

DELTA HEALTH SYSTEM-THE MEDICAL CENTER

Community Health Needs Assessment 2025



Executive Summary

At Delta Health System, our mission is deeply rooted in service to our patients, our families, and the communities that make up the heart of the Mississippi Delta. As we present the 2025 Community Health Needs Assessment (CHNA) for Washington County, we reaffirm our commitment to addressing the serious and persistent health challenges our region faces.

This year's assessment highlights six critical areas of focus: diabetes, obesity, hypertension, cholesterol, sexually transmitted infections (STIs), and pregnancy planning. These pillars were identified not only through data but through the voices of our residents who courageously shared their concerns, hopes, and experiences through surveys, focus groups, and community outreach.

The findings are clear: social and economic barriers, such as poverty, limited access to care, food insecurity, and transportation, continue to drive disproportionately high rates of chronic illness and preventable conditions. These are not just statistics; they reflect real lives, real families, and real opportunities for change.

Delta Health System is rising to meet this challenge with a bold and collaborative response. We will expand preventive health services, improve chronic disease

management, and deepen partnerships with schools, churches, nonprofits, and local agencies. Our strategy centers on equity, access, and sustainability—ensuring that every individual, regardless of background or income, can live a healthier life.

This Community Health Needs Assessment is more than a report, it is a roadmap. And while the road ahead may be complex, I am confident in the strength of our team, the resilience of our communities, and the power of listening.

Together, we will build a healthier future for Washington County and beyond.

With commitment and gratitude,

Iris Stacker
Chief Executive Officer

Overview

Delta Health System is committed to advancing the health and well-being of the Mississippi Delta region by identifying and addressing the most pressing health concerns affecting our communities. This 2025 Community Health Needs Assessment (CHNA) is conducted to understand the current health landscape, guide strategic initiatives, and promote collaborative efforts with local stakeholders to improve overall community health.

The Medical Center is a community, not-for-profit hospital, located in Greenville, MS. The Medical Center is Washington County's largest employer, with a workforce of over 950 people. The medical staff consists of approximately sixty physicians, representing a large variety of specialties.

The Medical Center is licensed for 295 beds, with services including acute and critical care, inpatient rehabilitation, and outpatient services. Campuses include the main facility located at 1400 East Union Street, Greenville, Mississippi, and the West Campus of The Medical Center at 300 South Washington Street, as well as various rural health and physician clinics.

Annually, The Medical Center has approximately 5,541 discharges, and provides over 72,750 outpatient visits, and 28,092 Emergency Department visits. Last year, The Medical Center provided over \$12,410,161 in charity care to the citizens of the community we serve and incurred an additional \$19,138.00 in uncompensated care.

Community

Delta Health System serves a diverse population across the Mississippi Delta, which is a region marked by a strong cultural heritage but significant health disparities. Social determinants of health such as poverty, food insecurity, transportation challenges, and

limited access to specialty care contribute to a high burden of chronic and preventable diseases in this region.

The Medical Center's primary service area remains Washington County, which had an estimated population of 43,674 in 2023. Approximately 85% of our patient base continues to come from Washington County, with the remaining 15% drawn from seven surrounding counties in the Tri-State Delta Region, collectively home to about 138,000 residents.

This region is unique both within Mississippi and nationally. Historically reliant on cotton production, the local economy has shifted toward corn and soybean agriculture. Advances in agricultural technology have transformed the area from a high-labor agricultural economy to one requiring significantly fewer employees. (*USDA National Agricultural Statistics Service, Mississippi State University Extension*)

Additionally, the once-robust manufacturing sector in Washington County has declined due to various external and internal economic pressures. This has contributed to ongoing population decline throughout the Delta. Since 2010, Washington County's population has decreased by 6,215 people, dropping from 51,137 to 43,674—a loss of 12.1% over thirteen years, averaging nearly 0.9% per year.

Economic challenges persist: the median household income in Washington County is \$40,117, which remains well below both the national average of approximately \$67,521 and the Mississippi state average of about \$46,511. The region also experiences demographic shifts, including a decreasing average household size and a rising proportion of single-person households.

The fastest-growing employment sectors continue to be the Service Sector (including health care, education, scientific, social services, and hospitality) and the Government Sector. While these sectors depend on local tax funding, The Medical Center stands as an important exception, drawing resources beyond local funding streams. (*censusreporter.org*) (*census.gov*) (*Bureau of Labor Statistics (BLS), Mississippi Department of Employment Security*)

Methodology

Delta Health System conducted the 2025 Community Health Needs Assessment (CHNA) in accordance with federal regulations for tax-exempt hospitals under Internal Revenue Code Section 501(r)(3). The process was designed to systematically identify and prioritize significant health needs in Washington County, MS, while incorporating community input and reliable public health data.

1. Data Collection and Analysis

Quantitative and qualitative data were gathered from a range of reputable sources to identify key health indicators, disparities, and trends affecting the community. Sources included:

- U.S. Census Bureau & American Community Survey
- Centers for Disease Control and Prevention (CDC)
- Mississippi State Department of Health (MSDH)
- Health Resources and Services Administration (HRSA)
- Internal Delta Health System utilization and encounter data (as available)

Data was analyzed to assess prevalence, risk factors, and outcomes associated with chronic diseases (e.g., diabetes, obesity, hypertension), infectious disease (e.g., STIs), and maternal and reproductive health outcomes. Social determinants of health, including poverty, food access, transportation, and insurance coverage, were also evaluated.

2. Community Engagement

Delta Health System conducted:

- Community surveys (online and paper-based) to assess residents' perceptions of health needs, barriers to care, and service gaps
- Focus groups with educators, faith leaders, parents, and small business representatives
- Interviews with public health officials, healthcare providers, and nonprofit leaders

These efforts ensured that diverse community voices informed the identification and prioritization of health needs, especially from medically underserved and vulnerable populations.

3. Identification and Prioritization of Needs

Delta Health System synthesized findings across data and community input to determine six priority areas:

1. Diabetes
2. Obesity
3. Hypertension
4. Cholesterol
5. Sexually Transmitted Infections (STIs)
6. Pregnancy Planning

Prioritization was based on criteria such as:

- Severity and prevalence of the condition
- Disparities by race, income, or geography
- Community concern
- Feasibility of intervention and alignment with Delta Health System resources

4. Documentation and Public Dissemination

This CHNA report and its corresponding Implementation Strategy will be:

- Adopted by the Delta Health System board of trustees
- Made publicly available on the Delta Health System website (deltahealthsystem.org)
- Updated every three years, per IRS regulations

Ongoing evaluation and community feedback will guide adjustments to implementation strategies, ensuring accountability and responsiveness to changing health conditions.

Community Needs Index & Other Data

The Community Needs Index (CNI) is a nationally recognized tool that measures the severity of health disparities across every ZIP code in the United States, using key socioeconomic indicators that influence access to healthcare. These indicators include barriers related to income, culture, education, housing, and language.

Washington County includes six ZIP codes, and based on the most recent CNI data, the county-wide average score is 4.9 out of 5.0—placing it just below the highest level of need. This score reflects significant socioeconomic challenges that directly correlate with poorer health outcomes and limited access to care (communitycommons.org, communityhealthrankings.org).

In addition to the CNI, Delta Health System utilizes a variety of validated tools and data platforms to identify unmet health needs. These include:

- Community Commons: Health Needs Assessment Toolkit and Core Indicators Reports
- U.S. Census Bureau and American Community Survey (ACS)
- County Health Rankings & Roadmaps
- State and regional reports from the Mississippi State Department of Health (MSDH)

These sources help ensure a comprehensive understanding of health barriers and guide evidence-based planning across Washington County.

Findings

Access to Care

As of December 2024, over 107,000 Mississippi residents selected or were automatically re-enrolled in quality, affordable health insurance coverage through the Health Insurance Marketplace. Nationally, more than 15 million consumers enrolled in Marketplace coverage during the same period. In Mississippi, approximately 98% of enrollees qualified for an average monthly tax credit of \$570, helping to offset premium costs and improve access to care.

Consumers in Mississippi had access to plans from up to four insurance insurers depending on their county of residence.

Open enrollment for the 2025 coverage year runs from November 1, 2024, to January 15, 2025. Outside of this period, individuals may still qualify for a Special Enrollment Period due to life events such as marriage, birth or adoption of a child, or loss of other coverage. Enrollment in Medicaid and the Children's Health Insurance Program (CHIP) remains open year-round.

The most recent data (2023) indicates that 14.4% of Washington County residents remain uninsured—slightly above the state average of 13.6% and notably higher than the national average of 7.7%.

(CDC, Behavioral Risk Factor Surveillance System)

Disease Incidence and Prevalence

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

Diabetes

Diabetes Mellitus affects an estimated 38.4 million people or 11.6% of the population in the United States and of that number over 352,000 are children and there are 8.7 million individuals undiagnosed. Diabetes is the 7th leading cause of death in the United States and the 7th leading cause of death in Mississippi. (*cdc.gov*) Diabetes can lower life expectancy by up to 15 years and increase the risk of heart disease twofold. It also can lead to blindness, renal disease, and loss of limbs. If current trends persist, the CDC projects that as many as 1 in 3 U.S. adults could have diabetes by the year 2050.

This estimate reflects a continued rise in type 2 diabetes driven by aging, obesity, sedentary lifestyles, and persistent health disparities—especially in Southern states like Mississippi. (*cdc.gov, National Diabetes Statistics Report, 2025.*)

In addition to those already living with diabetes, a substantial number of adults in Mississippi are affected by prediabetes, a condition marked by elevated blood sugar levels that fall short of a diabetes diagnosis. Prediabetes increases the risk of progressing to type 2 diabetes, as well as developing heart disease and stroke. In the United States, over one-third of adults—or nearly 98 million people—have prediabetes, and over 80% are unaware of the condition. (*CDC, ADA*)

In Mississippi, 35.6% of adults—over 800,000 individuals—have prediabetes, placing the state among those with the highest risk burden nationally. (*ADA*) As of May 2025, approximately 346,900 adults, or 13.7% of Mississippi's adult population, have diagnosed diabetes. Around 21,000 adults are diagnosed with diabetes each year in the state. The total annual cost of diagnosed diabetes in Mississippi is estimated at \$5.1 billion, which includes both direct and indirect costs. (*ADA*). Adults identifying as Black, non-Hispanic had a slightly higher prevalence (16.8%) compared to White, non-Hispanic adults (14.6%) Women had a slightly higher overall rate (16.3%) than (14.3%) (*MSDH*) Diabetes prevalence in Mississippi has risen from 14.6% in 2021 to 15.3% in 2022.

Screening remains a critical tool for the early detection, treatment, and management of diabetes. In Mississippi, an estimated 21,000 individuals are newly diagnosed with diabetes each year. Early screening is especially important in high-risk populations, including individuals with obesity, high blood pressure, a family history of diabetes, or limited access to primary care. Timely diagnosis can prevent or delay serious complications such as heart disease, kidney failure, vision loss, and lower-limb amputations. (*CDC, U.S. Diabetes Surveillance System, 2025.*)

Obesity

Since the 1980s, obesity rates in the United States have surged, roughly doubling among adults and tripling among children. The trend that has earned the term “The Obesity Epidemic.” Despite widespread recognition of the problem, obesity remains one of the most complex and persistent public health challenges in modern society. It significantly increases the risk for chronic illnesses such as heart disease, stroke, and type 2 diabetes and contributes to rising national healthcare costs. Among children, obesity has been linked to depression, increased school absenteeism, and lower academic performance. (*CDC*)

Childhood obesity remains alarmingly high. Nationally, about 17.0% of youth aged 6–17 was classified as obese between 2022 and 2023. In Mississippi, the problem is far more severe, with 25% of youth in that same age group living with obesity. For children and adolescents aged 10–17, 41.4% in Mississippi are either overweight or obese,

compared to a national average of 33.5%. These figures rank Mississippi last (50th) among all U.S. states for childhood obesity. (*State of Childhood Obesity, 2024*) (*MDPI Public Health Reports, 2024*)

Adult obesity also remains a major public health concern in Mississippi. As of 2023, the state's adult obesity rate stood at 40.1%, placing it among the top three most obese states in the nation. Nationally, 43.1% of adults were obese as of 2024, with rural obesity rates climbing to 48.3%, even as urban rates show signs of declining. In Mississippi, adult obesity is projected to rise significantly in the coming years, with estimates suggesting that nearly 57% of adults could be obese by 2030. Currently, 32% of Mississippi adults aged 65 and older are obese, and the associated healthcare costs in the state are estimated at \$4.3 billion annually. (*World Population Review*), (*MDPI*), (*USDA ERS*), (*ADA*)

Physical inactivity, which is both a contributor to and consequence of obesity, remains a major concern. About 33.4% of Mississippi adults report no leisure-time physical activity, a figure well above the national average. Certain demographic groups, such as non-Hispanic White adults, report even higher levels of inactivity, at or above 30%. These trends are especially concerning given that physical inactivity is associated with numerous chronic diseases, including type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality. Nationally, it is estimated that physical inactivity contributes to over 8% of premature deaths in the U.S. (*America's Health Rankings 2025*), (*CDC*)

In Washington County, the challenges are even more pronounced. 48% of adults aged 20 and older self-report a Body Mass Index (BMI) over 30.0, classifying them as obese. Additionally, 48% of the adult population reports no leisure-time physical activity, compared to 37% statewide and 23% nationally. Access to healthy food is also limited: 29.1% of the county population lacks access to healthy food outlets, compared to 26.4% in Mississippi and 21.7% nationally. Furthermore, 18% of Washington County residents experience low food access, nearly double the state average of 11% and significantly higher than the 2% national average. (*County Health Rankings, 2024*)

Preventing and reducing obesity requires multifaceted interventions. Strategies include promoting healthier food choices—such as whole grains, fruits and vegetables, healthy fats, and lean protein—while limiting the intake of sugary beverages, processed meats, refined grains, and sweets. Increasing physical activity, reducing sedentary behavior such as screen time, improving sleep habits, and managing stress are also critical components. (*CDC*)

Cholesterol

Heart disease remains the leading cause of death in Mississippi, accounting for 29.7% of all deaths in 2018, and the state continues to hold one of the nation's highest cardiovascular disease (CVD) mortality rates. High cholesterol is a major modifiable risk factor contributing to these alarming trends. According to the Behavioral Risk Factor Surveillance System (BRFSS), 46.8% of adults aged 18 and older in Washington County have been told by a healthcare provider that they have high cholesterol, a rate consistent with broader statewide patterns. Within the Medicare fee-for-service population, 36.35% of Washington County residents report high cholesterol, which is 4% lower than the state average, yet the prevalence of ischemic heart disease in the county (28.63%) remains slightly above the state average, highlighting the urgent need for cholesterol management and intervention in this high-risk group. (cdc.gov/brfss)

Nationally, cholesterol remains a widespread concern. Between 2017 and 2020, 10% of adults aged 20 or older had total cholesterol levels above 240 mg/dL, and 17% had high-density lipoprotein (HDL, or “good” cholesterol) levels below 40 mg/dL. In total, about 86 million U.S. adults aged 20 or older have cholesterol levels above 200 mg/dL, and nearly 25 million have levels exceeding 240 mg/dL. Even among children and adolescents, about 7% of those ages 6 to 19 have high total cholesterol. Despite these numbers, only slightly more than half (54.5%, or roughly 47 million people) of U.S. adults who could benefit from cholesterol-lowering medication are currently taking it. (CDC, *American Heart Association*)

The American College of Cardiology (ACC) notes that about 697,000 people died from heart disease in the U.S. in 2020—roughly 1 in every 5 deaths. Myocardial infarctions occur approximately every 40 seconds, with the average first heart attack occurring at age 65.6 for men and 72.0 for women. Likewise, strokes—another cholesterol-related outcome—strike just as frequently, with 795,000 Americans experiencing a new or recurrent stroke each year. Approximately 90% of stroke risk is attributable to modifiable risk factors, including high cholesterol, and 74% is due specifically to behavioral factors such as poor diet, lack of physical activity, and smoking. (ACC)

Cholesterol, alongside blood pressure, blood sugar, and body mass index, is one of the key measurable indicators of cardiovascular health. The optimal range for total cholesterol is less than 200 mg/dL, with an emphasis on maintaining low LDL (“bad” cholesterol) levels and high HDL levels. However, because high cholesterol presents no symptoms, many individuals remain unaware of their condition until a serious cardiovascular event occurs. Regular screening is therefore essential, especially in high-risk populations such as African Americans, who tend to have more severe

hypertension and elevated CVD risk, and in those with a family history of heart disease. (MSDH)

Washington County ranks 13th in Mississippi for CVD mortality out of 82 counties, underlining the area's elevated burden. Notably, 17.9% of residents with hypertension report not taking prescribed blood pressure medication, which may be indicative of broader challenges in chronic disease management. Given the strong interplay between cholesterol, hypertension, and cardiovascular outcomes, coordinated community efforts are essential. Evidence-based interventions such as dietary improvements, increased physical activity, smoking cessation, and improved access to lipid-lowering therapies like statins can help reverse current trends. With approximately 75% of Mississippians having at least one modifiable CVD risk factor, a county-level focus on cholesterol screening, treatment adherence, and education could significantly reduce preventable heart disease and stroke outcomes. (*Mississippi Task Force on Heart Disease and Stroke Prevention*)

Hypertension/High Blood Pressure

Hypertension, or high blood pressure, continues to be a leading public health concern in the United States. It significantly increases the risk of heart disease, stroke, kidney failure, and premature death. As of 2023, 48.1% of U.S. adults, nearly 120 million people, have hypertension, defined as a systolic blood pressure of 130 mm Hg or higher or a diastolic pressure of 80 mm Hg or higher, or are taking medication to manage it. Despite its prevalence, only 22.5% of adults with hypertension have their condition under control (CDC) (*Million Hearts, 2025*).

The condition is often called the “silent killer” because it typically presents no symptoms until significant damage has occurred. In 2023, hypertension was listed as a primary or contributing cause of more than 664,000 deaths in the United States. Alarming, 1 in 3 young adults aged 20–39 is unaware they have high blood pressure, suggesting a growing population at risk of long-term cardiovascular complications. (CDC) (*BIDMC, 2025*)

Disparities in hypertension rates and outcomes remain persistent across racial and ethnic groups. As of 2024, non-Hispanic Black adults had the highest rate of hypertension at 58%, followed by non-Hispanic Whites (49%), non-Hispanic Asians (45%), and Hispanics (39%). Blood pressure control among those advised to take medication also varies significantly, with 32% of non-Hispanic White adults achieving control, compared to only 25% of non-Hispanic Black and Hispanic adults, and just 19% of non-Hispanic Asians. (CDC)

In Mississippi, hypertension rates are even more troubling. The state ranks among the highest in the country, with an estimated 46% of adults diagnosed with high blood pressure as of 2024. The burden is especially high among African American adults and women, with Black women nearly 60% more likely to have high blood pressure compared to non-Hispanic White women. (*America's Health Rankings, 2025*) (*Minority Health HHS, 2024*)

At the county level, the situation is particularly acute. In Washington County, Mississippi, approximately 51.8% of adults report having high blood pressure—significantly above the national and state averages. Among Medicare beneficiaries in the county, hypertension prevalence is even higher at 66.2%. These statistics reflect the urgent need for local public health initiatives targeting hypertension prevention, early detection, and management. (*CARES Engagement Network, 2023*)

While the data is sobering, hypertension is both preventable and treatable. Lifestyle interventions—including reducing sodium intake, maintaining a healthy weight, engaging in regular physical activity, limiting alcohol, managing stress, and adhering to prescribed medications—can drastically reduce the risk of hypertension and its complications. Community-level interventions, such as improving access to healthy foods, expanding preventive healthcare services, and culturally tailored education campaigns, are also essential in reducing disparities and improving control rates.

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adolescents, about 7% of those ages 6 to 19 have high total cholesterol. Despite these numbers, only slightly more than half (54.5%, or roughly 47 million people) of U.S. adults who could benefit from cholesterol-lowering medication are currently taking it. (CDC, *American Heart Association*)

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Pregnancy Planning

Washington County, located in the Mississippi Delta, has approximately 44,922 residents, according to the 2020 U.S. Census. The community continues to face

persistent economic hardship, with 28.8% of residents living below the federal poverty line and a median household income of \$40,117, both worse than Mississippi and national averages (*U.S. Census Bureau, 2020*). These socioeconomic challenges are closely linked to higher rates of unintended pregnancy and poor maternal–infant health outcomes.

Teen birth rates remain a significant concern in Washington County. In 2022, the county's teen birth rate was 36.7 births per 1,000 females ages 15–19, well above both the Mississippi average of 26.4 and the U.S. rate of 13.6 (*Teen Health Mississippi, 2023*). This means that adolescents in Washington County are giving birth at nearly three times the national rate. While the U.S. teen birth rate has declined by nearly 79% since 1991, Mississippi's progress has lagged, leaving its rate at more than twice the national average (*CDC, TIME*).

Racial and ethnic disparities further highlight inequities in pregnancy planning and outcomes. Nationally, in 2021, teen birth rates were 21.6 per 1,000 for non-Hispanic Black teens, 21.2 for Hispanic teens, 9.3 for non-Hispanic White teens, and 1.7 for non-Hispanic Asian teens (*CDC*). These disparities intersect with broader maternal and infant health challenges in Mississippi, where the infant mortality rate is 9.1 deaths per 1,000 live births, compared to 5.6 nationally (*Commonwealth Fund, CDC*).

Several systemic and social barriers contribute to Washington County's elevated rates of unintended and teen pregnancy. High levels of poverty and low household income reduce access to consistent health care, reliable transportation, and stable housing. Limited reproductive health infrastructure, including a shortage of providers, restricted clinic hours, and concerns about confidentiality, creates additional barriers for adolescents. Mississippi's "abstinence-plus" sexual education policies often fail to provide students with comprehensive, medically accurate information about contraception and sexually transmitted infection prevention. Racial disparities also persist, with Black teens and young women facing higher risks of infant mortality, preterm birth, and inadequate prenatal care due to longstanding structural inequities. Social stigma around adolescent sexual health further discourages teens from seeking services or accurate information.

In response, Delta Health System is committed to strengthening pregnancy planning initiatives as part of its mission to improve community health. Strategies include expanding school- and community-based sexual health education programs that are evidence-based and culturally tailored; improving access to confidential and affordable contraception through school-linked clinics, telehealth, and mobile outreach; and developing stronger referral pathways to family planning, home-visiting, and perinatal support programs. Efforts will also focus on reducing barriers related to transportation

and clinic hours and on monitoring teen birth rates, infant mortality, and maternal health indicators to guide progress. Through these initiatives, Delta Health System seeks to ensure that adolescents and families in Washington County have the knowledge, resources, and support to make informed decisions about pregnancy planning and reproductive health.

Sexually Transmitted Infections (STIs)

Washington County, MS, experiences disproportionately high rates of sexually transmitted infections, with incidence far exceeding both state and national levels. In 2022, the county's chlamydia rate was 1,277 per 100,000 residents, compared with 928 per 100,000 statewide and 589 per 100,000 nationally. Gonorrhea rates were similarly elevated at 693.9 per 100,000 versus 441.7 statewide, while the HIV rate was **555.7** per 100,000 compared to 401.2 statewide. Mississippi as a whole consistently ranks near the top nationally, placing 2nd in the U.S. for chlamydia in 2023, with a rate of 700.9 per 100,000, well above the national average of 492 per 100,000 (*Teen Health Mississippi, CDC*).

Sexually transmitted infections (STIs) often occur alongside other health issues, creating a complex web of comorbidities that can significantly affect long-term health outcomes. Individuals with untreated STIs, particularly HIV, are at greater risk for opportunistic infections due to immune system compromise, and conditions like syphilis or herpes can also increase the likelihood of acquiring or transmitting HIV. Chronic inflammation caused by some STIs has been linked to adverse reproductive outcomes, such as pelvic inflammatory disease, infertility, and pregnancy complications, which can intersect with high local rates of unintended pregnancy and poor maternal–infant health outcomes in communities like Washington County. Moreover, STI burden is closely tied to other chronic diseases through shared risk factors, including poverty, limited health care access, and substance use. For example, co-occurring hepatitis B or C and HIV are more common among people with injection drug use histories, and these viral infections can accelerate liver disease progression. Addressing STIs in a community health context therefore requires integrating sexual health services with broader primary care, behavioral health, and chronic disease management to break cycles of poor health outcomes. (*CDC, WHO 2022*)

The burden of STIs in Washington County is shaped by several social determinants of health. High poverty (28–29% of residents below the federal poverty line), limited access to affordable health care, and transportation barriers reduce timely access to confidential testing and treatment. Stigma and cultural barriers around sexual health discussions can delay care-seeking, while limited comprehensive sexual health education in schools, often restricted to “abstinence-plus” models, reduces young people’s exposure to medically accurate prevention strategies. These factors intersect with racial health disparities; as a majority-Black County in the Mississippi Delta, Washington County faces historic inequities in health access and outcomes.

Addressing these disparities requires integrating STI prevention into broader reproductive health services. This includes co-locating STI testing with contraception and pregnancy-planning services at county health clinics, Federally Qualified Health Centers (FQHCs), and school-based health programs. Expanding walk-in clinic hours, implementing mobile testing units, and offering telehealth consultations for STI counseling can address transportation and scheduling barriers. Collaboration with programs such as the Delta Health Alliance's adolescent health initiatives and the Mississippi State Department of Health's Family Planning and HIV/STD programs can strengthen outreach and follow-up care.

Continuous monitoring of local trends using CDC and MSDH surveillance tools is essential for evaluating interventions. Priority strategies should focus on:

1. Expanding free and confidential screening/treatment in both fixed and mobile locations.
2. Strengthening school- and community-based education with culturally relevant, evidence-based content.
3. Increasing linkages to social services, including housing, mental health, and substance use programs—to address underlying risk factors.

By integrating STI prevention with reproductive health care and addressing the root social and economic drivers, Washington County can reduce infection rates and improve long-term sexual health outcomes.

Response to Findings

Identified Needs

The strategic planning process for the 2025 Community Health Needs Assessment involved a comprehensive evaluation of potential priority areas using clear, evidence-based criteria. Each identified health issue was assessed through the following lens:

- **Prevalence:** Does the issue affect a significant portion of the Washington County population?
- **Community Awareness and Concern:** Is the issue widely recognized by residents and stakeholders as a priority?
- **Impact on Early Mortality:** Does the issue contribute—directly or indirectly—to premature death?
- **Health Disparities:** Are there inequities in access, outcomes, or care related to this issue?
- **Measurability:** Can progress be tracked using reliable data or indicators?
- **Capacity:** Does Delta Health System have the clinical expertise and infrastructure to make a meaningful impact?

Based on this structured evaluation, the Steering Committee selected the following priority focus areas for targeted action over the 2025–2027 implementation period:

- Diabetes
- Obesity
- Hypertension
- Cholesterol
- Sexually Transmitted Infections
- Pregnancy Planning

These priorities reflect both the burden of disease in Washington County and the opportunity for Delta Health System and community partners to implement data-driven, sustainable interventions.

Steering Committee Members

Iris Stacker, Chief Executive Officer

Kiyo Holmes, RN, MSN Chief Nursing Officer

Brent Smith, M.D.

Sumit Saini, M.D.

Joyce Little, Community Health Worker/Volunteer

Tabatha Jones, Community Health Worker/Community Champion

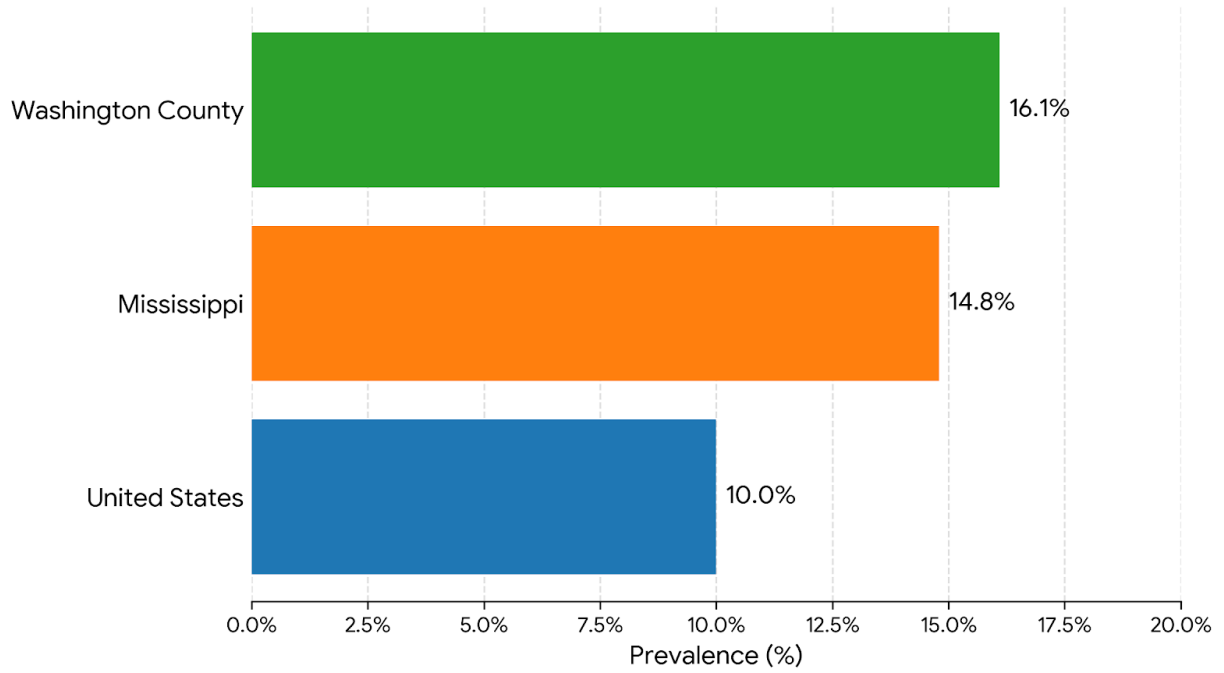
Kim Dowdy, Manager, Community Development Manager

Community Benefit Plan

The Medical Center's Community Benefit Plan is outlined in the attached summary. This document is based on the Community Health Needs Assessment completed in 2025 and is intended to guide the program for fiscal years 2025–2027.

This summary is a living document that will continue to evolve as we assess current strategies and implement new initiatives aligned with one or more of the six priority focus areas identified in the assessment.

Diabetes Prevalence (2022)



Obesity Rates

