RAPID COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Gulf Region Health Outreach Program: Primary Care Capacity Project

Mississippi: Hancock, Harrison, and Jackson
FOREWORD

If you were a participant in the GRHOP Primary Care Capacity Project’s Rapid Community Assessment process as a Key informant, we would like to express our appreciation for your contribution to the process. Whether you have been a participant in informing this report or are otherwise a resident of or stakeholder in the health and resiliency of coastal communities, we encourage you to take an active role in supporting your community’s ongoing health improvement strategies. One goal of Gulf Region Health Outreach Program (GRHOP) is to support the capacity of each coastal parish/county of Louisiana, Mississippi, Alabama and the Panhandle counties of Florida to conduct community health assessments, as a way to inform what community health improvement activities may best support community need. Such assessments can inform governmental agencies, public health, health care providers, non-profit organizations and the general community. As we described in the Key Informant Orientation for participants in the Rapid Community Assessment process, as an initial step, the rapid assessment served at least four functions:

- Engage with initial community sectors in a process to grow into comprehensive assessments in 2013 and beyond
- Provide additional opportunity to bring immediate attention to community health issues of coastal communities
- Inform all GRHOP partners of major health aspects of coastal communities and establish framework for the upcoming comprehensive health assessment
- Inform PCCP funding for primary care in Year 1 GRHOP.

In this report, you will find statistical data, mapped information and description of perceived priority health issues identified through the Rapid Community Assessment processes for the Mississippi coastal counties of Hancock, Harrison, and Jackson.

Note that as an initial step to address gaps in the data that the PCCP shared in your state meeting we have also added maps illustrating census tracts where low-income Hispanic residents in the targeted counties reside. In PCCP’s continued work, we will seek and pursue additional opportunities to add to the data for your communities and thereby, the understanding of unique needs and assets for improving health in the coastal counties of the panhandle.

How Key Informant Information will be used:

The information gathered from the Rapid Community Assessment process will be aligned with the results of our clinic assessments, national high performing clinic standards/guidelines and requests of the coastal county primary care community clinic operators. These four sources of data will inform the process as we complete our rapid funding cycle for access to primary care.
Next Steps

Now that we have completed the Rapid Assessment, we will transition to Phase 2 of GRHOP PCCP which includes building upon the rapid assessment to develop the Comprehensive Assessment (CA). For the CA, there will be additional data added to the rapid assessment and additional mapping of community information. LPHI will conduct its comprehensive assessment activities in coordination with and in direct support of the state and local public health agencies and health departments and the Mississippi Public Health Institute for which community health assessment and health improvement planning is an enduring community role. We encourage you to continue to join in the GRHOP process to help us understand and add, where we can, the additional information that will make the comprehensive assessment helpful to you and your community. Also, by staying involved with the process, you can continue to share your ideas about community health issues and how solutions can be created and resources found to implement them. Invited participants to the December Rapid Assessment Key Informant meeting will be receiving information about the next steps of the process.

Again, we appreciate your participation in this process to help improve the health and resiliency of your community.

For more information, please contact Tiffany Netters, PCCP Program Manager at tnetters@lphi.org.

Sincerely,

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Louisiana Public Health Institute
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INTRODUCTION

The Gulf Region Health Outreach Program (the “Outreach Program”) is a series of four integrated, five-year projects\(^1\) designed to strengthen healthcare in Gulf Coast communities in Louisiana, Mississippi, Alabama and the Florida Panhandle. The Outreach Program was developed jointly by BP and counsel representing certain plaintiffs in the Deepwater Horizon litigation in the U.S. District Court in New Orleans. The program will be supervised by the court, and is funded with $105 million from the BP Deepwater Horizon Medical Settlement. The target beneficiaries of the Outreach Program are residents, especially the uninsured and medically underserved, of 17 coastal counties and parishes in Alabama (Mobile, Baldwin), Florida (Escambia, Santa Rosa, Walton, Okaloosa, Bay), Louisiana (Orleans, Jefferson, St. Bernard, Plaquemines, Lafourche, Terrebonne, Cameron) and Mississippi (Hancock, Harrison, Jackson).

The ultimate goal of the Outreach Program is to ensure that residents of the Gulf region are fully informed about their own health and have access, now and in the future, to skilled frontline healthcare providers supported by networks of specialists knowledgeable in addressing the physical, behavioral and mental health needs. Importantly, the Outreach Program will be embedded in and complement, rather than detract from or replace, the existing efforts being undertaken by the community. Also, the Outreach Program will fully engage local communities in the targeted areas and build capacity tailored to their special needs.

The Louisiana Public Health Institute (LPHI) administers the Primary Care Capacity Project (PCCP). The purpose of the PCCP is to expand access to integrated high quality, sustainable, community-based primary care with linkages to specialty mental and behavioral health, and environmental and occupational health services in coastal Alabama, the Florida Panhandle, Louisiana, and Mississippi. To achieve this purpose, the PCCP will establish a regional health partnership across coastal counties in these four states with the intention of improving the capacity and infrastructure for delivering quality health care to the residents of this region. The five-year investment will result in greater prospect for sustainable community health centers with expanded capacity and a regional health information infrastructure to support them into the future.

Rapid Community Health Assessment

Among the objectives of the PCCP is to conduct a comprehensive regional assessment of community health needs to inform priority-setting, policy-making, assets cataloguing, health strategy development and baseline for setting community health objectives and measuring change over time. The first phase of the assessment process is a rapid community health assessment to get a baseline of community health status, health care needs and assets and barriers to care.

\(^1\) The four projects include the Primary Care Capacity Project, the Mental and Behavioral Health Capacity Project, the Environmental Health Capacity and Literacy Project, and the Community Health Workers Training Project.
This rapid assessment consisted of two components:
1) A review of existing data
2) A facilitated key Informant prioritization meeting

The existing data review included a review of state, county and sub-county level data to characterize demographic, health and quality of life factors. Community prioritization meetings were held with key informants representing eligible counties in Alabama, Mississippi and Florida to collect information from community members to validate and prioritize findings from the data review. The findings presented in this report are for Hancock, Harrison, and Jackson Counties in Mississippi.

Methods

For the existing data review, the PCCP assessment team gathered and analyzed data for Hancock, Harrison, and Jackson Counties and for the state of Mississippi as a whole in order to get a baseline assessment of demographics, health status, health care access and barriers to care in each of the counties and relative to the state. Factors for which data were gathered and analyzed were chosen based on best practices put forth by the Catholic Health Association\(^2\) and National Association of County and City Health Officials’ Mobilizing for Action through Planning and Partnerships (MAPP)\(^3\) processes for selecting measurements that summarize the state of health and quality of life in a community. These factors then went through several rounds of review by GRHOP partners and stakeholders in Baldwin and Mobile Counties to arrive at the final list of factors.

The Mississippi Community Prioritization Meeting (also referred to as Key Informant Meeting) was held December 18, 2012 in Gulfport, Mississippi. There were 27 attendees. Key informants were comprised of representatives from the health, business and education sectors; community-based organizations, nonprofits and coalitions; religious organization; and the Mississippi Department of Health. During the meeting, key informants were split into three breakout groups for a facilitated discussion on community health needs and barriers to care. The top ten community health needs and top eight barriers to care were identified by each group. The last part of the meeting was a community prioritization process and a description of next steps. Using Audience Response Technology polling, key informants prioritized community needs by voting for their top five needs and barriers to care.

\(^2\) The Catholic Health Association of the United States (CHA) is recognized leader in benefit planning and reporting to serve community health need initiative. Through collaboration with hospital systems and others, CHA developed the premier uniform standards for community health needs assessment planning and reporting that are currently used by the Internal Revenue Service to develop the Form 990, Schedule H for Hospitals. Citation: Catholic Health Association, Assessing and Addressing Community Health Needs. Discussion Draft: Revised February 2012. Viewed December 5, 2012.http://www.chausa.org/Assessing_and_Addressing_Community_Health_Needs.aspx

\(^3\) Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. Facilitated by public health leaders, this framework helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. Citation: National Association of County and City Health Officials, MAPP Framework. Viewed December 5, 2012, http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm.
How this report is organized

In this report, first, we present data gathered from existing national, state, and local data sources and analyzed by the PCCP assessment team. These data were also presented to attendees at the Key Informant meeting. The next section of the report presents findings from the Key Informant meetings. The data reported reflect health status, access to health care and barriers to care identified and prioritized by meeting attendees. Next, we share best practices for addressing the top three priorities. Finally, next steps in conducting the comprehensive health assessment process are outlined.
SUMMARY OF FINDINGS

COASTAL MISSISSIPPI COUNTY HEALTH OVERVIEW
The following is a summary of major findings from the review of existing national and state data sources. Data were gathered and analyzed to identify and assess factors related to the health status, assets, and needs of residents in Coastal Mississippi.

The findings are organized according to priority factors that influence the health status of residents: socioeconomic factors, access to health care, mental well-being, and health risk behaviors. A list of data sources is available at the end of the report. Note: A full version of the Coastal Mississippi County Health Overview report is available and was distributed prior to the Key Informant Meeting on December 18th, 2012.

SOCIOECONOMIC FACTORS
Socioeconomic factors such as low socioeconomic status impact a variety of health behaviors, lifestyle choices, and access to health care and health information among individuals, particularly among ethnic and racial minority groups.

Low Socioeconomic Status
Low Socioeconomic Status (low SES) reflects individuals below the poverty threshold based on income and family size.

In Hancock County, 21% of all residents in the county are considered low SES.

In Harrison County, 20% of all residents in the county are considered low SES.

In Jackson County, 17% of all residents in the county are considered low SES.

<table>
<thead>
<tr>
<th>Hancock</th>
<th>Harrison</th>
<th>Jackson</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤15%</td>
<td>16% - 30%</td>
<td>31% - 45%</td>
</tr>
<tr>
<td>≥46%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No residents</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All residents n=354,640
Low SES by Race
Geographically, the distribution of low SES residents in the three counties varies considerably by race, with over 45% of Black and Asian residents with low SES in certain census tracts in each respective county.

Low SES by Ethnicity
Geographically, the distribution of low SES residents also varies by ethnicity, particularly in Harrison and Jackson County. As much as 68% or more of Hispanic residents are considered low SES in these two counties.
Access to Health Care

Availability of health care is an important factor in a community’s health. Components include number of health care professionals in the area and proximity to health care resources.

Health Professional Shortage Areas (HPSA)

For many living in inner city or rural areas, obtaining health care is difficult because health care providers are often in short supply. The federal government relies on HPSA designations of geographic areas, population groups, or health care facilities to identify areas facing these types of critical shortages. There are three categories of HPSAs: primary medical care, dental care, and mental health care. Listed below is the number of providers needed in each category to remove the HPSA designation for particular communities in each of the three counties.

Hancock County

Primary Medical Care HPSA  
Hancock County: 4 full-time providers needed to remove HPSA designation

Dental Care HPSA  
Low income Hancock County: 3 full time providers needed to remove HPSA designation for the low income population

Mental Health Care HPSA  
Catchment Area 13: 8 full time providers needed to remove HPSA designation

Harrison County

Primary Medical Care HPSA  
Low income Harrison County: 15 full-time providers needed to remove HPSA designation for the low-income population

Dental Care HPSA  
Low income Harrison County: 14 full time providers needed to remove HPSA designation for the low income population

Mental Health Care HPSA  
Catchment Area 13: 8 full time providers needed to remove HPSA

Jackson County

Primary Medical Care HPSA  
Low income Jackson County: 10 full-time providers needed to remove HPSA designation

Dental Care HPSA  
Low income Jackson: 10 full time providers needed to remove HPSA designation for the low income population

Mental Health Care HPSA  
Mental Health Catchment Area 14: 2 full time providers needed to remove HPSA designation

4 A catchment area refers to a geographical area of a county, or portions of multiple counties, designated as a geographic HPSA.
Proximity to Care

Federally Qualified Health Centers (FQHC) are certified by the Center for Medicare and Medicaid Services (CMS) and provide primary care services to all age groups and typically serve a large number of low-income patients. FQHCs provide services on a sliding fee scale based on income and family size.

Low SES residents in the most heavily populated areas of Harrison and Jackson County are generally within a 15-minute drive to an FQHC. Some low SES residents in Hancock County and those in the outlying areas of Harrison and Jackson County may require a 30-minute drive or more for a primary care visit at an FQHC.
Depression and anxiety are among the most commonly occurring mental health conditions in the United States of America – both often co-occur with physical health conditions.

### Depressive Disorders
Residents in both Hancock County and Harrison County report a higher rate of diagnosed depressive disorders than the state.

Residents in Jackson County report a slightly lower rate than the state.

### Anxiety Disorders
Residents of Hancock County and Harrison County report a higher rate of diagnosed anxiety disorders compared to the state average.

Residents in Jackson County report a slightly lower rate of diagnosed anxiety disorders compared to the state.
RISK BEHAVIORS

Risk behaviors such as obesity, smoking cigarettes, and drinking alcohol contribute to chronic illnesses and the leading causes of death among adults in the United States of America.

Obesity Prevalence

In all three counties, the prevalence of obesity is less than the state of Mississippi. However, over 30% of residents in each county are still considered obese.

Diabetes

In the CDC’s ongoing, monthly state-based telephone Behavioral Risk Factor Surveillance Survey, adult residents are asked, “Has a doctor ever told you that you have diabetes?”

In all three counties a smaller percentage of adults reported that a doctor had ever diagnosed them with diabetes compared to the state.
SUMMARY OF FINDINGS

KEY INFORMANT MEETING
The following is a summary of major findings from the facilitated discussion on community health needs and barriers to care. Key informant recommendations are also included. The findings are organized according to the following priority areas: health status/outcomes, access to care/health care capacity, barriers, integration, pharmacy, outreach/prevention, infrastructure, continuity of care, occupational health, and environmental health. These areas were informed by National Association of County and City Health Officials’ and Catholic Health Associations’ Community Health Needs models, and they were determined by collaborative decision making with the GRHOP partners. Note: There were no findings from key informants related to continuity of care and infrastructure.

HEALTH STATUS/OUTCOMES
Key informants identified the following health status/outcomes priorities:

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity/physical activity*</td>
<td>Obesity and lack of physical activity were identified by key informants as the top priority health issue in Mississippi.</td>
</tr>
<tr>
<td>Chronic illnesses*</td>
<td>Chronic illness, such as diabetes, hypertension and heart disease, were identified as a top priority health issue in Mississippi.</td>
</tr>
<tr>
<td></td>
<td>Key informants specifically identified the following vulnerable populations/geographic areas:</td>
</tr>
<tr>
<td></td>
<td>• African Americans, Vietnamese, Hispanics, and those without insurance are at high risk for diabetes.</td>
</tr>
<tr>
<td></td>
<td>• African Americans and Vietnamese are at high risk for hypertension.</td>
</tr>
<tr>
<td></td>
<td>• African Americans and Asian Americans are at high risk for heart disease.</td>
</tr>
<tr>
<td></td>
<td>• East Biloxi is a high vulnerability area for chronic illnesses.</td>
</tr>
<tr>
<td>Substance abuse/prescription drug abuse*</td>
<td>Substance abuse and prescription drug abuse were identified as a top priority health issue.</td>
</tr>
<tr>
<td></td>
<td>Key informants specifically identified underage drinking and methamphetamine use.</td>
</tr>
</tbody>
</table>

* Signifies that the item was voted a top five priority by the key informant group
<table>
<thead>
<tr>
<th>Issue</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression/ anxiety*</td>
<td>Depression and anxiety were identified as a top priority health issue, and specifically mentioned elderly and faith-based populations.</td>
</tr>
<tr>
<td>Communicable disease^</td>
<td>Communicable disease, including Hepatitis B, Hepatitis C, HIV, and other sexually transmitted infections, were identified as a major health priority issue. Low-income individuals were identified as being vulnerable to Hepatitis B, Hepatitis C and HIV/AIDS. 18-24 year-old African Americans were identified as being at greater risk of HIV/AIDS.</td>
</tr>
<tr>
<td>Suicide^</td>
<td>Suicide was identified as a major priority issue by key informants. The elderly were identified as a vulnerable population. KI Recommendation: Implement education and awareness intervention for seniors.</td>
</tr>
<tr>
<td>Post-disaster trauma/PTSD^</td>
<td>Post-disaster trauma and post traumatic stress disorder (PTSD) were identified as a major priority issue. Returning military veterans and their families were identified as a vulnerable population.</td>
</tr>
<tr>
<td>Child health</td>
<td>Child health was identified as a health issue, specifically asthma and nutrition/wellness. African American and Vietnamese in East Biloxi and Harrison County were identified as a vulnerable population.</td>
</tr>
<tr>
<td>Youth mortality</td>
<td>High rate of youth mortality in Moss Point, MS as a result of substance abuse was identified as a health issue. KI Recommendation: Implement drug education and interventions in junior high schools and place family therapists in all high schools</td>
</tr>
</tbody>
</table>

* Signifies that the item was voted a top five priority by the key informant group  
^ Signifies that the item was voted a top ten priority by the key informant group
Key informants identified the following issues around access to care and health care capacity:

- **Preventive Care\***
  - Access to preventive care was identified as a top priority health issue.

- **Lack of Health Care Workforce/Low Service Area\***
  - Lack of health care workforce to provide medical care was identified as a top priority barrier to be addressed.
  - Hancock, Harrison and Jackson Counties are low service areas.

- **Transportation\^**
  - Transportation was identified as a major priority barrier to be addressed.
  - Key informants reported that public transportation had limited routes, was expensive to access, and that Medicaid transportation could not be used for mental health services.

- **Lack of Mental Health Providers\^**
  - Lack of mental health providers was identified as a major priority barrier to care, particularly on the coast, resulting in lack of mental/behavioral health care capacity and access to services.
  - Decline in compensation and high turnover rates were identified as reasons for the shortage of mental health providers.
  - **KI Recommendation:** Utilize interns and fellows from regional universities for practicums.
  - **KI Recommendation:** Broaden partnerships to include other providers, such as community mental health centers, to address access issues to MH/BH healthcare.

\* Signifies that the item was voted a top five priority by the key informant group

\^ Signifies that the item was voted a top ten priority by the key informant group
Key informants identified the following barriers to care as key priority areas to be addressed:

**Cultural competence***
- Cultural competence was identified as a top priority barrier. Key informants specifically identified cultural sensitivity, awareness of cultural differences, a lack of culturally competent interventions, and a lack of translators for Vietnamese and Hispanic populations as barriers.
- **KI Recommendation:** Hire full-time qualified interpreters, translating materials, recruiting bilingual physicians to medical staff, education from collaborative groups, and using a person-centered approach.

**Mental and behavioral health stigma^**
- Stigma around accessing mental and behavioral health care and services was identified as a major barrier to be addressed, particularly among African American and Vietnamese populations.
- **KI Recommendation:** Use a community-based model.

**Health literacy/education***
- A lack of health literacy/education was identified as a top priority barrier to be addressed, specifically among Hispanic, Vietnamese, and African American populations.
- **KI Recommendation:** Medical case management (modeled after patient navigators).

**High costs of health care***
- The high cost of health care was identified as a top priority barrier to be addressed.

**Medicaid & insurance issues***
- Third party reimbursement was identified as a top priority barrier. Key informants specifically identified the reduction in Medicaid, delay in payment, SSI, and changes in Medicaid regulations.
- **KI Recommendation:** Address health policy (advocacy for Medicaid expansion ACA) and collaborate with state benefit providers to coordinate gaps in service.

**Socio-economic status (SES)^**
- Key informants identified SES as a major barrier to be addressed.

* Signifies that the item was voted a top five priority by the key informant group
^ Signifies that the item was voted a top ten priority by the key informant group
INTEGRATION

**Recommendation:** Based on the data gathered by the key informants related to issues of access to care, health care capacity, and a shortage of providers, it is strongly recommended that MH/BH services be integrated into federally qualified health centers (FQHCs).

PHARMACY/ MEDICATION

Key informants identified disruption of medication between inpatient and post-release as a key priority issue and recommended medical case management.

OUTREACH/ PREVENTION

Key informants identified the following issues around health outreach and prevention:

- **Outreach**
  - Education and awareness around depression and anxiety was identified as a health need.
  - Key informants identified health outreach and prevention around depression and anxiety as a barrier to care.

OCCUPATIONAL HEALTH

Key informants identified the following occupational health issues:

- **Asthma and respiratory illnesses**
  - Key informants identified asthma and respiratory illnesses as an occupational health priority, specifically among disaster workers in affected counties.

- **Secondhand Smoke Exposure**
  - Key informants identified exposure to secondhand smoke as an occupational health priority, especially among casino and service industry employees, who also tend to be uninsured.

- **Occupational Health Services**
  - Key informants identified lack of occupational health services as a health priority.
  - Vietnamese fishermen, shipbuilders in Jackson County, and the military community (specifically returning soldiers in Harrison County) were identified as target populations in need of occupational health services.
**Recommendation:** Based on the data gathered by the key informants, it is strongly recommended that occupational health services be integrated into FQHCs.

**ENVIRONMENTAL HEALTH**

Key informants identified the following environmental health issues:

| Chemical Exposure | • Chemical exposure in the workplace was identified as an occupational health priority.  
|                   | • Hancock County, specifically Dupont’s Delisle plant, was identified as an area of concern. |
| Mold             | • Mold exposure and mold remediation in the workplace was identified as an occupational health priority. |

**Recommendation:** Based on the data gathered by the key informants, it is strongly recommended that occupational health services be integrated into FQHCs.

| Chemical Exposure | • Chemical exposure in the workplace was identified as an occupational health priority.  
|                   | • Hancock County, specifically Dupont’s Delisle plant, was identified as an area of concern. |
| Mold             | • Mold exposure and mold remediation in the workplace was identified as an occupational health priority. |

| Air Quality | • Air quality was identified as an environmental health priority, particularly for children suffering from asthma as a result of burning waste. |

| Safe Water | • Key informants identified the following safe water issues as environmental health priorities: industrial pollution, BP dispersants and oil, water quality, and waste disposal/ sewage.  
|           | • African American and low income individuals in Jackson County as vulnerable populations. |

**Recommendation:** Based on the data gathered by the key informants, it is strongly recommended that environmental health services be integrated into FQHCs.
CONCLUSION

Overall, the Rapid Community Health Needs Assessment for the coastal counties in Mississippi revealed several common health and health care needs. Data gathered from existing national and state sources and data gathered from Key Informants both suggest that mental health and chronic illness such as diabetes, hypertension, and heart disease are health priorities in these communities. Primary care and mental health care provider shortages were access to care priorities as evidenced by both existing HPSA data and reports from Key Informants. Access to preventive care, transportation, and proximity to primary care facilities are other access to care priorities that emerged from both the existing data review and key informant meeting; this being a particular issue for low-income residents.

The goal of the Rapid Community Health Needs Assessment conducted for the Primary Care Capacity Project by LPHI was to provide insight to where there is available evidence or a shared sense among key informants of what particular health priorities may already be apparent in communities in Hancock, Harrison, and Jackson counties. Findings from the existing data review and Key Informant meetings revealed complementary health priorities across counties as well as needs and priorities unique to specific geographic locations or sub-populations in each county.

The rapid assessment also provided data to inform decisions on funding and support to FQHCs to increase access to care. In parts of all three counties, low-income residents were as much as a 30-minute drive or more to the nearest FQHC. In terms of barriers to care, key informants identified Medicaid and insurance issues along with the high cost of health care as major barriers. These findings are consistent with findings from the existing data review that show that between 22% and 26% of residents in the three counties are uninsured (ACS, 2009-2011), and a significant percentage of the populations in each county are considered low-income\(^5\): 21% in Hancock County, 20% in Harrison County, and 17% in Jackson County. Notably, the percentage of low-income residents increases to over 30% for Black, Asian, and Hispanic residents in all three counties indicating that racial/ethnic minorities in the counties may be more likely to experience barriers to care due to lack of insurance and cost of care.

Next steps for the Comprehensive Community Health Assessment include:
1. Gathering and analyzing data at the sub-county level in order to uncover community-specific findings;
2. Adding data on health indicators for Hispanic populations in both counties;
3. Adding data on sexually transmitted infections/communicable diseases;
4. Conducting additional meetings with community stakeholders to inform building FQHC capacity; community engagement; and gathering, analyzing, and reporting community data;
5. Collaborating with state and local county health officials and the Mississippi Public Health Institute to achieve steps 1 through 4;

\(^5\) Low-income is defined here as residents who are 150% below the Federal Poverty Line based on income and family size
6. Provide support to the state and local health departments and the Mississippi Public Health Institute for community health assessment and community health improvement planning activities.
PROMISING PRACTICES

The promising practices detailed below are a few examples of community interventions that can help reduce and/or affect the health and health care needs and barriers to care prioritized by Key Informants using the Audience Response System during the meeting held in late 2012. These promising practices are outlined into two categories: Health Systems and Community Health Approaches. The Health Systems and Community Health Approaches identified are those that create opportunities to strategically and collectively deal with numerous issues (i.e. health and health care needs and barriers to care) in systems and/or communities, resulting in comprehensive outcomes.

Frieden’s (2010) Health Impact Pyramid is a framework to guide planning and decision-making processes regarding the uses of best practices to address prioritized health and health care needs and barriers to care.

The pyramid describes the impact of different types of public health interventions and provides a framework to improve health (Frieden, 2010). The base of the 5-tier pyramid represents “interventions [that] address socioeconomic determinants of health. In ascending order are interventions that change the context to make individuals’ default decisions healthy, clinical interventions that require limited contact but confer long-term protection, ongoing direct clinical care, and [lastly] health education and counseling” (Frieden, 2010).

Health Systems

- Patient Center Medical Home (PCMH) - The Patient-Centered Medical Home (PCMH) is a model of primary health care that puts the patient at the center of health care and is designed to strengthen the physician-patient relationship by moving from episodic care (reactive) to coordinated care and an ongoing relationship with a physician-led “care team” (proactive).

- The PCMH Model also supports best practices for chronic disease management and address access to care priorities, priorities identified by Key Informants in the Mississippi meeting.
  - The Chronic Disease Self-Management Program (CDSMP) empowers people to take an active role in managing their chronic illnesses through lifestyle choices and changes, adherence to prescribed medical treatments, and education/information about illnesses. CDSMP is also a key resource for providers in meeting the requirements to become a medical home ([http://medhomeinfo.org/pdf/CDSMP%20PCMH%202011%20Medical%20Home.pdf](http://medhomeinfo.org/pdf/CDSMP%20PCMH%202011%20Medical%20Home.pdf)).
  - Indicators of Cultural Competence in Health Care Delivery Organizations: An Organizational Cultural Competence Assessment Profile; the specific objectives of this project were to: 1) develop an analytic framework for assessing cultural competence in health care delivery organizations; 2) identify specific indicators that can be used in connection with this framework; and 3) assess the utility, feasibility and practical application of the framework and its indicators ([http://www.hrsa.gov/culturalcompetence/healthdlvr.pdf](http://www.hrsa.gov/culturalcompetence/healthdlvr.pdf)).

- Behavioral Health Integration (BHI) – Behavioral Health Integration is a comprehensive approach to promoting the health of individuals, families and communities based on communication and coordination of evidence-based primary care and mental health services. It emphasizes integration as an example of quality health care delivery design that facilitates communication and coordination based on consumer and family preferences and sound economics. Integrated care occurs when mental health specialty and general medical care providers work together to address both the physical and mental health needs of their patients.

- Integrated care is a promising practice for addressing access to care priorities identified by Key Informants related to limited access to mental health providers, services, and resources.
• The SAMHSA-HRSA Center for Integrated Health Solutions provides numerous models and evidence-based approaches for integrating behavioral health into primary care as well as Webinars on implementing effecting integration models and practices (http://www.integration.samhsa.gov/integrated-care-models/behavioral-health-in-primary-care)

Community Health

• Community Health Workers (CHW) - Community Health Workers (CHW) is a community health approach that takes members of a community that are chosen by community members or organizations to provide basic health and medical care to their community.
  • Rural Assistance Center – http://www.raonline.org/communityhealth/chw/
  • Community Health Worker NY – http://www.chwnetwork.org/?

• CHW is a promising practice that can address access to care priorities identified by Key Informants related to health literacy/education and cultural competence.
  • Project Health Education Awareness Research Team (HEART); Participants included individuals with at least one cardiovascular disease risk factor residing in El Paso, Texas. Project HEART participants attended 8 weekly health education classes over two months using the Su Corazón, Su Vida curriculum. Classes were led by trained promotores and lasted approximately 2 hours. Following classes, participants received 3 phone calls and participated in a small group session to discuss changes made as a result of the sessions, and discussed further changes (http://www.healthynola.org/promise_show.php?id=3617).
  • Boston Healing Landscape Project (cultural competency); a project located in the Department of Family Medicine at Boston University School of Medicine. The project confronts the medical community with the challenge of shaping a positive response to the multiple approaches to healing being pursued by patients and their families (http://www.bu.edu/bhlp/Clinical/cross-cultural/Best_Practice/clinical.html).
## SOURCES

<table>
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<th>Factor</th>
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APPENDIX

The Mississippi Community Prioritization Meeting was held December 18, 2012 in Gulfport, Mississippi. There were 27 attendees. Key informants were comprised of representatives from the health, business and education sectors; community-based organizations, nonprofits and coalitions; religious organization; and the Mississippi Department of Health. The following organizations were represented at the meeting:

- Alliance Institute
- Hijra House
- USM School of Social Work
- CommonHealth Action
- Mississippi Public Health Institute
- Coastal Family Medical Center
- Gulf Coast Mental Health Center
- Magnolia Health Plan
- MS Coalition for Vietnamese Fishermen
- MS Department of Mental Health
- MS Gulf Coast Black Nurses Association
- MS Interfaith Disaster Taskforce
- MS State Department of Health
- Red Cross
- Steps Coalition
- Tulane Global Environmental Health Sciences
- University of Southern Mississippi