

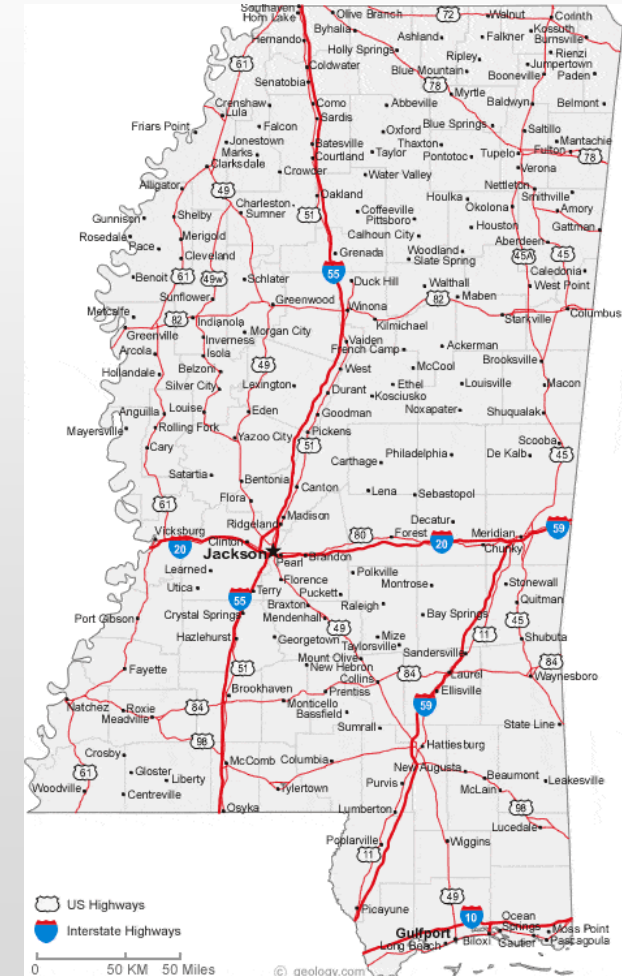
# Improving Healthcare Delivery to Rural Mississippians

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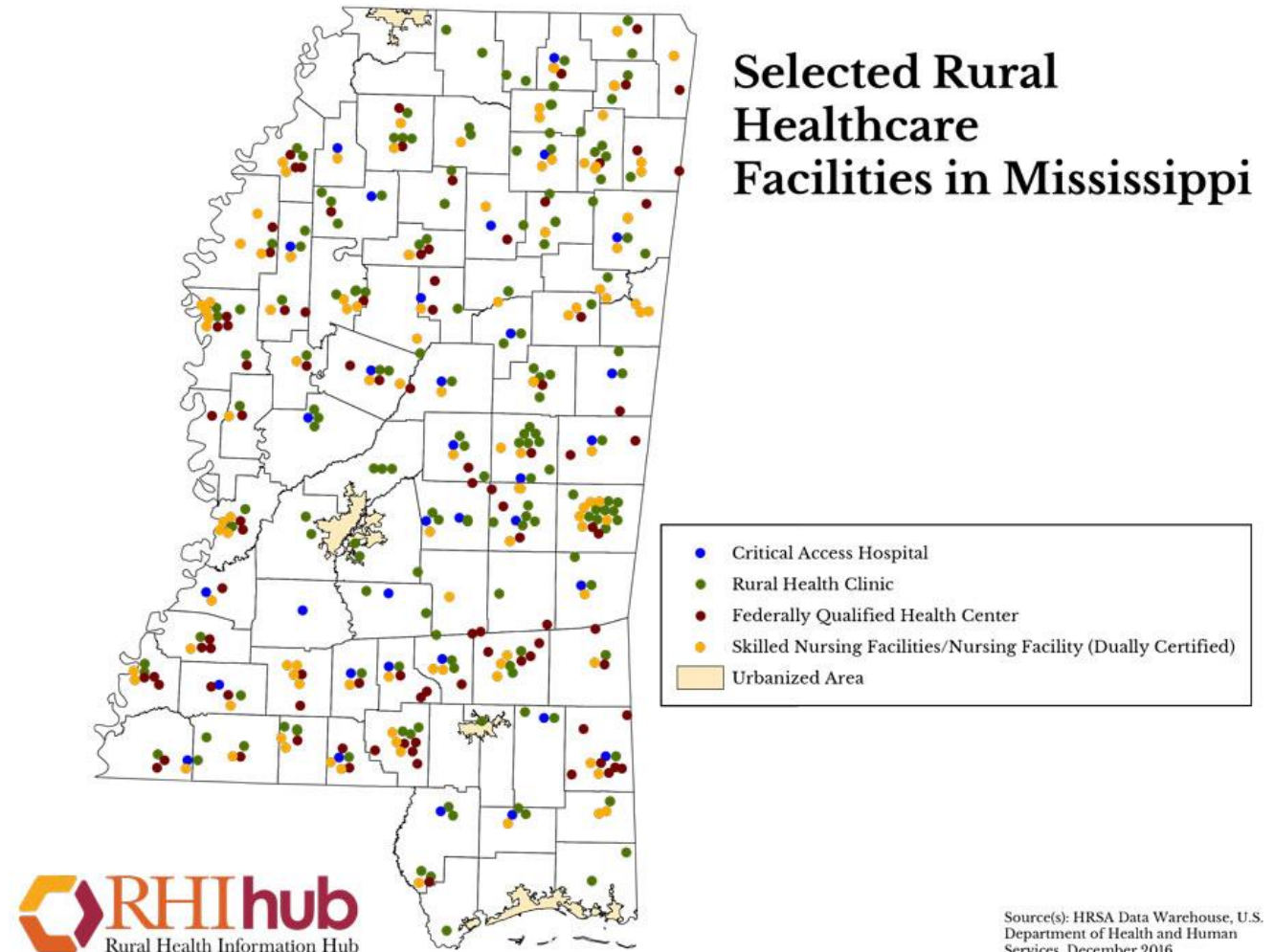
# STATEMENT OF PROBLEM

- Many Mississippians, especially the 51% who live in rural counties, experience poverty levels that are hard to imagine for most Americans.
- Understanding the interaction between poverty and health in Mississippi requires a candid discussion about poverty in the United States as a whole AND who's affected most. Those involved in this discussion should be public health professionals, clinicians, policy makers, and patients.



# BACKGROUND OF AREA OF EMPHASIS

- There are 95 hospitals in Mississippi (Kaiser, 2015),
- 31 of which are identified as Critical Access Hospitals (Flex Team, 1/2018).
- There are 177 Rural Health Clinics in Mississippi (CMS, 2017) and
- 21 Federally Qualified Health Centers provide services at 188 sites in the state (NACHC, 2015).

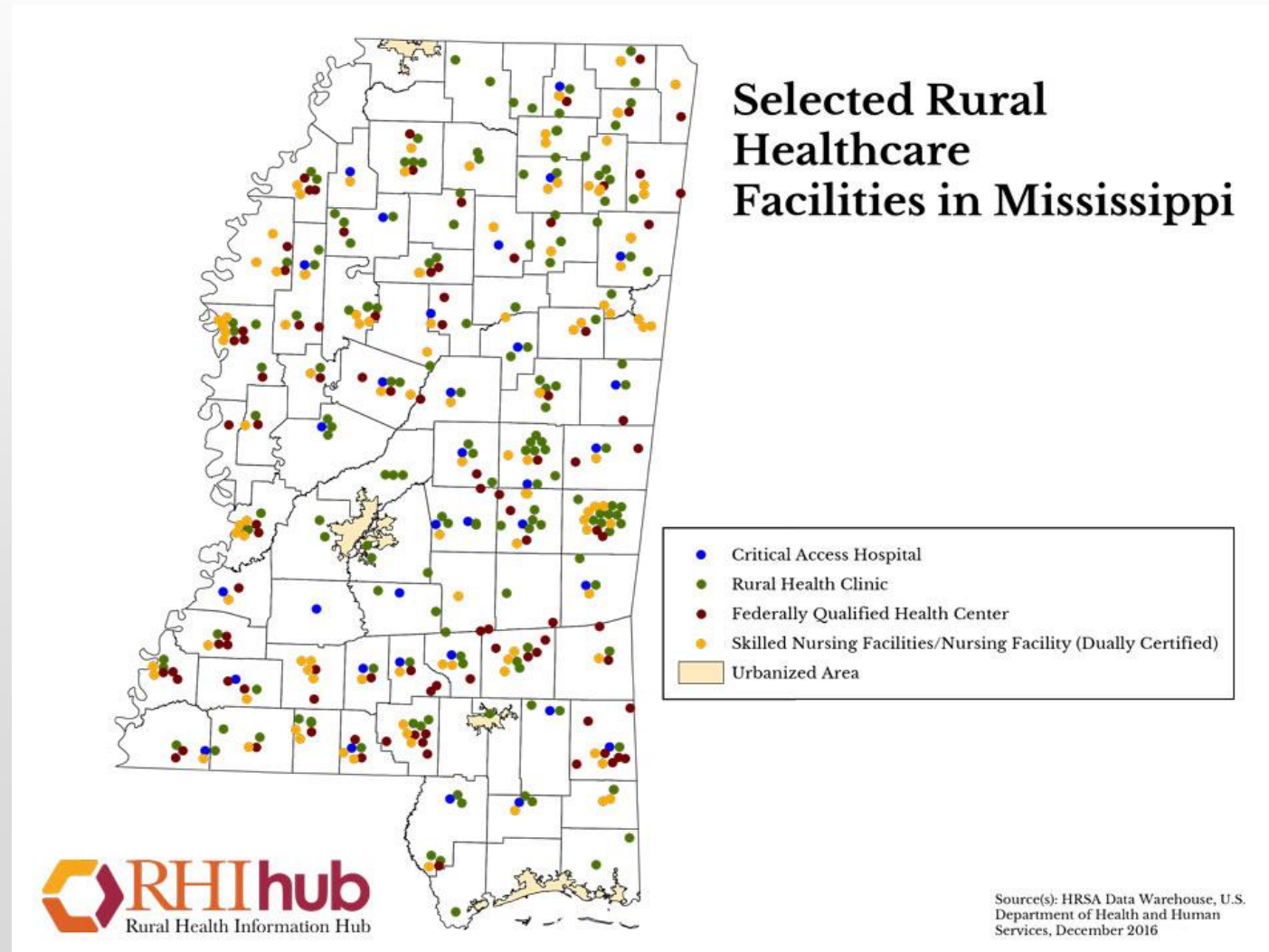




# Mississippi Trauma Care System

## Designated and Undesignated Hospitals (86 Designated Trauma Centers)

- **Level I (4 Hospitals)**
- **Level II (3 Hospitals)**
- **Level III (16 Hospitals)**
- **Level IV (62 Hospitals)**
- **Burn Center Designation (1 Hospital)**
- **Non-Designated (1 Hospital)**



# SELECTED SOCIAL DETERMINANTS OF HEALTH FOR RURAL MISSISSIPPI

## Health Outcomes

- Length of Life
- Quality of Life

## Health Factor

- Health Behaviors
- Clinical Care
- Social and Economic Factors
- Physical Environment

# RESEARCH DESIGN

- **Evidence of Effectiveness**

- “Evidence of effectiveness” can mean different things to different people. Our approach to assessing evidence combines what we know from scientific study and the observations of unbiased experts.

- **Evidence Rating:**

**Search**

**Selection**

**and Assessment**



# RESEARCH DESIGN

- **Rating Scales**

**Project analysts assign ratings in the three areas Information in these areas is included in each strategy's 'Evidence of Effectiveness' summary when available.**

- Evidence Rating
- Potential Population Reach
- Potential Impact on Health Disparities



# EVIDENCE RATING

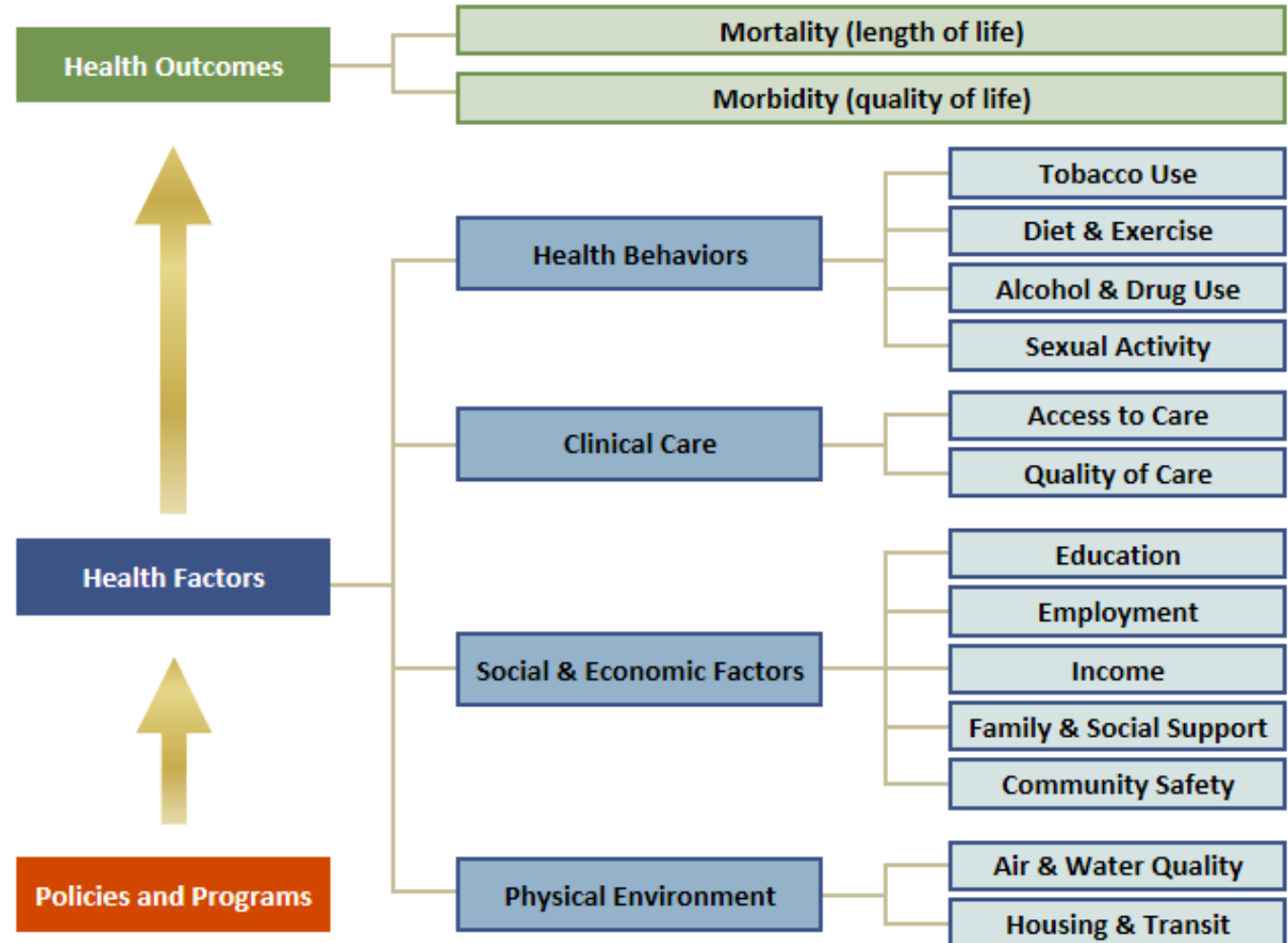
- Scientifically Supported Strategies
- Some Evidence Strategies
- Expert Opinion Strategies
- Insufficient Evidence Strategies
- Mixed Evidence Strategies
- Evidence of Ineffectiveness Strategies





## A conceptual graphic featuring a dense cloud of white academic and research-related words on a dark background. A magnifying glass with a black handle is positioned over the center, where the word "RESEARCH" is prominently displayed in large, bold, red capital letters. Other visible words include "EXPERIMENTATION", "KNOWLEDGE", "PRACTICE", "EXAMINE", "PROBLEM", "SCIENCE", "BOOK", "MISSING", "TEACH", "WISDOM", "STOCK", "METHOD", "LINK", "FACTS", "THINK", "LEARNING", "PROJECT", "SOURCE", "PROBABLE", "EXPLORE", "GROWTH", "MINIMUM", "GIVING", "KIND", "HOLDING", "LOCATION", "DETERMINE", "ACCOMPLISH", "CHECK", "ASK", "JOB", "DOK", "MINDING", "SCIENCE", "PROBABLE", "EXPERIMENT", "THINK", "PRACTICE", "KNOWLEDGE", "MISSING", "TEACH", "WISDOM", "STOCK", "METHOD", "LINK", "FACTS", "THINK", "LEARNING", "PROJECT", "SOURCE", "PROBABLE", "EXPLORE", "GROWTH", "MINIMUM", "GIVING", "KIND", "HOLDING", "LOCATION", "DETERMINE", "ACCOMPLISH", "CHECK", "ASK", "JOB", "DOK", "MINDING".

# Research Methodology



# Social Determinants of Health for Rural Mississippi

## Health Insurance

- **12%** of Mississippi residents lack health insurance (Kaiser, 2014)

## Socio-economic status

- the poverty rate in rural Mississippi is **24.3%**, compared with **16.8%** in urban areas of the state.

## education

- **20.8%** of the rural population has not completed high school, while **13.8%** of the urban population lacks a high school diploma

# POTENTIAL IMPACT ON HEALTH DISPARITIES

**Assessment of each strategy's likely effect on racial/ethnic, socioeconomic, geographic or other disparities based on its characteristics (e.g., target audience, mode of delivery, etc.) and best available evidence related to disparities. Strategies are rated:**

- **Likely to decrease disparities**
- **No impact on disparities likely**
- **Likely to increase disparities**



# RESULTS

- Mississippians have relatively poor health status compared to residents of other states
- Mississippi has a relative shortage of health care providers
- Mississippi limits the powers of the governor and vests relatively more power in the legislature and independent agencies.
- Mississippi was silent on the uncoupling of Medicaid and TANF eligibility, leaving this issue to be handled administratively.
- Mississippi took no special action regarding immigrants, thereby accepting federal defaults. At the time of few immigrants in the state, so this was not a pressing issue.

#### Data:

- Centers for Disease Control and Prevention: National Center for Health Statistics and National Center for Chronic Disease and Health Promotion
- Dartmouth Institute for Health Policy & Clinical Practice
- Measure of America

#### Citations:

University of Wisconsin Population Health Institute. County Health Rankings 2017.

American Academy of Family Physicians. (2015). Rural Practice, Keeping Physicians In. Retrieved January 8, 2018, from AAFP.org.)

Hing, E, Hsiao, C. US Department of Health and Human Services. State Variability in Supply of Office-based Primary Care Providers: United States 2012. NCHS Data Brief, No. 151, May 2014.

Doescher, M. P., MD, MSPH, Keppel, G. A., MPH, Skillman, S. M., MS, & Rosenblatt, R. A., MD, MPH, MFR. (2009). The Crisis in Rural Dentistry (Issue brief).

Rural Health Information Hub. (2016). Social Determinants of Health. Retrieved January 8, 2018.

United States Department of Agriculture. (2015, December 17). Poverty Overview. Retrieved January 8, 2018.

Bailey, J. M. (2014, July). Supplemental Nutrition Assistance Program and Rural Households. Retrieved January 8, 2018.

[7] Rural Health Information Hub. (2015, May 15). Substance Abuse in Rural Areas. Retrieved January 8, 2018.

[www.countyhealthrankings.org/mississippi](http://www.countyhealthrankings.org/mississippi)

# Questions?

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