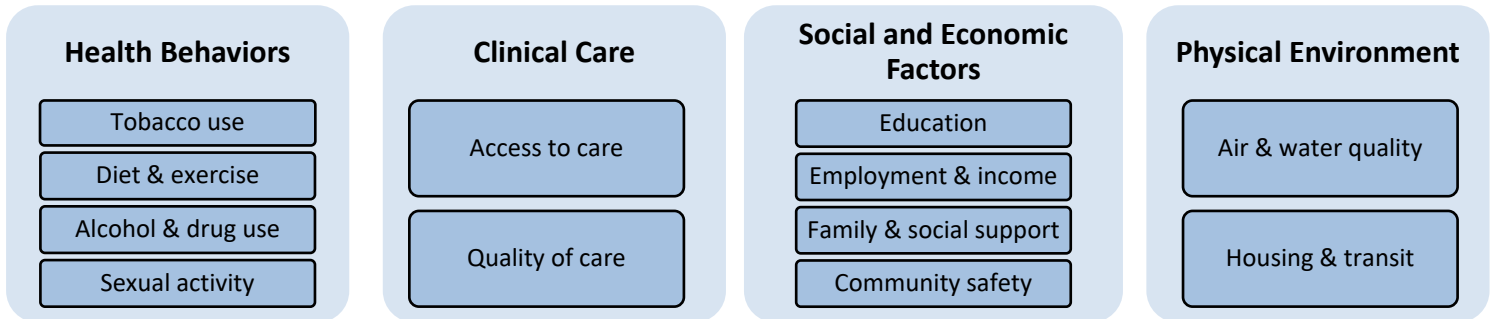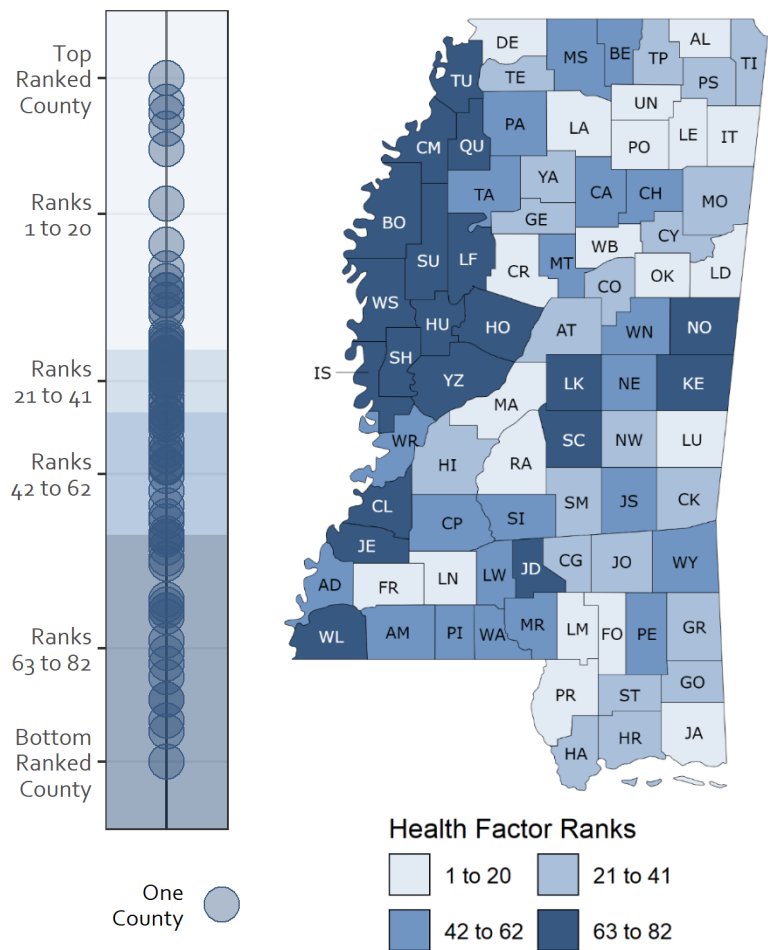
Figure 2. Health factor ranks displayed using quartiles (map) and underlying health factor scores (chart)

Growing Healthy Places Means Ensuring Opportunities for All

Health is influenced by every aspect of how and where we live. Access to secure and affordable housing, safe neighborhoods, good paying jobs and quality early childhood education are examples of important factors that can put people on a path to a healthier life. But access to these opportunities often looks different based on where you live, the color of your skin, or the circumstances you were born into. Data show a persistent pattern in barriers to opportunity for people with lower incomes and for communities of color across the United States. Patterned differences in a range of health factors emerge from unfair policies and practices at many levels and over many decades.

Copyright 2019 Brian Adams. Photo courtesy of the Robert Wood Johnson Foundation.

A Pattern of Unfair Differences Exists for People with Lower Incomes and Communities of Color in:

- Access to Care
- Air and Water Quality
- Availability of Healthy Foods
- Community Safety
- Educational Supports
- Employment Opportunities
- Housing Opportunities
- Income
- Quality of Care

Using Data for Action

Achieving health equity means reducing and ultimately eliminating unjust and avoidable differences in opportunity and health. Our progress toward health equity will be measured by how health disparities change over time. Visit **www.countyhealthrankings.org** to learn more about:

1. Health outcome and factor measures for your state and county;
2. Measures that have data available for racial and ethnic groups to illuminate differences in opportunities for health in your state and county;
3. Additional data resources for Mississippi that provide information about health and opportunity among other subgroups, such as gender, age, or zip code.

What Has Been Done Can Be Undone

Many communities are mobilizing state and local efforts to harness the collective power of community members, partners, and policymakers – working together to dismantle unfair patterns and ensure the growth of healthy places for all. To learn from others who are igniting possibilities and inspiring action, visit our **Learn from Others** page at www.countyhealthrankings.org.

Opportunities for Health Within Mississippi Counties

A healthy beginning is essential to a healthy future for our children and our communities. **Children in poverty** is a measure of both current and future opportunities for the health of the community. Patterns of unfair and avoidable differences at the local, state, and national level exist among racial and ethnic groups for children living in poverty.

The graphic below shows the patterns of children living in poverty for individual counties in Mississippi and among racial and ethnic groups within counties of Mississippi. It also shows the data for all counties across the nation in the gray circles beneath the Mississippi data.

Children Living in Poverty in Mississippi
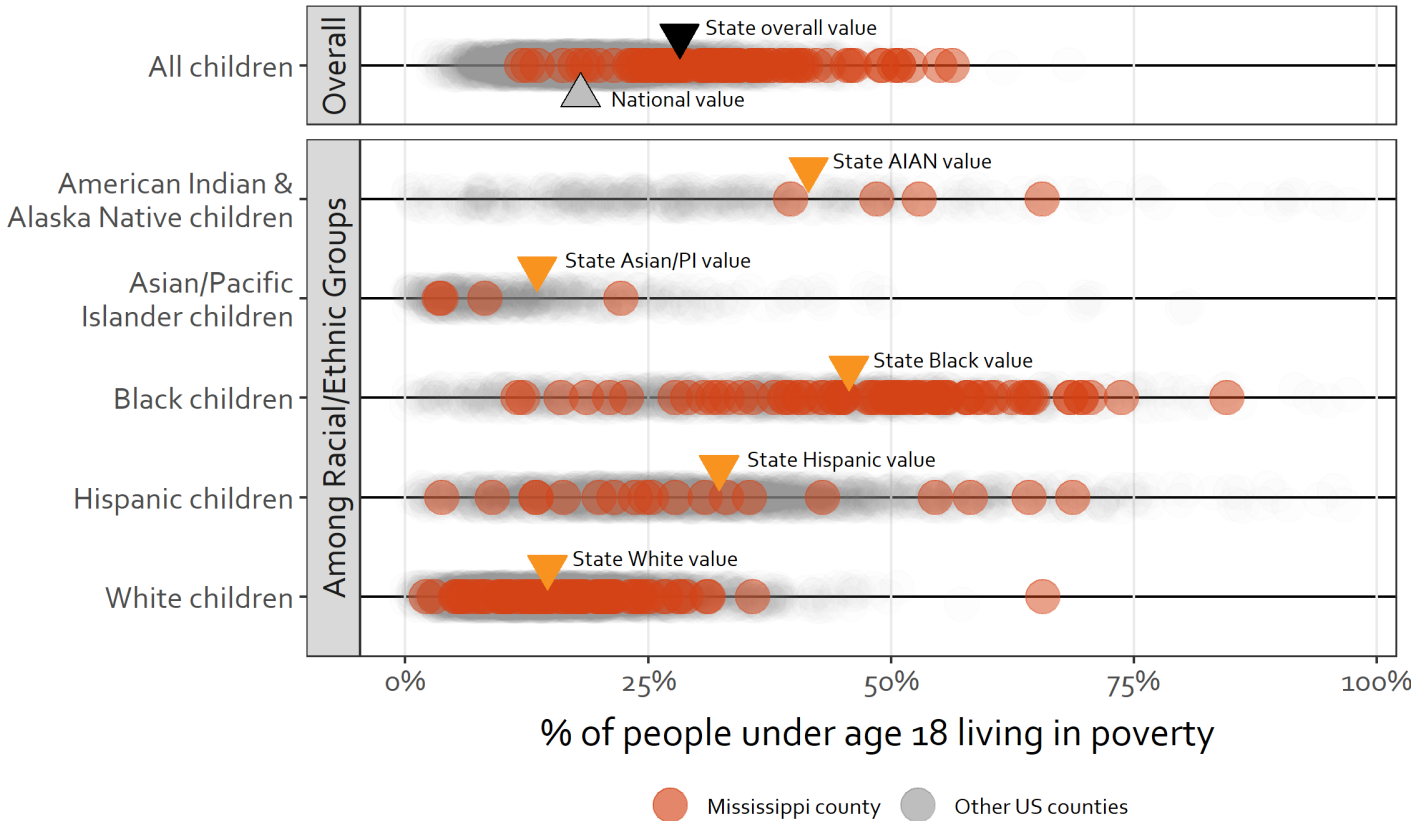
Note: Extreme values or missing/suppressed values can occur in places with small populations.

Key Takeaways for Children Living in Poverty in Mississippi

Overall
- 28% of Mississippi children are living in poverty, higher than the national average of 18%.
- Rates for children living in poverty range from 12% to 56% across Mississippi counties.

Among Racial & Ethnic Groups
- Rates for children living in poverty differ among racial and ethnic groups in Mississippi and the nation.
- In Mississippi, state values (orange triangles) range from 14% for Asian/Pacific Islander children to 46% for Black children.
- Within Mississippi counties (orange circles) and US counties (gray circles), rates of children living in poverty also vary among racial and ethnic groups.

Want to learn more? Visit our State Reports page at _www.countyhealthrankings.org_ to interact with the data and explore patterns in other measures by place and among racial and ethnic groups.

2020 County Health Rankings for Mississippi: Measures and National/State Results

Measure	Description	US	MS	MS Minimum	MS Maximum
HEALTH OUTCOMES					
Premature death*	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	6,900	10,400	7,000	17,600
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted).	17%	24%	17%	38%
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	3.8	4.8	3.6	6.2
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	4.0	5.0	3.9	5.6
Low birthweight*	Percentage of live births with low birthweight (< 2,500 grams).	8%	12%	8%	24%
HEALTH FACTORS					
HEALTH BEHAVIORS					
Adult smoking	Percentage of adults who are current smokers.	17%	22%	15%	28%
Adult obesity	Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2.	29%	37%	27%	54%
Food environment index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	7.6	4.0	1.5	8.2
Physical inactivity	Percentage of adults age 20 and over reporting no leisure-time physical activity.	23%	32%	22%	44%
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity.	84%	54%	0%	81%
Excessive drinking	Percentage of adults reporting binge or heavy drinking.	19%	14%	9%	18%
Alcohol-impaired driving deaths	Percentage of driving deaths with alcohol involvement.	28%	20%	0%	73%
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population.	524.6	708.7	255.9	1,895.5
Teen births*	Number of births per 1,000 female population ages 15-19.	23	36	10	76
CLINICAL CARE					
Uninsured	Percentage of population under age 65 without health insurance.	10%	14%	10%	20%
Primary care physicians	Ratio of population to primary care physicians.	1,330:1	1,890:1	1,340:0	730:1
Dentists	Ratio of population to dentists.	1,450:1	2,120:1	1,310:0	960:1
Mental health providers	Ratio of population to mental health providers.	400:1	630:1	14,470:1	170:1
Preventable hospital stays*	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	4,535	6,085	3,223	11,397
Mammography screening*	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	42%	39%	19%	48%
Flu vaccinations*	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	46%	41%	15%	54%
SOCIAL & ECONOMIC FACTORS					
High school graduation	Percentage of ninth-grade cohort that graduates in four years.	85%	83%	72%	93%
Some college	Percentage of adults ages 25-44 with some post-secondary education.	66%	60%	29%	78%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	3.9%	4.8%	3.4%	13.3%
Children in poverty*	Percentage of people under age 18 in poverty.	18%	28%	12%	56%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	4.9	5.3	3.7	8.5
Children in single-parent households	Percentage of children that live in a household headed by single parent.	33%	44%	22%	87%
Social associations	Number of membership associations per 10,000 population.	9.3	12.7	0.0	18.3
Violent crime	Number of reported violent crime offenses per 100,000 population.	386	279	26	755
Injury deaths*	Number of deaths due to injury per 100,000 population.	70	86	43	160
PHYSICAL ENVIRONMENT					
Air pollution - particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	8.6	9.9	8.7	10.7
Drinking water violations	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	N/A	N/A	No	Yes
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	18%	16%	9%	25%
Driving alone to work*	Percentage of the workforce that drives alone to work.	76%	85%	75%	93%
Long commute - driving alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	36%	32%	10%	60%

* Indicates subgroup data by race and ethnicity is available

2020 County Health Rankings: Ranked Measure Sources and Years of Data

	Measure	Weight	Source	Years of Data
HEALTH OUTCOMES				
Length of Life	Premature death*	50%	National Center for Health Statistics - Mortality Files	2016-2018
Quality of Life	Poor or fair health	10%	Behavioral Risk Factor Surveillance System	2017
	Poor physical health days	10%	Behavioral Risk Factor Surveillance System	2017
	Poor mental health days	10%	Behavioral Risk Factor Surveillance System	2017
	Low birthweight*	20%	National Center for Health Statistics - Natality files	2012-2018
HEALTH FACTORS				
HEALTH BEHAVIORS				
Tobacco Use	Adult smoking	10%	Behavioral Risk Factor Surveillance System	2017
Diet and Exercise	Adult obesity	5%	United States Diabetes Surveillance System	2016
	Food environment index	2%	USDA Food Environment Atlas, Map the Meal Gap from Feeding America	2015 & 2017
	Physical inactivity	2%	United States Diabetes Surveillance System	2016
	Access to exercise opportunities	1%	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2019
Alcohol and Drug Use	Excessive drinking	2.5%	Behavioral Risk Factor Surveillance System	2017
	Alcohol-impaired driving deaths	2.5%	Fatality Analysis Reporting System	2014-2018
Sexual Activity	Sexually transmitted infections	2.5%	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2017
	Teen births*	2.5%	National Center for Health Statistics - Natality files	2012-2018
CLINICAL CARE				
Access to Care	Uninsured	5%	Small Area Health Insurance Estimates	2017
	Primary care physicians	3%	Area Health Resource File/American Medical Association	2017
	Dentists	1%	Area Health Resource File/National Provider Identification file	2018
	Mental health providers	1%	CMS, National Provider Identification	2019
Quality of Care	Preventable hospital stays*	5%	Mapping Medicare Disparities Tool	2017
	Mammography screening*	2.5%	Mapping Medicare Disparities Tool	2017
	Flu vaccinations*	2.5%	Mapping Medicare Disparities Tool	2017
SOCIAL & ECONOMIC FACTORS				
Education	High school graduation	5%	EDFacts	2016-2017
	Some college	5%	American Community Survey, 5-year estimates	2014-2018
Employment	Unemployment	10%	Bureau of Labor Statistics	2018
Income	Children in poverty*	7.5%	Small Area Income and Poverty Estimates	2018
	Income inequality	2.5%	American Community Survey, 5-year estimates	2014-2018
Family and Social Support	Children in single-parent households	2.5%	American Community Survey, 5-year estimates	2014-2018
	Social associations	2.5%	County Business Patterns	2017
Community Safety	Violent crime	2.5%	Uniform Crime Reporting - FBI	2014&2016
	Injury deaths*	2.5%	National Center for Health Statistics - Mortality Files	2014-2018
PHYSICAL ENVIRONMENT				
Air and Water Quality	Air pollution - particulate matter[+]	2.5%	Environmental Public Health Tracking Network	2014
	Drinking water violations	2.5%	Safe Drinking Water Information System	2018
Housing and Transit	Severe housing problems	2%	Comprehensive Housing Affordability Strategy (CHAS) data	2012-2016
	Driving alone to work*	2%	American Community Survey, 5-year estimates	2014-2018
	Long commute - driving alone	1%	American Community Survey, 5-year estimates	2014-2018

* Indicates subgroup data by race and ethnicity is available

[+] Not available for AK and HI

2020 County Health Rankings: Additional Measure Sources and Years of Data

	Measure	Source	Years of Data
HEALTH OUTCOMES			
Length of Life	Life expectancy*	National Center for Health Statistics - Mortality Files	2016-2018
	Premature age-adjusted mortality*	National Center for Health Statistics - Mortality Files	2016-2018
	Child mortality*	National Center for Health Statistics - Mortality Files	2015-2018
	Infant mortality*	National Center for Health Statistics - Mortality Files	2012-2018
Quality of Life	Frequent physical distress	Behavioral Risk Factor Surveillance System	2017
	Frequent mental distress	Behavioral Risk Factor Surveillance System	2017
	Diabetes prevalence	United States Diabetes Surveillance System	2016
	HIV prevalence	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2016
HEALTH FACTORS			
HEALTH BEHAVIORS			
Diet and Exercise	Food insecurity	Map the Meal Gap	2017
	Limited access to healthy foods	USDA Food Environment Atlas	2015
Alcohol and Drug Use	Drug overdose deaths*	National Center for Health Statistics - Mortality Files	2016-2018
	Motor vehicle crash deaths*	National Center for Health Statistics - Mortality Files	2012-2018
Other Health Behaviors	Insufficient sleep	Behavioral Risk Factor Surveillance System	2016
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates	2017
	Uninsured children	Small Area Health Insurance Estimates	2017
	Other primary care providers	CMS, National Provider Identification	2019
SOCIAL & ECONOMIC FACTORS			
Education	Disconnected youth	American Community Survey, 5-year estimates	2014-2018
	Reading scores*+	Stanford Education Data Archive	2016
	Math scores*+	Stanford Education Data Archive	2016
Income	Median household income*	Small Area Income and Poverty Estimates	2018
	Children eligible for free or reduced price lunch	National Center for Education Statistics	2017-2018
Family and Social Support	Residential segregation - Black/White	American Community Survey, 5-year estimates	2014-2018
	Residential segregation - non-White/White	American Community Survey, 5-year estimates	2014-2018
Community Safety	Homicides*	National Center for Health Statistics - Mortality Files	2012-2018
	Suicides*	National Center for Health Statistics - Mortality Files	2014-2018
	Firearm fatalities*	National Center for Health Statistics - Mortality Files	2014-2018
	Juvenile arrests+	Easy Access to State and County Juvenile Court Case Counts	2017
PHYSICAL ENVIRONMENT			
Housing and Transit	Traffic volume	EJSCREEN: Environmental Justice Screening and Mapping Tool	2018
	Homeownership	American Community Survey, 5-year estimates	2014-2018
	Severe housing cost burden	American Community Survey, 5-year estimates	2014-2018

*Indicates subgroup data by race and ethnicity is available.

+ Not available in all states

See additional contextual demographic information and measures online at **www.countyhealthrankings.org**

Technical Notes and Glossary of Terms

What is health equity? What are health disparities? And how do they relate?

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Health disparities are differences in health or in the key determinants of health such as education, safe housing, and discrimination, which adversely affect marginalized or excluded groups.

Health equity and health disparities are closely related to each other. Health equity is the ethical and human rights principle or value that motivates us to eliminate health disparities. Reducing and ultimately eliminating disparities in health and its determinants of health is how we measure progress toward health equity.

Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What is Health Equity? And What Difference Does a Definition Make? Robert Wood Johnson Foundation. May 2017

How do we define racial and ethnic groups?

In our analyses by race and ethnicity we define each category as follows:

- Hispanic includes those who identify themselves as Mexican, Puerto Rican, Cuban, Central or South American, other Hispanic, or Hispanic of unknown origin and can be of any racial background.
- American Indian & Alaska Native (AIAN) includes people who identify themselves as American Indian or Alaska Native.
- Asian/Pacific Islander (Asian/PI) includes people who identify themselves as Asian or Pacific Islander.
- Black includes people who identify themselves as Black or African American.
- White includes people who identify themselves as White and do not identify as Hispanic.

Our analyses do not include people reporting more than one race, as this category was not measured uniformly across the data sources used in the County Health Rankings. These racial and ethnic categories can mask variation within groups and can hide historical context that underlies health differences.

We recognize that "race" is a social category, meaning the way society may identify individuals based on their cultural ancestry, not a way of characterizing individuals based on biology or genetics. A strong and growing body of empirical research provides support for the fact that genetic factors are not responsible for racial differences in health factors and very rarely for health outcomes.

How do we rank counties?

To calculate the ranks, we first standardize each of the measures using z-scores. Z-scores allow us to combine multiple measures because the measures are now on the same scale. The ranks are then calculated based on weighted sums of the measure z-scores within each state to create an aggregate z-score. The county with the best aggregate z-score (healthiest) gets a rank of #1 for that state. The aggregate z-scores are graphed next to the maps for health outcomes and health factors on pages 4 and 5 to show the distribution of the values that contribute to the rank. To see more detailed information on rank calculation please visit our methods in **Explore Health Rankings** on our website: www.countyhealthrankings.org.

Technical Notes:

- In this report, we use the terms disparities, differences, and gaps interchangeably.
- We follow basic design principles for cartography in displaying color spectrums with less intensity for lower values and increasing color intensity for higher values. We do not intend to elicit implicit biases that "darker is bad".
- Overall county level values of children in poverty are obtained from one-year modeled estimates from the Small Area Income and Poverty Estimates (SAIPE) Program. Because SAIPE does not provide estimates by racial and ethnic groups, data from the 5-year American Community Survey (ACS) was used to quantify children living in poverty by racial and ethnic groups.
- County-level data for children in poverty among racial and ethnic groups are not shown if the estimate was considered to be unreliable (confidence interval width was greater than 40% or value was 0% or 100%). Unreliable estimates are often due to a very small sample size.
- Given the suppression of data for small sample sizes particularly for county data by race, there may be a gap between the state value and the data for the county data that are available.
- In many of the images using one circle to depict a county the values are very close causing overlapping circles. In these cases, greater color intensity indicates overlapping of multiple counties.

Report Authors

Courtney Blomme, MS, RD
Anne Roubal, PhD, MS
Marjory Givens, PhD, MSPH
Sheri Johnson, PhD
Lawrence Brown, PhD

Suggested citation: University of Wisconsin Population Health Institute. County Health Rankings State Report 2020.

Research Assistance:

Molly Burdine	Joe Hinton, MA	Elizabeth Pollock, PhD
Amanda Gatewood, PhD	Hannah Olson-Williams	Jennifer Robinson
Keith Gennuso, PhD	Eunice Park, MIS	Matthew Rodock, MPH

With contributions from our CHR&R team including:
What Works for Health
Community Transformation
Operations
RWJF Culture of Health Prize

This work could not be done without our partnerships with:
The Centers for Disease Control and Prevention for providing us with key health indicators
Burness for supporting our communication efforts
Forum One for website design and support

This work is possible thanks to a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

County Health Rankings & Roadmaps
Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

University of Wisconsin Population Health Institute
610 Walnut St, #524, Madison, WI 53726 | (608) 265-8240 | info@countyhealthrankings.org

APPENDIX C

2021 UMMC Community Health Needs Assessment (CHNA) Survey

The University of Mississippi Medical Center is conducting this survey to better understand the health care needs in our communities. If you are 18-years or older and a resident of Mississippi, please take a few minutes to complete the survey. Your participation is completely voluntary and all your responses will be kept anonymous.

Thank you for your input!

Date

_____

Zip code

_____

What is your age group (in years)?

○ 18-24
○ 25-34
○ 35-44
○ 45-54
○ 55-64
○ 65-74
○ 75 years or older

What is your sex?

○ Male
○ Female
○ Prefer not to answer

Which one of the following is your race?

○ Black or African American
○ Native Hawaiian or Other Pacific Islander
○ American Indian or Alaska Native
○ White/Caucasian
○ More than one race
○ Other

Are you Hispanic or Latino/a?

○ Yes
○ No

What is the highest level of school you have completed?

○ Elementary school (5th grade or less)
○ Middle school (6th through 8th grades)
○ High school (9th through 12th grades)
○ Vocational school/Community College
○ College (4-year program)
○ Graduate/Professional school

Please use the following list to select the top 3 most important health issues in your community (choose up to 3):	☐ Asthma/Breathing problems ☐ Cancer ☐ Dementia/Alzheimer's ☐ Dental health ☐ Diabetes ☐ Heart disease ☐ High blood pressure ☐ HIV/AIDS ☐ Kidney disease ☐ Men's health ☐ Mental health ☐ Obesity ☐ Sexually transmitted infections (STIs) ☐ Sickle cell anemia ☐ Stroke ☐ Trauma ☐ Women's/Maternal health ☐ Other
Please use the following list to select the top 3 most important behaviors related to health (choose up to 3)	☐ Alcohol abuse ☐ Drug abuse ☐ Physical inactivity ☐ Poor nutrition ☐ Sleep ☐ Smoking/Tobacco/Vaping ☐ Stress management ☐ Violence/Crime
How would you describe the health of people in your community overall?	○ Excellent ○ Very good ○ Good ○ Fair ○ Poor
Which of these do you feel are the top contributors to GOOD health in your community (choose up to 3)?	☐ Access to affordable, healthy food ☐ Access to fitness or recreational facilities ☐ Access to healthcare services ☐ Access to parks and green spaces ☐ Adequate housing ☐ Affordable health insurance ☐ Affordable housing ☐ Availability of good jobs ☐ Availability of social services ☐ Support from churches or religious organizations ☐ Support from friends or family
Which of these do you feel are the top contributors to POOR health in your community (choose up to 3)?	☐ Air/water/land pollution ☐ Crime/violence ☐ Lack of access to healthcare services ☐ Lack of adequate housing ☐ Lack of affordable, healthy food ☐ Lack of affordable housing ☐ Lack of parks and green spaces ☐ Lack of social support from friends/family ☐ Limited social services ☐ No access to fitness facilities ☐ No access to good jobs ☐ No/poor health insurance ☐ Poorly functioning churches ☐ None of the above

REDCap®

What would improve YOUR health status within your community (choose up to 3)?	☐ Access to local parks and community classes ☐ After school programs ☐ Community activities ☐ Community safety ☐ Connections to resources/community agencies ☐ Dental care access ☐ Educational opportunities ☐ Employment opportunities ☐ Health care access ☐ Housing ☐ Mental health services ☐ Partnership with local police ☐ Public transportation ☐ Recreational opportunities ☐ Substance abuse support ☐ Trails and paths ☐ None of the above

33% Complete
.

In the past year, have you failed to get medical care when you were sick because of (select all that apply):	☐ Fear/distrust of the health system ☐ Lack of health insurance ☐ Lack of money ☐ Lack of transportation ☐ No services available in your area ☐ Not applicable
What type of provider is the most difficult to see in your community?	◯ Dental care ◯ Eye care ◯ Mental health ◯ Primary care (Family Doctor) ◯ Specialty care ◯ Substance abuse treatment/Smoking cessation ◯ I have no problems accessing providers
What type of specialty care provider is the most difficult to see in your area?	☐ Cardiology (Heart conditions) ☐ Dermatology (Skin conditions) ☐ Endocrinology (Diabetes) ☐ GI (stomach conditions) ☐ Mental Health ☐ Neurology (Brain or nerve conditions) ☐ OB/Gyn (Women's health) ☐ Oncology (Cancer) ☐ Orthopedics (Bone conditions) ☐ Urology (Urine problems)
Have you ever used telehealth for any health care services?	◯ Yes ◯ No
What prevented you from using telehealth services?	◯ I do not know how to use this ◯ I do not have internet service or a mobile smartphone ◯ I prefer to see someone face-to-face ◯ Not an option ◯ Not covered by my insurance plan ◯ Not interested in using this ◯ Other reason (please specify)
What prevented you from using telehealth services?	_____

How safe from crime do you consider your neighborhood to be?	○ Very safe ○ Somewhat safe ○ Neutral ○ Somewhat unsafe ○ Not at all safe
Are there bicycles or walking trails in or near your neighborhood that are easy to get to?	○ Yes ○ No
Which of the following stores, if any, are located in your community (less than 5 miles from your home)?	☐ Convenience store with or without a gas station attached ☐ Dollar store: Dollar General, Dollar Tree, Family Dollar ☐ Fast food restaurant ☐ Freestanding drug store or pharmacy ☐ Sit down restaurant or buffet restaurant ☐ Specialty store such as a meat market, seafood market, farmer's market, or bakery ☐ Supercenter (like Walmart) ☐ Supermarket (like Kroger, Vowell's, Country Market) ☐ None ☐ Other
How often do you see or talk to people that you care about and feel close to? (For example, talking to friends on the telephone, visiting friends/family, spending time with social connections, etc.)	○ Less than once a week ○ 1 or 2 times a week ○ 3 to 5 times a week ○ More than 5 times a week
How often do you engage in activities that are important to you? (For example, social events, sports activities, church activities, or other activities you enjoy)	○ Less than once a week ○ 1 or 2 times a week ○ 3 to 5 times a week ○ More than 5 times a week
How often do you feel lonely or isolated from those around you?	○ Never ○ Rarely ○ Sometimes ○ Often ○ Always

66% Complete
.

What is your housing situation today?	○ I have housing and I am not worried about losing it ○ I have housing and I am worried about losing it ○ I do not have housing (living with others, living in a hotel, living in a shelter) ○ I do not have housing (living on the street, living in the car)
How many people, including yourself, do you currently live with?	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 or more

Think about the place you live. Do you have problems with any of the following (select all that apply)?	☐ Lack of heat ☐ Lead paint or pipes ☐ Mold ☐ Oven or stove not working ☐ Pests such as bugs, ants, or mice ☐ Smoke detectors missing or not working ☐ Water leaks ☐ None of the above
In the past year, have you had trouble paying for medications or health care?	◯ Yes, I have had trouble paying for health care ◯ Yes, I have had trouble paying for medications ◯ Yes, I have had trouble paying for health care and medications ◯ No, I have not had trouble paying for health care or medications
What is your current work situation?	◯ Unemployed and not seeking work ◯ Unemployed and seeking work ◯ Work full-time ◯ Work part-time
What is the greatest educational need in your community?	◯ Adult education ◯ Childhood development ◯ Day care ◯ Health education ◯ Life skills training ◯ Nutrition and physical exercise ◯ Parenting classes ◯ Quality of available education ◯ Youth development ◯ Other
What other educational need exists in your community?	_____
Are you concerned about your child's/children's learning or performance in school?	◯ Yes ◯ No ◯ Not applicable
Which of the following sources do you use to get information about health issues?	☐ Friends or family members ☐ Local news ☐ National news (CNN, Fox News, MSNBC) ☐ Social Media (Facebook, Twitter, Instagram, etc.) ☐ Websites related to health (Centers for Disease Control, World Health Organization, MS State Department of Health)

REDCap®

APPENDIX D

2021 Community Health Needs Assessment (CHNA) Survey (Spanish)

Please complete the survey below.

Thank you!

Fecha

_____

Código Postal

_____

¿Cuál es su grupo de edad (en años)?

- ◯ 18-24
- ◯ 25-34
- ◯ 35-44
- ◯ 45-54
- ◯ 55-64
- ◯ 65-74
- ◯ 75 años o más

¿Cual es su sexo?

- ◯ Hombre
- ◯ Mujer
- ◯ Prefiero no responder

¿Cuál de las siguientes es su raza?

- ◯ Negro o Afroamericano
- ◯ Nativo de Hawái o de Otras Islas del Pacífico
- ◯ Indio Americano o Nativo de Alaska
- ◯ Blanco / Caucásico
- ◯ Más de una raza
- ◯ Otro

¿Eres hispano/a o latino/a?

- ◯ Sí
- ◯ No

¿Cuál es el nivel escolar más alto que ha completado?

- ◯ Escuela Primaria (quinto grado o menos)
- ◯ Escuela Intermedia (sexto a octavo grado)
- ◯ Escuela Secundaria (grados 9 al 12)
- ◯ Escuela Vocacional / Colegio Comunitario
- ◯ Universidad (programa de 4 años)
- ◯ Escuela de Posgrado / Profesional

Utilice la siguiente lista para seleccionar los 3 problemas de salud más importantes de su comunidad (elija hasta 3):

- ☐ Asma / Problemas Respiratorios
- ☐ Cáncer
- ☐ Demencia / Alzheimer
- ☐ Salud Dental
- ☐ Diabetes
- ☐ Enfermedad Cardíaca
- ☐ Presión Arterial Alta
- ☐ VIH/SIDA
- ☐ Enfermedad Renal
- ☐ Salud de los Hombres
- ☐ Salud Mental
- ☐ Obesidad
- ☐ Infecciones de Transmisión Sexual (ITS)
- ☐ Anemia de Células Falciformes
- ☐ Embolia Cerebral
- ☐ Trauma
- ☐ Salud de la Mujer / Materna
- ☐ Otro

Utilice la siguiente lista para seleccionar los 3 comportamientos más importantes relacionados con la salud (elige hasta 3)

- ☐ Abuso de Alcohol
- ☐ Abuso de Drogas
- ☐ Inactividad Física
- ☐ Mala Nutrición
- ☐ Dormir
- ☐ Fumar /Tabaco /Vapear
- ☐ Manejo del Estrés
- ☐ Violencia /Crimen

¿Cómo describiría la salud de las personas en su comunidad en general?

- ○ Excelente
- ○ Muy Bien
- ○ Bien
- ○ Justo
- ○ Pobre

¿Cuáles de estos cree que son los que más contribuyen a la BUENA salud en su comunidad (elija hasta 3)?

- ☐ Acceso a alimentos saludables y asequibles
- ☐ Acceso a instalaciones deportivas o recreativas
- ☐ Acceso a los servicios de salud
- ☐ Acceso a parques y espacios verdes
- ☐ Vivienda Adecuada
- ☐ Seguro médico asequible
- ☐ Vivienda Asequible
- ☐ Disponibilidad de Buenos Trabajos
- ☐ Disponibilidad de Servicios Sociales
- ☐ Apoyo de Iglesias u Organizaciones Religiosas
- ☐ Apoyo de amigos o familiares

¿Cuáles de estos crees que son los que más contribuyen a la MALA salud en su comunidad (elige hasta 3)?

- ☐ Contaminación del Aire / Agua / Tierra
- ☐ Crimen/Violencia
- ☐ Falta de acceso a los servicios de salud
- ☐ Falta de vivienda adecuada
- ☐ Falta de alimentos saludables y asequibles
- ☐ Falta de vivienda asequible
- ☐ Falta de parques y espacios verdes
- ☐ Falta de apoyo social de amigos / familiares
- ☐ Servicios sociales limitados
- ☐ Sin acceso a las instalaciones de fitness
- ☐ Sin acceso a buenos trabajos
- ☐ Sin seguro médico / deficiente
- ☐ Iglesias que funcionan mal
- ☐ Ninguno de los anteriores

¿Qué mejoraría SU estado de salud dentro de su comunidad (elija hasta 3)?	☐ Acceso a parques locales y clases comunitarias ☐ Programas después de la escuela ☐ Actividades comunitarias ☐ Seguridad comunitaria ☐ Conexiones a recursos / agencias comunitarias ☐ Acceso a la atención dental ☐ Oportunidades educativas ☐ Oportunidades de empleo ☐ Acceso a la atención médica ☐ Vivienda ☐ Servicios de salud mental ☐ Asociación con la policía local ☐ Transporte público ☐ Oportunidades recreativas ☐ Apoyo por abuso de sustancias ☐ Aceras y caminos ☐ Ninguno de los anteriores

33% Complete

.

En el último año, sí no recibió atención médica cuando estaba enfermo fue debido a (seleccione todas las opciones que correspondan):	☐ Miedo / desconfianza del sistema de salud ☐ Falta de seguro médico ☐ Falta de dinero ☐ Falta de transporte ☐ No hay servicios disponibles en su área ☐ No aplicable
¿Qué tipo de proveedor es el más difícil de encontrar en su comunidad?	○ Cuidado Dental ○ Cuidado de los Ojos ○ Salud Mental ○ Atención Primaria (Médico de Familia) ○ Atención Especializada ○ Tratamiento por Abuso de Sustancias / Cese del Tabaquismo ○ No Tengo Problemas para Acceder a los Proveedores
¿Qué tipo de proveedor de atención especializada es el más difícil de encontrar en su comunidad?	☐ Cardiología (Enfermedades del Corazón) ☐ Dermatología (Condición de Piel) ☐ Endocrinología (Diabetes) ☐ GI (Condición del Estómago) ☐ Salud Mental ☐ Neurología (Condición Cerebrales o Nerviosas) ☐ Obstetra / Ginecólogo (Salud de la Mujer) ☐ Oncología (Cáncer) ☐ Ortopedia (Condición óseas) ☐ Urología (Problemas de Orina)
¿Alguna vez ha utilizado la telesalud (Telehealth) para algún servicio de atención médica?	○ Sí ○ No
¿Qué le impidió utilizar los servicios de telesalud (Telehealth)?	○ No se como usar esto ○ No tengo servicio de Internet ni un teléfono inteligente móvil ○ Prefiero ver a alguien cara -a-cara ○ No es una opción ○ No cubierto por mi plan de seguro ○ No estoy interesado en usar esto ○ Otro motivo (por favor especificar)

¿Qué le impidió utilizar los servicios de telesalud (Telehealth)?	_____

En cuanto a la delincuencia en su vecindario, ¿cuan seguro se siente usted?	◯ Muy seguro ◯ Algo seguro ◯ Neutral ◯ Algo inseguro ◯ Nada seguro

¿Hay bicicletas o aceras para caminar en o cerca de su vecindario a los que sea fácil llegar?	◯ Sí ◯ No

¿Cuáles de las siguientes tiendas, si las hay, están ubicadas en su comunidad (a menos de 5 millas de su hogar)?	☐ Tienda de conveniencia con o sin gasolinera adjunta ☐ Tienda de dólar: Dollar General, Dollar Tree, Family Dollar ☐ Restaurante de comida rápida ☐ Farmacia o farmacia independiente ☐ En un restaurante o en un restaurant con buffet ☐ Tienda especializada como un mercado de carne, mercado de mariscos, mercado de agricultores o panadería ☐ Supercenter (como Walmart) ☐ Supermercado (como Kroger, Vowell's, Country Market) ☐ Ninguno ☐ Otro

¿Con qué frecuencia ves o hablas con personas que te importan y con las que te sientes cercano? (Por ejemplo, hablar con amigos por teléfono, visitar amigos / familiares, pasar tiempo en las redes sociales, etc.)	◯ Menos que una vez a la semana ◯ 1 o 2 veces por semana ◯ 3 a 5 veces por semana ◯ Más de 5 veces a la semana

¿Con qué frecuencia participa en actividades que son importantes para usted? (Por ejemplo, eventos sociales, actividades deportivas, actividades de la iglesia u otras actividades que disfruta)	◯ Menos que una vez a la semana ◯ 1 o 2 veces por semana ◯ 3 a 5 veces por semana ◯ Más de 5 veces a la semana

¿Con qué frecuencia se siente solo o aislado de quienes lo rodean?	◯ Nunca ◯ Rara vez ◯ A veces ◯ A menudo ◯ Siempre

66% Complete

.

¿Cuál es su situación de vivienda hoy?	◯ Tengo vivienda y no me preocupa perderla ◯ Tengo vivienda y me preocupa perderla ◯ No tengo vivienda (viviendo con otras personas, en hotel, o en un asilo de refugio) ◯ No tengo vivienda (vivir en la calle, vivir en el auto)

¿Con cuántas personas vive actualmente, incluyendo usted?	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 or more
Piense en el lugar donde vive. ¿Tiene problemas con alguno de los siguientes (seleccione todos los que corresponda)?	☐ Falta de calor ☐ Pintura con plomo o tuberías ☐ Molde ☐ El horno o la estufa no funcionan ☐ Plagas como insectos, hormigas o ratones ☐ Los detectores de humo faltan o no funcionan ☐ Fugas de agua ☐ Ninguno de los anteriores
En el último año, ¿ha tenido problemas para pagar los medicamentos o la atención médica?	○ Sí, he tenido problemas para pagar la atención médica ○ Sí, he tenido problemas para pagar los medicamentos ○ Sí, he tenido problemas para pagar la atención médica y los medicamentos ○ No, no he tenido problemas para pagar la atención médica o los medicamentos
¿Cual es su situación laboral actual?	○ Desempleado y No Busco Trabajo ○ Desempleado y Buscando Trabajo ○ Trabajo a Tiempo Completo ○ Trabajo a Tiempo Parcial
¿Cuál es la mayor necesidad educativa en su comunidad?	○ Educación de Adultos ○ Desarrollo Infantil ○ Guardería ○ Educación para la Salud ○ Entrenamiento de Habilidades para la Vida ○ Nutrición y Ejercicio Físico ○ Clases para Padres ○ Calidad de la Educación Disponible ○ Desarrollo de la Juventud ○ Otro
¿Qué otra necesidad educativa existe en su comunidad?	_____
¿Está preocupado por el aprendizaje o el rendimiento de su hijo/ a en la escuela?	○ Sí ○ No ○ No Aplica
¿Cuáles de las siguientes fuentes de información utiliza usted para obtener datos sobre problemas de salud?	☐ Amigos o Miembros de la Familia ☐ Noticias Locales ☐ Noticias Nacionales (CNN, Fox News, MSNBC) ☐ Redes Sociales (Facebook, Twitter, Instagram, etc.) ☐ Sitios Web Relacionados con la Salud (Centros para el Control de Enfermedades, Organización Mundial de la Salud, Departamento de Salud del Estado de MS)

REDCap®

APPENDIX E

2021 UMMC Community Health Needs Assessment (CHNA) Survey

Trung Tâm Y Tế Đại Học Mississippi đang tiến hành cuộc khảo sát này để hiểu rõ hơn về nhu cầu chăm sóc sức khỏe trong cộng đồng của chúng ta. Nếu quý vị từ 18 tuổi trở lên và là cư dân của Mississippi, vui lòng dành vài phút để hoàn thành bản khảo sát. Sự tham gia của quý vị là hoàn toàn tự nguyện và tất cả các phản hồi của quý vị sẽ được giữ ẩn danh.

Date

_____

Mã bưu chính

_____

Quý vị thuộc nhóm tuổi nào?
- ○ 18-24 tuổi
- ○ 25-34 tuổi
- ○ 35-44 tuổi
- ○ 45-54 tuổi
- ○ 55-64 tuổi
- ○ 65-74 tuổi
- ○ 75 tuổi hoặc lớn hơn

Giới tính của quý vị là gì?
- ○ Nam
- ○ Nữ
- ○ Không muốn trả lời

Đâu là chủng tộc của quý vị?
- ○ Người Mỹ Da Đen hoặc Người Mỹ Gốc Phi
- ○ Người Hawaii Bản Địa hoặc Cư Dân trên Đảo Thái Bình Dương KhácNative
- ○ Người Mỹ Bản Địa hoặc Người Alaska Bản Địa
- ○ Người Da Trắng/Người Cáp-ca
- ○ Nhiều hơn một chủng tộc
- ○ Khác

Quý vị là Người Nói Tiếng Tây Ban Nha hoặc Người Gốc Mỹ Latin?
- ○ Có
- ○ Không

Cấp học cao nhất mà quý vị đã hoàn thành là gì?
- ○ Tiểu học (lớp 5 trở xuống)
- ○ Trung học cơ sở (lớp 6 đến lớp 8)
- ○ Trung học phổ thông (lớp 9 đến lớp 12)
- ○ Trường dạy nghề / Cao đẳng cộng đồng
- ○ Đại học
- ○ Sau Đại Học/ Trường Chuyên Nghiệp

Từ danh sách sau, vui lòng chọn 3 vấn đề sức khỏe quan trọng nhất trong cộng đồng của quý vị (Chọn 3):	☐ Hen suyễn/Các vấn đề về hô hấp ☐ Ung thư ☐ Sa sút trí tuệ/Alzheimer ☐ Sức khỏe răng miệng ☐ Bệnh tiểu đường ☐ Bệnh tim ☐ Huyết áp cao ☐ HIV/AIDS ☐ Bệnh thận ☐ Sức khỏe nam giới ☐ Sức khỏe tinh thần ☐ Béo phì ☐ Các bệnh lây truyền qua đường tình dục (STI) ☐ Bệnh thiếu máu hồng cầu hình liềm ☐ Đột quỵ ☐ Chấn thương ☐ Sức khỏe Phụ Nữ/Bà Mẹ ☐ Khác
Vui lòng sử dụng danh sách sau để chọn 3 hành vi quan trọng nhất liên quan đến sức khỏe (chọn tối đa 3)	☐ Lạm dụng rượu ☐ Lạm dụng chất gây nghiện ☐ Không hoạt động thể chất ☐ Thiếu dinh dưỡng ☐ Ngủ ☐ Hút Thuốc/Thuốc Lá/Thuốc Lá Điện Tử ☐ Kiểm soát căng thẳng ☐ Bạo lực/tội phạm
Quý vị sẽ mô tả tổng thể sức khỏe của mọi người trong cộng đồng của quý vị như thế nào?	○ Tuyệt vời ○ Rất tốt ○ Tốt ○ Bình thường ○ Kém
Quý vị cảm thấy đâu trong số này là những điều đóng góp hàng đầu trong việc đem đến sức khỏe TỐT trong cộng đồng của quý vị (Chọn tối đa 3)	☐ Tiếp cận được thực phẩm tốt cho sức khỏe, giá cả phải chăng ☐ Tiếp cận được các cơ sở thể dục hoặc giải trí ☐ Tiếp cận được các dịch vụ chăm sóc sức khỏe ☐ Tiếp cận được công viên và không gian xanh ☐ Nhà ở đầy đủ ☐ Bảo hiểm sức khỏe có giá cả phải chăng ☐ Nhà ở có giá cả phải chăng ☐ Có việc làm tốt ☐ Có các dịch vụ xã hội ☐ Hỗ trợ từ nhà thờ hoặc các tổ chức tôn giáo ☐ Hỗ trợ từ bạn bè hoặc gia đình

Quý vị cảm thấy đâu trong số này là những điều đóng góp hàng đầu trong việc gây ra sức khỏe KÉM trong cộng đồng của quý vị (Chọn tối đa 3)?	☐ Ô nhiễm không khí/nước/đất ☐ Tội phạm/bạo lực ☐ Thiếu khả năng tiếp cận các dịch vụ chăm sóc sức khỏe ☐ Thiếu nhà ở đầy đủ ☐ Thiếu thực phẩm tốt cho sức khỏe, giá cả phải chăng ☐ Thiếu nhà ở có giá cả phải chăng ☐ Thiếu công viên và không gian xanh ☐ Thiếu quan hệ hỗ trợ từ bạn bè hoặc gia đình ☐ Dịch vụ xã hội hạn chế ☐ Không tiếp cận được các cơ sở thể dục ☐ Không tiếp cận được việc làm tốt ☐ Không có/ít được bảo hiểm sức khỏe ☐ Nhà thờ hoạt động kém ☐ Không có điều nào ở trên
Điều gì sẽ cải thiện tình trạng sức khỏe của quý vị trong cộng đồng của quý vị (Chọn tối đa 3)? What would improve YOUR health status within your community (choose up to 3)?	☐ Tiếp cận được các công viên địa phương và các lớp học cộng đồng - Access to local parks and community classes ☐ Các chương trình sau giờ học - After school programs ☐ Các hoạt động cộng đồng - Community activities ☐ Sự an toàn trong cộng đồng - Community safety ☐ Kết nối được với các nguồn lực hỗ trợ/cơ quan cộng đồng - Connections to resources/community agencies ☐ Tiếp cận được dịch vụ nha khoa - Dental care access ☐ Cơ hội giáo dục - Educational opportunities ☐ Cơ hội việc làm - Employment opportunities ☐ Tiếp cận được dịch vụ chăm sóc sức khỏe - Health care access ☐ Nhà ở - Housing ☐ Dịch vụ sức khỏe tinh thần - Mental health services ☐ Hợp tác với cảnh sát địa phương - Partnership with local police ☐ Phương tiện giao thông công cộng - Public transportation ☐ Cơ hội giải trí - Recreational opportunities ☐ Hỗ trợ điều trị chứng lạm dụng chất kích thích - Substance abuse support ☐ Đường và lối đi -Trails and paths ☐ Không có điều nào ở trên -None of the above

33% Complete

.

Trong năm qua, quý vị có không được chăm sóc y tế khi bị ốm vì (chọn tất cả các trường hợp đúng):	☐ Sợ hãi/không tin tưởng vào hệ thống y tế ☐ Thiếu bảo hiểm y tế ☐ Thiếu tiền ☐ Thiếu phương tiện di chuyển ☐ Không có dịch vụ nào trong khu vực của quý vị ☐ Không áp dụng

Loại dịch vụ nào khó gặp nhất trong cộng đồng của quý vị?	◯ Chăm sóc nha khoa ◯ Chăm sóc mắt ◯ Sức khỏe tinh thần ◯ Chăm sóc cơ bản (Bác Sĩ Gia Đình) ◯ Chăm sóc chuyên khoa ◯ Lạm dụng chất gây nghiện ◯ Tôi không gặp vấn đề trong việc tiếp cận các dịch vụ
Loại dịch vụ chăm sóc chuyên khoa nào là khó gặp nhất trong cộng đồng của quý vị?	☐ Tim mạch (Tình trạng bệnh về tim) ☐ Da liễu (Tình trạng bệnh về da) ☐ Nội tiết (Đái tháo đường) ☐ Tiêu hóa (tình trạng bệnh về dạ dày) ☐ Sức Khỏe Tinh Thần ☐ Thần kinh (Tình trạng bệnh về não hoặc thần kinh) ☐ Sản khoa/Phụ khoa (Sức khỏe phụ nữ) ☐ Ung bướu (Ung thư) ☐ Chỉnh hình (Tình trạng bệnh về xương) ☐ Tiết niệu (Vấn đề về nước tiểu)
Quý vị đã bao giờ sử dụng dịch vụ khám bệnh từ xa trong bất kỳ dịch vụ chăm sóc sức khỏe nào chưa?	◯ Có ◯ Không
Điều gì đã ngăn cản quý vị sử dụng dịch vụ khám bệnh từ xa?	◯ Tôi không biết cách sử dụng dịch vụ này ◯ Tôi không có internet hoặc điện thoại thông minh ◯ Tôi muốn gặp người khác trực tiếp hơn ◯ Không có lựa chọn này ◯ Không được chi trả bởi chương trình bảo hiểm của tôi ◯ Không quan tâm đến việc sử dụng dịch vụ này ◯ Lý do khác (vui lòng nêu rõ)
Điều gì đã ngăn cản quý vị sử dụng dịch vụ khám bệnh từ xa?	_____
Quý vị cho rằng khu dân cư của mình an toàn ở mức nào trước tình trạng tội phạm?	◯ Rất an toàn ◯ Khá an toàn ◯ Bình thường ◯ Khá mất an toàn ◯ Không an toàn chút nào
Có những con đường dành cho xe đạp hoặc đi bộ trong hoặc gần khu dân cư mà quý vị có thể dễ dàng đi đến không?	◯ Có ◯ Không

Cửa hàng nào sau đây, nếu có, nằm trong cộng đồng của quý vị (cách nhà quý vị chưa đến 5 dặm):	☐ Cửa hàng tiện lợi có hoặc không có trạm xăng đi kèm ☐ Cửa hàng Dollar: Dollar General, Dollar Tree, Family Dollar ☐ Cửa hàng đồ ăn nhanh ☐ Cửa hàng thuốc hoặc hiệu thuốc tự do ☐ Nhà hàng có ghế ngồi hoặc nhà hàng buffet ☐ Cửa hàng chuyên doanh như chợ thịt, chợ hải sản, chợ nông sản hoặc tiệm bánh ☐ -Đại siêu thị (như Walmart) ☐ Siêu thị (như Kroger, Vowell's, Country Market) ☐ Không có ☐ Khác -Other
Quý vị có thường xuyên gặp hoặc nói chuyện với những người mà quý vị quan tâm và cảm thấy gần gũi không? (Ví dụ: nói chuyện với bạn bè qua điện thoại, thăm bạn bè hoặc gia đình)	◯ Ít hơn một lần một tuần ◯ 1 hoặc 2 lần một tuần ◯ 3 đến 5 lần một tuần ◯ Hơn 5 lần một tuần
Quý vị có thường xuyên tham gia vào các hoạt động quan trọng đối với mình không? (Hoạt động thể thao, sự kiện xã hội, hoạt động nhà thờ, v.v.)	◯ Ít hơn một lần một tuần ◯ 1 hoặc 2 lần một tuần ◯ 3 đến 5 lần một tuần ◯ Hơn 5 lần một tuần
Quý vị có thường cảm thấy cô đơn hoặc bị cô lập với những người xung quanh không?	◯ Không bao giờ ◯ Hiếm khi ◯ Thi thoảng ◯ Thường xuyên ◯ Luôn luôn

66% Complete

.

Tình hình nhà ở của quý vị hiện tại như thế nào?	◯ Tôi có nhà ở và tôi không lo lắng về việc mất nhà ◯ Tôi có nhà ở và tôi đang lo lắng về việc mất nhà ◯ Tôi không có nhà ở (sống với người khác, sống trong khách sạn, sống trong nhà tạm) ◯ Tôi không có nhà ở (sống trên đường, sống trong ô tô)
Quý vị hiện đang sống với bao nhiêu thành viên trong gia đình, bao gồm cả bản thân quý vị?	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 or more

REDCap®

Suy nghĩ về nơi quý vị sống. Quý vị có gặp vấn đề với bất kỳ điều nào sau đây không (chọn tất cả những điều đúng)?	☐ Thiếu hệ thống sưởi ấm ☐ Sơn hoặc đường ống chứa chì ☐ Nấm mốc ☐ Lò nướng hoặc bếp bị hỏng ☐ Sinh vật gây hại như bọ, kiến hoặc chuột ☐ Thiết bị phát hiện khói bị thiếu hoặc bị hỏng ☐ Rò rỉ nước ☐ Không có điều nào ở trên
Trong năm qua, quý vị có gặp khó khăn khi trả tiền thuốc men hoặc chăm sóc sức khỏe không?	○ Có, tôi đã gặp khó khăn khi thanh toán dịch vụ chăm sóc sức khỏe ○ Có, tôi đã gặp khó khăn khi thanh toán tiền thuốc men ○ Có, tôi đã gặp khó khăn khi thanh toán dịch vụ chăm sóc sức khỏe và tiền thuốc men ○ Không, tôi không gặp khó khăn khi thanh toán dịch vụ chăm sóc sức khỏe hoặc tiền thuốc men
Tình hình công việc hiện tại của quý vị như thế nào?	○ Thất nghiệp và không tìm kiếm việc làm ○ Thất nghiệp và đang tìm việc làm ○ Làm việc toàn thời gian ○ Làm việc bán thời gian
Nhu cầu giáo dục lớn nhất trong cộng đồng của quý vị là gì?	○ Giáo dục người lớn ○ Phát triển trẻ em ○ Nhà trẻ ○ Giáo dục về sức khỏe ○ Đào tạo kỹ năng song ○ Dinh dưỡng và thể dục ○ Các lớp dạy nuôi con ○ Chất lượng giáo dục hiện có ○ Phát triển giới trẻ ○ Khác
Những nhu cầu giáo dục nào khác tồn tại trong cộng đồng của quý vị?	_____
Quý vị có lo lắng về việc học tập hoặc kết quả học tập của con mình ở trường không?	○ Có ○ Không ○ Không áp dụng
Quý vị sử dụng nguồn nào sau đây để lấy thông tin về các vấn đề sức khỏe?	☐ Bạn bè hoặc người thân ☐ Các kênh truyền thông địa phương ☐ Các kênh truyền thông quốc gia (CNN, Fox News, MSNBC) ☐ Mạng Xã Hội (Facebook, Twitter, Instagram, v.v.) ☐ Các trang web liên quan đến sức khỏe (Trung Tâm Kiểm Soát Dịch Bệnh, Tổ Chức Y Tế Thế Giới