

# ec HealthNet Analysis of Healthcare Coverage

## MAY 2004 • SUMMARY REPORT

Since January 2004, a committed group of professionals have devoted countless hours to thoroughly assessing the community health needs in Clarke, Kemper, Neshoba, and Newton counties. These professionals include representatives from area hospitals, health care clinics, community colleges, local health departments, mental health agencies, community development agencies, human services agencies, and other agencies dedicated to improving community health. This partnership, entitled EC HealthNet (short for East Central Mississippi Health Network), is committed not only to assessing community health needs, but also to developing a workable strategic plan for fostering positive change in these counties.

Enlisting the help of Mississippi State University Extension Service, EC HealthNet approached the community assessment project from a number of avenues, including an economic impact analysis of the healthcare industry in these counties, a telephone survey to more than 1,600 households, a survey of health care providers' concerns, and an analysis of the health care coverage for the area. This report summarizes findings from the health care coverage analysis.

EC HealthNet partners provided the first round of input for this analysis by submitting names and contact information for health care professionals working within the four-county region. For the purpose of this analysis, "health care providers" was defined broadly to include physicians, allied health fields, and health care support services such as pharmacies, hospice agen-

cies, and medical supply agencies. In addition, safety agencies, such as fire and law enforcement, were included, as were organizations whose primary purpose is education such as local community colleges and Mississippi State University Extension Service.

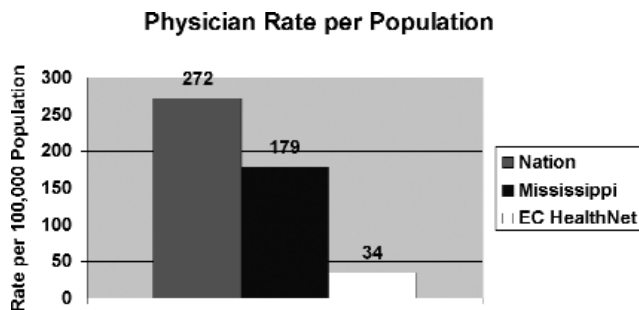
Based on the contact information submitted by the partners, the Mississippi State University Extension Service mailed an information form to the providers serving the four-county area. The survey form asked questions about hours of operation, professionals employed, and specific services offered. This information was compiled into a resource directory for distribution to the counties as a way of informing the community of services available and encouraging support of these local services. These data were then compared to state and national health care coverage to assess adequacy of services in the EC HealthNet region.

## PHYSICIANS

### Number of Full-Time Physicians by County

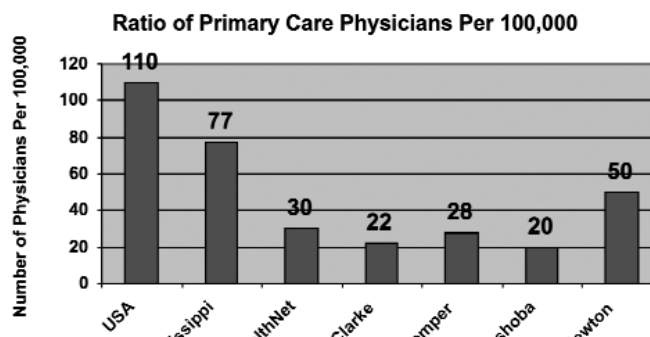
<b>Clarke</b>	<b>Kemper</b>
Family Medicine – 3	Family Medicine – 1
Internal Medicine – 1	Internal Medicine – 1
General Surgery – 1	Pediatrics – 1
<b>Neshoba</b>	<b>Newton</b>
Family Medicine – 5	Family Medicine – 7
General Practice – 1	Internal Medicine – 3
General Surgery – 1	Pediatrics – 1
	Surgery – 1

In 2002, nonfederal physicians were serving the United States at a rate of 272 physicians per 100,000 civilian population. These nonfederal physicians were not employed by the federal government and represented 98 percent of the total physicians. The same rate of physicians per population serving the state of Mississippi for that year was only 179, or two-thirds the national rate, placing the state near the bottom of the nation for this indicator. In fact, Mississippi ranked 50th out of 51 (including the District of Columbia) for rate of physicians, with only Idaho at a rate of 172 falling lower. The District of Columbia took the top rate at 690 physicians per 100,000 population, with Massachusetts having the highest state rate at 434. Only four states fell below 200 (Nevada – 188, Wyoming - 186, Mississippi – 179, Idaho – 172) (Source Kaiser- American Medical Association). In the EC HealthNet region, 27 physicians serve an estimated 2004 population of 80,480. This equals a rate of 34 physicians per 100,000 population, well below the state rate.



Note: National and State data are for 2002; EC HealthNet data are current (2004). Source: Kaiser Family Foundation

While the measure discussed above counts all physicians in a region, it is important to recognize that few specialists can maintain viable practices in rural areas. In fact, in Mississippi, more than one quarter of the physicians for the entire state practice in the Jackson metro area. Therefore, a measure of primary care physicians per capita provides an even clearer picture of the health care coverage in a rural setting. Primary care physicians generally include those in family practice, general medicine, internal medicine, pediatrics, and obstetrics/gynecology. The rate of primary care physicians per 100,000 for the United States is 110. Mississippi has only 77 primary care physicians per 100,000 population, which is the lowest rate in the nation. Each of the four counties of the EC HealthNet region falls well below even the state rate. Newton has the highest rate of 50 primary care physicians per 100,000, with Kemper at 28, Clarke at 22, and Neshoba at 20, for an overall EC HealthNet region rate of 30 primary care physicians per 100,000 population. Again, this indicator points clearly to the fact that a shortage of primary care physicians exists in the region.



Source: Kaiser Family Foundation, State Health Facts Online, 2002 data for USA and MS

Given this information, it is not surprising that each of the four counties comprising the EC HealthNet area is designated as a “Health Professional Shortage Area” for primary medical care, according to the Health Resource and Services Administration (HRSA). Also, reflective of the gap were the concerns expressed by the providers themselves through the mailed survey. From the 43 responders, there were 14 separate references to a need for either more physicians or greater access to those currently serving the area (i.e. extended hours, weekend hours, etc.)

A second indicator used by HRSA is “Medically Underserved Area” (MUA). All of the state’s counties are at least partially, if not fully, designated MUAs. This designation is based on a scale of 0 to 100, which is comprised of four components:

- Percent of population below poverty
- Percent of population age 65 or above
- Infant mortality rate
- Ratio of primary care physicians per 1,000 population

Each of these components provides one portion of the overall score. A composite score under 61 is considered medically underserved. Each of the four EC HealthNet counties falls under that level, ranging from Clarke County (42.7), to Neshoba (38.3), to Newton (32.4), and finally Kemper (22).

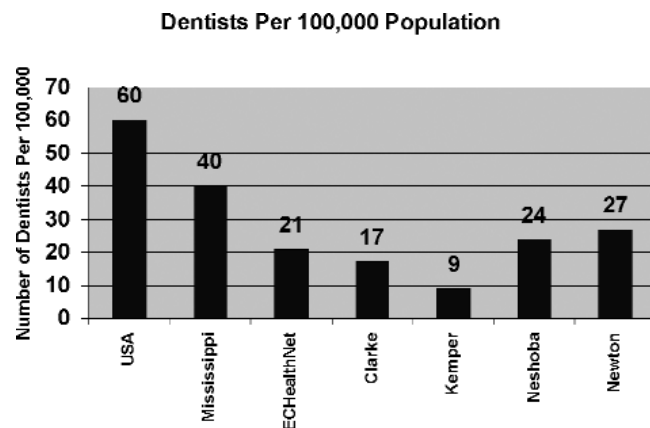
## SPECIALISTS

As can be seen in the section above, almost all of the physicians serving the four counties are primary care physicians. Specialists are limited in this area. In a recent community telephone survey conducted in the region, with more than 1,600 households responding, 84.8 percent of the respondents indicated they received healthcare outside of their county of residence. Of these, 80.3 percent said it was because the services were not available locally. Of the 67 percent indicating they had received health care in the last 12 months, 53 percent indicated the services had been related to a specialist’s care. While it is not clear exactly what percent of the population left the county to receive a specialist’s care,

this information indicates it is likely to be a high percentage, given the fact that few such services are available locally.

## DENTISTS

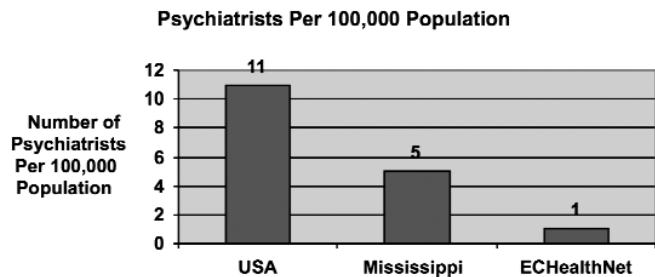
Another area in which both the state and EC HealthNet region fall short is in dental care. In 1999, Mississippi was ranked 49th in dentists per 100,000 population, far less than the national rate of 60.4. The range for the states was 39.2 – 84.7. Seventeen dentists practice in the EC HealthNet region, which gives a rate of 21 dentists per 100,000 population. Again, this rate is very low, indicating a need for additional services in this area. While none of the counties fare well in this comparison, a fairly wide range exists among the four. Newton County has a rate of 27, which is the highest in the region (6 dentists/22,120 population). Neshoba falls a near second, with 7 dentists for its 29,730 population (rate of 24). Clarke (rate of 17, 3 dentists/18,040 population) and Kemper (rate of 9, 1 dentist/10,590 population) fall a far third and fourth respectively. (Note: As with physician data above, one limitation with this comparison is that current statistics for the EC HealthNet region are being compared with 1999 national and state data. However, the comparisons still provide a sense of how this region compares in this arena.)



## MENTAL HEALTH

Mississippi has traditionally come up short in comparisons of mental health professionals serving its population. In 1998, Mississippi ranked 50th in psychiatrists per 100,000 population, with a rate of 4.8 versus the national rate of 11.1. The following year, Mississippi ranked 50th for clinically trained psychologists, with a rate less than one third of the national rate (MS-9.8; US – 28.4). In the EC HealthNet region, Weems Mental Health Center is the only mental health agency providing outpatient services for all sectors of the community. In addition, senior mental health services are available through Central Mississippi Residential Center and Sojourners Geri-Psychiatric Unit in Newton County and

Neshoba County General Hospital Nursing Home Senior Life Unit. According to Maurice Kahlmus, director of Weems Mental Health Center, Weems offers the equivalent of one full-time psychologist and one full-time psychiatrist in the four-county region. Two psychologists serve a total of approximately five days per month in each of the four counties, equaling 20 days per month in the region. Two psychiatrists provide similar coverage. Thus, the coverage for these two types of mental health professionals is very low for the region. Again, providers' surveys echoed the concern, with seven separate references to a need for additional mental health services in these communities.



## OPTOMETRISTS

One area in which EC HealthNet compared favorably was in the number of optometrists per 100,000 population. The national rate in 2000 was 11.7. The EC HealthNet region has a total of 9 optometrists serving the region, which is a rate of 11 optometrists per 100,000 population. The four counties, however, were unbalanced in their coverage. Newton (14) and Neshoba (13) both had rates above the national average, while Kemper (9) and Clarke (6) fell lower.

## PHARMACISTS

In 1998, Mississippi ranked 28th in the number of pharmacists per 100,000 population. The state rate of 66.1 was slightly higher than the national rate of 65.9. EC HealthNet's region has a rate of 22, which is only one third of the state rate. It is not too surprising that the pharmacist rate would be somewhat lower, given the fact that the physician rate is also low, since a logical connection might be made between physician visits and prescriptions to be filled. However, it is unclear as to whether or not the ratio between physicians and pharmacists explains the lower rate.

## NURSES

Nursing shortages is a common discussion among health care professionals. This study did not attempt to capture the number of nurses working within the four-

county region. However, of note are some benchmarks for further consideration. In 2001, Mississippi ranked 30th in the number of nurses per 10,000 population, with a rate of 80 nurses per 10,000 people as compared to a rate of 79 for the nation (The range for the 50 states is 57 to 118.) Currently, HRSA lists Clarke and Neshoba, two of the EC HealthNet counties, as nursing shortage areas. Also, a three-year comparison of registered nurse vacancy rates in hospitals across the state indicated that 2002 vacancy rates exceeded 2000 and 2001 in six of the nine public health districts, with one of the largest rises in District Six, in which EC HealthNet counties comprise four of the nine counties. For this district, Registered Nurse vacancy rates in hospitals rose from 8.5 percent in 2000 to 15.5 percent in 2001 to 17.3 percent in 2002. Only one other district in the state, District Three, experienced a higher increase over the three-year span, with a rate increase of 9.4 percent. These trends, coupled with recent survey information from the Office of Nursing Workforce regarding the average age of the current nursing workforce, indicate the state may soon be facing serious challenges in this arena.

## EMERGENCY CARE

Emergency care in the four-county region is considered adequate according to the state's trauma region coordinators. However, one difficulty across the entire region and particularly in Kemper County, is the distance between the home base for ambulance services to the outlying edges of the counties and back to a hospital. In cases where every minute counts in saving lives, these battles are often lost in rural settings. Kemper County residents are particularly at risk, since there is no hospital facility within its borders. Ten health care providers mentioned this concern in response to the surveys. Three other responses suggested that updating emergency services, improving response times, and training additional emergency medical responders were important health care needs in these counties.

## SUMMARY

Health care provider shortages are evident in the EC Health Net region. The need for primary care physicians, dentists, and mental health professionals is clear. Successfully addressing these shortages would lead to

improved health care access. Also, evidence suggests that the use of specialists outside the four counties is high, which may be an avenue for further study as EC HealthNet seeks to bridge the gap between community health care needs and services available. Nursing workforce and emergency services should also be monitored.

Of course, no issue this complex can be resolved through a single point of influence. While this report has documented a number of shortage areas to be addressed, attacking health care access needs in the EC HealthNet region will require looking at the issue within the community context. Typically, issues of adequate health insurance coverage and transportation color the health care access picture in rural settings. In addition, issues surrounding the current tort reform for the state will have great impact on the region's ability to recruit and retain an adequate supply of health care providers. Strategies selected to address health care access will need to be sensitive to these and other related community dynamics.

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**Office of Nursing Workforce**  
web site - <http://www.monw.org/datareports.htm>

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