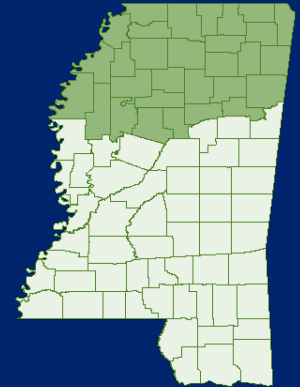


MS Public Health Region Overview



NORTHERN

Health and Hunger in Northern Mississippi 2017

Anne Cafer, PhD & Rachel Haggard

Food insecurity rates in Mississippi are consistently and statistically higher than national averages—having been ranked as #1 or #2 for highest food insecurity rate every year for the past 15 years (USDA-ERS). Additionally, as national trends point toward declining rates of food insecurity, the percentage of the state population in Mississippi food insecure continues to rise. These increased rates of food insecurity are tied to, among other hardships, poor health, especially in children. The combination of food insecurity and poor health has important economic and social costs, including income loss, work absenteeism, higher demand for public benefits and social services, and increased health care expenditures.

In terms of specific health outcomes, obesity is a disease strongly associated with poverty and food insecurity, namely, a result of poor diet and access to quality foods. Obesity in children among low socioeconomic status (SES)

households is a growing national trend¹. Children from these vulnerable households are two times more likely to be obese than their high SES counterparts and 1.7 times more likely to be severely obese^{1,2}. Mississippi is on the frontlines of fighting this obesity epidemic with more than 40 percent of children in the state obese or overweight. The implications for Mississippi's health system are significant. Medical costs have been estimated at \$19,000 more for an obese child over their lifetime, compared to a healthy weight child³. Left unchecked, obesity in Mississippi could cost the state nearly \$4 billion by 2018⁴. In part, the propensity toward obesity among children in lower SES households is a product of poor environments with limited/poor quality food resources and limited access to quality healthcare^{5,6}. This relationship between childhood obesity and environment highlights the need for quality county-level data on local context.

Quick Facts:

30

Total Counties

3

Counties are high need/low performance

4

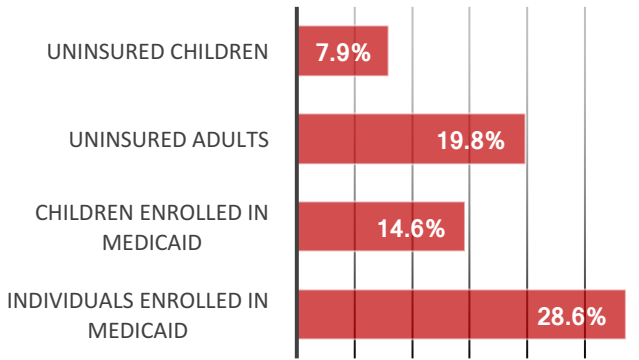
Counties are high need/high performance

For More Information:

Health and Hunger Atlas
<http://socanth.olemiss.edu/wp-content/uploads/sites/154/2017/05/Hunger-Atlas-2017.pdf>

Contact
 mshealthhungeratlas@olemiss.edu

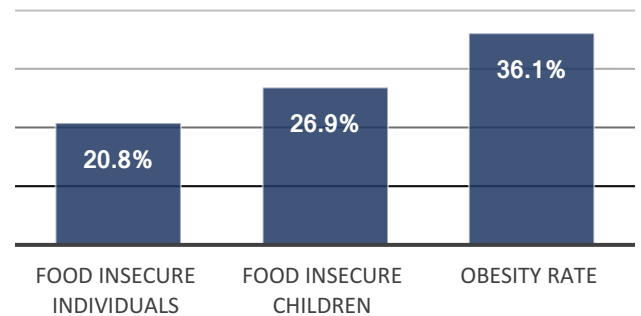
Health Insurance Rates



- Average Low Birth Weight is 12.26 per 100 live births
- Average Pre-Term Birth Rate is 15.48 per 100 live births
- Average Teen Pregnancy Rate is 27.35 per 1,000 live births
- Average Miles to Closest Primary Care Provider is 1.5 miles

- 28% of the population are SNAP eligible
- 39% of children are SNAP eligible for SNAP
- Average cost of food is 26% of their income

Food Insecurity and Obesity Rate



21.5%
Poverty
Rate

63%
SNAP
eligible
are
enrolled

29%
Enrolled
in
Medicaid

463 per
100,000
deaths
hypertens-
-ion rate

¹ Singh, G.K., M. Siahpush, and M. Kogan. 2010. "Rising Social Inequalities in U.S. Childhood Obesity, 2003-2007." *Annals of Epidemiology* 20(1): 40-52.

² Skelton, J.A., S.R. Cook, P. Auinger, J.D. Klein, and S.E. Barlow. 2009. "Prevalence and Trends of Severe Obesity Among US Children and Adolescents." *Academic Pediatrics* 9(5): 322-329.

³ Finkelstein, E.A., W.C. Graham, R. Malhotra. 2014. "Lifetime Direct Medical Costs of Childhood Obesity." *Pediatrics* 133(5): 854-862.

⁴ Mississippi State Department of Health. 2015. "Mississippi Obesity Action Plan." 2015. Available from http://msdh.ms.gov/msdhsite/_static/resources/6164.pdf

⁵ Hill, J.O., J.C. Peters. 1998. "Environmental Contributions to The Obesity Epidemic." *Science* 280:1371-4.

⁶ Sallis, J.F., K. Glanz. 2006. "The Role of Built Environments in Physical Activity, Eating, And Obesity in Childhood." *Future Child* 16:89--108.