Attaining the Unattainable:

Accessing Barriers of the Uninsured and Underserved Population for Quality Health Care in Mississippi

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Inequality – Inconsistency – Imbalance

Health disparities refer to the differences in the health status among different groups of people.

The “Un” Populations
These groups can differ from race, ethnicity, income, geography, disability or gender.

If a health outcome is seen as a greater or lesser extent between populations, there is a disparity.

The focal area to discuss disparities for this research is in Hinds County and Desoto County, Mississippi.
Examples of health disparities

Chronic Disease Death Rates by Race and Ethnicity

(source: http://www.patientnavigatortraining.org/chronic_disease/module1/2_healthdisparityexamples.htm)
Access Barriers of Health Care

The three major barriers:

- lack of coverage,
- minimum access to health services, and
- unaffordable costs.
The primary access barrier of health care is the lack of insurance coverage, but there are other barriers, such as little access to services and unaffordable costs, that hinder Mississippians from preventative treatment. Unemployment for some equals no insurance due to the state opting out of the Medicaid expansion. Since Mississippi’s numbers are low, unemployment is not a serious factor. It is the low to moderate income citizens receive that disqualifies Medicaid eligibility and unaffordable for insurance coverage. By the time open enrollment begun for ACA, many Mississippians either did not understand how to apply for it, what policy was best to choose, or could not afford the premiums offered to them.
Objectives of this research

- Assess issues surrounding access and barriers of health care in North and Central Mississippi
- Study the barriers, such as economic status, geographic location, and lack of coverage
- Evaluate the access barriers of health services in North and Central Mississippi
- Measure the quality of health care available
- Improve Mississippi’s health care system performance and accessibilities
- Identify health programs & policies enforced
- Determine the effectiveness of those programs and policies
A cross-sectional study by means of population survey was conducted in North and Central Mississippi. The study areas were Desoto County and Hinds County. These areas were selected, because they both are densely populated urban locations with individuals low to medium socioeconomic status with varying in geographical access to preventative health care.

The study population was made up of at least one person who had visited the local health clinic (Desoto County Community Health Center and Jackson-Hinds Comprehensive Health Center) during the two month prior to survey and resided in the study area.

The sample size was calculated for each study area based on population size with a degree of confidence 95%, .5 standard deviation and confidence interval of +/- 5%. Data was collected by employees of both organizations through face to face interviews.
Mississippi Demographics

TOTAL POPULATION: 2,991,207

- Median Income – $38,191
- Unemployment – 6.6%
- Bachelor’s Degree or higher - 20.1%
- Literacy rate – 30%
- Premature death – 10,031
- Life expectancy – 75 yrs

22% PERCENT LIVES IN POVERTY

Racial Makeup

- African American: 57.5%
- White: 37.1%
- Other Races: 5.4%

http://quickfacts.census.gov/qfd/states/28000.html
Mississippi Insurance Statistics

- Total Mississippi HMO enrollment - 44,199
- Average annual employee premium in MS employer-sponsored plan (after employer contribution): $749
- Average MS hospital cost per inpatient day (before insurance) - $1,179
- Health Care Expenditure per capita - $6,571 *

https://www.ehealthinsurance.com/mississippi-health-insurance
Background of the two counties

**DeSoto County**
- Total population: 168,240
- Rank 1
- Median income: 58,505
- Area: 497 mi²
- 2 nonprofit clinics

**Hinds County**
- Total population: 244,899
- Rank: 34
- Median income: 37,626
- Area: 877 mi²
- 15 nonprofit/free clinics

Uninsured Population

Desoto County & Hinds County

<table>
<thead>
<tr>
<th>County</th>
<th>Average Health Care Cost:</th>
<th>Population who could not see doctor due to cost:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desoto County</td>
<td>$10,435 (almost equal the state’s average)</td>
<td>14%</td>
</tr>
<tr>
<td>Hinds County</td>
<td>$9,654 (less than the state’s average)</td>
<td>20%</td>
</tr>
</tbody>
</table>
Health Disparities
(between the two counties)

DESOOTO COUNTY
- Diabetes: 12%
- HIV prevalence: 171
- Premature age-adjusted mortality: 386.0
- Infant mortality: 7.2
- Child mortality: 51.0
- Food insecurity: 15%
- Limited access to healthy foods: 8%

HINDS COUNTY
- Diabetes: 13%
- HIV prevalence: 1,091
- Premature age-adjusted mortality: 464.4
- Infant mortality: 11.8
- Child mortality: 93.2
- Food insecurity: 25%
- Limited access to healthy foods: 11%

The purpose of health care organization is to meet the needs of individuals and promote the health of the community. Many organizations around the state are dedicated to increasing health resources, awareness, and policy.

Value = \[
\frac{\text{health outcomes}}{\text{cost of delivering outcomes}}
\]

# Current Medicaid Eligibility

**Medicaid for Infants from Birth to Age 1 (194% FPL)**

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Income</td>
<td>$1,903</td>
<td>$2,576</td>
<td>$3,248</td>
<td>$3,921</td>
<td>$4,593</td>
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</table>

**Medicaid for children ages 1-6 (143% FPL)**

<table>
<thead>
<tr>
<th>Family Size</th>
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<th>2</th>
<th>3</th>
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<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Income</td>
<td>$1,403</td>
<td>$1,899</td>
<td>$2,395</td>
<td>$2,890</td>
<td>$3,386</td>
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</table>

# Medicaid Eligibility

**Medicaid for Children Ages 6-19 (133% FPL)**

<table>
<thead>
<tr>
<th>Family Size</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Income</td>
<td>$1,305</td>
<td>$1,766</td>
<td>$2,227</td>
<td>$2,688</td>
<td>$3,149</td>
</tr>
</tbody>
</table>

**Parents and Caretaker Relatives with Dependent Children under 18 (133% FPL)**

<table>
<thead>
<tr>
<th>Family Size</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Income</td>
<td>$277</td>
<td>$306</td>
<td>$384</td>
<td>$462</td>
<td>$541</td>
</tr>
</tbody>
</table>

In MS, 32% of health care expenditures are spent on treating patients but not preventing it. (http://www.usgovernmentspending.com/piechart_2015_MS_statelocal)

Only 23.4% is devoted to physician care and other professional services.
Health Care Expenditure Distribution *

- Nursing Care
- Prescription Drugs
- Physician Care & Other Professional Services
- Hospital Care

*Only the top four services are included in the graph.

For 2015 through 2018, average growth in physician and clinical services is expected to be 5.5 percent per year, due to increased demand for services associated with the continuing coverage expansions and faster income growth. For 2019 through 2022, the aging of the baby-boom population is expected to be one factor that results in increasing use of physician and clinical services and projected spending growth of 6.6 percent per year, on average.

Health Help Mississippi is a nonprofit organization helps connects individuals and families with available health care options, such as enrollment for state benefits in Medicaid/CHIP.

Project HOPE partnered with Delta Health Alliance to deliver essential medicines and supplies, volunteers and medical training, and provide medical equipment and outreach programs to assist all of its residents, particularly those living in the areas of the Delta.

Slide Fee Program is a program that is based on family size and income, to serve self-pay patients, but can be useful to insured patients as well.
Health Organizations, Programs & Policies Available

- **Charity Care Policy** is financial assistance provided by North Mississippi Medical Center to patients who live in the hospital service area and household incomes are below 100 percent poverty level of the North MS Health Services guidelines.

- **MedAssist** closes the gap between patient access processes by resolving profit recovery solutions and finding coverage options for patients.

- **Delta Health Alliance** is a nonprofit organization that is changing health care in the MS Delta by expanding access and education in health care services.

- **Jackson Free Clinic** is a facility operated by UMMC students on Saturdays from 12pm-4pm. Services offered are non-emergency care, such as testing, evaluation, prescription drugs and education for individuals who cannot pay.
Operated by Northeast Mississippi Health Care, Inc.
The mission “is to provide quality, preventive, and primary health care to persons within the service area regardless of race, sex, religion or ability to pay.”

Services provided:
- Complete Family Practice
- In-House X-Ray
- Minor Emergency Treatment
- Discounted Medications
- Preventive Care
- Internal Medicine Specialty Care
- Prenatal Care
- Immunizations
- WIC Certifications
- Employee Physicals
- Drug Screenings, DOT Physicals
- Gynecology and Obstetric Care
Nonprofit 501(c)(3) organization, partnered with The University of Mississippi Medical Center (UMMC)

Largest provider of primary health care in Central Mississippi for the uninsured and underserved population

Eleven clinics in Hinds County, including school-based clinics. (Clinics in Warren and Copiah excluded for research purposes)

Primary goal is to eliminate disparities in access to health care for the poor and uninsured.

Services provided:
- Adult Medicine
- Behavioral Health
- Dentistry
- X-ray
- Optometry
- Pediatrics
- Social Services
- WID
- Women’s Health
All organizations and programs are said to make positive impacts on the underserved populations of Central and North Mississippi. The only negative reports were given from clinics that offer the sliding fee program/policy. Many patients do not abide by the requirements, refusing to provide documentation to qualify to utilize the program. On the other hand, some patients do not pay the required copayment for the discounted services, and nonprofit clinics cannot turn them away, thus losing profit for the organization.
Recommendations

- Medicaid expansion for Mississippians
- Community-outreach programs that assist Mississippians on health promotion, prevention, HealthCare.gov, etc
- Universal coverage for Americans
- Require hospital to address the unmet needs of the community they serve