

DELTA HEALTH SYSTEM-NORTHWEST REGIONAL

Community Health Needs Assessment 2022



Delta Health System-Northwest Regional Community Health Needs Assessment

Overview

Northwest Regional is a community, not-for-profit hospital, located in Clarksdale, MS. Northwest Regional has a workforce of over 300 people. The medical staff consists of approximately forty physicians, representing a large variety of specialties.

Northwest Regional is licensed for 181 beds, with services including acute and critical care, inpatient rehabilitation, and outpatient services. Campuses include the main facility located at 1970 Hospital Drive, Clarksdale, MS and the Medical Office Building, 785 Ohio Avenue, Clarksdale, MS which includes medical clinics and services.

Annually, Northwest Regional has approximately 1,975 discharges, 18,249 outpatient visits, and 24,480 Emergency Department visits. Last year, Northwest Regional provided over \$13,410,958.00 in charity care/uncompensated care to the citizens and community served.

Community

Since the majority of the inpatients reside in Coahoma County and over 50% of those residents live in the county seat, Clarksdale, the county is considered the primary service area. The county also includes the communities of Jonestown, Lyon, and Friars Point. Tallahatchie County, which is where most patients outside of Coahoma County reside, only contributes about 9% of total inpatients. Because of this, there is no secondary service area. Coahoma County is located on the northwest side of Mississippi and is bordered on the west by the Mississippi River. Coahoma County encompasses 559 square miles of land with agricultural enterprises utilizing approximately 76.5% of the land area. Principal crops of the county include cotton, rice, corn, soybeans, sorghum, and wheat. Coahoma County is also home to a hybrid striped bass farm that occupies some 500 acres. Cattle are raised in the county on a minor. As a result, the entire Delta continues to experience out migration, and Coahoma County has lost 4,761 people from its 2010 population of 26,151. This represents an 2.7% population loss over the ten-year period. The median household income in Coahoma County is \$30,761 which is far below the national average of \$67,521 and well below the state average of \$46,511. (*census.gov*) The population of single individuals and average household size is decreasing. The two growing industries continue to be the Service Sector (health, education, scientific, social, and hospitality etc.) and the Government Sector. These Sectors generally rely on local tax funding.

As in much of Mississippi, and especially in rural areas, Coahoma County is home to vulnerable populations. More than double the national average, 39.9% of the population of Coahoma County lives in poverty (annual income of less than \$12,760), and 19.2% 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, 2020*)

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 May-October 2022, Northwest Regional 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 Christine McDaniel, Dr. Toya Matthews, Jennifer Waller, Amanda Johnson, Goldie Hirsberg, George Hirsberg, and Sheriff Charles Jones. These individuals are all residents and advocates for public health who respectively serve the community of Coahoma County.

According to the Centers for Disease Control and Prevention, unintentional traumatic injury is the leading cause of death in the United States for persons between the ages of 1 and 44. According to the Mississippi State Department of Health, there were 892 violent crime deaths in the state. In our community, the leading cause of traumatic injuries is related to motor vehicles accidents with the leading cause of death being injuries from gunshot wounds. Northwest Regional 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.

Mary Claire Glasco, Infectious Disease Nurse at Northwest Regional was consulted regarding public health issues in the community. According to Ms. Glasco, 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 have 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. The Northwest Regional team closely monitor these pathogens as well as promote antibiotic stewardship.

The COVID-19 pandemic brought new challenges worldwide beginning in March 2020 and the Northwest Regional COVID-19 team was formed with the goal of developing and maintaining the most effective treatment plan for patients during this unprecedented time. As the healthcare leader in the region, Northwest Regional was at the forefront for testing, treatment, and communication to the community.

Unmet needs are an integral part of our annual strategic planning. Northwest Regional 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 10 different zip codes within Coahoma county, and according to the most recent Community Needs Index, Coahoma Counties 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. (<http://cni.dignityhealth.org/>)

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 and the Census.

Findings

Access to Care

In Mississippi, 91,483 consumers selected or were automatically re-enrolled in quality, affordable health insurance coverage through the Marketplace as of December 2020. Nationwide, nearly 12 million consumers selected a plan or were automatically enrolled in Marketplace coverage. In our State 98% of Mississippi consumers who were signed up qualified for an average tax credit of \$545 per month through the Marketplace. Consumers had a choice from four issuers in the Marketplace depending on what county a person resides.

Open enrollment typically runs from November 1 – December 15, 2022. 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.

The most recent data for 2020 indicates that 14.6% of those living in Coahoma County are uninsured which is higher than the State average of 14.5% and considerably higher than the National average of 9.7%. (*Data Source: Centers for Disease Control*)

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 37.3 million people or 11.3% of the population in the United States and of that number over 250,000 are children and there are 8.5 million individuals undiagnosed. Diabetes is the 8th 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, increases the risk of heart disease twofold. It is also can lead to blindness, renal disease, and loss of limbs. If current trends continue, one in three U.S. adults could have diabetes by the year 2050 (*ADA, 2013*). In addition to the number of people who already have diabetes. With prediabetes, blood sugar levels are higher than normal but not high enough for a diabetes diagnosis. Prediabetes can

increase a person's risk of type 2 diabetes, heart disease, and stroke. Over one in third of the U.S. population has prediabetes, approximately 96 million U.S. adults have prediabetes and more than eight out of ten do not know they have diabetes.

(cdc.gov/diabetes/basics)

In 2021, Mississippi ranked the third highest in the U.S. for overall diabetes prevalence, 14.6%, with over 325,000 adult Mississippians having type 2 diabetes (over 14.4% of the adult population). Coahoma County has a diabetes percentage of 14.6%. 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. *(stateofchildhoodobesity.org)*
(cdc.gov/diabetes)

Screening is an essential measure in order to allow for early detection and treatment of diabetes. Every year an estimated 20,433 people in Mississippi are diagnosed with diabetes. *(diabetes.org)*

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." Despite growing recognition of the problem, the obesity epidemic continues in the U.S., and obesity rates are increasing around the world. Because of the complexity of obesity, it is likely to be one of the most difficult public health issues our society has faced. 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. Unfortunately, 22.3 % of children from the ages of 10 to 17 suffer from obesity putting Mississippi in the number two spot with Kentucky number one. In 2021, Mississippi has the highest adult obesity rate in the nation. Mississippi's adult obesity rate is currently 39.7%, up from 39.5% in 2018. Rates of obesity now exceed 35 percent in nine states (Mississippi, West Virginia, Alabama, Louisiana, Indiana, Kentucky, Delaware, Iowa, Arkansas, and Oklahoma.), 21 states have rates above 30%, and every state is above 20%. Mississippi has the highest adult obesity rates at 39.7%, while Colorado has the lowest at 24.2%. Unfortunately, in Coahoma County, 49% 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.

(countyhealthrankings.org/app/Mississippi/2022 and stateofchildhoodobesity.org.)

There are many preventions to reduce obesity which include but not limited to: choosing healthier foods (whole grains, fruits and vegetables, healthy fats, and protein sources)

and beverages, limiting unhealthy foods (refined grains and sweets, potatoes, red meat, processed meat) and beverages (sugary drinks), increasing physical activity, limiting television time, screen time, and other “sit time”, improving sleep, and reducing stress.

Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. Inactivity causes over 8% of premature mortality in the United States. (*cdc.org*)

In Coahoma County, 29.9% of the population does not have access to healthy food outlets compared to 26.4% in Mississippi and 21.7% nationally. The percentage for low healthy food access is 16% in Coahoma County compared to 11% in the state of Mississippi and 2% nationally. (*countyhealthrankings.org/app/Mississippi/2022*)

Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity. Physical inactivity at the county level is related to health care expenditures for circulatory system diseases. In Coahoma County, the percentage of the population over the age of 20 with no leisure time physical activity is 47% compared with a 37% in Mississippi and 23% nationally. (*countyhealthrankings.org/app/Mississippi/2022*)

Heart Disease & Stroke

Heart disease is the leading of cause of death in Mississippi, accounting for 29.7% of all deaths in 2018. Mississippi’s Cardiovascular Disease (CVD) mortality rate remains one of the highest in the nation. (*www.cdc.org*) Approximately every 40 seconds, an American will have a myocardial infarction. The average age of a person’s first myocardial infarction is 65.6 years old for men and 72.0 years old for women About 697,000 people in the United States died from heart disease in 2020—that’s 1 in every 5 deaths. Every 40 seconds, on average, an American will have a stroke. In 2019, cerebrovascular disease (stroke) accounted for more than 1,700 deaths in Mississippi. About 795,000 Americans have a new or recurrent stroke annually. About 90% of stroke risk is due to modifiable risk factors; 74% is due to behavioral risk factors (*acc.org*).

Cholesterol, blood pressure, blood sugar and body mass index numbers are key indicators of risk for major illness. The target range for each indicator include blood pressure at 120/80; Blood sugar 80-99; Body mass index below 25. The normal range for total cholesterol is less than 200. You also need to know your "healthy" HDL cholesterol and "bad" LDL cholesterol numbers. High total cholesterol, high LDL, or low HDL means you need to take immediate action to prevent a possible heart attack or stroke. There are no definite symptoms of high cholesterol. That is why it is important to

see your doctor and know your cholesterol numbers (*Mississippi State Department of Health*).

The majority of people who die of coronary heart disease are 65 or older. However, a heart attack can occur at any age. While heart attacks can strike people of both sexes in old age, women are at greater risk of dying. Men have a greater risk of heart attack than women do, and men have heart attacks earlier in life. Children of parents with heart disease are more likely to develop heart disease themselves. African Americans have more severe high blood pressure than Caucasians, and a higher risk of heart disease. Heart disease risk is also higher among Mexican Americans, Native Americans, native Hawaiians, and some Asian-Americans. This is partly due to higher rates of obesity and diabetes. Most people with a significant family history of heart disease have one or more other risk factors. (*American Heart Association*).

There are certain risk factors that can be controlled to help prevent heart disease and cerebrovascular disease. These risk factors include cholesterol, blood pressure, obesity, diabetes, physical inactivity, and tobacco abuse. The prevalence of CVD risk may be reduced by risk factor modification, including smoking cessation, physical activity, 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*).

High Blood Pressure/Hypertension

According to the Centers for Disease Control and Prevention, hypertension (or high blood pressure) is a leading cause of stroke, heart attack and kidney failure. Nearly half of adults in the United States (47%, or 116 million) have high blood pressure. Mississippi ranks second in the nation with the highest incidence of hypertension with 43.6%. In 2020, more than 670,000 deaths in the United States had hypertension as a primary or contributing cause. Only 24% of the people with high blood pressure have their condition under control. Nearly 30% of Americans have prehypertension, blood pressure numbers that are higher than normal, but not yet in the high blood pressure range. (*cdc.gov*)

Using the updated 2017 American Academy of Pediatrics (AAP) Clinical Practice Guideline, a CDC study shows that about 1 in 25 youth ages 12 to 19 have hypertension, and 1 in 10 has elevated blood pressure (previously called “prehypertension”). Youth with obesity had the highest prevalence of hypertension. High blood pressure in youth is linked to health problems later in life. The good news is that high blood pressure is preventable and treatable. An estimated 1.3 million youth ages 12 to 19 would have high blood pressure according to the new guidelines, or about 1 in

25 children. In a classroom of 30 youth, 1 person would have hypertension, and about 3 more would have elevated blood pressure. the updated guideline reclassifies 2.6% of youth in the United States, or nearly 800,000 young people, as having high blood pressure. (*cdc.gov*)

In 2018, African Americans were 30 percent more likely to die from heart disease than non-Hispanic whites. Although African American adults are 40 percent more likely to have high blood pressure, they are less likely than non-Hispanic whites to have their blood pressure under control. African American women are nearly 60 percent more likely to have high blood pressure, as compared to non-Hispanic white women.(*minorityhealth.hhs.gov*) High blood pressure is more common in non-Hispanic black adults (56%) than in non-Hispanic white adults (48%), non-Hispanic Asian adults (46%), or Hispanic adults (39%).³ Among those recommended to take blood pressure medication, blood pressure control is higher among non-Hispanic white adults (32%) than in non-Hispanic black adults (25%), non-Hispanic Asian adults (19%), or Hispanic adults (25%). (*cdc.gov*)

More than 700,000 Mississippi adults have high blood pressure (hypertension), and thousands more may be at risk. In Coahoma County, approximately 54.2% of the population has high blood pressure. (*www.healthdatalocal.com*) This is higher than the national level. 70% of the Medicare population reports having high blood pressure. (*careshq*)

Mental Health

Mental illnesses are common in the United States. Nearly one in five U.S. adults' lives with a mental illness (52.9 million in 2020). Two broad categories can be used to describe these conditions: Any Mental Illness (AMI) and Serious Mental Illness (SMI). AMI encompasses all recognized mental illnesses. SMI is a smaller and more severe subset of AMI. Mental illnesses include many different conditions that vary in degree of severity, ranging from mild to moderate to severe. In 2020, there were an estimated 52.9 million adults aged 18 or older in the United States with AMI. This number represented 21.0% of all U.S. adults The prevalence of AMI was higher among females (25.8%) than males (15.8%). Young adults aged 18-25 years had the highest prevalence of AMI (30.6%) compared to adults aged 26-49 years (25.3%) and aged 50 and older (14.5%). The prevalence of AMI was highest among the adults reporting two or more races (35.8%), followed by White adults (22.6%). The prevalence of AMI was lowest among Asian adults (13.9%). (*nimh.nih.gov/health/statistics/mental-health*)

Mississippi has a population of approximately three million people. Close to 4.7% of adults in Mississippi live with serious mental health conditions such as

schizophrenia, bipolar disorder, and major depression. Only 38.3% of adults with mental illness in Mississippi receive any form of treatment from either the public system or private providers (according to SAMHSA). The remaining 61.7% receive no mental health treatment. Mississippi is ranked 48 out of the 50 states and Washington D.C. for providing access to mental health services. (<https://mhanational.org/issues/ranking-states#four>) In Coahoma County, 19.8% of adults have mental health issues. (www.usnews.com/news/healthiest-communities/mississippi/coahoma-county)

Nationally, youth mental health is worsening. From 2012 to 2017, the prevalence of past-year Major Depressive Episode (MDE) increased from 8.66 percent to 13.01 percent of youth ages 12-17. Now over two million youth have MDE with severe impairment. Only 28.2 percent of youth with severe MDE were receiving some consistent treatment. (mhanational.org/issues/ranking-states#youthdata)

Mississippi's percentage of major depressive episode (MDE) among adolescents aged 12–17 was similar to the national percentage in 2013–2014. In Mississippi, about 26,000 adolescents aged 12–17 (10.6% of all adolescents) per year in 2013– 2014 had at least one MDE within the year prior to being surveyed. (samhsa.gov)

Response to Findings

Identified Needs

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

- Are a substantial number of Coahoma 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:

- Diabetes
- Obesity
- Heart Disease & Stroke
- High Blood Pressure
- Mental Health

Internal Steering Committee Members

Iris Stacker, Interim Chief Executive Officer

Amy Walker, RN, MSN Chief Nursing Officer

Janet Benzing, Chief Administrative Officer
Mary Claire Glasco, Infectious Control Officer
Kim Dowdy, Manager, Community Development

Community Benefit Plan

- Northwest Regional's Community Benefit Plan is outlined in the attached summary. This document is based on the Community Health Needs Assessment completed in 2022 and is intended to guide the program for fiscal years 2022 – 2024. 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.