

CLINTON HEALTH MATTERS INITIATIVE

Natchez and Adams County Blueprint for Action

Natchez
CONVENTION CENTER

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THE CLINTON HEALTH MATTERS INITIATIVE

The Clinton Foundation helps transform lives and communities from what they are today to what they can be by creating partnerships of great purpose to deliver sustainable solutions and empower people to live better lives. The Clinton Health Matters Initiative (CHMI), an initiative of the Clinton Foundation, furthers this mission by working to improve the health and well-being of all people by activating individuals, communities, and organizations to make meaningful contributions to the health of others.

The Clinton Health Matters Initiative seeks to reduce the prevalence of chronic disease in the United States by 2020 by building the capacity of communities and organizations to implement strategic plans for health improvement.

Figure 1: CHMI Community Health Transformation Process



* Based on County Health Rankings Model

By using our convening and consensus building expertise, CHMI helps to implement evidence based systems at the national, community and institutional levels. Through these efforts CHMI aims to not only reduce the prevalence of preventable diseases but to close health inequity and disparity gaps and ultimately reduce health care costs associated with preventable diseases that can improve the quality of life for people across the United States.

HUMANA'S 2020 INITIATIVE

As a leading health and well-being company, Humana has established a bold goal – to improve the health of communities it serves 20 percent by 2020. In Natchez and Adams County, Mississippi, and other communities across the country, Humana is working to achieve this goal by making it easy for people to achieve their best health.

Background *(continued)*

For too long, American health care has centered on sickness and treating illness once it strikes. Health care happens in a physician's office, but health happens in the communities in which we live. Humana 2020 focuses on health, with progress measured by the proven "Healthy Days" methodology, developed by the Centers for Disease Control and Prevention (CDC). The 2020 goal keeps Humana, and its 57,000 associates, accountable for closing the gap between people and care.

In Natchez and surrounding areas, health is too often hard to achieve. The region's poor outcomes and systemic health barriers are well documented. It faces more health challenges than many areas, but its residents and leaders are clearly motivated to make positive changes. That's why Natchez and Adams County became one of the first Humana 2020 communities. Humana declared its support at the 2014 Clinton Health Matters Initiative (CHMI) conference, and is committed to this multi-year effort to co-create, with community members and CHMI, innovative health solutions. Humana's vision is that the concepts developed in Natchez and Adams County can later be applied to other communities facing similar challenges – further extending the benefits of improved health.

For more on Humana 2020, visit closethegap.humana.com/2020goal.

ABOUT NATCHEZ AND ADAMS COUNTY

Natchez, the birthplace of Mississippi, is federally designated as a Preserve America Community.¹ Located in Adams County; it is the oldest town on the Mississippi River and is named for the Natchez Indians, its first inhabitants. In 1716, the French colonized Natchez.²

In 1798, Natchez became the first capital of the Mississippi Territory.³ At that time, counties that bordered the Mississippi River were primarily (65%) composed of enslaved people from West Africa.⁴ Because of its large enslaved population, easy access to the Mississippi River, and the efficiency of the cotton gin, Natchez grew to become a major producer of cotton.⁵ It became the major port from which crops were exported domestically and to Europe. Subsequently, large planters amassed enormous fortunes. Vast plantations show cased their magnificent mansions, which are the main attraction of Natchez's tourism industry.

Over a decade ago, Natchez's economy was driven by manufacturing companies such as International Paper (IP). The turn of the century, however, saw many manufacturers leave or close their plants in Adams County. In 2001, Titan Tire closed, followed by Johns Manville in 2002. Those plant closings greatly reduced the assessed value of Adams County's sample tax roll by more than \$2 million and caused a major budget deficit of nearly \$1 million in 2004.⁸ In 2003, IP, a pulp mill, became the third largest employer to close its facility in Natchez. The closure left 640 middle income employees without jobs and devastated the local economy.⁹

Today, Natchez is home to a growing tourism industry that attracts approximately 700,000 tourists annually.⁶ In 2013, tourists spent \$106,686,106 in Adams County. The tourism industry accounts for nearly 20% of local employment. The County also has the 8th largest hotel industry in the State.⁷

Natchez, a certified retirement community, has a population of 15,513. It is the only city in rural Adams County. Adams County has a population of 32,297, of which 27% are children and 16% are elderly. Blacks make up more than half (53%) of the population, while 44.7% are white, 0.5% are Asian, and 0.5% are American Indian. The median household income is \$27,381. Thirty one percent of the population resides in poverty, and only 20% have health insurance.¹⁰

Like most of Mississippi, Adams County is a rural county that has many health disparities due to poverty and limited access to healthy foods, physical activity, and quality primary health care. Given these facts, CHMI's primary goal is to decrease the prevalence of preventable disease by 2020, including addressing preventable and reversible chronic conditions such as type 2 diabetes, heart disease, and infant mortality. In Adams County, CHMI and Humana see a unique opportunity to develop and implement strategies that will address the underlying causes of poor health.

¹⁻² The Birthplace of Mississippi. Natchez History. Visit Natchez 300. <http://visitnatchez.org>.

³ Mississippi Trivia. First Mississippi State Capitol. Mississippi Library Commission. <http://www.mlc.lib.ms.us>.

⁴⁻⁵ James DC. Antebellum Natchez. LSU Press. 1993.

⁶ Preserving the Past, Preparing for the Future. Mississippi Creative Economy. <http://mscreativeeconomy.com/docs/natchez.pdf>.

⁷ Mississippi Travel and Tourism Economic Contribution Report Fiscal Year 2013. Mississippi Development Authority Tourism Division.2014.

⁸⁻⁹ Community learns hard lessons from IP Mill Closure. Associated Press. Mississippi Business Journal. msbusiness.com.

¹⁰ Natchez and Adams County State and County Quick Facts. U.S. Census Bureau. census.gov.

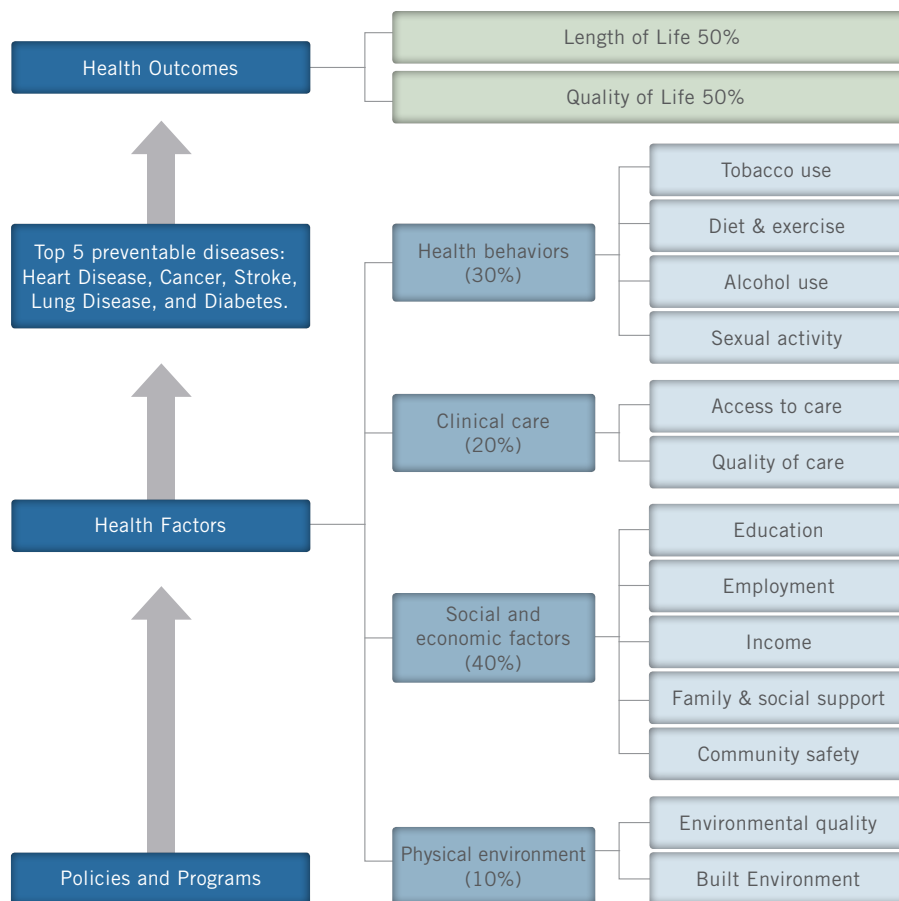
WHY CHMI CHOSE TO FOCUS ON ADAMS COUNTY

The Clinton Health Matters Initiative (CHMI), an initiative of the Clinton Foundation, has identified Adams County as a focus region for its Community Health Transformation Process (Figure 1). Since we know that healthcare is local, the implication is that it is important to engage key stakeholders in the communities where people live and work.

COUNTY HEALTH RANKINGS MODEL AS A STRATEGIC FRAMEWORK FOR ACTION IN ADAMS COUNTY

CHMI uses the County Health Rankings Model (Figure 2) as a framework for collecting and analyzing data relevant to population health. Applying the latest publicly-available data to the model, CHMI calculated statistics specific to Adams County and compared them to statewide and national benchmarks). This analysis led to the identification of nine Areas of Need and enabled development of goal statements used to stimulate discussion and decision-making regarding Bold Actions during the Blueprint meeting breakouts. CHMI uses the *County Health Rankings Model* to drive all of its work (see Figure 2). This model suggests that an individual's overall health is influenced by a constellation of factors, including healthcare quality and access, lifestyle behaviors, socioeconomic status, and access to a healthy environment. This multi-factorial perspective is woven into the fabric of CHMI's approach to Community Health Transformation, through which CHMI works in regions disproportionately impacted by chronic disease (focus regions) to improve health outcomes and close gaps in health disparities. Current focus communities include The Coachella Valley, California; Central Arkansas (Little Rock); Northeast Florida, Florida (Jacksonville), and Greater Houston, Texas.

Figure 2: County Health Rankings Model



County Health Rankings model © 2012 UWPHI

For the most recent version of the County Health Rankings Model visit: <http://www.countyhealthrankings.org/resources/county-health-rankings-model>

Executive Summary

As depicted in Figure 1, CHMI's five-step approach to community transformation is to: 1) synthesize a set of community health indicators to determine areas of greatest need unique to the region; 2) convene key stakeholders from across sectors for an initial Blueprinting process to set local priorities; 3) facilitate solutions across sectors to implement priority actions

included in a local Blueprint for Action; 4) leverage national, regional and local resources that will help advance priority actions; and 5) continuously monitor and evaluate progress. In each region, CHMI serves as a neutral convener to pull together key stakeholders across sectors to create a local Blueprint for Action based on the unique health indicators of each community.

On December 3rd, 2014, 125 stakeholders representing a broad array of sectors (higher education, industry, government, and healthcare) from Natchez and Adams County were convened by CHMI and Humana to participate in a Blueprint meeting. The meeting agenda featured: A) a summary overview of findings from research and local experts; B) a review of nine priority areas of greatest need (based on research and analysis); C) breakout discussions in which participants were divided based on their interests/expertise to participate in one of nine discussion groups; and D) goal setting sessions in which each break out group was charged to identify bold action steps that could be implemented by 2020 to achieve the overarching mission

Table 1: Nine Health Factor Opportunities (areas of need) and Corresponding Goals for Natchez and Adams County

HEALTH FACTOR OPPORTUNITIES	GENERAL GOALS
Physical Activity	Promote positive behaviors that increase physical activity through social and ecological approaches such as improving infrastructure, access, and creating awareness campaigns
Healthy Eating and Food Quality	To provide Natchez and Adams County residents with access to fresh, nutritious, and high-quality foods
Substance Abuse	Reduce substance abuse in Natchez and Adams County through health education efforts in community environments
Sexual Activity	Promote the sexual and reproductive health of residents in Natchez and Adams County
Quality of Care and Access to Care	Increase access to coordinated and comprehensive primary healthcare services to support quality of care improvement among community residents
Education, Income and Employment	Develop a non-clinical public health workforce to lead to a stronger, healthier community in Adams County
Family and Social Support	Increase access to and utilization of social support services including in the area of maternal and child health and the elderly.
Community Safety	Scale domestic violence prevention and reduce vehicular accidents
Physical Environment	Improve the built environment to promote increased physical activity

Following the meeting, CHMI staff worked with key stakeholders and expert input to refine the Bold Action Step statements identify specific "Indicators of Success" for each action step to be achieved by 2020. The body of this document is dedicated to a review of the nine sectors and related goals, Bold Action Steps and success indicators. Collectively, they comprise the CHMI Blueprint for Action for Natchez and Adams County.

This document concludes the Blueprinting process and lays the foundation for the work to be implemented. Success in improving health and closing gaps in health disparities and inequities will require focus and commitment from stakeholders across all sectors and throughout the County.

Beyond helping to establish priorities, the success of Natchez and Adams County Blueprint for Action will be tracked using measures in the County Health Rankings model, as well as process measurements designed to monitor the progress of each Bold Action.

Health Factor Opportunities, Goals, Bold Actions and Indicators of Success

The next several pages feature information that constitutes the Blueprint for Action in Natchez and Adams County. There are nine sections, corresponding to the nine areas of need identified in Step 1 of the CHMI process and presented to stakeholders attending the Blueprint meeting in December, 2014. The order in which the Areas of Need are presented does not reflect prioritization. Rather, the order reflects the order in which areas are presented in the County Health Rankings Model (Figure 2).

Each of the nine Health Factor Opportunity sections features four elements for those areas of need:

- 1) Background information about the **Health Factor Opportunities**
- 2) An **Overall Goal** statement
- 3) Up to five **Bold Action Steps**
- 4) **Indicators of Success** corresponding to each Bold Action Step

Overall Goals, Bold Action Steps
and Indicators of Success

PHYSICAL ACTIVITY

Physical activity includes any activity that keeps an individual's body moving. This includes activities such as walking, dancing, swimming, or bicycling, but can also include typical everyday activities such as doing housework or yard work. Physical activity is a preventative measure that helps improve overall health and is essential to a healthy lifestyle.^{1,2} Inadequate physical activity is linked to obesity³, and significantly increases the risk of developing chronic diseases, including diabetes, cancer, stroke, and cardiovascular disease.⁴

Physical activity is a growing concern among the youth of Adams County. According to the National Institute on Out of School Time, youth require a minimum of 60 minutes of moderate to vigorous physical activity daily. Yet, approximately 77.2 percent of Mississippi school aged children reported being physically active for 60 minutes any day during the week, and merely 28.7 percent attended daily physical education class.⁵ This points toward the need for Adams County youth to have increased opportunities so that they can become healthy and active adults.

¹ Centers for Disease Control and Prevention: *Overweight and Obesity: Mississippi State Nutrition, Physical Activity and Obesity Profile*. www.cdc.gov. 2012.

² Centers for Disease Control and Prevention: *Nutrition, Physical Activity, and Obesity: Data, Trends, and Maps*. <http://www.cdc.gov>. 2012.

³ US Department of Health and Human Services: *Physical Activity Fundamental to Preventing Disease*. <http://www.hhs.gov>. 2002.

⁴ Centers for Disease Control and Prevention: *Physical Activity*. <http://www.cdc.gov>. 2014.

⁵ Centers for Disease Control and Prevention. *Youth Risk Behavioral Survey*. <http://www.cdc.gov>. 2014.

OVERALL GOAL: Promote positive behaviors that increase physical activity.

BOLD ACTION STEPS		
Become a Let's Move Community to promote active living by creating and highlighting programs and venues that support the physical activity of residents and visitors.	Increase by 20% physical activity taking place in city and county parks and open spaces.	Promote regular walking, jogging, and cycling events for residents and visitors with a focus on the downtown Natchez area, St. Catherine Street trails and Natchez Bluff.

INDICATORS OF SUCCESS BY 2020		
Adoption of Let's Move policy. Adams County is recognized as a Let's Move Community (at least bronze medal).	50% of residents will participate in physical activities offered throughout Natchez and Adams County by 2020.	Plan and fund the rehabilitation of St. Catherine Creek area.

HEALTHY EATING AND FOOD QUALITY

Healthy food is essential to a population's health and well-being. Maintaining a balanced, healthy diet provides the nutrition to promote healthy weight, development, and reduce obesity related chronic conditions. A poor diet and limited access to healthy foods increases a person's risk for obesity which is a risk factor for multiple chronic diseases, including coronary heart disease, diabetes, cancer, hypertension, dyslipidemia, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis.¹

Access to healthy food is a challenge in Adams County. Recent data indicates that 24.6% of Adams County residents have low accessibility to grocery stores, including 6.1% of the County's children. Residents have easier access to fast food restaurants. In 2011, there were 0.85 fast food restaurants for every 1,000 residents, but only 0.13 grocery stores for every 1,000 residents. In 2013, there were only 0.04 farmer's markets for every 1,000 residents.²

¹ Centers for Disease Control and Prevention: *Overweight and Obesity*. <http://www.cdc.gov>. 2012.

² United States Department of Agriculture: *Food Environment Atlas*. <http://www.usda.gov>. 2014

OVERALL GOAL: To provide all Adams County residents with access to fresh, nutritious, and high-quality foods.

BOLD ACTION STEPS		
Work with local food industry on strategies to influence and promote healthy eating.	Implement a farm-to-table movement by partnering with the faith-based community and in partnership with existing local growers and regional distributors to establish a regional fresh food distribution network.	Develop community gardens at schools and in city parks.

INDICATORS OF SUCCESS BY 2020		
Increase the number of local restaurants that provide nutritional information to customers offering healthy menu items by 2020.	Active and sustained community participation in the regional fresh food distribution network by 2018.	Develop 8 –10 community gardens at schools and city parks by 2019 and increase the local availability of healthy food.

TOBACCO, ALCOHOL, AND SUBSTANCE ABUSE

Commonly abused substances include tobacco, alcohol, and prescription drugs. If left untreated, substance abuse leads to health and social ramifications that adversely affect the individual, family, and community. Alcohol abuse is responsible for an increase in crime, domestic violence, teen pregnancy, and motor vehicle crashes.¹

The percentage of smokers in Adams County and Mississippi are higher than the national average. More adults in Mississippi have reported smoking on a daily basis compared to the national average.² Annually, 5,400 adults in Mississippi die from smoking tobacco. Furthermore, each year, 3,300 children start smoking. An estimated 68,000 children will eventually die from a smoking-related illness.³

¹ Centers for Disease Control and Prevention. <http://www.cdc.gov>. 2013.

² Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. <http://www.cdc.gov>. 2013.

³ Campaign for Tobacco Free Kids. The toll of Tobacco in Mississippi. <http://www.tobaccofreekids.org>. 2014.

OVERALL GOAL: To reduce substance abuse in Adams County through health education efforts in community environments.

BOLD ACTION STEPS

<p>Develop an anti-tobacco and alcohol social marketing campaign to reduce the number of people who are exposed to tobacco and alcohol abuse.</p>	<p>Pass a smoke free ordinance in the City of Natchez.</p>	<p>Provide tobacco counseling in church and worksite wellness programs.</p>
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INDICATORS OF SUCCESS BY 2020

<p>Increase in tobacco cessation rates and reduction in alcohol-related motor vehicular accidents.</p>	<p>20% reduction in people being exposed to second hand smoke.</p>	<p>10% decrease in the number of residents who use tobacco.</p>
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SEXUAL ACTIVITY

Sexually Transmitted Infections (STIs) are one of the most pervasive concerns surrounding reproductive health in much of the country. STIs are associated with a significantly increased risk for many other health problems, including increased risk of cervical cancer, or involuntary infertility. In the worst cases, STIs may even lead to death.

Sexually transmitted disease detection continues to be a challenge. Chlamydia is currently the most common bacterial STI in North America, and it is highest among the 15–19 age group. Currently, Mississippi has the highest prevalence rate in the nation.¹ Chlamydia can cause reproductive issues such as tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain.

Currently, Adams County ranks 30, 30, and 11, respectively, for Chlamydia, gonorrhea, and HIV infections in the State.² Furthermore, the County ranks 44 for teen birth rates among females 10–19 in the State.³

¹ Centers for Disease Control and Prevention. Chlamydia Rates among US Teens. www.cdc.gov.

² Mississippi Department of Health; Teenage; Vital Statistics Data by County of Residence and Race of Mother; Mississippi, 2012:<http://msdh.ms.gov/phs/2012/Summary/teenc12.pdf>.

³ Mississippi Department of Health; Teenage; Vital Statistics Data by District of Residence and Race of Mother; Mississippi 2012:<http://msdh.ms.gov/phs/2012/Summary/teenst12.pdf>.

OVERALL GOAL: To promote the sexual and reproductive health of residents in Adams County.

BOLD ACTION STEPS		
Educate Adams County youth about practicing healthy sexual behaviors.	Target at risk communities with an educational intervention.	Provide access to medical care for the HIV/AIDS population.

INDICATORS OF SUCCESS BY 2020		
Reduction in unintended pregnancies and sexually transmitted infections among youth.	Reduction in STIs among high-risk adult populations.	Increase STI and pregnancy prevention care and services by 10% to population especially among those in the 15-19 age group.

QUALITY OF CARE AND ACCESS TO CARE

It is vital that residents in Natchez and Adams County have access to quality primary care, as it facilitates control of personal health through health management, disease prevention, early diagnoses, and therapeutic intervention. Access to primary care physicians and nurse practitioners is limited since only 22% of the population has health care insurance. Consequently, 19% reported that cost was an obstacle to care.¹

Furthermore, residents are being medically treated for obesity induced chronic conditions such as hypertension, type 2 diabetes, and heart disease that are preventable and reversible through modest behavioral modifications. More affordable and effective well-being has been shown to be attainable when patients are placed in structured face-to-face lifestyle intervention programs.² The Diabetes Self-Management Education Program also has demonstrated effectiveness in targeting populations that have existing diabetes by teaching them how to manage the disease.³

Chronic diseases like diabetes are a huge economic burden on government, employer, and individual. The total direct and indirect cost of diabetes in the U.S. is second only to cancer. Yet, modest changes to diet and physical activity can prevent or delay the progression of the disease by nearly 58% among people who are prediabetic.² Much of the cost associated with the disease could be significantly reduced through effective and timely disease management.⁴ Currently, there are no community based chronic disease lifestyle intervention programs in the Adams County area.

¹ Adams County Comparative Snapshot. Uninsured Mississippi. www.countyhealthrankings.org.

² Centers for Disease Control and Prevention. National Diabetes Prevention Program. www.cdc.gov/diabetes/program/prediabetes.html.

³ Funnell MM, et al. National Standards for Diabetes Self-Management Education. *Diabetes Care*. 2010 Jan;33 (Suppl1):S89-S96.

⁴ Centers for Disease Control and Prevention. National Diabetes Fact Sheet, 2011. <http://www.cdc.gov>

OVERALL GOAL: Increase access to coordinate and comprehensive primary prevention programs and education to support health improvement among community residents.

BOLD ACTION STEPS		
Clinicians and payers will promote breastfeeding and support breastfeeding families.	Implement the CDC's National Diabetes Prevention Program, the Diabetes Self-Management Program, and a cardiovascular disease prevention program.	Establish a faith and work based wellness program to promote and provide preventive health care, education, training, and promotion.

INDICATORS OF SUCCESS BY 2020		
Increase the number of clinicians by 20% and payers by 50% to support and promote breast feeding.	Reduce the prevalence rate for diabetes, pre-diabetes, and CVD by 20% by 2020.	20% of targeted participants will have received demonstrable benefits from primary prevention initiatives launched in churches and worksites by 2020.

EDUCATION, INCOME AND EMPLOYMENT

Employment and educational status is a significant predictor of health outcomes. The average American adult without a high school diploma will earn less than \$1 million throughout the course of a lifetime. In comparison, an adult with a bachelor's degree can expect to earn a lifetime average of \$2.2 million, and those with a professional degree earn \$3.65 million¹ and have the added benefits of reduced psychosocial stress and healthier lifestyles.

Increased economic opportunities and income are, in turn, correlated with overall healthier lifestyles and reduced psychosocial stress. Unemployment may lead to physical health responses ranging from self-reported physical illness to mortality, especially suicide. It has also been shown to lead to an increase in alcohol and tobacco consumption, poor diet, inadequate exercise, and other negative health behaviors that increase risk for disease or mortality. Similarly, poverty can result in negative health outcomes such as increased risk of mortality, increased prevalence of medical conditions and disease incidence, depression, domestic violence, and poor health behaviors.

Poor educational achievement and poverty among adults also increase children's risk of poor health and premature mortality. Compared to other age groups, children living in poverty suffer the highest rates of morbidity and mortality, resulting from an increased risk of accidental injury and lack of health care access. Moreover, a parent's or guardian's education attainment level is predictive of a child's future educational achievement. In 2012, 14% of children in Mississippi were living with heads of households who had not earned a high school diploma or equivalent,² thus leaving these children at higher risk of not completing high school as well.

¹ Carnavale, Anthony, Stephen Rose, and Ban Cheah. (2011) *The College Payoff: Education, Occupations and Lifetime Earnings*. Rep. Washington D.C.: Georgetown University Center on Education and the Workforce.

² 2012 America Community Survey. "Children by Household Head's Educational Attainment." *KIDS COUNT Data Center*. Annie E. Casey Foundation. 2014.

OVERALL GOAL: Increase and improve the health of Adams County residents including ensuring a healthy and productive workforce.

BOLD ACTION STEPS		
Establish worksite wellness policies and programs.	Launch a business fundamentals training course for small farmers and health-related entrepreneurs.	Develop a non-clinical community-based public health workforce.

INDICATORS OF SUCCESS BY 2020		
Increase the number of employers who develop worksite wellness policies and encourage employees to participate in worksite wellness programs.	Increase the number of small farmers that increase productivity and profitability by 10%.	Train up to 50 lay people to become community health advocates and coaches.

FAMILY AND SOCIAL SUPPORT

The state of one's health is proven to be heavily dependent upon the support provided in family and social environments. Inadequate support and resources can foster unhealthy behaviors that lead to higher disease and mortality, such as emergency care and infant mortality.

Adams County has the 6th highest infant mortality rate in the state.¹ The Healthy People 2020 goal is 6.0 deaths per 1,000. Dominant infant mortality risk factors in Mississippi include² infant birth weight, sleeping position, maternal age, maternal smoking and obesity. For instance, low birth weight is one of the leading causes of infant death in the state. Moreover, babies born to mothers under 20 are more likely to die. Additionally, 15% of women smoke during pregnancy. Furthermore, 39% of Mississippi mothers exclusively place their infants on their backs when sleeping.

¹ Graham. J. 2013 Infant Mortality Report. Jackson, MS: Mississippi State Department of Health. www.msdh.gov.

² Graham J, Wesley MM, Zhang L. et al. 2012 Mississippi Infant Mortality Report. Jackson, MS: Mississippi State Department of Health. <http://msdh.ms.gov/msdhsite/static/resources/5184.pdf>.

OVERALL GOAL: Increase access to and utilization of social support services in the areas of maternal and child health and the elderly.

BOLD ACTION STEPS		
Increase the percentage of aging adults who receive health assistance or services at home.	Reduce low birth weight and infant mortality measures.	Improve behavioral health outcomes among elementary age children.

INDICATORS OF SUCCESS BY 2020		
20% reduction in unhealthy days among elderly.	Reduction in low birth weight, preterm, C-section births and infant mortality; increase in breastfeeding.	Reduction in number of children who matriculate to middle school with behavioral health issues.

COMMUNITY SAFETY

Domestic violence is an alarming problem throughout the United States. It affects about 6% of women in the US annually. Numerous mental and physical health problems are caused by domestic violence, and billions of health care dollars are spent trying to address the consequences. Although prevalence rates of intimate partner violence are roughly the same in rural and urban areas, rural survivors face distinct barriers in obtaining help and services.¹

Close-knit rural communities like Adams County often make it more difficult for rural victims to seek and obtain help. Women and children in rural communities face obstacles such as higher poverty, lower rates of health insurance coverage, and less access to health care and human services providers, all of which makes it more difficult for them to get help.²

Due to federal, state, and local funding cuts, many domestic violence programs have reduced services and the number of people they can serve, and others have become defunct. Meanwhile, there is a growing demand for services. In Mississippi, during a 24-hour survey period, 441 domestic violence victims (including 217 children) found refuge in emergency shelters; 134 called the hotline, and 20 times victims received no assistance. Due to a 5% staff reduction, the State has only 384 trained personnel throughout Mississippi to address this problem.³

Domestic violence programs provide vital transitional housing, daycare, legal advocacy, job training, and medical assistance for women and children. When these programs are not accessible to victims and their children, many return to their abuser and others become homeless. Currently, there is only one shelter in Natchez and Adams County.

Another community safety issue affecting the area is motor vehicle crashes. Adams County is ranked among the top 20 counties in Mississippi for motor vehicle crashes. It has the 5th highest injury related injury rate in the State.⁴ Also, the City of Natchez and Adams County have the 2nd highest rates of serious injury crashes in Mississippi.⁵ Alcohol use and lack of proper seat restraints are the leading causes of traffic mortalities.⁶

¹ Dudgeon, A, Evanson T. Intimate Partner Violence in Rural U.S. Areas: What Every Nurse Should Know. *AJN*;2014(114: 5- 26,35).

² Rural Domestic Violence. Rural Assistance Center. Grand Forks, ND. www.raconline.org.

³ Domestic Violence Counts: Census 2013 Report – Mississippi Summary. National Network to End Domestic Violence. Washington, DC.

⁴ State of Mississippi. FY-2014 Highway Safety Plan, Jackson, MS. Department of Public Safety.

⁵ Traffic Safety Performance (Core Outcomes) Measures for Mississippi. Washington, DC. US Department of Transportation, 2012.

⁶ Associated Press (2014, May 21). Miss. "Fatalities up, seat belt usage down". www.washingtontimes.com.

OVERALL GOAL: To reduce injuries, death and drug-related crime by scaling domestic violence programs, drug treatment options and safety campaigns and resources.

BOLD ACTION STEPS			
Reduce teen drug related crime.	Deploy a distracted driving campaign that speaks to motorist, cyclist and pedestrian safety. Increase seatbelt use and reduce DUI through social marketing and community health advocacy program.	Improve response time of emergency medical services across the county.	Increase best practice program availability to individuals at risk of domestic violence to reduce the rates of domestic violence.

INDICATORS OF SUCCESS BY 2020			
Increase juvenile residential treatment beds, more treatment options for female adolescents, and establish an inpatient treatment facility.	Reduce the number of injuries and deaths of motorists, cyclists and pedestrians due to distracted driving by 20% by 2020 as well as a 10% reduction in DUI motor vehicular crashes.	Provide community residents with tools and resources proven to be effective in optimizing emergency response times across the county.	Increase the number of trained advocates to address domestic violence, and provide women and children direct services.

Physical Environment

PHYSICAL ENVIRONMENT

Establishing an environment (residential, work, public) that is conducive to healthy living is essential to improving the health and well-being of Natchez and Adams County residents. A community that consists of farmers markets, supermarkets, parks, sidewalks, and trails can support lifestyle modifications that can reduce the burden of obesity and related chronic conditions, such as type 2 diabetes and heart disease. Currently, in Natchez and Adams County, fast food restaurants outnumber supermarkets. Many residents also do not have access to a community or recreational center, regular family-centered outdoor activities, and worksite wellness programs.

¹ United States Department of Agriculture: Food Environment Atlas. <http://www.usda.gov>.2014.

OVERALL GOAL: Provide community infrastructure that enables promotion of positive behaviors that increase physical activity for all residents of Adams County

BOLD ACTION STEPS

<p>Develop a countywide master trails plan that identifies needed linkages between existing trail systems that include a strategic plan for funding and implementation.</p>	<p>Adopt a general plan for the future land-use that supports healthy communities.</p>	<p>Develop a recreational or community center.</p>
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INDICATORS OF SUCCESS BY 2020

<p>Increased trail use by residents and visitors by 10% by 2020.</p>	<p>Increase the number of parks with improved amenities and equipment that result in increased opportunities for physical activity.</p>	<p>10% of future land-use supports healthy communities.</p>
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Conclusion

This report provides an overview of the many factors that determine the health and vitality of the Natchez-Adams County. While the task of addressing each of these major issues may seem daunting, the reality is that these factors are connected, and improvements in one area will contribute to improvements in another. For example, reducing obesity rates will subsequently reduce rates of type 2 diabetes, heart disease, common forms of cancer and infant mortality. Providing teens with comprehensive sex education will reduce rates of teen pregnancies and sexually transmitted diseases. Increasing a nonclinical public health work force will increase jobs while simultaneously increasing the number of people who have access to preventive health.

Contact Information

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Demographic County Health Rankings

	Adams County	Mississippi	National Benchmark
DEMOGRAPHICS			
Population	32,090	2,991,207	n/a
% below 18 years of age	21.4%	24.7	n/a
% 65 and older	16.4%	13.9%	n/a
% Non-Hispanic African American	52.6%	37.1%	n/a
% American Indian and Alaskan Native	0.4%	0.6%	n/a
% Asian	0.5%	1%	n/a
% Native Hawaiian/Other Pacific Islander	0.0%	0.1%	n/a
% Hispanic	7.6%	2.9%	n/a
% Non-Hispanic White	38%	57.5%	n/a
% Not Proficient in English	3.1%	0.9%	n/a
% Females	49.6%	51.4%	n/a
% Rural	37.2%	50.7%	n/a
HEALTH OUTCOMES			
MORTALITY			
Premature death	11,659	10,031	7,681
Premature age-adjusted mortality	553.3	485.1	n/a
Infant mortality	12.8	10.2	n/a
Child mortality	108.7	83.1	n/a
MORBIDITY			
Poor or fair health	23%	22%	17%
Poor physical health days	4.2	4.1	3.7
Poor mental health days	4.6	4.1	3.5
Low birth weight (LBW)	14.7%	12.1%	8%
Diabetes	15%	14%	n/a
HIV prevalence rate	308	338	n/a

Demographic County Health Rankings *(continued)*

	Adams County	Mississippi	National Benchmark
HEALTH FACTORS			
HEALTH BEHAVIORS			
Adult smoking	23%	23%	21%
Adult obesity	37%	35%	31%
Food environment index	4.2	5.6	7.3
Physical inactivity	33%	32%	27%
Access to exercise opportunities	80%	59%	65%
Excessive drinking	13%	12%	16%
Alcohol-impaired driving deaths	32%	20%	31%
Sexually transmitted infections	853	772	291
Teen births	66	59	41
Food insecurity	24%	22%	n/a
Limited access to healthy foods	16%	10%	n/a
Motor vehicle crash deaths	22	26	n/a
Drug poisoning deaths	9	11	n/a
CLINICAL CARE			
Uninsured	20%	20%	17%
Primary care physicians	1,235:1	1,901:1	2015:1
Dentists	2,292:1	2,328:1	2670:1
Mental health providers	2,292:1	887:1	1128:1
Preventable hospital stays	86	78	65.3
Diabetic screening	84%	82%	85%
Mammography screening	65.1%	56.6%	61%
Uninsured adults	26%	25%	n/a
Uninsured children	7%	7%	n/a
Health care costs	\$10,557	\$10,747	n/a
Could not see doctor due to costs	19%	20%	n/a
Other primary care providers	1,003:1	1,338:1	n/a

Demographic County Health Rankings *(continued)*

	Adams County	Mississippi	National Benchmark
SOCIAL AND ECONOMIC FACTORS			
High school graduation	61%	75%	85%
Some college	53.1%	57.2%	56%
Unemployment	8.6%	8.6%	7%
Children in poverty	44%	34%	24%
Inadequate social support	<i>DOES NOT REPORT DATA</i>		
Children in single-parent households	55%	45%	31%
Violent crime	338	267	199
Injury deaths	81	82	73.8
Median household income	\$31,385	\$38,191	n/a
Children eligible for free lunch	87%	63%	n/a
Homicide rate	15	10	n/a
PHYSICAL ENVIRONMENT			
Air pollution - particulate matter	10.7	12.2	11.9
Drinking water violations	1%	8%	1%
Severe housing problems	18%	17%	14%
Driving alone to work	89%	84%	80%
Long commute - driving alone	15%	30%	29%

Source: Robert Wood Johnson Foundation County Health Rankings

Natchez and Adams County Blueprint Convening Attendees

Cinda Catchings
Alcorn State University

Lisa Stephens
Humana

Paula Gaylor
Mississippi State

Al Thompson
Alcorn State University

April Catchings
MS Department of Education

Michael Russman
Humana

Shelly Frazier
NAACP

Billie Frazier
NAACP

Aimee Grido
Natchez, Inc.

Shawna Davie
Robert Wood Johnson Foundation

Joyce Arceneaux-Mathix
City of Natchez

Orlando Pannell
Natchez Adams School District

Monica Morrison
Copiah-Lincoln Community College

Robert Pernell
Pernell & Associates

Akash Dania
Alcorn State University

Malinda Butler
Alcorn State University

Joshua Coleman
Alcorn State University

Jacqueline Ford
Alcorn State University

Dale Dieckman
MS Department of Education

Daphne Turner
Natchez Total Fitness

Larry Andrews
Natchez Total Fitness

Brenda Robinson
Alcorn State University

Glenda Wilson
Natchez Children's Home Services

Matilda Stephen
GSGMS

Olga Osby
Jackson State University

Olivia Williams
Jackson State University

Latasha Christmas
Jackson State University

Patrice Jenkins
Jackson State University

Tonna Gaines

Deloris Irving
MS PTA

Bernadette Wilson

Queen Thompson

Penny Rachal
MS State University Extension Service

Marty Kemp
Families First

Tanya Hurst

Darlene Jones

Paige Dickey
MS Tobacco Free Coalition

Shirley Brown
MTFC

Pamela Hennington
MS Department of Health

Cynthia Hill
JCHS

Debra Reynolds
Gloria Gray

Jacqueline Marsaw

David Carter
Adams County Board of Supervisor

Joe Murray, Adams County

Lee England
MS State Department of Health

Judy Weaver

Joyce Arceneaux Mathis
City of Natchez

Rev. Maurice Irving

Abby Goldblatt
Substance Free Coalition of Adams Co.

James Gray
City of Natchez

Tonna Gaines
Substance Free Coalition of Adams Co.

J.R. Todd, Jr.
River Oak Medical Center

Rochelle Fields
GACMFHC

Joyce Washington Ivery
Edna & Joyce Fay

Washington Breast Cancer Foundation, Inc.

Kay Ketchings
Natchez Regional Medical Center

Alicia Phillips
Humana

Tearsanee Davis
UMMC

Carl Clark
Humana

Fredericka Todd
Natchez Rural Health Clinic

Jessica Cox
Planned Parenthood Southeast

Felicia Brown-Williams
Planned Parenthood Southeast

Thomas Dobbs
MS Department of Health

Earl Benjamin
Louisiana Public Health Institute

Porsha White
Planned Parenthood Southeast

Tracy Byas
MS Department of Health

Leslie England
MS Department of Health