



Delta Regional Medical Center Community Health Needs Assessment 2016

Overview

Delta Regional Medical Center (DRMC) is a community, not-for-profit hospital, located in Greenville, MS. DRMC is Washington County's largest employer, with a workforce of over 1,100 people. The medical staff consists of approximately seventy physicians, representing a large variety of specialties.

DRMC is licensed for 325 beds, with services including acute and critical care, inpatient rehabilitation and adult and geriatric psychiatric services. Campuses include the main facility located at 1400 East Union Street, Greenville, Mississippi and the West Campus of DRMC at 300 South Washington Street, as well as various rural health and physician clinics.

Annually, DRMC has approximately 8,086 discharges, and provides over 137,000 outpatient visits, including approximately 50,000 Emergency Department visits.

Last year, DRMC provided over \$6,000,000 in charity care to the citizens of the community we serve, and incurred an additional \$26,000,000 in uncompensated care.

Community

Delta Regional's primary service area is Washington County, with a population of 50,038 as of 2016. We continue to draw roughly 85% of our patient base from Washington County and the remaining from 7 other surrounding counties in the Tri-State Delta Region with a total population of 153,000. DRMC serves a community that is unique to other parts of the country, as well as Mississippi. An area that once thrived from cotton now focuses more on corn production. With advancing technologies in agriculture we have transitioned from a high employee agricultural based economy to a low employee agricultural based economy. The once strong manufacturing base located in Washington County has dissipated due to both external and internal factors. As a result, the entire Delta continues to experience out migration, and Washington County has lost 11,840 people from its 2000 population of 62,977. This represents an 18.8% population loss over the ten year period for an average loss of about 2% per year. A more recent review of census estimates shows a slight decline with out migration of the population decrease remaining above national and state averages. The median household income in Washington County is \$34,062 which is far below the national average of \$65,443 and well below the state average of \$49,125. (*US Census Bureau, American Community Survey. 2010-14*) The population of single individuals is increasing while the average household size is decreasing. The two growing industries continue to be the Service Sector (health, education, scientific, social, etc) and the Government Sector. These Sectors generally rely on local tax funding with the exception of Delta Regional Medical Center.

As in much of Mississippi, and especially in rural areas, Washington County is home to vulnerable populations. More than double the national average, 38% of the population of Washington County lives in poverty (annual income of less than \$11,770), and 24% of the adult population has less than a high school education.

Pressing community health needs exist that will be described in this document.
(*US Census Bureau, American Community Survey. 2010-14*)

Methodology

Technology plays the biggest part in helping the steering committee develop a wide range of available needs assessments and reports. In addition to this, the committee convenes regularly to identify unmet community needs, monitor outcomes, and obtain advice from various allied healthcare professionals and leaders in our community. During the time period July-September, 2016, DRMC employed several methods to obtain information from various resources and experts in their respective fields. Individuals external to our organization who serve on the committee are: Dr. Parvez Karim of Premier Medical Clinic, Jobyna France of Delta Health Alliance, Jennifer Russell and Kim Dowdy from The Washington County United Way, Truman Stokes President of A & A Home Health Equipment and Carol Mack of Delta Health Partners/Healthy Start Initiative. These individuals are all long time residents and advocates for public health who respectively serve the community of Washington County.

Gracie Hines, Trauma Specialist at DRMC, was consulted regarding community needs, if any, related to traumatic injuries. Trauma remains the leading cause of death for Mississippians for ages 1 to 44, and in 2010, Mississippi ranked seventh in the nation for accidental injuries (*Mississippi Trauma Fact Sheet, 2014*). The leading cause of accidents in our community is related to motor vehicles. Alcohol and drugs play a significant role in a large number of these accidents. Second to these motor vehicle accidents are injuries due to assault by firearms and sharp weapons.

As the only Level III Trauma Center in the area, DRMC is committed to providing medical services to the community ensuring prompt evaluation, treatment and disposition of the trauma patients. Community education regarding motor vehicle safety will continue to be a major concern in an effort to decrease the number of serious injuries, disabilities and deaths due to motor vehicle accidents.

Becky Selby, Director DRMC's Maternal Child Center, was consulted regarding infant mortality issues within our community. DRMC houses the only Level III NICU in the Tri-State Delta Region. We have partnered with the March of Dimes to reduce early elective deliveries less than 39 weeks and formed a more recent partnership with Tougaloo College/Delta Health Partners which is a division of the Owens Health and Wellness Center. The goal of this project has been to reduce infant mortality among high-risk and underserved residents of the Mississippi Delta since 1999.

Melinda Grubb, Infectious Disease Nurse at DRMC, was consulted regarding public health issues in the community. According to Mrs. Grubb, the Delta area continues to face a growing number of patients suffering from community acquired MRSA and resistant strains of C-diff, as well as infections caused by a host of other multi-drug resistant organisms. TB has become more prevalent, and the identification of a strain resistant to INH (isonicotinic acid hydrazide) antibiotic treatment in our community is of major concern. Disease and illness in general has seemingly become extraordinarily complex to monitor as well as treat. The overuse of antibiotics has caused resistant strains of microorganisms that are often extremely difficult to treat- if the option is even available. At DRMC we closely monitor these pathogens as well as promote antibiotic stewardship.

Mental Health is becoming a major unmet health need not only in Washington County but our State as a whole. Just recently Mississippi's Mental Health System suffered State subsidized cuts in the amount of \$8.6 million. Jessica Willis, Director of DRMC's Solutions Psychiatric Center, was consulted regarding mental health issues within the community. The number of Psychiatrists, Psychologists, Clinical Social Workers and Licensed Professional Counselors is 77.6 per 100,000 individuals in Washington County. Access to Mental Health Professionals in our county is well below the State average of 126.6 providers and less than half of the National average of 202.8 mental health providers. Mental Health left untreated contributes to several behavioral risk factors. (*University of Wisconsin Population Health Institute; County Health Rankings. 2016*)

Unmet needs are an integral part of our annual strategic planning. DRMC participates in a variety of task forces, committees, and partnerships with local and governmental agencies, leaders from the community, churches and other associations.

Community Needs Index & Other Data

The Community Needs Index identifies the severity of health disparities for every ZIP code in the United States. There are 6 different zip codes within Washington county, and according to the most recent Community Needs Index, Washington County's average remains just slightly below the highest level at (4.9) for socioeconomic indicators/barriers to healthcare that are known to contribute to health disparities related to education, culture, language, income and housing (Community Need Index, 2013).

As more data becomes available, we utilize a range of other specific needs assessments and reports to identify unmet needs, such as the Community Commons -Health Needs Assessment Toolkit Core Indicators Reports.

Findings

Access to Care

In Mississippi, 104,538 consumers selected or were automatically re-enrolled in quality, affordable health insurance coverage through the Marketplace as of Feb. 22, 2016. Nationwide, nearly 11.7 million consumers selected a plan or were automatically enrolled in Marketplace coverage. In our State 93% of Mississippi consumers who were signed up qualified for an average tax credit of \$353 per month through the Marketplace. 80% of those who enrolled through the Marketplace obtained coverage for \$100 or less after any applicable tax credits in 2015, and 96% of those individuals had the option of doing so. In our State, consumers had a choice from 3 issuers in the Marketplace and had an average of 27 plans to choose from which was a significant provider/plan choice increase from 2014. ([hhs.gov/healthcare/facts-and-features/state-by-state/how-aca-is-working-for-mississippi/index.html](https://www.hhs.gov/healthcare/facts-and-features/state-by-state/how-aca-is-working-for-mississippi/index.html) 2016)

Open enrollment typically runs from November 1st to January 31st. Consumers can visit ***HealthCare.gov*** or ***OneMississippi.com*** to assess qualifications of a Special Enrollment Period because of a life change such as: marriage, birth of a child or loss of other coverage. Enrollment in Medicaid and the Children's Health Insurance Program is open year round.

In the previous needs assessment 1 in 3 individuals in Washington County residents under age 65 were without health insurance, and 73% of those people were the working uninsured (*United States Census Bureau, 2012*). The most recent data for 2014 indicates that 21% of those living in Washington County are uninsured which is higher than the State average of 16% and considerably higher than the National average of 14%. (*Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2014. Source geography: County*)

Disease Incidence and Prevalence

****Throughout this document it will be important to note that incident rates are per 100,000 individuals.****

Cancer

Despite the fact that incidence and death rates for all cancers have been declining due to advances in research, detection and treatment, in Washington County the age-adjusted invasive cancer incident rate has increased. All-cause cancer diagnosis rates are 459.9* in the state of Mississippi which puts our state 12th in the nation. (*State Cancer Profiles. 2009-13*)

Our state's annual death rate is 218.6* for all-cause cancers; however, in Washington County the all-cause mortality rate is 238.5*. This assessment also revealed disparities in care in our community. For example, while approximately the same numbers of white and African American women are diagnosed with breast cancer each year, more African American women 36.7* die annually from breast cancer than white women 31.3*. (*State Cancer Profiles. 2009-13*) It should also be noted that while breast cancer incidence rates among black and white women in

Washington County are slightly lower than the state incidence rate, the mortality rate for both races is significantly higher than the state average.

Mississippi ranks second 48.7* only to Kentucky in incidence rates. Colorectal cancer mortality rates for men and women of both races show a downward trend in Mississippi, with a rate of 17.5*. While the incidence of colorectal cancer in whites and blacks in Washington County is slightly higher than the state average, Washington County was one of the few counties in Mississippi to meet the Healthy People 2020 goal for annual adjusted mortality rate of 14.5*, with a rate of 13.7*. *(State Cancer Profiles. 2009-13)*

Prostate incidence rates for our state are at 127.2* placing Mississippi 3rd in the nation. In Washington County again there are major differences between white males and African American males in the incidence rates of prostate cancer. In 2012, there were 13 new reported cases in white males versus 22 in African American Males. *(State Cancer Profiles. 2009-13)*

In 2013, the incidence of lung and bronchus cancer Mississippi ranks 4th to Arkansas at 75.2* and this type of cancer proves to be the one of the most fatal. Lung cancer incidence rates are consistent with the state average for men and women of both races; however, while the state shows a downward trend in mortality rates for lung cancer, Washington County averages show no such trend over a four year period. *(State Cancer Profiles. 2009-13)*

Washington County was one of the few counties in Mississippi to meet the Healthy People 2020 goal for annual adjusted mortality rate of 14.5*, with a rate of 13.7*. Lung cancer incidence rates are consistent with the state average for men and women of both races; however, while the state shows a downward trend in mortality rates for lung cancer, the Washington County averages show no such trend over a four year period. *(State Cancer Profiles. 2009-13)* As with all cancer, early detection is paramount in significantly decreasing mortality rates.

Sleep Deprivation

Sleep Deprivation has been a long overlooked and unmet public health concern. It is estimated that 50 to 70 million Americans suffer from a disorder of sleep or wakefulness. The national average for adults reporting some form of a sleeping disorder is 25%. In Mississippi the group with the highest rate of inadequate sleep was black males between the ages of 18 and 24 who reported a rate of 53.5%. The next highest group was black males in the 25 to 34 age group with a rate of 48.4%. (*msdh.ms.gov/brfss 2014*)

Overall, blacks reported an inadequate sleep rate of 45.7% compared to 33.9% for whites, a difference of almost 26%. (*msdh.ms.gov/brfss 2014*) With Washington County reporting that 41% of adult citizens have some form of a sleep disorder- it is time we take a closer look. This is possibly the largest preventable root co-morbidity that must be addressed. The cumulative long-term effects of sleep loss and sleep disorders have been long associated with a wide range of deleterious health consequences including an increased risk of obesity, hypertension, diabetes, depression, heart attack, and stroke. A decrease in sleep coupled with a decrease in physical activity spells disaster for any community. This scenario woven with advances in hand held technology, internet, and social media are more than enough to create a situation where not only our adult population is affected but more importantly our children.

Obesity

Since 1980, obesity rates have increased drastically in the United States, doubling for adults and tripling for children, a statistic that doctors have coined, "The Obesity Epidemic." There is worry among experts that today's youth will be the first ever to have a shorter life expectancy than their parents. There are numerous health issues linked to obesity, including increased risk for heart disease, stroke, and type2 diabetes all are fuel to our nation's skyrocketing healthcare costs. Additionally, recent studies on overweight children have revealed correlations to depression, increased likeliness to miss school, and lowered academic performance in school. Overweight adolescents have

approximately an 80 percent chance of becoming overweight adults (Mississippi Department of Education's Office of Healthy Schools, 2008). Unfortunately, 21.7% of children from the ages of 10 to 17 suffer from obesity putting Mississippi in the number one spot. In 2016, Mississippi has the third highest adult obesity rate in the nation. Mississippi's adult obesity rate is currently 35.6 %, up from 23.7% in 2000 and from 15.0% in 1990. Rates of obesity now exceed 35 percent in four states (Louisiana, Alabama, West Virginia and Mississippi), 22 states have rates above 30%, 45 states are above 25%, and every state is above 20%. Louisiana has the highest adult obesity rate at 36.2%, while Colorado has the lowest at 21.3%. Unfortunately in Washington County, 39.1% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. (*stateofobesity.org/states/ms/2016*)

Exercise and healthy eating habits are known to prevent obesity, and in turn many of the associated disease states. Access to recreation and fitness facilities encourages physical activity and other healthy behaviors. In Washington County, the recreation and fitness establishment rate per 100,000 residents is low - 5.87*, compared with a rate of 9.7 nationally. 38% of adults in Washington County are physically inactive. Our assessment also found that an estimated 80.6% of adults living in Washington County are consuming less than the recommended five servings of fruits and vegetables each day. (*Data analysis by CARES. 2014*)

Diabetes

Diabetes Mellitus affects an estimated 29.1 million people in the United States, of that number 1.25 million are children and there are 8.1 million individuals undiagnosed. Diabetes is the 7th leading cause of death in the United States. (*diabetes.org 2016*) It is the 6th leading cause of death in Mississippi (*Mississippi State Plan, 2013*). Diabetes can lower life expectancy by up to 15 years, and increases the risk of heart disease twofold. It is also the leading cause of renal failure, lower extremity amputations and adult-onset blindness (*U.S. Department of Health and Human Services, 2010*). If current trends continue, one in three U.S. adults could have diabetes by the year 2050 (*ADA, 2013*).

In 2010, Mississippi ranked the 2nd highest in the U.S. for overall diabetes prevalence, with over 270,000 adult Mississippians having type 2 diabetes (over 12% of the adult population). African-Americans are 77% more likely than whites to be diagnosed with diabetes, and one in four African-American women older than 55 has diabetes (*MSDH, 2013*). Sadly in 2014, Mississippi ranked number three in the U.S. with almost 290,000 individuals being diagnosed with diabetes.

Screening is an essential measure in order to allow for early detection and treatment of diabetes. In Washington County in 2011, only 76.54% of Medicare enrollees with diabetes have had a hemoglobin A1c test to measure blood glucose control within the past year as compared with 81.92% of Mississippians. This may be related to a lack of access to care, a lack of knowledge, insufficient provider outreach, and/or other social barriers.

Heart Disease & Stroke

Heart disease is the leading cause of death in Mississippi, accounting for almost a third of all deaths in the state. In 2013, Heart Disease combined with cerebrovascular disease accounted for 9,216 lives in our State. Mississippi's Cardiovascular Disease (CVD) mortality rate remains the highest in the nation. With 82 counties in Mississippi, Washington County is 13th in county rankings for CVD mortality in Mississippi. In Washington County, 17.9% of individuals diagnosed with hypertension admit to not taking their blood pressure medicine. (*CARES 2006-2010*) In addition, 51.81% of those 18 years of age or older have been told by a physician or other allied healthcare professional that they have high cholesterol. A more recent indicator reports the percentage of the Medicare fee-for-service population with ischemic heart disease in Washington County only slightly above the State Average at 28.63%. Patients within this same sample report high cholesterol to be 4% lower than the State's average at 36.35%. (*cdc.gov/brfss*)

Physical inactivity and unhealthy diet are other main risk factors which increase individual risks to cardiovascular diseases (*World Health Organization, 2013*). The prevalence of CVD risk may be reduced by risk factor modification, including smoking cessation, blood pressure control, eating a healthy diet, and lowering

blood cholesterol levels. Currently, three-fourths of Mississippians have at least one CVD risk factor (*Mississippi Task Force on Heart Disease and Stroke Prevention, 2013*).

Infant Mortality

Unfortunately, 23,000 infants died in the United States in 2014. The loss of a baby remains devastating for many families and significantly impacts the health and well-being of families, as well as the nation. Infant health is one of the most important indicators of the overall health of a population. Infant mortality refers to the death of live infants before one year of age. There are many processes that can ultimately lead to the death of an infant with SIDS being the most prevalent. Although the etiology of SIDS is not quite understood, through education we can reduce the number of instances where this occurs. In Washington County, infant mortality now stands at 12.2 per 1000 live births. The State of Mississippi is currently at a rate of 8.2 per 1000 live births. (MSDH, 2013) This is just a few points shy of the 2020 healthy initiative goal of 6 per 1000 live births. Racial disparities, maternal health before and during pregnancy, and prenatal care also impact infant mortality. A more recent survey of Mississippi shows African Americans at 13.8 and a .5 increase in whites to 7. (*US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-10. Source geography: County*)

Mississippi has an average teen pregnancy rate of 56/1000 and Washington County continues to struggle with an average rate of 86/1000. (2016-countyhealthrankings.org) DRMC has partnered with Tougaloo College/Delta Health Partners Healthy Start Initiative to help our communities decrease these numbers. The project began working to reduce infant mortality among high-risk and underserved residents of the Mississippi Delta in 1999. Tougaloo College and Delta Health Partners target seven Delta area counties that are some of the most disadvantaged areas in the country which includes: **Bolivar, Coahoma, Quitman, Sunflower, Tallahatchie, Tunica and Washington** counties. Residents face the daily challenges associated with abject poverty, chronic unemployment, limited educational opportunities, and extreme rural living.

Response to Findings

Identified Needs

Strategic planning consisted of evaluating potential priority areas using the following criteria:

- Are a significant number of Washington County residents affected by this issue?
- What is the level of public concern or awareness regarding the issue?
- Does this issue contribute (either directly or indirectly) to early mortality?
- Are there disparities in care associated with this issue?
- Is there a way to quantify accomplishment related to activities regarding the issue?
- Do we have the clinical strength and infrastructure available to address the issue?

The Steering Committee narrowed the priority focus areas to the following:

- Cancer
- Sleep Deprivation
- Diabetes
- Obesity
- Cardiovascular Disease
- Infant Mortality

Internal Steering Committee Members

Scott Christensen, FACHE
Chief Executive Officer

C. Thomas Moore, FACHE
Chief Financial Officer

Amy Walker, RN, MSN
Chief Nursing Officer

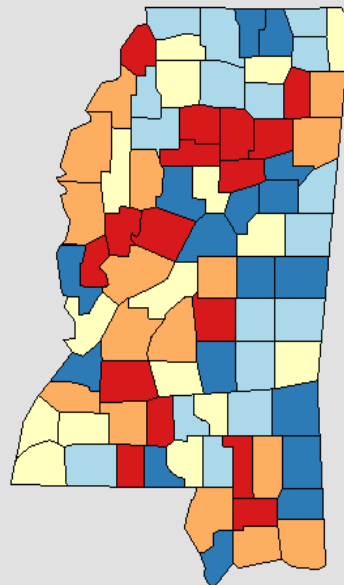
Janet Benzing
Executive Director, Ancillary Services

Kevin P. Willis
Coordinator, Service Excellence

Community Benefit Plan

The Delta Regional Medical Center Community Benefit Plan is outlined in the attached summary. This document is based on the Community Health Needs Assessment completed in 2016, and is intended to guide the program for fiscal years 2017 – 2019. This summary is a living document that will undergo changes as we evaluate current processes and implement new ones that focus on one or more of the six priority focus areas.

Incidence Rates[†] for Mississippi
All Cancer Sites, 2009 - 2013
All Races (includes Hispanic), Both Sexes, All Ages



Age-Adjusted
Annual Incidence Rate
(Cases per 100,000)

[Quantile Interval](#)

- 338.9 to 426.0
- 426.0 to 447.5
- 447.5 to 469.2
- 469.2 to 501.9
- 501.9 to 599.2

US (SEER + NPCR)
Rate (95% C.I.)
448.4 (448.1 - 448.7)

Mississippi
Rate (95% C.I.)
467.0 (463.6 - 470.4)

Notes:

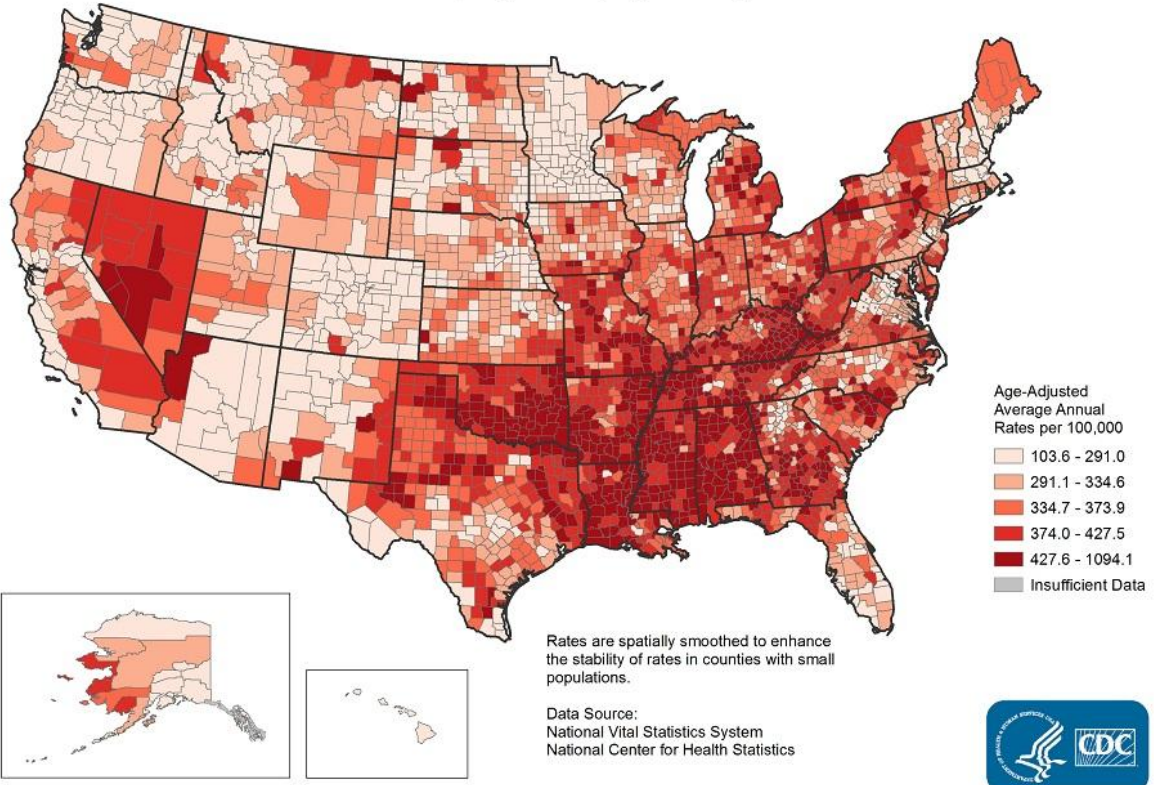
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[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

[†] Incidence rates (cases per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The [1969-2014 US Population Data](#) File is used for SEER and NPCR incidence rates.

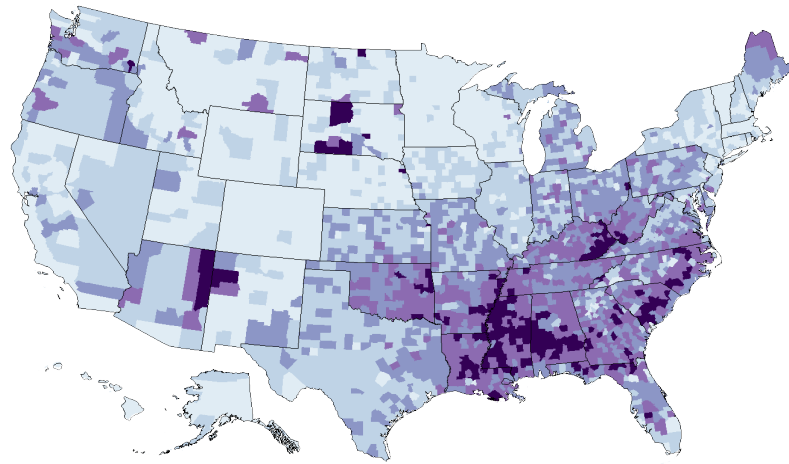
Heart Disease Death Rates, 2011-2013 Adults, Ages 35+, by County



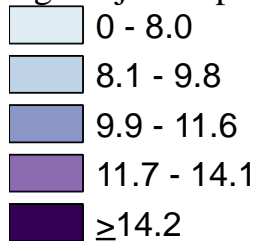
Age-adjusted Estimated Incidence Rates for United States by County, 2010
Diabetes

All races (includes Hispanic), Both sexes, Ages 20+

www.cdc.gov/diabetes

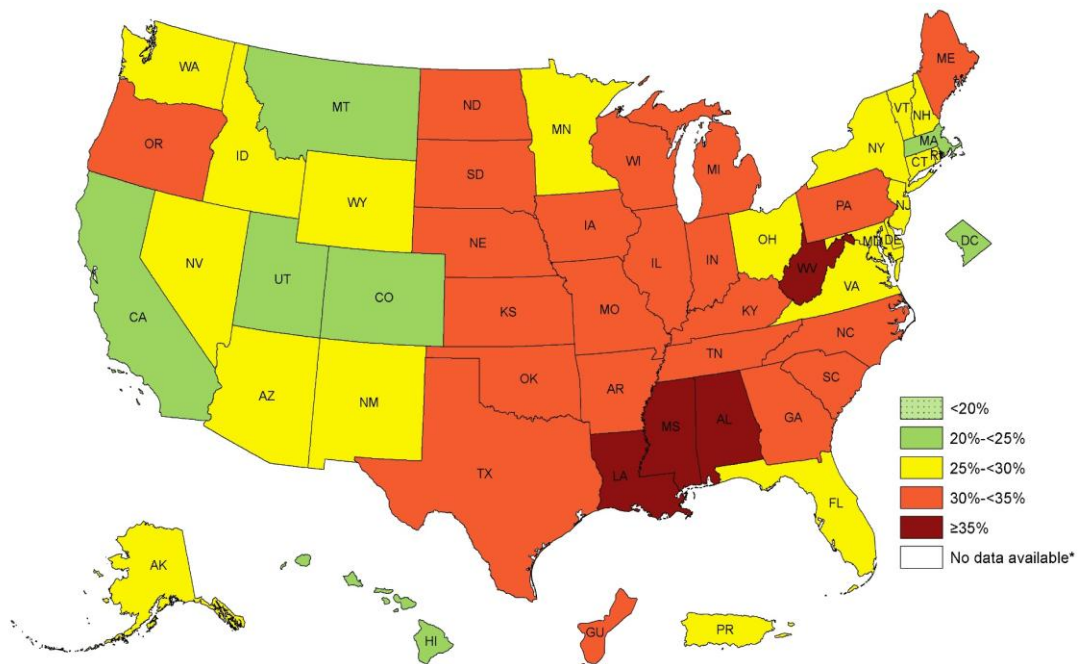


Age-adjusted percent



Prevalence[†] of Self-Reported Obesity Among U.S. Adults by State and Territory, BRFSS, 2015

[†] Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.

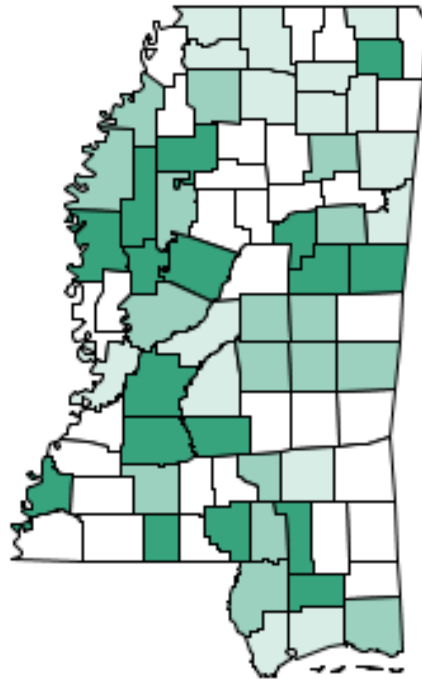


*Sample size <50 or the relative standard error (dividing the standard error by the prevalence) ≥ 30%.

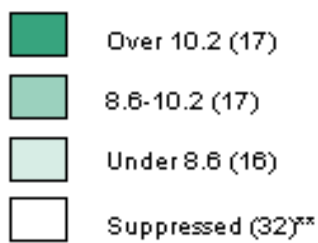


Infant Mortality Rates for Mississippi by County, 2010 – 2013

www.marchofdimes.com/peristats



Rate per 1,000 live births



Community Health Assessment, Strategy and Implementation Plan 2016

Problem Statement		Strategies	Activities	Outcome	
Problem	Why?	How?	Specific Actions	Intermediate	Long Term
<p>Cancer</p> <p>In Washington County the age-adjusted invasive cancer rate has increased</p> <p>All cause cancer mortality in the State of MS shows a decline</p> <p>Breast cancer incidence lower in Washington Co than State average—mortality rate higher</p> <p>In Washington County Colon Cancer numbers are slightly above the State average although we are one the few to meet 2020 goal Lung cancer incidence consistent with state average but mortality rates in Washington County are increasing</p>	<p>Lack of access to health screenings</p> <p>Lack of access to healthcare due to income, lack of insurance</p>	<p>Health fairs for education of the community regarding early detection and treatment</p> <p>Promote the lunch and learn seminars and onsite digital mammography scheduling</p> <p>Continue to educate the public during health fairs on all forms of cancer and when and how to get screened</p>	<p>Cancer support groups</p> <p>Partner with Delta Cotton Belles: lunch and learn seminars</p> <p>On site digital mammography scheduling</p> <p>Smoking cessation program</p> <p>Cancer Awareness Speakers Bureau</p>	<p>Decrease the overall number of patients with cancer</p> <p>Increase the number of breast cancer early detection rates</p>	<p>Decrease mortality rates</p>
<p>Sleep Deprivation</p> <p>MS 39% of individuals report having some type of a sleep or wakefulness disorder</p>	<p>Most overlooked unmet public health need</p> <p>Most common root cause of comorbidities such as obesity, diabetes and hypertension</p>	<p>Educating the public: adults, children and staff</p> <p>Utilizing the adjusted neck circumference on admission to identify potential candidates for sleep facility testing</p> <p>Offering more awareness to our physicians and allied health professionals</p>	<p>Educate the public through health fairs</p> <p>Educate internally via multimedia and continuing education efforts for physicians and allied health professionals</p> <p>Promote Kevin's easy screening tool- S.T.O.P. campaign to raise awareness both internally and externally</p>	<p>Decrease the overall number of individuals with sleep and wakefulness disorders</p>	<p>Decrease the overall incidence of sleep related comorbidities</p>
<p>Diabetes Mellitus</p> <p>6th leading cause of death in Mississippi</p> <p>(2011) Mississippi ranked 2nd highest for U.S. for overall prevalence-12% of population with Type 2 diabetes</p> <p>(2014)-Mississippi ranks 3rd highest in the US and has increased to 14%</p>	<p>Poor nutrition</p> <p>Diets high in fats and sugars</p> <p>Limited access to care</p> <p>Lack of knowledge</p> <p>Insufficient provider outreach</p> <p>Non-compliance with treatment</p>	<p>Education regarding food choices and limiting intake of fatty/sugar laden foods</p> <p>Enhance access to programs which offer HgA1c screenings</p>	<p>Cholesterol and blood pressure screenings at health fairs</p> <p>Education regarding health diet and exercise to reduce cholesterol</p> <p>Take the Stairs Campaign</p> <p>Employee Health Coach</p>	<p>Decrease the number of patients with type 2 diabetes</p>	<p>Reduction in the number of patients with renal failure</p> <p>Reduce the number of patients with renal failure</p> <p>Reduce the number of patients with visual problems resulting from diabetes</p>

<p>Obesity</p> <p>Majority of adults (38%) are overweight or morbidly obese.</p> <p>81% of adults in Washington County do not get recommended 5-7 fruits per day</p> <p>2016 MS ranks 3rd in the US in adult obesity and 1st in Teenage obesity</p>	<p>Poor nutrition due to limited access, high cost of fruits and vegetables and healthy proteins and low motivation to change.</p> <p>Lack of physical exercise due to lack of pedestrian paths and affordable facilities, sedentary work environments, low motivation to change.</p>	<p>Change incentives for consuming health foods at hospital and when eating out to promote healthy eating habits</p> <p>Enhance access to programs that promote physical activity and provide support to sedentary adults.</p> <p>Educate and monitor teens through our annual school physicals that are free to both public and private learning institutions.</p>	<p>Multimedia Communication Balanced menus offered in our cafeteria, overeaters anonymous, encourage food choices based on the food pyramid</p> <p>Employee fitness center on the West Campus, Multimedia communication and continue to promote employees to engage in at least 60 minutes a day of physical activity</p> <p>Encourage employees to engage in local walks, runs and marathons</p> <p>Take the stairs campaign</p>	<p>Encourage the increase in the consumption of fruits and vegetables</p> <p>Increase the number of children engaging in moderate and vigorous physical exercise or activities.</p>	<p>Decrease the percentage of adults and youths that are overweight or obese (BMI>25)</p>
<p>Cardiovascular Disease</p> <p>Leading cause of death in Mississippi</p> <p>Accounts for almost half of all deaths</p> <p>Washington County ranks number 13 out of 82 counties in CVD mortality in (2013)</p>	<p>Tobacco Use Lack of resources to assist in smoking cessation</p> <p>Poor blood pressure control and non-compliance Lack of Healthy Diet Lowering of Cholesterol levels</p>	<p>Enhance access to smoking cessation classes</p> <p>Provide education at health fairs regarding benefits of smoking cessation</p> <p>Enhance access to blood pressure and cholesterol screenings</p>	<p>Provide tobacco free hospital campuses and clinic to limit second hand smoke exposure, Heart Disease Speakers Bureau, smoking Cessation Classes, Community CPR/ First Aid</p> <p>Cholesterol and blood pressure screenings at health fairs, Education regarding diets and exercise to reduce cholesterol</p> <p>Take the Stairs Campaign</p>	<p>Reduce the % of adult smokers</p> <p>Reduce the number of persons with chronic lung problems due to exposure to secondary smoke</p>	<p>Decrease the number of persons with high blood pressure of cholesterol and increase the number of persons who will be free from heart attack and stroke.</p>

<p><u>Infant Mortality</u></p> <p>Infant mortality rates in Mississippi are well above the Healthy People 2020 goal of 6/1000 births</p> <p>MS 2013 infant mortality rate was 8.2/1000 live births. Washington County 12.2/1000 live births.</p> <p>Significant racial disparities: 7/1000 white 13.8/1000 African American</p>	<p>Lack of access to health care/prenatal care</p> <p>Washington County ranks 5th out of all MS counties in infants born to mothers 18 and younger-86/1000 births</p> <p>Poor Nutrition</p>	<p>Education regarding prenatal care and the importance of maternal nutrition during pregnancy</p> <p>Promotion of abstinence for young teens</p>	<p>Partner with UMC: car seats for low income families</p> <p>Partner with Delta Healthy Start initiative</p> <p>Promotion of childbirth classes</p> <p>Partner with MSDOH: safe sleep program</p> <p>Community education re infant mortality, prenatal care, safety seats, and infant care</p> <p>Infant sleep sack program</p> <p>Smoking cessation program</p>	<p>Increased the % of pregnant women receiving prenatal care</p> <p>Increase awareness of the role of balanced nutrition during pregnancy</p> <p>Reduce the number of pregnant teens</p>	<p>Decreased % of infant mortality</p> <p>Decrease % of infant deaths due to prematurity</p> <p>Increase the number of healthy neonates</p> <p>Decrease the number of low birth weight infants and very low birth weight infants</p>
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