



**2016 Community Health Needs Assessment Report
Mississippi Service Area
Baptist Memorial Hospital-Booneville
Baptist Memorial Hospital-Golden Triangle
Baptist Memorial Hospital-North Mississippi
Baptist Memorial Hospital-Union County**

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About Baptist Memorial Health Care

Regarded as one of the premier health care systems in the nation, Baptist Memorial Health Care is an award-winning network dedicated to providing compassionate, high-quality care for patients. With 14 affiliate hospitals throughout the Mid-South, Baptist combines convenience with excellence of care—two reasons we have been named among the top health care systems in the country for several years. With the intention of caring for people close to their homes, the Baptist system also offers more than 3,300 affiliated physicians; home, hospice, and psychiatric care; a network of surgery, rehabilitation, and other outpatient centers; and an education system highlighted by the Baptist College of Health Sciences.

Many of the communities we serve are designated Medically Underserved Areas (MUA), determined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) as having too few primary care providers, high infant mortality rates, high poverty, or a high elderly population.

Baptist plays an integral role in improving health outcomes for residents in MUAs and across our service area. We partner and collaborate with a broad range of nonprofits and local community organizations to support initiatives that improve health, education, environment, public safety, employment, and economic development in our communities. We understand that the entire community benefits when people are physically, mentally, and spiritually healthy.

Baptist Mission Statement

In keeping with the three-fold ministry of Christ – Healing, Preaching, and Teaching – Baptist Memorial Health Care is committed to providing quality health care.

Baptist Vision Statement

We will be the provider of choice by transforming the delivery of health care through partnering with patients, families, physicians, care providers, employers, and payers; and by offering safe, integrated, patient-focused, high quality, innovative, and cost-effective care.

Baptist Mississippi Service Area Hospitals

Baptist Memorial Hospital-Booneville

Baptist Booneville is a 114-bed facility. It is the first of the regional hospitals, in conjunction with the Baptist Memorial Health Care Foundation, to establish an endowment fund to help recruit and educate physicians.

Baptist Memorial Hospital-Golden Triangle

Baptist Golden Triangle is a 315-bed facility. It is Baptist's largest regional hospital with more than 100 physicians and surgeons representing almost every medical specialty practice. It is also the seventh largest provider of medical and surgical services in the state of Mississippi and a Level III trauma facility.

Baptist Memorial Hospital-North Mississippi

Baptist North Mississippi is a 217-bed acute care facility. The hospital's Sleep Disorders Center was the first in North Mississippi to earn accreditation from The American Academy of Sleep Medicine. In addition, the hospital's Weight Loss Center was designated a Bariatric Surgery Center of Excellence by the American Society of Metabolic and Bariatric Surgeons.

Baptist Memorial Hospital-Union County

Baptist Union County is a 153-bed facility, voted Best Hospital (under 100 beds) by the Mississippi Nurses Association and the Mississippi Nurses Foundation in 2008. It was also the first hospital in the area to be accredited in mammography by the American College of Radiology.

Our Commitment to Community Health

Baptist is dedicated to the health and well-being of the many communities we serve. We are committed to building partnerships to improve the health and vitality of our communities throughout the Mid-South. We believe strongly in corporate citizenship and recognize the importance of collaboration with local organizations to build stronger and healthier communities.

To guide our community health improvement efforts, Baptist implemented a system-wide Community Health Needs Assessment (CHNA) to further our commitment to improving community health. The 2016 CHNA builds upon our 2013 CHNA and was conducted in a timeline consistent with the requirements set forth in the Affordable Care Act. The purpose of the CHNA was to gather information about our local health needs and health behaviors. We examined a variety of household and health statistics to create a full picture of the health and social determinants across the Baptist Memorial Health Care service area. The findings help ensure that our initiatives, activities, and partnerships meet the needs of our communities.

After thorough analysis of the CHNA research findings and gathering input from community stakeholders, the following health issues were identified as priorities for our communities:

- > Behavioral Health to include mental health and substance abuse
- > Cancer
- > Chronic Disease Management and Prevention
- > Maternal & Child Health with a focus on prenatal care

To address these health priorities, we developed a system-wide plan for community health improvement that outlines local strategies to collaborate with our community partners.

The following report details findings from our study of the Mississippi Service Area. In addition to local health statistics and socio-economic measures, we invited input from community leaders and residents to help us better understand community members' perceptions regarding their health and the barriers they face in staying healthy.

Baptist is committed to the people it serves and the communities they live in. Through this process, the hospital will be a stronger partner in our neighborhoods and surrounding areas. Healthy communities lead to lower health care costs, robust community partnerships and an overall enhanced quality of life.

Executive Summary

A Regional Approach to Community Health Improvement

Baptist Memorial Health Care has 14 affiliate hospitals serving 110 counties in Tennessee, Mississippi, and Arkansas. In undertaking the 2016 CHNA, Baptist took a regional approach to community health improvement. The study focused on the primary service area of each hospital to identify health trends and unique disparities across hospital service areas. System-wide priorities were then developed to delegate resources across the Mid-South service area, while regional- and hospital- specific strategies were outlined to guide local efforts and collaboration with community partners to address prioritized needs.

Baptist Affiliate Hospitals & Primary Service Areas



| Geographic Region | Primary Service Counties | Hospital(s) |
|-------------------|--------------------------|--|
| Arkansas | Craighead & Poinsett | NEA |
| Memphis Metro | Shelby, TN | Collierville; Germantown; Memphis; Restorative Care; Women's |
| | DeSoto, MS | Desoto |
| | Tipton, TN | Tipton |
| North Tennessee | Carroll | Huntingdon |
| | Obion | Union City |
| Mississippi | Lafayette & Panola | North Mississippi |
| | Benton & Union | Union County |
| | Prentiss | Booneville |
| | Lowndes | Golden Triangle |

The Mississippi Service Area CHNA Process

Research Methodology

The 2016 CHNA for the Baptist Mississippi Service Area was conducted between September 2015 and June 2016. Quantitative and qualitative methods, representing both primary and secondary research, were used to illustrate and compare health trends and disparities across each hospital's service area. Primary research methods were used to solicit input from key community stakeholders representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. Secondary research methods were used to identify community health needs and trends across geographic areas and populations.

The following research was conducted to determine community health needs:

- > A review of public health and demographic data portraying the health and socioeconomic status of the community. A full listing of data references is included in Appendix B.
- > A Key Informant Survey with 58 community representatives to solicit feedback on community health priorities, underserved populations, and partnership opportunities. A list of key informants and their respective organization is included in Appendix C.
- > A Focus Group with 14 health care consumers to identify health needs and inform implementation strategies around health care delivery, cancer screenings and care, and chronic condition management and prevention.
- > A Partner Forum with community representatives to solicit feedback on community health priorities and facilitate collaboration. A list of partners is included in Appendix A; a list of identified community assets is included in Appendix D.

Leadership

The 2016 CHNA was overseen by a Steering Committee of Baptist Memorial Health Care representatives with input from community representatives and partners. A list of committee members and partners is included in Appendix A of this report.

Research Partner

Baptist's consultant, Baker Tilly, assisted in all phases of the CHNA including project management, quantitative and qualitative data collection, report writing, and development of the Implementation Strategy.

Project Manager: Colleen Milligan, MBA

Lead Researcher: Catherine Birdsey, MPH

Identified Priority Needs

The Baptist CHNA Steering Committee reviewed findings from the CHNA research, including public health and socioeconomic measures and input received from key informants and focus group participants to determine the highest priorities. The following table shows priorities from the 2013 CHNA compared to findings for each research initiative in the 2016 CHNA. Health priorities are listed in alphabetical order.

| 2013 CHNA Priorities | 2016 CHNA Research | | |
|---|--|--|--|
| | Secondary Data Findings | Key Informant Responses | Focus Group Insights |
| | Access to Care | Access to Care | Access to Care |
| Cancer | Cancer | Cancer | Cancer |
| Healthy Lifestyle Choices | Chronic Disease Management/ Prevention | Chronic Disease Management/ Prevention | Chronic Disease Management/ Prevention |
| Maternal & Women's Health (Focus on Prenatal Care) | Maternal & Child Health | Education & Lifestyle | Education & Lifestyle |
| Mental Health (Focus on Alzheimer's Disease & Caregivers) | Mental Health & Substance Abuse | Mental Health & Substance Abuse | Substance Abuse |

The 2016 CHNA research confirmed that priority areas identified in the 2013 CHNA were still relevant and among the highest health needs across the region. Baptist adopted the following system-wide priority health needs (listed in alphabetical order). Access to care will continue to be a cross-cutting strategy across all priority areas.

- > Behavioral Health to include mental health and substance abuse
- > Cancer
- > Chronic Disease Management and Prevention
- > Maternal & Child Health with a focus on prenatal care

The rationale and criteria used to select these priorities included:

- > Prevalence of disease and number of community members impacted
- > Rate of disease in comparison to state and national benchmarks
- > Health disparities among racial and ethnic minorities
- > Existing programs, resources, and expertise to address the issue
- > Input from representatives of underserved populations
- > Alignment with concurrent public health and social service organization initiatives

Mississippi Service Area at a Glance

The Mississippi Service Area, served by Baptist Booneville, Baptist Memorial Hospital-Golden Triangle, Baptist North Mississippi, and Baptist Union County, comprises six counties across Mississippi: Benton, Lafayette, Lowndes, Panola, Prentiss, and Union.

The hospitals serve a diverse population of 208,426 residents across the service area. By 2020, the population is expected to increase in the counties of Lafayette, Lowndes, Prentiss, and Union; Lafayette County is expected to experience the largest growth of 8.1%.

All six counties within the service area are designated as Medically Underserved Areas (MUA) and 100% of residents in all counties, except Lowndes, live in a Health Professional Shortage Area (HPSA).

Mississippi Service Area by Hospital and County

| Hospital | Home County | 2015 County Population | County Population Growth by 2020 |
|-------------------|-------------|------------------------|----------------------------------|
| North Mississippi | Lafayette | 49,696 | 8.1% |
| | Panola | 35,236 | -0.4% |
| Union County | Benton | 6,977 | -2.1% |
| | Union | 27,080 | 3.3% |
| Golden Triangle | Lowndes | 60,780 | 1.0% |
| Booneville | Prentiss | 28,657 | 1.0% |

Source: The Nielsen Company and Truven Health Analytics, 2015

The population is primarily White in all counties except Panola and Lowndes, which have a larger population of Blacks/African Americans (44.1% and 48.9% respectively). The Hispanic/Latino population accounts for 2% or less of the entire population in all counties, except Union. Approximately 5% of Union County's population is Hispanic/Latino.

The median age is similar to the state in all counties, except Benton and Lafayette. The median age in Benton County (40.9) is higher than the state average, while the median age in Lafayette County (28.7) is lower than the state average. The University of Mississippi is located in Oxford, Lafayette County.

2015 Population by Race/Ethnicity and Median Age

| | Benton County | Lafayette County | Lowndes County | Panola County | Prentiss County | Union County | MS |
|---|---------------|------------------|----------------|---------------|-----------------|--------------|-------|
| White, Non-Hispanic | 67.8% | 68.3% | 52.0% | 47.7% | 82.2% | 77.6% | 58.3% |
| Black or African American, Non-Hispanic | 28.7% | 25.2% | 44.1% | 48.9% | 14.8% | 15.9% | 37.4% |
| Hispanic or Latino (of any race) | 2.0% | 2.2% | 2.0% | 1.7% | 1.4% | 4.8% | 3.1% |
| Median Age | 40.9 | 28.7 | 36.6 | 36.8 | 38.6 | 38.2 | 36.6 |

Source: The Nielsen Company and Truven Health Analytics, 2015

The Mississippi Service Area represents diverse socioeconomic environments. The zip codes outlined in the table below have worse socioeconomic measures when compared to the county's overall measures. Note: Prentiss County is comprised of four zip codes; two zip codes (38824 and 38829) account for 92% of the population and drive county-level statistics.

Socioeconomic Indicators by County and Zip Code

| | Families in Poverty | Families w/ Children in Poverty | Unemployment | Population with Less than a High School Diploma |
|-------------------------|---------------------|---------------------------------|--------------|---|
| Benton County | 24.3% | 19.3% | 9.8% | 23.1% |
| 38647 Michigan City | 30.6% | 24.7% | 11.0% | 27.9% |
| Lafayette County | 11.7% | 8.6% | 6.5% | 12.7% |
| 38601 Abbeville | 12.5% | 11.8% | 9.5% | 28.8% |
| Lowndes County | 23.3% | 18.4% | 8.8% | 18.3% |
| 39701 Columbus | 38.9% | 28.8% | 11.4% | 24.8% |
| 39743 Crawford | 30.4% | 17.8% | 12.6% | 30.0% |
| Panola County | 21.3% | 15.6% | 8.0% | 24.8% |
| 38621 Crenshaw | 32.8% | 25.8% | 8.4% | 30.3% |
| Prentiss County | 20.0% | 14.6% | 7.1% | 26.2% |
| Union County | 21.2% | 16.4% | 6.0% | 24.3% |
| 38652 New Albany | 23.3% | 17.8% | 6.6% | 25.1% |

Source: The Nielsen Company and Truven Health Analytics, 2015

Red highlight indicates more than 2% points higher than the county

Overview of Research Findings Related to Prioritized Health Needs

Behavioral Health

Adults report a comparable number of poor mental health days when compared to the state, but all counties are higher when compared nationally. In addition, all counties, except Lafayette and Lowndes, have a higher suicide rate when compared to state and national benchmarks. The suicide rate is highest in Panola County.

Lafayette and Lowndes Counties have the lowest suicide rates, but some of the highest mental and behavioral health disorder death rates.

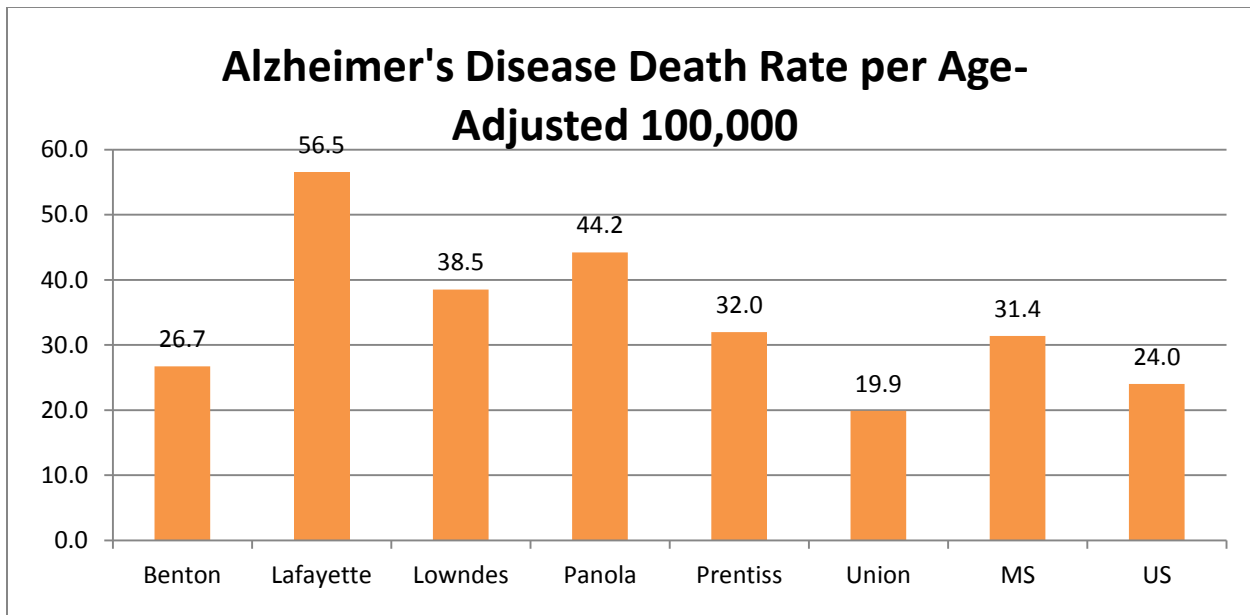
Mental Health Measures

| | Poor Mental Health Days | Suicide Rate per Age-Adjusted 100,000 | Mental and Behavioral Disorder Death Rate per Age-Adjusted 100,000 |
|------------------|-------------------------|---------------------------------------|--|
| Benton County | NA | 13.8 | NA |
| Lafayette County | 3.7 | 11.5 | 57.8 |
| Lowndes County | 3.9 | 9.5 | 60.1 |
| Panola County | 4.4 | 21.1 | 36.2 |
| Prentiss County | 4.6 | 14.9 | 18.5 |
| Union County | 3.6 | 17.4 | 61.7 |
| Mississippi | 4.1 | 13.1 | 36.6 |
| United States | 3.4 | 12.3 | 38.7 |
| HP 2020 | NA | 10.2 | NA |

Source: Centers for Disease Control and Prevention, 2006-2012 & 2009-2013; Mississippi State Department of Health, 2009-2013; Healthy People 2020

Community representatives ranked Behavioral Health as the fifth top health issue in the community. During the Mississippi Service Area Partner Forum, participants agreed that there is a lack of mental health services in the community. Children are viewed as most underserved due to a lack of child behavioral health specialists. Oxford is seen as having additional resources, and families often travel to that community to receive care.

Alzheimer's disease is another form of mental illness. The Alzheimer's death rate is higher than the state in four out of six counties. All counties, except Union, have a higher death rate compared to the nation. The death rate is highest in Lafayette County, where it is more than double the national rate.



Source: Mississippi State Department of Health, 2011-2013; Centers for Disease Control and Prevention, 2011-2013

Cancer

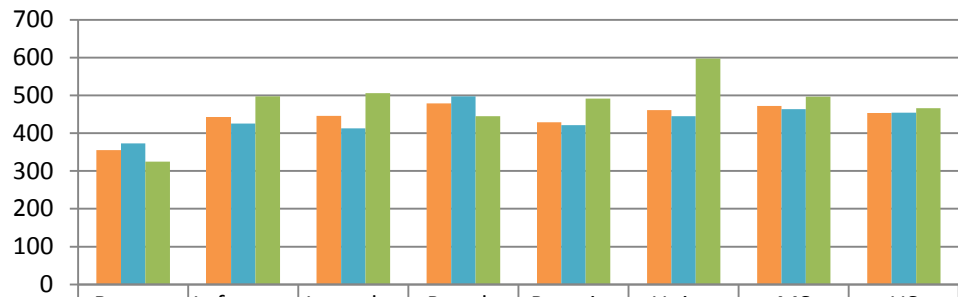
Overall cancer incidence and death rates are comparable to the state for most counties. Benton County has lower cancer incidence than other counties, but the rate increased by 58.4 points since the last CHNA. Incidence rates in Lowndes increased by 22.2 points. All counties experienced an increase in prostate cancer, with Union (40.8 points) and Lowndes (33.6 points) having the largest jump.

Panola County has the highest death rate for cancer among the comparisons, while Union County has the lowest death rates. In all counties, the death rate is higher for Blacks/African Americans.

Most residents that participated in a focus group in the Mississippi Service Area had received the recommended cancer screenings for their age. They acknowledged that many people in the community do not receive the recommended screening and listed the following reasons:

- > unaware that cancer screenings are covered by health insurance
- > don't recognize symptoms
- > uncomfortable with the screening procedures
- > can't afford treatment or care
- > view cancer as a death sentence and prefer not to know

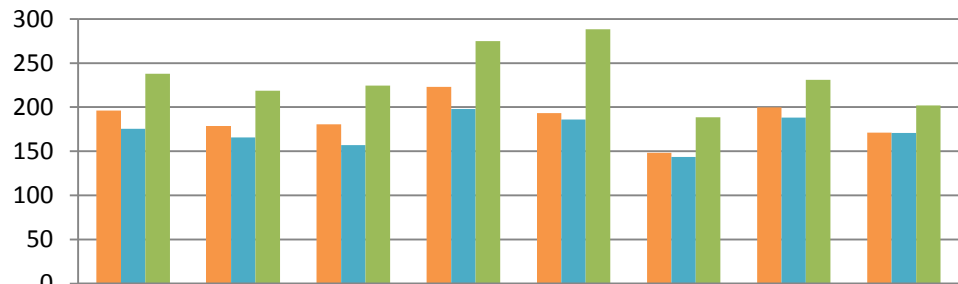
Overall Cancer Incidence Rate by Race per 100,000



| | Benton | Lafayette | Lowndes | Panola | Prentiss | Union | MS | US |
|--------------------------|--------|-----------|---------|--------|----------|-------|-------|-------|
| Total Population | 355.2 | 441.6 | 445.5 | 478.6 | 428.8 | 461.3 | 471.8 | 453.8 |
| Whites | 372.7 | 425.6 | 413 | 497.1 | 421.6 | 444.8 | 463.3 | 454.1 |
| Blacks/African Americans | 324.9 | 497.2 | 505.8 | 444.9 | 491.4 | 597.8 | 496.6 | 465.8 |

Source: National Cancer Institute, 2008-2012

Overall Cancer Death Rate by Race per Age-Adjusted 100,000

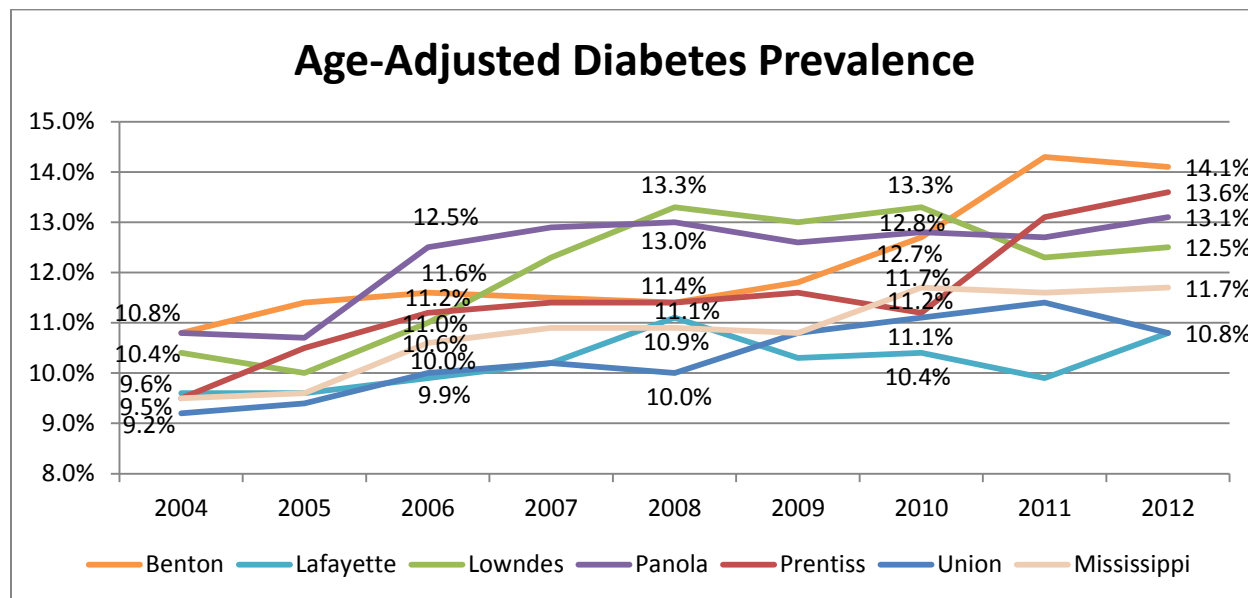


| | Benton | Lafayette | Lowndes | Panola | Prentiss | Union | MS | US |
|--------------------------|--------|-----------|---------|--------|----------|-------|-------|-------|
| Total Population | 196.1 | 178.5 | 180.5 | 223.1 | 193.4 | 148.2 | 199.9 | 171.2 |
| Whites | 175.6 | 165.7 | 156.9 | 198 | 186 | 143.6 | 188 | 170.9 |
| Blacks/African Americans | 237.7 | 218.5 | 224.6 | 275 | 288.3 | 188.6 | 230.9 | 202 |

Source: National Cancer Institute, 2008-2012

Chronic Disease Management and Prevention

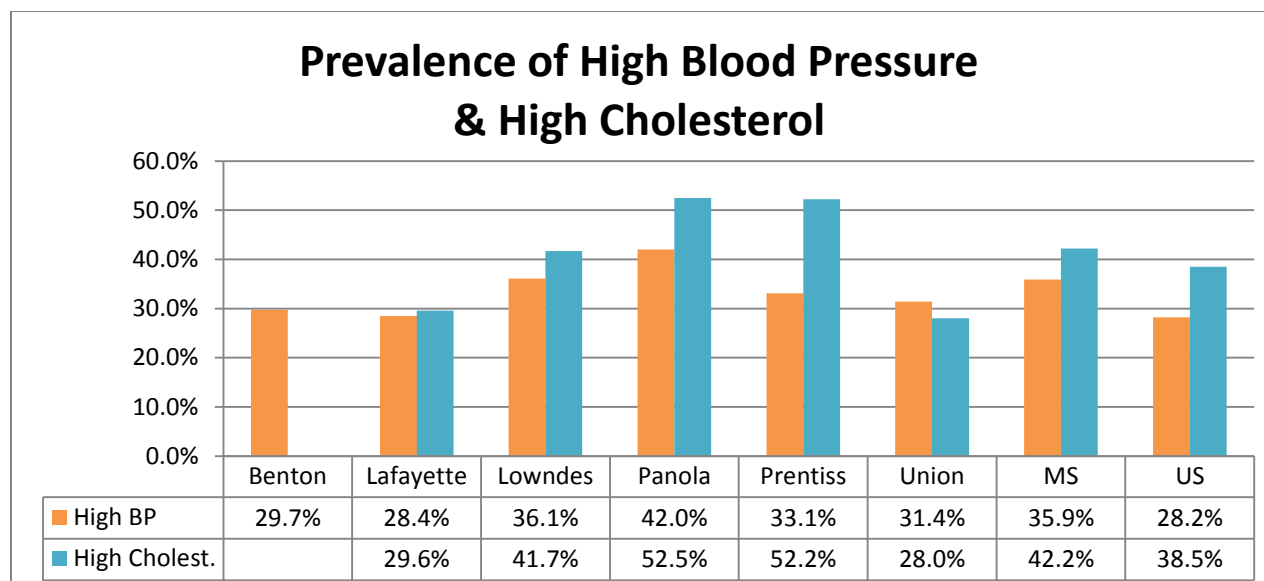
Diabetes and heart disease were recognized by key informants as two of the top health conditions affecting residents in the region. Diabetes prevalence among adults has increased in all counties since 2004.



Source: Centers for Disease Control and Prevention

*A change in methods occurred in 2011 that may affect the validity of comparisons to past years

Heart disease is the leading causes of death in the region. Current death rates for all counties, except Panola, are lower than the state. Panola's heart disease death rate has increased since 2004. Panola, followed closely by Prentiss, has greater percentages of adults with high blood pressure and cholesterol.



Source: Centers for Disease Control and Prevention, 2011-2012 & 2006-2012

*Cholesterol data is not available for Benton County

Community leaders listed obesity among the top three health issues in the community and lack of physical activity and good nutrition among the top three contributing factors. Adult obesity in all counties except Lowndes and Prentiss, increased from the 2013 CHNA; Benton County increased by four points. Current adult obesity percentages exceed the nation and the Healthy People 2020 goal. All counties, except Benton and Lafayette, have a higher percentage of obese low-income preschool children compared to the nation

Obesity among Adults and Low-Income Preschool Children

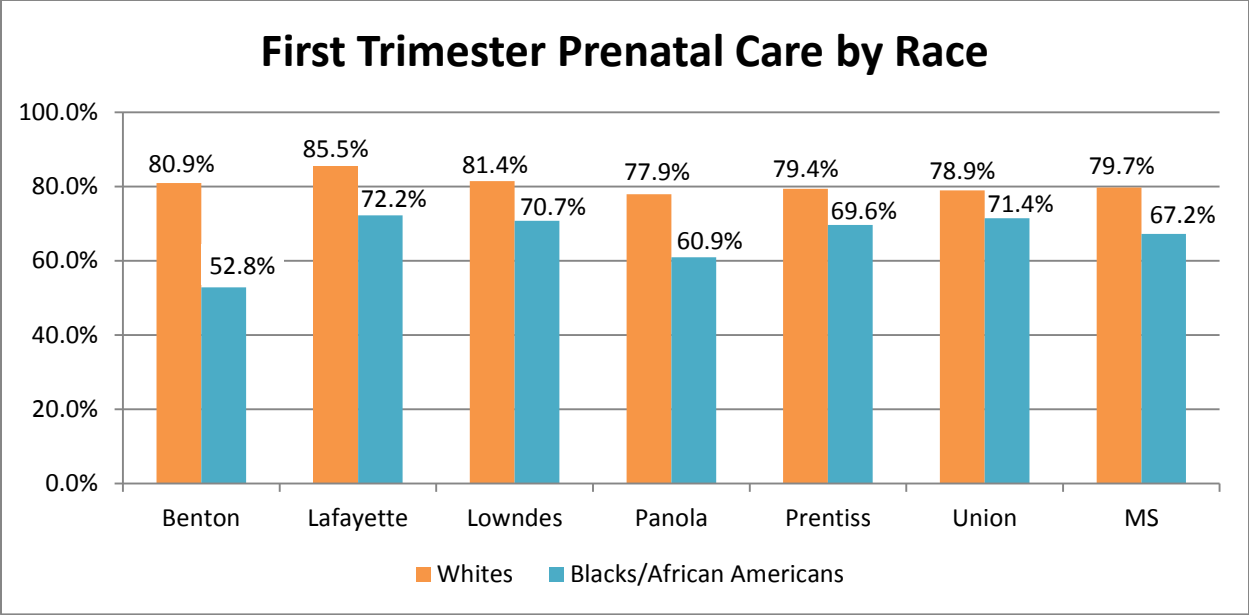
| | Adults | | Children |
|------------------|--------|-------|----------|
| | 2008 | 2012 | 2012 |
| Benton County | 34.0% | 38.0% | 13.1% |
| Lafayette County | 32.0% | 35.0% | 12.8% |
| Lowndes County | 35.0% | 35.0% | 14.7% |
| Panola County | 34.0% | 35.0% | 19.5% |
| Prentiss County | 32.0% | 31.0% | 15.8% |
| Union County | 32.0% | 34.0% | 19.0% |
| United States | NA | 27.0% | 13.9% |
| HP 2020 | NA | 30.5% | NA |

Source: Centers for Disease Control and Prevention, 2012; United States Department of Agriculture, 2009-2011; Healthy People 2020

Maternal and Child Health

Prenatal care access is a key contributor to maternal and child health disparities. Lafayette County is the only county to meet the Healthy People 2020 goal of 77.9% of mothers receiving first trimester prenatal care. Percentages in Benton, Lowndes, and Panola Counties are lower than they were in 2009.

In all counties, Blacks/African Americans are less likely than Whites to receive first trimester prenatal care. Percentages for Blacks/African Americans in Benton and Panola Counties are particularly low.



Source: Mississippi State Department of Health, 2013

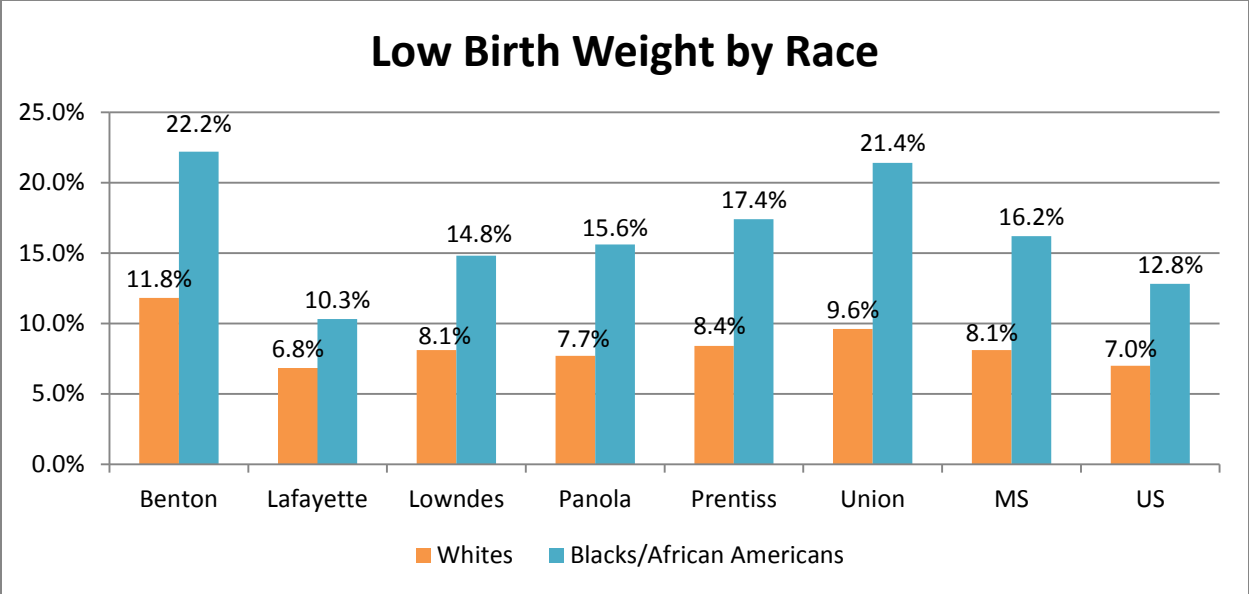
Maternal and child health disparities affect Blacks/African Americans at a greater rate than Whites. All counties have a notable percentage of Black/African American births.

Births to Black/African American Mothers

| | Total Births | Births to Black/African American Mothers |
|------------------|--------------|--|
| Benton County | 104 | 34.6% |
| Lafayette County | 513 | 24.6% |
| Lowndes County | 800 | 50.8% |
| Panola County | 507 | 60.6% |
| Prentiss County | 333 | 13.8% |
| Union County | 394 | 17.8% |

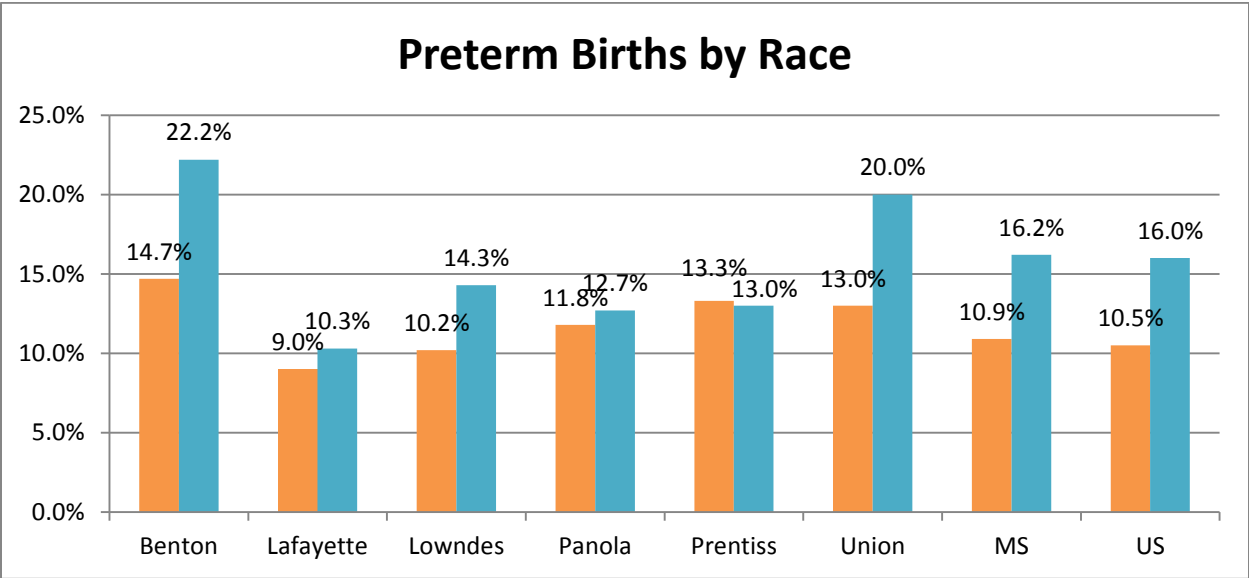
Source: Mississippi State Department of Health, 2013

Black/African American mothers are more likely than White mothers to deliver low birth weight babies. Low birth weight percentages for Blacks/African Americans in Benton, Prentiss, and Union Counties are particularly high. Lafayette and Prentiss are the only counties to exhibit a downward trend in the percentage of low birth weight babies and only Lafayette County meets the Healthy People 2020 goal.



Source: Mississippi State Department of Health, 2013; Centers for Disease Control & Prevention, 2013

Black/African American mothers are more likely than White mothers to deliver preterm babies. Benton and Union Counties have the biggest disparities. Lafayette is the only county to meet the Healthy People 2020 goal for preterm births (11.4%).



Source: Mississippi State Department of Health, 2013; Centers for Disease Control & Prevention, 2013

Input from Community Representatives

Community engagement and feedback were an integral part of the CHNA process. Public health experts, health care professionals, and representatives of underserved populations shared knowledge and expertise about community health issues as part of the Key Informant Interviews and Partner Forums. Health care consumers, including

medically underserved individuals and chronically-ill patients, were included in the focus groups. A list of community representatives is included in Appendix C.

The following tables summarize the top health conditions in the community and contributing factors, according to key informants. The findings are consistent with secondary data indicators and results from the Partner Forum.

Top Health Conditions Affecting Residents

| Ranking | Condition | Percent of Key Informants | Number of Key Informants |
|---------|--------------------|---------------------------|--------------------------|
| 1 | Diabetes | 17.3% | 27 |
| 2 | Overweight/Obesity | 16.7% | 26 |
| 3 | Cancer | 13.5% | 21 |
| 4 | Heart Disease | 11.5% | 18 |
| 5 | Behavioral Health | 10.3% | 16 |

Top Contributing Factors to Conditions Affecting Residents

| Ranking | Contributing Factor | Percent of Key Informants | Number of Key Informants |
|---------|--|---------------------------|--------------------------|
| 1 | Lack of knowledge/awareness of the value of preventative care/screenings | 15.4% | 25 |
| 2 | Lack of physical activity | 14.2% | 23 |
| 3 | Lack of good nutrition | 13.6% | 22 |
| 4 | Inability to afford care | 10.5% | 17 |
| 5 | Other | 8.0% | 13 |

Development of a Community Health Improvement Plan

Baptist Memorial Health Care developed a Community Health Improvement Plan (CHIP) to guide community benefit and population health improvement activities across the Mississippi Service Area. The CHIP builds upon previous health improvement activities, while recognizing new health needs and a changing health care delivery environment, to address the region's most pressing community health needs.

Health Priority: Behavioral Health

Goal: Improve outcomes for residents with a mental health or substance abuse condition and their families.

Objectives:

- 1) Increase the number of residents who are screened for depression and mental health conditions.
- 2) Develop or continue collaboration with community agencies that provide mental health and substance abuse support services to reduce suicide and drug induced death rates.
- 3) Educate residents about warning signs for mental health conditions and substance abuse, including Alzheimer's disease.

Health Priority: Cancer

Goal: Provide early detection and treatment to reduce cancer mortality rates and improve quality of life for patients living with cancer.

Objectives:

- 1) Provide free or reduced cost screenings and services, especially targeting low-income, at-risk, and minority populations.
- 2) Increase residents' awareness of the benefits of cancer prevention, screenings, and early treatment.

Health Priority: Chronic Disease Management and Prevention

Goal: Reduce risk factors for chronic disease and improve management of chronic disease through healthy lifestyle choices.

Objectives:

- 1) Provide education about healthy lifestyles and risk factors for disease.
- 2) Provide opportunities to encourage physical activity among residents.

Health Priority: Maternal & Child Health

Goal: Improve birth outcomes for women and infants.

Objectives:

- 1) Increase the proportion of women who receive early and adequate prenatal care.
- 2) Increase the proportion of infants who are breastfed.

Board Approval and Report Dissemination

The Baptist Memorial Health Care CHNA Final Report and Improvement Plan were reviewed and adopted by the Baptist System Board on July 18, 2016. A copy of the CHNA Final Report is posted on the hospitals' websites.

Demographic Analysis of Mississippi Service Area

The following section outlines key demographic indicators related to the social determinants of health within the counties. Social determinants of health are factors within the environment in which people live, work, and play that can affect health and quality of life, and are often the root cause of health disparity. Healthy People 2020 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.” All reported demographic data are provided by © 2015 The Nielsen Company.

Population Demographics

The population in all counties, except Panola and Lowndes, is primarily White. Panola and Lowndes Counties have a larger Black/African American population (48.9% and 44.1% respectively). All of the counties have a low percentage of Hispanic/Latino residents; Union County has the highest percentage at 4.8%.

2015 Population by Race/Ethnicity

| | Benton County | Lafayette County | Lowndes County | Panola County | Prentiss County | Union County | MS |
|---|---------------|------------------|----------------|---------------|-----------------|--------------|-------|
| White, Non-Hispanic | 67.8% | 68.3% | 52.0% | 47.7% | 82.2% | 77.6% | 58.3% |
| Black or African American, Non-Hispanic | 28.7% | 25.2% | 44.1% | 48.9% | 14.8% | 15.9% | 37.4% |
| Hispanic or Latino (of any race) | 2.0% | 2.2% | 2.0% | 1.7% | 1.4% | 4.8% | 3.1% |
| Asian & Pacific Islander, Non-Hispanic | 0.1% | 2.8% | 0.7% | 0.3% | 0.2% | 0.3% | 1.0% |
| All others | 1.4% | 1.4% | 1.3% | 1.3% | 1.4% | 1.3% | 3.3% |

The median age of all counties, except Benton and Lafayette, is similar to the state. The median age in Benton County (40.9) is higher than the state average, while the median age in Lafayette County (28.7) is lower than the state average.

2015 Population by Age

| | Benton County | Lafayette County | Lowndes County | Panola County | Prentiss County | Union County | MS |
|-------------|---------------|------------------|----------------|---------------|-----------------|--------------|-------|
| Under 18 | 23.2% | 18.8% | 24.3% | 26.4% | 23.5% | 25.0% | 24.7% |
| 18 – 24 | 8.5% | 25.9% | 10.3% | 9.0% | 10.6% | 8.8% | 10.5% |
| 25 – 34 | 11.2% | 14.4% | 13.5% | 11.9% | 11.8% | 12.1% | 12.9% |
| 35 – 54 | 26.1% | 20.6% | 24.6% | 24.8% | 25.0% | 26.0% | 25.1% |
| 55 – 64 | 13.1% | 9.2% | 12.6% | 12.8% | 12.1% | 12.1% | 12.4% |
| 65 and over | 17.8% | 11.2% | 14.6% | 14.5% | 17.0% | 16.1% | 14.5% |
| Median Age | 40.9 | 28.7 | 36.6 | 36.8 | 38.6 | 38.2 | 36.6 |

Language Spoken at Home

All of the counties are primarily English speaking. Union County has the highest percentage of non-English speakers (5%). The most common language spoken by non-English speaking Union County residents is Spanish, which is consistent with the ethnic makeup.

2015 Population by Language Spoken

| | Benton County | Lafayette County | Lowndes County | Panola County | Prentiss County | Union County | MS |
|------------------|---------------|------------------|----------------|---------------|-----------------|--------------|-------|
| English Speaking | 97.7% | 95.6% | 97.0% | 98.9% | 97.8% | 95.1% | 96.3% |

Financial and Occupation Demographics

The majority of occupied housing units are occupied by owners versus renters; however, the percentage of renters is notably higher in Lafayette County (45.8%) compared to the other counties and the state. The difference may be due to presence of the University of Mississippi in Oxford and the younger population residing in the county, as well as the higher median home value (\$177,655). Renters are more likely to experience housing cost burden, which is defined as spending more than 30% of the household income on housing.

2015 Households by Occupancy Type

| | Benton County | Lafayette County | Lowndes County | Panola County | Prentiss County | Union County | MS |
|-----------------|---------------|------------------|----------------|---------------|-----------------|--------------|-------|
| Owner-occupied | 79.2% | 54.2% | 63.9% | 74.0% | 74.6% | 73.4% | 69.7% |
| Renter-occupied | 20.8% | 45.8% | 36.1% | 26.0% | 25.4% | 26.6% | 30.3% |

The median home value for owner-occupied units is also an indicator of housing affordability; however, it should be considered in conjunction with median household income and overall cost of living. For example, while Lafayette County has the highest median home value and the highest median household income, additional cost of living indicators (e.g. price of goods and services) should be taken into account to determine if housing cost is proportional to income.

2015 Owner-Occupied Housing by Median Value

| Benton County | Lafayette County | Lowndes County | Panola County | Prentiss County | Union County | MS |
|---------------|------------------|----------------|---------------|-----------------|--------------|-----------|
| \$90,526 | \$177,655 | \$117,433 | \$86,182 | \$78,398 | \$91,464 | \$107,557 |

Racial and ethnic disparities in income exist across the state and the nation, with White and Asian populations having the highest median income and Black/African American and Hispanic/Latino populations having the lowest median income. The six Mississippi Service Area counties follow state and national trends with few exceptions. In Benton, Lafayette, and Panola Counties, median income is also higher among the Hispanic/Latino population, and in Prentiss and Union Counties, median income is lowest among the Asian population.

2015 Population by Median Household Income & Race/Ethnicity

| | Benton County | Lafayette County | Lowndes County | Panola County | Prentiss County | Union County | MS |
|----------------------------------|-----------------|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| White | \$40,505 | \$55,670 | \$53,508 | \$50,378 | \$35,465 | \$42,998 | \$49,251 |
| Black or African American | \$17,544 | \$32,730 | \$23,191 | \$27,550 | \$24,391 | \$30,146 | \$26,523 |
| Asian | \$50,000 | \$44,762 | \$42,500 | \$45,000 | \$17,000 | \$14,999 | \$47,870 |
| Hispanic or Latino (of any race) | \$58,333 | \$58,333 | \$27,073 | \$45,688 | \$20,000 | \$24,873 | \$42,807 |
| Total Population | \$33,125 | \$46,762 | \$39,484 | \$39,896 | \$34,278 | \$39,933 | \$39,950 |

Poverty

Families represent two or more people who are related and residing together. The percentage of families and families with children living in poverty varies by county with Benton County having the highest percentages (24.3% and 19.3% respectively) and Lafayette County having the lowest percentages (11.7% and 8.6% respectively). In

comparison to the 2013 CHNA, Lowndes and Prentiss Counties were the only counties to experience notable increases in the percentage of families living in poverty.

2015 Families in Poverty

| | Benton County | Lafayette County | Lowndes County | Panola County | Prentiss County | Union County | MS |
|-----------------------------------|---------------|------------------|----------------|---------------|-----------------|--------------|-------|
| Families in poverty | 24.3% | 11.7% | 23.3% | 21.3% | 20.0% | 21.2% | 18.7% |
| Families with children in poverty | 19.3% | 8.6% | 18.4% | 15.6% | 14.6% | 16.4% | 14.4% |

Families in Poverty: Difference from the 2013 CHNA (2010)

| | Benton County | Lafayette County | Lowndes County | Panola County | Prentiss County | Union County |
|-----------------------------------|---------------|------------------|----------------|---------------|-----------------|--------------|
| Families in poverty | -1.8% | +0.1% | +2.1% | -3.0% | +3.6% | -0.5% |
| Families with children in poverty | -17.6 | -8.9% | -15.2% | -18.3% | -7.8% | -17.4% |

Employment

The unemployment rate is highest in Benton County (9.8%) and lowest in Union County (6%). All counties, except Lafayette and Union, exceed the state average of 6.7%

2015 Population by Unemployment Status

| Benton County | Lafayette County | Lowndes County | Panola County | Prentiss County | Union County | MS |
|---------------|------------------|----------------|---------------|-----------------|--------------|------|
| 9.8% | 6.5% | 8.8% | 8.0% | 7.1% | 6.0% | 6.7% |

The majority of workers hold white collar jobs, except in Benton County where the workforce is closely distributed between white and blue collar jobs. More workers hold white collar jobs in Lafayette County. Lafayette, Lowndes, and Panola have the largest percentage of service and farm workers.

2015 Population by Occupation

| | Benton County | Lafayette County | Lowndes County | Panola County | Prentiss County | Union County | MS |
|------------------|---------------|------------------|----------------|---------------|-----------------|--------------|-------|
| White collar | 44.8% | 63.4% | 52.8% | 51.1% | 49.1% | 48.1% | 54.7% |
| Blue collar | 41.6% | 18.7% | 26.9% | 31.5% | 37.2% | 38.3% | 26.3% |
| Service and farm | 13.6% | 17.9% | 20.3% | 17.4% | 13.7% | 13.6% | 19.0% |

Education Demographics

Education is the largest predictor of poverty and one of the most effective means of reducing inequalities. Except in Lafayette County, residents across the Mississippi Service Area are less likely to have a high school diploma and less likely to have a bachelor's degree or higher when compared to state averages. Hispanic/ Latino residents experience greater disparities related to education than White residents.

2015 Overall Population by Educational Attainment

| | Benton County | Lafayette County | Lowndes County | Panola County | Prentiss County | Union County | MS |
|------------------------------------|---------------|------------------|----------------|---------------|-----------------|--------------|-------|
| Less than a high school diploma | 23.1% | 12.7% | 18.3% | 24.8% | 26.2% | 24.3% | 15.8% |
| High school graduate | 36.3% | 19.4% | 30.9% | 31.2% | 35.2% | 32.7% | 30.5% |
| Some college or associate's degree | 28.8% | 27.5% | 30.8% | 29.6% | 27.7% | 28.7% | 31.0% |
| Bachelor's degree or higher | 11.8% | 40.4% | 19.9% | 14.4% | 10.9% | 14.4% | 20.3% |

*Educational attainment is calculated for adults 25 years or over.

2015 Hispanic/Latino Population by Educational Attainment

| | Benton County | Lafayette County | Lowndes County | Panola County | Prentiss County | Union County | MS |
|------------------------------------|---------------|------------------|----------------|---------------|-----------------|--------------|-------|
| Less than a high school diploma | 54.8% | 34.2% | 39.6% | 72.2% | 25.5% | 65.2% | 36.1% |
| High school graduate | 4.1% | 19.7% | 26.9% | 26.1% | 25.5% | 11.9% | 27.8% |
| Some college or associate's degree | 20.5% | 29.4% | 15.0% | 1.7% | 39.6% | 15.2% | 23.8% |
| Bachelor's degree or higher | 20.5% | 16.7% | 18.5% | 0.0% | 9.4% | 7.8% | 12.4% |

*Educational attainment is calculated for adults 25 years or over. Data is not available for Blacks/African Americans or other racial groups.

In comparison to the 2013 CHNA, Prentiss and Union were the only counties to experience notable decreases in educational attainment. The percentage of the population with a bachelor's degree or higher decreased by 3 points in both counties.

Educational Attainment: Difference from the 2013 CHNA (2010)

| | Benton County | Lafayette County | Lowndes County | Panola County | Prentiss County | Union County |
|-----------------------------|---------------|------------------|----------------|---------------|-----------------|--------------|
| High school graduate | +7.8% | +1.7% | +1.2% | +4.1% | -0.8% | +0.2% |
| Bachelor's degree or higher | +2.2% | -0.1% | 0.0 | -0.2% | -3.0% | -2.9% |

Social Determinants of Health by Zip Code

In addition to reviewing socio-economic statistics for a population as a whole, it is valuable to view demographics at the zip code level to identify geographical trends that can impact population health. Select factors are outlined below for zip codes across the Mississippi Service Area to identify potential health disparities and aid Baptist in targeting community health improvement efforts to high risk populations.

Social Determinants of Health Indicators by Zip Code-Benton County

| | Black/ African American | Hispanic/ Latino | English Speaking | Families in Poverty | Families w/ Children in Poverty | Single Female Households w/ Children | Unemploy- ment | Less than HS Diploma |
|------------------------------|-------------------------------|---------------------|---------------------|---------------------------|--|---|-------------------|----------------------------|
| 38603 Ashland | 29.5% | 2.2% | 97.2% | 23.4% | 17.6% | 9.6% | 10.9% | 22.6% |
| 38633 Hickory Flat | 14.4% | 1.2% | 98.5% | 22.6% | 18.7% | 10.5% | 8.0% | 21.5% |
| 38647 Michigan City | 58.7% | 3.3% | 97.1% | 30.6% | 24.7% | 13.1% | 11.0% | 27.9% |
| Benton County, MS | 28.7% | 2.0% | 97.7% | 24.3% | 19.3% | 10.6% | 9.8% | 23.1% |

Social Determinants of Health Indicators by Zip Code-Lafayette County

| | Black/ African American | Hispanic/ Latino | English Speaking | Families in Poverty | Families w/ Children in Poverty | Single Female Households w/ Children | Unemploy- ment | Less than HS Diploma |
|---------------------------------|-------------------------------|---------------------|---------------------|---------------------------|--|---|-------------------|----------------------------|
| 38601 Abbeville | 50.7% | 0.8% | 99.4% | 12.5% | 11.8% | 11.5% | 9.5% | 28.8% |
| 38655 Oxford | 24.8% | 2.3% | 95.5% | 11.7% | 8.5% | 12.4% | 6.2% | 11.8% |
| 38673 Taylor | 31.8% | 1.2% | 94.8% | 12.6% | 9.2% | 9.7% | 7.0% | 10.1% |
| 38677 University | 16.4% | 2.5% | 95.6% | 16.7% | 8.3% | 16.7% | 7.9% | 8.2% |
| 38949 Paris | 3.1% | 1.3% | 96.3% | 3.2% | 2.1% | 7.5% | 1.2% | 14.1% |
| Lafayette County, MS | 25.2% | 2.2% | 95.6% | 11.7% | 8.6% | 12.3% | 6.5% | 12.7% |

Color Coding Guide

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| 0-2% points higher than the county Exception: English Speaking cells are 0- 2% points lower than the county |
| More than 2% points higher than the county Exception: English Speaking cells are more than 2% points lower than the county |

Social Determinants of Health Indicators by Zip Code-Lowndes County

| | Black/ African American | Hispanic/ Latino | English Speaking | Families in Poverty | Families w/ Children in Poverty | Single Female Households w/ Children | Unemploy- ment | Less than HS Diploma |
|-------------------------------|-------------------------------|---------------------|---------------------|---------------------------|---|---|-------------------|----------------------------|
| 39701 Columbus | 68.2% | 1.2% | 96.9% | 38.9% | 28.8% | 22.4% | 11.4% | 24.8% |
| 39702 Columbus | 46.2% | 1.2% | 97.8% | 23.5% | 19.9% | 18.1% | 8.2% | 18.0% |
| 39705 Columbus | 29.0% | 4.1% | 95.2% | 13.3% | 10.5% | 9.8% | 6.9% | 12.0% |
| 39710 Columbus | 9.3% | 9.0% | 87.6% | 10.4% | 10.4% | 6.1% | 4.1% | 9.0% |
| 39740 Caledonia | 8.9% | 1.7% | 98.0% | 15.5% | 13.3% | 7.3% | 8.3% | 16.2% |
| 39743 Crawford | 78.3% | 0.6% | 99.0% | 30.4% | 17.8% | 19.4% | 12.6% | 30.0% |
| 39766 Steens | 23.4% | 1.9% | 98.0% | 13.2% | 8.8% | 8.8% | 8.7% | 18.6% |
| Lowndes County, MS | 44.1% | 2.0% | 97.0% | 23.3% | 18.4% | 15.7% | 8.8% | 18.3% |

Social Determinants of Health Indicators by Zip Code-Panola County

| | Black/ African American | Hispanic/ Latino | English Speaking | Families in Poverty | Families w/ Children in Poverty | Single Female Households w/ Children | Unemploy- ment | Less than HS Diploma |
|------------------------------|-------------------------------|---------------------|---------------------|---------------------------|---|---|-------------------|----------------------------|
| 38606 Batesville | 44.5% | 2.2% | 99.2% | 23.4% | 18.0% | 16.1% | 7.5% | 25.0% |
| 38619 Como | 51.8% | 1.0% | 98.7% | 16.8% | 11.6% | 13.3% | 7.4% | 26.0% |
| 38620 Courtland | 47.1% | 1.5% | 99.4% | 19.3% | 13.8% | 12.6% | 10.5% | 21.4% |
| 38621 Crenshaw | 65.2% | 1.7% | 98.6% | 32.8% | 25.8% | 17.3% | 8.4% | 30.3% |
| 38658 Pope | 25.9% | 1.0% | 99.4% | 11.9% | 8.6% | 9.0% | 8.5% | 21.4% |
| 38666 Sardis | 61.0% | 1.6% | 98.2% | 21.3% | 14.1% | 17.6% | 8.0% | 25.1% |
| Panola County, MS | 48.9% | 1.7% | 98.9% | 21.3% | 15.6% | 15.2% | 8.0% | 24.8% |

| Color Coding Guide |
|---|
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| More than 2% points higher than the county Exception: English Speaking cells are more than 2% points lower than the county |

Social Determinants of Health Indicators by Zip Code-Prentiss County

| | Black/ African American | Hispanic/ Latino | English Speaking | Families in Poverty | Families w/ Children in Poverty | Single Female Households w/ Children | Unemploy- ment | Less than HS Diploma |
|--------------------------------|-------------------------------|---------------------|---------------------|---------------------------|---|---|-------------------|----------------------------|
| 38824 Baldwyn | 23.7% | 1.1% | 98.2% | 19.8% | 14.7% | 12.0% | 5.9% | 24.6% |
| 38829 Booneville | 12.8% | 1.6% | 97.7% | 21.6% | 15.5% | 9.9% | 7.5% | 26.7% |
| 38856 Marietta | 0.3% | 1.0% | 97.2% | 8.6% | 6.7% | 6.7% | 6.9% | 24.6% |
| 38859 New Site | 0.1% | 0.3% | 97.7% | 12.1% | 10.0% | 5.2% | 7.6% | 33.1% |
| Prentiss County, MS | 14.8% | 1.4% | 97.8% | 20.0% | 14.6% | 10.2% | 7.1% | 26.2% |

Social Determinants of Health Indicators by Zip Code-Union County

| | Black/ African American | Hispanic/ Latino | English Speaking | Families in Poverty | Families w/ Children in Poverty | Single Female Households w/ Children | Unemploy- ment | Less than HS Diploma |
|-----------------------------|-------------------------------|---------------------|---------------------|---------------------------|---|---|-------------------|----------------------------|
| 38627 Etta | 6.3% | 1.1% | 97.9% | 7.0% | 5.3% | 4.7% | 4.7% | 23.2% |
| 38650 Myrtle | 10.4% | 3.3% | 97.4% | 21.7% | 18.6% | 9.2% | 4.5% | 21.9% |
| 38652 New Albany | 19.9% | 6.1% | 93.9% | 23.3% | 17.8% | 10.5% | 6.6% | 25.1% |
| 38828 Blue Springs | 8.7% | 2.4% | 96.5% | 16.9% | 12.9% | 8.8% | 5.7% | 23.7% |
| Union County, MS | 15.9% | 4.8% | 95.1% | 21.2% | 16.4% | 9.7% | 6.0% | 24.3% |

Color Coding Guide

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Public Health Analysis of Mississippi Service Area

Background

Publicly reported health statistics were collected and analyzed to display health trends and identify health disparities across the service area. The following analysis uses data compiled by secondary sources such as the County Health Rankings & Roadmaps program, Mississippi Department of Health, and the Centers for Disease Control and Prevention (CDC). All data sources are listed by indicator throughout the report. In addition, a full listing of all public health data sources can be found in Appendix B.

County statistics are compared to state and national averages and Healthy People 2020 (HP 2020) goals, where applicable. State and national averages represent comparable year(s) of data to county-level statistics, unless otherwise noted. Healthy People 2020 goals are national goals created by the U.S. Department of Health and Human Services to set a benchmark for all communities to strive towards. Healthy People goals are updated every ten years and progress is tracked throughout the decade.

Access to Health Services

The following table illustrates County Health Rankings for clinical care access among the 82 counties in Mississippi. The ranking is based on a number of indicators, including health insurance coverage and access to providers. Lafayette County has the best clinical care access ranking (5), the lowest percentage of residents who are uninsured (16%), and some of the highest provider rates. Panola County has the worst clinical care access ranking (53), primarily due to a low rate of providers in the county.

Panola County has the worst clinical care access ranking (53 out of 82), primarily due to a low rate of providers

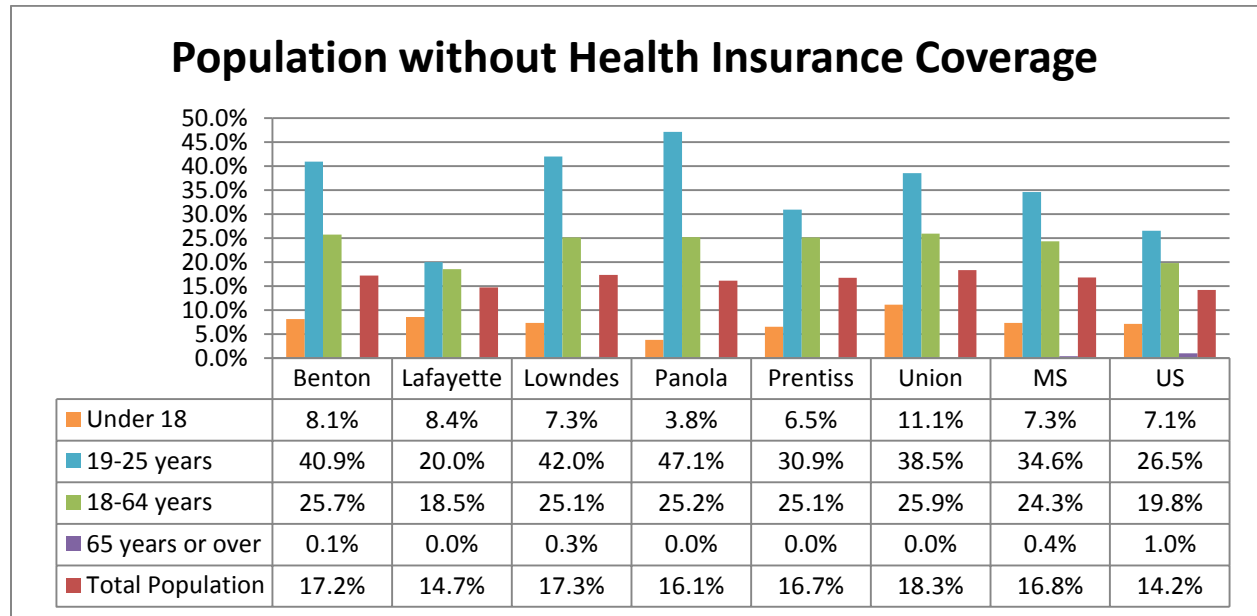
Clinical Care Access Ranking Out of 82 Mississippi Counties

| | Clinical Care Access Ranking |
|------------------|------------------------------|
| Lafayette County | 5 |
| Lowndes County | 9 |
| Prentiss County | 23 |
| Union County | 32 |
| Benton County | 40 |
| Panola County | 53 |

Source: County Health Rankings, 2015

None of the counties meet the Healthy People 2020 goal of having 100% of residents insured. Residents in all counties are more likely to be uninsured when compared to the nation. The percent of uninsured residents is comparable to the state, with the highest uninsured populations among Union County residents, and the lowest uninsured populations in Lafayette County.

Residents across the service area are more likely to be uninsured compared to national averages

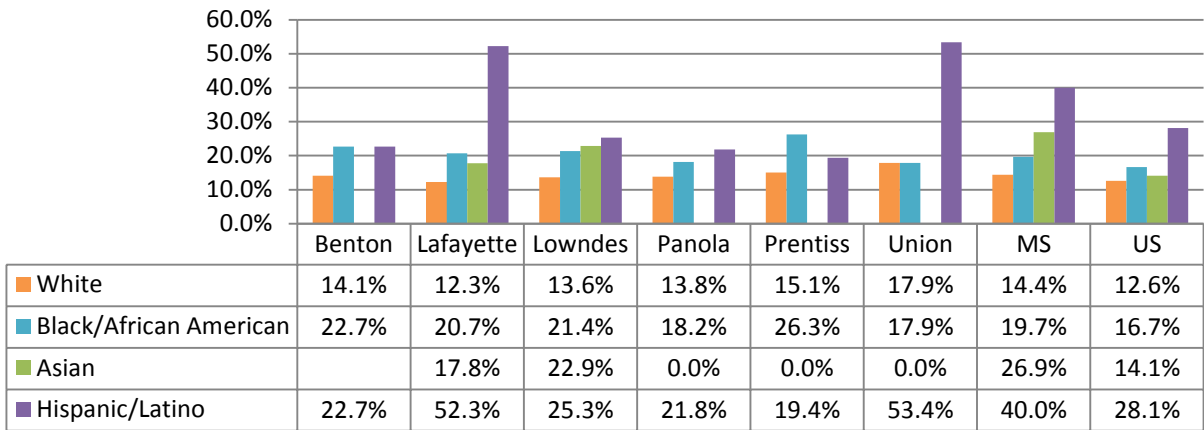


Source: United States Census Bureau, 2010-2014

Uninsured rates are higher among Black/African American and Hispanic/Latino populations. Hispanic/Latino residents generally have the highest uninsured rates in the counties. More than half of Hispanics/Latinos in Lafayette (n=593) and Union (n=666) Counties are uninsured. Union County has the largest Hispanic/Latino population (4.8%).

More than half of Hispanics/Latinos in Lafayette and Union Counties are uninsured

Population without Health Insurance Coverage by Race/Ethnicity



Source: United States Census Bureau, 2010-2014

*Health insurance data is not available for Asians in Benton County

Provider Access

Provider rates per 100,000 are noted for primary care, dental care, and mental health providers. All six counties within the service area are designated as Medically Underserved Areas and 100% of residents in all counties, except Lowndes, live in a Health Professional Shortage Area.

All counties are designated as Medically Underserved Areas and residents in all counties, except Lowndes, live in a HPSA

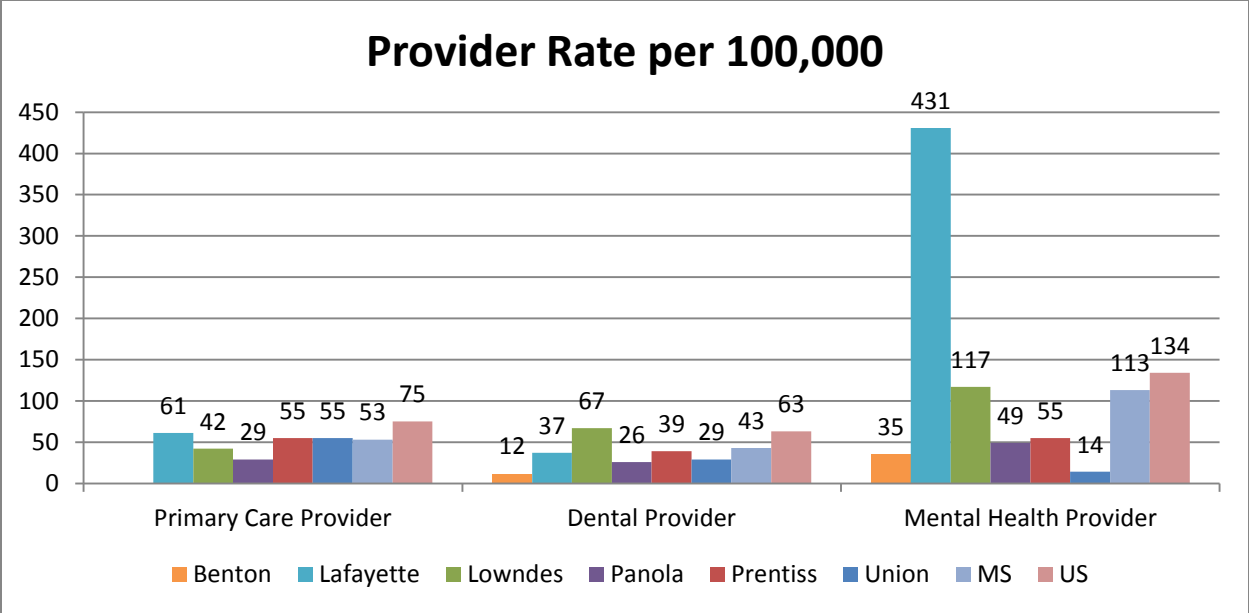
Panola County has some of the lowest provider rates in the service area. Provider rates for primary care, dental care, and mental health care are less than half of the national rates. Panola County adults are also the most likely to consider cost as a barrier to accessing care. Despite these barriers, residents are the most likely to have a regular doctor (78.9%).

In contrast, Lafayette County has some of the highest provider rates and adults are the least likely to consider cost as a barrier to accessing care (13%); however, they are the most likely to not have a regular doctor.

Lafayette County adults are less likely to consider costs a barrier to health care, but they are the most likely not to have a regular doctor

Dental provider rates are lower in all counties, except Lowndes, when compared to the state. Union County has one of the lowest dental provider rates and the highest percentage of adults who have not received a recent dental exam.

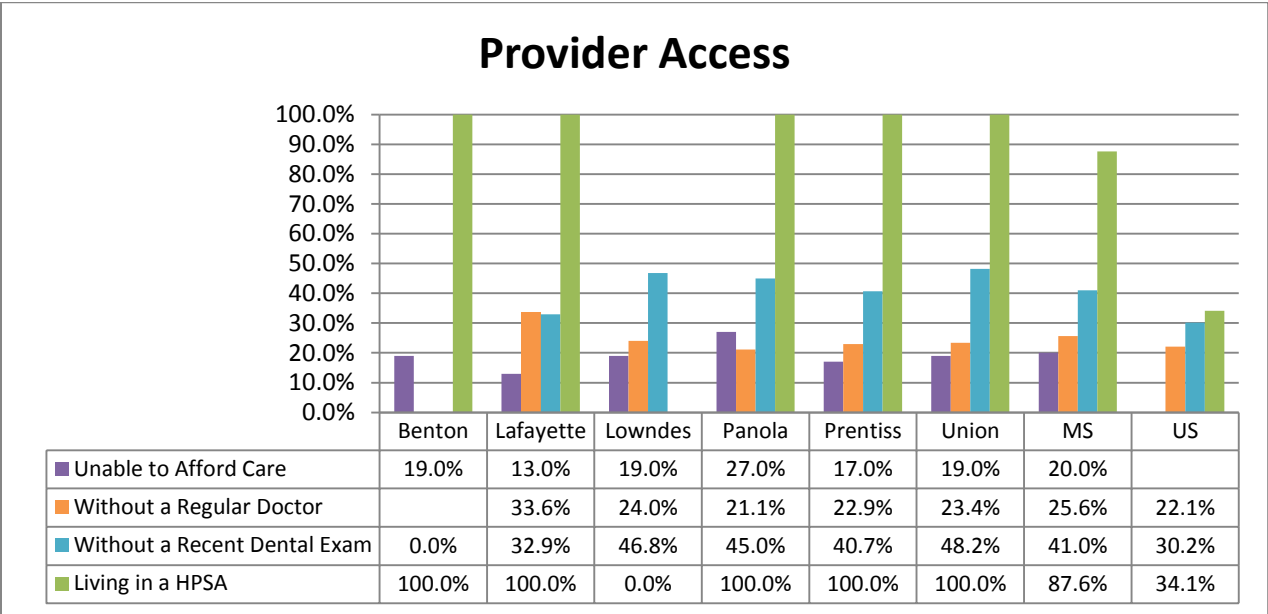
48.2% of Union County adults have not had a recent dental exam



Source: United States Department of Health & Human Services, Health Resources and Services Administration, 2012 & 2013; Centers for Medicare & Medicaid Services, 2014

*Primary care provide data is not available for Benton County

**The United States mental health provider rate is reported for 2013. All other rates are reported for 2014.



Source: Centers for Disease Control and Prevention, 2006-2010, 2006-2012, & 2011-2012; United States Department of Health & Human Services, Health Resources and Services Administration, 2015

*Blank cells indicate data is not available

**All indicators represent the adult (18 years and over) population with the exception of the population living in a HPSA, which represents all residents

Overall Health Status

The following table illustrates County Health Rankings for health outcomes among the 82 counties in Mississippi. Health outcomes are measured in relation to length of life (premature death) and quality of life. Lafayette County is ranked #2 in the state with the lowest premature death rate and percentage of adults reporting “fair” or “poor” health. Panola County is ranked #62 with the highest premature death rate, and one of the highest percentages of adults reporting “fair” or “poor” health.

Health Outcomes Ranking Out of 82 Mississippi Counties

| | Health Outcomes Ranking |
|------------------|-------------------------|
| Lafayette County | 2 |
| Lowndes County | 8 |
| Union County | 11 |
| Benton County | 41 |
| Prentiss County | 48 |
| Panola County | 62 |

Source: County Health Rankings, 2015

Premature death is defined as death before the age of 75 and the premature death rate is the years of potential life lost before age 75 per 100,000 population. All of the counties have a higher premature death rate when compared to the nation; the rate for Benton and Panola Counties is also higher than the state.

Quality of life indicators include the percentage of adults who report “fair” or “poor” health and the average number of poor physical and mental health days over a 30-day period. Adults in all counties, except Lafayette, are more likely to report

“fair” or “poor” health status when compared to the nation. Adults in Panola and Prentiss Counties also have a notably higher average of both poor physical and mental health days when compared to the state and the nation.

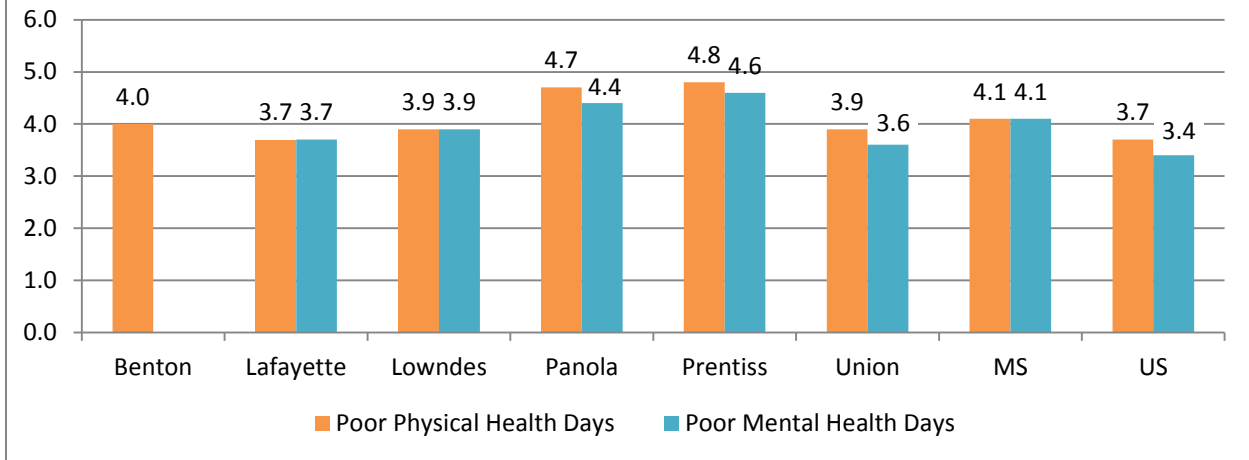
All counties have a higher premature death rate than the nation

Length of Life and Quality of Life Indicators

| | Premature Death Rate per 100,000 | Adults with “Fair” or “Poor” Health Status |
|------------------|----------------------------------|--|
| Benton County | 10,704 | 21.0% |
| Lafayette County | 7,402 | 16.0% |
| Lowndes County | 8,138 | 20.0% |
| Panola County | 12,717 | 22.0% |
| Prentiss County | 11,354 | 25.0% |
| Union County | 8,463 | 23.0% |
| Mississippi | 10,031 | 22.0% |
| United States | 6,622 | 16.0% |

Source: Centers for Disease Control and Prevention, 2006-2012 & 2010-2012

30-Day Average of Poor Physical & Mental Health Days



Source: Centers for Disease Control and Prevention, 2006-2012

*Poor physical health data is not available for Benton County

Health Behaviors

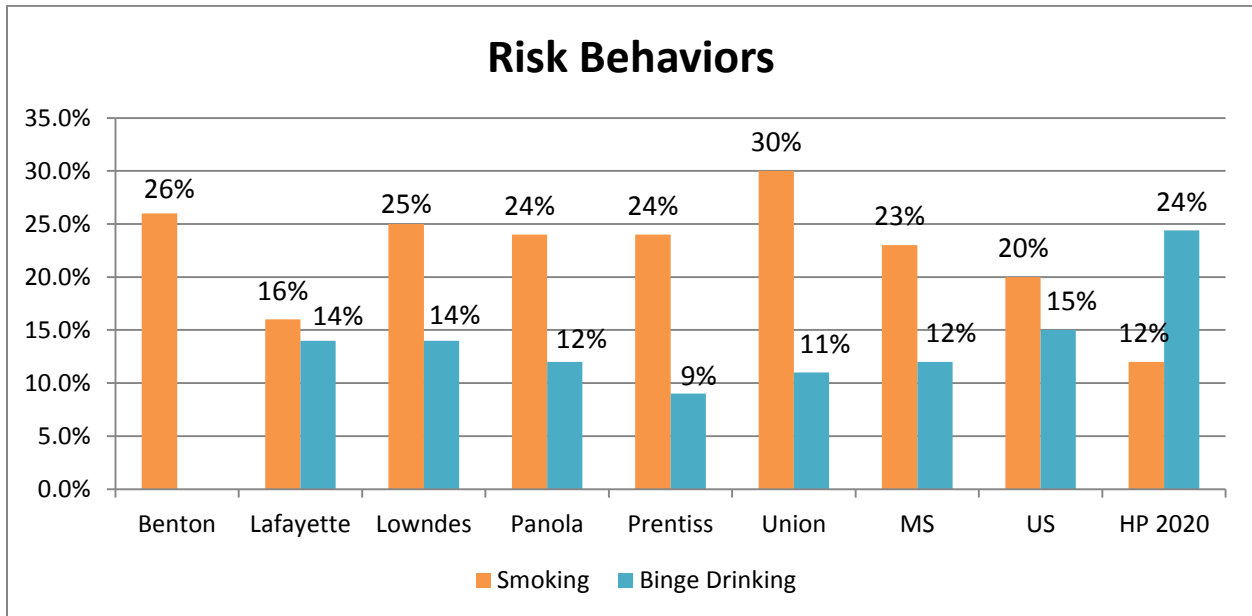
Individual health behaviors, including smoking, excessive drinking, physical inactivity, and obesity, have been shown to contribute to or increase the chance of disease. The prevalence of these health behaviors is provided below, compared to state and national averages and Healthy People 2020 goals.

Risk Behaviors

Adults in all counties, except Lafayette, are more likely to smoke when compared to the state, the nation, and the Healthy People 2020 goal. The percentage of adult smokers in Union County (30%) is particularly high and increased from 27% during the 2013 CHNA. Percentages for all other counties decreased or remained stable from the 2013 CHNA.

Adults in all counties are more likely to smoke when compared to state and national benchmarks

Adults in all counties are less likely to binge drink when compared to the national average and Healthy People 2020 goal. However, the percentage in Prentiss and Union County increased by 2 points and 3 points respectively from the 2013 CHNA. The percentage in Lafayette County (14%) is higher than the state (12%), but decreased by 4 points from the 2013 CHNA.



Source: Centers for Disease Control and Prevention, 2006-2012; Healthy People 2020

Risk Behaviors: Comparison to the 2013 CHNA (2003-2009 Data)

| | Smoking | | Binge Drinking | |
|------------------|-----------|-----------|----------------|-----------|
| | 2006-2012 | 2003-2009 | 2006-2012 | 2003-2009 |
| Benton County | 26.0% | 27.0% | NA | 6.0% |
| Lafayette County | 16.0% | 20.0% | 14.0% | 18.0% |
| Lowndes County | 25.0% | 24.0% | 14.0% | 13.0% |
| Panola County | 24.0% | 27.0% | 12.0% | 13.0% |
| Prentiss County | 24.0% | 27.0% | 9.0% | 6.0% |
| Union County | 30.0% | 27.0% | 11.0% | 9.0% |

Source: Centers for Disease Control and Prevention

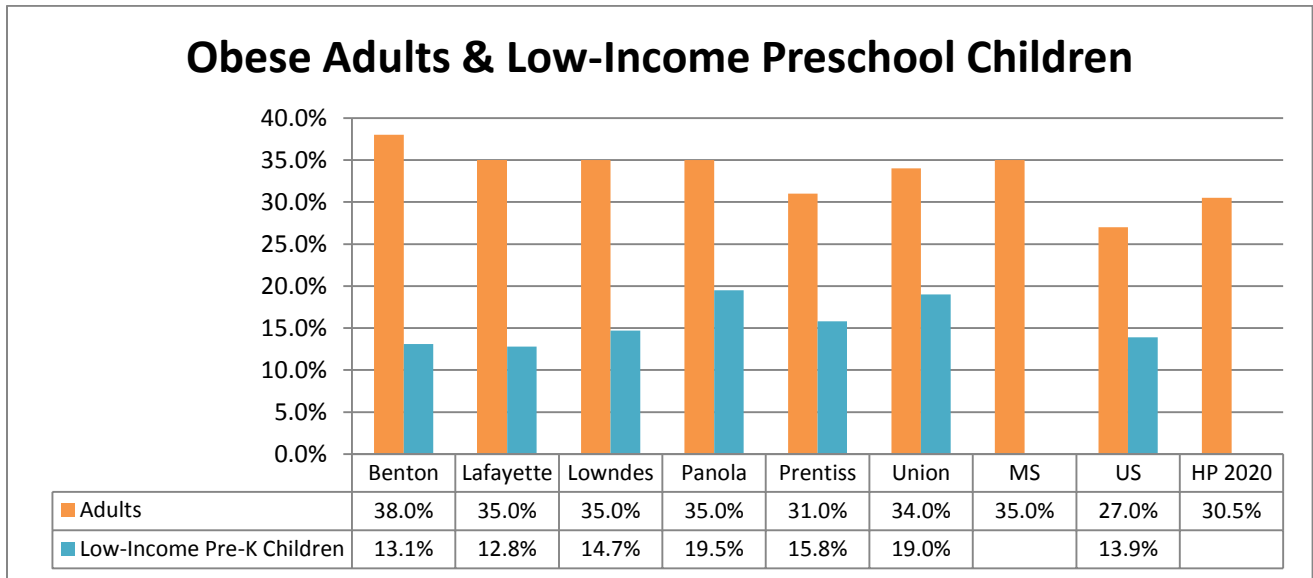
Overweight/Obesity

According to the September 2015 *The State of Obesity Report* by the Trust for America's Health and the Robert Wood Johnson Foundation, Mississippi has the third highest adult obesity rate in the nation at 35.5%. The Benton County rate (38%) exceeds the state, and increased 4 points from the 2013 CHNA. Rates in all other counties are consistent with

Mississippi has the third highest adult obesity rate in the country. Adult obesity increased in all counties, except Prentiss, from the 2013 CHNA

the state and higher than the nation and Healthy People 2020 goal. The percentage of obese adults increased in all counties, except Lowndes and Prentiss.

The percentage of obese low-income preschool children is highest in Panola and Union Counties; however, only Benton and Lafayette Counties have a lower percentage when compared to the nation. The children represented by this indicator are ages 2 to 4 years and participate in federally funded health and nutrition programs. Data for this age group is not available for the state or Healthy People 2020.



Source: Centers for Disease Control and Prevention, 2012; United States Department of Agriculture, 2009-2011; Healthy People 2020

Obese Adults: Comparison to the 2013 CHNA (2008 Data)

| | 2012 Percentage | 2008 Percentage |
|------------------|-----------------|-----------------|
| Benton County | 38.0% | 34.0% |
| Lafayette County | 35.0% | 32.0% |
| Lowndes County | 35.0% | 35.0% |
| Panola County | 35.0% | 34.0% |
| Prentiss County | 31.0% | 32.0% |
| Union County | 34.0% | 32.0% |

Source: Centers for Disease Control and Prevention

Lack of access to healthy food and physical inactivity can contribute to obesity rates.

Food security refers to having a consistent source of sufficient and affordable nutritious

Nearly one-third of children in Prentiss and Union Counties are food insecure. The national comparison is 23.7%.

food. Mississippi residents are more likely to be food insecure when compared to the nation; Panola and Lowndes Counties have the highest percentages for food insecure residents

(approximately 24%). Child food insecurity rates are also higher in Mississippi when compared to the nation, particularly in Prentiss and Union Counties (32% and 30.7% respectively).

Percentage of Food Insecure Residents

| | All Residents | Children |
|------------------|---------------|----------|
| Benton County | 21.7% | 27.8% |
| Lafayette County | 20.5% | 25.6% |
| Lowndes County | 23.6% | 28.6% |
| Panola County | 23.7% | 27.4% |
| Prentiss County | 19.7% | 32.0% |
| Union County | 18.1% | 30.7% |
| Mississippi | 22.7% | 29.0% |
| United States | 15.1% | 23.7% |

Source: Feeding America, 2013

Another measure of healthy food access is the number of fast food restaurants versus grocery stores. All counties, except Lafayette and Lowndes, have a lower rate of fast food restaurants when compared to the state and the nation. However, all counties, except Prentiss, have a lower rate of grocery stores per 100,000 when compared to the state and the nation.

Healthy Food Access & Environment

| | Fast Food Restaurants per 100,000 | Grocery Stores per 100,000 |
|------------------|-----------------------------------|----------------------------|
| Benton County | 0.0 | 11.5 |
| Lafayette County | 78.1 | 10.6 |
| Lowndes County | 71.9 | 15.1 |
| Panola County | 54.7 | 8.6 |
| Prentiss County | 55.4 | 27.7 |
| Union County | 55.3 | 14.7 |
| Mississippi | 69.3 | 15.9 |
| United States | 72.7 | 21.2 |

Source: United States Census, 2013

Locations for physical activity include parks or recreational facilities like gyms, community centers, YMCAs, dance studios, and pools. A lack of physical activity venues may contribute to the percentage of adults in the service area who are physically inactive. In Panola County, only 23% of adults have access to physical activity venues and 38% are physically inactive. In contrast, 80% of

All counties exceed the nation for physically inactive adults by 6 points or more

Lowndes County adults have access to physical activity venues and 31% are physically inactive. All counties have a higher percentage of physically inactive adults when compared to the nation (23%).

Access to Physical Activity Venues and Physical Inactivity among Adults

| | Access to Physical Activity Venues | Physically Inactive |
|------------------|------------------------------------|---------------------|
| Benton County | 74.0% | 32.0% |
| Lafayette County | 78.0% | 29.0% |
| Lowndes County | 80.0% | 31.0% |
| Panola County | 23.0% | 38.0% |
| Prentiss County | 48.0% | 34.0% |
| Union County | 65.0% | 33.0% |
| Mississippi | 59.0% | 32.0% |
| United States | 85.0% | 23.0% |

Source: Environmental Systems Research Institute, 2010 & 2013; Centers for Disease Control and Prevention, 2011

Mortality & Morbidity

Mortality

The death rate reflects the ratio of total deaths to total population over a specified period of time. The following graph displays the 2013 all cause age-adjusted death rate by race. Mississippi has a higher death rate when compared to the nation. The death rate is higher than the state in the counties of Benton, Panola, and Prentiss.

Death rates are higher among Blacks/African Americans compared to Whites

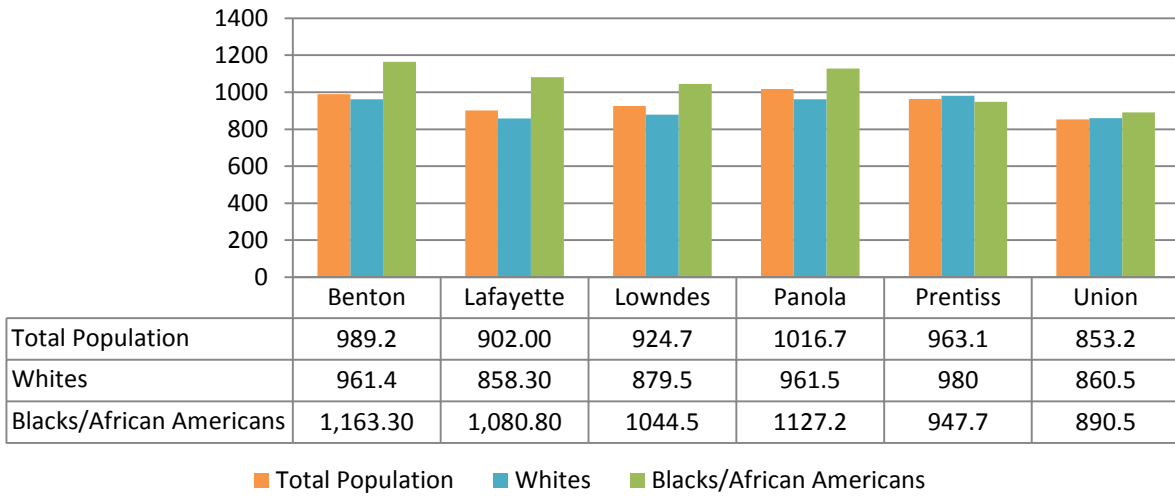
Death rates are notably higher among Blacks/African Americans compared to Whites.

Lafayette County, in particular, experiences a 222 point difference in the death rate between Blacks/African Americans and Whites.

Death rates decreased from the 2013 CHNA in every county, except Lowndes and Panola. The Lowndes County death rate increased 86.4 points and the Panola County death rate increased 29.3 points.

The Black/African American death rate in Lafayette County is 222 points higher than the death rate among Whites

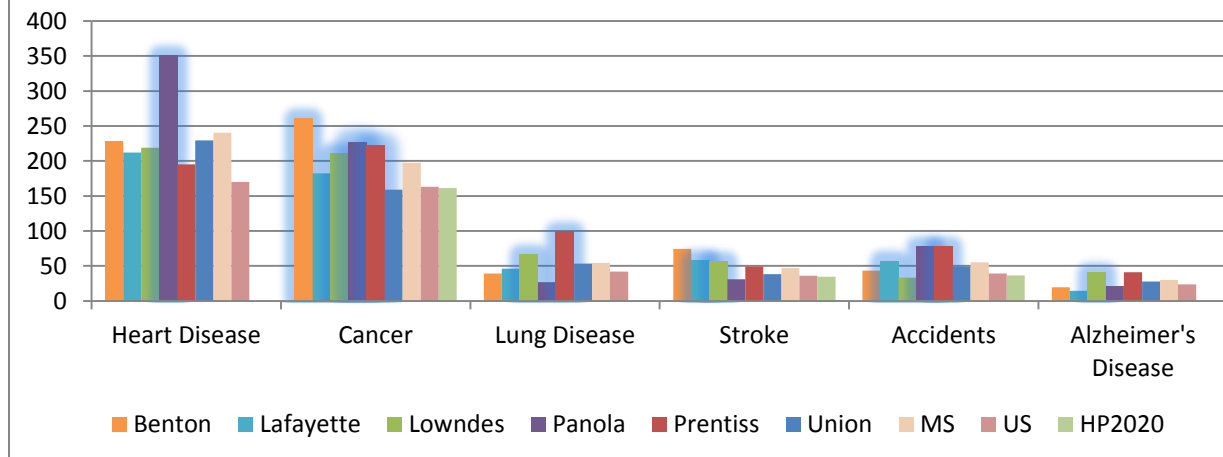
Death Rate by Race per Age-Adjusted 100,000



Source: Mississippi State Department of Health, 2013; Centers for Disease Control and Prevention, 2013

Mississippi has higher rates of death for all six leading causes when compared to the nation and Healthy People 2020 goals. Several counties have death rates that are higher than Mississippi; these counties are highlighted in the graph below. Some counties that appear to have higher death rates than the state are not highlighted due to low death counts associated with the rate. The following graph represents 2013 rates and the most recent health status of each county. Throughout the remainder of the report, three-or five-year death averages are often used to provide a more stable rate.

Death Rates for Top 6 Leading Causes per Age-Adjusted 100,000

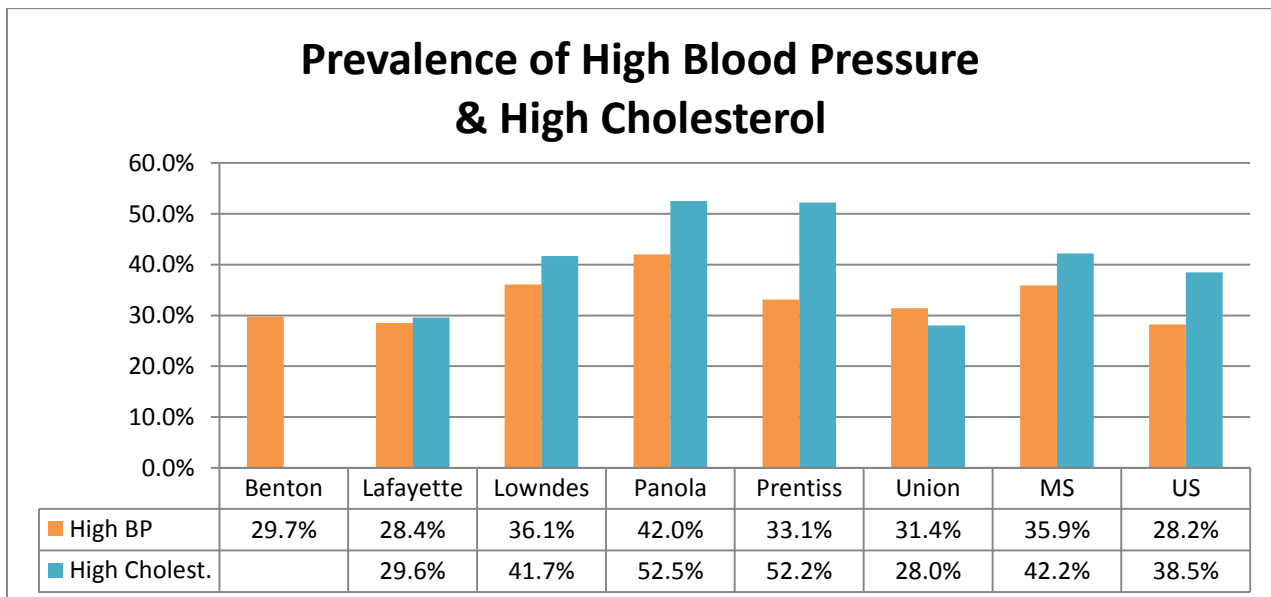


Source: Mississippi State Department of Health, 2013; Centers for Disease Control and Prevention, 2013; Healthy People 2020

Heart Disease

Heart disease is the leading causes of death in the nation. It is often a result of high blood pressure and high cholesterol, which can result from poor diet and exercise habits. All counties have a higher percentage of adults with high blood pressure when compared to the nation. Lowndes, Panola, and Prentiss Counties also have a higher percentage of adults with high cholesterol when compared to the nation.

More than 50% of adults in Panola and Prentiss Counties have high cholesterol

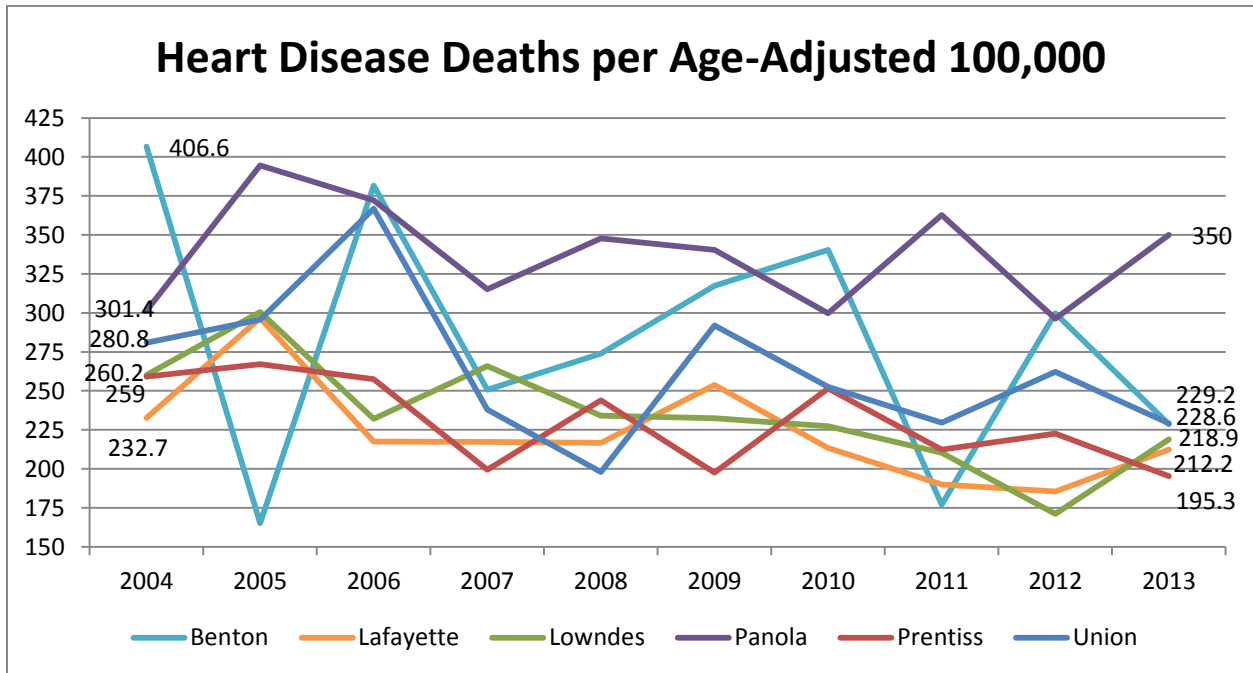


Source: Centers for Disease Control and Prevention, 2011-2012 & 2006-2012

*Cholesterol data is not available for Benton County

While all counties have a higher death rate due to heart disease when compared to the nation, the rate in Panola County is higher than the state rate and is the only rate to have increased over the last decade.

The heart disease death rate in Panola County is highest among the state and national comparisons and increased since 2004

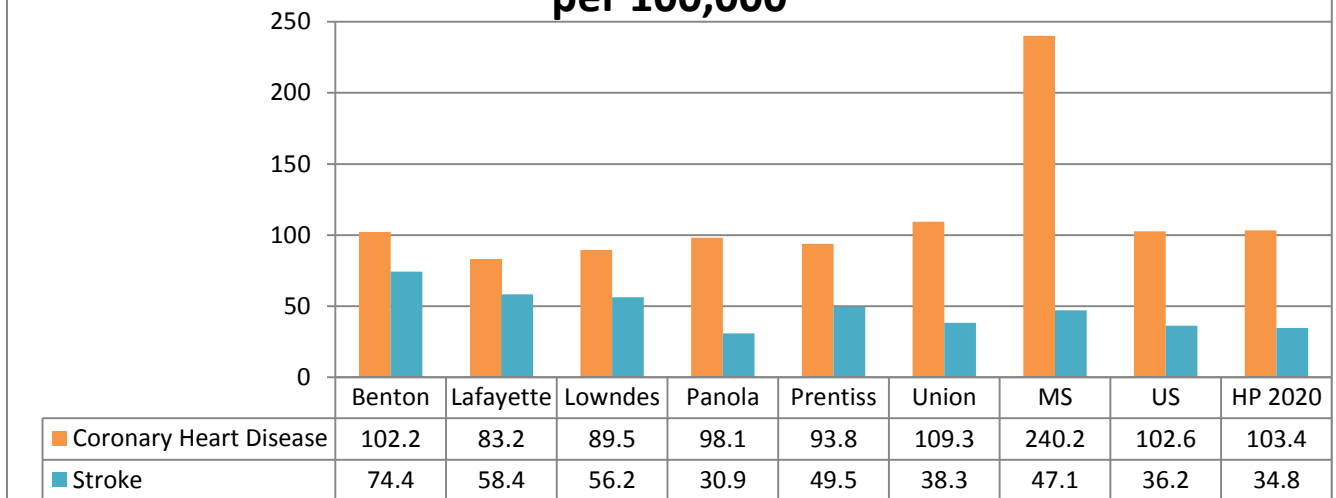


Source: Centers for Disease Control and Prevention, 2004-2013

Coronary heart disease is a form of heart disease characterized by the buildup of plaque inside the coronary arteries. The coronary heart disease death rates in all counties are lower than the state. All but Union County are lower when compared to the nation (102.6 per 100,000) and the Healthy People 2020 goal (103.4 per 100,000).

Several types of heart disease, including coronary heart disease, are risk factors for stroke. The stroke death rate in Mississippi exceeds the nation and the Healthy People 2020 goal. The stroke death rate in Benton, Lafayette, Lowndes, and Prentiss is higher than the Mississippi rate. The stroke death rate in Panola County is lower than the nation and meets the Healthy People 2020 goal.

Coronary Heart Disease & Stroke Mortality per 100,000



Source: Mississippi State Department of Health, 2013; Centers for Disease Control and Prevention, 2013; Healthy People 2020

Cancer

Cancer is the second leading cause of death in the nation. Presented below are the incidence and death rates for the most commonly diagnosed cancers: breast, colorectal, lung, and prostate.

Incidence Rates

The overall cancer incidence rate increased from the 2013 CHNA report in Benton and Lowndes Counties; however the rate is still lower in both counties compared to the state and the nation. In addition, Benton County has the lowest incidence rates for all cancer types, except lung and bronchus, when compared to all other counties, the state, and the nation.

The overall cancer rate in Benton and Lowndes Counties increased from the 2013 CHNA, but both rates are still lower than the state and the nation

Cancer Incidence Rate per 100,000: Comparison to the 2013 CHNA (2005-2009)

| | Female Breast | | Colorectal | | Lung & Bronchus | | Prostate | | All Types | |
|------------------|---------------|-----------|------------|-----------|-----------------|-----------|-----------|-----------|-----------|-----------|
| | 2008-2012 | 2005-2009 | 2008-2012 | 2005-2009 | 2008-2012 | 2005-2009 | 2008-2012 | 2005-2009 | 2008-2012 | 2005-2009 |
| Benton County | 94.4 | 95.7 | 37.8 | 48.4 | 65.8 | 56.4 | 88.8 | 88.0 | 355.2 | 296.8 |
| Lafayette County | 118.8 | 137.3 | 43.0 | 30.2 | 62.7 | 58.8 | 132.3 | 119.6 | 441.6 | NA |
| Lowndes County | 117.1 | 131.9 | 45.9 | 29.2 | 73.5 | 86.5 | 183.5 | 149.9 | 445.5 | 423.3 |
| Panola County | 118.3 | 169.4 | 55.7 | 57.4 | 77.2 | 62.2 | 150.3 | 141.1 | 478.6 | NA |
| Prentiss County | 96.8 | 118.6 | 41.1 | 67.3 | 82.2 | 94.1 | 142.3 | 128.8 | 428.8 | 491.7 |
| Union County | 107.0 | 103.6 | 56.3 | 85.5 | 67.8 | 97.5 | 169.6 | 128.8 | 461.3 | 510.6 |

Source: National Cancer Institute

The overall cancer incidence rate decreased from the 2013 CHNA report in Prentiss and Union Counties. The Prentiss County rate is lower than both the state and the

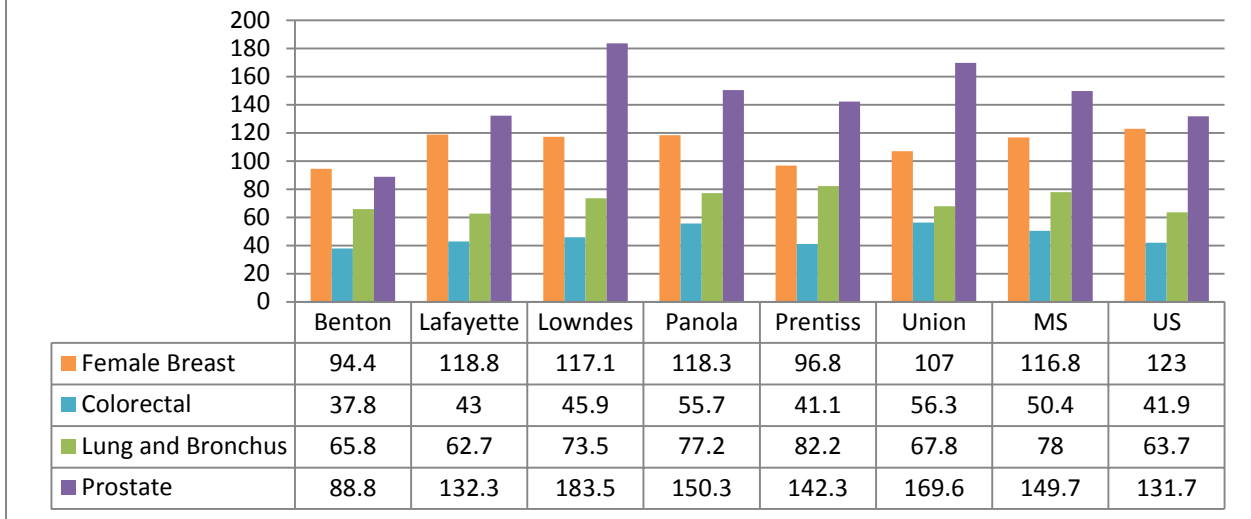
Cancer rates in Prentiss and Union Counties decreased since the 2013 CHNA; however, some Union County rates still exceed the nation

nation, but the Union County rate is still higher than the nation. Union County incidence rates for all reported cancer types, except female breast cancer, also exceed the state and/or the nation.

In Lafayette County, the overall cancer incidence rate is lower than the state and the nation. Rates for colorectal, lung and bronchus, and prostate cancer increased since the 2013 CHNA, but are lower than the state and the nation.

In Panola County, the overall cancer incidence rate is higher than the state and the nation. The county experienced increases in lung and bronchus and prostate cancer, and rates for colorectal, lung and bronchus, and prostate cancer exceed the state and/or the nation.

Cancer Incidence Rate per 100,000



Source: National Cancer Institute, 2008-2012

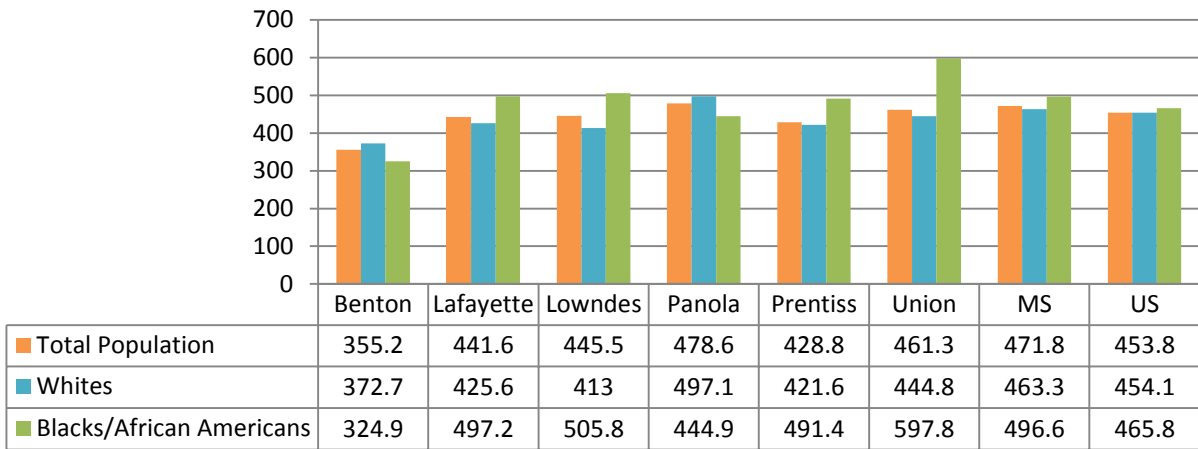
All Mississippi Service Area counties experienced an increase in prostate cancer incidence. Union and Lowndes Counties experienced the greatest increases of 40.8 points and 33.6 points respectively. The Lowndes County rate is primarily due to a higher rate among Black/African American men (240.2 per 100,000).

All counties experienced an increase in prostate cancer incidence

Racial differences in overall cancer incidence occur in all counties. In Benton and Panola Counties, the rate is highest among Whites. In Lafayette, Lowndes, Prentiss, and Union Counties, the rate is highest among Blacks/African Americans. Union County has the highest cancer incidence among Blacks/African Americans (597.8 per 100,000); however, the average annual incidence count is 21. The rate is 153 points higher than the rate among Whites.

Blacks/African Americans in 4 out of 6 of the counties have higher cancer incidence rates than Whites

Overall Cancer Incidence Rate by Race per 100,000



Source: National Cancer Institute, 2008-2012

Cancer Incidence Rate by Type and Race per 100,000

| | | Female Breast | Colorectal | Lung and Bronchus | Prostate |
|------------------|--------------------------|----------------|---------------|-------------------|----------------|
| Lafayette County | Whites | 118.8 | 39.6 | 60.2 | 117.2 |
| | Blacks/African Americans | 113.4 (n=6) | 58.0 (n=5) | 69.9 (n=6) | 206.6 (n=7) |
| Lowndes County | Whites | 110.4 | 35.7 | 73.5 | 158.5 |
| | Blacks/African Americans | 130.3 | 66.5 | 70.2 | 240.2 |
| Panola County | Whites | 131.0 | 54.9 | 82.0 | 134.5 |
| | Blacks/African Americans | 97.5 (n=8) | 58.8 (n=8) | 71.2 (n=9) | 186.5 (n=9) |
| Prentiss County | Whites | 91.9 | 37.4 | 85.9 | 128.4 |
| | Blacks/African Americans | NA | NA | NA | 290.0 (n=3) |
| Union County | Whites | 103.7 | 51.6 | 68.3 | 146.1 |
| | Blacks/African Americans | NA | 93.5 (n=3) | NA | 357.0 (n=6) |

Source: National Cancer Institute, 2008-2012

*Cancer incidence data by type and race is not available for Benton County

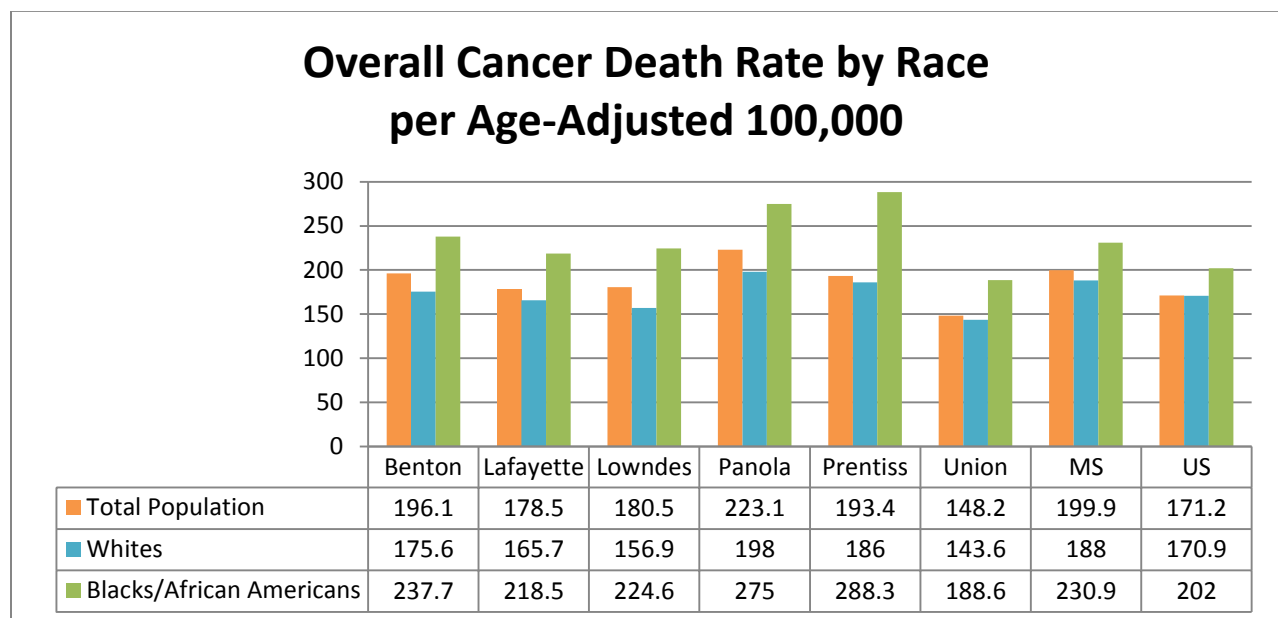
**Counts are provided when the average annual incidence count is less than 10

Death Rates

Age-adjusted cancer death is measured for the same reporting period as cancer incidence (2008-2012). Comparisons to the 2013 CHNA are not included as the past CHNA report single year, point-in-time data versus multi-year averages.

Mississippi has a higher overall cancer death rate than the U.S. and does not meet the Healthy People 2020 goal. Comparable to the state, all counties, with the exception of Union County, have a higher overall cancer death rate when compared to the nation and the Healthy People 2020 goal (161.4 per 100,000). The Union County rate (148.2 per 100,000) meets the Healthy People 2020 goal (161.4 per 100,000). Panola County has the highest overall cancer death rate across all six counties, and the highest rates for lung and bronchus and prostate cancer.

Among the MS service area, Union County has the lowest overall cancer death rate; Panola County has the highest

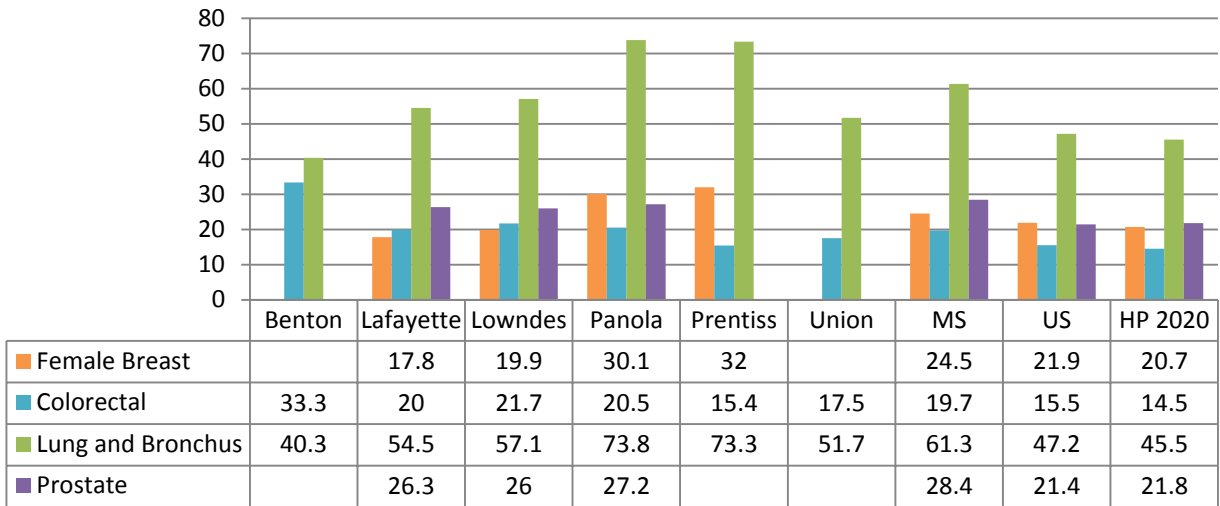


Source: National Cancer Institute, 2008-2012

Blacks/African Americans have a higher overall cancer death rate than Whites across the service area. The difference is greatest in Prentiss County. This finding paired with cancer incidence data indicates that Blacks/African Americans in many counties are more likely to be diagnosed with cancer and more likely to die from the condition. Additional cancer death data by race is not reported due to insufficient counts.

Blacks/African Americans across all six counties are more likely than Whites to die of cancer

Cancer Death Rate per Age-Adjusted 100,000



Source: Source: National Cancer Institute, 2008-2012; Healthy People 2020

*Empty cells represent a lack of data

Cancer screenings are essential for early diagnosis and preventing death. Colorectal cancer screenings are recommended for adults age 50 years or over. Benton and Union Counties have the lowest screening rates (33.1% and 47.7% respectively) and only Lafayette County (64.3%) exceeds the state and the nation.

Mammograms are recommended for women to detect breast cancer. The reported indicator illustrates the percentage of female Medicare enrollees ages 67 to 69 that had a mammogram in the past two years. Panola (46.9%), Benton (50%), and Prentiss (50%) Counties have the lowest screening rates and only Lafayette County (64.7%) exceeds the state and the nation.

Pap tests are recommended for women age 18 years or over to detect cervical cancer. Lafayette and Panola Counties have the lowest screenings rates (74.6%) and only Prentiss County (81.7%) exceeds the state and the nation.

Cancer Screenings

| | Colorectal Cancer Screening | Mammogram in Past Two Years | Pap Test in Past Three Years |
|------------------|-----------------------------|-----------------------------|------------------------------|
| Benton County | 33.1% | 50.0% | NA |
| Lafayette County | 64.3% | 64.7% | 74.6% |
| Lowndes County | 56.2% | 57.5% | 79.3% |
| Panola County | 46.6% | 46.9% | 74.6% |
| Prentiss County | 58.9% | 50.0% | 81.7% |
| Union County | 47.7% | 62.4% | 75.4% |
| Mississippi | 54.0% | 56.6% | 78.1% |
| United States | 61.3% | 63.0% | 78.5% |

Source: Centers for Disease Control and Prevention, 2006-2012; Dartmouth College Institute for Health Policy & Clinical Practice, 2012

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) encompasses diseases like chronic obstructive pulmonary disorder, emphysema, and asthma. Mississippi has a higher CLRD death rate when compared to the nation. The death rate is higher

Lowndes and Prentiss Counties have a higher prevalence of adult asthma and a higher CLRD death rate compared to MS and the nation

than the state in Lowndes and Prentiss Counties. Lowndes and Prentiss Counties also have the highest prevalence of adult asthma, which exceeds the state and the nation.

CLRD Death Rates and Adult Asthma Prevalence

| | CLRD Death Rate per Age-Adjusted 100,000 | Adults Asthma Prevalence | Adults who Smoke 2006-2012 |
|------------------|--|--------------------------|----------------------------|
| Benton County | 39.3 | N/A | 26.0% |
| Lafayette County | 46.2 | 12.9% | 16.0% |
| Lowndes County | 65.8 | 15.0% | 25.0% |
| Panola County | 27.1 | 7.8% | 24.0% |
| Prentiss County | 99.1 | 17.0% | 24.0% |
| Union County | 53.3 | 10.4% | 30.0% |
| Mississippi | 54.3 | 12.0% | 23.0% |
| United States | 42.1 | 13.4% | 20.0% |

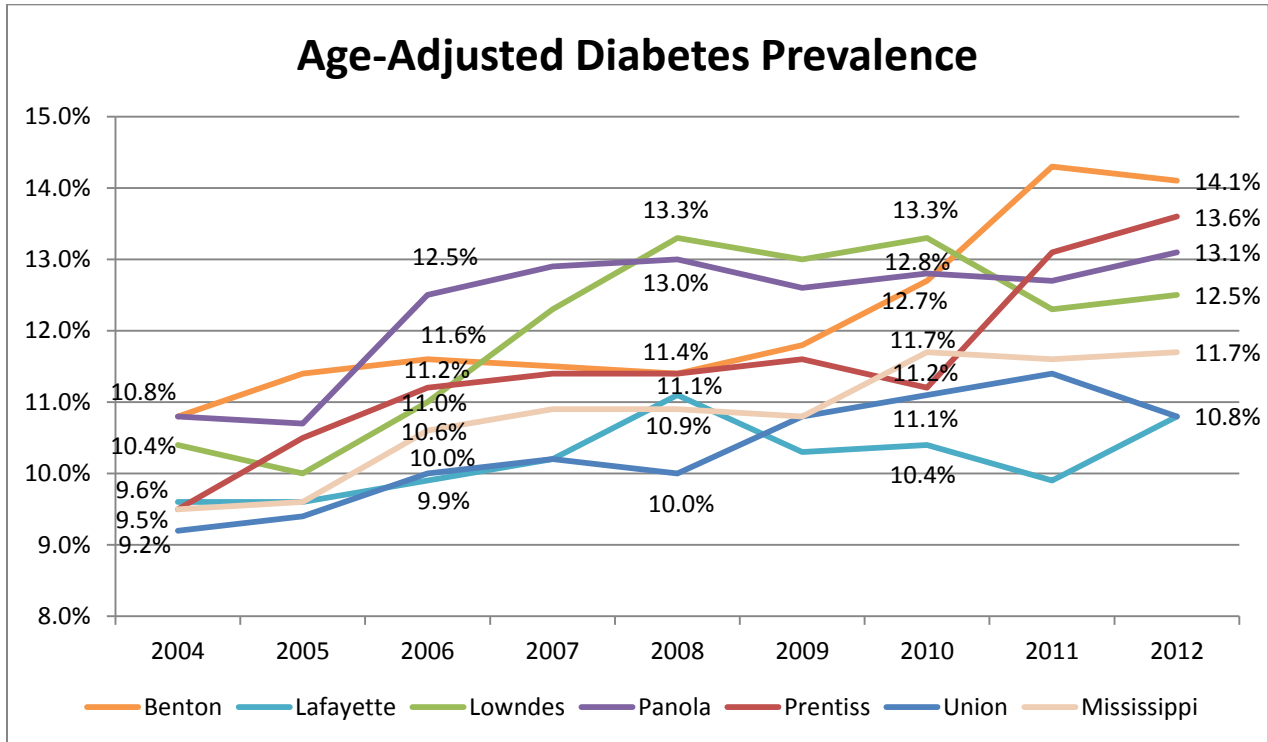
Source: Centers for Disease Control and Prevention, 2011-2012 & 2013

Smoking cigarettes contributes to the onset of CLRD. Adults in all counties, except Lafayette, are more likely to smoke when compared to the state, the nation, and the Healthy People 2020 goal.

Diabetes

Diabetes is caused either by the body's inability to produce insulin or effectively use the insulin that is produced. Diabetes can cause a number of serious complications, but Type II diabetes, the most common form, is largely preventable through diet and exercise. The prevalence of diabetes among adults has been increasing in all counties since 2004. Lafayette and Union have a lower diabetes prevalence rate than the state.

Diabetes prevalence increased in all counties from 2004



Source: Centers for Disease Control and Prevention

*A change in methods occurred in 2011 that may affect the validity of comparisons to past years

Diabetes death rates are provided as a three-year (2011-2013) average due to low death counts in some of the counties. Prentiss County has one of the highest adult diabetes prevalence rates and the highest diabetes death rate. The death rate is higher than both Mississippi and the nation.

Prentiss County has one of the highest adult diabetes prevalence rates and the highest diabetes death rate

Lafayette and Union Counties have the lowest adult diabetes prevalence rates and the lowest diabetes death rates. The death rates are lower than both the state and the nation.

Diabetes Death Rates and Adult Diabetes Prevalence

| | Diabetes Death Rate per Age-Adjusted 100,000 | Adults Diabetes Prevalence |
|------------------|--|----------------------------|
| Benton County | 19.4 | 14.1% |
| Lafayette County | 16.3 | 10.8% |
| Lowndes County | 20.3 | 12.5% |
| Panola County | 23.9 | 13.1% |
| Prentiss County | 41.5 | 13.6% |
| Union County | 12.6 | 10.8% |
| Mississippi | 32.3 | 11.7% |
| United States | 21.2 | N/A |

Source: Centers for Disease Control and Prevention, 2011-2012 & 2013

The testing of blood sugar levels is essential for diabetes management. Diabetics should receive a hemoglobin A1c (hA1c) test, a blood test measuring blood sugar levels, annually from a health professional. The percentage of Medicare enrollees with diabetes, who received a hA1c test in the past year, is higher in all counties, except Panola County, when compared to the state and the nation.

Diabetic Hemoglobin A1c (hA1c) Screenings

| | hA1c Test |
|------------------|-----------|
| Benton County | 90.3% |
| Lafayette County | 90.1% |
| Lowndes County | 85.2% |
| Panola County | 83.4% |
| Prentiss County | 87.3% |
| Union County | 88.5% |
| Mississippi | 82.2% |
| United States | 84.6% |

Source: Dartmouth College Institute for Health Policy & Clinical Practice, 2012

Behavioral Health

Behavioral health is an important aspect of overall health and encompasses both mental health and substance abuse conditions. The following section analyzes measures related to feelings of depression, mental health diagnoses, mental health deaths, and provider access in the Mississippi Service Area.

All Residents: Mental Health

The average number of poor mental health days over a 30-day period varies by county; however, adults in all counties have a higher average of poor mental health days when compared to the nation. Adults in Panola and Prentiss Counties have a higher average of poor mental health days when compared to the state.

Suicide data is not provided on an annual basis due to low death counts. Between 2004 and 2013, a 10-year time span, each county experienced the following number of suicides:

Suicide Count (2004-2013)

| | Suicides |
|------------------|----------|
| Benton County | 13 |
| Lafayette County | 46 |
| Lowndes County | 71 |
| Panola County | 57 |
| Prentiss County | 39 |
| Union County | 46 |

Source: Mississippi State Department of Health

Mental Health Measures

| | Poor Mental Health Days | Suicide Rate per Age-Adjusted 100,000 | Mental and Behavioral Disorder Death Rate per Age-Adjusted 100,000 | Mental Health Provider Rate per 100,000 |
|------------------|-------------------------|---------------------------------------|--|---|
| Benton County | NA | 13.8 (n=6) | NA | 35 |
| Lafayette County | 3.7 | 11.5 | 57.8 | 431 |
| Lowndes County | 3.9 | 9.5 | 60.1 | 117 |
| Panola County | 4.4 | 21.1 | 36.2 | 49 |
| Prentiss County | 4.6 | 14.9 | 18.5 | 55 |
| Union County | 3.6 | 17.4 | 61.7 | 14 |
| Mississippi | 4.1 | 13.1 | 36.6 | 113 |
| United States | 3.4 | 12.3 | 38.7 | NA |
| HP 2020 | NA | 10.2 | NA | NA |

Source: Centers for Disease Control and Prevention, 2006-2012 & 2009-2013; Mississippi State Department of Health, 2009-2013; Healthy People 2020

Due to a low number of suicide deaths, a five-year average suicide rate is provided. All counties, except Lafayette and Lowndes, have a higher suicide rate when compared to the state, nation, and the Healthy People 2020 goal. The suicide rate is particularly high in Panola County (21.1 per 100,000).

Union County has one of the highest suicide death rates, the highest mental and behavioral disorder death rate, and the lowest mental health provider rate

A five-year average for mental and behavioral disorders death rates is also provided due to low death counts. Lafayette and Lowndes Counties have the lowest suicide rates, but some of the highest mental and behavioral health disorder death rates. The Union County rate is the highest in the service area and exceeds the state and the nation.

All Residents: Substance Abuse

Substance abuse includes both alcohol and drug abuse. Adults in all counties are less likely to binge drink when compared to the nation and the Healthy People 2020 goal; however, the percentage in Prentiss and Union County increased by 2 points and 3 points respectively from the 2013 CHNA.

All counties, except Panola and Prentiss, also have a lower or comparable percentage of driving deaths due to alcohol impairment when compared to the state and the nation.

The drug-induced death rate is unreliable due to a low number of deaths. The following data represents the number of drug-induced deaths between 2009 and 2013.

Substance Abuse Measures

| | Binge Drinking | Percent of Driving Deaths due to DUI | Drug-Induced Death Count |
|------------------|----------------|--------------------------------------|--------------------------|
| Benton County | NA | 7.0% | NA |
| Lafayette County | 14.0% | 11.0% | 17 |
| Lowndes County | 14.0% | 20.0% | 24 |
| Panola County | 12.0% | 32.0% | 17 |
| Prentiss County | 9.0% | 35.0% | 19 |
| Union County | 11.0% | 21.0% | NA |
| Mississippi | 12.0% | 20.0% | 1,670 |
| United States | 15.0% | 31.0% | 213,374 |
| HP 2020 | 24.4% | NA | NA |

Source: Centers for Disease Control and Prevention, 2006-2012 & 2009-2013; National Highway Traffic Safety Administration, 2009-2013; Healthy People 2020

Maternal and Child Health

The following table depicts the total number of births by county and race/ethnicity for 2013. All counties, except Union, have fewer than 20 births to Hispanic/Latino mothers. As a result, subsequent prenatal care data is only presented for White and Black/African American women.

2013 Births

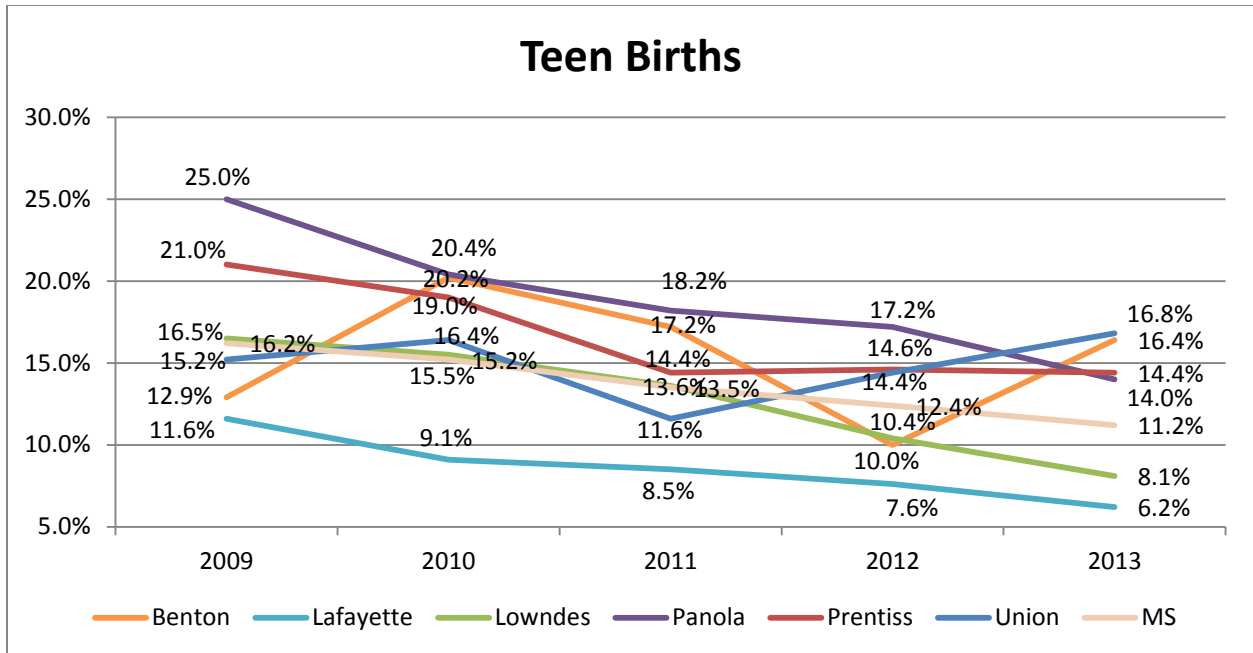
| | Total Births | Births to White Mothers | Births to Black Mothers | Births to Hispanic/Latino Mothers |
|------------------|--------------|-------------------------|-------------------------|-----------------------------------|
| Benton County | 104 | 65.4% | 34.6% | 1.0% |
| Lafayette County | 513 | 71.3% | 24.6% | 2.9% |
| Lowndes County | 800 | 47.8% | 50.8% | 1.5% |
| Panola County | 507 | 38.5% | 60.6% | 2.0% |
| Prentiss County | 333 | 85.9% | 13.8% | 0.3% |
| Union County | 394 | 81.7% | 17.8% | 5.1% |

Source: Mississippi State Department of Health, 2013

The current teen (ages 15 to 19) birth percentage is higher in all counties, other than Lafayette and Lowndes, when compared to the state (11.2%) and higher in all counties, except Lafayette, when compared to the nation (6.9%).

Lafayette County is the only county to have a lower teen birth percentage compared to the nation.

The percentage of teen births decreased between 2009 and 2013 in the counties of Lafayette, Lowndes, Panola, and Prentiss. The percentage in Benton County has remained variable and had a sharp incline since 2012. The percentage in Union County has been increasing since 2011 and is currently the highest of the six counties (16.8%). Percentages in Benton County are based on small counts (17 in 2013 and 8 in 2012).



Source: Mississippi State Department of Health

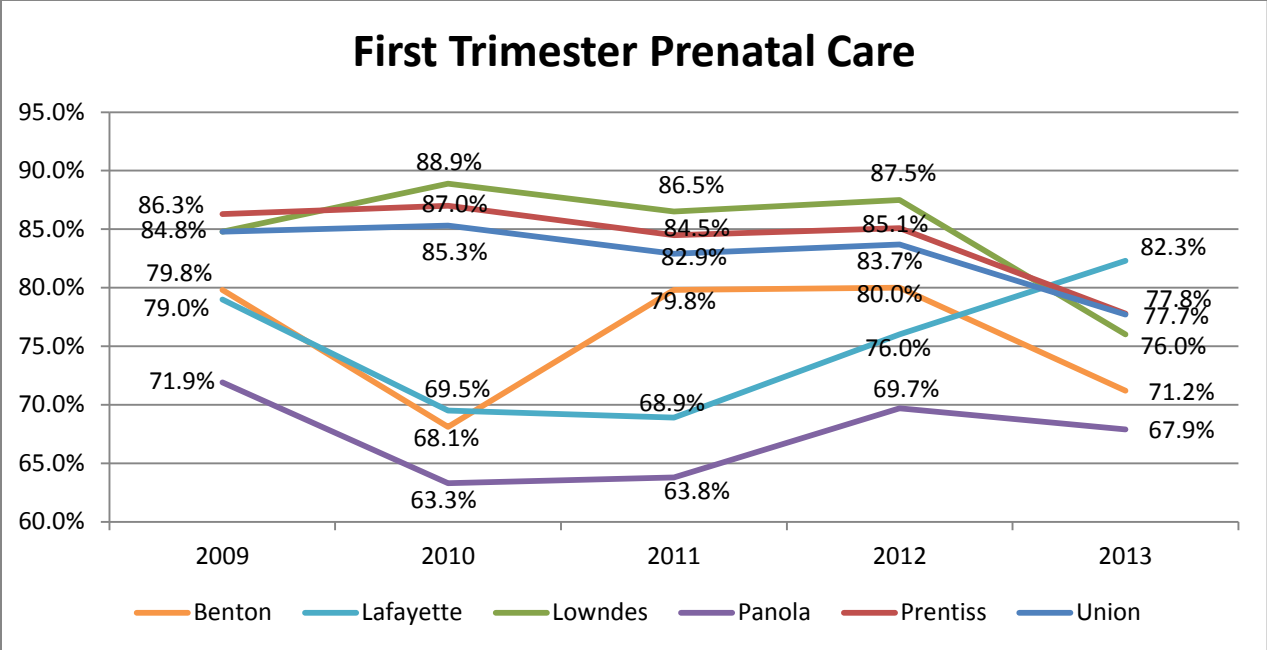
Prenatal care should begin during the first trimester to ensure a healthy pregnancy and birth. The percentage of mothers across Mississippi receiving first trimester prenatal care (74.3%) is lower than the Healthy People 2020 goal (77.9%). Mothers in Benton, Lowndes, and Panola Counties are less likely to receive first trimester prenatal care when compared to the state, and current percentages for all three of these counties are lower than they were in 2009. Lafayette County is the only county to meet the Healthy People 2020 goal.

Lafayette County is the only county to meet the HP 2020 goal for first trimester prenatal care (77.9%)

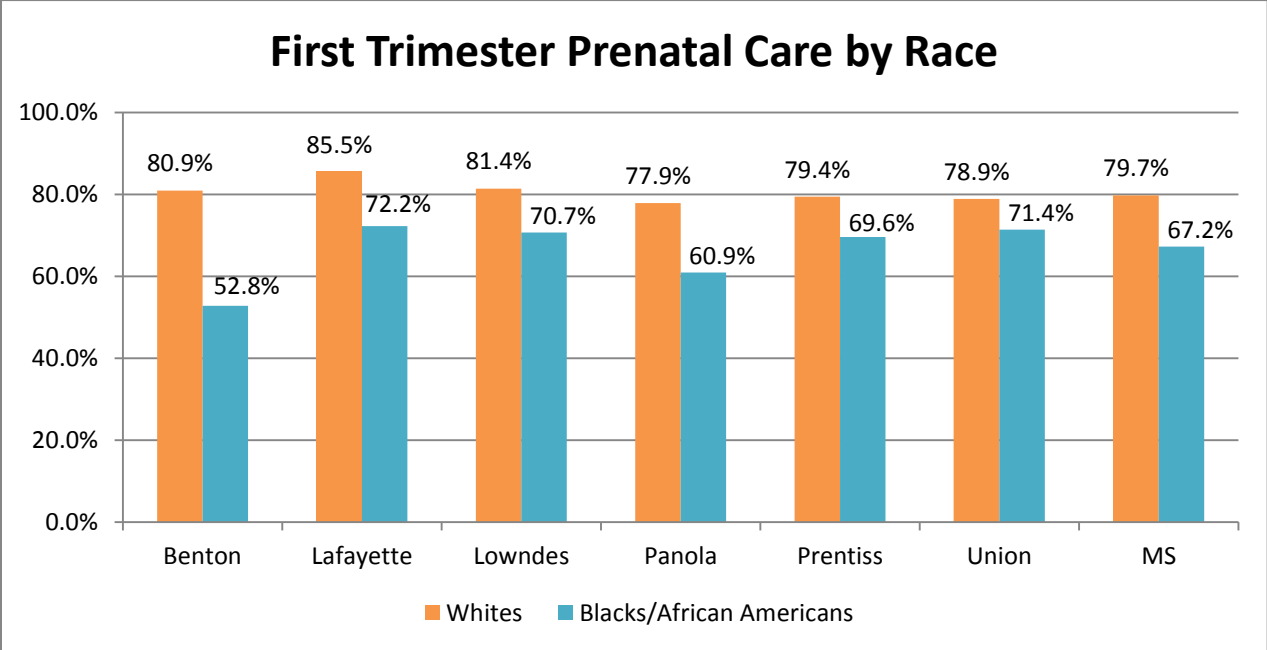
Blacks/African Americans are less likely to receive first trimester prenatal care compared to Whites. Percentages are lowest in Benton and Panola Counties.

Blacks/African Americans are less likely to receive first trimester prenatal care compared to Whites. The percentage of Black/African American mothers receiving first trimester prenatal care in Benton and Panola Counties (52.8% and 60.9% respectively) is low; however, both percentages increased by 5.2

points and 3.2 points respectively.



Source: Mississippi State Department of Health



Source: Mississippi State Department of Health, 2013

Low birth weight is defined as a birth weight of less than 5 pounds, 8 ounces. It is often a result of premature birth, fetal growth restrictions, or birth defects. The average percent of infants born with low birth weight across Mississippi (11.5%) is notably higher than the nation (8%) and the Healthy People 2020 goal (7.8%). The counties of Benton, Panola, and Union have a higher percentage than the state. Lafayette County is the only county to meet the Healthy People 2020 goal, but Prentiss County is less than 2 points higher than the goal. Lafayette and Prentiss Counties are also the only counties to exhibit a downward trend in the percentage of low birth weight babies.

Lafayette County is the only county to meet the HP 2020 low birth weight goal.

Lafayette and Prentiss Counties are the only counties to exhibit a downward trend in low birth weight percentages.

Black/African American mothers are more likely than White mothers to deliver low birth weight babies. The percentages for Black/African American mothers in Benton, Prentiss, and Union Counties are particularly high.

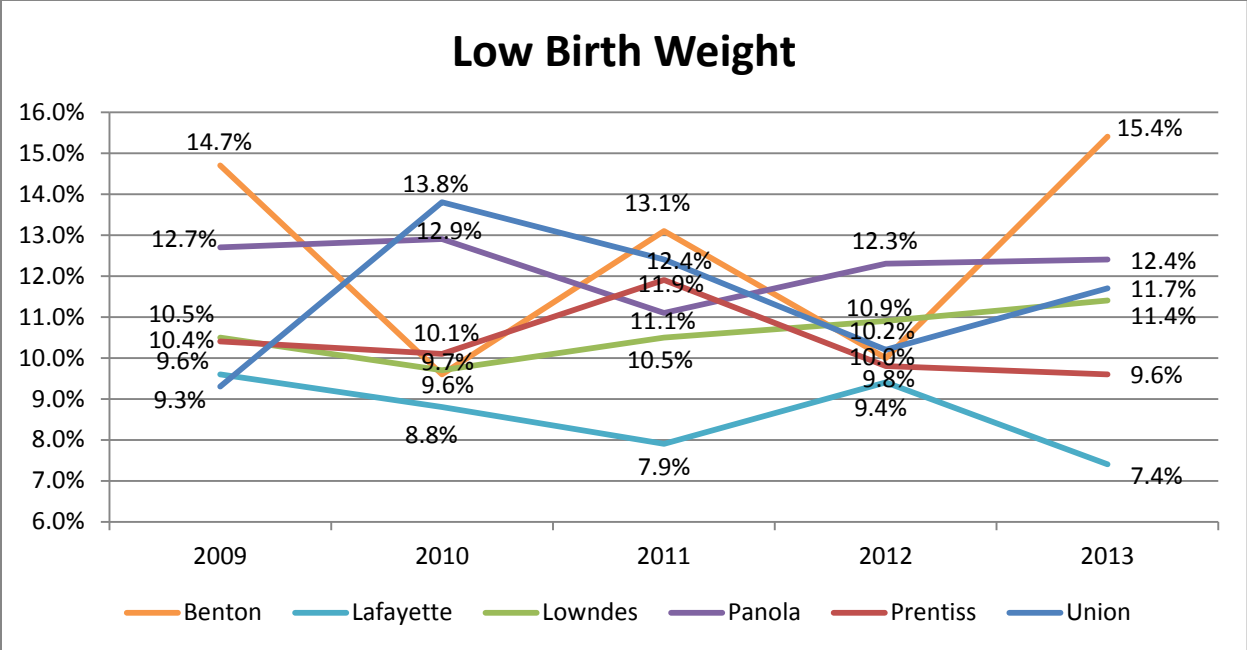
Low birth weight percentages for both Whites and Blacks/African Americans in Benton and Lowndes Counties increased from the 2013 CHNA

Low birth weight percentages among Black/African American mothers increased in Benton, Lowndes, Panola, and Prentiss Counties. Low birth weight percentages among White mothers also increased in Benton, Lowndes

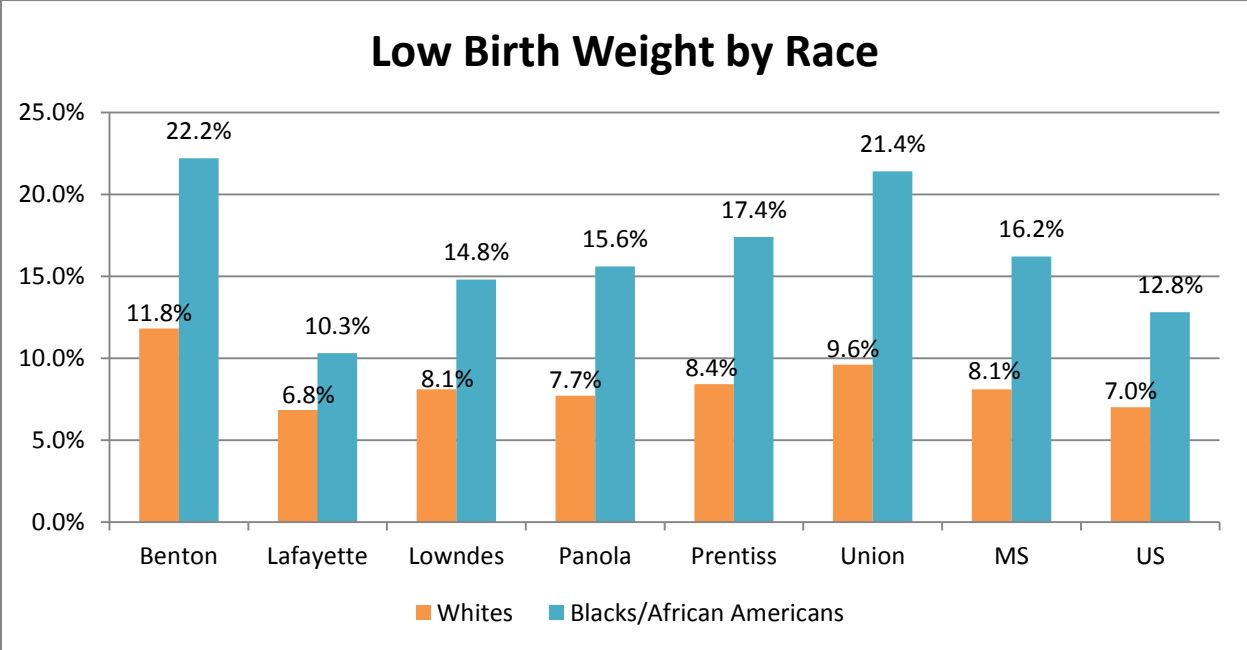
Low Birth Weight: Comparisons to 2013 CHNA (2010)

| | Whites | | Blacks/African Americans | |
|------------------|--------|-------|--------------------------|-------|
| | 2013 | 2010 | 2013 | 2010 |
| Benton County | 11.8% | 3.9% | 22.2% | 16.7% |
| Lafayette County | 6.8% | 7.5% | 10.3% | 11.7% |
| Lowndes County | 8.1% | 6.9% | 14.8% | 13.3% |
| Panola County | 7.7% | 9.9% | 15.6% | 14.7% |
| Prentiss County | 8.4% | 9.8% | 17.4% | 10.1% |
| Union County | 9.6% | 12.0% | 21.4% | 21.5% |

Source: Mississippi State Department of Health, 2012 & 2010



Source: Mississippi State Department of Health



Source: Mississippi State Department of Health, 2013; Centers for Disease Control & Prevention, 2013

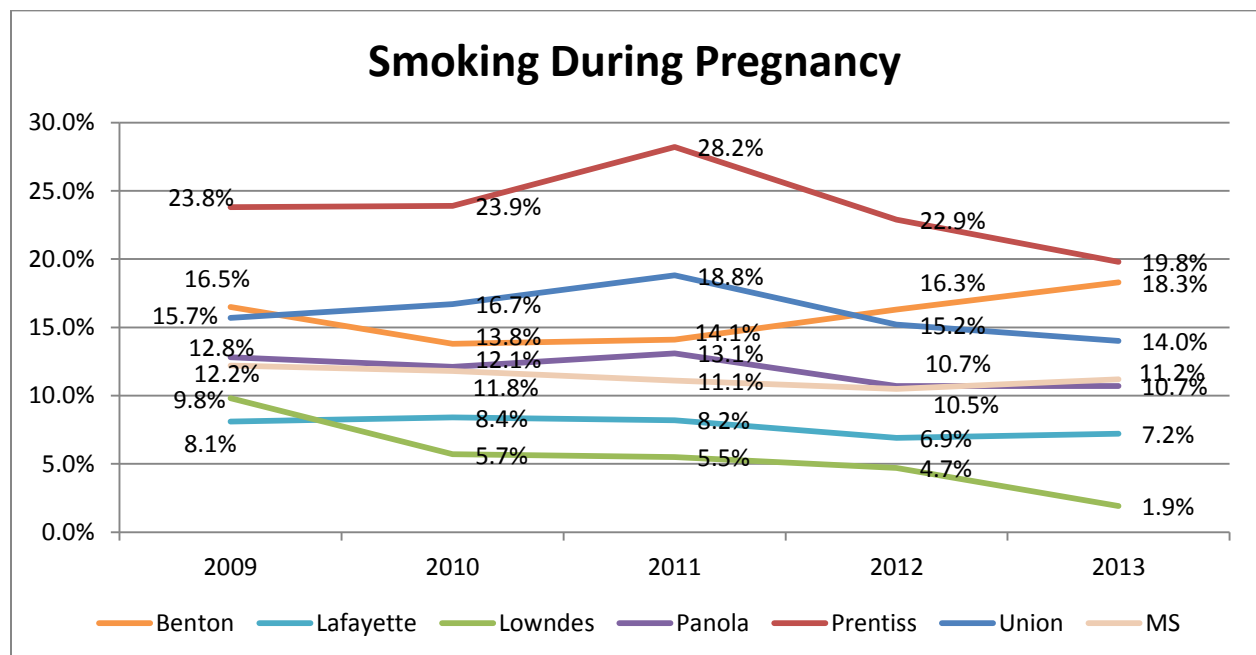
The average percent of Mississippi mothers who smoke during pregnancy (11.2%) is notably higher than the Healthy People 2020 goal of 1.4%. The percent is higher than the state in the counties of Benton, Prentiss, and Union. The percentage in Benton County has been increasing since 2010, but the percentages in Prentiss and Union Counties have been decreasing since 2011.

Lowndes County has the lowest percentage of pregnant women who smoke (1.9%); the percentage decreased from 9.8% in 2009.

18% of mothers in Benton County smoke during pregnancy; the percentage has been increasing since 2010

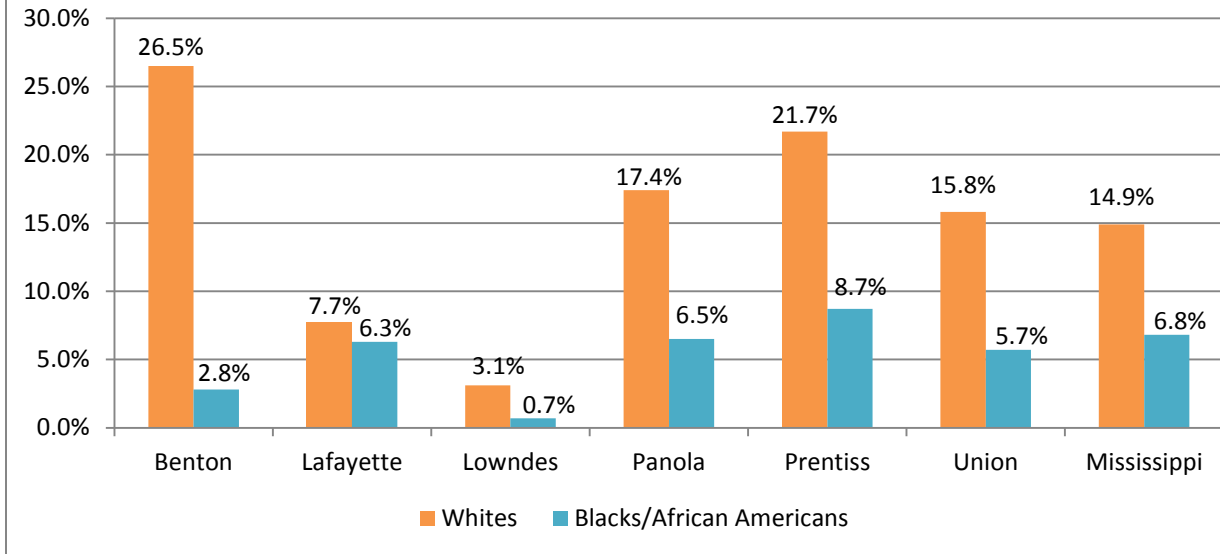
White women are more likely than Black/African American women to smoke during pregnancy

White women are more likely than Black/African American women to smoke during pregnancy. The percentages for White mothers in Benton, Panola, and Prentiss Counties are particularly high.



Source: Mississippi State Department of Health

Smoking During Pregnancy by Race



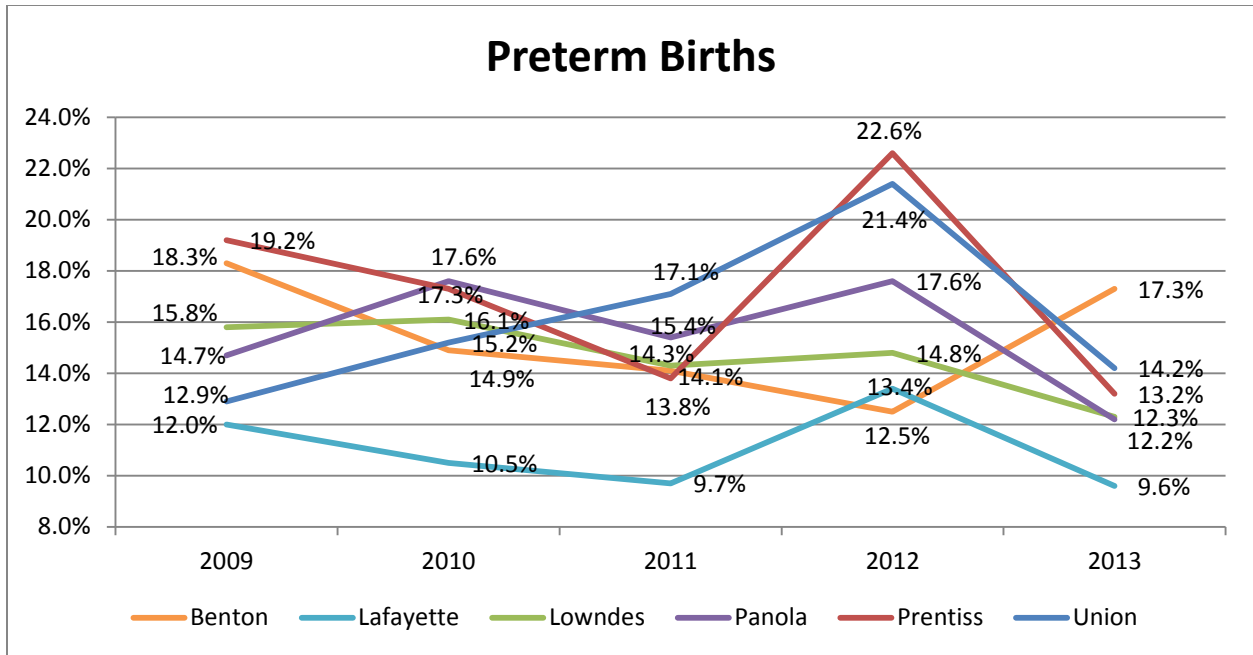
Source: Mississippi State Department of Health, 2013

The average percent of preterm births across Mississippi (13.1%) is higher than the nation and Healthy People 2020 goal (11.4%). The percent of preterm births is higher than the state in Benton and Union Counties; the Union County percentage increased notably between 2009 and 2012 before declining in 2013. Benton County rates are based on 10 to 20 cases annually. Lafayette County is the only county to meet the Healthy People 2020 goal.

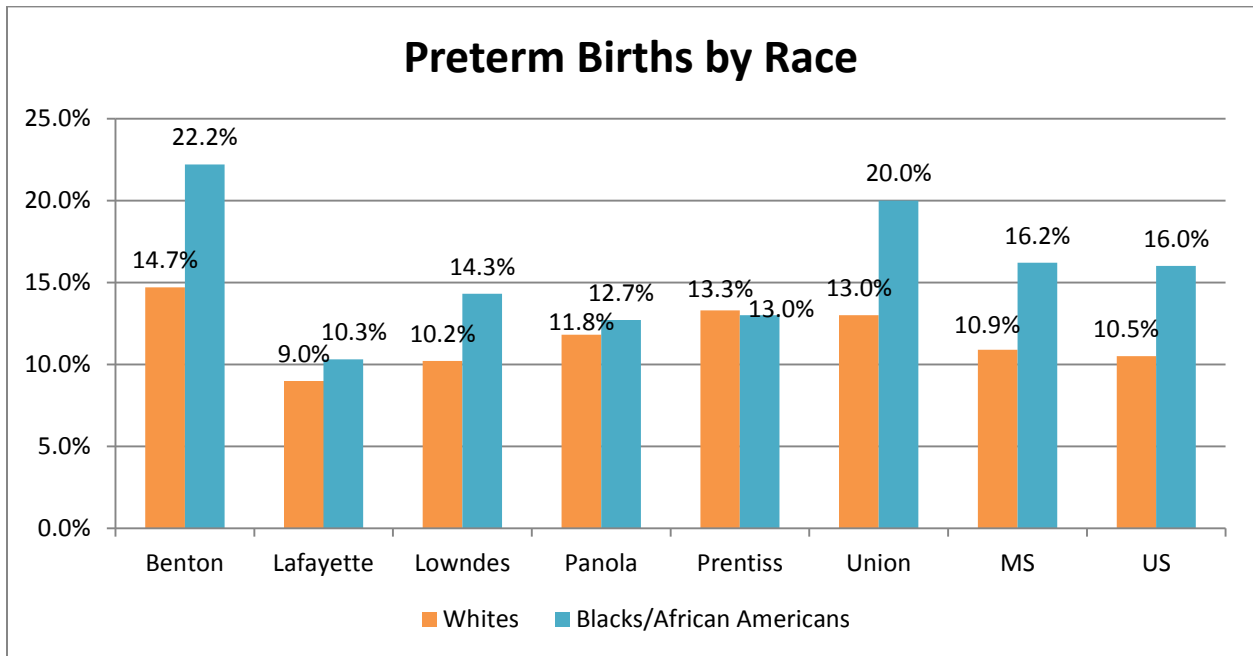
Black/African American women are more likely than White women to deliver preterm babies

Blacks/African Americans have a higher percentage of preterm births compared to Whites. The percentages for Blacks/African Americans in Benton and Union

Counties are particularly high; however percentages are based on 8 births and 14 births respectively.



Source: Mississippi State Department of Health

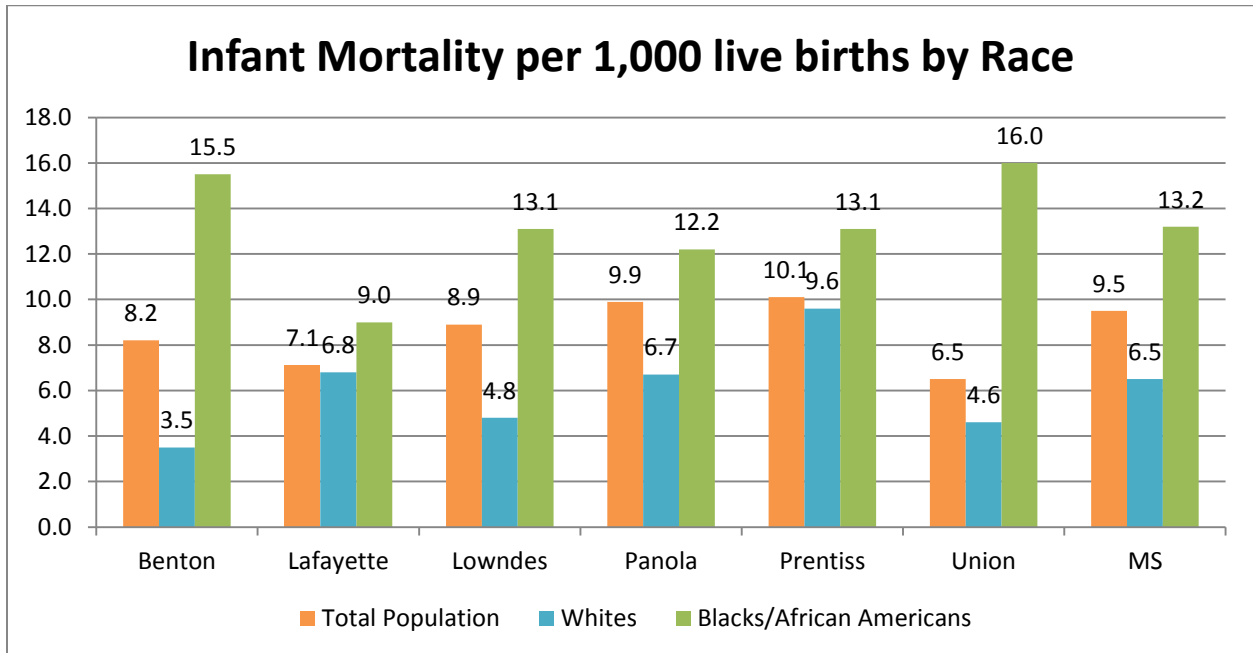


Source: Mississippi State Department of Health, 2013; Centers for Disease Control & Prevention, 2013

A five-year (2009-2013) infant death average is reported for the Mississippi Service Area. None of the counties meet the Healthy People 2020 goal of 6 infant deaths per 1,000 live births; however, Union County is within reach of the goal.

All counties exceed the HP 2020 goal for infant deaths

Blacks/African Americans have a higher rate of infant death than Whites; however, in all counties, except Lowndes and Panola, the number of Black/African American infant deaths is seven or less.



Source: Mississippi State Department of Health, 2009-2013

Infant Death Counts

| | Whites | Blacks/African Americans |
|------------------|--------|--------------------------|
| Benton County | 1 | 3 |
| Lafayette County | 12 | 7 |
| Lowndes County | 10 | 25 |
| Panola County | 7 | 19 |
| Prentiss County | 14 | 3 |
| Union County | 7 | 5 |

Source: Mississippi State Department of Health, 2009-2013

Senior Health

Seniors face a number of challenges related to health and well-being as they age and are more prone to chronic disease and disability. The following table notes the percentage of Medicare Beneficiaries 65 years or over who have been diagnosed with a chronic condition.

The percentage of Medicare Beneficiaries with a chronic condition is typically equivalent to or lower than state and national percentages. However, the prevalence of the following conditions in Benton, Lowndes, Panola, and Prentiss Counties is higher than state and national benchmarks:

- Coronary heart disease (32.3%), diabetes (31.4%), and stroke (5%) among Benton County Medicare Beneficiaries
- Diabetes (33%), hypertension (67.6%), and stroke (4.4%) among Lowndes County Medicare Beneficiaries
- Coronary heart disease (33.7%) and hypertension (64.9%) among Panola County Medicare Beneficiaries
- Asthma (5.4%), coronary heart disease (33.1%), depression (12.9%), diabetes (31.6%), and hypertension (68.9%) among Prentiss County Medicare Beneficiaries

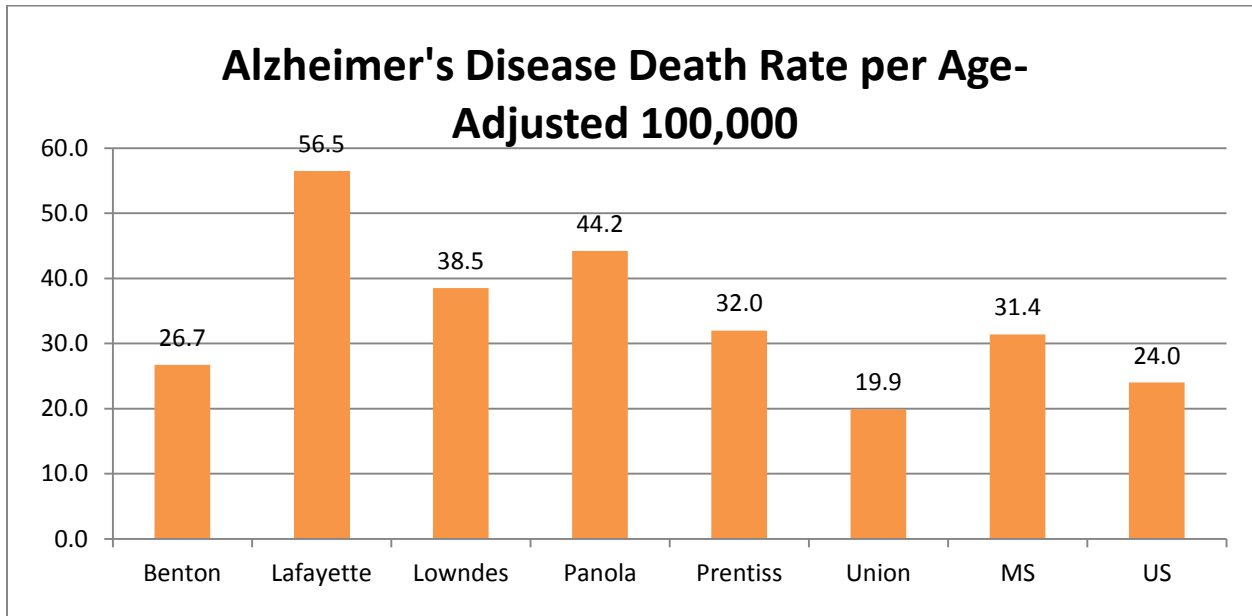
Chronic Conditions among Medicare Beneficiaries 65 Years or Over

| | Benton | Lafayette | Lowndes | Panola | Prentiss | Union | MS | US |
|------------------------|--------|-----------|---------|--------|----------|-------|-------|-------|
| Alzheimer's Disease | 10.3% | 8.9% | 11.0% | 10.4% | 10.3% | 10.7% | 11.9% | 11.4% |
| Asthma | 3.2% | 2.2% | 2.5% | 2.7% | 5.4% | 3.6% | 3.5% | 4.3% |
| Cancer | 7.4% | 8.1% | 7.5% | 7.2% | 7.8% | 8.2% | 8.1% | 9.1% |
| Depression | 11.7% | 8.0% | 9.0% | 10.6% | 12.9% | 12.1% | 12.1% | 12.7% |
| Diabetes | 31.4% | 27.0% | 33.0% | 29.7% | 31.6% | 25.8% | 29.1% | 27.4% |
| Hypertension | 63.5% | 58.4% | 67.6% | 64.9% | 68.9% | 58.5% | 63.7% | 59.1% |
| High Cholesterol | 40.1% | 45.5% | 47.2% | 36.9% | 46.7% | 37.1% | 41.9% | 48.0% |
| Coronary Heart Disease | 32.3% | 31.0% | 24.8% | 33.7% | 33.1% | 29.0% | 30.5% | 31.1% |
| Stroke | 5.0% | 3.0% | 4.4% | 3.7% | 3.4% | 3.8% | 4.2% | 4.1% |

Source: Centers for Medicare & Medicaid Services, 2012

The three-year (2011-2013) age-adjusted death rate due to Alzheimer's disease is higher among the counties of Lafayette, Lowndes, Panola, and Prentiss when compared to the state and the nation.

The Alzheimer's disease death rate in Lafayette County is more than double the US rate



Source: Mississippi State Department of Health, 2011-2013; Centers for Disease Control and Prevention, 2011-2013

Mississippi Service Area Key Informant Survey

Background

A key informant survey was conducted with 58 community representatives to solicit information about health needs and disparities in the Mississippi Service Area. Key informants were asked a series of questions about their perceptions of health needs in the community, health drivers and barriers to care, quality and responsiveness of health providers, and recommendations for community health improvement.

A list of organizations represented by the key informants is included in Appendix C. Populations served by the represented organizations, as identified by the participants, included:

Populations Served by Key Informants

| Population | Percent of Key Informants | Number of Key Informants |
|-------------------------------|---------------------------|--------------------------|
| Children/Youth | 64.8% | 35 |
| Families | 53.7% | 29 |
| Low income/Poor | 53.7% | 29 |
| Black/African American | 48.1% | 26 |
| Women | 38.9% | 21 |
| Men | 33.3% | 18 |
| Seniors/Elderly | 33.3% | 18 |
| Disabled | 31.5% | 17 |
| Hispanic/Latino | 31.5% | 17 |
| Uninsured/Underinsured | 31.5% | 17 |
| Asian/Pacific Islander | 18.5% | 10 |
| American Indian/Alaska Native | 13.0% | 7 |
| Homeless | 13.0% | 7 |
| Other | 11.1% | 6 |
| Immigrant/Refugee | 9.3% | 5 |

More than half of key informants serve children/youth, families, and low income/poor individuals and families. “Other” populations served by key informants include all residents, all residents seeking higher education, businesses, individuals with special needs, and K-12 students.

Survey Findings

Key Health Needs

The following tables show the rank order of health conditions and contributing factors affecting residents as indicated by Key Informants.

Top Health Conditions Affecting Residents

| Ranking | Condition | Percent of Key Informants | Number of Key Informants |
|---------|------------------------------|---------------------------|--------------------------|
| 1 | Diabetes | 17.3% | 27 |
| 2 | Overweight/Obesity | 16.7% | 26 |
| 3 | Cancer | 13.5% | 21 |
| 4 | Heart Disease | 11.5% | 18 |
| 5 | Behavioral Health | 10.3% | 16 |
| 6 | Hypertension | 9.0% | 14 |
| 7 | Other | 6.4% | 10 |
| 8 | Substance Abuse | 5.1% | 8 |
| 9 | Asthma | 3.2% | 5 |
| 10 | Alzheimer's Disease/Dementia | 2.6% | 4 |
| 11 | Disability | 2.6% | 4 |
| 12 | Maternal & Child Health | 1.9% | 3 |

“Other” health conditions cited by key informants referenced a number of issues, including dental decay and infection, allergies, sports injuries, Parkinson’s disease, seizure disorders, urgent care issues among university students, and breast cancer mortality among Black/African American women.

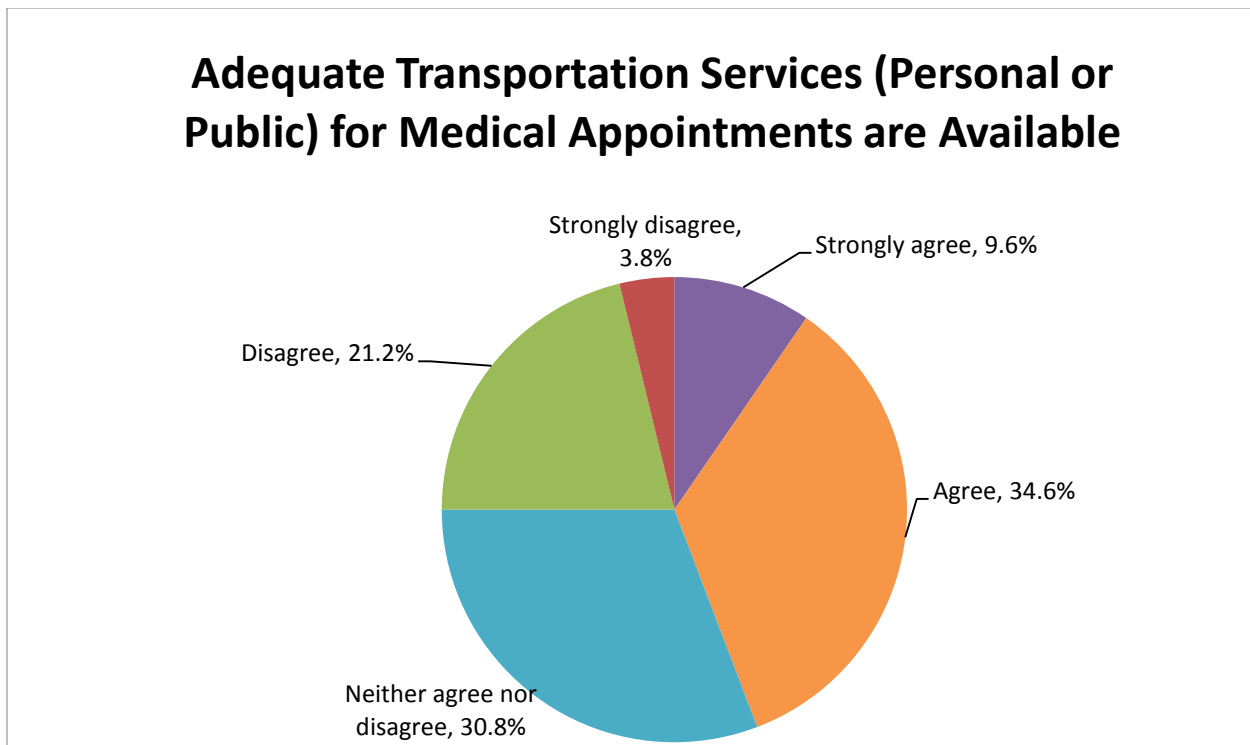
Top Contributing Factors to Conditions Affecting Residents

| Ranking | Contributing Factor | Percent of Key Informants | Number of Key Informants |
|---------|--|---------------------------|--------------------------|
| 1 | Lack of knowledge/awareness of the value of preventative care/screenings | 15.4% | 25 |
| 2 | Lack of physical activity | 14.2% | 23 |
| 3 | Lack of good nutrition | 13.6% | 22 |
| 4 | Inability to afford care | 10.5% | 17 |
| 5 | Other | 8.0% | 13 |
| 6 | Drug/Alcohol abuse | 6.8% | 11 |
| 7 | Lack of health insurance | 6.2% | 10 |
| 8 | Stress (work, family, school, etc.) | 6.2% | 10 |
| 9 | Lack of support for caregivers/family | 4.3% | 7 |
| 10 | Tobacco use | 3.1% | 5 |
| 11 | Lack of early/sufficient prenatal care | 2.5% | 4 |
| 12 | Lack of preventative care/screenings | 2.5% | 4 |
| 13 | Crime/Violence | 1.9% | 3 |
| 14 | Lack of health providers available | 1.9% | 3 |
| 15 | Lack of transportation for health services | 1.9% | 3 |
| 16 | Community blight | 0.6% | 1 |
| 17 | Limited office hours for health providers | 0.6% | 1 |

Key informants viewed lack of knowledge/awareness of preventative care/screenings, lack of physical activity, and lack of good nutrition as the most common factors or problems contributing to the health conditions affecting residents.

“Other” contributing factors or problems included homelessness, suicidal ideations, the inability to work, lack of education, genetics, and lack of parental commitment to proper management of child health conditions.

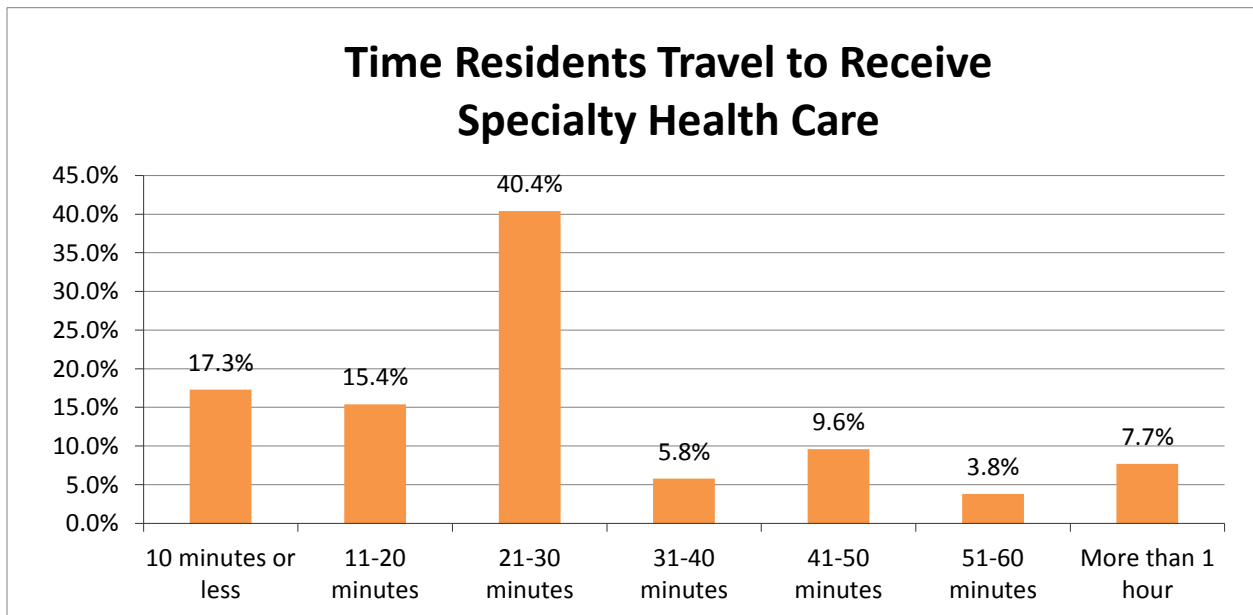
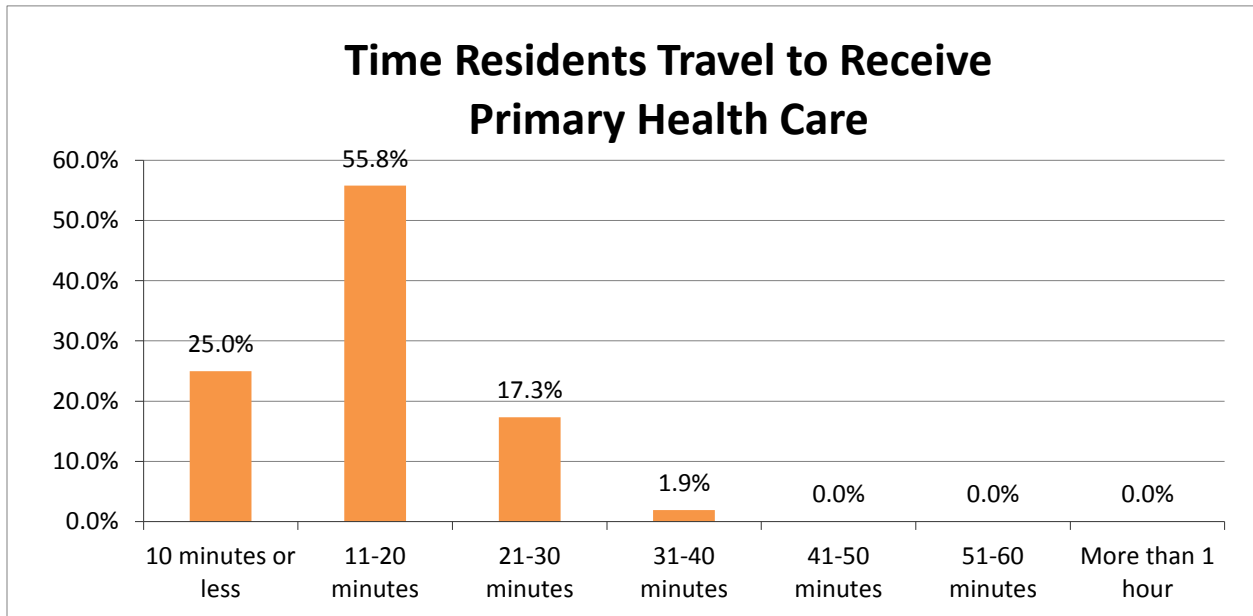
About 44% of respondents indicated that adequate transportation services existed in the area, whereas about 21% disagreed there was adequate transportation.



The perception of travel time to primary and specialty care providers was also assessed. Generally, respondents thought residents had less travel time to reach primary care providers than specialty care. Respondents identified the following services as being 30 minutes away from residents:

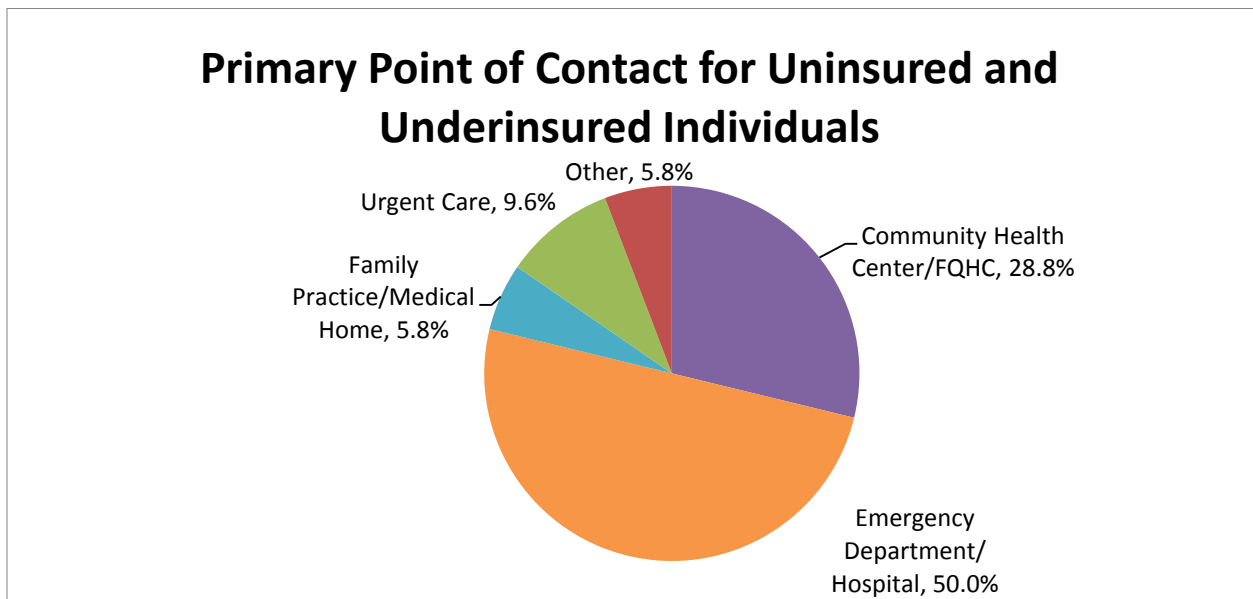
- Breast health care (mammography, cancer treatment)
- Cardiology
- Dermatology
- Endocrinology
- Gastrointestinal care
- Maternity care
- Neurology
- Orthopedics
- Respiratory care
- Trauma
- Pediatric care (behavioral health, diabetes, neurology)
- Physical therapy
- Psychiatry

Key informants stated that even when specialty providers are available within the area, insurance coverage limits which providers are accessible to residents. One informant stated, “Specialists in the immediate area are not in network with a number of residents’ insurance plans, therefore you have to send them to in-network providers which is normally more than an hour away, sometimes the distance is further than that.”

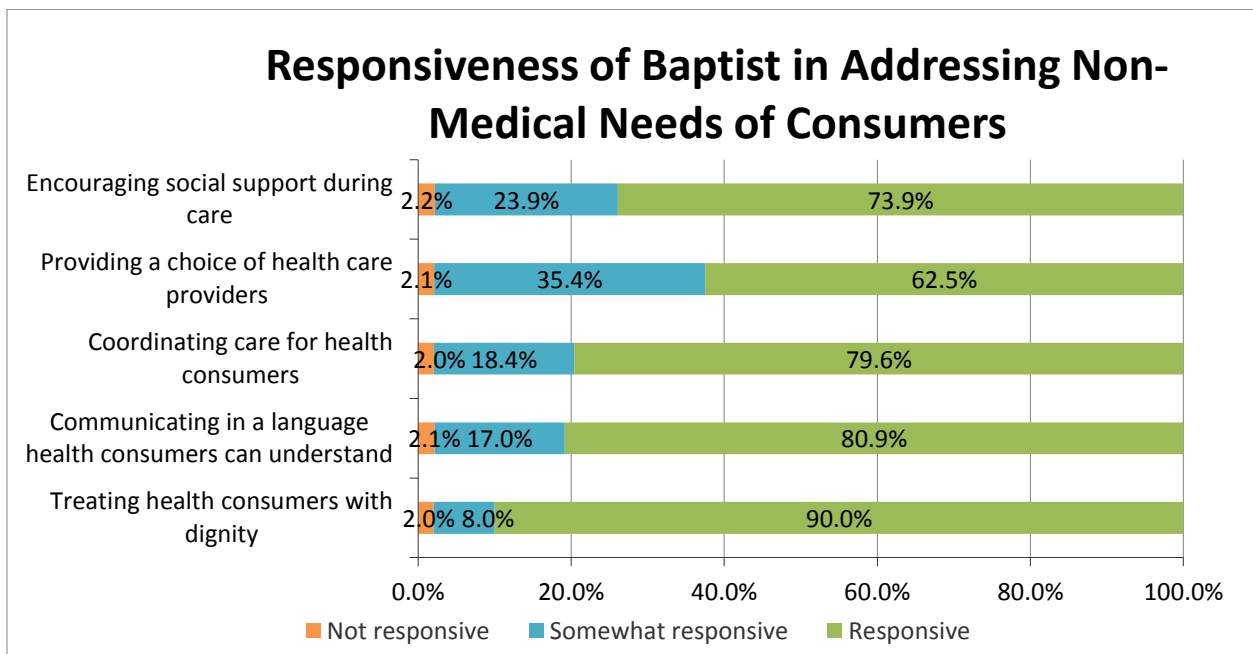


Key informants reported that the hospital emergency department is the primary point of care for uninsured and underinsured individuals (50%). Community health centers/federally qualified health centers (FQHCs) were seen as the next most common

point of care (28.8%). “Other” locations identified by key informants included the Agape Clinic and University Student Health Centers.



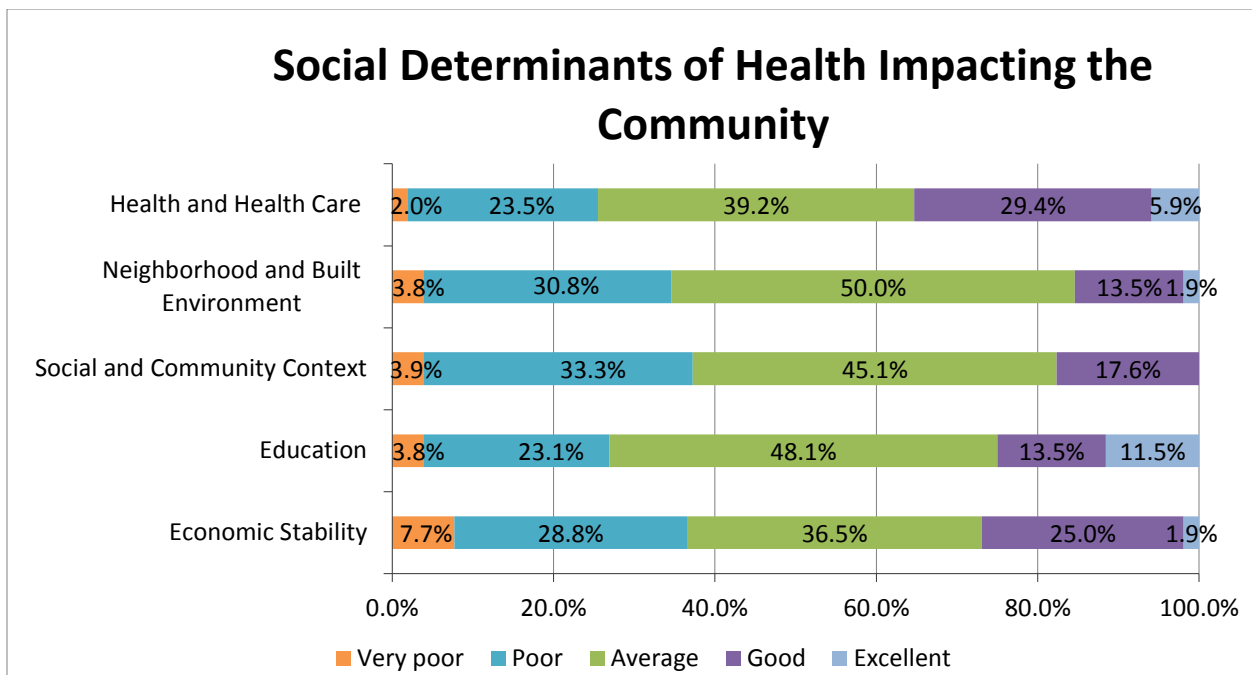
Respondents were asked about Baptist’s responsiveness to the non-medical needs of consumers. Key informants felt Baptist is either “somewhat responsive” or “responsive” to all non-medical needs. “Treating health consumers with dignity” was recognized as an area where Baptist was most responsive.



Key informants were asked to rate social determinants of health in the region. The majority of key informants rated the factors as “poor” or “average” with the exception of health and health care. Social and community context and economic stability were rated the lowest.

Key informants referenced the vast difference in economic status between ethnic groups and towns within the same county. One key informant stated, “A great number of [Hispanics/Latinos] are undocumented and that impacts their ability to find employment; they are vulnerable to becoming victims of crime and they and their children are at high risk of behavioral issues including depression.”

Another informant noted the differences among residents living in Lafayette County. The informant stated that, “Oxford/Lafayette County has extraordinary wealth -- with extraordinary poverty just down the street. While Lafayette County is in many ways thriving, there is a misperception that everyone has equal access to the benefits of economic development and that a rising tide will lift all boats.” The informant listed under-employment, a lack of affordable housing, and a lack of health care due to the state’s decision to not expand Medicaid as contributors to disparities among residents.



Open-ended questions were asked to gather Key informants’ feedback regarding community resources, barriers for residents to optimize health and recommendations for community health improvement.

Informants provided the following examples of programs, initiatives, or partnerships that have been successful in helping residents improve health:

- Baptist's annual Baby Fair for expectant mothers
- Baptist's work with schools to improve student and family health (e.g. Back-to-School Health Fair)
- Breast cancer awareness programs
- Community Health Advisor Program (breast health, nutrition, obesity education)
- Community health workers
- Extended clinic hours
- Food services (Lovepacks, Good Food for Oxford Schools, The Pantry)
- Health fairs providing free screenings and services
- Health promotion luncheons, workshops, and community programs that address awareness of issues, prevention, available resources for treatment, etc.
- Life Line Screening
- Madison Healthplex Performance Center
- Mississippi Blood Services
- Oxford Medical Ministries
- Senior Citizens Day
- University of Mississippi's School of Pharmacy (Medicare Part D assistance)
- YMCA and Le Bonheur Hospital's partnership to address diabetes prevention

Informants listed the following services and resources that are needed in the community to help residents optimize their health:

- Access to affordable healthy food and physical activity options in all communities
- Affordable transportation services
- Alternative solutions for uninsured/underinsured individuals and families, including a Federally Qualified Health Center
- Behavioral health services
- Full-time health teachers at all schools
- Funding for non-profit organizations to provide prevention services (e.g. YMCA's diabetes prevention program and the Healthy Convenience Store initiative)
- Health coaches and educators available at primary care locations to support individuals with chronic conditions (e.g. diabetes)
- Increased education/programming addressing wellness, health literacy, and preventative health care for both youth and adults
- Initiatives to support basic needs (affordable and safe housing, living wages, etc.)
- Long term care/Adult day services
- Mobile primary care

- Physicians or sports trainers available to attend school age sporting events
- Respite care, particularly for families of children with special needs.

Key informants offered the following suggestions for local and regional health care providers to better serve residents:

- Advocate for affordable health care and expand Medicaid in Mississippi
- Collaborate with schools to provide care within the school day and provide hands-on health training for students.
- Continue to collaborate and partner with community based organizations to share resources and improve impact on health outcomes
- Continue to provide services that improve education and access to health care; particularly where residents are most accessible (schools, churches, etc.)
- Develop education and programming tools that support new behavioral norms of preventative care and improve the ease of health care navigation
- Feature success stories from local residents who benefited from lifestyle changes
- Offer home health services and assisted living facilities
- Provide “appointment fairs” instead of health fairs that are compatible with work schedules and offer transportation and child care services

Key informants were asked to provide any additional thoughts regarding community health needs or the CHNA. The following comments are direct quotes by informants:

- “As a longtime partner and grant provider for breast health care in the Mid-South, we value Baptist’s commitment. I would like to see us, together, become more proactive in our outreach with healthcare, rather than information. Living in an African-American city (Memphis) that has the highest rate of mortality from breast cancer in the US, is a burden that we all bear and must work together to change the outcome. Baptist is committed to the community.”
- “Baptist is a great healthcare service that works with the schools for the betterment of all students and faculty.”
- “I highly encourage BMHC to create an "executive physical"a comprehensive wellness exam involving "one stop" service”
- “Please be a local leader in demonstrating how a hospital like Baptist Memorial Health Care utilizes Community Benefits to advance population health in our community by partnering with organizations like the YMCA of Memphis & the Mid-South. Other hospital systems in the country are demonstrating that such a partnering relationship is not only feasible because it is required by the IRS but that it is truly a pathway towards leveraging community resources to improve population health.”

Identified Priority Health Needs

Baptist Memorial Health reviewed findings from the CHNA research, including public health data, socio-economic measures, responses from the key informant survey, and feedback from the partner forums and other stakeholder research to develop system-wide priorities to focus community health improvement efforts. The CHNA steering committee and other Baptist leadership determined that priorities identified in the 2013 CHNA cycle were still relevant to the community. Baptist will continue to direct community benefit and community health improvement activities to address the following health priorities:

- > Behavioral Health to include mental health and substance abuse
- > Cancer
- > Chronic Disease Management and Prevention
- > Maternal & Child Health with a focus on prenatal care

The rationale and criteria used to select these system-wide priorities included:

- > Prevalence of disease and number of community members impacted
- > Rate of disease in comparison to state and national benchmarks
- > Health disparities among racial and ethnic minorities
- > Existing programs, resources, and expertise to address the issue
- > Input from representatives of underserved populations

Evaluation of Community Health Impact from 2013 CHNA Implementation Plan

Background

In 2013, Baptist Memorial Health Care completed a Community Health Needs Assessment and developed a supporting three year (2014-2016) Community Health Improvement Plan to address identified health priorities. Health priorities included cancer, healthy lifestyle choices, maternal & women's health, and mental health. The strategies utilized to address the health priorities support Baptist's commitment to the people it serves and the communities they live in.

2013 Health Priority Goals

Cancer: Provide early detection and treatment to reduce cancer mortality rates and improve quality of life for patients living with cancer.

Healthy Lifestyle Choices: Reduce risk factors for chronic disease and improve management of chronic disease through healthy lifestyle choices.

Maternal & Women's Health: Promote prenatal wellness to improve outcomes for mother and child.

Mental Health: Increase early detection of dementia and provide support services for residents with dementia and/or Alzheimer's and their caregivers.

2014-2016 Implemented Strategies

- > Implemented depression and mental health screenings among primary care patients
- > Offered "Look Good, Feel Better" classes for women actively undergoing chemotherapy or radiation
- > Offered the Healthy Kids Camp and Get Fit program, designed to encourage children to adopt healthier eating and exercise habits
- > Participated in health fairs and informational booths to provide health information and screenings (blood pressure, BMI, balance, diabetes, mammography, PSA, etc.) and promote healthy lifestyles
- > Participated in the Union County Community Helper Day, providing healthy lifestyle education to pre-kindergarten and first grade students
- > Partnered with Sav-A-Life, a teen pregnancy resource center, to address the prevention of teen pregnancy and assist teens that are currently pregnant
- > Provided maternal and child health classes and presentations on topics, including child birthing, breastfeeding, women's health, car seat safety, sibling support, infant skin care, and new parents

- > Provided chronic condition (asthma, cancer, COPD, diabetes, and heart disease) education sessions, management classes, and luncheon series and sponsored community awareness campaigns
- > Provided drug and alcohol prevention programs to youth and adults
- > Provided “Health Talk with Baptist,” segments about healthy lifestyle choices and “The Doctor Is In” lecture series
- > Sponsored community agencies/events, including the Agape Health Services, Albany Police Department, American Cancer Society Relay for Life, American Red Cross, Diabetes Foundation, farmer’s markets, Junior Auxiliary, LOVE Packs, March of Dimes, MyChoice Pregnancy Care Center, North Pontotoc School Jump Rope for Heart Health, Sanctuary Hospice House-Tupelo, Tanglefoot Trails, etc.
- > Sponsored local baby fairs aimed at giving expectant mothers access to local resources and experts that can help them make the best possible choices for their babies
- > Sponsored local back to school health fairs featuring screenings, safety awareness, and health education
- > Sponsored support groups, including Sassy Sparrows Breast Cancer Survivor Group, Renewal with Hope Cancer Nutrition Group, Bariatric Support Group, Never Ending Circle Grief Support Group, Mended Hearts Support Group, NAMI Connection Support Group, Breastfeeding Support Group, Diabetes Support Group, etc.
- > Supported Alzheimer’s awareness and education by sponsoring the Color Invasion 5K and offering support to caregivers
- > Supported the Stop the Knock campaign, an initiative aimed at decreasing fatal car crashes

By providing health education and opportunities for residents to participate in programs to improve their health, Baptist Memorial Health Care helped thousands of our community members lead healthier lives. We believe strongly in corporate citizenship and recognize the importance of collaboration with local organizations to build stronger and healthier communities. We remain committed to supporting community health improvement in line with our mission and vision.

Community Health Improvement Plan

Baptist Memorial Health Care developed a Community Health Improvement Plan (CHIP) to guide community benefit and population health improvement activities across the Mississippi Service Area. The CHIP builds upon previous health improvement activities, while recognizing new health needs and a changing health care delivery environment, to address the region's most pressing community health needs.

Health Priority: Behavioral Health

Goal: Improve outcomes for residents with a mental health or substance abuse condition and their families.

Objectives:

- 1) Increase the number of residents who are screened for depression and mental health conditions.
- 2) Develop or continue collaboration with community agencies that provide mental health and substance abuse support services to reduce suicide and drug induced death rates.
- 3) Educate residents about warning signs for mental health conditions and substance abuse, including Alzheimer's disease.

Health Priority: Cancer

Goal: Provide early detection and treatment to reduce cancer mortality rates and improve quality of life for patients living with cancer.

Objectives:

- 1) Provide free or reduced cost screenings and services, especially targeting low-income, at-risk, and minority populations.
- 2) Increase residents' awareness of the benefits of cancer prevention, screenings, and early treatment.

Health Priority: Chronic Disease Management and Prevention

Goal: Reduce risk factors for chronic disease and improve management of chronic disease through healthy lifestyle choices.

Objectives:

- 1) Provide education about healthy lifestyles and risk factors for disease.
- 2) Provide opportunities to encourage physical activity among residents.

Health Priority: Maternal & Child Health

Goal: Improve birth outcomes for women and infants.

Objectives:

- 1) Increase the proportion of women who receive early and adequate prenatal care.
- 2) Increase the proportion of infants who are breastfed.

Board Approval and Report Dissemination

The Baptist Memorial Health Care CHNA Final Report and Improvement Plan were reviewed and adopted by the Baptist System Board on July 18, 2016. A copy of the CHNA Final Report is posted on the hospital's website.

Appendix A: Our Partners

An integral part of the CHNA process was community engagement. A Steering Committee of Baptist Memorial Health Care leadership guided the CHNA process with input solicited from community partners representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. The following individuals contributed to the CHNA process as part of the Steering Committee:

Cynthia Allen, System Community Involvement Manager, Baptist Memorial Health Care
Scott Fountain, Senior Vice President/Chief Development Officer, Baptist Memorial Health Care
William A. Griffin, Senior Vice President/Chief Financial Officer, Baptist Memorial Health Care
Jeffery Lann, Manager-Research/Marketing Development, Baptist Memorial Health Care
Debbie Lassiter, Manager-Research Planning, Baptist Memorial Health Care
Cheryl L. Lee, Director-Tax and Compliance, Baptist Memorial Health Care
Dexter McKinney, System Community Outreach Specialist, Baptist Memorial Health Care
Kimmie McNeil Vaulx, Director-System Corporate Communications, Baptist Memorial Health Care
Ann Sullivan, M.D., Chief Academic Officer, Baptist Memorial Health Care
Henry Sullivant, Jr., M.D., Chief Medical Officer for Clinical Integration, Baptist Memorial Health Care

The following individuals contributed to the CHNA process as community partners:

Lugie Brown, First American Bank
Steve Coker, New Albany Fire
Bo Collins, BNA Bank
Jackie Ford, New Albany Schools
Alan Greer, BancorpSouth
Clarice A. Ivy, Communicare/National Alliance on Mental Illness Oxford
Phil Nanney, Union County Development Association
Tammy Reeder, New Albany Schools
Chris Robertson, New Albany Police Department
Jessica Windham, Home Instead Senior Care
Jamey Wright, New Albany Schools

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Appendix C: Key Informants

A key informant survey was conducted with 58 community representatives. The organizations represented by key informants, and their respective role/title, included:

| Key Informant Organization | Key Informant Title/Role |
|--|---|
| Aaron E Henry CHC INC | Office Manager |
| American Cancer Society | Development Manager, Distinguished Events |
| American Cancer Society | Health Systems Manager, Hospitals |
| Arkansas State University | Retired Chief Legal Counsel |
| BNA Bank | President and CEO |
| BNA Bank | Sr. VP |
| BNA Bank | CFO |
| Booneville Main St. Assoc/ Healthcare | Volunteer/ Health care provider |
| Brawner, Vanstory & Co., P. A. | President |
| Cadence Bank, NA | EVP-Community Bank President |
| Church | Pastor |
| Communicare | Intensive Community Support Specialist |
| Community | Volunteer |
| Excel By 5 | team leader |
| Explorers Bible Study | Teaching leader |
| Family Clinic of New Albany | CEO, FNP-BC |
| FedEx Ground | Senior Manager |
| First Baptist Church | Administrative Pastor |
| First Baptist Church of Columbus, MS | Pastor |
| Galloway-Chandler-McKinney Insurance | Managing Partner |
| Good Food for Oxford Schools | Director |
| Gordon Community and Cultural Center, Inc. | Executive Director |
| Health Help MS | Outreach Coordinator |
| Health Innovations - YMCA of Memphis & the Mid-South | Program Director |
| Lafayette County Emergency Management | Director |
| Lafayette County School District | District Lead Nurse |
| Lee Family Dentistry | Owner |
| Mississippi University for Women | President |
| MS Dept. of Rehabilitation Services | Business Relations Specialist |
| NEA Baptist | MD |
| New Albany Elementary School | Cafeteria manager |
| New Albany Public Schools | Teacher |
| New Albany School District | Director |
| New Albany Schools | Instructor |
| New Albany Schools | Health Services Coordinator/School Nurse |

| Key Informant Organization | Key Informant Title/Role |
|--|--|
| New Albany Schools | Superintendent |
| Northeast Mississippi Community College | Director |
| Oxford Chamber | Senior Vice President |
| Oxford Park Commission - Leisure Lifestyles | Director of Leisure Lifestyles |
| Oxford School District | Superintendent |
| Pilot Club of New Albany | Projects Division Coordinator |
| Prentiss County Development Association | Director |
| Prentiss County Schools Jumpertown High School | Principal |
| Regional One Health | Senior Vice President - External Relations |
| Retired | Retiree |
| Scott Center | Principal |
| Smith Drug and Home Medical | Pharmacy |
| St. Paul M.B. Church | Pastor |
| Susan G. Komen Memphis-MidSouth | Executive Director |
| Tipton County Schools | School health director |
| Town and Tower | President |
| Union Co. Schools Special Education Dept. | Director of Special Education |
| Union County Extension Service | Extension Agent |
| Union County Schools | Assistant Superintendent |
| United Way of Oxford & Lafayette County | Executive Director |
| University of Mississippi | Wellness Project Coordinator |
| University of Mississippi Student Health | Director |
| WQLJ-WTNM radio | General Manager |

Appendix D: Community Assets

The Partner Forum builds upon existing efforts to improve health, especially among underserved populations, by facilitating population health strategy collaboration based on community assets, gaps in services, and partnership opportunities. The following section depicts community assets (in alphabetical order) identified in the Mississippi Service Area.

Health Services

- > **Baptist Behavioral Health Care at Baptist Golden Triangle:** The service provides treatment for patients with substance abuse issues, mental and behavioral health problems, and chemical dependency issues. It also offers treatment for senior adults with psychiatric and/or chemical dependency problems. Officially opened to the public in 2011, Baptist Behavioral Health Care is a 26,100-square-foot building with 30 patient rooms with two private courtyards.
- > **Baptist Cancer Center:** Baptist Cancer Center represents the Mid-South's first adult, integrated cancer program designed as a regional resource for cancer patients and their families. With facilities in Tennessee, Arkansas and Mississippi, patients' needs are better served by receiving care close to home. Services offered include infusion, radiation oncology, clinical research, multidisciplinary clinical trials, stem cell transplants and breast cancer screening services.
- > **Baptist Memorial Hospitals:** The partners shared that the hospitals are a point of pride for community members, offering locally accessible and quality services.
- > **Communicare:** Communicare is a community mental health center serving the north central counties of Mississippi. The center provides outpatient services, a group home for women with serious mental illness, a residential substance abuse treatment center, and school-based services.
- > **Oxford Medical Ministries Clinic:** The clinic serves the primary care needs of the working uninsured through a volunteer staff of physicians and nurses.
- > **Private Practices:** Partners shared that there are a few private practices in the community that will consult all patients for a small fee of approximately \$40. The practices operate solely on out-of-pocket fees and do not accept insurance.

Maternal and Child Health Services

- > **Baptist Baby Fair:** Baptist Memorial hospitals host baby fairs that are free and open to the public. The goal of the events is to give expectant mothers access to local resources and experts who can help them make the best possible choices for themselves and their babies.
- > **Excel by 5:** The program currently works with 38 communities across Mississippi. It is a community-based certification that sets forth a variety of standards involving parent training, community participation, child care, and health to help communities focus on supporting young children and their families. The certification process also identifies available resources and existing best practices to help Excel By 5 - Early Childhood Communities reach the goal that all of their children will be ready to learn when they start school at age five.
- > **First Choice Center for Women:** The center offers free services for women to verify pregnancy, provide medical consultation, and educate regarding pregnancy options and next steps.
- > **School Systems:** School systems are policy advocates in the community to promote child health and well-being.
- > **Women, Infants, and Children (WIC):** The WIC program provides supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

Nutrition and Physical Activity Services

- > **Farmers Markets:** Within New Albany, the farmers markets are accessible by foot or bike and promote locally grown items.
- > **Good Samaritan Center Union County:** The center provides emergency assistance through the food pantry to help with the nutritional needs of the unemployed, low-income individuals and families, and senior residents of Union County.
- > **Leisure Lifestyles:** Operated by the Oxford Park Commission, Leisure Lifestyles provides structured recreational, fitness, and leisure programming that meets the needs and interests of the mature adult population. Instructors offer a variety of programs designed to promote physical, social, and cognitive wellbeing, for a healthy lifestyle.

- > **Parks and Recreation:** The New Albany area offers three major parks with sports facilities, walking trails, and playgrounds. The Parks and Recreation Department also organizes youth and adult sports programs.
- > **Tanglefoot Trail:** The Tanglefoot Trail is Mississippi's longest Rails to Trails conversion, stretching 43.6 miles between New Albany and Houston.
- > **Upward Basketball:** The Upward Basketball program is sponsored by the First United Methodist Church and is designed to teach youth sound Christian values while being a part of a team environment.