Medicine in Mississippi

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INTRODUCTION

Advances in health care have been incredible in our lifetimes. Medical procedures and medicines that our parents only dreamed of are today a reality. In most of my father’s life, which spanned the first 85 years of this century, some major killers were influenza, tuberculosis, smallpox, and scarlet fever—no more. The people of our country, as a whole, have never been healthier or lived longer. Yet, despite our advances, the provision of proper and necessary health care is more difficult to obtain today, especially for persons who live in rural areas, than it was in my father’s time. More and more, we in Mississippi are learning that the challenge of health care delivery is not purely a rural issue. For instance, we face a shortage of health providers statewide, but the crux of this shortage exists in our most rural areas.

Without question, health care is fundamental to nearly everything we do. My state and our nation can never be truly prosperous as long as we have pockets of despair, where people suffer physically and mentally because there is nowhere to go for health care. The connection between health care and education is inseparable. How can a student learn properly if he or she cannot see the chalkboard or the computer screen? How can a student learn if he or she is ill? We know that too much of our promise is lost at the dawn of life through infant mortality or birth defects. We know today as never before that the consequence of poor health care is not just a matter of stunted growth—it is a matter of stunted minds. There is no way of knowing how many kids in rural America fall behind and drop out because they are not well enough to make it to school, but we do know that it is too many.

We also know that too many teenage girls in rural and urban America bear children, and they are often low-birthweight babies, likely to suffer complications. There is nothing more tragic than babies having babies, and the consequences reach far beyond just the mother and child. The financial cost to Mississippi is more than $130 million a year, a staggering figure for any state.

Abbreviations: B.E.S.T.: Better Education for Success Tomorrow PINAH: Partners for Improved Nutrition and Health

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Just as health care is inseparable from education, it is also critical to our economy. Any way you look at it, a truly vibrant economy depends on a healthy, able workforce. The first two things businesses ask us about when they consider locating in Mississippi are education and health care. These are basic elements to a decent quality of living; they are basic to a productive workforce.

For many years, in states such as Mississippi, where the majority of the population is in rural areas, the problems of rural health care have been a major challenge to the growth and development of a strong and healthy population. The problems created by a lack of health care in rural areas have a ripple effect—from the classroom to the workplace. Good health is fundamental to progress, and the lack of it affects the healthy among us who must bear the public costs for the consequences of poor health.

Many factors come into play when we discuss the challenges of rural health care. One is the problem of access—access in the terms of costs, number of facilities, and transportation. Access also means that there is an availability of physicians, allied health professionals such as physical and occupational therapists, nurses, and mental health professionals. For too many people who live in rural areas—more than half of the population of Mississippi—dealing with the problem of poverty is part of everyday life. When it comes to the health of children and families, however, it becomes a matter of life and death.

THE MISSISSIPPI PLAN

We have worked to resolve the difficult problems of poverty as it relates to health care access in a number of ways. First, we put a record amount of new funds into a major expansion of Medicaid. We have tried to capitalize on our disadvantages by taking advantage of the highest federal match for any state Medicaid program in the country. The current federal match was 80.18 percent, which dropped to 79.93 percent after October 1, 1990. This decrease is an example of "no good deed goes unpunished." The match is going down because we've worked so hard to get our per capita income up. Our current Medicaid budget of $1.1 billion is nearly two and one-half times what it was only four years ago. This expansion has provided many more Mississippians with access to quality health care—Mississippians who previously had no means to afford physicians, hospitals, or prescription drug costs. Because they are a proud people, they may have put off seeking help until it was too late—too late to treat properly the infection, the cancer, the lost eyesight, or the kidney failure. We have made it possible for over 120,000 more of our people to seek out help early, and thereby to have the potential for a better and healthier life.

As an example, in 1988 we became one of ten states in America to expand Medicaid to pregnant women and infant children with income up to 185 percent of the poverty level. This change currently means that a woman who is pregnant, living in a four-member family whose annual income is not greater than $22,750, can receive Medicaid assistance for the duration of her pregnancy and for 60 days after delivery. Her newborn child can receive care under Medicaid for the first year of life. Our current infant mortality rate is at its lowest level in this century, in part due to our Medicaid efforts. After many years of having the highest infant mortality rate in the nation, we are currently fourth.

As another example, we have expanded services and increased reimbursements in our Medicaid program. Recipients now have 30 days of hospitalization per year
instead of 15; payments to physicians increased overall by nearly 25 percent; and our doctors saw that the state was committed to caring for the poor and to reimbursing them fairly for the services they provided. The cost of quality medical care is a major issue for the people who live in the rural areas of Mississippi. This region is where the expansion of Medicaid has played a major role, as more Mississippians, especially children, have become eligible for coverage.

Third, home health care services have been started, under the auspices of the state. These services allow the patient to stay in the home environment, which is often more comfortable for both the patient and family. At least, it gives the patient and family a viable alternative to nursing home care. While home health care services are not new to the Medicaid program itself, we have begun an innovative waiver program in four counties, which potentially diverts up to 100 patients in each county from expensive nursing home care, and pays for enhanced home health care service instead—and at half the cost. It is both humane and cost-effective.

The state of Mississippi is committed to solving the problems of rural health care and to helping those who benefit from it. Several new programs have been developed, in the past year or two, which focus directly on the needs of the rural population. In addition to our Medicaid expansions, we are currently working on the start of another new program, known as “PINAH,” or Partners for Improved Nutrition and Health. The purpose of this group is to go directly to the community and enlist volunteers to become involved in the health of their community as a whole. Under the “PINAH” program, volunteers go door-to-door, building an information and referral network designed to help make people aware of the health options in their community. The “PINAH” program, though still fairly new, is showing great promise and potential for helping people to access the medical system. This program capitalizes on an outstanding characteristic of people living in small communities: They want to help each other, and they respond when they are shown the way.

Another area on which we have focused our attention is programs for adolescents. Too many of our children do not receive the medical treatment necessary to live a healthy life. For the majority of these adolescents, most of whom are poor and lack a proper education, health problems begin before birth. The problems of teen pregnancy and low-birthweight babies have plagued not just Mississippi but the entire nation for too long. While the problems of teen pregnancy, low-birthweight babies, and infant mortality have been consistent problems in the past, we are making some progress.

The “PINAH” program also serves as a vehicle by which pregnant women, regardless of age, can have access to the prenatal care which is so important to the health of both mother and child. In a state with limited resources, such as Mississippi, “PINAH” is a good example of a program that can be used to address adolescent pregnancy through outreach and identification of pregnant teens and to provide those teens with proper prenatal care in their communities.

The basic foundation for progress in solving the problems of rural health care can, however, be found in education. Too often, the health care professionals who work in the home health program must deal with patients who literally cannot read or have trouble understanding the prescription instructions for their medicine. We recently passed a major education reform package known as “Mississippi’s B.E.S.T.,” or Better Education for Success Tomorrow. While much of the package deals with the ideas of better schools and better conditions for learning, the package also focuses on
the need for education in the area of health. Provisions of the B.E.S.T. package include a comprehensive set of health care proposals designed to make sure students are capable of reaching their full potential and are not held back by developmental or physical problems. B.E.S.T. begins even before children are in school, by screening all three- and four-year-olds for physical or developmental problems. The objective is to direct these children to help so that, by the time they are five, they enter kindergarten ready to learn. B.E.S.T. continues by expanding our school nurse program into each and every school district in Mississippi. The reality for many children in rural areas is that the school nurse may be their first or only contact with a health care professional before a situation demands attention. It is this front line of defense that B.E.S.T. will establish in the schools.

It has been proven that such access to school nurses—and the counseling they provide—is a critical factor in addressing another rural and national problem, that of teen pregnancy. In the South, that problem is compounded by the barriers that a rural environment can impose. As lead Governor for the Southern Regional Project on Infant Mortality, I recently released a report which described some of those barriers. The report did not identify any magical solutions to this pervasive problem. Instead, it underscored the importance of leadership and a partnership between government, business, and the community at large—including parents—in confronting this problem. Clearly, government cannot solve these problems alone.

In addition to the school nurse program in B.E.S.T., we have initiated a number of other programs. For instance, Mississippi has developed a new curriculum for parents, designed to help them to communicate more effectively with their children so that they can better understand and deal with their problems and behavior.

Mississippi is one of the first states in America to undertake a rural health care initiative using federal community development block grant funds. We targeted $1 million in 1991 to local governments in rural areas in order to improve health care for their most vulnerable citizens. The key to this effort is for local officials to develop strategies for comprehensively addressing health care problems rather than using the money in a piecemeal fashion.

In a similar manner, Mississippi has secured a $450,000 grant from the Henry J. Kaiser Family Foundation, again to target efforts to improve health care in the areas that need it most. What makes this grant program so significant is that it seeks to strengthen local leadership and increase the involvement of people at the local level—the notion of “community empowerment” that is playing an increasingly larger role around Mississippi. Thirty of our 82 counties are targeted, and we hope to expand this program wherever it is needed.

In order to maximize our present maternal health care resources, with the help of the Robert Wood Johnson Foundation we have instituted a program of perinatal regionalization, in which secondary and tertiary medical facilities provide necessary medical care for at-risk babies. This system ensures that all babies born in Mississippi have access to the appropriate level of care, regardless of where they live.

We have established a long overdue Office of Rural Health Care, which serves as a specific response to the unique health care needs of rural areas. Its mission is to tackle problems such as the recruitment of doctors, the allocation of medical resources and facilities, and helping local areas to—once again—develop local health care initiatives.

As innovative as we have been in Mississippi, it is important to recognize that this
is not a problem for Mississippi alone—it is a national problem, and it will require national solutions as well. At some point, we as a nation must meet some of our people's basic needs. It is something we all have to face and deal with.

We have also had to deal with the problem of recruiting physicians willing to work and live in rural areas. For too many, the problems of working in such areas outweigh the benefits, and it is the people who suffer in the end. An especially important problem in Mississippi and other states is the willingness of doctors to participate in programs like Medicaid, and the willingness of hospitals to take on the financial burden of indigent patients. This goal has been a major focus of our efforts in Mississippi, and it is paying off in human terms. Since we have started, nearly 50 percent of our state's primary care physicians now accept Medicaid patients, whether referred or not referred. Also, as the number of indigent persons needing care has increased, Mississippi hospitals have stepped forward in a remarkable way to accept their responsibility. While we are exploring the establishment of insurance pools and other strategies to help cover the medical costs of indigent people, it is reassuring to know that most of our local hospitals are there for their communities, regardless of a person's ability to pay. One thing we must guard against, above all else, is permitting a double standard of health care to exist—one for the rich and another for the poor, or one for those who live in urban America and another for those who live in rural America. In the final analysis, we cannot afford it. The costs are too great, in both human and economic terms.

CONCLUSIONS

We are making progress. One indication is that Mississippi’s infant mortality rate is at its lowest level of this century—11.6 deaths per 1,000 live births—but it is still unacceptably high, as is the national figure of 9.7. Clearly, we must do more. That is why the Southern Governors' Association sponsored a summit on Healthy Infants and Families in October 1991. This summit involved more than 100 key state and local officials, health care providers, and advocates working to build a regional consensus on solutions to maternal, infant, and family health issues which disproportionally affect the South. But the government cannot do it all. That is even more true today, when federal assistance to the states is ever-diminishing. This situation requires states like Mississippi to be more innovative in meeting critical health care needs.

We must recognize what may be the most important element of all in ensuring that those who need care in rural America receive it. Fundamental to the practice of medicine is an obligation to provide care to those in need, even when it is not convenient nor financially rewarding.

We face a great many challenges in Mississippi. We also face a great future. We are committed to making the most of our potential, and that commitment requires us to do whatever is necessary to protect the people of Mississippi—young and old, rich and poor. When it comes down to the issue of rural health care, we are doing just that. We have to; our future depends on it.