

# 2025

## COMMUNITY HEALTH NEEDS ASSESSMENT

### Memphis Metropolitan Area

Baptist Memorial Hospital-Collierville  
Baptist Memorial Hospital-DeSoto  
Baptist Memorial Hospital-Memphis  
Baptist Memorial Hospital-Tipton  
Baptist Memorial Hospital for Women  
Baptist Memorial Rehabilitation Hospital  
Baptist Memorial Restorative Care Hospital  
Spence and Becky Wilson Baptist Children's Hospital



**BAPTIST**

[baptistonline.org](http://baptistonline.org)

## 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.

## Table of Contents

<b>EXECUTIVE SUMMARY .....</b>	<b>3</b>
2025 COMMUNITY HEALTH NEEDS ASSESSMENT .....	3
2025 CHNA LEADERSHIP AND OVERSIGHT .....	4
2025 CHNA STUDY AREA.....	5
RESEARCH METHODOLOGY .....	7
OUR STRENGTHS AND OPPORTUNITIES .....	9
COMMUNITY HEALTH PRIORITIES.....	13
<b>OUR COMMUNITY AND RESIDENTS.....</b>	<b>15</b>
<b>MEASURING HEALTH IN OUR COMMUNITY .....</b>	<b>17</b>
<b>COMMUNITY HEALTH NEEDS .....</b>	<b>23</b>
ACCESS TO CARE AND SERVICES .....	23
BEHAVIORAL HEALTH .....	28
CHRONIC DISEASE PREVENTION AND MANAGEMENT .....	35
ECONOMIC STABILITY .....	41
MATERNAL AND CHILD HEALTH .....	44
<b>OUR RESPONSE TO THE COMMUNITY’S NEEDS .....</b>	<b>49</b>
<b>BOARD APPROVAL AND NEXT STEPS .....</b>	<b>57</b>
<b>APPENDIX A: SECONDARY DATA REFERENCES .....</b>	<b>58</b>
<b>APPENDIX B: KEY STAKEHOLDER SURVEY PARTICIPANTS.....</b>	<b>60</b>
<b>APPENDIX C: PARTNER FORUM PARTICIPANTS .....</b>	<b>64</b>

## 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**

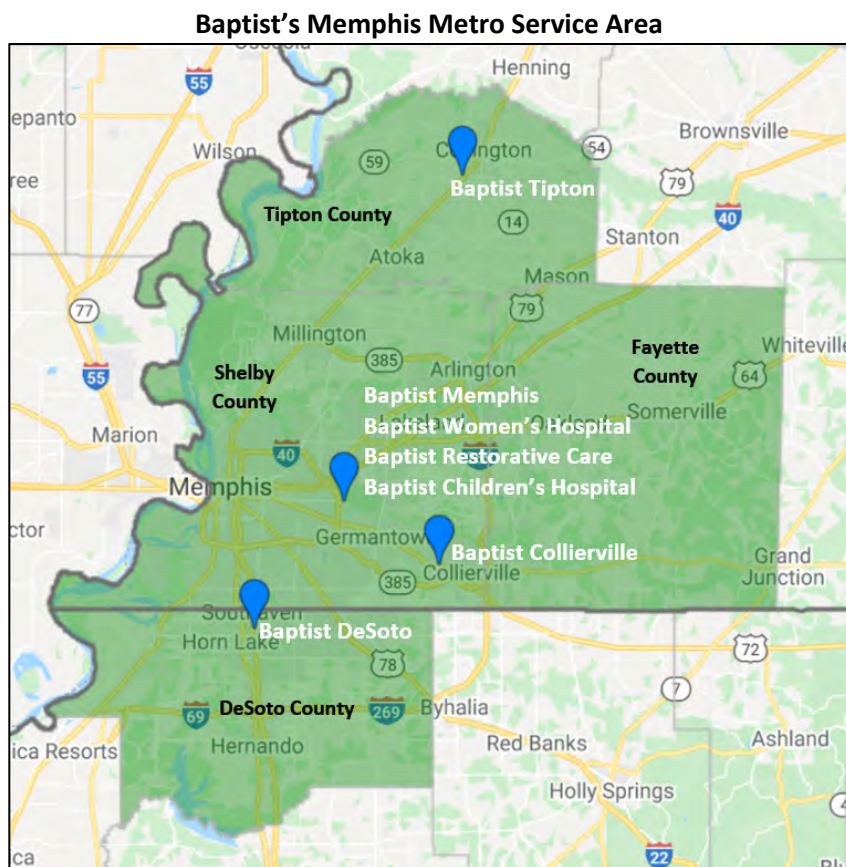
Region	Primary Service Counties	Hospitals
Memphis Metro	Shelby and Fayette counties, TN	Baptist Memorial Hospital-Memphis Baptist Memorial Hospital-Collierville Baptist Memorial Hospital for Women Baptist Memorial Rehabilitation Hospital Baptist Memorial Restorative Care Hospital* Spence and Becky Wilson 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 seven hospitals in the Memphis Metro service, which collaborated on the 2025 CHNA. The Memphis Metro study encompassed Fayette, Shelby and Tipton counties in Tennessee and DeSoto County 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 Memphis Metro service area.

- Baptist Memorial Hospital-Collierville (Baptist Collierville)
- Baptist Memorial Hospital-DeSoto (Baptist DeSoto)
- Baptist Memorial Hospital-Memphis (Baptist Memphis)
- Baptist Memorial Hospital-Tipton (Baptist Tipton)
- Baptist Memorial Hospital for Women (Baptist Women's Hospital)
- Baptist Memorial Restorative Care Hospital (Baptist Restorative Care)
- Spence and Becky Wilson Baptist Children's Hospital (Baptist Children's Hospital)



## 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, 142 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 43 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

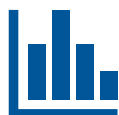
We held 11 listening sessions with subject matter experts and social service representatives based in Baptist's service areas to discuss priority health needs and opportunities to improve residents' access to health care services. Sessions conducted in the Memphis Metro service area included the following:

**Heart & Soul: A Men's Wellness Collective planning committee members**, exploring insights from advocates in responding to men's mental wellness needs (31 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*

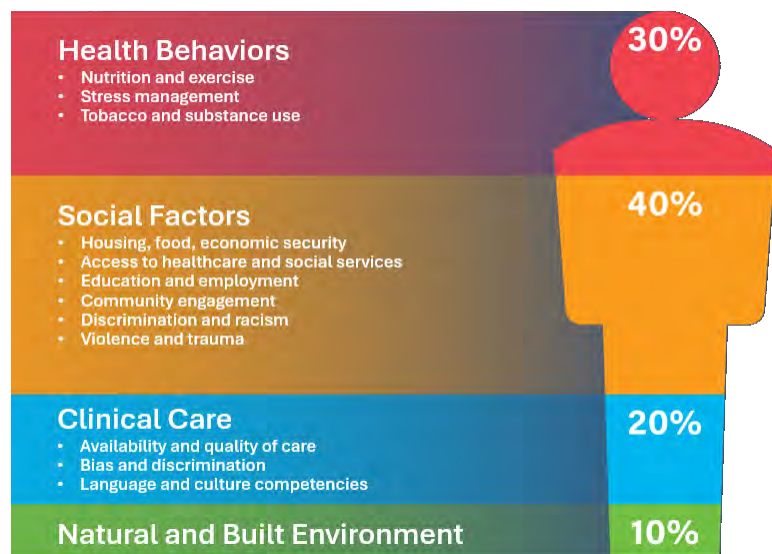
The CHNA was conducted to provide deeper insights into the differences in health and well-being experienced between groups of people in the region. We used the Social Drivers of Health (SDOH) framework to study and document income and poverty; housing and food security; early learning and education; 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.*



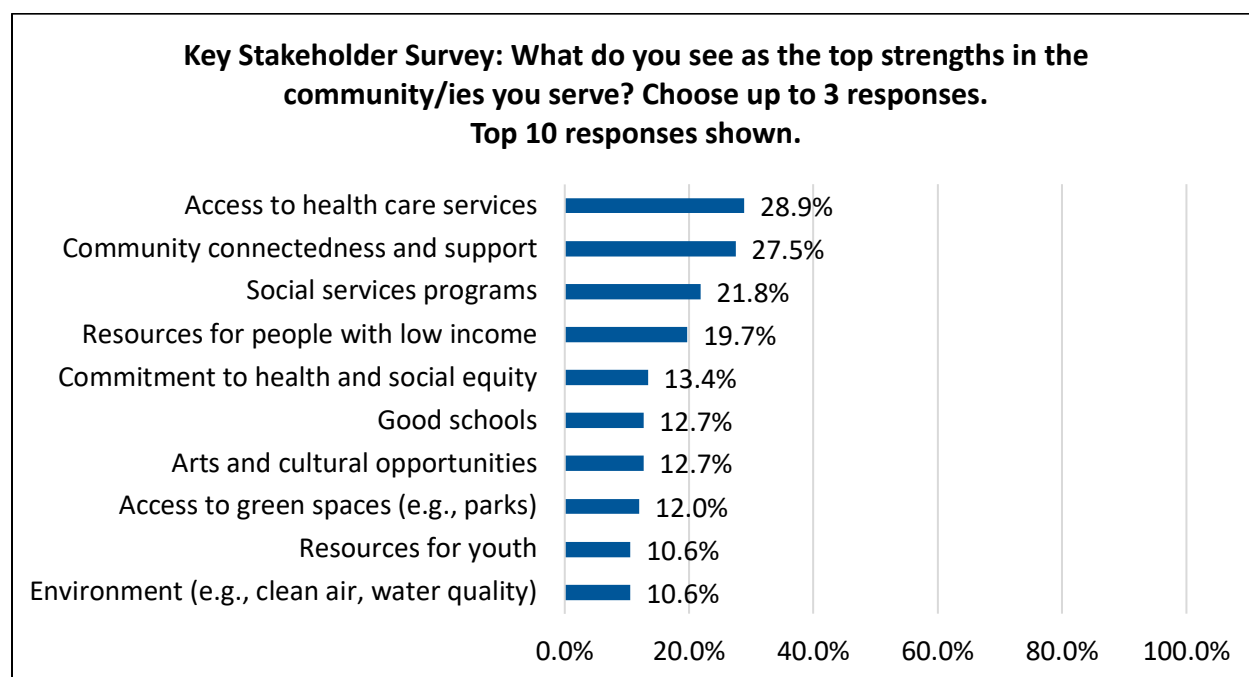
*50% of a person's health is determined by social factors and their natural and built environment.*

*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 Memphis Metro service area is supported by a robust and collaborative network of health and human service providers, rich cultural and entertainment centers, strong anchor institutions and both natural and designed outdoor spaces. 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, social services programs* and *resources for people with low income* among the top attributes.



When asked to rate various SDOH for Memphis Metro communities, approximately 50% of participants rated *access to green spaces and outdoor recreation* and *civic participation* as “good” or “excellent.” Approximately 30%-35% of participants rated *health care access and quality* as “good” or “excellent.”

Aside from the rural nature of the state, city investment in new parks and trail systems is ongoing and often influenced by community-driven planning that reflects high levels of civic engagement.

### STAKEHOLDER FEEDBACK:

*“The parks department often sends out surveys to get input from our community on our various programs.”*

*“The parks and trails are lovely. Cities promoting health and outdoor activities.”*

Baptist is held in high regard because of the institution’s longevity and presence throughout Memphis Metro communities and commitment to expanding access for essential health care and community services. The area benefits from a well-rounded health care environment with an abundance of health care providers and health-focused community initiatives.

**STAKEHOLDER FEEDBACK:**

*"Our Baptist facility is an excellent source of health care."*

*"We have Baptist Tipton, several urgent care facilities and great doctors in the area."*

*"Several of the hospitals/clinics are very active and visible promoting good health via several different initiatives."*

There is a strong sense of community in the Memphis Metro region, especially in areas where gaps in government services exist. Local government, community leaders and community-based organizations are perceived as effective and proactive in engaging and serving the community.

**STAKEHOLDER FEEDBACK:**

*"[We have] dedicated people with a desire to give back to their community."*

*"[We have] government entities advocating and lobbying on behalf of the community to ensure a healthier Mid-South."*

The Memphis Metro service area was seen by some key stakeholders as a model for the region for its commitment to diverse leadership and advocacy for inclusivity. Social programs and communities were generally seen as benefiting from the promotion of multicultural appreciation and inclusion.

**STAKEHOLDER FEEDBACK:**

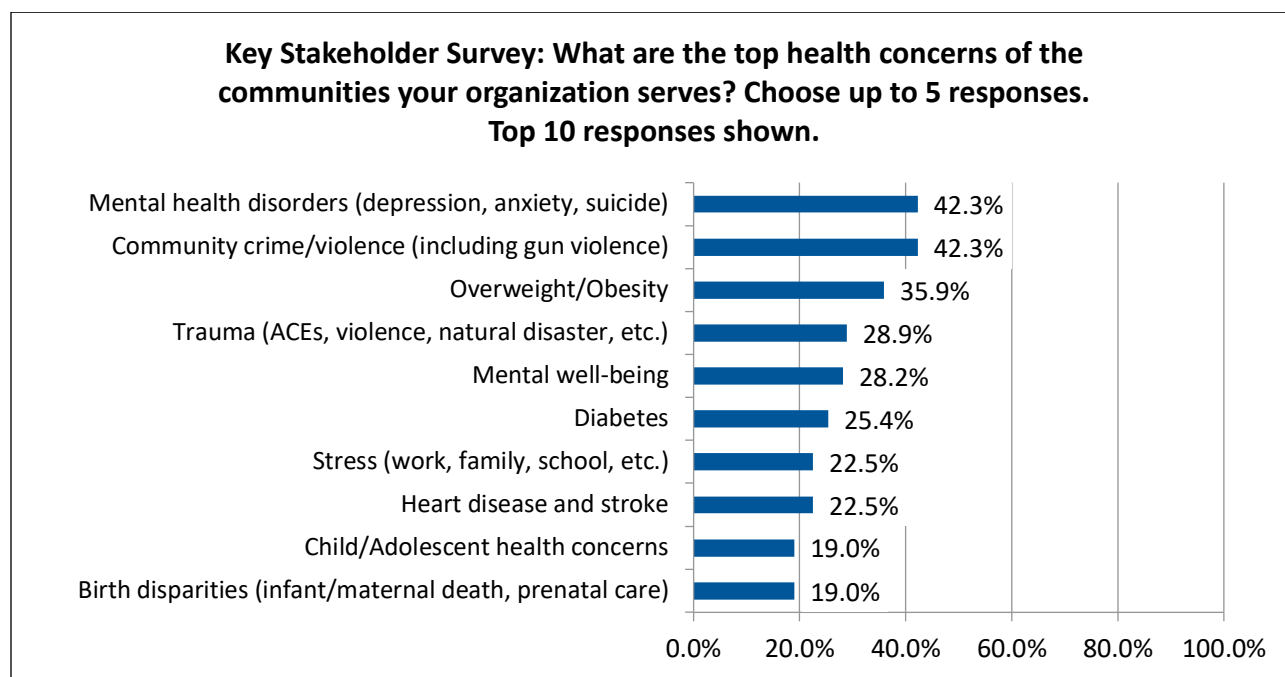
*"Most social programs are targeted specifically for multicultural impact and inclusion."*

*"Good degree of diversity and inclusion in our leadership. There is still work to do."*

### 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>■ Cultural and entertainment centers</li> <li>■ Diversity in community leadership</li> <li>■ Expansion of behavioral health services (e.g., harm reduction, Narcan)</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>■ Strong anchor institutions (e.g., health care, universities)</li> <li>■ Water quality (Memphis Sand Aquifer)</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 issues related to *behavioral health*, *community crime/violence* and *chronic conditions*. Other identified issues included *youth health concerns* and *birth disparities*. 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. Nearly 80% of key stakeholder survey participants rated *healthy food access and affordability* and *housing affordability* as “fair” or “poor.” More than 90% of participants rated *public transportation options* as “fair” or “poor.” Approximately 70% of participants rated *public policies that promote health for all* as “fair” or “poor.” Many stakeholders emphasized the need for cross-sector collaboration, community advocacy and stronger legislation to address longstanding issues.

#### STAKEHOLDER FEEDBACK:

*“There are still several food deserts in the city. Most of the convenience stores do not sell healthy foods.”*

*“We also need more affordable housing for people and teach them how to be housed and stay housed. Counselors for at risk people would be great to intervene and try to help people keep housing.”*

*“In working in poor rural areas there is often a lack of opportunity for health care.”*

**STAKEHOLDER FEEDBACK:**

*"Many are un- or underinsured and are unsure how to connect with the resources that are out there."*

*"We need more public transportation that is available to citizens to get to health care visits and pharmacies."*

*"In poor rural areas there is often a lack of opportunity for future employment possibilities."*

*"Violence is out of hand. We need to come together with community organizations, politicians/elected leaders, community members and businesses for a holistic strategy, built in partnership with communities that are affected, to look at potential strategies."*

*"Listen to people directly, spend time on the ground walking in their shoes of their lived experiences, then creating programs 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, 60% of key stakeholders selected the *ability for everyone to receive quality health care when they need it* and 53% 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>■ 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.

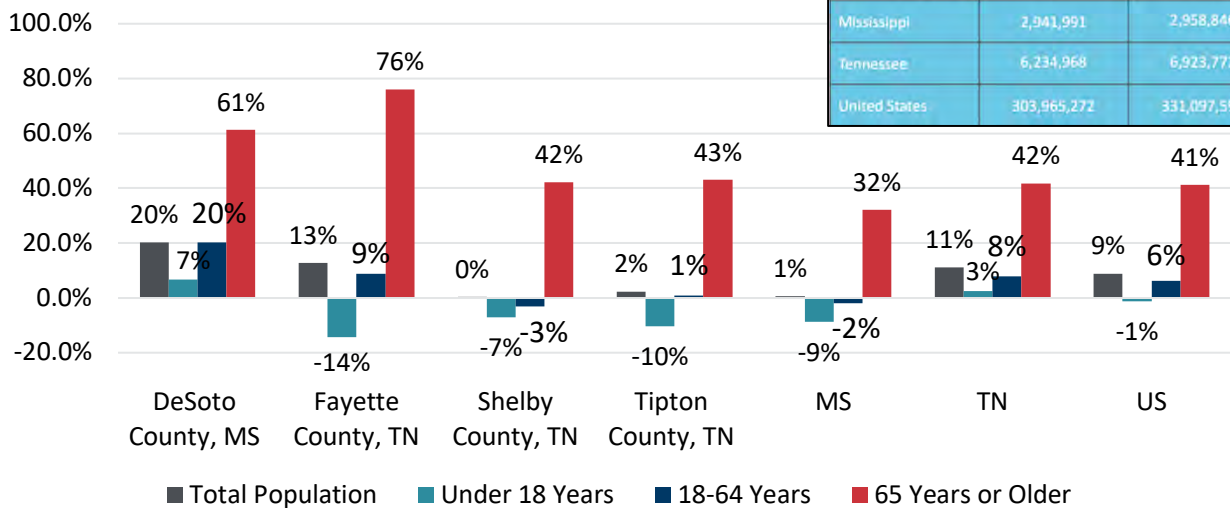
## Our Community and Residents

The Memphis Metro service area had a total population of 1,215,998 residents in 2022. The Memphis Metro service area differs from other Baptist service regions with a total population that is stable or growing in every county. Population growth in DeSoto and Fayette counties exceeded statewide and national averages. All counties saw growth in adults aged 65 years or older, and all counties except DeSoto saw decline in the youth population under age 18.

**Total Population by Year**

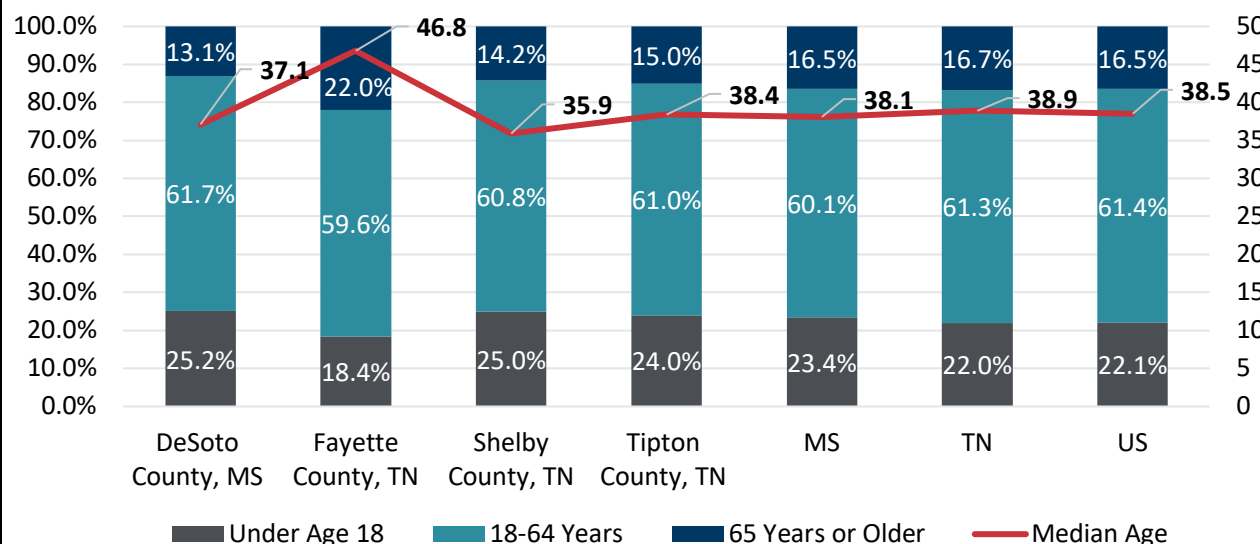
	2010	2022
DeSoto County, MS	154,715	186,214
Fayette County, TN	37,458	42,228
Shelby County, TN	922,696	926,440
Tipton County, TN	59,689	61,116
Mississippi	2,941,991	2,958,846
Tennessee	6,234,968	6,923,772
United States	303,965,272	331,097,593

**Percent Population Change, 2010 to 2022**



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

**2018-2022 Population Age Distribution**



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

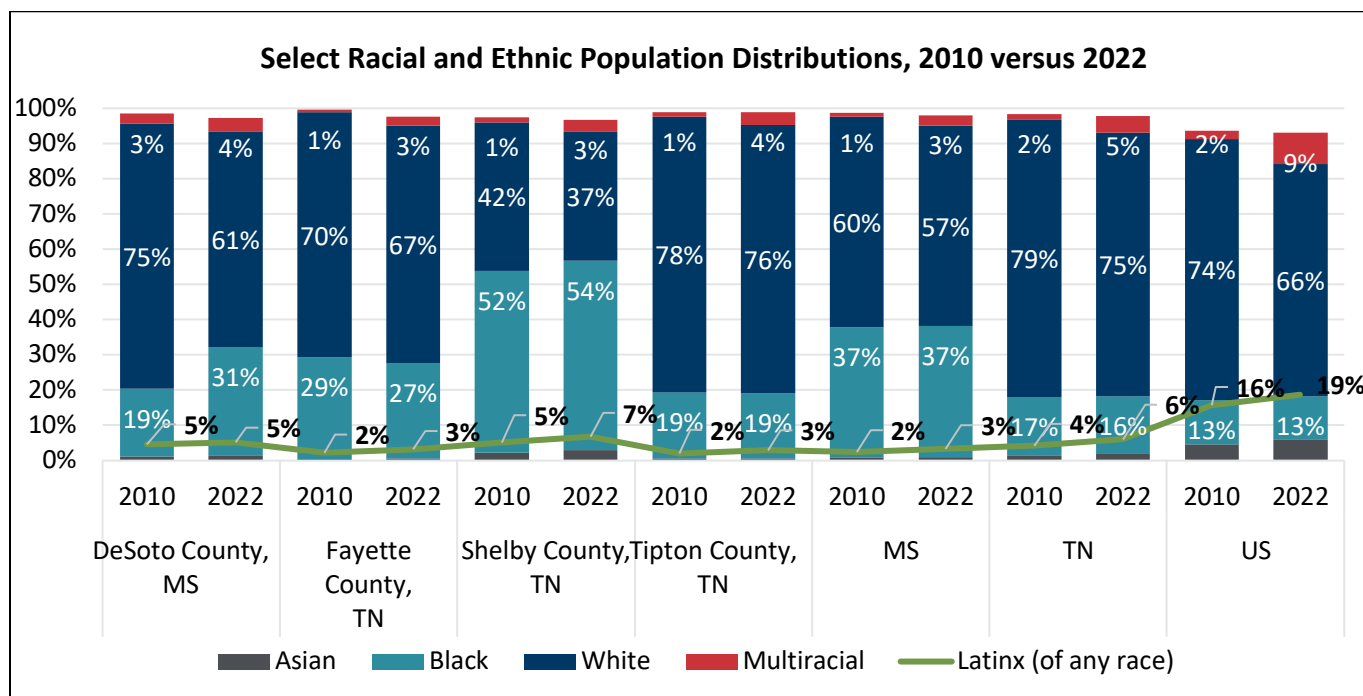
Disability is a physical or mental condition that limits a person's movements, senses or activities. Across the nation, 13% of the population and about 33% of older adults live with a disability. Within the Memphis Metro service area, experiences of disability vary by county with higher prevalence in Fayette and Tipton counties. Notably, 45% of older adults in Tipton County may experience a disability.

**2018-2022 Population With a Disability**

	Total Population	Population Under 18 Years	Population 65+
DeSoto County, MS	11.9%	3.9%	33.0%
Fayette County, TN	17.2%	4.6%	35.7%
Shelby County, TN	12.7%	4.5%	33.2%
Tipton County, TN	17.8%	4.8%	45.3%
Mississippi	17.2%	5.6%	40.7%
Tennessee	15.3%	5.1%	37.3%
United States	12.9%	4.5%	33.3%

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

Consistent with 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. Shelby County has the most diverse population in the region, and approximately 1 in 10 Shelby County residents (9.8%) speak a primary language other than English.



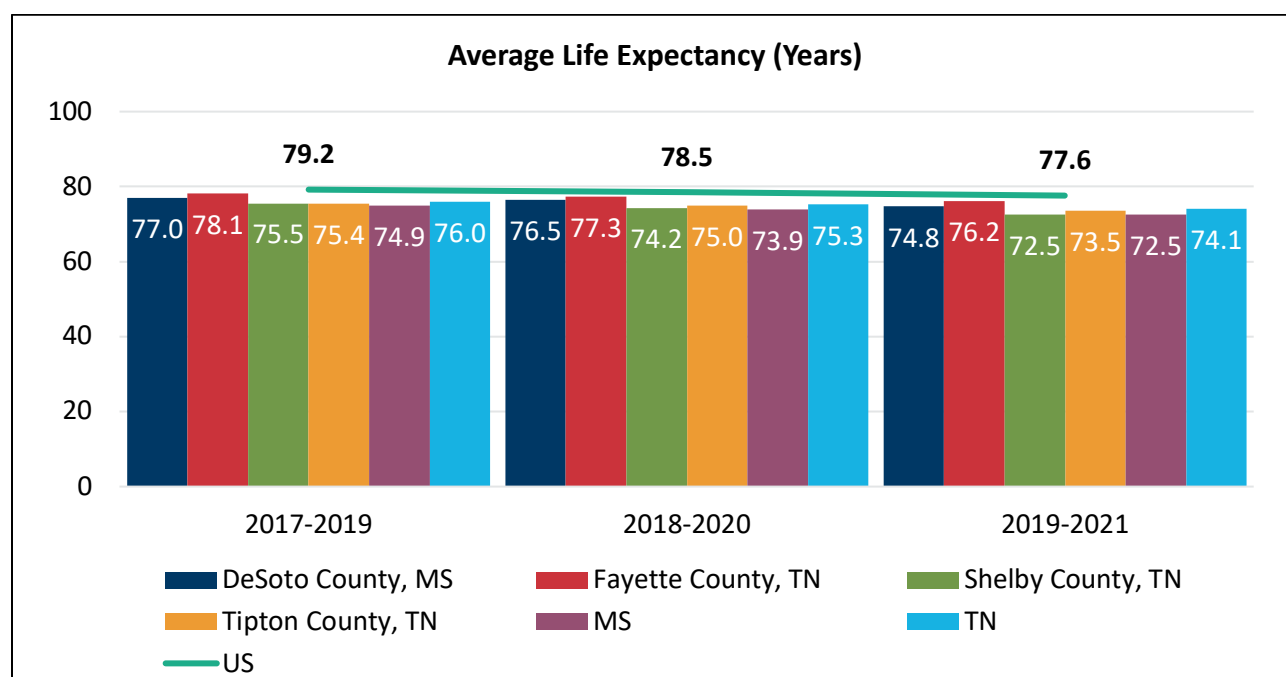
Source: U.S. Census Bureau, American Community Survey

## 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.*

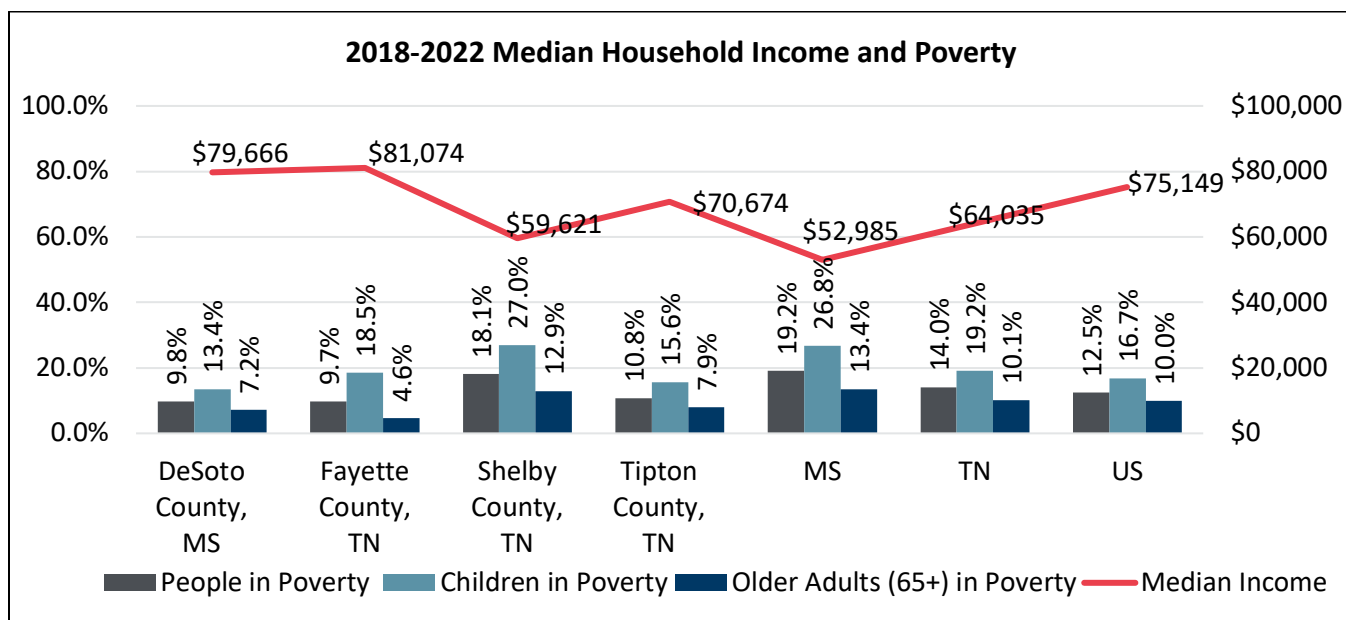
Within the Memphis Metro service area, residents may live an average of 72.5 to 76 years, compared to the national average of nearly 78 years. Shelby County has lower average life expectancy than neighboring counties, falling well below state and national averages. Differences in life expectancy between service area counties reflect community-level disparities in health and social well-being.



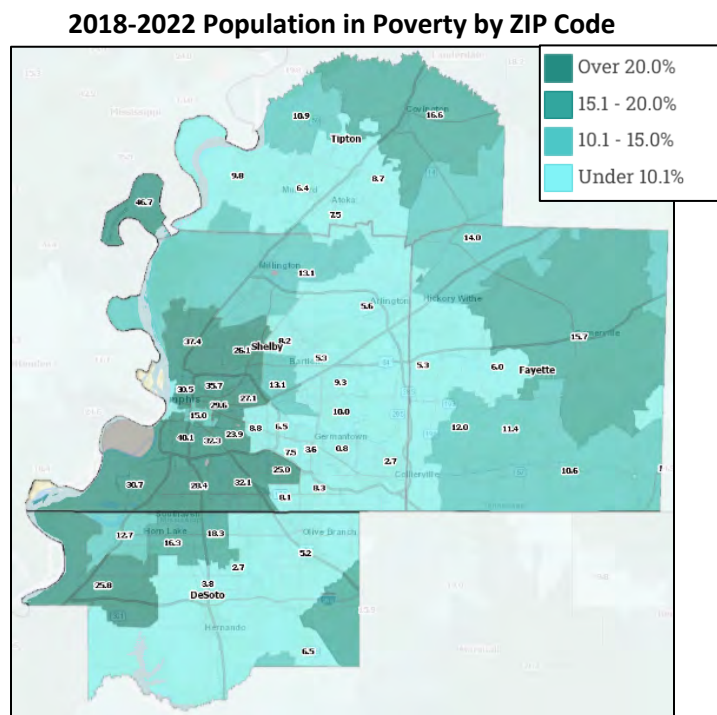
Source: Centers for Disease Control and Prevention



Economic indicators for the region generally improved from the 2022 CHNA, but Shelby County continues to be an area of economic disparity with nearly 1 in 5 people and 1 in 4 children living in poverty. Disparities in Shelby County are concentrated in Memphis, where as many as 50% of residents may live in poverty. These extreme differences of wealth within Memphis largely follow racial lines, disproportionately affecting Black and/or African American people and are at the root of many health and social disparities evident in Shelby County.



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).

Memphis Metro service area ZIP codes with a UNS value exceeding 75, meaning greater unmet need, are depicted below, along with select SDOH indicators.

**Memphis Metro Service Area ZIP Codes With an Unmet Need Score Exceeding 75  
(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
DeSoto County, MS	9.3%	13.4%	8.8%	8.9%	
38637, Horn Lake	16.3%	26.3%	15.2%	12.9%	77.06
38680, Walls	12.7%	22.5%	17.9%	16.4%	75.27
Fayette County, TN	9.7%	18.5%	9.8%	8.4%	
38068, Somerville	14.7%	33.9%	10.5%	6.5%	79.03
38076, Williston	11.4%	12.6%	10.2%	18.7%	75.47
Tipton County, TN	10.8%	15.6%	11.0%	9.3%	
38019, Covington	16.6%	27.5%	13.6%	9.6%	90.71
38015, Burlison	10.9%	12.8%	20.5%	15.7%	85.95
38049, Mason	14.0%	21.4%	17.8%	10.0%	83.83
Shelby County, TN	18.1%	27.0%	10.4%	11.9%	
38108, Memphis	35.7%	51.4%	26.2%	21.5%	100.00
38106, Memphis	40.1%	61.6%	18.1%	20.0%	96.39
38127, Memphis	37.4%	55.2%	18.2%	15.8%	94.74
38118, Memphis	32.1%	53.4%	20.7%	19.0%	93.79
38114, Memphis	32.3%	40.0%	21.3%	18.7%	93.58
38105, Memphis	32.7%	42.3%	20.3%	15.6%	92.79
38109, Memphis	30.7%	49.7%	14.1%	18.4%	92.46
38128, Memphis	26.1%	37.4%	13.9%	14.2%	91.42
38126, Memphis	52.4%	72.1%	19.6%	11.8%	90.91
38116, Memphis	28.4%	44.5%	11.7%	16.2%	90.32
38115, Memphis	25.0%	39.9%	13.2%	17.7%	90.26
38107, Memphis	30.5%	41.6%	15.0%	11.6%	88.94
38122, Memphis	27.1%	37.9%	21.5%	25.8%	88.11
38112, Memphis	29.6%	51.8%	16.2%	16.3%	84.63
38111, Memphis	23.9%	34.1%	11.1%	13.1%	84.17
38132, Memphis	NA	NA	NA	NA	81.62
38134, Memphis	13.1%	15.5%	13.2%	13.9%	81.40
38141, Memphis	8.1%	11.0%	8.9%	9.6%	76.88
38053, Millington	13.1%	14.9%	11.0%	9.5%	76.29

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

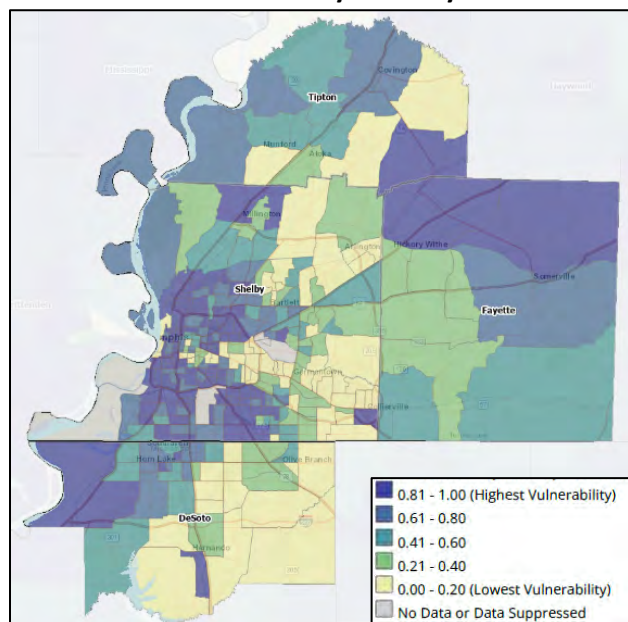
^Select SDOH indicators are shown to illustrate measures that influence the calculation of the Unmet Need Score.

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.*

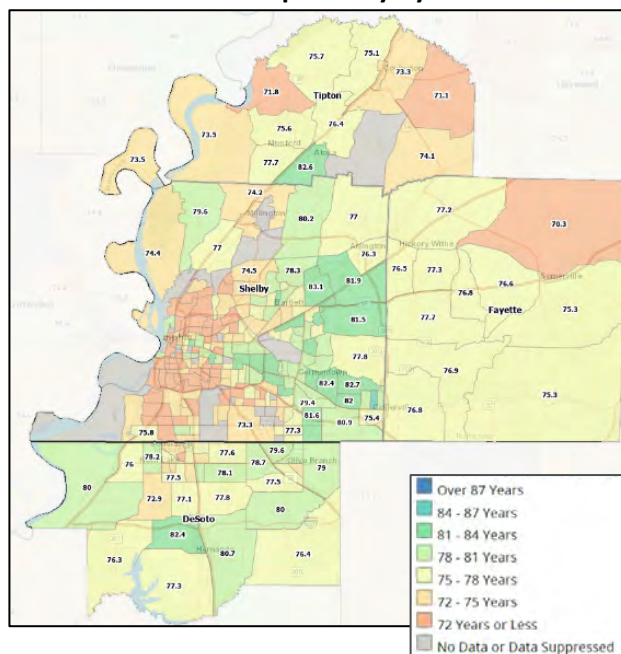
Examining the SVI in conjunction with average life expectancy demonstrates how social drivers of health affect health outcomes. High SVI values (0.8-1.00) exist in all service area counties, demonstrating widespread social vulnerabilities that correlate with overall lower average life expectancy. Within 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**

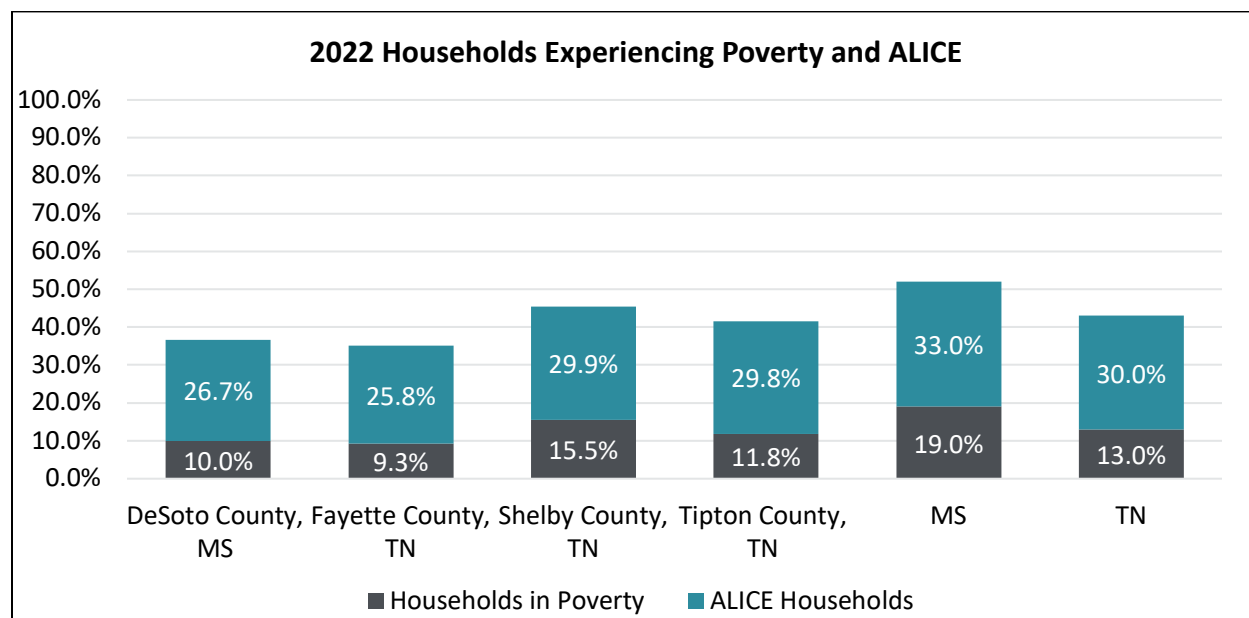


Source: Centers for Disease Control and Prevention

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



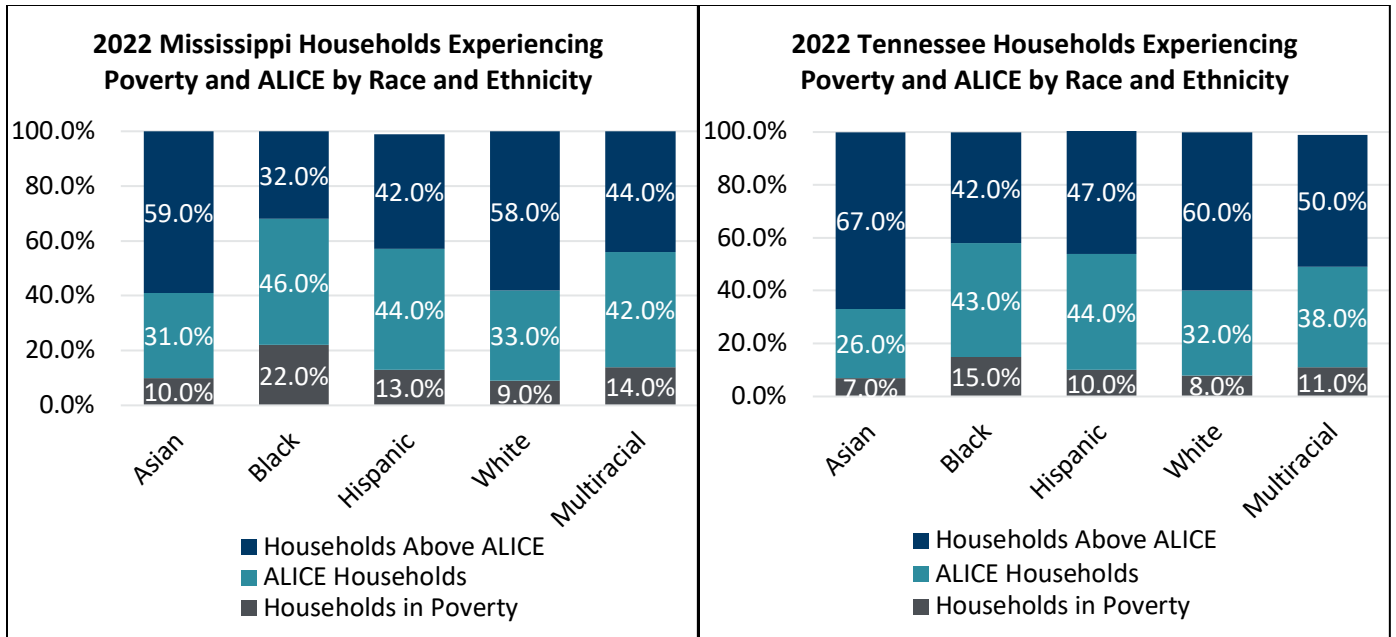
A growing number of families have income above the federal poverty level, but below the threshold necessary to meet basic needs. ALICE stands for **Asset Limited Income Constrained Employed** and represents working households that can't afford all the basics of housing, childcare, food, transportation, 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 Memphis Metro service area, approximately one-quarter or more of households are ALICE. When combined with households living in poverty, more than 40% of households in Shelby and Tipton counties experience financial hardship.



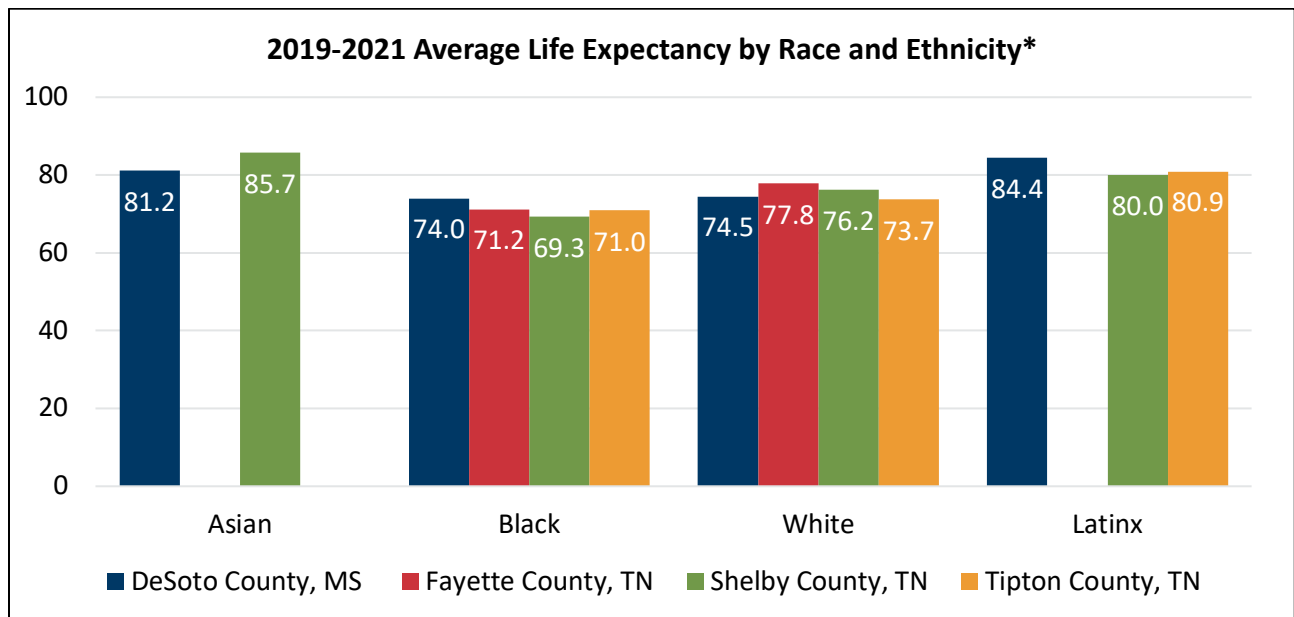
Source: United for ALICE

Financial hardship does not affect all people equally. Financial hardship rates differ substantially by race and ethnicity across Mississippi and Tennessee 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 Memphis Metro service area, Black and/or African American residents have a lower average life expectancy than white residents living in the same community. In Fayette and Shelby counties, Black and/or African American residents may live an average of six to seven years less than their white counterparts.



Source: United for ALICE



Source: National Vital Statistics System

\*Data provided by race and ethnicity as available.

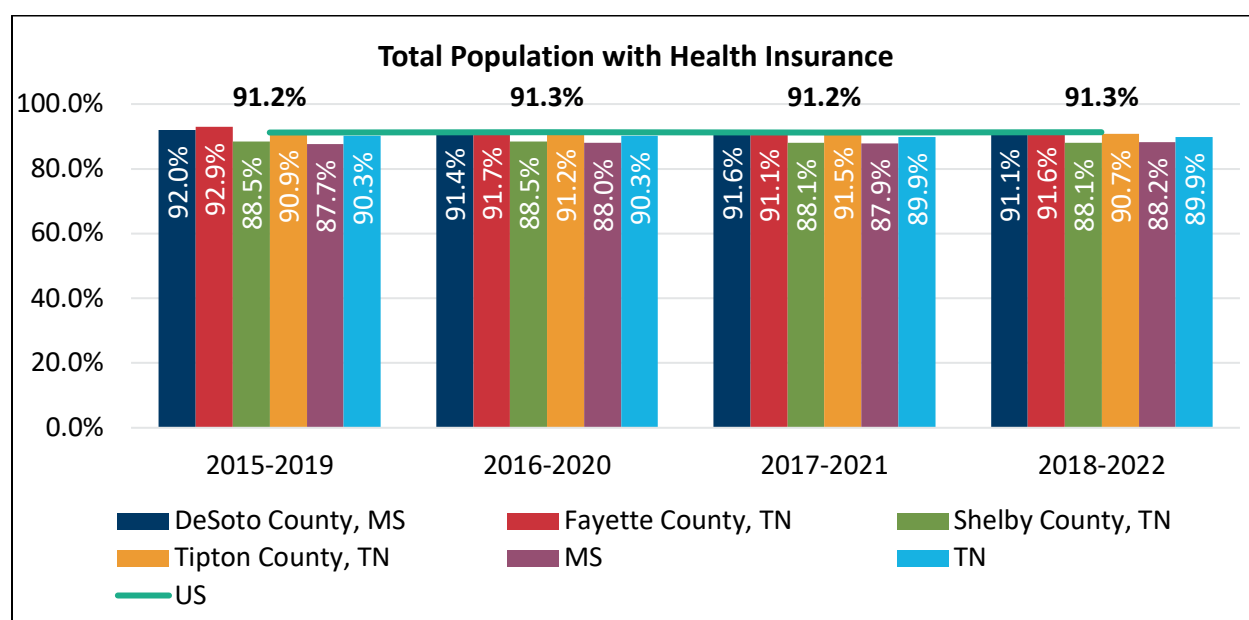


## Community Health Needs

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

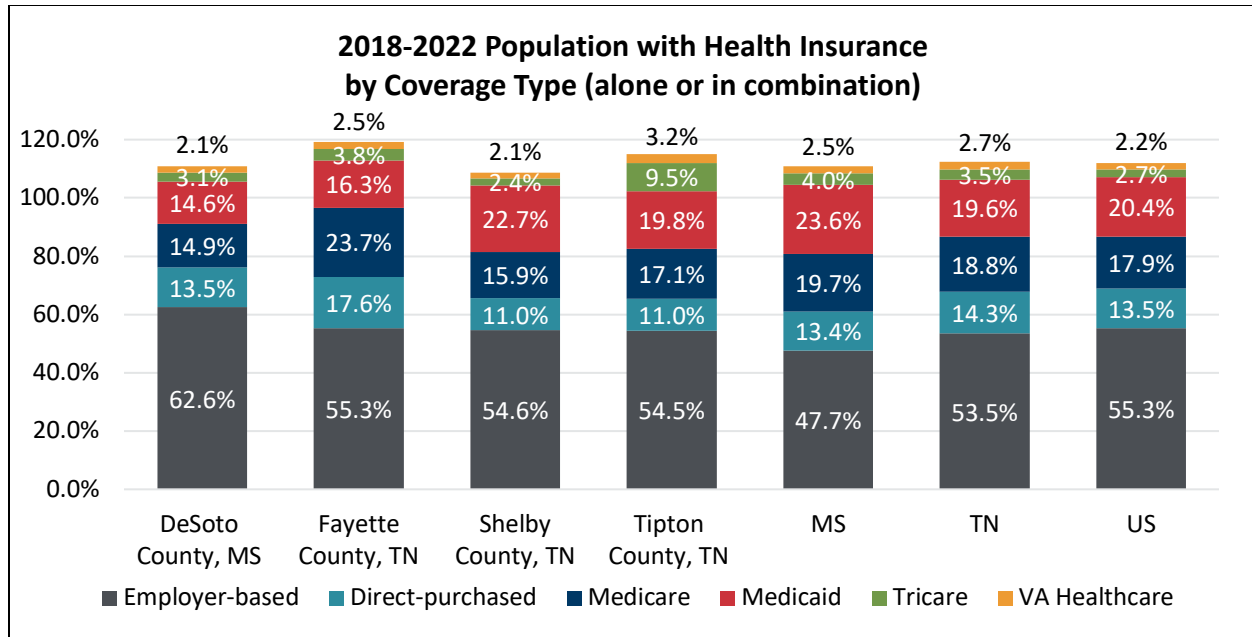
Approximately 88%-91% of service area residents had health insurance coverage in 2022 compared to 91% of residents nationwide. The proportion of insured residents has declined since 2019 for all counties except Tipton. Despite this finding, access to primary care trends are better than the national average with approximately 77.1%-79.1% of adults receiving routine primary care compared to 74.2% of adults nationwide.



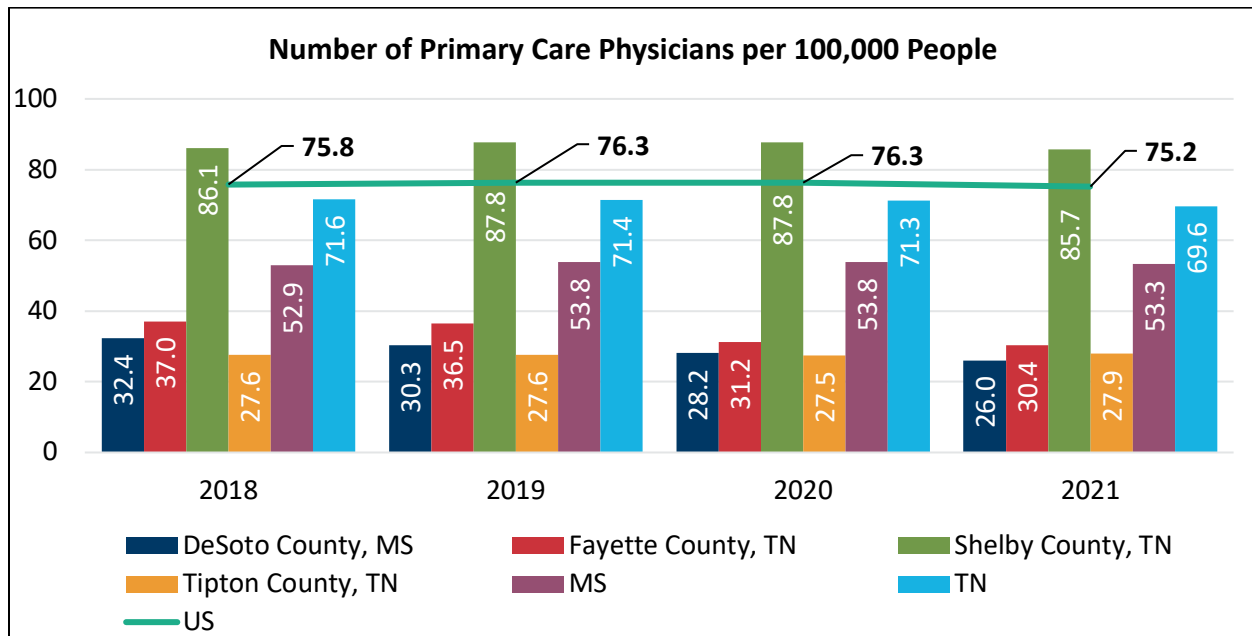
Source: U.S. Census Bureau, American Community Survey

Access to health care in the service area is challenged by provider availability, economic barriers and the rural nature of many communities. Outside of Shelby County and Memphis, the number of primary care physicians per 100,000 residents in the Memphis Metro service area is significantly lower than state and national averages.

Access to primary care also varies widely by economic status across the service area, including areas with high provider rates. Approximately 1 in 5 insured residents in Shelby and Tipton counties have Medicaid, the government health coverage available to eligible people with low income. Fayette and Tipton counties and most of Memphis and the surrounding areas are Health Professional Shortage Areas (HPSAs) for people with low income. While Desoto County is not an HPSA, primary care provider availability was significantly lower than state and national benchmarks in 2021.

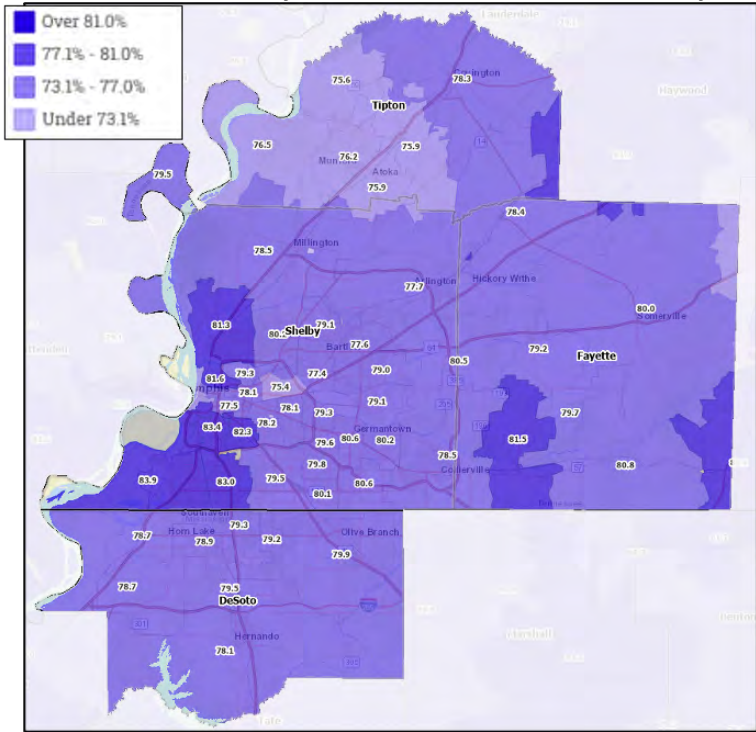


Source: U.S. Census Bureau, American Community Survey



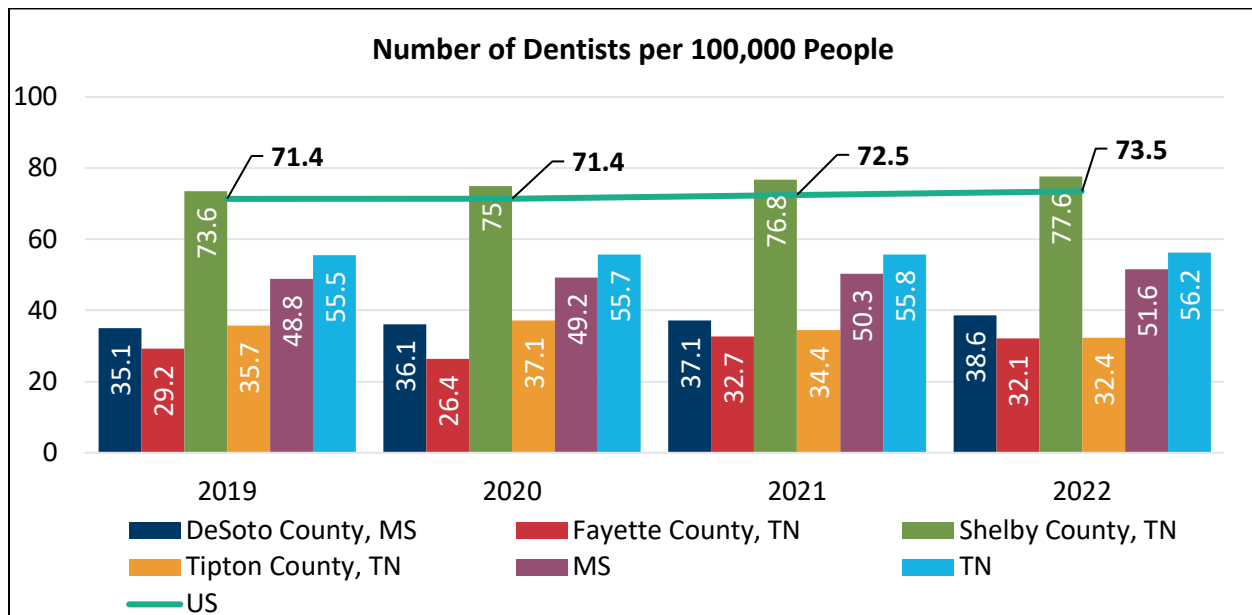
Source: Health Resources and Services Administration and Centers for Medicare & Medicaid Services

## 2022 Adults With a Primary Care Visit Within the Past Year by ZIP Code



Source: Centers for Disease Control and Prevention

Access to dental care is also limited in the service area. All counties reported fewer dentists per 100,000 residents compared to state and national benchmarks. Fewer than 58% of adults in Shelby and Tipton counties and 62% of adults in Fayette County receive routine dental care compared to 63.4% of adults nationwide. Notably 40% or fewer adults in Memphis have access to routine dental care compared to 65% or more adults in the eastern suburbs.



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

[illegible]

\*Mississippi dental care data are suppressed due to validity concerns.

Community stakeholders recommended advocacy efforts to improve funding for health care and social services, expansion of existing public transportation options and more community-based services and outreach to better serve residents.

*"Public transportation in Memphis is in shambles, relegating our students to either Uber/LYFT—which*

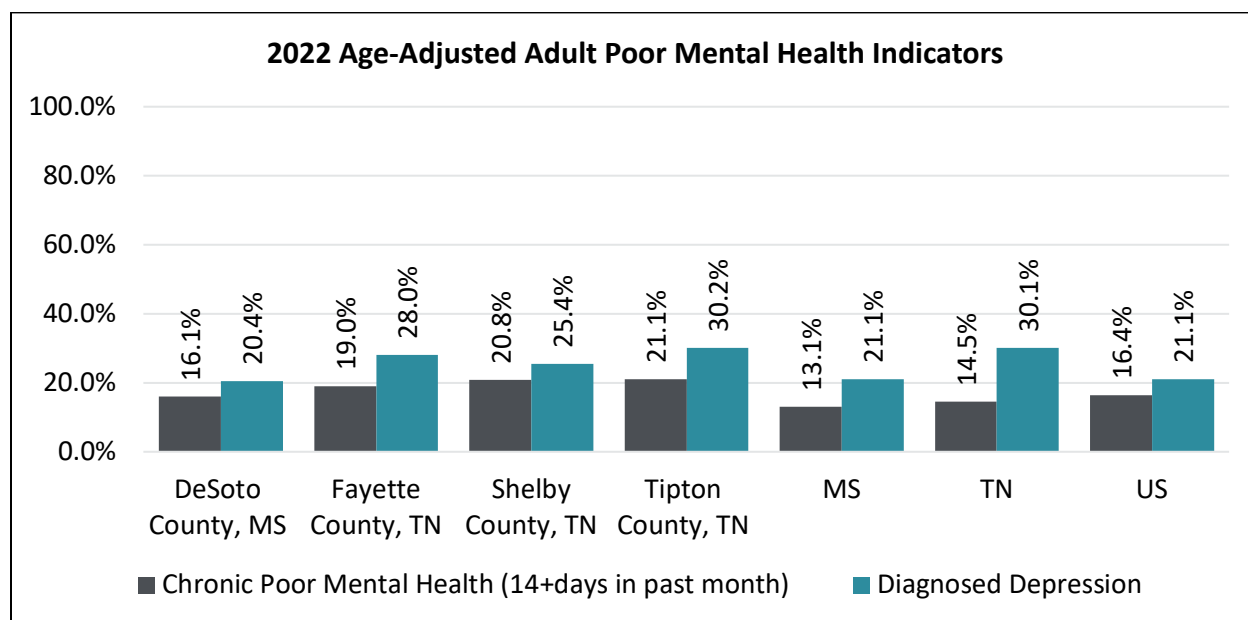
### Community Recommendations to Improve Access to Care

- Address medication access by helping patients locate available prescriptions and navigate shortages or cost barriers.
- Better advertise and promote community events and services, using digital outreach, local partners or a guidebook.
- Expand access to quality care for uninsured and underserved populations, including Medicaid expansion.
- Increase availability of providers and specialists (e.g., endocrinologists, OB-GYNs, psychiatric care) for underserved areas.
- Improve care delivery and coordination, leveraging referral pathways, resource directories, bilingual resources and community asset mapping.
- Expand access to home health services following hospital discharge.
- Provide materials tailored to diverse populations (e.g., unhoused people, families with low income).
- Leverage the CHNA for advocacy at state and local levels to inform policy, public and private funding and grassroots mobilization.
- Create regular opportunities for local groups, health care representatives, church leaders, nonprofits and service providers to meet, build partnerships, share resources and coordinate efforts.
- Address distrust in the health care system, stemming in part from the COVID-19 pandemic, and the need for culturally responsive outreach and delivery models.
- Engage trusted community voices and local leaders in health planning efforts to ensure that diverse voices and specific local needs are represented in initiatives.
- Explore partnerships with churches to support transportation needs.
- Provide more mobile services that bring care directly to communities.



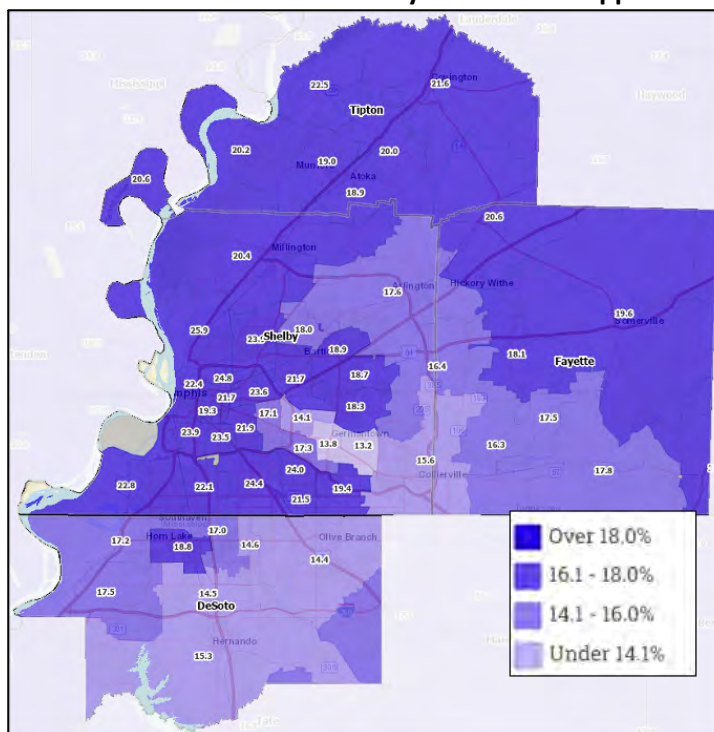
## Behavioral Health

Mental distress is a growing health concern across the service area, state and nation. In 2022, approximately 1 in 5 adults across the Memphis Metro service area reported chronic poor mental health (14 or more days of poor mental health in the past month), and 1 in 4 adults reported a diagnosed depression disorder. When viewed by ZIP code, residents in areas with more social vulnerability (e.g., poverty) such as Memphis, northern Tipton County and eastern Fayette County also experience more frequent mental distress.



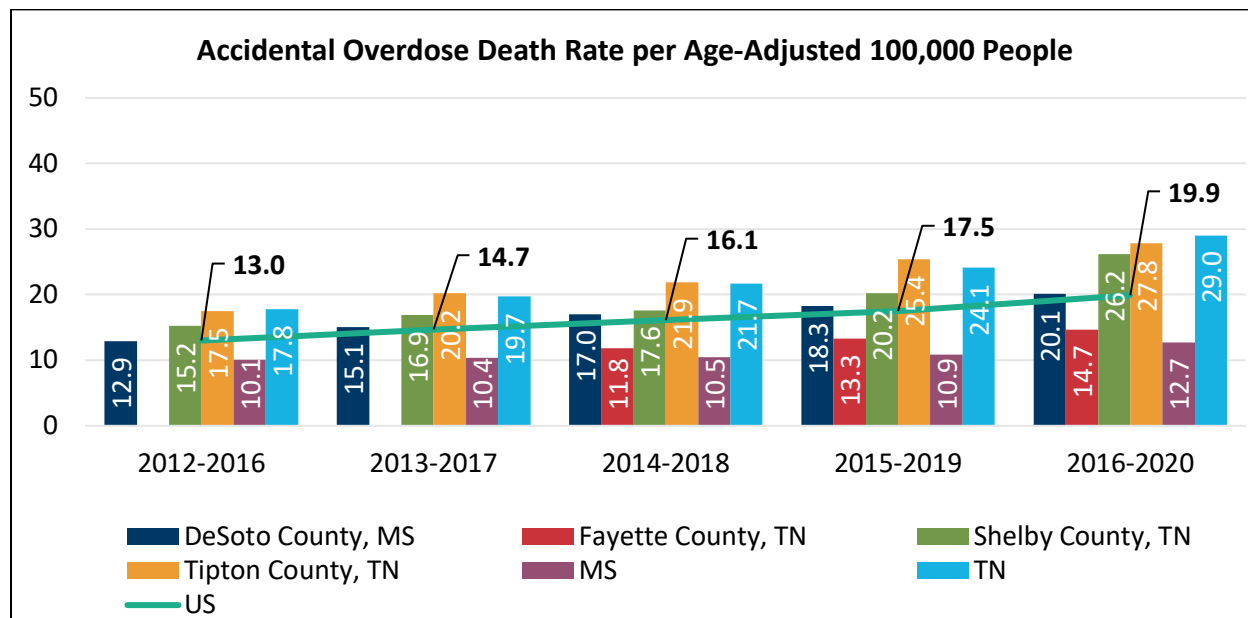
Source: Centers for Disease Control and Prevention

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



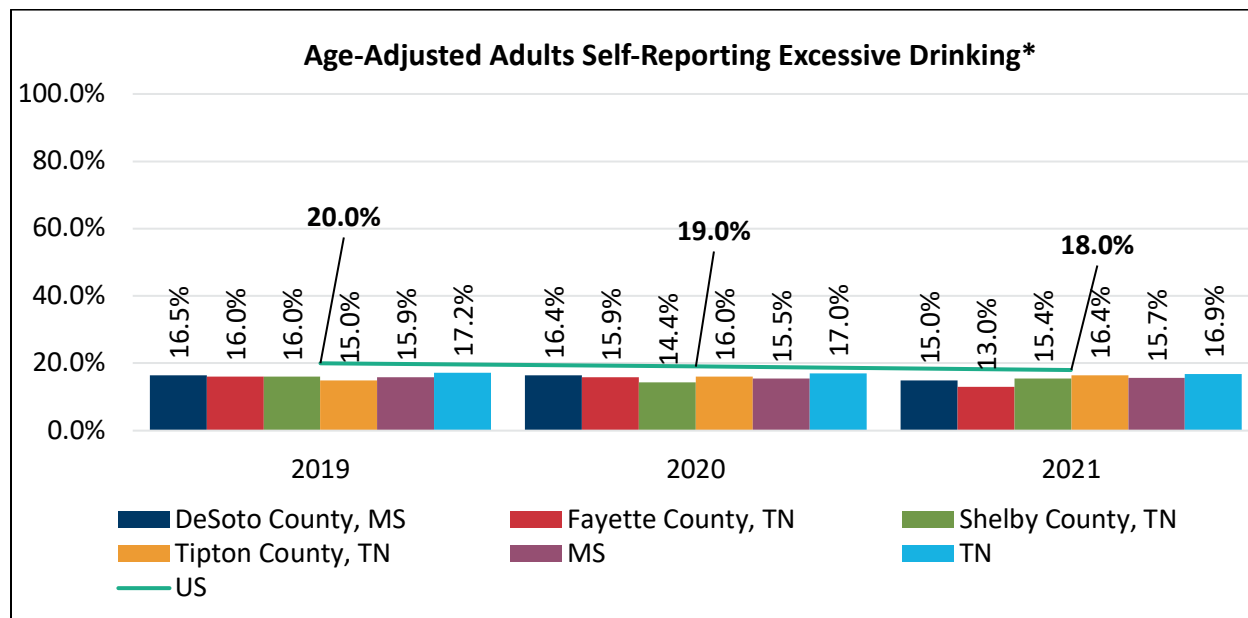
Source: Centers for Disease Control and Prevention

Mental health and substance use disorders are often co-occurring conditions. The accidental overdose death rate has increased across the service area, consistently exceeding the national rate of deaths. Shelby and Tipton counties have historically higher death rates than neighboring counties.



Source: Centers for Disease Control and Prevention

Memphis Metro service area residents have historically reported lower prevalence of excessive drinking, including heavy and binge drinking, than their peers nationwide. Tipton County has an increasing prevalence of excessive drinking among adults that should continue to be monitored.



Source: Centers for Disease Control and Prevention

\*Includes heavy and binge drinking.

Tennessee has made progress in addressing behavioral health needs, including increased access to free Narcan and fentanyl test strips, crisis intervention teams and services for uninsured individuals. There is a strong partnership between health care and community organizations to meet the needs of residents. However, behavioral health challenges are growing because of the lingering effects of the pandemic, increased drug risks, such as fentanyl-laced substances, and provider shortages. The area is facing high rates of untreated trauma and widespread self-medication.

#### STAKEHOLDER FEEDBACK:

*“Even when we talk about diagnoses, even personality disorders, that’s typically driven by a trauma early in life.”*

*“I typically see men who have presenting concerns that are aligned with depressive symptoms and anxiety, driven by an inability to have healthy conversations; a lot of men aren’t conditioned or taught to label feelings.”*

Social media and COVID-19 have intensified behavioral health concerns, widening the gap between digital and real-world relationships and expectations. Residents are experiencing more isolation, decreased resiliency and challenges maintaining focus and building authentic community connections.

Access to mental health care and support is hindered by stigma and lack of culturally inclusive marketing of available services. Many community initiatives still operate from a top-down approach without

meaningful input from those being served. Lack of collaboration across care providers also hinders meaningful engagement, with frequent breakdowns in communication between therapists, primary care providers and psychiatrists.

Identified at-risk or underserved populations for behavioral health concerns were communities of color, justice-involved people and youth. Communities of color, particularly Black and/or African American men, experience significant stigma around seeking mental health support. This stigma is often reinforced by cultural narratives that emphasize self-reliance and distrust of medical systems, and lead to delays in treatment and worsening mental health outcomes. Young Black and/or African American men, particularly those not attending college, are at risk for isolation, depression and anxiety with limited access to culturally relevant spaces and structured support systems to find mentorship, mental health support or career development.

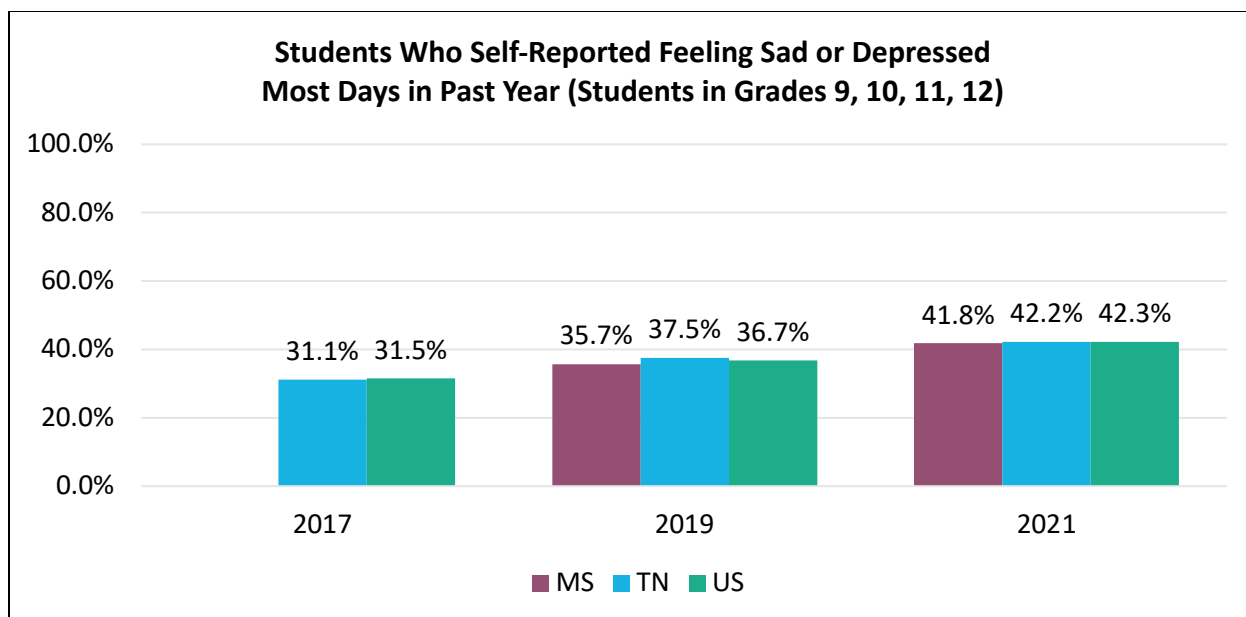
Individuals involved in the justice system often enter incarceration with undiagnosed or untreated mental health conditions. Without proper diagnosis and care, many self-medicate or struggle with behavioral regulation, perpetuating cycles of recidivism and deepening mental health disparities.

#### STAKEHOLDER FEEDBACK:

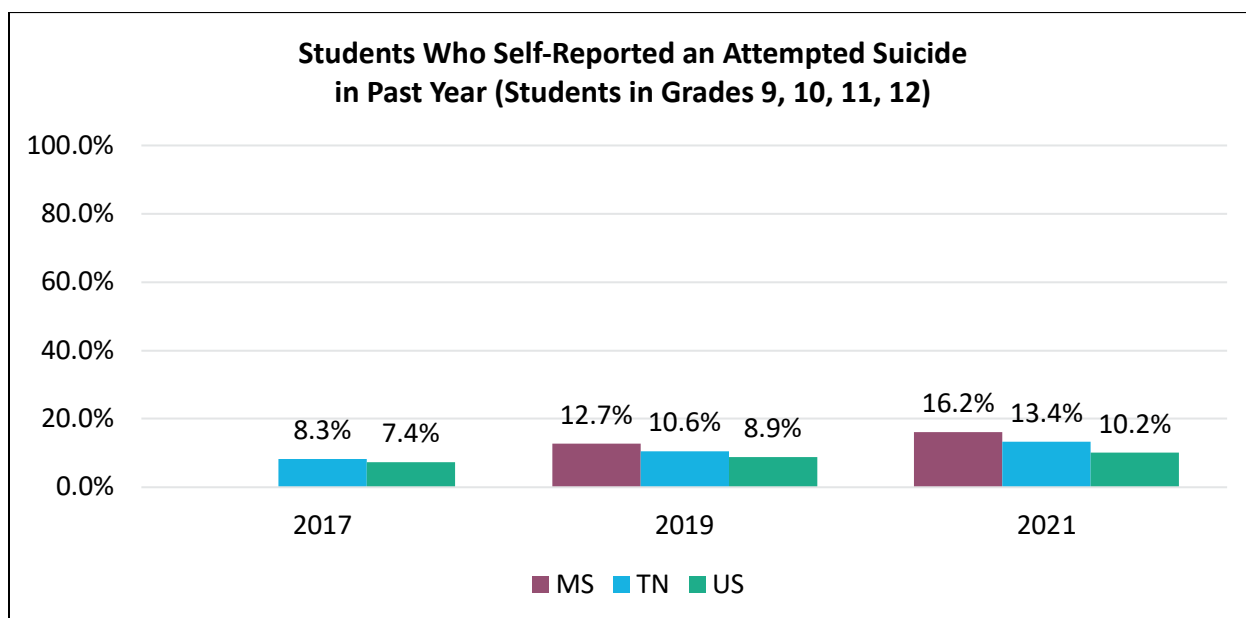
*"We actually go into the prison and do evaluations. A lot them are not properly diagnosed and they self-medicate."*

Youth were perceived as one of the most at-risk populations for behavioral health concerns, largely due to COVID-19 impacts (e.g., isolation, developmental delays), the effects of the opioid crisis on parents and other caregivers and increasing use of e-cigarettes and other substances.

In 2021, more than 40% of high school students across Mississippi and Tennessee reported feeling consistently sad or depressed. The most recent data for 2021 indicates that 16.2% of Mississippi students and 13.4% of Tennessee students reported an attempted suicide compared to 10.2% of students nationwide. Self-reported cigarette and e-cigarette use by high school students is also generally higher in Mississippi and Tennessee compared to the nation.



Source: Centers for Disease Control and Prevention



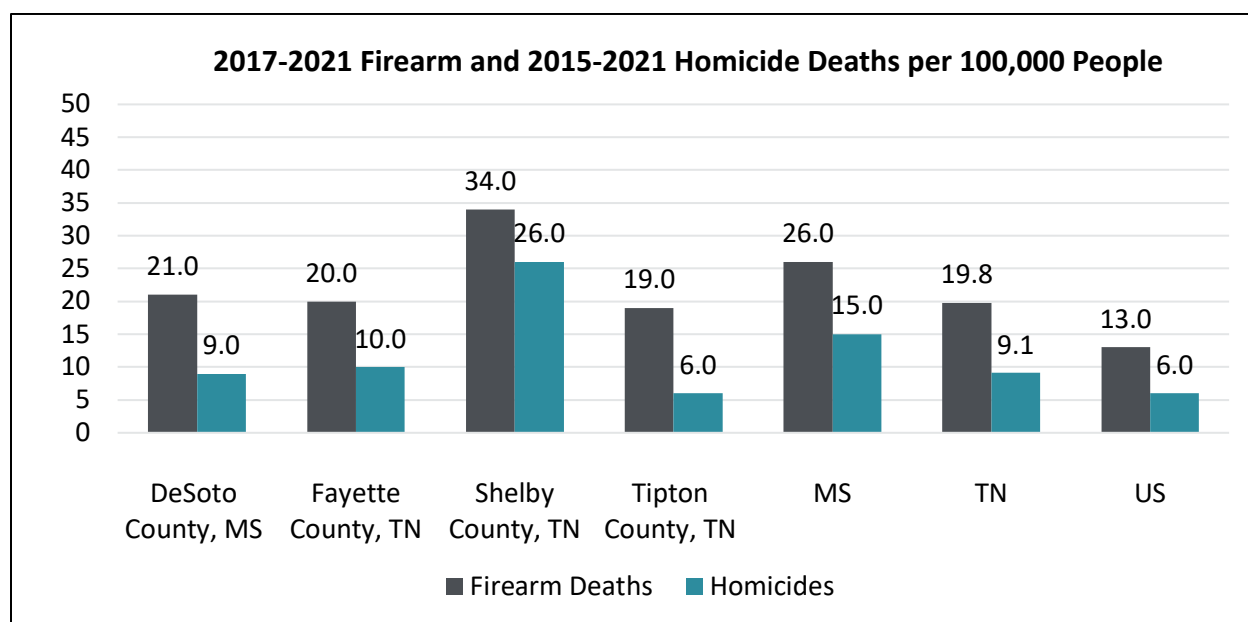
Source: Centers for Disease Control and Prevention

Community violence is high in the Memphis Metro service area, particularly within Memphis, and has contributed to trauma and behavioral health challenges. Examples of community violence include firearm-related deaths and homicides, the killing of one person by another. Firearm and homicide-related death rates are higher for all Memphis Metro service area counties compared to the nation; Shelby County rates are triple to quadruple national averages. Stakeholders shared there is community will and some legislative pressure to address violence, but funding has not been allocated.

#### STAKEHOLDER FEEDBACK:

*"Crime is the top priority for the entire community."*

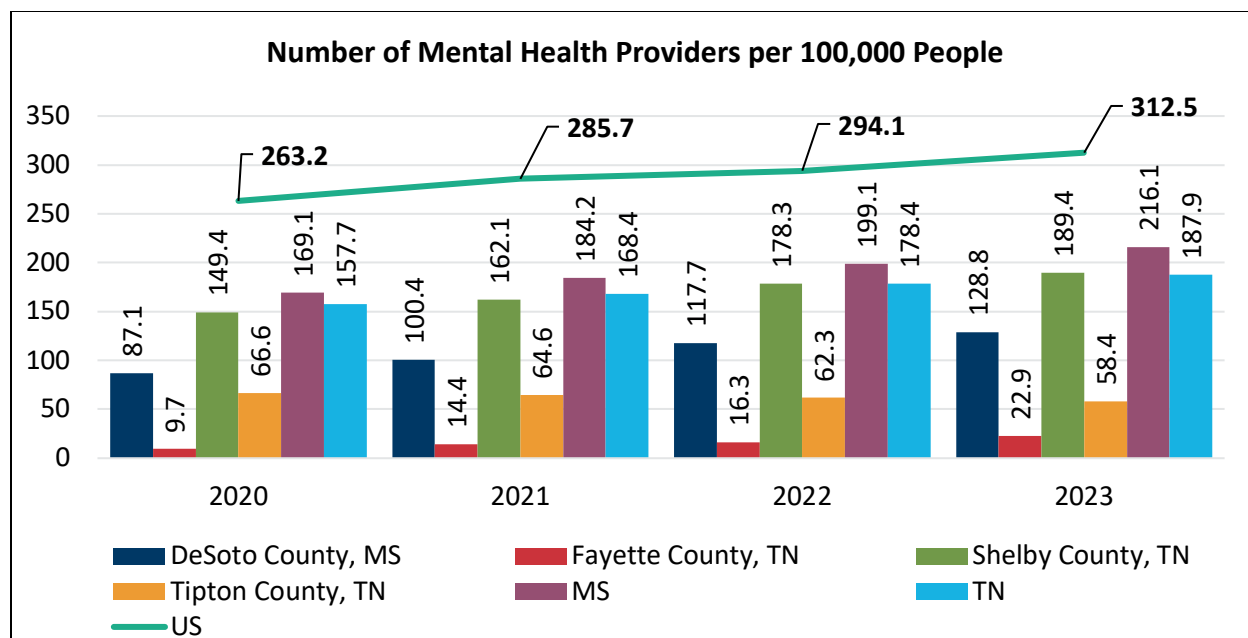
*"Continued work to improve issues around crime and community sense of safety... not necessarily more police but better interactions with police."*



Source: Centers for Disease Control and Prevention

Availability of mental health and substance use disorder providers generally increased across the service area, although all counties have fewer providers than state and/or national averages. Mental health providers are largely concentrated in DeSoto and Shelby counties. Most of Shelby County, including Memphis and the southern and northern portions of the county are HPSAs for people with low income. Fayette and Tipton counties are also HPSAs for people with low income.





Source: Centers for Medicare & Medicaid Services

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

### Community Recommendations to Improve Behavioral Health

- Advocate for a "middle approach" that involves community members in service planning rather than relying on top-down models.
- Build spaces rooted in culture that feel appealing, relevant and welcoming to young people.
- Build stronger cross-sector collaborations between health care providers, faith leaders, educators and non-traditional health influencers.
- Create culturally resonant marketing that reflects and engages Black and/or African American men and communities of color.
- Explore ways to bridge communication between specialists (e.g., therapists, primary care providers, psychologists) to improve care and its coordination.
- Fund and support career development programs for social worker and community health worker programs.
- Partner with trusted community spaces, such as barbershops, faith organizations and local initiatives like Shelby Cares to disseminate mental health resources.
- Promote narratives that normalize seeking help from culturally competent providers without diminishing faith or cultural identity.
- Support integrated, holistic care models that address mental, physical and spiritual health needs.

## Chronic Disease Prevention and Management

Residents of the Memphis Metro service area have higher prevalence and death rates because of 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 and youth programming and curriculum), access to affordable healthy foods and housing, advocacy for expanded health care and investment in community health and social service programming.

### STAKEHOLDER FEEDBACK:

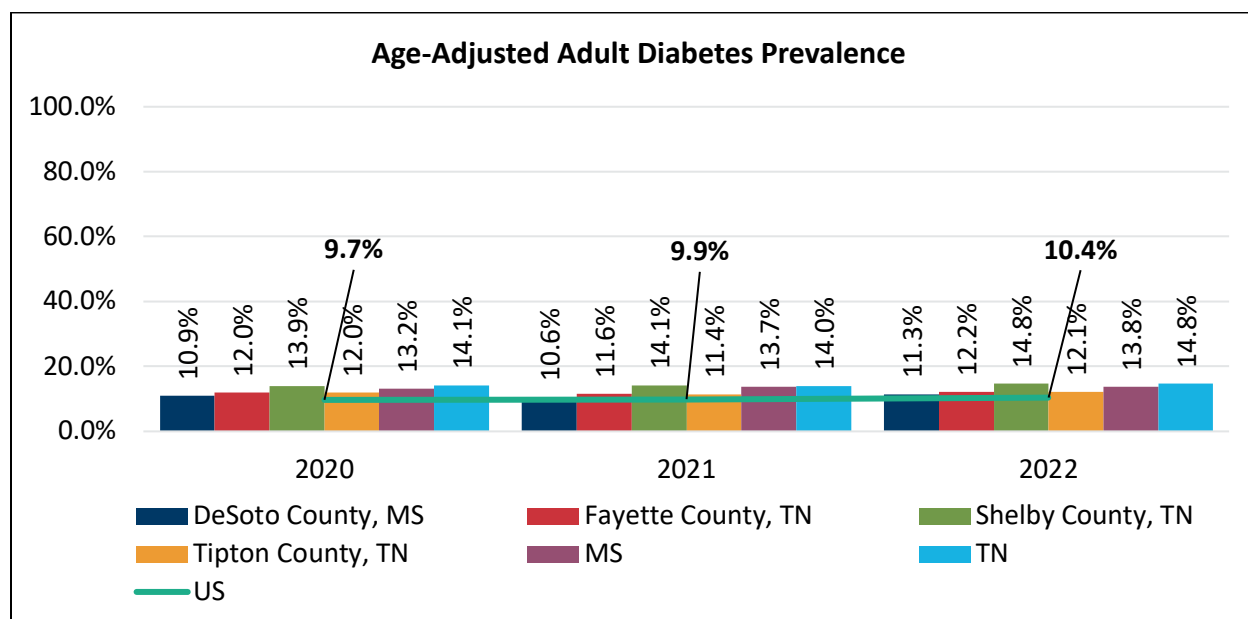
*"We also need more affordable housing for people and teach them how to be housed and stay housed. Counselors for at risk people would be great to intervene and try to help people keep housing."*

*"Safety, housing and food scarcity are real concerns for our students. We support them as best as we can through wraparound support."*

*"There are still several food deserts in the city. Most of the convenience stores do not sell healthy foods."*

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

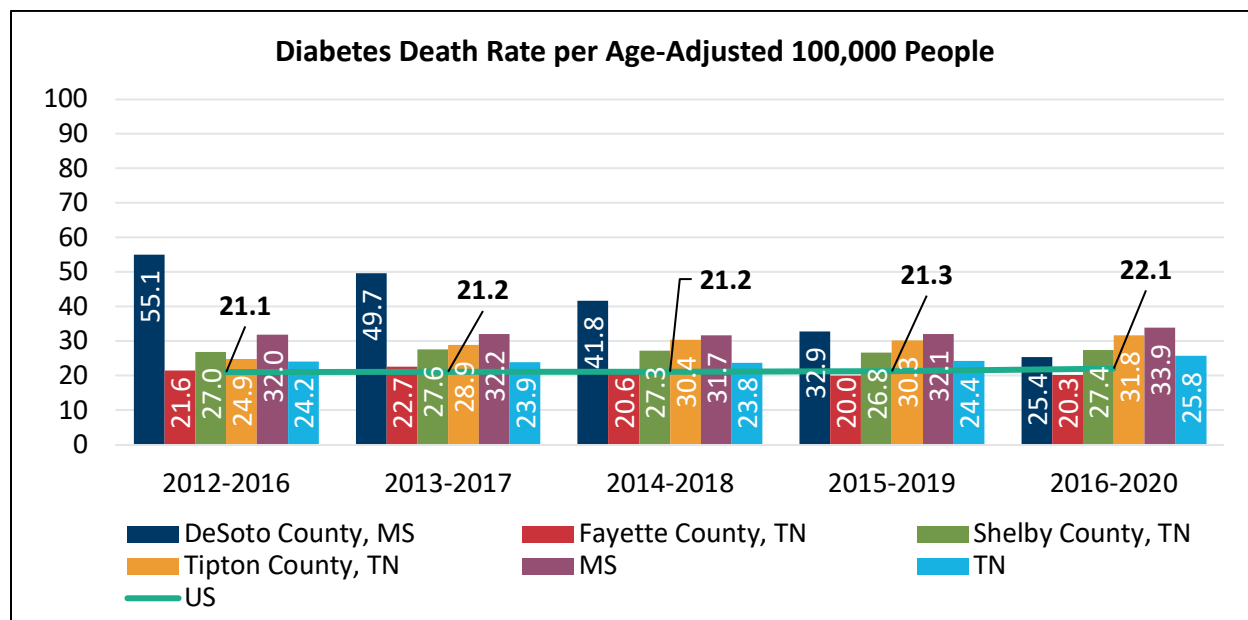
Diabetes prevalence increased across the nation and for many service area counties since 2020. Mississippi and Tennessee residents are more likely to be diagnosed with diabetes than their peers nationwide. Shelby County has a higher prevalence of diabetes than other counties in the service area.



Source: Centers for Disease Control and Prevention

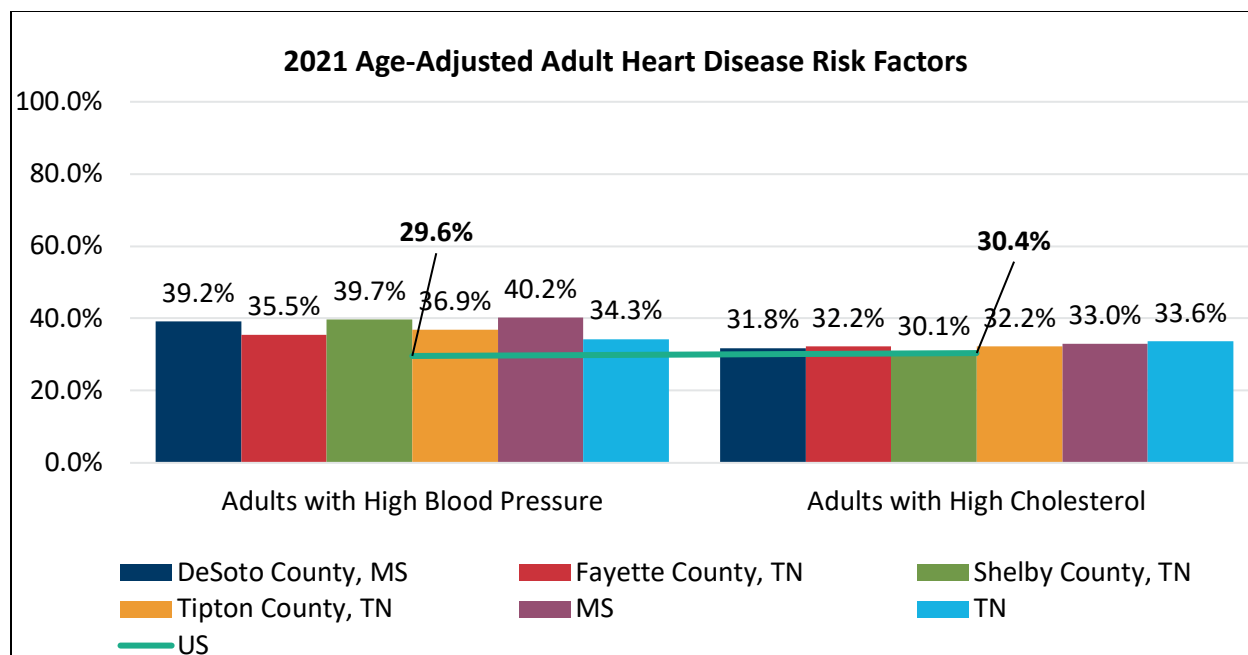
Memphis Metro service area counties, excluding Fayette, have a historically higher rate of death from diabetes than the nation and their respective state. The diabetes death rate in DeSoto County has

declined in recent years, a finding that should be explored for success factors. In contrast, the Tipton County death rate has increased and should continue to be monitored.

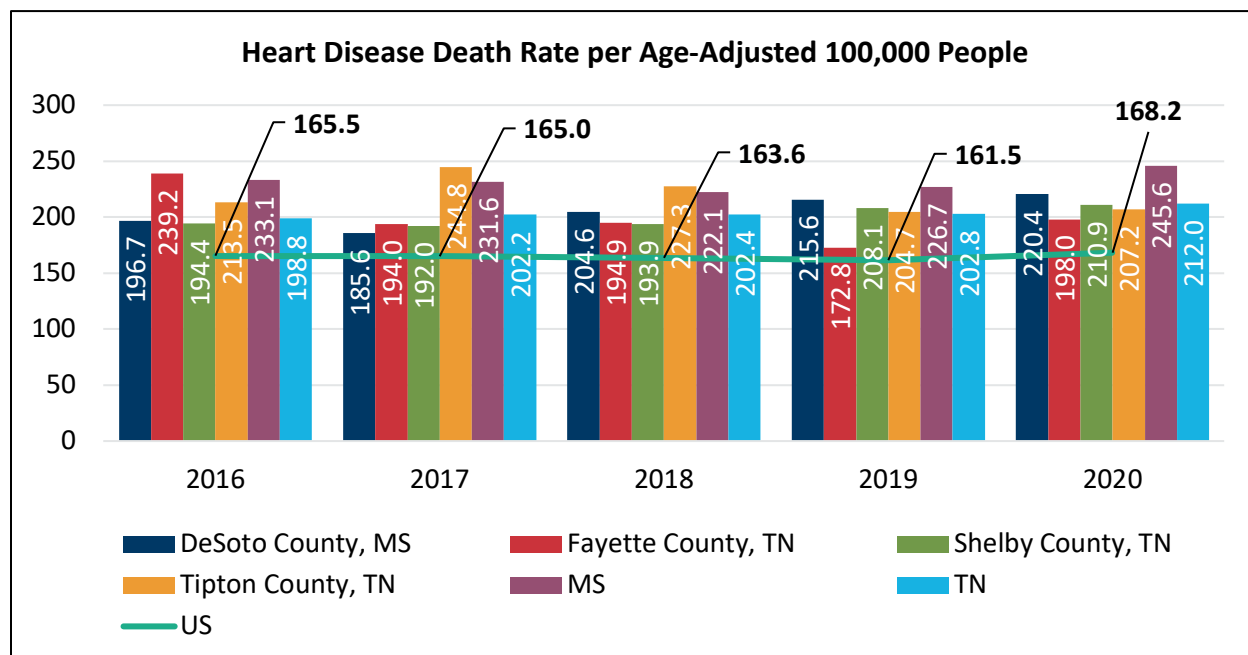


Source: Centers for Disease Control and Prevention

Heart disease prevention efforts are needed across the service area, particularly to address concerns of high blood pressure. Approximately one-third of adults in the service area have been diagnosed with high blood pressure. Like diabetes death rate trends, heart disease death rates are higher in the service area compared to the nation, although consistent with Mississippi and Tennessee overall. Heart disease death rates increased in DeSoto and Shelby counties and decreased in Tipton County.

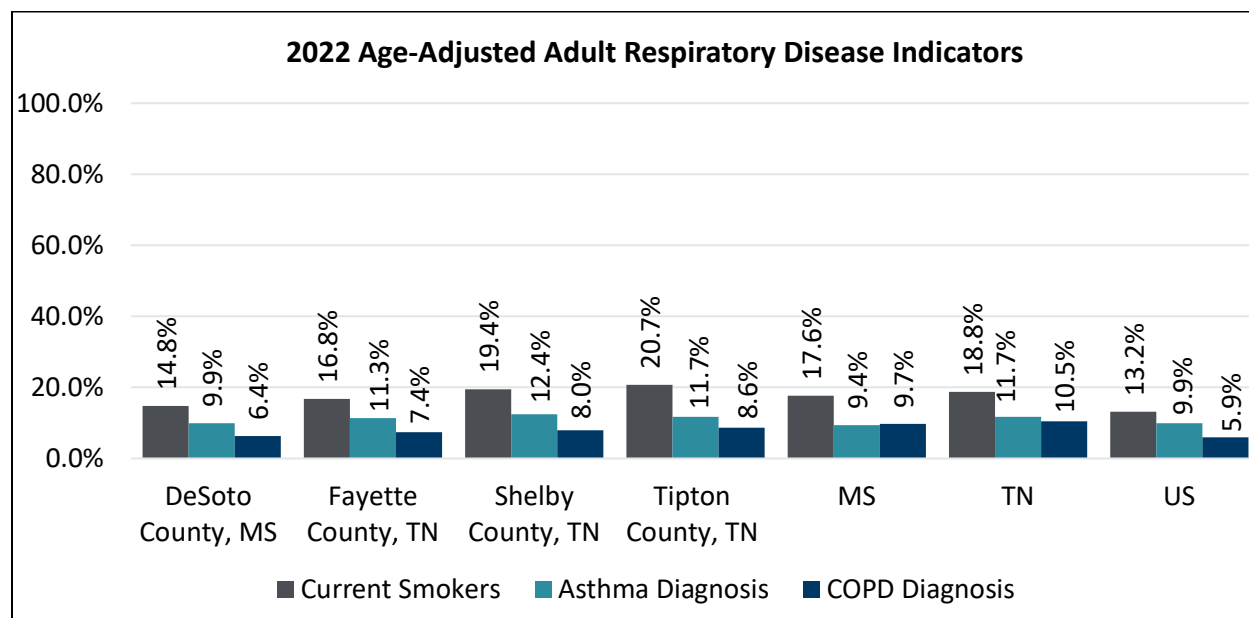


Source: Centers for Disease Control and Prevention

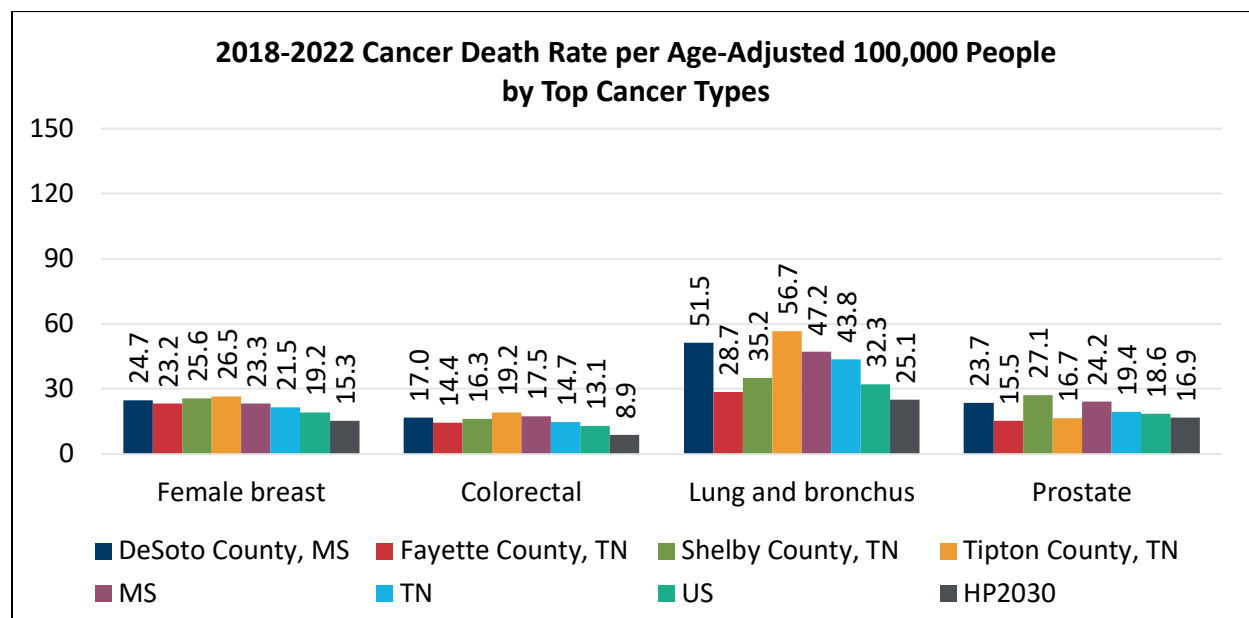


Source: Centers for Disease Control and Prevention

Adults in the service area are more likely to smoke than their peers nationally, with approximately 1 in 5 adults reporting current cigarette use. 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 nation. Higher prevalence of asthma and COPD diagnoses are seen in Shelby and Tipton counties as compared to neighboring counties.



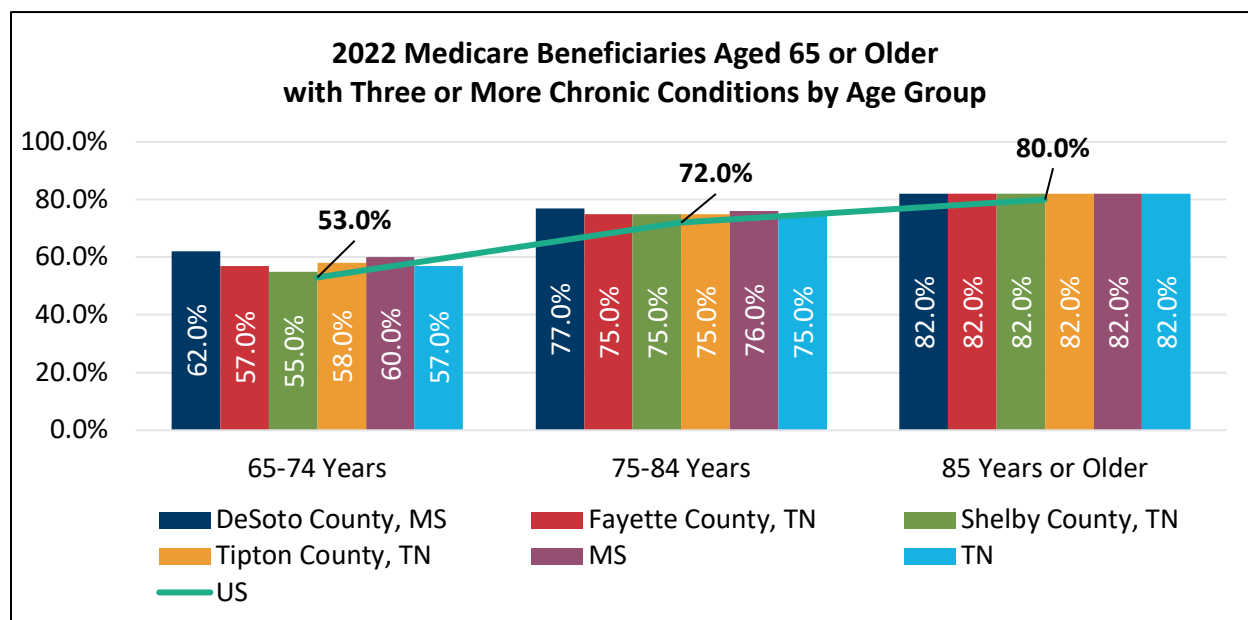
Source: Centers for Disease Control and Prevention



Source: Centers for Disease Control and Prevention

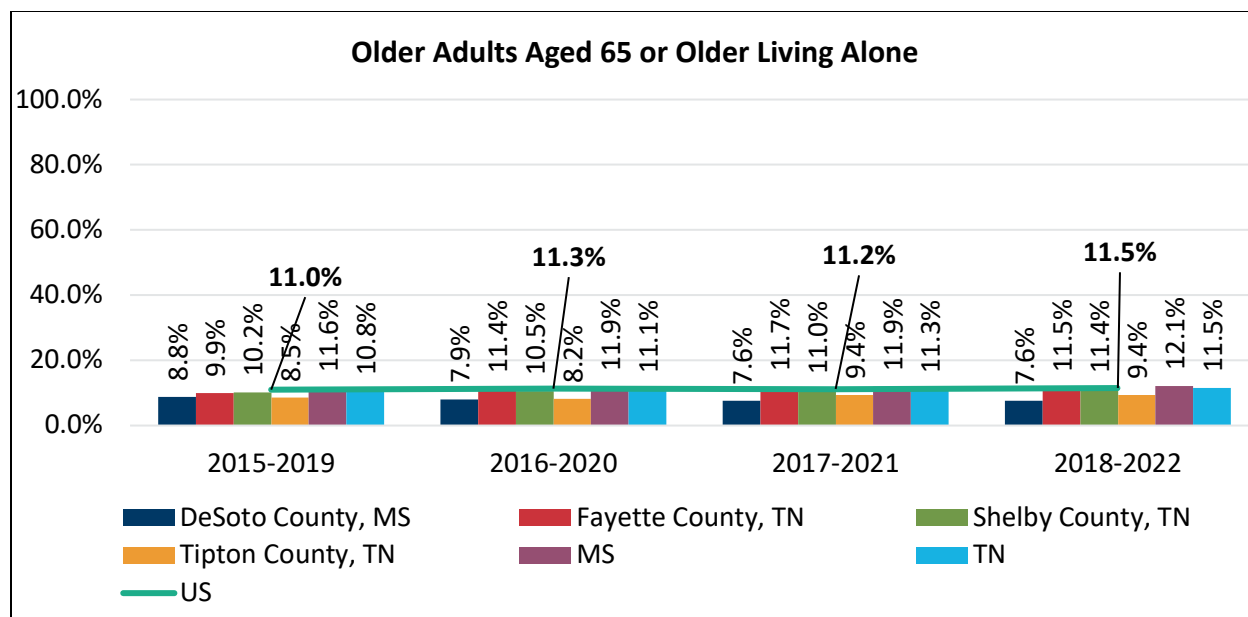
The Memphis Metro service area population is aging. From 2010 to 2022, the number of adult residents aged 65 or older grew 40% or more in all counties. Older adults are more at risk for chronic disease, as well as factors that impede disease management, including economic insecurity, social isolation 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. In 2022, approximately 60% of Medicare beneficiaries aged 65 or older managed three or more chronic conditions. Similar to state and national trends, disease prevalence increases significantly with age. Approximately 10% of service area older adults live alone, an indicator of social isolation.



Source: Centers for Medicare & Medicaid Services





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

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

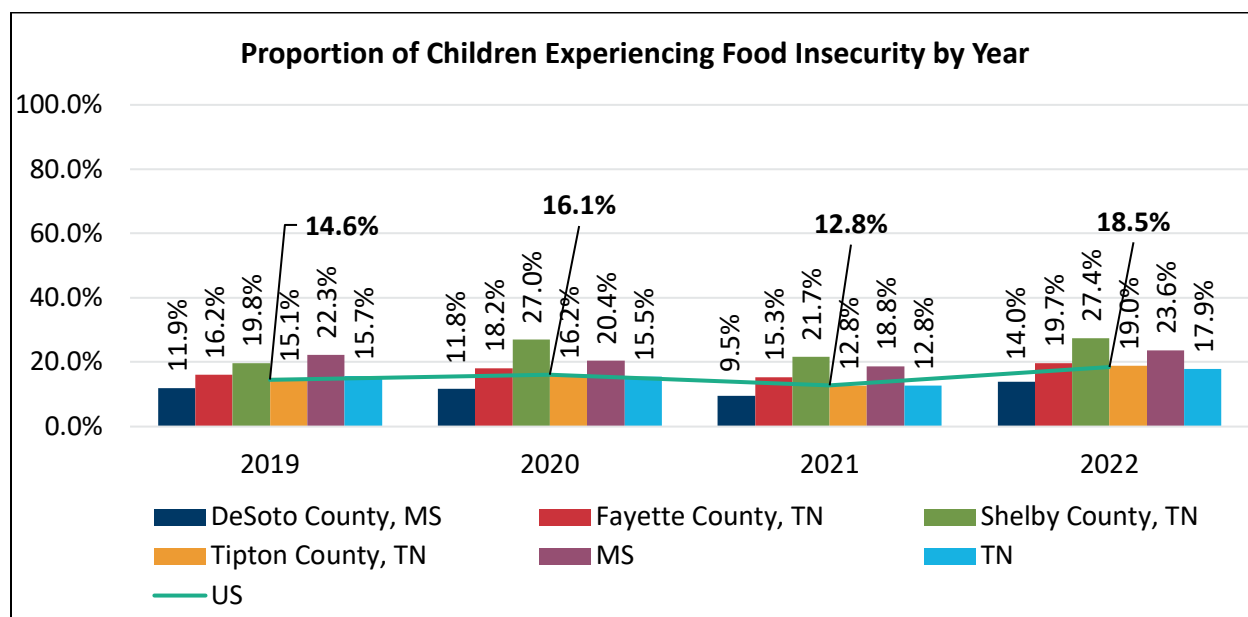
- Engage private sectors as potential funding stream for health improvement work and to offset anticipated federal funding cuts.
- Focus on addressing upstream social drivers of health factors (e.g., poverty, crime, trauma).
- Increase availability and accessibility of health programming for communities historically placed at risk (e.g., Black and/or African American, Latinx), leveraging trusted volunteers and faith-based organizations.
- Increase options and access for affordable and healthy food options (e.g., farmer's markets).
- Provide funding for supportive community health and social service organizations to increase their capacity.
- Provide more public health education and programs to promote disease awareness and prevention.
- Provide programs to improve health literacy and develop relatable health education and resource content for patients.
- Provide nutrition programming that engages the entire family unit (e.g., how to use SNAP benefits in a healthier way) and is integrated into youth classroom curriculum and afterschool events.
- Support digital access initiatives for rural or older adults lacking tech literacy or tools.

## Economic Stability

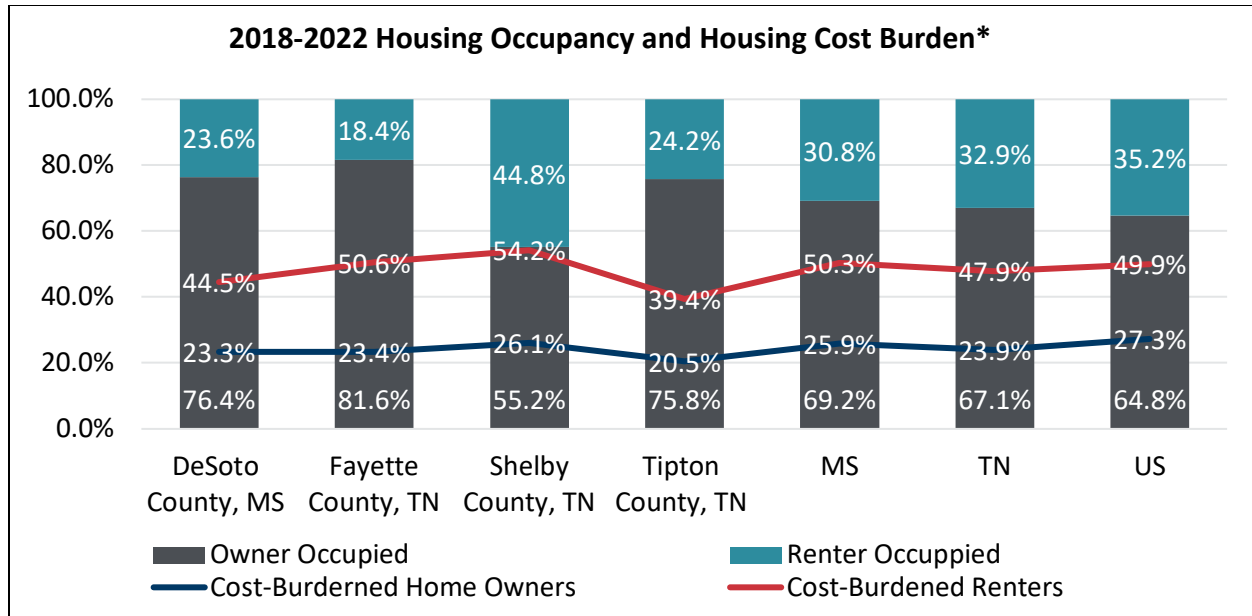
At the root of health disparities for the service area are socioeconomic experiences or social drivers of health (SDOH). The recent rise in the cost of living has further challenged people to meet their basic needs and maintain their health.

Experiences of food insecurity across the service area and nationally increased in 2022, particularly for children. Approximately 20% of children in the service area, including 27% of children in Shelby County, experience food insecurity. In 2023, the cost of childcare for a household with two children, measured as a percentage of median household income, was approximately 20%-30% across the service area. Housing prices in the service area, excluding Fayette County, are generally lower than state and national averages, but 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. Since the 2022 CHNA, the proportion of cost-burdened homeowners increased for all counties except Shelby, and the proportion of cost-burdened renters increased for DeSoto and Shelby counties. Approximately 1 in 4 homeowners and 40%-50% of renters in the service area are cost-burdened by their home.



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
DeSoto County, MS	6.1	14.9%
Fayette County, TN	7.0	21.8%
Shelby County, TN	8.9	29.9%
Tipton County, TN	7.4	19.9%
Mississippi	6.4	17.0%
Tennessee	9.0	26.0%
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, 53% of key stakeholder survey participants selected economic stability (e.g., employment, poverty, cost of living). Participants identified a need for more affordable services and programs to meet residents' basic needs (e.g., housing, food, childcare) and public policies that address systemic issues, such as generational poverty and racism, that contribute to disparities.

#### STAKEHOLDER FEEDBACK:

*"Tackling the systemic racist structure of health equity. Once this issue is tackled with programming, policy and human ideologies, we can make great strides within communities."*

*"There are a lot of efforts to improve quality of childcare/early education opportunities [...] However, it's still a major issue - including access and affordability - and too many childcare centers in Shelby County are of poor quality."*

*"There needs to be more job training and educational opportunities for the community. [...] We need more programs created by local universities, colleges and tech centers to increase visibility of these programs, access for community members to register and informing social workers of these programs so they can be shared if they are already in place."*

#### 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 and community-based food resources.
- 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

Birth rates vary within the service area with more births in Shelby County, fewer births in Fayette County and a similar number of births in DeSoto and Tipton counties. Despite having a similar birth rate as the state and nation, DeSoto County had a higher population growth, a finding that may indicate migration of residents to the county. In contrast, Shelby County had a higher birth rate but stagnant population growth, potentially reflecting 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)
DeSoto County, MS	2,189	11.4	12.8	10.7	13.5
Fayette County, TN	423	9.7	9.9	9.3	9.6
Shelby County, TN	12,265	13.4	13.4	9.2	13.4
Tipton County, TN	679	11.0	13.5	10.3	11.0
Mississippi	34,678	11.8	12.7	11.3	18.4
Tennessee	82,266	11.7	12.4	10.3	11.7
United States	3,667,758	11.0	12.3	9.5	14.7

Source: Mississippi State Department of Health, Tennessee 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 71% of pregnant people in DeSoto County received first trimester prenatal care compared to 75.4% of pregnant people statewide. Among Tennessee service area counties, approximately 61% of pregnant people received adequate prenatal care in Shelby County compared to 69%-76% of pregnant people in Fayette and Tipton 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 — Mississippi**

	Teen (15-19) Births	First Trimester Prenatal Care	Premature Births	Low Birth Weight Births	Non-Smoking During Pregnancy
DeSoto County, MS	5.7%	70.9%	14.2%	11.8%	96.3%
Black and/or African American	8.4%	67.4%	19.4%	18.2%	98.2%
White	4.1%	73.5%	11.0%	8.0%	94.8%
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	4.1%	NA	10.4%	8.6%	95.4%
Black and/or African American	6.1%	NA	14.6%	14.8%	96.2%
White	2.7%	NA	9.4%	7.1%	93.3%
HP2030 Goal	NA	NA	9.4%	NA	95.7%

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

**2021/2022 Maternal and Infant Health Indicators by Race and Ethnicity — Tennessee**

	2022 Teen (10-19) Births	2021 Adequate Prenatal Care*	2022 Premature Births	2022 Low Birth Weight Births	2021 Non-Smoking During Pregnancy
Fayette County, TN	3.3%	68.8%	13.2%	11.6%	93.7%
Black and/or African American	NA	65.2%	NA	NA	NA
White	NA	70.2%	NA	NA	NA
Shelby County, TN	6.7%	61.1%	12.9%	11.9%	96.8%
Black and/or African American	NA	57.8%	15.3%	15.5%	96.6%
White	NA	65.8%	9.7%	7.1%	96.7%
Tipton County, TN	8.7%	75.7%	12.1%	9.3%	89.1%
Black and/or African American	NA	69.6%	NA	NA	92.0%
White	NA	77.1%	NA	NA	87.8%
Tennessee	5.6%	73.9%	11.0%	9.0%	90.9%
Black and/or African American	7.6%	65.4%	15.1%	15.6%	94.9%
White	4.0%	76.2%	10.3%	7.4%	89.7%
United States	4.1%	NA	10.4%	8.6%	95.4%
Black and/or African American	6.1%	NA	14.6%	14.8%	96.2%
White	2.7%	NA	9.4%	7.1%	93.3%
HP2030 Goal	NA	NA	9.4%	NA	95.7%

Source: Annie E. Casey Foundation, Tennessee Department of Health and Centers for Disease Control and Prevention

\*Defined by the Kessner Index as prenatal care that begins in the first trimester and includes nine or more visits for a pregnancy of 36 or more weeks.



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 across Mississippi, 9.2 per 1,000 live births, is nearly twice that of the nation, 5.6 per 1,000 live births. Shelby County also reports more infant deaths at a rate of 8.8 per 1,000 live births. Data are not reported for other service area counties due to low death counts.

Reported infant death rate disparities by race and ethnicity are indicative of the social and environmental stresses experienced by people of color. Across Mississippi and Tennessee, 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 two to four times higher than that of white people.

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

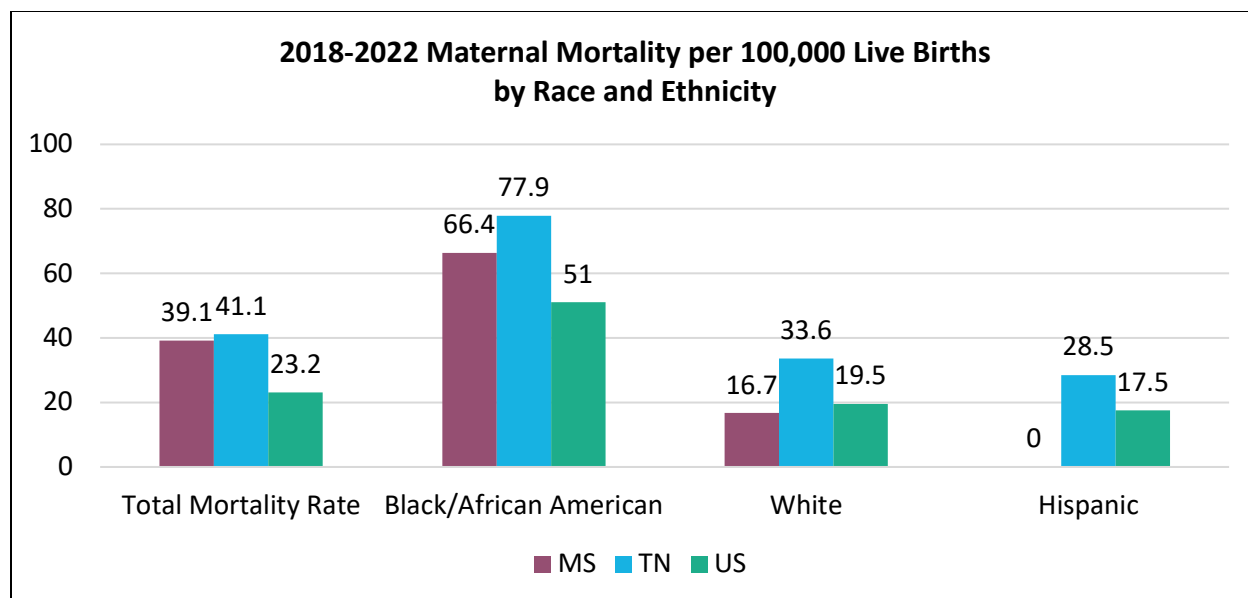
	Infant Deaths
Mississippi	9.2 (n=319)
Black and/or African American	12.2 (n=172)
White	6.2 (n=614)
Latinx (any race)	NA
HP2030 Goal	5.0

Source: Mississippi State Department of Health

**2021 Tennessee Infant Death Rate per 1,000 Live Births**

	Infant Deaths
Shelby County, TN	8.8 (n=109)
Tennessee	6.2 (n=505)
Black and/or African American	10.7 (n=165)
White	4.9 (n=307)
Latinx (any race)	NA
HP2030 Goal	5.0

Source: Tennessee 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. 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.

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.
- Enhance hospital discharge by offering information on community resources and facilitating referrals through key partnerships.
- Ensure inclusion of people with lived experience and underserved communities in defining challenges and solutions.
- 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.
- 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 postnatal 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 Memphis Metro 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-Collierville**

- Supported Baptist Memorial Health Care initiatives to screen individuals for depression and mental health conditions
- Identified opportunities to collaborate with community agencies that provide mental health and substance abuse support
- Hosted free community flu vaccination events
- Hosted educational forums through partnerships with American Heart Association, American Stroke Association and Alzheimer's Association
- Used Baptist experts to share educational information with the public via printed documents, television, radio and social media
- Participated in forums to increase awareness of risk factors and prevention activities
- Participated in health fairs and informational booths to provide health information and screenings (blood pressure, body mass index, diabetes, mammography, etc.) and promote healthy lifestyles
- Worked with local schools to provide education and programming tools for students to make healthy lifestyle choices

### **Baptist Memorial Hospital-DeSoto**

- Provided education on health-related topics to increase awareness of risk factors and prevention activities at various community events
- Provided information about pregnancy, childbirth, delivery, postpartum, newborn care and postpartum depression, and promoted awareness of resources through in-person classes and an online education platform
- Promoted breastfeeding to improve outcomes for mothers and babies
- Educated the community about heart health, heart failure, hands-only CPR, Heart Score (cardiac calcium scoring testing) and intensive cardiac rehab for people who have experienced a cardiac event
- Offered free flu shots to the community
- Provided education and helpful tips for pregnancy, newborn care and community resources at an annual baby fair; nurses, OB-GYNs and pediatricians were also available to answer questions and provide education

### **Baptist Memorial Hospital-Memphis**

- Supported Baptist Memorial Health Care initiatives to screen individuals for depression and mental health conditions
- Identified opportunities to collaborate with community agencies that provide mental health and substance abuse support
- Hosted educational forums through partnerships with American Heart Association, American Stroke Association and Alzheimer's Association
- Used Baptist experts to share educational information with the public via printed documents, television and radio
- Participated in forums to increase awareness of risk factors and prevention activities
- Participated in health fairs and informational booths to provide health information and screenings (blood pressure, body mass index, diabetes, stroke, smoking cessation, heart failure, etc.) and promote healthy lifestyles
- Worked with local schools to provide education and programming tools for students to make healthy lifestyle choices
- Hosted a national speaker to highlight grief and provided free grief services to the community

### **Baptist Memorial Hospital-Tipton**

- Identified opportunities to collaborate with community agencies that provide mental health and substance abuse support
- Leveraged a HRSA grant to continue the three-year plan to reduce, treat and prevent drug addiction in the community; the hospital has developed a 50+ member coalition to help develop these activities
- Used Baptist experts to share educational information with the public via printed documents and social media channels
- Participated in forums to increase awareness of risk factors and prevention activities
- Collaborated with local officials to provide education and programming tools for the community to make healthy lifestyle choices

- Served as a key member of the Tipton County Health Council to advance healthy initiatives in the community

#### **Baptist Memorial Hospital for Women**

- Implemented social drivers of health (SDoH) training for staff to help identify and respond to patient needs; hired three more social workers to implement SDoH screening and response for all maternal patients
- Used Baptist experts to share educational information with the public via printed documents, videos and social media
- Participated in forums to increase awareness of risk factors and prevention activities
- Collaborated with local schools and community centers to provide education and programming tools for students to make healthy lifestyle choices
- Used the mobile mammography unit to bring access to care in the inner city and to the underserved
- Supported organizations to further education, awareness and service to those with Chiari malformation and syringomyelia, breast cancer and hypertension
- Hosted a baby and kids fair with more than 40 vendors with giveaways – diapers, formula, creams and education on presumptive eligibility, breastfeeding, nutrition, prenatal and postnatal care, newborn care, children’s health and mental support options

#### **Baptist Memorial Restorative Care Hospital**

- Supported Baptist Memorial Health Care initiatives to screen individuals for depression and mental health conditions
- Identified opportunities to collaborate with community agencies that provide mental health and substance abuse support
- Hosted educational forums through partnerships with American Heart Association, American Stroke Association and Alzheimer's Association
- Used Baptist experts to share educational information with the public via printed documents, television and radio
- Participated in forums to increase awareness of risk factors and prevention activities
- Participated in health fairs and informational booths to provide health information and screenings (blood pressure, body mass index, diabetes, stroke, smoking cessation, heart failure, etc.) and promote healthy lifestyles
- Collaborated with local schools to provide education and programming tools for students to make healthy lifestyle choices
- Hosted a national speaker to highlight grief and provide the free grief services offered to the community

## 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

- America's Health Rankings United Health Foundation. (2023). *Maternal mortality in United States*. Retrieved from <https://www.americashealthrankings.org/>
- Annie E. Casey Foundation. (2024). *Kids count data center*. Retrieved from <https://datacenter.aecf.org/>
- Center for Applied Research and Engagement Systems. (2024). *Map room*. Retrieved from <https://careshq.org/map-rooms/>
- Centers for Disease Control and Prevention. (2024). *CDC wonder*. Retrieved from <http://wonder.cdc.gov/>
- Centers for Disease Control and Prevention. (2024). *CDC/ATSDR social vulnerability index*. Retrieved from <https://www.atsdr.cdc.gov/place-health/php/svi/index.html>
- Centers for Disease Control and Prevention. (2024). *National center for HIV, viral hepatitis, STD, and tuberculosis prevention*. Retrieved from <https://www.cdc.gov/nchhstp/index.html>
- Centers for Disease Control and Prevention. (2024). *National vital statistics system*. Retrieved from <https://www.cdc.gov/nchs/nvss/index.htm>
- Centers for Disease Control and Prevention. (2024). *PLACES: Local data for better health*. Retrieved from <https://www.cdc.gov/places/>
- Centers for Disease Control and Prevention. (2024). *United States cancer statistics: data visualizations*. Retrieved from <https://gis.cdc.gov/Cancer/USCS/#/StateCounty/>
- Centers for Disease Control and Prevention. (2024). *YRBS explorer*. Retrieved from <https://yrbs-explorer.services.cdc.gov/#/>
- Centers for Disease Control and Prevention. (2023). *BRFSS prevalence & trends data*. Retrieved from <http://www.cdc.gov/brfss/brfssprevalence/index.html>
- Centers for Medicare & Medicaid Services. (2023). *Mapping medicare disparities by population*. Retrieved from <https://data.cms.gov/tools/mapping-medicare-disparities-by-population>
- County Health Rankings & Roadmaps. (2024). *Rankings data*. Retrieved from <http://www.countyhealthrankings.org/>
- Environmental Protection Agency. (2024). *National walkability index*. Retrieved from <https://www.epa.gov/smartgrowth/smart-location-mapping#walkability>
- Feeding America. (2023). *Food insecurity in the United States*. Retrieved from <https://map.feedingamerica.org/>
- Health Resources and Service Administration. (2024). *HPSA find*. Retrieved from <https://data.hrsa.gov/tools/shortage-area/hpsa-find>
- Health Resources and Service Administration. (2024). *Unmet need score map tool*. Retrieved from <https://data.hrsa.gov/topics/health-centers/sanam>
- Mississippi State Department of Health. (2024). *Mississippi statistically automated health resource system*. Retrieved from <https://mstahrs.msdh.ms.gov/>

Mississippi State Department of Health. (2024). *Prescription drug abuse reports, research and data*.

Retrieved from <https://msdh.ms.gov/page/44,0,382,740.html>

Tennessee Department of Health. (2024). *Health statistics*. Retrieved from

<https://www.tn.gov/health/health-program-areas/statistics/health-data.html>

Tennessee Department of Health. (2024). *Prescription drug overdose*. Retrieved from

<https://www.tn.gov/health/health-program-areas/pdo/pdo/facts-figures.html>

United for ALICE. (2024). *Partner States*. Retrieved from <https://www.unitedforalice.org/home>

United States Bureau of Labor Statistics. (2024). *Local area unemployment statistics*. Retrieved from

<https://www.bls.gov/lau/>

United States Census Bureau. (n.d.). *American community survey*. Retrieved from

<https://data.census.gov/cedsci/>

United States Department of Health and Human Services. (2010). *Healthy people 2030*. Retrieved from

<https://health.gov/healthypeople/objectives-and-data/browse-objectives>

United States Department of Housing and Urban Development. (2024). *Annual homeless assessment report*. Retrieved from

<https://www.hudexchange.info/homelessness-assistance/ahar/#2023-reports>



## 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
Agape Child & Family Services	Sr. Director of Administration
Alzheimer's Association	Program Manager
Alzheimer's Association	Executive Director
American Heart Association	Community Impact Director
Baptist	Physician
Baptist Health Sciences University	Senior Manager
Baptist Medical Education	Program Director
Baptist Memorial Group	Nurse Practitioner
Baptist Memorial Health Care	Community Outreach Coordinator
Baptist Memorial Health Care	President Emeritus
Baptist Memorial Health Care	Community Relations Coordinator
Baptist Memorial Health Care	Manager, Market Development Research
Baptist Memorial Health Care/Mid-South Minority Underserved NCORP	Unspecified
Baptist Memorial Hospital-Tipton	Administrator
Baptist Memorial Hospital-Tipton	Chief Financial Officer
Baptist Memorial Hospital-Tipton	Chief Nursing Officer
Baptist Memorial Hospital-Tipton	Human Resources Director
Baptist Memorial Hospital-DeSoto	Acute Care Nurse Practitioner
Baptist Memorial Hospital-DeSoto	Director
Baptist Operation Outreach	Nurse Practitioner
Baptist University College of Osteopathic Medicine	Assistant Professor
Baptist University College of Osteopathic Medicine	Assistant Professor/Pediatrician
Baptist University College of Osteopathic Medicine	Director
Baptist Women's Health Center	Administrative Director
Bartlett Area Chamber of Commerce	Director of Membership and Community Development
Bellevue Baptist Church	Assistant Minister
Books from Birth Program	Program Director
BRIDGES USA, Inc.	Director of Development
Burn Foundation of America, Inc	President and Chief Executive Officer
Camp Get Fit	Manager
Canopy Children's Solutions	Chief Executive Officer
Catholic Charities of West Tennessee, Inc.	President and Chief Executive Officer
Catholic Charities of West Tennessee, Inc.	Executive Director
Catholic Charities of West Tennessee, Inc.	Grant Writer
Catholic Charities of West Tennessee, Inc.	Director of Development
Catholic Charities of West Tennessee, Inc.	Senior Director of Community Engagement
Center for Mississippi Health Policy	Executive Director
Children's Advocacy Centers of Mississippi	Chief Strategy & Operations Officer
Children's Museum of Memphis	Director of Development

Organization	Title/Role
Christ Community Health Services	Administration
Christian Brothers University	Director, Center for Community Engagement
City of Covington	Alderman
City Of Hernando	Community development
City of Memphis	Librarian I
Church of God in Christ (COGIC)	Senior Pastor
Community Alliance for the Homeless	Vice President of Programs
Community Health	Executive Director
Covington Tipton County Chamber of Commerce	Executive Director
Crosslink Memphis	Executive Director
DeSoto County School Career Technology Center	Principal/Career Tech Coordinator
DeSoto County Schools	Career Coach
Diabetes Foundation of Mississippi	Associate Director
Diabetes Foundation of Mississippi	Associate Director
Dorothy Day House Memphis	House Manager
Dress for Success Memphis	Executive Director
Episcopal Churches	Deacon
Excel By 5	Executive Director
First Baptist Church Horn Lake	Senior Pastor
First Baptist Church-Broad	Executive Pastor
Friends For Life Corporation DBA Friends for All	Grant Writer
Girl Scouts Heart of the South	Chief Executive Officer
HardQore Fitness	Owner
Healthy Kids & Teens, Inc.	President and Chief Executive Officer
Hernando Parks & Recreation	Program Director
Hope Church Memphis	Senior Pastor
Hope House of Hospitality, Inc	Executive Director
Humphreys Family Practice Clinic	Family Nurse Practitioner
Jim and Samella's House	Owner
Joni and Friends	Area Director Mississippi and Alabama
Junior Achievement of Memphis and the Mid-South	COO
Kemmons Wilson Companies	Chairman
Knowledge Quest	Impact and Strategy Manager
Latino Memphis	Program Director
Les Passees Inc	Executive Director of Les Passees Kids on the Block
Mega Church	Retired Adm.
Memory Makers of the Midsouth	Executive Director
Memphis Botanic Garden	Director of Grants
Memphis Child Advocacy Center	Child and Family Services Director
Memphis City Beautiful	Executive Director
Memphis City Shelby County Schools	Program Manager to Assistant Superintendent of Schools
Memphis Crisis Center	Executive Director
Memphis Health Center	Interim CEO
Memphis Jewish Community Center	Development Director
Memphis Library Foundation	Library Grant Coordinator
Memphis Muslim Medical Clinic	President, Board of Directors, Volunteer Physician

Organization	Title/Role
Memphis River Parks Partnership	President and Chief Executive Officer
Memphis River Parks Partnership	Director of Development
Memphis Shelby County Schools	Manager, CSH
Memphis Shelby County Schools/Office Partnerships & Development	Advisor
Memphis VA Medical Center	Physician Assistant
Michelle Carpenter	Program Leader
Mid-South Minority Council TADP, Inc	President and Chief Executive Officer
Mid-South Transplant Foundation	Executive Director
MIFA (Metropolitan Inter-Faith Association)	Chief Operating Officer
MIFA (Metropolitan Inter-Faith Association)	VP-Family Programs
Millington	Alderman
Mission Mississippi	Executive Assistant to the President
Mission Mississippi	President
MyBaby4Me	Coordinator
National Multiple Sclerosis Society	Senior Development Manager
Naturally Nurtured Birth Services	Executive Director
New Covenant SDA Church	Children's Ministry Coordinator
New Memphis Institute	Senior Director of Development
NEXUS Leaders, Inc.	Director
Northwest Mississippi Community College	AVP Community Relations
Orpheum Theatre Group	Manager of Grants and Donor Communications
Overton Park Conservancy	Executive Director
Overton Park Shell	Manager of Development
Palmer Home for Children	Senior Director of Development
Patricia Rogers Public Relations	President and Chief Executive Officer
Piney Woods School	Director of Advancement Operations
Pink With A Purpose NonProfit Corp	Chief Executive Officer
Porter-Leath	Director, Early Success Coalition
Porter-Leath	Development Specialist
Power Media Solutions	Director
Project Access West Tennessee/Memphis Medical Society	Chief Executive Officer
Real Life Ministries	Senior Pastor
Ruth Tate Senior Center	Assistant Director
Shelby County Government	Shelby County Register of Deeds
Shelby County Government	Deputy Director
Shelby County Health Department	Chief of Nursing and Allied Health
Shelby County Health Department	Deputy Director
Skills USA	CCTE teacher
Southwest Tennessee Community College	Assistant Director
Southwest TN Community College	Project Manager
Southwest TN Community College	Chief Government External Relations Officer
St. Jude Children's Research Hospital, HPV Cancer Prevention Program	Director
Su Casa Family Ministries	Executive Director
Su Casa Family Ministries	Outreach
Sweet Cheeks Diaper Ministry	Executive Director

Organization	Title/Role
The Alliance for a Healthier Generation	Senior Director, Programs
Tipton County American Legion Post 67	Post Chaplain
Tennessee Commission on Children and Youth	Regional Program Administrator-NW Regional Coordinator
Trezevant Episcopal Home	Vice President - Health & Wellness
United Healthcare	Vice President Behavior Health
University of Memphis	Senior Director, Corporate and Foundation Relations
University of Mississippi-DeSoto	Coordinator of Admissions
University of Tennessee Health Science Center College of Nursing	Director of Clinical Affairs
YMCA	Center Director
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
A Step Ahead Foundation	Sydney Ashby
American Heart Association	Cheree' Albritton
ASU-Mid South	Kendra Phillips
Baptist Memorial Health Care	Cynthia Bradford
Baptist Memorial Health Care	Allison Chase
Baptist Memorial Health Care	Jennifer Coleman
Baptist Memorial Health Care	Jennifer Martinez
Baptist Memorial Health Care	Tiana Poirier-Shelton
Baptist Memorial Health Care	Ann Marie Watkins Wallace
Breakthrough T1D	Janet Crate
Carelon Health	Heather Swanson
Catholic Charities of West TN	Kiki Hall
City of Memphis Division of Housing and Community Development	Alejandro Paredes
City of Memphis Library System	Jerry Bobbitt
City of Memphis Library System	Shurunda Sessom
DeSoto County Dream Center	Terri Sparkman
Randall Wordlaw	Guesthouse Hotel
Heal the Hood Foundation	LaDell Beamon
Knowledge Quest	Deana Taylor
Kroc Center of Memphis	Faith Rawley
Leadership Memphis	Braylin Laster
Memphis Fathers Love	Hassan Saleem
Memphis Health Center	Katrina Fayne
Memphis-Shelby County Schools	Chasity Rogers
Memphis Pediatrics	Audrey Tauxe
Regional One Health	Lori Evans
Regional One Health	LaShawn White
Shelby County Health Department	Marlise Elgart
Shelby County Health Department	Anna Gretz
Shelby County Health Department	Gilberto Jaimes
Shelby County Health Department	Emmalee West
The University of Tennessee Health Science Center	Candi Benson
The University of Tennessee Health Science Center	Ji'Anne Nunez-Radden
The University of Tennessee Health Science Center	Larkisha Danish
The University of Tennessee Health Science Center	Diana Dedmon
The University of Tennessee Health Science Center	Wendy Likes
Tennessee Community Health Worker Association	Nikayla Boyd
Tennessee Community Health Worker Association	Tamesha Brooks
Tipton County Schools	Ysheila Perry
Trinity Health Center	Kimberly Brigrance
University of Memphis	Asma Ali
University of Memphis	Linda Haddad
University of Memphis	Dale Sanders