

# 2025

## COMMUNITY HEALTH NEEDS ASSESSMENT

### Central Mississippi

Baptist Anderson Regional Medical Center

Baptist Anderson Regional Medical Center-South

Baptist Memorial Hospital-Attala

Baptist Memorial Hospital-Leake

Baptist Memorial Hospital-Mississippi Baptist Medical Center

Baptist Memorial Hospital-Yazoo



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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 (Baptist) is an award-winning network dedicated to providing compassionate, high-quality care for our patients. Our network of 23 hospitals serves communities across the Mid-South, including Arkansas, Mississippi and Tennessee, offering safe, integrated, patient-focused and cost-effective medical care.

At Baptist, we believe serving a community is about more than just helping patients feel better. It's about helping entire communities become the best they can be. We accomplish that by providing financial and programmatic support and collaborating with local organizations to build stronger and healthier communities. Each year, Baptist supports hundreds of nonprofit organizations through programs, seminars, health fairs, board participation, events, employee engagement and more.

As part of our mission to provide quality health care to all who need it, Baptist supports local nonprofit organizations that share our dedication to providing effective, affordable health care to underserved, underinsured and uninsured members of our communities. Many of these same organizations offer financial assistance programs and opportunities, as well as numerous free resources to people in the communities they serve, including medical care, transportation, housing, food assistance, legal aid, job training and placement and more.

We recognize our hospitals and medical clinics are vital organizations within the communities we serve. And we know we cannot address every community need by ourselves. To promote health and quality of life, we collaborate with community partners who have expertise in social needs, specialty services, faith leadership, advocacy and essential resources. We foster ongoing relationships with these partners and provide financial and in-kind gifts to support their work.

We support excellence in health care training and education through programs that focus on math, science and related subjects to prepare tomorrow's health care workforce. As we plan for the future, we provide training opportunities for emerging health care professionals and encourage students to pursue medicine, nursing and other allied health careers. Through leading-edge research and clinical trials, we help to advance learning in the medical field and develop new treatments for cancer and other diseases.

In these and many other ways, we demonstrate our commitment to our communities.

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## Executive Summary

### 2025 Community Health Needs Assessment

As a trusted health care leader, Baptist is dedicated to understanding and addressing the most pressing health and wellness concerns of our community. Baptist conducts a Community Health Needs Assessment (CHNA) every three years to monitor the health of residents and the many social and environmental factors that influence health and well-being. The CHNA informs the development of implementation strategies for each of our hospitals to address identified priority needs and align community health investments with the highest needs in the communities we serve.

*The goal of the CHNA is to gather data and community input to inform strategies and policies to support a healthy and thriving region and to foster collaboration among community organizations in developing and delivering services to the residents they serve.*

### CHNA Study Objectives:

- Compile a comprehensive profile of the factors that affect health and well-being in the region
- Compare community health indicators with previous CHNAs to document trends and changes
- Demonstrate the effect of social drivers of health; document differences in health outcomes across populations and communities
- Strengthen stakeholder engagement and partnerships; engage residents in the study process
- Define three-year priority areas and develop action plans
- Monitor the progress of community health initiatives

The results of the CHNA will help us identify priorities and strategies to improve health and well-being in the region. Responding to the study's findings and sharing data with other community-based organizations, Baptist aims to ensure that all residents benefit from their local resources, robust social service network and the high-quality health care available in our community to help residents live their healthiest lives.

We thank you for partnering with us on this effort. To learn more about the CHNA and opportunities for collaboration to address identified health needs, please contact [community.relations@bmhcc.org](mailto:community.relations@bmhcc.org) or visit [baptistonline.org/about/chna](http://baptistonline.org/about/chna).

### Research Partner

Baptist's CHNA research was conducted by *Build Community*, a research consultant that specializes in developing stakeholder research to illuminate disparities and underlying inequities and transform data into practical and effective strategies to advance health and social equity. An interdisciplinary team of researchers and planners, Build Community has worked with hundreds of health and human service providers and their partners to reimagine policies and achieve measurable impact. Learn more about *Build Community* at [buildcommunity.com](http://buildcommunity.com).



## 2025 CHNA Leadership and Oversight

Since 2011, Baptist has convened a steering committee of representatives from across the organization to collaborate on the CHNA. This collaboration ensures a comprehensive study that compares communities across the Mid-South and fosters collective impact to address the most pressing issues that affect health for residents. The following individuals served on the CHNA committee as liaisons to their organizations and the communities they serve.

### Baptist Memorial Health Care Planning Committee

Donna Baugus, Survey Research System Manager  
 Cynthia Bradford, System Community Relations Manager  
 Abby Brann, System Community Relations Sr. Coordinator  
 Jackie Doss, System Community Relations Coordinator  
 Jeff Lann, Marketing and Research Development Manager  
 Tiana Poirier-Shelton, System Community Relations Coordinator  
 Ann Marie Watkins Wallace, System Community Relations Sr. Coordinator

### Baptist Memorial Health Care Leadership Committee

Kimberly Young, Executive Vice President/Chief Financial Officer, Committee Chair  
 David Garrison, Vice President, Corporate Finance, Committee Co-Chair  
 Walter Banks, Chief Human Resources Officer, Market Operations/Chief Diversity Officer  
 Dr. William Cloud, Vice President/Chief Medical Officer  
 Amanda Comer, DNP, Chief Advanced Practice Officer  
 Kim Danehower, Corporate Compliance Officer and 504 Coordinator  
 Greg Duckett, Executive Vice President/Chief Legal Officer  
 Mary Freeman, Director, Government Relations  
 Kristy Gay, Chief Experience Officer  
 Tom Gladney, System Director, Data Management Support Services  
 Patti Hollifield, System Director, Quality Outcome Management  
 Kevin Hollinger, System Director, Patient Experience  
 Sharon Hureta, RN, Manager, Quality and Performance Improvement  
 Briana Jegier, Ph.D., Associate Program Chair, Undergraduate Professor, Baptist Health Sciences University  
 Taylor Jones, Data Analyst, Strategic Planning  
 Michelle McDonald, Ph.D., Academic Dean, General Education and Health Studies, Baptist Health Sciences University  
 Keith Norman, Vice President/Chief Government Affairs and Community Relations Officer  
 Lilian Nyindodo, Ph.D., Program Chair, Associate Professor of Biomedical Sciences, Baptist Health Sciences University  
 Kimmie Vault, System Director, Corporate Communications  
 Elizabeth Wiggins, Marketing Director, Baptist Anderson Regional Medical Center

## 2025 CHNA Study Area

Baptist has 23 hospitals serving residents in Arkansas, Mississippi and Tennessee. The CHNA focused on the primary service county of each Baptist Memorial Hospital to identify health trends and unique challenges within these communities. Hospitals with overlapping service areas were grouped into regions for comparisons of health and socioeconomic data.

**2025 CHNA Geographic Regions and Primary Service Areas**

Region	Primary Service Counties	Hospitals
Memphis Metro	Shelby and Fayette counties, TN	Baptist Memorial Hospital-Memphis Baptist Memorial Hospital-Collierville Baptist Memorial Hospital for Women Baptist Memorial Rehabilitation Hospital Baptist Memorial Restorative Care Hospital* Spence and Becky Wilson Baptist Children's Hospital
	Tipton County, TN	Baptist Memorial Hospital-Tipton
	DeSoto County, MS	Baptist Memorial Hospital-DeSoto
Northeast Arkansas	Craighead and Poinsett counties, AR	NEA Baptist Memorial Hospital
	Crittenden County, AR	Baptist Memorial Hospital-Crittenden
West Tennessee	Carroll County, TN	Baptist Memorial Hospital-Carroll County
	Obion County, TN	Baptist Memorial Hospital-Union City
North Mississippi	Lafayette and Panola counties, MS	Baptist Memorial Hospital-North Mississippi
	Benton and Union counties, MS	Baptist Memorial Hospital-Union County
	Prentiss County, MS	Baptist Memorial Hospital-Booneville
	Lowndes County, MS	Baptist Memorial Hospital-Golden Triangle
	Calhoun County, MS	Baptist Memorial Hospital-Calhoun
Central Mississippi	Attala, Hinds, Leake, Madison, Rankin and Yazoo counties, MS	Baptist Memorial Hospital-Mississippi Baptist Medical Center
	Attala County, MS	Baptist Memorial Hospital-Attala
	Leake County, MS	Baptist Memorial Hospital-Leake
	Yazoo County, MS	Baptist Memorial Hospital-Yazoo
	Lauderdale County, MS	Baptist Anderson Regional Medical Center Baptist Anderson Regional Medical Center-South

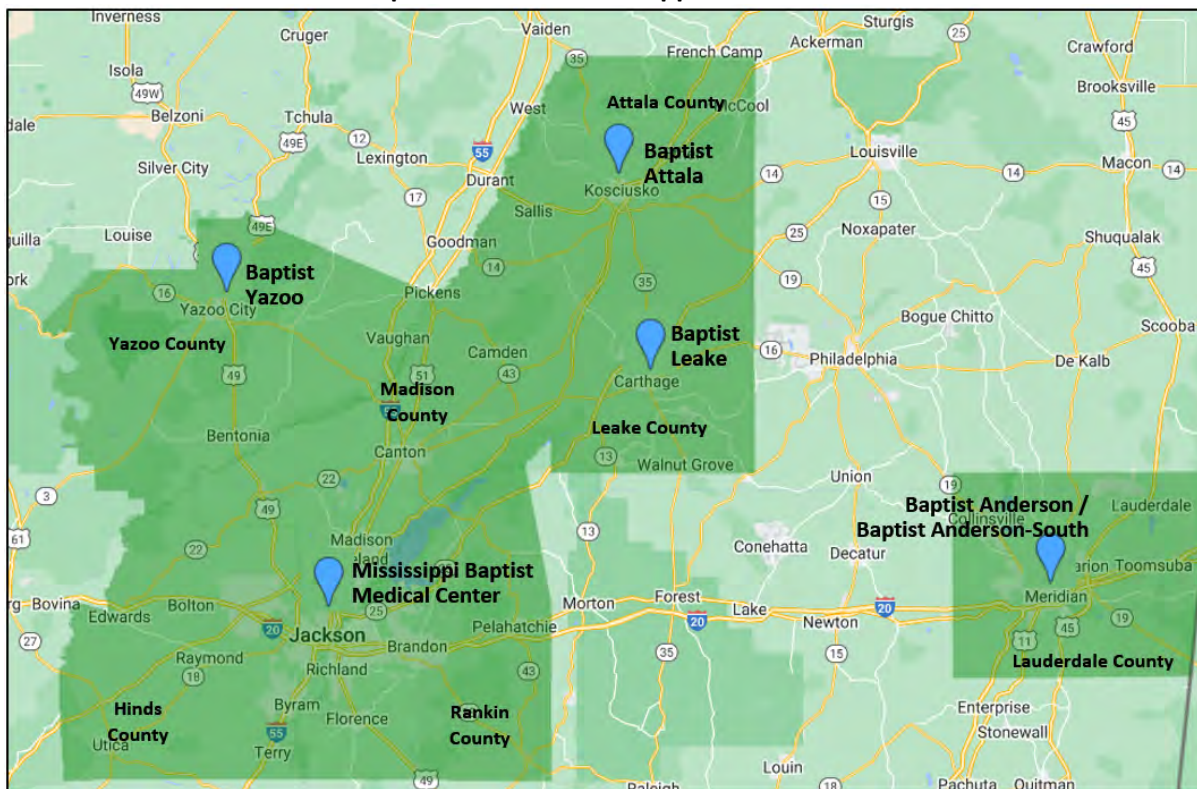
\*On August 01, 2025, Baptist Memorial Health Care Corp., Inc., as parent company, sold all tangible and intangible assets of the Baptist Memorial Restorative Care Hospital in Memphis, Tennessee to Select Specialty Hospital – Memphis, Inc., a subsidiary of Select Medical Corporation, Inc. of Mechanicsburg, Pennsylvania.

Baptist has six hospitals in the Central Mississippi service area, which all collaborated on the 2025 CHNA. The Central Mississippi study encompassed Attala, Hinds, Lauderdale, Leake, Madison, Rankin and Yazoo counties in Mississippi. To identify opportunities for community health improvement and understand factors that influence health within distinct communities, we analyzed demographic data and available health indicators for ZIP codes within each county.

The following hospitals are included in the 2025 CHNA for the Central Mississippi service area.

- Baptist Memorial Hospital-Attala (Baptist Attala)
- Baptist Memorial Hospital-Leake (Baptist Leake)
- Baptist Memorial Hospital-Mississippi Baptist Medical Center
- Baptist Memorial Hospital-Yazoo (Baptist Yazoo)
- Baptist Anderson Regional Medical Center (Baptist Anderson)
- Baptist Anderson Regional Medical Center-South (Baptist Anderson-South)

**Baptist's Central Mississippi Service Area**



## Research Methodology

The CHNA was conducted from July 2024 to June 2025 and included primary and secondary research methods to determine health trends and disparities.

## Primary Research and Community Engagement

Community engagement was an integral part of the CHNA. Collaborating with community-based organizations across the region, input was solicited and received from a wide array of community stakeholders and residents, with a particular focus on diverse populations, under-resourced areas and communities that have been historically marginalized. Study participants provided perspectives on unmet health and social needs; community resources available to meet those needs; barriers to accessing services; service delivery gaps and recommendations to improve health and well-being.



### Key Stakeholder Survey

Across the region, 75 individuals serving diverse communities and populations participated in the key stakeholder survey to collect input about local health needs, clients' experiences receiving and accessing services and opportunities for collective impact.



### Partner Forum

We held a community meeting with 34 health and human services professionals serving the region to share CHNA data findings and collectively define challenges and meaningful strategies for health improvement.



### Listening Sessions

We held 11 listening sessions with subject matter experts and social services representatives based in Baptist's service areas to discuss priority health needs and opportunities to improve residents' access to health care services. Sessions conducted in the Central Mississippi service area included the following:

**Attala, Leake and Yazoo County health and social services representatives**, exploring community trends and health and social needs (three attendees)

**Lauderdale County faith leaders**, exploring insights from faith leaders in responding to community needs (nine attendees)

**Lauderdale County health and social services representatives**, exploring community trends and health and social needs (three attendees)

**Mid-South higher education representatives**, exploring trends and needs in education and workforce development throughout all of Baptist's service regions (seven attendees)

**Mississippi maternal and child health representatives**, exploring community trends and health and social needs for mothers and children in Mississippi (13 attendees)

## Secondary Data Analysis



Secondary data are reported by county and ZIP code, as available, to demonstrate localized health needs and disparities. The most recently available data at the time of publication is used throughout the study. Due to the time required to collect and analyze data, it is typical for data to reflect prior years rather than the current year.

## Social Drivers of Health

*Where we live affects choices available to us*

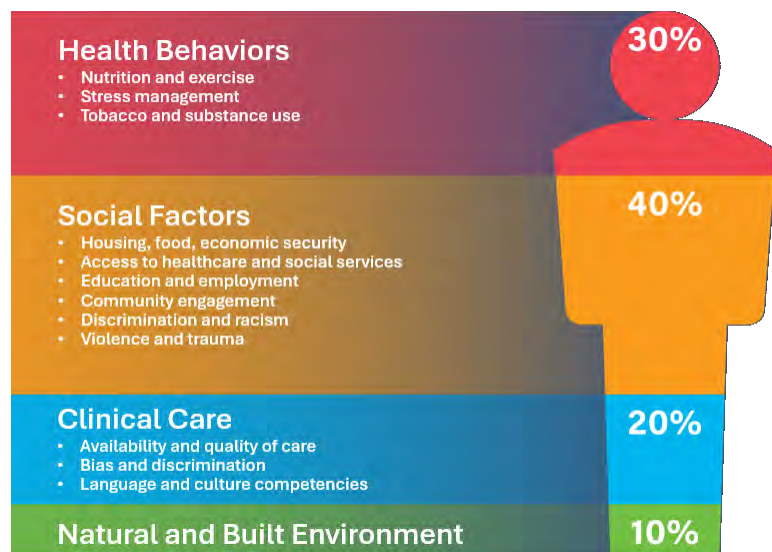
The CHNA was conducted to provide deeper insights into the differences in health and well-being experienced between groups of people in the region. We used the Social Drivers of Health (SDOH) framework to study and document income and poverty; housing and food security; early learning and education; social factors and the environment and built community. We analyzed data across these five domains of SDOH to identify strengths and challenges in our community that affect our health and well-being.

*Graphic Credit: U.S. Department of Health and Human Services*

### SOCIAL DRIVERS OF HEALTH



*Social Drivers of Health are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.*



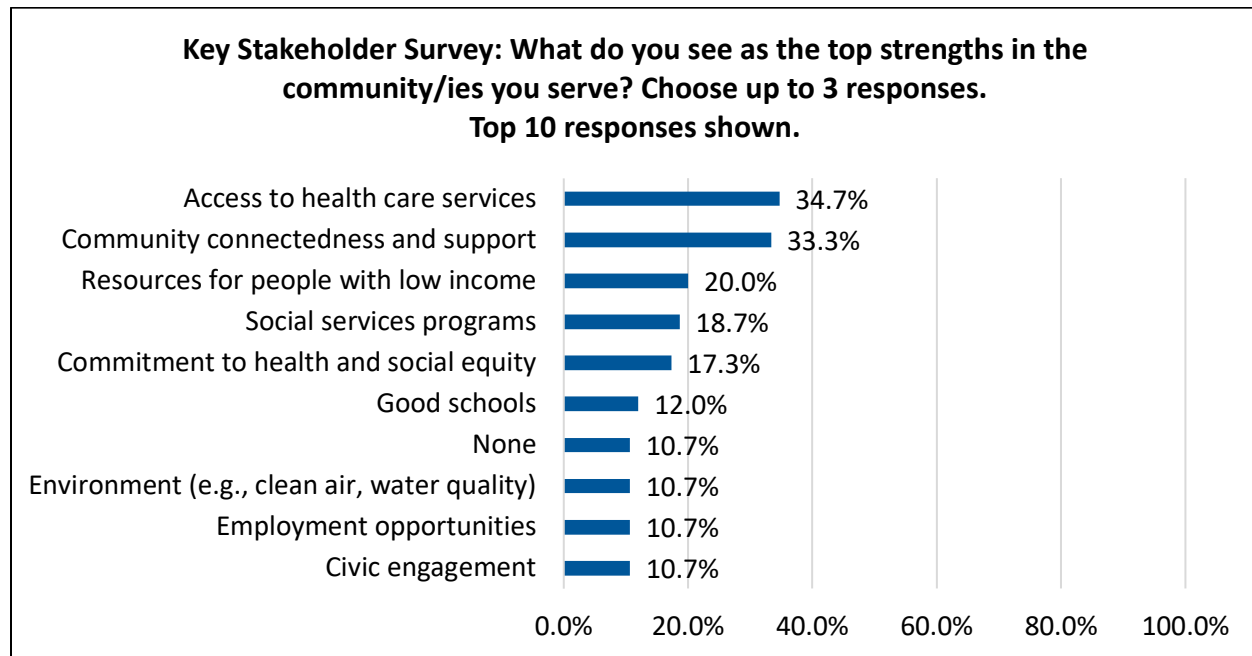
*50% of a person's health is determined by social factors and their natural and built environment.*

*Only 20% of health outcomes are attributed to clinical care.*

Examining data across SDOH domains helps us understand factors that influence differences in health status, access to health care and outcomes between groups of people. These differences include higher prevalence of chronic diseases, such as diabetes, lack of health insurance, inability to afford essential medications and shortened life expectancy. Advancing health for all residents means ensuring all people in a community have the resources and care they need to achieve optimal health and well-being. To advance health for all, we need to look beyond the health care system to address “upstream” SDOH issues, such as education attainment, job opportunities, affordable housing and safe environments.

### Our Strengths and Opportunities

The Central Mississippi service area is supported by a robust and collaborative network of health and human service providers and is rich in natural resources and beauty. Community stakeholders described a strong sense of community and support for neighbors. When asked what they see as the top strengths for the community, key stakeholder survey participants noted *access to health care services, community connectedness and support, resources for people with low income, social services programs and good schools* among the top attributes.



When asked to rate various SDOH for Central Mississippi communities, approximately 40% to 45% of stakeholders rated *access to green spaces and outdoor recreation, health care access and quality and civic participation* as “good” or “excellent.”

Stakeholders acknowledged Central Mississippi’s beautiful natural outdoor environment and commitment to providing and maintaining parks, trails and other green spaces. Cities within the region, some with Baptist’s support, have worked to maintain parks and other recreational green spaces.

#### STAKEHOLDER FEEDBACK:

*“Green spaces are available to most Mississippians whether by design (constructed) or natural.”*

*“The city has spent over a million dollars on updating our parks and will add new pickleball courts and other improvements this year.”*

Central Mississippi communities benefit from a combination of strong health care systems and provider networks and infrastructure that benefit the community. Stakeholders identified an expansion of health services, including behavioral health and chronic disease care, as well as new maternal and child health supports (e.g., paid parental leave and home visiting programs).

**STAKEHOLDER FEEDBACK:**

*"Each surrounding county has at least one hospital and nursing home, multiple health care clinics to provide health care."*

*"In each of my communities that Baptist serves, they, along with other providers do an excellent job of providing access to quality health care."*

Central Mississippi's job training, education and early childhood education were seen as a cross-cutting success factors for promoting health and well-being. Existing programs, such as those at Meridian Community College were seen as models to replicate in other communities.

**STAKEHOLDER FEEDBACK:**

*"[We have] a very good junior college system. There are ample and affordable educational opportunities."*

Central Mississippi was seen as a community that cares about its residents and has strong support for volunteering and giving back, especially in areas where social services are limited.

**STAKEHOLDER FEEDBACK:**

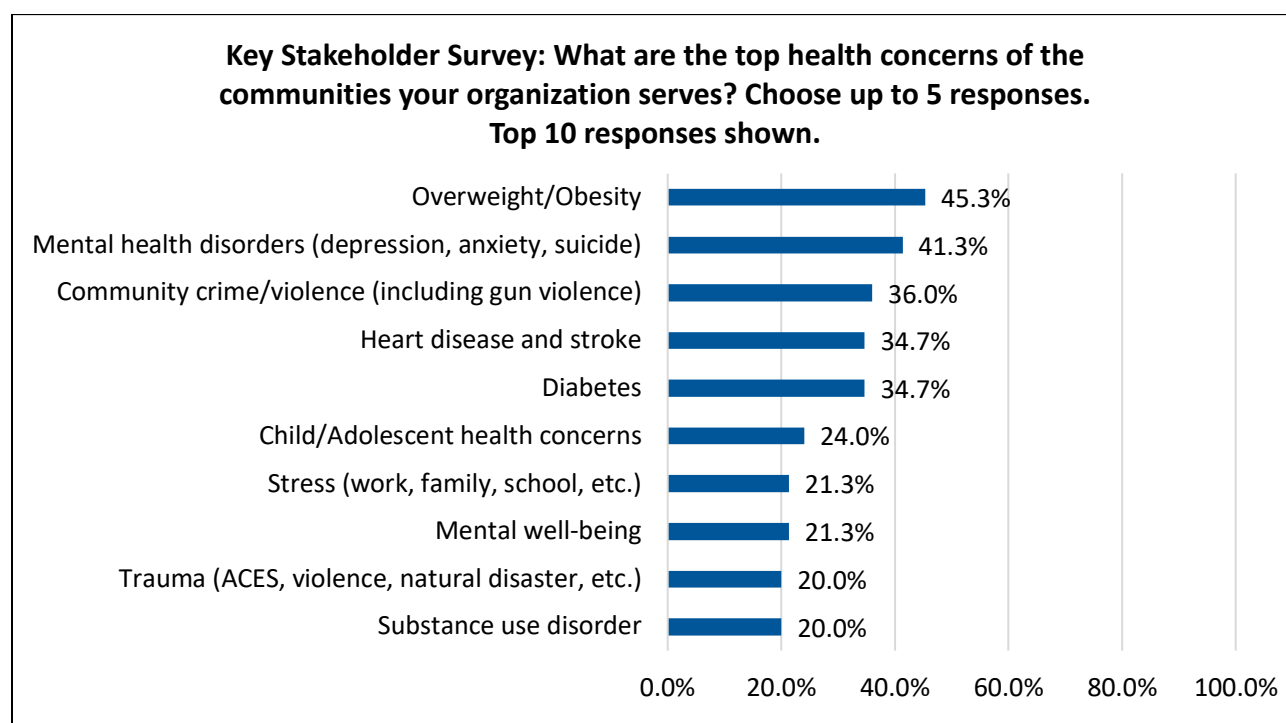
*"I think people in our community want better for our community. Volunteerism and philanthropy in our community are excellent. This is often seen in communities where established services, such as those funded by government, are inadequate to meet needs."*

*"[We have] community leaders who organize to help improve the living conditions and health of their communities."*

### Community Strengths

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>■ Access to green spaces and outdoor recreation</li> <li>■ Civic engagement and volunteerism</li> <li>■ Commitment to health and social equity</li> <li>■ Community development efforts</li> <li>■ Community support and connectedness</li> <li>■ Early childhood education and opportunities</li> <li>■ Expansion of maternal and child health supports</li> </ul> | <ul style="list-style-type: none"> <li>■ Highly engaged faith community partners</li> <li>■ Job training and education opportunities</li> <li>■ Quality health care services</li> <li>■ Resources for people with low income</li> <li>■ Social services programs</li> <li>■ Widespread mental health awareness and screening efforts</li> </ul> |
|--|---|

Using these existing strengths and community assets, community partners can work together to improve health. When asked to name the top health concerns affecting the communities they serve, key stakeholder survey participants overwhelmingly identified *chronic conditions* (e.g., obesity, heart disease, diabetes) and issues related to *behavioral health* (e.g., mental health, substance use). Other identified issues included *community crime/violence* and *youth health concerns*. Key stakeholders' perceptions of these health concerns were in line with the secondary data statistics for the region, which showed that residents generally experience more health disparities related to these issues.



Community perception and public health data suggest many of the identified health concerns worsened in recent years because of the lingering impact of the COVID-19 pandemic (e.g., isolation, delayed health care), underlying SDoH factors, such as the rising cost of living and inequities in community experience and access to resources. Approximately 85% of key stakeholder survey participants rated *healthy food access and affordability, housing affordability and availability and public transportation options* as “fair” or “poor.” More than 80% of participants rated *public policies that promote health for all* as “fair” or “poor.” Many stakeholders emphasized the need for policy changes, funding, community collaboration and inclusion of people with lived experience to address systemic issues.

#### STAKEHOLDER FEEDBACK:

*“Address transportation issues in rural areas of the state. Level of health care accessibility varies in rural communities.”*

*“[We] need to create accessible green spaces for all communities not just in affluent, suburban communities.”*

**STAKEHOLDER FEEDBACK:**

*"It is beyond the purview of one single organization/health system to take on this challenge. It must be inclusive and comprehensive to disrupt the system and rebuild what is needed."*

*"Our legislative bodies fall behind the curve in many areas when it comes to health for all. Reason is almost always budget; our budgets are spent in areas that serve the few and not the many. Let's work toward getting our legislators to provide funding for Medicaid expansion and more funding for the areas of Mississippi who are in desperate need of medical resources. The way we, as a community, get this done is by advocating, reaching out to our legislators and volunteering where we can."*

*"Listen to people directly, spend time on the ground walking in their shoes of their lived experiences, then creating programs or services to close the gaps."*

When asked which SDOH to prioritize in order to have the biggest impact on the overall health of the people they serve, nearly 60% of key stakeholders selected the *ability for everyone to receive quality health care when they need it* and 50% of stakeholders selected *economic stability* (e.g., employment, poverty, cost of living).

### Community Challenges

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>■ Care and support for growing aging population</li> <li>■ Chronic condition prevention and management</li> <li>■ Community crime and violence, primarily within metro areas</li> <li>■ Economic and health disparities for people of color and income-constrained households</li> <li>■ Growing behavioral health concerns for adults and youth</li> <li>■ Health literacy</li> <li>■ Inequities in access to health and social services (e.g., food, health care)</li> </ul> | <ul style="list-style-type: none"> <li>■ Public transportation options, especially for rural residents</li> <li>■ Opportunities for economic mobility</li> <li>■ Public policy and financial investment in systemic issues</li> <li>■ Rising cost of living and lack of affordable housing, childcare, food and other basic needs</li> <li>■ Rural disparities in access to health and social services</li> <li>■ Widespread financial insecurity</li> </ul> |
|---|--|

## Community Health Priorities

To improve community health, it is imperative to prioritize resources and activities toward the most pressing and cross-cutting health needs. In determining health priorities on which to focus its efforts over the next three-year cycle, Baptist's leaders reviewed findings from the CHNA and sought to align with the health care system's health improvement programs and population health management strategies.

Baptist's leaders applied the following rationale and criteria to define community health priorities:

- Prevalence of disease and number of community members affected
- Rate of disease compared to state and national benchmarks
- Health differences between community members
- Existing programs, resources and expertise to address issues
- Input from community partners and representatives
- Alignment with concurrent public health and social service organization initiatives

The CHNA continued to support the following health issues as priorities across Baptist service areas:

- ▶ **Behavioral Health**
- ▶ **Chronic Disease**
- ▶ **Maternal and Child Health**

In addressing the identified priorities, Baptist outlined an overarching approach that addresses key areas of need identified in the CHNA. The approach is anchored by strategic pillars that improve access to care and services, build organizational capacity to drive change and strengthen communities.



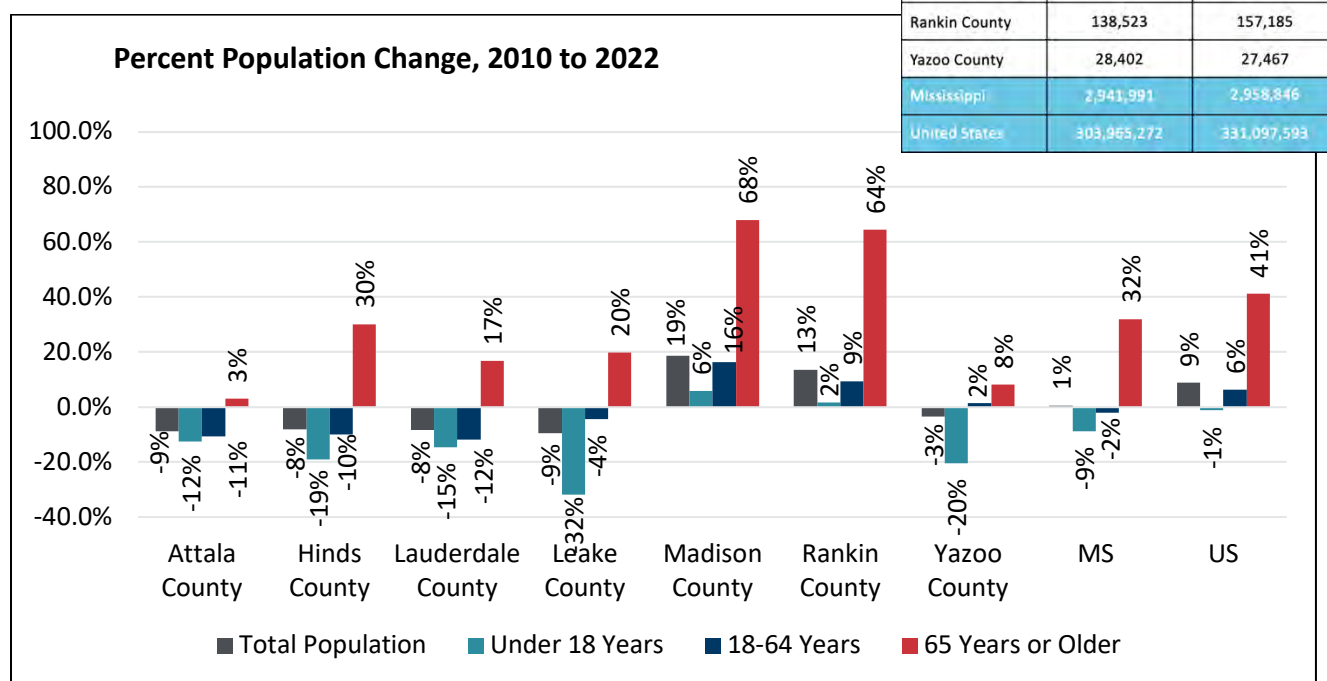
**Identified Health Needs Not Addressed**

The CHNA consistently identifies cancer as a community health priority. While not a named priority within the CHNA, Baptist is addressing cancer as part of its broader chronic disease strategy and is committed to improving access to care and health outcomes for community members and their families affected by cancer.

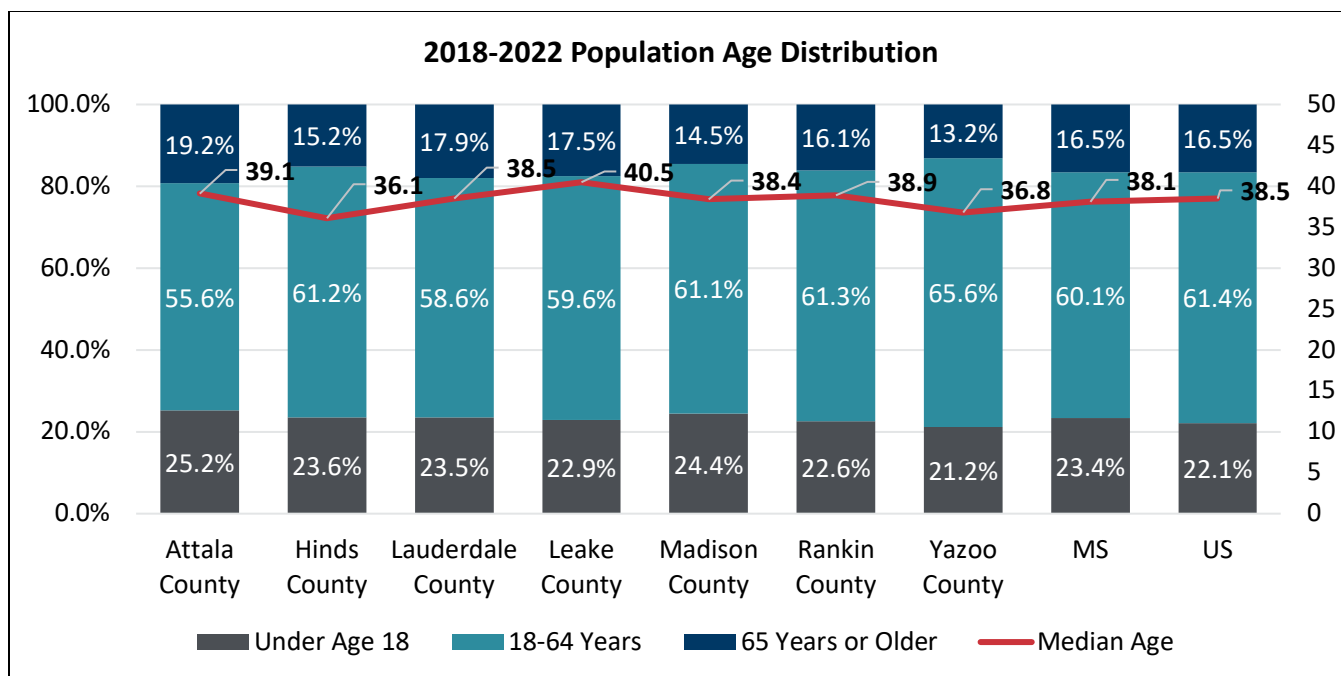
Other health issues identified by community partners as significant health needs in our service area, and not named as priorities, include older adult health concerns and community crime and violence. Baptist is considering the needs of older adults as part of its broader strategies to improve behavioral health and chronic disease. Community crime and violence are significant needs affecting residents, particularly in Baptist's metro service areas. While not a named priority, the system is reviewing strategies to address community crime and violence as part of its work to strengthen communities. Baptist will consider these areas when developing nuanced and holistic strategies to improve identified priority areas. Baptist will also continue to collaborate with organizations that work on these issues and evaluate how it can support these partners.

## Our Community and Residents

The Central Mississippi service area had a total population of 632,368 in 2022. Contrary to national population growth of nearly 10%, most of the counties saw a general population decline since 2010. Madison and Rankin counties were the exception with overall population growth of 13%-19%. These findings reflect broader statewide trends of declining population within rural communities and in-migration of residents to areas offering economic opportunity and more robust services. All counties saw growth in older adults aged 65 years or older, and all counties except Madison and Rankin saw decline in the youth population under age 18.



Source: U.S. Census Bureau, American Community Survey



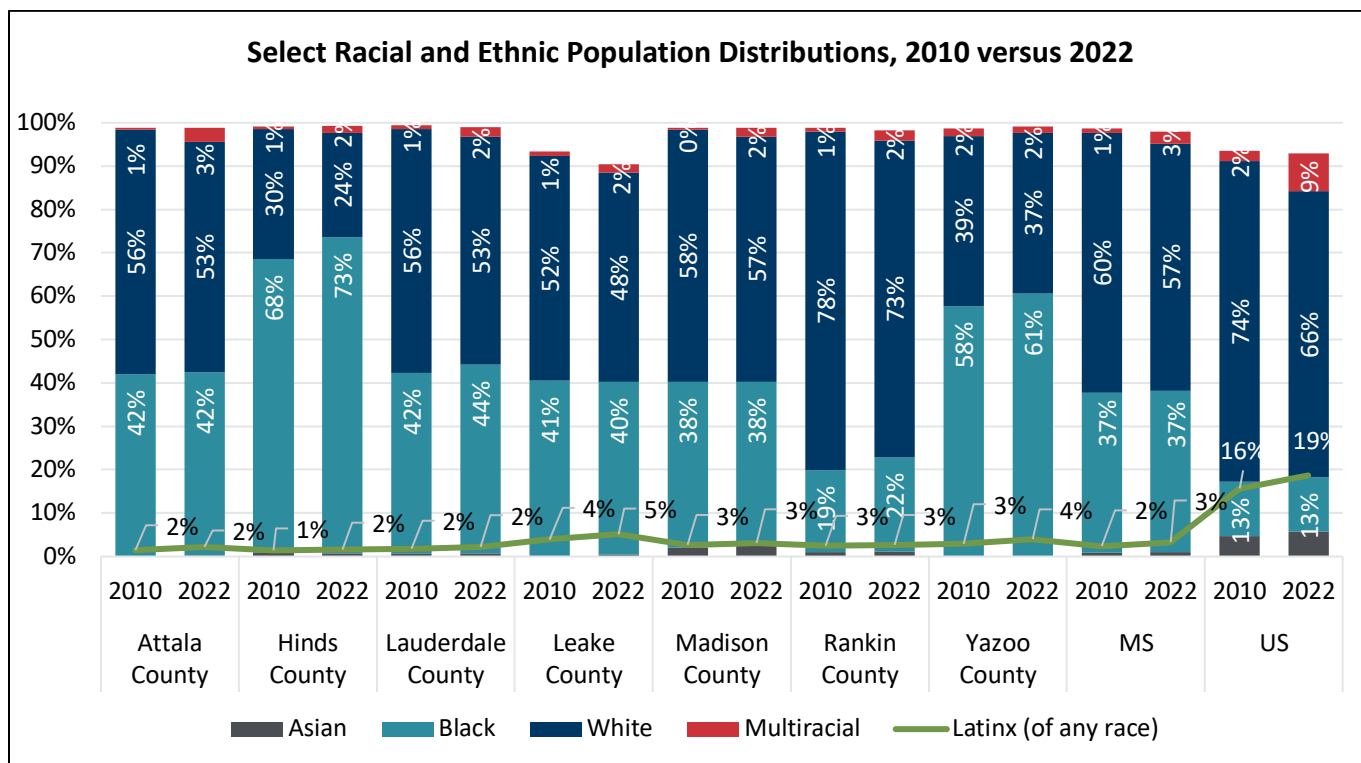
Source: U.S. Census Bureau, American Community Survey

Disability is a physical or mental condition that limits a person's movements, senses or activities. Across the nation, 13% of the population and about 33% of older adults live with a disability. Within the Central Mississippi service area, experiences of disability vary by county with higher prevalence in the communities of Attala, Lauderdale, Leake and Yazoo. Notably, more than 50% of older adults in Leake and Yazoo counties may experience a disability.

2018-2022 Population With a Disability			
	Total Population	Population Under 18 Years	Population 65+
Attala County	18.8%	4.7%	43.7%
Hinds County	14.6%	4.5%	37.6%
Lauderdale County	17.9%	6.1%	39.4%
Leake County	23.3%	5.4%	55.4%
Madison County	10.7%	2.6%	30.3%
Rankin County	13.8%	5.7%	37.3%
Yazoo County	24.3%	11.1%	55.5%
Mississippi	17.2%	5.6%	40.7%
United States	12.9%	4.5%	33.3%

Source: U.S. Census Bureau, American Community Survey

Similar to national trends, population diversity is increasing across the region. People of color, particularly those that identify as Black and/or African American, Latinx and/or multiracial, make up a larger portion of the population than in prior years. Hinds County has the most diverse population in the region; more than three-quarters of residents identify as persons of color. The Yazoo County population is also more diverse than other counties in the region.



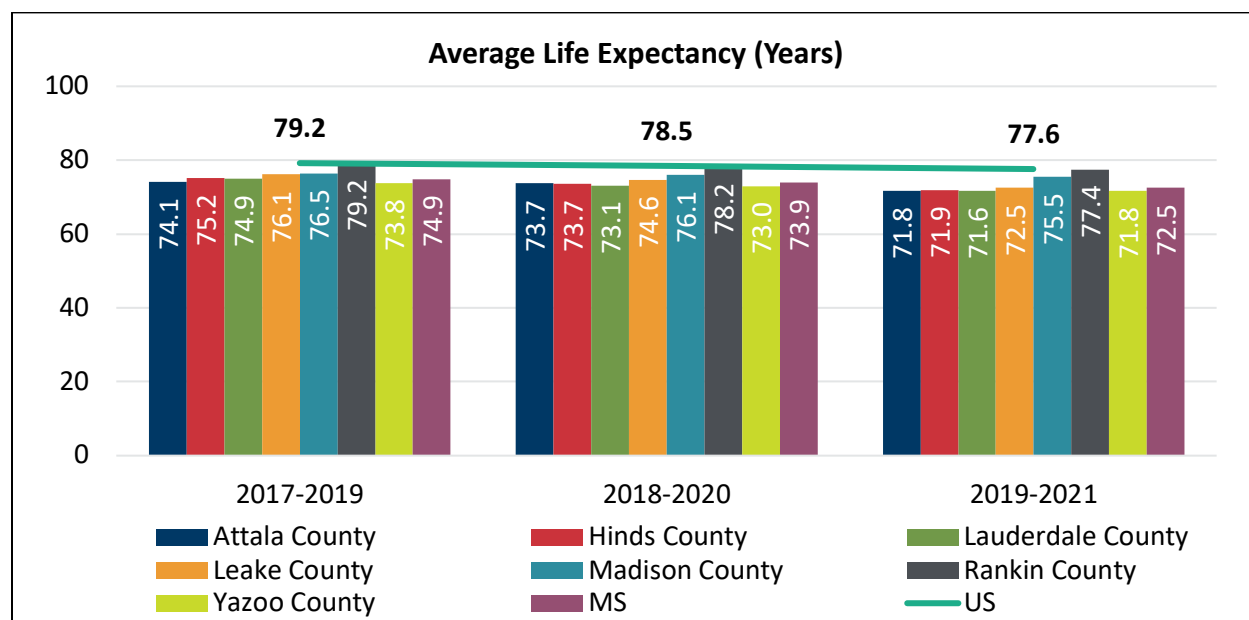
Source: U.S. Census Bureau, American Community Survey

## Measuring Health in Our Community

Life expectancy is a key measure of health and well-being within a community, often reflecting the underlying socio-economic and environmental factors. The Social Drivers of Health framework shows that at least 50% of a person's health profile is influenced by the socio-economic and environmental factors they experience. Understanding the effects of these and addressing the conditions in the places where people live are essential to improving health outcomes and advancing health equity.

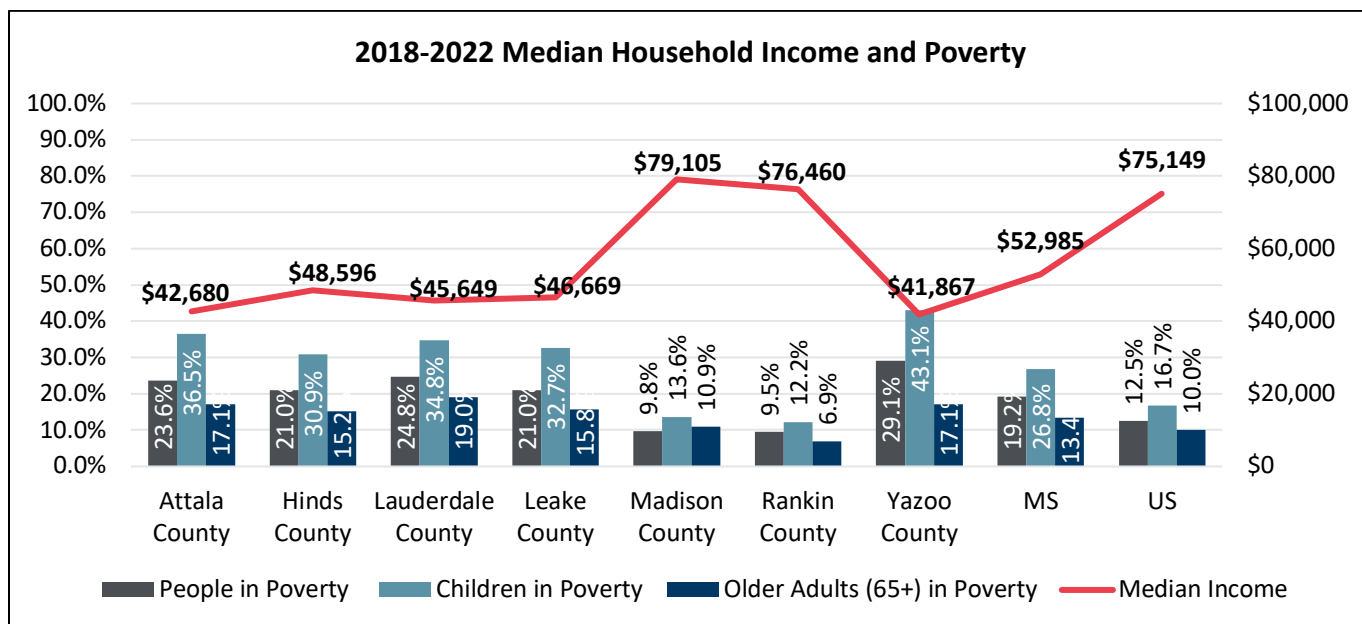
*Life expectancy measures how long people generally live within the defined geography. It is the culmination of living conditions, health status, economic security and the overall experience of residents within a community.*

Within the Central Mississippi service area, residents may live an average of 72 to 77 years, compared to the national average of nearly 78 years. Residents of Madison and Rankin counties have higher average life expectancy than residents of other communities and exceed the statewide average of 72.5 years. Differences in life expectancy between service area counties reflect community-level disparities in health and social well-being.

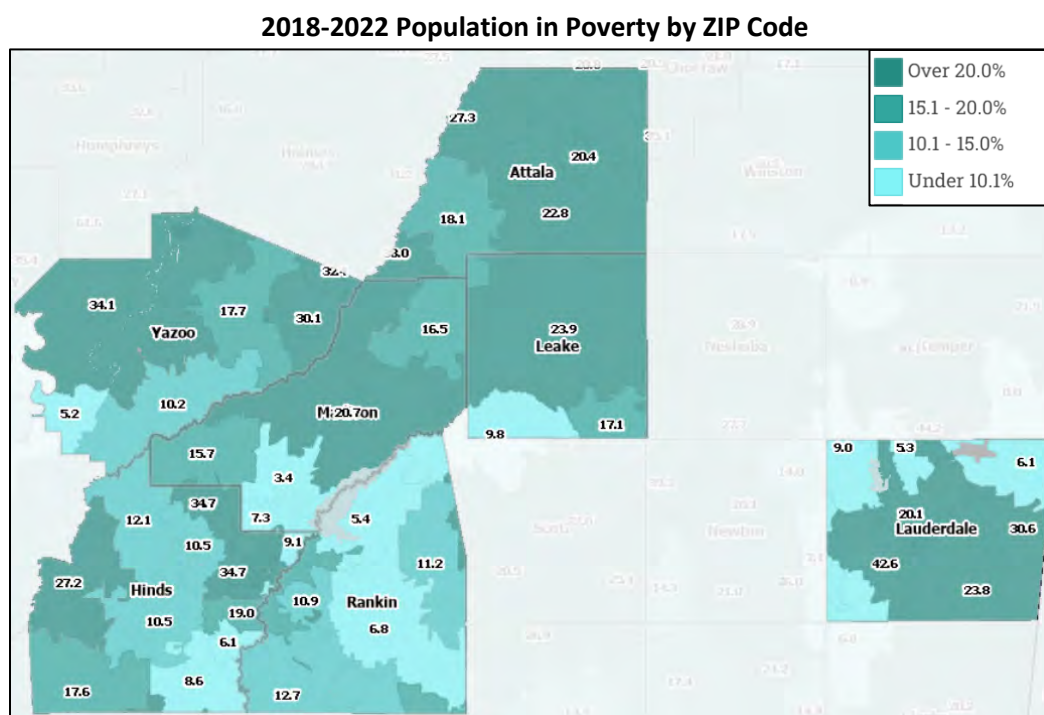


Source: Centers for Disease Control and Prevention

Economic indicators vary widely across service area counties, representing areas of both wealth and poverty. Consistent with past CHNAs, Madison and Rankin counties have higher median household incomes than the state and nation and fewer people and children living in poverty. All other service area counties have lower incomes and higher poverty than both the state and nation. Looking more closely at neighborhoods and populations, clear disparities are present.



Source: U.S. Census Bureau, American Community Survey



Source: U.S. Census Bureau, American Community Survey

The Health Resources and Services Administration Unmet Need Score (UNS) helps in allocation of resources — including primary and preventive health care services — across communities with higher unmet need based on social, economic and health status. The UNS evaluates ZIP codes using a weighted sum of 28 health and social measures with values ranging from 0 (least need) to 100 (greatest need).

Central Mississippi service area ZIP codes with a UNS value exceeding 70, meaning greater unmet need, are depicted below, along with select SDOH indicators.

**Central Mississippi Service Area ZIP Codes With an Unmet Need Score Exceeding 70  
(Out of Maximum of 100) and Select Social Drivers of Health Indicators (Years 2018-2022)^**

ZIP Code	Population in Poverty	Children in Poverty	No High School Diploma	No Health Insurance	UNS Score
<b>Attala County</b>	<b>23.6%</b>	<b>36.5%</b>	<b>21.0%</b>	<b>9.9%</b>	
39090, Kosciusko	22.8%	33.9%	16.3%	10.5%	87.89
39192, West	27.3%	34.6%	28.1%	15.0%	87.64
39108, Mc Cool	35.1%	51.6%	9.0%	5.95	83.46
39067, Ethel	20.4%	39.8%	9.4%	7.5%	80.18
39160, Sallis	18.1%	27.5%	18.2%	5.1%	78.63
<b>Hinds County</b>	<b>21.0%</b>	<b>30.9%</b>	<b>11.0%</b>	<b>12.5%</b>	
39203, Jackson	31.3%	27.9%	28.6%	20.0%	87.72
39213, Jackson	33.3%	51.8%	20.8%	17.2%	86.79
39204, Jackson	44.9%	67.2%	20.1%	17.4%	85.64
39209, Jackson	34.7%	53.8%	15.7%	16.0%	83.07
39212, Jackson	19.0%	30.3%	10.5%	12.4%	72.92
39206, Jackson	22.4%	35.4%	8.5%	14.5%	70.94
39202, Jackson	22.9%	31.7%	12.1%	13.9%	70.40
39041, Bolton	12.1%	4.7%	12.7%	14.1%	70.20
<b>Lauderdale County</b>	<b>24.8%</b>	<b>34.8%</b>	<b>15.8%</b>	<b>9.9%</b>	
39307, Meridian	42.5%	63.6%	25.6%	14.7%	92.40
39301, Meridian	23.8%	30.6%	18.6%	8.4%	82.25
39342, Marion	22.6%	30.1%	9.4%	14.4%	76.11
<b>Leake County</b>	<b>21.0%</b>	<b>32.7%</b>	<b>18.7%</b>	<b>15.9%</b>	
39051, Carthage	23.9%	39.6%	18.3%	16.4%	86.96
39094, Lena	9.8%	14.0%	23.2%	15.3%	77.60
39189, Walnut Grove	17.1%	25.7%	17.4%	15.4%	75.13
<b>Yazoo County</b>	<b>29.1%</b>	<b>43.1%</b>	<b>23.0%</b>	<b>13.7%</b>	
39194, Yazoo City	34.1%	51.9%	25.7%	14.2%	88.34
39179, Vaughan	30.1%	58.8%	16.3%	13.2%	74.26
39040, Bentonia	10.2%	10.3%	17.1%	13.1%	72.40
<b>Mississippi</b>	<b>19.2%</b>	<b>26.8%</b>	<b>13.7%</b>	<b>11.8%</b>	

Source: Health Resources and Services Administration and U.S. Census Bureau, American Community Survey

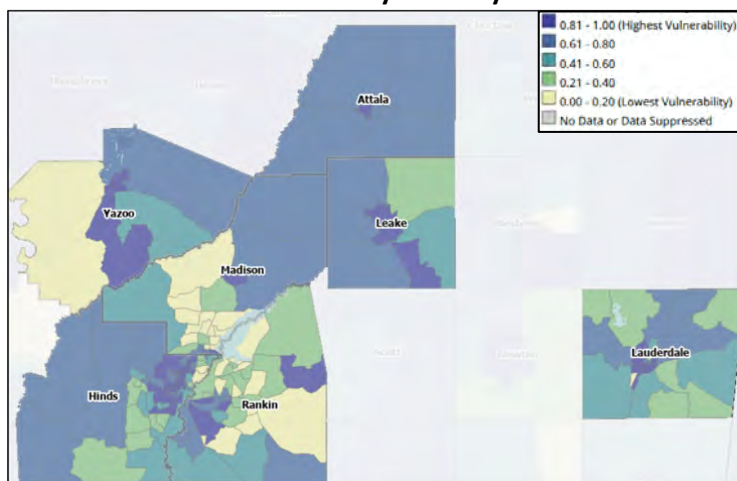
^Select SDOH indicators are shown to illustrate measures that influence the calculation of the Unmet Need Score.

The Social Vulnerability Index (SVI) goes a level deeper than the UNS to demonstrate vulnerability to health disparities at a census tract level. The SVI scores census tracts from 0.0 (lowest) to 1.0 (highest) vulnerability based on factors, such as poverty, lack of transportation and overcrowded housing.

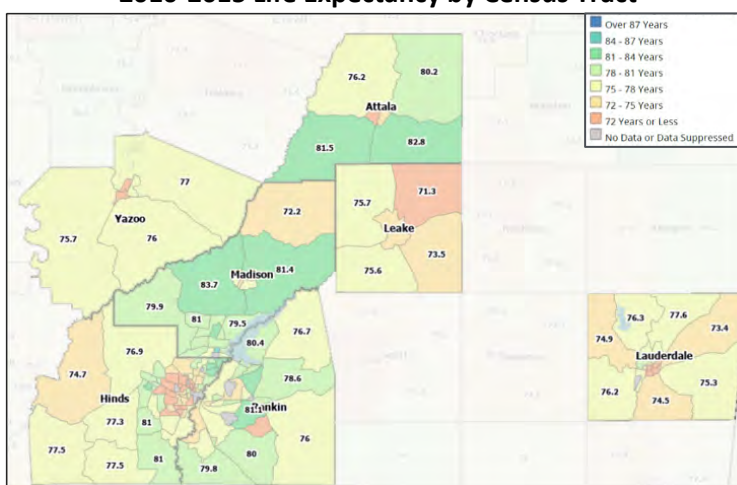
*Census tracts are small geographic regions defined for the purpose of taking a census and to be relatively homogeneous in terms of population characteristics, economic status and living conditions. Census tracts typically contain between 1,500 and 8,000 people.*

Examining the SVI in conjunction with average life expectancy demonstrates how social drivers of health affect health outcomes. Moderate (0.61-0.80) to high (0.81-1.00) SVI values exist in all service area counties, demonstrating widespread social vulnerabilities that correlate with overall lower average life expectancy. Within service area counties, historical data indicates potential for as much as a 10-year difference in average life expectancy between communities with the lowest and highest averages. While average life expectancy reflects historical data, SVI values are reported as recently as 2022.

**2022 Social Vulnerability Index by Census Tract**

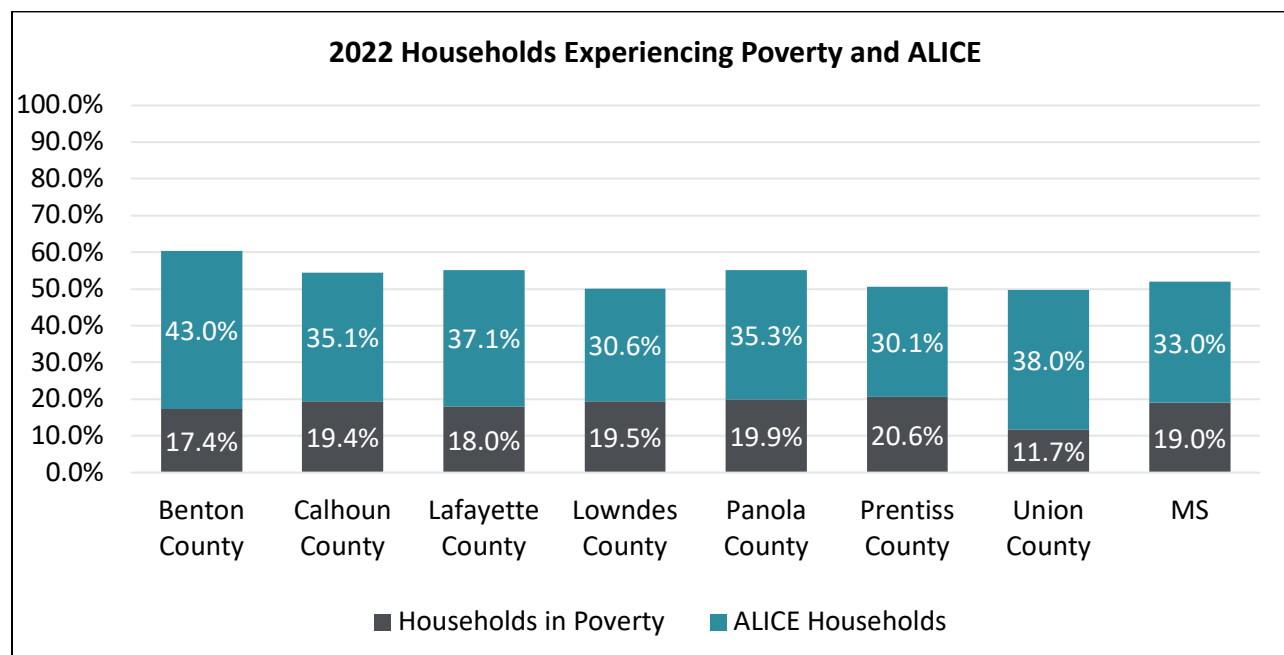


**2010-2015 Life Expectancy by Census Tract**



Source: Centers for Disease Control and Prevention

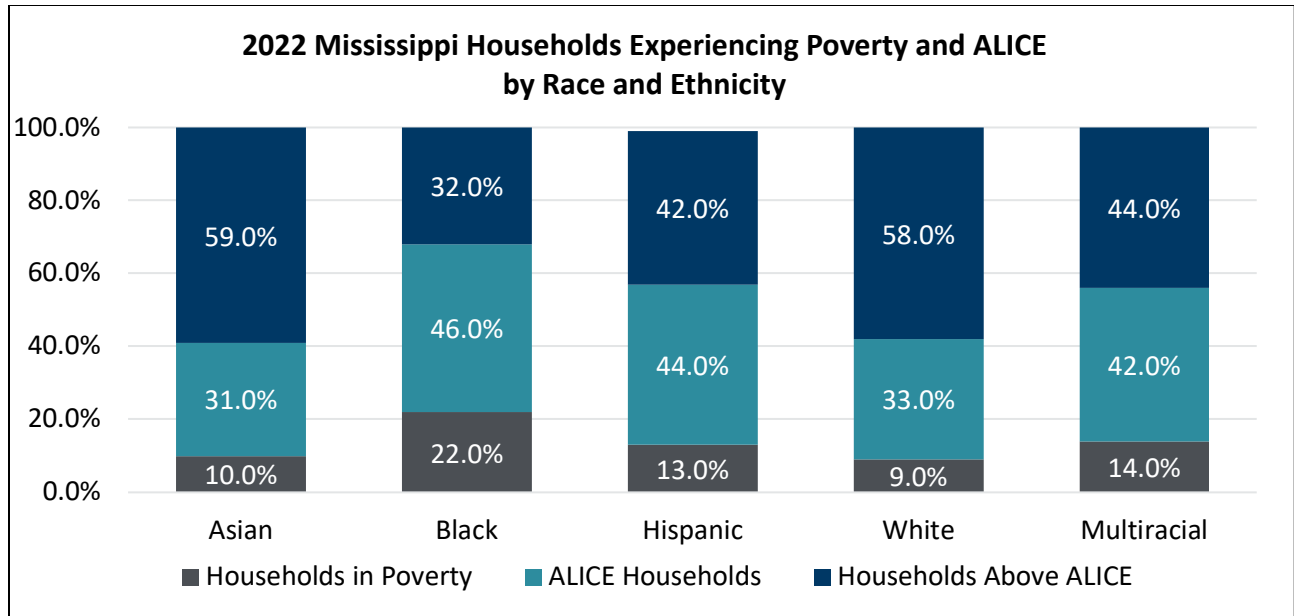
A growing number of families have income above the federal poverty level, but below the threshold necessary to meet basic needs. ALICE stands for **Asset Limited Income Constrained Employed** and represents working households that can't afford all the basics of housing, childcare, food, transportation, health care and technology. While the number of people living at or below the poverty level has declined, the number of ALICE households has increased nationwide, corresponding with rising costs of living. Across the Central Mississippi service area, approximately one-third or more of households are ALICE. When combined with households living in poverty, as many as 60% of households in Attala, Hinds, Lauderdale, Leake and Yazoo counties experience financial hardship.



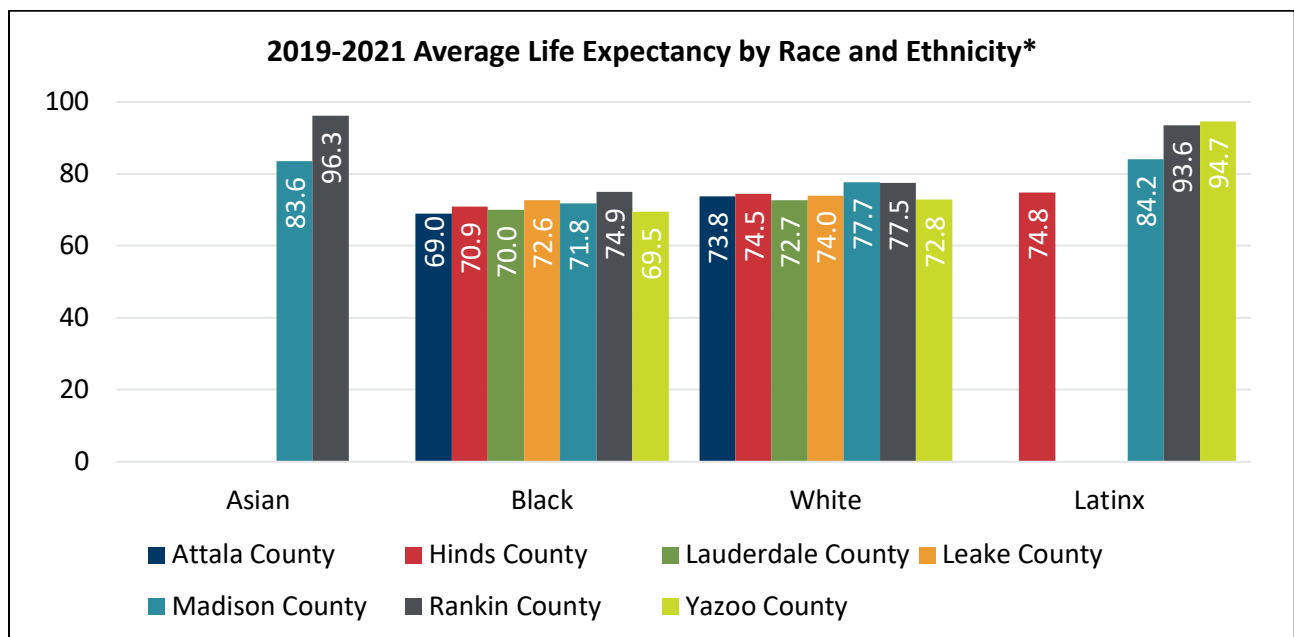
Source: United for ALICE

Financial hardship does not affect all people equally. Financial hardship rates differ substantially by race and ethnicity across Mississippi due to persistent and systemic racism, discrimination and geographic barriers that limit many families' access to resources and opportunities for financial stability.

These longstanding disparities have contributed to significant differences in health and well-being for people of color. Across the Central Mississippi service area, Black and/or African American residents have a lower average life expectancy than white residents living in the same community. In Attala and Madison counties, Black and/or African American residents may live an average of five to six years less than their white counterparts.



Source: United for ALICE



Source: National Vital Statistics System

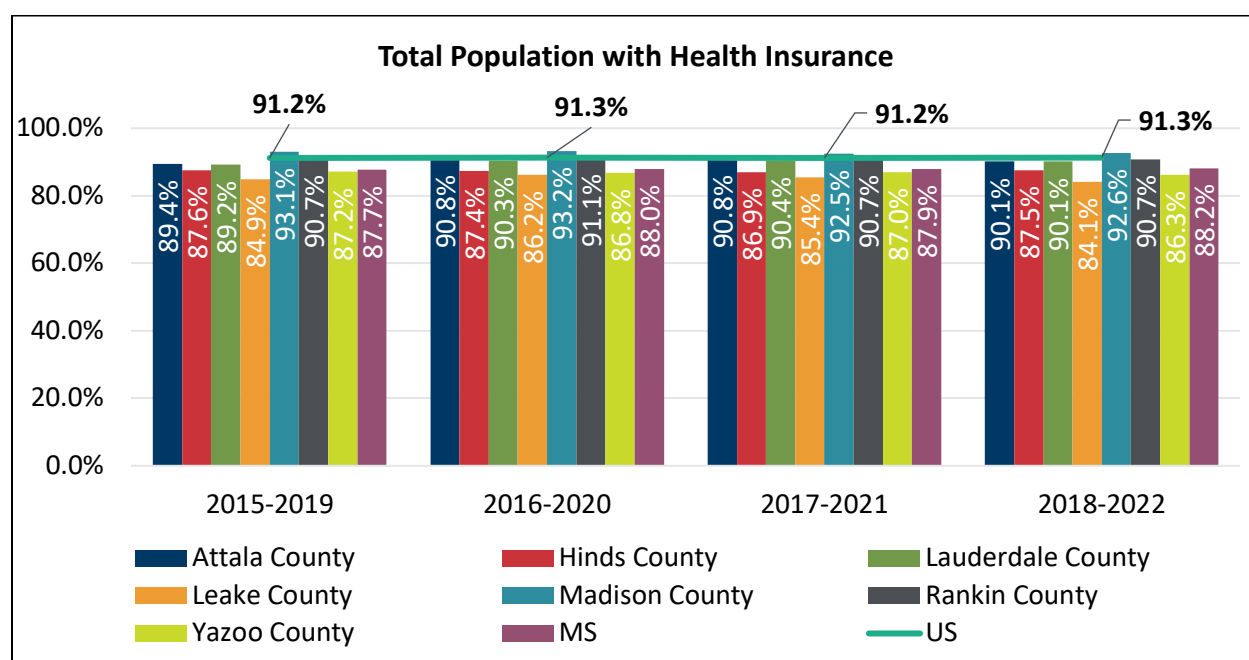
\*Data provided by race and ethnicity as available.

## Community Health Needs

The CHNA is a comprehensive study of health and socioeconomic indicators for the region. The following section highlights key health and well-being needs as determined by secondary data statistics and community stakeholder feedback.

### Access to Care and Services

Health insurance coverage has remained stable across the service area with approximately 90% of residents covered in 2022 compared to 91% of residents nationwide. Hinds and Leake counties had a lower proportion (84%-87%) of residents with health insurance coverage. Access to primary care trends are better than the national average with approximately 76.2%-80.9% of adults receiving routine primary care compared to 74.2% of adults nationwide.



Source: U.S. Census Bureau, American Community Survey

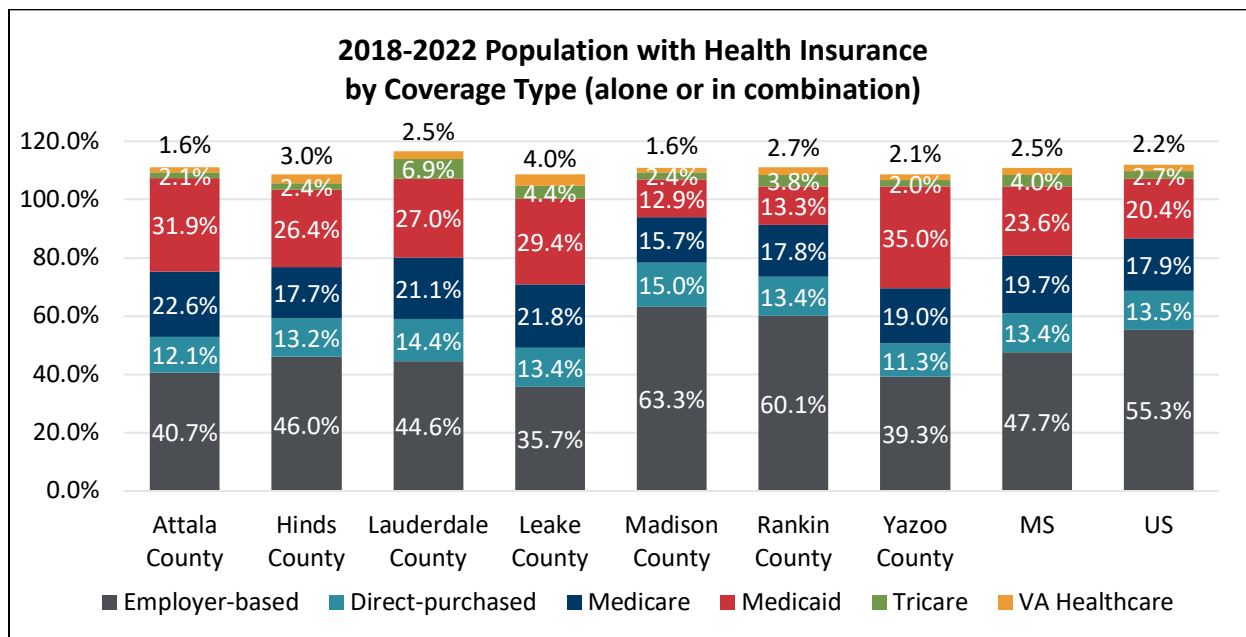
Despite these positive findings, access to health care is challenged by provider availability, economic barriers and the rural nature of communities. Primary care services are concentrated in Hinds, Lauderdale and Madison counties. The primary care provider rate in Hinds, Madison and Lauderdale counties is approximately four times that of Leake and Yazoo counties and twice that of Attala County.

Access to primary care also varies widely by economic status across the service area, including areas with high provider rates. There is a higher proportion of residents with Medicaid, the government health coverage available to eligible people with low income, in Attala, Hinds, Lauderdale, Leake and Yazoo counties. Additionally, Attala, Hinds, Lauderdale, Leake, northern Madison and southern Rankin counties are Health Professional Shortage Areas (HPSA) for people with low income. Yazoo County is a high needs HPSA for primary care. Cost of care is a significant barrier to health care, and community members are often unsure of what medical services will cost, which deters them from seeking care.

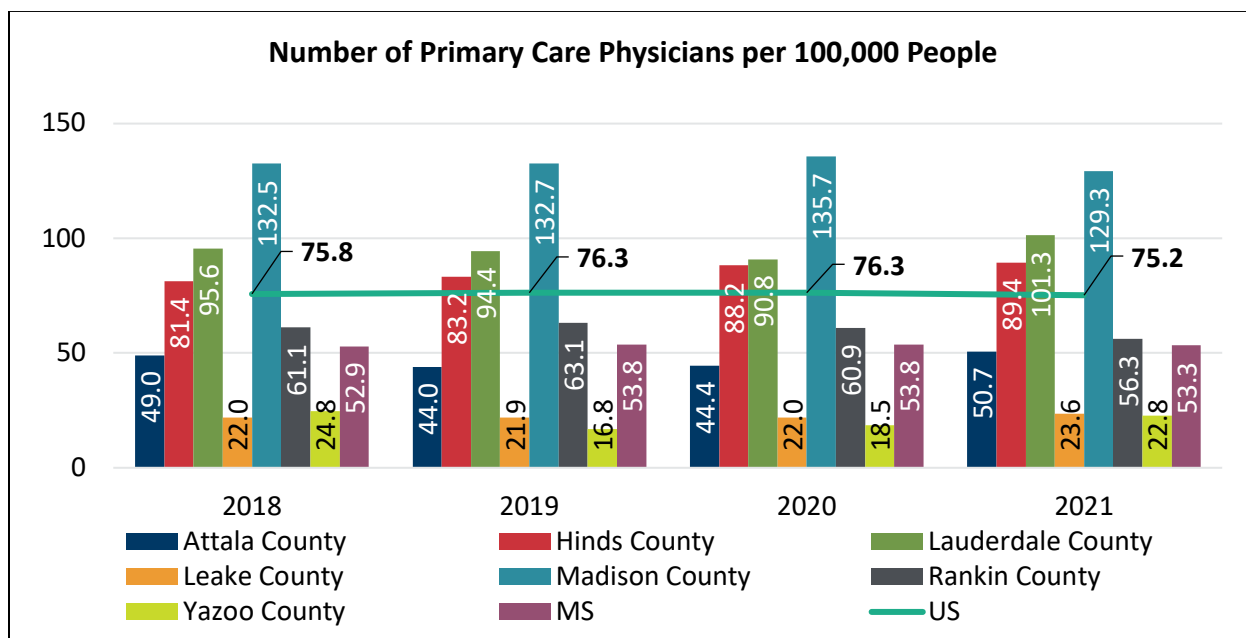
### STAKEHOLDER FEEDBACK:

*"For mammograms that are not scheduled, you have to pay a certain amount of deductible, to have that secondary screening. If you are called back [after the first], you might not have the funds."*

*"Patients can't afford medicines or home blood pressure monitoring equipment."*



Source: U.S. Census Bureau, American Community Survey



Source: Health Resources and Services Administration and Centers for Medicare & Medicaid Services



and community representatives recommended expansion of existing public transportation options and more community-based care services to better serve residents, particularly older adults and youth.

#### STAKEHOLDER FEEDBACK:

*"I serve an impoverished community so it's expensive to pay for gas. People are elderly or fragile and 1.5-hour drive is tough on them."*

*"Quality health care is here but not accessible to everyone because of lack of public transportation."*

*"The closest pediatric urgent care [for our rural community] is 1.5 hours away. A kid with special needs has to been seen in Jackson."*

Faith leaders in Lauderdale County noted growing concern around a lack of knowledge and confidence in navigating the health care system. Many community members, especially older adults, are unaware of available services, financial assistance programs and Medicare options. This lack of information leads to missed appointments, untreated conditions and confusion over benefits.

#### STAKEHOLDER FEEDBACK:

*"Most don't know about the range of plan options for seniors for medications and services and care for grants for Medicare."*

Low health literacy limits access to health care services and contributes to poor health outcomes. Health care and health education materials are often not understandable or accessible for all reading levels, and communication between health care workers and patients is hindered by health literacy limitations. Lack of understanding for effectively using digital technologies, such as computers and the internet, further limit communication, especially among lower-income and older populations.

#### STAKEHOLDER FEEDBACK:

*"We need to educate health care staff on the level where the patients are...be sensitive to their needs, their understanding and lack of understanding."*

Mistrust in the medical system, worsened by the COVID-19 pandemic, and perceived low health literacy remains a barrier for some individuals, especially when paired with fear about cost and treatment. Populations facing a health care challenge or diagnosis are often not aware of what is available to them or might refuse care that sounds unfamiliar, or they don't understand. There is a general sense that health is not prioritized until a crisis occurs, with many community members delaying care because of uncertainty, fear or misinformation.

#### STAKEHOLDER FEEDBACK:

*"It's not that we don't have the resources, it's that we don't trust the resources."*

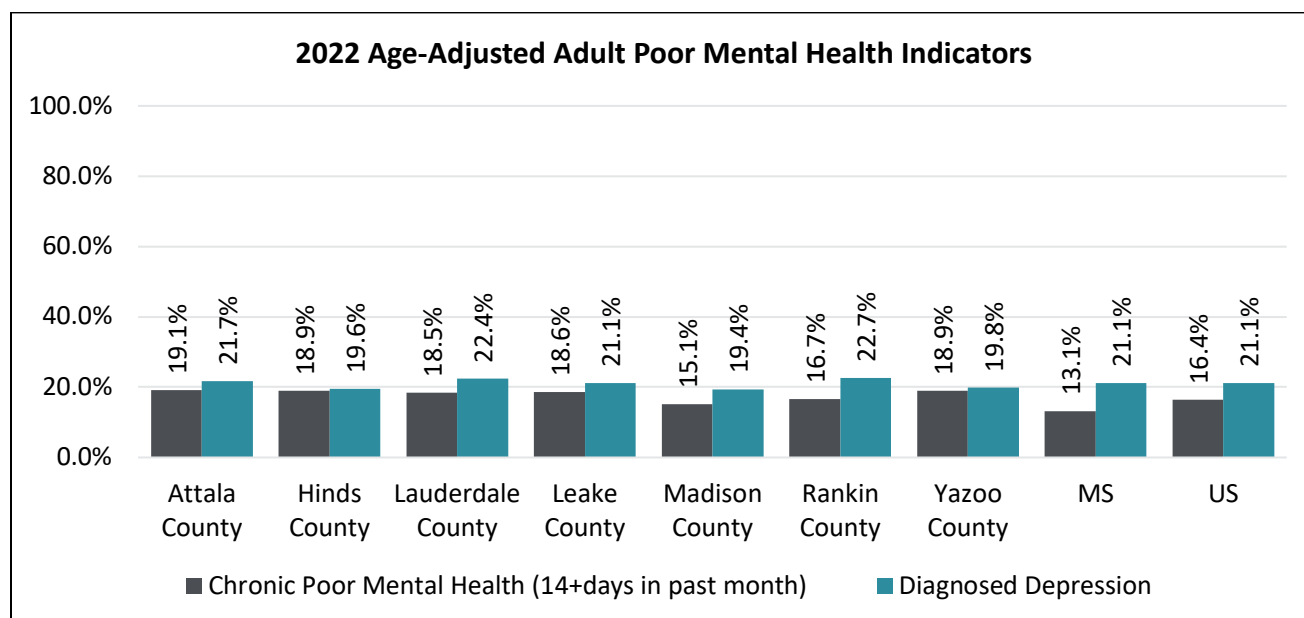
*"Lack of knowledge and lack of trust are barriers – trust in medical community got way worse since COVID."*

**Community Recommendations to Improve Access to Care**

- Advocate for statewide policy, including Medicaid expansion and full practice authority for nurse practitioners.
- Better advertise and promote community events and services, using bulletin boards, digital outreach, local partners or a local resource platform.
- Develop community resource guides for people with different conditions or needs (e.g., disabilities).
- Elevate trusted community voices to deliver health education and guide residents in navigating health and social service systems; intentionally collaborate and engage with faith groups and grassroots organizations.
- Explore expansion of specialized medicine and providers (e.g., psychologists, pediatricians, psychiatrists), targeting rural and other underserved areas.
- Explore medical transportation options.
- Host regular community coordination meetings, such as a quarterly forum for agencies to share services and make connections (e.g., resource sharing and planning collaboration).
- Implement programs to improve residents' health literacy, develop relatable content for patients and train health care providers for better communication.
- Increase access to quality medical care for uninsured, underinsured and/or rural residents.
- Increase coverage by Medicaid, Medicare and United to include therapy and in-home care options.
- Support care coordination models; offer appointment bundling for those seeing multiple specialists and/or traveling from rural communities.

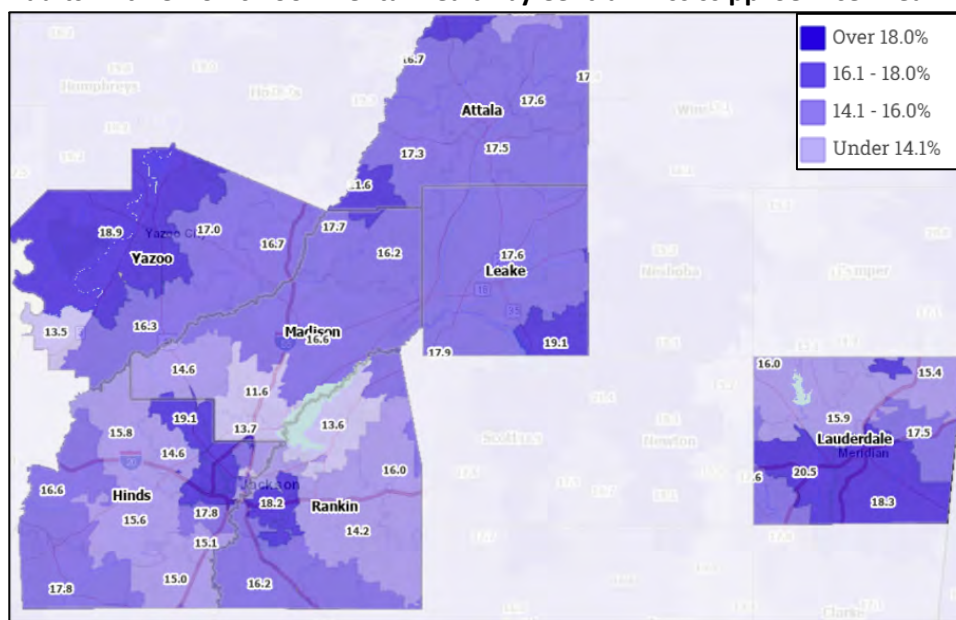
## Behavioral Health

Mental distress is a growing health concern across the service area, state and nation. Nearly 1 in 5 adults across the Central Mississippi service area report having chronically poor mental health (poor mental health on 14 or more days per month). Nearly 1 in 4 adults in Attala, Lauderdale, Leake and Rankin counties report having been diagnosed with depression. When viewed by ZIP code, residents in areas with more social vulnerability (e.g., poverty) such as Jackson, Meridian and Yazoo cities also experience more frequent mental distress.



Source: Centers for Disease Control and Prevention

## 2022 Adults With Chronic Poor Mental Health by Central Mississippi Service Area ZIP Code



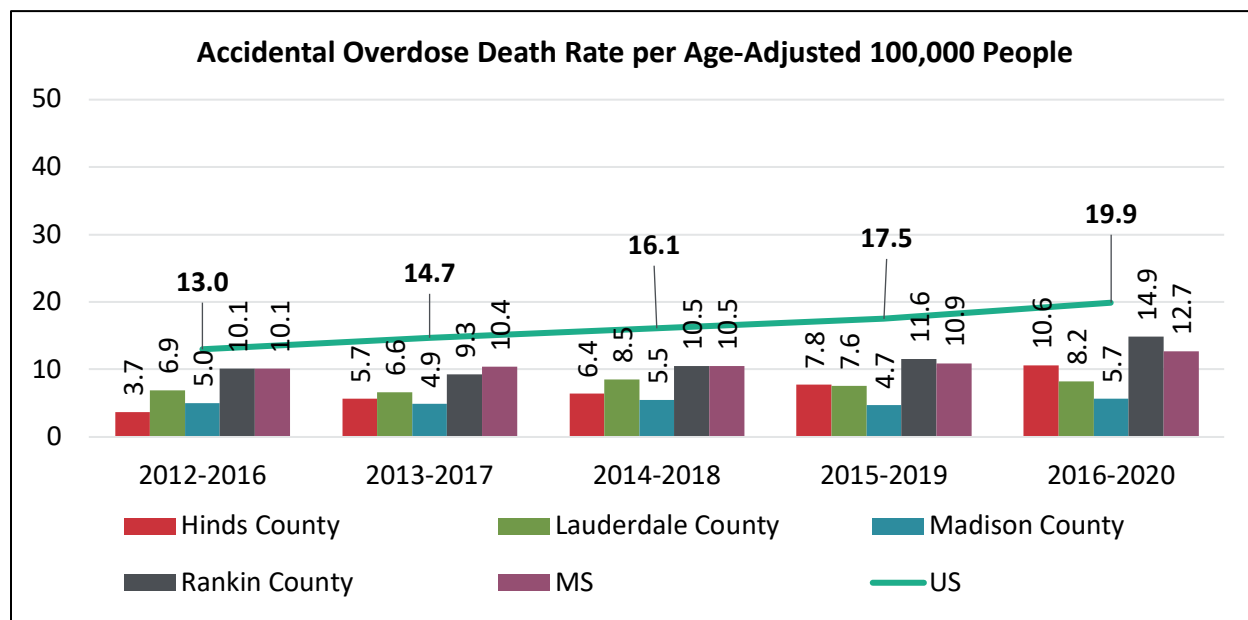
Source: Centers for Disease Control and Prevention

Individuals with mental health needs encounter both a shortage of accessible health services and persistent stigma that discourages seeking timely help, often resulting in unmanaged conditions and higher community stress levels. Partners report mental health trends are the same as they have been, but they continue to be neglected, seen as secondary to physical health. Mental health stigma is especially prevalent among men and within the Black and/or African American community.

#### STAKEHOLDER FEEDBACK:

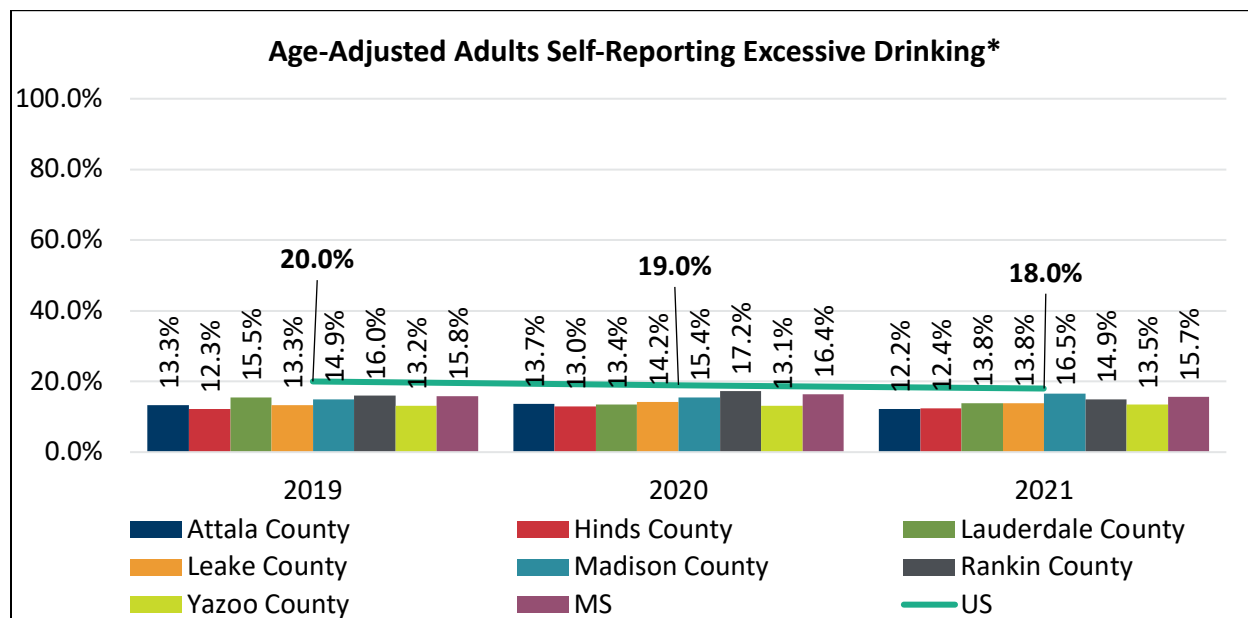
*"People are scared to ask for help. Stigma is still there."*

Mental health and substance use disorders are often co-occurring conditions. The accidental overdose death rate has increased across the service area but remains lower than the national death rate. Notably, the accidental overdose death rate in Rankin County is higher than other counties in the service area and surpassed statewide deaths in 2020. Accidental overdose death rates are reported by county as available.



Source: Centers for Disease Control and Prevention

The Central Mississippi service area has historically had fewer adults reporting excessive drinking, including heavy and binge drinking, than the state and nation. Madison County has an increasing prevalence of excessive drinking among adults and has consistently had a higher proportion of self-reported excessive drinking among adults when compared to other counties in the service area.



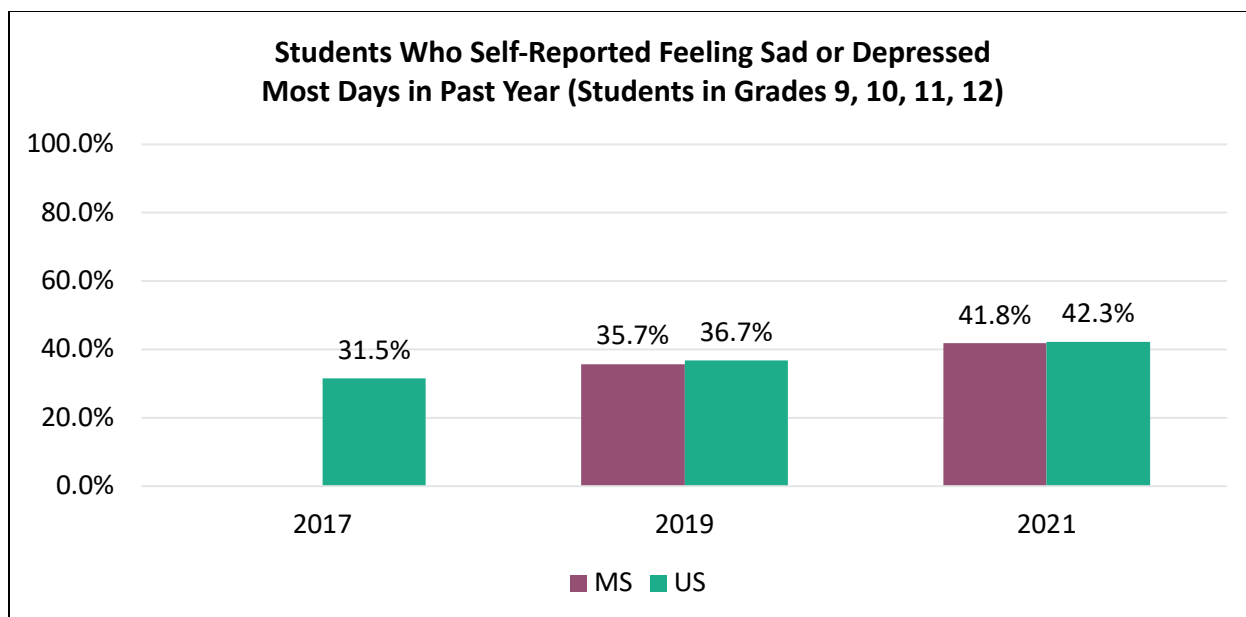
Source: Centers for Disease Control and Prevention

\*Includes heavy and binge drinking.

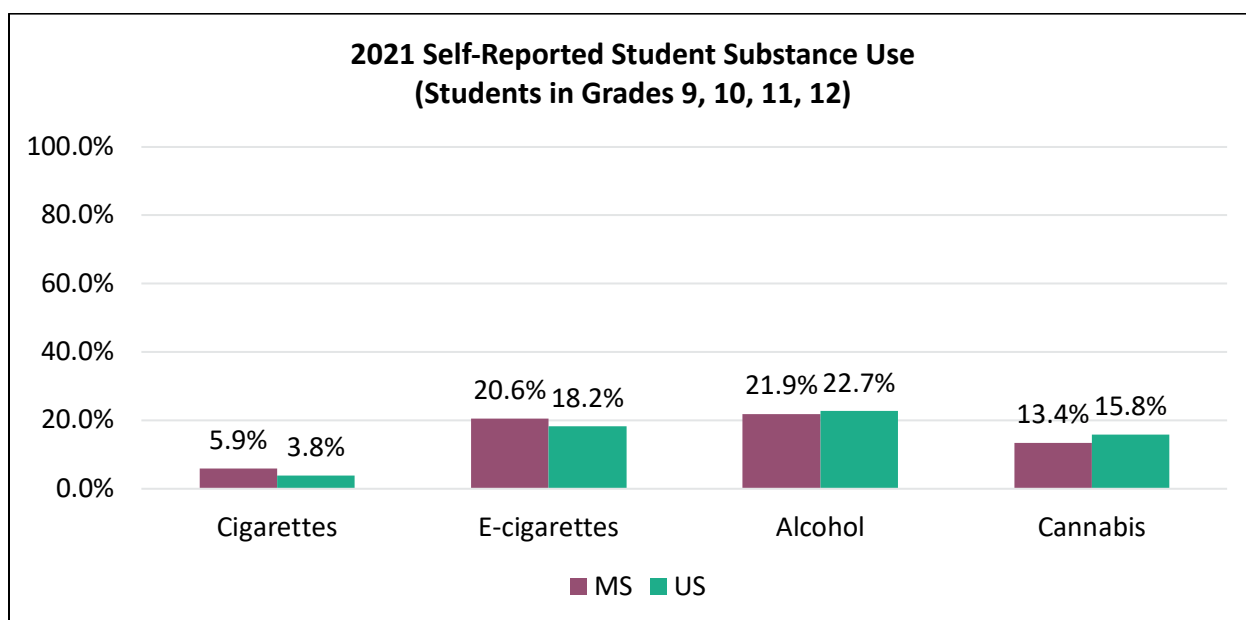
Youth were perceived by community stakeholders as one of the most at-risk populations for behavioral health concerns, largely due to COVID-19 impacts (e.g., isolation, developmental delays) and the effects of the opioid crisis on parents and other caregivers. Though new adolescent behavioral programs have launched, stigma and parental hesitancy may contribute to low engagement.

In 2021, more than 40% of high school students statewide reported feeling consistently sad or depressed. The most recent data for 2021 indicates that 16.2% of Mississippi students reported an attempted suicide compared to 10% of students nationwide. Self-reported cigarette and e-cigarette use by high school students is also generally higher in Mississippi compared to the nation. Key stakeholders noted that many children and youth are leading more sedentary lifestyles and experiencing obesity and chronic diseases at a younger age which likely influences students' mental health.

There's also concern around caregiver fatigue for families supporting loved ones with behavioral health needs. These families are increasingly overwhelmed and under-resourced.

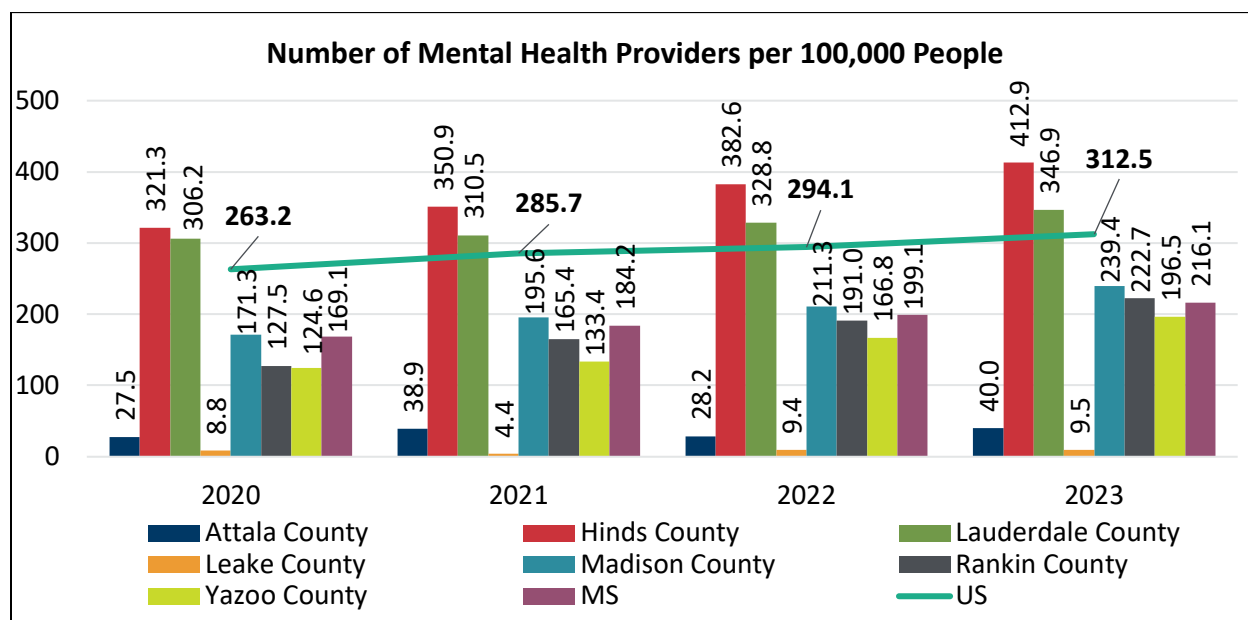


Source: Centers for Disease Control and Prevention



Source: Centers for Disease Control and Prevention

Availability of mental health and substance use disorder providers has increased across the service area. Mental health services are concentrated in the cities of Jackson (Hinds County) and Meridian (Lauderdale County). The mental health provider rate in Hinds County is at least four times that of Attala and Leake counties; Attala and Leake counties are high needs HPSAs for mental health care. Yazoo County is also a HPSA for people with low income, and Lauderdale County is a high needs HPSA despite high provider availability, a finding that may reflect more prevalent mental health needs for Lauderdale County residents.



Source: Centers for Medicare & Medicaid Services

\*Includes those specializing in psychiatry, psychology, mental health, addiction or counselling.

### Community Recommendations to Improve Behavioral Health

- Expand extended-stay facilities to serve people with acute or chronic mental and substance use disorders.
- Increase access to mental health care for children, youth and their caregivers and those without private insurance.
- Increase awareness of available behavioral health services; leverage trusted messengers within communities to bridge information gaps and normalize conversations about behavioral health.
- Increase funding for community mental health workers.
- Offer support and equitable compensation for law enforcement and community services to address violence and trauma from violence.

## Chronic Disease Prevention and Management

Central Mississippi service area residents have higher prevalence and death from chronic disease, largely due to underlying socioeconomic disparities. Key stakeholder survey participants emphasized the need for more wellness-focused strategies in the service area to shift from treating disease to preventing it. Suggestions included community wellness programs (e.g., nutrition education, community fairs to promote resource education and health literacy); access to affordable healthy foods and safe recreation opportunities and more funding and support for community health and social service organizations to increase their capacity.

### STAKEHOLDER FEEDBACK:

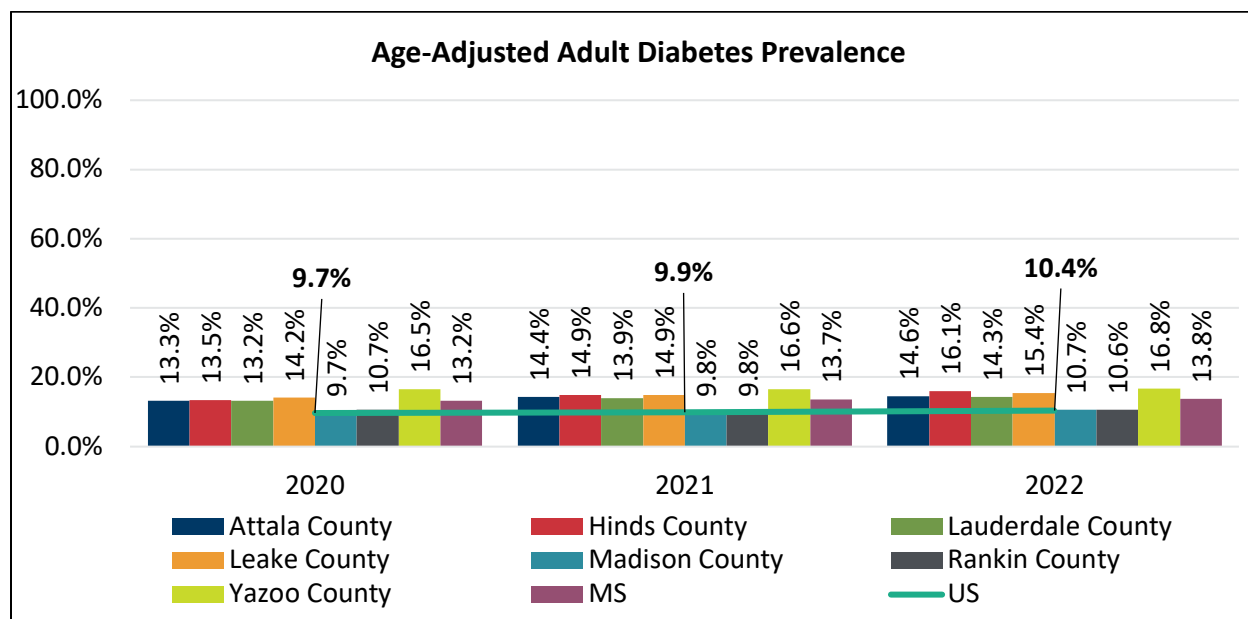
*"Most of our children who live within the Jackson City limits do not live in areas where it is safe for them to play outside and at parks in their local communities."*

*"Need to create accessible green spaces for all communities not just in affluent, suburban communities."*

*"I think we need to advertise various services so that the community knows what options are available. Many are unaware of low cost and free services or access to public transportation."*

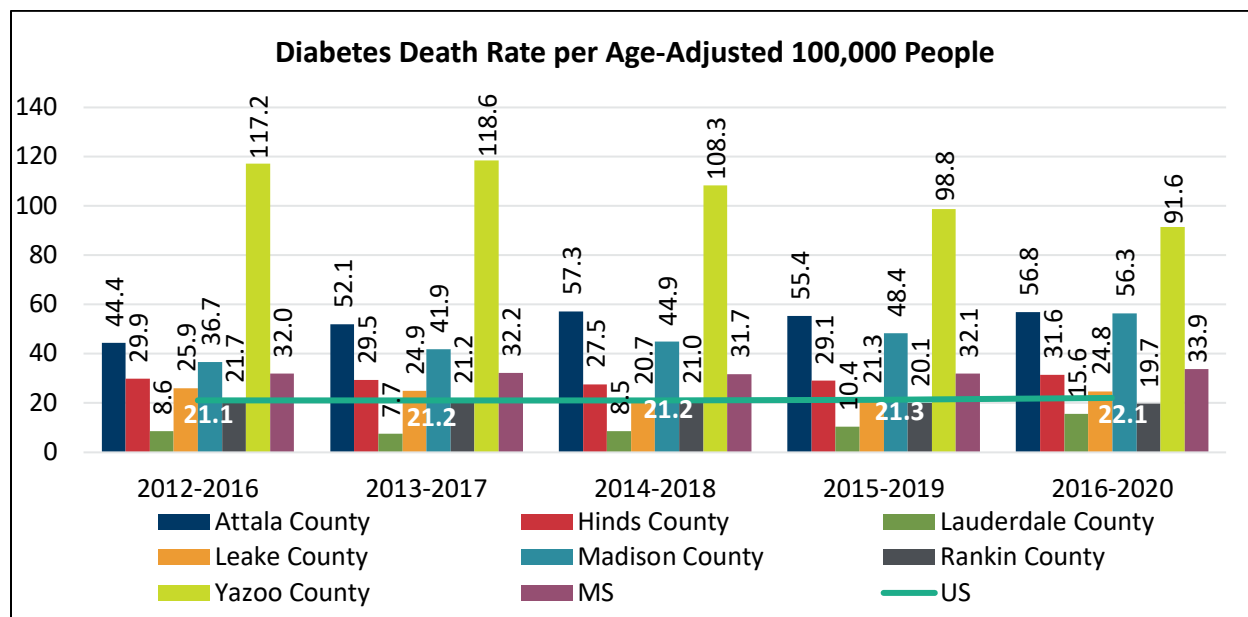
*"More free diet education needs to happen (ex. a dietician holds a workshop on how to make a few balanced meal options on a budget to promote neurological and muscle health)."*

Diabetes prevalence increased across the nation and for many service area counties since 2020. Central Mississippi service area residents, outside of Madison and Rankin counties, are more likely to be diagnosed with diabetes than their peers across the state and nation. Approximately 16% of residents in Hinds, Leake and Yazoo counties are diagnosed with diabetes compared to approximately 10% of residents in Madison and Rankin counties.



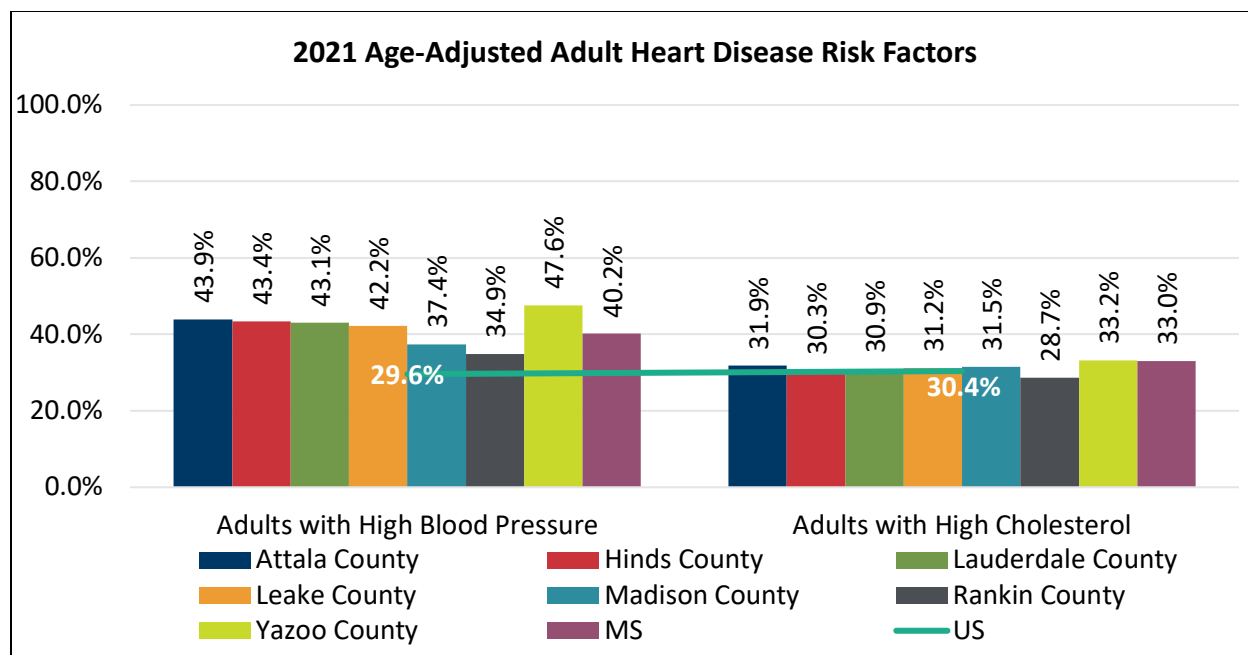
Source: Centers for Disease Control and Prevention

More residents of Yazoo County experience diabetes and there are fewer health care resources available for residents, contributing to disease prevention and management barriers. Yazoo County had a diabetes death rate of 91.6 per 100,000 in 2020, nearly three times higher than the statewide rate of death. The rate of death increased across the service area in 2020, likely due in part to the pandemic-related delays in care and should continue to be monitored when more recent data is made available.

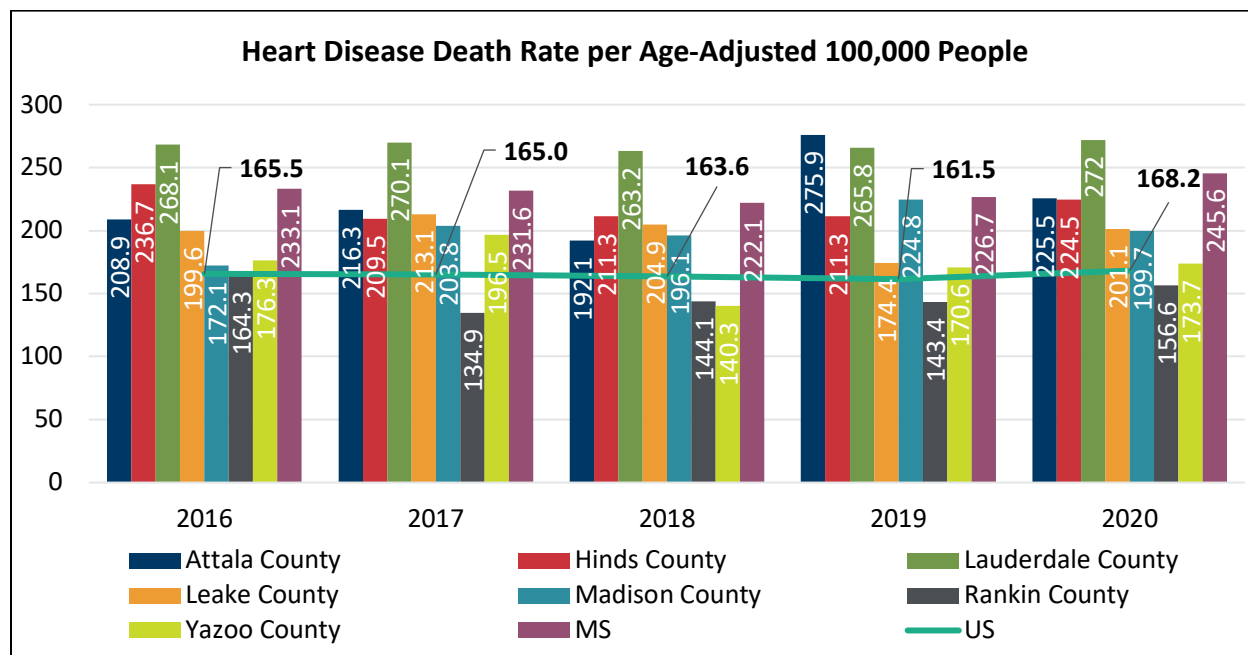


Source: Centers for Disease Control and Prevention

Heart disease prevention efforts are needed across the service area, particularly to address concerns of high blood pressure. Outside of Madison and Rankin counties, more than 42% of adults have been diagnosed with high blood pressure compared to 40% of adults statewide and 30% of adults nationally. Approximately 47.6% of adults in Yazoo County are diagnosed with high blood pressure, higher than other counties in the area. Like diabetes death rate trends, heart disease death rates are generally higher in the service area compared to the nation. Lauderdale County death rates from heart disease, 272.0 per 100,000 as of 2020, have historically been the highest in the service area.

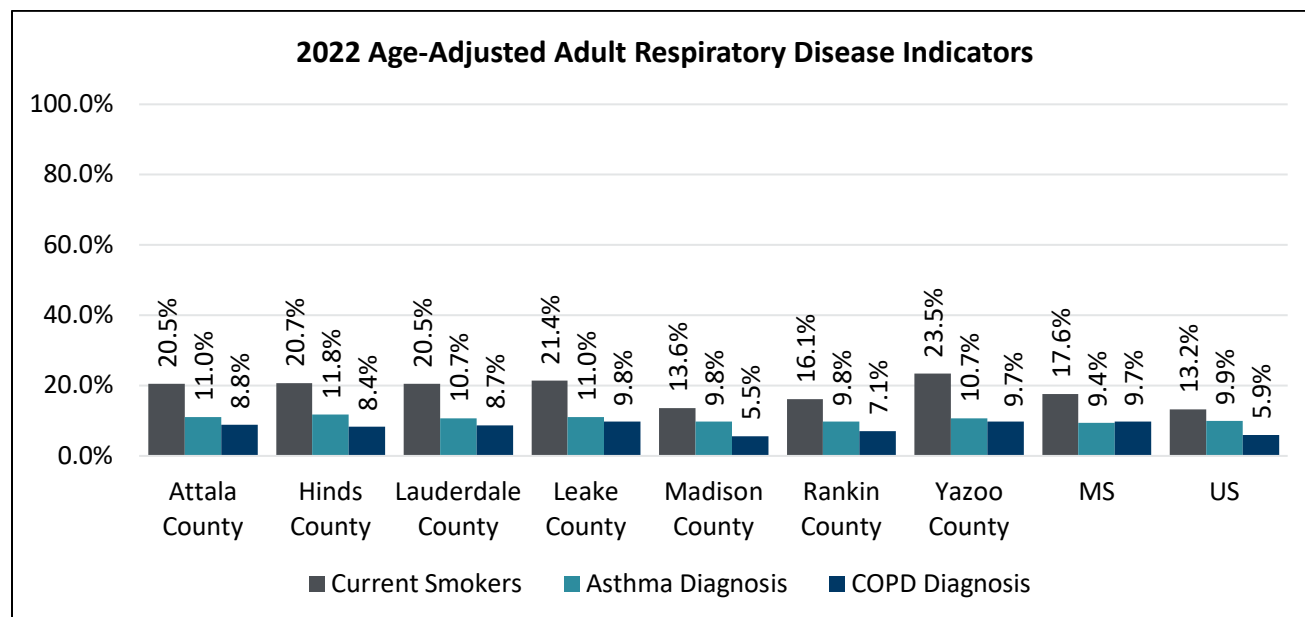


Source: Centers for Disease Control and Prevention

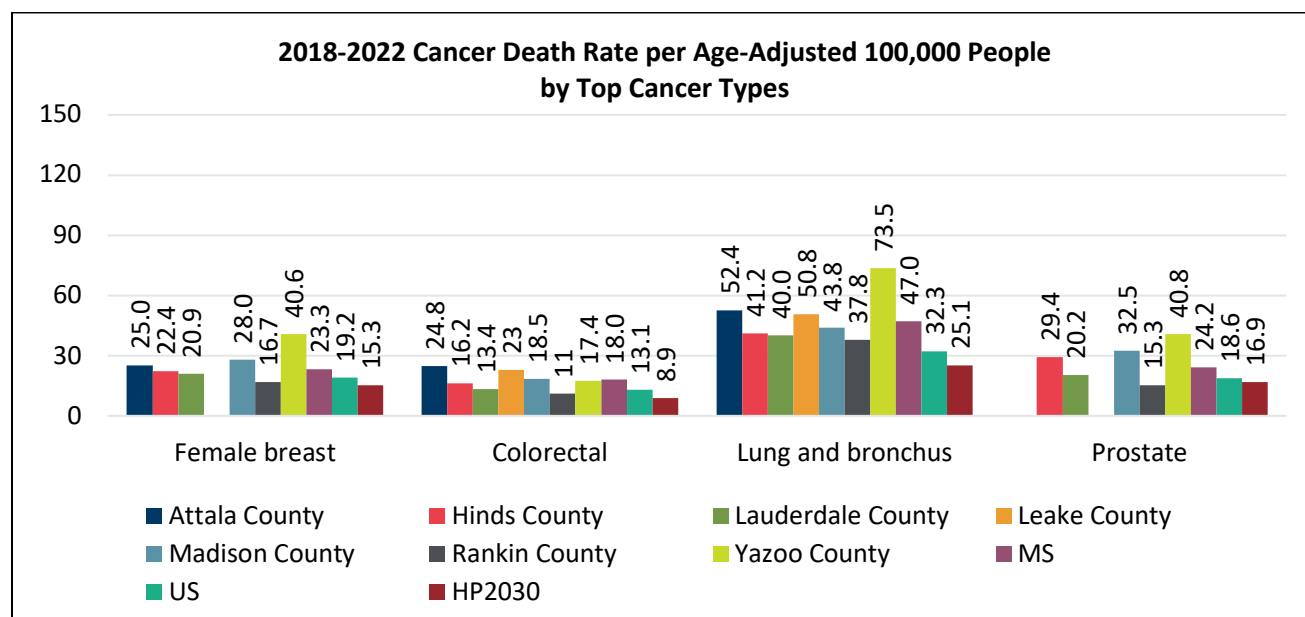


Source: Centers for Disease Control and Prevention

Adults in the service area are more likely to smoke than their peers statewide and/or nationally, with approximately 1 in 4 adults reporting current cigarette use in most counties. Asthma, chronic obstructive pulmonary disorder (COPD) and lung cancer, all chronic conditions strongly linked to cigarette use, as well as environmental factors, such as air pollution, are more prevalent across the counties when compared to the state and/or nation.



Source: Centers for Disease Control and Prevention



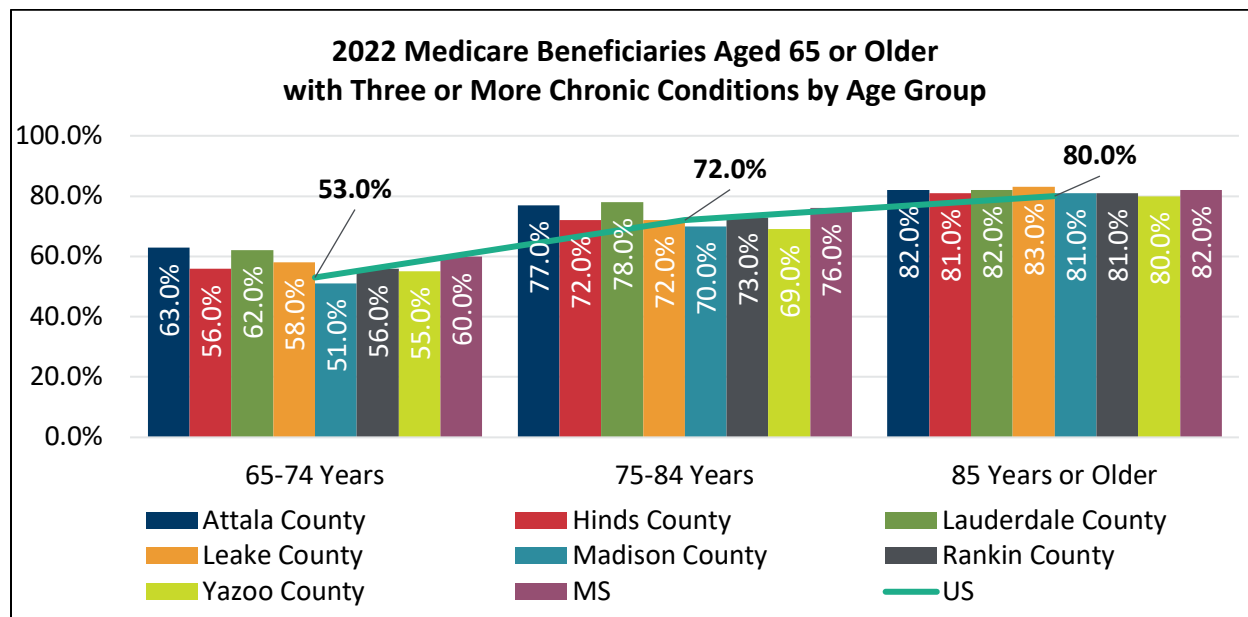
Source: Centers for Disease Control and Prevention

\*Data shown by county as available.

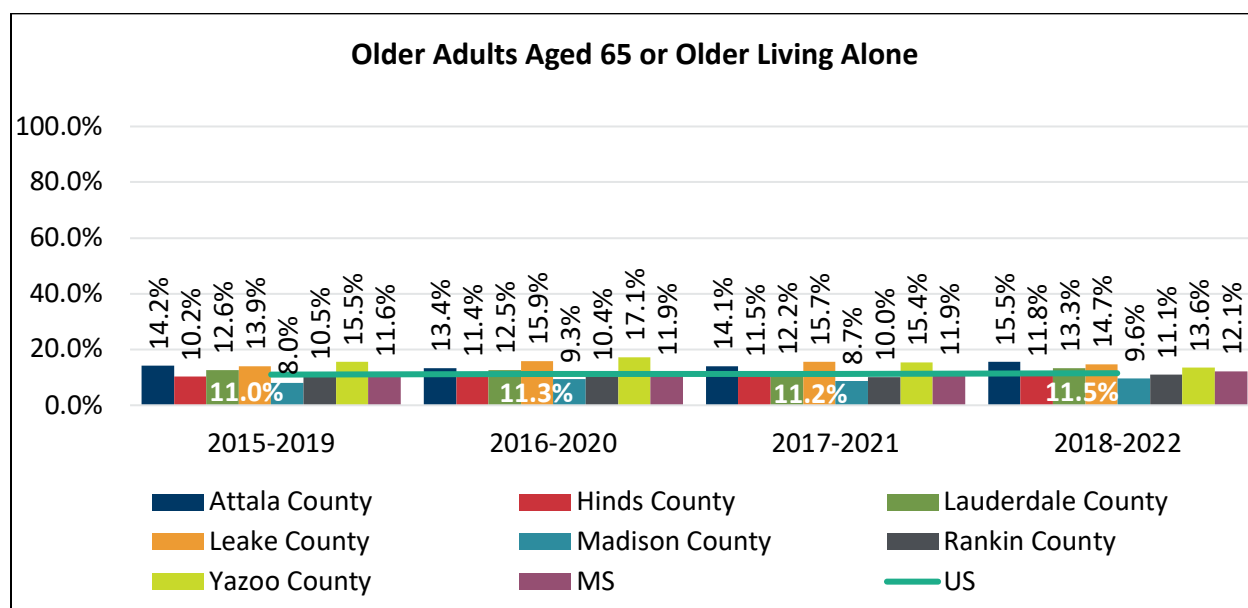
The Central Mississippi service area population is aging. From 2010 to 2022, the number of adult residents aged 65 or older grew 20% or more in most of the counties. Older adults are more at risk for

chronic disease, as well as factors that impede disease management, including economic insecurity, social isolation and access barriers (e.g., transportation, digital literacy).

When compared to their peers nationwide, older adult residents in the service area are more likely to experience chronic disease and to live alone, an indicator of social isolation. In 2022, 62%-63% of older adults in Attala and Lauderdale counties managed three or more chronic conditions compared to 51%-58% of older adults in Hinds, Leake, Madison, Rankin and Yazoo counties. Similar to state and national trends, disease prevalence increases significantly with age.



Source: Centers for Medicare & Medicaid Services



Source: U.S. Census Bureau, American Community Survey

Older adults, and especially those living in rural areas, struggle with technology use (e.g., MyChart app), limited transportation options and affording health insurance (e.g., Medicare Part B), all factors that impact their access to health care and information. Access to healthy foods is also a concern, limited by cost and availability. Additionally, for the older adults raising their grandchildren, they are often under pressure to prioritize the basic needs of the children over their own, adding to the challenges they were already facing as aging adults.

Community stakeholders shared the need for more services to support older adults aging in place, including social assistance, health literacy education, transportation and affordable independent living options (e.g., home care, home health, caregiver support).

#### STAKEHOLDER FEEDBACK:

*"Provide mass transport, especially for impaired and elderly."*

*"Most don't know about the range of plan options for seniors for medications and services and care for grants for Medicare."*

*"I find a lot of fear, especially as we get older, lots of concerns about medications."*

#### Community Recommendations to Improve Chronic Disease Prevention and Management

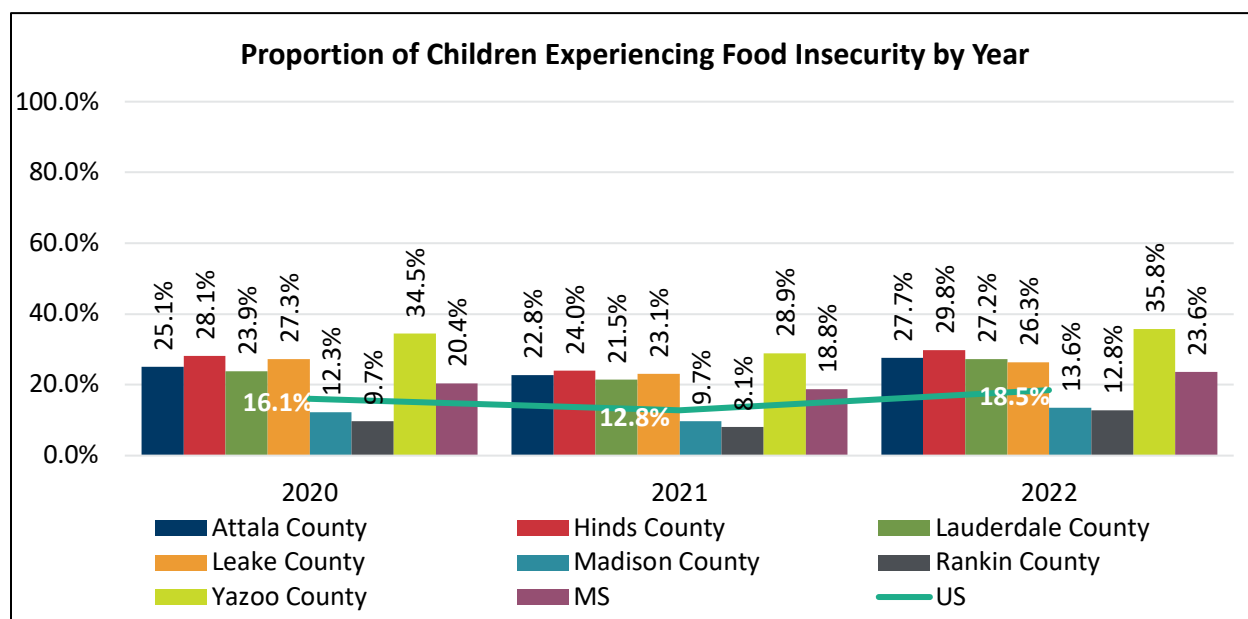
- Advocate for expanding older adult services and long-term care facilities.
- Build transparency and rebuild trust in public health officials and guidelines.
- Focus on addressing upstream social drivers of health factors (e.g., poverty, crime, trauma).
- Leverage trusted community leaders and peers to provide disease education and management programs to address both information and trust barriers.
- Prioritize individualized patient education that goes beyond medication refills, helping patients understand and manage their conditions.
- Provide funding for supportive community health and social service organizations to increase their capacity.
- Provide point-of-care healthy foods (e.g., emergency food boxes) and self-management supplies (e.g., glucose test strips) as part of comprehensive patient care.
- Provide more public health education and programs to promote disease awareness and prevention.
- Support tech literacy programs that help seniors become more comfortable accessing health information online.

## Economic Stability

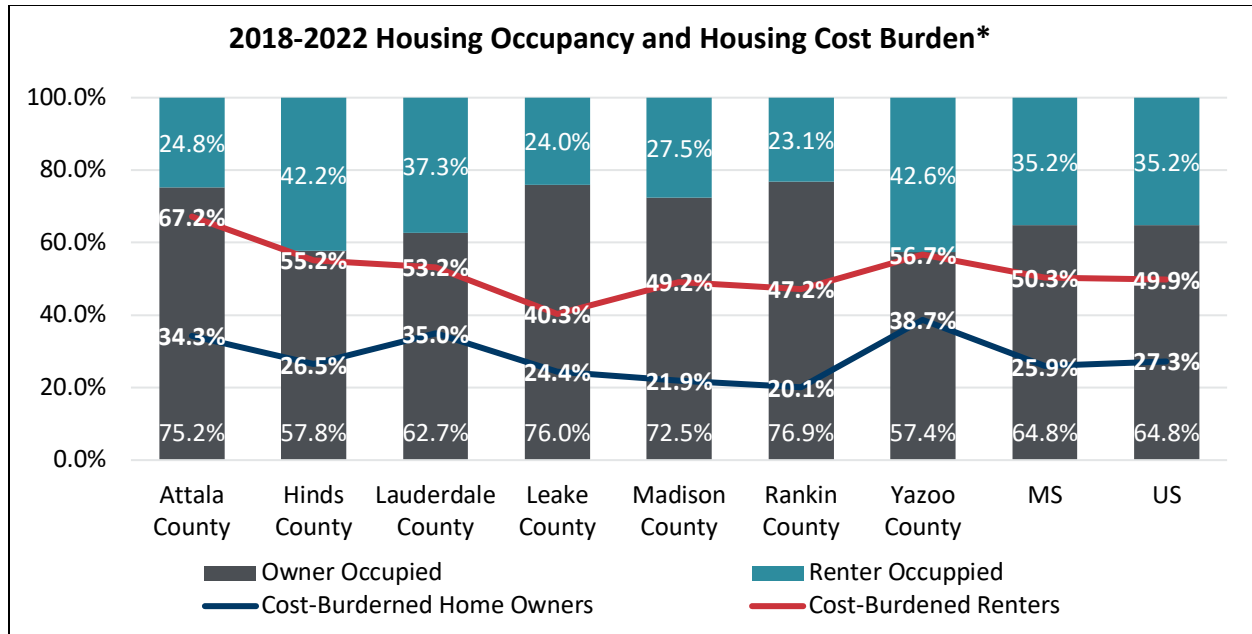
At the root of health disparities for the service area are socioeconomic experiences or social drivers of health (SDOH). Apart from Madison and Rankin County residents, residents within the service area have historically had lower incomes and more experiences of poverty. The recent rise in the cost of living has further challenged people to meet their basic needs and maintain their health.

Experiences of food insecurity across the service area and nationally increased in 2022, particularly for children. Nearly 30% or more of children in all counties except Madison and Rankin (13%) experience food insecurity. In 2023, the cost of childcare for a household with two children, measured as a percentage of median household income, was roughly 20% across the service area. Housing prices in the service area, excluding Madison and Rankin counties, are generally lower than state and national averages, but all increased from the 2022 CHNA.

Housing cost burden reflects the proportion of households that spend more than 30% of their combined income on rent or mortgage expenses, and therefore, have few resources to spend on their basic needs, such as food and utilities. One-third or more of homeowners in Attala, Lauderdale and Yazoo counties are cost-burdened, a higher proportion than neighboring counties. A similar pattern is seen among renters with 67% of renters in Attala County, 55% of renters in Hinds County and 56% in Yazoo County being cost-burdened.



Source: Feeding America



Source: U.S. Census Bureau, American Community Survey

\*Defined as spending 30% or more of household income on rent or mortgage expenses.

#### Childcare Availability and Affordability

	Number of childcare centers per 1,000 population under 5 years old	Childcare costs for a household with two children as a percent of median household income
Attala County	5.2	15.7%
Hinds County	13.4	22.2%
Lauderdale County	6.8	18.6%
Leake County	6.2	16.6%
Madison County	7.4	15.1%
Rankin County	7.3	16.4%
Yazoo County	6.1	19.0%
Mississippi	6.4	17.0%
United States	7.0	27.0%

Source: Homeland Infrastructure Foundation-Level Data, 2010-2022 and The Living Wage Calculator, Small Area Income and Poverty Estimates, 2024 & 2023

When asked which SDOH to prioritize to have the biggest impact on the overall health of the people they serve, 50% of key stakeholder survey participants selected economic stability (e.g., employment, poverty, cost of living) and nearly 30% selected ability for everyone to have access to healthy foods to eat. Participants identified a need for more quality employment opportunities that offer living wages, as well as more affordable services that support employment (e.g., childcare).

#### STAKEHOLDER FEEDBACK:

*"Making the basic things that people need to survive more affordable, like health care, food and housing. People need a living wage to not just survive but thrive."*

*"In Leake County, one of the largest employers, Tyson Foods, loses more employees to the lack of childcare services than anything else. This has a trickle-down effect on everything, including health care."*

#### Community Recommendations to Improve Economic Stability

- Address public transportation barriers that limit access to health and social services.
- Advocate for more statewide funding for career development efforts (e.g., scholarships, grants).
- Bring awareness to systemic economic issues, including generational poverty, living wage opportunities and income inequality.
- Expand affordable healthy eating programs, including food access initiatives tailored to families and older adults struggling with cost barriers.
- Help fund or support scholarships, mentorship and exposure programs offering young professionals or recent graduates as relatable role models.
- Increase health literacy and resource navigation.
- Strengthen connections between health care and social services to improve warm handoffs; ensure patients are connected directly to services rather than just referred.
- Support youth outreach and career awareness by providing staff to speak at high schools about health care careers.

### Maternal and Child Health

Despite the generally declining population, Central Mississippi service area counties have higher birth rates than the nation. This finding may reflect both disparities in health and social well-being and out-migration of residents.

**2022 Births and Birth Rate per 1,000 People, All Births and by Race and Ethnicity**

	All Births		Birth Rate per 1,000		
	Count	Birth Rate per 1,000	Black and/or African American	White	Latinx (any race)
Attala County	212	12.1	13.5	11.1	NA
Hinds County	2,626	12.1	12.4	11.4	27.6
Lauderdale County	877	12.4	14.0	10.9	24.5
Leake County	295	14.0	14.4	14.1	45.0
Madison County	1,317	11.9	11.4	12.2	37.4
Rankin County	1,775	11.2	11.1	11.2	24.4
Yazoo County	293	11.3	13.3	9.0	NA
Mississippi	34,678	11.8	12.7	11.3	18.4
United States	3,667,758	11.0	12.3	9.5	14.7

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

Access to adequate prenatal care can have significant positive effects on maternal and infant health outcomes. Approximately 70% of pregnant people received first trimester prenatal care in Leake and Yazoo counties compared to 77-78% of pregnant people in Lauderdale and Rankin counties, highlighting differences in access to care within the service area.

Pregnant people and babies across the service area generally experience poorer birth outcomes than their peers nationally, such as a higher proportion of teen, premature and low weight births. There are existing disparities in outcomes between population groups across all counties, with populations of color receiving less prenatal care and experiencing a higher proportion of negative birth outcomes.

### 2022 Maternal and Infant Health Indicators by Race and Ethnicity

	Teen (15-19) Births	First Trimester Prenatal Care	Premature Births	Low Birth Weight Births	Non-Smoking During Pregnancy
Attala County	8.5%	73.1%	19.3%	17.5%	94.8%
Black and/or African American	NA	69.2%	25.0%	23.1%	98.1%
White	NA	78.1%	14.3%	11.4%	91.4%
Hinds County	7.6%	72.0%	17.8%	15.8%	97.0%
Black and/or African American	8.6%	69.1%	19.5%	18.4%	96.7%
White	4.4%	80.7%	12.4%	7.7%	97.5%
Lauderdale County	10.8%	78.0%	16.4%	14.1%	94.4%
Black and/or African American	16.3%	75.2%	18.3%	18.6%	95.1%
White	5.0%	81.4%	14.6%	9.9%	94.3%
Leake County	9.5%	70.8%	15.9%	14.6%	96.3%
Black and/or African American	NA	69.7%	19.7%	19.7%	97.5%
White	NA	72.2%	13.9%	11.3%	95.4%
Madison County	3.9%	75.6%	16.2%	11.7%	98.8%
Black and/or African American	5.8%	73.7%	21.6%	18.1%	97.7%
White	2.8%	76.5%	13.3%	8.0%	99.4%
Rankin County	4.8%	77.3%	14.9%	10.9%	96.8%
Black and/or African American	4.7%	75.1%	17.4%	16.7%	98.8%
White	4.9%	78.7%	14.3%	9.1%	96.2%
Yazoo County	9.2%	70.3%	18.1%	15.4%	94.9%
Black and/or African American	11.7%	64.3%	17.3%	16.8%	96.9%
White	NA	83.2%	18.9%	11.6%	90.5%
Mississippi	7.7%	75.4%	14.8%	12.7%	94.9%
Black and/or African American	9.7%	70.2%	18.1%	18.5%	96.4%
White	6.2%	79.4%	12.5%	8.8%	93.7%
United States	3.9%	77.0%	10.4%	8.6%	96.3%
Black and/or African American	5.7%	67.6%	14.6%	14.8%	96.9%
White	2.6%	82.6%	9.4%	7.1%	94.6%
HP2030 Goal	NA	80.5%	9.4%	NA	95.7%

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

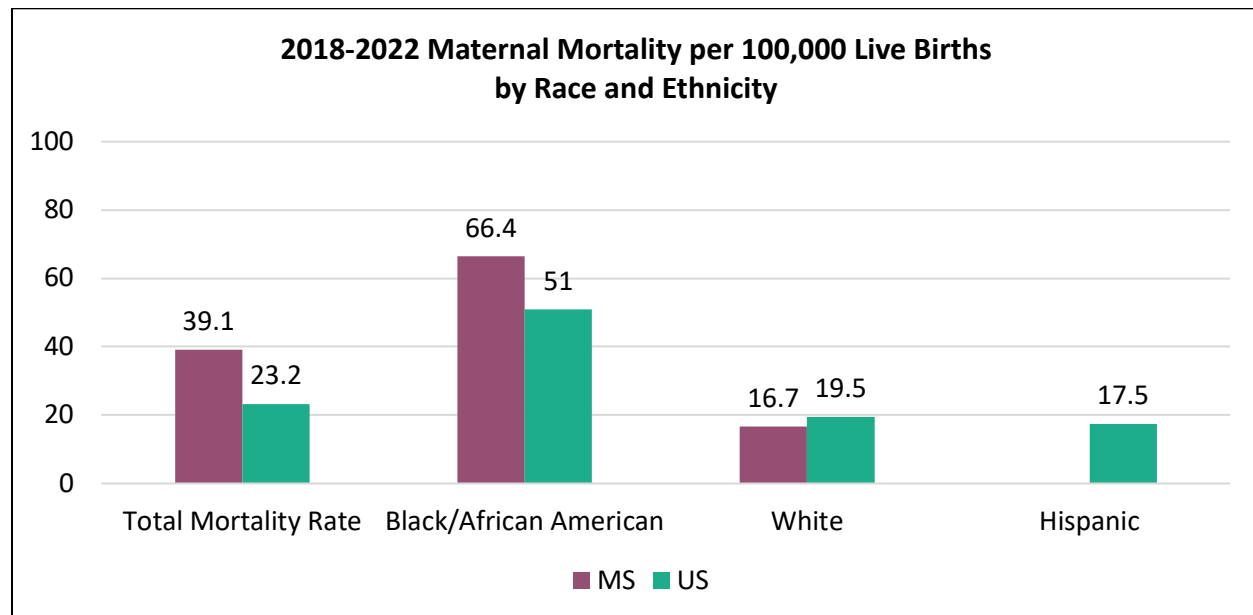
The infant death rate is widely used as a key indicator of community health because it reflects not only the health of infants but also the overall health and well-being of a population. It serves as an overall indication of factors, such as access to health care, socioeconomic conditions and the quality of the environment.

Infant death in Mississippi, 9.2 per 1,000 live births, is nearly twice that of the nation, 5.6 per 1,000 live births. Reported death rate disparities by race and ethnicity are indicative of the social and environmental stresses experienced by people of color. Across Mississippi, the infant death rate for Black and/or African American infants is two times higher than that of white infants. Similarly, the rate of maternal death for Black and/or African American people is four times higher than that of white people.

**2022 Infant Death Rate per 1,000 Live Births**

	Infant Deaths
Mississippi	9.2 (n=319)
Black and/or African American	12.2 (n=172)
White	6.2 (n=614)
Latinx (any race)	NA
HP2030 Goal	5.0

Source: Mississippi State Department of Health



Source: America's Health Rankings

Attention to maternal and child health has grown but significant challenges persist. Mississippi continues to have the highest rates of crib death despite extensive education efforts. There is also increasing prevalence of chronic conditions such as hypertension, irritable bowel syndrome and mental health concerns that affect maternal outcomes. Misinformation and hesitancy around vaccinations and infusions (e.g., vitamin K, MMR) are increasing, especially among new parents. Meanwhile, despite available services, use remains low.

Community stakeholders identified health literacy, trust and transportation as significant concerns for the birthing population in the service area. Birthing people often feel powerless or unheard in clinical settings, intimidated to switch providers even when care is subpar. Several areas in the state lack provider availability, and as a result, pregnant people must often travel nearly an hour or more to reach prenatal care or a delivery facility, which may be an emergency room not adequately equipped for birth.

#### STAKEHOLDER FEEDBACK:

*"You have to drive almost an hour in some cases to get to a delivering facility. We have like a 250-mile radius, and a lot of people drive to deliver at our hospital, but they may not make it. So, they may have to pull over and deliver where they are. And that isn't always the ideal situation."*

Participants identified prenatal education as an area to improve in the coming years. Stakeholders emphasized the importance of building trust between expecting families and providers by improving efforts to reach mothers early, before hospital visits and birth. These efforts will ensure families are informed about their rights as patients, their birth plans and postpartum care options.

#### STAKEHOLDER FEEDBACK:

*"We inundate these moms with all this information once they're in the hospital. And it just doesn't stick because they are tired. They have just gone through labor. It just is not the time for new information and new interventions, because they just can't take it in. And so really focusing on prenatal education and reaching them early in the pregnancy, I think would really make a difference."*

*"Empowering moms to let them know that it's their pregnancy. It's not the doctor's pregnancy. And also let them know about their rights. Say, if something does go wrong within that doctor's visit, empower them to go find another doctor, to empower them to take ownership of it."*

### Community Recommendations to Improve Maternal and Child Health

- Advocate for statewide policy to support Medicaid expansion and doula reimbursement to better support mothers, especially those with limited income or living in medically underserved areas.
- Host or facilitate community conversations for expectant and new parents, providing trusted spaces for education and peer support.
- Improve internal referrals and WIC (Women, Infants and Children) coordination, addressing appointment backlogs for lactation services or formula access.
- Improve prenatal education by reaching mothers early, before hospital visits, to ensure they're informed about their rights, birth plans and postpartum care options.
- Increase prenatal education outreach, including presentations by nutritionists or maternal health experts in schools, churches or community centers – involving the whole community as well to educate on maternal health and build a culture of knowledge around it.
- Increase visibility and coordination with doulas and midwives, positioning Baptist as a welcoming, inclusive care environment.
- Leverage and elevate trusted community leaders who can provide culturally relevant and accessible education to new and expectant mothers.
- Offer ongoing provider education on Medicaid, insurance coverage (e.g., for lactation consulting) and patient empowerment tools.
- Support Baby-Friendly Hospital designation efforts and invest in training (e.g., Neonatal Resuscitation Program) that smaller or rural facilities can't afford.
- Train staff on implicit bias and true informed consent, including patient autonomy in such procedures as cervical checks or feeding plans.

## Our Response to the Community's Needs

In 2022, Baptist conducted a similar CHNA and developed a supporting three-year Implementation Strategy to address health priorities for its communities. Based on the CHNA findings, Baptist's leaders identified three priority areas for the Mid-South service area:

- Behavioral health
- Chronic disease
- Maternal and child health

Baptist invested in internal population health management strategies and worked with diverse community agencies across the Mid-South to fund programs and initiatives aimed at addressing the identified priority areas. The system measured contributions and community impact from these investments as outlined in the following sections.

### Giving Back

Baptist believes strongly in corporate citizenship and the importance of collaborating with local organizations to build stronger and healthier communities. Baptist provided charitable grants and in-kind services to hundreds of nonprofit organizations across the Mid-South. The grants and services supported educational seminars, community health screenings, special events, employee engagement, programs to reduce health disparities and improve access to care and more.

**Baptist Community Benefit Investments by Region and Fiscal Year (FY)**

	FY 2024	FY 2023	FY 2022
<b>Central Mississippi Hospitals*</b> Baptist Attala, Baptist Leake, Baptist Yazoo, Mississippi Baptist Medical Center	\$68,978,049	\$74,624,129	\$73,171,685
<b>Memphis Metro Hospitals</b> Baptist Collierville, Baptist DeSoto, Baptist Memphis, Baptist Rehabilitation Hospital, Baptist Tipton, Baptist Children's Hospital, Baptist Women's Hospital	\$188,653,184	\$264,926,891	\$271,833,701
<b>North Mississippi Hospitals</b> Baptist Booneville, Baptist Calhoun, Baptist Golden Triangle, Baptist North Mississippi, Baptist Union County	\$52,479,449	\$48,549,401	\$53,556,593
<b>Northeast Arkansas Hospitals</b> Baptist Crittenden, NEA Baptist	\$27,917,883	\$29,752,681	\$18,958,103
<b>West Tennessee Hospitals</b> Baptist Carroll County, Baptist Union City	\$19,317,014	\$15,158,420	\$7,068,223
<b>Other Entities</b>	\$31,513,515	\$32,886,873	\$30,937,425
<b>Grand Total</b>	<b>\$388,859,094</b>	<b>\$465,898,395</b>	<b>\$455,525,730</b>

Source: Baptist Form 990 Schedule H

\*Baptist Anderson Regional Medical Center and Baptist Anderson Regional Medical Center-South joined the system in 2024 and are not included in community benefit investment totals.

### **Health Care for Underserved Communities**

Baptist Healthy Communities Program supports community and faith-based organizations to create, sustain and provide programs and access to affordable health care for underserved, underinsured and uninsured residents. These programs touch all areas of Baptist's geographical footprint and include long-term and temporary programs, depending on the need.

Baptist is the Mid-South's leader in providing health care for the homeless. Through a collaboration with Christ Community Health Services in Memphis, Tennessee, the Baptist Operation Outreach mobile health care clinic provides free acute and primary care, disease management support, mental health care, medication, health information and medical care transportation for unhoused Memphians. Baptist also works with Davis Vision and Bellevue Baptist Church to offer free vision screenings, eyeglasses and dental services. The mobile health unit cares for 2,500 patients a year.

In Central Mississippi, Baptist sponsors the Mission First Medical Clinic, which provides primary care for uninsured people in the Jackson metropolitan area (Hinds, Madison and Rankin counties) and those who have a household income of 200% of the poverty level. Also in Central Mississippi, Baptist contributes to the Shepherd's Touch Ministry, which provides free health care to uninsured residents.

In Tennessee, Baptist implemented an innovative patient care approach that pairs trained Community Health Workers (CHWs) with patients diagnosed with one or more of the following conditions: hypertension, congestive/chronic heart failure, depression or anxiety. The program is supported by grant funding generated at Baptist Health Sciences University and operates in medically underserved and rural areas of the state for patients insured by Aetna. In fall 2025, additional services will be available to patients with two or more chronic conditions who consent to participate in a one-year research project evaluating the efficacy of the CHW model to impact patient outcomes. This expansion offering is grant funded through the National Institutes of Health and will be open to patients throughout Tennessee and all her geographically bordering states.

Baptist provides a mobile mammography unit that brings convenient breast cancer screening services to communities in the Mid-South. The unit, equipped with 3D digital mammography technology, provides screening mammograms to women who may not otherwise have easy access to such services. Mammography is covered by most insurance plans. Through an application process and the support of generous community partners, grants are available for those without insurance and who are underinsured. The mobile mammography unit hosted 94 mammogram screening events in 2022, 62 events in 2023 and 85 events in 2024.

### **Baptist Health Sciences University HealthCORE and the Baptist Center for Career Development**

Baptist supports job opportunities and training to encourage interest in health care careers. Many of these programs provide opportunities for students who have historically faced systemic barriers to educational access and success, including racial and ethnic minorities, low-income students and first-generation college students.

HealthCORE provides community outreach, one-on-one mentoring and educational support for students interested in health care careers. The program provides exposure to an array of health careers and is

administered by Baptist Health Sciences University and Baptist Memorial Health Care. The program includes single-day events for STEM (Science, Technology, Engineering and Math) students, summer camps, mentoring, tutoring, shadowing opportunities and other support for Mid-South youth. HealthCORE's signature programs are Black Men in White Coats and SHE Leads the Way:

**Black Men in White Coats** is an initiative to address the general decline in the number of male minority students who attend medical school. The program includes information and resources on pursuing medical or science careers and networking opportunities with Baptist's physicians and other health care professionals.

**SHE (Science, Health, Empowerment) Leads the Way** is designed to introduce middle school, high school and college-aged young women to science and health care careers. Participants meet leaders in science, technology, engineering and mathematics and gain practical assistance with expanding their education and reaching their goals through monthly sessions facilitated by Baptist Health Sciences University.

The Baptist Center for Career Development formalized job shadowing and internship opportunities for students throughout Baptist Memorial Health Care's service areas. Participating organizations include the following:

- Booneville (Mississippi) School District
- Calhoun County (Mississippi) Center for Technical Education
- Calhoun County School District
- City of Memphis Office of Youth Services MPLOY Youth Summer Experience Program
- Kosciusko (Mississippi) School District
- Memphis/Shelby County Schools District
- New Albany (Mississippi) School District
- Prentiss County (Mississippi) School District
- Three Rivers EPIC Program
- Union County (Mississippi) School District
- University of Tennessee Health Science Center Pre-Health Scholars Program

**Job Shadowing and Internship Placements**

Year	Job Shadowing	Internships
2023	30	15
2024	289	57
2025 YTD	456	92
<b>TOTAL</b>	<b>775</b>	<b>164</b>

### Addressing Social Drivers of Health

Baptist is committed to ensuring residents have the resources they need to live healthy lives. Baptist launched [baptistresources.com](https://baptistresources.com), a free, online directory to find and connect with local financial assistance, food pantries, medical care and other free or reduced-cost services. Baptistresources.com is available for Baptist's clinical staff to share with patients and community members across the Mid-South.

#### Baptist Resources Utilization: Baptist Staff Members

Year	Users	Resource Searches	Most Common Search Terms (Across all years)
2022	916	2,706	Help paying for utilities Help paying for housing Counseling Temporary shelter
2023	1,545	3,901	
2024	1,124	4,212	
2025 YTD	585	3,493	

#### Baptist Resources Utilization: Community Members

Year	Users	Resource Searches	Most Common Search Terms (Across all years)
2022	8,240	10,181	Help paying for health care Help paying for housing Discounted health care Help finding housing
2023	8,706	10,850	
2024	14,742	12,366	
2025 YTD	11,528	8,662	

Baptist uses LanguageLine Solutions to ensure hospital staff members can communicate with patients regardless of their native language. Health care team members can communicate with translators by phone and/or video 24 hours a day, 7 days a week, 365 days a year. Baptist has a unique program that uses technology and collaborations with community organizations to communicate with patients in their preferred language. For example, through a collaboration with Latino Memphis, Baptist sponsors a texting platform that allows those in the Latinx community to receive health, wellness and other critical information.

Baptist has provided language assistance services for many years and saw an increase in the use of these services in 2024. In 2024, Baptist team members made 80,000 calls to an interpreter, a 36% increase over 2023. Team members spent nearly 800,000 minutes with interpreters, a 44% increase over 2023. Baptist consulted interpreters for 106 different languages, 20 more languages than in 2023. New language translation functionality is anticipated in late 2025 with the implementation of EPIC.

Baptist's hospitals provide food boxes for recently hospitalized diabetes patients and to any other patients who are identified as having limited access to food to help ensure they have resources upon discharge from the hospital. Community partners that support this effort include the Food Bank of Northeast Arkansas, Mississippi Food Network, the Mid-South Food Bank and a number of community food pantries. Additionally, Baptist supports programs, such as the Loaves and Fishes Soup Kitchen in Columbus, Mississippi, and the Union County Good Samaritan Food Bank in New Albany, Mississippi.

### Improving Health Equity

Baptist established an internal System Health Equity Advisory Council (SHEAC) in response to the widespread health and social disparities affecting its patients and to devote more efforts toward health care equity. The council, comprising Baptist's leaders and representatives, provides guidelines for identifying, analyzing, addressing and monitoring disparities in health care among Baptist's patient populations with the goal of minimizing inequities.

SHEAC provides recommendations for the health care system's policies and procedures to address and reduce disparities. Work streams within the council have been developed to review and report progress on accessibility, access to care, language barriers, education, behavioral health, community impact, data and reporting. Clinical data is provided by the system's data support team to compare and analyze areas, such as emergency department returns within seven days, hospital readmissions, episiotomy rates and C-sections. Work streams review and analyze hospital-specific data in conjunction with community health improvement efforts to increase access to care through mammograms, low-dose CT lung cancer screenings, diabetes education and initiatives to reduce food insecurity.

Education and awareness of SHEAC's initiatives are shared with all of Baptist's operational and clinical disciplines, and outcomes are now being reported to the board of directors at each hospital and the system's corporate board of directors. Each hospital has identified a health equity leader and formed a committee to review opportunities and action plans specific to its community.

Baptist also supports organizations dedicated to bringing awareness to and addressing health inequities within communities, including the National Civil Rights Museum and Mission Mississippi, a statewide movement that strives to address the tentacles of racism passed on from generation to generation.

### Improving Behavioral Health

Baptist Centers for Good Grief are located in Collierville and Memphis, Tennessee, and Jonesboro, Arkansas. The centers offer free bereavement services to these communities and beyond, including individual counseling; group counseling for children, teens and adults; grief workshops; grief camps; community education and crisis response for schools and businesses. The grief center provided 8,424 grief sessions in 2024. Grief center resources include a podcast, YouTube Channel and monthly newsletter.

In 2025, Baptist hosted the first Heart & Soul: A Men's Wellness Collective event. Nearly 300 people attended the event at the Agricenter International Expo Center in Memphis. Presented in honor of Men's Mental Health Awareness Month, the free event aimed to educate and inspire men to be proactive about their mental health.

Heart & Soul addressed men's physical, mental and emotional health. The event brought together expert speakers, health care professionals, mental health providers and community organizations. It featured presentations from mental health experts, breakout discussion sessions on mental health topics and financial well-being, health screenings, CPR demos, vendor booths, breakfast and lunch, door prizes and giveaways. Heart & Soul included "Boots on the Ground" performances by the Grizz Girls and Grizzlies Grannies & Grandpas, and a speech, "Special Tribute to Men," by actress Elise Neal. Celebrity

guest speakers Michael Jai and Gillian White participated in “Luv Strong,” a Q&A facilitated by Memphis Allies and moderated by LaDell Beamon with Heal the Hood Foundation of Memphis. Actor Da’Vinci presented “The Conversation With Da’Vinci,” a Q&A facilitated by Memphis Allies and moderated by Keith Norman, Baptist’s vice president/chief government affairs and community relations officer.

### **Addressing Maternal and Child Health Disparities**

Baptist is committed to reducing health disparities in birth outcomes and increasing access to comprehensive pre- and post-natal care services by actively participating in regional and national conversations to improve quality standards to reduce maternal morbidity and mortality. The system has implemented Quality Assessment and Performance Improvement (QAPI) to analyze and track birth outcomes by diverse subpopulations and monitor disparities in care processes, services, operations and outcomes.

Baptist has worked to make access to pregnancy, birth and parenting resources widely available to residents through online and in-person, community-based education and support classes. These sessions are designed to support the entire family unit. Baptist’s *Dynamics Dads* virtual workshop offered by Families Matter, is led by veteran dads who share information from a dad's perspective. Topics include caring for mom and new family dynamics, dealing with crying babies and crying moms and how to be a dynamic dad.

### **Health Improvement Activities in Central Mississippi Communities**

In addition to organization-wide initiatives to address identified priority areas, each Baptist Memorial Hospital worked with local organizations and invested in programming and services to better meet the needs of its community residents. Examples of these efforts are provided below by hospital:

#### **Baptist Memorial Hospital-Attala**

- Provided health-related information at community events, including information on breast cancer, heart health, colorectal cancer, fall risks, behavioral health and healthy lifestyles
- Supported Shepherd's Touch, a free health clinic for the underserved and uninsured community
- Provided clinical training and preceptorship opportunities for students in various health care studies, including medical, nurse practitioner, nursing, physical and occupational therapy
- Provided shadowing opportunities for Attala County Vo-Tech students
- Provided Health and Hygiene programs in schools
- Provided free flu shots to the community
- Provided physical screenings to students at the Kosciusko Junior High School
- Made outpatient specialty services available to the community, including Pain Management
- Participated in the Holmes Community College Workforce program offering training in BLS, ACLS, PALS and PEARS
- Provided CPR Training for Attala County Vo-Tech students
- Participated in a community-wide disaster drill with other county and city first responders
- Participated in Project Search program with Mississippi Department of Rehabilitation Services and Attala County School District
- Supported Helping Hands Ministry by holding food drives, toy drives and the charity thrift store

### Baptist Memorial Hospital-Leake

- Provided health-related information and materials at local community events, including information on breast cancer, heart health, colorectal cancer, stroke awareness, heat exhaustion and heat stroke, fall risks and prevention and healthy lifestyles
- Hosted educational luncheons with health talks on stroke, healthy heart and breast cancer
- Supported Compassion Clinic, a free health clinic for the underserved and uninsured community
- Participated in the Mississippi Rural Physicians Scholarship Program for a medical student
- Provided clinical training and preceptorship opportunities for students in various health care studies, including medical, nurse practitioner, nursing, physical and occupational therapy
- Participated in the Mississippi Hospital Association Summer Nurse Extern program, hosting nursing students
- Hosted clinical rotations for Hinds Community College School of Nursing students and East Central Community College School of Nursing
- Hosted high school health science students for local career center clinical rotations in each department
- Hosted Summer Crash Course for area high school students to experience a weeklong shadowing and education in the health care industry
- Sponsored Cruisin' for a Cure, a local Breast Cancer Awareness Month initiative designed to raise awareness for prevention and early detection of breast cancer
- Provided representation on multiple community health advisory committees, including County COVID-19 Strategic Committee, Mayor's Health Council, Hinds School of Nursing Advisory Council, East Central School of Nursing Advisory Council and East Central Community College Craft Committee
- Provided free flu shots for area school staff
- Made outpatient specialty services available to community, including cardiology, urology, gastroenterology, obstetrics and gynecology, outpatient IV infusion and geripsych services
- Participated in the East Central Community College Workforce program offering training in BLS, ACLS, PALS and PEARS
- Participated in area Safety Expo teaching fifth grade students safety in multiple areas, i.e. ATV, concussion, bike, handgun, internet, smoking/vaping, boat/water, electrical and fire

### Baptist Memorial Hospital-Yazoo

- Participated in public education meetings on health topics of interest for the community
- Provided free or reduced cost flu shots for area employers and schools
- Provided free glucose screenings at area health fairs and education for better diabetic care
- Provided free blood pressure checks at area health fairs
- Provided education on stroke awareness and early intervention and participated in the statewide stroke network as a primary stroke hospital
- Expanded health care access to include a board-certified neurologist via telehealth for outpatient Emergency Department visits; board-certified cardiologist, interventional pain management and infusion at an on-site clinic in Yazoo and outpatient geripsych services
- Worked with Warren Yazoo Mental Health Center to serve the needs of the clinic's population, as well as helping with vaccinations for residents

- Provided free or reduced cost COVID vaccines to Yazoo County Correctional Facility inmates
- Participated in monthly Yazoo Community Health Network meetings to provide and learn medical needs for the county, including attending job fairs for local youth and educating youth/students on health care careers
- Attended Shape Up Yazoo initiative and participated in follow-up conversations to discuss needs for community
- Visited with administrators from the local health department to discuss reopening of the health department; discussed Mommy and Me initiative and plan to proceed with this as health department reopens
- Attended STORK training presented by UMMC for maternity/neonatal care in the ED
- Participated in the county wide active shooter drill in collaboration with the local emergency management agency
- Maintained an ongoing physician recruitment effort whereby on an annual basis physician manpower needs are identified, and efforts are made to bring new physician providers to the community to fill underserved needs

#### Mississippi Baptist Medical Center

- Offered low-cost heart and cancer screenings
- Collaborated with Mission First Medical Clinic to provide comprehensive medical services to the underserved and uninsured community
- Participated in various community speaking engagements, health fairs and informational booths to provide free health information and screenings and promote healthy lifestyles
- Participated in various community speaking engagements and health fairs to educate the community about trauma and fire safety
- Participated as part of a collaborative effort with other local hospitals in the monthly city-wide stroke support group
- Participated in Mississippi Comprehensive Cancer Coalition meeting, where community partners, cancer patients and caregivers explore a collective approach to delivering cancer services in the community
- Maintained ongoing meaningful dialogue with local health care organizations through the cancer collaborative to explore a collective approach to delivering cancer services in the community
- Provided maternal and child health classes and presentations on topics, including child birthing, breastfeeding, infant care and becoming new parents
- Supported community agencies through strategic in-kind and financial contributions, including American Cancer Society, American Heart Association, Junior League of Jackson, Madison Countians Allied Against Poverty, Make-a-Wish MS, Mississippi Food Network and others
- Sponsored weekly Creative Healing Studio program at Mississippi Museum of Art aimed at providing art therapy to cancer patients and survivors
- Provided care for emergency medical conditions to individuals regardless of their eligibility for charity care, financial assistance or government assistance through the emergency department
- Provided clinical training and preceptorship opportunities for students in various health care studies, including medical, nurse practitioner, nursing and physical and occupational therapy

- Maintained an ongoing physician recruitment effort whereby on an annual basis physician manpower needs are identified, and efforts are made to bring new physician providers to the community to fill underserved needs

#### **Baptist Anderson Regional Medical Center & Baptist Anderson Regional Medical Center-South**

- Provided educational campaigns focused on managing diabetes, high blood pressure, stroke and heart disease through billboards, social media posts and videos, occupational health screenings and community health fairs
- Provided educational campaigns focused on factors that lead to obesity and the effects of tobacco use and vaping through billboards, social media posts and videos, occupational health screenings and community health fairs
- Participated in the Community Health Improvement Network to host lunch and learns for underserved and underprivileged populations
- Supported The Free Clinic of Meridian which provides free quality medical care and referral services to uninsured adults in our community
- Promoted services offered at Baptist Healthplex-Anderson, the area's only medically-based fitness center with supervised integration for patients who have completed a rehabilitation program
- Worked with the Community Health Improvement Network in the use of a Drug Free Community grant to educate 6th-12th graders about the dangers of marijuana and opioids
- Worked with the Community Health Improvement Network to provide lunch and learn events focused on PTSD, suicide, dementia, Alzheimer's and Parkinson's
- Hosted Rock Steady exercise class at Baptist Healthplex-Anderson for individuals with Parkinson's

## Board Approval and Next Steps

Baptist would like to thank our community partners that provided guidance, expertise and ongoing collaboration to inform the 2025 CHNA and help improve the health and well-being of the region.

We are committed to advancing health initiatives and community collaboration to support key health needs identified in the CHNA. The 2025 CHNA report and identified priority health needs were presented to Baptist's corporate and hospital boards of directors and approved by September 2025. Following the system's board approval, the CHNA report was published and accessible to the public via Baptist's website at [baptistonline.org/about/chna](https://baptistonline.org/about/chna).

Following the completion of the 2025 CHNA, Baptist developed a supporting three-year Implementation Strategy for each of its hospitals outlining strategies for addressing priority health needs. The 2025-28 Implementation Strategy will be reviewed and approved by the Baptist's boards of directors and made available to the public via the website.

We value your input on our CHNA and Implementation Strategy. Please contact [community.relations@bmhcc.org](mailto:community.relations@bmhcc.org) or visit our website to learn more.

## Appendix A: Secondary Data References

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## Appendix B: Key Stakeholder Survey Participants

The following is a list of represented community organizations and the participants' respective titles, as provided.

Organization	Title/Role
American Civil Liberties Union of Mississippi (ACLU of MS)	Director of Policy and Advocacy
Alzheimer's Association	Executive Director
Baptist Health Foundation	Executive Director
Baptist Heart	Nurse Practitioner
Baptist Heart, Jackson MS	Physician
Baptist Medical Center Yazoo	Admin Office Manager
Baptist Medical Education	Program Director
Baptist Memorial Health Care	President Emeritus
Baptist Memorial Health Care	Community Relations Coordinator
Baptist Memorial Health Care	Social Worker
Baptist Memorial Health Care	Manager, Market Development Research
Baptist Memorial Health Care	Physician/CMO Primary Care Jackson
Baptist Memorial Health Care/Mid-South Minority Underserved NCORP	Unspecified
Baptist Premier	Physician
Burn Foundation of America	President and Chief Executive Officer
Canopy Children's Solutions	Chief Executive Officer
Center for Mississippi Health Policy	Executive Director
Central Electric Power Association	Director of Economic and Community Development
Children's Advocacy Centers of Mississippi	Chief Strategy and Operations Officer
City of Jackson	Human Resources
City of Kosciusko	Mayor
City of Meridian-Government	Director of Communications
Community Health	Executive Director
Community Health Improvement Network	President
Diabetes Foundation of Mississippi	Associate Director
East Central Community College	Dean of Healthcare Education
East Central MS Health Care, Inc.	Executive Director
Episcopal Churches	Deacon
Excel By 5	Executive Director
First Baptist Church	Sr. Adult Pastor
Free Clinic of Meridian	Executive Director
Girl Scouts Heart of the South	Chief Executive Officer
Greater Belhaven Foundation	Executive Director
Greater Jackson Chamber Partnership	Vice President
Habitat for Humanity Mississippi Capital Area	Development Director
Hope House of Hospitality, Inc	Executive Director
Joni and Friends	Area Director Mississippi and Alabama
Lauderdale County School District	Nurse
Lauderdale County School District	RN, School Nurse
Lauderdale County School District	School Nurse

Organization	Title/Role
Lauderdale County School District	School Nurse
Madison County Business League & Foundation	Executive Director
Make-A-Wish Mississippi	Donor Relations Senior Manager
McClean Fletcher Center	Executive Director
Mid-South Transplant Foundation	Executive Director
MIFA (Metropolitan Inter-Faith Association)	Chief Operating Officer
Millsaps College	Campus Administrator
Mission First, Inc.	Lee Thigpen, Executive Director
Mission Mississippi	Executive Assistant to the President
Mission Mississippi	President
Mississippi Baptist Medical Center	Director case management
Mississippi Baptist Medical Center	CV Service Line Administrator
Mississippi Baptist Medical Center	Director of Pastoral Care
Mississippi Baptist Medical Center	Administration
Mississippi Breastfeeding Coalition/Mississippi WIC	Secretary
Mississippi Organ Recovery Agency (MORA)	Director of Community Services & Relations
Mississippi State University - Meridian	Interim Head of Campus
Mount Nebo Baptist Church	Pastor
National MS Society	Senior Development Manager
Northeast Lauderdale High School	School Nurse
Piney Woods School	Director of Advancement Operations
Power Media Solutions	Director
River Ridge Behavioral Health	Certified Peer Support
St. Jude Children's Research Hospital, HPV Cancer Prevention Program	Director
Star Healthcare Registry	Chief Executive Officer
Stewpot Community Services	Executive Director
Sweet Cheeks Diaper Ministry	Executive Director
The Little Light House, Central MS	Executive Director
The Potters Boutique	Chief Executive Officer
Visit Meridian Tourism	Executive Director
Warren Yazoo Behavioral Health	Crisis Team
Worker	Serving
Yazoo County Coroner	Chief Medical Examiner/ Investigator
Youth Villages	Director, Grants and Development Research

## Appendix C: Partner Forum Participants

The following is a list of represented community members and their respective organization.

Organization	Name
Access Training	Andria Jones
Alzheimer's Association	Kristen White
American Cancer Society	Jennifer Myrick
American Heart Association	Mary Brinson
American Heart Association	Jordan Walker
Center for Mississippi Health Policy	Mitchell Adcock
Center for Pregnancy Choices	DaChiron Tresvant
Greater Belhaven Foundation	Mary Thigpen
Greater Fairview	Sadie Batiest
Greater Fairview MB Church	Brenda Hairston
Hope House of Hospitality	Mia Martin
Jackson Police Department	Tiffany Graves
Jackson Police Department	Marco Johnson
Jackson Police Department	Other Officer
Jackson Police Department	Other Officer
Jackson Public Schools	Thea Faulkner
Jerusalem Missionary Baptist Church	Dennis Grant
Madison Countians Allied Against Poverty, Inc. dba MadCAAP	Karen Robison
Magnolia Medical Foundation	Kaitleen Noah
Make-A-Wish Mississippi	Lynette McBrayer
MCBL&F & MS Board of Nursing	Shan Montgomery
Midtown Partners, Inc.	Monica Cannon
Mississippi Department of Education	Dawn Jones
Mississippi State Department of Health	Muse Esslene
Mississippi State Department of Health	Erin Richards
Mississippi State Department of Health	Brandi Sanford
Mississippi WIC Breastfeeding Program	Jenny Zorn
Mount Nebo Church	Lisa Anderson
Mount Nebo Church	Shirley Epps-Perry
MS Public Health Institute	Jacinda Roach
Stewpot Community Services	Mary Thompson
United Way of the Capital Area	Keedrick Palmer
Wings of Hope Outreach Center	Ella Lewis
Your Vine Connection Ministry	Erika Roberts