

Meridian Area Community Health Needs Assessment

2011

Sponsored by
Anderson Regional Medical Center
And
Rush Foundation Hospital

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Introduction

In response to federal requirements for *not-for-profit* hospitals, as mandated by the Patient Protection and Affordable Care Act of 2010, Anderson Regional Medical Center and Rush Foundation Hospital jointly conducted a comprehensive assessment of the healthcare needs of the Meridian and Lauderdale County Mississippi health service region.

Although hospitals are independently obligated to conduct community health needs assessments, the law allows for collaboration and officials at Anderson Regional Medical Center and Rush Foundation Hospital determined that it would be prudent to work together in assessing the needs of their service area which, for the most part, overlaps geographically. These hospitals agreed that it was in the community's best interest that they leverage combined resources and avoid pitfalls expected when community members are asked to simultaneously participate in activities that in most cases would be viewed as redundant and perhaps excessive.

Project Goals

The primary goal of this project was to establish an ongoing, evidence-based process of identifying and prioritizing local community healthcare needs. The results of this assessment will establish the basis for planning appropriate community benefit programs to address these identified needs. Additionally, this information will be made widely available so as to better inform community leaders and citizens of the health-related challenges faced by this community.

Community Health Needs Assessments tend to vary substantially in their methods, scope, and depth. Guidelines stated in the Patient Protection and Affordable Care Act of 2010 and subsequent guidance issued by the IRS, require that the assessment include "input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health." Best practices in health needs assessments generally include healthcare providers, patients/consumers, business leaders, as well as state and/or local health experts. To meet these guidelines, we employed several methods, both qualitative and quantitative.

- A secondary analysis of existing federal and state data (quantitative)
- Interviews with key informants representing the broad interests of the community, including experts in public health (qualitative)
- A focus group of individuals representing the most underserved and/or vulnerable population groups in this community (qualitative)
- An online community health needs survey (quantitative/qualitative)

- A brief paper-based health needs survey specifically targeted at the underserved (quantitative/qualitative)

Community Defined

When assessing health needs of a community, the “community” must first be defined. Some hospitals, (e.g., specialty hospitals) may define their community in terms of groups of people or demographic categories. A Women’s hospital, for instance would be primarily concerned with health issues facing women, and would thus focus a needs assessment accordingly. Community is more typically defined as a geographic service area for which, in most cases, the greatest concentration of patients served is in the county in which the hospital is located.

Rush Foundation Hospital and Anderson Regional Medical Center are located approximately one block from each other, in Meridian, the largest municipality in Lauderdale County. For the purposes of this needs assessment, *Lauderdale County* will be considered the “community” of focus. Meridian and Lauderdale County play host to a multitude of other healthcare service agencies, including two inpatient psychiatric hospitals, one Federally Qualified Community Health Center, one Community Mental Health Center, as well as several nursing homes, specialty clinics, and outpatient facilities. In fact, approximately 15% of the workforce in Lauderdale County is employed in the Health and Social Services sector, making Healthcare Services a very important economic engine for the region.

The counties surrounding Lauderdale County have a range of healthcare service providers as well, including hospitals, clinics, etc., and in most cases, will be conducting their own respective county-level assessment in the future. Yet, it is important to note that the hospitals sponsoring this study serve as tertiary care centers for the surrounding counties. Therefore, we have defined our community geographically (Lauderdale County) as well as demographically (any non-Lauderdale Co. resident who regularly seeks healthcare services in Lauderdale Co). Thus we opted to seek input from the surrounding counties through an online survey. In aggregate, non-Lauderdale Co. participants represented 28.5% of the online survey respondents. Although, no face-to-face assessment activity was conducted outside of Lauderdale Co., several of the key informants and focus group participants represented organizations whose mission involves service to multiple counties in East Mississippi.

Methods and Process

As noted above, this assessment employed a multi-method approach that included a review of existing federal and state data (*secondary data analysis*) paired with newly gathered data from the community (*primary data analysis*). The initial step in this process was to conduct “Key Informant” Interviews. Key informants are individuals who are heavily involved with and knowledgeable about the community of focus. This includes community leaders in the public and private sector, as well as individuals with special expertise in healthcare. Information gathered through these interviews, paired with public health information, vital statistics, and economic data provide a very good snapshot of the community’s health needs. Additional primary data collection was conducted using a web-based (i.e., *online*) community health needs survey. An acceptable sample (n=571) was achieved. However, upon examination of the demographic data of the participants, it became clear that we should take additional steps to ensure that low-income and underserved populations were better represented. Assuming a lack of availability of technological resources for this segment of the population, a brief paper survey was developed and administered in low income, minority neighborhoods. To further augment our understanding of the needs of the underserved, a focus group of was held for the specific purpose of gathering ideas about how to better serve those with the greatest health risk: low-income, elderly, minority, disabled, and children/youth populations.

This report provides an overview of the information gleaned from this extensive process.

Qualitative Studies

Key Informant Interviews

To gather important information and opinion about the health needs of the community, Key Informant Interviews were conducted with community leaders representing various organizations—each playing an important role in the community. These informants are well aware of healthcare issues facing those they serve.

Method

Each interview was structured similarly, and averaged 90 minutes. Questions were open-ended, and designed to capture the informants’ perception and ranking of the most critical health challenges facing the community. To further benefit from the knowledge and expertise of the interviewees (several of whom have expertise in public health), we asked for their thoughts and opinions about the root causes of health problems, potential solutions to these problems, and barriers to achieving success in implementing programs to address areas of need. Careful notes were taken during the interviews and subsequently, these notes were transcribed, categorized thematically, and summarized.

Key Informants	Affiliation
Callie Cole, Executive Director	Multi-County Community Service Agency
Ginger Stevens, Executive Director Andy Hodges, Community Agency Coordinator Christie Rainer, RN, Clinic Director	Wesley House Community Services
Gary Houston, Executive Director	Youth Excitement Team
Rebecca James, M.D., Medical Director- Region VI	Mississippi Dept. of Health
Wilbert Jones, Executive Director	Greater Meridian Health Clinic (a Federally Qualified Health Center)
Cecil Johnson, Dir. of Social Service Takisha Hossley, ROSS Homeownership Coordinator William Myles, PH- FSS-Coordinator	Meridian Housing Authority
Wade Jones, President	East MS Business Development Corporation

Results

Across all interviews, similar responses were noted regarding broad based health needs in this community and region. These “major themes” reflected much of what is known through state and national health databases. The interviews did, however, yield more interesting information. The informants’ proposed causes of and solutions to health problems/needs varied according to their personal experience and the population they and their organization serve. The results of these interviews are summarized here:

Greatest Health Issues:

- Lifestyle-Related Health Problems
 - Obesity
 - Heart disease
 - Diabetes
 - Stroke
 - Hypertension
 - Renal failure
- Children and Youth/Adolescent Issues
 - Overweight/obesity
 - Teen Pregnancy
 - Sexually Transmitted Diseases
 - Drug and Alcohol Use
- Lack of preventive care
- Mental Health
- Oral Care

Potential Root Causes:

- Poverty: Often, it was noted, that poverty plays a role in making it more difficult to afford healthcare services and especially medications. Low Income also tends to be associated with short term priorities. Preventive care/routine checkups are not typically viewed as one of these priorities. Lack of financial resources creates stress on individuals and families, which can exacerbate mental health problems along with elevating potential for domestic violence.
- Cultural issues play a role that spans across income groups. Traditional southern foods tend to be high in fat and sugar, boosting overall caloric intake. The “family unit” was also brought into question. With hectic lifestyles being the norm, fast food drive through windows have supplanted cooking at home. On more than one occasion, it was noted that lack of exercise seems to also stem from one’s culture. For example, women,

in order to maintain stylish hair, often forgo exercise so that they may avoid sweating and consequently ruining their hair style. Men who do manual labor often think that work *is* exercise (and it is, to a great extent) however, without *aerobic* exercise, they still may eventually suffer cardiovascular problems.

- Lack of education about the relevance and importance of preventive care and healthy lifestyles.
- Children’s “lifestyle-related” health issues, to a large extent, find their root cause in the home and school systems in which children live. Norms have shifted. Parents allow children to consume excessive “junk food,” and don’t encourage physical activity (e.g., outdoor free play). Schools, over the years, have limited access to free play and ceased requiring students to participate in PE classes, and/or sports. Each of these, along with excessive sedentary “screen time,” have led to a youth obesity crisis that is sure to have significantly detrimental long-term health and economic outcomes.

Barriers:

- Ingrained social norms change very slowly.
- Cost – will solutions be affordable?
- Manpower/Personnel challenges may interfere with expedient and accessible care.

Proposed Solutions/Programs:

- Make preventive care affordable and where possible, incentivize patients for getting their check-ups.
- Create a means of effectively distributing health information to the populations at greatest risk.
- Work to create culture change so that being healthy and fit becomes part of one’s overall goals to being “successful.” This is particularly relevant to those working with children and youth.
- Create more opportunities for recreation and fitness: Safe access for children to walk to school, easier access to Bonita Lakes, and less expensive memberships to existing fitness clubs/facilities. Create “Family Fitness” programs. The prospect of developing a YMCA was also mentioned, as well as fostering a sense of belongingness among new members of existing fitness centers. If possible provide transportation and membership vouchers to low income families.
- Involve Churches in the education and marketing of healthy lifestyles
- Create stronger linkages between agencies (e.g., partnerships between Greater Meridian Health Clinic (an FQHC) and the hospitals, to set up a clinic to provide care for non-emergent cases to be referred out of hospital emergency rooms during afterhours and on weekends).

- Hospitals should partner with local business and industry to tailor preventive care programs for those on shift-work schedules.
- Use Evidence-Based programs. Avoid making assumptions about the efficacy of a program; look for successful models in comparable communities.

Conclusion

Mississippi's obesity problem has received a great amount of national attention; it was not surprising to find that in each interview, the primary issues of concern were those health problems related to lifestyle—behavioral and nutritional choices. Unfortunately, the informants were not optimistic that these problems can be significantly reduced in the near future.

Summary of Focus Group

Method/Process

To extend the base of knowledge gleaned from key informant interviews, a focus group was held on the Meridian Community College Campus on Thursday evening, April 28, 2011. There were 10 volunteer participants. Participants were recruited by direct invitation based on their individual work with the underserved population, including the elderly, low-income, minority, and the very young.

Focus Group Participant	Affiliation	Title
Cathy Bates	Bedford Care Center	Marketing Dir.
Susan Jackson	Bedford Care Center	Public Relations
Cecil Johnson,	Meridian Housing Authority	Dir. of Social Service
Fannie Johnson	Love’s Kitchen	Director
Beverly Knox	East Central MS Health Net, Inc. (a 501c3)	Program Director
Liz Nix	Laud. County Council on Aging	Council Member
Christie Rainer, RN	Wesley House Community Clinic	Clinic Director
Marion Swindell, PhD, MSW	MS State University- Meridian Campus	Interim Assoc. Dean, Arts & Sciences
Barbara Wells	Meridian Activity Center	Director
Martha Williams, LSW	St. Paul/St. Elizabeth United Methodist Church	Pastor and LSW

The focus group was introduced to the facilitators, who explained that the goal of the project was to identify and prioritize local community healthcare needs and that the focus group was structured to provide key information to augment the survey and archival data pertaining to the health status of the community.

Specifically, the focus group was asked to consider:

1. Strengths and weaknesses of the community and its healthcare system;
2. Major health issues of the community, with special attention to children, elderly, low income, and minority groups
3. Recommendations and/or priorities

Strengths

- Adoption of “Smoke Free Community” standards
- Wide array of Healthcare service facilities including hospitals, mental health agencies, clinics, and nursing homes
- Various fitness centers
- Public transit system is relatively low cost
- Strong *Faith* Community
- Several venues for outdoor recreation (e.g., Bonita Lakes)
- Wide variety of Youth Sports opportunities

Weaknesses

- Community under-utilizes facilities and opportunities for fitness/recreation
- Community does not do well with prevention, especially diet and exercise
- School Systems lacking success with menu. (Because of the taste, students often throw away healthy foods)
- Some Medical Specialties are unavailable, in short supply, or not available at a low cost. Noted were the following:
 - Dermatologists
 - Allergists
 - Neurologists
 - Gerontologists
 - Podiatrists, esp. for Patients with Diabetes
 - Alternative Therapy/Homeopathy
- Many people are in need of better continuity of care/follow up or medical case management
- Transportation to medical appointments remains a problem, especially in rural areas
- Some people want to ride their bikes for commuting or recreation, but don't feel safe walking or riding on busy roads without sidewalks or bike lanes. E.g., there is no safe route to Bonita Lakes except by car.
- There are several clearinghouses of information about health resources (e.g., Ministerial Alliance, Baptist Alliance, Methodist/Presbyterian Alliance), yet there is no formal communication among these, and no central clearinghouse that can serve all more efficiently.

Obesity-related health problems are taking a significant toll.

“People buy colas and snack cakes... People need to learn how to eat.”

Major Health Issues facing populations “at risk”

- Obesity-related health problems particularly among low Income, and minority groups

- Inadequate Sex Education
 - Teen Pregnancy
 - Sexually Transmitted Diseases among youth
- Elderly - misconceptions about the process of residing in nursing homes and assisted living facilities: they are afraid they'll lose their house or social security. "People don't know that [financial help] is available."
- Low Income - unable to get in to see doctor, no continuity of care, no follow-up care. Poor nutrition and diets, and "need to learn what a healthy diet is." WIC is underutilized.
- Patients don't know how, or are too uncomfortable, to describe symptoms or follow-up problems, yet doctors (especially in an emergency room situation) don't have time to extend patient visits to more fully understand and ask patients for more information. Patients don't have primary care physicians to address routine care issues and follow up on specialist's recommendations.
- For low income and elderly (fixed income) groups, medication costs can be especially detrimental to quality of care and health outcomes. Seniors often try to "stretch" their meds by taking less than that which is prescribed.

"Priorities lean toward to clothing and entertainment; people don't see diabetes [and other insidious chronic diseases] as a problem" - - "Health is not a

Recommendations

- Need for promotion of existing health care resources, transportation resources, and financial resources to low income and underserved groups.
- Better Sex Education and promoting "safe sex" practices
- Develop a more sophisticated means of marketing healthy behavior and the importance of prevention and primary care
- Involve behavioral experts to help with chronic disease management.
- To help with follow-up care, Patient Navigators are needed across the spectrum of patients, but especially for the elderly.
- Hospitals should consider working together to employ of a full time grant writer to apply for community based medical grants.
- Development of a single source of information about available health resources that can be shared by diverse religious organizations and other advocacy groups.
- The development of sidewalks, bike trails, and commuter lanes for pedestrians and cyclists.
- A free mobile health clinic that makes routine stops in low income neighborhoods.

Communicate with patients between doctor visits

"Advice is given to patients but there is no follow-up"

- Workforce Wellness Programs to address lack of benefits for low income working families.
 - Extend discounts to those with insurance who pay month-to-month (income not enough to “pay off” for a discount, as is a common practice).
 - Provide alternative payment plans and discounts for some procedures (e.g., MRIs).
 - Attract rural physicians to do house calls.
 - Reduce emergency room waiting time (or explain to patients why the wait is so long).
 - Encourage physicians to consider the cost of medication they prescribe and acknowledge the impact of significant cost on the patient’s likelihood of compliance.
-

Conclusions

Regarding the qualitative information gleaned from the Key Informant Interviews and the Focus Group, it was concluded that there was a fairly high level of crossover between the concerns of each group. The general consensus was that Meridian offers a wide array of healthcare services and in general, the quality of these services is highly regarded in the community. The connection between poverty and poor health was certainly the most pressing issue of concern. Also, the fact that Mississippi continues to rank at the bottom of many state rankings of health status was an issue that calls into question the behavioral choices made by individuals in this community.

Clearly, optimum health for this community will not be achieved by simple expansion of service. The degree to which additional services offered may improve the community’s health status will, in many cases, be mediated by the degree to which patient behavior (diet, exercise, and medical compliance) is better managed.

Summary of Survey Results

After a careful review of Community Health Needs Assessment Methods of data collection, it was determined that an online web-based survey would be an efficient means of collecting additional data directly from the community. The survey was designed to measure public perception of the health status and healthcare service needs of the immediate community (Meridian and Lauderdale Co.) along with those living in surrounding counties. Non-Residents are included because a substantial portion of them travel to Meridian to receive healthcare services.

Methods

Online Survey Development and Deployment

A review of the CHNA literature, and best survey practices, led to the development of a 75-item “online” survey to measure respondents’ perceptions of local healthcare needs as well as their own health status. Survey items were selected to gauge need from both a personal and a community perspective, and reflect many of the focus areas of Healthy People 2010.

By employing a “conditional item” approach, care was taken to ensure that the questions were neither redundant, nor irrelevant. The survey was reviewed by an outside expert, who assessed its appropriateness, readability, and conceptual merit. After revisions, the survey was uploaded to www.snodgrassresearchgroup.com and linked buttons were placed by each hospital’s webmaster, on their respective homepages.

Several marketing steps were taken to ensure that a broad segment of the community would be aware of the opportunity to voice their opinions.

- A press release was issued to local Media, including TV, Radio, and Newspapers. The local newspaper ran a story, both in print, and electronically. A local TV station aired a segment focusing on the CHNA as their “Top Story.”
- Email notifications (with the press release included) were sent out through the contact lists of various local entities, including Mississippi State University—Meridian Campus, East MS Business Development Corporation, Meridian Housing Authority, Anderson Regional Medical Center, Rush Health Systems, and others.
- Flyers were posted around public-access computers in the Lauderdale County Public Library.
- Social Media (i.e., facebook©) were employed systematically, by requesting a few prominent individuals (e.g., the Mayor of Meridian, a well known Midwife, a local leader

within the African American community, etc), to post the description of the Needs Assessment and the link to the survey on their “wall.”

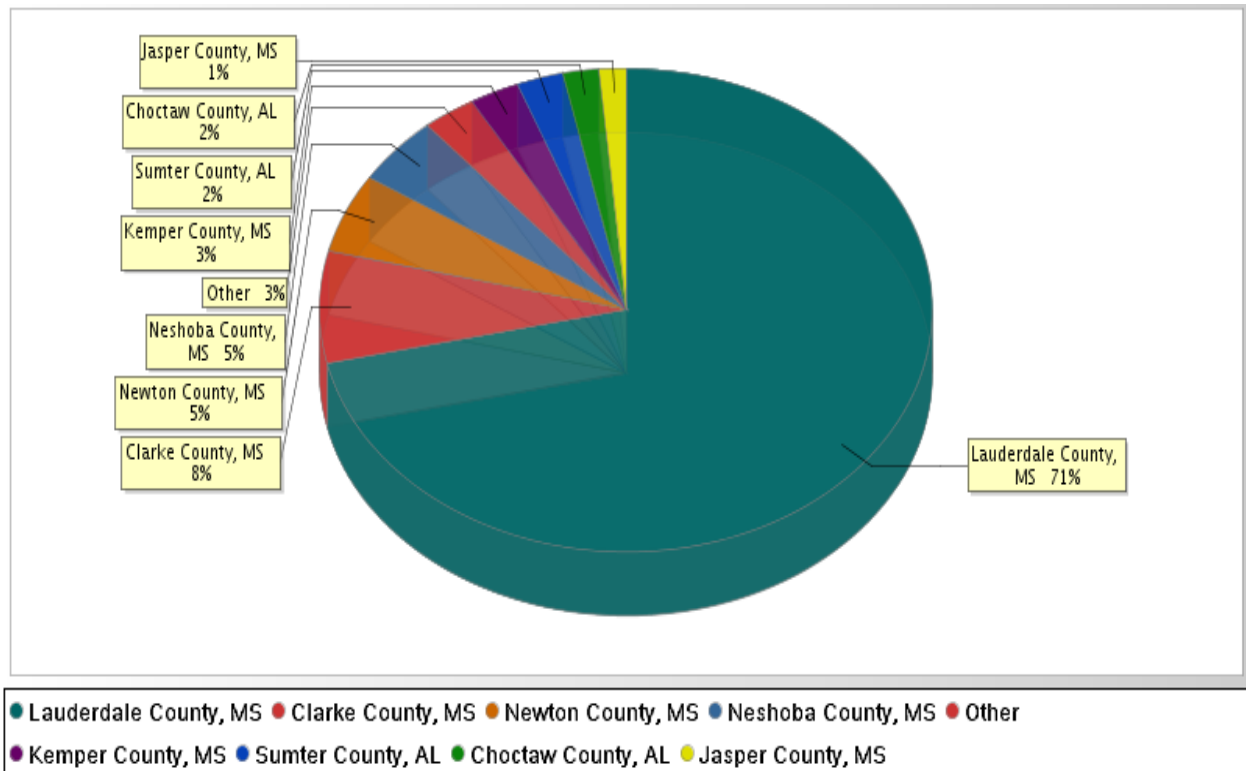
Participants

Participation in the survey was completely voluntary and self initiated. No personally identifying information was collected, participants could quit at any time and there were no incentives provided to survey completers. The survey link was continuously active over the course of time between Feb. 19 and April 30, 2011, during which, 571 participants completed the survey.

408 (71%) of the respondents indicated that they lived in Lauderdale county; of these, 193 (43%) stated that they lived within the city limits of Meridian, while 215 (57%) indicated that they were Lauderdale County residents not living within the city limits.

As a group, the 163 non-Lauderdale County residents included here comprise nearly 30% of the participants. It should be noted, however, that data from any individual county should not be examined independent from the group due to small sample sizes ranging from (n=8, Jasper county) to (n=43, Clarke county).

Figure 1: % of Participants by County (online survey)



Demographics

Results of the online survey provided interesting and useful information; however, the demographic profile of online survey participants differed from the population across several domains which ultimately limited its generalizability to the larger population as a whole. The underrepresented groups include those age 75 and older, men, single, and non-white.

Age

Age was measured in categories spanning ten years each, except for the 18-24 and 75+ age group. Both of these, as well as the 65-74 group, were underrepresented. For 89.6% of the respondents, their age fell within the 25-74 range.

Please select your age group from the list below		Response Percent	Response Total
18 - 24		3.33%	19
25 - 34		16.11%	92
35 - 44		23.64%	135
45 - 54		24.87%	142
55 - 64		25.04%	143
65 - 74		5.95%	34
75 +		1.05%	6

Total # of respondents 571. Statistics based on 571 respondents; 0 filtered; 0 skipped.

Sex




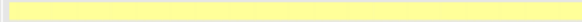


In this sample, women accounted for 78 % of the participants

Sex	Response Percent	Response Total
Female		77.93% 445
Male		22.07% 126

Total # of respondents 571. Statistics based on 571 respondents; 0 filtered; 0 skipped.


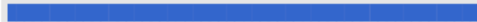



Race

Black participants accounted for approximately 14% of the sample. An additional 1% would be classified as Native American, Asian/Pacific Islander, Hispanic, or other Non-White. To simplify further analyses of any racial group differences, Race will be regrouped into “White” and “Non-White.”

Race/Ethnicity: With which group do you most identify?		Response Percent	Response Total
Native American		0.53%	3
Black or African-American		13.86%	79
Asian or Pacific Islander		0.18%	1
White/Caucasian		84.74%	483
Hispanic		0.18%	1
Other		0.53%	3
Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.			



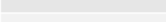
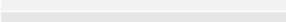

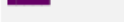
Marital Status

Married individuals were much more likely to take the survey than their single or divorced counterparts.

Marital status:		Response Percent	Response Total
Single		14.21%	81
Married		69.65%	397
Separated		2.11%	12
Divorced		10.53%	60
Other		3.51%	20
Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.			










Education

This is a well-educated sample, with 41% having graduated from college and another 25% having had some college. Only 1.4% indicated that they had not completed high school. The number of respondents with graduate degrees (n=101, 17.7%)

What is the highest level of education you have completed?		Response Percent	Response Total
Less than 12 years		1.4%	8
High School Graduat or GED		8.6%	49
Some College		24.56%	140
College Graduate		41.05%	234
Some Post Graduate Courses		6.67%	38
Post Graduate Degree		17.72%	101
Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.			

Employment Status










At 77%, full-time employment among the sample was quite high. At the other end of the spectrum; fewer than 3% total indicated that they were “unemployed” without disability.

Which of the following best describes your employment status?		Response Percent	Response Total
employed full-time		77.02%	439
employed part-time		5.09%	29
full-time student		2.11%	12
part-time student		0.53%	3
full-time homemaker		1.05%	6
retired		8.25%	47
unemployed (less than one year)		1.4%	8
unemployed (more than one year)		1.4%	8
unemployed (due to disability or illness)		3.16%	18

Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.

Income




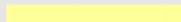
Considering the education and employment levels of the sample, it is not surprising that household income level was relatively high compared to county level data.

Which category best describes your total household income? (in US \$)		Response Percent	Response Total
Under \$10,000		3.51%	20
\$10,000 to under \$20,000		6.84%	39
\$20,000 to under \$30,000		12.28%	70
\$40,000 to under \$50,000		12.98%	74
\$50,000 to under \$75,000		21.75%	124
\$75,000 to under \$100,000		16.14%	92
\$100,000 to under \$150,000		17.37%	99
\$150,000 to under \$200,000		5.97%	34
\$200,000 and up		3.16%	18

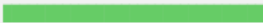
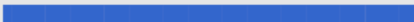
Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.

Family/Household

Only 12.5% of the participants indicated that they were single and living alone. 28% live in households of four or more people.

Please select the number of members in your household.		Response Percent	Response Total
1 person		12.46%	71
2 people		38.77%	221
3 people		22.63%	129
4 or more people		26.14%	149
Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.			

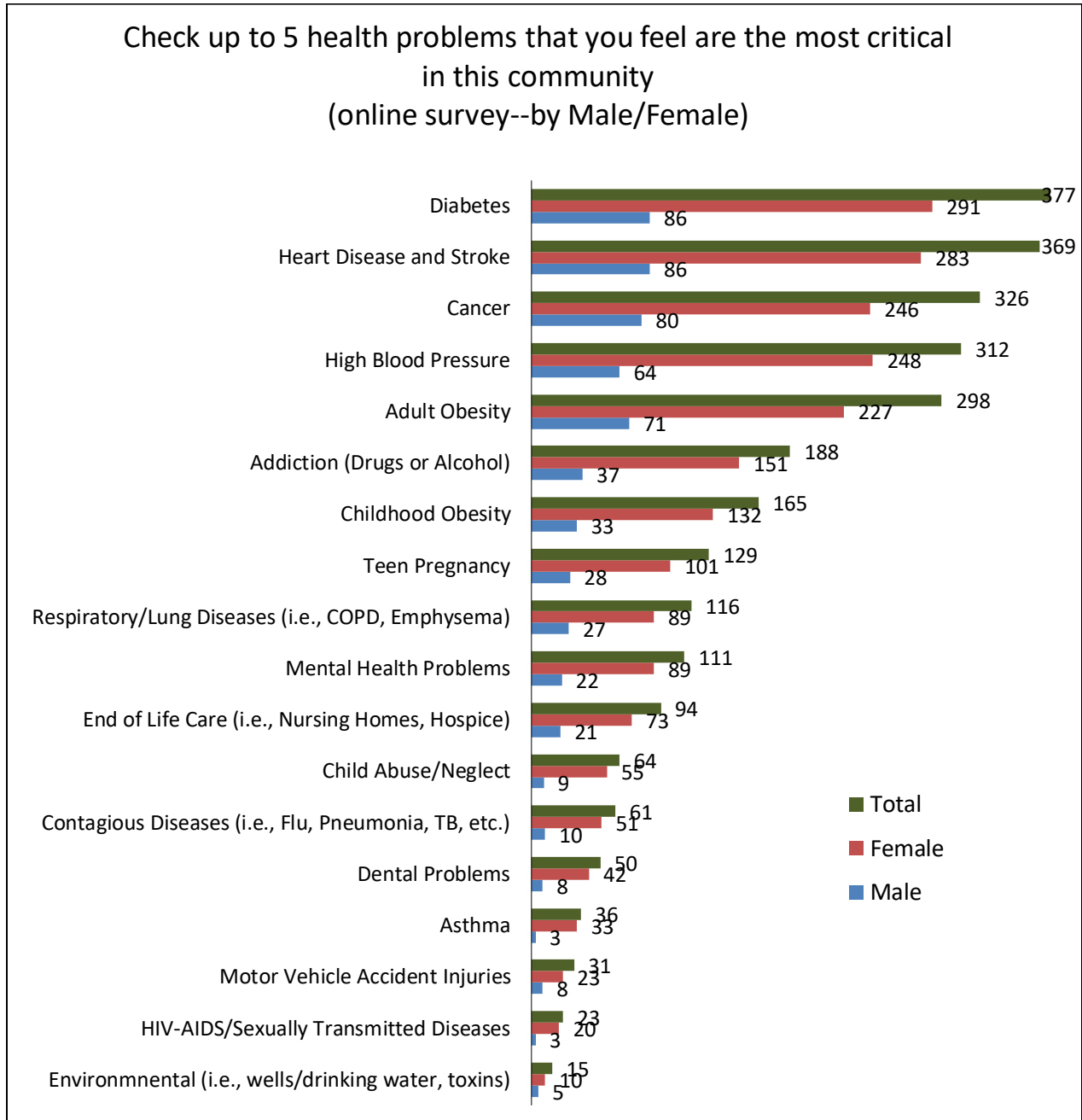
Approximately 39% indicated that children under 18 are living in their house.

Are there any children or young adults under 18 currently living in your household?		Response Percent	Response Total
Yes		38.95%	222
No		61.05%	348
Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.			

Prioritizing Health Problems

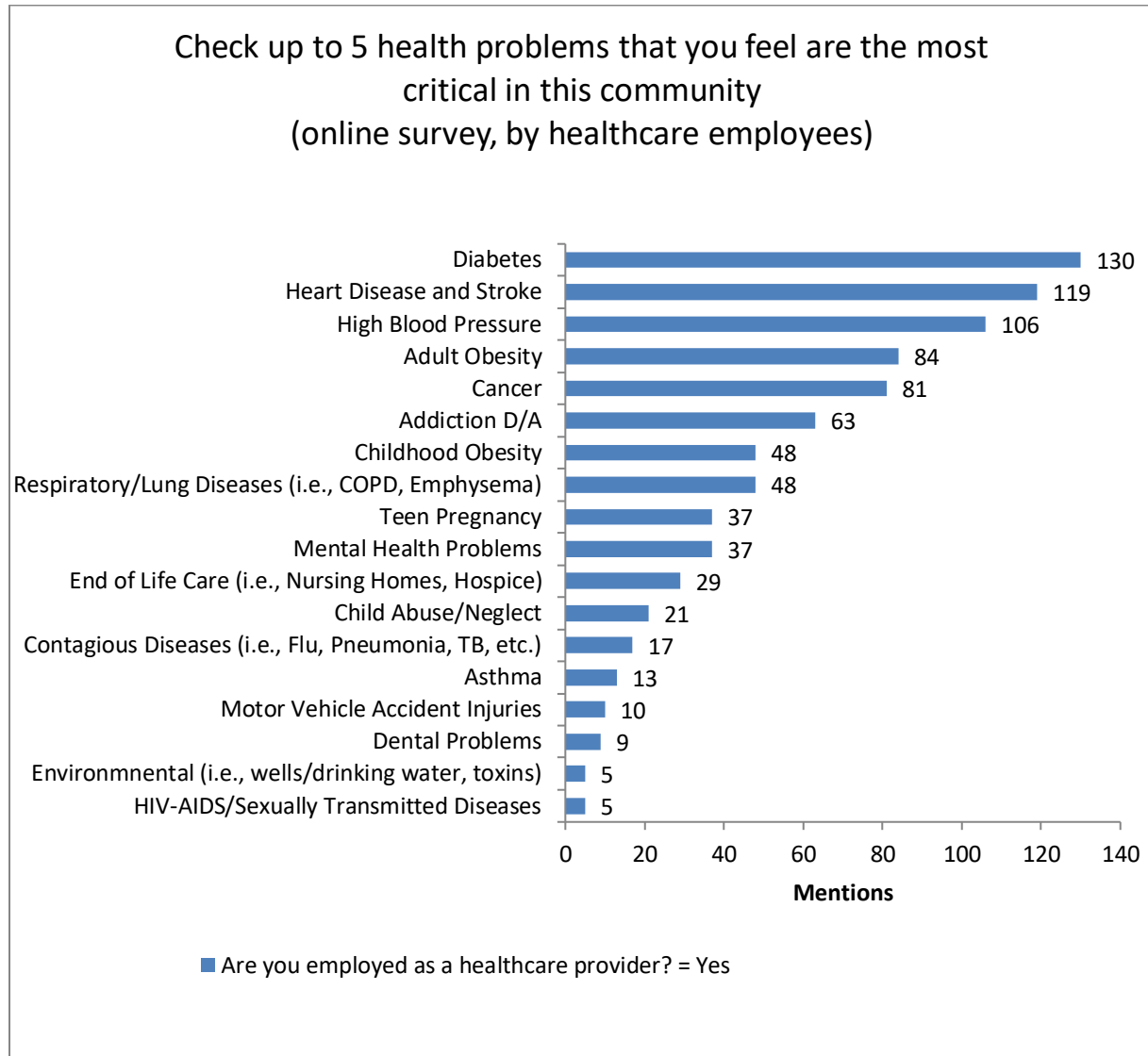
Participants were presented a list of eighteen well-known health problems and/or issues of concern. They were asked to check the box for up to five items “most critical for this community.” Considering overall ratings, the most frequently checked items include Diabetes, Heart Disease/stroke, Cancer, High Blood Pressure, and Adult Obesity, in that order. The overall list of priorities did not differ by sex.

Figure 1: Critical Community Health Problems by Sex (online survey)



In the following analysis the online respondents were filtered to include only responses belonging to those who stated that they were a healthcare provider (n=172). Responses for the top five selections were the same as in the larger sample. The hierarchy differed only slightly as healthcare providers placed cancer below obesity and high blood pressure and the overall group placed cancer as the third highest priority.

Figure 2: Critical Community Health Problems rated by Healthcare providers (online survey)



Slightly different priorities emerged for those taking the paper surveys. High Blood Pressure, Cancer, and Diabetes were the three most selected, however, Addiction and Teen Pregnancy are ascribed numbers four and five. It was also noted that HIV/STDs ranked 7th out of 19 among the primarily low-income and minority group who took the paper survey.

Figure 3: Critical Community Health Problems (paper survey)

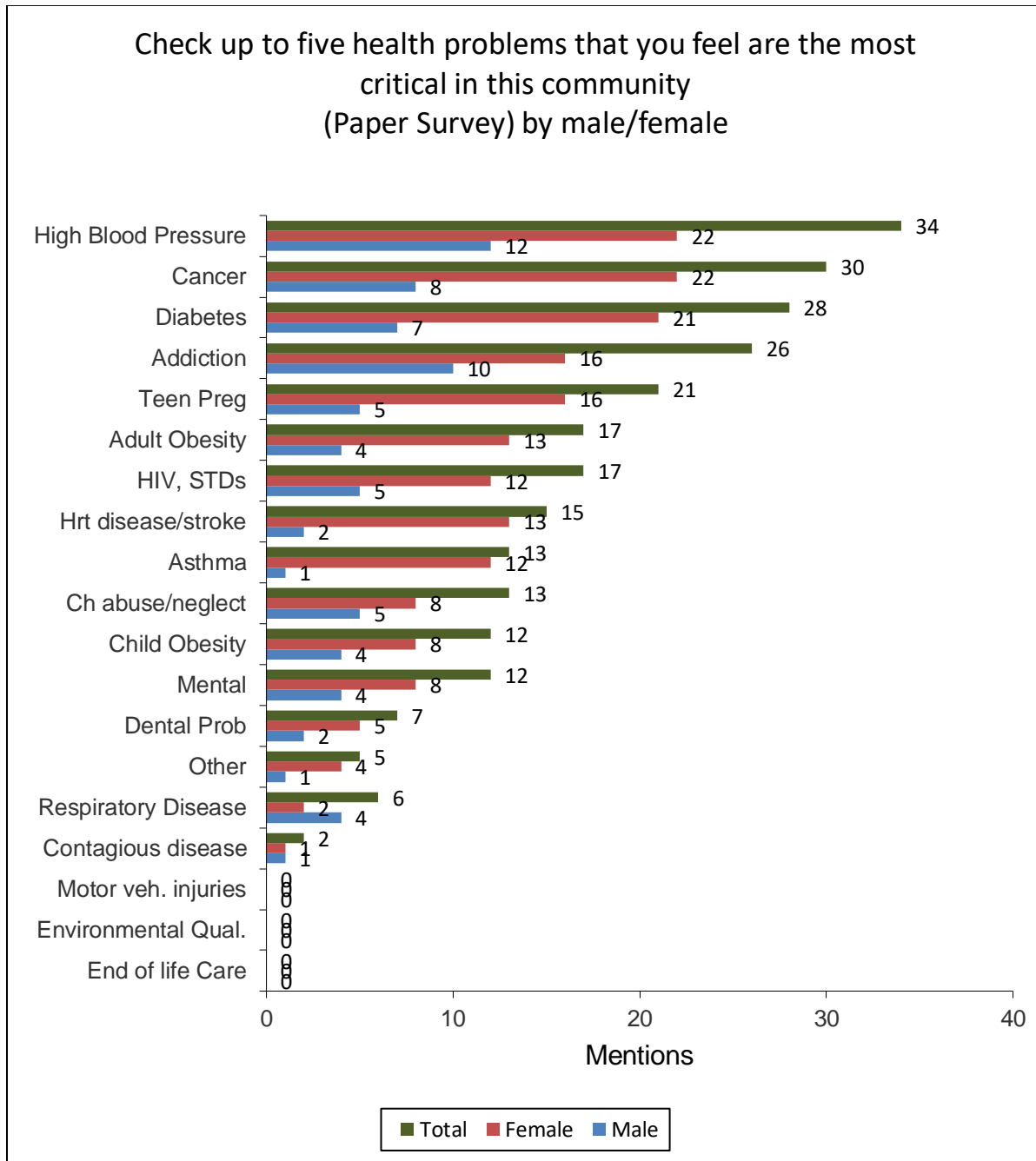


Figure 4: Rating of needed services (online survey)

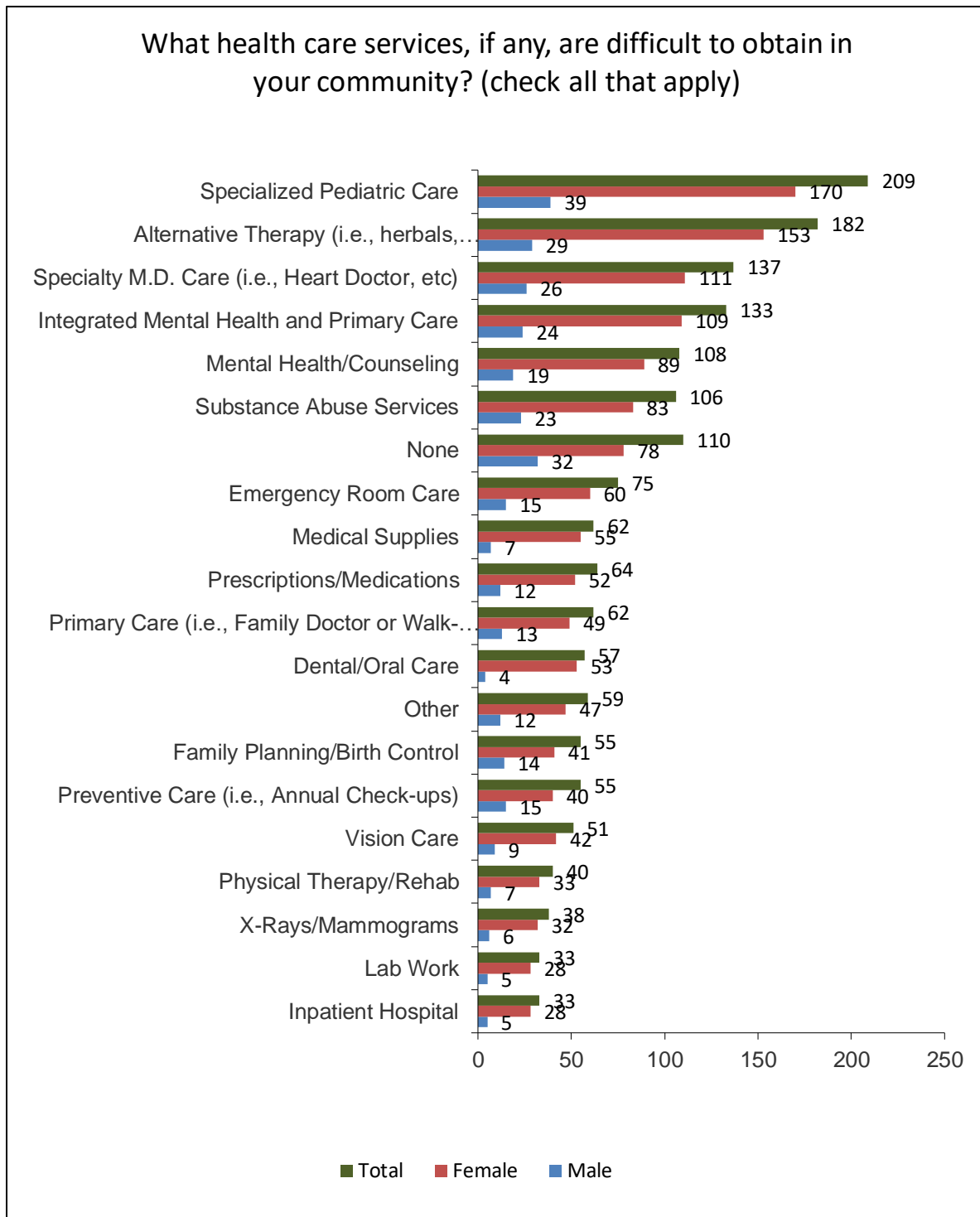
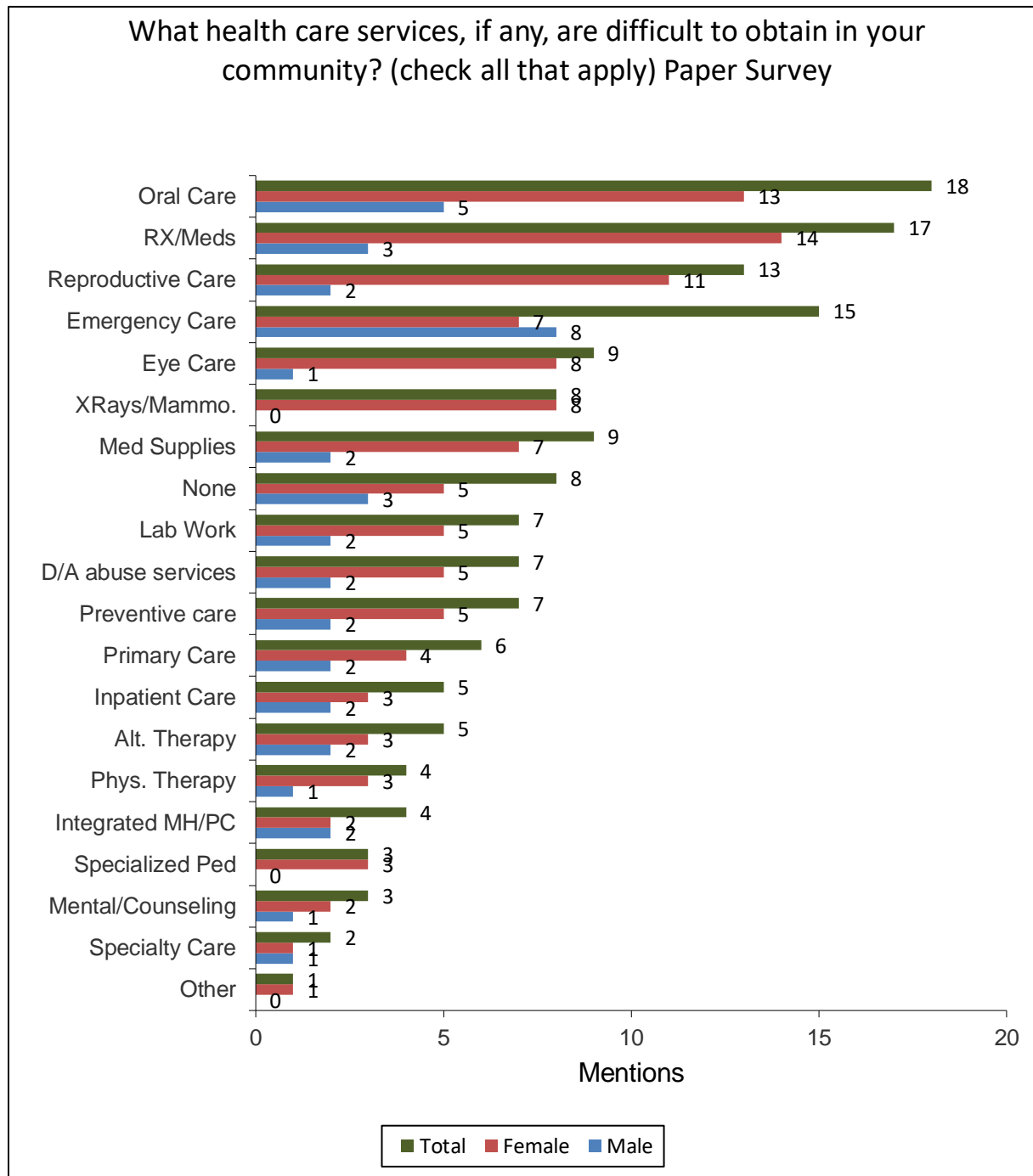


Figure 5: Rating of needed services (paper survey)



The perception of difficulty in obtaining services corresponds to the types of services one has previously needed and the ease with which those services were obtained. As stated in the introduction, Meridian is fortunate to have a wide array of healthcare services available to the community. As in most communities, however, there will be gaps in terms of availability of needed services. In general, this corresponds with an absence or shortage of providers. However, these expressed needs can also be a reflection of the consumer's personal

circumstances as demonstrated by the results of our surveys. Respondents were presented a list of twenty items and asked “*What health care services, if any, are difficult to obtain in your community?*” (*Check all that apply*). Results from the online survey sample and respondents to the targeted paper survey differed dramatically.

Table 1: “Services difficult to Obtain:” comparing sample groups.

Rank	Online Survey (n=571)	Paper Survey (n=66)
1	Specialized Pediatric Care	Oral Care
2	Alternative Therapy (i.e., herbals, acupuncture, etc)	Rx/Meds
3	Specialty M.D. Care	Reproductive Care
4	Integrated Mental Health and Primary Care	Emergency Care
5	Mental Health /Counseling	Eye Care

On the whole, responses from the online survey group indicate that, in general, access to basic healthcare services is not problematic. This group saw some categories of specialized care difficult to access, with specialized pediatric care ranking highest. That they checked “Integrated Mental Health and Primary Care” at such a high level indicates a degree of sophistication in their knowledge of medical practice trends. In contrast, the medically underserved group indicated much greater need for basic services like dental care and prescription medications. Interestingly, the five categories of service identified in the online survey were lowest ranked on the paper survey. These results seem to reflect a type of hierarchy in which basic needs must first be met, and only then do higher level needs become relevant.

Barriers to obtaining Healthcare

There are many potential barriers that interfere with an individual seeking and obtaining needed healthcare services. In general, affordability, availability, and convenience represent three overarching themes among these. Participants in both surveys were asked to select any of seven possible barriers that limit their ability to seek medical care when needed. In the online survey, results were examined by Race and Income level. Results were quite similar across all groups

Table 2: “What do you feel are barriers for you in getting healthcare?” by Race

Rank	Barrier	White	Non-White
1	Long waiting list for appointments	245	41
2	Lack of night/weekend services for non-emergency	204	35
3	Can't pay for Doctor/Hospital visits	97	41
4	Other	87	11
5	My insurance isn't accepted	49	11
6	Don't know what types of services available	32	12
7	Have no regular source of care	22	6
8	Lack of Transportation	11	5

Table 3: “What do you feel are barriers for you in getting healthcare?” by Income

Barrier	>\$100k (n=151)	\$50k- 100k/yr (n=216)	\$20k- 50k/yr (n=144)	< \$20K/yr (n=59)
Long waiting list for appointments	78	118	64	26
Lack of night/weekend services for non-emergency	69	91	60	19
Can't pay for Doctor/Hospital visits	9	39	53	37
Other	35	34	22	7
My ins. isn't accepted	15	20	23	2
Don't Know what types of services available	8	16	13	7
Have no regular source of care	6	5	7	10
Lack of Transportation	3	5	5	3

Table 4: “What do you feel are barriers for you in getting healthcare?” (Paper survey)

Barrier	Paper Survey n=66
Can't pay for Doctor/Hospital visits	36
Long waits for appointments	22
Lack of Transportation	17
No regular source of care	10
No night/weekend services	10
My ins. not accepted	10
Unfamiliar with avail. serv.	6
Other	5

In Tables 2 and 3 the top three barriers included “*long waiting list for appointments,*” “*Lack of night/weekend services,*” and “*Can’t pay for Doctor/Hosp. visits.*” There were two exceptions to this ordering: Participants from households earning over \$100K/yr did not typically check “Can’t pay,” while, for participants earning less than \$20K this was the most prevalent barrier with 63% of respondents checking that item. The perception of barriers among the low income population, to which the paper survey was distributed, indicated “*Can’t pay,*” “*Long waits for appointments,*” and “*Lack of Transportation*” as the most critical barriers to care.

Sources of Health Information

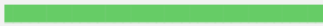

To better understand how community members learn about health issues and how their sources of information are valued, participants were asked to rate the usefulness of several potential sources of information. While this data does not provide information directly related to health status, it will be useful in program implementation.

On a five-point Likert scale ranging from 1 (not useful) to 5 (very useful), online survey respondents' average ratings for each source of information was calculated. "In-office recommendations from a physician" was rated as the most useful source of information, followed by "The Internet" "Friends and Family" and "Other healthcare staff in-office." "Healthcare professionals speaking at a public event" and "Health Dept. Officials" were each rated as less useful.


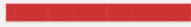


Paper survey respondents were asked to select their top three sources of health related information from the same list. Results show "Television-Local News" and "Physician, In-Office" ranked highest with "Health Dept. Officials" ranking third.

Source of Information	Average Rating
Physician, in-office recommendations	3.65
The Internet	3.49
Friends and family	3.2
Other healthcare staff, in-office	3.18
Television- local news	3.09
Local Health Fairs	2.88
Newspaper articles	2.79
Medical pamphlets	2.76
Medical books or magazines	2.76
Television shows	2.74
Church events	2.72
Physicians speaking at a public event	2.69
Other healthcare professionals speaking at a public event	2.64
Health Department officials	2.41



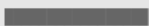
Online Survey Items

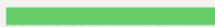
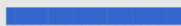
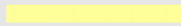

Do you live within the Meridian city limits?		Response Percent	Response Total
Yes		47.3%	193
No		52.7%	215



Total # of respondents 571. Statistics based on 408 respondents; 0 filtered; 163 skipped.

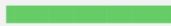

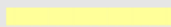

You live in Choctaw Co., AL Now, please select your zip code.		Response Percent	Response Total
36558		0%	0
36904		54.55%	6
36908		27.27%	3
36910		0%	0
36912		0%	0
36913		0%	0
36915		0%	0
36916		0%	0
36919		9.09%	1
36921		9.09%	1
36922		0%	0









Total # of respondents 571. Statistics based on 11 respondents; 0 filtered; 560 skipped.







You live in Sumter Co., AL Now, please select your zip code.		Response Percent	Response Total
35442		0%	0
35459		0%	0
35460		0%	0
35464		0%	0
35470		64.29%	9
35477		0%	0
36901		0%	0
36907		14.29%	2
36922		0%	0
36925		21.43%	3
Total # of respondents 571. Statistics based on 14 respondents; 0 filtered; 557 skipped.			

You live in Clarke Co., MS Now, please select your zip code.		Response Percent	Response Total
39301		30.95%	13
39330		26.19%	11
39347		0%	0
39355		26.19%	11
39360		0%	0
39363		16.67%	7
39366		0%	0
39367		0%	0
39439		0%	0
Total # of respondents 571. Statistics based on 42 respondents; 0 filtered; 529 skipped.			

You live in Neshoba Co., MS Now, please select your zip code		Response Percent	Response Total
39051		0%	0
39325		0%	0
39328		0%	0
39337		0%	0
39350		73.08%	19
39354		0%	0
39365		26.92%	7
Total # of respondents 571. Statistics based on 26 respondents; 0 filtered; 545 skipped.			

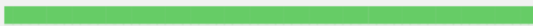

You live in Jasper Co., MS Now, please select your zip code.		Response Percent	Response Total
39330		25%	2
39332		12.5%	1
39338		0%	0
39347		25%	2
39348		0%	0
39356		37.5%	3
39366		0%	0
39422		0%	0
39439		0%	0
39433		0%	0
39460		0%	0
39481		0%	0
Total # of respondents 571. Statistics based on 8 respondents; 0 filtered; 563 skipped.			

You live in Newton, Co., MS Now, please select your zip code.		Response Percent	Response Total
39057		6.67%	2
39092		0%	0
39323		20%	6
39325		3.33%	1
39327		26.67%	8
39332		6.67%	2
39336		0%	0
39337		16.67%	5
39345		10%	3
39365		10%	3
Total # of respondents 571. Statistics based on 30 respondents; 0 filtered; 541 skipped.			


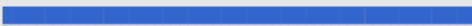



You live in Kemper Co., MS Now, please select your zip code.		Response Percent	Response Total
39320		13.33%	2
39325		6.67%	1
39326		13.33%	2
39328		46.67%	7
39335		0%	0
39352		0%	0
39354		13.33%	2
39358		6.67%	1
39361		0%	0
Total # of respondents 571. Statistics based on 15 respondents; 0 filtered; 556 skipped.			

You live in Lauderdale Co., Now, please select your zip code.		Response Percent	Response Total
39301		25.18%	104
39302		0.24%	1
39303		0.48%	2
39304		0%	0
39305		40.92%	169
39307		11.62%	48
39309		0%	0
39320		3.87%	16
39323		0.48%	2
39325		7.51%	31
39326		0.97%	4
39330		0.48%	2
39335		3.63%	15
39342		1.45%	6
39364		3.15%	13
Total # of respondents 571. Statistics based on 413 respondents; 0 filtered; 158 skipped.			

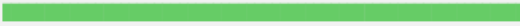








Please select your age group from the list below		Response Percent	Response Total
18 - 24		3.33%	19
25 - 34		16.11%	92
35 - 44		23.64%	135
45 - 54		24.87%	142
55 - 64		25.04%	143
65 - 74		5.95%	34
75 +		1.05%	6
Total # of respondents 571. Statistics based on 571 respondents; 0 filtered; 0 skipped.			

Sex		Response Percent	Response Total
Female		77.93%	445
Male		22.07%	126






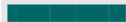
Total # of respondents 571. Statistics based on 571 respondents; 0 filtered; 0 skipped.







Marital status:		Response Percent	Response Total
Single		14.21%	81
Married		69.65%	397
Separated		2.11%	12
Divorced		10.53%	60
Other		3.51%	20





Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.










Which of the following best describes your employment status?		Response Percent	Response Total
employed full-time		77.02%	439
employed part-time		5.09%	29
full-time student		2.11%	12
part-time student		0.53%	3
full-time homemaker		1.05%	6
retired		8.25%	47
unemployed (less than one year)		1.4%	8
unemployed (more than one year)		1.4%	8
unemployed (due to disability or illness)		3.16%	18

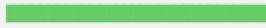
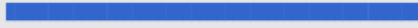
Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.

What is the highest level of education you have completed?		Response Percent	Response Total
Less than 12 years		1.4%	8
High School Graduat or GED		8.6%	49
Some College		24.56%	140
College Graduate		41.05%	234
Some Post Graduate Courses		6.67%	38
Post Graduate Degree		17.72%	101
Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.			

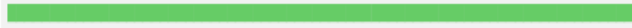
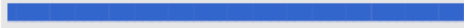



Race/Ethnicity: With which group do you most identify?		Response Percent	Response Total
Native American		0.53%	3
Black or African-American		13.86%	79
Asian or Pacific Islander		0.18%	1
White/Caucasian		84.74%	483
Hispanic		0.18%	1
Other		0.53%	3
Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.			

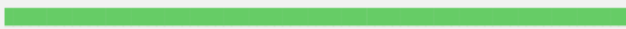




Please select the number of members in your household.		Response Percent	Response Total
1 person		12.46%	71
2 people		38.77%	221
3 people		22.63%	129
4 or more people		26.14%	149
Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.			

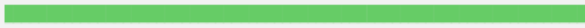


Which category best describes your total household income? (in US \$)		Response Percent	Response Total
Under \$10,000		3.51%	20
\$10,000 to under \$20,000		6.84%	39
\$20,000 to under \$30,000		12.28%	70
\$40,000 to under \$50,000		12.98%	74
\$50,000 to under \$75,000		21.75%	124
\$75,000 to under \$100,000		16.14%	92
\$100,000 to under \$150,000		17.37%	99
\$150,000 to under \$200,000		5.97%	34
\$200,000 and up		3.16%	18
Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.			


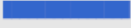





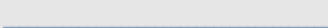




Are there any children or young adults under 18 currently living in your household?		Response Percent	Response Total
Yes		38.95%	222
No		61.05%	348
Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.			


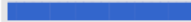

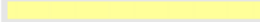
Insurance Coverage/Medical Costs

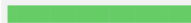
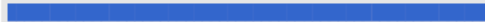

Select the type of insurance you currently have.		Response Percent	Response Total
health		91.75%	523
dental		66.67%	380
vision		34.56%	197
do not have insurance		7.19%	41
don't know		0.18%	1
Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.			

Select the type of insurance you currently have.		Response Percent	Response Total
health		91.75%	523
dental		66.67%	380
vision		34.56%	197
do not have insurance		7.19%	41
don't know		0.18%	1
Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.			



















Is every member of your immediate household covered by health insurance?		Response Percent	Response Total
Yes		86.32%	492
No		12.46%	71
Don't know		1.23%	7
Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.			

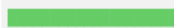
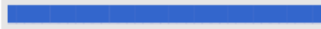

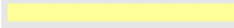





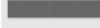



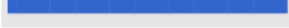



Which of the following types of health insurance cover your family's needs?		Response Percent	Response Total
No coverage		5.61%	32
Medicare		18.6%	106
Medicaid		5.97%	34
Blue Cross/Blue Shield		38.25%	218
AARP		1.93%	11
CHAMPUS/TriCare Program		5.44%	31
CHIPS		1.93%	11
Employer/Previous Employer Insurance Plan		48.77%	278
Self-Paid Plan / Private Insurance		5.97%	34
Cigna		0.53%	3
VA Benefits		2.63%	15
Other		6.49%	37
Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.			





















I have had significant trouble paying medical bills or prescription costs in the past year.		Response Percent	Response Total
Frequently		18.07%	103
Sometimes		27.37%	156
Rarely		16.49%	94
No		38.07%	217
Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.			

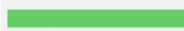
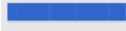

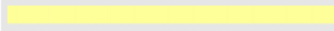
Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?		Response Percent	Response Total
Yes		28.25%	161
No		70.7%	403
Don't know		1.05%	6
Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.			

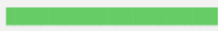














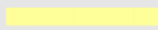
Community Health




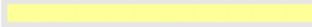

Check up to 5 health problems that you feel are the most critical in this community.		Response Percent	Response Total
Asthma		6.32%	36
Addiction (Drugs or Alcohol)		32.98%	188
Respiratory/Lung Diseases (i.e., COPD, Emphysema)		20.35%	116
Mental Health Problems		19.47%	111
Cancer		57.19%	326
Child Abuse/Neglect		11.23%	64
Contagious Diseases (i.e., Flu, Pneumonia, TB, etc.)		10.7%	61
Teen Pregnancy		22.63%	129
Diabetes		66.14%	377
HIV-AIDS/Sexually Transmitted Diseases		4.04%	23
Heart Disease and Stroke		64.74%	369
Dental Problems		8.77%	50
Adult Obesity		52.28%	298
End of Life Care (i.e., Nursing Homes, Hospice)		16.49%	94
Childhood Obesity		28.95%	165
Environmental (i.e., wells/drinking water, toxins)		2.63%	15
High Blood Pressure		54.74%	312
Motor Vehicle Accident Injuries		5.44%	31
Total # of respondents 571. Statistics based on 570 respondents; 0 filtered; 1 skipped.			


















Check up to 5 unhealthy behaviors you are most concerned about in this community.	Response Percent	Response Total
Adult Alcohol Abuse 	25.31%	144
Lack of Exercise 	45.69%	260
Tobacco Use (i.e., cigarettes, cigars, chewing tobacco) 	46.75%	266
Underage Drinking 	33.92%	193
Not getting "Shots" to prevent disease 	8.44%	48
Being Overweight 	69.95%	398
not using Birth Control 	14.59%	83
Unlicensed Driving 	4.57%	26
Dropping out of School 	30.05%	171
Impaired Driviing 	14.59%	83
Drug Abuse 	55.89%	318
Rape/Sexual Assault 	8.26%	47
Unsafe/Unprotected Sex 	21.09%	120
Poor Eating Habits 	41.83%	238
Teen Sexual Activity 	35.68%	203
Domestic Violence 	22.5%	128
Other 	1.41%	8
Total # of respondents 571. Statistics based on 569 respondents; 0 filtered; 2 skipped.		

What health care services, if any, are difficult to obtain in your community (check all that apply)	Response Percent	Response Total
Alternative Therapy (i.e., herbals, acupuncture) 	31.99%	182
Prescriptions/Medications 	11.25%	64
Medical Supplies 	10.9%	62
Dental/Oral Care 	10.02%	57
Preventive Care (i.e., Annual Check-ups) 	9.67%	55
Emergency Room Care 	13.18%	75
Primary Care (i.e., Family Doctor or Walk-in Clinic) 	10.9%	62
Family Planning/Birth Control 	9.67%	55
Specialty M.D. Care (i.e., Heart Doctor, etc) 	24.08%	137
Inpatient Hospital 	5.8%	33
Substance Abuse Services (Drug or Alcohol) 	18.63%	106
Specialized Pediatric Care 	36.73%	209
Lab Work 	5.8%	33
Vision Care 	8.96%	51
Mental Health/Counseling 	18.98%	108
X-Rays/Mammograms 	6.68%	38
Physical Therapy/Rehabilitative Therapy 	7.03%	40
Integrated Mental Health and Primary Care 	23.37%	133
None 	19.33%	110
Other 	10.37%	59
Total # of respondents 571. Statistics based on 569 respondents; 0 filtered; 2 skipped.		

Within the past 5 years, have you chosen to seek (for yourself or another adult in your family) specialty healthcare services outside the Meridian Service Area (the service area includes the counties surrounding Lauderdale).		Response Percent	Response Total
Yes; but very infrequently (average once per year)		26.01%	148
Yes; somewhat frequently (between 1-3 times per year)		17.93%	102
Yes; frequently (four or more times per year)		7.73%	44
No		48.33%	275
Total # of respondents 571. Statistics based on 569 respondents; 0 filtered; 2 skipped.			

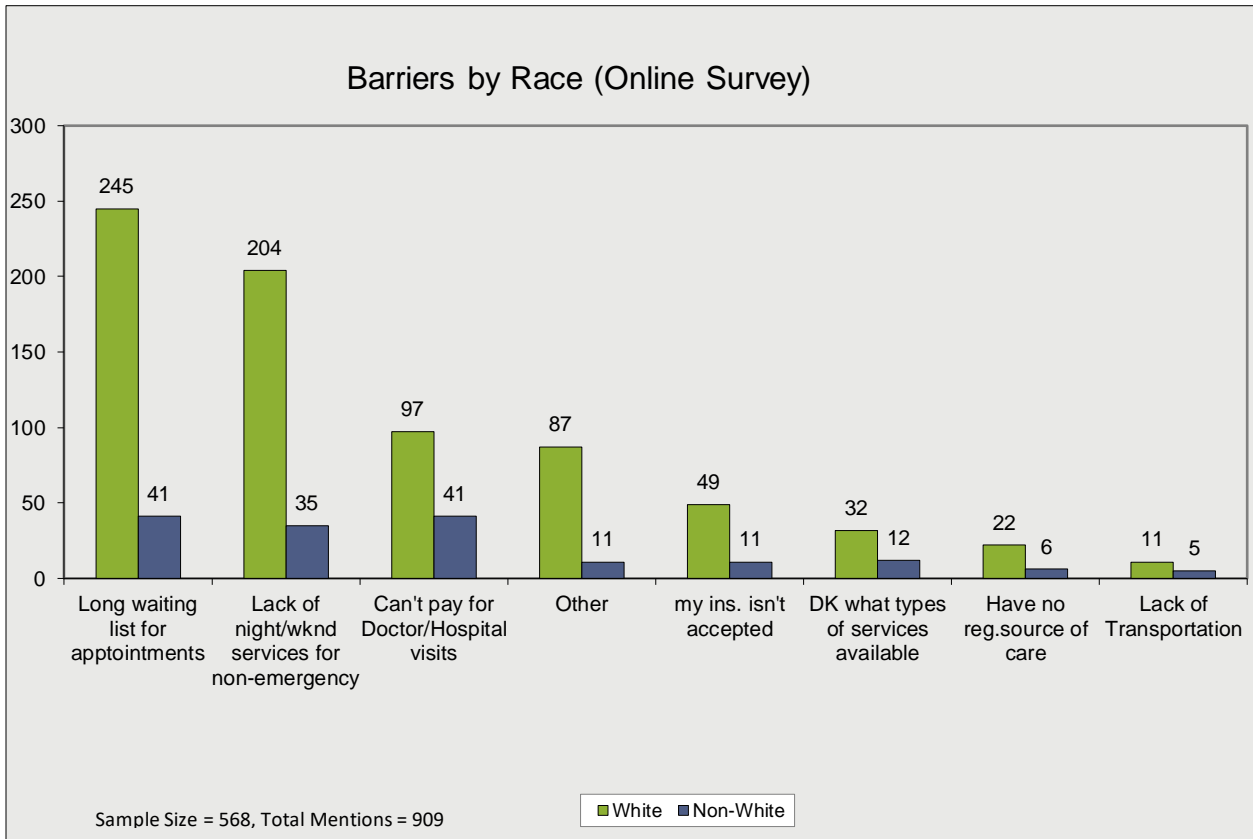
Regarding the previous question, what specialty healthcare services did you seek outside of the Meridian region?		Response Percent	Response Total
Dermatology (skin)		31.51%	92
Allergy / Immunology		6.85%	20
Neurology (brain/nervous system)		18.49%	54
Neurosurgery		7.88%	23
OB/GYN		16.44%	48
Ophthalmology (eye)		11.64%	34
Orthopedic surgery (bone related)		13.01%	38
Psychiatry (mental illness)		5.14%	15
Urology (Urinary tract)		5.48%	16
Cardiology (Heart)		9.93%	29
Endocrinology (diabetes, hypertension, thyroid, hormones, etc)		19.52%	57
Gastroenterology (digestive/intestinal tract)		7.53%	22
Geriatric Medicine (associated with aging process)		1.03%	3
Infectious Disease		1.03%	3
Nephrology (Kidney)		4.8%	14
Other		22.6%	66
Total # of respondents 571. Statistics based on 292 respondents; 0 filtered; 279 skipped.			

Within the past 5 years, have you chosen to seek (for a child in your family) specialty pediatric healthcare services outside the Meridian Service Area (the service area includes the counties surrounding Lauderdale).		Response Percent	Response Total
Yes; but very infrequently (average once per year)		11.62%	66
Yes; somewhat frequently (between 1-3 times per year)		7.39%	42
Yes; frequently (four or more times per year)		3.17%	18
No		44.89%	255
Not Applicable (no children)		32.92%	187
Total # of respondents 571. Statistics based on 568 respondents; 0 filtered; 3 skipped.			

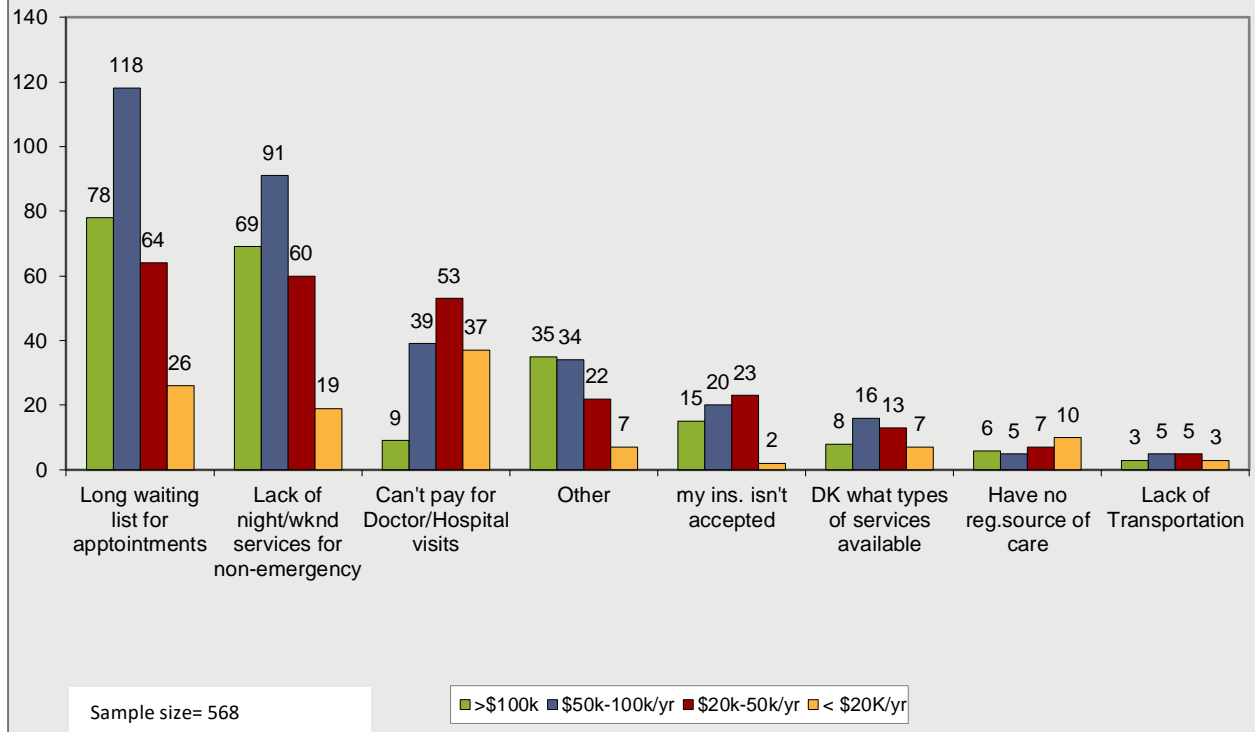
Regarding the previous question, what Pediatric (child) Healthcare services did you seek outside of the Meridian region?	Response Percent	Response Total
Developmental Specialist 	7.14%	9
Dermatology (skin) 	13.49%	17
Allergy / Immunology 	13.49%	17
Neurology (brain/nervous system) 	19.05%	24
Neurosurgery 	3.18%	4
Ophthalmology (eye) 	14.29%	18
Otolaryngology (ear, nose, and throat) 	7.94%	10
Orthopedic surgery (bone related) 	12.7%	16
Urology (Urinary tract) 	6.35%	8
Cardiology (Heart) 	9.52%	12
Endocrinology (diabetes, hypertension, thyroid, hormones, etc) 	11.91%	15
Gastroenterology (digestive/intestinal tract) 	9.52%	12
Geriatric Medicine (associated with aging process)	0%	0
Infectious Disease 	0.79%	1
Nephrology (Kidney)	0%	0
Psychiatry (mental illness) 	5.56%	7
Behavioral Specialist 	7.14%	9
Educational Specialist 	0.79%	1
Other 	18.25%	23
Total # of respondents 571. Statistics based on 126 respondents; 0 filtered; 445 skipped.		








What do you feel are barriers for you in getting health care? (check all that apply)	Response Percent	Response Total
Lack of Transportation	2.82%	16
Have no regular source of health care	4.93%	28
Can't pay for Doctor/Hospital visits	24.3%	138
Lack of evening and weekend services for non-emergency needs	42.08%	239
Can't find Providers that accept my Insurance	10.56%	60
Long waits for appointments	50.35%	286
Don't know what types of services are available	7.75%	44
Other	17.25%	98








Total # of respondents 571. Statistics based on 568 respondents; 0 filtered; 3 skipped.




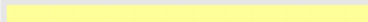



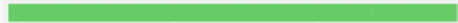

Barriers by Household Income (Online Survey)



Where would you go if you are sick or need a Medical Professional's advice about your health?		Response Percent	Response Total
A Hospital Emergency Room		4.75%	27
Primary care offices at your Hospital of choice		13.03%	74
Your Doctor's office		75.7%	430
Community Health Center (i.e., Greater Meridian or other)		1.41%	8
Local Health Department		0.53%	3
Nowhere - I don't have a particular place to go when I'm sick		2.47%	14
Other		2.11%	12
Total # of respondents 571. Statistics based on 568 respondents; 0 filtered; 3 skipped.			

Where would you go if your children/dependents are sick or need a Medical Professional's advice about their health?		Response Percent	Response Total
A Hospital Emergency Room		5.63%	32
Primary care offices at your Hospital of choice		12.32%	70
Your Doctor's office		72.71%	413
Community Health Center (i.e., Greater Meridian or other)		1.41%	8
Local Health Department		0.88%	5
No where - I don't have a particular place to go when I'm sick		1.59%	9
Other		5.46%	31
Total # of respondents 571. Statistics based on 568 respondents; 0 filtered; 3 skipped.			

Please rate your overall level of satisfaction with the healthcare services available in the Meridian area		Response Percent	Response Total
Extremely Dissatisfied		2.99%	17
Dissatisfied		9.16%	52
Neither Satisfied nor Dissatisfied		24.3%	138
Satisfied		53.35%	303
Extremely Satisfied		10.21%	58
Total # of respondents 571. Statistics based on 568 respondents; 0 filtered; 3 skipped.			

In the past 5 years, have you seen improvements in healthcare services in the Meridian Service Area? You may provide details in the text box.		Response Percent	Response Total
Yes		65.49%	372
No		34.51%	196
			83
Total # of respondents 571. Statistics based on 568 respondents; 0 filtered; 3 skipped.			

Health Education and Outreach

For each of the following sources of health information, please rate according to your opinion of their usefulness to you

	Not Useful	Less Useful	Useful	More Useful	Very Useful	Response Total
Physician, in-office recommendations	3.36% (19)	3.18% (18)	46.29% (262)	19.97% (113)	27.21% (154)	566
Other healthcare staff, in-office	4.8% (27)	12.99% (73)	53.92% (303)	15.84% (89)	12.46% (70)	562
Physicians speaking at a public event	14.64% (82)	26.07% (146)	42.32% (237)	9.29% (52)	7.68% (43)	560
Other healthcare professionals speaking at a public event	15.01% (83)	26.76% (148)	43.22% (239)	9.77% (54)	5.24% (29)	553
Local Health Fairs	11.88% (67)	19.5% (110)	47.52% (268)	10.82% (61)	10.28% (58)	564
Health Department officials	20.9% (116)	29.73% (165)	40.36% (224)	5.77% (32)	3.24% (18)	555
Medical pamphlets	11.37% (64)	24.16% (136)	47.25% (266)	11.55% (65)	5.68% (32)	563
Medical books or magazines	11.92% (67)	24.73% (139)	44.48% (250)	13.52% (76)	5.34% (30)	562
Newspaper articles	10.04% (56)	22.76% (127)	50% (279)	12.37% (69)	4.84% (27)	558
The Internet	3.38% (19)	9.77% (55)	40.14% (226)	28.24% (159)	18.47% (104)	563
Television- local news	5.53% (31)	17.83% (100)	47.95% (269)	19.25% (108)	9.45% (53)	561
Television shows	14.39% (80)	23.56% (131)	41.91% (233)	13.85% (77)	6.3% (35)	556
Church events	14.26% (80)	26.92% (151)	39.04% (219)	12.48% (70)	7.31% (41)	561
Friends and family	4.64% (26)	14.62% (82)	49.91% (280)	17.83% (100)	13.01% (73)	561

Total # of respondents 571. Statistics based on 568 respondents; 0 filtered; 3 skipped.

Health and Behavior

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?


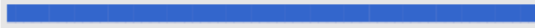




	Mean	Response Total
	5.65	567

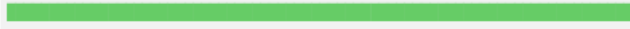


Total # of respondents 571. Statistics based on 567 respondents; 0 filtered; 4 skipped.

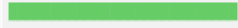


During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	Mean	Response Total
	2.32	567
Total # of respondents 571. Statistics based on 567 respondents; 0 filtered; 4 skipped.		

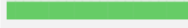


What is your current weight?	Min	Max	Mean	Standard deviation	Response Total
	50.00	560.00	184.40	50.18	567
Total # of respondents 571. Statistics based on 567 respondents; 0 filtered; 4 skipped.					


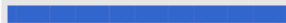
What is your height?		Response Percent	Response Total
4 ft, 6 in		0%	0
4 ft, 7 in		0%	0
4 ft, 8 in		0%	0
4 ft, 9 in		0.18%	1
4 ft, 10 in		0%	0
4 ft, 11 in		1.06%	6
5 ft		2.12%	12
5 ft, 1 in		1.94%	11
5 ft, 2 in		7.23%	41
5 ft, 3 in		8.11%	46
5 ft, 4 in		14.11%	80
5 ft, 5 in		11.82%	67
5 ft, 6 in		10.76%	61
5 ft, 7 in		11.82%	67
5 ft, 8 in		7.23%	41
5 ft, 9 in		5.12%	29
5 ft, 10 in		5.64%	32
5 ft, 11 in		3.53%	20
6 ft		3.7%	21
6 ft, 1 in		1.94%	11
6 ft, 2 in		1.24%	7
6 ft, 3 in		0.71%	4
6 ft, 4 in		0.88%	5
6 ft, 5 in		0.53%	3
6 ft, 6 in		0.18%	1
6 ft, 7 in		0.18%	1

Select the option that indicates the time frame of your last routine doctor's visit.		Response Percent	Response Total
Greater than 5 years		3.18%	18
Within 12 months		78.13%	443
Within 13-18 months		5.47%	31
Within 19-24 months		2.12%	12
Within 2-5 years		8.29%	47
Never had a routine doctor visit		2.82%	16
Total # of respondents 571. Statistics based on 567 respondents; 0 filtered; 4 skipped.			

Do you wear seatbelts?		Response Percent	Response Total
Always		92.06%	522
Sometimes		7.58%	43
Never		0.35%	2
Total # of respondents 571. Statistics based on 567 respondents; 0 filtered; 4 skipped.			



Have you smoked at least 100 cigarettes in your entire life? NOTE: 5 packs = 100 cigarettes		Response Percent	Response Total
Yes		33.86%	192
No		65.61%	372
Don't know / Not Sure		0.53%	3
Total # of respondents 571. Statistics based on 567 respondents; 0 filtered; 4 skipped.			




Do you now smoke cigarettes every day, some days, or not at all?		Response Percent	Response Total
Every day		27.6%	53
Some days		11.46%	22
Not at all		60.94%	117
Total # of respondents 571. Statistics based on 192 respondents; 0 filtered; 379 skipped.			

During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?		Response Percent	Response Total
Yes		58.33%	112
No		41.67%	80
Don't Know		0%	0
Total # of respondents 571. Statistics based on 192 respondents; 0 filtered; 379 skipped.			

During the past month, how many days per week OR per month (if fewer than once per week) did you drink any alcoholic beverages, on average?		Mean	Response Total
number of times per week, or		3.51	57
number of times per month		4.74	76
Total # of respondents 571. Statistics based on 112 respondents; 0 filtered; 459 skipped.			

On the days when you drank, about how many drinks did you have on the average? (A drink is 1 12 oz can/bottle of beer, 1 glass of wine, 1 bottle wine cooler, or 1 shot of liquor)		Mean	Response Total
		2.66	112
Total # of respondents 571. Statistics based on 112 respondents; 0 filtered; 459 skipped.			

Do you consider yourself Overweight?		Response Percent	Response Total
Yes		72.66%	412
No		27.34%	155
Total # of respondents 571. Statistics based on 567 respondents; 0 filtered; 4 skipped.			

Do you consider yourself Obese?		Response Percent	Response Total
Yes		26.28%	149
No		71.43%	405
Don't know		2.29%	13
Total # of respondents 571. Statistics based on 567 respondents; 0 filtered; 4 skipped.			

Regarding your personal level of fitness, how do you rate your success across the following personal health behaviors

	Poor 1.	2.	3.	Good 4.	5.	6.	Excellent 7.	Response Total
Eating healthy foods	7.76% (44)	8.82% (50)	25.4% (144)	34.92% (198)	11.46% (65)	7.58% (43)	4.06% (23)	567
Eating in moderation	6.01% (34)	10.95% (62)	25.27% (143)	38.16% (216)	8.66% (49)	7.6% (43)	3.36% (19)	566
Regularly Exercise	22.62% (128)	19.08% (108)	26.15% (148)	14.49% (82)	7.07% (40)	5.48% (31)	5.12% (29)	566
Adequate amount of sleep	14.84% (84)	15.37% (87)	21.2% (120)	27.74% (157)	7.6% (43)	6.54% (37)	6.71% (38)	566



Total # of respondents 571. Statistics based on 567 respondents; 0 filtered; 4 skipped.

When it comes to healthy eating.

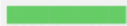


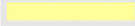




	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Response Total
I lack the knowledge needed to make good nutritional choices	36.93% (209)	41.52% (235)	11.48% (65)	7.6% (43)	2.47% (14)	566
I lack the willpower to eat healthfully	10.25% (58)	20.32% (115)	25.97% (147)	34.81% (197)	8.66% (49)	566
I lack the time to prepare healthy meals at home	9.01% (51)	23.5% (133)	21.2% (120)	36.4% (206)	9.89% (56)	566
My work or schedule prevents me from eating healthy foods	14.13% (80)	31.1% (176)	25.8% (146)	22.44% (127)	6.54% (37)	566
Healthy foods are too expensive	9.72% (55)	19.26% (109)	21.91% (124)	29.51% (167)	19.61% (111)	566

Total # of respondents 571. Statistics based on 566 respondents; 0 filtered; 5 skipped.

When you are at work, which of the following best describes what you do?




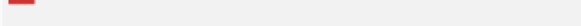
	Response Percent	Response Total
Mostly sitting or standing 	72.97%	413
Mostly walking 	18.2%	103
Mostly heavy labor or physically demanding work 	1.77%	10
Don't know / Not sure 	7.07%	40

Total # of respondents 571. Statistics based on 566 respondents; 0 filtered; 5 skipped.

On average, how many days per week do you do moderate exercise for at least 10 minutes		Response Percent	Response Total
0		17.67%	100
1		12.9%	73
2		18.91%	107
3		19.61%	111
4		9.36%	53
5		12.54%	71
6		3%	17
7		6.01%	34
Total # of respondents 571. Statistics based on 566 respondents; 0 filtered; 5 skipped.			

Regarding physical fitness and exercise:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Response Total
I lack the knowledge I need to know how and when to exercise	36.4% (206)	43.46% (246)	12.01% (68)	6.71% (38)	1.41% (8)	566
I lack the willpower to exercise	11.66% (66)	21.91% (124)	19.44% (110)	36.04% (204)	10.95% (62)	566
I don't have time to exercise	12.01% (68)	24.74% (140)	25.44% (144)	28.62% (162)	9.19% (52)	566
There are plenty of places for me to exercise	6.89% (39)	19.44% (110)	20.67% (117)	38.52% (218)	14.49% (82)	566
I enjoy exercising	7.95% (45)	18.02% (102)	32.51% (184)	32.16% (182)	9.36% (53)	566
Total # of respondents 571. Statistics based on 566 respondents; 0 filtered; 5 skipped.						

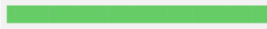
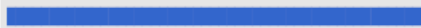

Have you ever been told by a doctor that you have Diabetes?		Response Percent	Response Total
Yes		8.83%	50
Yes, but female, told only during pregnancy		2.47%	14
Told Borderline Diabetes or Pre-Diabetes		4.06%	23
No		84.63%	479
Don't know		0%	0
Total # of respondents 571. Statistics based on 566 respondents; 0 filtered; 5 skipped.			

Please indicate the level of difficulty you have in managing your Diabetes?

	Difficult 1.	2.	3.	Neutral 4.	5.	6.	Easy 7.	Response Total
Proper Diet	16% (8)	14% (7)	22% (11)	26% (13)	10% (5)	6% (3)	6% (3)	50
Adequate Exercise	30% (15)	16% (8)	16% (8)	24% (12)	6% (3)	2% (1)	6% (3)	50
Adhering to Medical regimen (checking glucose, taking insulin, etc)	10% (5)	4% (2)	8% (4)	24% (12)	8% (4)	14% (7)	32% (16)	50

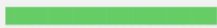
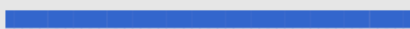



Total # of respondents 571. Statistics based on 50 respondents; 0 filtered; 521 skipped.

Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

	Response Percent	Response Total
Yes 	38.69%	219
No 	60.78%	344
Don't Know / Not Sure 	0.53%	3


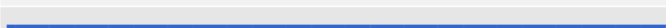

Total # of respondents 571. Statistics based on 566 respondents; 0 filtered; 5 skipped.

Have you been told by a doctor, nurse or other health professional that you have High Blood Pressure or Hypertension


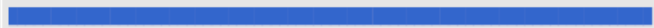

	Response Percent	Response Total
Yes 	31.8%	180
No 	59.36%	336
Yes, but Female - only during pregnancy 	3%	17
Told Borderline High or Pre-Hypertensive 	5.65%	32
Don't Know 	0.18%	1


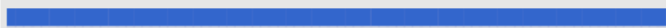

Total # of respondents 571. Statistics based on 566 respondents; 0 filtered; 5 skipped.

Have you ever had a heart attack?

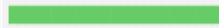
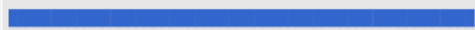
	Response Percent	Response Total
Yes 	2.12%	12
No 	97.17%	550
Don't Know 	0.71%	4













Total # of respondents 571. Statistics based on 566 respondents; 0 filtered; 5 skipped.

Do you have Angina or Coronary Artery Disease?		Response Percent	Response Total
Yes		3.54%	20
No		93.98%	531
Don't Know		2.48%	14
Total # of respondents 571. Statistics based on 565 respondents; 0 filtered; 6 skipped.			

Have you had a Stroke?		Response Percent	Response Total
Yes		2.3%	13
No		97.35%	550
Don't Know		0.35%	2
Total # of respondents 571. Statistics based on 565 respondents; 0 filtered; 6 skipped.			

Healthcare Provider Opinions/Recommendations

Are you employed as a healthcare provider?		Response Percent	Response Total
Yes		31.15%	176
No		68.85%	389
Total # of respondents 571. Statistics based on 565 respondents; 0 filtered; 6 skipped.			

What type of provider are you?		Response Percent	Response Total
Physician		0.57%	1
Mid-level Practitioner		3.43%	6
Registered Nurse		44%	77
Licensed Practice Nurse		2.86%	5
Nurses Aid		2.29%	4
Licensed Professional Counselor		1.71%	3
Psychologist		0.57%	1
Health Educator		2.86%	5
Physical or Occupational Therapist		1.71%	3
Pharmacist		1.71%	3
Dietician		1.71%	3
Other		36.57%	64

Total # of respondents 571. Statistics based on 175 respondents; 0 filtered; 396 skipped.

Please respond to each of the following items by indicating the extent to which you agree or disagree with each in relation to our local health service area.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Response Total
Doctors are well respected and supported by the community.	0.57% (1)	6.29% (11)	19.43% (34)	60.57% (106)	13.14% (23)	175
It is easy to recruit physicians to this community.	17.14% (30)	42.86% (75)	32% (56)	7.43% (13)	0.57% (1)	175
It is easy to recruit other health professionals, besides doctors, to this community	10.86% (19)	39.43% (69)	31.43% (55)	18.29% (32)	0% (0)	175
Healthcare providers work well with schools in this area.	2.29% (4)	18.86% (33)	38.29% (67)	37.14% (65)	3.43% (6)	175
Healthcare providers should be more involved with school health programs	0% (0)	4.57% (8)	25.14% (44)	54.86% (96)	15.43% (27)	175
Healthcare providers work well with businesses in this area	1.71% (3)	13.71% (24)	39.43% (69)	41.14% (72)	4% (7)	175
Healthcare providers should be more involved with workplace health programs	0% (0)	2.86% (5)	26.86% (47)	54.29% (95)	16% (28)	175
Healthcare providers work well with local government in this area	3.43% (6)	14.29% (25)	51.43% (90)	26.86% (47)	4% (7)	175
Healthcare providers should collaborate more with local government to address community health needs	1.71% (3)	3.43% (6)	36% (63)	45.71% (80)	13.14% (23)	175
Healthcare organizations do a good job educating the general public	1.71% (3)	16.57% (29)	38.86% (68)	38.86% (68)	4% (7)	175
Total # of respondents 571. Statistics based on 175 respondents; 0 filtered; 396 skipped.						

List below, any additional comments or recommendations to help improve the health status of this community	Response Total
	47
improved integration between primary care and mental health providers	
We need a 24hr clinic so that the ER's are not flooded with clinic work.	
Need more retirement communities.	
Get more committed physicians who are willing to work	
None.	
need a patient advocate program that could go with patients to doctor visits to help them understand or have a better understanding of their health situations.	
Pay for healthcar providers are much lower so many of the most talented nurses go to work in Jackson or somewhere where they can make more money. The physicians in Meridian don't know how to talk to nurses. They are very rude and disrespectful.	
none	
none	
More community education	
N/A	
NONE	
Make it more difficult to get a check from the government to sit at home and do nothing. Re-evaluate on a quarterly basis and require exercise and food records for those able.	
AFTER HOURS PHYSICIAN CARE	
None	
none	
n	
public lack of medical knowledge due to availability and public unconcern	
employers should help for preventative education	
become more vocal to community	
Carry out "Lets really walk Meridian" campaign. Developing walking trails, sidewalks from 14th str to 43rd on 23rd. Publicized free bus rides to places to walk. Team competition. Tennis shoe discount. Build a Meridian Exercise facility that is low cost such as Anytime Fitness. Teach healthy budgeting, shopping, and meal prep in community and schools. Promote 4-H clubs for youth. Encourage/ lobby for Home Economics to be taught in schools or after school programs. Place treadmills, elliptical machines in the mall, at walmart, and other air conditioned venues. Offer discounts for miles walked. Have t.v.'s with educ videos on while people walk. Publicize best practices on WTOK.	
n/a	
Better and improved customer service when speaking with nurses associated with physician clinics, they act like they don't have time for you, they are too busy and the physician doesn't need anymore patients	
we do need to take an active role in making a diffrence in healthcare outcomes for patients.	
Diabetic education and obesity prevention would go a long way to improve our general health status.	

	more community education concerning prevention and early detection	
	vaccine clinics should be easily assessed like in the mall or frequented places. Such as a back to school clinic, a college clinic, a flu clinic, and other vaccines with education in areas where they lack the vaccine or education.	
	Our Healthcare providers are more interested in getting patients in there hospital than educating the public. We need changes in the Administration of our hospitals due to the politics of our hospitals. Look at the salaries of Administration compared to other employees. What a joke!!! Status Quo.... WANT CHANGE!!!!	
	The community needs improved surgical services for children including emergency and non emergency specialties.	
	Allow each hospital to become a lighthouse specialty and quit competing over the same servcies which ultimately are below average & send patients to specialist in Jackson or Birmingham.	
	Too many drug addicts and alcoholics in our community who cannot work therefore cannot afford health care.	
	Have more free public health fairs and clinic. Have more free public meetings about losing weight in a healthy way.	
	Larger hospitals should try to reach out more to the small rural hospittals to help assist with the community healthcare needs. Setting up specialty services in rural areas would also be helpful because most people in this area have transportation issues when it comes to going longer distances even to Meridian.	
	get more pediatric care available. specialized pediatric care especially	
	As previously noted, it's difficult to suggest particular ways of improving overall health status alone without being able to improve other social conditions as well, but education would be my 'square one.' Second would be to make some limited services available to uninsured, underinsured, and indigent without penalizing the insured/employed/tax paying population.	
	improve salaries, recruitment and retention of highly qualified providers	
	MORE ON HEALTHY EATING A	
	Educate is the key to improve!	
	Go take alook at other large hospitals in other cities and then compare	
	no comments	
	NEED MORE FAMILY PRACTICE DOCTORS.	
	WE HAVE EXCELLENT DOCTORS,HOSPITALS NEED MORE PERSONAL TIME WITH PROVIDERS,TO CONSIDER QUESTIONS, SURVEYS DO NOT ASK MY CONCERN,ELDERLY, LONG DRIVES ,LONG WAITS FOR MEDICAL VISITS,TESTS	
	I feel that anything we can do, as healthcare providers, to further the educational level of those within our community would be highly valuable. Our patients need to be better educated about their personal health statuses and what they can do to improve them. I think it would be great to have more recreational areas/parks, throughout the meridian area, where individuals could go and exercise without feeling endangered or unsafe.	
	Parents more involved in health education for their children. Industry provide health care incentives. rewards for not smoking,loosing weight, avoid excessive alcohol and drugs.	
	None, overall the healthcare in the Meridian area is excellent.	
	Diabetic specialist Family practice physician (woman) in my hospital that admits to the facility I currently work in; There are some affiliated with my hospital at primary associates and outlying clinics but that person is not who I would see if admitted to the facility. ??	
	Mental health needs are great within this community	
Total # of respondents 571. Statistics based on 47 respondents; 0 filtered; 524 skipped.		

Non-Healthcare Provider Opinions/Recommendations

Please provide any additional comments or recommendations you may have to improve healthcare in this community.	Response Total
	198
<p>More clinics are needed for no or low income patients. More doctors are needed at those clinics (as nurse practioners cannot admit patients to the hospital if necessary). It would help to have doctors give samples to patients to help save on overall medicine costs. It would help if doctors try to become more involved with their patients as opposed to just sitting on the other side of the room and prescribing medicine and sending the patient for lab work. I've noticed that when I take other people to a doctor or when I visit myself that many doctors no longer check your eyes, ears, nose, inside of mouth, listen to the heart or even routinely check the feet of diabetic patients-it seems like some doctors are afraid to touch their patients. Many doctors need to stop assuming that perhaps because their patients are low income or appear uneducated that they are "unintelligent". I have had doctors give me misinformation because they assume that I do not do any research on my medical condition or the conditions of others and the doctor feels that I will just accept anything they tell me. Some doctors and health care staff forget the Hippocratic oath...I have been deliberately turned away by clinic health care staff in emergency situations because the doctor is not seeing anymore patients and told to go to an emergency room which I cannot afford or because they believe I cannot be helped by my clinic physician. Many patients are 70+ years of age, diabetic, or have other health problems...it is ridiculous for anyone especially the groups I just mentioned to have to wait more than an hour to see a physician and then receive no apology for the wait.</p>	
<p>I would like to see phones being answered at doctors' office, and not lengthy recordings being played, in lieu of answering phone lines. I had a question last week for a doctor's office, regarding an elderly relative who wanted an appointment, to check her blood sugar. Never could get those super-turkeys to answer a phone; they had ENDLESS recordings instead. I hung up the phone, and have had no desire to phone back. (The girl who did answer the phone, giggled a lot before putting me on endless-recording-Hades. I wish I had a job that was total fun like that.)</p>	
<p>I also care for my aged parent with alzheimers. Did work out 2 times a week at the gym and ride my spin bike, but have taken a break to care for her at this time. Also under pressure at work on a lot of projects as well.</p>	
<p>need for integrative medicine and alternative treatments</p>	
<p>I would love to see more community programs(on obesity and preventive measures), with emphasis on the local people planning and executing the programs under the supervision of health personel.</p>	
<p>I feel some physicans are not performing routine tests to prevent complications. For example, I have neuropathy problems I feel could have been prevented if my physician had performed routine tests such as checking my feet. My physician also does not perform routine urine tests to check for sugar or protein in the urine. This seems to be an issue many patients have and thus leads to complications.</p>	
<p>Need geriatric and adolescent based health providers</p>	
<p>Lower cost health and fitness counseling for children and adults that would enable instruction and monitoring to help decrease obesity.</p>	
<p>N/A</p>	
<p>MORE AFFORDABLE SERVICES NEED TO BE MADE AVAILABLE TO PEOPLE WHO CANNOT AFFORD TO HAVE INSURANCE. THERE NEED TO BE MORE CLINICS FOR PEOPLE WHO WORK, BUT ARE NOT ABLE TO TAKE OFF DURING WORKING HOURS TO GO TO THE DOCTOR. THERE ARE PEOPLE WHO HAVE JOBS, BUT CANNOT AFFORD INSURANCE AND NEED MEDICAL CARE.</p>	
<p>None.</p>	
<p>I find that Dr offices in this area are rude. They are always overbooked & waiting times are normally longer than an hour. I waited 4 hours to see Dr. Nelson. I was extremely aggravated. My appointment time was @ 1 and i did not see her till 5pm. Friendlier staff would help.</p>	
<p>Improve pay for healthcare support staff. Such as clinical engineering biomed technician and electronics technician. They support the clinical staff. With out them there would be no equipment to treat people.</p>	
<p>Anderson has a fitness center that is supposed to be rennovated with new equipment and programs. This is needed in this community.</p>	
<p>group exercise encouraged...walking groups</p>	

	Rush Foundation Hospital is my hospital of choice and provides everything me and my family need.	
	Recruit physicians that know how to respect people. They physicians in are area are spoiled and are very disrespectful. They are also cruel to nursing personnel. The nurses are the ones that take care of the patients. Most physicians have lost their compassion and are only in it for the money. 90% of the physicians need help interacting with the other healthcare professionals.	
	none	
	none	
	none	
	None	
	N/A	
	Employer plan only allows you to use Mr. Discount, Walmart or mail order pharmacy. Need to open this up for employees to use chain pharmacies such as Walgreens and CVS.	
	I think healthcare providers should hold more community events and make the community aware of the services available.	
	Cheaper doctor/nurse practitioner visits and labwork for those of us who do not have health insurance yet still work therefore preventing us to have Medicaid. Also, more affordable dental work.	
	I FEEL THE GREATEST NEED I HAVE IS A FAMILY DOCTOR. CFNP ARE GOOD, BUT WHEN I FEEL I NEED MEDICAL HELP I WANT TO SEE A DOCTOR.	
	THE MERIDIAN ARE COMMUNITY IS FAST GROWING AND I LOVE IT.	
	Access is the single biggest problem. We need more primary care Drs especially Pediatrics and Family Medicine. Along with additional after hour care facilities that are not associated with a hospital.	
	NONE	
	we need more internists that treat liver problems people go to birmingham or jackson for serious problems and i believe cancer is the same way	
	Hold physicians to the same standards they do their patients (do NOT be late for appt)...do not overbook in order to keep appointment times for patients on schedule. If you have to wait because they return from lunch late (non-medically related), do not charge office visit at full price. Everyone has responsibilities.	
	There needs to be a dermatologist in the Rush Healthcare system.	
	I have no additional comments as I feel the healthcare is adequate.	
	A HOSPITAL WERE YOU COULD GO THROUGH FINANCIAL EVALUTION AND OBTAIN A CLINIC CARD OR BECOME A PATIENT. PEOPLE SHOULD NOT HAVE TO TRAVEL TO JACKSON, MS TO OBTAIN THIS TYPE OF ASSISTANCE. THE PUBLIC CLINIC IN MY OPINION HERE IS MERIDIAN IS NOT HELPFUL, BASED ON MY EXPERIENCE WITH THEM.	
	NONE	
	There are several types of physicians that need to be located in Meridian. I have to go to Jackson for a dermatologist that is good.	
	Please advertise in the yellow pages LARGE print pages of all family medical clinics that are open WITH HOURS (especially evenings and weekends)and DAYS posted. I just found out from a friend that we have ONE clinic open on Sunday. That information is GREAT, but it should be more publicized. We also desperately need BETTER dermatology doctors for our area (ones who take major insurance policies and live here... do not drive in).	
	Have more healthcare fair so people can come that don't have money to pay to see the doctor.	

	I don't feel doctors, especially within same health system, communicate well with each other which results in poor healthcare for patient. Needs to be better system within same health system where information is shared	
	Offer free programs allowing poorer obese communities to join gyms; offer free health seminars and nutritional advice quarterly for residents of Meridian	
	None	
	There seem to be too many non-emergency patients in the emergency room.	
	A little more attention to the patients. It is becoming so the patients are pushed through like cattle in a cattle drive. Doctors are too busy trying to get you out the door to even listen to what is wrong. It is extremely frustrating.	
	I have found the health care in this area to be very poorly integrated, lots of stand alone silos, very poorly organized for the patients who must trek from one place to another, providers who rarely communicate with one another, providers who insist on irrelevant and unnecessary tests. It's worth the cost to me to fly to another state and take advantage of their well organized, in fact superb, health care system.	
	none	
	NEED MORE SPECIALIZED DOCTORS AND TREATMENT FOR ARTHRITIS AND MUSCLE PAINS.	
	Rush's billing system is awful!!!!!! Being billed multiple times for an already paid bill is headache to get corrected. Their wait time at Bone and joint is an insult to the customer, my time is valuable also!!!!	
	Hire current students from Mississippi State University!	
	n	
	Access to primary care walk in clinics..24-hour desperately needed!	
	More Drs. as waiting times in all offices are longer than necc. Drs. seem to overbook appointments. Communication between nurses and waiting patients need lots of work! As to why the Dr. is not running to school.	
	Better pediatric services, build a new fitness center with an indoor pool and offer kids camps and kid fit activities to help children have a place to play and exercise in colder months and summer breaks, instead of having a large quantity of physicians in the community maybe try more for a better quality, also improve quality of environment and encourage providers to be more family centered	
	I don't know the community's hospital well enough to say.	
	For a lot of our 52 years of marriage, we have been responsible for paying for our own health insurance. I feel it is our responsibility when it is not covered by an employer.	
	Need: Good dermatologist, more fitness facilities, fitness facilities geared towards the entire family - not just adults.	
	Obesity and the use of tobacco products would appear to be at the heart of many community health problems. Because they are matters of personal choice, I would think they would be difficult to address. I do believe that insurance rates for people who fit into these categories should be higher than for those who avoid them. Perhaps that would be a way to motivate their behavior. Since these behaviors cost the medical system more, it seems appropriate that the risk obese people and smokers bring to the system should be borne by them.	
	try to improve healthcare and offer every speciality for the public	
	outdoor walking tracks healthcare for aging adults 50's to 60's need a good dermatologist need healthy ways to deal with pain need help for healthy seniors to remain at home	
	I have no additional comments.	
	Wish we had a more walkable community and more healthy food lunch providers.	

	The nurses and caregivers in emergency room (especially Anderson's Hospital) can be the pits. They can usually be found with their feet on the desks in the nurses pit lounging at night time. This is very unprofessional.	
	I feel that there should be more immediate care facilities or ones that have better hours for people who work or people that cannot get in to see their own physicians. This would keep sick people from spreading their illnesses until they can be seen. It might keep simple things out of the local emergency rooms. Also they need to have physician or nurse practioner coverage the entire time they are open. They should not say you have to be signed in by a certain time or you won't be seen, especially in the middle of the day! If you say you are open until 7 then you should be able to sign in up to 7. They should stay open for all their hours and not close early etc. if not busy. Someone will be sick and coming by if you have a good, dependable clinic.	
	More effective wellness promotion by all employers and public agencies and institutions. Development of effective wellness incentives.	
	n/a	
	Hire more neurosurgeons and more psychiatrists	
	Seems to be a growth industry.	
	physicians and nurses need to get more involved on the grass root leve. to make a differences.	
	Affordable healthcare for those without insurance.	
	A 24 hour health clinic ,provided by the two local hospitals.	
	More people should go to Rush! It's a great place and they take very good care of me. The people are so nice.	
	We need to embrace a more holistic approach to healthcare and venture beyond our comfort zone.	
	We need a general practioner/nurse Practioner community health center for primary care	
	we live in a rural area. healthcare providers need to remember that they serve a larger area than just lauderdale county. they need education and prevention as well.	
	none	
	Insurance companies should not be able to have so much power over health care. Prosthetic and orthotic care is extremely expensive and generally ridiculus with insurance in MS and can make significant differences in overall health (physical and mental) but not affordable even with insurance	
	There is a need for a free clinic in Meridian, especially for those who have low or no income and do not qualify for medicaid or medicare.	
	Need more an endocrinologist, need more neurologists, need specialized infant and child care, need rural clinics with QUALITY PHYSICIANS AND PERSONELL running them.	
	I do not live in the Lauderdale or Meridian area but live about two counties away. My children and I do have doctors we visit regularly in the Meridian area.	
	I feel as if most of the doctors are guessing at what the problem may be. I can't remember the doctor ever telling me flat out what was making me sick. After working in the automotive service dept field for 5 years, if I was to tell a customer "I think your spark plug is going bad, let's try replacing a spark plug, but if that doesn't fix it, then you will have to pay MORE money to replace something else", the customer would throw a fit because they are paying \$95 an hour to have their car fixed. I wish the doctors would take the time to find out exactly what was wrong with the patient instead of telling them to try these antibiotics for a week and come back later for a follow-up. Doctors need to be MORE specific and thorough after the patients have waited 2 hours to see them and the doctor only sees them for 2 minutes. That's one reason I HATE going to the doctor. It seems as if they are always guessing.	
	There should be more access to mammograms or advertisements about where to get one.	
	With rising cost for ER care including higher co-pays and deductibles, I feel a 24 hour urgent care facility would be very beneficial. In addition, limited hours and longer wait times could be avoided by going at alternative hours.	

	Improve care provider quality. Hospital facilities are dismal and need a facelift. Need disbursement of better and more information about the major health problems that affect our community and how to remedy them.	
	Sensitivity training for doctor's office staff. Educate, and demonstrate to the youngsters at school in good nutrition.	
	Obese clinics with more public knowledge and awareness	
	Would love to have access to things like Accupuncture and alternative health care.	
	I strongly encourage Meridian/Lauderdale County to research healthcare services such as, the Rural Healthcare Initiative. Many mississippi communities currently offer these services to residents.	
	Emergency Room waiting is overwhelming in Lauderdale County in both hospitals. If there could be a better system in place to handle Emergency Room care on the weekends and after hours it would be great.	
	No good dermatologists in Meridian. Need specialized optical surgery in Meridian.	
	Have general practice doctors not tied the the insurance companies or the government. There is plenty of room for educated medical doctors to truly concentrate on a patient's overall health. Specialized medicine has been a detriment in some ways.	
	Doctors in my area seem to just pass me around. I feel like a money pit not a human in need of medical help.	
	.	
	I know that the state of healthcare/insurance can make it difficult for doctors to spend much time with patients, but doctors I've seen have been consistently overbooked, inattentive, ready to jump to the easiest diagnosis. We need an attitude change!	
	I have zero income , and need to see a doctor once in a long while . I could use some medical help with my weight . I used to visit a gym 3 times a week for treadmill , when it was a work benefit .	
	Health care in the Meridian area is OK	
	encourage healthy lif styles	
	move health care closer to my community	
	Primary Care clinics with longer hours after 5 p.m. to ease the burden on the ER.	
	We need more ambulance services - the one we have is rude and overcharges. Competition is non-exisitant and they brag that is the case so they can charge whatever they want.	
	I think as a whole...Meridian does a good job providing health care, but there is always room for improvement.	
	My problem isn't usually the doctors. It is often the nurses. They need to be there only if they care about the patients. So many of them have bad attitudes and no longer care.	
	My husband and I are in generally good health. Our most recent concern has been for our first grandchild who has special needs since he is on a ventilator and has a trach. There are no specialized peditricians in this area. They have to travel to Children's Hospital in Alabama to get their needs met, and in fact, spent 11 months of his life in other hospitals in Washington, D.C., Jackson, MS and Birmigham, AL. He will have to have specialists in pediatric heart, pulmonary care for the rest of his life and Meridian is not equipped. Also, since he needed physical therapy to help with his development needs, there were no agencies or hospitals willing to send anyone to their home. The issue was with the liability because he is on a ventilator. Now, they have to take him to Rush Rehab twice a week for his physical therapy. We need more services in Meridian for specialized peditrics.	
	I have found that the healthcare workers/service in this area are very lacking. Due to the attitudes of the nurses/aides, I refuse to use a certain hospital. I have had a baby since living in this town; service left alot to be desired. Then my husband cut part of his finger off- OH< BOY!! was that experience at Anderson's terrible!!!!!! I can't stand the lack of service and the terrible attitudes of the nursing staff at that hospital..	
	It would be great to have a YMCA with open indoor pool hours, exercise classes for working folks hours, and fitness programs for kids as well.	

	NONE	
	don't know	
	need ped specialist low cost exercise programs	
	Doctors in this area tend to work more for administration then the patient. They are not always concerend with what the patient needs versus what the administrations want them to do. Too much focus on money generated then patient care.	
	Obesity must be decreased through cultural awareness.	
	There is too much of "who you know" in Meridian. Doctors don't charge other doctors for health care, but will rack up charges on no insurance patients. Treat all people fairly and things would be better.	
	Encourage cafe's & restaruants to make healthy choices on their menus priced more competitively compared to the "fattening" choices.	
	My husband has Alzheimers and that makes my life very stressful. I have help with him while I work but when I get home he is under my care which makes it very difficult to do any kind of exercise.	
	We have too many indigent who use illegal drugs (where do they get the money to buy these?), they committ crimes. Their teeth are rotten, they choose alcohol and drugs over health.	
	need an endocrinologist	
	no comments	
	Hope this helps	
	I believe a strong emphasis placed on exercise and eating health. Primary eating in moderation and even exercising in moderation.	
	need more community service events from local hospitals	
	we have the best care with dr. karen manning and jennifer deas, we may need an after hours clinic, but other than that we have it covered!!!!	
	Not for profit? That's funny.	
	earlier, more extensive advertising for events (such when I could have had my heart & blood flow checked last month). I found out this was being offered on the last day quite by accident. I watch the new on a regular basis & read WTOK.com daily. I never see these events until it is too late to participate.	
	we have very good hospitals and drs	
	I use Dr. Timothy Boyd. He is very nice and meets my need. I had an aoratic valve replacement by Dr. Geer. I am very satisfied with your hospital and doctors. The only complaint I had during my stay was the tiles in the bathroom were not as clean as they should have been. I glad the clinic I use in Butler will be Anderson's now.	
	Emergency room doctors could show a little more concern even for patients who do not have insurance	
	I think that it's ashame that we don't have "enough" dermatologist, arthritis doctors in this community. Only because I have had a need for these in the past, I've had to to Hattiesburg and Jackson to see these two types of doctors.	
	I am a cancer survival and I think early diagnosis eating right and exercise and Faith in God is the way to go it has given me Life for 22years and seeing the Doctor's on a regular check-up. See Doctor's that care about patient's believe's and care's and listen's to there feeling's not a book talking.	
	Takes at least three months to get a mammogram appointment in Meridian.	
	Retain seasoned nurses and improve their work environment. A seasoned nurse can't be replaced by a new nurse and still have quality care. Hospitals get what they pay for with nurses. Also, some of the doctors need to learn how to respond to patients and nurses appropriately instead of acting like they are God and so much better than others.	

	we need more specialized care for autistic children---there needs to be more affordable options for care for evenings/weekends--alot of the clinics here don't take my insurance and there is a high cost to see the dr that has to be paid even before they will examine you	
	One of the biggest healthcare problems in our area is Rush hospital system. If you go to one of their doctors for anything, you will see 3 other specialists, even if it is only for a hangnail! MANY I know, will never set foot in that place again! For a recent ER visit, my son (who has a history of febrile seizures) was in with a 104.3 temperature. We saw the doctor for less than 4 minutes, my son was given 2 shots & we were sent home. The bill was over \$1200!! That is ridiculous! We will pay the out of network fees & will never go there again!	
	I believe Meridian has a very good medical community.	
	there needs to be more affordable clinics in the area-that don't ask for a big fee up front--there needs to be more specialty care available for autistic children in meridian--I haven't taken my child/family out of the area for medical/mental health care because I can't drive out of area for that-I've thought about it/wanted to but not been able	
	When going to doctor's offices or hospital for health care the wait is much too long. The doctor's offices almost always make patients wait for over an hour even when they have an appointment. Other larger cities seem to respect a patient and not keep them waiting more than a few minutes when they have an appointment. For some reason in Meridian there are no clinics that don't keep patients waiting for long periods of time past their appointment time. Hospital ER rooms have a wait time of several hours any time someone comes for care even when there is no sign of a lot of patients being treated. This makes a person wait and not go to the ER even if they are sick and have symptoms that require ER treatment.	
	Rush Hospital has a bad habit of wanting you to prepay money before hospital stays, then after the insurance pays it takes forever for them to repay your money.	
	I and my father (of blessed memory) have used the Senior Clinic on Highway 493, which later became the North Hills Family Medical Clinic on Highway 39 N. We were highly satisfied with our treatment there and with the superb services of Dr. Miyako McCloud !!! :-)	
	???	
	the doctor's visits waits or too long, they are overbooked and the emergency room waits are too long and they hold you hostage for payment when you are discharged.	
	Do something to control costs.	
	I notice cleanliness. When I walk into my doctor's office and see cobwebs and dirt gathered on the exam table it makes me wonder how much they truly care about me if their exam room is dirty. My home is clean because I care about my family. I kept my classroom clean because I cared about my students. I expect my doctor/hospital to care enough about me that everywhere I go that I can leave saying, "That is one clean hospital/clinic."	
	ENCOURAGE HEALTHY EATING AND EXERCISE, NO SMOKING OR DRINKING	
	Specialists in rheumatology, endocrinoly Better procedures in doctor's offices returning phone calls, reporting lab tests, drug prior authorizations and making referrals. Often the notes seem to get lost in the shuffle requiring numerous calls and effort to get information. I see several out of area physicians and the problem seems worse in the meridian area.	
	Would like to have more alternate health care available like acupuncture, etc.	
	Someone needs to come up with a plan for affordable insurance that covers doctor visits with co pays, 80/20 care, with a reasonable deduction (say \$1- \$2K but not 5K deductible) for about \$200 a month for those of us who do not qualify for medicaid/medicare and bring home less than \$20K a year. Many teachers can not afford insurance! Ourpay is cut, but not our responsibility...	
	I would like to see a clinic for the working class who can't afford 100% of healthcare costs, but don't want to go to local health departments and clinics for the poor.	
	Decreased duplication of services would seem to be beneficial to all.	
	Insurence is just to high so people cant get the healthcare they need. or i know my family cant.	
	ER Triage at Andersons is unsat slow. Lack of Endo Dr. in Mdn is very sore point.	

	get american doctors who can speak english so you can understand what they are saying	
	TO HAVE A GOOD ENT.	
	None	
	Have available late evening and weekend medical care for non emergency situations.	
	No comment	
	provide safe well lighted walking and biking trails around the city. Provided more healthy food choices in the mall and downtown area, more hydration stations	
	NA	
	MAKE MORE OF THE WORKOUT PLACES MORE AFFORDABLE	
	Increase PSAs during night hours (7:00 PM to 6:00 AM. Area dhospitals seem to be doing a lot of community services which is good.	
	Continue doing what you are doing! Be the teaching hospital that you are. It is great that you are involved with the community as well as you are.	
	Provide a Dermatologist other than what is available. Treat your patients in the ER with more personalized respect and improve on time it actualally takes to see an ER physician and get out of the ER ie fix the problem and release quickl, dont keep them there for 6-8hrs and they still dont know whats wrong	
	Defund and repeal Obama Care.	
	I am the only one in my family that does not have health insurance, I can not afford it. I have sinus tachycardia so I have a few ER bills from that, I can't afford medication for it so I just deal with it. My 6 yr old and my husband have medicare and chips so for the most part they are covered.	
	Sometimes it is difficult for me to find a Cigna provider especially for a specialist. I have to travel to Hattiesburg to find a dermatologist. And I cannot find a dentist anywhere that is a Cigna provider.	
	wish things were more affordable.	
	no comments	
	no comment	
	no comments	
	needs more health fairs	
	no comment	
	MORE DOCTORS	
	Increase efforts to fight obesity.	
	I think it would be highly beneficial for the healthcare systems within this community to better collaborate with one another to focus on the health of the individuals of this community. The focus of new projects and healthcare systems should be focused on the services available for our patients and what can be further provided to increase the health status of these individuals.	
	Better paying jobs that provide comprehensive health insurance.	
	Need a new coroner so people can donate to help people in our community to get transplants.	
	no comment	
	A rheumatologist in the Meridian area would be beneficial for me. I must travel to Hattiesburg to be treated for rheumatoid arthritis.	
	no comment	

	HELP GET MEDICAL INSURANCE ASSISTANCE.	
	The University of West Alabama needs a on-campus clinic to serve students and faculty/staff.	
	n/a	
	I have none.	
	Sumter County is in desperate need of a medical facility to meet the needs of the local community and students that attend the University of West Alabama.	
	Emergency Rooms are being used instead of going to the doctor's office.	
	That was a LONG survey!	
	More availability of after hour and weekend pediatrician services for my child. ER is too expensive and unnecessary but it's difficult to see after your sick child on a Friday night, for example. You will have to wait until Monday b/c the illness doesn't require ER services.	
	none	
	Meridian is relatively lucky to have a regional healthcare center. If anything, it would be beneficial if area hospitals could do more outreach and education on health issues that affect our area. Specifically, these would be obesity, high blood pressure, heart disease, and stroke.	
	WORK OUT PLACES NEED TO BE LESS EXPENSIVE AND OPEN MORE FOR THE PUBLIC WHO ARE IN SCHOOL AND WORK	
	Doctors and health care facilities need to listen to patients and not ignore their wishes because they are elderly or poor. Doctors do not know everything and many have different opinions. Patients and their caregivers know themselves better than any doctor or provider. Some of the nurses are neglectful and do patients more harm than good. It is a disgrace to hold a patient somewhere they don't want to be. If you're not going to discharge so you can suck all the money you can out of the insurance, at least treat the patient well so they can at least go home instead of passing on. Poor, poor quality care. I believe there are many patients that have been denied care and allowed to die as if the healthcare system is God. Your job is to do all you can to assist a patient to live, not die.	
	I feel the doctors in this community are excellent however the nurses in the hospitals need more training. Some of the nurses are there strictly for a paycheck, no concern for the patients well being	
	More dentist should be willing to accept a payment plan.	
	Urologists Needed	
	no comment	
	no comment	
	no comment	
	need for better education as to available/affordable healthcare for all greater concern/action by elected officials about available/affordable healthcare for poor and working poor	
	I think if they are gonna work in the Meridian Area they MUST be accesable to ALL Lauderdale County residents. Taking MEDICAID as payment should be required. Healthcare is for ALL citizens OR they should MOVE their practice OUT of this county. My Granddaughter needs her wisdom teeth removed...No dentist in this area will take MEDICAID....SO, she takes pain meds to deal with the pain.....I ASK YOU....IS THIS OK WITH YOU....IT IS NOT WITH ME.	
	The hospital that I work for has frequent seminars for the community at night which are very informative. I think an interesting idea might be a night time health fair for those people that work during day can go at night say up until 9 pm or so.	
	having a hospital	
	none	
	The cost for meds are to high , even if you go to the Dr.	

Brief Paper Survey



Method

The online survey afforded the possibility of rapid distribution across a broad sample of the population and yielded a respectable 571 completed surveys. Online surveys provide opportunities to present a fairly large number of items to participants who are then complete at their own pace, which is generally quicker than surveys administered via telephone or paper. One limitation of online surveys is that it is generally quite difficult, if not impossible to achieve a random sample, meant to increase reliability. With online surveys, there exists a sampling bias, slanted toward a higher proportion of those who would be, on average, more tech-savvy than non-participants. This problem is countered by the fact that online distribution is faster than by telephone or paper, and thus more community respondents participate given that they may complete the survey at their convenience.



After analyzing the demographics of the sample achieved, it was clear that low income and subsequently, minority respondents were underrepresented. Although the online version was distributed to local community service agencies, etc. and widely marketed, this outcome was anticipated as a possibility. To ameliorate this limitation a shortened paper survey was created and targeted at low-income respondents through distribution by two local community service agencies. The following results paired with results from the online survey should be viewed as representing a wide spectrum of viewpoints from people of various points of reference.

Participants

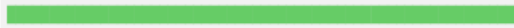

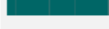

Sixty-six participants completed the survey. Of these, 59 reported that they live within the Meridian city limits.

Where do you currently reside?		Response Percent	Response Total
Lauderdale County, MS		98.49%	65
Newton County, MS		1.52%	1

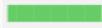






Total # of respondents 66. Statistics based on 66 respondents; 0 filtered; 0 skipped.

Do you live within the Meridian city limits?		Response Percent	Response Total
Yes		90.77%	59
No		9.23%	6

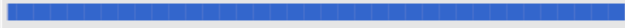



Total # of respondents 66. Statistics based on 65 respondents; 0 filtered; 1 skipped.

You live in Lauderdale Co., Now, please select your zip code.		Response Percent	Response Total
39301		75%	48
39305		6.25%	4
39307		15.63%	10
39342		3.13%	2
Total # of respondents 66. Statistics based on 64 respondents; 0 filtered; 2 skipped.			

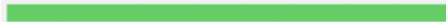

Participants' age was fairly well distributed with the exception of the categories over 65 yrs.



Which age group do you belong to?		Response Percent	Response Total
18-24		14.52%	9
25-34		16.13%	10
35-44		27.42%	17
45-54		22.58%	14
55-64		12.9%	8
65-74		1.61%	1
75+		4.84%	3
Total # of respondents 66. Statistics based on 62 respondents; 0 filtered; 4 skipped.			





Racial makeup of the paper survey respondents was predominately non-white, with Black respondents representing 91% of the sample.




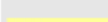

Race/Ethnicity: With which group do you most identify?		Response Percent	Response Total
Native American		0%	0
Black or African-American		90.91%	60
Asian or Pacific Islander		0%	0
White/Caucasian		3.03%	2
Hispanic		1.52%	1
Other		4.55%	3
Total # of respondents 66. Statistics based on 66 respondents; 0 filtered; 0 skipped.			

As with the online sample, female participants represented a larger proportion (65%) of the response group.

Sex		Response Percent	Response Total
Female		64.62%	42
Male		35.39%	23
Total # of respondents 66. Statistics based on 65 respondents; 0 filtered; 1 skipped.			

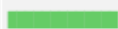
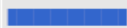







Are there any children or young adults under 18 currently living in your household?		Response Percent	Response Total
Yes		46.97%	31
No		53.03%	35
Total # of respondents 66. Statistics based on 66 respondents; 0 filtered; 0 skipped.			

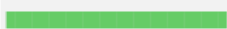

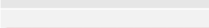


Please select the number of members in your household.		Response Percent	Response Total
1 person		33.33%	22
2 people		22.73%	15
3 people		12.12%	8
4 or more people		31.82%	21
Total # of respondents 66. Statistics based on 66 respondents; 0 filtered; 0 skipped.			


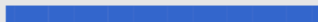




Marital status:		Response Percent	Response Total
Single		60.61%	40
Married		15.15%	10
Separated		6.06%	4
Divorced		15.15%	10
Other		3.03%	2
Total # of respondents 66. Statistics based on 66 respondents; 0 filtered; 0 skipped.			

Economic Factors

Substantial differences in employment and income were found when comparing the online sample to the paper survey sample. Here, we find only 17% employed full-time. The number of unemployed, not due to illness, approached 34%. Approximately 68% completed high school, yet the household income level for approximately 87% of the sample was under \$20,000 per year.






Which of the following best describes your employment status?		Response Percent	Response Total
employed full-time		16.92%	11
employed part-time		18.46%	12
full-time student		7.69%	5
part-time student		1.54%	1
full-time homemaker		3.08%	2
retired		9.23%	6
unemployed (less than one year)		12.31%	8
unemployed (more than one year)		21.54%	14
unemployed (due to disability or illness)		13.85%	9
Total # of respondents 66. Statistics based on 65 respondents; 0 filtered; 1 skipped.			




What is the highest level of education you have completed?		Response Percent	Response Total
Less than 12 years		32.31%	21
High School Graduate or GED		27.69%	18
Some College		30.77%	20
College Graduate (bachelor's degree)		6.15%	4
Some Graduate Courses (masters level, etc)		3.08%	2
Post Graduate Degree (masters, doctorate, etc.)		0%	0
Total # of respondents 66. Statistics based on 65 respondents; 0 filtered; 1 skipped.			


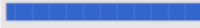








Which category best describes your total household income? (in US \$)		Response Percent	Response Total
Under \$10,000		41.27%	26
\$10,000 to under \$20,000		46.03%	29
\$20,000 to under \$30,000		6.35%	4
\$40,000 to under \$50,000		3.18%	2
\$50,000 to under \$75,000		1.59%	1
\$75,000 to under \$100,000		1.59%	1
Total # of respondents 66. Statistics based on 63 respondents; 0 filtered; 3 skipped.			


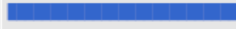


Insurance

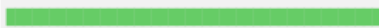
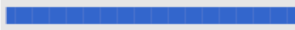

Although 30% of respondents report having no insurance, only 12% reported no coverage at all. The families of the remaining 88% of the sample are covered predominately through government sponsored programs-- Medicaid, Medicare, and CHIPS (52% and 29%, and 6% respectively). 53% reported that every member of their immediate household was covered by health insurance. Over 60% reported significant trouble paying medical bills within the past year and 55% stated that at some point within the past year they needed care but did not seek treatment because of the cost.




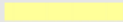





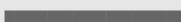






Select the types of insurance you currently have.		Response Percent	Response Total
health		64.62%	42
dental		32.31%	21
vision		24.62%	16
do not have insurance		30.77%	20
don't know		1.54%	1
Total # of respondents 66. Statistics based on 65 respondents; 0 filtered; 1 skipped.			

Is every member of your immediate household covered by health insurance?		Response Percent	Response Total
Yes		53.03%	35
No		42.42%	28
Don't know		4.55%	3
Total # of respondents 66. Statistics based on 66 respondents; 0 filtered; 0 skipped.			

Which of the following types of health insurance cover your family's needs? Check all that apply.		Response Percent	Response Total
No coverage		12.31%	8
Medicare		29.23%	19
Medicaid		52.31%	34
Blue Cross/Blue Shield		15.39%	10
AARP		3.08%	2
CHAMPUS/TriCare Program		1.54%	1
CHIPS		6.15%	4
Employer/Previous Employer Insurance Plan		3.08%	2
Self-Paid Plan / Private Insurance		0%	0
Cigna		0%	0
VA Benefits		3.08%	2
Other		7.69%	5
Total # of respondents 66. Statistics based on 65 respondents; 0 filtered; 1 skipped.			








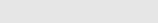





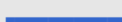






I have had significant trouble paying medical bills or prescription costs in the past year.		Response Percent	Response Total
Frequently		26.56%	17
Sometimes		34.38%	22
Rarely		12.5%	8
No		26.56%	17
Total # of respondents 66. Statistics based on 64 respondents; 0 filtered; 2 skipped.			

Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?		Response Percent	Response Total
Yes		54.69%	35
No		42.19%	27
Don't know		3.13%	2
Total # of respondents 66. Statistics based on 64 respondents; 0 filtered; 2 skipped.			









Check up to 5 health problems that you feel are the most critical in this community.		Response Percent	Response Total
Asthma		21.54%	14
Addiction (Drugs or Alcohol)		41.54%	27
Respiratory/Lung Diseases (i.e., COPD, Emphysema)		9.23%	6
Mental Health Problems		18.46%	12
Cancer		47.69%	31
Child Abuse/Neglect		20%	13
Contagious Diseases (i.e., Flu, Pneumonia, TB, etc.)		3.08%	2
Teen Pregnancy		32.31%	21
Diabetes		44.62%	29
HIV-AIDS/Sexually Transmitted Diseases		26.15%	17
Heart Disease and Stroke		24.62%	16
Dental Problems		10.77%	7
Adult Obesity		26.15%	17
End of Life Care (i.e., Nursing Homes, Hospice)		0%	0
Childhood Obesity		18.46%	12
Environmental (i.e., wells/drinking water, toxins)		0%	0
High Blood Pressure		52.31%	34
Motor Vehicle Accident Injuries		0%	0
Other		7.69%	5
	healthcare options for the poor		
	all of the above		
	all		
	all of these		
	all of the above		

Total # of respondents 66. Statistics based on 65 respondents; 0 filtered; 1 skipped.







Check up to 5 unhealthy behaviors you are most concerned about in this community.		Response Percent	Response Total
Adult Alcohol Abuse		38.46%	25
Lack of Exercise		35.39%	23
Tobacco Use (i.e., cigarettes, cigars, chewing tobacco)		38.46%	25
Underage Drinking		24.62%	16
Not getting "Shots" to prevent disease		10.77%	7
Being Overweight		36.92%	24
not using Birth Control		26.15%	17
Unlicensed Driving		4.62%	3
Dropping out of School		52.31%	34
Impaired Driviing		1.54%	1
Drug Abuse		41.54%	27
Rape/Sexual Assault		7.69%	5
Unsafe/Unprotected Sex		29.23%	19
Poor Eating Habits		21.54%	14
Teen Sexual Activity		29.23%	19
Domestic Violence		27.69%	18
Other		6.15%	4
	poverty		
	all of the above		
	all of these		
	all of the above		
Total # of respondents 66. Statistics based on 65 respondents; 0 filtered; 1 skipped.			

What health care services, if any, are difficult to obtain in your community (check all that apply)	Response Percent	Response Total
Alternative Therapy (i.e., herbals, acupuncture) 	8.93%	5
Prescriptions/Medications 	32.14%	18
Medical Supplies 	16.07%	9
Dental/Oral Care 	33.93%	19
Preventive Care (i.e., Annual Check-ups) 	12.5%	7
Emergency Room Care 	26.79%	15
Primary Care (i.e., Family Doctor or Walk-in Clinic) 	10.71%	6
Family Planning/Birth Control 	23.21%	13
Specialty M.D. Care (i.e., Heart Doctor, etc) 	3.57%	2
Inpatient Hospital 	8.93%	5
Substance Abuse Services (Drug or Alcohol) 	12.5%	7
Specialized Pediatric Care 	5.36%	3
Lab Work 	12.5%	7
Vision Care 	17.86%	10
Mental Health/Counseling 	5.36%	3
X-Rays/Mammograms 	14.29%	8
Physical Therapy/Rehabilitative Therapy 	7.14%	4
Integrated Mental Health and Primary Care 	7.14%	4
None 	14.29%	8
Other 	1.79%	1
there needs to be a case manager liaison person to help people released from hospital		






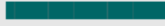

Total # of respondents 66. Statistics based on 56 respondents; 0 filtered; 10 skipped.






What do you feel are barriers for you in getting health care? (check all that apply)		Response Percent	Response Total
Lack of Transportation		29.31%	17
Have no regular source of health care		17.24%	10
Can't pay for Doctor/Hospital visits		62.07%	36
Lack of evening and weekend services for non-emergency needs		17.24%	10
Can't find Providers that accept my Insurance		17.24%	10
Long waits for appointments		37.93%	22
Don't know what types of services are available		10.35%	6
Other		8.62%	5
	for me, I have no barriers. if only everyone else had the same access		
	..		
	none		
	none		
	don't have any		



Total # of respondents 66. Statistics based on 58 respondents; 0 filtered; 8 skipped.


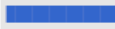







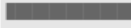




Where do you usually go when you are sick?		Response Percent	Response Total
A Hospital Emergency Room		40.63%	26
Primary care offices at your Hospital of choice		1.56%	1
Your Doctor's office		25%	16
Community Health Center (i.e., Greater Meridian or other)		18.75%	12
Local Health Department		0%	0
Nowhere - I don't have a particular place to go when I'm sick		9.38%	6
Other		4.69%	3
	VA		
	VA Hospital		
	.		

Total # of respondents 66. Statistics based on 64 respondents; 0 filtered; 2 skipped.


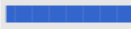

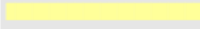

If you have children, where do you usually take them when they are sick?		Response Percent	Response Total
A Hospital Emergency Room		23.81%	15
Primary care offices at your Hospital of choice		7.94%	5
Your Doctor's office		17.46%	11
Community Health Center (i.e., Greater Meridian or other)		22.22%	14
Local Health Department		1.59%	1
I don't have children		23.81%	15
Other		3.18%	2
	no minor children		
	no children at home		
Total # of respondents 66. Statistics based on 63 respondents; 0 filtered; 3 skipped.			

Please rate your overall level of satisfaction with the healthcare services available in the Meridian area		Response Percent	Response Total
Extremely Dissatisfied		9.09%	6
Dissatisfied		19.7%	13
Neither Satisfied nor Dissatisfied		22.73%	15
Satisfied		43.94%	29
Extremely Satisfied		4.55%	3
Total # of respondents 66. Statistics based on 66 respondents; 0 filtered; 0 skipped.			

In the past 5 years, have you seen improvements in healthcare services in the Meridian Service Area? You may provide details in the text box.		Response Percent	Response Total
Yes		32.26%	20
No		67.74%	42
			3
	somewhat, but at a cost		
	everyone goes to free clinic, but have "jobs"		
	more immediate care clinics available		
Total # of respondents 66. Statistics based on 62 respondents; 0 filtered; 4 skipped.			

Check your top three sources of health information		Response Percent	Response Total
Physician, in-office recommendations		32.79%	20
Other healthcare staff, in-office		16.39%	10
Physicians speaking at a public event		14.75%	9
Other healthcare professionals speaking at a public event		4.92%	3
Local Health Fairs		26.23%	16
Health Department officials		29.51%	18
Medical pamphlets		21.31%	13
Medical books or magazines		19.67%	12
Newspaper articles		13.12%	8
The Internet		19.67%	12
Television- local news		42.62%	26
Television shows		16.39%	10
Church events		6.56%	4
Friends and family		29.51%	18

Total # of respondents 66. Statistics based on 61 respondents; 0 filtered; 5 skipped.

How would you describe your health?		Response Percent	Response Total
Excellent		9.09%	6
Very Good		19.7%	13
Good		34.85%	23
Fair		28.79%	19
Poor		7.58%	5

Total # of respondents 66. Statistics based on 66 respondents; 0 filtered; 0 skipped.

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?	Min	Max	Mean	Standard deviation	Response Total
	0.00	30.00	6.38	9.95	61







Total # of respondents 66. Statistics based on 61 respondents; 0 filtered; 5 skipped.

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?	Min	Max	Mean	Standard deviation	Response Total
	0.00	30.00	3.49	6.34	61
Total # of respondents 66. Statistics based on 61 respondents; 0 filtered; 5 skipped.					

What is your current weight?	Min	Max	Mean	Standard deviation	Response Total
	108.00	305.00	185.78	45.49	59
Total # of respondents 66. Statistics based on 59 respondents; 0 filtered; 7 skipped.					

What is your height?	Response Percent	Response Total
5 ft	3.28%	2
5 ft, 1 in	3.28%	2
5 ft, 2 in	8.2%	5
5 ft, 3 in	3.28%	2
5 ft, 4 in	11.48%	7
5 ft, 5 in	9.84%	6
5 ft, 6 in	11.48%	7
5 ft, 7 in	16.39%	10
5 ft, 8 in	8.2%	5
5 ft, 9 in	9.84%	6
5 ft, 10 in	4.92%	3
5 ft, 11 in	1.64%	1
6 ft	3.28%	2
6 ft, 1 in	0%	0
6 ft, 2 in	3.28%	2
6 ft, 3 in	1.64%	1
Total # of respondents 66. Statistics based on 61 respondents; 0 filtered; 5 skipped.		

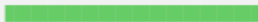


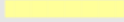

Statistics for question:What is your height?	
Mean 66.39	Standard deviation 3.37

Select the option that indicates the time frame of your last routine doctor's visit.		Response Percent	Response Total
Greater than 5 years		9.52%	6
Within 12 months		58.73%	37
Within 13-18 months		3.18%	2
Within 19-24 months		3.18%	2
Within 2-5 years		19.05%	12
Never had a routine doctor visit		6.35%	4

Total # of respondents 66. Statistics based on 63 respondents; 0 filtered; 3 skipped.

Regarding your personal level of fitness, how do you rate your success across the following personal health behaviors						
	Poor	Fair	Good	Very Good	Excellent	Response Total
Eating healthy foods	14.06% (9)	42.19% (27)	32.81% (21)	7.81% (5)	3.13% (2)	64
Eating in moderation	6.35% (4)	46.03% (29)	41.27% (26)	4.76% (3)	1.59% (1)	63
Regularly Exercise	30.16% (19)	33.33% (21)	20.64% (13)	11.11% (7)	4.76% (3)	63
Adequate amount of sleep	21.88% (14)	31.25% (20)	29.69% (19)	7.81% (5)	9.38% (6)	64

Total # of respondents 66. Statistics based on 65 respondents; 0 filtered; 1 skipped.









When it comes to healthy eating. (check all that apply)		Response Percent	Response Total
I lack the knowledge needed to make good nutritional choices		37.26%	19
I lack the willpower to eat healthy foods		33.33%	17
I lack the time to prepare healthy meals at home		33.33%	17
My work or schedule prevents me from eating healthy foods		17.65%	9
Healthy foods are too expensive		45.1%	23




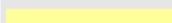




Total # of respondents 66. Statistics based on 51 respondents; 0 filtered; 15 skipped.

On average, how many days per week do you do exercise moderately for at least 10 minutes		Response Percent	Response Total
0		25.42%	15
1		6.78%	4
2		11.86%	7
3		18.64%	11
4		6.78%	4
5		11.86%	7
6		3.39%	2
7		15.25%	9
Total # of respondents 66. Statistics based on 59 respondents; 0 filtered; 7 skipped.			

Statistics for question: On average, how many days per week do you do exercise moderately for at least 10 minutes			
Min 0.00	Max 7.00	Mean 3.00	Standard deviation 2.46

Regarding physical fitness and exercise: (check all that apply)		Response Percent	Response Total
I lack the knowledge I need to know how and when to exercise		17.74%	11
I lack the willpower to exercise		35.48%	22
I don't have time to exercise		17.74%	11
There are plenty of places for me to exercise		24.19%	15
I enjoy exercising		33.87%	21
Total # of respondents 66. Statistics based on 62 respondents; 0 filtered; 4 skipped.			

Have you ever been told by a doctor that you have any of the following conditions? (check all that apply)		Response Percent	Response Total
Heart Disease		13.79%	8
Cancer		6.9%	4
Diabetes		17.24%	10
Asthma		13.79%	8
Overweight		37.93%	22
Mental or Emotional Problems		13.79%	8
Substance Abuse Problems		3.45%	2
I do not have any of these conditions		31.03%	18
Total # of respondents 66. Statistics based on 58 respondents; 0 filtered; 8 skipped.			

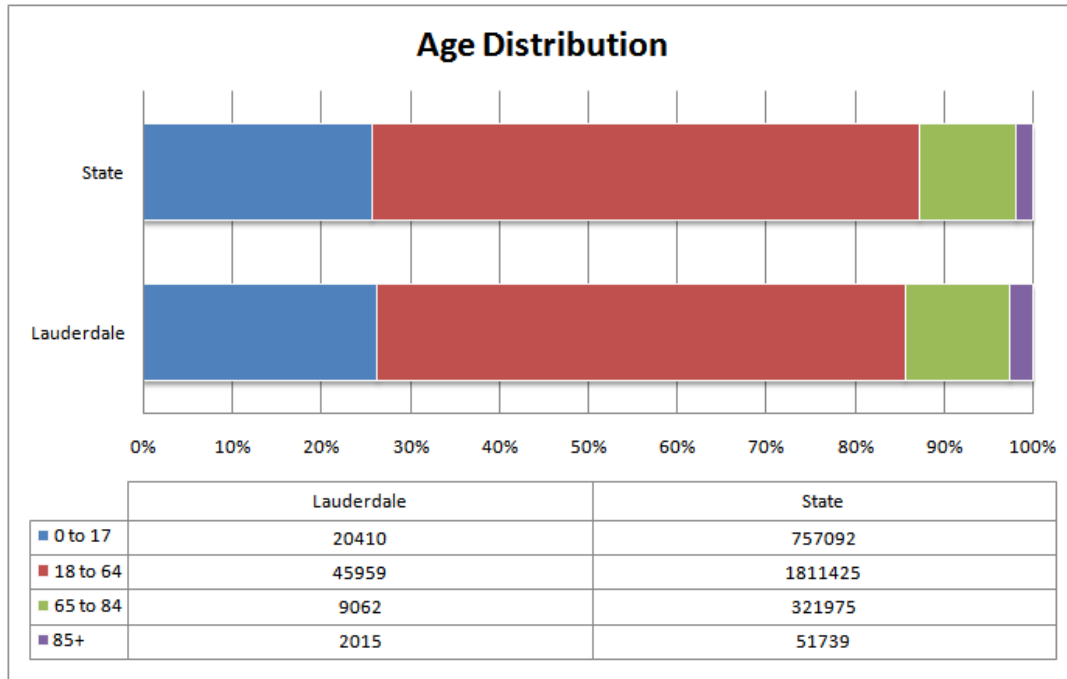
If you do have a condition that is difficult to manage, please indicate what might be helpful to you. (if you don't have a condition, skip this item)		Response Percent	Response Total
to learn more about the condition		28.57%	8
to learn more about how to care for my condition		32.14%	9
to learn how to control my own behaviors (diet, exercise, etc)		46.43%	13
financial assistance for doctor visits		25%	7
financial assistance for medicine		28.57%	8
better support from friends/family		28.57%	8
better support from my workplace		3.57%	1
Other		3.57%	1
fear			
Total # of respondents 66. Statistics based on 28 respondents; 0 filtered; 38 skipped.			

Please provide any additional comments or recommendations you may have to improve the health status of this community.	Response Total
	3
	<p>We live in a very poor community. Many uninsured who need adequate healthcare and education on disease process and referrals when they are discharged from the hospitals. Healthcare providers must understand that they have to prescribe affordable medication for patients to be able to take the medication, not just the best and newest. Clients first have to be able to obtain it. They are treated with so much indignity despite being prideful and not wanting to admit they cannot afford the drug.</p>
	Giving people chances to work regardless of past errors
	more jobs
Total # of respondents 66. Statistics based on 3 respondents; 0 filtered; 63 skipped.	

Secondary Analysis of Existing Data

Lauderdale County

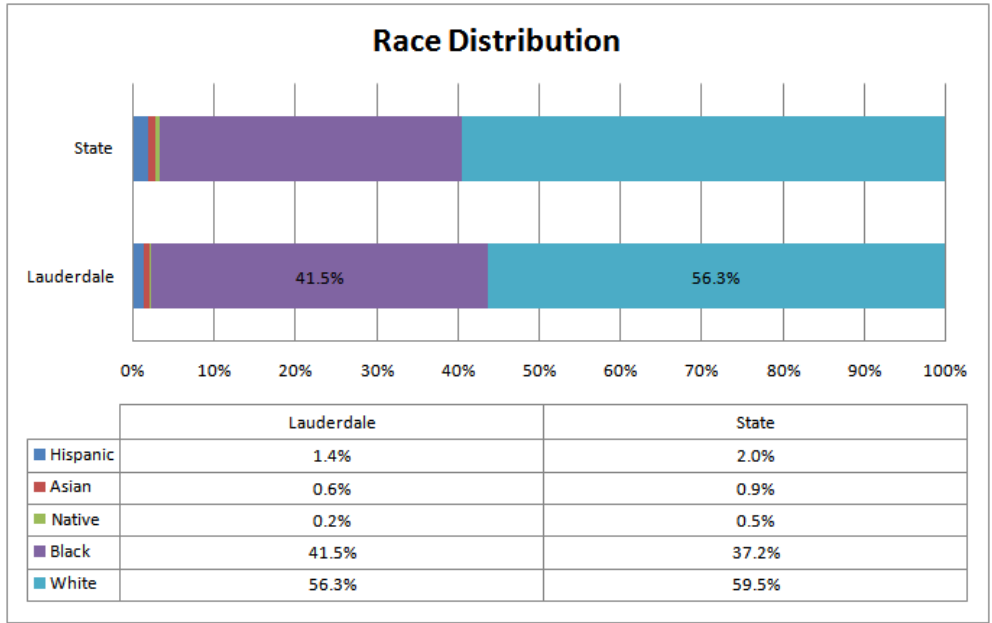
Age and Race



Source: Woods and Poole, CEDDS 2008.

The age composition of the population is an important determining factor for the prevalence and severity of health-related problems, and spending for health care services. In 2008, there were 11,077 persons age 65 years or older in Lauderdale County. Elderly persons represented 14.3% of the total population, compared to 12.7% of the total population in the state. The elderly generally spend more on health care services than other age groups, and changes in Medicaid eligibility can affect medical care for this group.

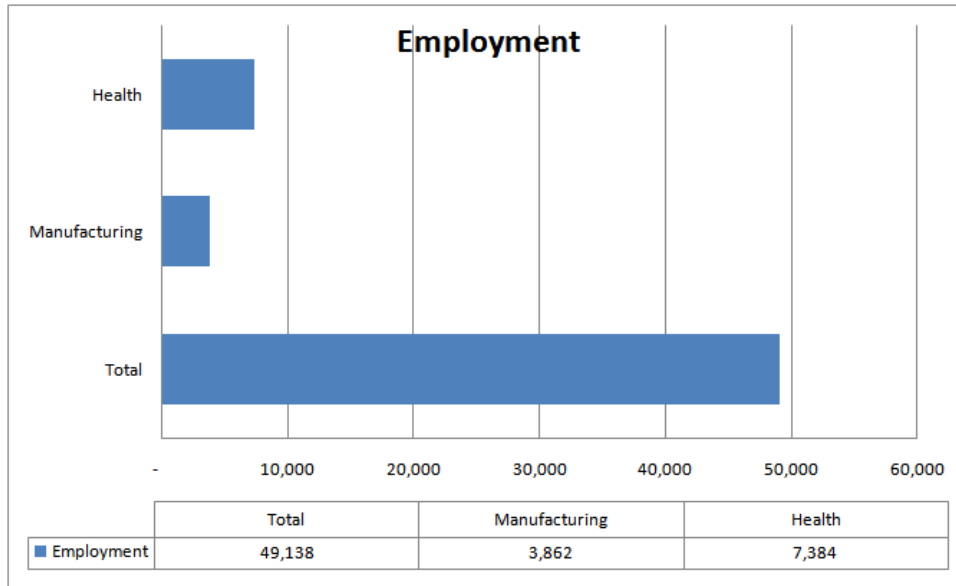
The median age in Lauderdale County was 37.16 years for the total population, compared to 35.62 for the state's population. From 2000 to 2008, the median age in Lauderdale County increased 5.9%, compared to 5.2% for Mississippi, and 3.9% for the United States. This is indicative of a population base that will increasingly need geriatric services.



Source: Woods and Poole, CEDDS 2008

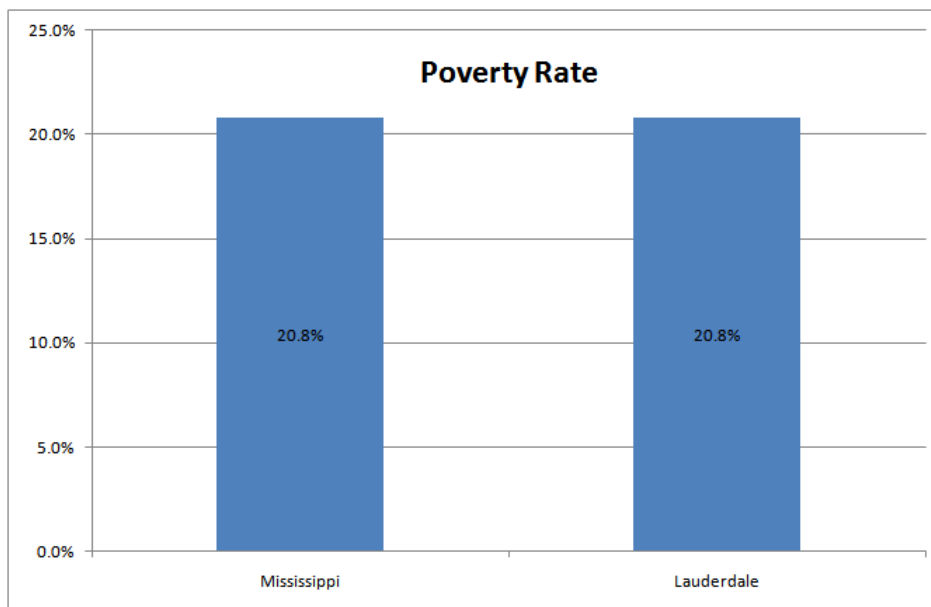
In the United States, health disparities have been reported in minority populations such as African Americans, Native Americans, Asian Americans, and Hispanics. The incidence of chronic diseases, such as heart disease and especially diabetes, as well as higher mortality rates, and poorer health outcomes are generally higher than for whites. In 2008, the minority population in aggregate made up 43.7% of the population, which was slightly higher than for the state in the same year. The African American population was 32,170 and for accounted for 41.5% of the population; 43,583 persons (56.3%) were white.

Employment and Income



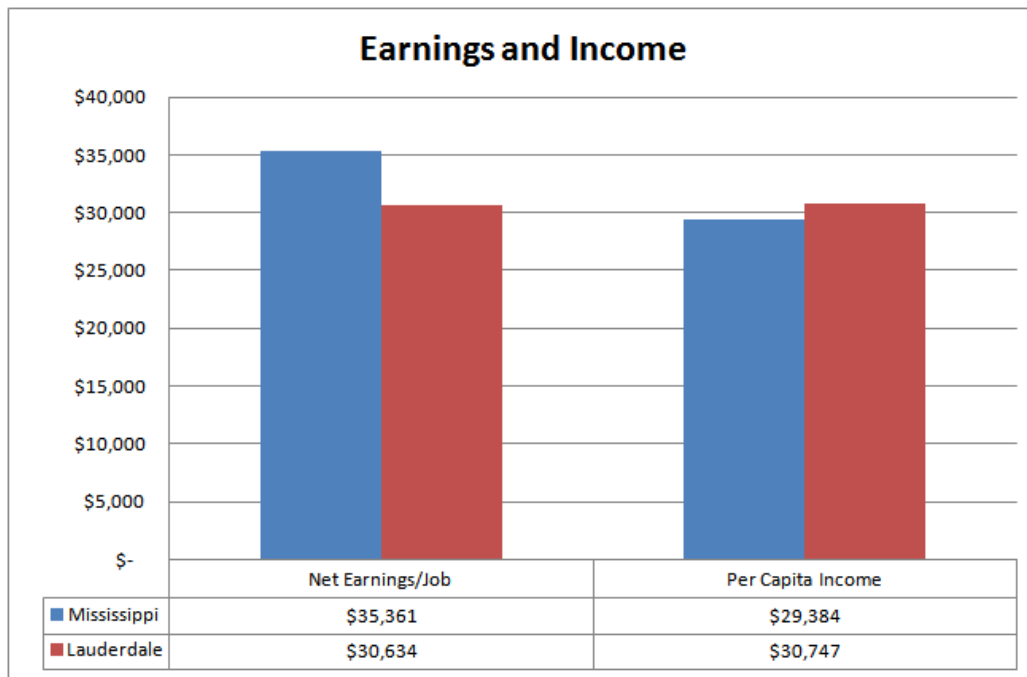
Source: Woods and Poole, CEDDS 2008

Total place-of-work employment in Lauderdale County in 2008 was 49,138, and included 3,862 manufacturing jobs (7.9%), and 7,384 jobs (15%) in the health and social services sector. Compared to Mississippi, Lauderdale County had proportionally fewer manufacturing jobs and proportionally more jobs in the health and social services sector.



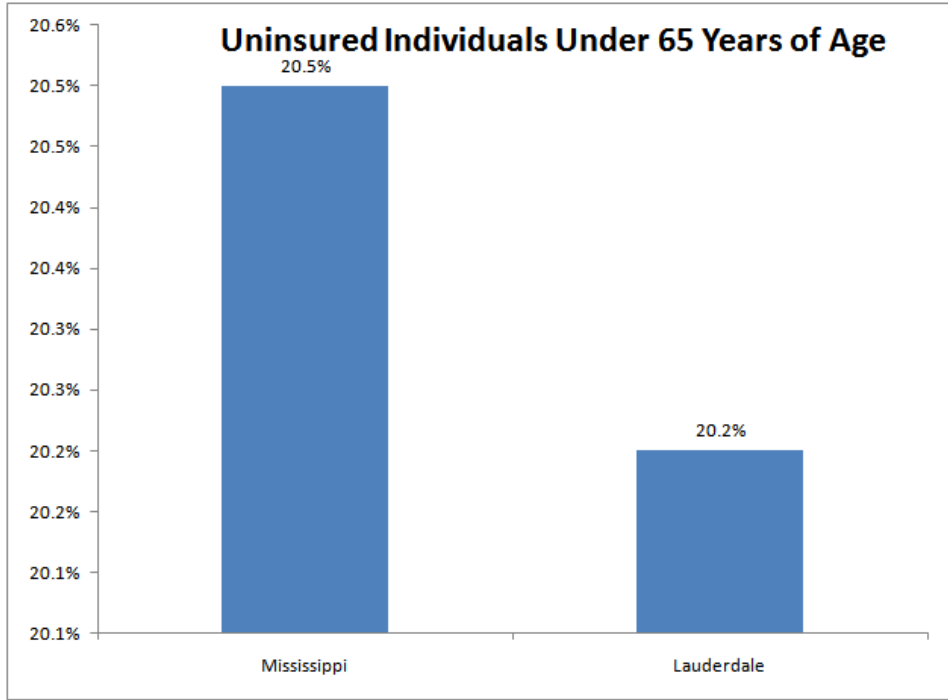
Source: Woods and Poole, CEDDS 2008

The poverty rate is an important indicator of health because mortality, prevalence of chronic disease, and poor mental health are generally higher for the poor. In 2008, the poverty rate in Lauderdale County matched the poverty rate in Mississippi at 20.8%. This equated to 16,109 persons (more than one in five) living in poverty in Lauderdale County in 2008.



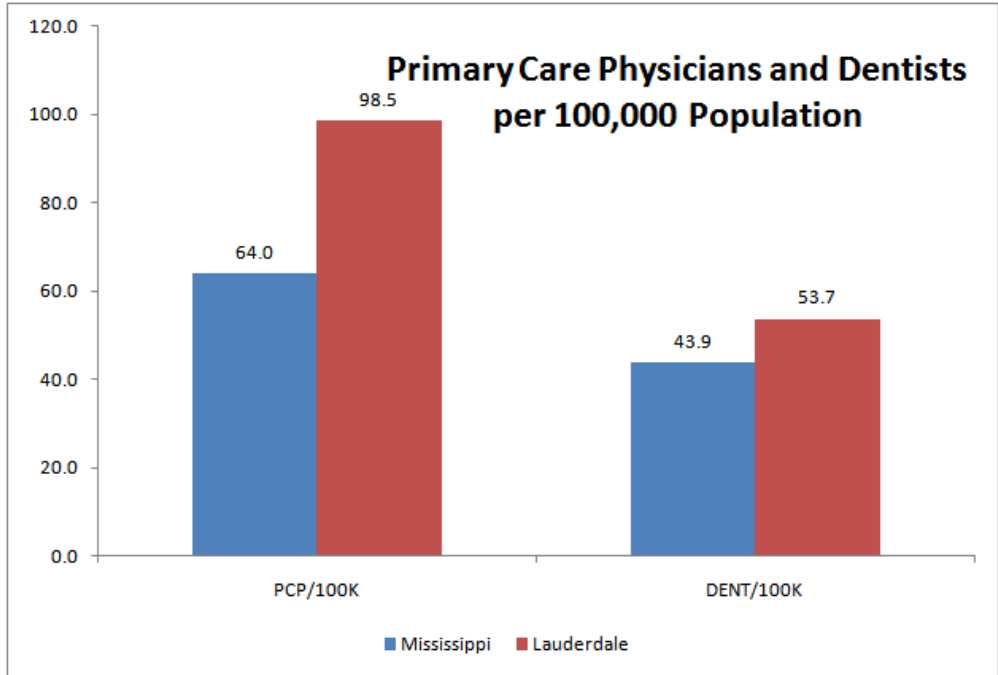
Source Woods and Poole, CEDDS 2008. Note: Net earnings includes wages, salaries and proprietor’s income less federal contributions for social security and Medicare. All values in current dollars.

The relationship of health and wealth has been well established in the literature. Two measures of personal wealth include net earnings per jobs, and per-capita income. Net earnings per job reflects the ability of the economy to support higher paying jobs. Per-capita income reflects non-wage income, such as dividends, interest, rent and transfer payments, such as social security. Lauderdale County had an average net earnings per job that was 13% lower than in Mississippi in 2008. Net earnings per job in Lauderdale County was \$30,634, while in Mississippi it was \$35,361. However, per-capita income in Lauderdale County was slightly higher than for Mississippi. In 2008, Lauderdale County had a per-capita income of \$30,747 while Mississippi was \$29,384. Combined, these data are a reflection of both an aging population as well as a substantial proportion of low wage earners and/or unemployed workers.



Source: U.S. Census Bureau, 2007 Small Area Health Insurance Estimates (2010 Release).

In 2008 there were 13,407 persons under the age of 65 who did not have health insurance in this county, or 20.2% of the county population. This rate of insurance non-coverage was just slightly lower than for Mississippi (20.5%) during the same period.

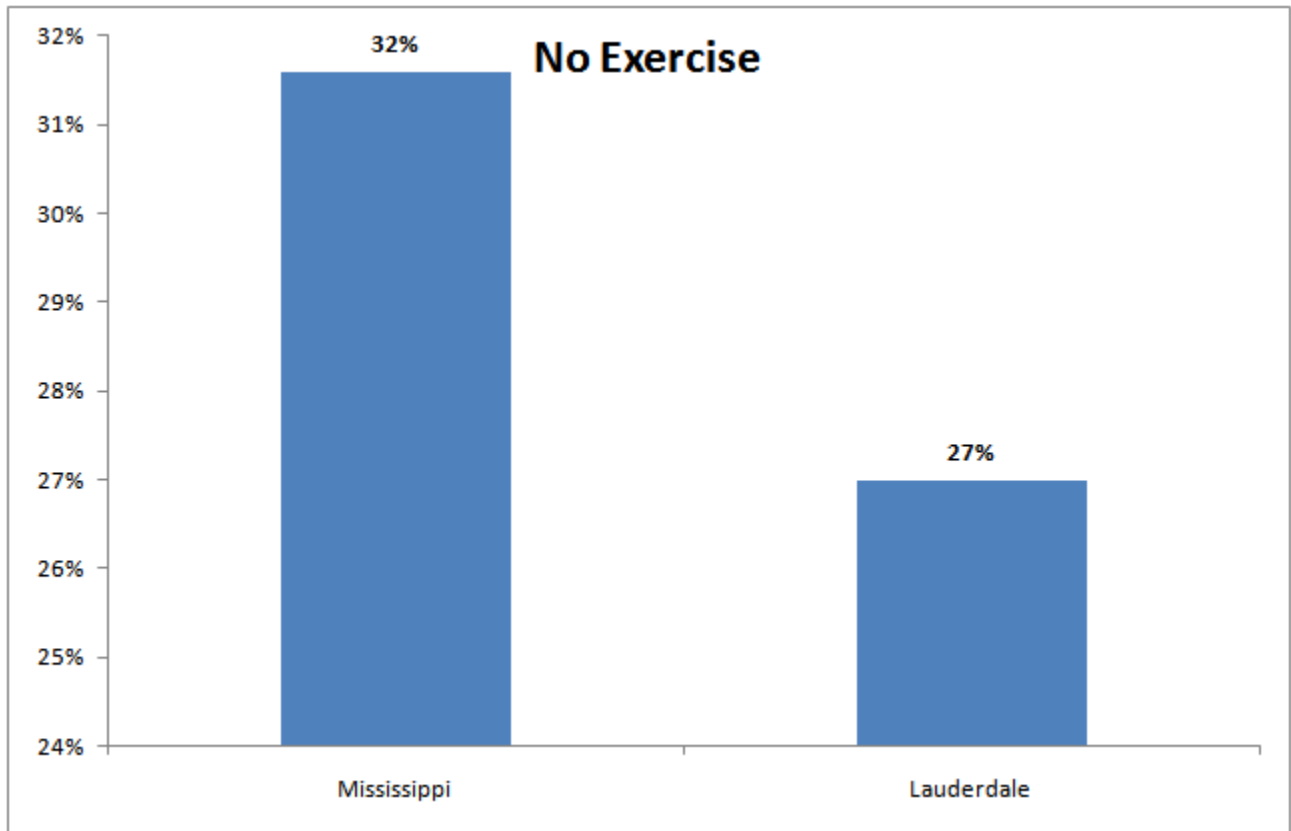


Source: Source: Community Health Status Indicators Database, 2009.

Lauderdale County had 98.5 primary care physicians per 100,000 population, and 53.7 dentists per 100,000 population. Preliminary data not shown here suggest that these rates may have declined in the past several years in Lauderdale County.

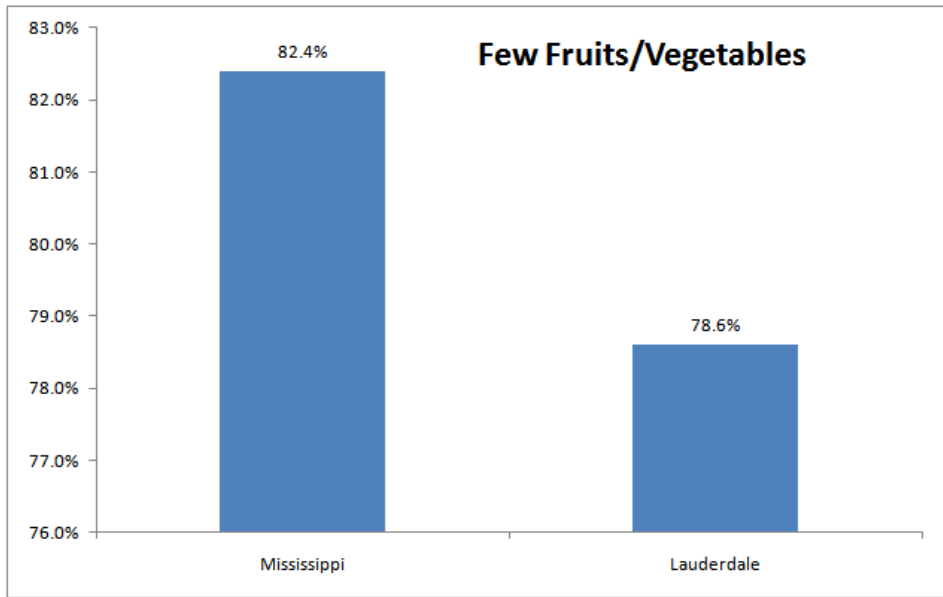
(Note: These data will be updated to reflect increases in PCPs over the past year)

Health Status Indicators



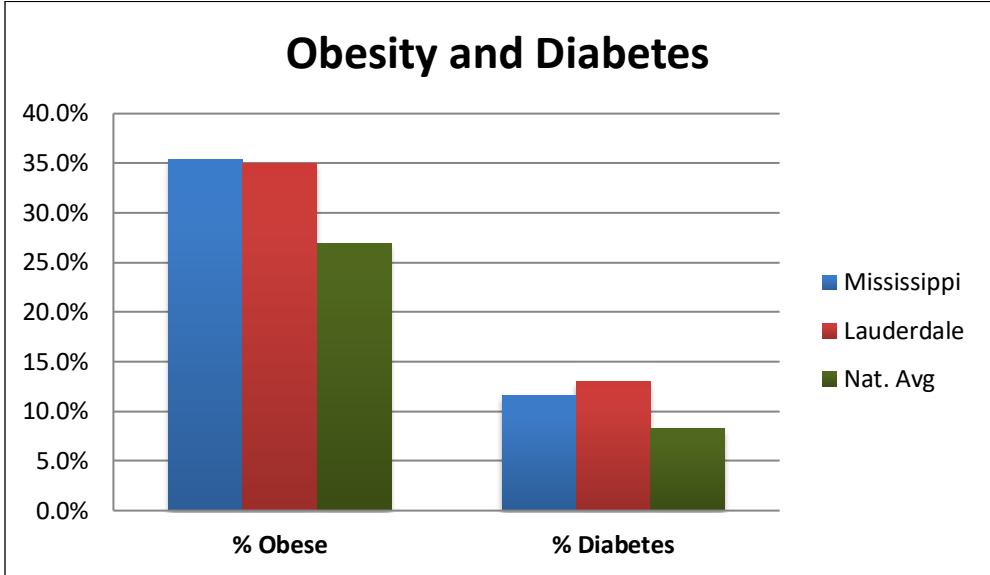
Source: Community Health Status Indicators Database, 2009.

No exercise is a risk factor for heart disease and cancer. Persons who do not exercise are at a higher risk of disease and its effects. In Lauderdale County, 27% of adult respondents reported no participation in any leisure-time physical activities or exercises in the past month. This compared favorably to the statewide average of 32%.



Source: Community Health Status Indicators Database, 2009.

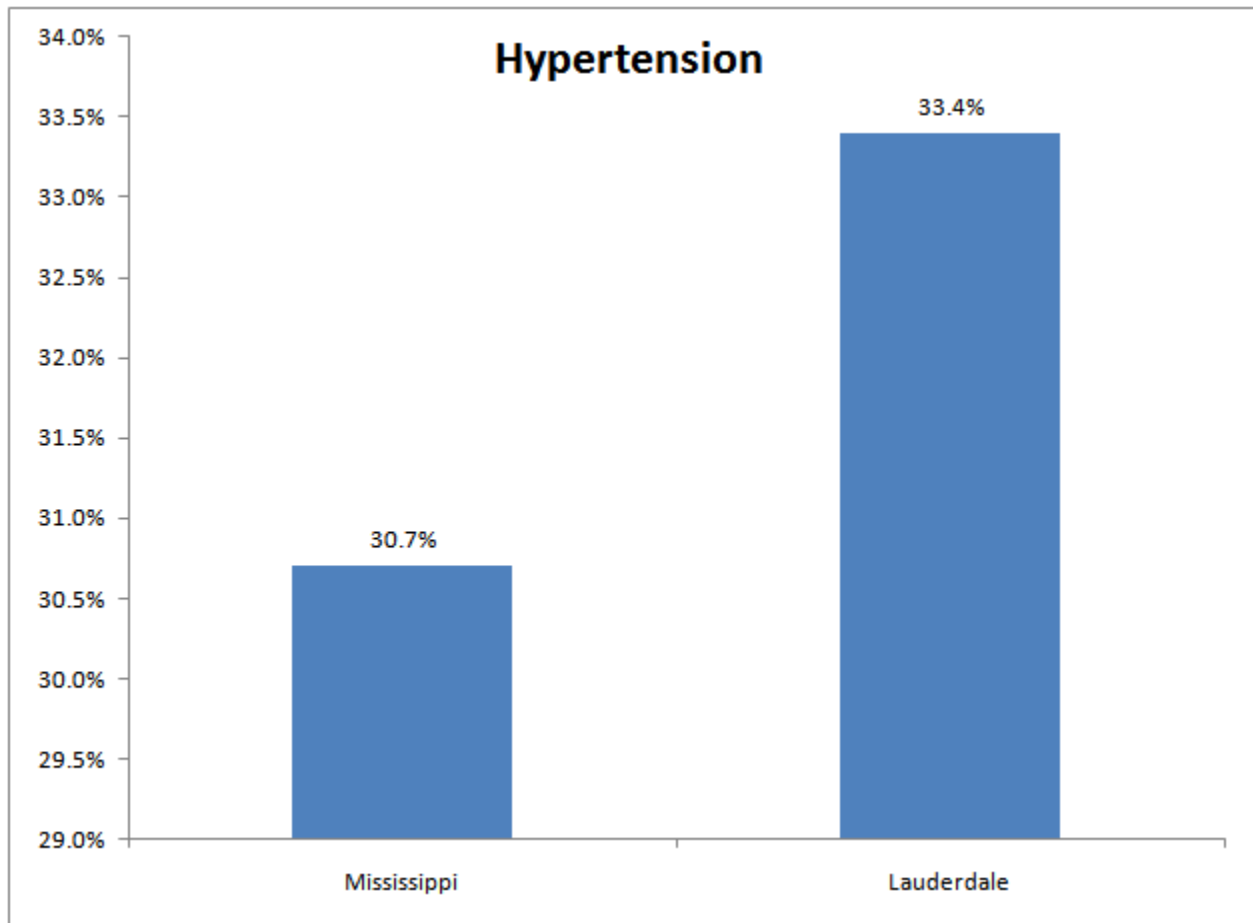
Not eating enough servings of fruits and vegetables is a risk factor for heart disease and cancer. Persons who do not eat enough fruits and vegetables are at a higher risk of chronic disease and its effects. In Lauderdale County, 79% of adult respondents reported an average fruit and vegetable consumption of less than 5 servings per day in the past month. This compared favorably to the statewide average of 82%.



Source: National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control.

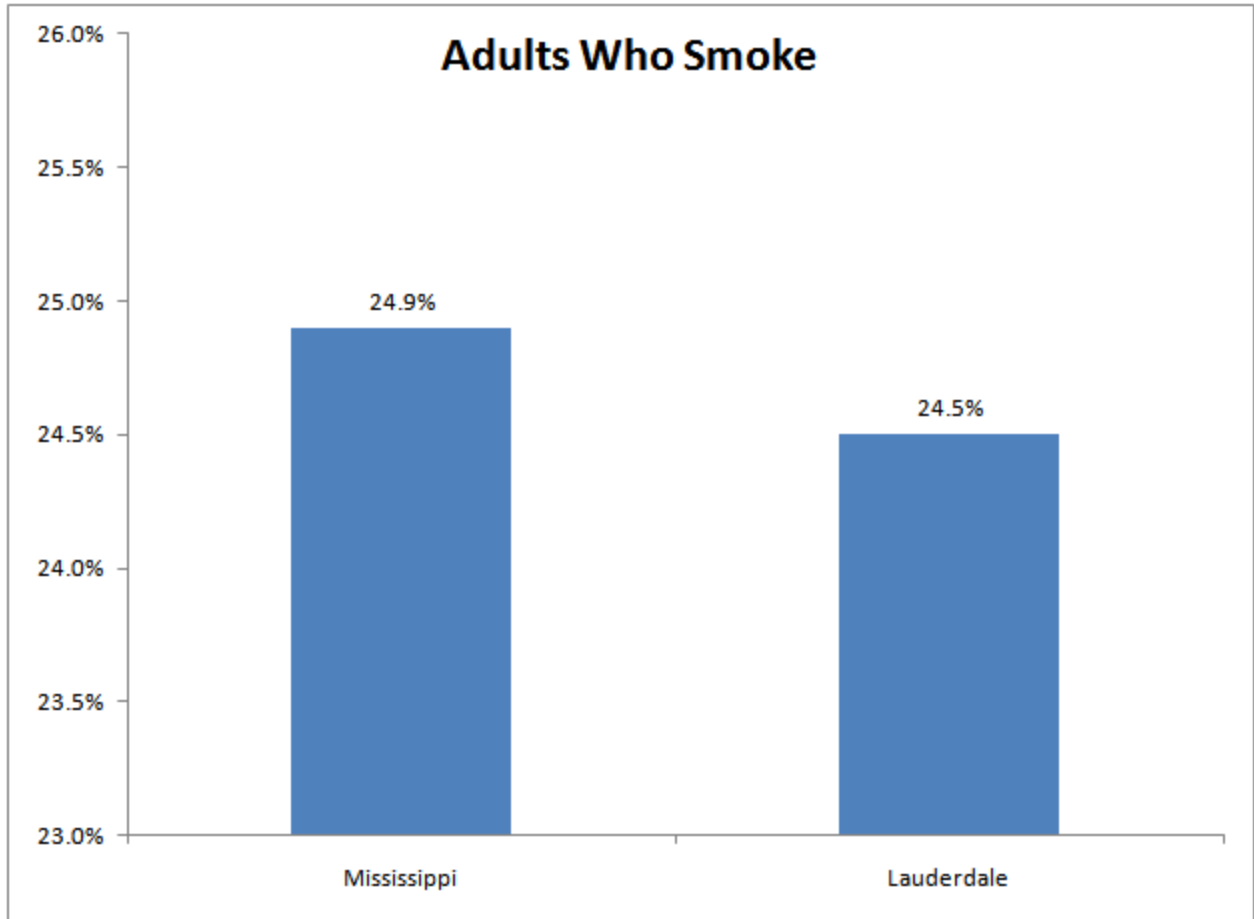
Risks related to being overweight and obese are a significant concern. Persons with high body mass index scores are at risk for health problems related to being overweight or obese, including chronic diseases such as heart disease and diabetes. In Lauderdale County, the obesity rate was 35% in 2010. This level of obesity equates to more than 27,000 persons in the county (more than one in three) who have a BMI score of 30 or higher. The obesity rate in Lauderdale County was slightly lower than in Mississippi, which had a rate of 35.4%.

Perhaps the most significant Obesity-related disease affecting the nation even more significantly, Mississippi and Lauderdale County is Diabetes. Diabetes, a condition caused by high blood sugar levels, can cause nerve damage, kidney failure, vision problems, and cardiovascular disease. The risk factors for diabetes include obesity, a sedentary lifestyle, unhealthy eating habits, family history, age, hypertension, and high cholesterol. In Lauderdale County, approximately 13% of respondents said that they had been told by a doctor that they have diabetes compared to a statewide prevalence of 11.6% and a national prevalence of 8.6%.



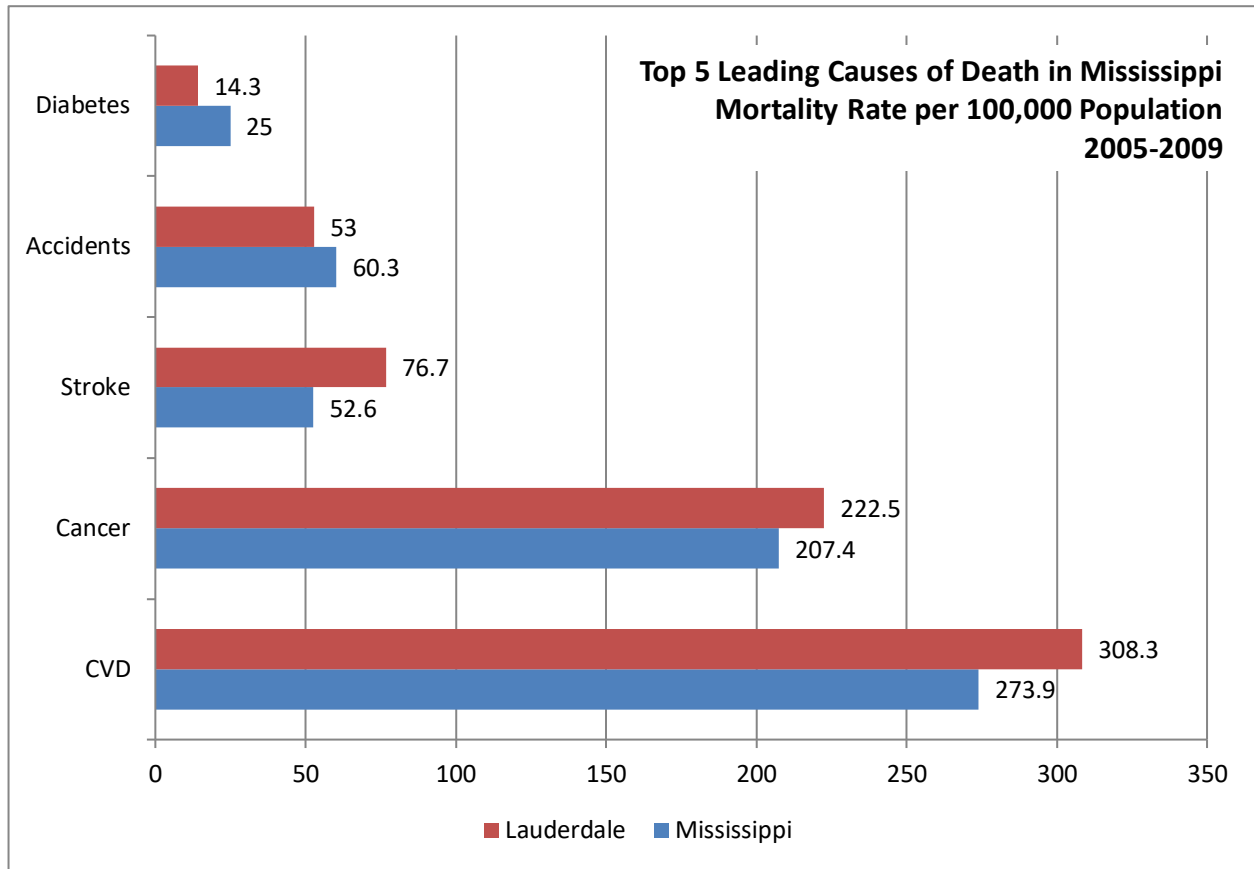
Source: Community Health Status Indicators Database, 2009.

The force of blood pushing against the walls of the arteries as the heart pumps out blood is called blood pressure. If this pressure rises and stays high over time, it can damage the body in many ways. High blood pressure (HBP) is a serious condition that can lead to coronary heart disease, heart failure, stroke, kidney failure, and other health problems. According to the American Heart Association, over 7 million Americans have suffered a heart attack in their lifetime. In Lauderdale County, 33.4% of respondents (25,867 adults) said that they have been told that they have high blood pressure.



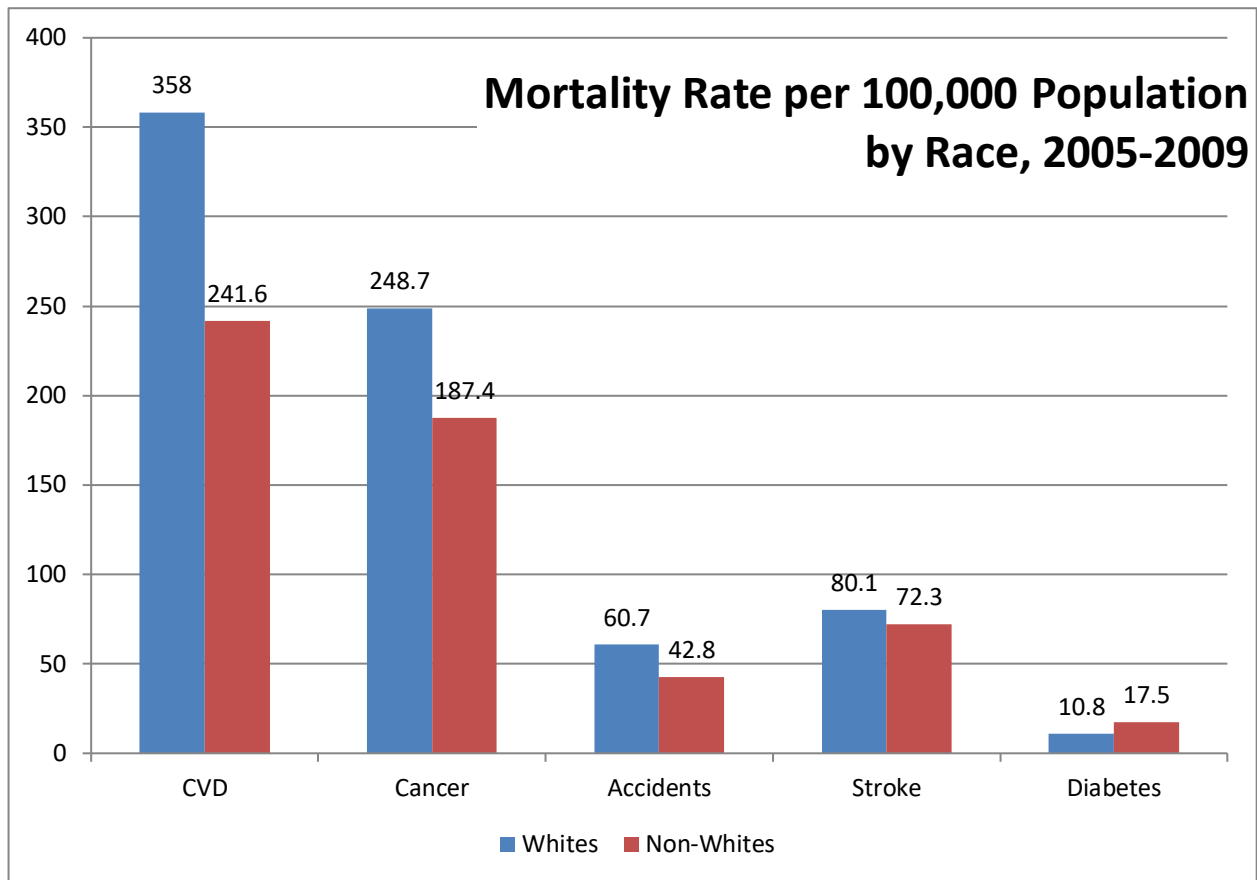
Source: Community Health Status Indicators Database, 2009.

Smoking increases a person’s risk for lung cancer and heart disease. People who smoke have a higher risk for heart attack, and the risk of heart disease increases the longer they smoke. People who smoke a pack of cigarettes a day have more than twice the risk of heart attack than non-smokers. Women who smoke and also take birth control pills increase several times their risk of heart attack, stroke, and peripheral vascular disease. In Lauderdale County there were 18,974 respondents (24.5%) who said they were currently smoking tobacco on a regular basis. This was slightly lower than the state rate of 24.9% during the same period.



Source: Mississippi Statistically Automated Health Resource System, average for 2005-2009.
 Notes: CVD – Cardiovascular Disease.

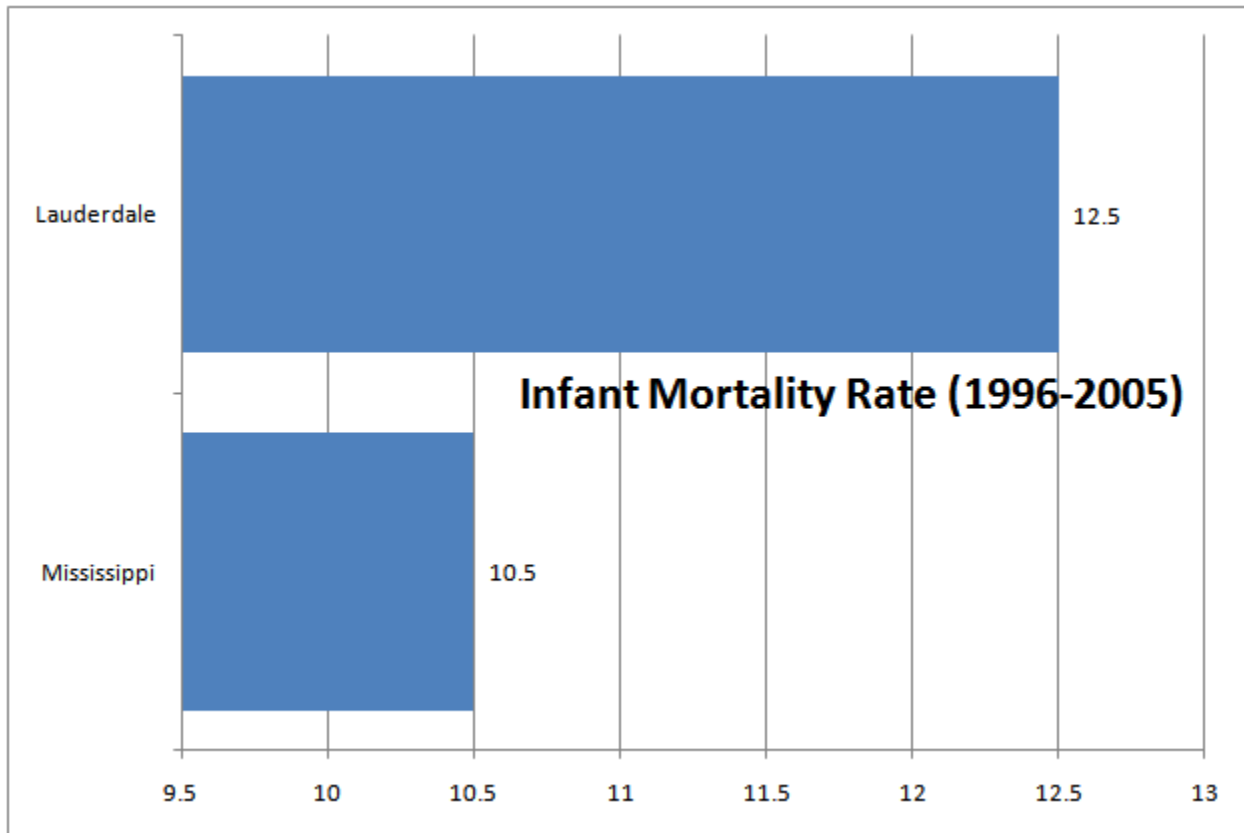
In Mississippi, the leading causes of death from 2005-2009 closely mirrored national leading causes of death, and included heart disease, cancer, stroke, unintentional injuries (i.e., accidents), and diabetes. In Lauderdale County heart disease and cancer were the leading causes of death. The mortality rate for heart disease in Lauderdale County was 308.3 deaths per 100,000 population, compared to 273.9 for Mississippi. The mortality rate for cancer in Lauderdale County was 222.5 deaths per 100,000 population, while the rate in Mississippi was 207.4 deaths per 100,000 population. The mortality rate for stroke was also higher than for Mississippi, but was lower for accidents and diabetes.



Source: Mississippi Statistically Automated Health Resource System, 2005-2009.

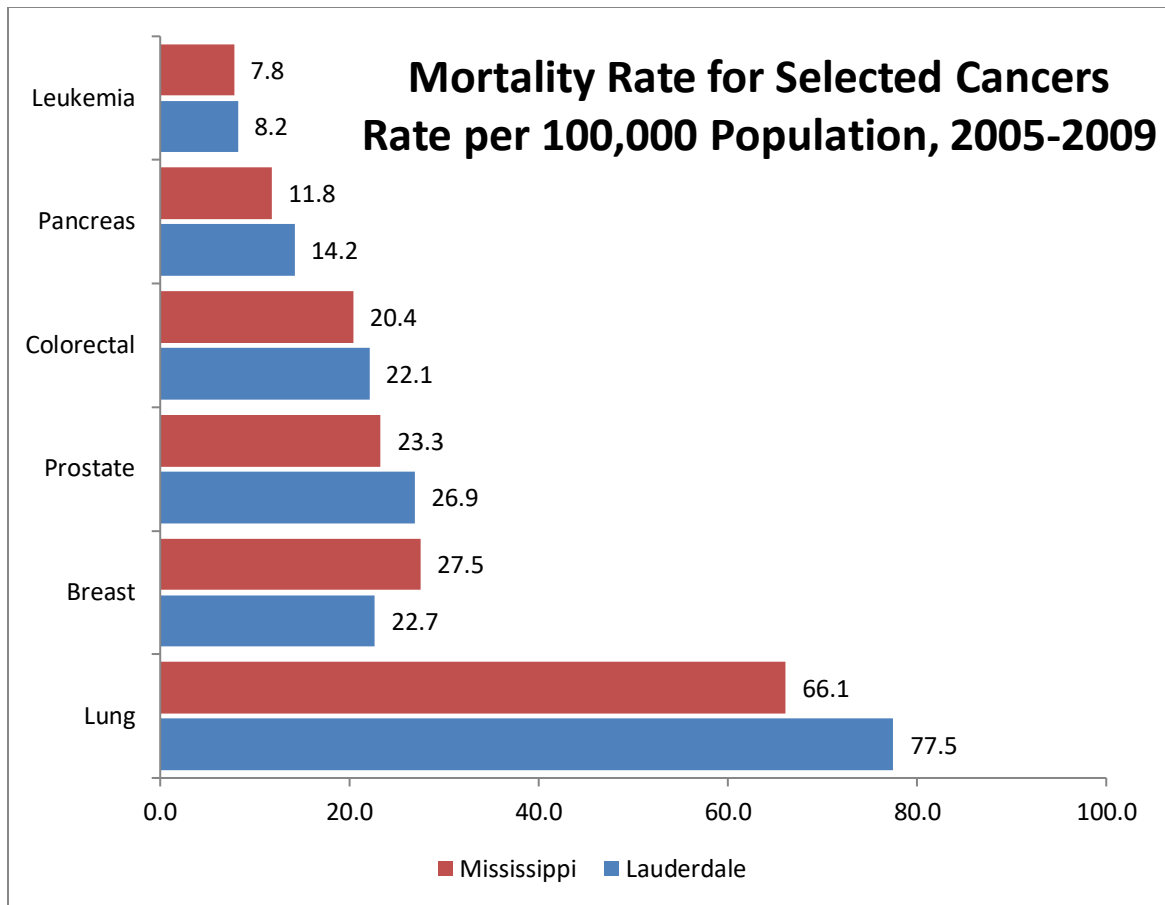
Notes: CVD – Cardiovascular Disease.

Mortality rates for leading causes of death for non-whites in Lauderdale County were generally lower than for whites. The mortality rate for cardiovascular disease (CVD) for whites was 358 versus 241.6 per 100,000 for non-whites. The mortality rate for cancer was 248.7 for whites and 187.4 for non-whites per 100,000 population. However, the non-white mortality rate for diabetes was 17.5 per 100,000 population, which was 62% higher than for whites.



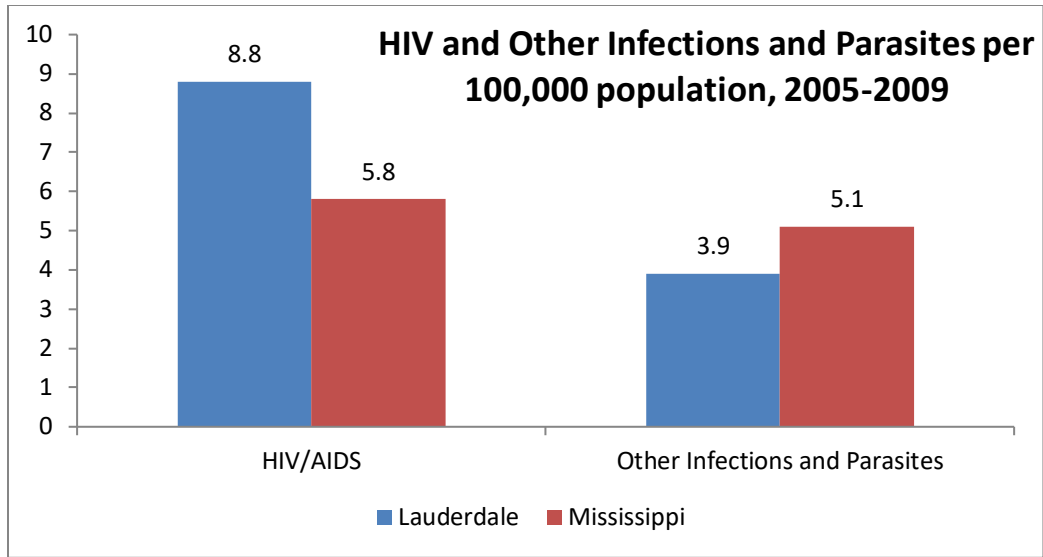
Source: Infant Mortality in Mississippi, 1996-2005: Trend and Risk Analysis

Infant mortality refers to the death of an infant in the first year of life. The leading causes of infant mortality are Premature birth or low birth weight, sudden infant death syndrome (SIDS), birth defects, accidents and maternal factors, such as smoking, chemical exposure, poor nutrition, infectious disease and age. From 1996 to 2007, the infant mortality rate in Lauderdale County was 12.5 deaths per 1,000 live births, almost 20% higher than the infant mortality rate in Mississippi. The Healthy People 2010 goal was to reduce infant mortality to a rate of 4.5 deaths per 1,000 live births.



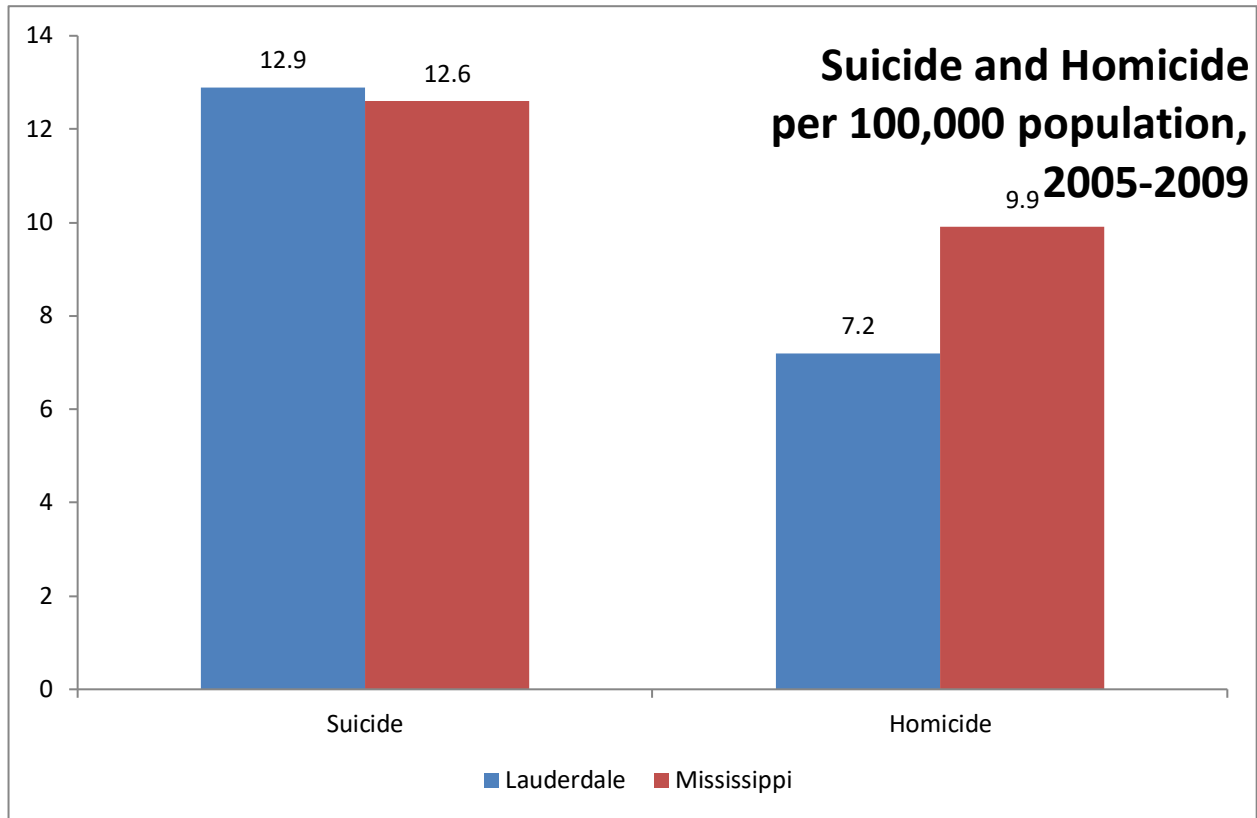
Source: Mississippi Statistically Automated Health Resource System, 2005-2009.

The highest rates of mortality for cancer-related deaths in Lauderdale County were for: lung cancer (77.5 deaths per 100,000 population); breast cancer (22.7 deaths per 100,000 population), and prostate cancer (26.9 deaths per 100,000). Compared to mortality rates at the state level the county had higher rates of death for lung, prostate, colorectal, pancreatic, and leukemia, but a lower rate of death for breast cancer.



Source: Mississippi Statistically Automated Health Resource System, 2005-2009.

From 2005 to 2009 the mortality rate for HIV/AIDS in Lauderdale County was 8.8 deaths per 100,000 population, which was more than 50% higher than the state rate of 5.8 deaths per 100,000 population in Mississippi. The mortality rate for other infections and parasites was lower in Lauderdale County than in the state during the same period of time.

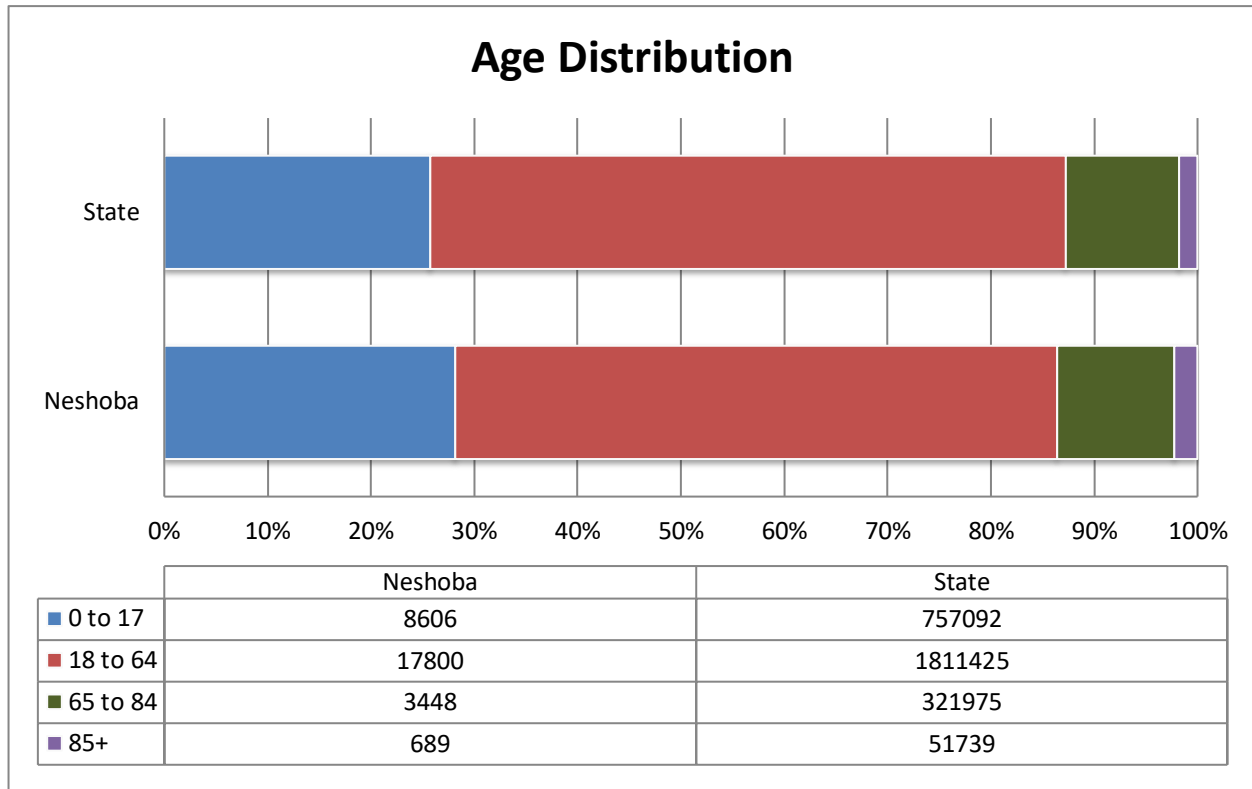


Source: Mississippi State Department of Health, Mississippi Statistically Automated Health Resource System, 2005-2009.

The suicide rate in Lauderdale County was 12.9 suicides per 100,000 population and was about the same as the state rate. The rate of homicide was about 25% lower than the state rate, with 7.2 homicides per 100,000 population compared to 9.9 homicides per 100,000 population in Mississippi during the same period of time.

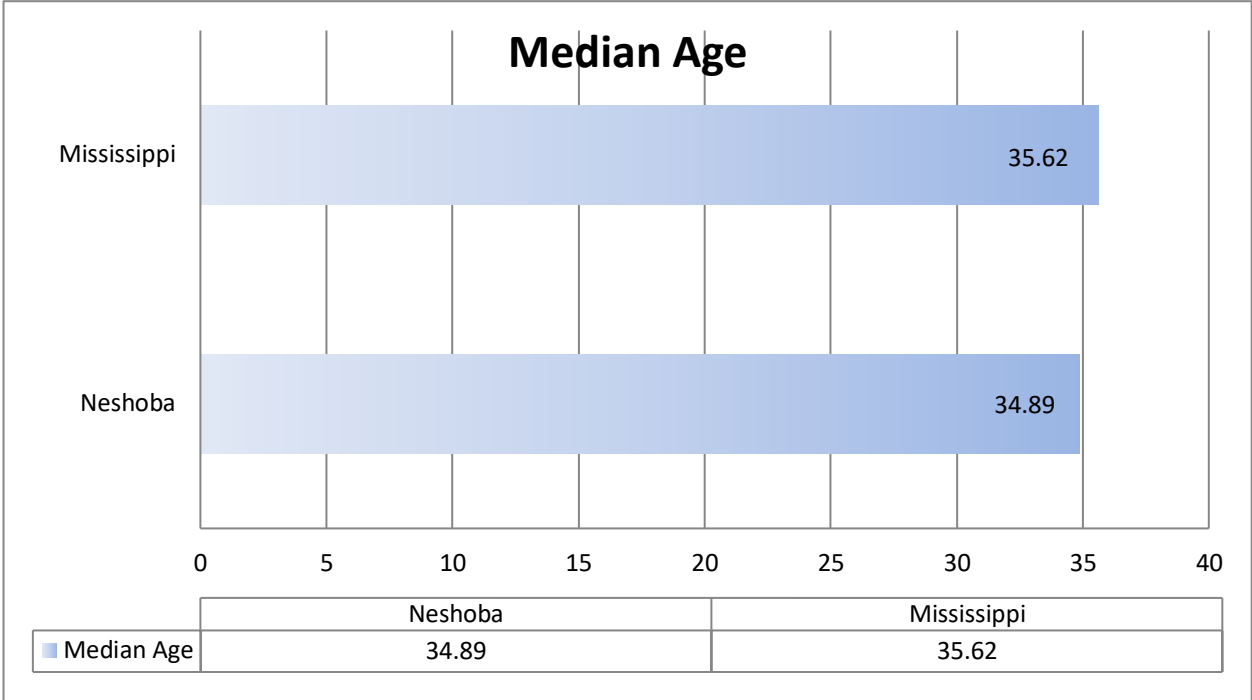
NESHOPA COUNTY

Age and Race



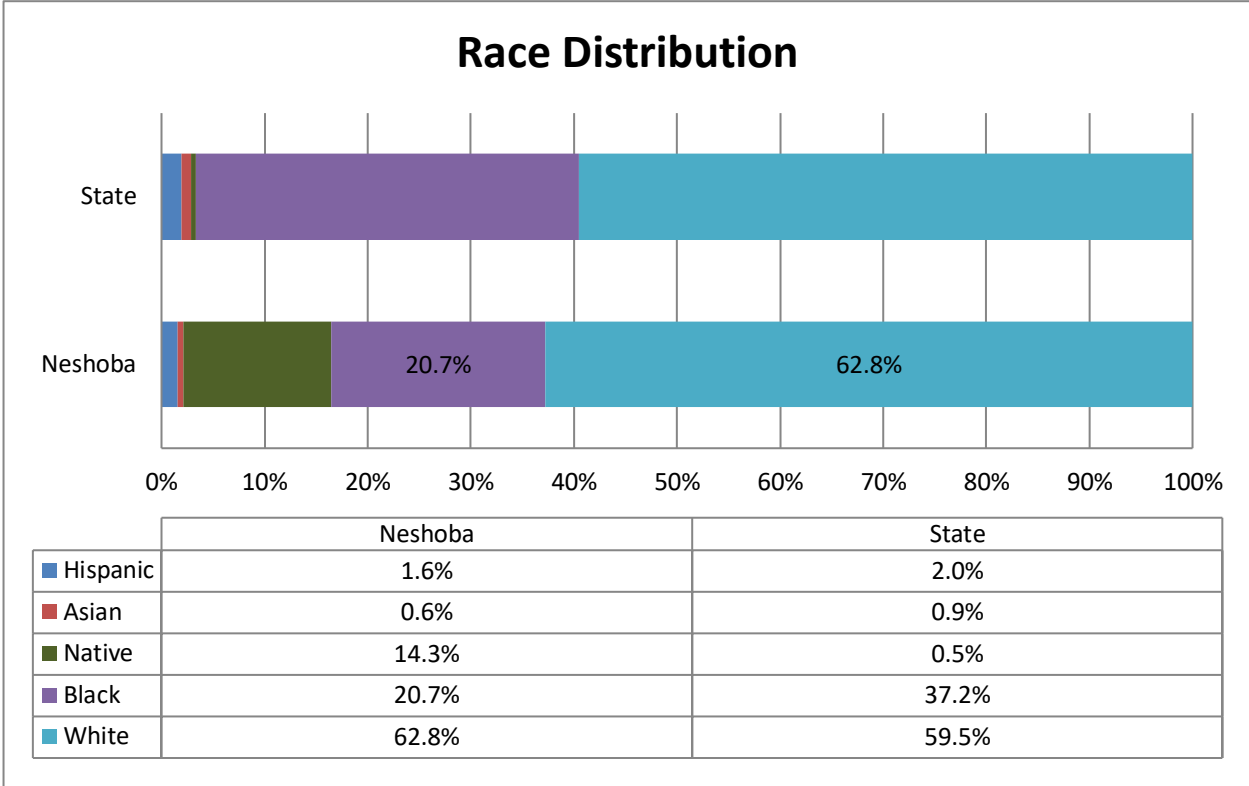
Source: Woods and Poole, CEDDS 2008.

The age composition of the population is an important determining factor for the prevalence and severity of health-related problems, and spending for health care services. In 2008, there were 4,137 persons age 65 years or older in Neshoba County. Elderly persons represented 14% of the total population, compared to 13% of the total population in the state. The elderly generally spend more on health care services than other age groups, and changes in Medicaid eligibility can affect medical care for this group.



Source: Woods and Poole, CEDDS 2008.

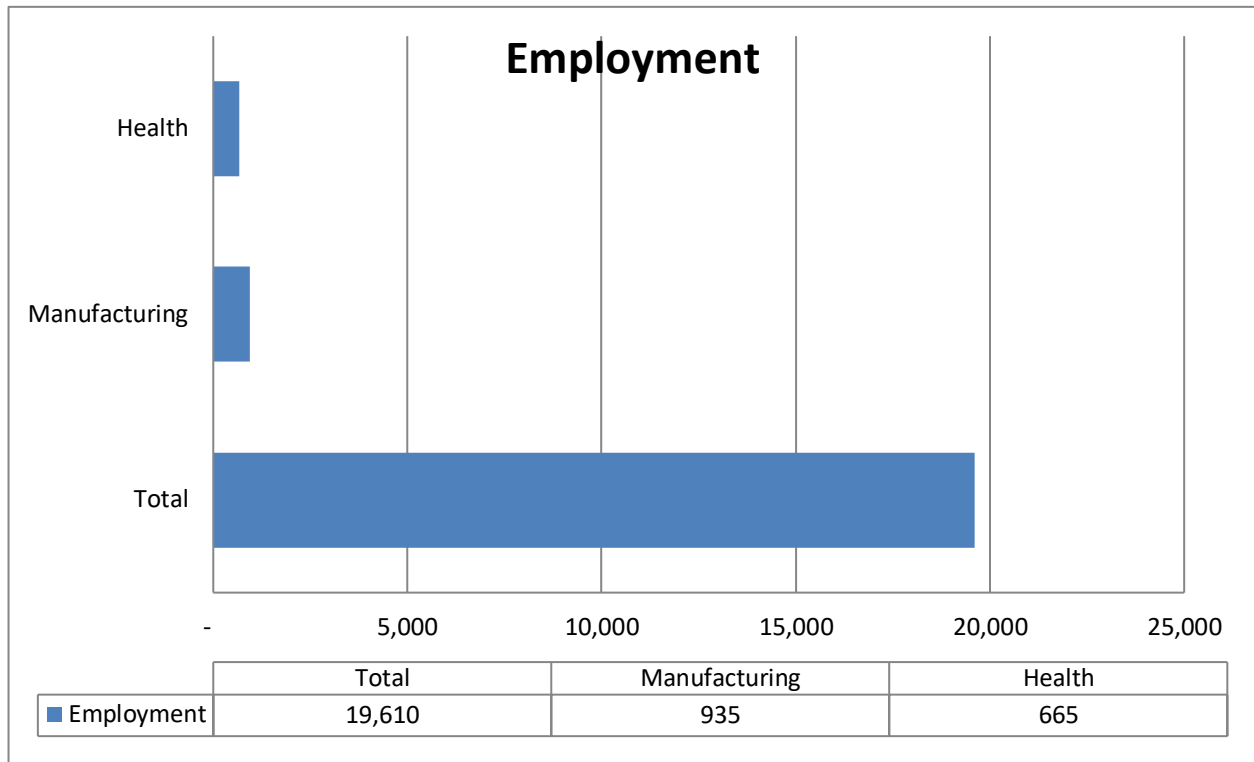
The median age in Neshoba County was 34.89 years for the total population, compared to 35.62 for the state’s population.



Source: Woods and Poole, CEDDS 2008

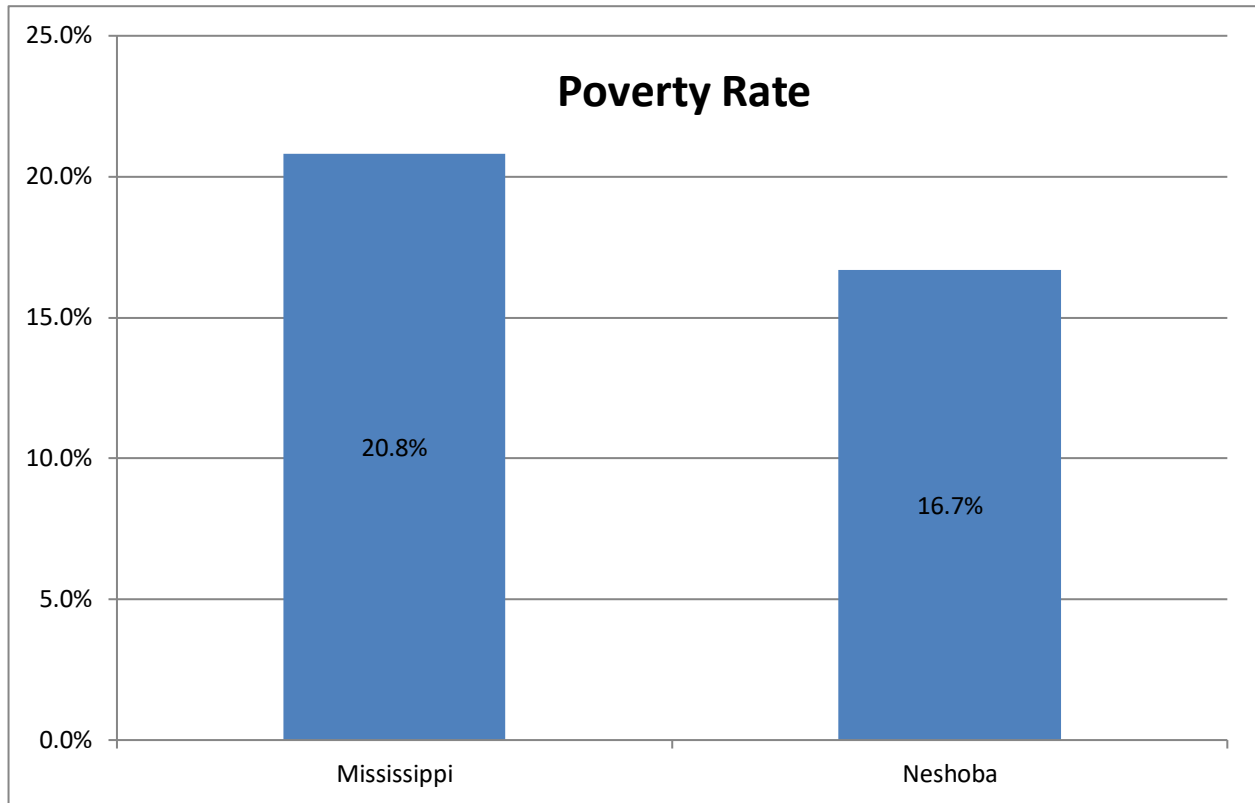
In the United States, health disparities have been reported in minority populations such as African Americans, Native Americans, Asian Americans, and Hispanics. The incidence of chronic diseases, such as heart disease and especially diabetes, as well as higher mortality rates, and poorer health outcomes are generally higher than for whites. In 2008, the minority population in aggregate made up 37.2% of the population, which was slightly lower than for the state in the same year. The African American population was 6,325 and accounted for 20.7% of the population; 19,179 persons (62.8%) were white.

Employment and Income



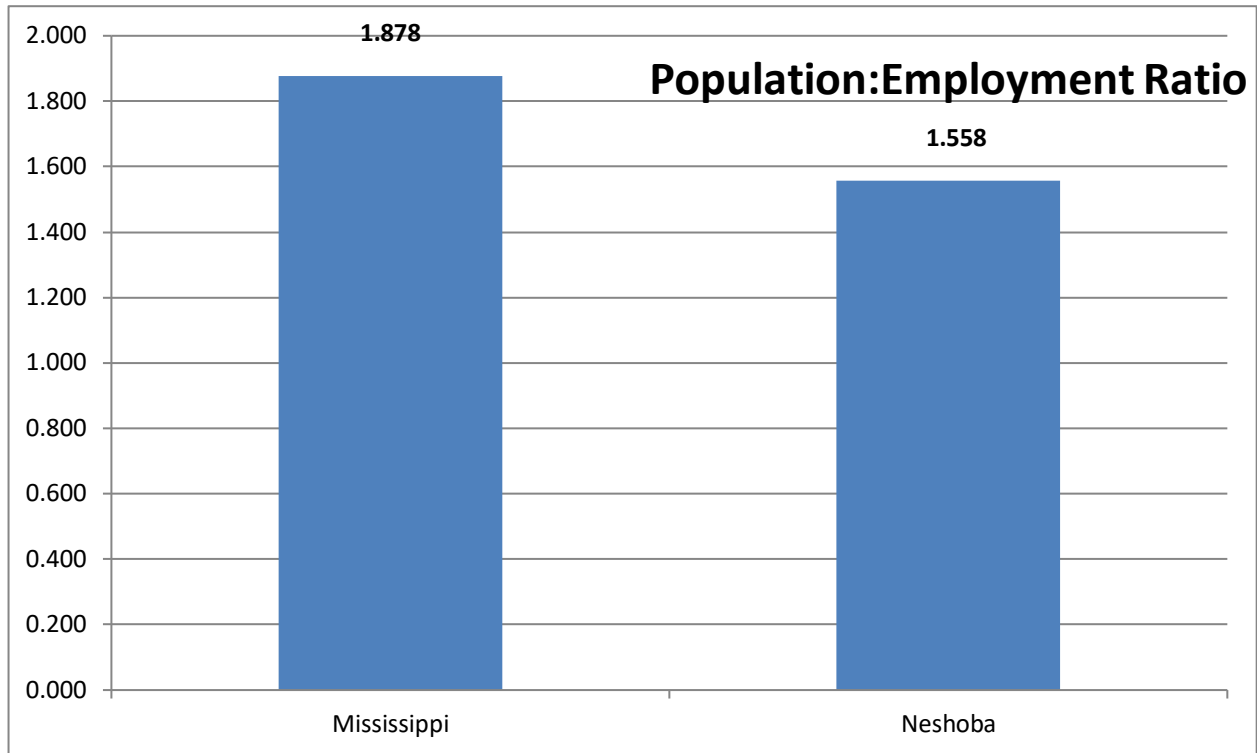
Source: Woods and Poole, CEDDS 2008

Total place-of-work employment in Neshoba County in 2008 was 19,610, and included 935 manufacturing jobs (4.8%), and 7,384 jobs (3.4%) in the health and social services sector.



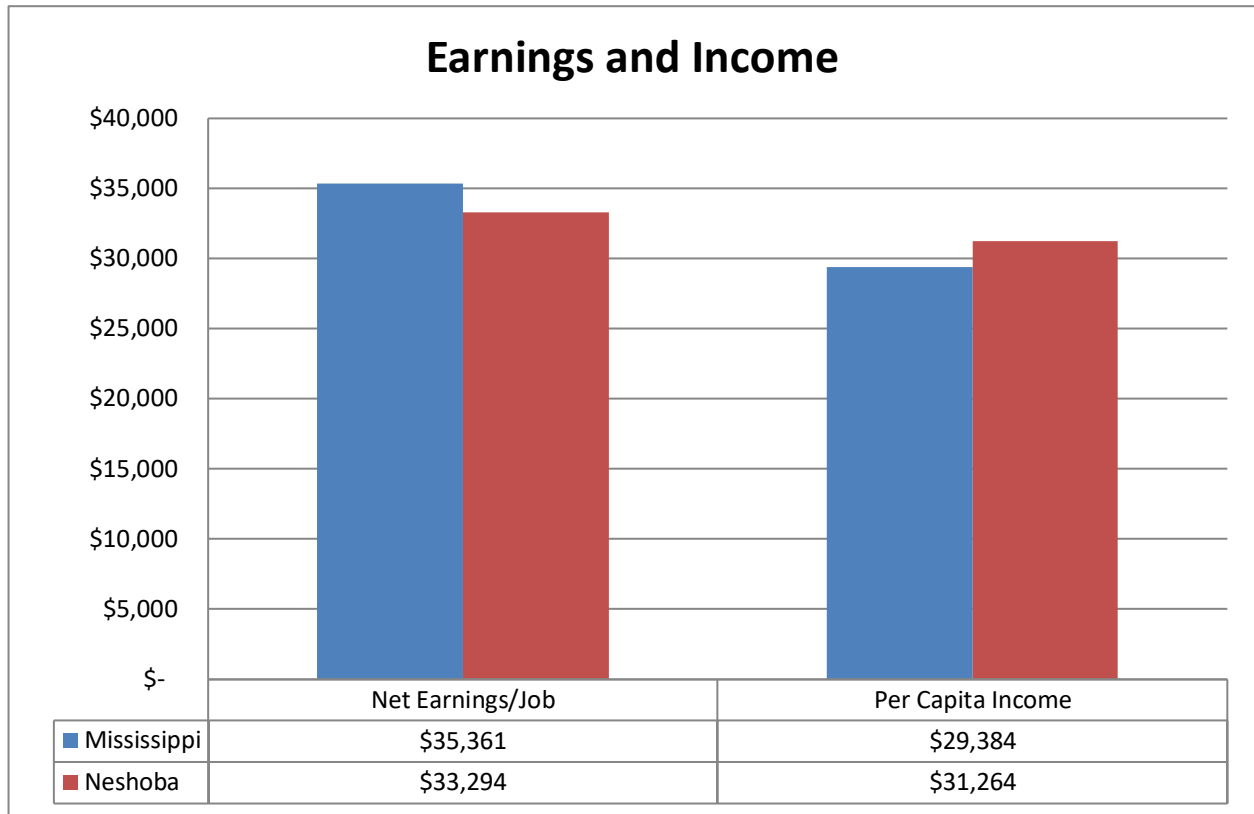
Source: Woods and Poole, CEDDS 2008

The poverty rate is an important indicator of health because mortality, prevalence of chronic disease, and poor mental health are generally higher for the poor. In 2008, the poverty rate in Neshoba County was 16.7% or 4.1 percentage points lower than for the state. This equated to 5,100 persons in the county who were living in poverty.



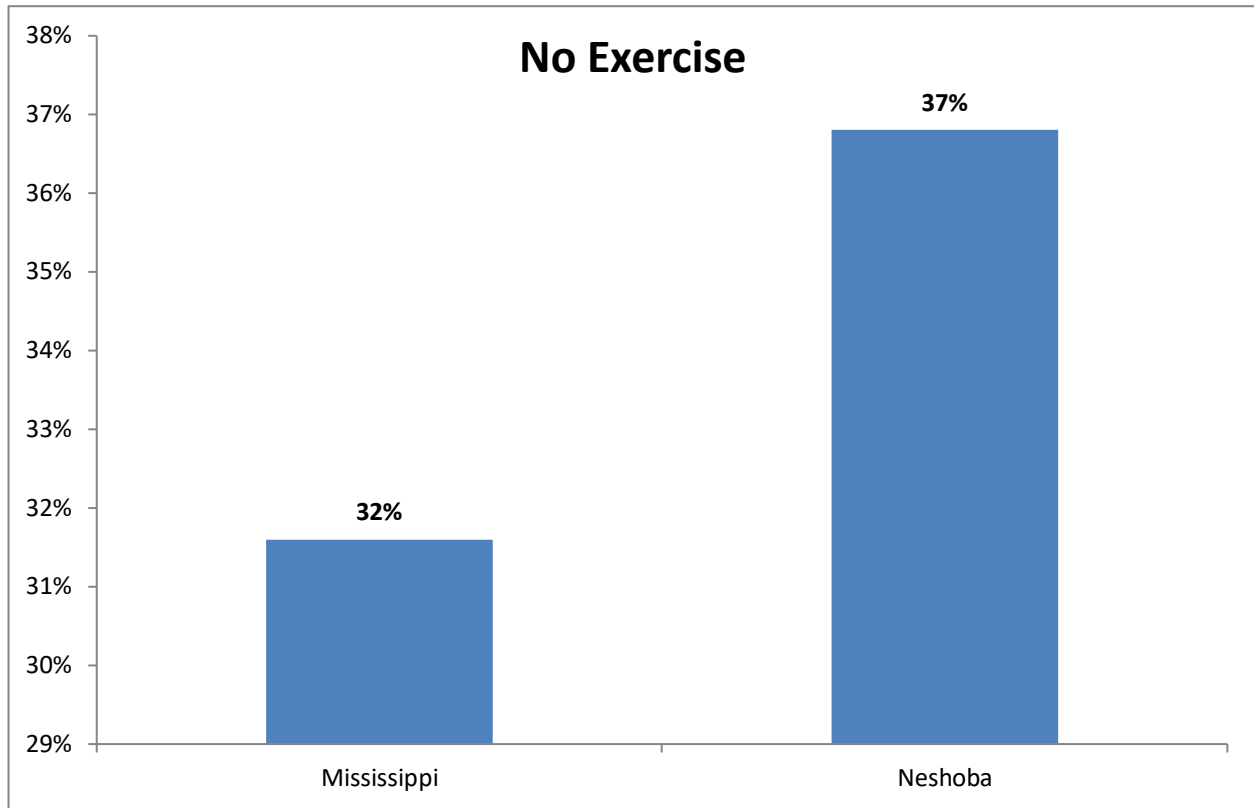
Source: Woods and Poole, CEDDS 2008

The ratio of total population to total employment can be used to evaluate the ability of the economy to create jobs. While this indicator does not consider working conditions, productivity, or earnings, it does provide a relative measure of the number of people in the local market per job. In 2008, the population:employment ratio was 1.558 in Neshoba County and 1.878 in Mississippi. These data suggest that when compared to Mississippi, the local economy had proportionally fewer people than jobs in the county when compared to the state.



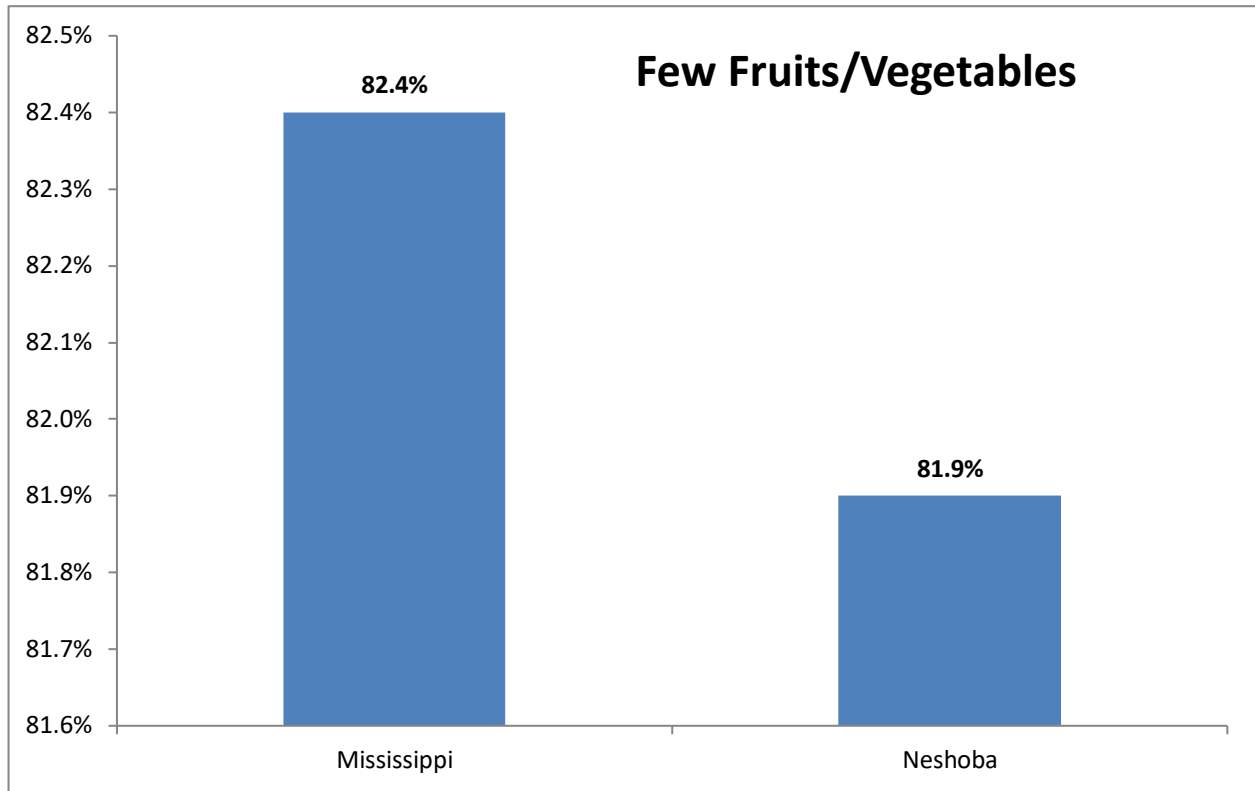
Source Woods and Poole, CEDDS 2008. Note: Net earnings includes wages, salaries and proprietor’s income less federal contributions for social security and Medicare. All values in current dollars.

The relationship of health and wealth has been well established in the literature. Two measures of personal wealth include net earnings per jobs, and per-capita income. Net earnings per job reflects the ability of the economy to support higher paying jobs. Per-capita income reflects non-wage income, such as dividends, interest, rent and transfer payments, such as social security. Neshoba County had an average net earnings per job that was 6.3% lower than in Mississippi in 2008. Net earnings per job in the county was \$33,294, while in Mississippi it was \$35,361. Per-capita income in the county was slightly higher than Mississippi. In 2008, the county had a per-capita income of \$31,264 while Mississippi had a per-capita income of \$29,384.



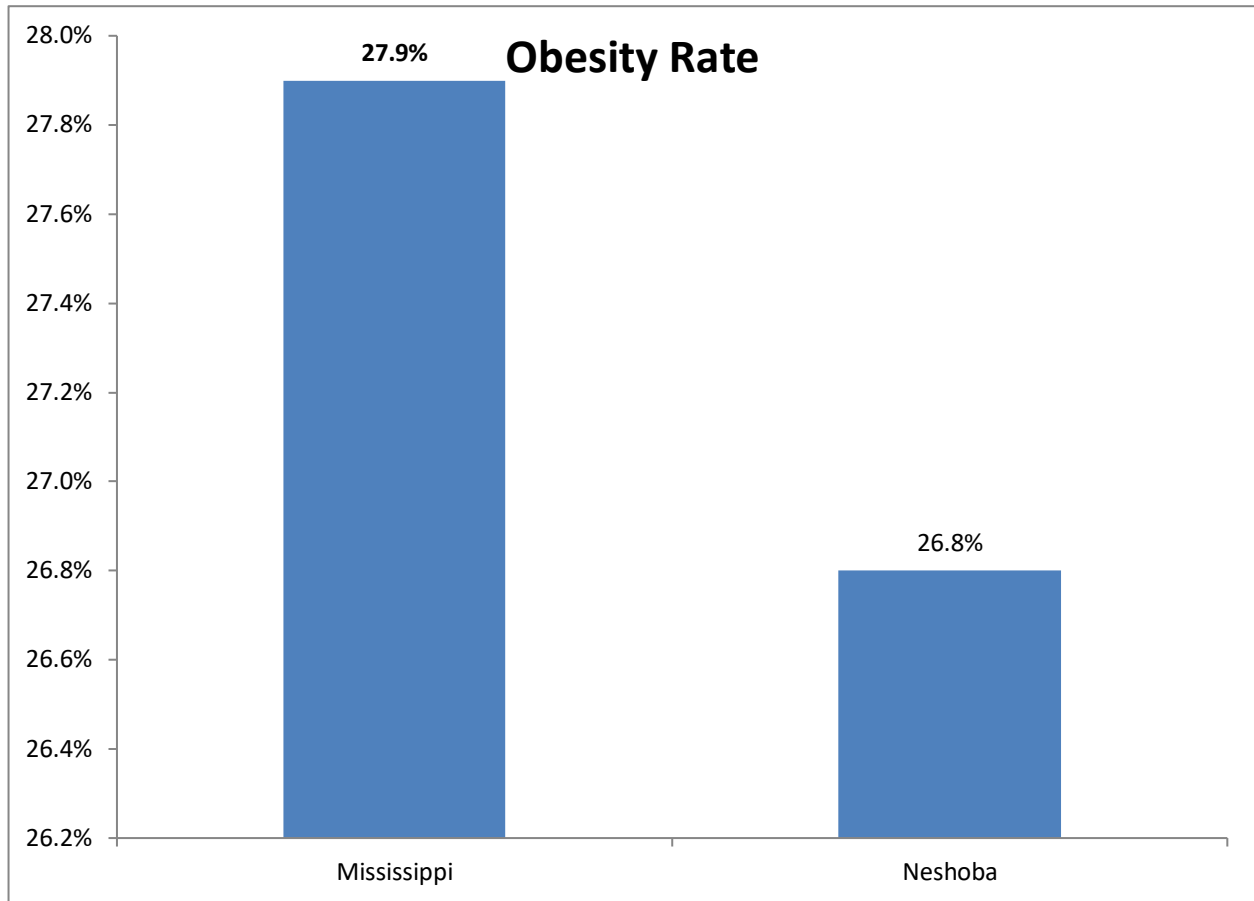
Source: Community Health Status Indicators Database, 2009.

No exercise is a risk factor for heart disease and cancer. Persons who do not exercise are at a higher risk of disease and its effects. In Neshoba County, 37% of adult respondents reported no participation in any leisure-time physical activities or exercises in the past month. This compared favorably to the statewide average of 32%.



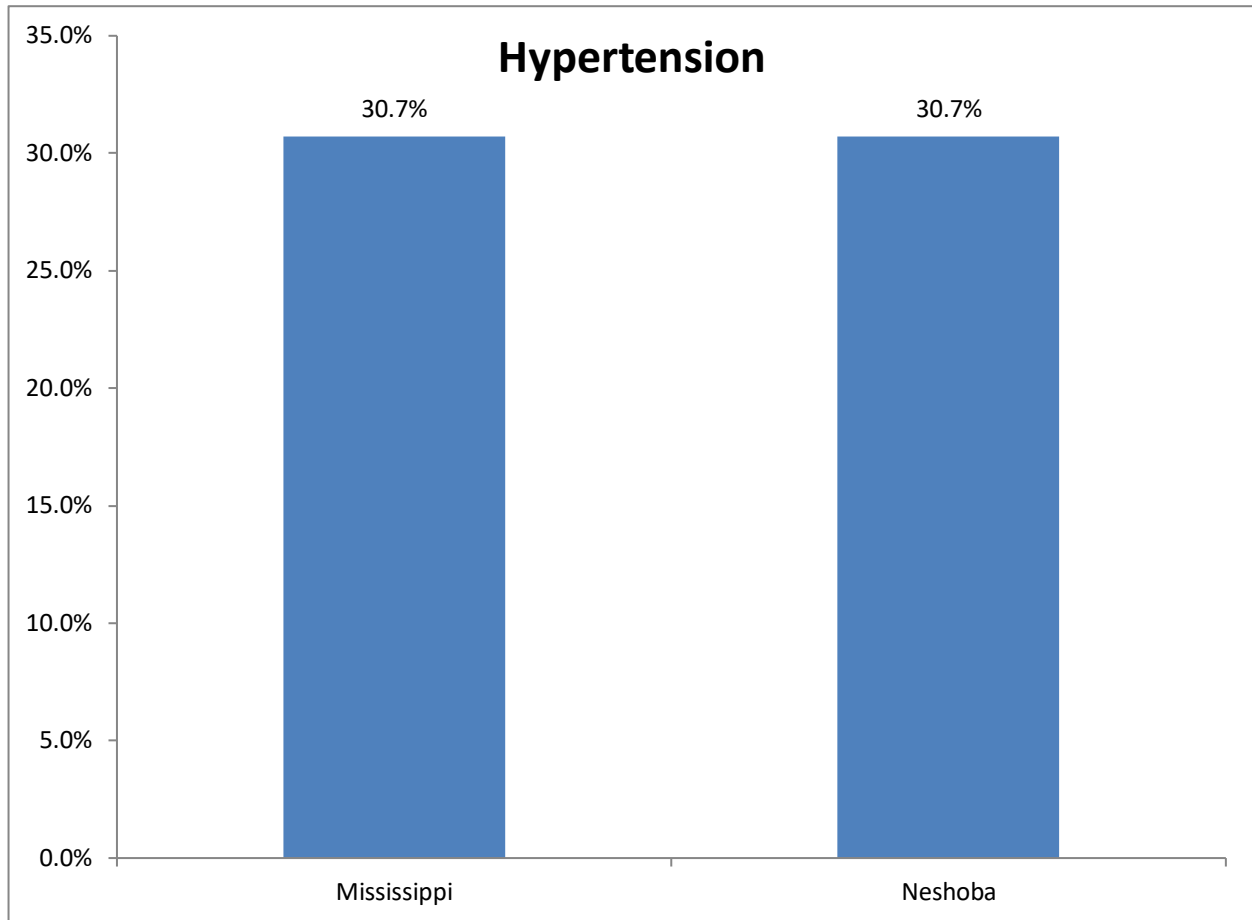
Source: Community Health Status Indicators Database, 2009.

Not eating enough servings of fruits and vegetables is a risk factor for heart disease and cancer. Persons who do not eat enough fruits and vegetables are at a higher risk of chronic disease and its effects. In Neshoba County, 81.9% of adult respondents reported an average fruit and vegetable consumption of less than 5 servings per day in the past month. This was about the same as the state rate.



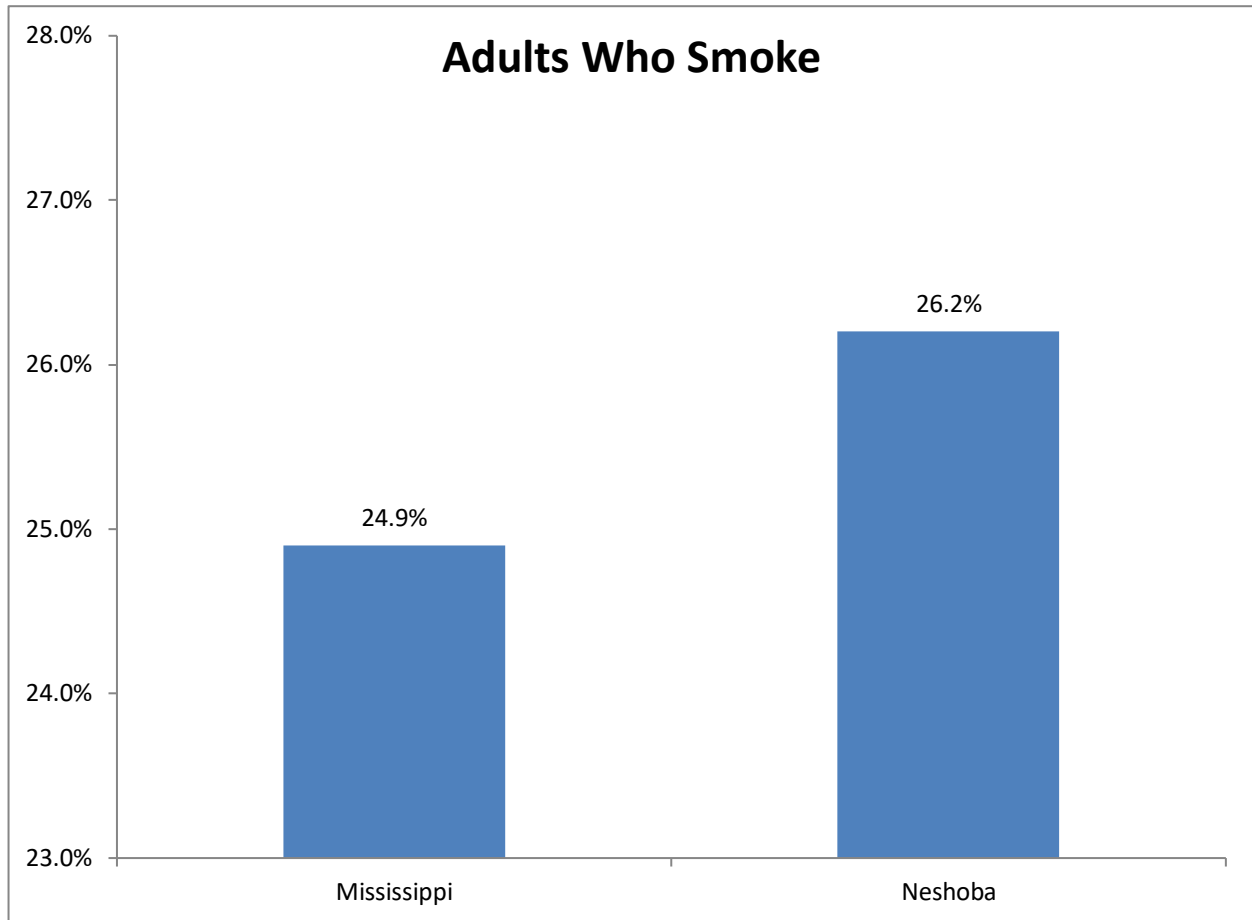
Source: Community Health Status Indicators Database, 2009.

Risks related to being overweight and obese are a significant concern. Persons with high body mass index scores are at risk for health problems related to being overweight or obese, including chronic diseases such as heart disease and diabetes. In Neshoba County, the obesity rate was 26.8% in 2008. This level of obesity equate to more than 8,100 persons in the county who have a BMI score of 30 or higher. The obesity rate in county was slightly lower than in Mississippi, which had a rate of 27.9%.



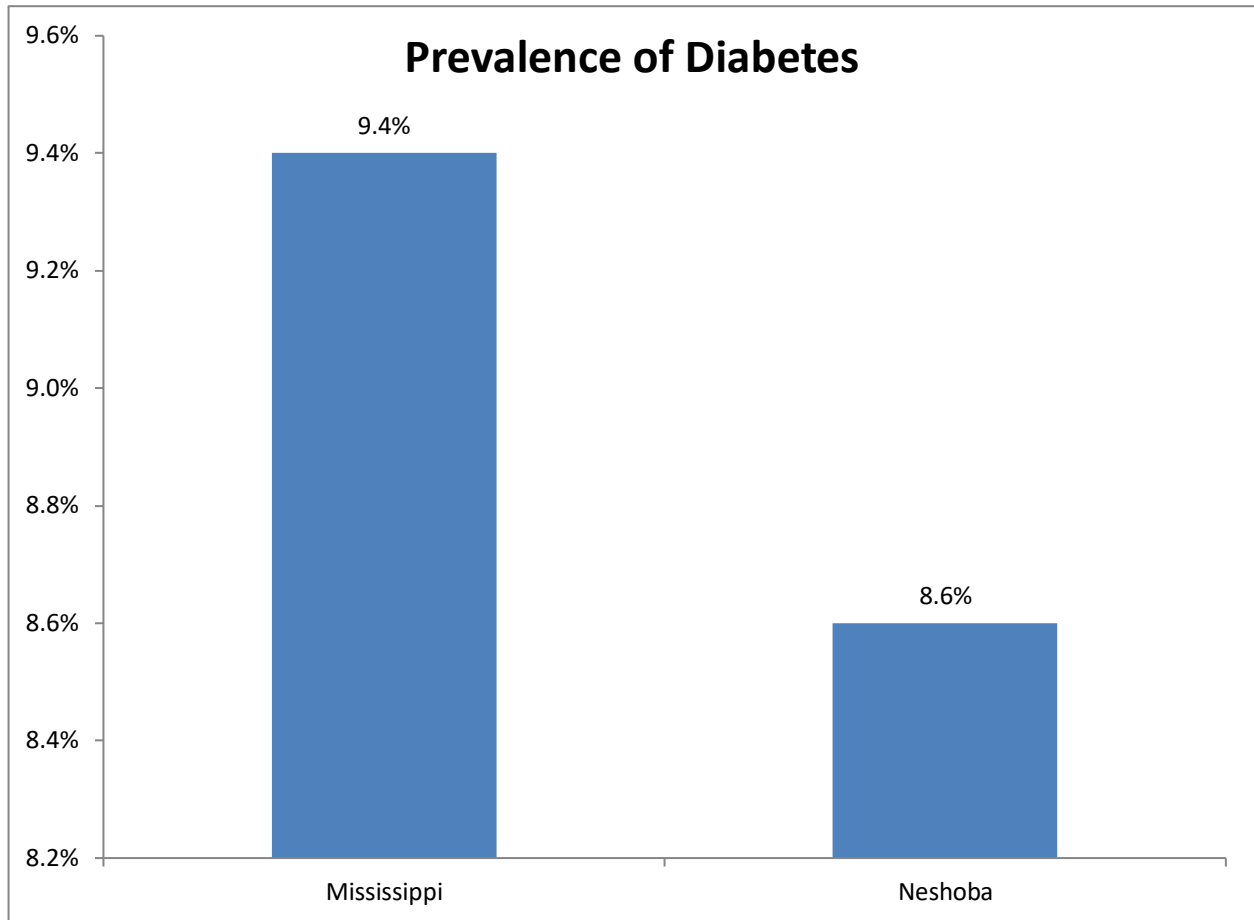
Source: Community Health Status Indicators Database, 2009.

The force of blood pushing against the walls of the arteries as the heart pumps out blood is called blood pressure. If this pressure rises and stays high over time, it can damage the body in many ways. High blood pressure (HBP) is a serious condition that can lead to coronary heart disease, heart failure, stroke, kidney failure, and other health problems. According to the American Heart Association, over 7 million Americans have suffered a heart attack in their lifetime. In Neshoba County, 30.7% of respondents (9,376 adults) said that they have been told that they have high blood pressure.



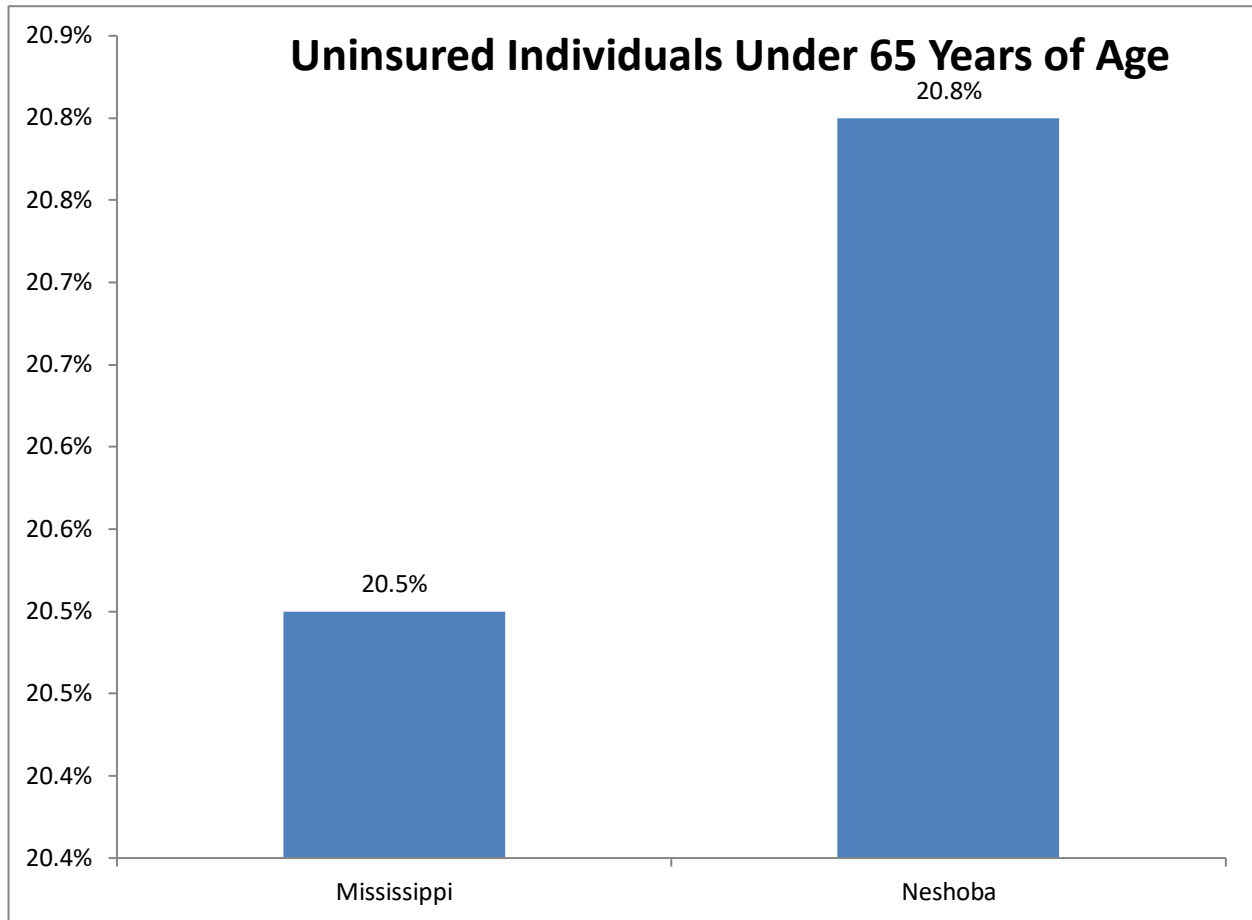
Source: Community Health Status Indicators Database, 2009.

Smoking increases a person's risk for lung cancer and heart disease. People who smoke have a higher risk for heart attack, and the risk of heart disease increases the longer they smoke. People who smoke a pack of cigarettes a day have more than twice the risk of heart attack than non-smokers. Women who smoke and also take birth control pills increase several times their risk of heart attack, stroke, and peripheral vascular disease. In Neshoba County there were 8,002 respondents (26.2%) who said they were currently smoking tobacco on a regular basis. This was slightly higher than the state rate of 24.9% during the same period.



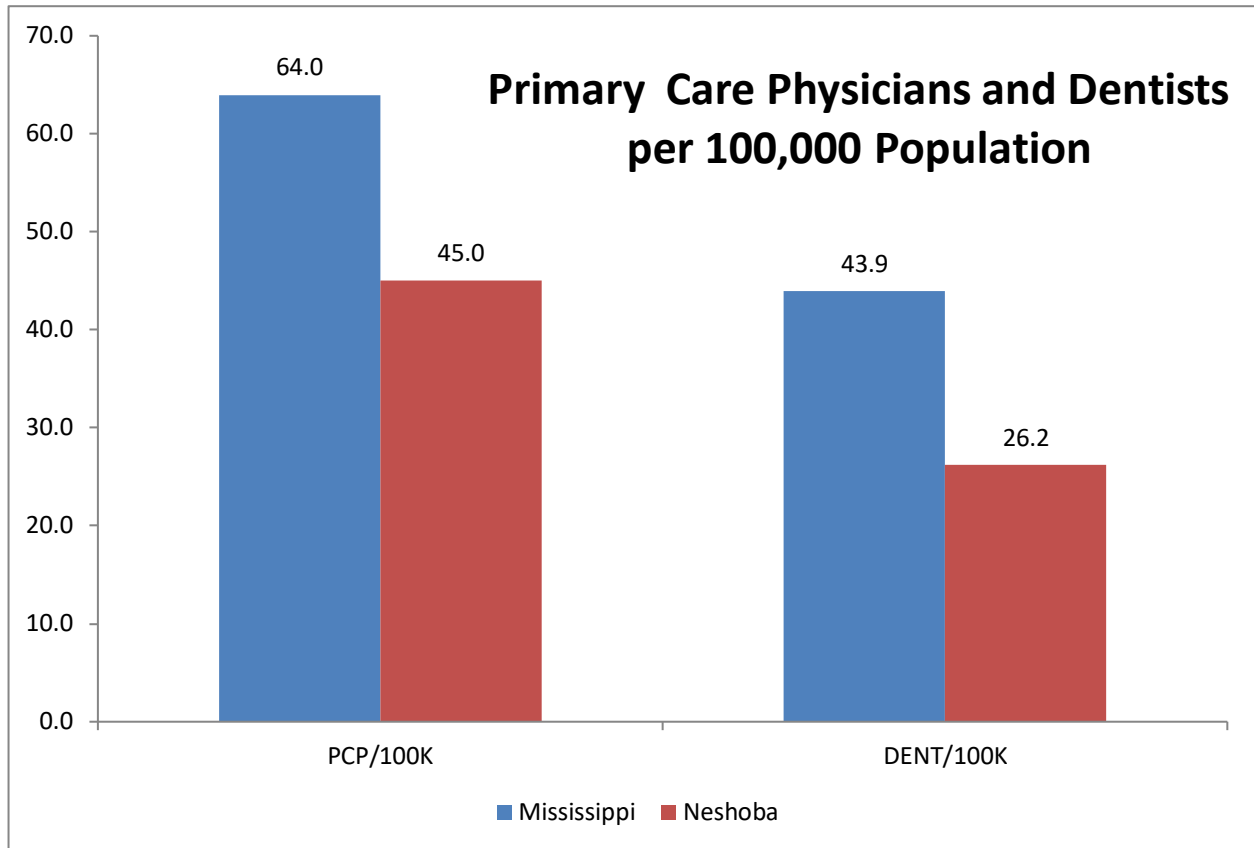
Source: Community Health Status Indicators Database, 2009.

Diabetes, a condition caused by high blood sugar levels, can cause nerve damage, kidney failure, vision problems, and cardiovascular disease. The risk factors for diabetes include obesity, a sedentary lifestyle, unhealthy eating habits, family history, age, hypertension, and high cholesterol. In Neshoba County, 8.6% of respondents (more than 2,500 adults) said that they had been told by a doctor that they have diabetes.



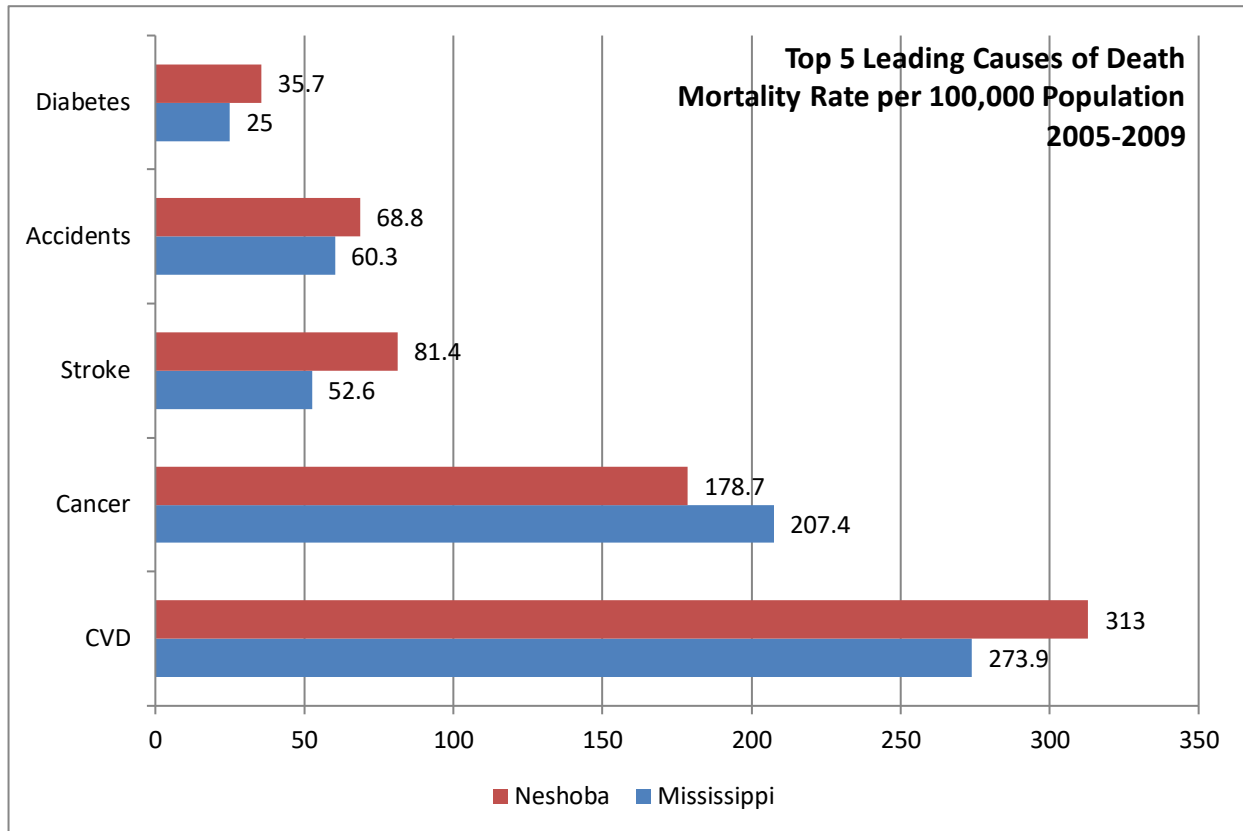
Source: U.S. Census Bureau, 2007 Small Area Health Insurance Estimates (2010 Release).

In 2008 there were 6,352 persons under the age of 65 who did not have health insurance in this county, or 20.8% of the county population. This rate of insurance non-coverage was higher than for Mississippi during the same period.



Source: Source: Community Health Status Indicators Database, 2009.

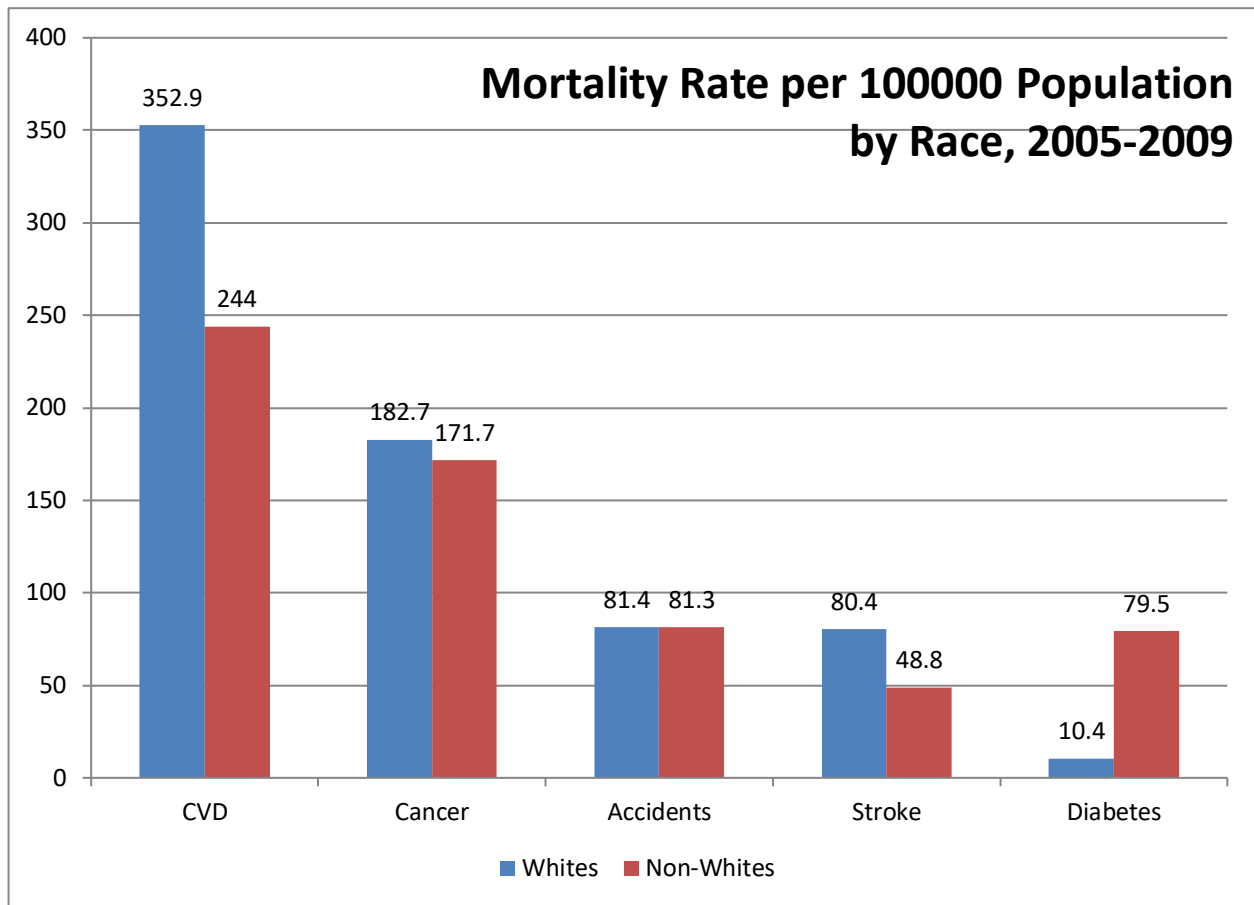
Neshoba County had 45 primary care physicians (PCPs) per 100,000 population, and 26.2 dentists per 100,000 population. These rates were lower than the state rates of 64 PCPs and 43.9 dentists per 100,000 population.



Source: Mississippi Statistically Automated Health Resource System, average for 2005-2009.

Notes: CVD – Cardiovascular Disease.

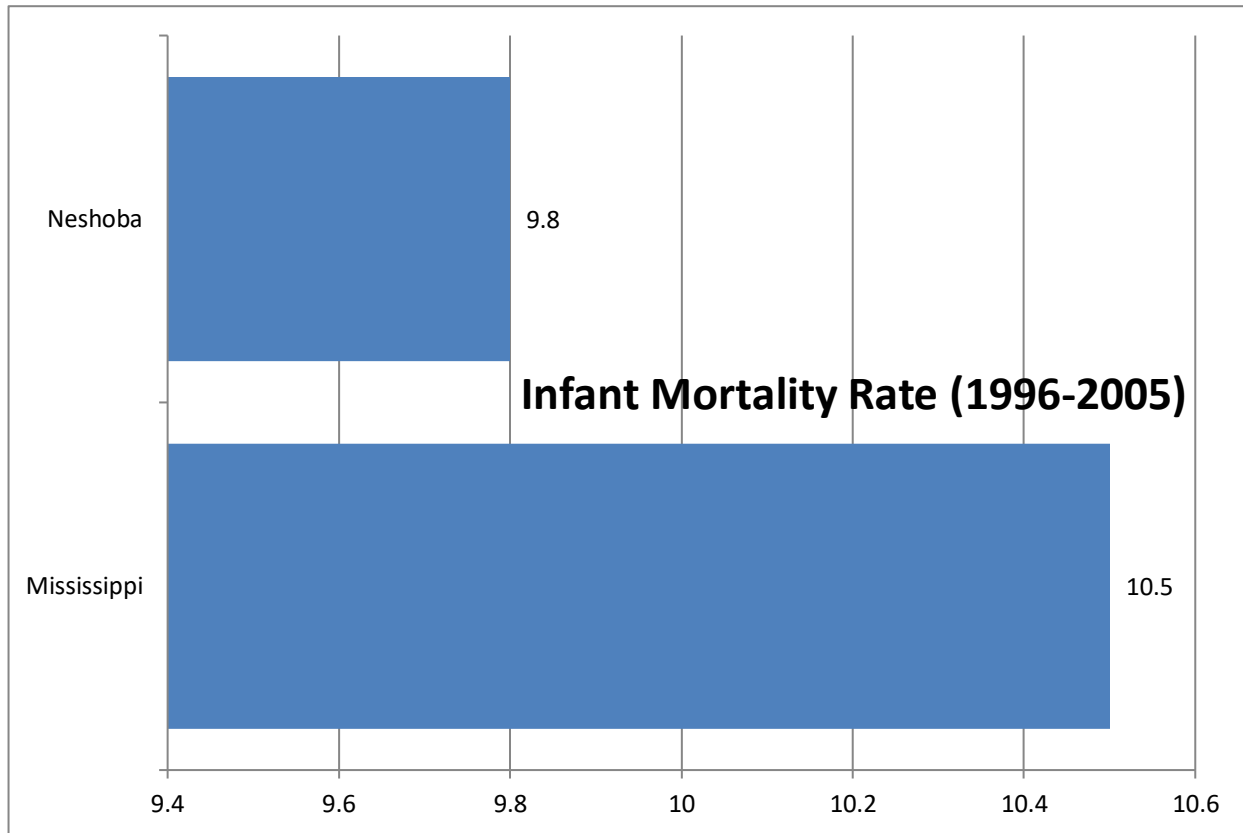
In Mississippi, the leading causes of death from 2005-2009 closely mirrored national leading causes of death, and included heart disease, cancer, stroke, unintentional injuries (i.e., accidents), and diabetes. In Neshoba County heart disease and cancer were the leading causes of death. The mortality rate for heart disease in the county was 313 deaths per 100,000 population, compared to 273.9 for Mississippi. The mortality rate for cancer in the county was 178.7 deaths per 100,000 population, while the rate in Mississippi was 207.4 deaths per 100,000 population. The mortality rate for accidents, stroke and diabetes were also higher than for the state.



Source: Mississippi Statistically Automated Health Resource System, 2005-2009.

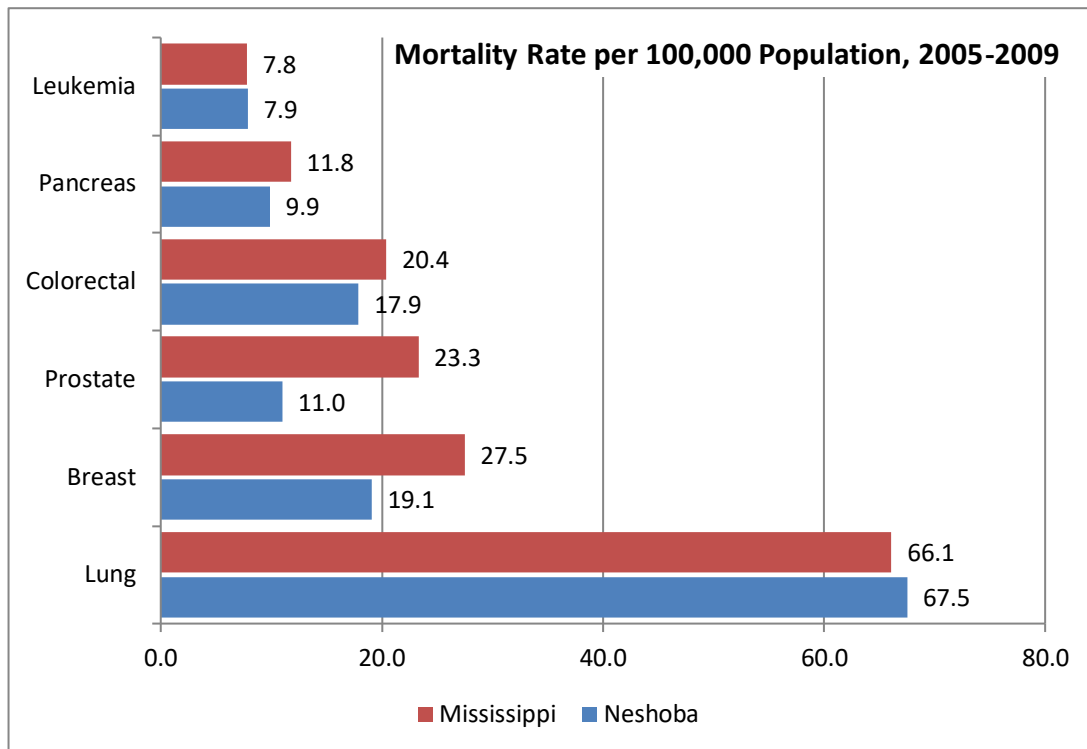
Notes: CVD – Cardiovascular Disease.

Mortality rates for leading causes of death for non-whites in Neshoba County were generally lower or the same as that for whites. The mortality rate for cardiovascular disease (CVD) for whites was 352.9 versus 244 per 100,000 for non-whites. The mortality rate for cancer was 182.7 for whites and 171.7 for non-whites per 100,000 population. However, the non-white mortality rate for diabetes was 79.5 per 100,000 population, and was more than seven times higher than for whites.



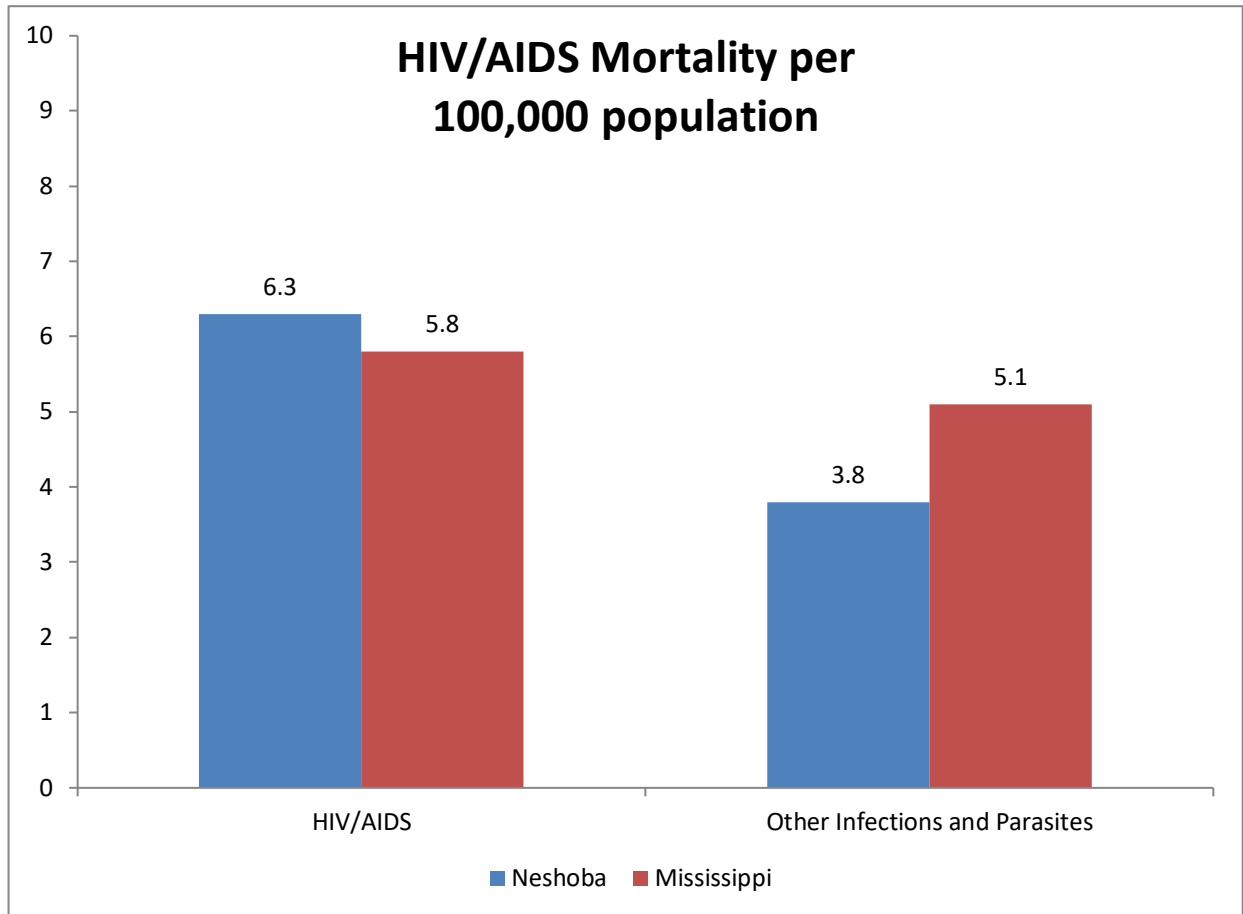
Source: Infant Mortality in Mississippi, 1996-2005: Trend and Risk Analysis

Infant mortality refers to the death of an infant in the first year of life. The leading causes of infant mortality are Premature birth or low birth weight, sudden infant death syndrome (SIDS), birth defects, accidents and maternal factors, such as smoking, chemical exposure, poor nutrition, infectious disease and age. From 1996 to 2005, the infant mortality rate in Neshoba County was 9.8 deaths per 1,000 live births, about 7% lower than the infant mortality rate in Mississippi. The Healthy People 2010 goal was to reduce infant mortality to a rate of 4.5 deaths per 1,000 live births.



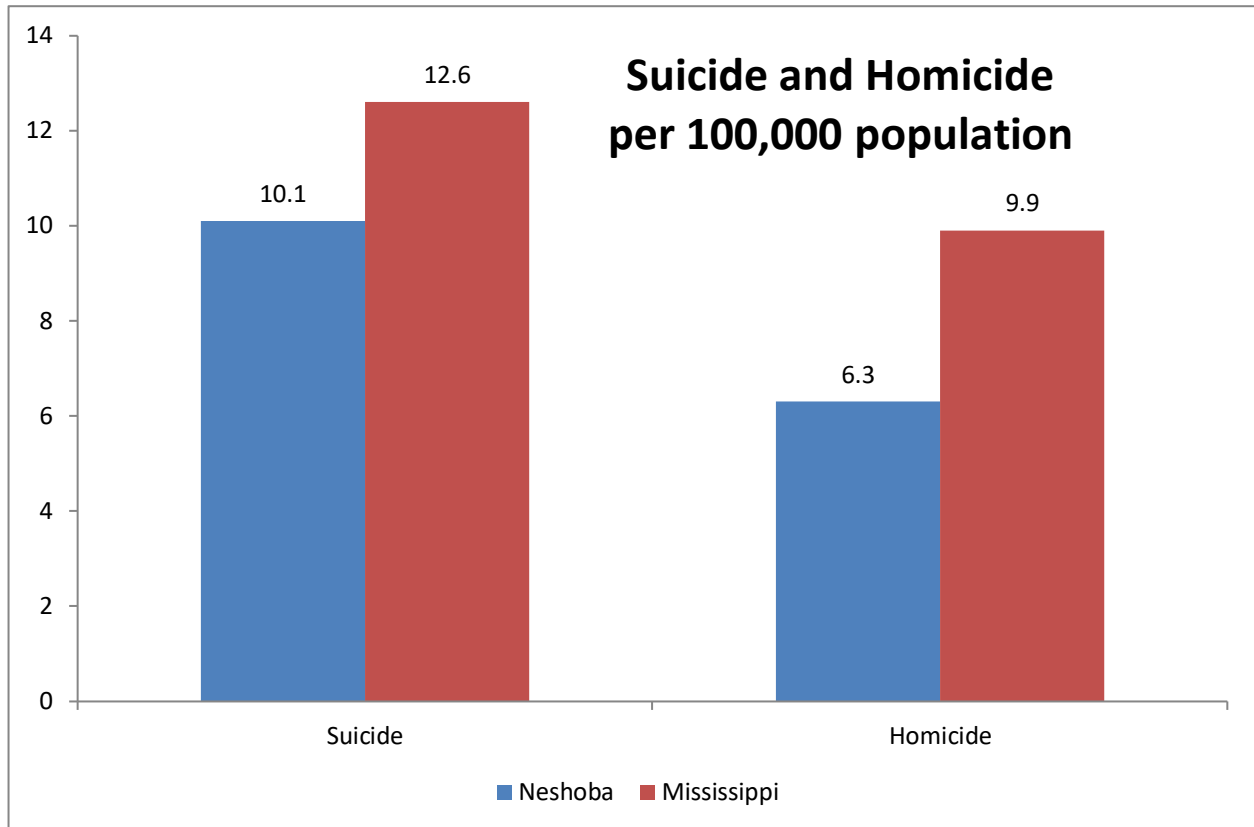
Source: Mississippi Statistically Automated Health Resource System, 2005-2009.

The highest rates of mortality for cancer-related deaths in Neshoba County were for: lung cancer (67.5 deaths per 100,000 population); breast cancer (19.1 deaths per 100,000 population), and colorectal cancer (17.9 deaths per 100,000). Compared to mortality rates at the state level the county had higher rates of death for breast, prostate, colorectal, and pancreas cancers, but lower rates for lung cancer and leukemia.



Source: Mississippi Statistically Automated Health Resource System, 2005-2009.

From 2005 to 2009 the mortality rate for HIV/AIDS in Neshoba County was 6.3 deaths per 100,000 population, which was slightly higher than the state rate of 5.8 deaths per 100,000 population in Mississippi. The mortality rate for other infections and parasites was lower in the county when compared to the state.

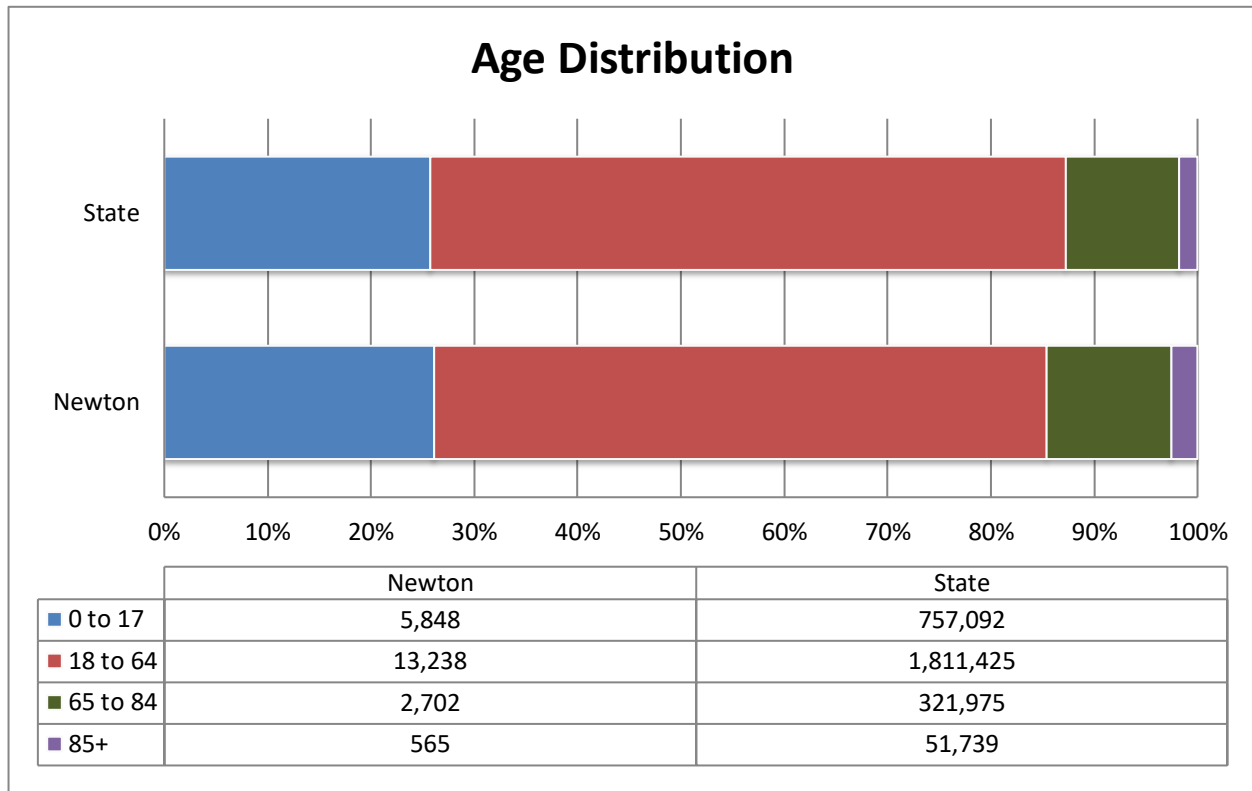


Source: Mississippi State Department of Health, Mississippi Statistically Automated Health Resource System, 2005-2009.

The suicide rate in Neshoba County was 10.1 suicides per 100,000 population and was lower than the state rate of 12.6 per 100,000 in Mississippi. The rate of homicide was about 30% lower than the state rate, with 6.3 homicides per 100,000 population compared to 9.9 homicides per 100,000 population in Mississippi during the same period of time.

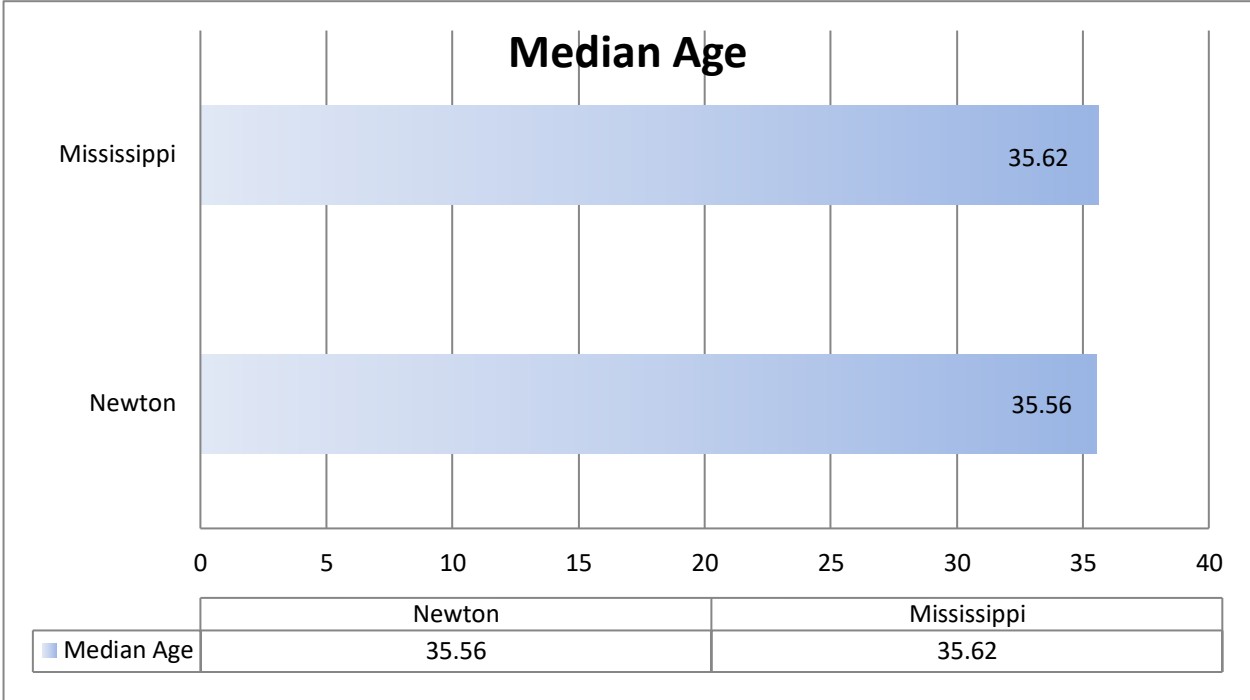
NEWTON COUNTY

Age and Race



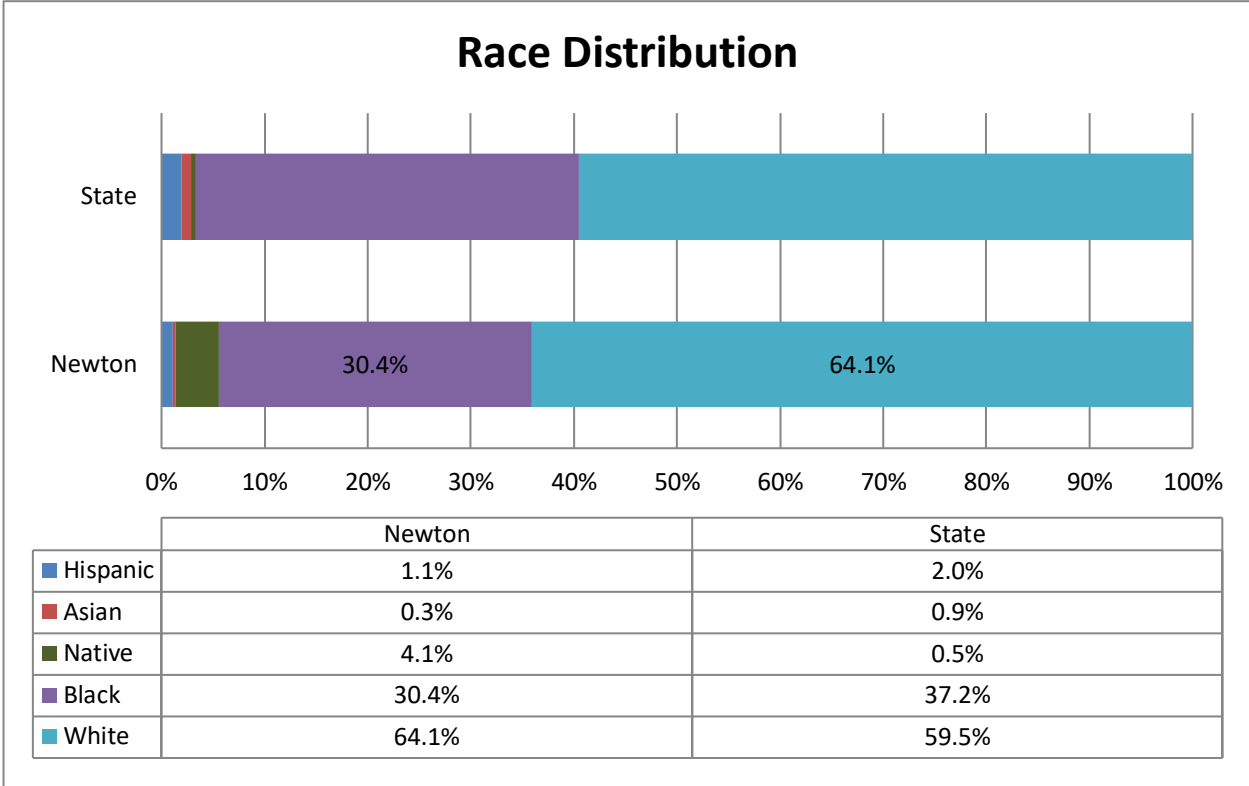
Source: Woods and Poole, CEDDS 2008.

The age composition of the population is an important determining factor for the prevalence and severity of health-related problems, and spending for health care services. In 2008, there were 3,267 persons age 65 years or older in Newton County. Elderly persons represented 14.6% of the total population, compared to 12.7% of the total population in the state. The elderly generally spend more on health care services than other age groups, and changes in Medicaid eligibility can affect medical care for this group.



Source: Woods and Poole, CEDDS 2008.

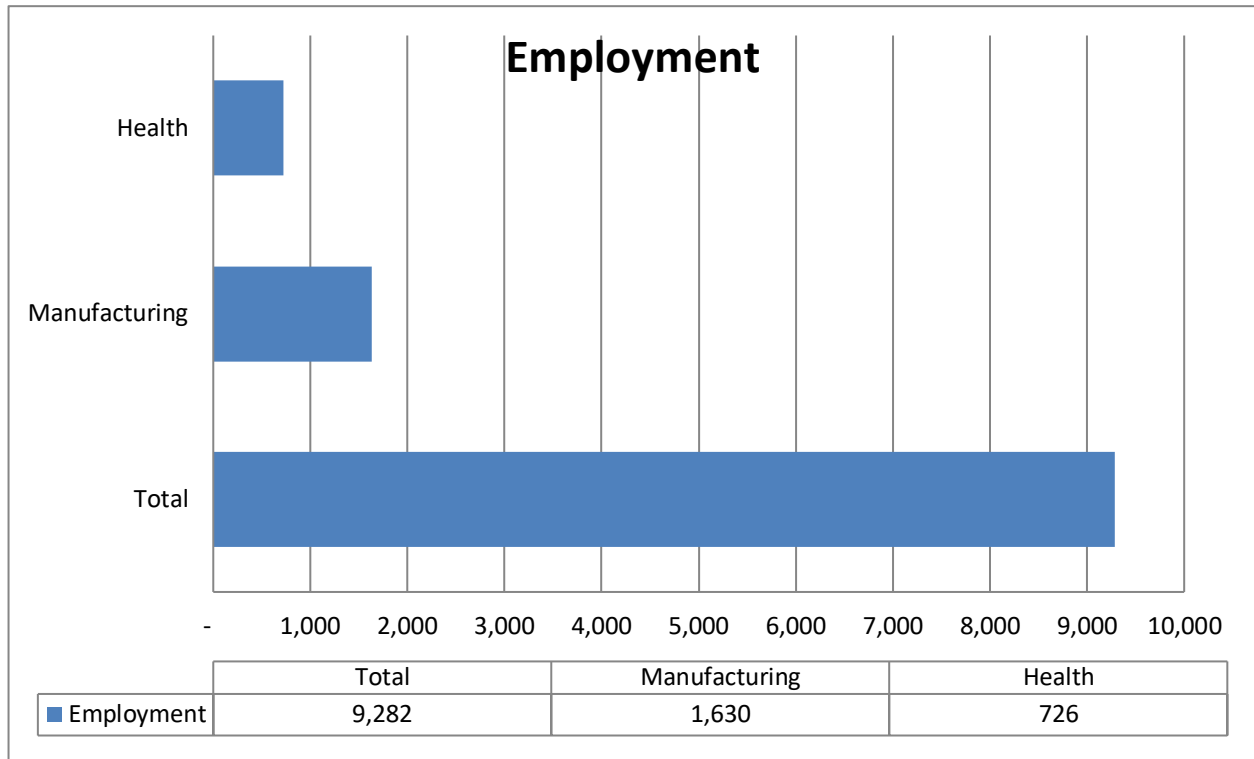
The median age in Neshoba County was 35.56 years for the total population, compared to 35.62 for the state’s population.



Source: Woods and Poole, CEDDS 2008

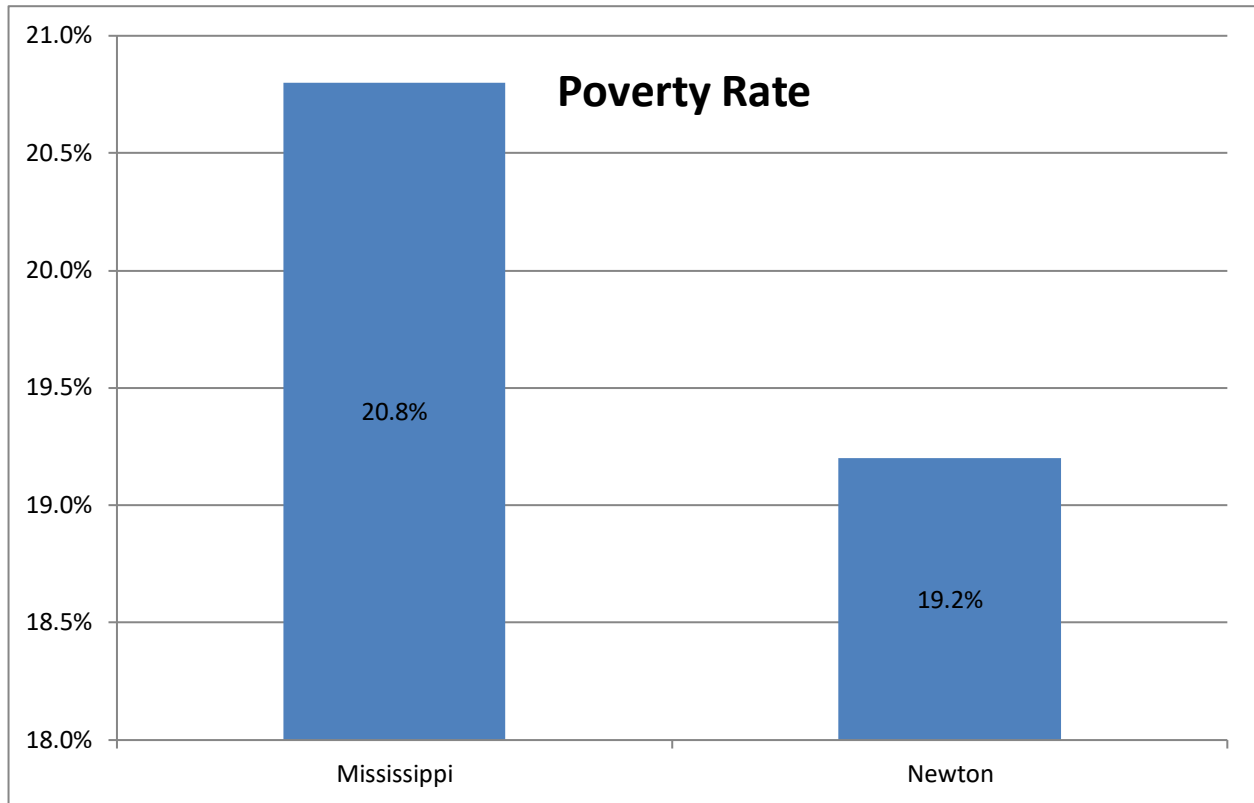
In the United States, health disparities have been reported in minority populations such as African Americans, Native Americans, Asian Americans, and Hispanics. The incidence of chronic diseases, such as heart disease and especially diabetes, as well as higher mortality rates, and poorer health outcomes are generally higher than for whites. In 2008, the minority population in aggregate made up 35.9% of the population, which was lower than for the state in the same year. The African American population was 6,796 and accounted for 30.4% of the population; 14,322 persons (64.1%) were white.

Employment and Income



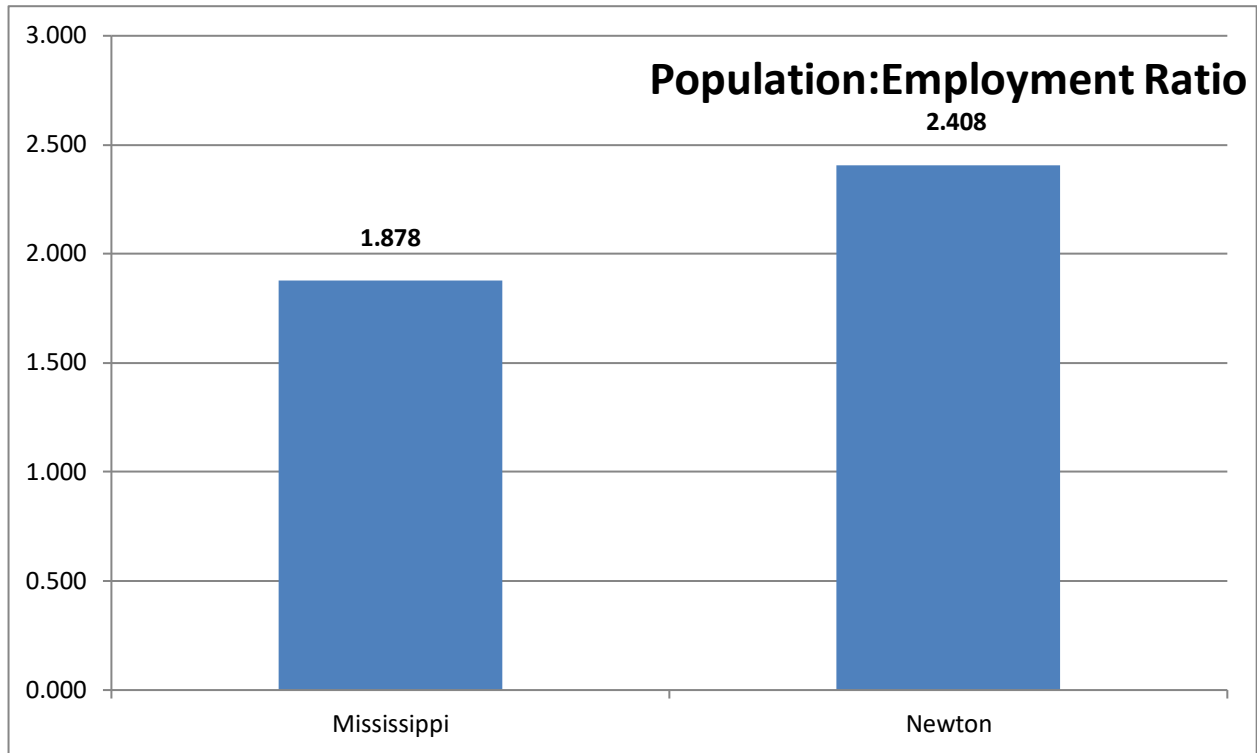
Source: Woods and Poole, CEDDS 2008

Total place-of-work employment in Newton County in 2008 was 9,282, and included 1,630 manufacturing jobs (18%), and 726 jobs (8%) in the health and social services sector.



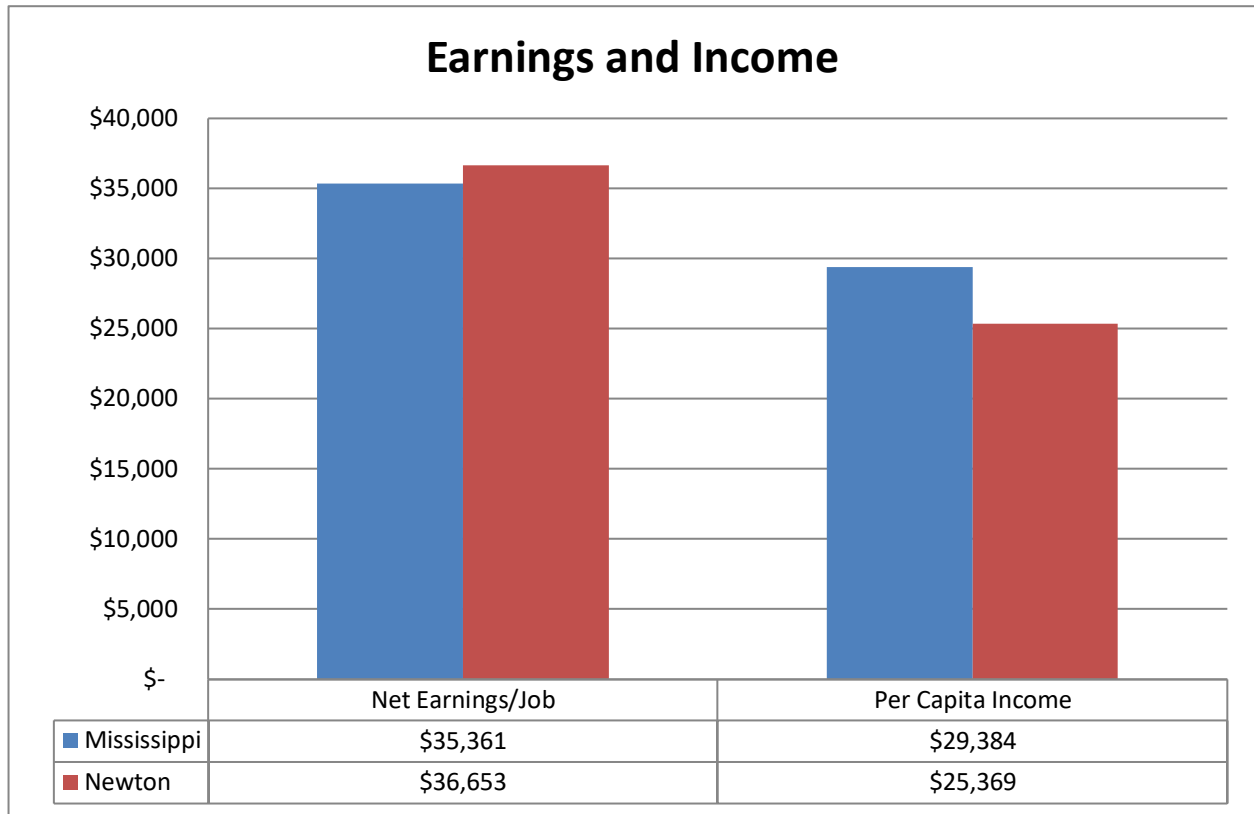
Source: Woods and Poole, CEDDS 2008

The poverty rate is an important indicator of health because mortality, prevalence of chronic disease, and poor mental health are generally higher for the poor. In 2008, the poverty rate in Newton County was 19.2% or 1.6 percentage points lower than for the state. This equated to 4,292 persons in the county who were living in poverty.



Source: Woods and Poole, CEDDS 2008

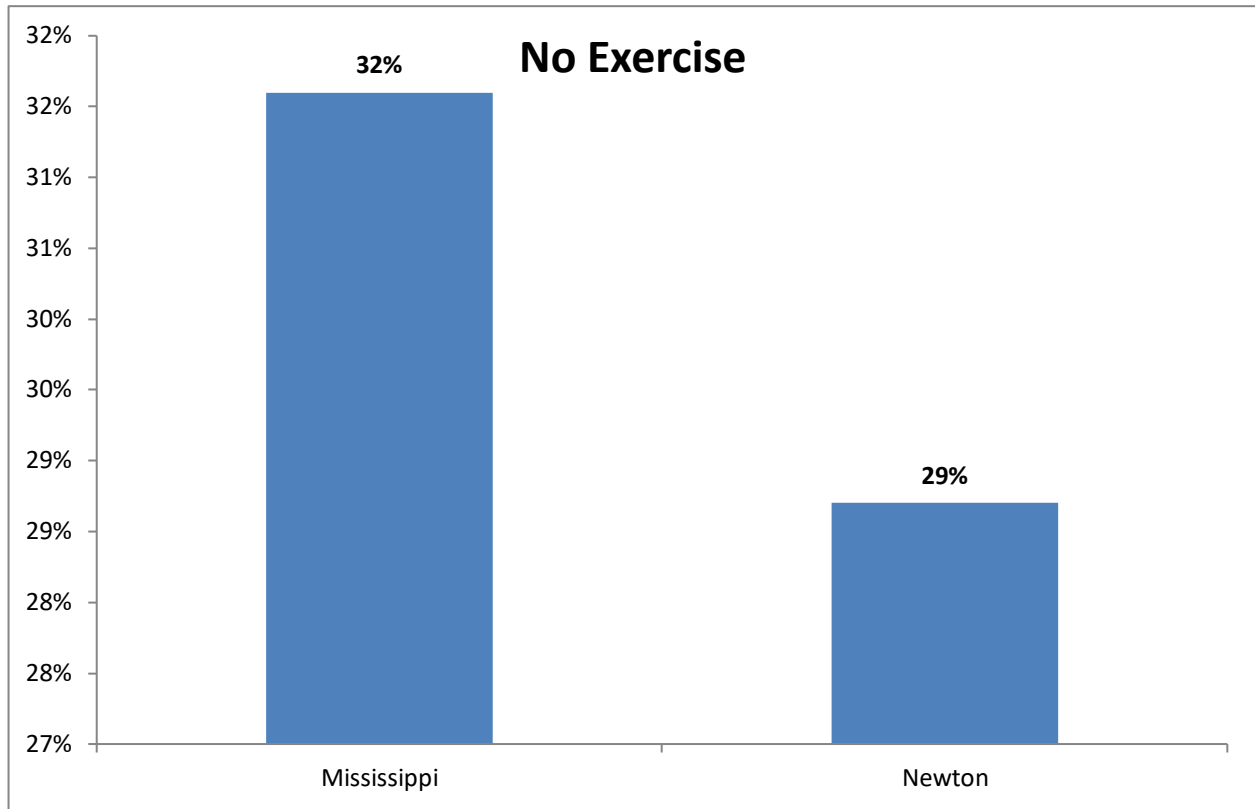
The ratio of total population to total employment can be used to evaluate the ability of the economy to create jobs. While this indicator does not consider working conditions, productivity, or earnings, it does provide a relative measure of the number of people in the local market per job. In 2008, the population:employment ratio was 2.408 in Newton County and 1.878 in Mississippi. These data suggest that when compared to Mississippi, the local economy had proportionally more people than jobs in the county when compared to the state.



Source Woods and Poole, CEDDS 2008. Note: Net earnings includes wages, salaries and proprietor’s income less federal contributions for social security and Medicare. All values in current dollars.

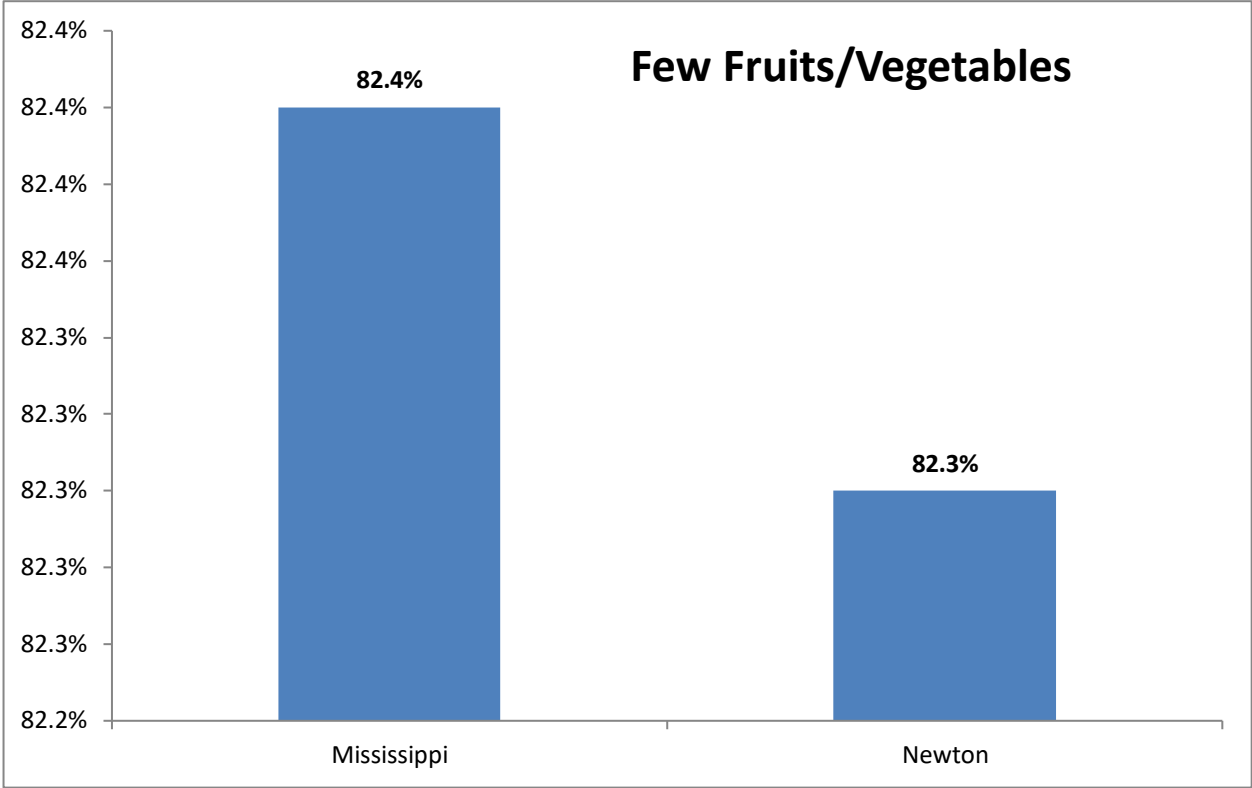
The relationship of health and wealth has been well established in the literature. Two measures of personal wealth include net earnings per jobs, and per-capita income. Net earnings per job reflects the ability of the economy to support higher paying jobs. Per-capita income reflects non-wage income, such as dividends, interest, rent and transfer payments, such as social security. Newton County had an average net earnings per job that was about 4% higher than in Mississippi in 2008. Net earnings per job was \$36,653 compared to \$35,361 in Mississippi. Per-capita income in the county was slightly lower than Mississippi. In 2008, the county had a per-capita income of \$25,369 while Mississippi had a per-capita income of \$29,384.

Health Status Indicators



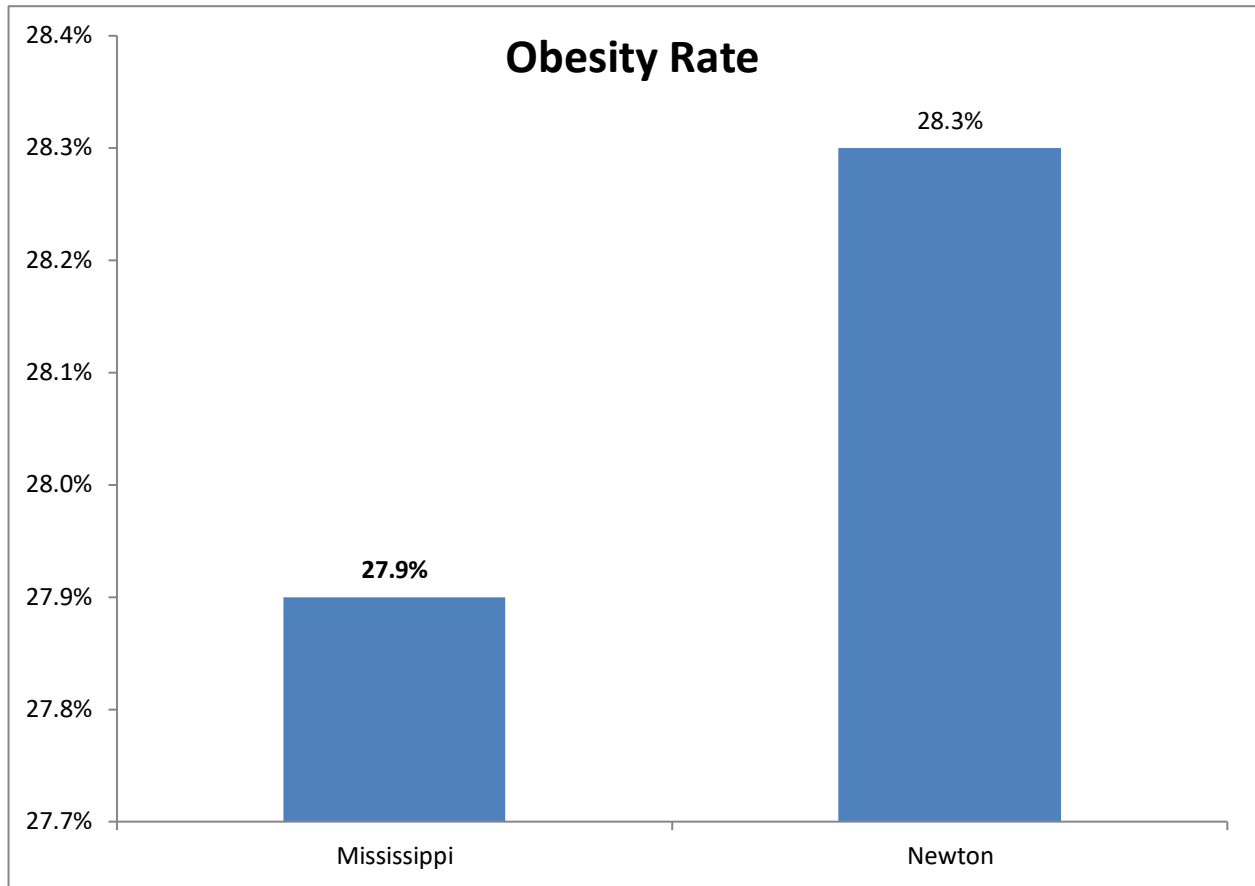
Source: Community Health Status Indicators Database, 2009.

No exercise is a risk factor for heart disease and cancer. Persons who do not exercise are at a higher risk of disease and its effects. In Newton County, 29% of adult respondents reported no participation in any leisure-time physical activities or exercises in the past month. This compared favorably to the statewide average of 32%.



Source: Community Health Status Indicators Database, 2009.

Not eating enough servings of fruits and vegetables is a risk factor for heart disease and cancer. Persons who do not eat enough fruits and vegetables are at a higher risk of chronic disease and its effects. In Newton County, 82.3% of adult respondents reported an average fruit and vegetable consumption of less than 5 servings per day in the past month. This was about the same as the state rate.



Source: Community Health Status Indicators Database, 2009.

Risks related to being overweight and obese are a significant concern. Persons with high body mass index scores are at risk for health problems related to being overweight or obese, including chronic diseases such as heart disease and diabetes. In Newton County, the obesity rate was 28.3% in 2008. This level of obesity equates to about 6,300 persons in the county who have a BMI score of 30 or higher. The obesity rate in county was slightly higher than in Mississippi, which had a rate of 27.9%.

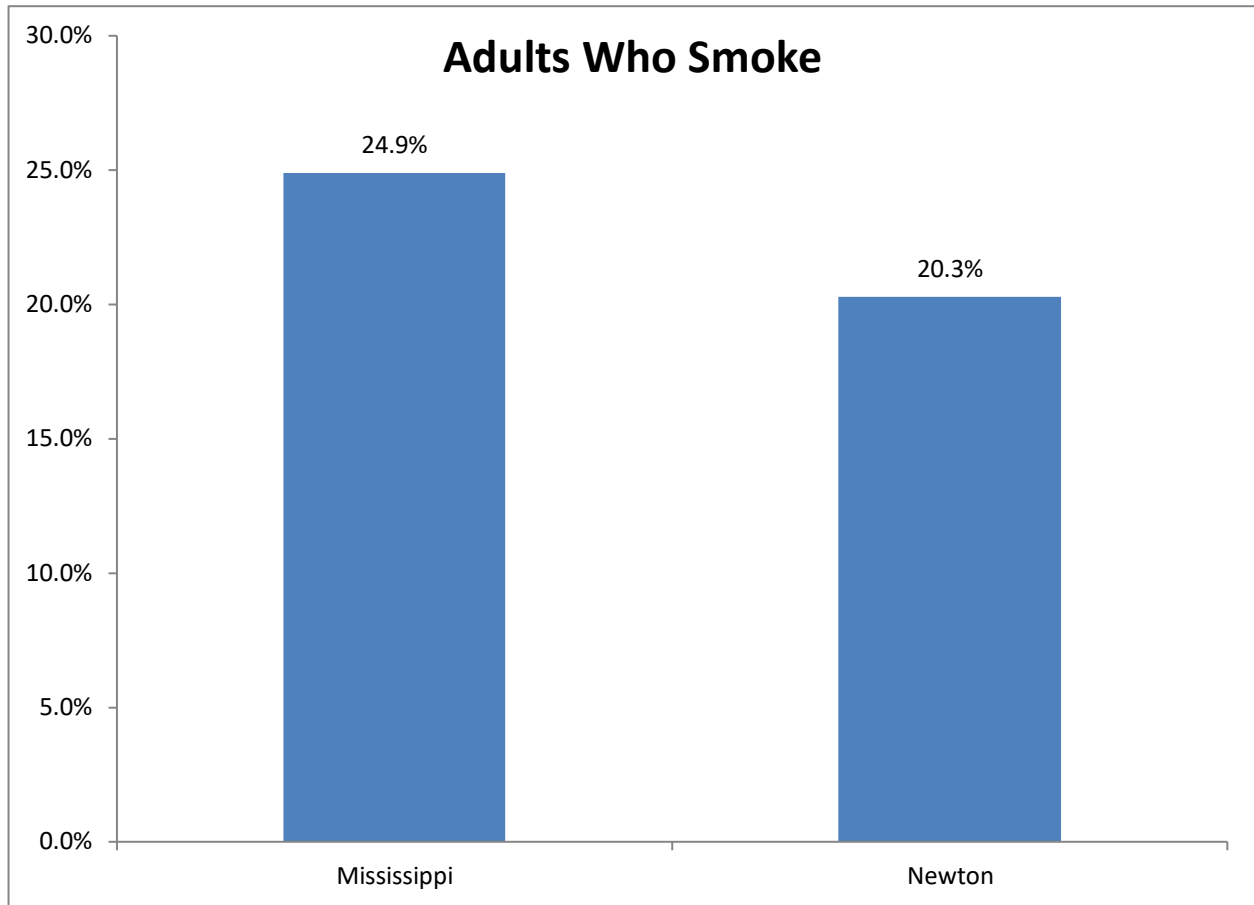
HIGH BLOOD PRESSURE

No data was available for Newton County

Source: Community Health Status Indicators Database, 2009.

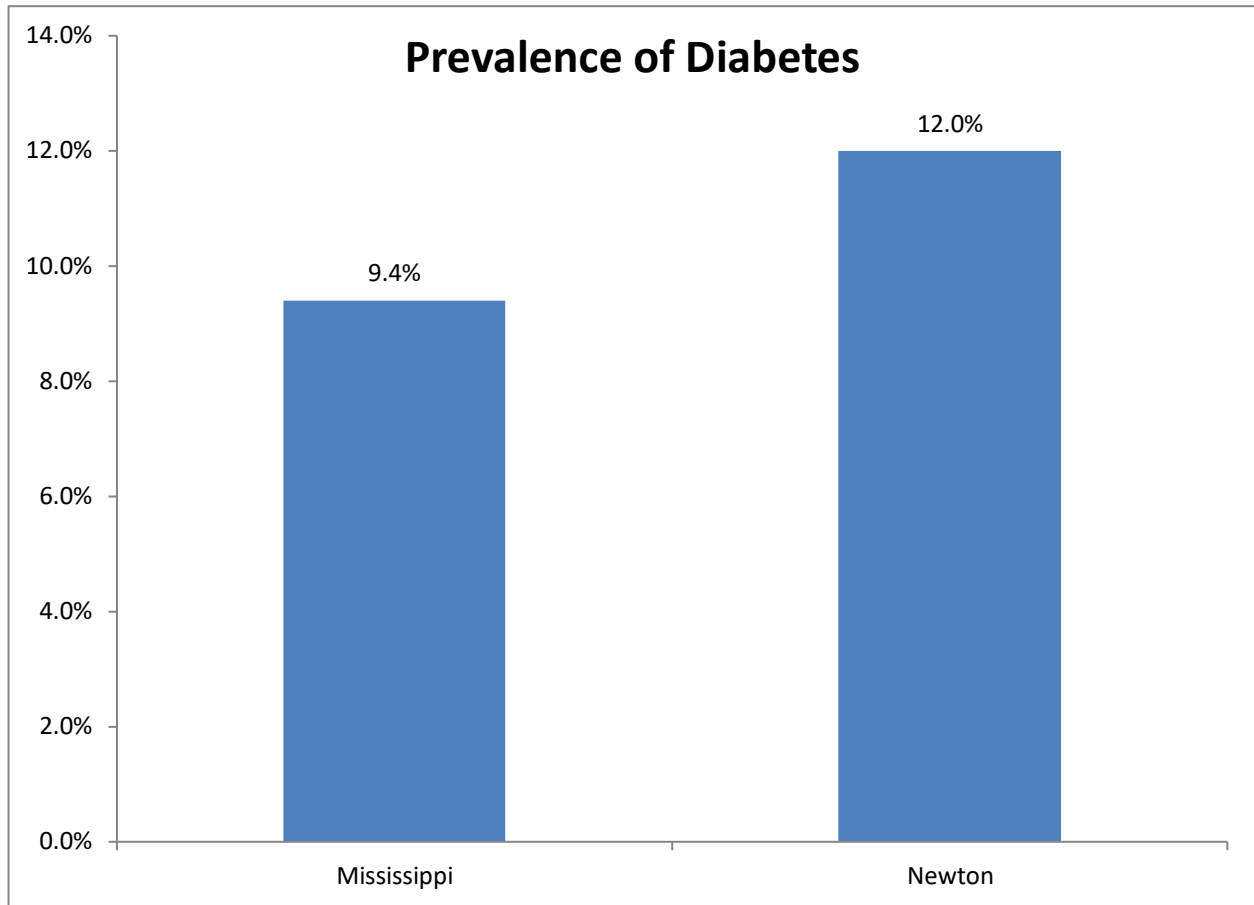
Unfortunately there were no data for the county, however by assuming that the county rate is the same as the state rate it can be estimated that 30.7% of respondents would have been told they had high blood pressure. This would equate to about 6,800 persons in the county.

The force of blood pushing against the walls of the arteries as the heart pumps out blood is called blood pressure. If this pressure rises and stays high over time, it can damage the body in many ways. High blood pressure (HBP) is a serious condition that can lead to coronary heart disease, heart failure, stroke, kidney failure, and other health problems. According to the American Heart Association, over 7 million Americans have suffered a heart attack in their lifetime.



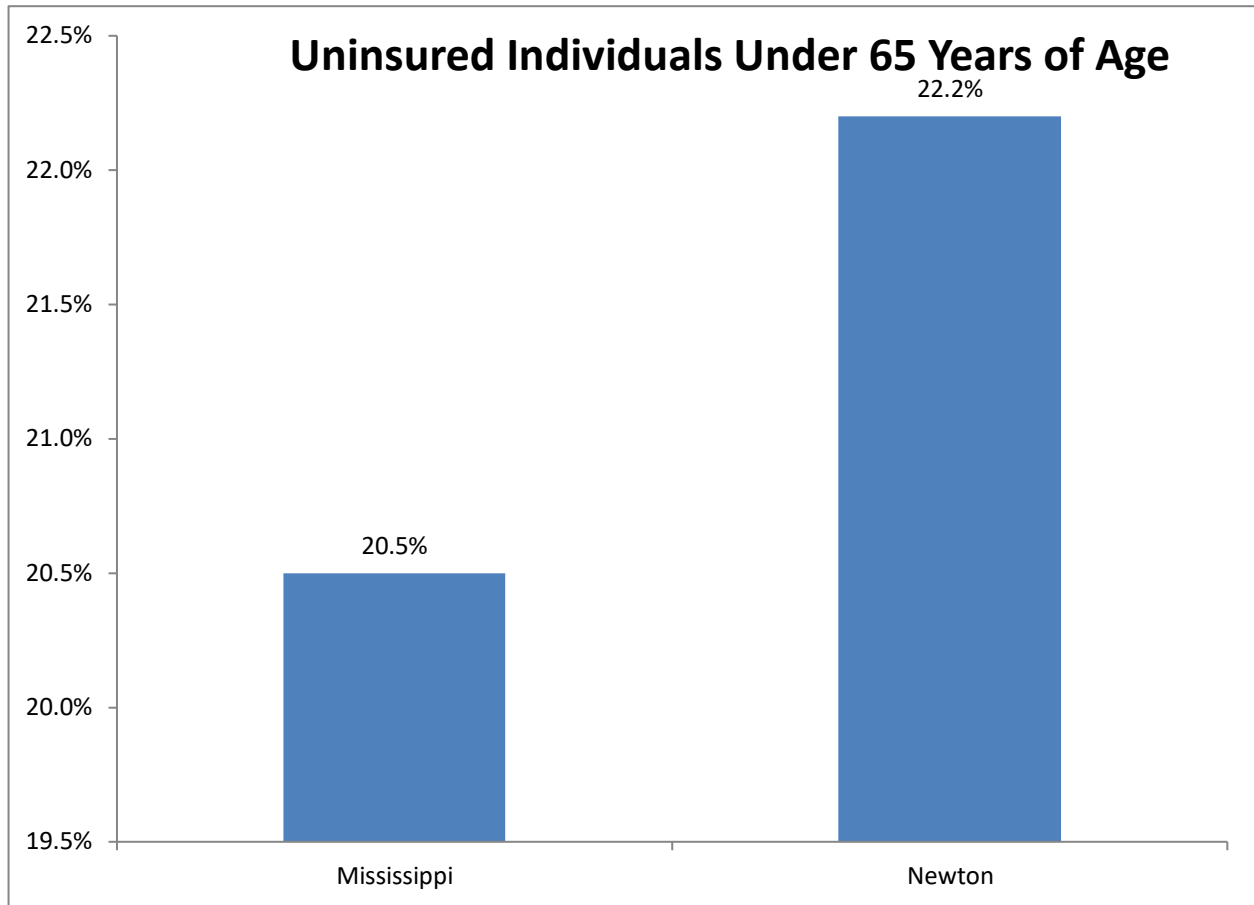
Source: Community Health Status Indicators Database, 2009.

Smoking increases a person’s risk for lung cancer and heart disease. People who smoke have a higher risk for heart attack, and the risk of heart disease increases the longer they smoke. People who smoke a pack of cigarettes a day have more than twice the risk of heart attack than non-smokers. Women who smoke and also take birth control pills increase several times their risk of heart attack, stroke, and peripheral vascular disease. In Newton County there were 4,538 respondents (20.3%) who said they were currently smoking tobacco on a regular basis. This was lower than the state rate of 24.9% during the same period.



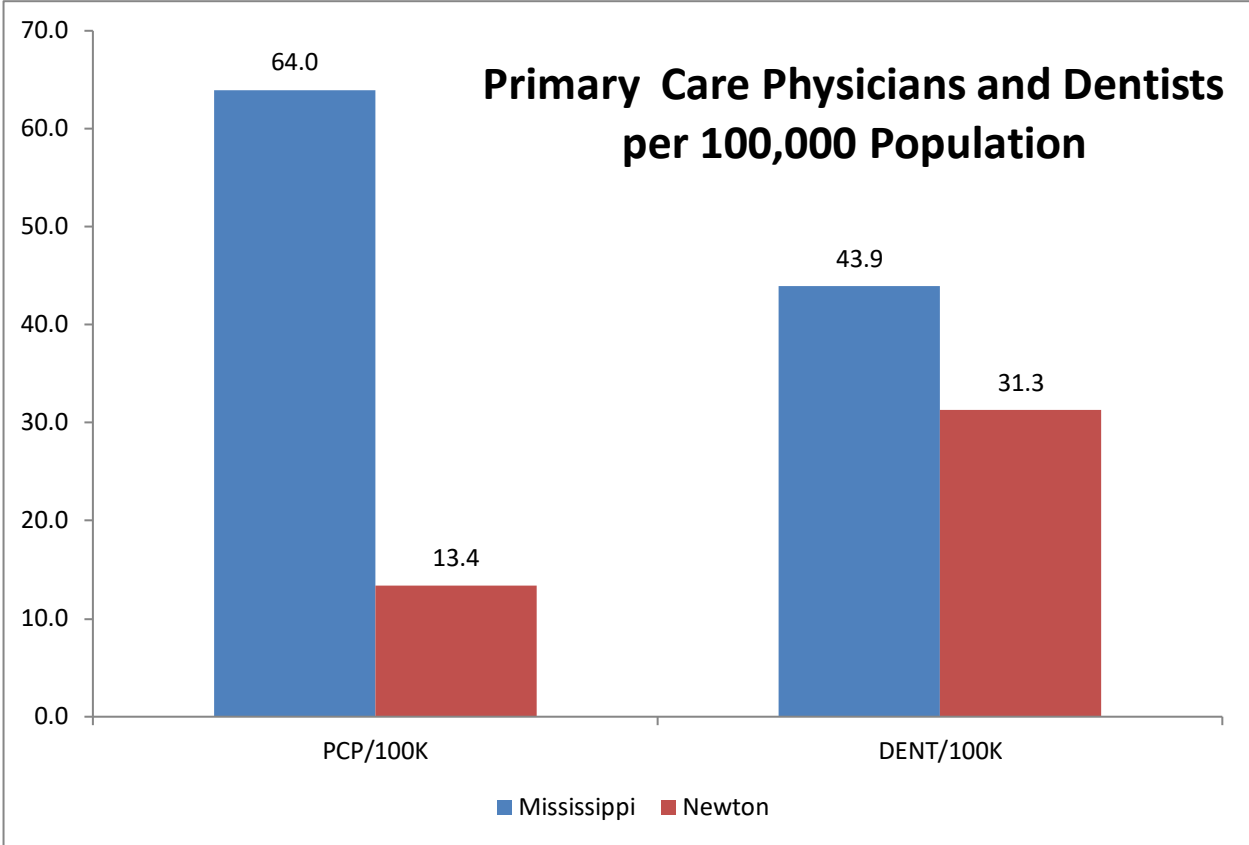
Source: Community Health Status Indicators Database, 2009.

Diabetes, a condition caused by high blood sugar levels, can cause nerve damage, kidney failure, vision problems, and cardiovascular disease. The risk factors for diabetes include obesity, a sedentary lifestyle, unhealthy eating habits, family history, age, hypertension, and high cholesterol. In Newton County, 12% of respondents (more than 2,500 adults) said that they had been told by a doctor that they have diabetes.



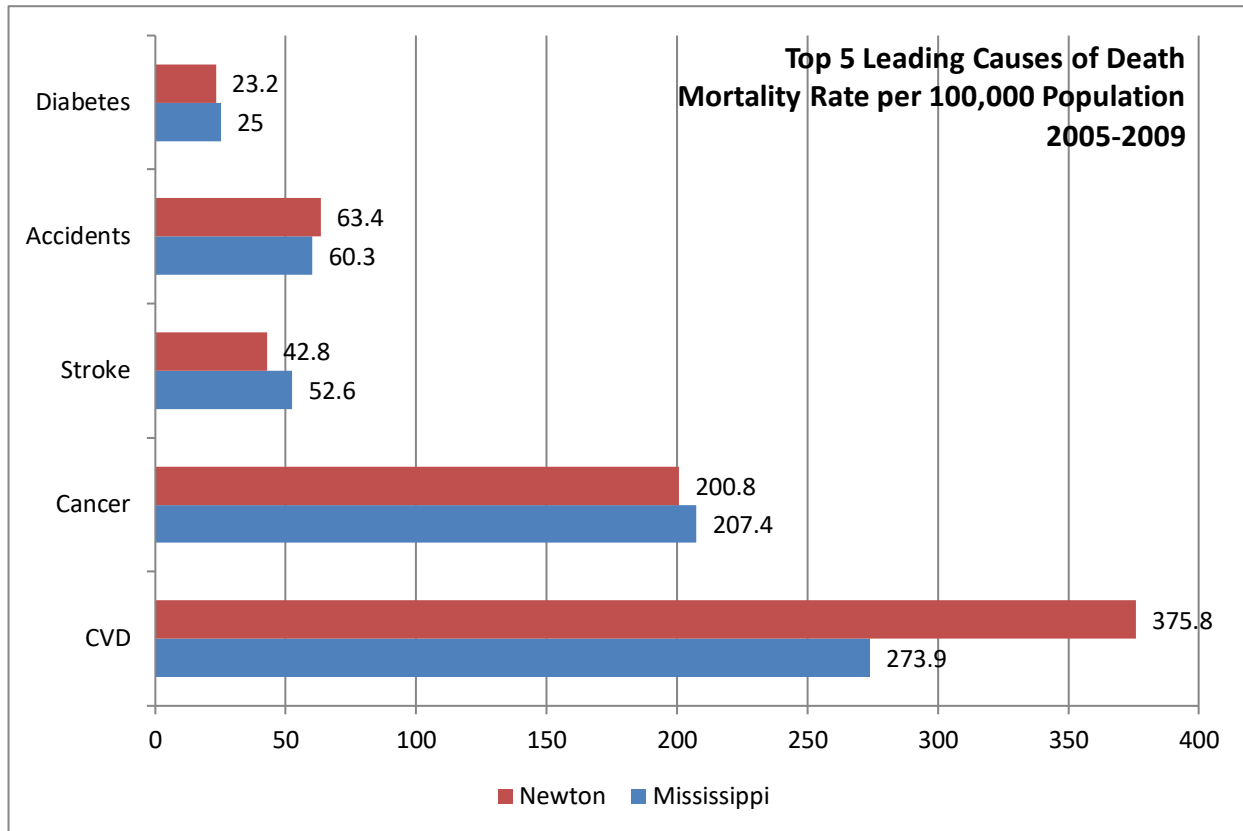
Source: U.S. Census Bureau, 2007 Small Area Health Insurance Estimates (2010 Release).

In 2008 there were 4,962 persons under the age of 65 who did not have health insurance in this county, or 22.2% of the county population. This rate of insurance non-coverage was higher than for Mississippi during the same period.



Source: Source: Community Health Status Indicators Database, 2009.

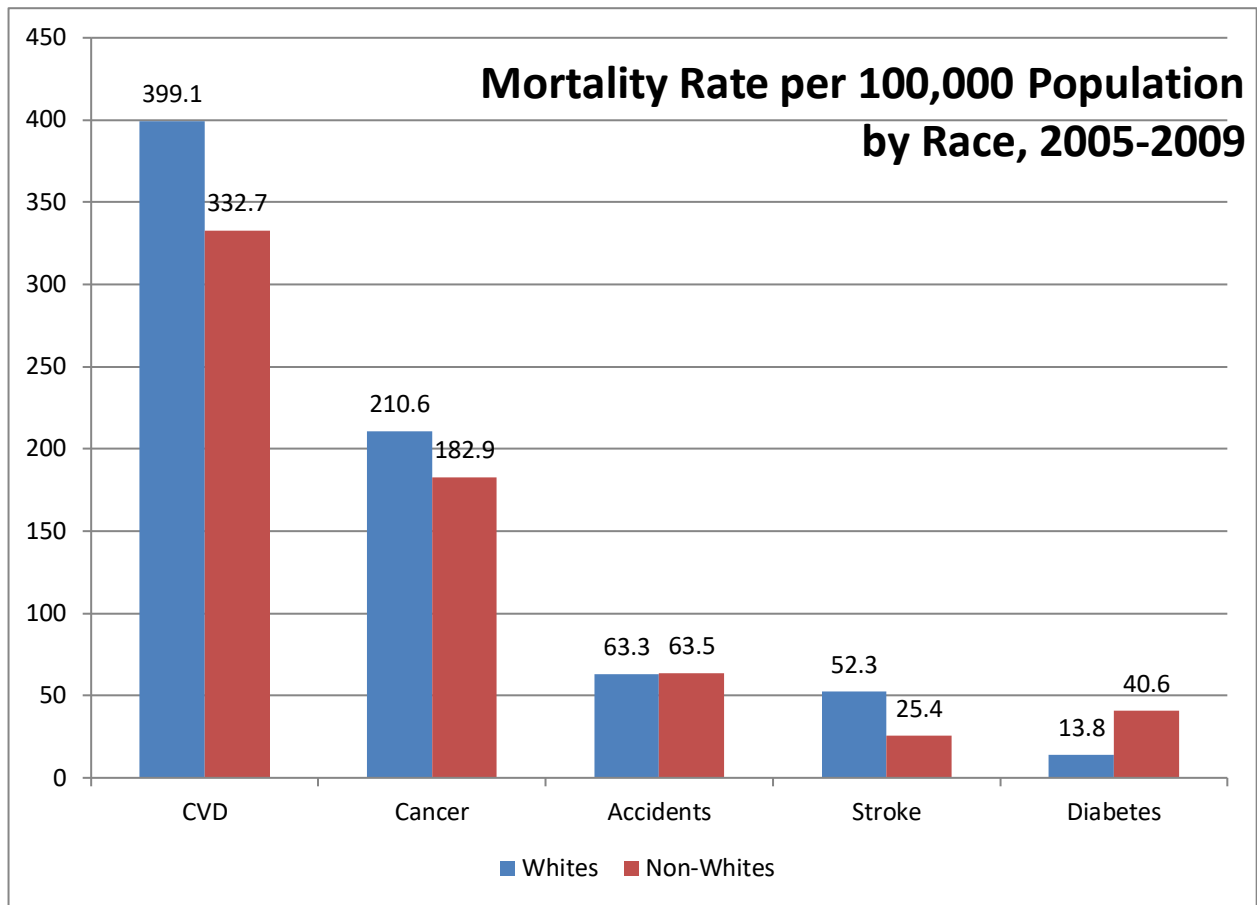
Newton County had 13.4 primary care physicians (PCPs) per 100,000 population, and 31.3 dentists per 100,000 population. These rates were lower than the state rates of 64 PCPs and 43.9 dentists per 100,000 population.



Source: Mississippi Statistically Automated Health Resource System, average for 2005-2009.

Notes: CVD – Cardiovascular Disease.

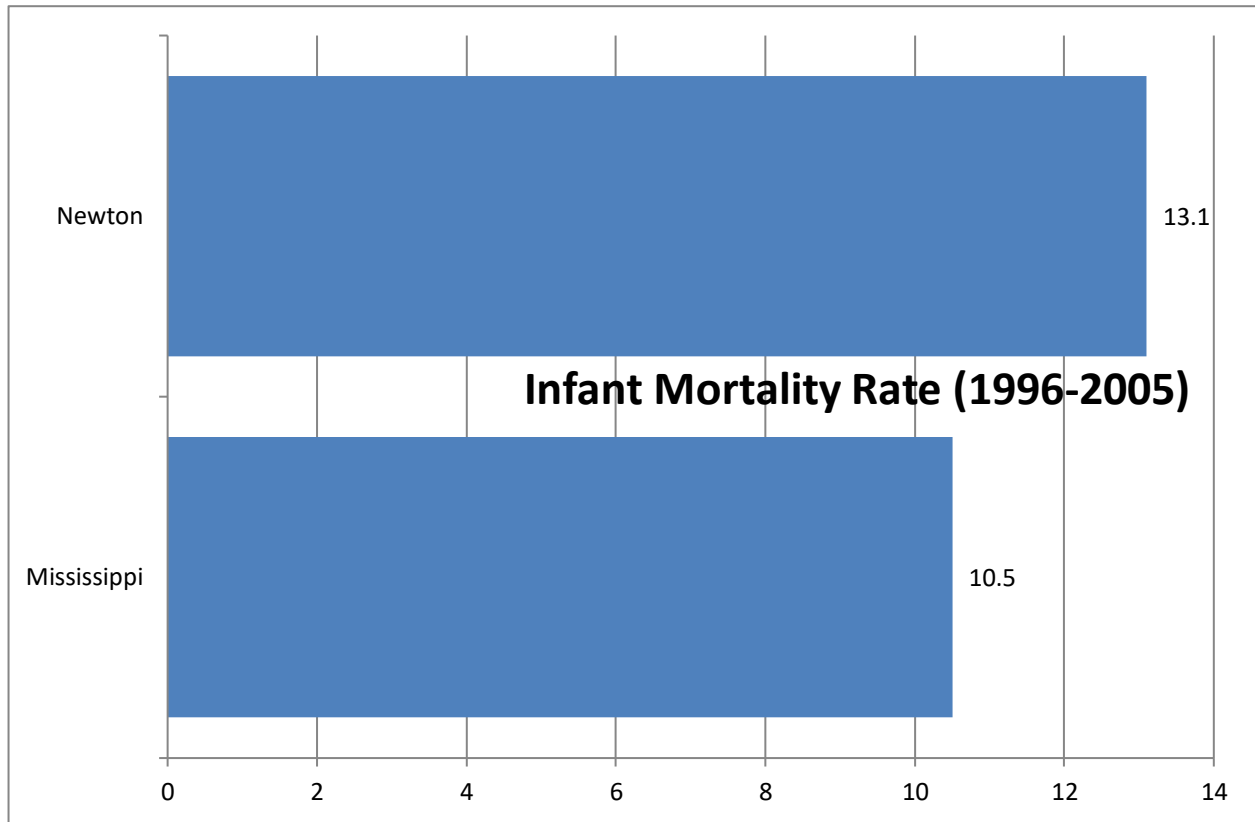
In Mississippi, the leading causes of death from 2005-2009 closely mirrored national leading causes of death, and included heart disease, cancer, stroke, unintentional injuries (i.e., accidents), and diabetes. In Newton County heart disease and cancer were the leading causes of death. The mortality rate for heart disease in the county was 375.8 deaths per 100,000 population, compared to 273.9 for Mississippi. The mortality rate for cancer in the county was 200.8 deaths per 100,000 population, while the rate in Mississippi was 207.4 deaths per 100,000 population. The mortality rate cancer and accidents were higher than for the state, but lower than the state for heart disease, stroke, and diabetes.



Source: Mississippi Statistically Automated Health Resource System, 2005-2009.

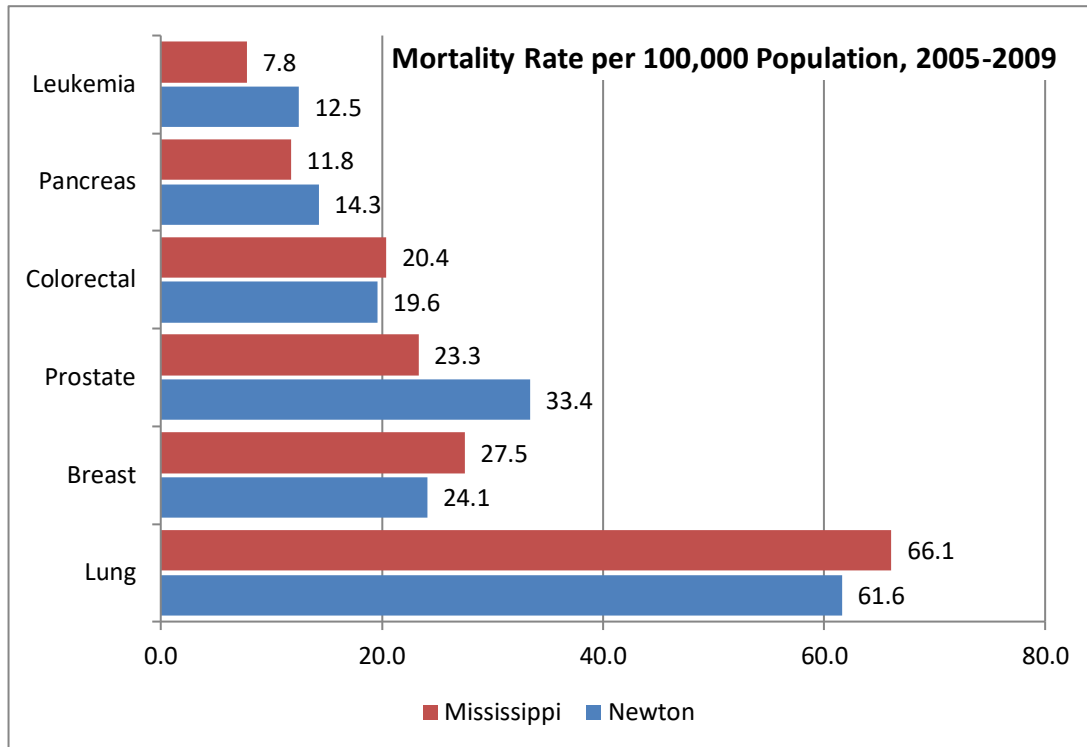
Notes: CVD – Cardiovascular Disease.

Mortality rates for leading causes of death for non-whites in Newton County were generally lower or the same as that for whites. The mortality rate for cardiovascular disease (CVD) for whites was 399.1 versus 332.7 per 100,000 for non-whites. The mortality rate for cancer was 210.6 for whites and 182.9 for non-whites per 100,000 population. The mortality rates were about the same for accidents, and stroke mortality was lower for non-whites. However, the non-white mortality rate for diabetes was 40.6 per 100,000 population, and was almost three times as high as that for whites.



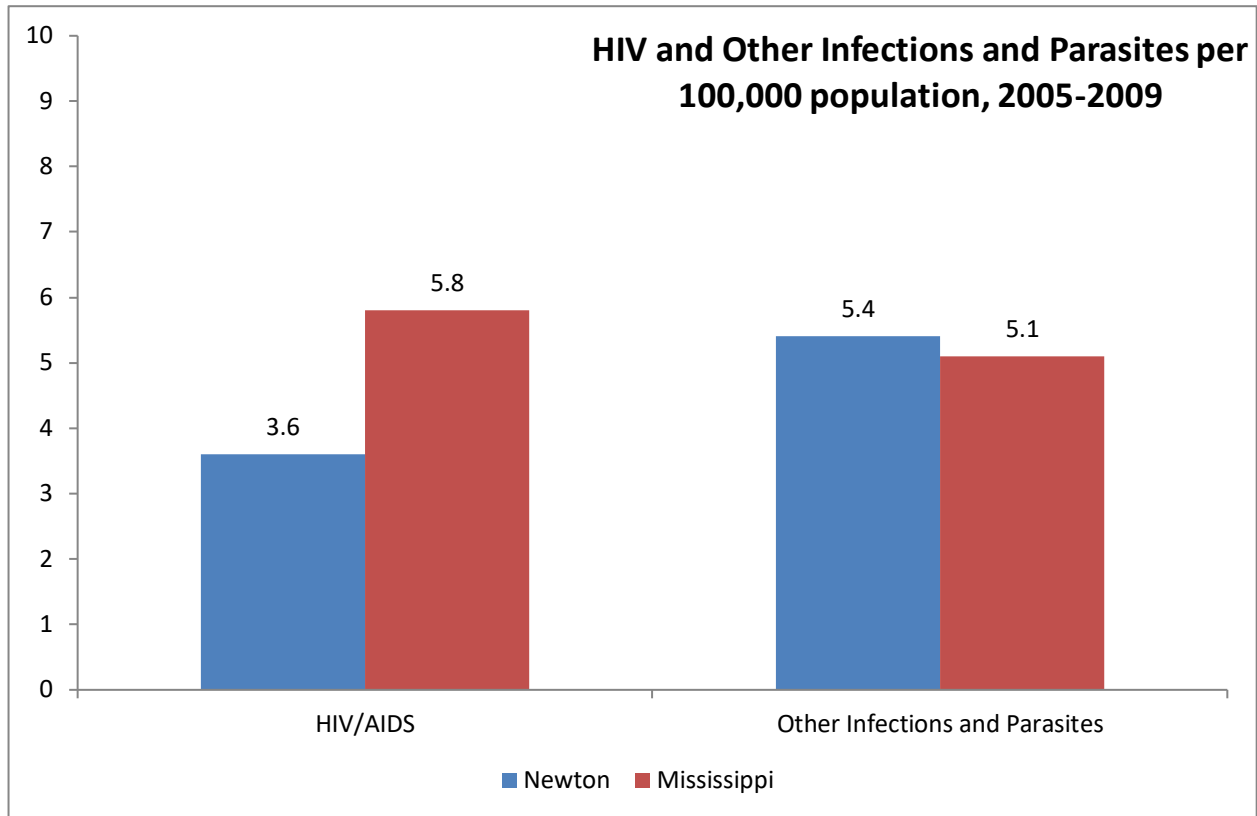
Source: Infant Mortality in Mississippi, 1996-2005: Trend and Risk Analysis

Infant mortality refers to the death of an infant in the first year of life. The leading causes of infant mortality are Premature birth or low birth weight, sudden infant death syndrome (SIDS), birth defects, accidents and maternal factors, such as smoking, chemical exposure, poor nutrition, infectious disease and age. From 1996 to 2005, the infant mortality rate in Newton County was 13.1 deaths per 1,000 live births, about 25% higher than the infant mortality rate in the state. The Healthy People 2010 goal was to reduce infant mortality to a rate of 4.5 deaths per 1,000 live births.



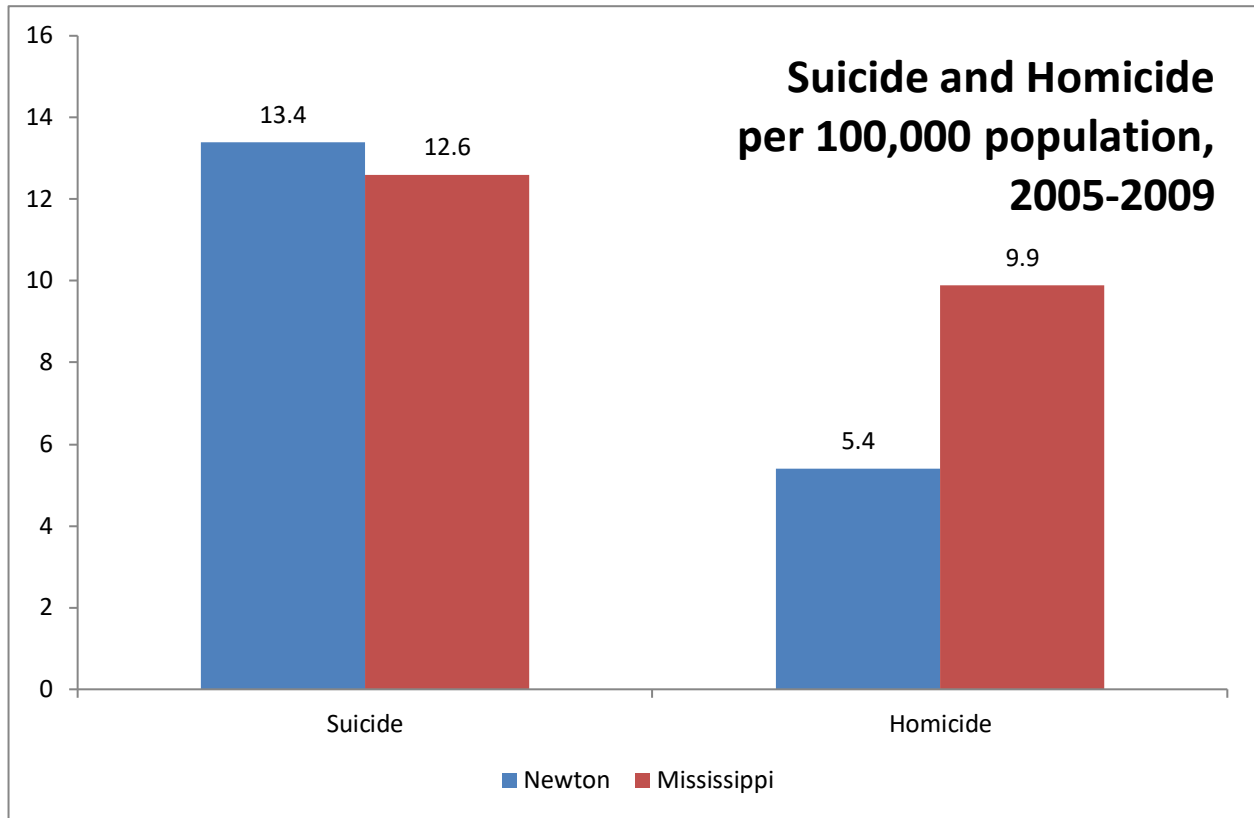
Source: Mississippi Statistically Automated Health Resource System, 2005-2009.

The highest rates of mortality for cancer-related deaths in Newton County were for: lung cancer (61.6 deaths per 100,000 population); prostate cancer (33.4 deaths per 100,000 population), and breast cancer (24.1 deaths per 100,000). Compared to mortality rates at the state level the county had higher rates of death for prostate, pancreatic, and leukemia.



Source: Mississippi Statistically Automated Health Resource System, 2005-2009.

From 2005 to 2009 the mortality rate for HIV/AIDS in Newton County was 3.6 deaths per 100,000 population, which was lower than the state rate of 5.8 deaths per 100,000 population in Mississippi. The mortality rate for other infections and parasites was slightly higher in the county when compared to the state.

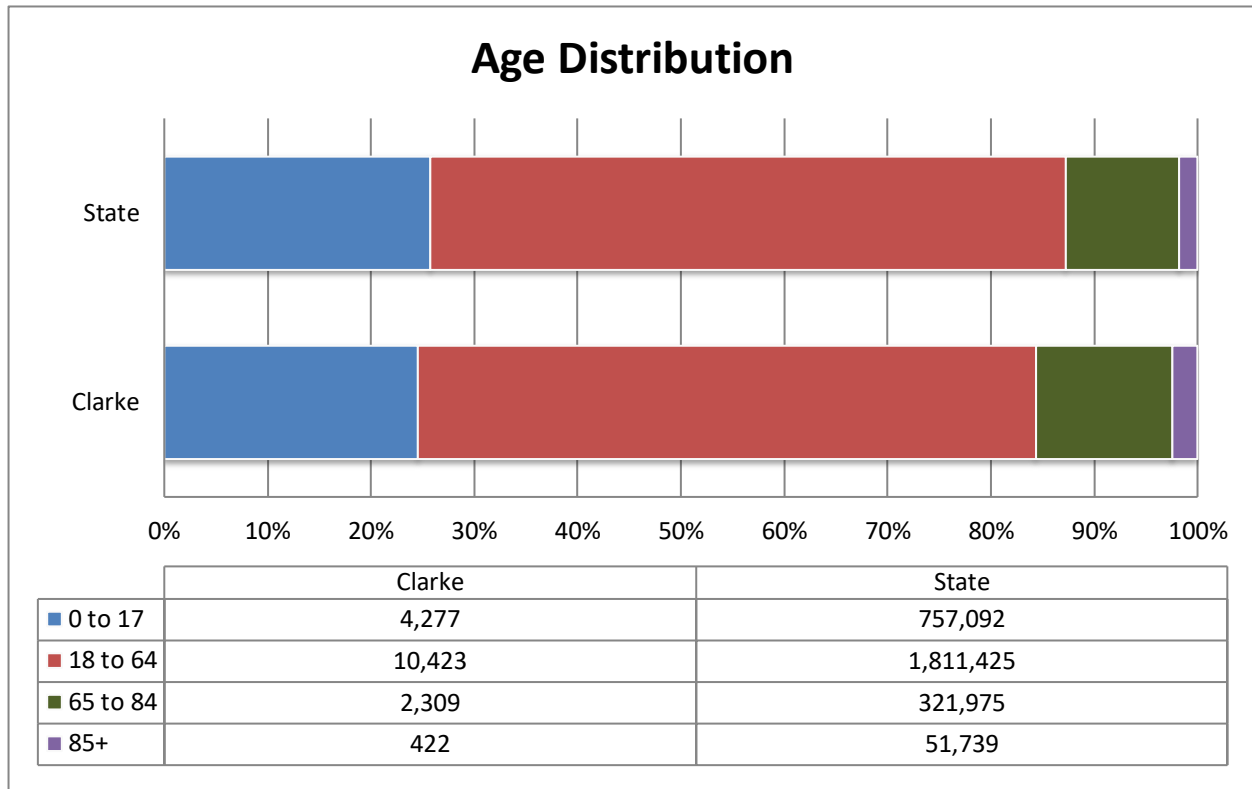


Source: Mississippi State Department of Health, Mississippi Statistically Automated Health Resource System, 2005-2009.

The suicide rate in Newton County was 13.4 suicides per 100,000 population and was slightly higher than the state rate of 12.6 per 100,000 in Mississippi. The rate of homicide was almost half of the state rate, with 5.4 homicides per 100,000 population compared to 9.9 homicides per 100,000 population in Mississippi during the same period of time.

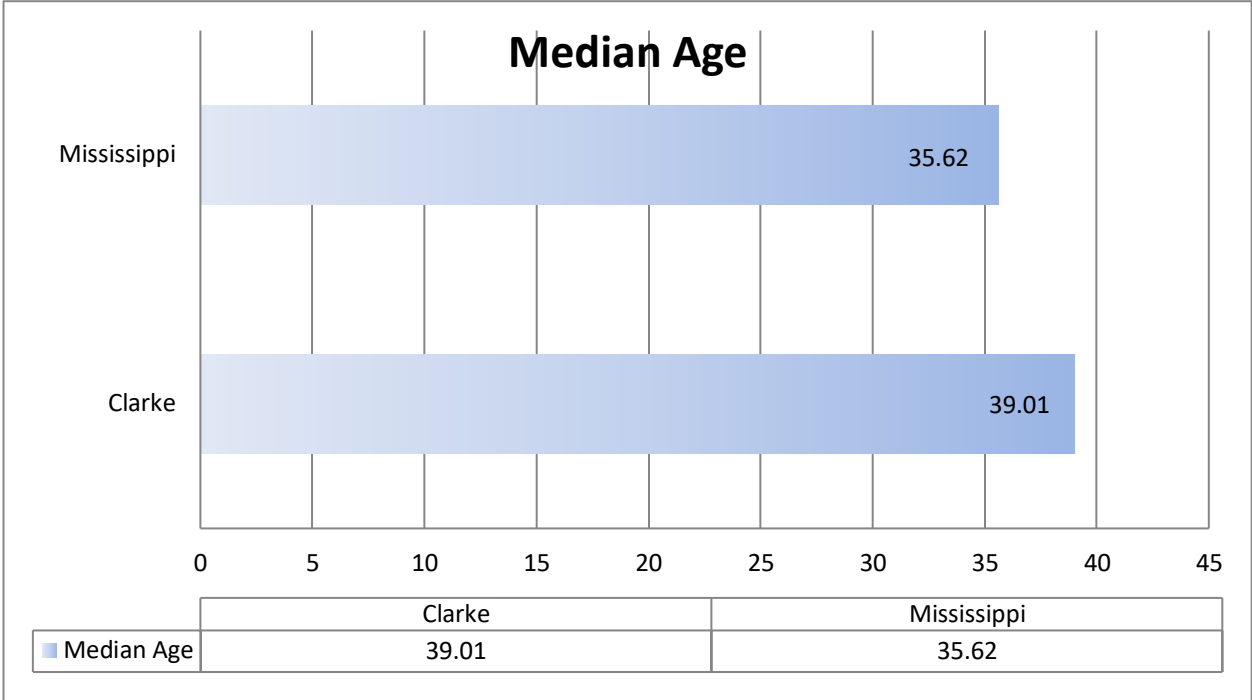
CLARKE COUNTY

Age and Race



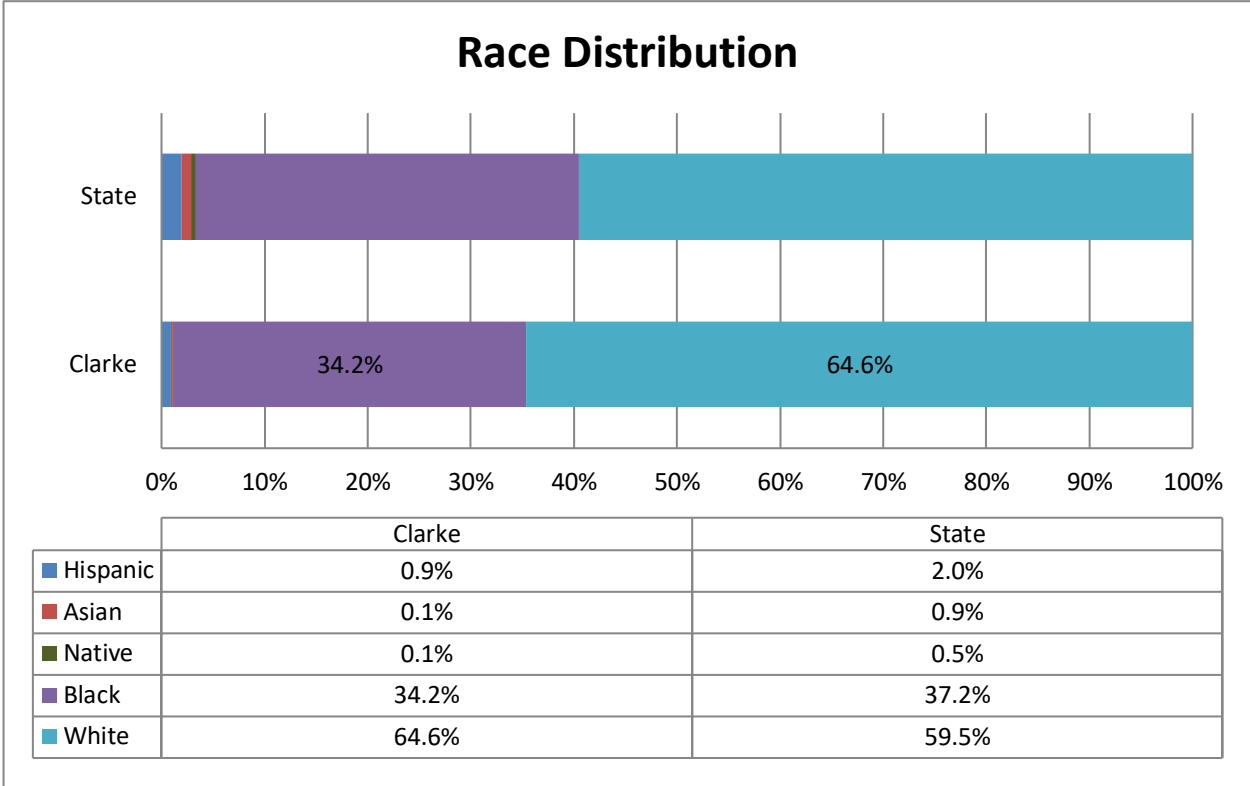
Source: Woods and Poole, CEDDS 2008.

The age composition of the population is an important determining factor for the prevalence and severity of health-related problems, and spending for health care services. In 2008, there were 2,731 persons age 65 years or older in Clarke County. Elderly persons represented 15.7% of the total population, compared to 12.7% of the total population in the state. The elderly generally spend more on health care services than other age groups, and changes in Medicaid eligibility can affect medical care for this group.



Source: Woods and Poole, CEDDS 2008.

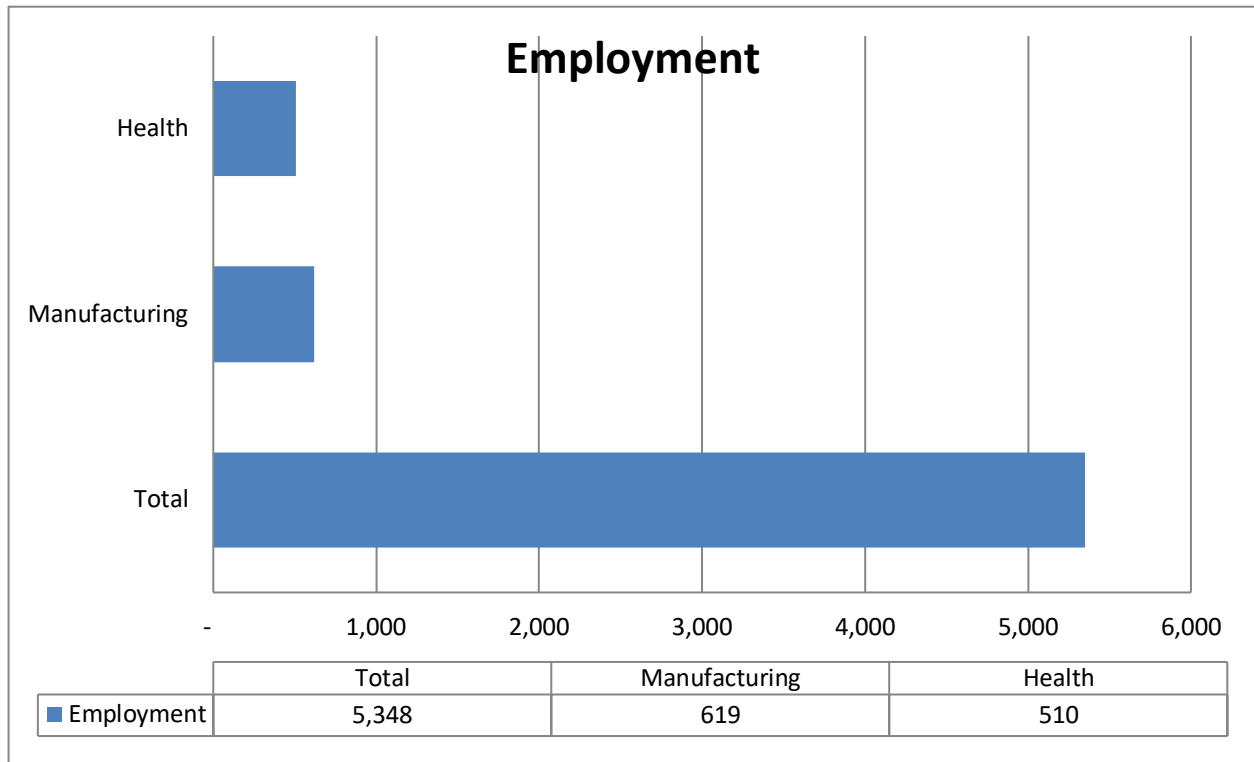
The median age in Clarke County was 39.01 years for the total population, compared to 35.62 for the state’s population.



Source: Woods and Poole, CEDDS 2008

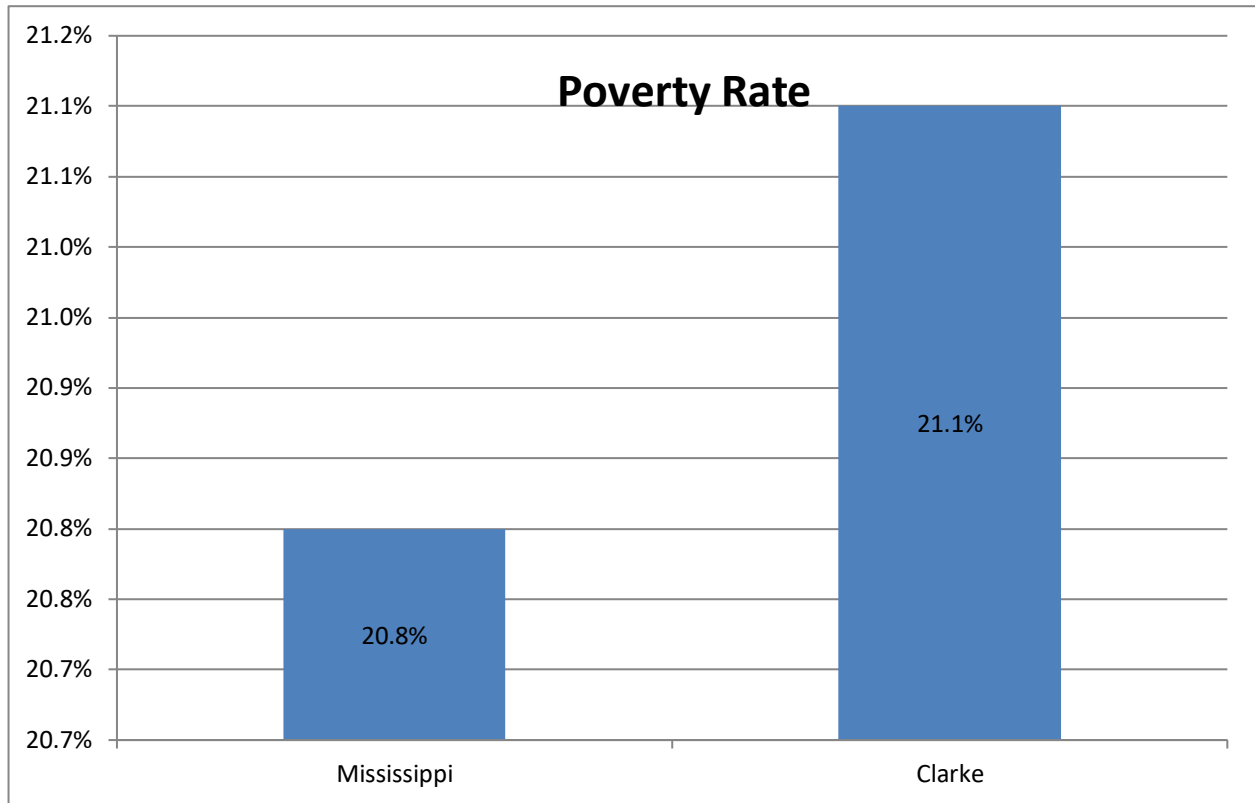
In the United States, health disparities have been reported in minority populations such as African Americans, Native Americans, Asian Americans, and Hispanics. The incidence of chronic diseases, such as heart disease and especially diabetes, as well as higher mortality rates, and poorer health outcomes are generally higher than for whites. In 2008, the minority population in aggregate made up 35.4% of the population, which was lower than for the state in the same year. The African American population was 5,963 and accounted for 34.2% of the population; 11,263 persons (64.6%) were white.

Employment and Income



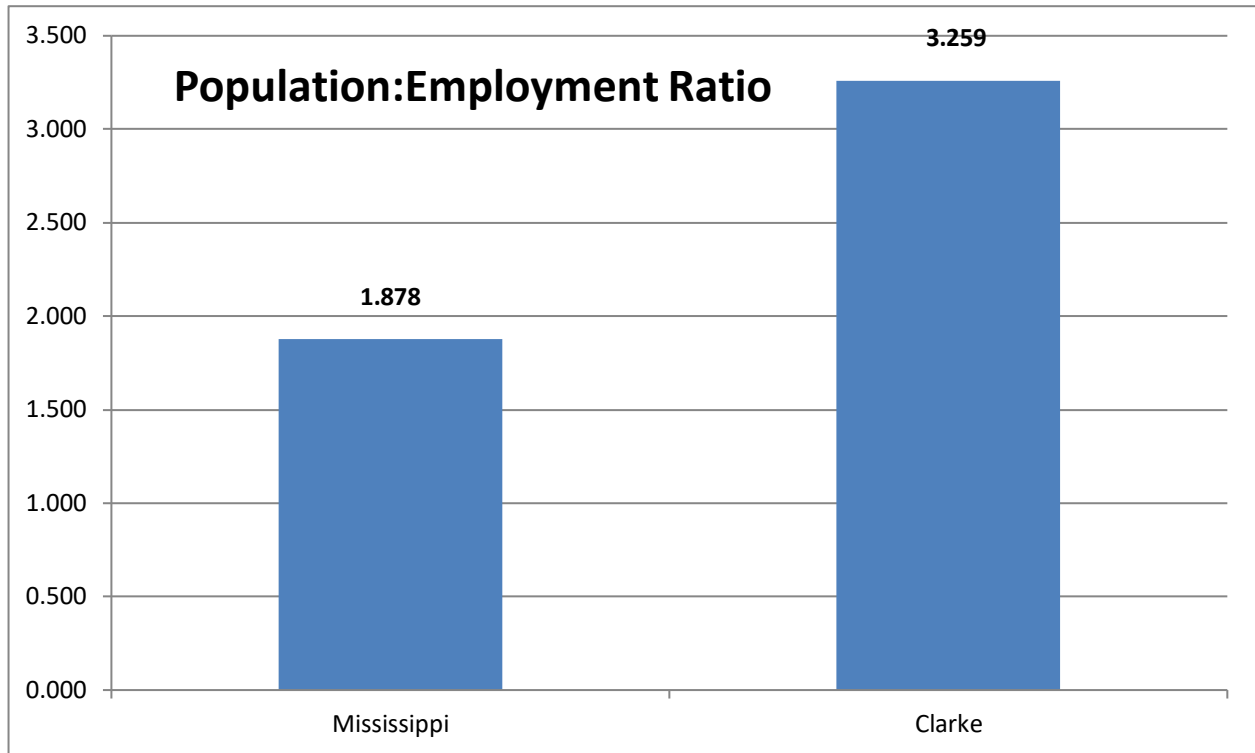
Source: Woods and Poole, CEDDS 2008

Total place-of-work employment in Clarke County in 2008 was 5,348 jobs and included 619 manufacturing jobs (12%), and 510 jobs (10%) in the health and social services sector.



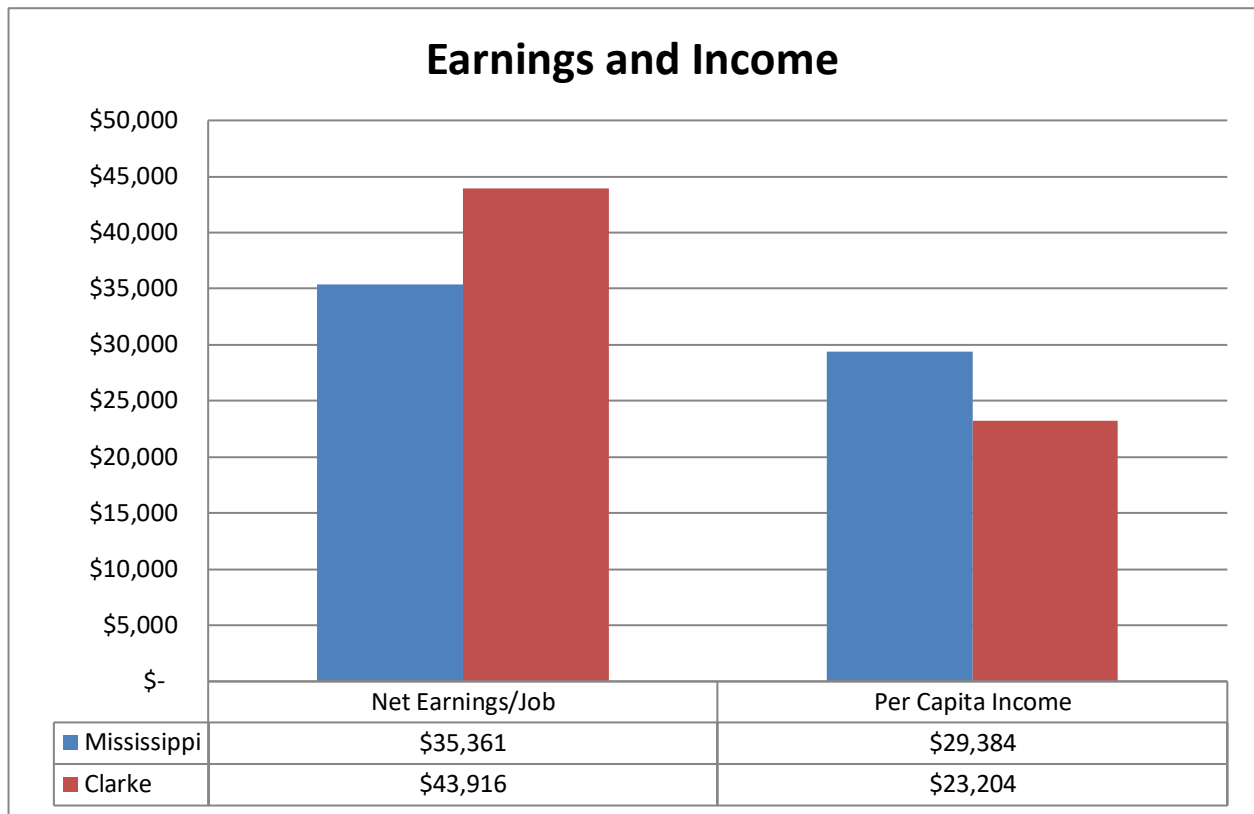
Source: Woods and Poole, CEDDS 2008

The poverty rate is an important indicator of health because mortality, prevalence of chronic disease, and poor mental health are generally higher for the poor. In 2008, the poverty rate in Clarke County was 21.1% or 0.3 percentage points higher than the state. This equated to 3,677 persons in the county who were living in poverty.



Source: Woods and Poole, CEDDS 2008

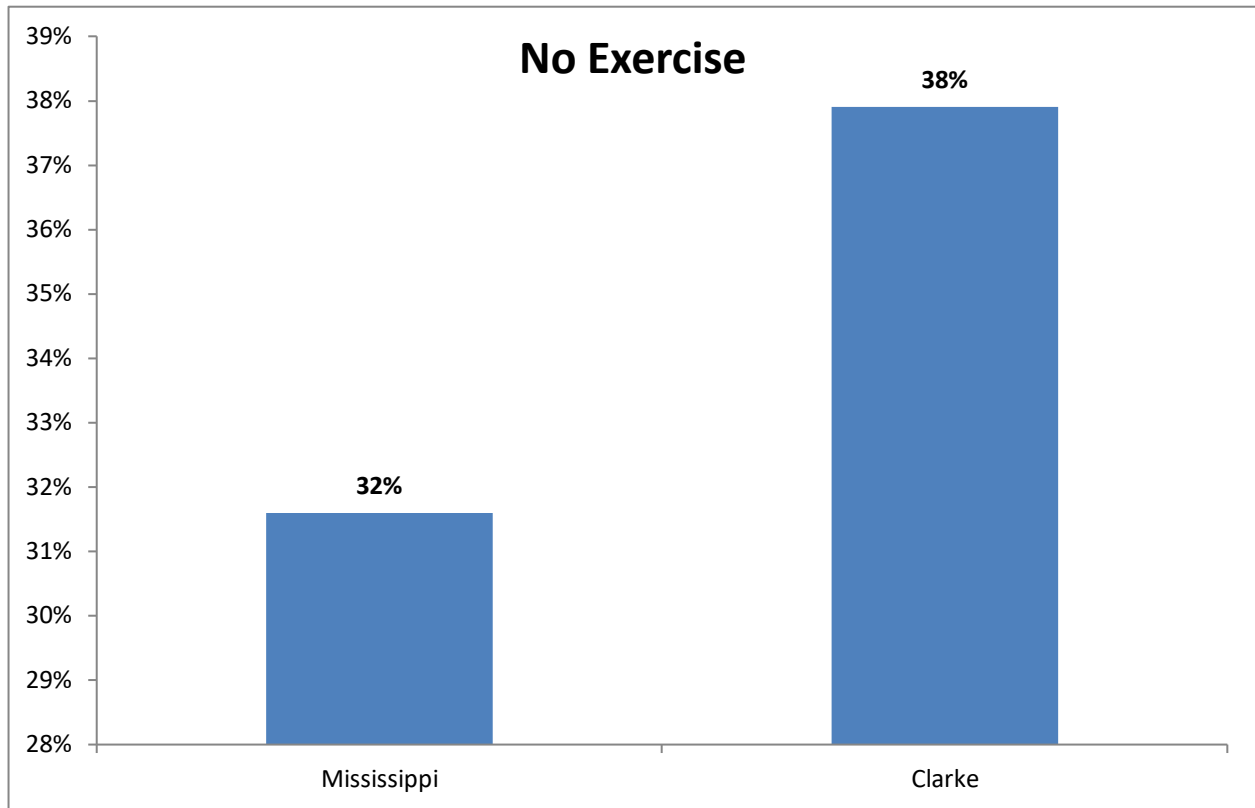
The ratio of total population to total employment can be used to evaluate the ability of the economy to create jobs. While this indicator does not consider working conditions, productivity, or earnings, it does provide a relative measure of the number of people in the local market per job. In 2008, the population:employment ratio was 3.259 in Clarke County and 1.878 in Mississippi. These data suggest that when compared to Mississippi, the local economy had proportionally more people than jobs in the county when compared to the state.



Source Woods and Poole, CEDDS 2008. Note: Net earnings includes wages, salaries and proprietor’s income less federal contributions for social security and Medicare. All values in current dollars.

The relationship of health and wealth has been well established in the literature. Two measures of personal wealth include net earnings per jobs, and per-capita income. Net earnings per job reflects the ability of the economy to support higher paying jobs. Per-capita income reflects non-wage income, such as dividends, interest, rent and transfer payments, such as social security. Clarke County had average net earnings per job that were about 24% higher than in Mississippi in 2008. Net earnings per job was \$43,916 compared to \$35,361 in Mississippi. Per-capita income in the county was slightly lower than Mississippi. In 2008, the county had a per-capita income of \$23,204 while Mississippi had a per-capita income of \$29,384.

Health Status Indicators



Source: Community Health Status Indicators Database, 2009.

No exercise is a risk factor for heart disease and cancer. Persons who do not exercise are at a higher risk of disease and its effects. In Clarke County, 38% of adult respondents reported no participation in any leisure-time physical activities or exercises in the past month. This was higher than the statewide average of 32%.

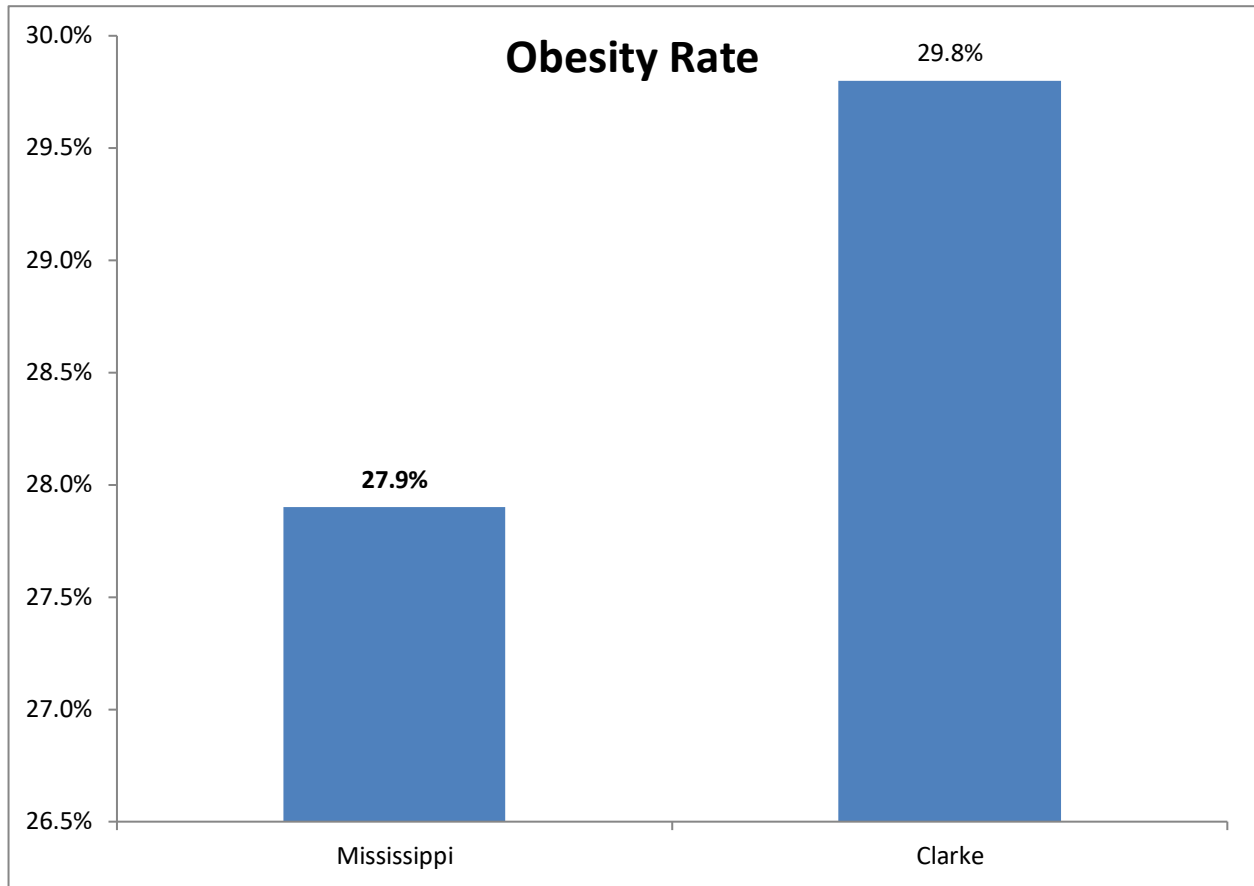
FRUITS AND VEGETABLES

No data was available for this county.

Source: Community Health Status Indicators Database, 2009.

Unfortunately there were no data for the county, however by assuming that the county rate was the same as the state rate of 82.4%, it was estimated that 14,384 persons in the county were eating less than five servings of fruits and vegetables per day.

Not eating enough servings of fruits and vegetables is a risk factor for heart disease and cancer. Persons who do not eat enough fruits and vegetables are also at a higher risk of chronic disease and its effects.



Source: Community Health Status Indicators Database, 2009.

Risks related to being overweight and obese are a significant concern. Persons with high body mass index scores are at risk for health problems related to being overweight or obese, including chronic diseases such as heart disease and diabetes. In Clarke County, the obesity rate was 29.8% in 2008. This level of obesity equates to about 5,194 persons in the county who have a BMI score of 30 or higher. The obesity rate in county was higher than in Mississippi, which had a rate of 27.9%.

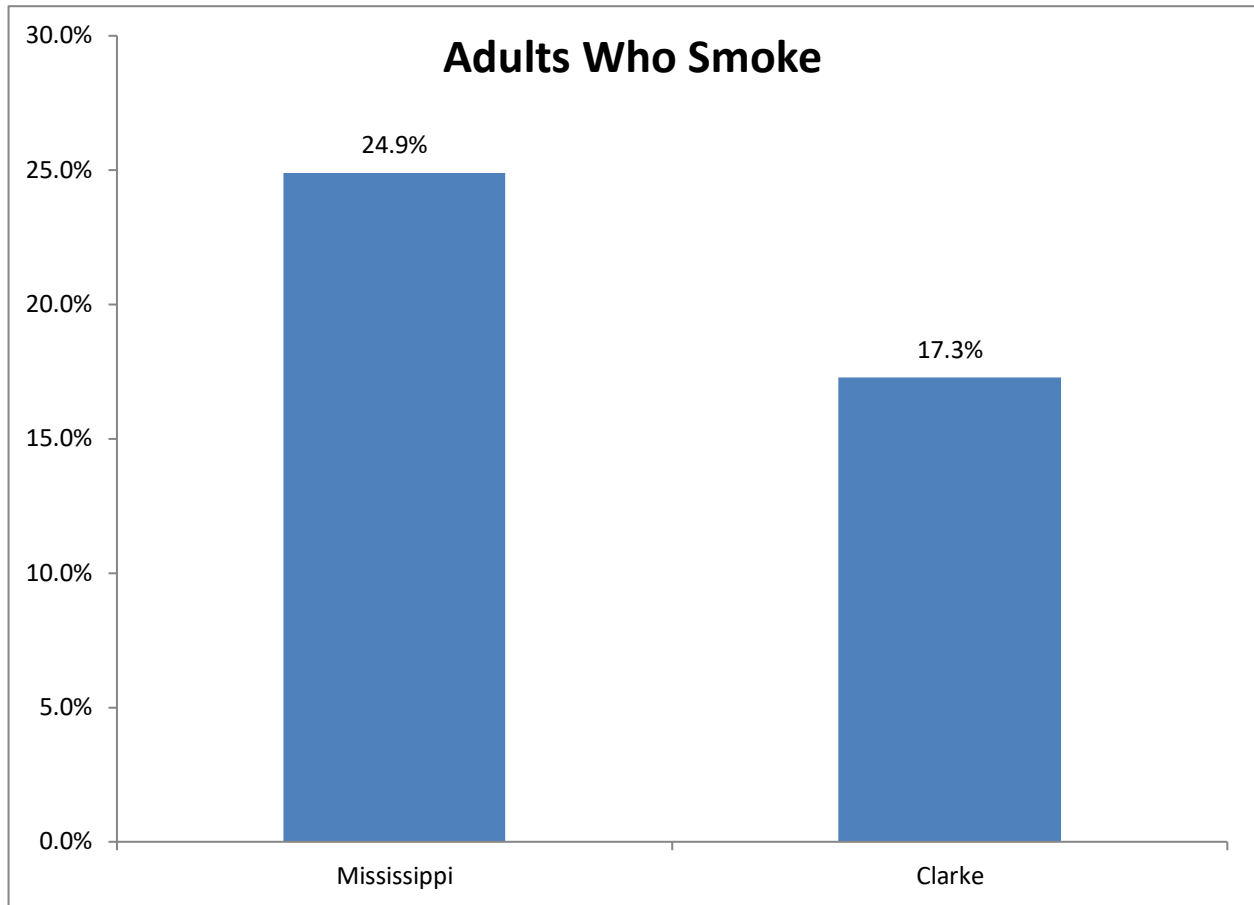
HIGH BLOOD PRESSURE

No data was available for Clarke County

Source: Community Health Status Indicators Database, 2009.

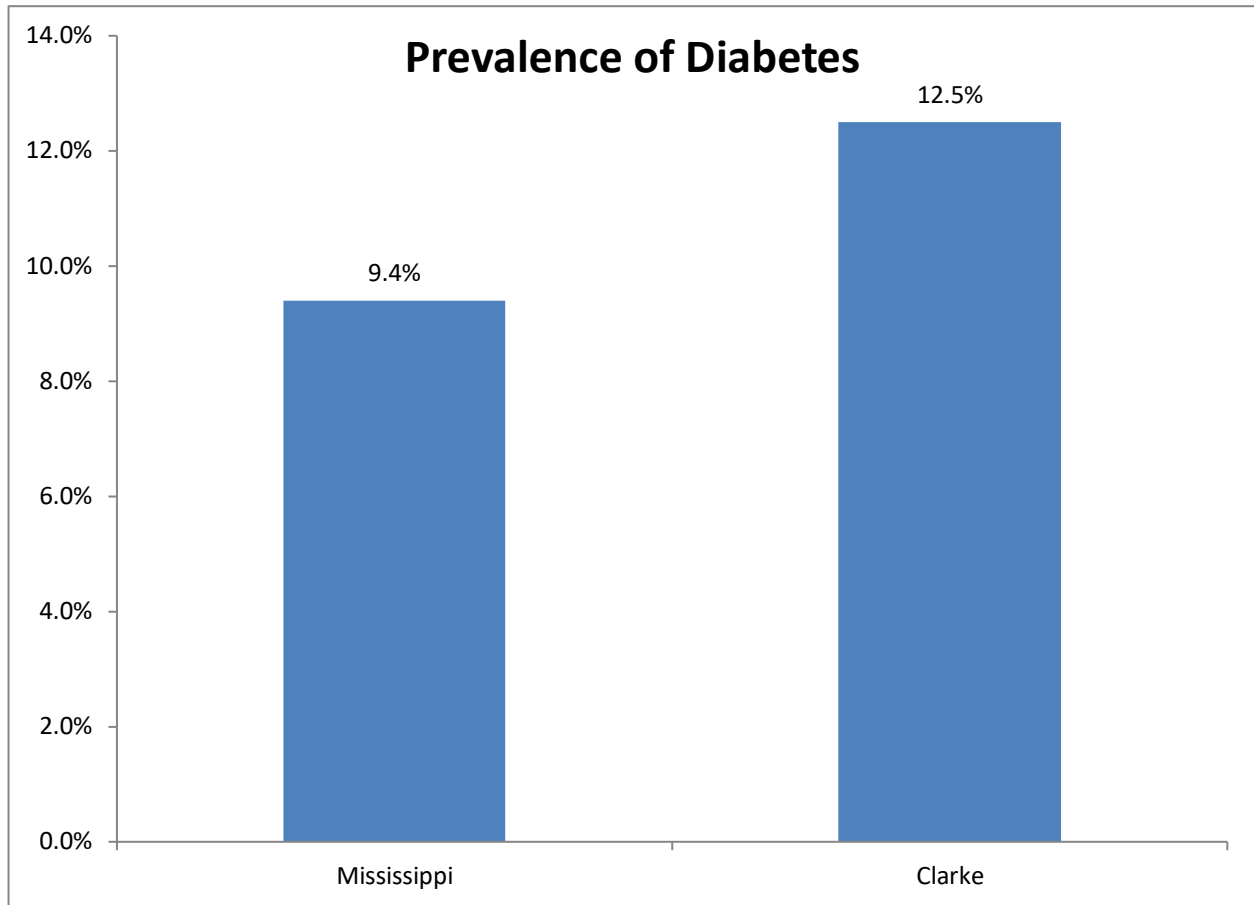
Unfortunately there were no data for the county, however by assuming that the county rate is the same as the state rate it was estimated that 30.7% of respondents would have been told they had high blood pressure. This would equate to about 5,351 persons in the county.

The force of blood pushing against the walls of the arteries as the heart pumps out blood is called blood pressure. If this pressure rises and stays high over time, it can damage the body in many ways. High blood pressure (HBP) is a serious condition that can lead to coronary heart disease, heart failure, stroke, kidney failure, and other health problems. According to the American Heart Association, over 7 million Americans have suffered a heart attack in their lifetime.



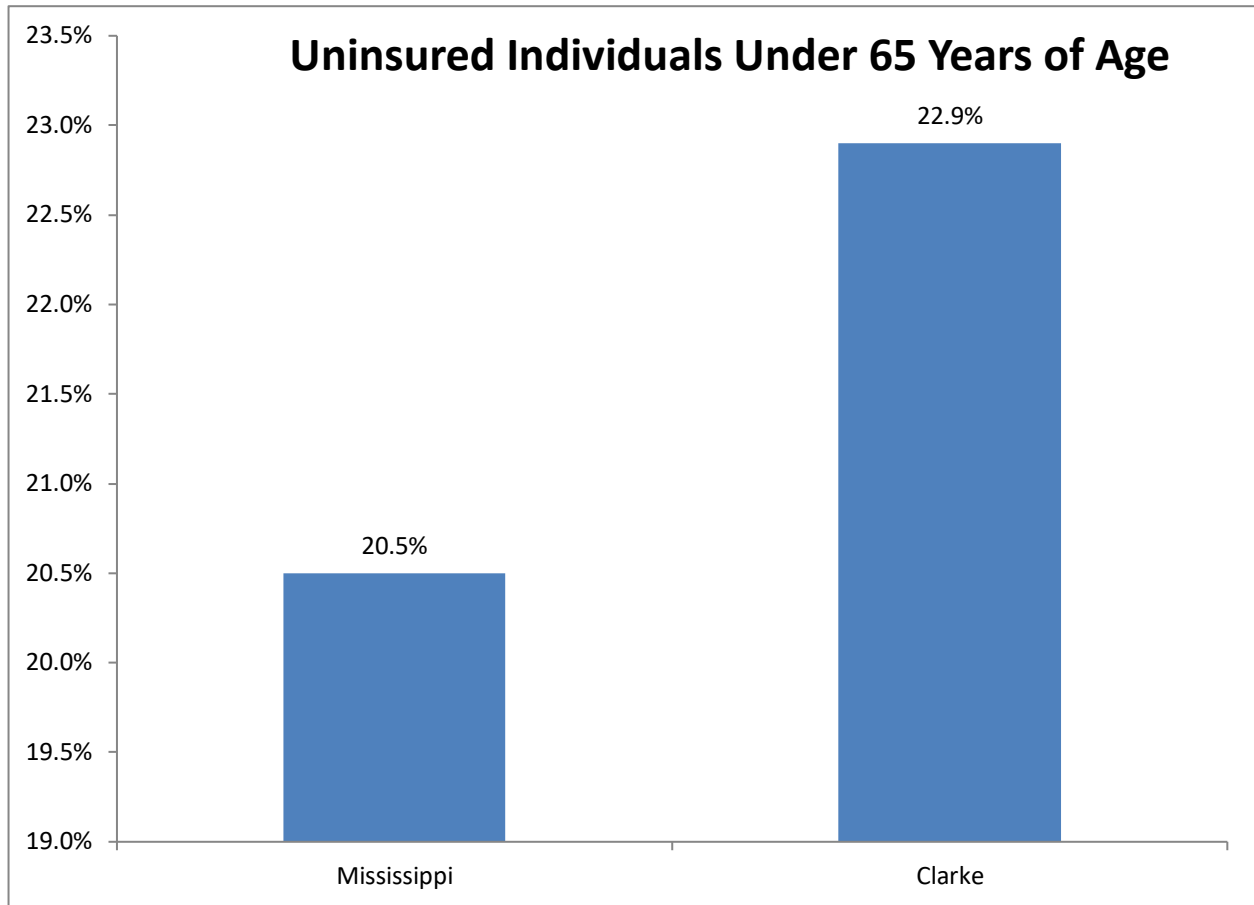
Source: Community Health Status Indicators Database, 2009.

Smoking increases a person’s risk for lung cancer and heart disease. People who smoke have a higher risk for heart attack, and the risk of heart disease increases the longer they smoke. People who smoke a pack of cigarettes a day have more than twice the risk of heart attack than non-smokers. Women who smoke and also take birth control pills increase several times their risk of heart attack, stroke, and peripheral vascular disease. In Clarke County there were 3,016 respondents (17.3%) who said they were currently smoking tobacco on a regular basis. This was lower than the state rate of 24.9% for the same period.



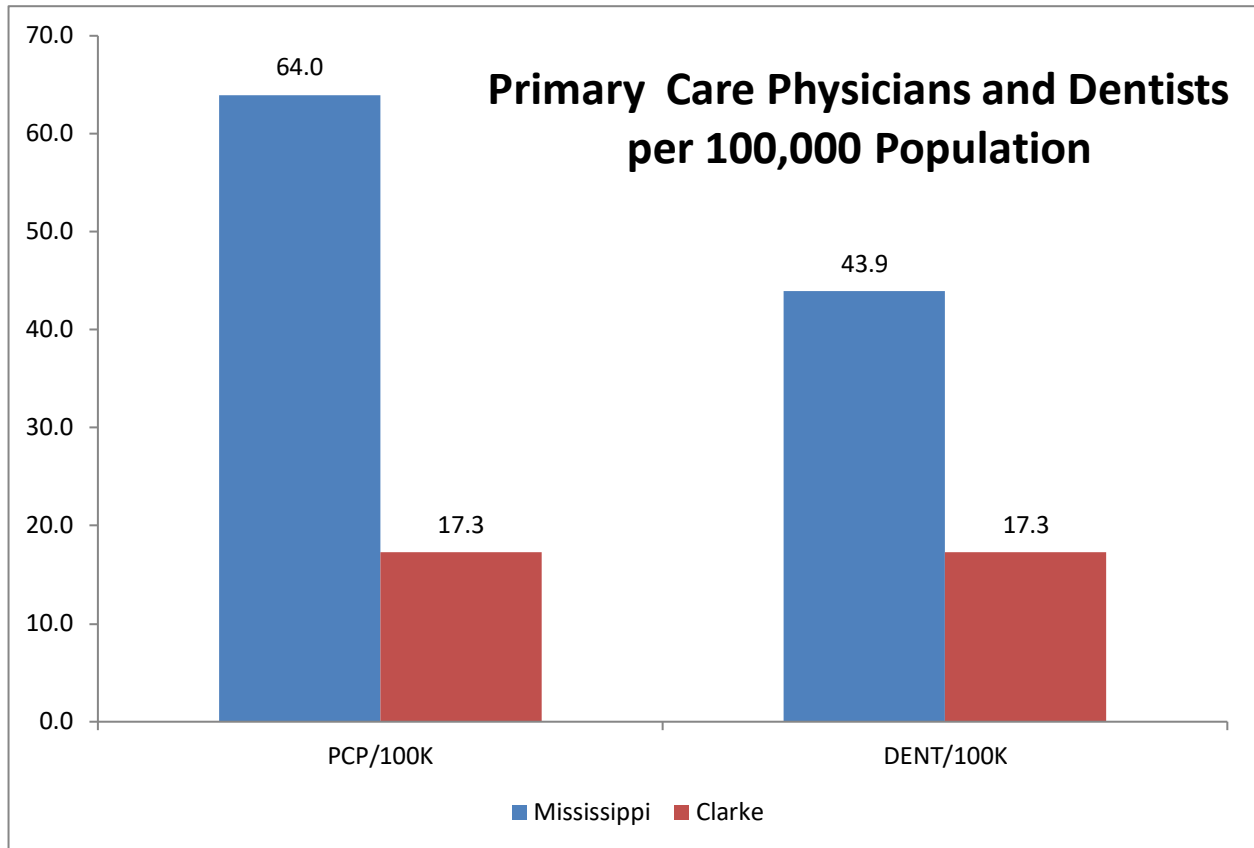
Source: Community Health Status Indicators Database, 2009.

Diabetes, a condition caused by high blood sugar levels, can cause nerve damage, kidney failure, vision problems, and cardiovascular disease. The risk factors for diabetes include obesity, a sedentary lifestyle, unhealthy eating habits, family history, age, hypertension, and high cholesterol. In Clarke County, 12.5% of respondents (more than 2,100 adults) said that they had been told by a doctor that they have diabetes.



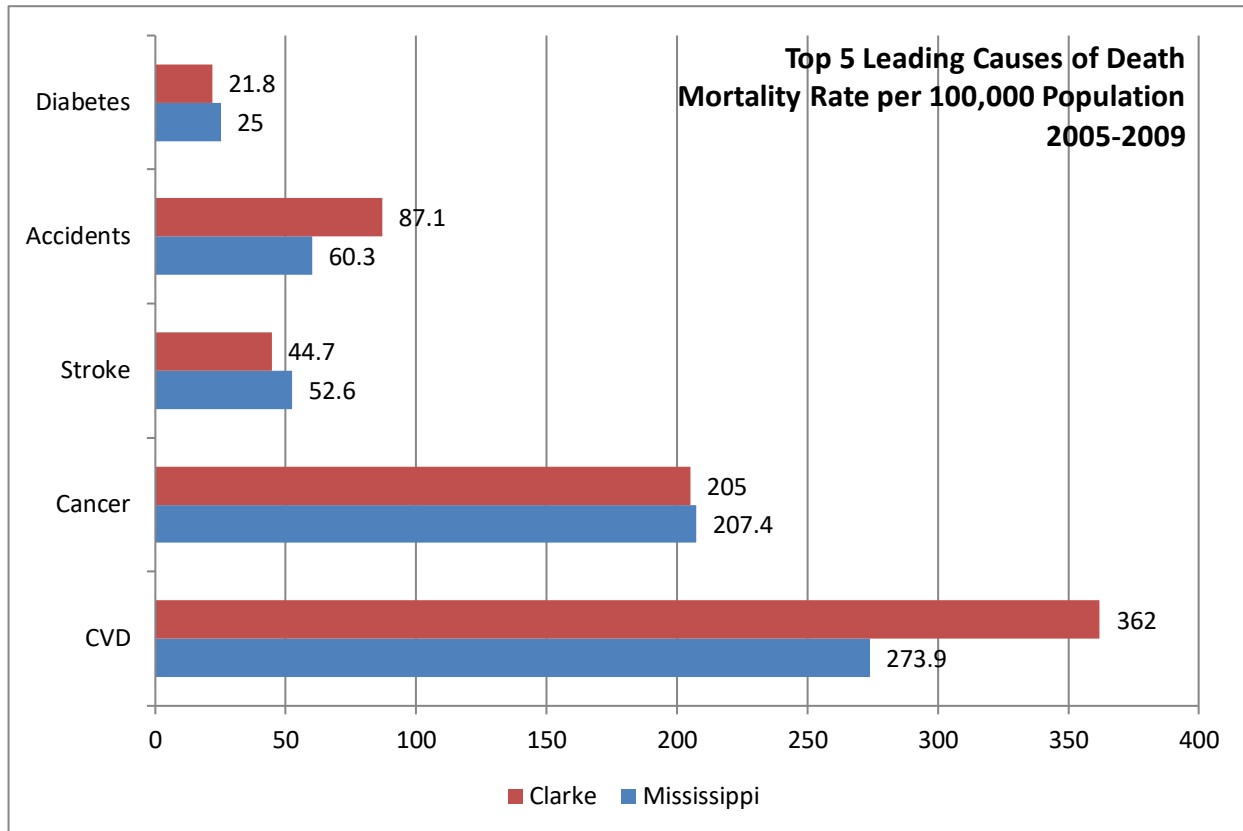
Source: U.S. Census Bureau, 2007 Small Area Health Insurance Estimates (2010 Release).

In 2008 there were 3,991 persons under the age of 65 who did not have health insurance in this county, or 22.9% of the county population. This rate of insurance non-coverage was higher than for Mississippi during the same period.



Source: Source: Community Health Status Indicators Database, 2009.

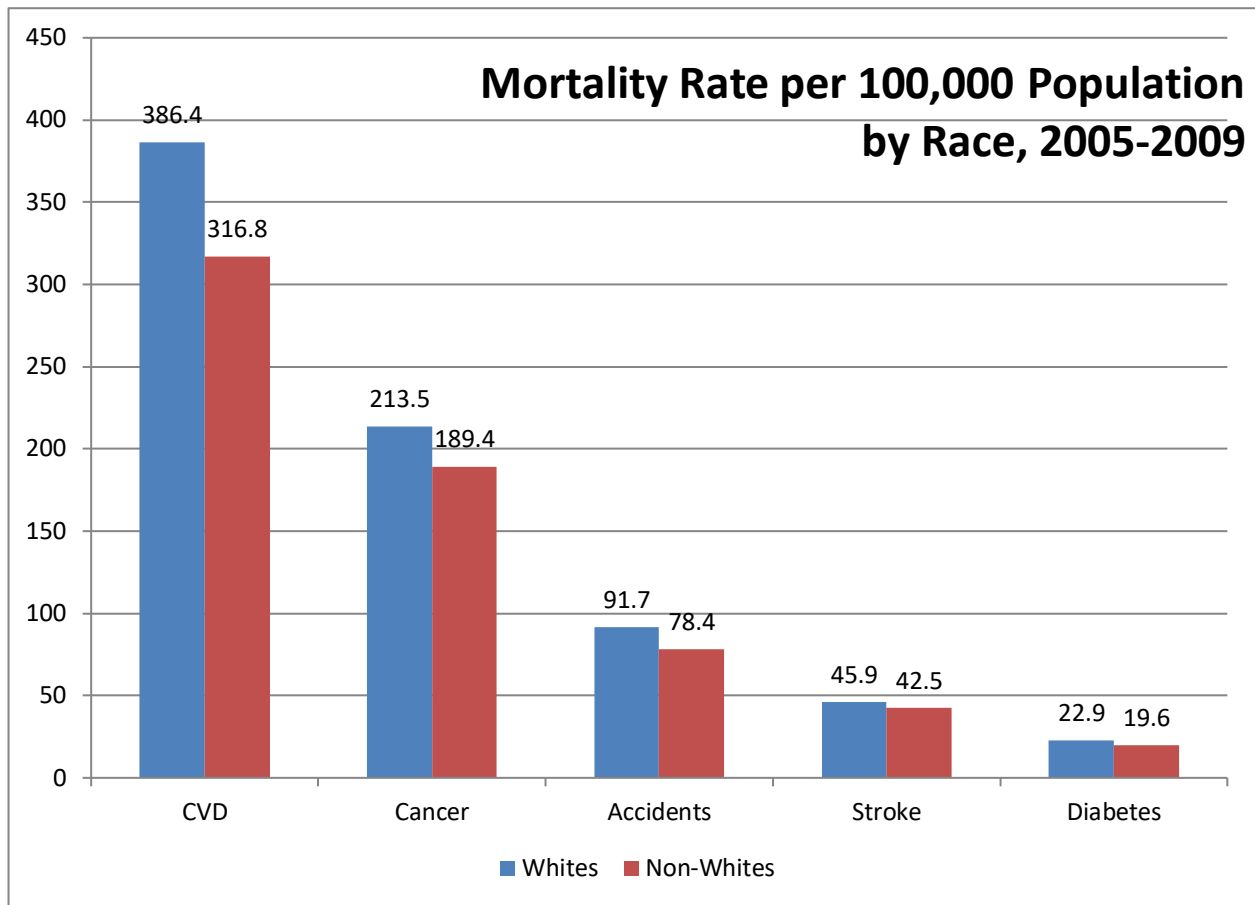
Clarke County had 17.3 primary care physicians (PCPs) per 100,000 population, and 17.3 dentists per 100,000 population. These rates were lower than the state rates of 64 PCPs and 43.9 dentists per 100,000 population.



Source: Mississippi Statistically Automated Health Resource System, average for 2005-2009.

Notes: CVD – Cardiovascular Disease.

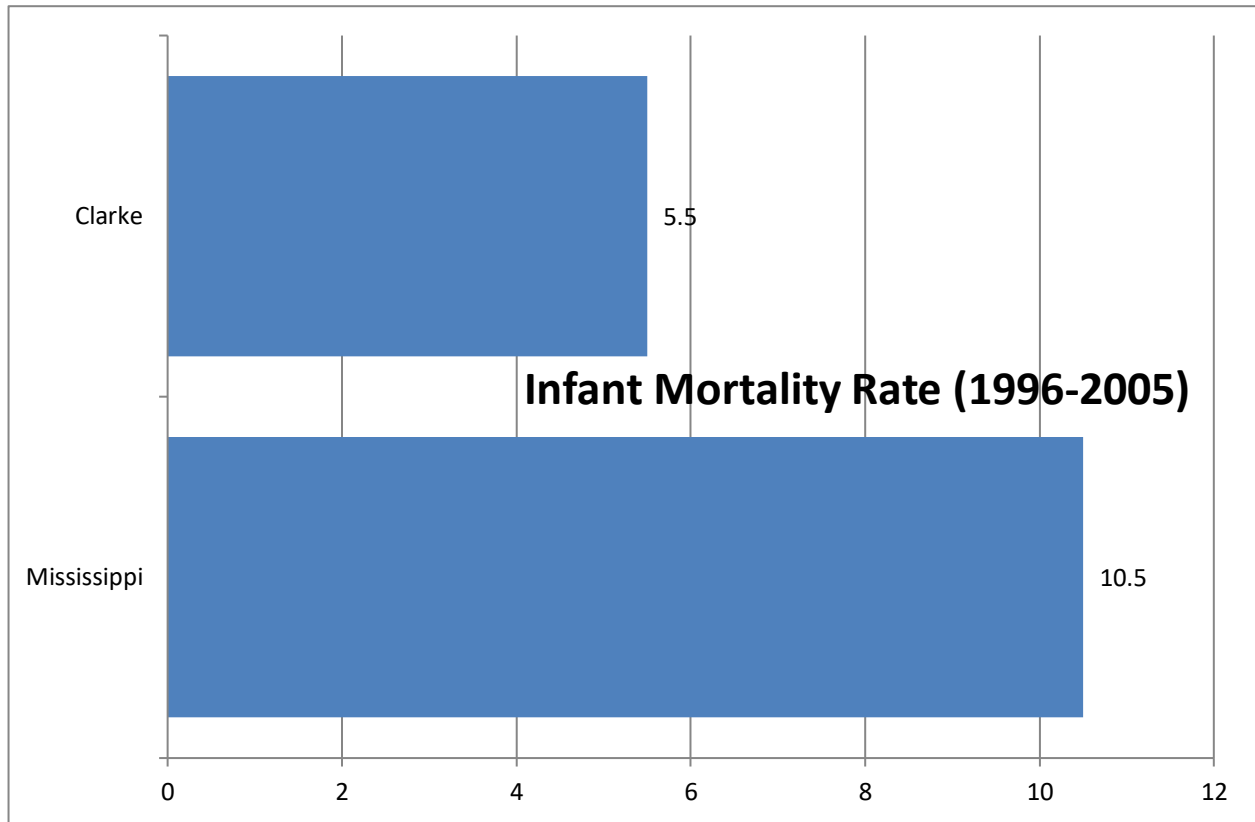
In Mississippi, the leading causes of death from 2005-2009 closely mirrored national leading causes of death, and included heart disease, cancer, stroke, unintentional injuries (i.e., accidents), and diabetes. In Clarke County heart disease and cancer were the leading causes of death. The mortality rate for heart disease in the county was 362 deaths per 100,000 population, compared to 273.9 for Mississippi. The mortality rate for cancer in the county was 205 deaths per 100,000 population, while the rate in Mississippi was 207.4 deaths per 100,000 population. The mortality rates for heart disease and accidents were higher than for the state, but lower than the state for cancer, stroke, and diabetes.



Source: Mississippi Statistically Automated Health Resource System, 2005-2009.

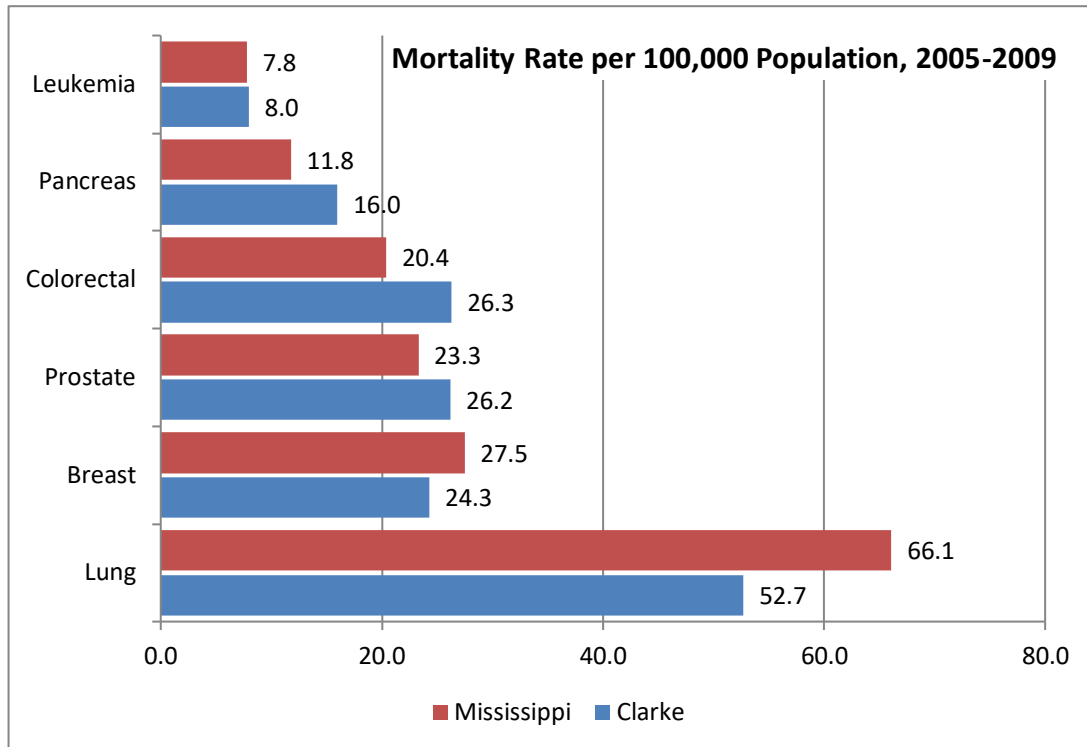
Notes: CVD – Cardiovascular Disease.

Mortality rates for leading causes of death for non-whites in Clarke County were lower than for whites. The mortality rate for cardiovascular disease (CVD) for whites was 386.4 versus 316.8 per 100,000 for non-whites. The mortality rate for cancer was 213.5 for whites and 189.4 for non-whites per 100,000 population. The mortality rates were also lower for non-whites for accidents, stroke, and diabetes.



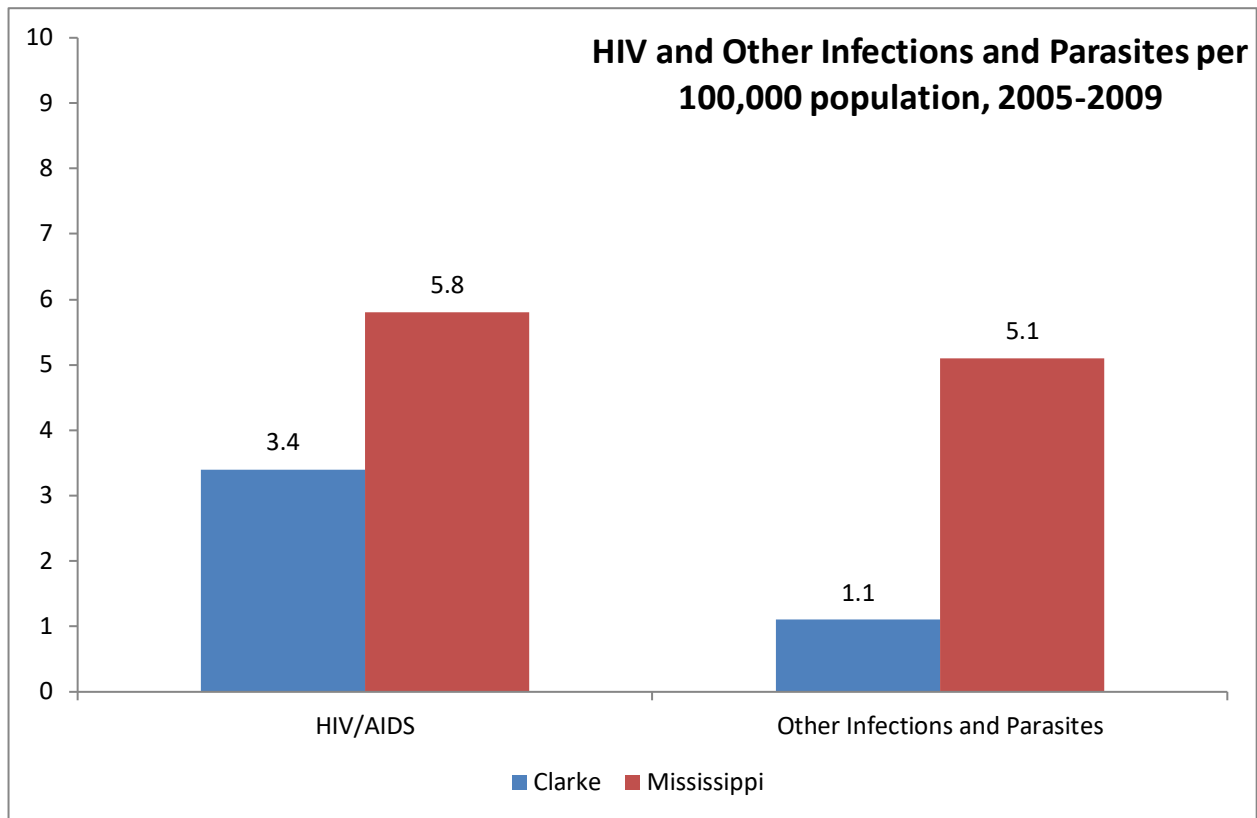
Source: Infant Mortality in Mississippi, 1996-2005: Trend and Risk Analysis

Infant mortality refers to the death of an infant in the first year of life. The leading causes of infant mortality are Premature birth or low birth weight, sudden infant death syndrome (SIDS), birth defects, accidents and maternal factors, such as smoking, chemical exposure, poor nutrition, infectious disease and age. From 1996 to 2005, the infant mortality rate in Clarke County was 5.5 deaths per 1,000 live births, almost half of the infant mortality rate in the state. The Healthy People 2010 goal was to reduce infant mortality to a rate of 4.5 deaths per 1,000 live births.



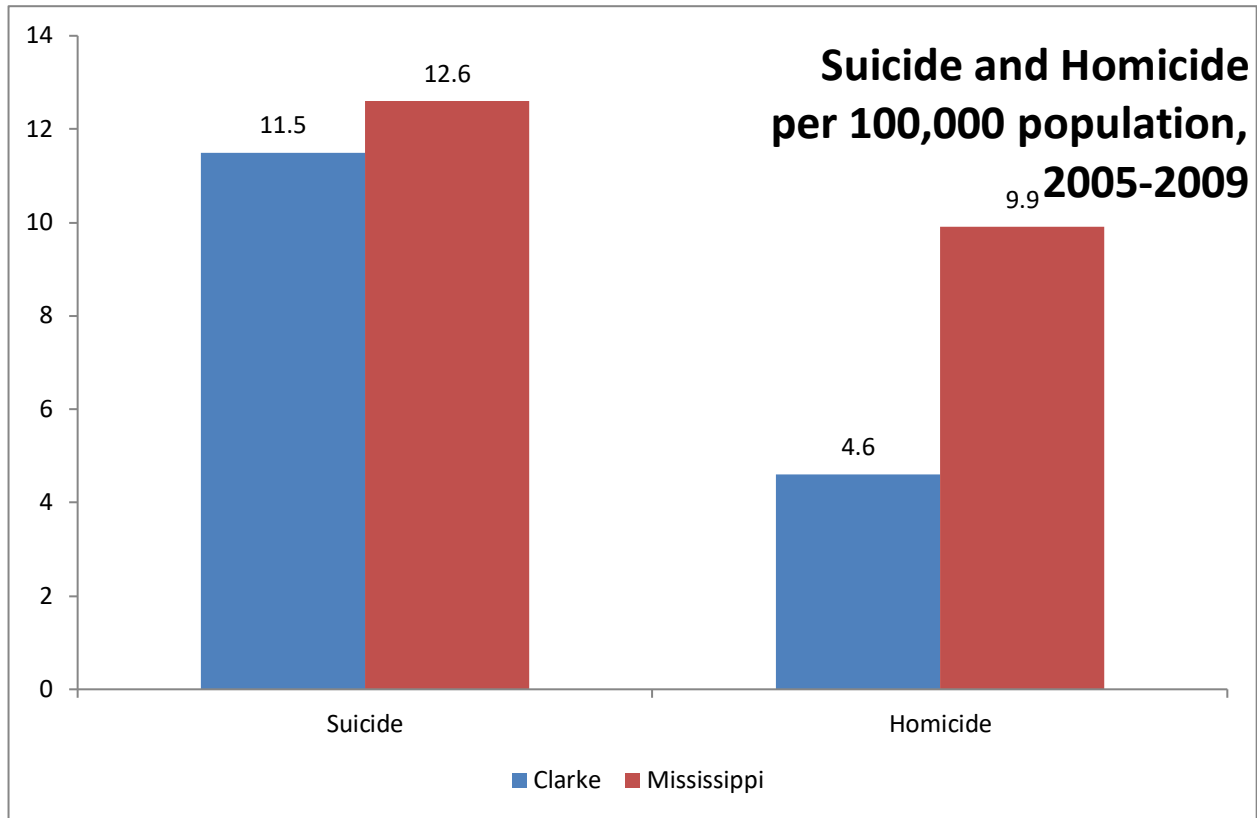
Source: Mississippi Statistically Automated Health Resource System, 2005-2009.

The highest rates of mortality for cancer-related deaths in Clarke County were for: lung cancer (52.7 deaths per 100,000 population); colorectal cancer (26.3 deaths per 100,000 population), and prostate cancer (26.2 deaths per 100,000). Compared to mortality rates at the state level the county had higher rates of death for lung, prostate, colorectal, pancreas, and leukemia.



Source: Mississippi Statistically Automated Health Resource System, 2005-2009.

From 2005 to 2009 the mortality rate for HIV/AIDS in Clarke County was 3.4 deaths per 100,000 population, which was lower than the state rate of 5.8 deaths per 100,000 population in Mississippi. The mortality rate for other infections and parasites was lower in the county when compared to the state.

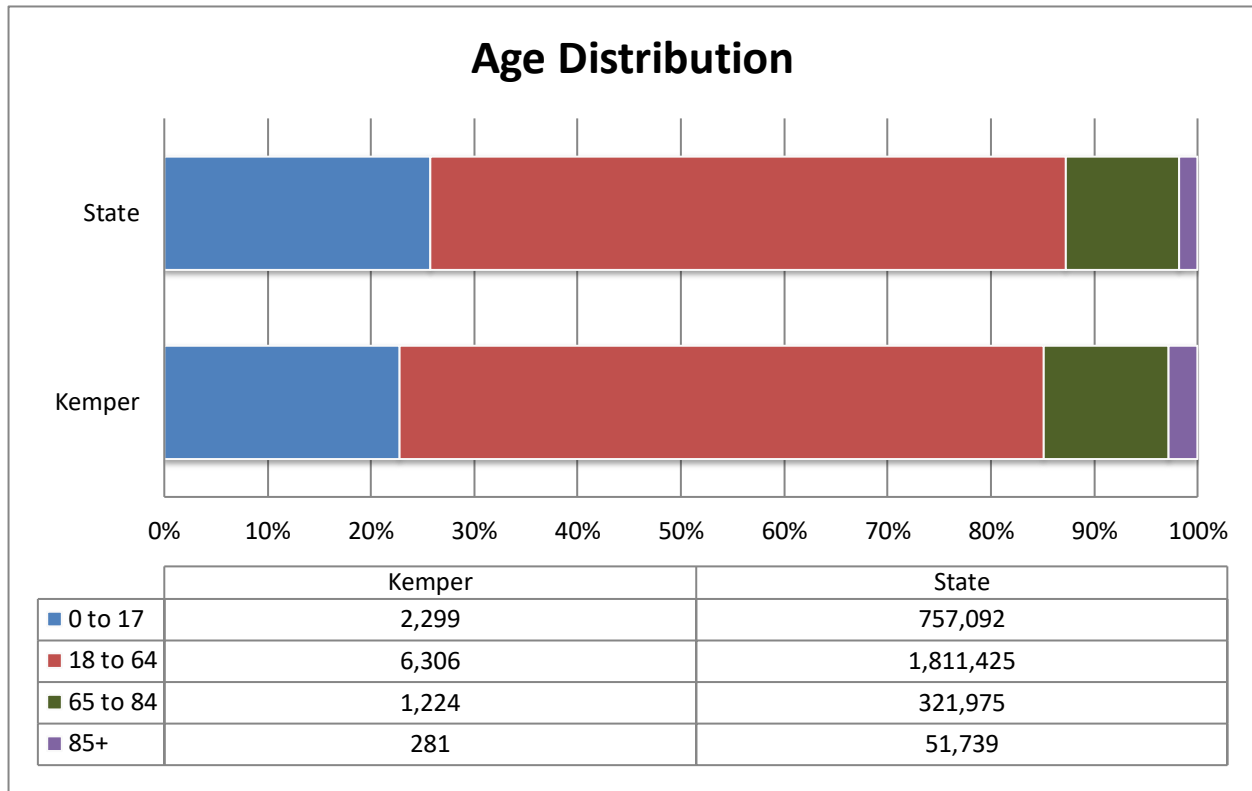


Source: Mississippi State Department of Health, Mississippi Statistically Automated Health Resource System, 2005-2009.

The suicide rate in Newton County was 11.5 suicides per 100,000 population and was slightly lower than the state rate of 12.6 per 100,000 in Mississippi. The rate of homicide was almost half of the state rate, with 4.6 homicides per 100,000 population compared to 9.9 homicides per 100,000 population in Mississippi during the same period of time.

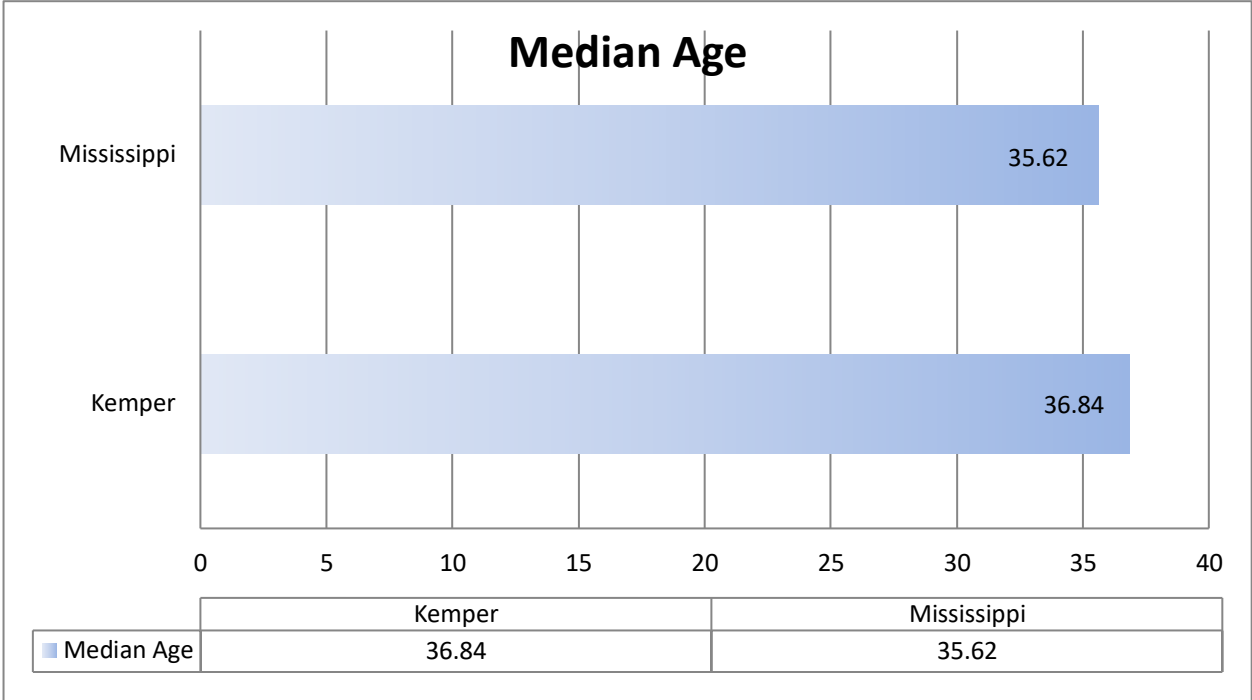
KEMPER COUNTY

Age and Race



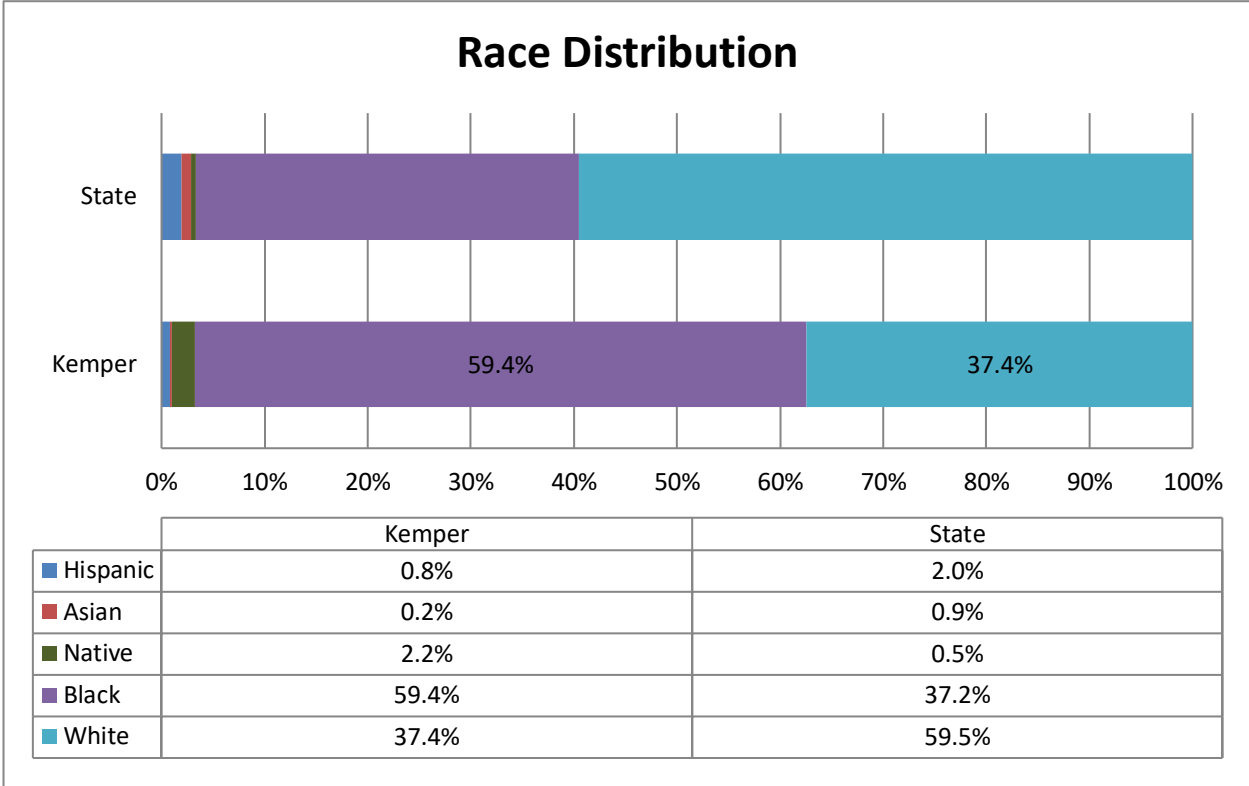
Source: Woods and Poole, CEDDS 2008.

The age composition of the population is an important determining factor for the prevalence and severity of health-related problems, and spending for health care services. In 2008, there were 1,505 persons age 65 years or older in Kemper County. Elderly persons represented 14.9% of the total population, compared to 12.7% of the total population in the state. The elderly generally spend more on health care services than other age groups, and changes in Medicaid eligibility can affect medical care for this group.



Source: Woods and Poole, CEDDS 2008.

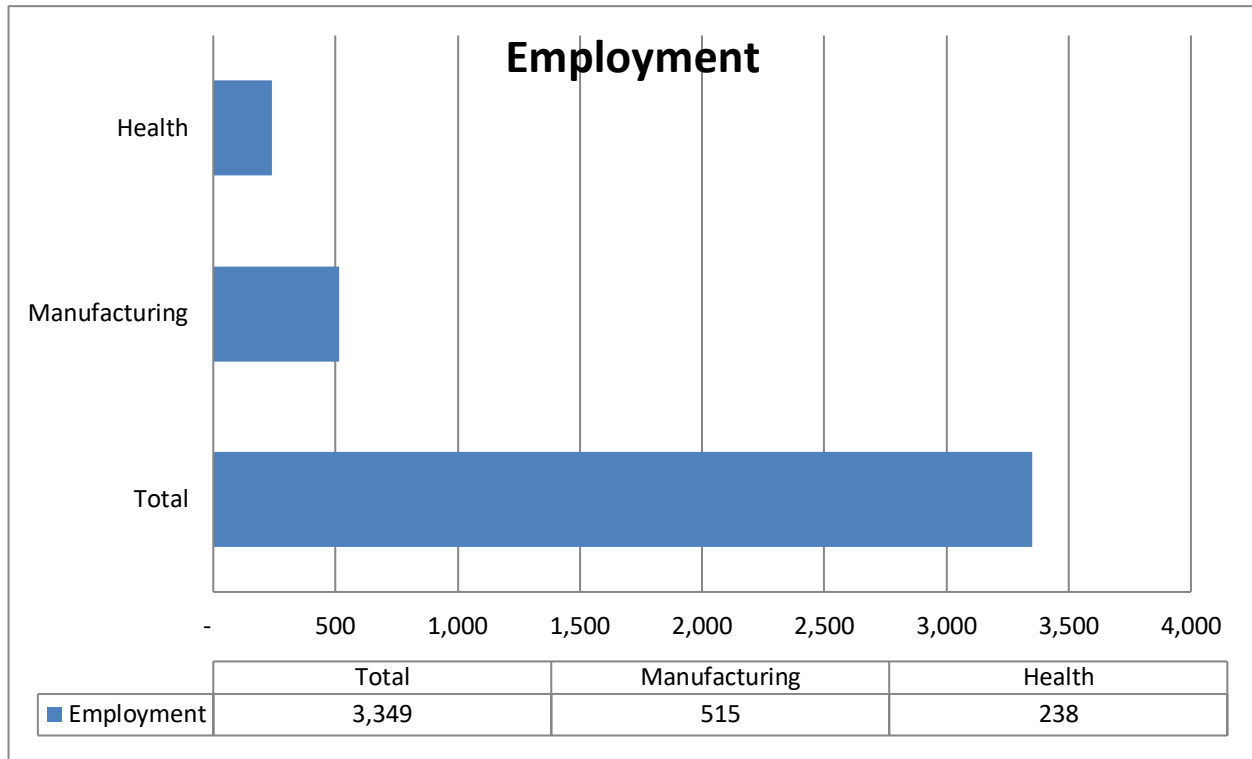
The median age in Kemper County was 36.84 years for the total population, compared to 35.62 for the state’s population.



Source: Woods and Poole, CEDDS 2008

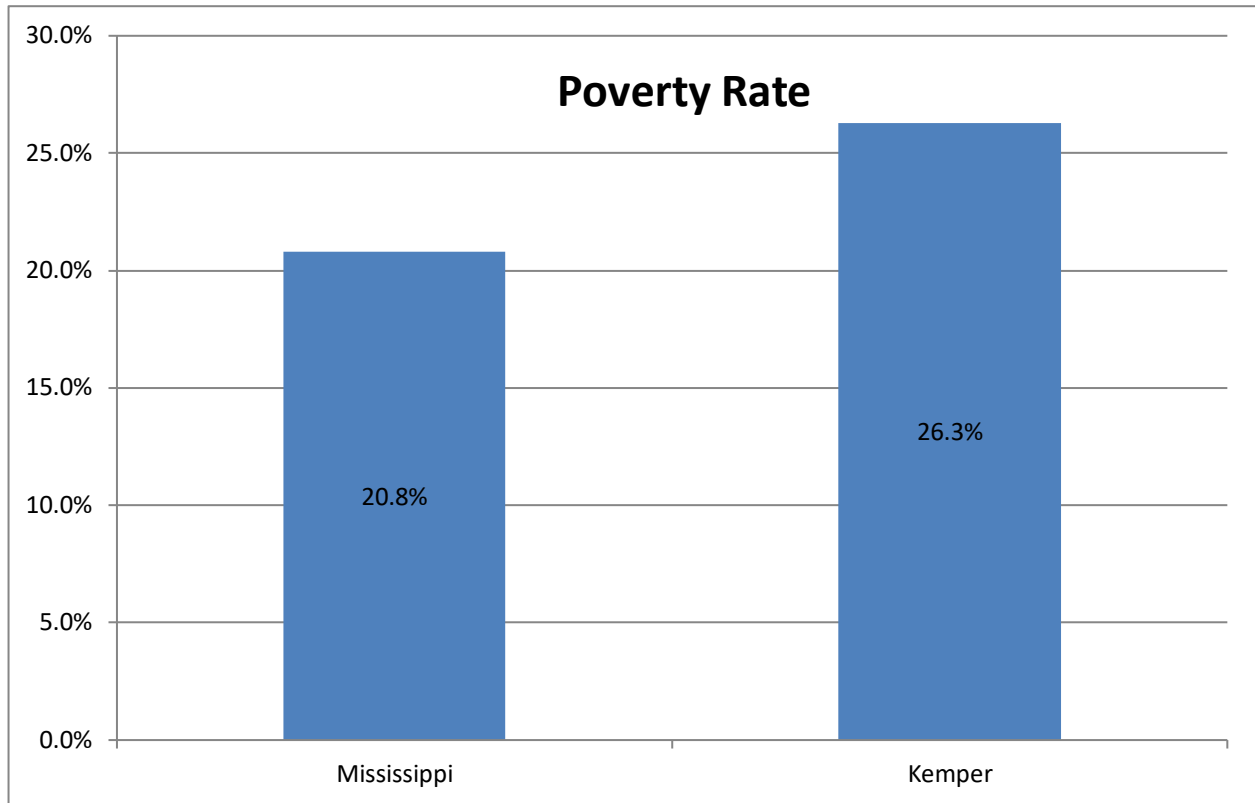
In the United States, health disparities have been reported in minority populations such as African Americans, Native Americans, Asian Americans, and Hispanics. The incidence of chronic diseases, such as heart disease and especially diabetes, as well as higher mortality rates, and poorer health outcomes are generally higher than for whites. In 2008, the minority population in aggregate made up 62.6% of the population, which was higher than for the state in the same year. The African American population was 6,003 and accounted for 59.4% of the population; 3,782 persons (37.4%) were white.

Employment and Income



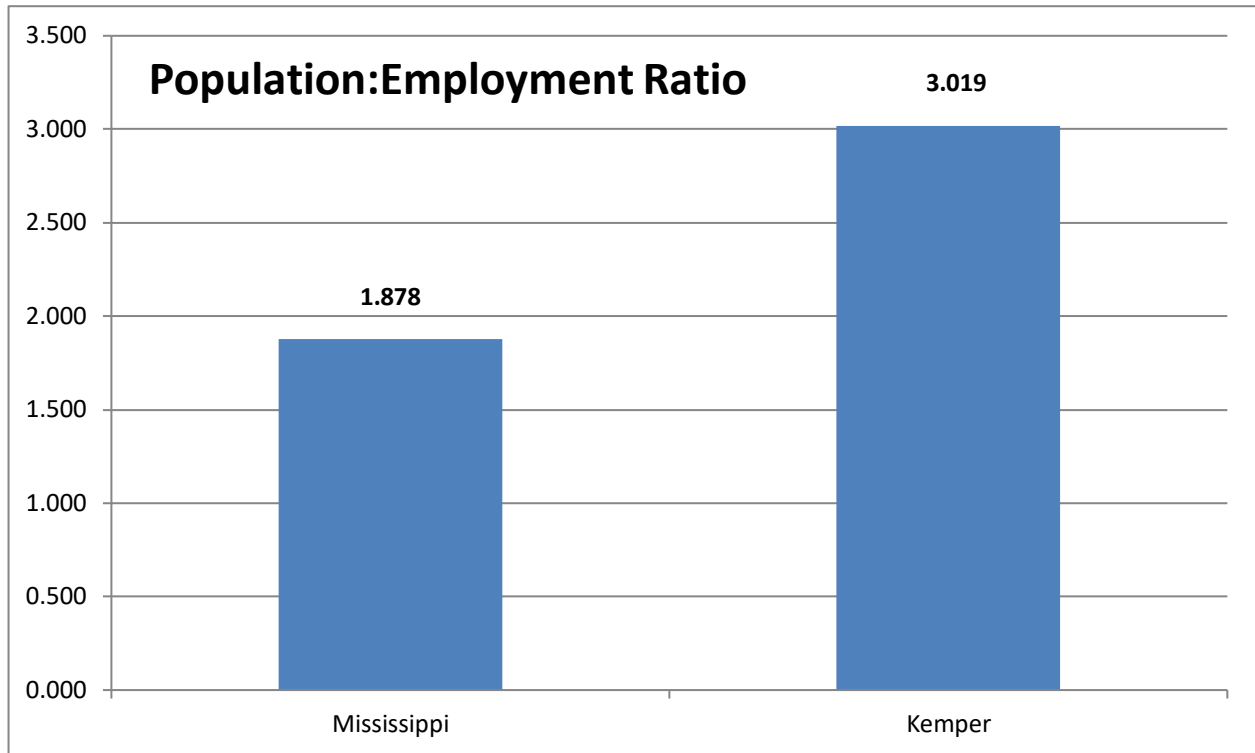
Source: Woods and Poole, CEDDS 2008

Total place-of-work employment in Kemper County in 2008 was 3,349 jobs and included 515 manufacturing jobs (15%), and 238 jobs (7%) in the health and social services sector.



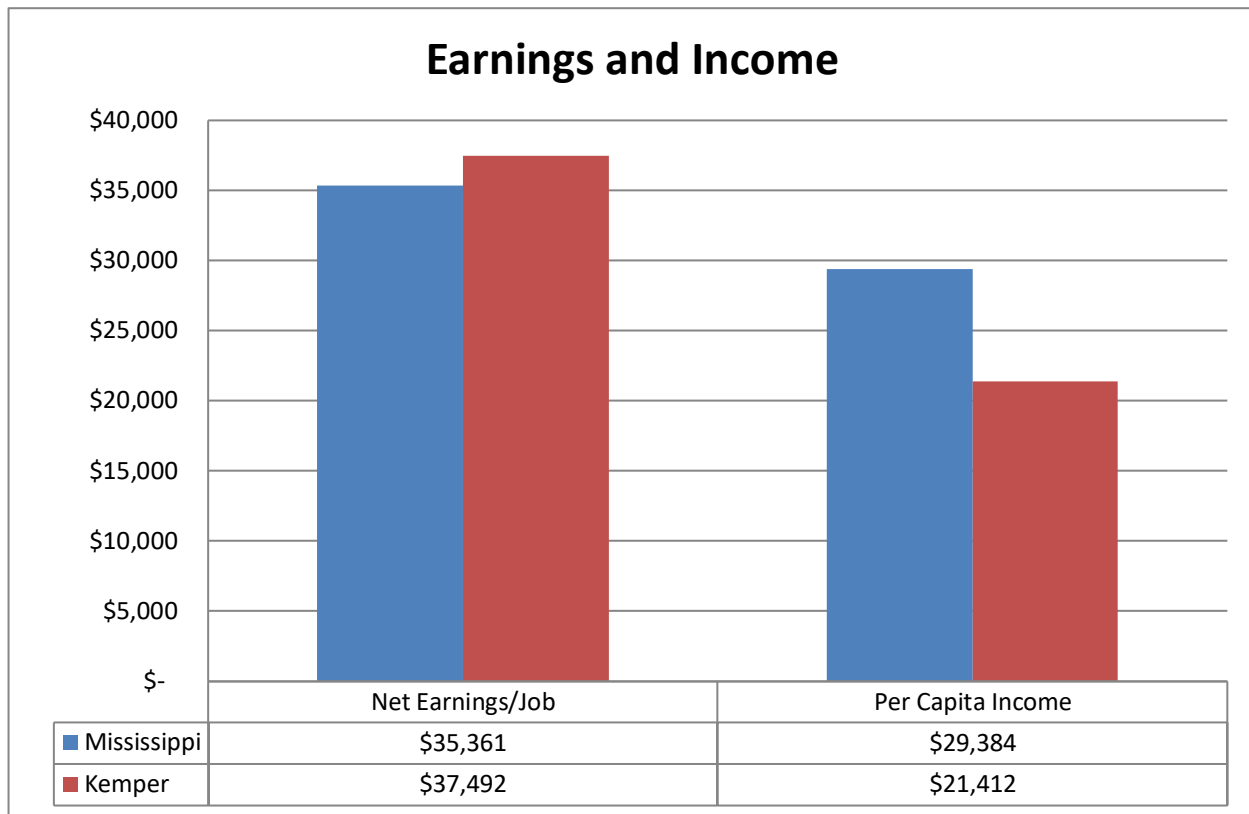
Source: Woods and Poole, CEDDS 2008

The poverty rate is an important indicator of health because mortality, prevalence of chronic disease, and poor mental health are generally higher for the poor. In 2008, the poverty rate in Clarke County was 26.3% or 5.5 percentage points higher than the state. This equated to 2,659 persons in the county who were living in poverty.



Source: Woods and Poole, CEDDS 2008

The ratio of total population to total employment can be used to evaluate the ability of the economy to create jobs. While this indicator does not consider working conditions, productivity, or earnings, it does provide a relative measure of the number of people in the local market per job. In 2008, the population:employment ratio was 3.019 in Kemper County and 1.878 in Mississippi. These data suggest that when compared to Mississippi, the local economy had proportionally more people than jobs in the county when compared to the state.



Source Woods and Poole, CEDDS 2008. Note: Net earnings includes wages, salaries and proprietor’s income less federal contributions for social security and Medicare. All values in current dollars.

The relationship of health and wealth has been well established in the literature. Two measures of personal wealth include net earnings per jobs, and per-capita income. Net earnings per job reflects the ability of the economy to support higher paying jobs. Per-capita income reflects non-wage income, such as dividends, interest, rent and transfer payments, such as social security. Kemper County had average net earnings per job that were about 6% higher than in Mississippi in 2008. Net earnings per job was \$37,492 compared to \$35,361 in Mississippi. Per-capita income in the county was lower than Mississippi. In 2008, the county had a per-capita income of \$21,412 while Mississippi had a per-capita income of \$29,384.

Health Status Indicators

NO EXERCISE

No data was available for this county.

Source: Community Health Status Indicators Database, 2009.

Unfortunately there were no data for the county, however by assuming that the county rate was the same as the state rate of 31.6%, it was estimated that 3,195 persons in the county had no participation in any leisure-time physical activities or exercises in the past month.

No exercise is a risk factor for heart disease and cancer. Persons who do not exercise are at a higher risk of disease and its effects.

FRUITS AND VEGETABLES

No data was available for this county.

Source: Community Health Status Indicators Database, 2009.

Unfortunately there were no data for the county, however by assuming that the county rate was the same as the state rate of 82.4%, it was estimated that 8,331 persons in the county were eating less than five servings of fruits and vegetables per day.

Not eating enough servings of fruits and vegetables is a risk factor for heart disease and cancer. Persons who do not eat enough fruits and vegetables are also at a higher risk of chronic disease and its effects.

OBESITY RATE

No data was available for this county.

Source: Community Health Status Indicators Database, 2009.

Unfortunately there were no data for the county, however by assuming that the county rate was the same as the state rate of 27.9%, it was estimated that 2,821 persons in the county were had a BMI score of 30 or higher.

Risks related to being overweight and obese are a significant concern. Persons with high body mass index scores are at risk for health problems related to being overweight or obese, including chronic diseases such as heart disease and diabetes.

HIGH BLOOD PRESSURE

No data was available for this county

Source: Community Health Status Indicators Database, 2009.

Unfortunately there were no data for the county, however by assuming that the county rate is the same as the state rate it was estimated that 30.7% of respondents would have been told they had high blood pressure. This would equate to about 3,104 persons in the county.

The force of blood pushing against the walls of the arteries as the heart pumps out blood is called blood pressure. If this pressure rises and stays high over time, it can damage the body in many ways. High blood pressure (HBP) is a serious condition that can lead to coronary heart disease, heart failure, stroke, kidney failure, and other health problems. According to the American Heart Association, over 7 million Americans have suffered a heart attack in their lifetime.

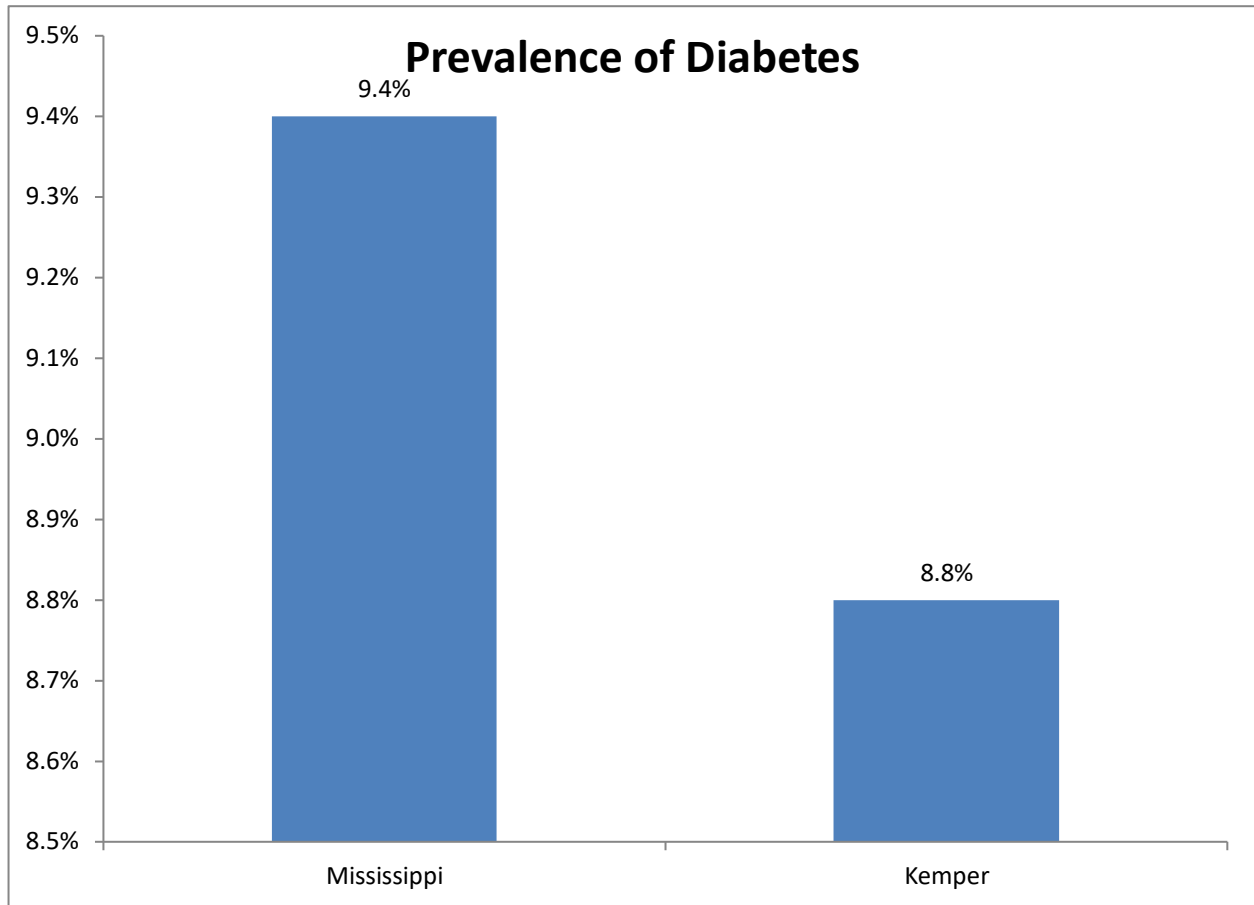
ADULTS WHO SMOKE

No data was available for this county

Source: Community Health Status Indicators Database, 2009.

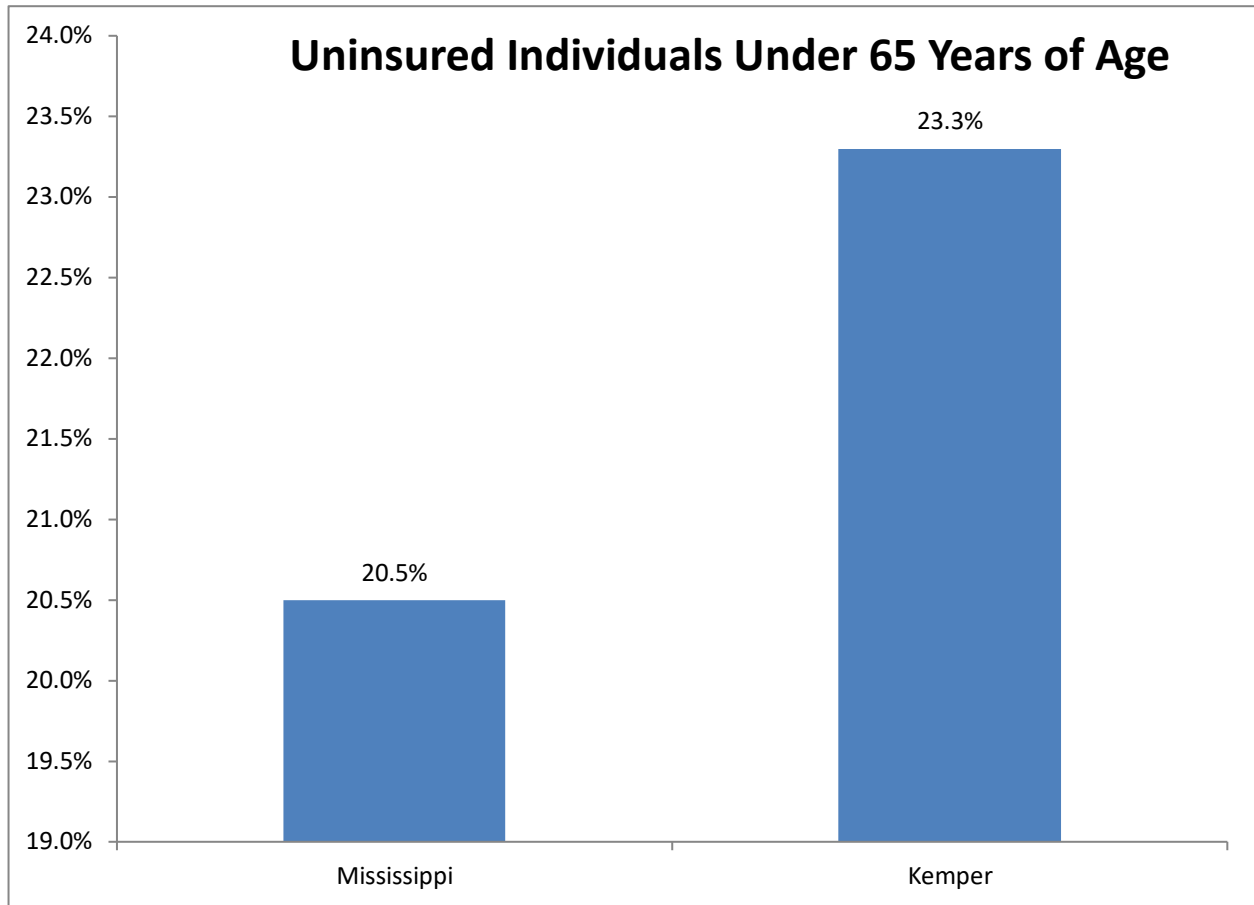
Unfortunately there were no data for the county, however by assuming that the county rate is the same as the state rate it was estimated that 24.9% of respondents were currently smoking tobacco on a regular basis. This would equate to about 2,517 persons in the county.

Smoking increases a person's risk for lung cancer and heart disease. People who smoke have a higher risk for heart attack, and the risk of heart disease increases the longer they smoke. People who smoke a pack of cigarettes a day have more than twice the risk of heart attack than non-smokers. Women who smoke and also take birth control pills increase several times their risk of heart attack, stroke, and peripheral vascular disease.



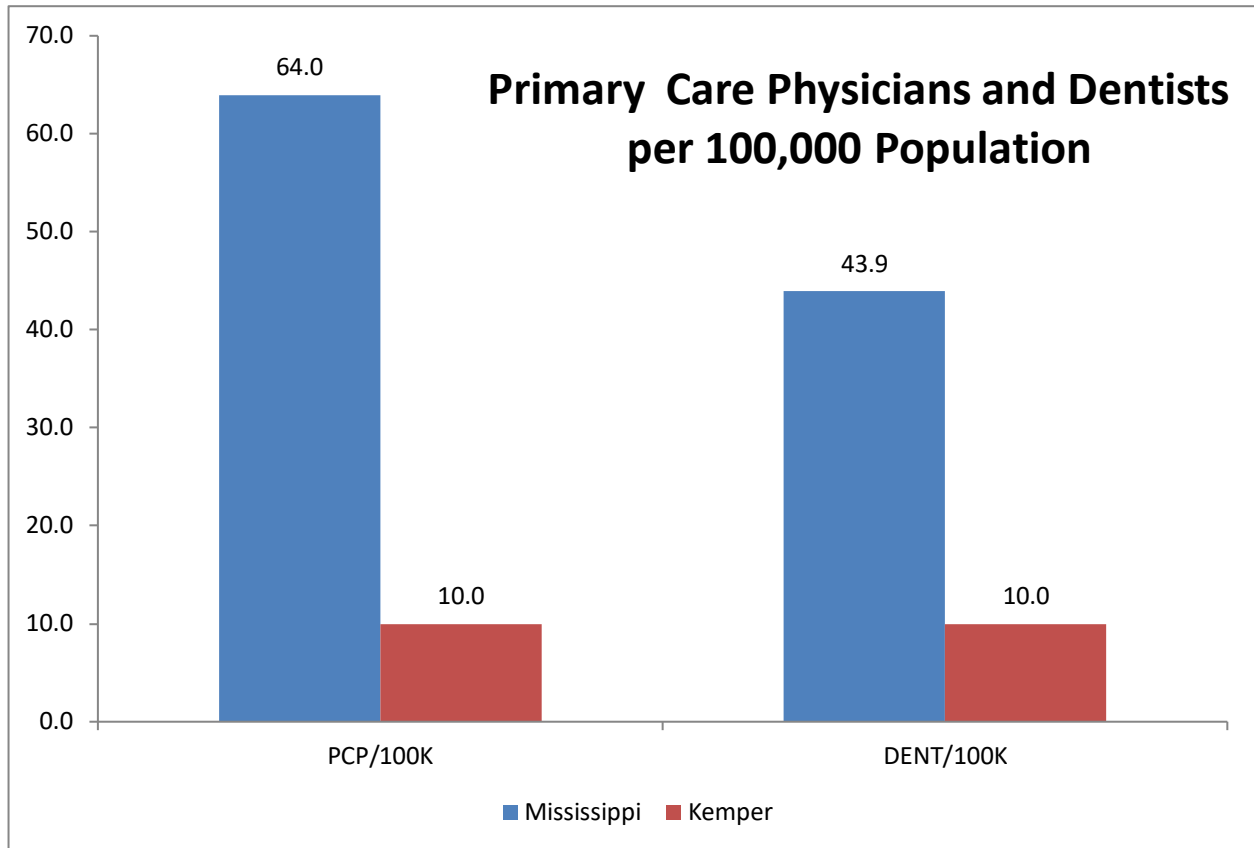
Source: Community Health Status Indicators Database, 2009.

Diabetes, a condition caused by high blood sugar levels, can cause nerve damage, kidney failure, vision problems, and cardiovascular disease. The risk factors for diabetes include obesity, a sedentary lifestyle, unhealthy eating habits, family history, age, hypertension, and high cholesterol. In Kemper County, 8.8% of respondents (950 adults) said that they had been told by a doctor that they have diabetes.



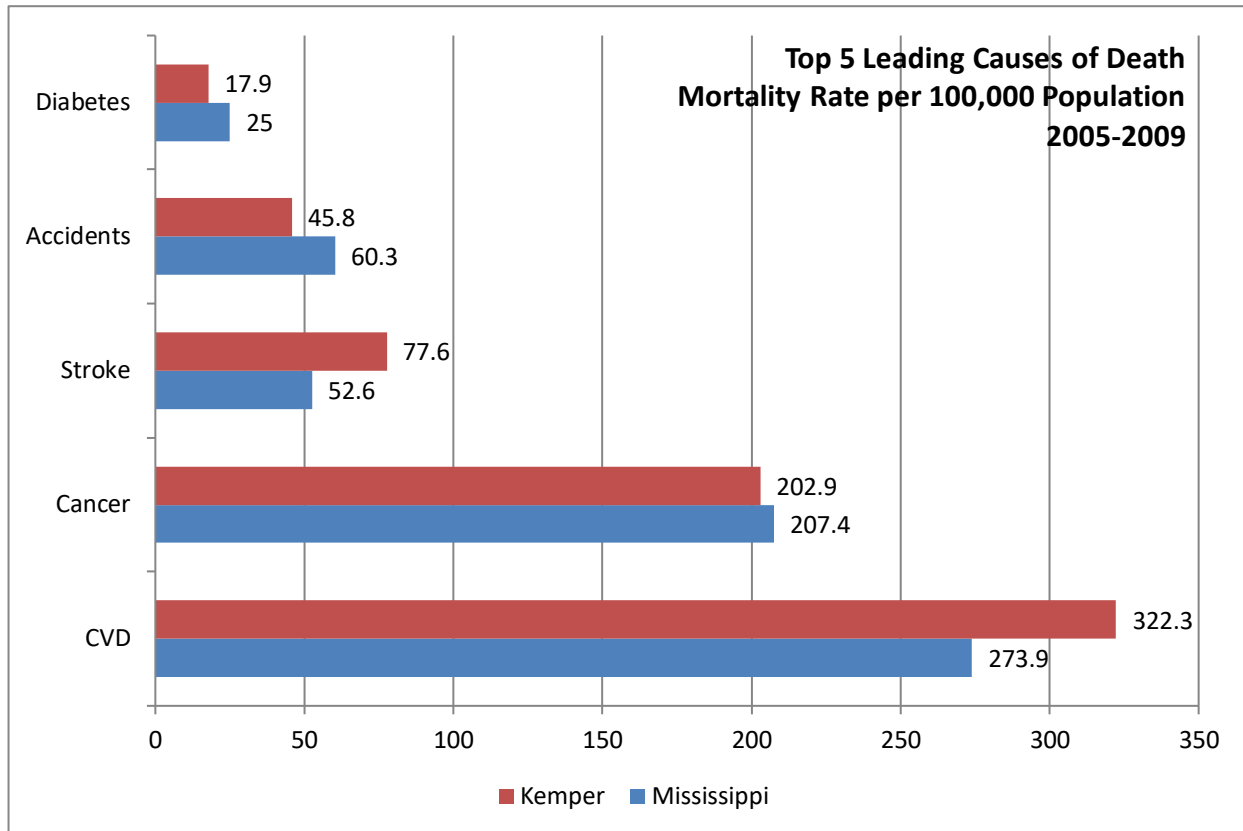
Source: U.S. Census Bureau, 2007 Small Area Health Insurance Estimates (2010 Release).

In 2008 there were 2,073 persons under the age of 65 who did not have health insurance in this county, or 23.3% of the county population. This rate of insurance non-coverage was higher than for Mississippi during the same period.



Source: Source: Community Health Status Indicators Database, 2009.

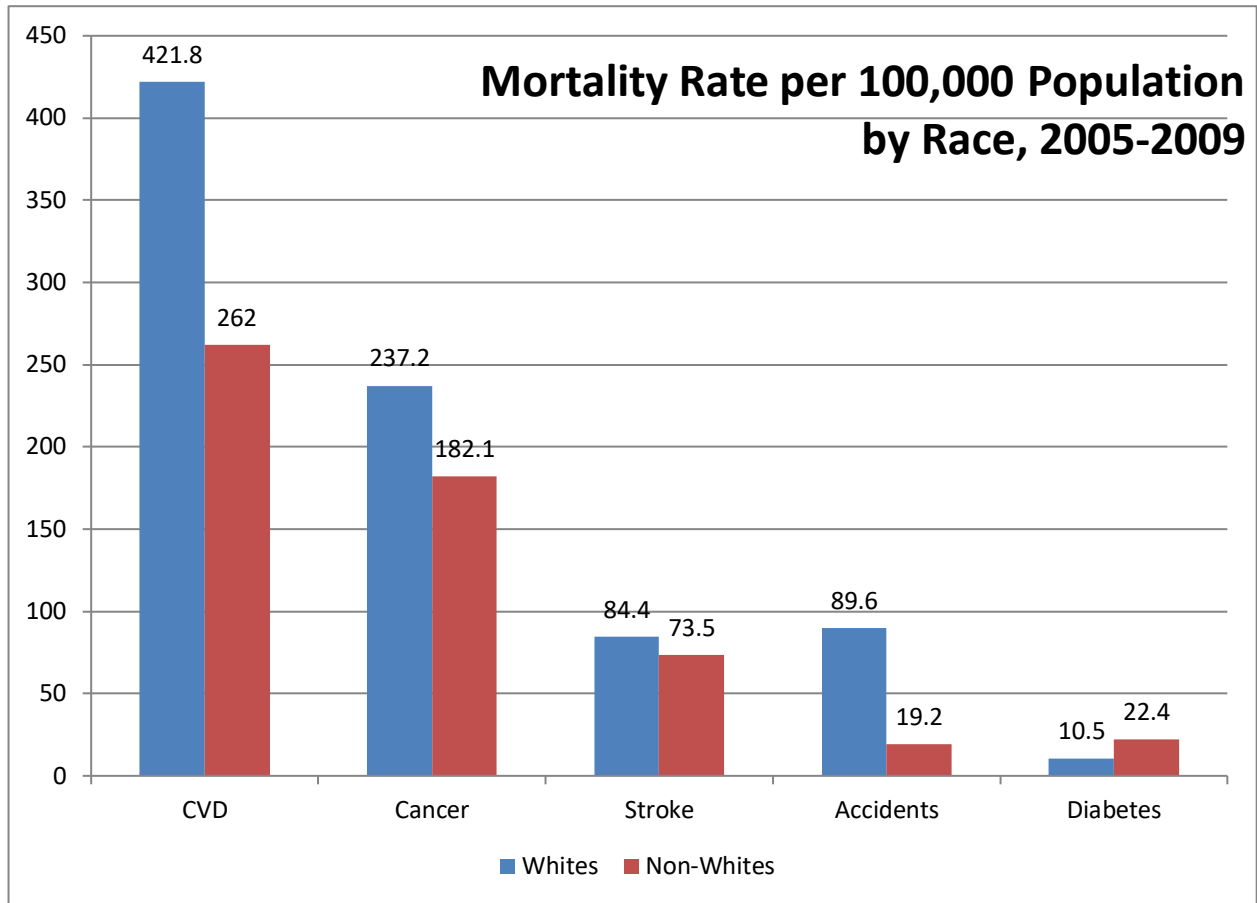
Kemper County had 10.0 primary care physicians (PCPs) per 100,000 population, and 10.0 dentists per 100,000 population. These rates were lower than the state rates of 64 PCPs and 43.9 dentists per 100,000 population.



Source: Mississippi Statistically Automated Health Resource System, average for 2005-2009.

Notes: CVD – Cardiovascular Disease.

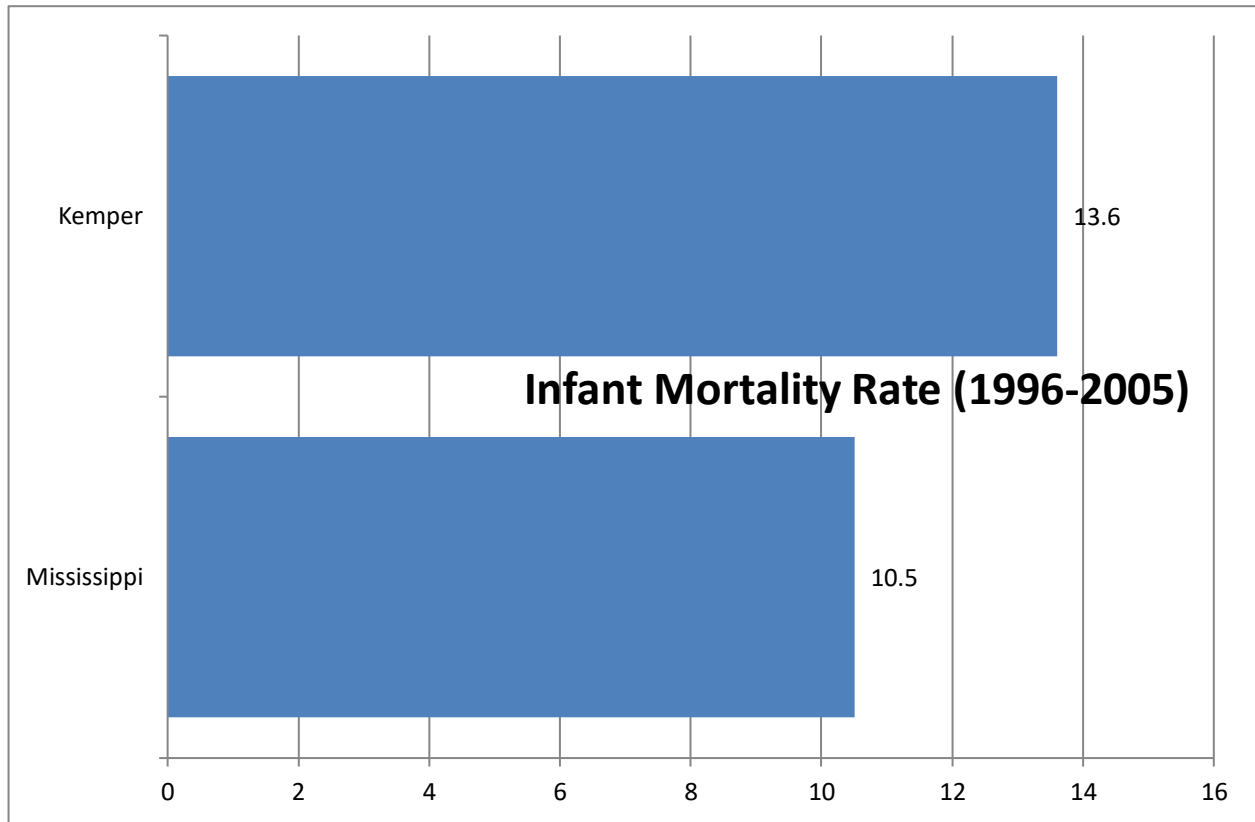
In Mississippi, the leading causes of death from 2005-2009 closely mirrored national leading causes of death, and included heart disease, cancer, stroke, unintentional injuries (i.e., accidents), and diabetes. In Kemper County heart disease and cancer were the leading causes of death. The mortality rate for heart disease in the county was 322.3 deaths per 100,000 population, compared to 273.9 for Mississippi. The mortality rate for cancer in the county was 202.9 deaths per 100,000 population, while the rate in Mississippi was 207.4 deaths per 100,000 population. The mortality rates for heart disease, cancer and stroke were higher than for the state, while the mortality rate for accidents and diabetes were lower.



Source: Mississippi Statistically Automated Health Resource System, 2005-2009.

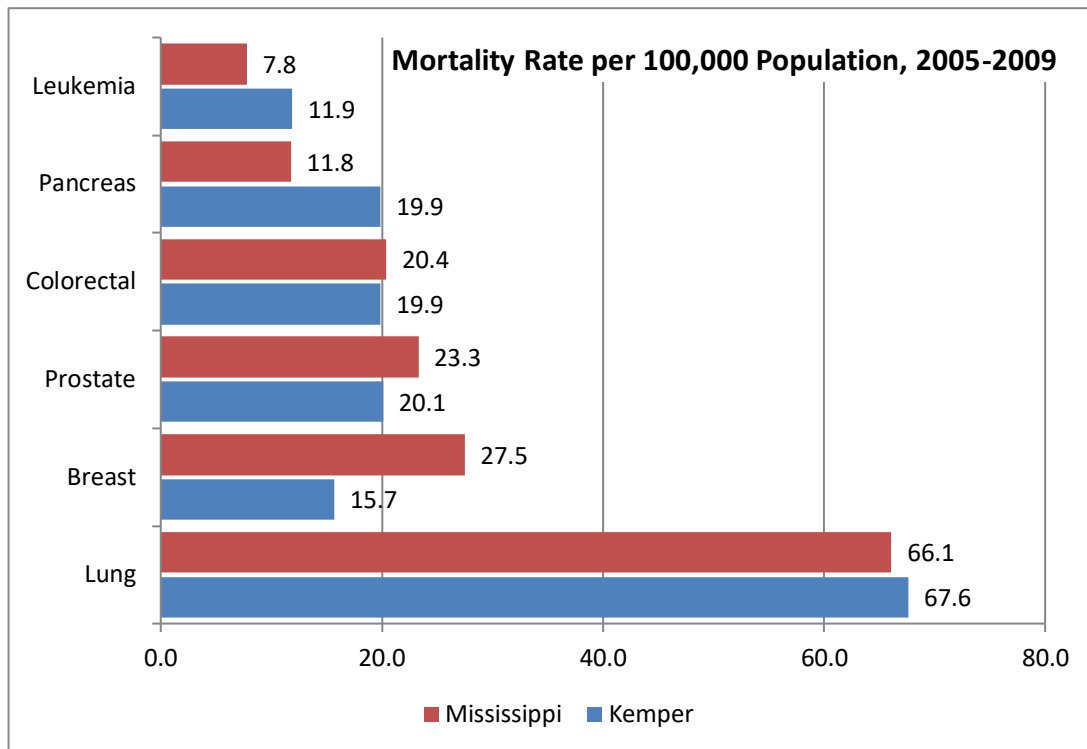
Notes: CVD – Cardiovascular Disease.

Mortality rates for leading causes of death for non-whites in Kemper County were generally lower than for whites. The mortality rate for cardiovascular disease (CVD) for whites was 421.8 versus 262 per 100,000 for non-whites. The mortality rate for cancer was 237t.5 for whites and 182.4 for non-whites per 100,000 population. The mortality rates were also lower for non-whites for accidents, and stroke, but was higher for diabetes: 22.4 and 10.5 for non-whites and whites, respectively.



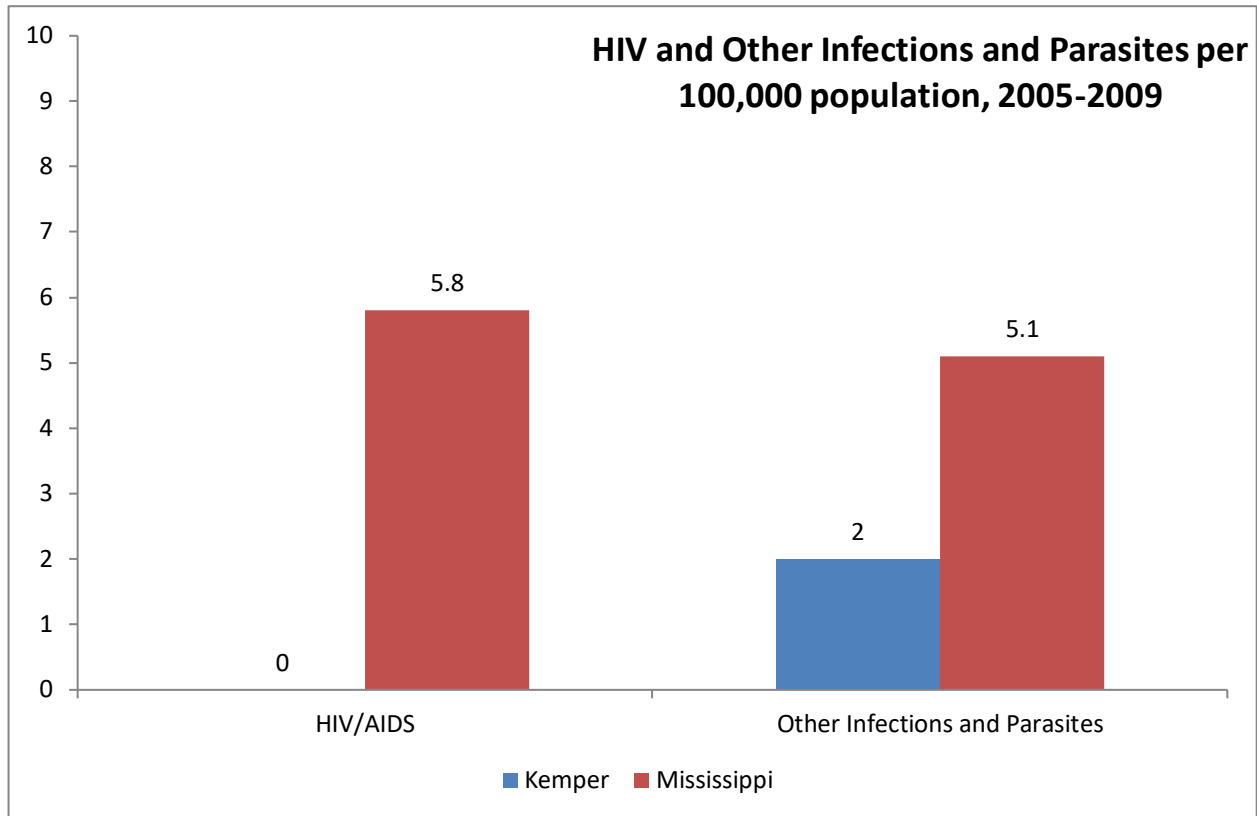
Source: Infant Mortality in Mississippi, 1996-2005: Trend and Risk Analysis

Infant mortality refers to the death of an infant in the first year of life. The leading causes of infant mortality are Premature birth or low birth weight, sudden infant death syndrome (SIDS), birth defects, accidents and maternal factors, such as smoking, chemical exposure, poor nutrition, infectious disease and age. From 1996 to 2005, the infant mortality rate in Kemper County was 13.6 deaths per 1,000 live births, higher than the state rate of 10.5 per 1,000 births. The Healthy People 2010 goal was to reduce infant mortality to a rate of 4.5 deaths per 1,000 live births.



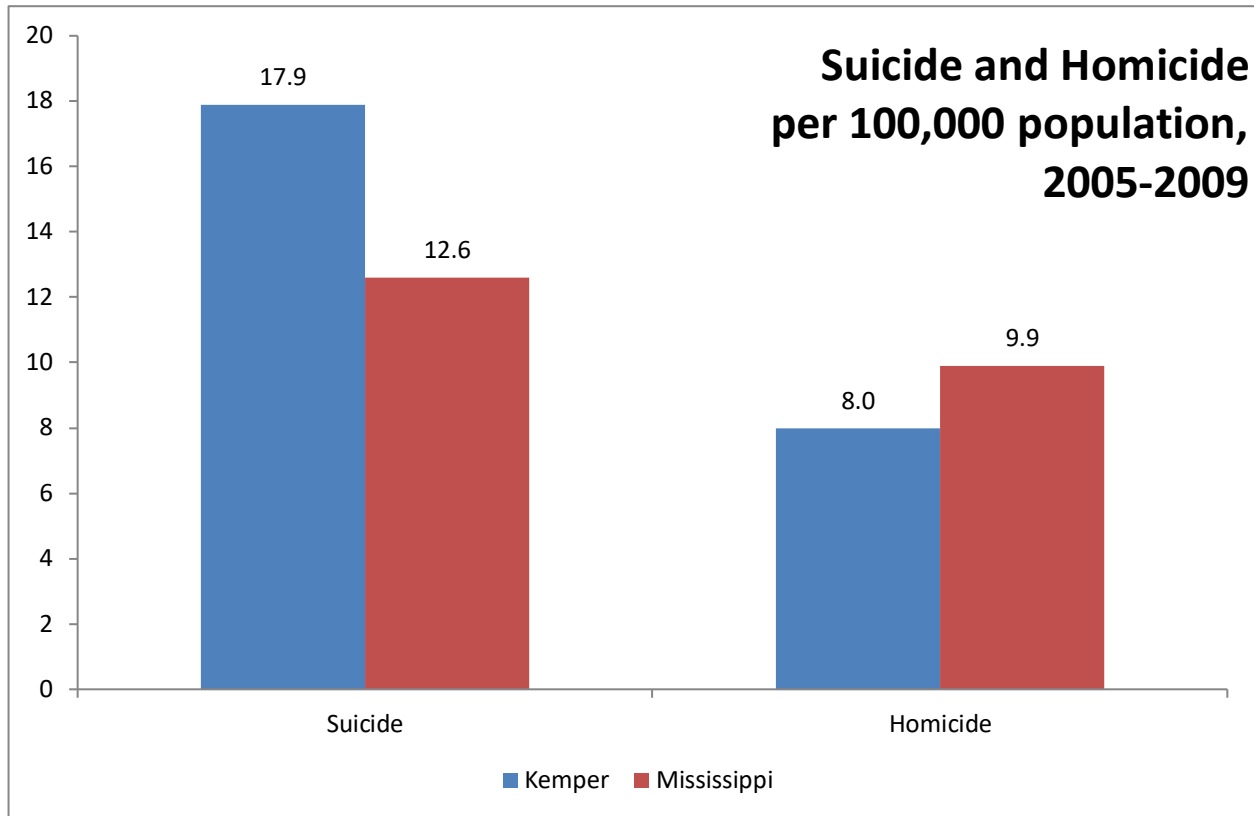
Source: Mississippi Statistically Automated Health Resource System, 2005-2009.

The highest rates of mortality for cancer-related deaths in Kemper County were for: lung cancer (67.6 deaths per 100,000 population); and prostate cancer (20.1 deaths per 100,000). Compared to mortality rates at the state level the county had higher rates of death for lung, pancreas, and leukemia.



Source: Mississippi Statistically Automated Health Resource System, 2005-2009.

From 2005 to 2009 the mortality rate for HIV/AIDS in Kemper County was zero (0) deaths per 100,000 population, which was lower than the state rate of 5.8 deaths per 100,000 population in Mississippi. The mortality rate for other infections and parasites was also lower in the county when compared to the state.

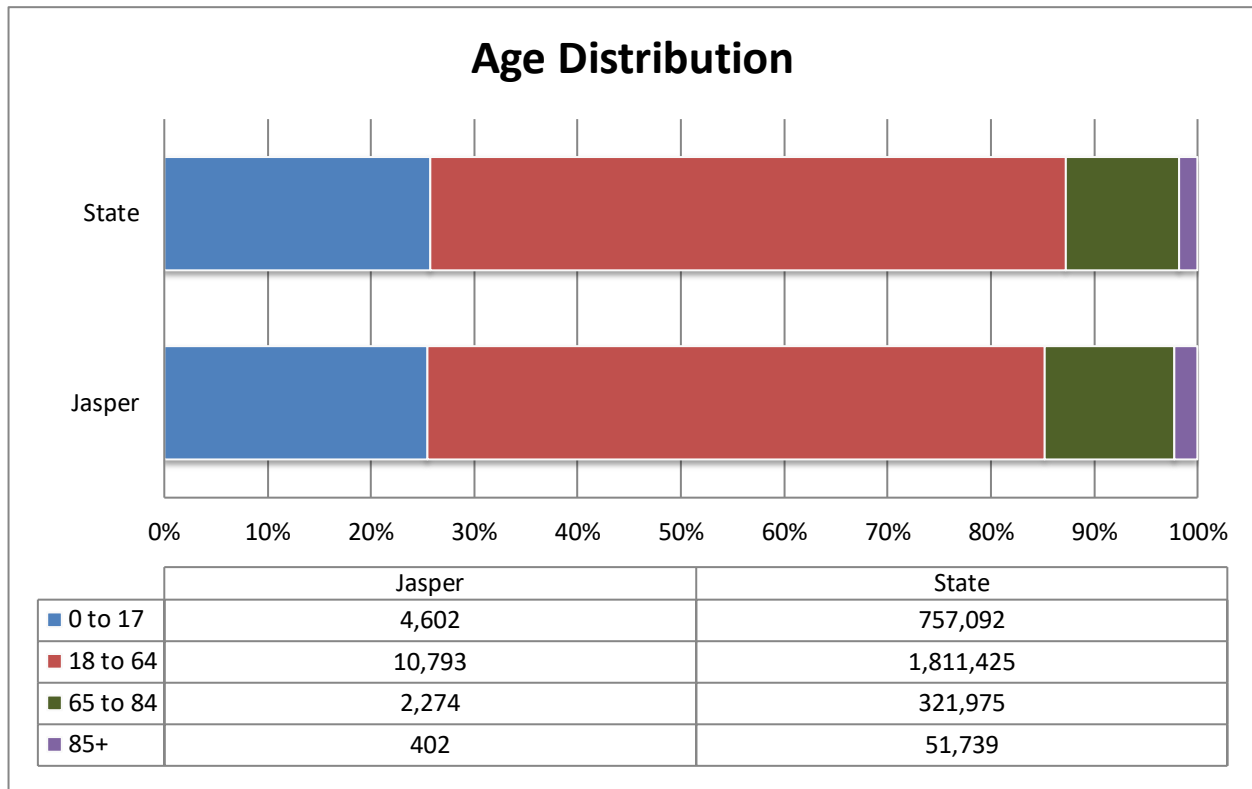


Source: Mississippi State Department of Health, Mississippi Statistically Automated Health Resource System, 2005-2009.

The suicide rate in Kemper County was 17.9 suicides per 100,000 population and was higher than the state rate of 12.6 per 100,000 in Mississippi. The rate of homicide was lower than the state rate, with 8.0 homicides per 100,000 population compared to 9.9 homicides per 100,000 population in Mississippi during the same period of time.

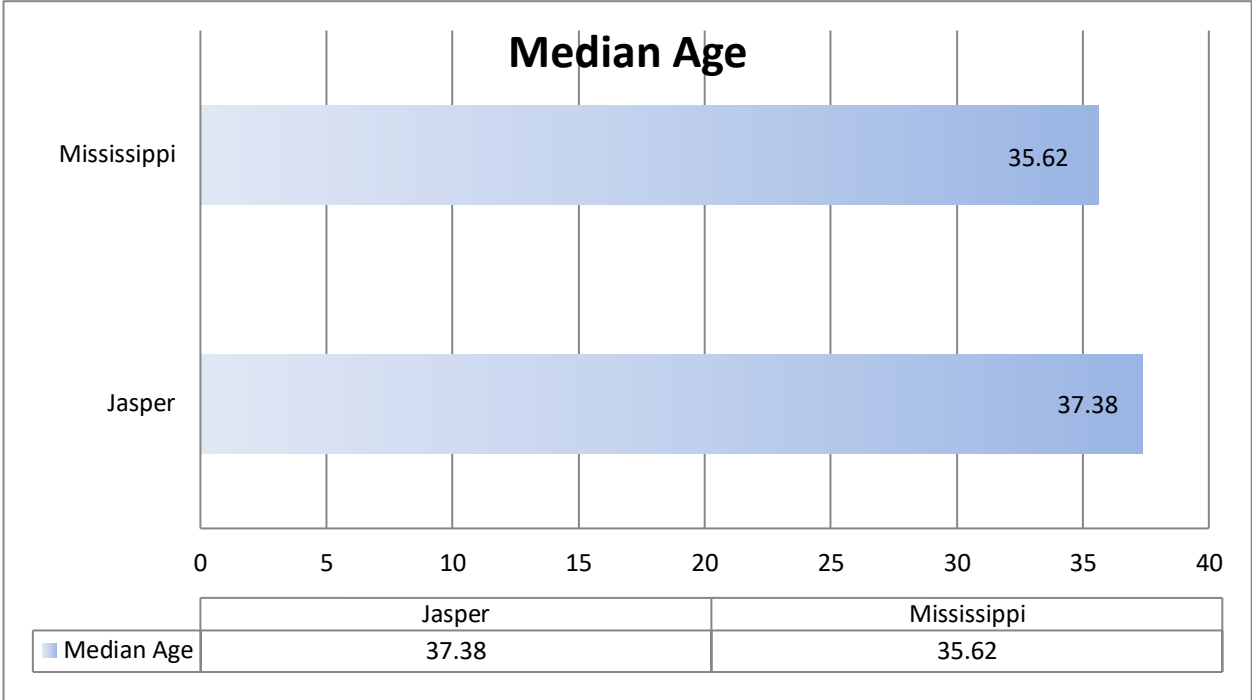
JASPER COUNTY

Age and Race



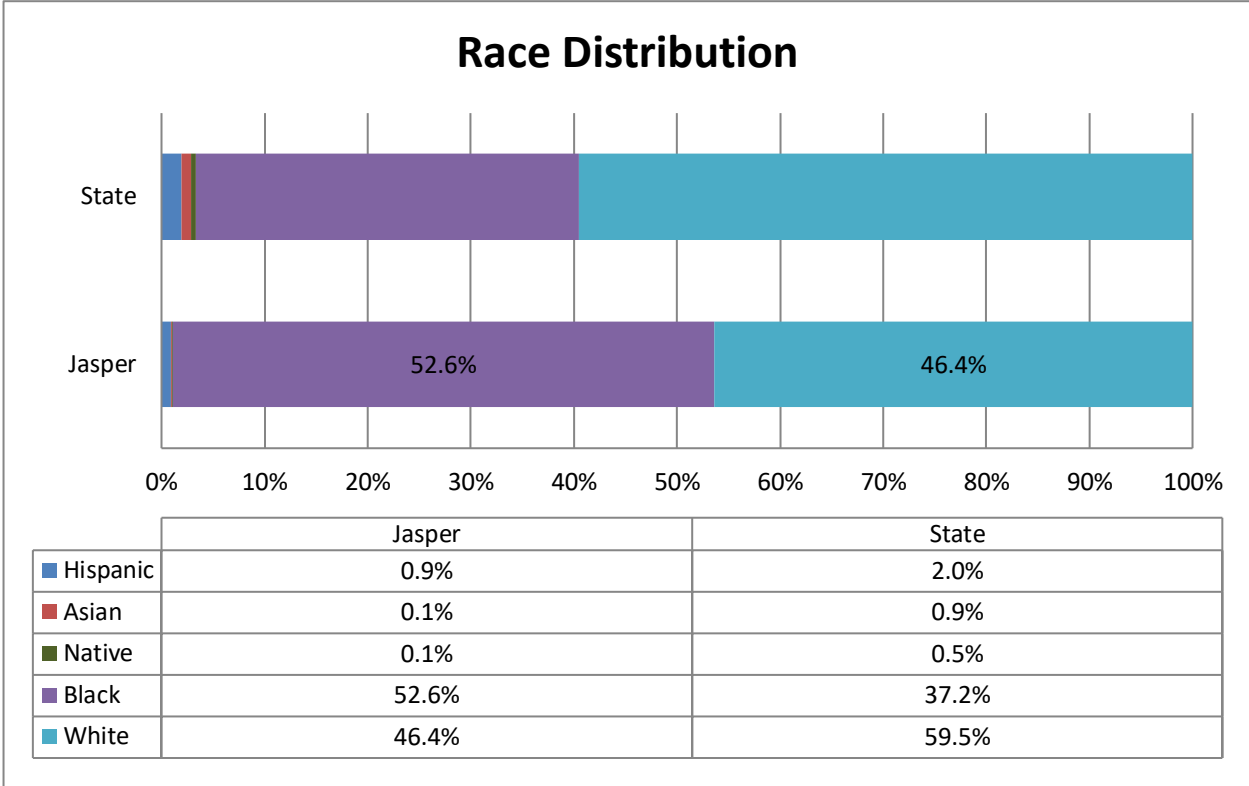
Source: Woods and Poole, CEDDS 2008.

The age composition of the population is an important determining factor for the prevalence and severity of health-related problems, and spending for health care services. In 2008, there were 2,676 persons age 65 years or older in Jasper County. Elderly persons represented 14.8% of the total population, compared to 12.7% of the total population in the state. The elderly generally spend more on health care services than other age groups, and changes in Medicaid eligibility can affect medical care for this group.



Source: Woods and Poole, CEDDS 2008.

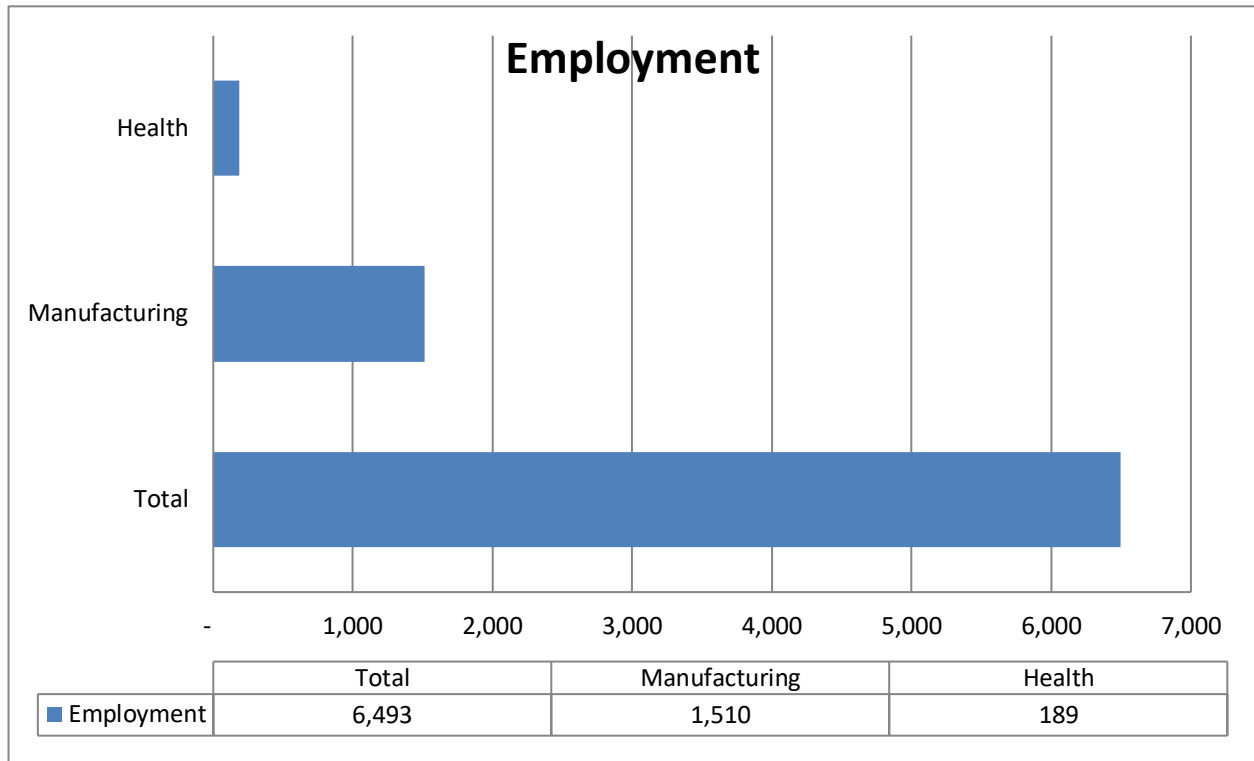
The median age in Winston County was 37.38 years for the total population, compared to 35.62 for the state’s population.



Source: Woods and Poole, CEDDS 2008

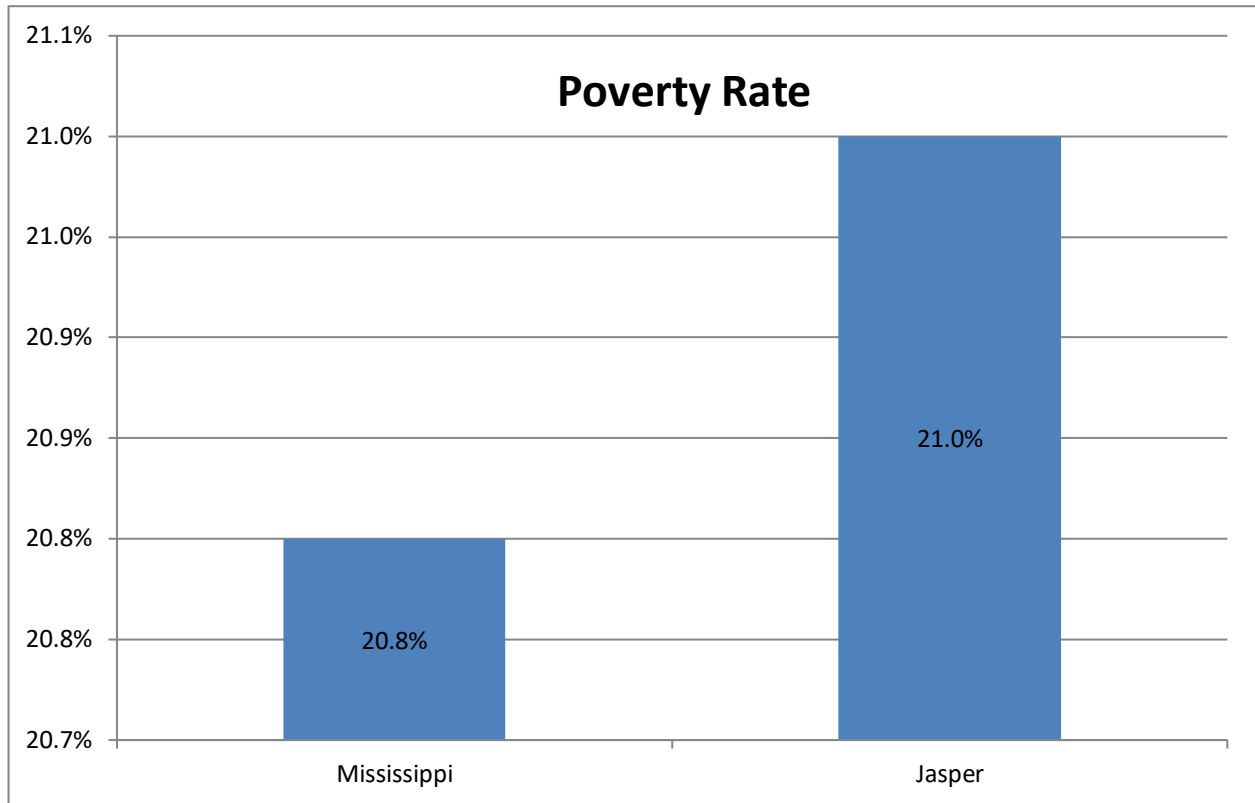
In the United States, health disparities have been reported in minority populations such as African Americans, Native Americans, Asian Americans, and Hispanics. The incidence of chronic diseases, such as heart disease and especially diabetes, as well as higher mortality rates, and poorer health outcomes are generally higher than for whites. In 2008, the minority population in aggregate made up 53.7% of the population, which was higher than for the state in the same year. The African American population was 9,498 and for accounted for 52.6% of the population; 8,378 persons (46.4%) were white.

Employment and Income



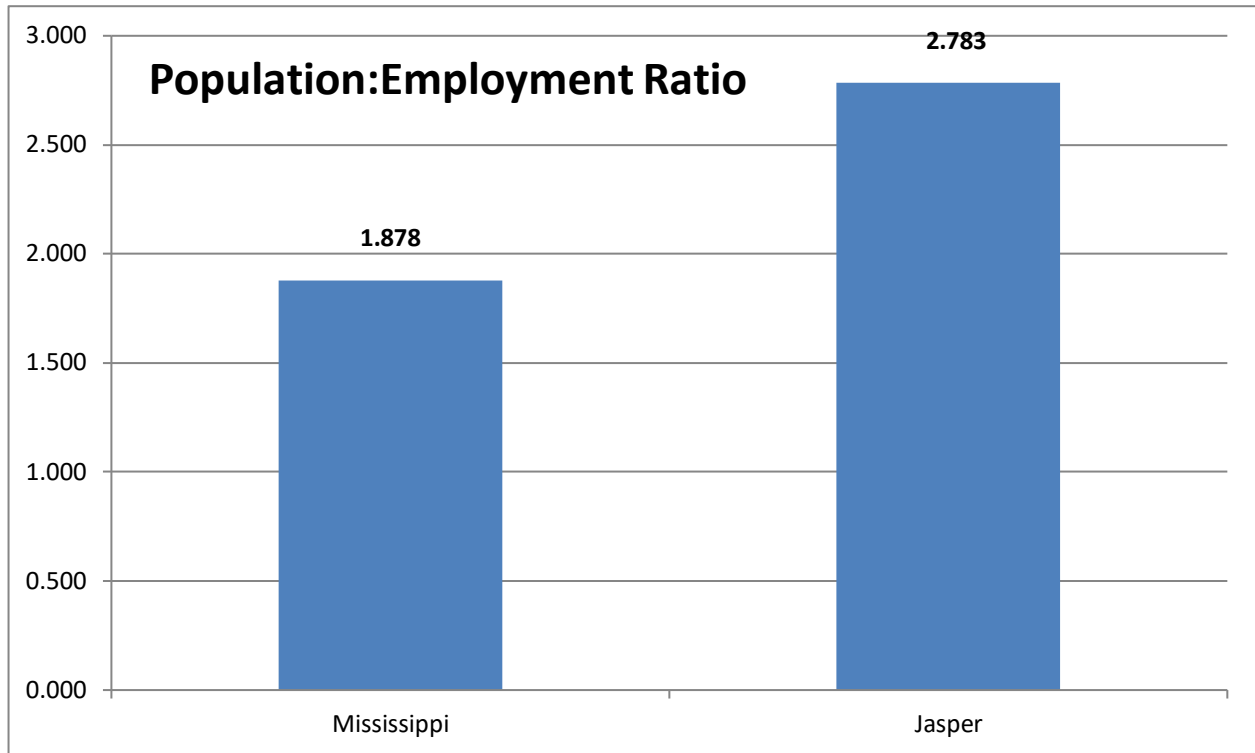
Source: Woods and Poole, CEDDS 2008

Total place-of-work employment in Jasper County in 2008 was 6,493, and included 1,510 manufacturing jobs (23%), and 189 jobs (3%) in the health and social services sector. Compared to Mississippi, Jasper County had proportionally more manufacturing jobs and proportionally fewer jobs in the health and social services sector.



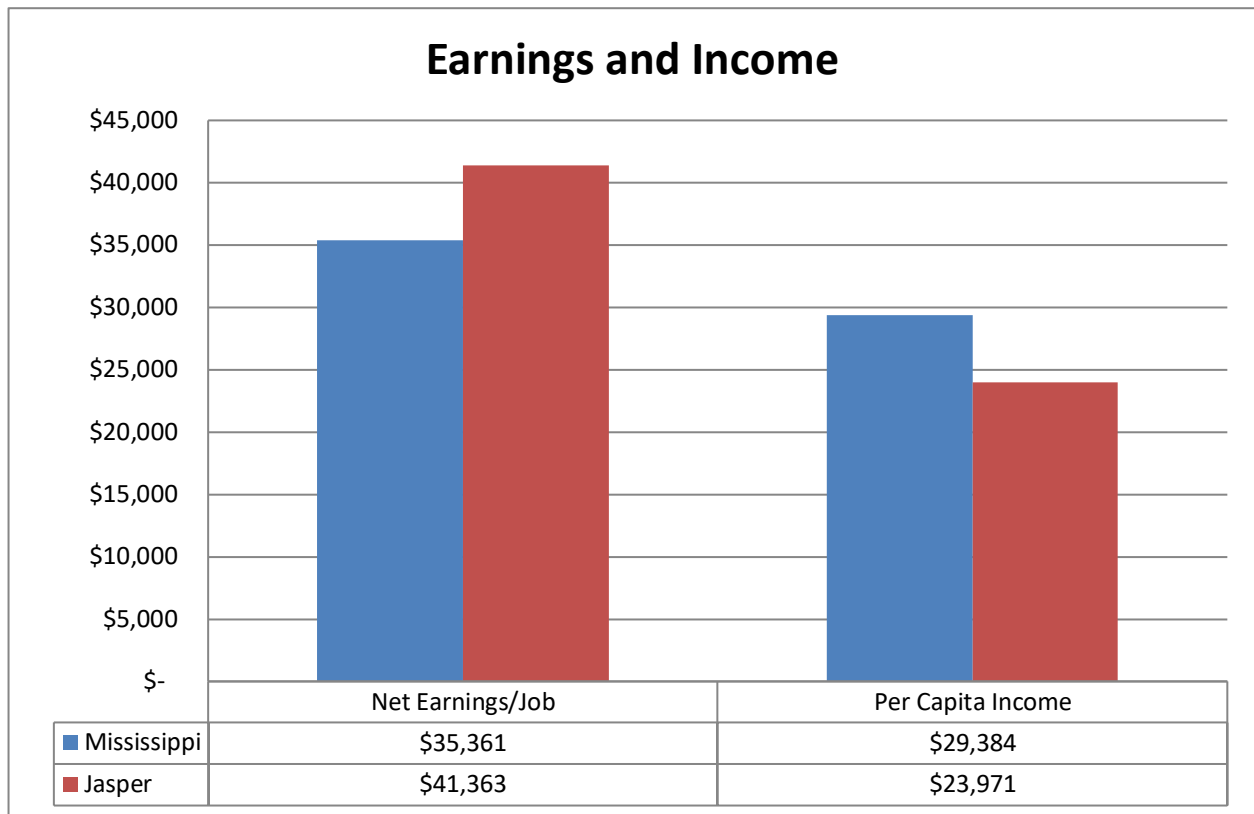
Source: Woods and Poole, CEDDS 2008

The poverty rate is an important indicator of health because mortality, prevalence of chronic disease, and poor mental health are generally higher for the poor. In 2008, the poverty rate in Jasper County at 21% was about the same as Mississippi. This equated to 3,795 persons living in poverty in this county in 2008.



Source: Woods and Poole, CEDDS 2008

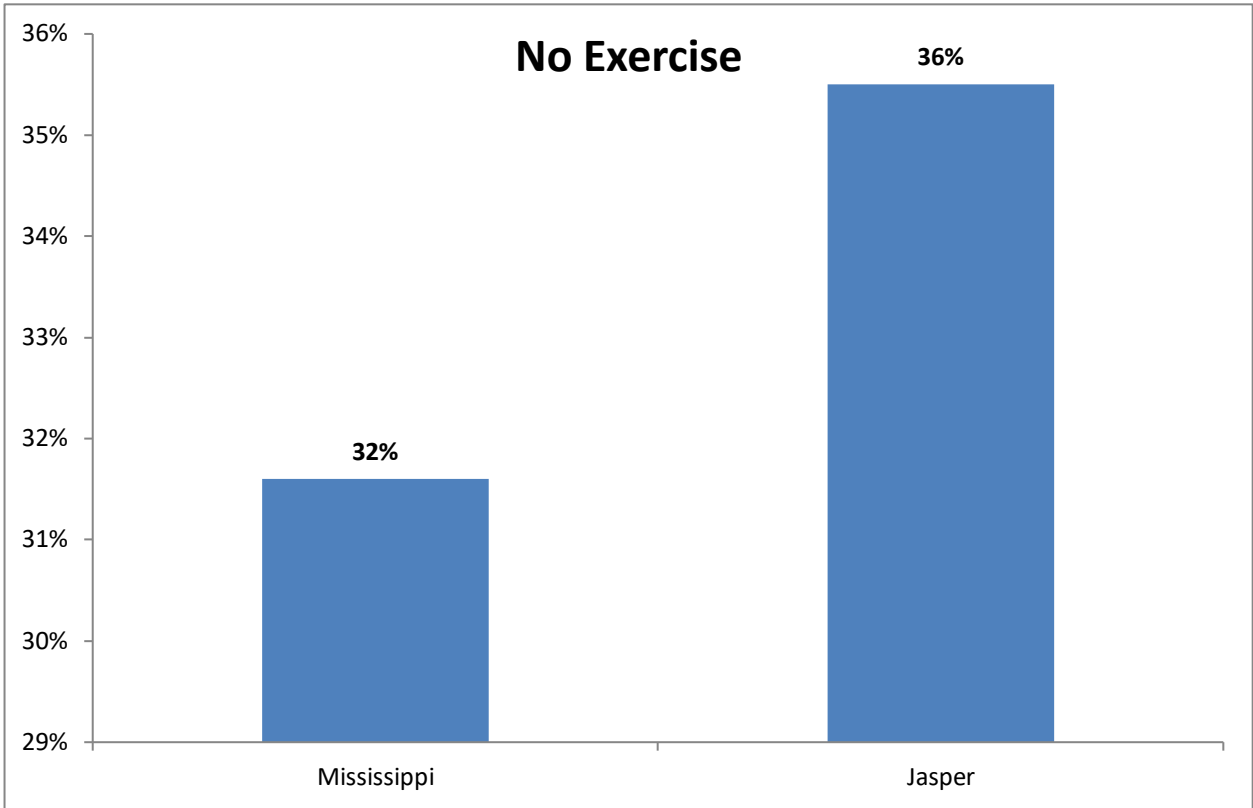
The ratio of total population to total employment can be used to evaluate the ability of the economy to create jobs. While this indicator does not consider working conditions, productivity, or earnings, it does provide a relative measure of the number of people in the local market per job. In 2008, the population:employment ratio was 2.783 in Jasper County and 1.878 in Mississippi. These data suggest that when compared to Mississippi, the local economy had proportionally more people than jobs in the county when compared to the state.



Source Woods and Poole, CEDDS 2008. Note: Net earnings includes wages, salaries and proprietor’s income less federal contributions for social security and Medicare. All values in current dollars.

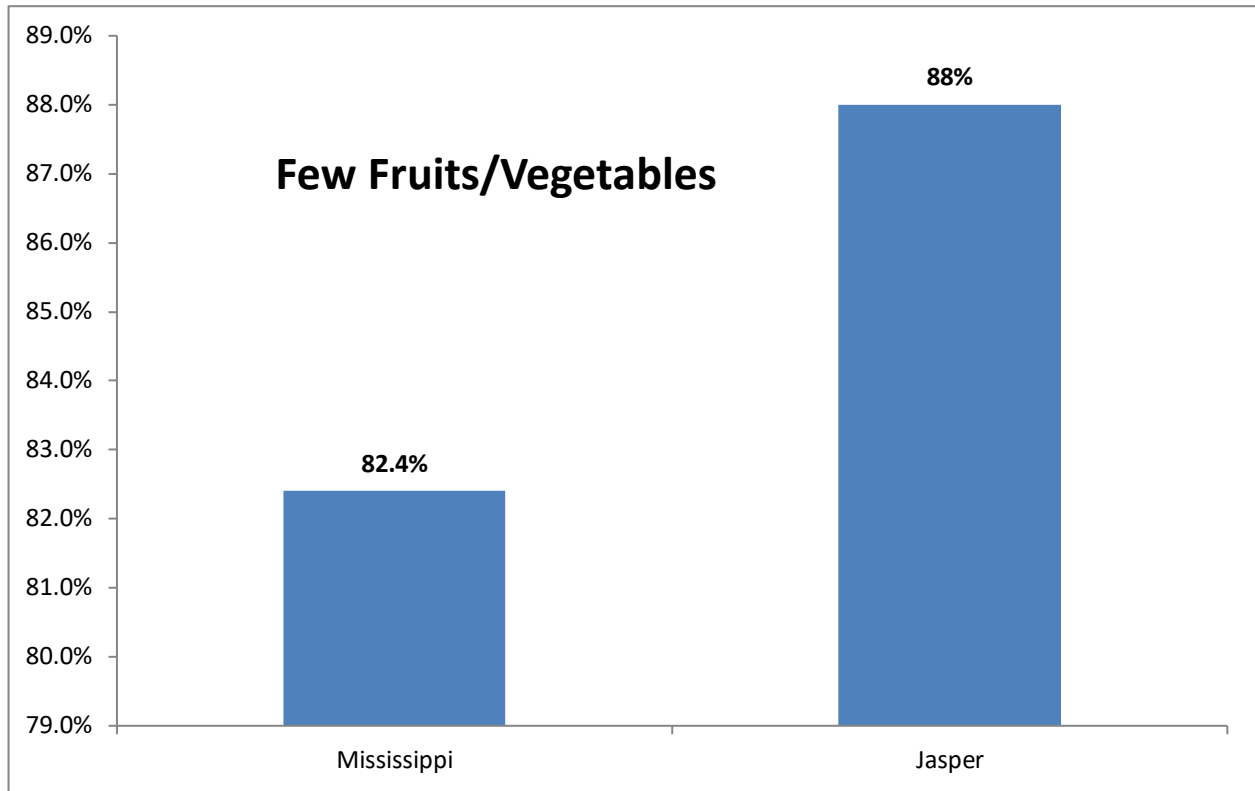
The relationship of health and wealth has been well established in the literature. Two measures of personal wealth include net earnings per jobs, and per-capita income. Net earnings per job reflects the ability of the economy to support higher paying jobs. Per-capita income reflects non-wage income, such as dividends, interest, rent and transfer payments, such as social security. Jasper County had an average net earnings per job that was 17% higher than in Mississippi in 2008. Net earnings per job in Jasper County was \$41,363, while in Mississippi it was \$35,361. Per-capita income in Jasper County was lower than in Mississippi. In 2008, Jasper County had a per-capita income of \$23,971 while Mississippi was \$29,384.

Health Status Indicators



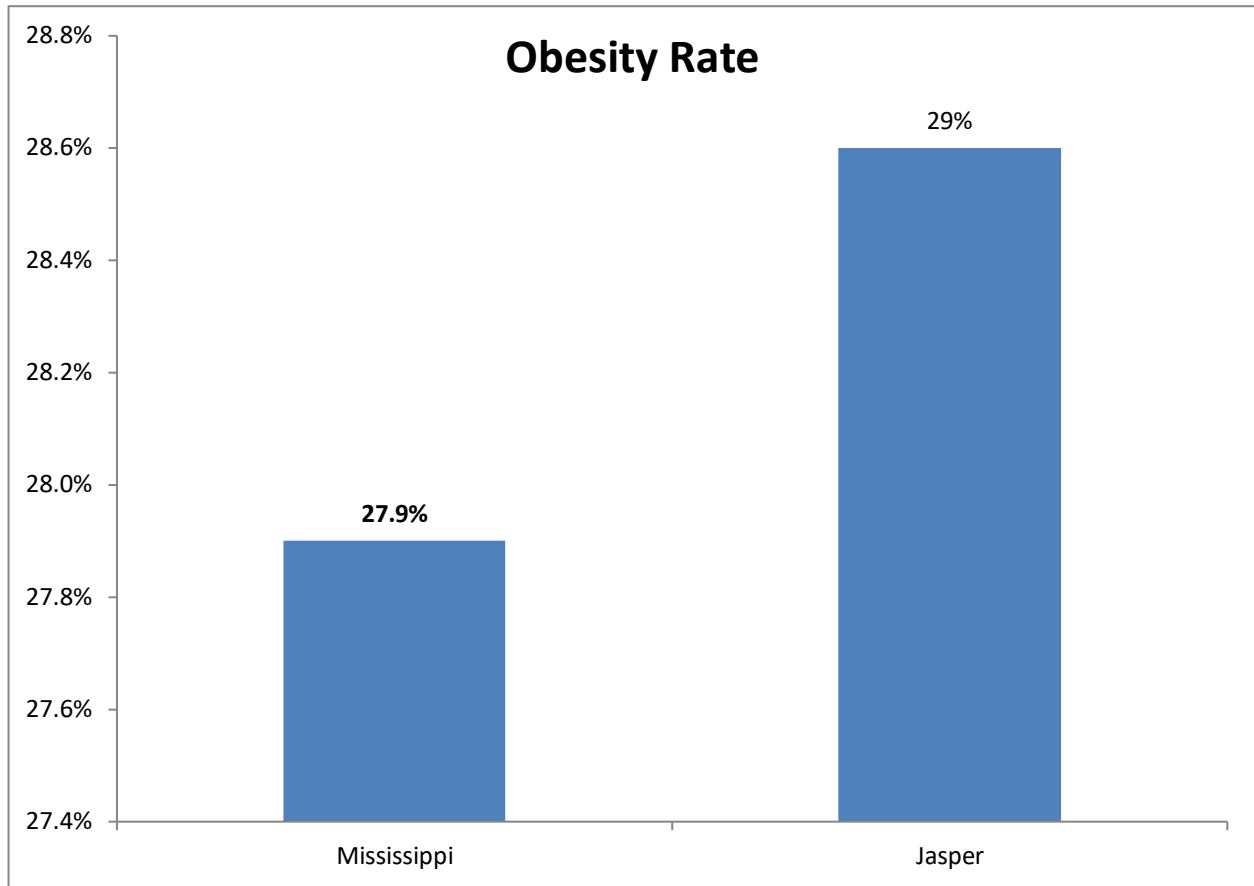
Source: Community Health Status Indicators Database, 2009.

No exercise is a risk factor for heart disease and cancer. Persons who do not exercise are at a higher risk of disease and its effects. In Jasper County, 36% of adult respondents reported no participation in any leisure-time physical activities or exercises in the past month. This compared less favorably than the statewide average of 32%.



Source: Community Health Status Indicators Database, 2009.

Not eating enough servings of fruits and vegetables is a risk factor for heart disease and cancer. Persons who do not eat enough fruits and vegetables are also at a higher risk of chronic disease and its effects. In Jasper County 88% of respondents said they had fewer than 5 servings of fruits and vegetables daily, compared to 82.4% in Mississippi.



Source: Community Health Status Indicators Database, 2009.

Risks related to being overweight and obese are a significant concern. Persons with high body mass index scores are at risk for health problems related to being overweight or obese, including chronic diseases such as heart disease and diabetes. In Jasper County, the obesity rate was 29% in 2008. This level of obesity equate to more than 5,100 persons in the county who have a BMI score of 30 or higher. The obesity rate in this county was higher than in Mississippi, which had a rate of 27.9%.

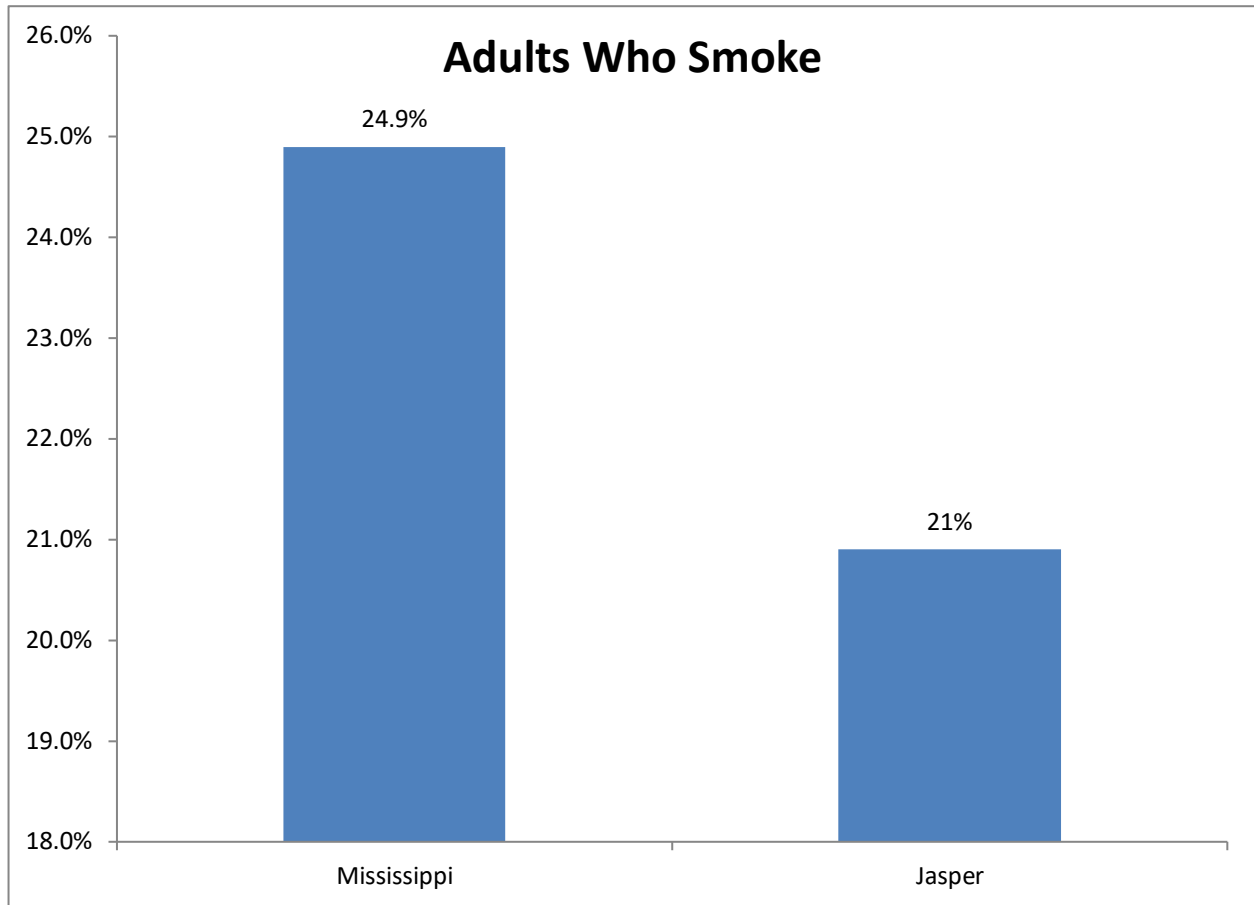
HIGH BLOOD PRESSURE

No data was available for this county

Source: Community Health Status Indicators Database, 2009.

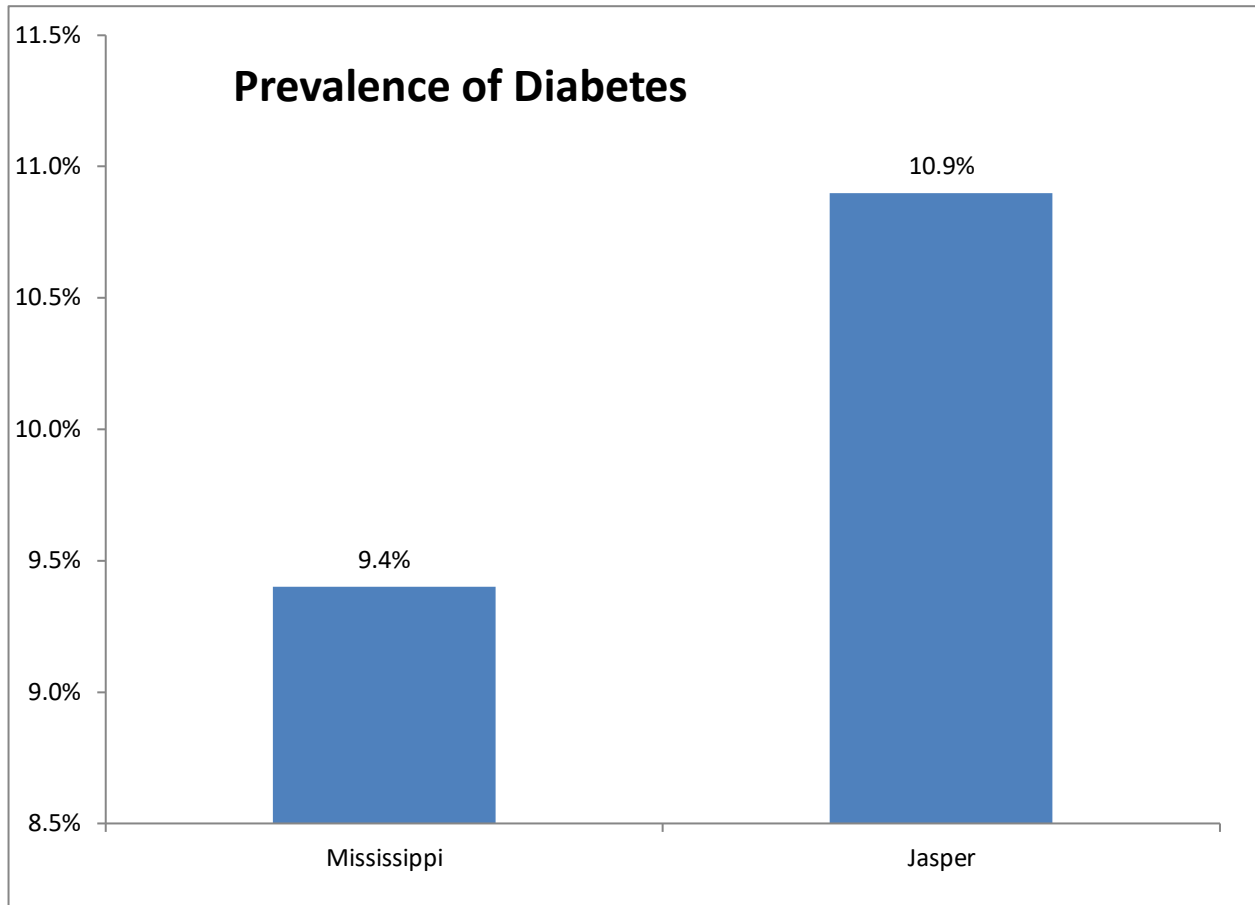
Unfortunately there were no data for the county, however by assuming that the county rate is the same as the state rate it was estimated that 30.7% of respondents would have been told they had high blood pressure. This would equate to about 5,547 persons in the county.

The force of blood pushing against the walls of the arteries as the heart pumps out blood is called blood pressure. If this pressure rises and stays high over time, it can damage the body in many ways. High blood pressure (HBP) is a serious condition that can lead to coronary heart disease, heart failure, stroke, kidney failure, and other health problems. According to the American Heart Association, over 7 million Americans have suffered a heart attack in their lifetime.



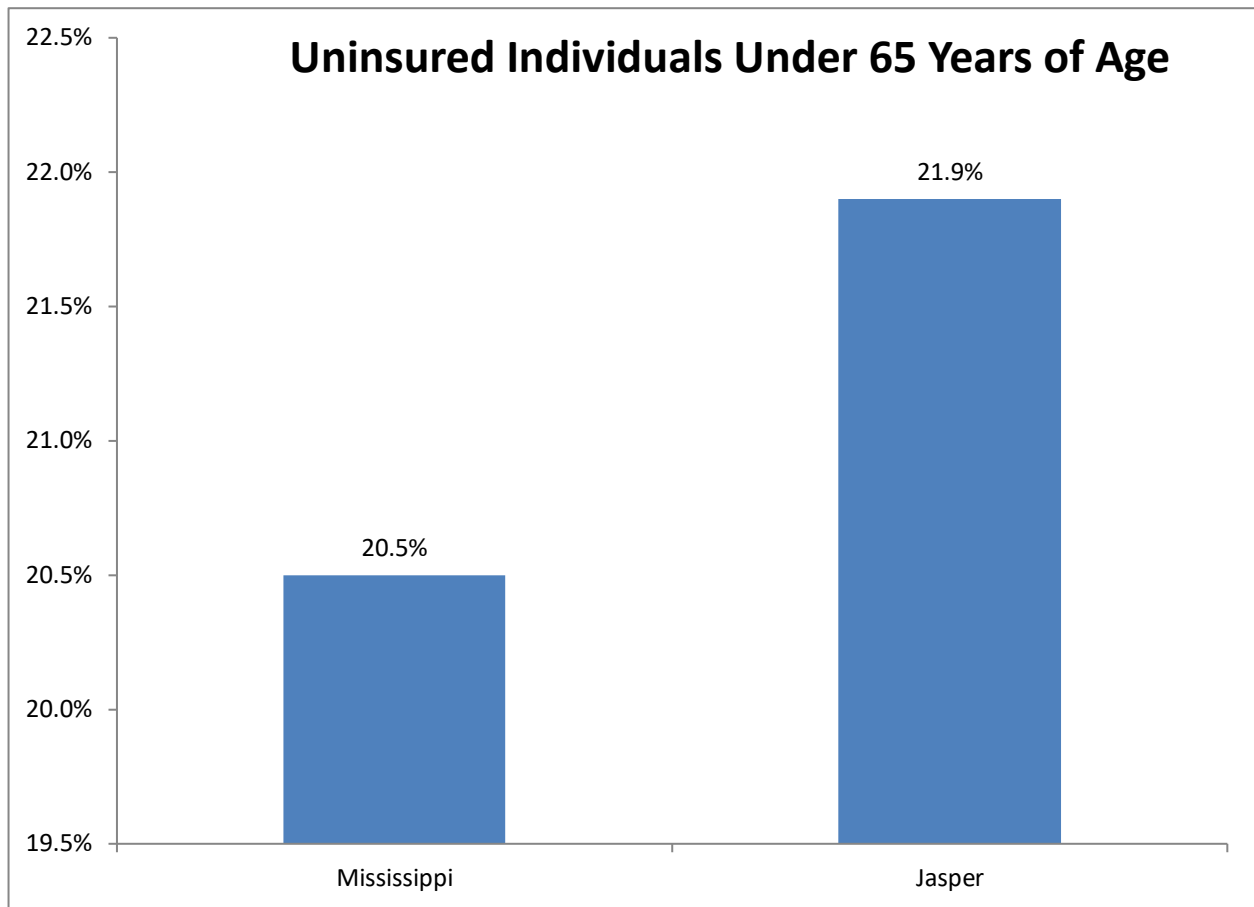
Source: Community Health Status Indicators Database, 2009.

Smoking increases a person’s risk for lung cancer and heart disease. People who smoke have a higher risk for heart attack, and the risk of heart disease increases the longer they smoke. People who smoke a pack of cigarettes a day have more than twice the risk of heart attack than non-smokers. Women who smoke and also take birth control pills increase several times their risk of heart attack, stroke, and peripheral vascular disease. In Jasper County there were 3,777 respondents (21%) who said they were currently smoking tobacco on a regular basis. This was lower than the state rate of 24.9% during the same period.



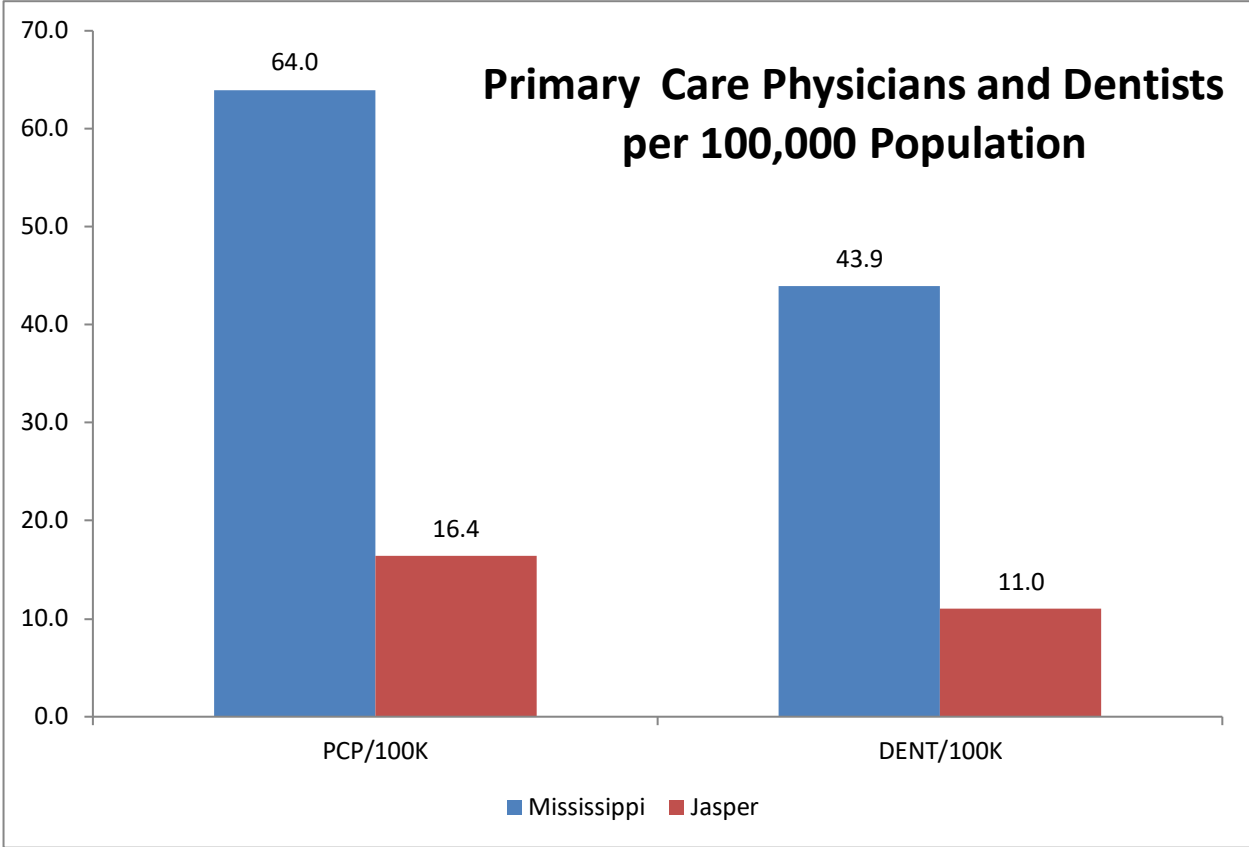
Source: Community Health Status Indicators Database, 2009.

Diabetes, a condition caused by high blood sugar levels, can cause nerve damage, kidney failure, vision problems, and cardiovascular disease. The risk factors for diabetes include obesity, a sedentary lifestyle, unhealthy eating habits, family history, age, hypertension, and high cholesterol. In Jasper County 10.9% of respondents said that they had been told by a doctor that they have diabetes.



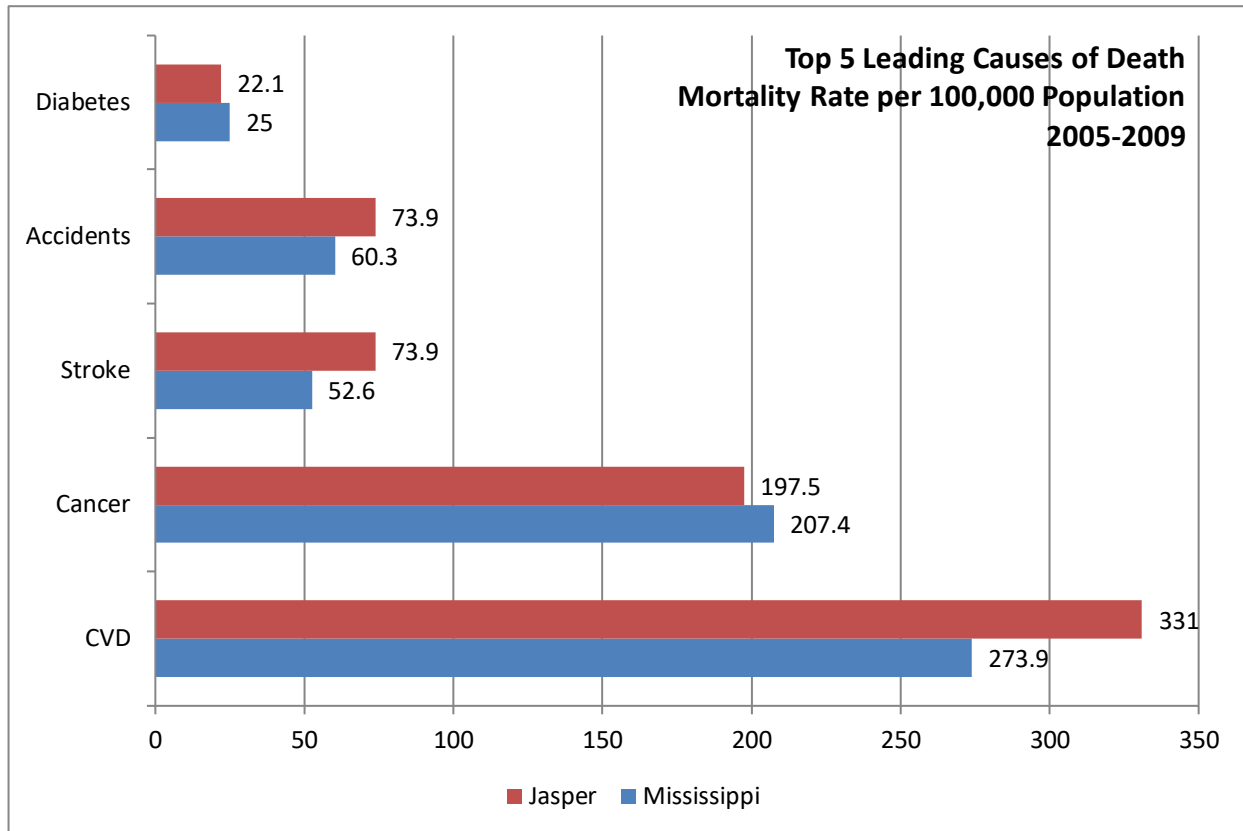
Source: U.S. Census Bureau, 2007 Small Area Health Insurance Estimates (2010 Release).

In 2008 there were 3,958 persons under the age of 65 who did not have health insurance in this county, or 21.9% of the county population. This rate of insurance non-coverage was higher than for Mississippi during the same period.



Source: Source: Community Health Status Indicators Database, 2009.

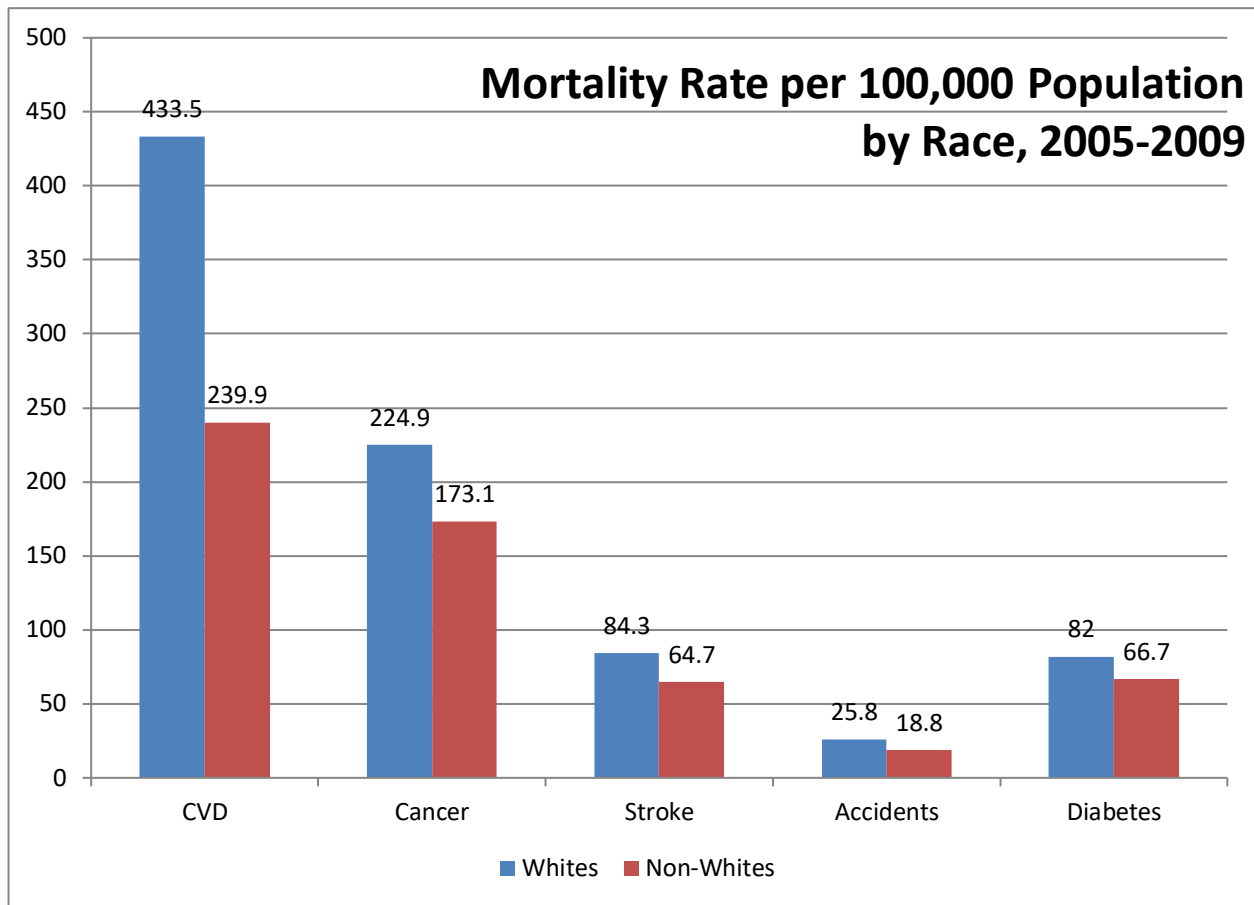
Jasper County had 16.4 primary care physicians per 100,000 population, and 11.0 dentists per 100,000 population. These rates were lower than the state rates of 64 PCPs and 43.9 dentists per 100,000 population.



Source: Mississippi Statistically Automated Health Resource System, average for 2005-2009.

Notes: CVD – Cardiovascular Disease.

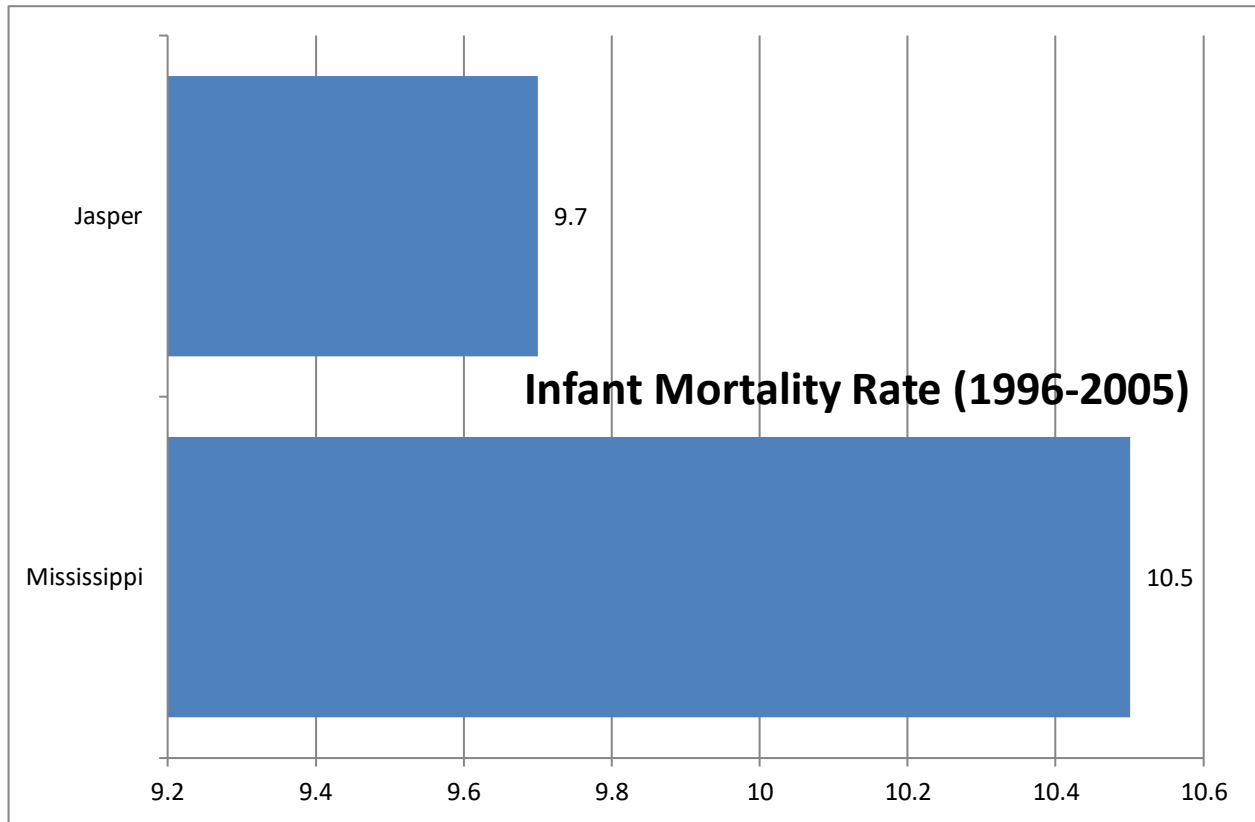
In Mississippi, the leading causes of death from 2005-2009 closely mirrored national leading causes of death, and included heart disease, cancer, stroke, unintentional injuries (i.e., accidents), and diabetes. In Jasper County heart disease and cancer were the leading causes of death. The mortality rate for heart disease in Jasper County was 331 deaths per 100,000 population, compared to 273.9 for Mississippi. The mortality rate for cancer in the county was 197.5 deaths per 100,000 population, while the rate in Mississippi was 207.4 deaths per 100,000 population. The mortality rate for cancer and diabetes were also lower, but were higher for stroke and accidents.



Source: Mississippi Statistically Automated Health Resource System, 2005-2009.

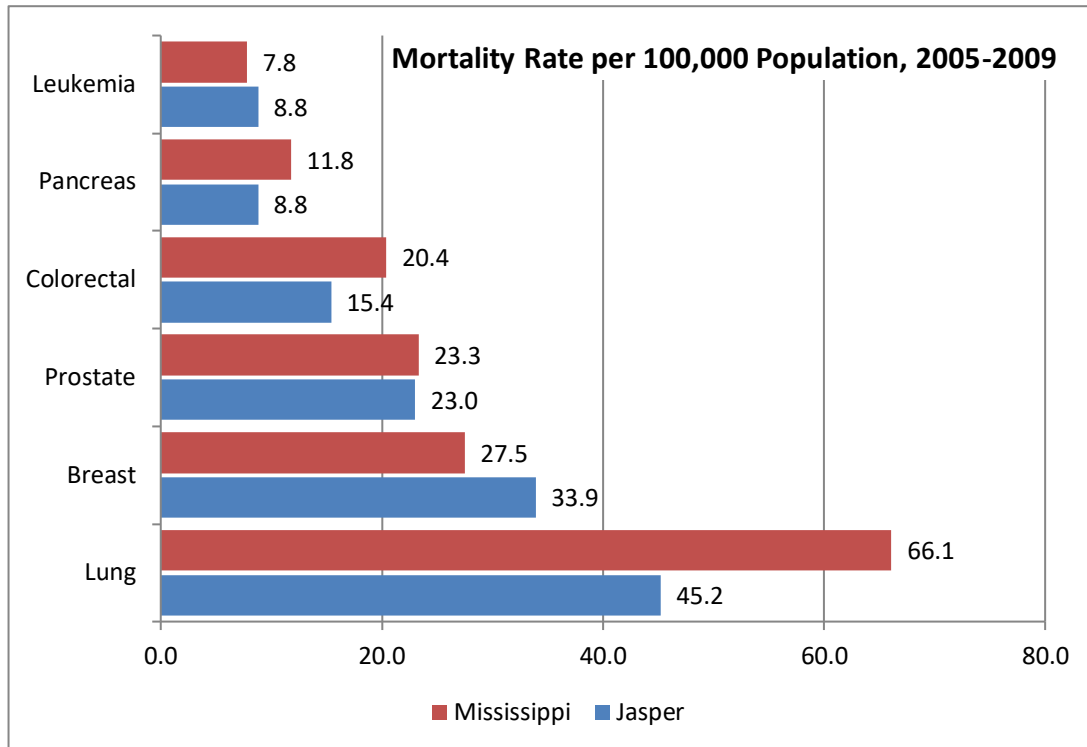
Notes: CVD – Cardiovascular Disease.

The mortality rate for cardiovascular disease (CVD) for whites was 433.5 versus 239.9 per 100,000 for non-whites. The mortality rate for cancer was 224.9 for whites and 173.1 for non-whites per 100,000 population. The mortality rates for non-whites for stroke, diabetes and accidents were also lower than for whites.



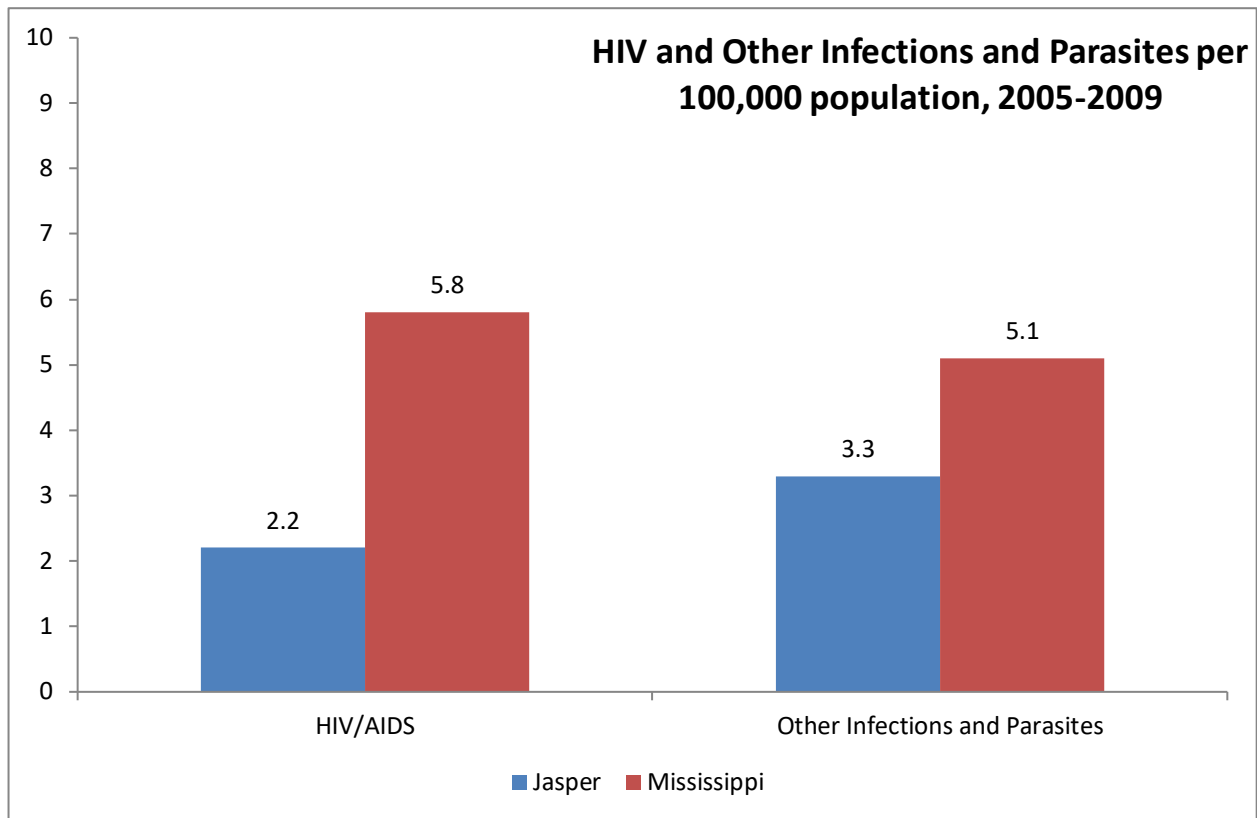
Source: Infant Mortality in Mississippi, 1996-2005: Trend and Risk Analysis

Infant mortality refers to the death of an infant in the first year of life. The leading causes of infant mortality are Premature birth or low birth weight, sudden infant death syndrome (SIDS), birth defects, accidents and maternal factors, such as smoking, chemical exposure, poor nutrition, infectious disease and age. From 1996 to 2007, the infant mortality rate in Jasper County was 9.7 deaths per 1,000 live births. The Healthy People 2010 goal was to reduce infant mortality to a rate of 4.5 deaths per 1,000 live births.



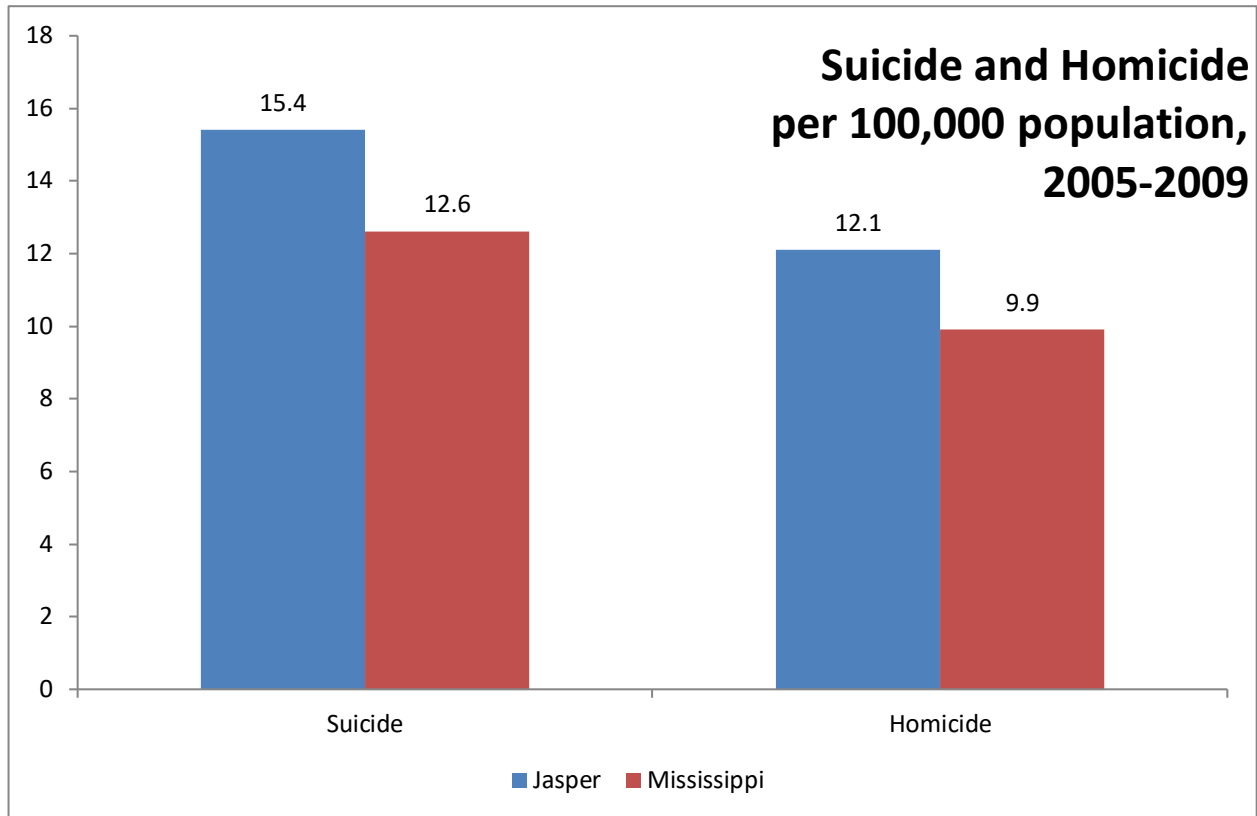
Source: Mississippi Statistically Automated Health Resource System, 2005-2009.

The highest rates of mortality for cancer-related deaths in Jasper County were for: lung cancer (45.2 deaths per 100,000 population); breast cancer (33.9 deaths per 100,000 population), and prostate cancer (23.0 deaths per 100,000). Compared to mortality rates at the state level the county had higher rates of death for breast cancer and leukemia, but were lower for prostate, colorectal, pancreas and lung cancers.



Source: Mississippi Statistically Automated Health Resource System, 2005-2009.

From 2005 to 2009 the mortality rate for HIV/AIDS in Jasper County was 2.2 deaths per 100,000 population, which was lower than the state rate of 5.8 deaths per 100,000 population in Mississippi. The mortality rate for other infections and parasites was lower in Jasper County than in the state during the same period of time.

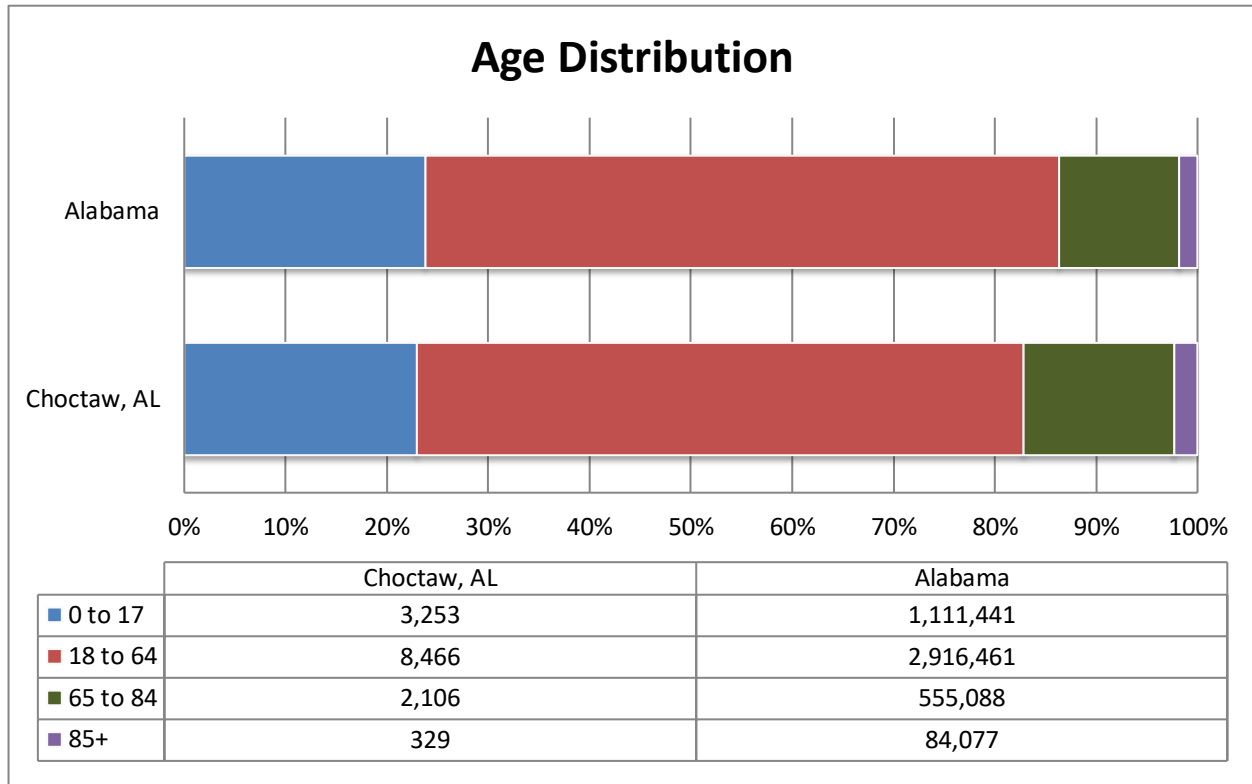


Source: Mississippi State Department of Health, Mississippi Statistically Automated Health Resource System, 2005-2009.

The suicide rate in Jasper County was 15.4 suicides per 100,000 population and was higher than the state rate. The rate of homicide was 12.1 homicides per 100,000 population compared to 9.9 homicides per 100,000 population in Mississippi during the same period of time.

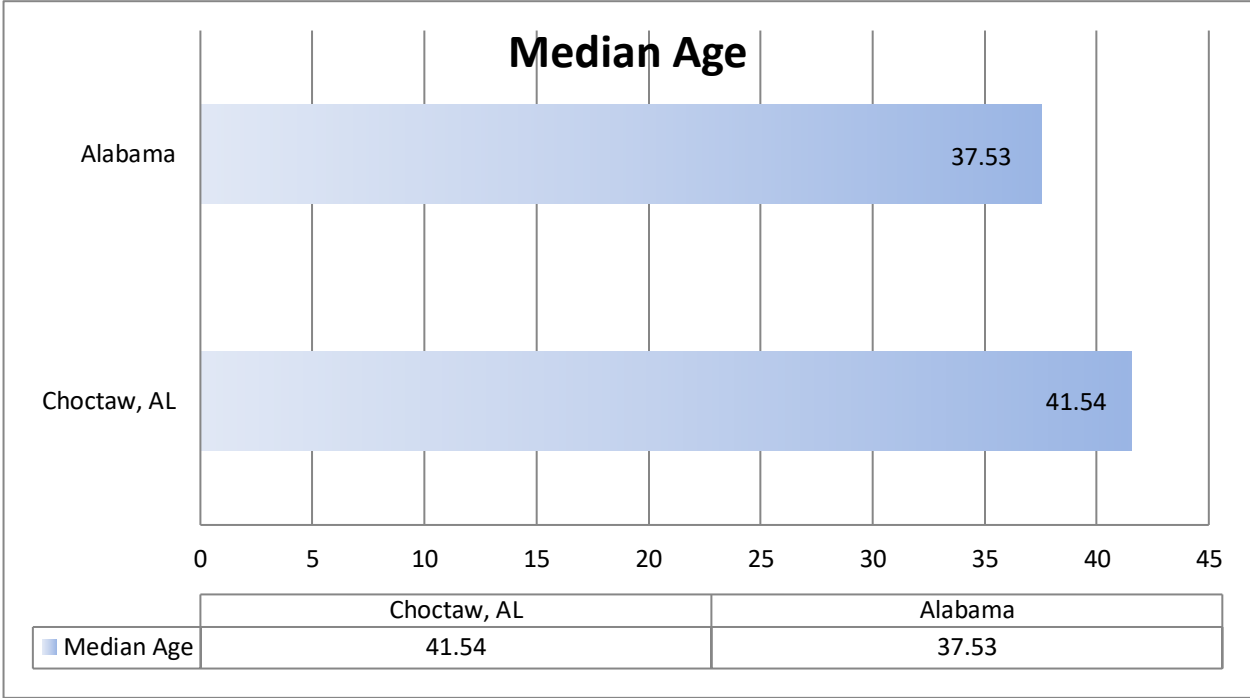
CHOCTAW COUNTY, AL

Age and Race



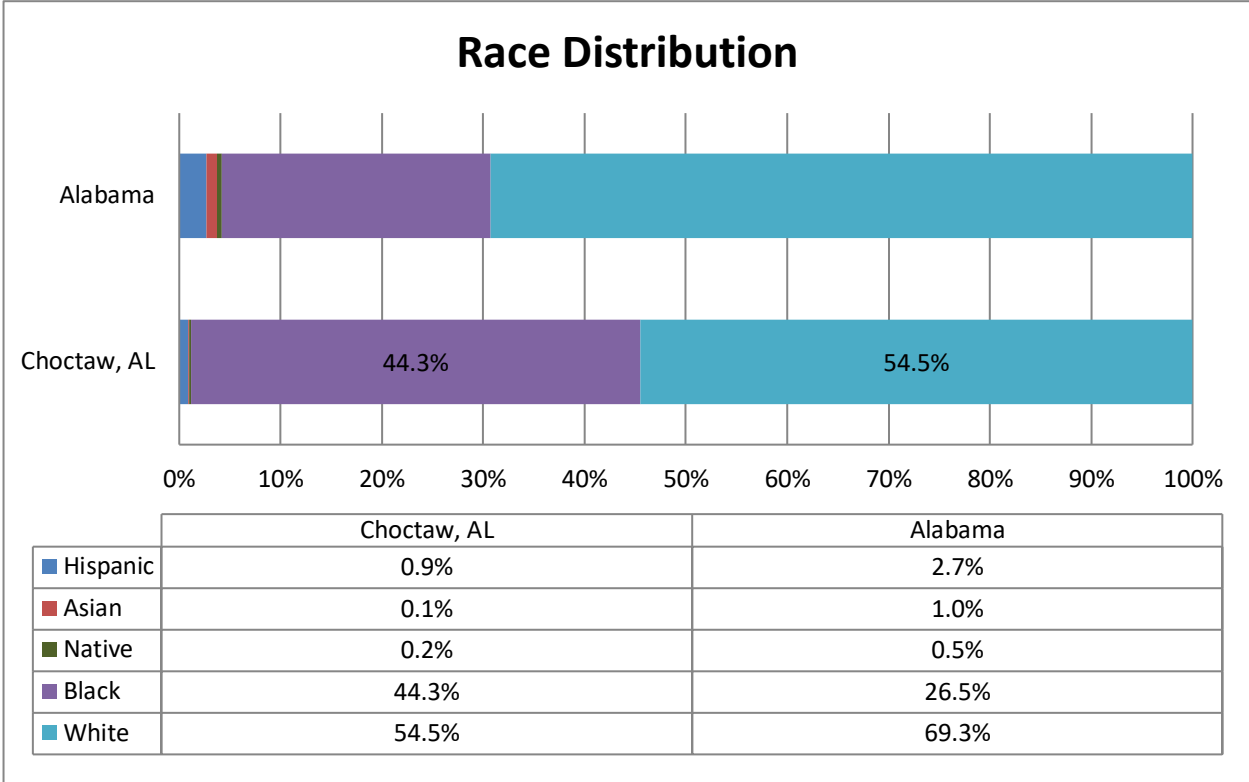
Source: Woods and Poole, CEDDS 2008.

The age composition of the population is an important determining factor for the prevalence and severity of health-related problems, and spending for health care services. The elderly generally spend more on health care services than other age groups, and changes in Medicaid eligibility can affect medical care for this group. In 2008, there were 2,435 persons age 65 years or older in Choctaw County. Elderly persons represented 17.2% of the total population, compared to 13.7% of the total population in the state.



Source: Woods and Poole, CEDDS 2008.

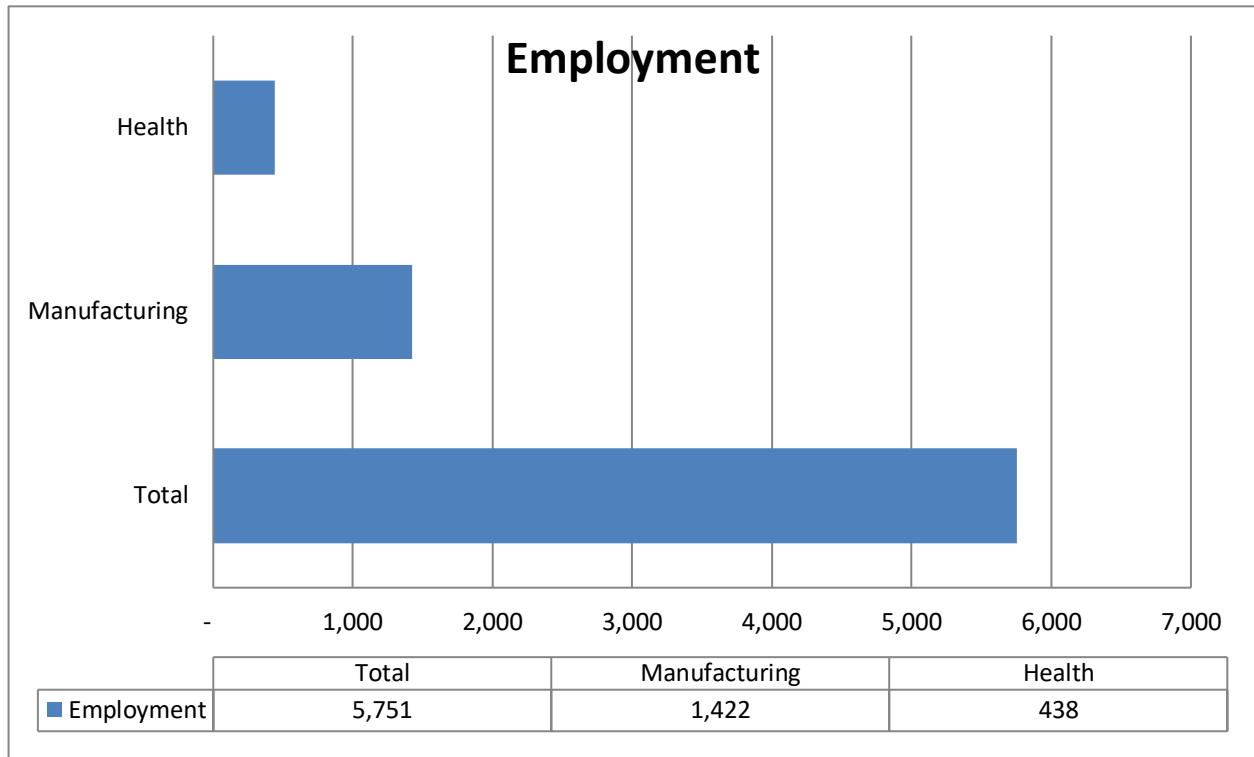
The median age in Choctaw County was 41.54 years for the total population, compared to 37.53 for the state’s population.



Source: Woods and Poole, CEDDS 2008

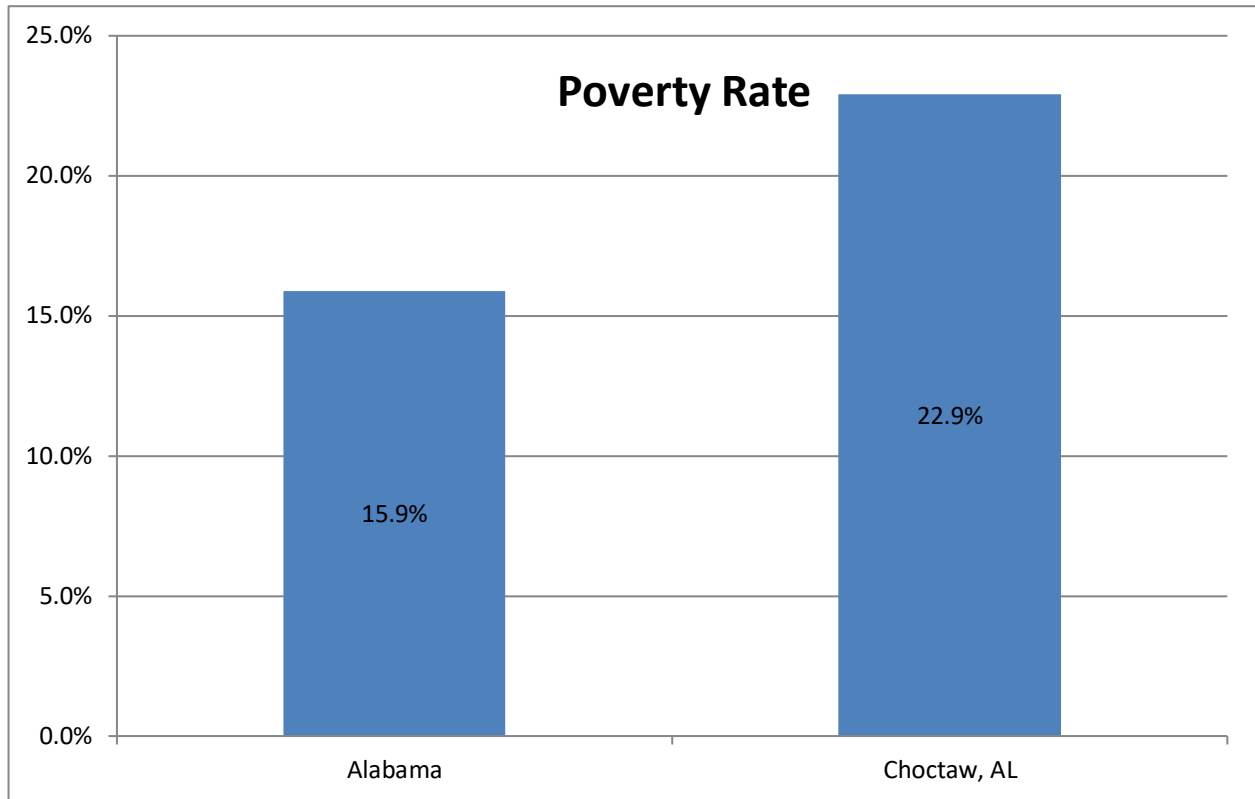
In the United States, health disparities have been reported in minority populations such as African Americans, Native Americans, Asian Americans, and Hispanics. The incidence of chronic diseases, such as heart disease and especially diabetes, as well as higher mortality rates, and poorer health outcomes are generally higher than for whites. In 2008, the minority population in aggregate made up 45.5% of the population, which was higher than for the state in the same year. The African American population was 6,269 and accounted for 44.3% of the population; 7,718 persons (54.5%) were white.

Employment and Income



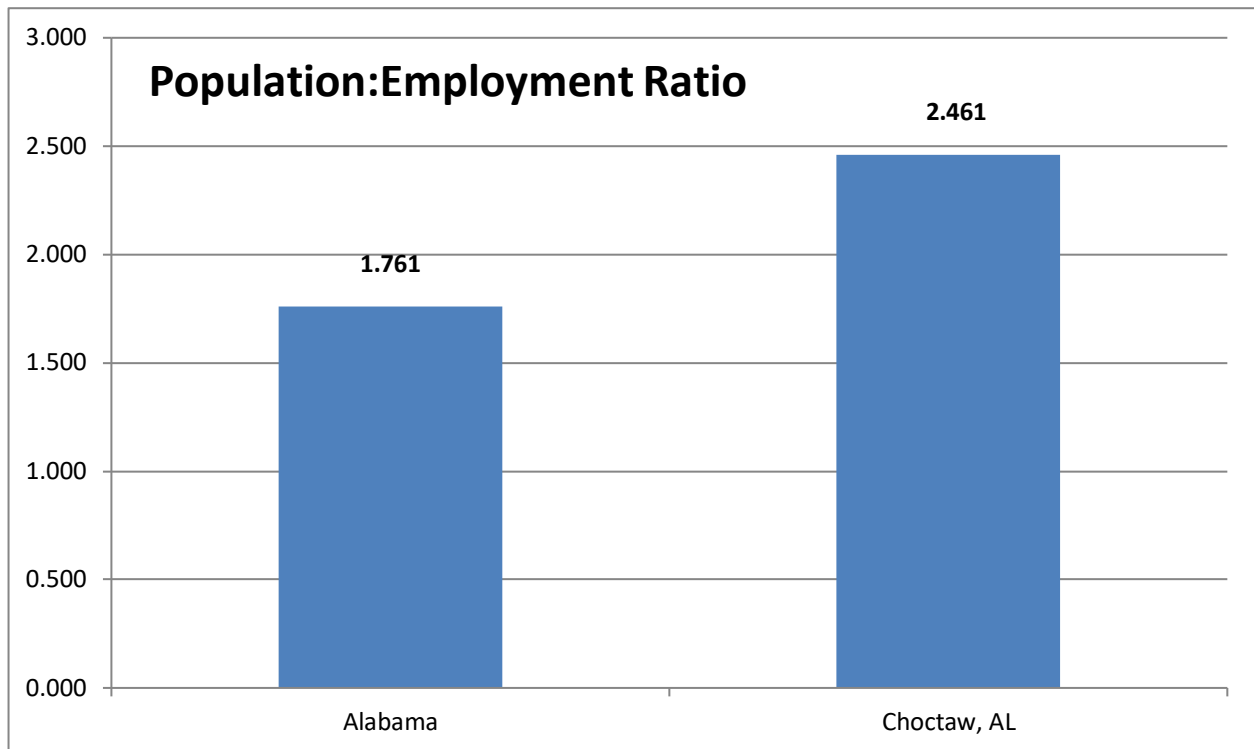
Source: Woods and Poole, CEDDS 2008

Total place-of-work employment in Choctaw County in 2008 was 5,751, and included 1,422 manufacturing jobs (25%), and 438 jobs (8%) in the health and social services sector. Compared to Alabama, Choctaw County had proportionally more manufacturing and health-related jobs than the state.



Source: Woods and Poole, CEDDS 2008

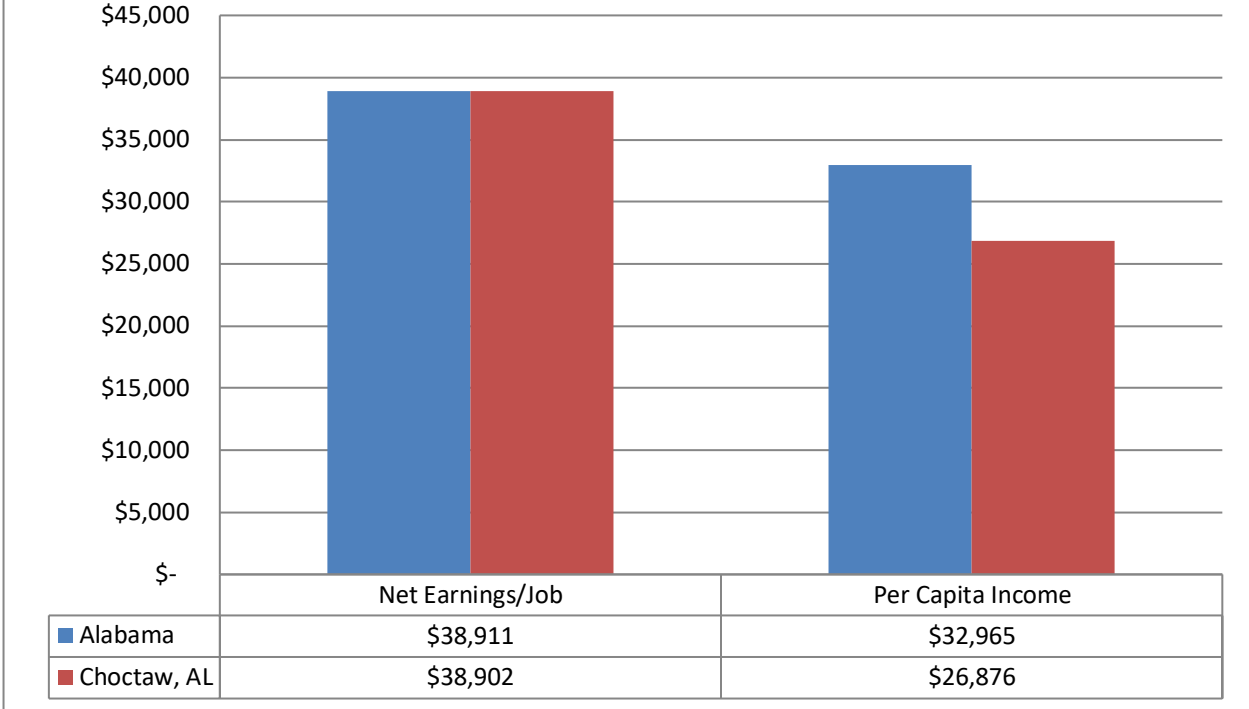
The poverty rate is an important indicator of health because mortality, prevalence of chronic disease, and poor mental health are generally higher for the poor. In 2008, the poverty rate in Choctaw County at 22.9% was higher than Alabama. This equated to 3,241 persons living in poverty in this county in 2008.



Source: Woods and Poole, CEDDS 2008

The ratio of total population to total employment can be used to evaluate the ability of the economy to create jobs. While this indicator does not consider working conditions, productivity, or earnings, it does provide a relative measure of the number of people in the local market per job. In 2008, the population:employment ratio was 2.461 in Choctaw County and 1.761 in Alabama. These data suggest that when compared to the state, the local economy had proportionally more people than jobs in the county.

Earnings and Income



Source Woods and Poole, CEDDS 2008. Note: Net earnings includes wages, salaries and proprietor’s income less federal contributions for social security and Medicare. All values in current dollars.

The relationship of health and wealth has been well established in the literature. Two measures of personal wealth include net earnings per jobs, and per-capita income. Net earnings per job reflects the ability of the economy to support higher paying jobs. Per-capita income reflects non-wage income, such as dividends, interest, rent and transfer payments, such as social security. Choctaw County had average net earnings per job that was about the same as Alabama in 2008. Net earnings per job in Choctaw County was \$38,902, while in Alabama it was \$38,911. Per-capita income in Choctaw County was lower than in Alabama. In 2008, Choctaw County had a per-capita income of \$26,876 while Alabama was \$32,965.

Health Status Indicators

NO EXERCISE

No data was available for this county.

Source: Community Health Status Indicators Database, 2009.

Unfortunately there were no data for the county, however by assuming that the county rate was the same as the state rate of 28.7%, it was estimated that 4,062 persons in the county had no participation in any leisure-time physical activities or exercises in the past month.

No exercise is a risk factor for heart disease and cancer. Persons who do not exercise are at a higher risk of disease and its effects.

FRUITS AND VEGETABLES

No data was available for this county.

Source: Community Health Status Indicators Database, 2009.

Unfortunately there were no data for the county, however by assuming that the county rate was the same as the state rate of 78.5%, it was estimated that 11,111 persons in the county were eating less than five servings of fruits and vegetables per day.

Not eating enough servings of fruits and vegetables is a risk factor for heart disease and cancer. Persons who do not eat enough fruits and vegetables are also at a higher risk of chronic disease and its effects.

OBESITY RATE

No data was available for this county.

Source: Community Health Status Indicators Database, 2009.

Unfortunately there were no data for the county, however by assuming that the county rate was the same as the state rate of 25.9%, it was estimated that 3,666 persons in the county were had a BMI score of 30 or higher.

Risks related to being overweight and obese are a significant concern. Persons with high body mass index scores are at risk for health problems related to being overweight or obese, including chronic diseases such as heart disease and diabetes.

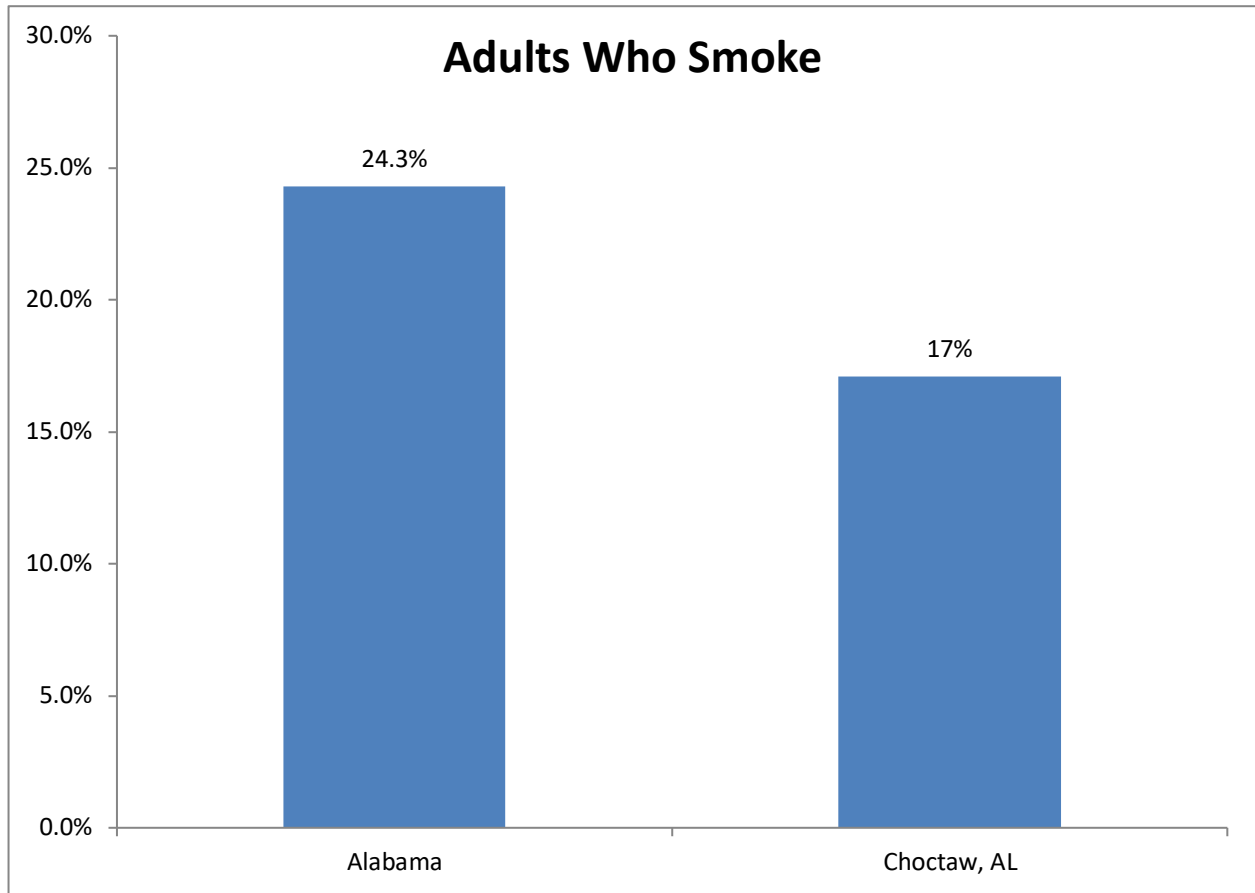
HIGH BLOOD PRESSURE

No data was available for this county

Source: Community Health Status Indicators Database, 2009.

Unfortunately there were no data for the county, however by assuming that the county rate is the same as the state rate it was estimated that 30.5% of respondents would have been told they had high blood pressure. This would equate to about 4,317 persons in the county.

The force of blood pushing against the walls of the arteries as the heart pumps out blood is called blood pressure. If this pressure rises and stays high over time, it can damage the body in many ways. High blood pressure (HBP) is a serious condition that can lead to coronary heart disease, heart failure, stroke, kidney failure, and other health problems. According to the American Heart Association, over 7 million Americans have suffered a heart attack in their lifetime.



Source: Community Health Status Indicators Database, 2009.

Smoking increases a person's risk for lung cancer and heart disease. People who smoke have a higher risk for heart attack, and the risk of heart disease increases the longer they smoke. People who smoke a pack of cigarettes a day have more than twice the risk of heart attack than non-smokers. Women who smoke and also take birth control pills increase several times their risk of heart attack, stroke, and peripheral vascular disease. In Choctaw County there were 2,420 respondents (17%) who said they were currently smoking tobacco on a regular basis. This was lower than the state rate of 24.3% during the same period.

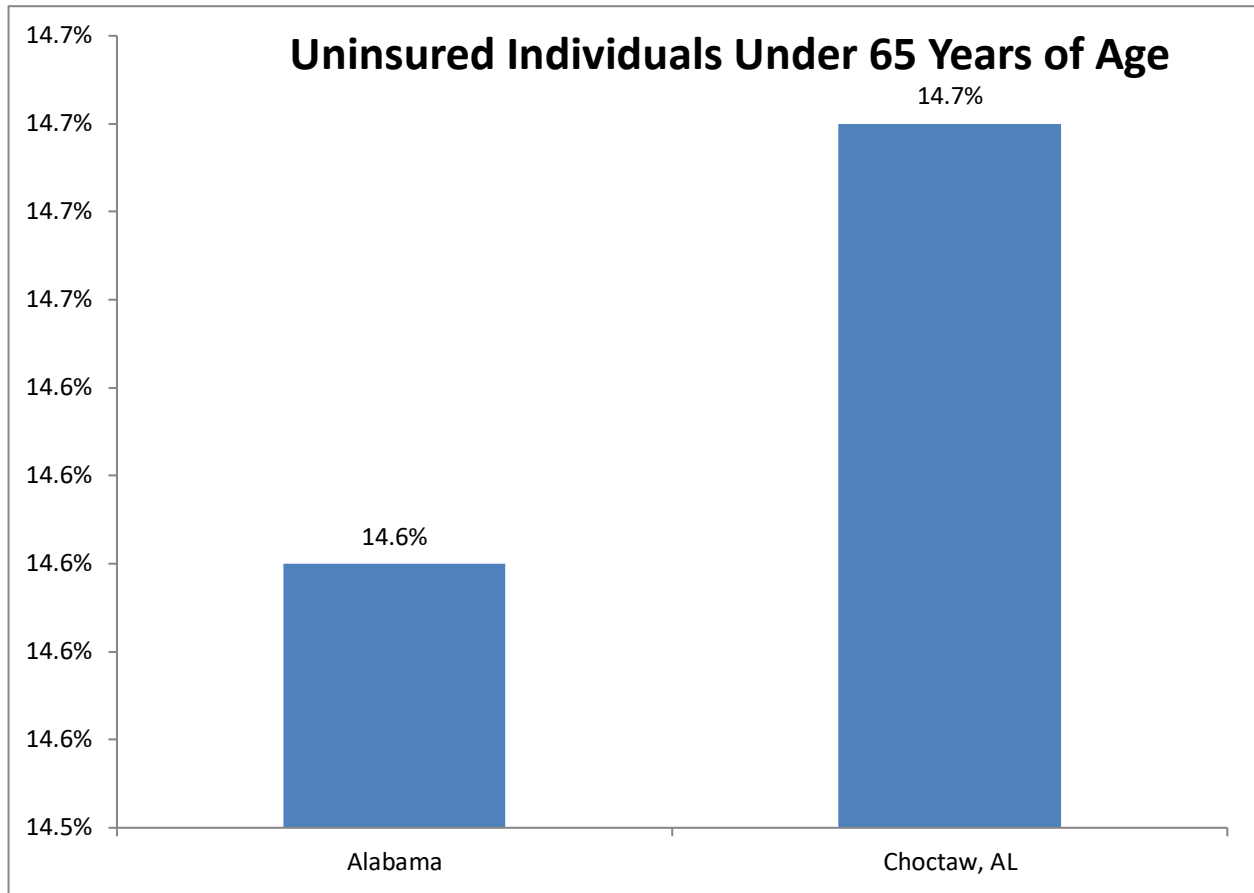
PREVALENCE OF DIABETES

No data was available for this county.

Source: Community Health Status Indicators Database, 2009.

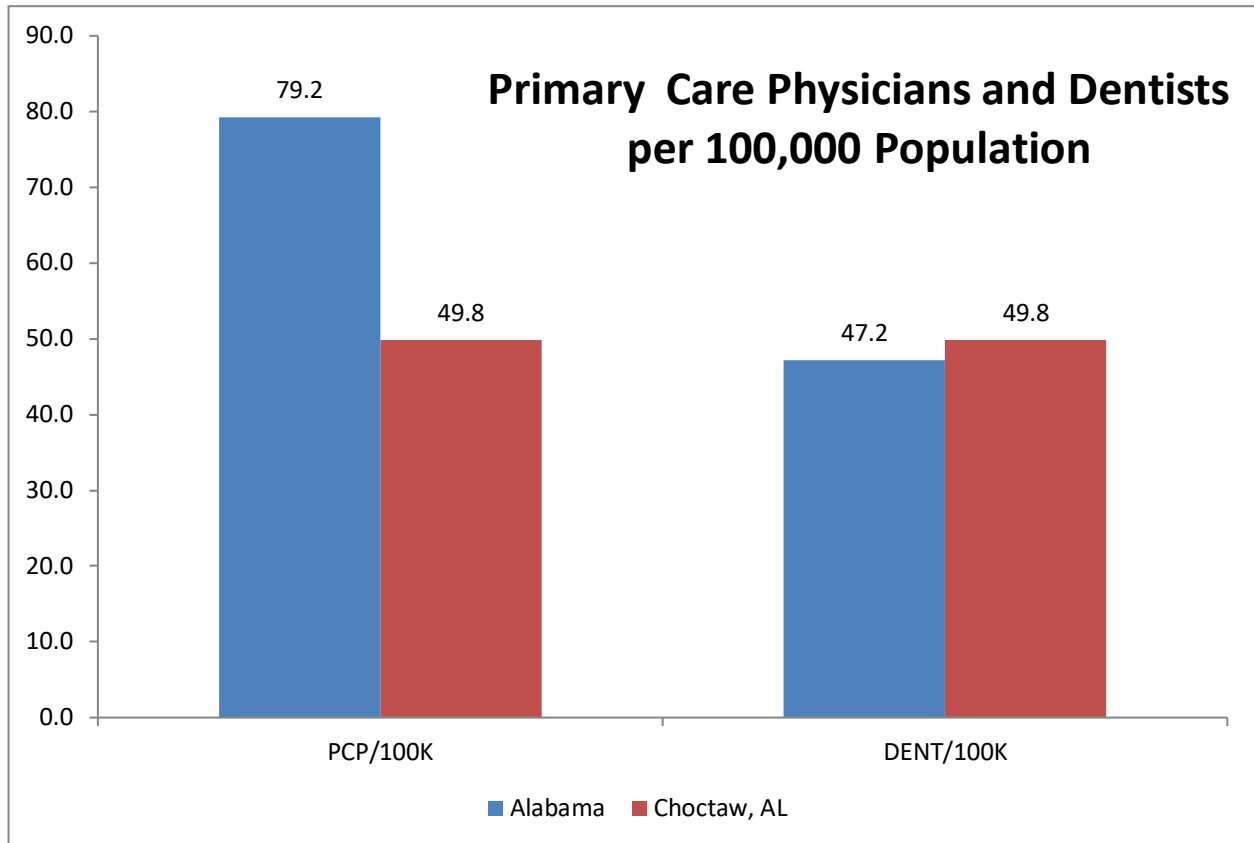
Unfortunately there were no data for the county, however by assuming that the county rate was the same as the state rate of 8.7%, it was estimated that 1,911 persons in the county said that they had been told by a doctor that they have diabetes.

Diabetes, a condition caused by high blood sugar levels, can cause nerve damage, kidney failure, vision problems, and cardiovascular disease. The risk factors for diabetes include obesity, a sedentary lifestyle, unhealthy eating habits, family history, age, hypertension, and high cholesterol.



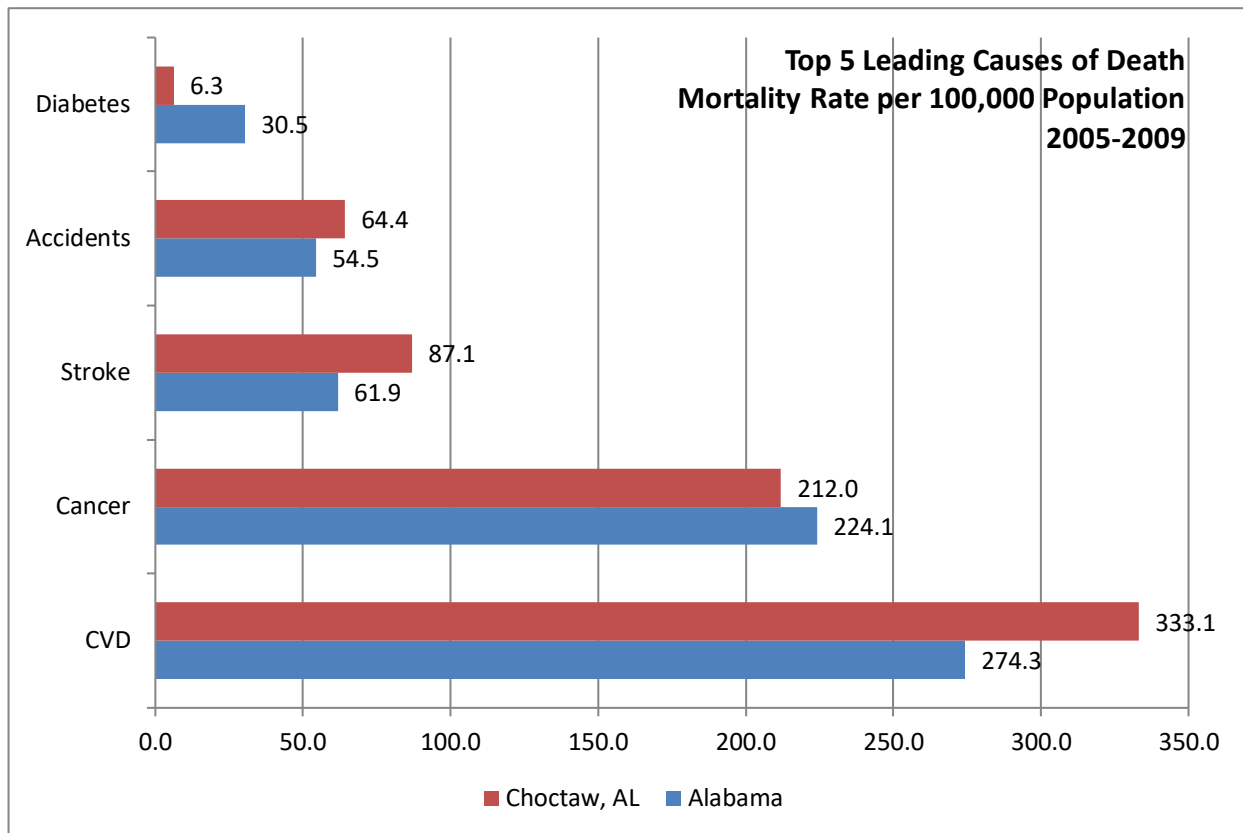
Source: U.S. Census Bureau, 2007 Small Area Health Insurance Estimates (2010 Release).

In 2008 there were 2,081 persons under the age of 65 who did not have health insurance in this county, or 14.7% of the county population. This rate of insurance non-coverage was about the same as for Alabama during the same period.



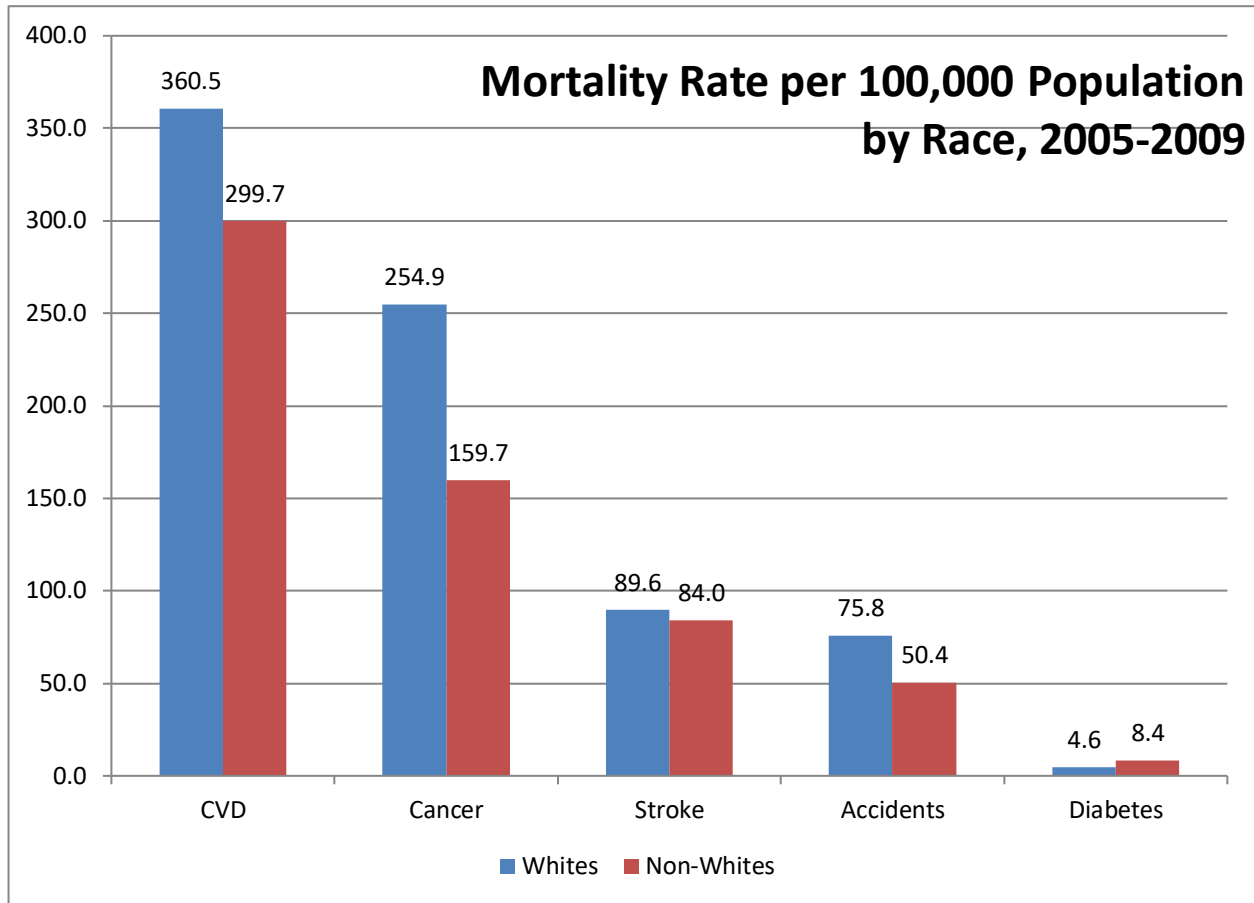
Source: Source: Community Health Status Indicators Database, 2009.

Choctaw County had 49.8 primary care physicians per 100,000 population, and 49.8 dentists per 100,000 population. In Alabama, the state rates were 79.2 primary care physicians per 100,000 population and 47.2 dentists per 100,000 population.



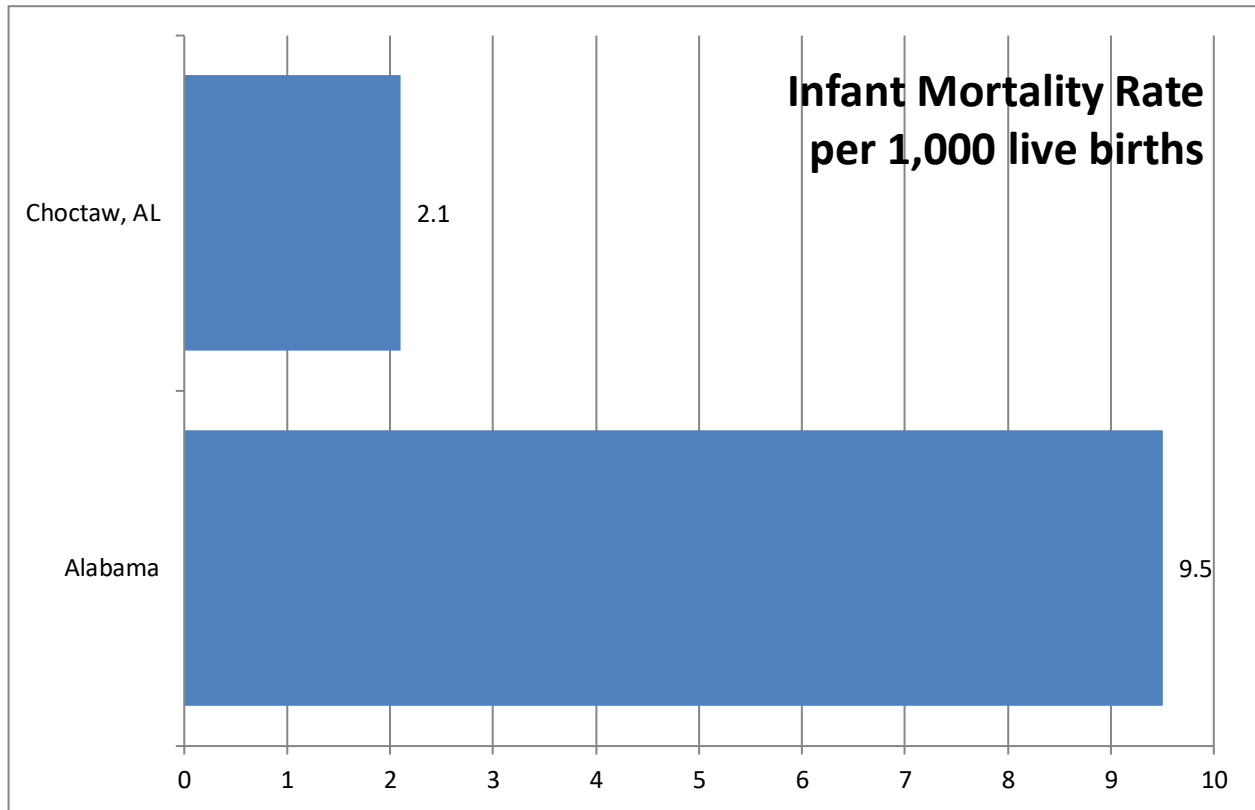
Source: Alabama Department of Health, Statistical Query System
 Notes: rates are average for 2005-2009; CVD = cardiovascular disease.

In Alabama, the leading causes of death from 2005-2009 closely mirrored national leading causes of death, and included heart disease, cancer, stroke, unintentional injuries (i.e., accidents), and diabetes. Of these, heart disease and cancer were the leading causes of death in Choctaw County. The mortality rate for heart disease was 331 deaths per 100,000 population, compared to 274.3 for Alabama. The mortality rate for cancer in the county was 212 deaths per 100,000 population, while the rate in Alabama was 224.1 deaths per 100,000 population. The mortality rates for stroke and accidents were higher than the state rates, diabetes related mortality was lower than the state.



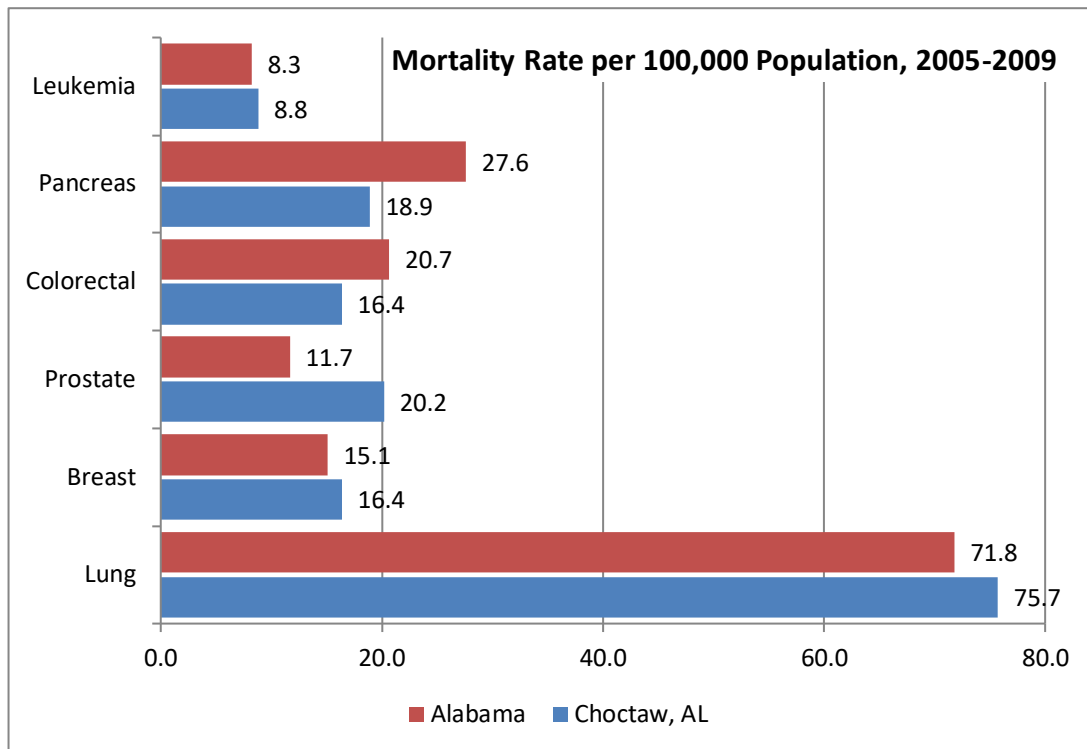
Source: Alabama Department of Health, Statistical Query System
 Notes: rates are average for 2005-2009; CVD = cardiovascular disease.

The mortality rate for cardiovascular disease (CVD) for whites was 360.5 versus 299.7 per 100,000 for non-whites. The mortality rate for cancer was 254.9 for whites and 159.7 for non-whites per 100,000 population. The mortality rates for non-whites for stroke and accidents were also lower than for whites, but the mortality rate for diabetes for non-white was higher than for whites.



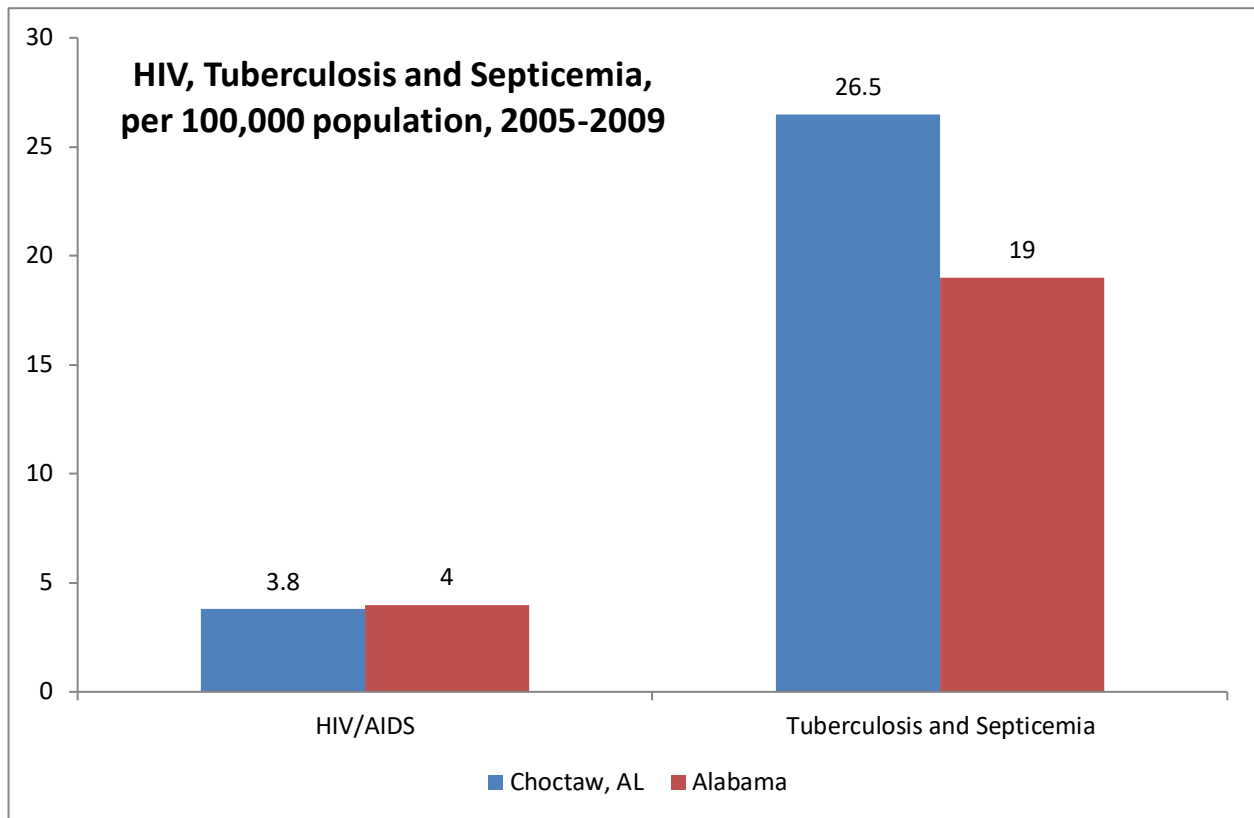
Source: Alabama Department of Health, Statistical Query System, 2006-2008 average per 1,000 live births.

Infant mortality refers to the death of an infant in the first year of life. The leading causes of infant mortality are premature birth or low birth weight, sudden infant death syndrome (SIDS), birth defects, accidents and maternal factors, such as smoking, chemical exposure, poor nutrition, infectious disease and age. From 2006 to 2008, the infant mortality rate in Choctaw County was 2.1 deaths per 1,000 live births. The Healthy People 2010 goal was to reduce infant mortality to a rate of 4.5 deaths per 1,000 live births.



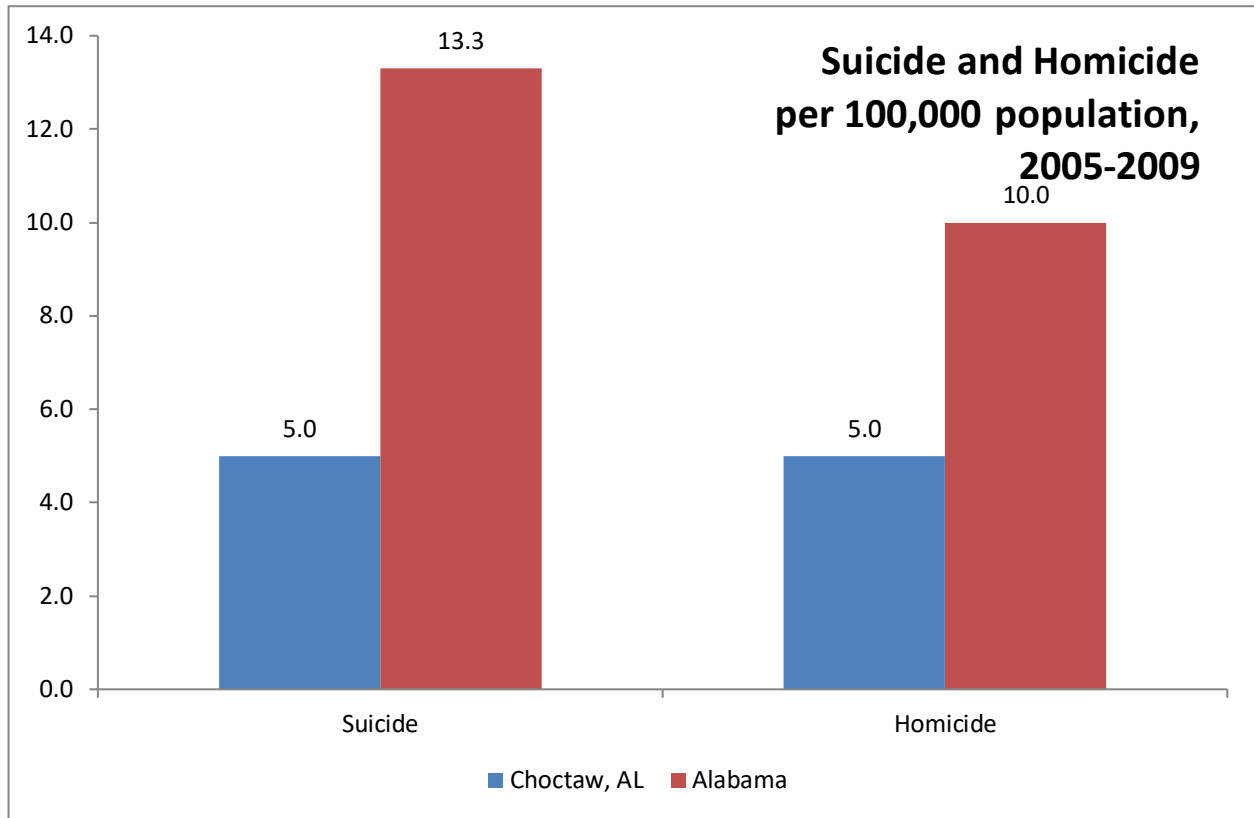
Source: Alabama Department of Health, Statistical Query System, 2005-2009 average rate per 100,000 population (2000 basis).

The highest rates of mortality for cancer-related deaths in Choctaw County was for: lung cancer (75.7 deaths per 100,000 population). Compared to mortality rates at the state level the county had higher rates of death for lung, breast, prostate, and leukemia, but were lower for colorectal and pancreas.



Source: Alabama Department of Health, Statistical Query System, 2005-2009 average rate per 100,000 population (2000 basis).

From 2005 to 2009 the mortality rate for HIV/AIDS in Choctaw County was 3.8 deaths per 100,000 population, which was slightly lower than the state rate of 4 deaths per 100,000 population in Alabama. The mortality rate for tuberculosis and septicemia in the county was also higher than the state during the same period of time.

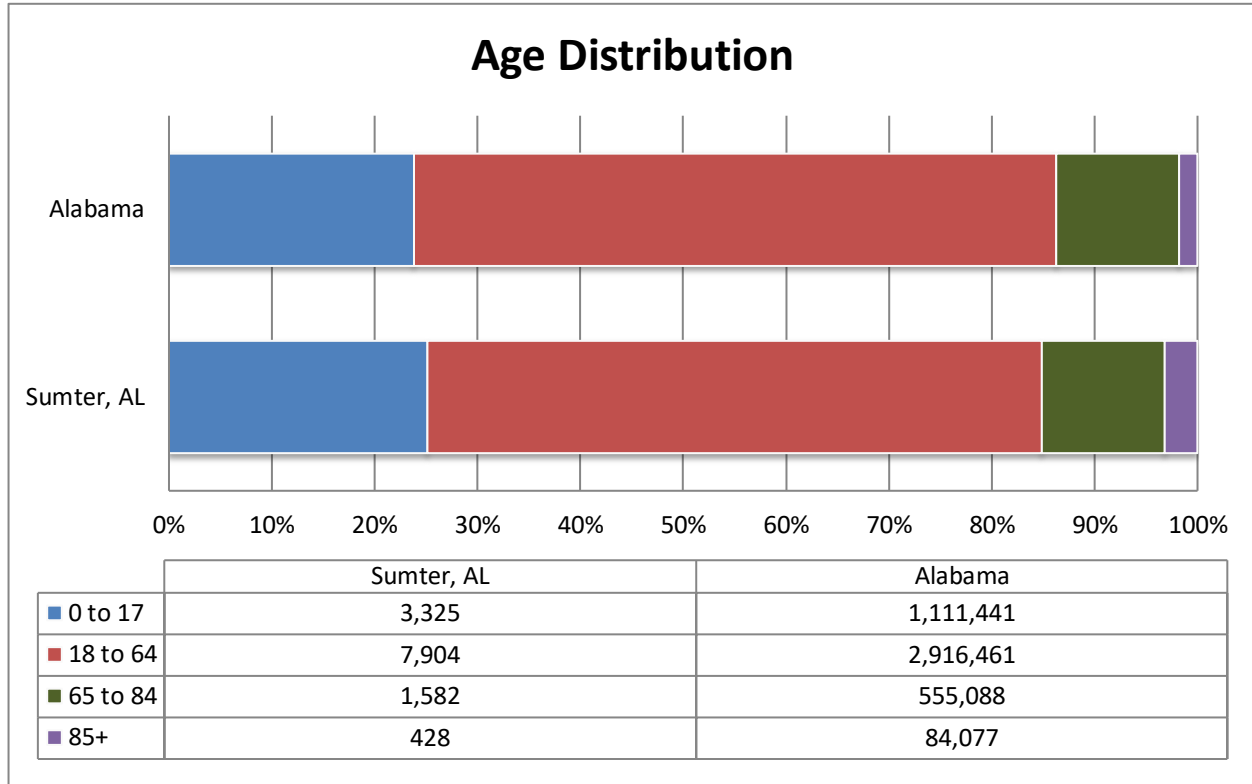


Source: Alabama Department of Health, Statistical Query System, 2005-2009 average rate per 100,000 population (2000 basis).

The suicide rate in Choctaw County was 5.0 suicides per 100,000 population and was lower than the state rate. The rate of homicide was 5.0 homicides per 100,000 population compared to 10.0 homicides per 100,000 population in Alabama during the same period of time.

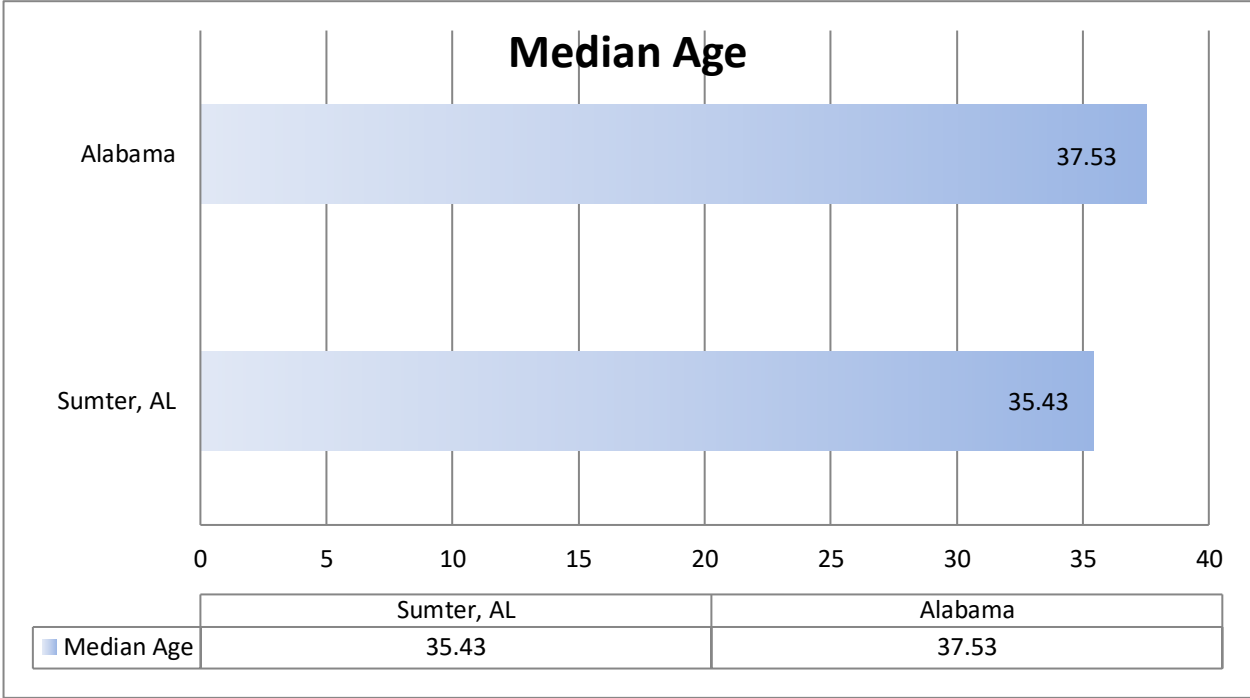
SUMTER COUNTY, AL

Age and Race



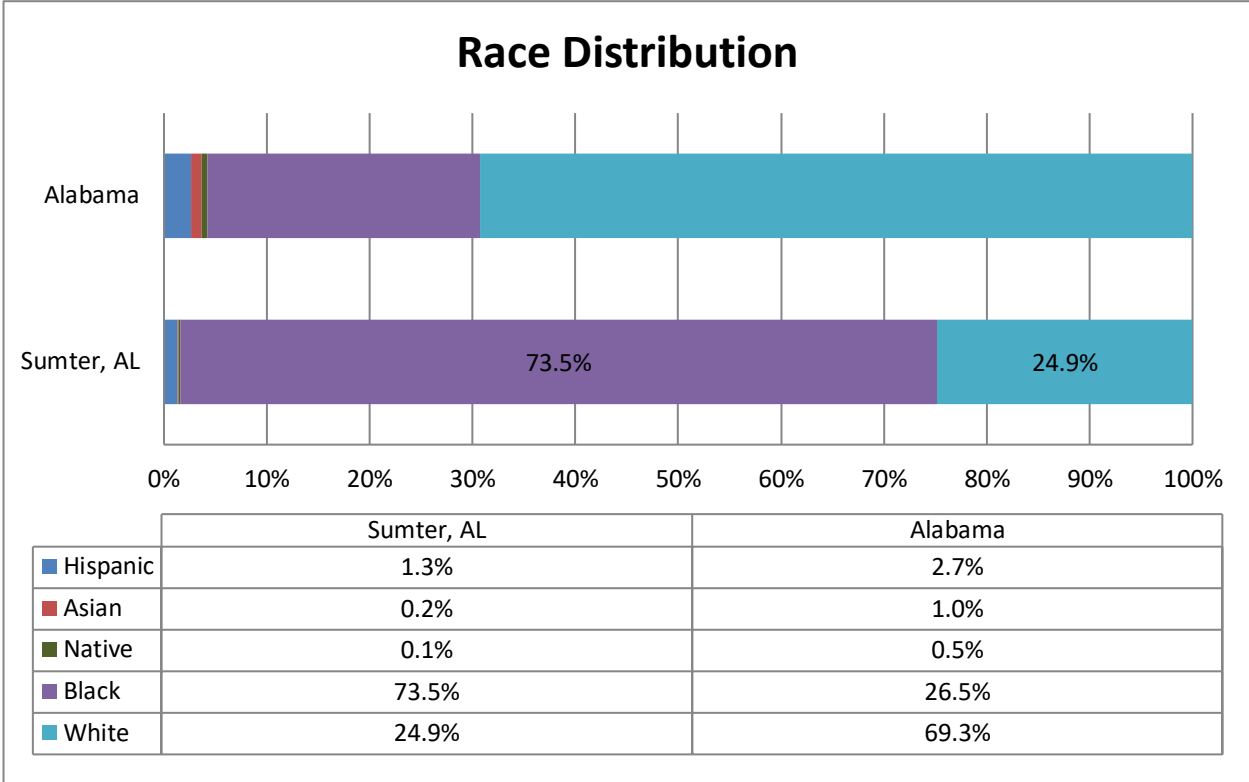
Source: Woods and Poole, CEDDS 2008.

The age composition of the population is an important determining factor for the prevalence and severity of health-related problems, and spending for health care services. The elderly generally spend more on health care services than other age groups, and changes in Medicaid eligibility can affect medical care for this group. In 2008, there were 2,010 persons age 65 years or older in Sumter County. Elderly persons represented 15.2% of the total population, compared to 13.7% of the total population in the state.



Source: Woods and Poole, CEDDS 2008.

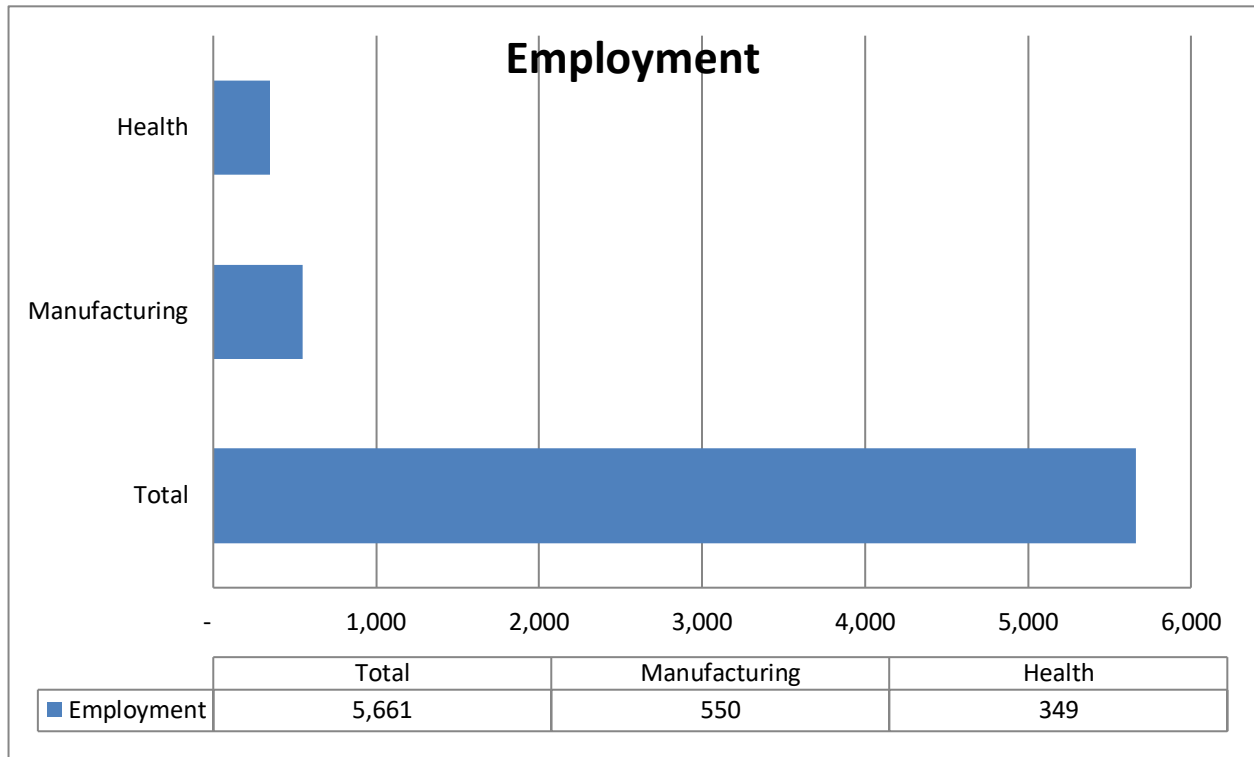
The median age in Sumter County was 35.43 years for the total population, compared to 37.53 for the state’s population.



Source: Woods and Poole, CEDDS 2008

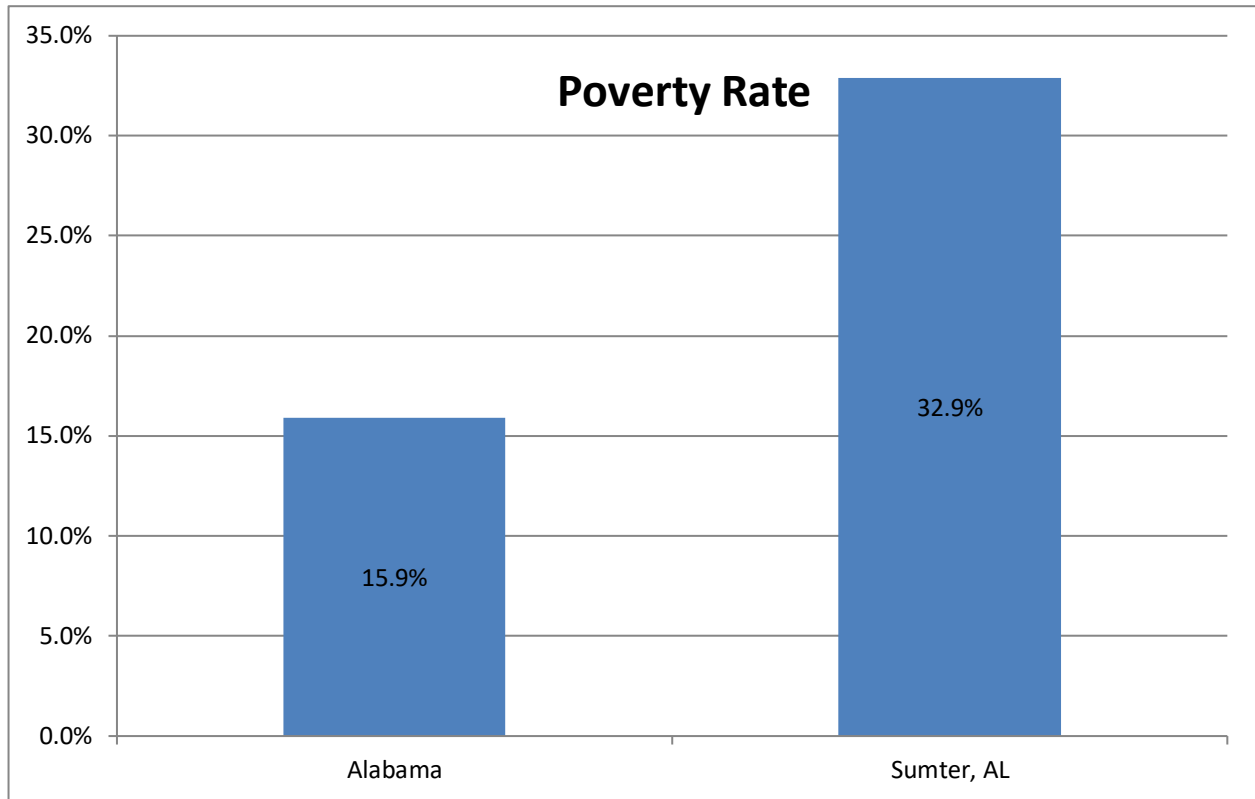
In the United States, health disparities have been reported in minority populations such as African Americans, Native Americans, Asian Americans, and Hispanics. The incidence of chronic diseases, such as heart disease and especially diabetes, as well as higher mortality rates, and poorer health outcomes are generally higher than for whites. In 2008, the minority population in aggregate made up 75.1% of the population, which was much higher than for the state in the same year. The African American population was 9,737 and accounted for 73.5% of the population; 3,292 persons (24.9%) were white.

Employment and Income



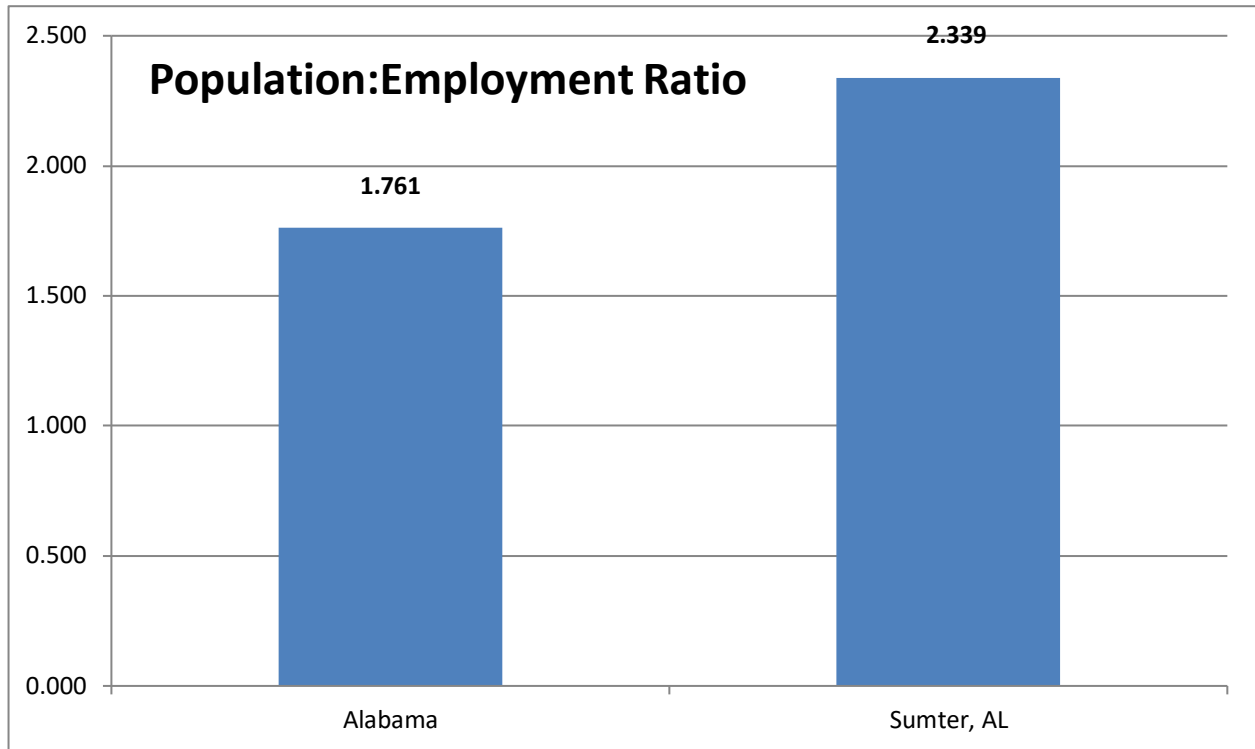
Source: Woods and Poole, CEDDS 2008

Total place-of-work employment in Sumter County in 2008 was 5,661, and included 550 manufacturing jobs (10%), and 349 jobs (6%) in the health and social services sector. Compared to Alabama, Sumter County had proportionally fewer manufacturing and health-related jobs than the state.



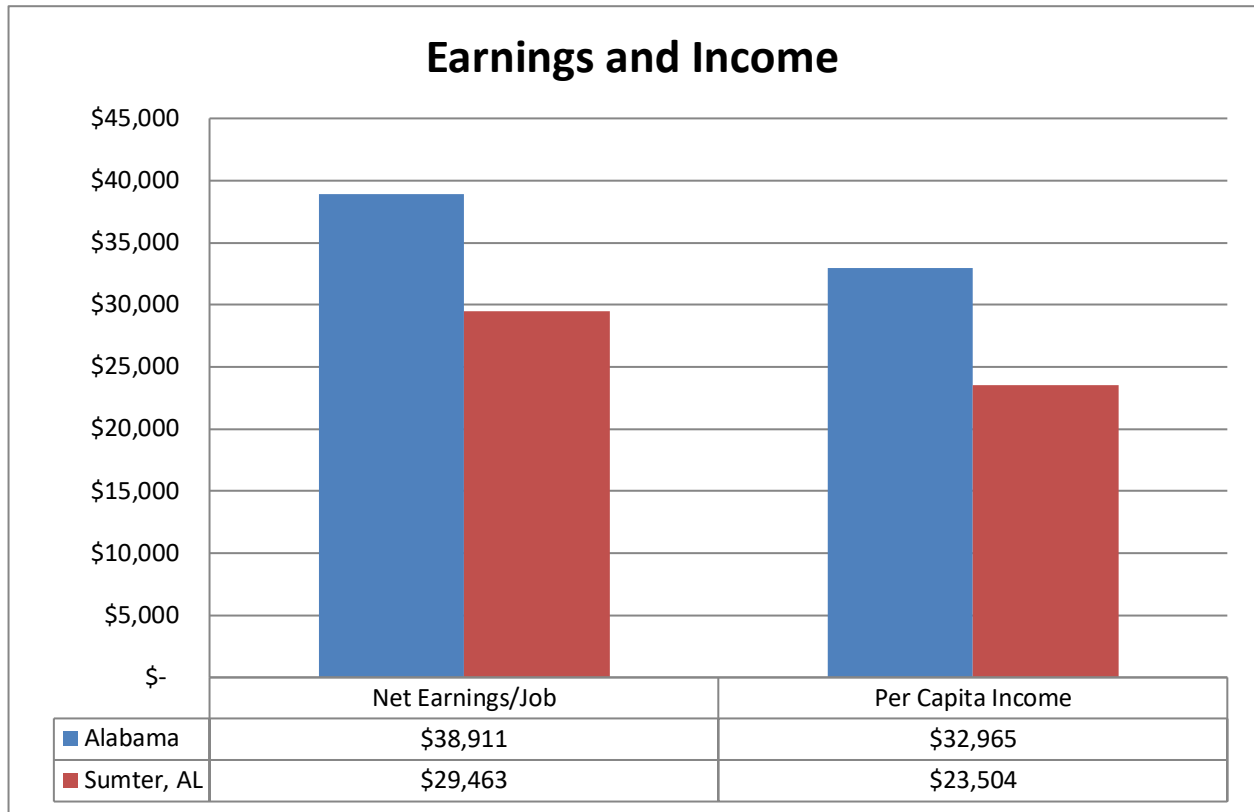
Source: Woods and Poole, CEDDS 2008

The poverty rate is an important indicator of health because mortality, prevalence of chronic disease, and poor mental health are generally higher for the poor. In 2008, the poverty rate in Sumter County at 32.9% was higher than Alabama. This equated to 4,356 persons living in poverty in this county in 2008.



Source: Woods and Poole, CEDDS 2008

The ratio of total population to total employment can be used to evaluate the ability of the economy to create jobs. While this indicator does not consider working conditions, productivity, or earnings, it does provide a relative measure of the number of people in the local market per job. In 2008, the population:employment ratio was 2.339 in Sumter County and 1.761 in Alabama. These data suggest that when compared to the state, the local economy had proportionally more people than jobs in the county.



Source Woods and Poole, CEDDS 2008. Note: Net earnings includes wages, salaries and proprietor’s income less federal contributions for social security and Medicare. All values in current dollars.

The relationship of health and wealth has been well established in the literature. Two measures of personal wealth include net earnings per jobs, and per-capita income. Net earnings per job reflects the ability of the economy to support higher paying jobs. Per-capita income reflects non-wage income, such as dividends, interest, rent and transfer payments, such as social security. Sumter County had average net earnings per job that was lower than Alabama in 2008. Net earnings per job in Sumter County was \$29,463, while in Alabama it was \$38,911. Per-capita income in Sumter County was lower than in Alabama. In 2008, Sumter County had a per-capita income of \$23,504 while Alabama was \$32,965.

Health Status Indicators

NO EXERCISE

No data was available for this county.

Source: Community Health Status Indicators Database, 2009.

Unfortunately there were no data for the county, however by assuming that the county rate was the same as the state rate of 28.7%, it was estimated that 3,799 persons in the county had no participation in any leisure-time physical activities or exercises in the past month.

No exercise is a risk factor for heart disease and cancer. Persons who do not exercise are at a higher risk of disease and its effects.

FRUITS AND VEGETABLES

No data was available for this county.

Source: Community Health Status Indicators Database, 2009.

Unfortunately there were no data for the county, however by assuming that the county rate was the same as the state rate of 78.5%, it was estimated that 10,393 persons in the county were eating less than five servings of fruits and vegetables per day.

Not eating enough servings of fruits and vegetables is a risk factor for heart disease and cancer. Persons who do not eat enough fruits and vegetables are also at a higher risk of chronic disease and its effects.

OBESITY RATE

No data was available for this county.

Source: Community Health Status Indicators Database, 2009.

Unfortunately there were no data for the county, however by assuming that the county rate was the same as the state rate of 25.9%, it was estimated that 3,428 persons in the county were had a BMI score of 30 or higher.

Risks related to being overweight and obese are a significant concern. Persons with high body mass index scores are at risk for health problems related to being overweight or obese, including chronic diseases such as heart disease and diabetes.

HIGH BLOOD PRESSURE

No data was available for this county

Source: Community Health Status Indicators Database, 2009.

Unfortunately there were no data for the county, however by assuming that the county rate is the same as the state rate it was estimated that 30.5% of respondents would have been told they had high blood pressure. This would equate to about 4,037 persons in the county.

The force of blood pushing against the walls of the arteries as the heart pumps out blood is called blood pressure. If this pressure rises and stays high over time, it can damage the body in many ways. High blood pressure (HBP) is a serious condition that can lead to coronary heart disease, heart failure, stroke, kidney failure, and other health problems. According to the American Heart Association, over 7 million Americans have suffered a heart attack in their lifetime.

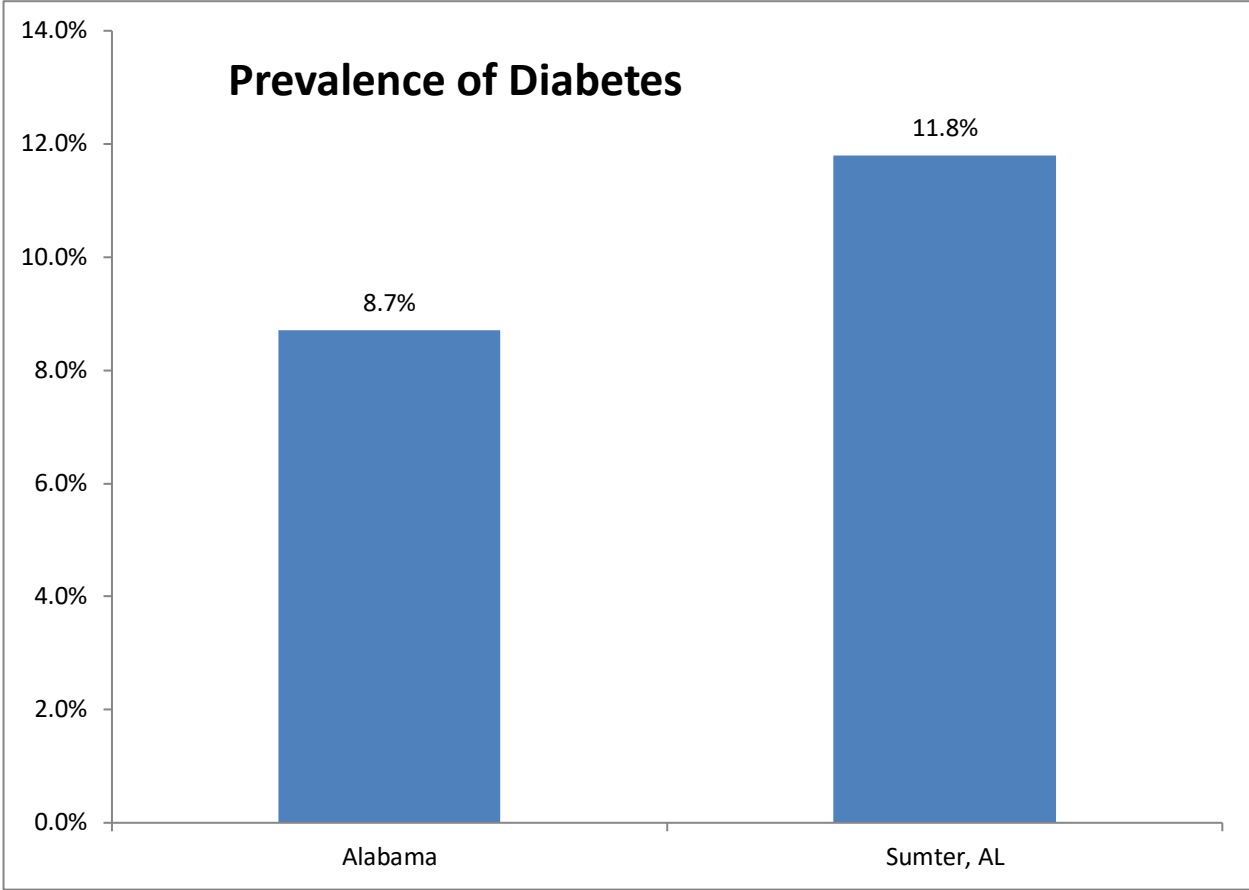
Adults Who Smoke

No data was available for this county

Source: Community Health Status Indicators Database, 2009.

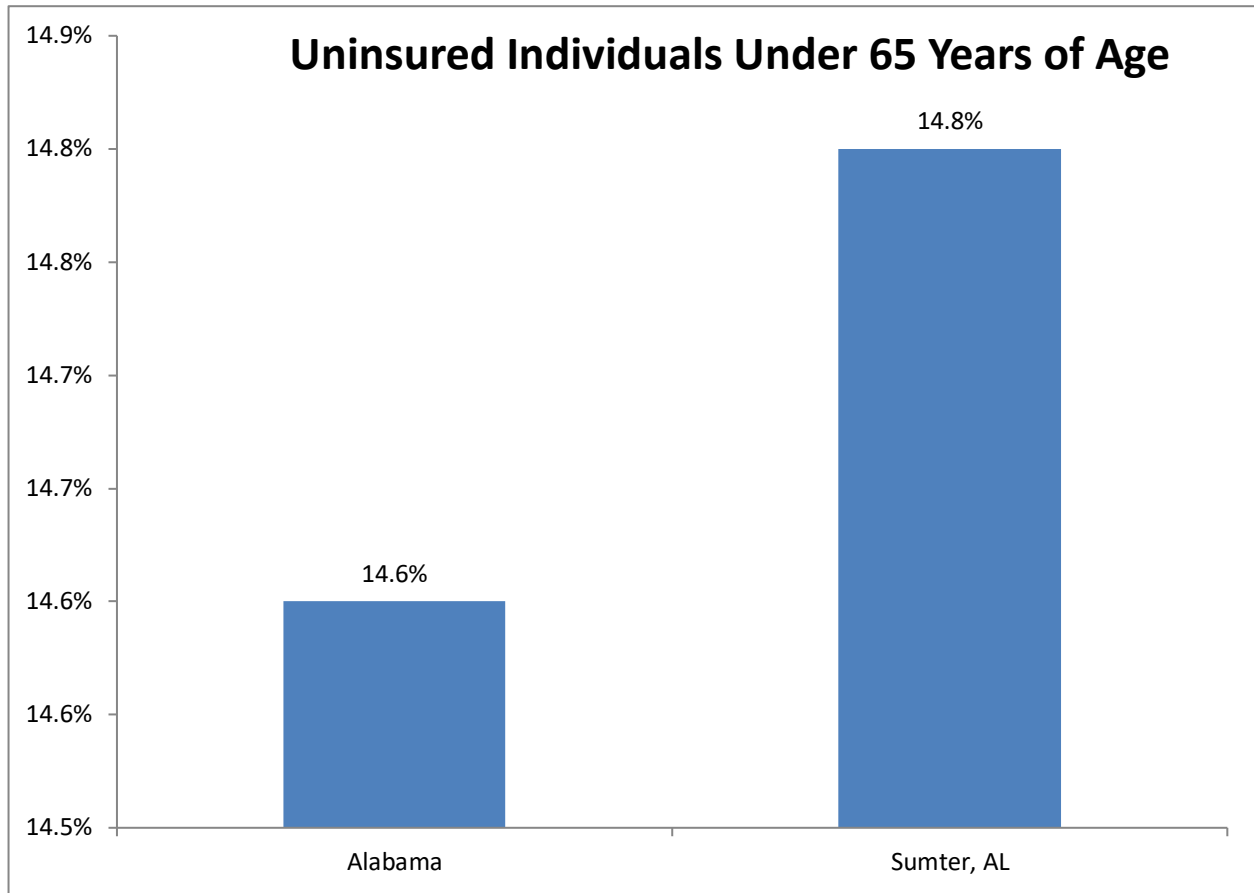
Unfortunately there were no data for the county, however by assuming that the county rate is the same as the state it was estimated that 24.3% of respondents would have said they were currently smoking tobacco on a regular basis. This would equate to about 3,217 persons in the county.

Smoking increases a person's risk for lung cancer and heart disease. People who smoke have a higher risk for heart attack, and the risk of heart disease increases the longer they smoke. People who smoke a pack of cigarettes a day have more than twice the risk of heart attack than non-smokers. Women who smoke and also take birth control pills increase several times their risk of heart attack, stroke, and peripheral vascular disease.



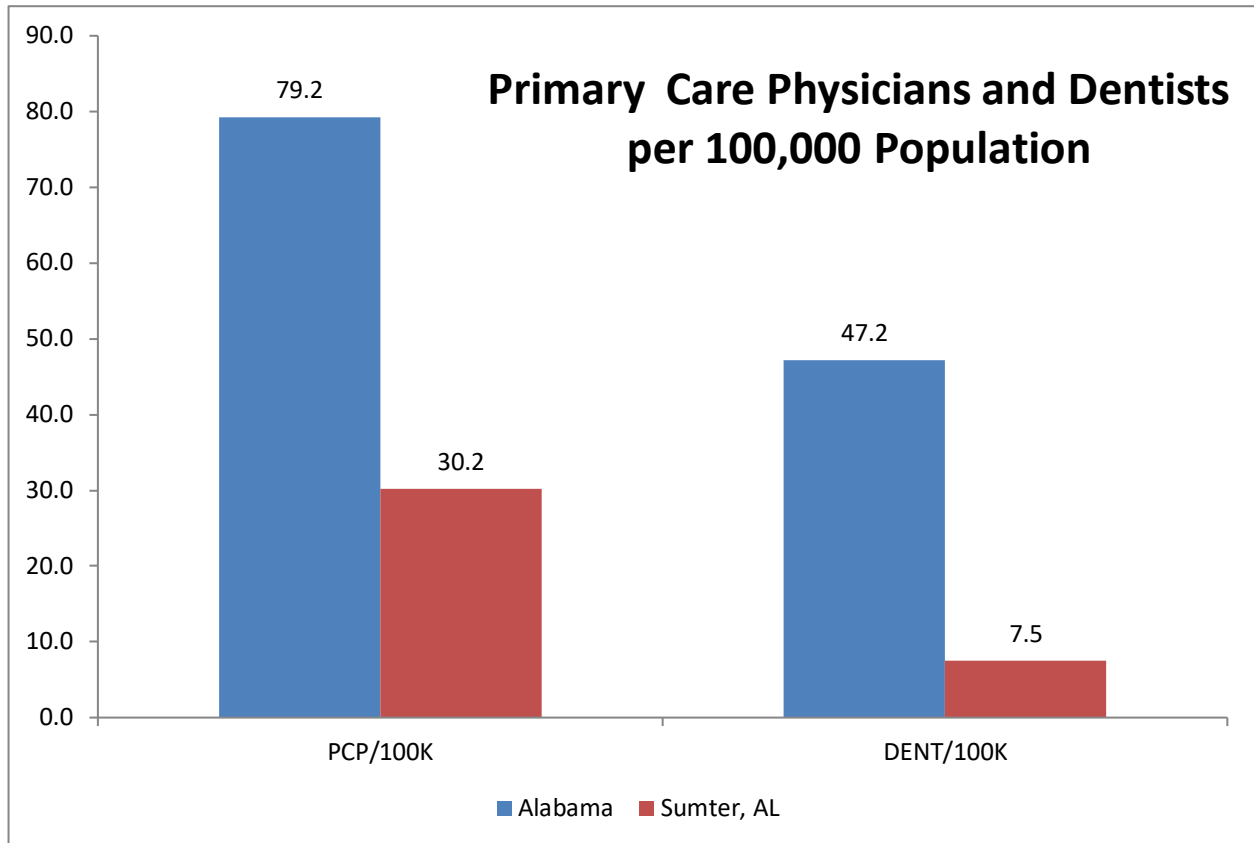
Source: Community Health Status Indicators Database, 2009.

Diabetes, a condition caused by high blood sugar levels, can cause nerve damage, kidney failure, vision problems, and cardiovascular disease. The risk factors for diabetes include obesity, a sedentary lifestyle, unhealthy eating habits, family history, age, hypertension, and high cholesterol. In Alabama, 8.7% of respondents said they had diabetes. In Sumter County 11.8% of respondents said they had diabetes.



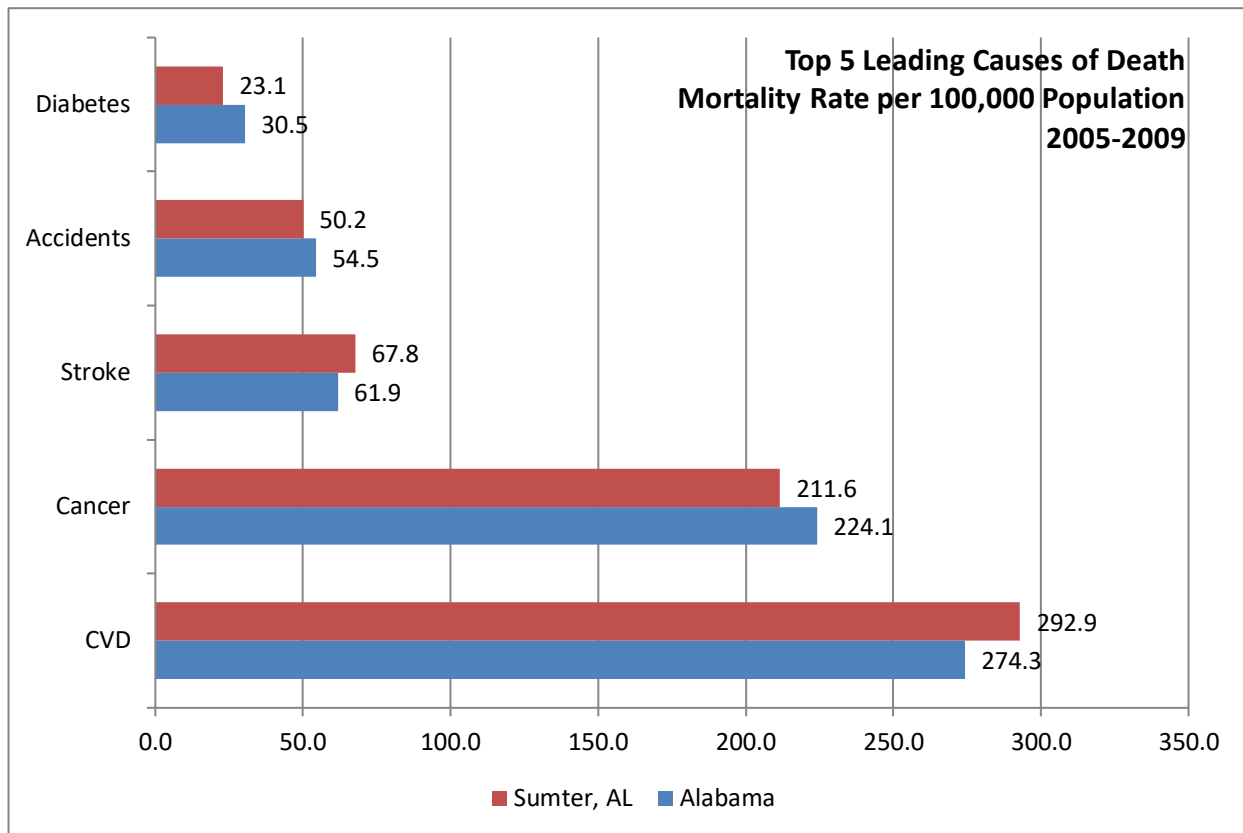
Source: U.S. Census Bureau, 2007 Small Area Health Insurance Estimates (2010 Release).

In 2008 there were 2,081 persons under the age of 65 who did not have health insurance in this county, or 14.8% of the county population. This rate of insurance non-coverage was about the same as for Alabama during the same period.



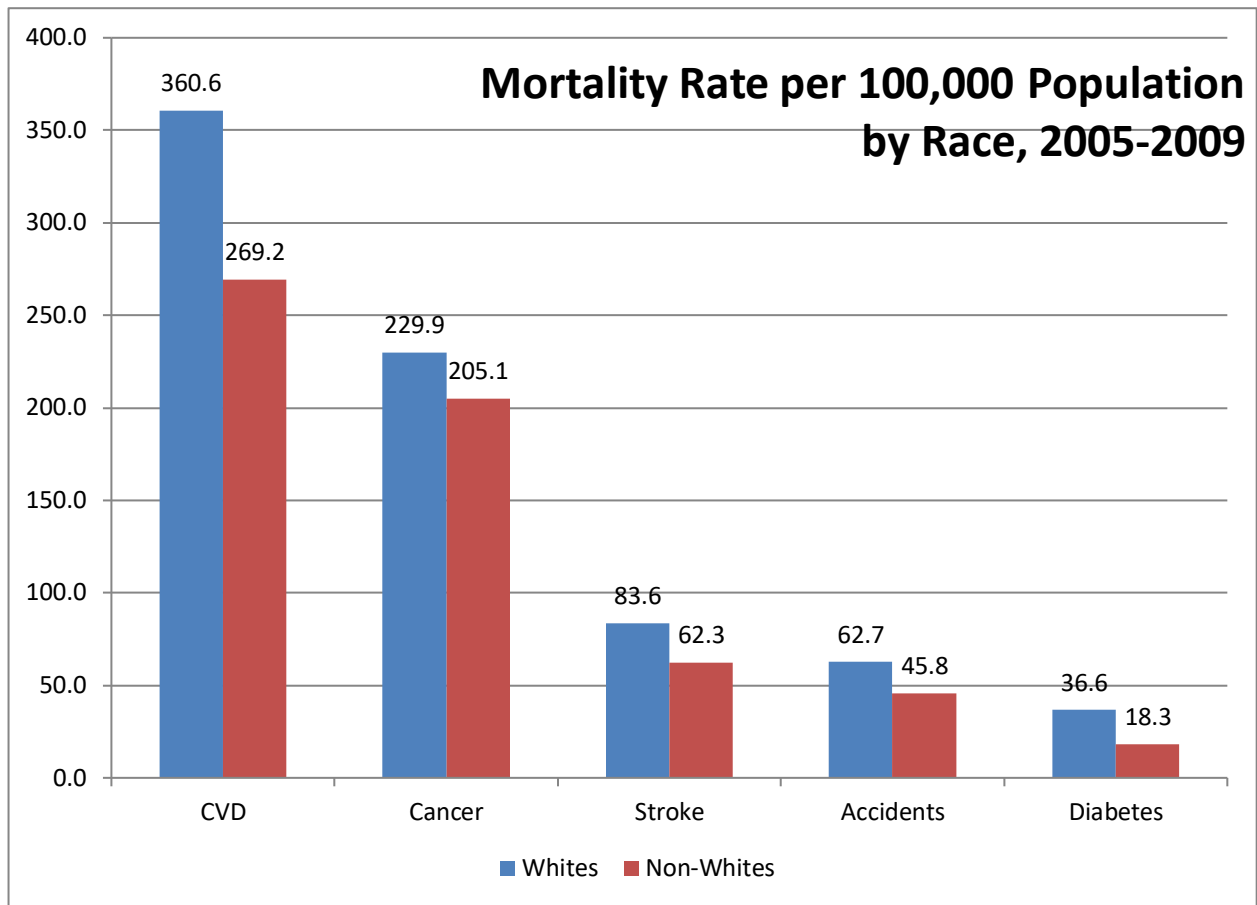
Source: Source: Community Health Status Indicators Database, 2009.

Sumter County had 30.2 primary care physicians per 100,000 population, and 7.5 dentists per 100,000 population. In Alabama, the state rates were 79.2 primary care physicians per 100,000 population and 47.2 dentists per 100,000 population.



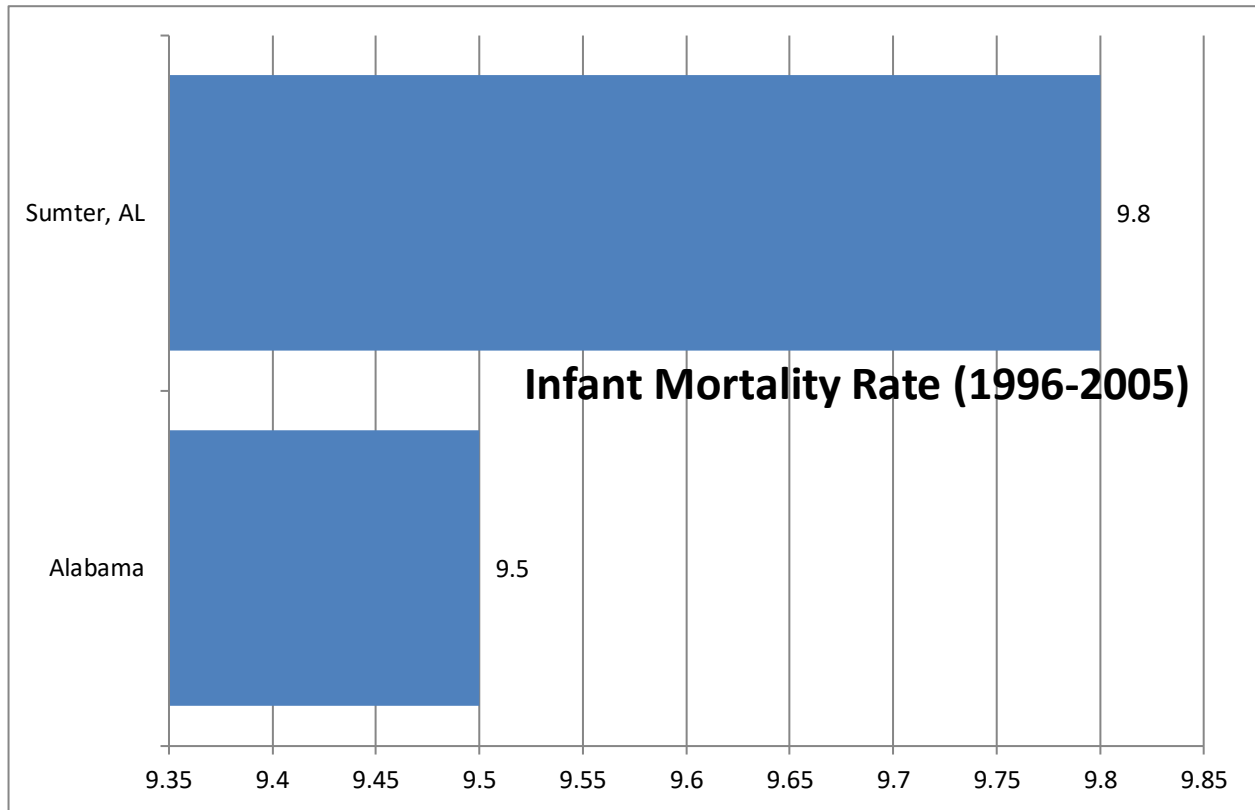
Source: Alabama Department of Health, Statistical Query System
 Notes: rates are average for 2005-2009; CVD = cardiovascular disease.

In Alabama, the leading causes of death from 2005-2009 closely mirrored national leading causes of death, and included heart disease, cancer, stroke, unintentional injuries (i.e., accidents), and diabetes. Of these, heart disease and cancer were the leading causes of death in Sumter County. The mortality rate for heart disease was 292.3 deaths per 100,000 population, compared to 274.3 for Alabama. The mortality rate for cancer in the county was 211.6 deaths per 100,000 population, while the rate in Alabama was 224.1 deaths per 100,000 population. The mortality rates for heart disease and stroke was higher, while the mortality rates for cancer, accidents and diabetes were lower.



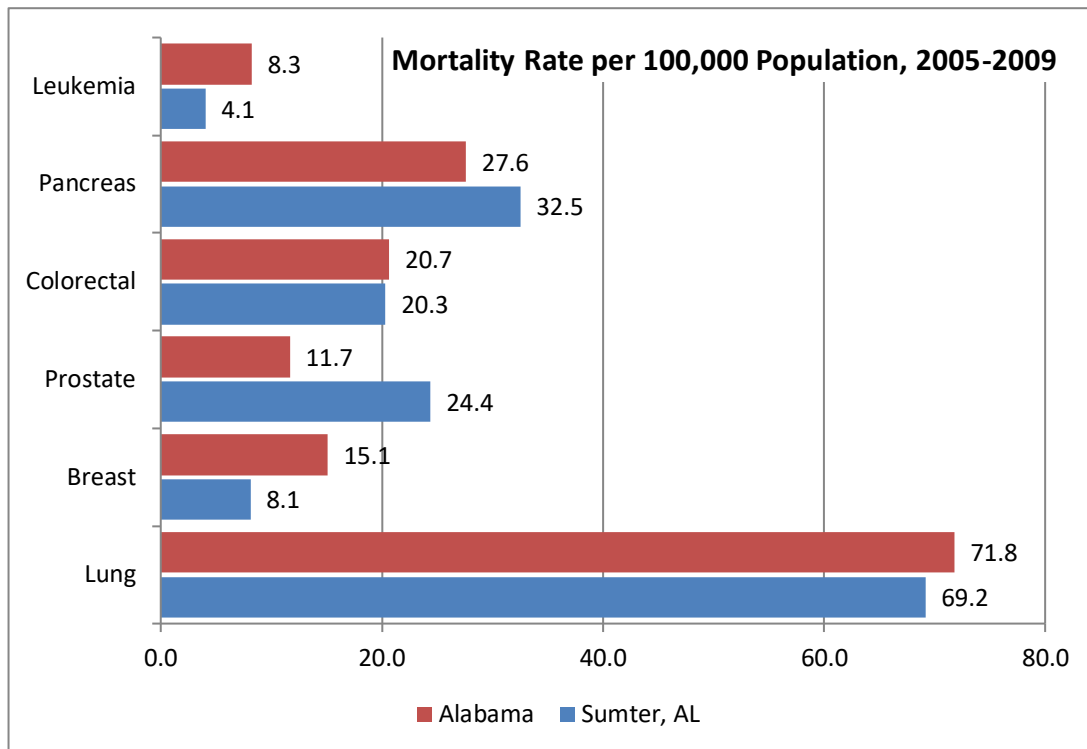
Source: Alabama Department of Health, Statistical Query System
 Notes: rates are average for 2005-2009; CVD = cardiovascular disease.

The mortality rate for cardiovascular disease (CVD) for whites was 360.6 versus 269.2 per 100,000 for non-whites. The mortality rate for cancer was 229.9 for whites and 205.1 for non-whites per 100,000 population. The mortality rates for non-whites were lower than whites for heart disease, cancer, stroke, accidents, and diabetes.



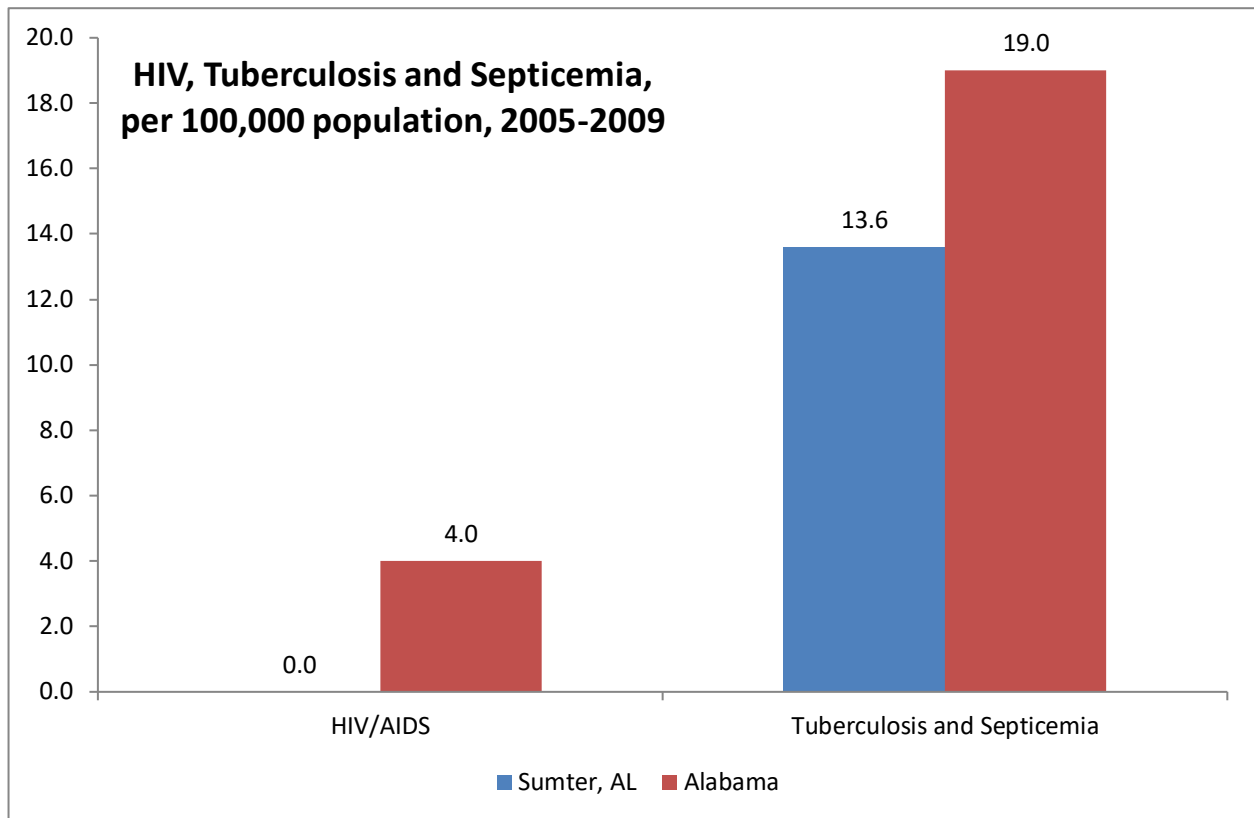
Source: Alabama Department of Health, Statistical Query System, 2006-2008 average per 1,000 live births.

Infant mortality refers to the death of an infant in the first year of life. The leading causes of infant mortality are premature birth or low birth weight, sudden infant death syndrome (SIDS), birth defects, accidents and maternal factors, such as smoking, chemical exposure, poor nutrition, infectious disease and age. From 2006 to 2008, the infant mortality rate in Sumter County was 9.8 deaths per 1,000 live births. The Healthy People 2010 goal was to reduce infant mortality to a rate of 4.5 deaths per 1,000 live births.



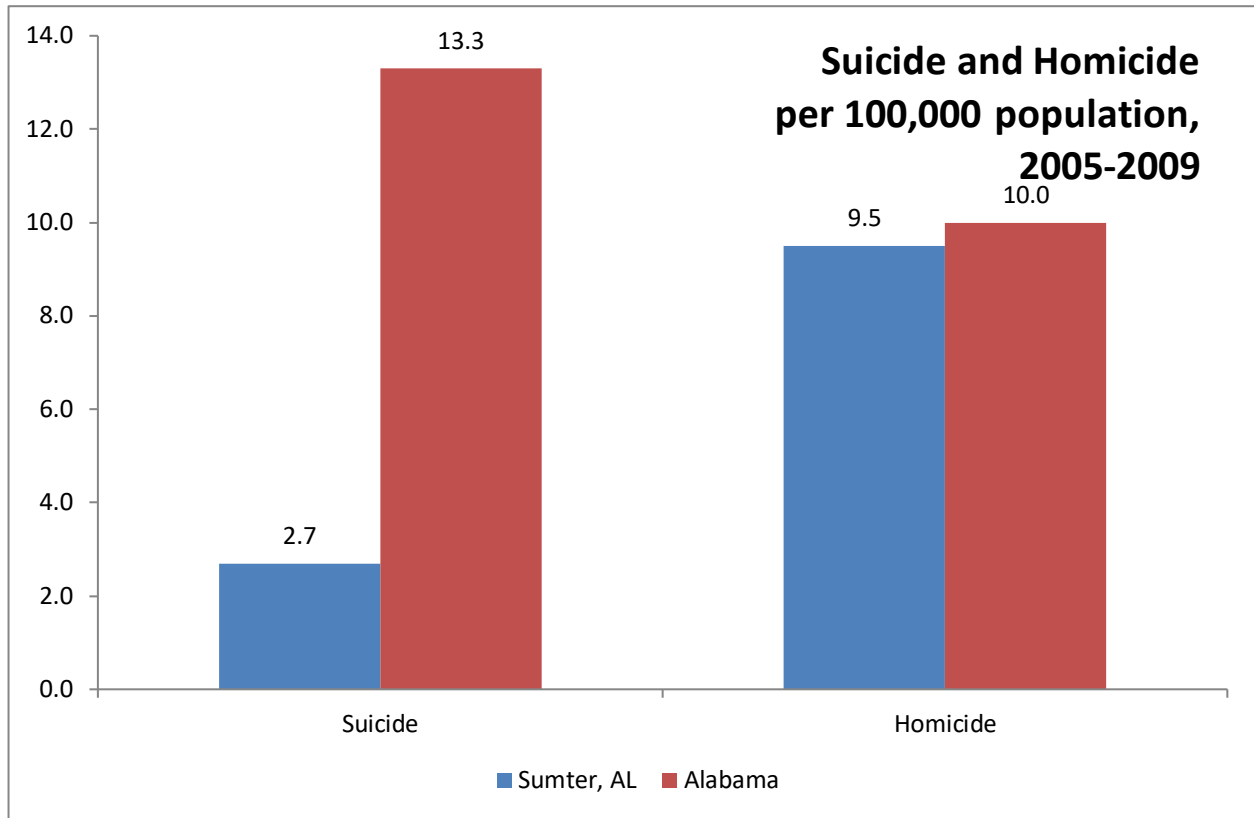
Source: Alabama Department of Health, Statistical Query System, 2005-2009 average rate per 100,000 population (2000 basis).

The highest rates of mortality for cancer-related deaths in Sumter County was for: lung cancer (69.2 deaths per 100,000 population). Compared to mortality rates at the state level, the county had higher rates of death for prostate and pancreas, but lower rates for lung, breast, and leukemia cancers.



Source: Alabama Department of Health, Statistical Query System, 2005-2009 average rate per 100,000 population (2000 basis).

From 2005 to 2009 the mortality rate for HIV/AIDS in Sumter County was no deaths per 100,000 population, which was lower than the state rate of 4 deaths per 100,000 population in Alabama. The mortality rate for tuberculosis and septicemia in the county was also higher than the state during the same period of time.



Source: Alabama Department of Health, Statistical Query System, 2005-2009 average rate per 100,000 population (2000 basis).

The suicide rate in Sumter County was 2.7 suicides per 100,000 population and was lower than the state rate. The rate of homicide was 9.5 homicides per 100,000 population compared to 10.0 homicides per 100,000 population in Alabama during the same period of time.

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