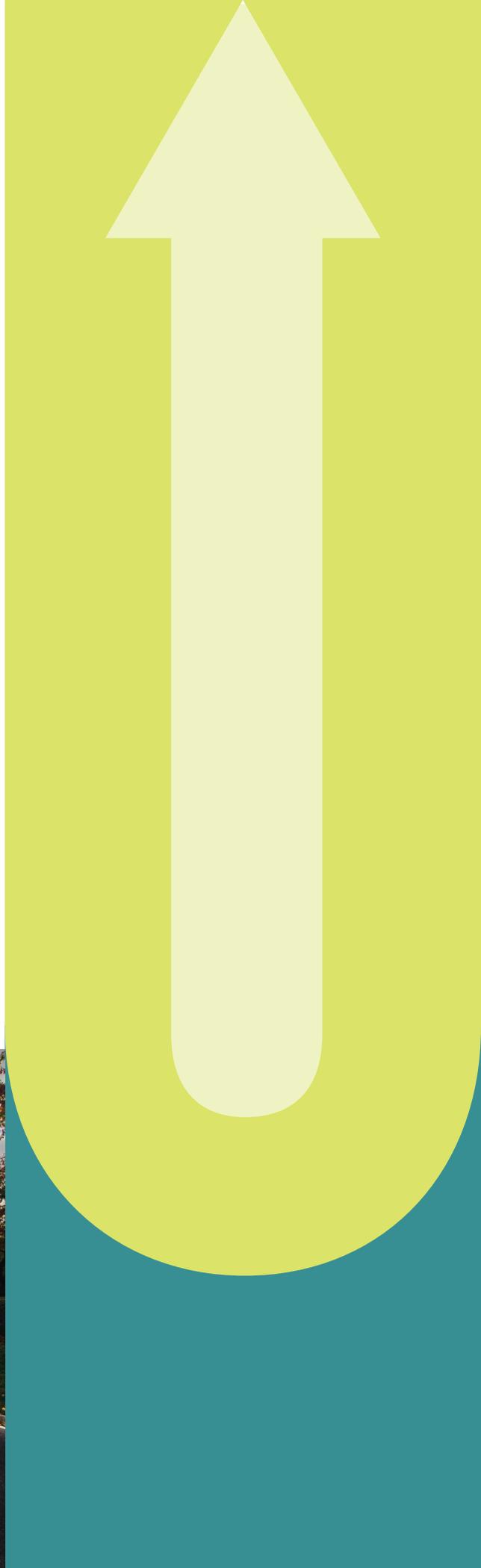


# Building a Healthier Mississippi from the Ground Up

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**UProot**



## UProot Summary Report

It's no secret to most Mississippians that our state ranks at, or near, the bottom of U.S. states in many health indicators. Though numerous groups devote considerable time and resources to improving the health of Mississippians, progress has been limited. In order to rethink how we address the health issues facing our state, a group of state agencies, nonprofit organizations, businesses, and community groups joined together to conduct a statewide health assessment and develop a state health improvement plan.

This document summarizes the findings of Mississippi's inaugural state health assessment, as well as, the strategies for addressing the identified issues through the state health improvement plan. It is our hope that this plan will pave a more effective way of monitoring and responding to the health issues that have the greatest impact on Mississippi. Together we can build a healthier Mississippi from the ground up.

## Social Determinants of Health

Mississippi's historically poor performance in health indicators is not a coincidence. Mississippians are not somehow innately worse at being healthy than people from other states. Instead, much of our health is rooted in difficult social challenges that are a result of our geography, history, and culture.

Most people think of their health as a combination of genes, lifestyle choices, and luck. However, the roots to a healthy life also include the social determinants of health.

The World Health Organization defines the social determinants of health as the conditions in which people are born, grow, live, work, and age. This is shaped by the way money, power, and resources are distributed within our population. In our society, these factors are dependent upon geography, race, gender, ethnicity, education, and other issues. Social determinants do more than explain some of the differences in health status between individuals in the same community. They also explain how different neighborhoods, cities, counties, and states can possess vastly different health indicators—even when they are in close proximity.

It is our hope that this plan will pave a more effective way of monitoring and responding to the health issues that have the greatest impact on Mississippi. Together we can build a healthier Mississippi from the ground up.

## State Health Assessment

In order to comprehensively evaluate the health issues facing Mississippi, the UProot partners conducted a state health assessment. This assessment was conducted using the Mobilizing for Action through Planning and Partnerships (MAPP) model, and consisted of four components.

Each section of the State Health Assessment looks at the health issues affecting Mississippi through a different lens. The following pages describe each of the assessment components in more detail, along with some interesting findings from each component.

## Health Status

The **State Health Status Assessment** answers the questions:

- **How healthy are our residents?**
- **What does the health status of our community look like?**

The State Health Status Assessment was conducted through epidemiological analysis of state and national surveillance data.

## Key Findings

### Demographics

- 60% of the state's population identified as Caucasian in the most recent Census, 37% identified as African American, and 3% of the population identified as another race (Native American, American Indian, Asian or other). Three percent of the population identified as Hispanic or Latino.
- About 96% of the population speaks English as a primary language. The next largest is Spanish, with 2.4%.
- Mississippi's population is growing, but at a slower rate than the average growth nationwide. Additionally, most of the growth in Mississippi is occurring in metropolitan areas, while the majority of rural areas are losing population.

### Educational Attainment

- A smaller proportion of Mississippians have completed higher education, compared to the rest of the U.S.
- Among Mississippi's population 25 and older, approximately 1 in 5 has not completed high school.
- **Disparities:** African Americans and individuals living in rural communities have lower high school completion rates than Caucasians and individuals living in metro areas.

### Poverty

- In 2013, the median household income in Mississippi was \$40,000, compared to \$53,000 nationally.
- 22.5% of Mississippi's population lives under the poverty level.
- **Disparities:** Statewide, 36% of African Americans live in poverty, compared to 14% of Caucasians. The poverty rate in rural counties is substantially higher than metro counties.

### Access to Care

- From 2011 to 2013, 17.3% of Mississippians lacked health insurance.
- **Disparities:** 20% of African American residents and 38% of Latino/Hispanic Mississippians lack health insurance, compared with 15% of Caucasian Mississippians.



## Mortality

- In 2012, Mississippi's age-adjusted mortality rate was 28% higher than the national rate, and the highest of all 50 states.
- The state's 5 leading causes of death for 2012 included: heart disease, cancer, emphysema and other chronic lower respiratory diseases, accidents/unintentional injuries, and stroke.
- **Disparities:** The 2012 age-adjusted mortality rate was higher for African American Mississippians than for Caucasian Mississippians.

## Sexual Health

- In 2012, Mississippi held the highest rates of chlamydia and gonorrhea in the country, the 10th highest rate of HIV infection, and the 11th highest rate of syphilis in the nation.
- **Disparities:** Youth and young adults age 15-24 and African Americans are disproportionately affected by STIs.

## Birth Outcomes

- Compared to national rates, Mississippi experiences significantly higher rates of: infant mortality, premature birth, low birth weight, and teen births.
- **Disparities:** African American Mississippians are disproportionately affected by adverse birth outcomes.

## Chronic Disease Risk Factors

- In a recent survey, Mississippians reported very low amounts of fruit and vegetable consumption and low rates of physical activity. Mississippi owns the 5th highest smoking rate in the country.
- In 2013, Mississippi claimed the highest obesity rate in the nation—tied with West Virginia. 40% of Mississippi children were overweight or obese. Mississippi's diabetes rate is higher than the national rate.
- **Disparities:** Individuals with lower educational attainment and lower income are more likely to report smoking. African American Mississippians are disproportionately affected by diabetes.

## Forces of Change

The **Forces of Change Assessment** answers the questions:

- **What is occurring or might occur that affects the health of our state or the Mississippi public health system?**
- **What specific threats or opportunities are generated by these occurrences?**

The UProot partners convened to discuss important issues impacting Mississippi, potential implications on the health and quality of life of Mississippians, and the state's public health system.

## Key Findings

### Health Care System Infrastructure and Access to Care

- High rates of uninsured individuals, provider shortages
- Pressure on underfunded public health to fill gaps
- Payment model driven by treatment versus prevention
- **Opportunities:** Advocacy at local, state, and federal level, adoption of Medicaid expansion

### Poverty

- High unemployment rate and limited access to jobs with living wages
- Low investment in education
- Inadequate investment in safety net services
- **Opportunities:** Invest in education, child development, vocational training, and workforce planning and development; improve access to healthcare and other basic services

### Environmental, Structural, and Behavioral Barriers to Health

- Limited access to healthy foods
- Lack of access to recreation spaces
- Stress of living in unsafe neighborhoods
- **Opportunities:** Invest in walkable communities and parks; improve access to healthcare; create policies that improve living and working conditions; and educate the public on healthy behaviors

### Health Literacy and Health Education

- Low levels of health literacy – affects ability to make appropriate health decisions
- Low educational attainment and literacy rates
- **Opportunities:** Create readily available, accessible, culturally appropriate health information; disseminate targeted health messages to different communities

## Lack of Political and Financial Support of Public Health

- Severe underfunding of public health system, low tax revenue to support state governmental services
- Little public or political support to invest in infrastructure and services and create policy changes that remove barriers to good health
- **Opportunities:** Improve communication with policymakers and the public; articulate the critical role and importance of public health

## Changing Demographics

- Growing demographic and cultural diversity
- Increasing population of incarcerated individuals and parolees
- Population loss and aging in rural communities
- **Opportunities:** Develop service delivery that reflects understanding of cultural differences; support re-entry efforts for formerly incarcerated individuals to prevent recidivism; create social supports for aging individuals to prevent isolation

## Impact of Chronic Disease

- Obesity, diabetes, and heart disease are among Mississippi's most pressing health concerns
- Limits workforce productivity and increases state health care spending
- **Opportunities:** Ensure access to quality preventative care; increase access to healthy foods; support active living by building walkable communities; reduce tobacco use through statewide legislation and community-level smoking bans

## Impact of Natural and Human-made Disasters

- Hurricane Katrina, BP Oil Spill, and other disasters have caused significant economic loss and severe environmental damage in Mississippi communities
- Families more vulnerable due to high poverty and unemployment
- **Opportunities:** Invest in emergency preparedness infrastructure; promote sustainable agricultural practices and environmental regulations

## Urban/Rural Disparities

- Rural communities are at a disadvantage for receiving funding for critical infrastructure and are challenged by reduced access to health care
- **Opportunities:** Increase recruitment incentives to health care providers who practice in rural communities, such as scholarships and debt forgiveness

## Community Themes and Strengths

The **State/Community Themes and Strengths Assessment** answers the questions:

- **What is important to our community?**
- **How is quality of life perceived in our community?**
- **What assets do we have that can be used to improve community health?**

To answer these questions, the Mississippi State Department of Health conducted a statewide survey and facilitated a series of focus groups and community conversations across the state.

## Key Findings

### Perception of Community Health

- Survey respondents most frequently described their communities as “somewhat healthy.” Only 21% of survey respondents described their communities as healthy or very healthy.
- In rating personal health, 57% of survey respondents rated their personal health as healthy or very healthy and 8% rated their personal health as unhealthy or very unhealthy.

### Most Important Factors for a Healthy Community

Survey respondents rated the following as the top 5 most important factors for a healthy community:

- Good place to raise children
- Good schools
- Low crime/safe neighborhoods
- Good jobs and healthy economy
- Access to health care

### Satisfaction with Quality of Life

When survey respondents were asked about satisfaction with quality of life in their community:

- 58% of Caucasian respondents reported satisfaction or strong satisfaction, compared with 43% of African American respondents.
- African American respondents were almost twice as likely to report that they were unsatisfied or strongly unsatisfied with quality of life in their communities compared to Caucasian respondents.

### Community Challenges

Focus group and community conversation participants frequently cited the following as challenges they face in their communities:

- Lack of access to affordable housing, healthy food, and healthcare
- Community divisiveness and tension

- Lack of access to quality employment
- Lack of community infrastructure (lack of public transportation, sidewalks absent or in disrepair, etc.)
- Lack of access to recreational opportunities, particularly for youth and seniors
- Lack of community safety
- Distrust of healthcare providers and facilities

### **Community Assets**

Focus group and community conversation participants frequently cited the following as the best parts of life in their communities:

- Friendly people
- Small-town feel
- Natural beauty
- Community safety

### **Barriers to Health**

Focus group and community conversation participants discussed a variety of barriers to health in their communities:

#### **Environmental**

- Lack of safe places to exercise and play
- Air and water pollution

#### **Economic**

- High cost of accessing basic resources
- Lack of access to good paying jobs

#### **Cultural**

- Unhealthy traditional cuisine
- Traditions centered around food consumption

#### **Social**

- Unequal access to opportunities to participate in the community
- Lack of community unity
- Lack of social and recreational outlets for community members

## Behavioral

- Lack of healthy habits such as vegetable consumption and physical activity

## Political

- Lack of political and public support for public health

## Public Health System

The **State Public Health System Assessment** answers the questions:

- **What are the activities and capacities of our public health system?**
- **How well are we providing the 10 Essential Public Health Services in Mississippi?**

Stakeholders from across the state's public health system gathered to conduct this assessment, discuss the collective performance of Mississippi's public health system, and identify system strengths, weaknesses, and areas for improvement in addressing the 10 Essential Public Health Services:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research new insights and innovative solutions to health problems.

## Key Findings

### Mississippi Public Health System Strengths:

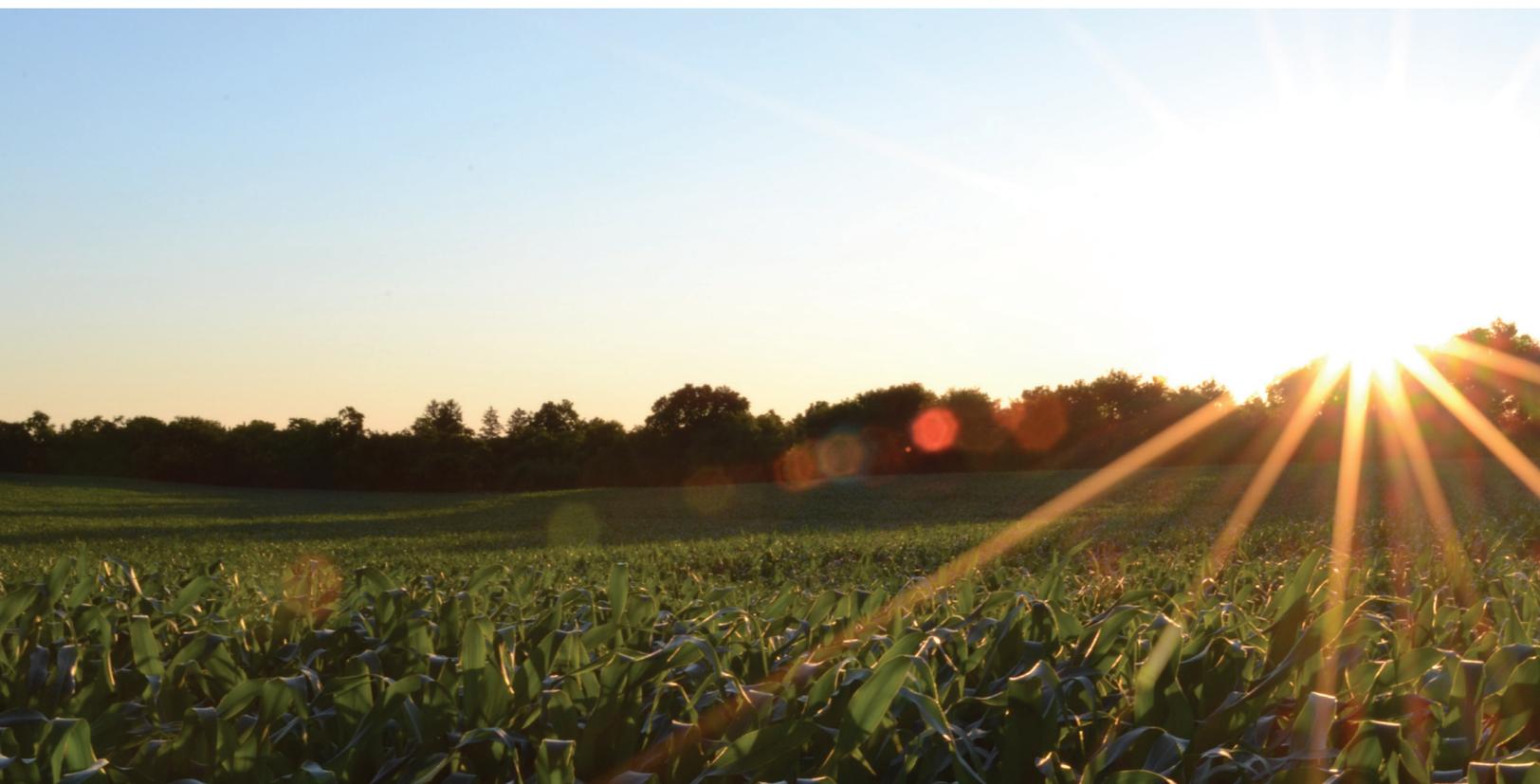
- Robust health hazard surveillance
- Nationally recognized excellence in emergency preparedness
- Robust communications that inform health providers and public about disease prevention and mitigation
- Strong relationships among public health system partners
- Success of tobacco prevention serves as a best practice example

### **Mississippi Public Health System Weaknesses:**

- Prevalence and severity of chronic disease and obesity
- Low capacity and resources to address surveillance and response to long-term problems such as chronic disease
- Siloing and underfunding mental health
- Low levels of health literacy
- Low funding for public health
- Lack of public support for public health
- Workforce shortages limit capacity

### **Opportunities to Improve the Mississippi Public Health System:**

- Strengthen funding and public support for public health
- Advance chronic disease prevention
- Foster a culture of health across state
- Address the social determinants of health
- Increase strategic alignment and coordination of public health efforts throughout the system
- Improve workforce development efforts to increase system capacity



## Issue Prioritization

Using the results of the State Health Assessment, the UProot partners met and worked to identify the cross-cutting themes and issues that appeared in multiple assessment components. Out of the numerous issues, the partners decided on a set of nine. These nine issues were presented to the public through online listening sessions and a public comment period. Based on the feedback received and an assessment of available resources, the UProot partners chose to focus on four priority areas for the state health improvement plan. These issues are discussed briefly on the following page.

Some priority areas, such as chronic diseases and infant health, have been the focus of numerous organizations and efforts for several years. Other priority areas are intended to improve health in a broader sense by focusing on the social determinants of health.

Each priority has a team of partners working together to develop and implement actions over the next five years that will advance their achievements. To monitor effectiveness, each team also set corresponding measures that will be reviewed over time.

The action plans and outcome measures for each priority can be found at [www.UProotms.org](http://www.UProotms.org). These items will be updated on a quarterly basis.

### Create a Culture of Health

**Rationale:** Healthy communities surround their residents with people and systems that promote wellness. In addition to health services for those who fall ill, wellness means easy access to healthy foods, public spaces that encourage exercise and safe outdoor activity in a smoke and drug free environment, and other factors that can help prevent illness. It also suggests a community of people who are knowledgeable about health, who care about the health of their whole community, and work to make the place they live healthy.

**Why it matters:** Creating a culture of health makes it easier to maintain good health as part of daily life – not just when a person is sick.

### Improve Infant Health

**Rationale:** Infants are the future of the state. However, nationally Mississippi experiences significantly higher rates of premature birth, low birthweight babies, and infants who do not survive the first year of life.

**Why it matters:** Infants born healthy are more likely to grow into healthy adults, with fewer health care needs and costs.

### Reduce Rates of Chronic Disease

**Rationale:** Mississippi hovers far above the national average in its rate of diabetes, cancer, heart disease, and other diseases that shorten lifespan and reduce the quality of life. In 2013, Mississippi and West Virginia led the nation in obesity. Very low levels of physical activity and inadequate vegetable and fruit consumption contribute to our high rates of chronic disease.

**Why it matters:** Chronic diseases create a personal burden, financially and in years of life lost. They also place a strain on the community in terms of lost productivity and higher expenses for medical care.

## Increase Educational Attainment

**Rationale:** Among Mississippians 25 and older, approximately 1 in 5 has not completed high school. The situation proves worse among African-Americans, where on average 1 in 4 has not completed high school.

**Why it matters:** People with higher education levels tend to have healthy diets and exercise regularly. They are also less likely to participate in behaviors, such as smoking, which place their health at risk. Education also strongly determines an individual's future employment and income—both of which affect access to health insurance and health care.

## How UProot is Different

While this effort builds on the work of multiple organizations in Mississippi for decades, UProot is different in a few key ways:

- **Collaboration** – One purpose of UProot is to rethink ways organizations work together to address health. This includes sharing resources and information more regularly, and involving organizations who have not traditionally been part of health improvement efforts.
- **Root causes** – The UProot partners seek to create lasting change in the health of Mississippians by looking for deep rooted issues obstructing our efforts to be healthier. The actions we take will focus on individual behaviors as well as the underlying social issues that promote or inhibit good health.
- **Measurable outcomes** – In order to build a healthier Mississippi, we need to determine if we are moving in the right direction. This requires setting and monitoring measurable, attainable outcomes.

## How to Get Involved

No matter who you are, you can help make Mississippi healthier.

While the work of UProot has focused on the efforts of larger organizations, small groups and individuals can make substantial changes to their communities' health. Our website, [www.uprootms.org](http://www.uprootms.org), contains resources that you can use to cultivate health where you live. If you are part of an organization that would like to become part of the UProot partnership, sign up on our website.

We didn't get to where we are now overnight, and we cannot expect all of our problems to go away quickly either. Mississippi needs drastic and innovative efforts to grow communities fostering health in all residents. We need to think about how our systems affect health and UProot what isn't working, so that we can build a healthier Mississippi from the ground up.