

# 2025

## COMMUNITY HEALTH NEEDS ASSESSMENT

### West Tennessee

Baptist Memorial Hospital-Carroll County

Baptist Memorial Hospital-Union City



 **BAPTIST**<sup>®</sup>

[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 .....	34
ECONOMIC STABILITY .....	39
MATERNAL AND CHILD HEALTH .....	42
<b>OUR RESPONSE TO THE COMMUNITY’S NEEDS .....</b>	<b>46</b>
<b>BOARD APPROVAL AND NEXT STEPS .....</b>	<b>53</b>
<b>APPENDIX A: SECONDARY DATA REFERENCES .....</b>	<b>54</b>
<b>APPENDIX B: KEY STAKEHOLDER SURVEY PARTICIPANTS.....</b>	<b>56</b>
<b>APPENDIX C: PARTNER FORUM PARTICIPANTS .....</b>	<b>58</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 Vaulx, 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 two hospitals in the West Tennessee service area, which all collaborated on the 2025 CHNA. The West Tennessee study encompassed Carroll and Obion counties in Tennessee. 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 West Tennessee service area.

- Baptist Memorial Hospital-Carroll County (Baptist Carroll County)
- Baptist Memorial Hospital-Union City (Baptist Union City)



## 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, 42 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 14 health and human services professionals serving the region to share CHNA data findings and collectively define challenges and meaningful strategies for health improvement.



#### Listening Sessions

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

**Behavioral health experts**, exploring increased behavioral health needs in West Tennessee (three attendees)

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

### 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*

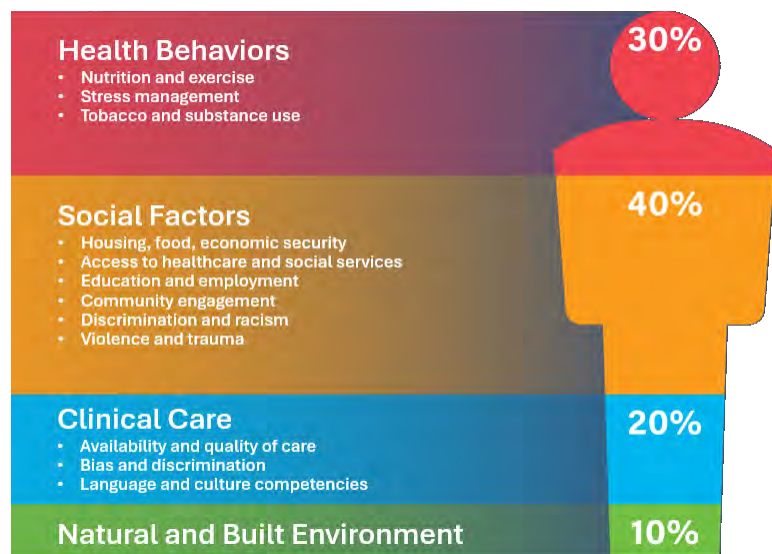
The CHNA was conducted to provide deeper insights into the differences in health and well-being experienced between groups of people in the region. We used the Social Drivers of Health (SDOH) framework to study and document income and poverty; housing and food security; early learning and education;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



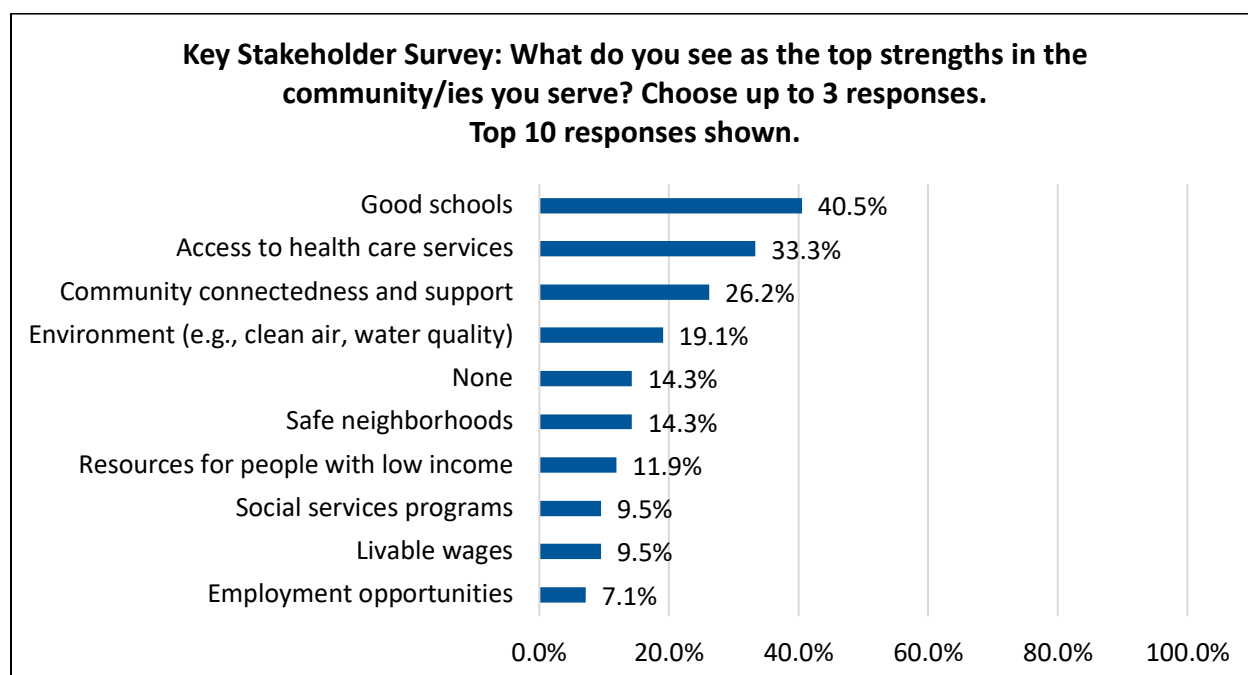
*50% of a person's health is determined by social factors and their natural and built environment.*

*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 West Tennessee service area is supported by a robust and collaborative network of health and human services providers. Community stakeholders highlighted the Carroll County Prevention Coalition and its success in addressing issues related to substance use disorders and other harmful behaviors, as well as strong collaboration and integration between schools, hospitals and community-based organizations to meet the needs of families. The area is also rich in natural resources and beauty, and residents enjoy 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 *good schools*, *access to health care services*, *community connectedness and support* and *environment* (e.g., clean air, water quality) among the top attributes.



When asked to rate various SDOH for West Tennessee communities, approximately 50% to 56% of participants rated *access to green spaces and outdoor recreation*, *community safety* and *civic participation* as “good” or “excellent.” More than 40% of stakeholders rated *early education and job training opportunities* as “good” or “excellent.”

Stakeholders acknowledged West Tennessee and the surrounding regions’ rural environments and abundant parks.

### STAKEHOLDER FEEDBACK:

*“Multiple parks in the area with playgrounds and walking tracks.”*

*“Plenty of local parks, Reelfoot Lake and Discovery Park of America.”*

West Tennessee communities benefit from a sense of civic duty and community with residents, business leaders and institutions contributing and collaborating through volunteering, philanthropy and advocacy to address unmet needs.

#### STAKEHOLDER FEEDBACK:

*"Facilities that pour back into the community."*

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

Options for free higher education and ample funding and community support for early childhood education were seen as strengths for the region.

#### STAKEHOLDER FEEDBACK:

*"[We have] FREE TN tuition to attend two-year college and/or TCAT or other education - just need transportation to get there."*

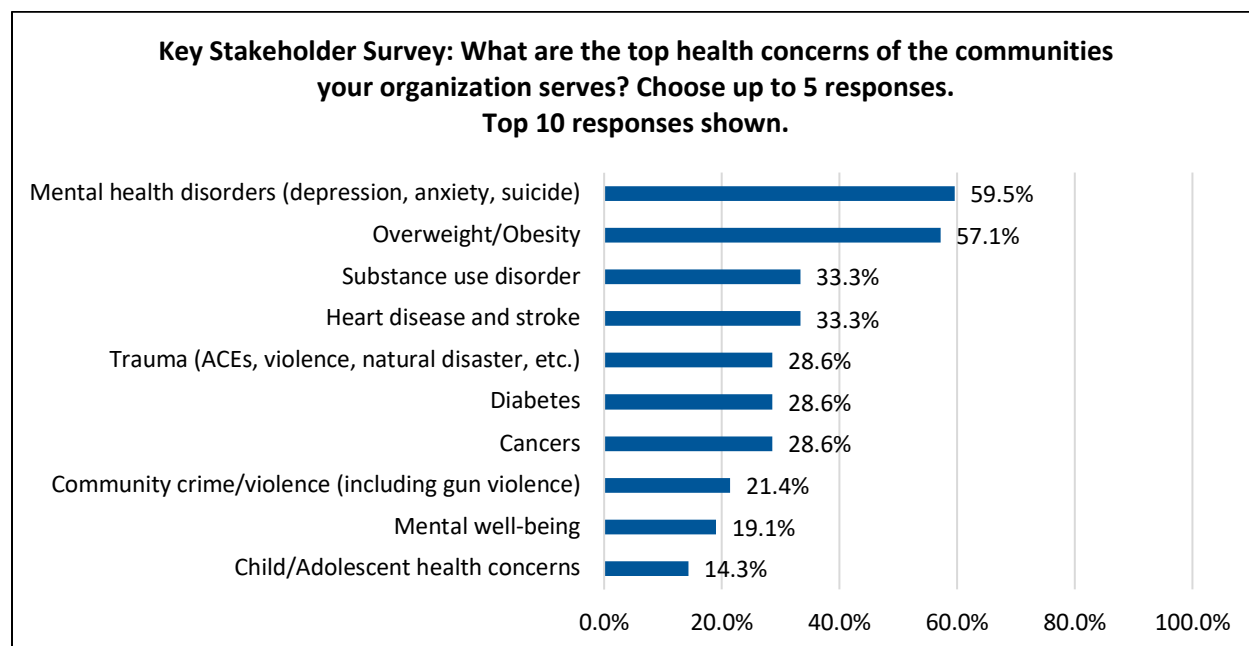
*"We have good early childhood centers to promote education."*

*"Early Childhood Funding has been instrumental in addressing needs early."*

#### Community Strengths

- |   |   |
|---|---|
| ▪ Access to green spaces and outdoor recreation       | ▪ Natural environment (air, water quality)                                  |
| ▪ Civic engagement and volunteerism                   | ▪ Quality health care services  |
| ▪ Community development efforts                       | ▪ Resources for people with low income                                      |
| ▪ Community safety                                    | ▪ Social services programs  |
| ▪ Community support and connectedness                 | ▪ Statewide free breakfast and lunch program for students                   |
| ▪ Early childhood education and opportunities         | ▪ Widespread behavioral health awareness, integration and screening efforts |
| ▪ Job training and education opportunities            |   |
| ▪ Longstanding community coalitions and collaboration |   |

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* (e.g., mental health, substance use disorders, trauma) and *chronic conditions* (e.g., obesity, diabetes, heart disease). Other issues identified included *community crime/violence* and *youth health concerns*. Key stakeholders' perceptions of these health concerns were in line with the secondary data statistics for the region, which showed that residents generally experience more health disparities related to these issues.



Community perception and public health data suggest many of the identified health concerns worsened in recent years because of the lingering impact of the COVID-19 pandemic (e.g., isolation, delayed health care), underlying SDoH factors, such as the rising cost of living and inequities in community experience and access to resources. Nearly 71% of key stakeholder survey participants rated *public transportation options* as “poor.” Approximately 85% of stakeholders rated *healthy food access and affordability* and *housing affordability and availability* as “fair” or “poor.” More than 70% of stakeholders rated *public policies that promote health for all* as “fair” or “poor” and more than 60% of stakeholders rated *inclusion and appreciation of diversity in people and ideas* as “fair” or “poor.”

#### STAKEHOLDER FEEDBACK:

*“Better access to ‘big city’ health care resources.”*

*“[We should be] doing as much as we can to level the resources.”*

*“More access to infant/toddler childcare at affordable prices so that young parents can afford to work.”*

*“Lower poverty, increased access to health care, public transportation, green spaces, affordable food.”*

**STAKEHOLDER FEEDBACK:**

*"Public housing has limited availability."*

*"Reviewing the actual cost of living when it comes to housing/groceries and in turn finding ways to help the people with their gaps in income."*

*"Our public transportation system is almost non-existent in rural areas. Much needed medical care may be far away and no way to get there."*

*"Our legislative bodies fall behind the curve in many areas when it comes to health for all. Our budgets are spent in areas that serve the few and not the many. Let's work toward getting our legislators to provide funding for Medicaid expansion."*

When asked which SDOH to prioritize in order to have the biggest impact on the overall health of the people they serve, more than 60% of key stakeholders selected the *ability for everyone to receive quality health care when they need it* and 51% of stakeholders selected *access to transportation*. Nearly 40% of stakeholders selected *economic stability* (e.g., employment, poverty, cost of living).

### Community Challenges

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

## Community Health Priorities

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

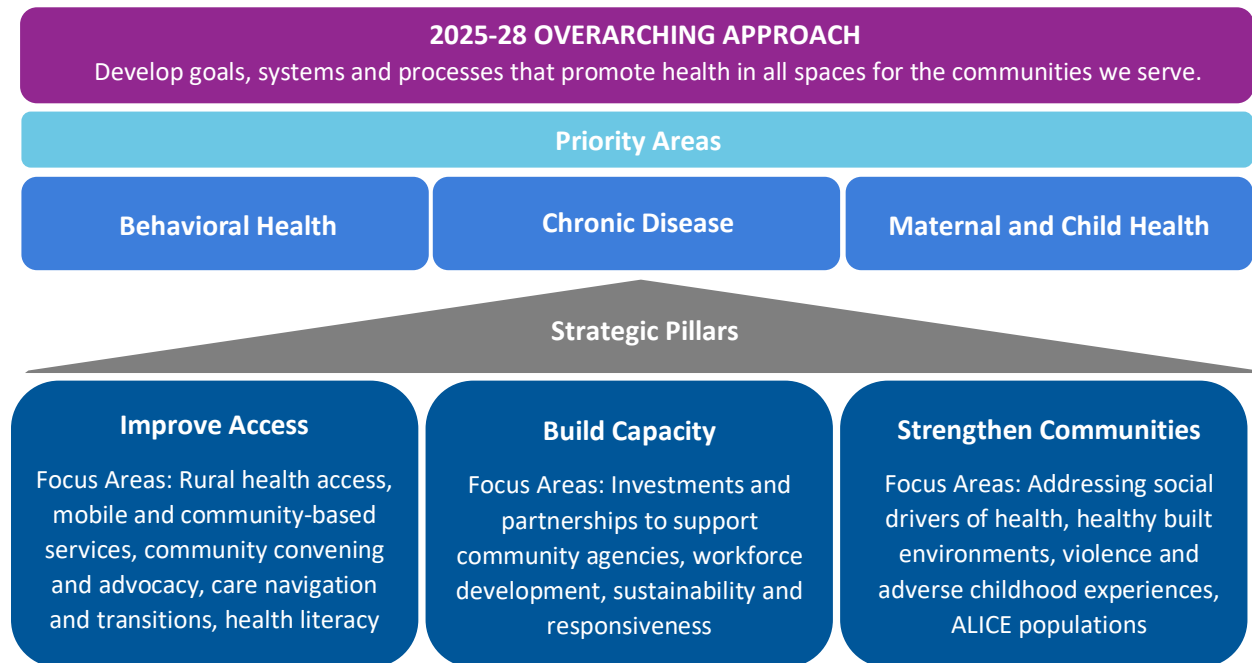
Baptist's leaders applied the following rationale and criteria to define community health priorities:

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

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

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

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





**Identified Health Needs Not Addressed**

The needs of cancer patients and their families were identified as community health concerns. While cancer is not a named health priority within the CHNA, Baptist is addressing cancer as part of its broader chronic disease strategies and is committed to improving access to care and health outcomes for community members 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 is a significant need 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

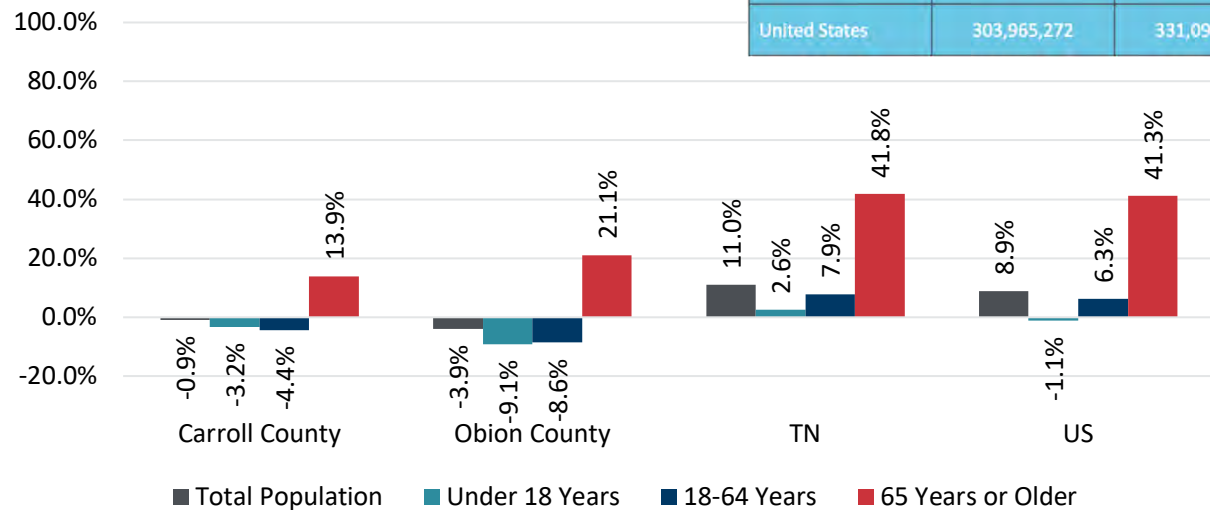
The West Tennessee service area had a total population of 59,051 in 2022. Contrary to national population growth of nearly 10%, the counties saw a general population decline since 2010.

While the overall population decreased, the adult population aged 65 or older grew in each county by 14%-21%. The youth population under the age of 18 declined in each county.

**Total Population by Year**

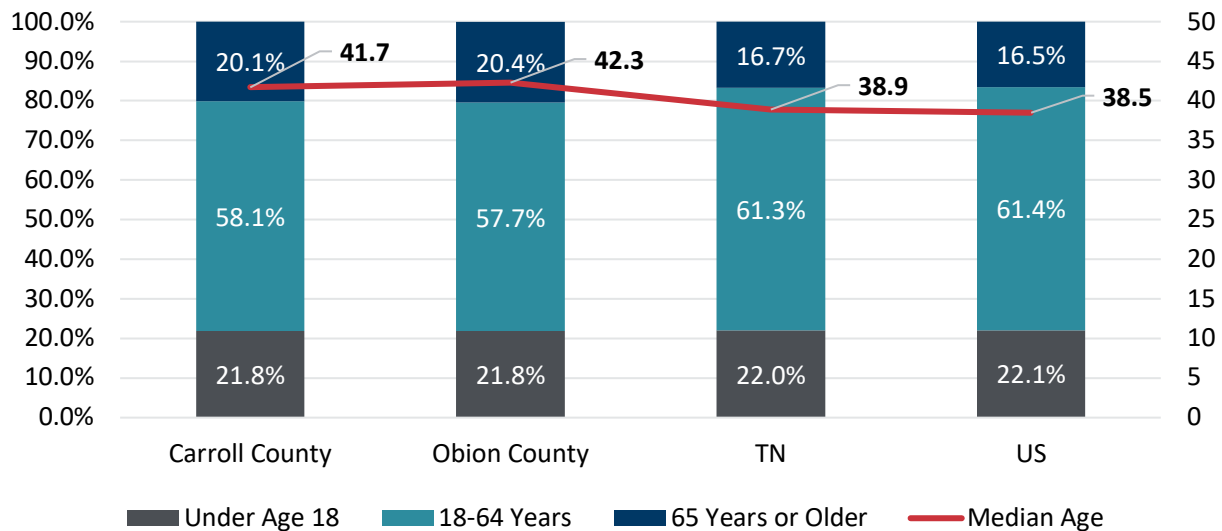
	2010	2022
Carroll County	28,644	28,381
Obion County	31,905	30,670
Tennessee	6,234,968	6,923,772
United States	303,965,272	331,097,593

**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

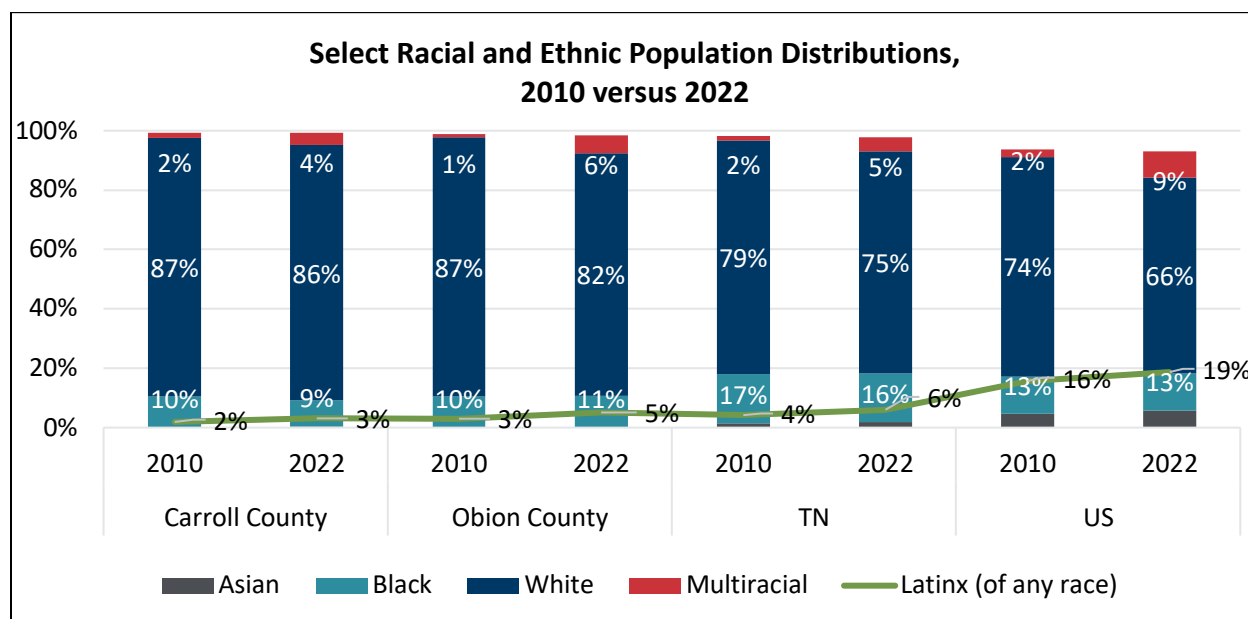
Disability is a physical or mental condition that limits a person's movements, senses or activities. Across the nation, 13% of the population and about 33% of older adults live with a disability. Experiences of disability are more prevalent in the West Tennessee service area where approximately 1 in 5 residents and nearly 50% of older adult residents may experience a disability.

**2018-2022 Population With a Disability**

	Total Population	Population Under 18 Years	Population 65+
Carroll County	20.1%	7.3%	44.6%
Obion County	22.7%	6.0%	47.1%
Tennessee	15.3%	5.1%	37.3%
United States	12.9%	4.5%	33.3%

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

Similar to national trends, population diversity is increasing across the region. People of color, particularly those that identify as Latinx and/or multiracial, make up a larger portion of the population than in prior years.



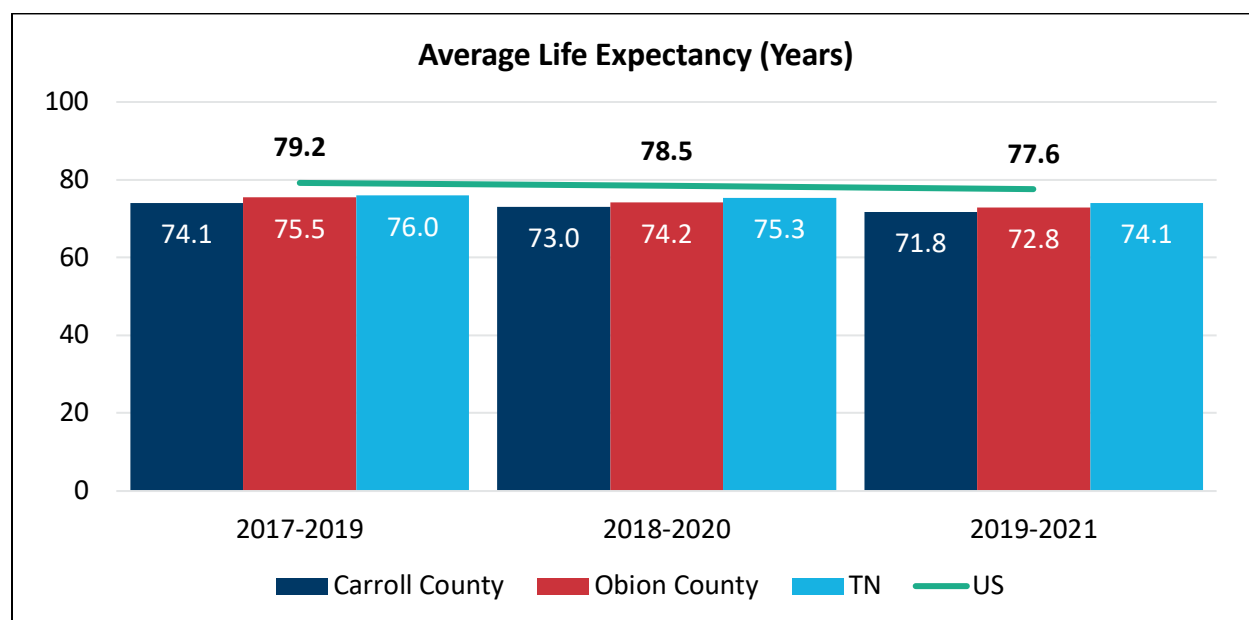
Source: U.S. Census Bureau, American Community Survey

## 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.

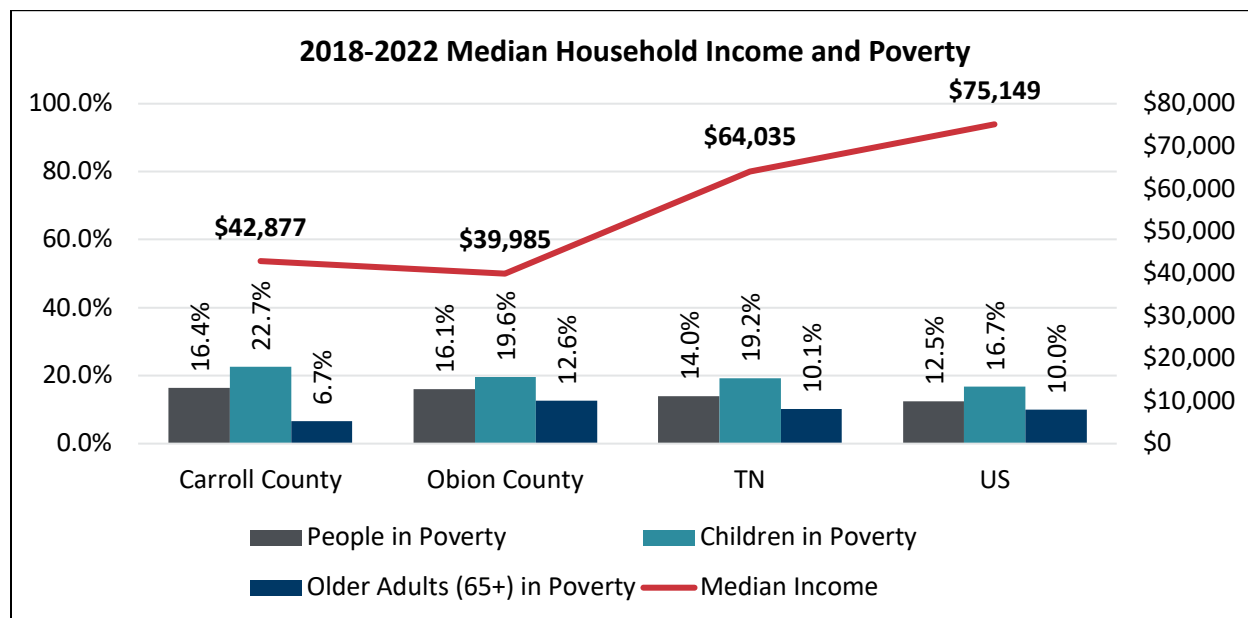
*Life expectancy measures how long people generally live within the defined geography. It is the culmination of living conditions, health status, economic security and the overall experience of residents within a community.*

Within the West Tennessee service area, residents may live an average of 72 to 73 years compared to the statewide average of 74 years and national average of nearly 78 years. Differences in life expectancy for service area counties reflect community-level disparities in health and social well-being.

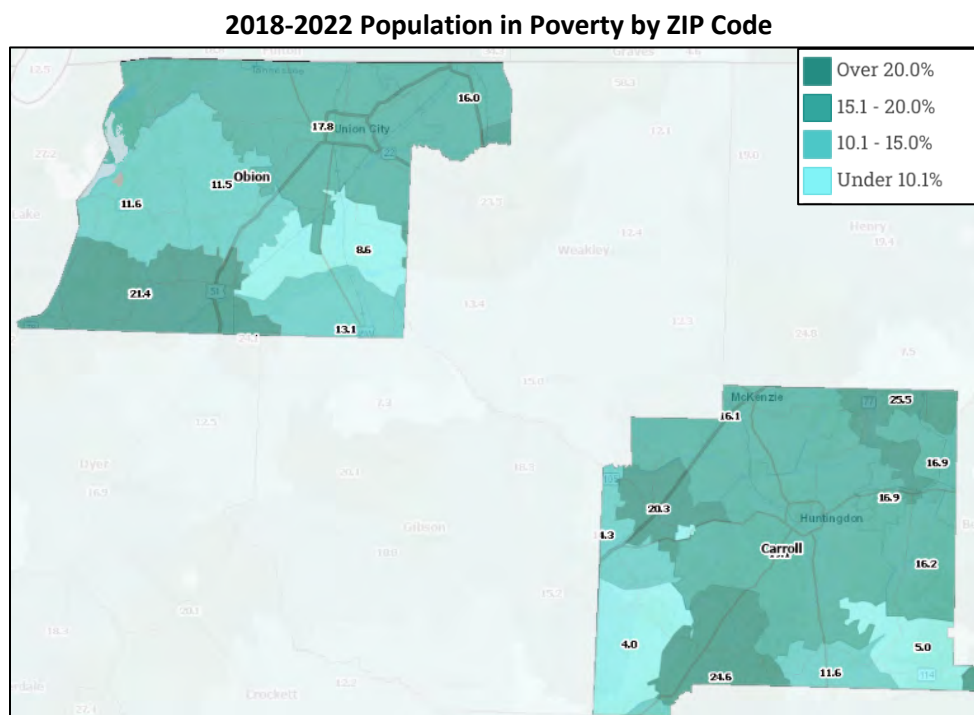


Source: Centers for Disease Control and Prevention

Residents of the West Tennessee service area are more likely to experience socioeconomic barriers, including lower median household income and more experiences of poverty than their peers statewide and nationally. Approximately 16% of residents in both counties live in poverty, including 20% or more children. Looking more closely at neighborhoods and populations, clear disparities are present.



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



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

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

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

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

ZIP Code	Population in Poverty	Children in Poverty	No High School Diploma	No Health Insurance	UNS Score
Carroll County	16.4%	22.7%	11.3%	10.5%	
38317, Bruceton	16.9%	24.5%	11.1%	9.2%	89.71
38201, McKenzie	16.1%	19.7%	12.1%	10.1%	87.11
38390, Yuma	11.6%	10.0%	19.4%	15.8%	85.82
38342, Hollow Rock	25.5%	35.3%	8.4%	17.1%	85.68
38258, Trezevant	20.3%	24.0%	19.3%	16.6%	83.96
38321, Cedar Grove	24.6%	36.8%	15.4%	14.7%	81.59
38344, Huntingdon	19.1%	23.6%	11.6%	10.7%	79.62
38220, Atwood	14.2%	29.7%	15.9%	7.8%	77.92
38348, Lavinia	4.0%	NA	11.9%	11.4%	76.86
38318, Buena vista	16.2%	NA	15.1%	20.3%	74.72
Obion County	16.1%	19.6%	15.2%	8.8%	
38261, Union City	17.8%	21.8%	14.1%	9.0%	89.16
38257, South Fulton	15.9%	22.1%	15.1%	8.9%	80.03
38232, Hombeak	11.6%	9.2%	23.6%	7.8%	75.90
38253, Rives	8.6%	7.7%	13.2%	7.9%	71.97
Tennessee	14.0%	19.2%	10.7%	10.1%	

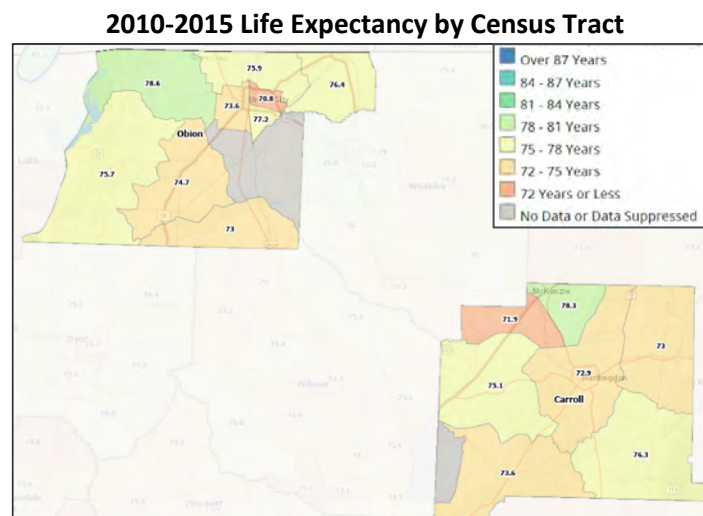
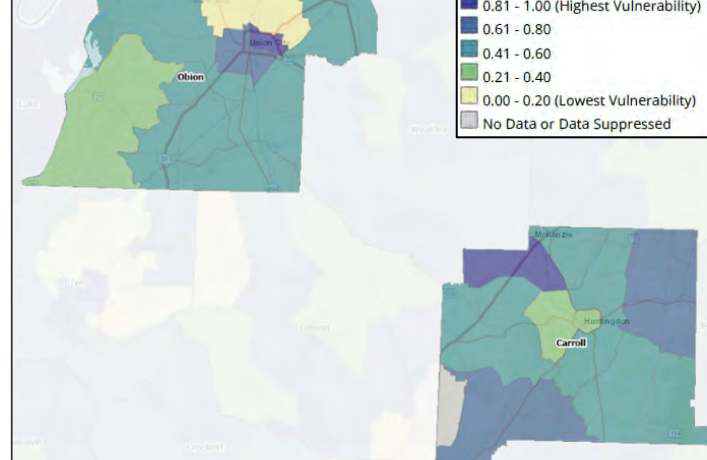
Source: Health Resources and Services Administration and U.S. Census Bureau, American Community Survey

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



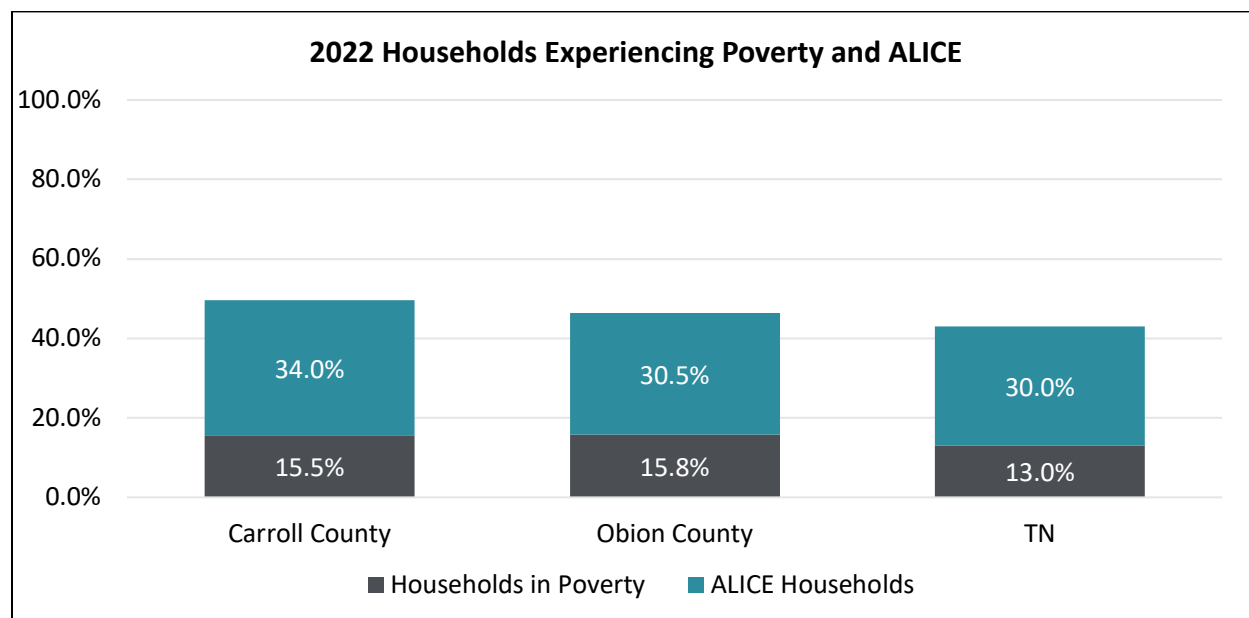
*Census tracts are small geographic regions defined for the purpose of taking a census and to be relatively homogeneous in terms of population characteristics, economic status and living conditions. Census tracts typically contain between 1,500 and 8,000 people.*

### 2022 Social Vulnerability Index by Census Tract



.....

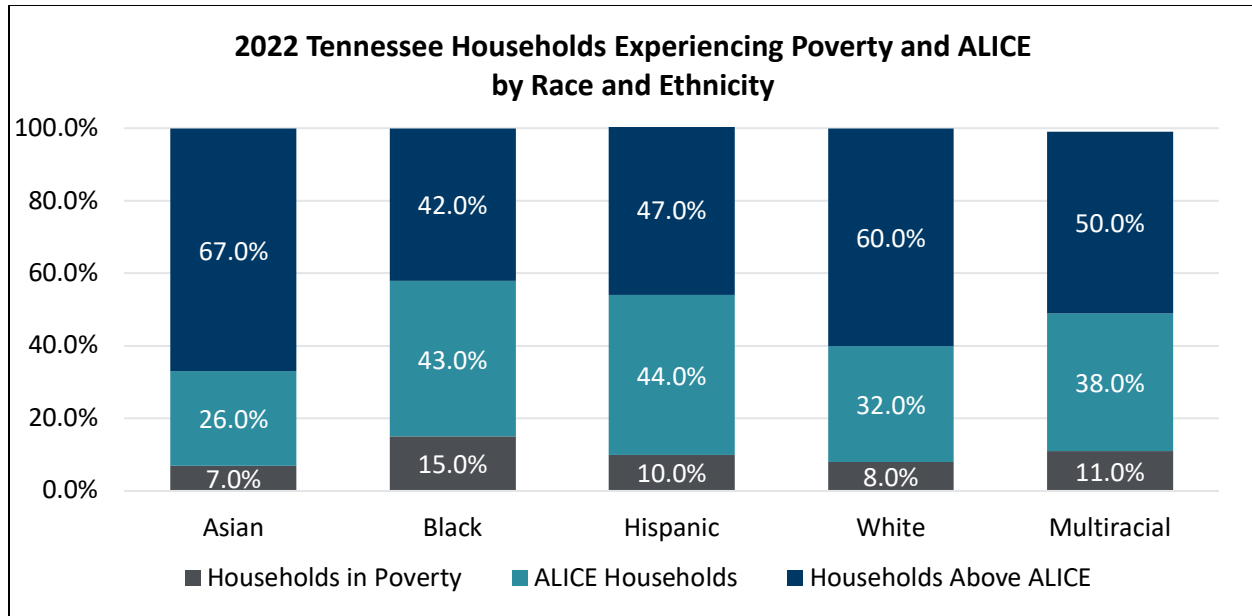
A growing number of families have income above the federal poverty level, but below the threshold necessary to meet basic needs. ALICE stands for **Asset Limited Income Constrained Employed** and represents working households that can't afford all the basics of housing, childcare, food, transportation, 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 West Tennessee service area, approximately one-third of households are ALICE. When combined with households living in poverty, nearly 50% of households in both counties experience financial hardship.



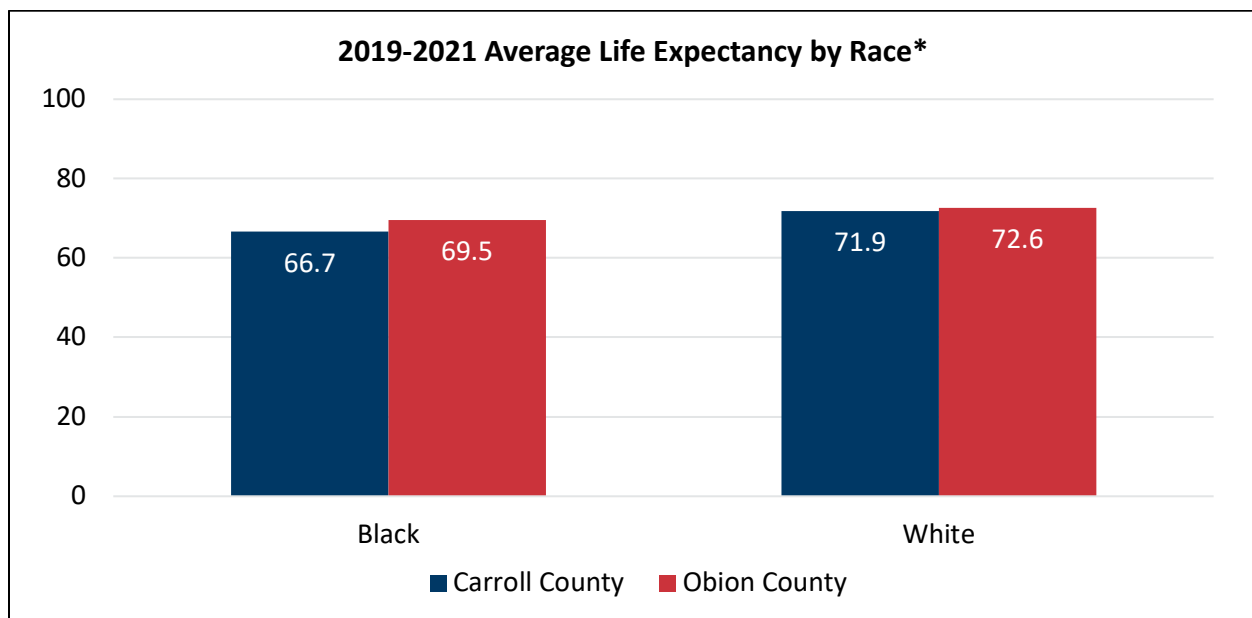
Source: United for ALICE

Financial hardship does not affect all people equally. Financial hardship rates differ substantially by race and ethnicity across 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 West Tennessee service area, Black and/or African American residents have a lower average life expectancy than white residents living in the same community. In Carroll County, Black and/or African American residents may live an average of five years less than their white counterparts.



Source: United for ALICE



Source: National Vital Statistics System

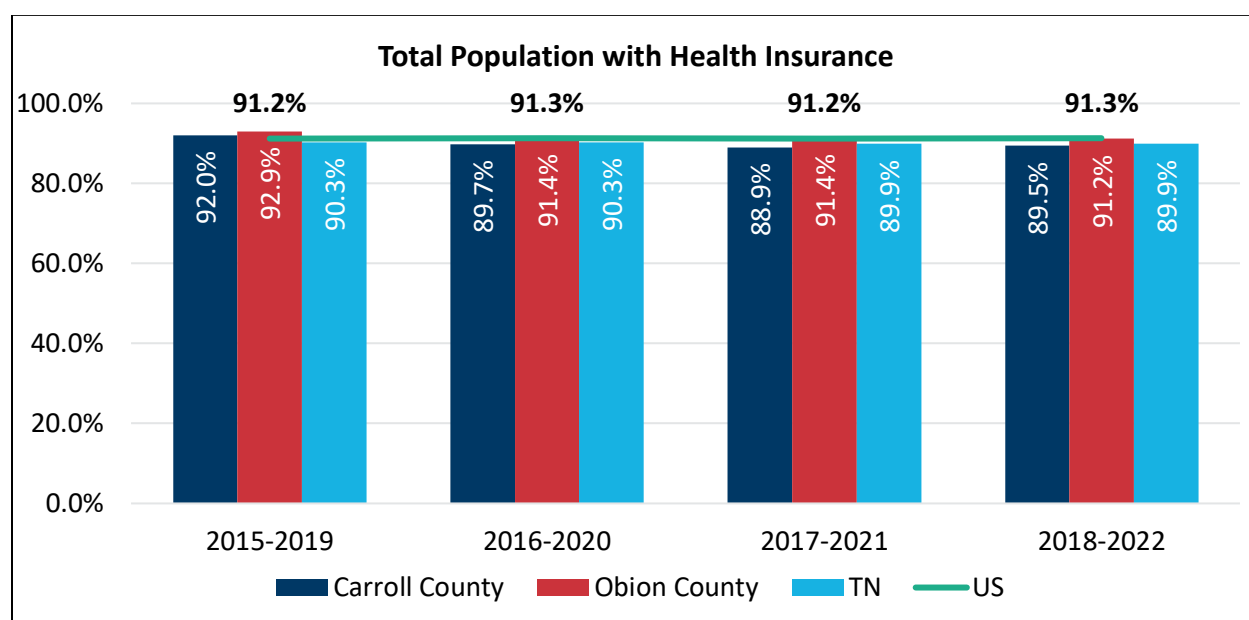
\*Data provided by race and ethnicity as available

## 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

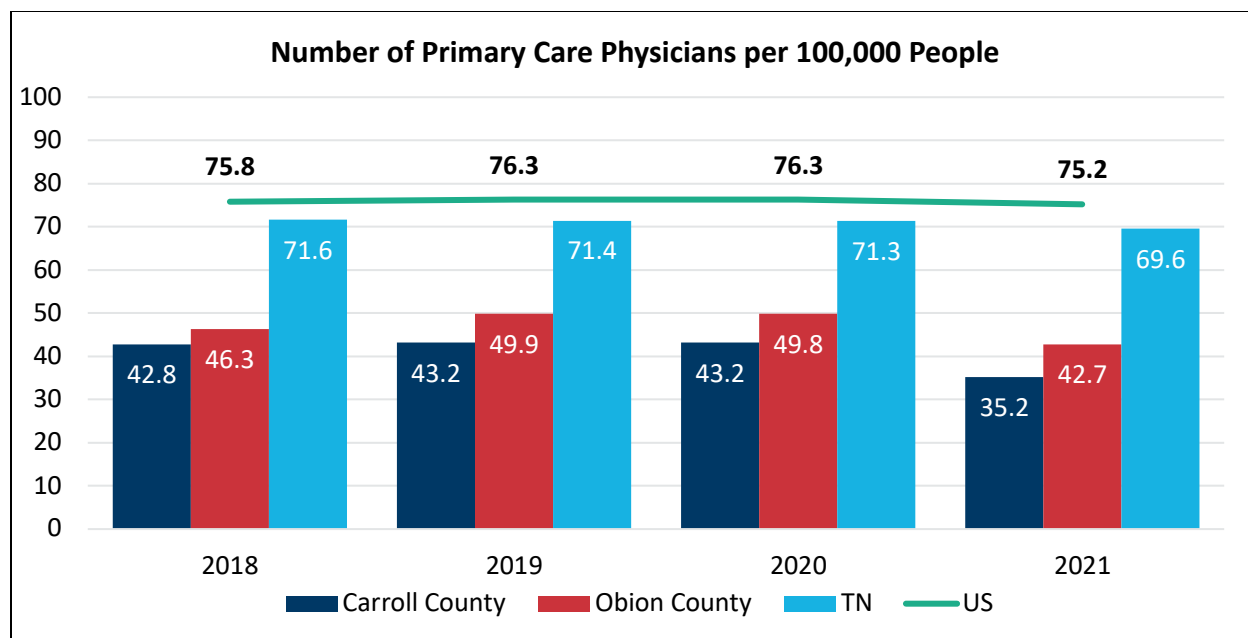
Approximately 90%-91% of service area residents had health insurance coverage in 2022 compared to 91% of residents nationwide. The proportion of insured residents has declined since 2019. Access to primary care trends are similar to the national average with approximately 74.3%-75.2% of adults receiving routine primary care compared to 74.2% of adults nationwide.



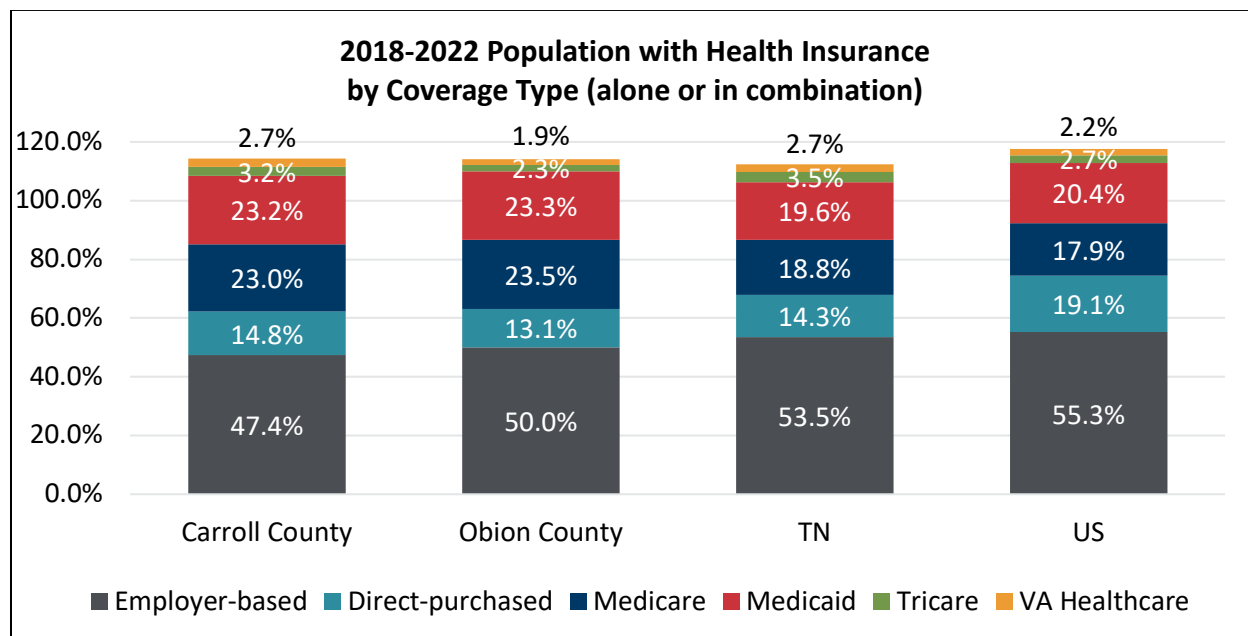
Source: U.S. Census Bureau, American Community Survey

Access to health care in the service area is challenged by provider availability, economic barriers and the rural nature of communities. The number of primary care physicians per 100,000 residents in Carroll and Obion counties is significantly lower than the state and nation and declined in 2021.

Access to primary care also varies widely by economic status across the service area. Approximately 1 in 4 insured residents in Carroll and Obion counties have Medicaid, the government health coverage available to eligible people with low income. Both counties are Health Professional Shortage Areas (HPSAs) for people with low income.

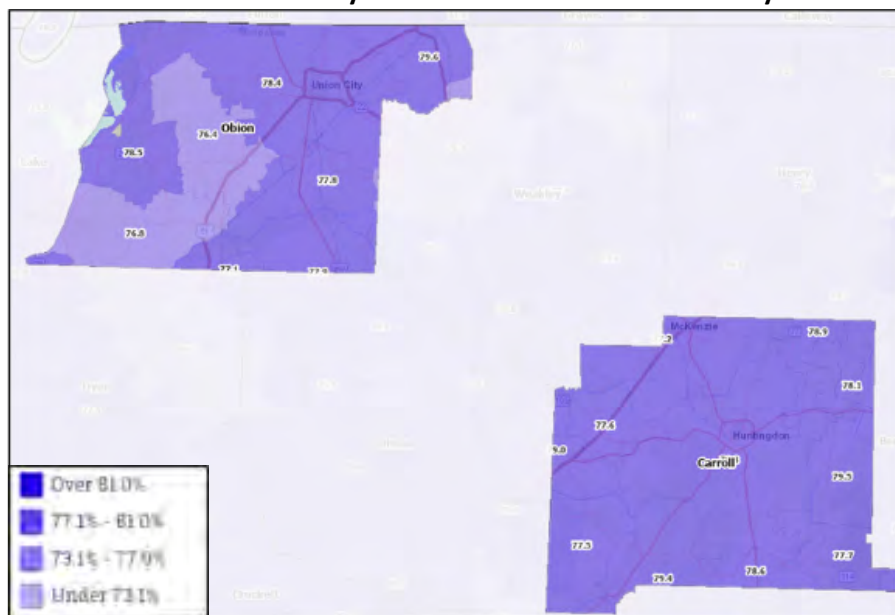


Source: Health Resources and Services Administration and Centers for Medicare & Medicaid Services



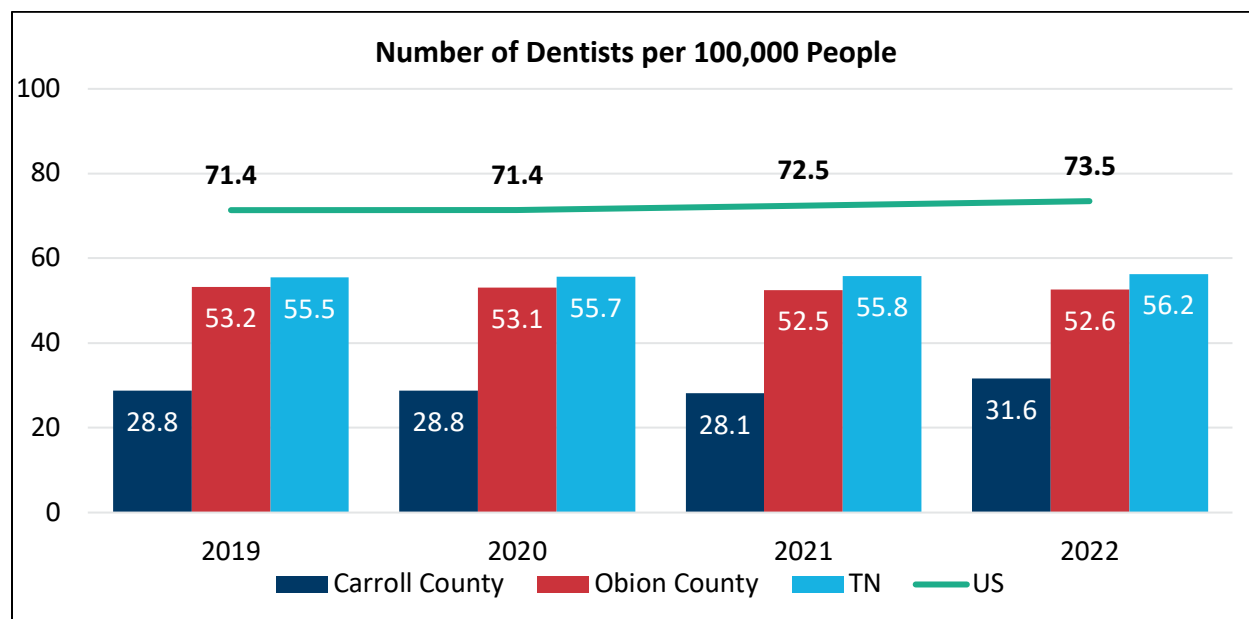
Source: U.S. Census Bureau, American Community Survey

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



Source: Centers for Disease Control and Prevention

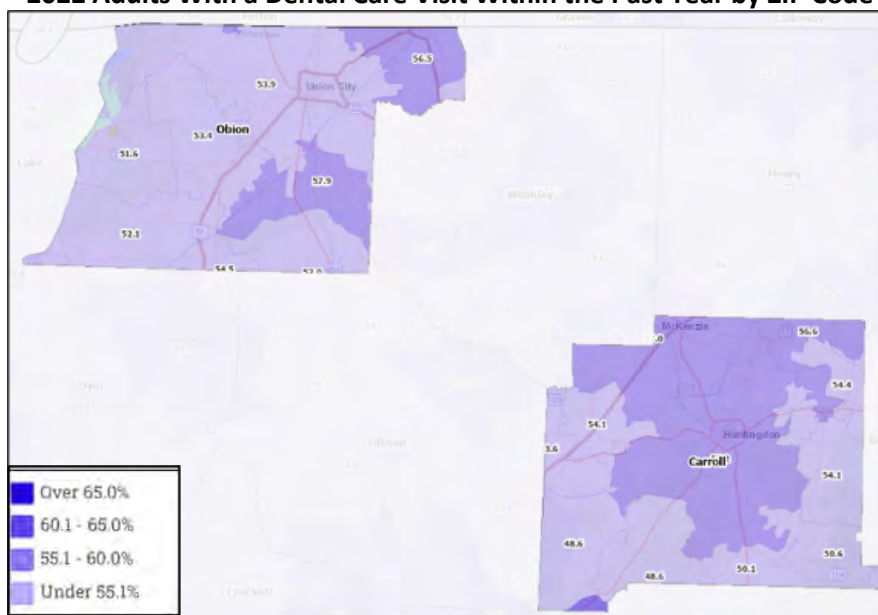
Access to dental care is also limited in the service area. The number of dentists per 100,000 residents in Carroll County is less than half the national average and both counties are HPSAs for people with low income.



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



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



Source: Centers for Disease Control and Prevention

Service area residents encounter both a shortage of health care providers and structural barriers to accessing services. The region has limited public transportation options and Uber and Lyft do not operate in the region. Approximately 77.3% of households in Carroll County and 81.5% of households in Obion County have broadband internet access compared to 88.3% of households nationwide, limiting access to digital health care services, such as telehealth.

To address transportation barriers, community stakeholders recommended increased awareness and capacity for existing services. This includes medical transportation through Medicaid and other insurances, hospital pastoral care funding for transportation and advocacy for government funding for transportation infrastructure.

#### STAKEHOLDER FEEDBACK:

*"Our public transportation system is almost non-existent in rural areas. Much needed medical care may be far away and no way to get there."*

*"NWTNHR is the only public transportation but is limited."*

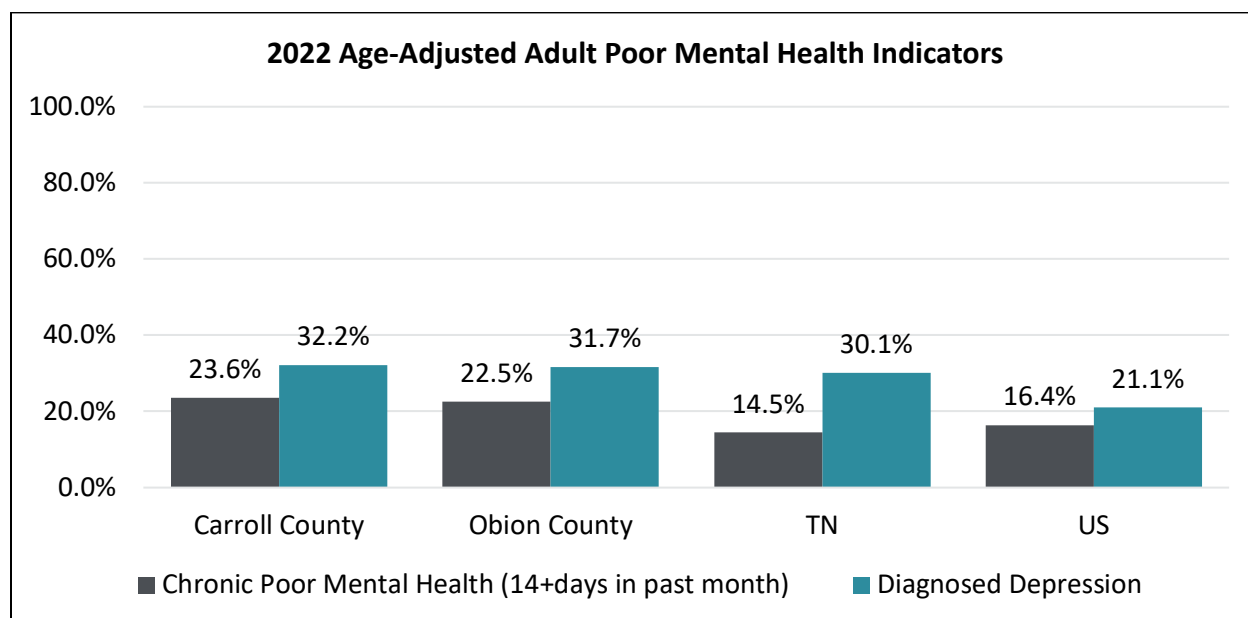
*"Internet is not the most reliable in rural areas. So it's easy to say, go online and look it up, and you'll see it all there... Internet is not reliable in little towns like this. So, I think definitely getting that word out somehow."*

### Community Recommendations to Improve Access to Care

- Advocate for statewide health care access policy, including Medicaid expansion and internet infrastructure.
- Better advertise and promote community events and services, leveraging existing community and sporting event spaces; *“Every family is at the ballpark on a Monday, Tuesday or Thursday night. We have to go where the people are, and that’s where they are.”*
- Collaborate with trusted partners, such as local health departments, Tennessee Voices and schools to improve communication and utilization of services.
- Expand telehealth offerings and access to ensure residents in rural areas have access to care without needing to travel long distances.
- Explore medical transportation options.
- Increase mobile and community-based health care services to address transportation and other barriers.
- Implement programs to improve residents’ health literacy, develop relatable content for patients and train health care providers for better communication.
- Increase access to specialty care services (e.g., podiatry for diabetic patients, obstetrics and gynecology).
- Increase access to quality medical care for uninsured and underinsured residents.
- Support efforts by the region to pursue a rural residency program; make it attractive for program providers to stay in the community.

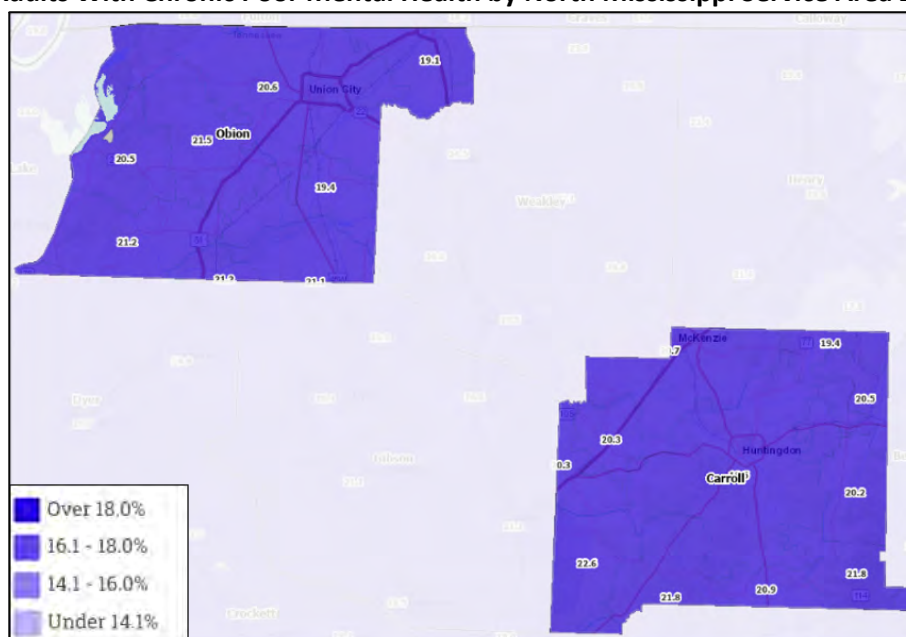
## Behavioral Health

Mental distress is a growing health concern across the service area, state and nation. In 2022, nearly 1 in 4 adults across the service area reported chronic poor mental health (14 or more days of poor mental health in the past month), and 1 in 3 adults reported a diagnosed depression disorder. West Tennessee service area counties had among the highest reported mental distress of any Baptist service county in the Mid-South. When viewed by ZIP code, resident experiences of mental distress were consistently high across the service area, crossing geographic and socioeconomic lines.



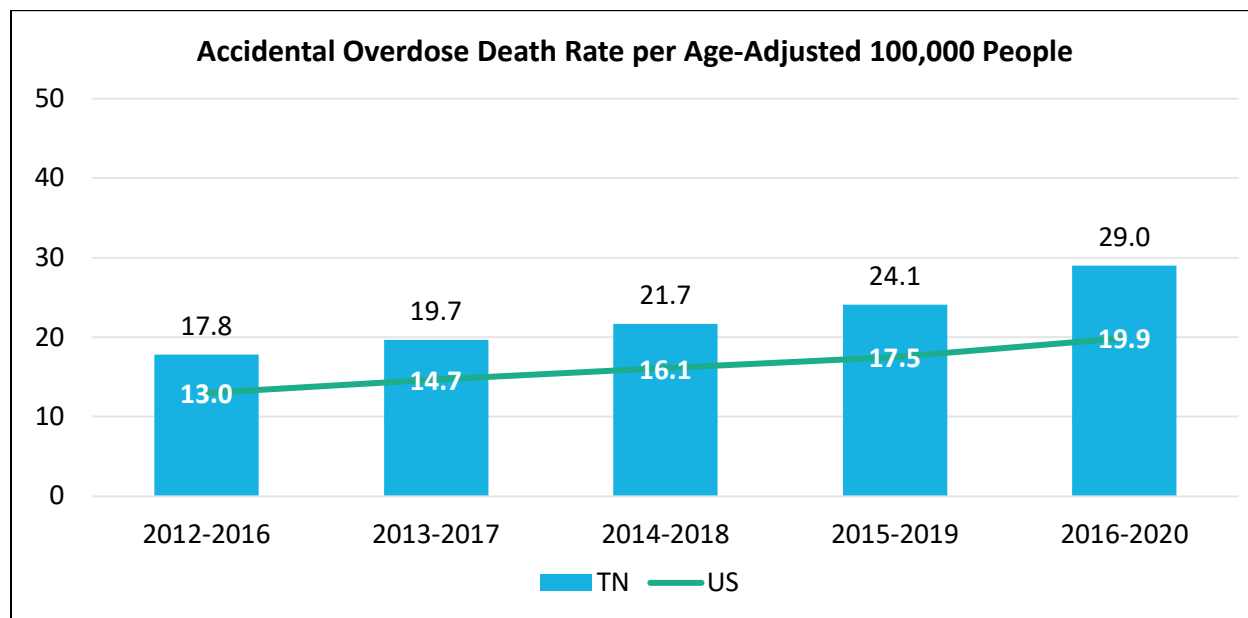
Source: Centers for Disease Control and Prevention

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



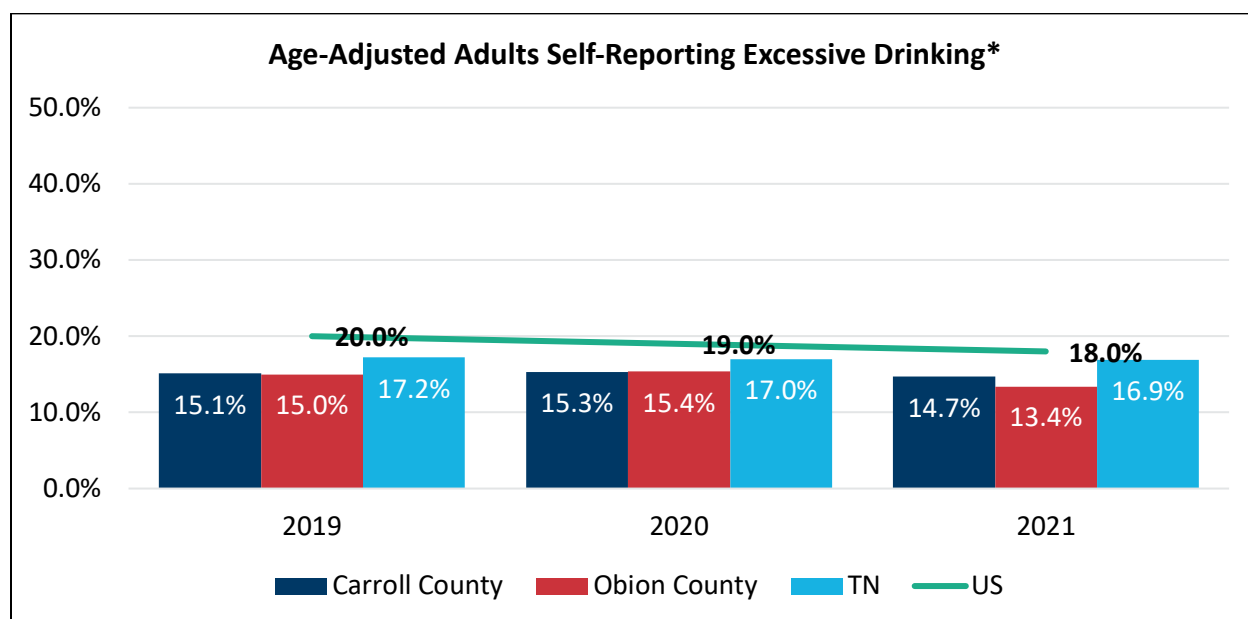
Source: Centers for Disease Control and Prevention

Mental health and substance use disorders are often co-occurring conditions. The accidental overdose death rate has increased across Tennessee and exceeds the national rate of deaths. Accidental overdose death rates are not reported by county because of low death counts, but community stakeholder feedback indicates it is a significant concern for residents.



Source: Centers for Disease Control and Prevention

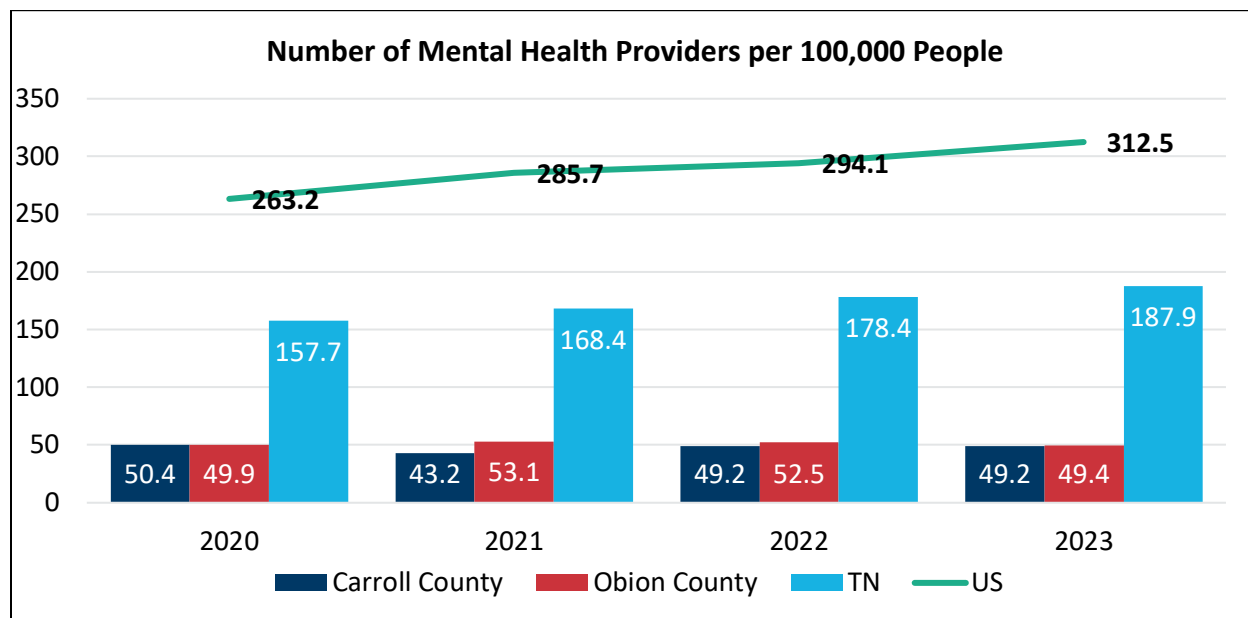
Residents in the West Tennessee service area report lower prevalence of excessive drinking, including heavy and binge drinking, than their peers statewide and nationally. The proportion of adults reporting excessive drinking decreased from 2020 to 2021.



Source: Centers for Disease Control and Prevention

\*Includes heavy and binge drinking.

Availability of mental health and substance use disorder providers is limited in the West Tennessee service area. Contrary to state and national provider increases in recent years, the rate of providers in Carroll and Obion counties has been stable. Both counties are HPSAs for all residents regardless of income, indicating significant barriers to care for residents.



Source: Centers for Medicare & Medicaid Services

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

Community stakeholders shared that behavioral health concerns are becoming more frequent and more complex; they reinforced rising rates of anxiety, depression and self-medicating among residents. Many behavioral health concerns are intertwined with socioeconomic barriers for the region and the challenge of regularly meeting basic needs. Financial stress, poverty and the breakdown of traditional family support systems are contributing to the worsening mental health of both adults and youth.

#### STAKEHOLDER FEEDBACK:

*"Mental health is the top priority for the population we serve."*

*"You have mental health, and you have several other things that are adding to the anxiety – I don't have any money, food insecurities [and] I don't have transportation."*

Participants identified meaningful progress in expanding access to behavioral health services, including increased integration of screenings and broader telehealth awareness. Despite these gains, access barriers persist—particularly around transportation, after-hours care and in-patient service capacity.

Transportation challenges limit access, especially in rural areas. Although telehealth services expanded during COVID-19 and helped bridge some gaps, many residents are unaware of available resources because of limited promotion, or they are unable to access them due to lack of the internet.

Appointments are often only available during working hours when many people cannot attend. There is a lack of short and long-term inpatient beds across the region.

**STAKEHOLDER FEEDBACK:**

*“There is not an urgency in many practitioners [for offering treatment afterhours].”*

*“We’re boarding a mental health patient [in the ED] that we can’t get into anywhere else. There are just not enough resources to help improve the mental health [problem].”*

Persistent stigma around mental health, combined with a general distrust or unfamiliarity with health care systems, further prevents people from seeking the help they need. Mental health stigma was seen as especially prevalent within Black and/or African American and Hispanic communities, reinforced by cultural narratives that emphasize self-reliance and distrust of medical systems and lack of culturally inclusive marketing of available services.

**STAKEHOLDER FEEDBACK:**

*“As a Black female, I know in the Black community, mental health is not something you were raised on or tended to talk about.”*

Youth were perceived by community stakeholders as one of the most at-risk populations for behavioral health concerns, largely due to COVID-19 impacts (e.g., isolation, developmental delays), social media exposure and the effects of the opioid crisis on parents and other caregivers. Younger children, particularly in elementary school, are experiencing social skill deficits and struggles with face-to-face communication. Behavioral issues are appearing earlier. Substance use, particularly vaping among middle school students, is another growing problem.

Children and adolescents, especially those showing early signs of behavioral health challenges, may be without parental support or acknowledgment. Parents often don’t accept that their children have behavioral health issues, blocking access to care.

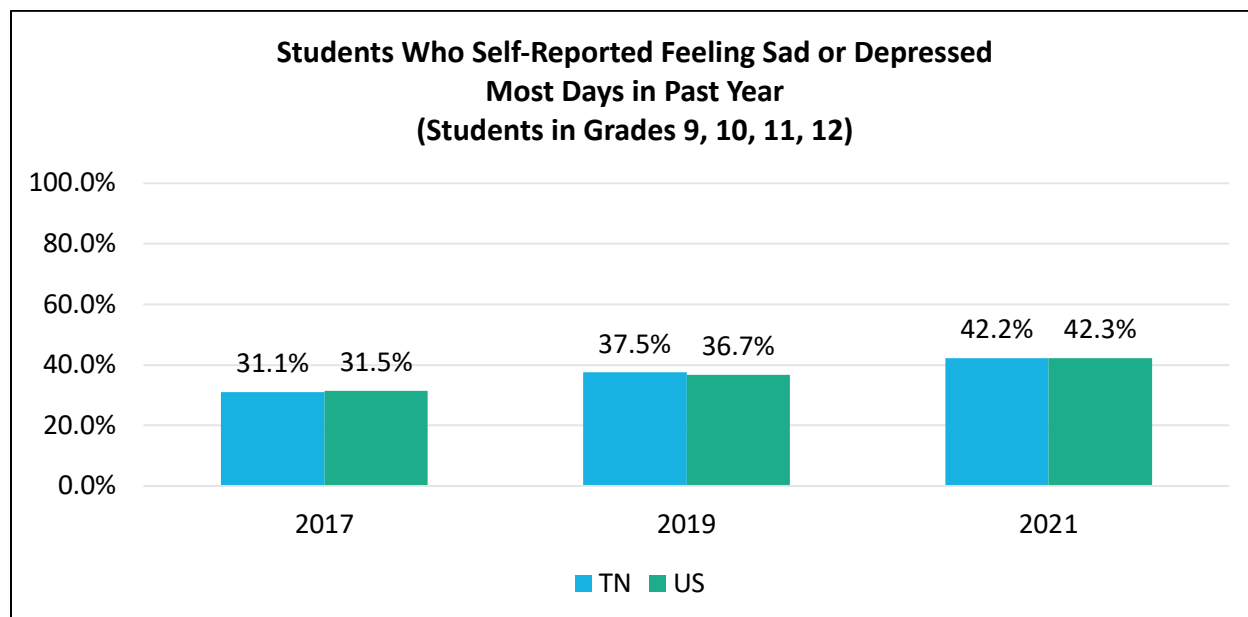
**STAKEHOLDER FEEDBACK:**

*“I don’t know if it’s generational, but the parents don’t want to hear about it. The parents don’t want to deal with it.”*

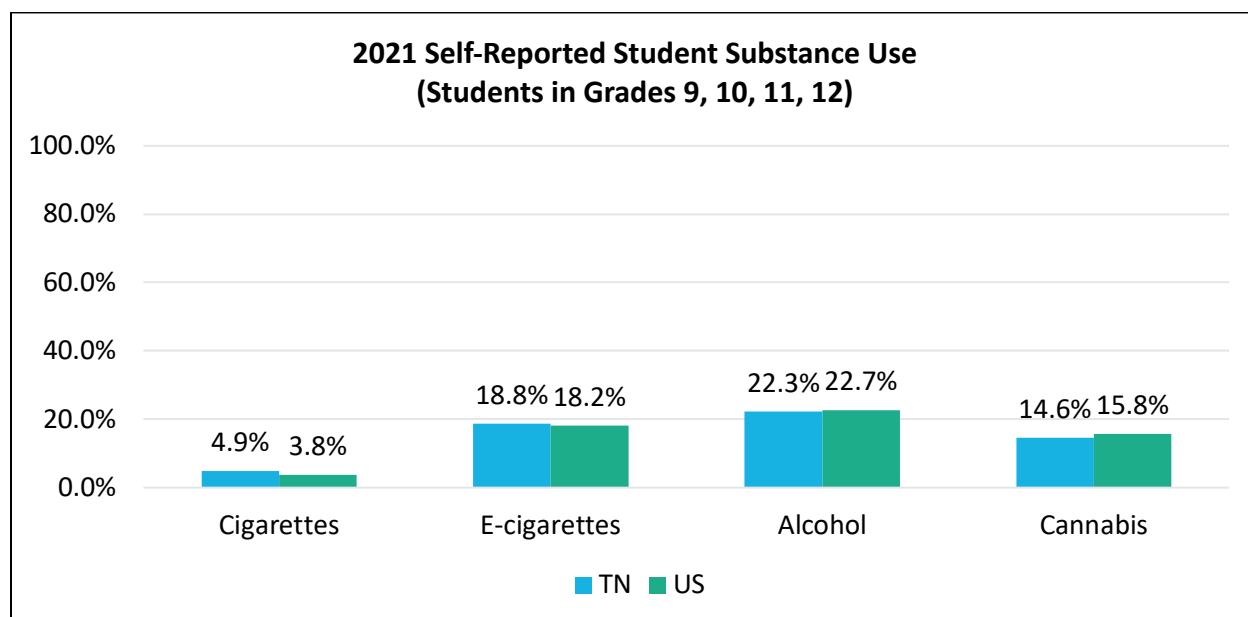
*“A lot of time the parents are in such denial, or they’re not wanting to seek that mental health help for their kids at all.”*



In 2021, 42% of Tennessee high school students reported feeling consistently sad or depressed, a similar proportion as the nation overall. The most recent data for 2021 indicates that 13.4% of high school students across the state reported an attempted suicide compared to 10% of students nationwide. Approximately 1 in 5 students across the state reported e-cigarette use, similar to their peers nationwide.



Source: Centers for Disease Control and Prevention



Source: Centers for Disease Control and Prevention

**Community Recommendations to Improve Behavioral Health**

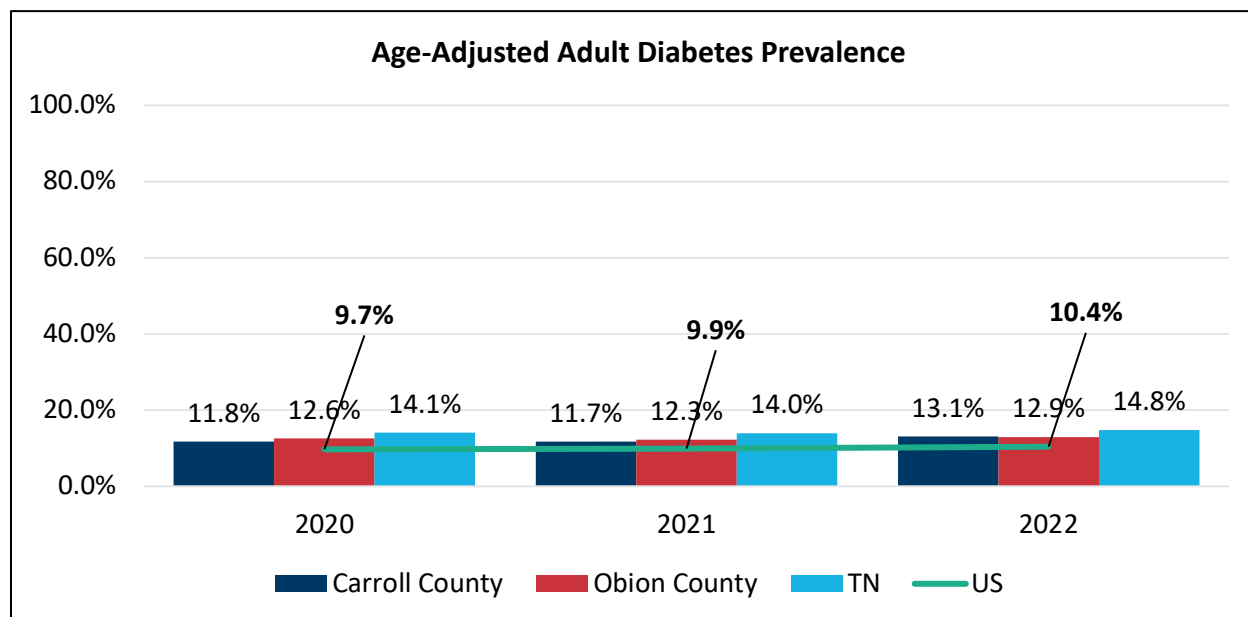
- Advocate for stronger regulation and education for vaping.
- Build programs that can be delivered in schools through liaisons and social workers, including Mental Health First Aid and education about behavioral health stigma and resources.
- Convene regular meetings between service providers to streamline referrals and avoid duplicated efforts.
- Expand community outreach; leverage trusted messengers and spaces within the community (e.g., churches, schools, workplaces) to bridge information gaps and normalize conversations about behavioral health.
- Expand mobile behavioral health services to better reach rural residents.
- Explore crisis intervention team models to better respond to behavioral health crises and coordinate care among agencies.
- Increase access to behavioral health resources for youth (e.g., youth counseling)
- Invest in life skills and workforce training to teach young adults coping strategies, financial literacy, job readiness and problem-solving skills.
- Provide family-based substance use treatment (e.g., rehab programs that allow families to stay together or on-site childcare services) to better serve the needs of patients with children.
- Support workforce flexibility in mental health services (e.g., advocate for or help fund flexible evening and weekend service hours, expand telehealth options).

## Chronic Disease Prevention and Management

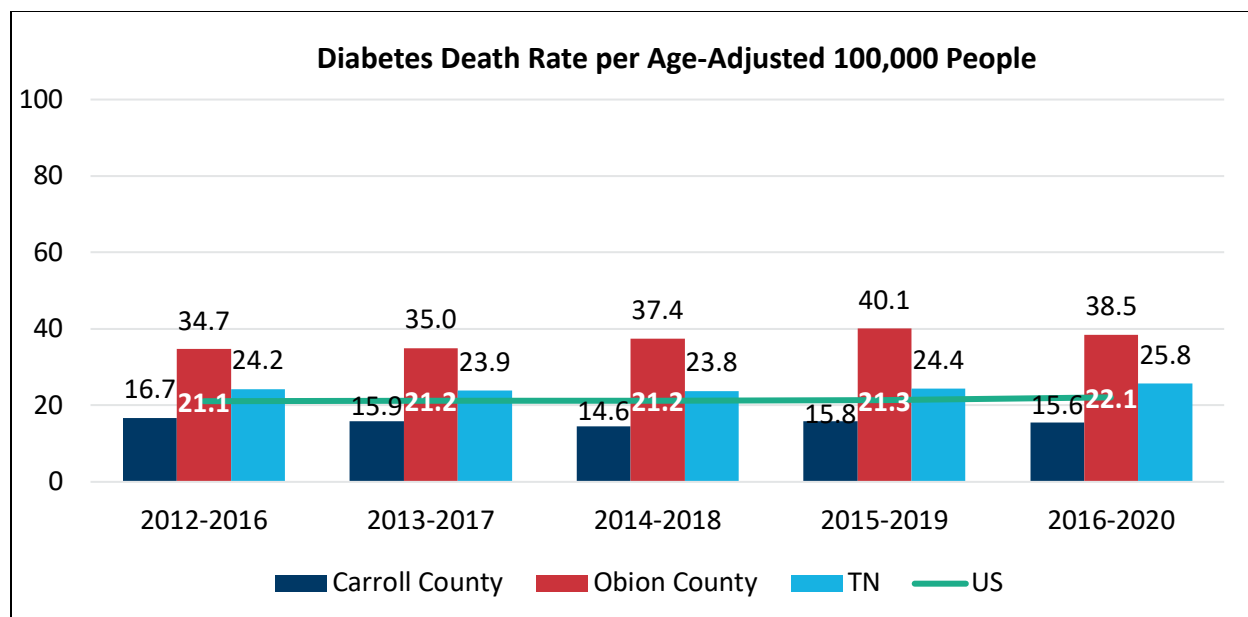
The West Tennessee region has had success in addressing chronic disease concerns. The Carroll County Prevention Coalition has fostered long-standing community partnerships and collaborations to address health risk factors. Diabetes prevention programs are well attended, and the recent addition of a 24/7 air ambulance service has improved emergency care. Economic development, including new manufacturing jobs, has boosted financial stability and health insurance coverage.

Despite these achievements, key challenges remain, including significant health care access barriers, declining physical and mental health among children, economic strain leading to greater dependence on under-resourced government programs and an aging health care workforce. Residents of the West Tennessee service area have higher prevalence and death from chronic disease, largely due to underlying socioeconomic disparities.

Diabetes prevalence increased across the nation and in the service area since 2020. Tennessee residents are more likely to be diagnosed with diabetes than their peers nationwide. While diabetes prevalence is similar in Carroll and Obion counties, the death rate from diabetes is significantly different. The rate of death from diabetes in Obion County, 38.5 per 100,000 residents, is double that of residents in Carroll County, 15.6 per 100,000, and exceeds statewide and national averages. This finding likely indicates disparities in diabetes prevention and treatment initiatives for Obion County residents.

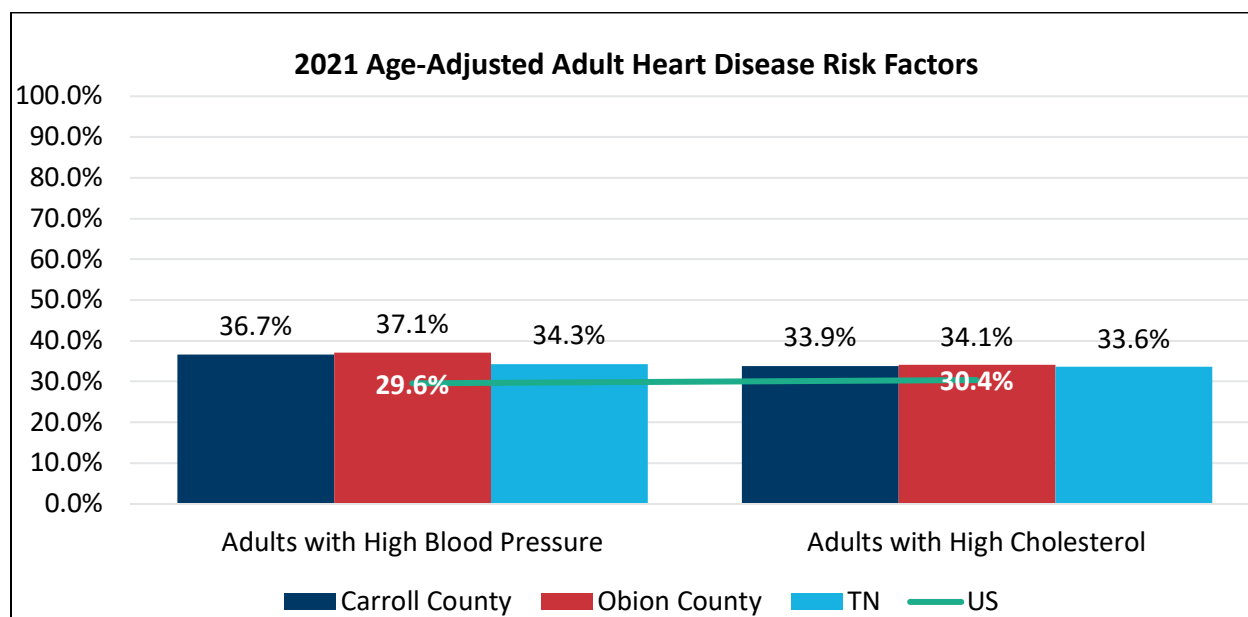


Source: Centers for Disease Control and Prevention

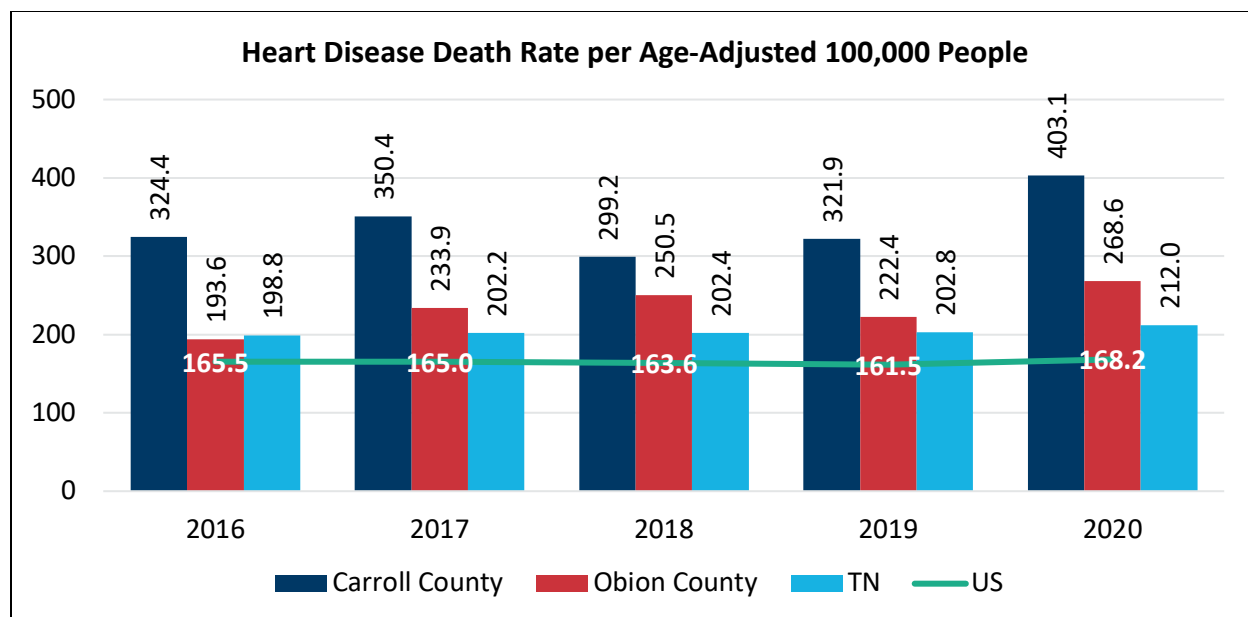


Source: Centers for Disease Control and Prevention

Heart disease prevention efforts are needed across the service area, particularly to address concerns of high blood pressure. More than one-third of adults in the service area have been diagnosed with high blood pressure. The heart disease death rate is higher in both counties compared to the state and nation and significantly higher in Carroll County compared to Obion County. Similar to diabetes death rate trends, this finding may indicate disparities in disease prevention and treatment initiatives.

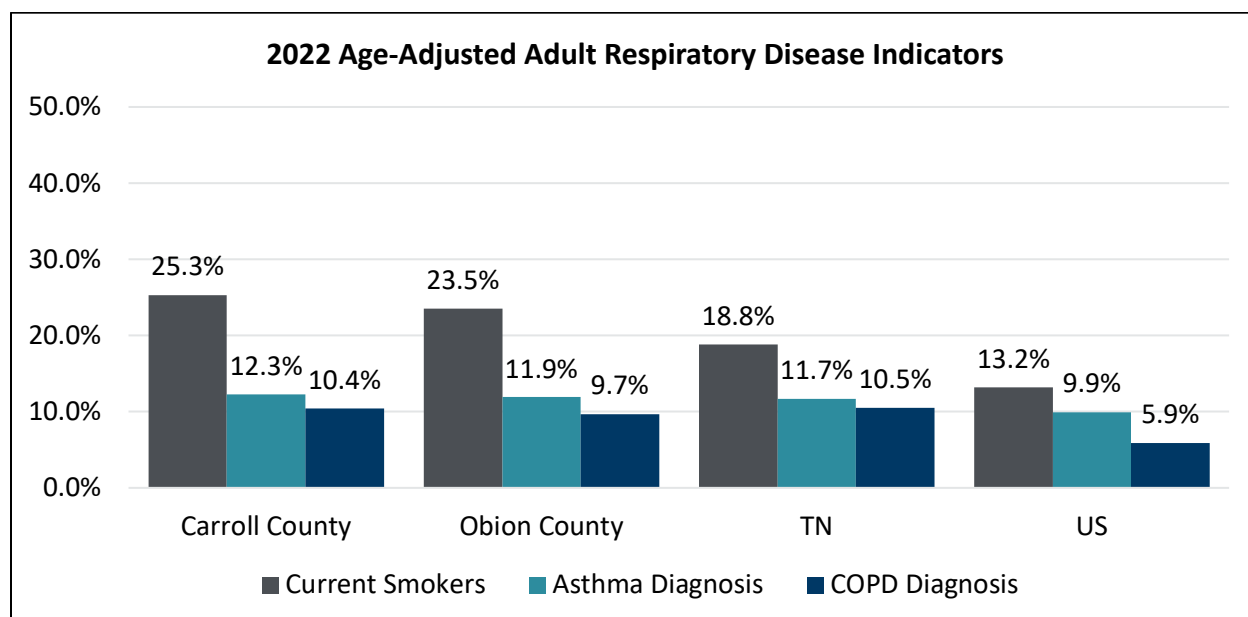


Source: Centers for Disease Control and Prevention

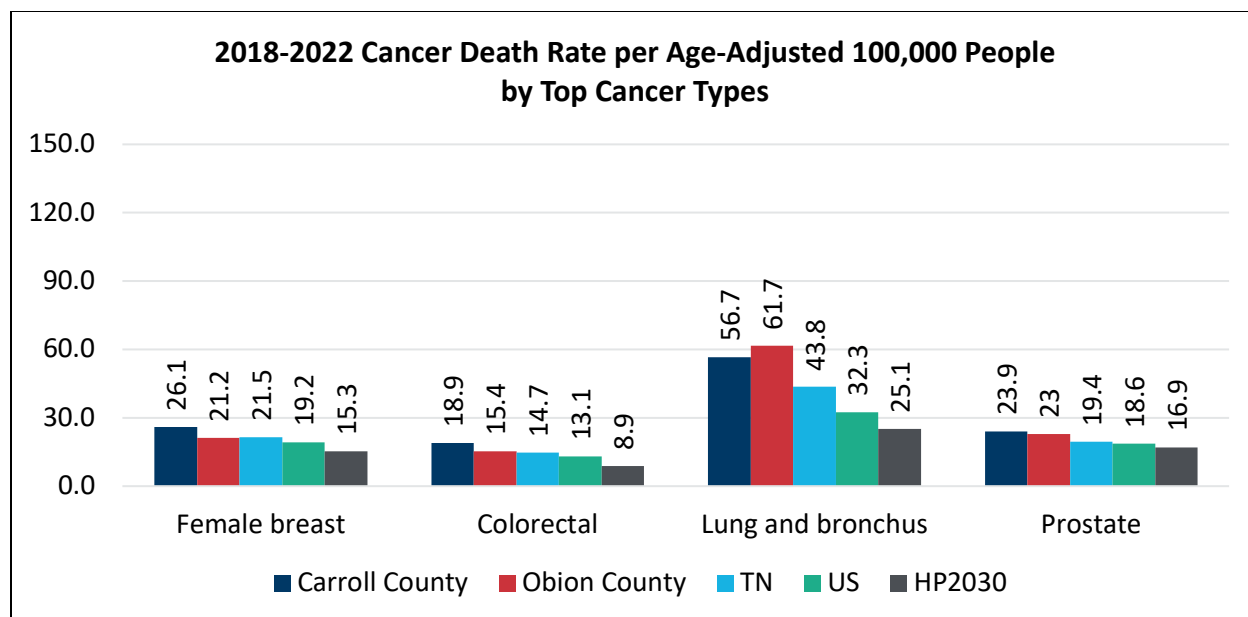


Source: Centers for Disease Control and Prevention

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



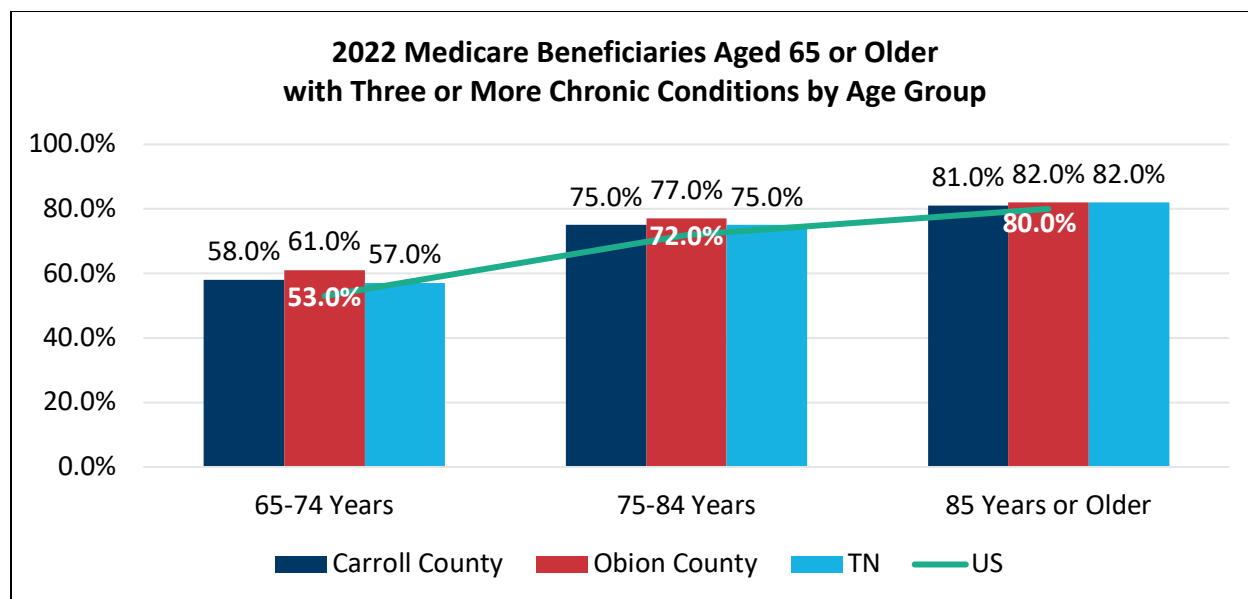
Source: Centers for Disease Control and Prevention



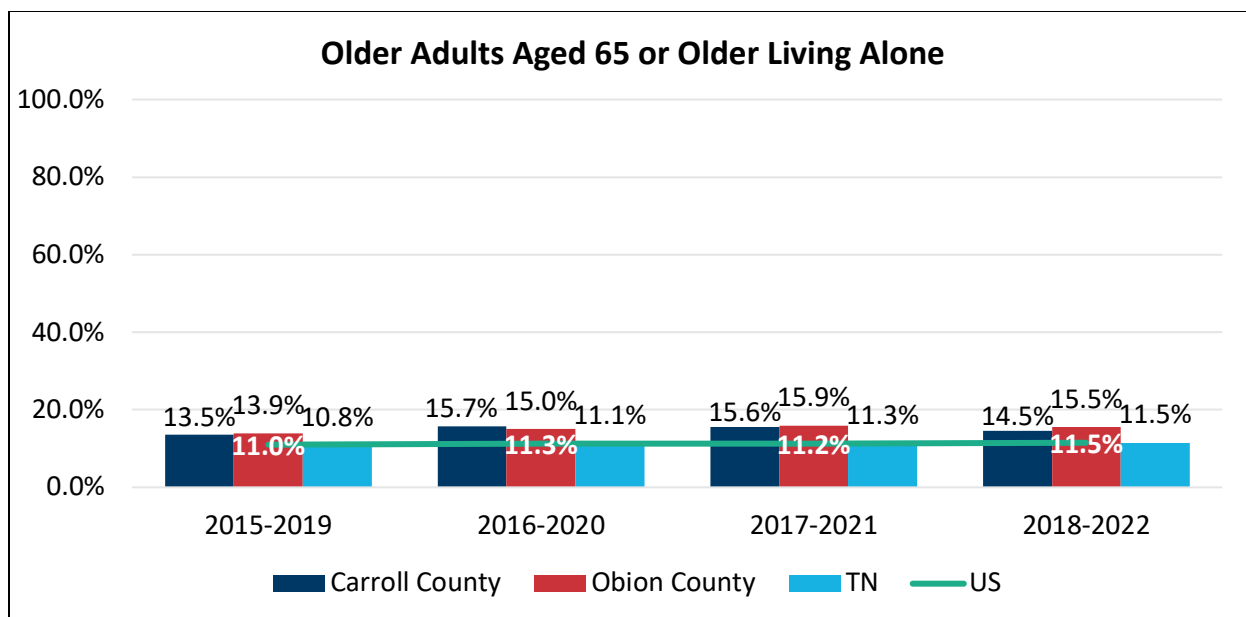
Source: Centers for Disease Control and Prevention

The West Tennessee service area population is aging. From 2010 to 2022, the number of adult residents aged 65 or older grew 14%-21% in Carroll and Obion counties. Older adults are more at risk for chronic disease, as well as factors that impede disease management, including economic insecurity, social isolation and access barriers (e.g., transportation, digital literacy).

When compared to their peers nationwide, older adult residents in the service area are more likely to experience chronic disease and to live alone, an indicator of social isolation. Approximately 60% of Medicare beneficiaries aged 65 or older managed three or more chronic conditions. Similar to state and national trends, chronic disease prevalence increases significantly with age.



Source: Centers for Medicare & Medicaid Services



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

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

#### STAKEHOLDER FEEDBACK:

*"[We need] legislation to provide more respite care opportunities for caregivers."*

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

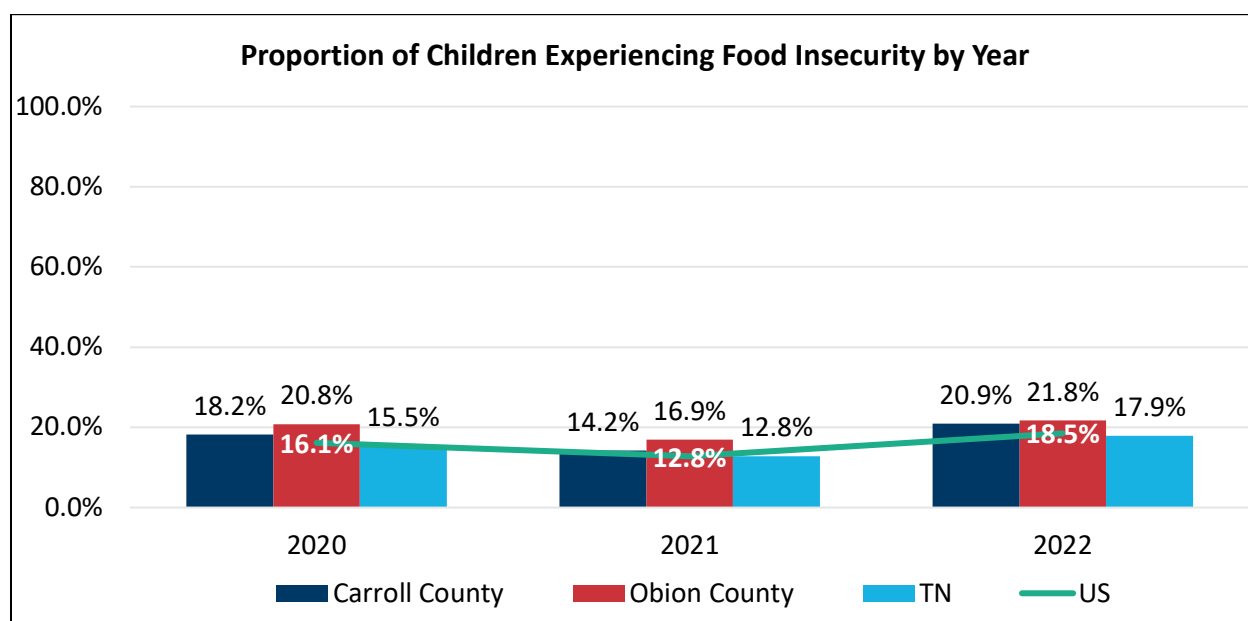
- Advocate for expanding older adult services and long-term care facilities.
- Advocate for funding and policy to address health care shortages and health disparities.
- Focus on addressing upstream social drivers of health factors (e.g., poverty, crime, trauma).
- Leverage trusted community leaders and peers to provide disease education and management programs to address both information and trust barriers.
- Provide funding for supportive community health and social service organizations to increase their capacity.
- Provide more public health education (e.g., nutrition education) and programs to promote disease awareness and prevention.
- Increase options and access for affordable and healthy food options (e.g., farmer's markets).
- Increase awareness and capacity for existing transportation services, such as medical transportation through Medicaid.

## Economic Stability

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

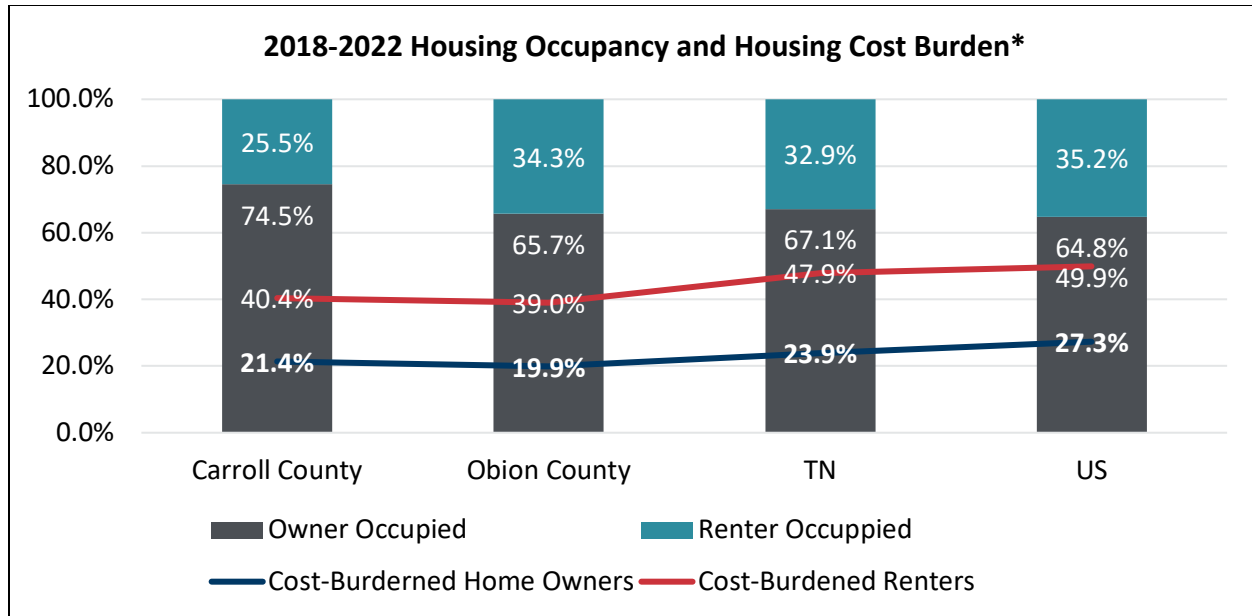
Experiences of food insecurity increased across the service area and nationally in 2022, particularly for children. Approximately 1 in 5 children in Carroll and Obion counties experience food insecurity. In 2023, the cost of childcare for a household with two children, measured as a percentage of median household income, was approximately 26%-27% across the service area. Housing prices in the service area are 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 fewer resources to spend on their basic needs, such as food and utilities. About 20% of homeowners and 40% of renters in both counties are cost-burdened by their home expenses, lower proportions than the state and nation overall.



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
Carroll County	9.9	26.1%
Obion County	15.0	27.4%
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

Community stakeholders shared that many people facing financial crisis are also dealing with the benefits cliff, managing their income versus eligibility for assistance. A benefits cliff occurs when a small increase in income, even just a dollar or two per hour, causes a significant drop or complete loss of public assistance benefits, leaving individuals worse off than before. People are juggling decisions between taking jobs or keeping benefits that support their family's basic needs.

#### STAKEHOLDER FEEDBACK:

*"If you're not working, you get a whole heap load of food stamps. But as soon as you get any type of employment, they chop them babies in half or even more, and then they're going, 'Okay, I'm still not making any money, and now I don't have food stamps to feed my kids.' And so they make that choice of, 'Well, I'm just not going to work and get more food stamps.'"*

**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, benefits cliff and income inequality.
- Expand affordable healthy eating programs and community-based food resources.
- Strengthen connections between health care and social services to improve warm handoffs; ensure patients are connected directly to services rather than just referred.
- Increase health literacy and resource navigation.
- Invest in workforce training and programs for young adults that focus on teaching financial literacy, job readiness and problem-solving skills.
- Support youth outreach and career awareness by providing staff to speak at high schools about health care careers.

### Maternal and Child Health

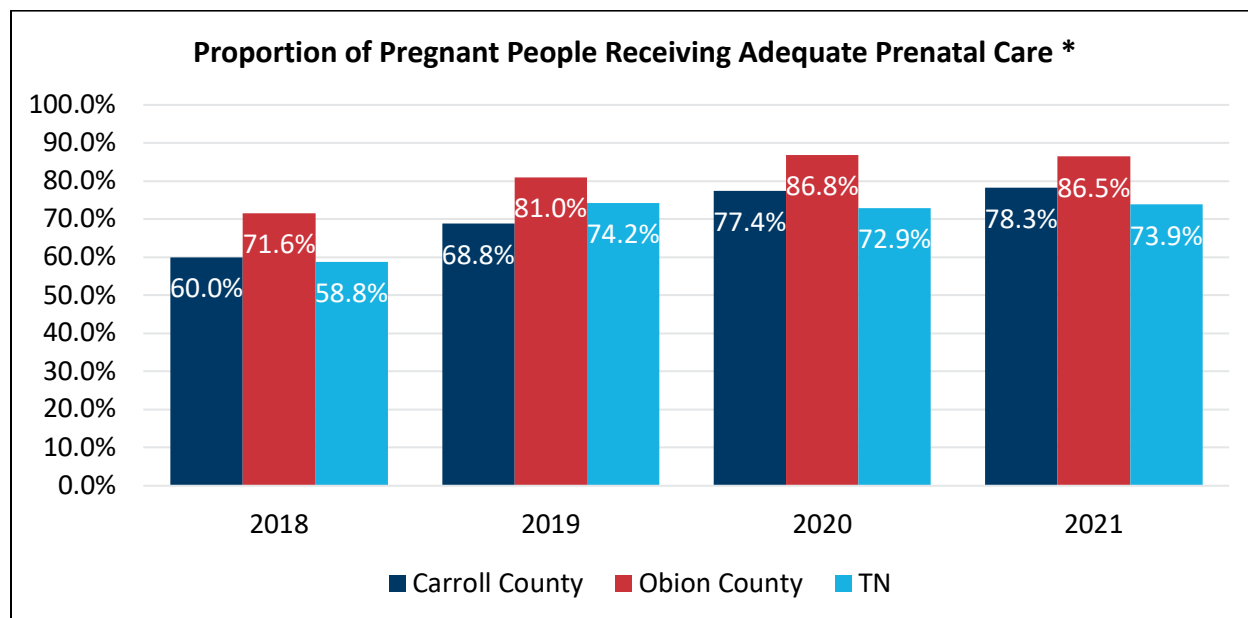
Despite the generally declining population, West Tennessee service area counties have similar birth rates as the state and nation overall. This finding may reflect both disparities in health and social well-being and out-migration of residents.

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

	All Births		Birth Rate per 1,000		
	Count	Birth Rate per 1,000	Black and/or African American	White	Latinx (any race)
Carroll County	333	11.7	9.4	11.6	17.2
Obion County	331	10.9	10.8	9.8	24.7
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: 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. Both Carroll and Obion counties exceeded the statewide proportion of pregnant people receiving adequate care and saw significant improvements in this metric in recent years. This success was attributed in part to Baptist's expansion of prenatal and maternity care services using mid-level providers and midwives.



Source: Annie E. Casey Foundation

\*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.

With few exceptions, birth outcomes for pregnant people and babies living in service area counties improved from the 2022 CHNA and are similar to or better than statewide and national averages. While birth outcomes are not measured between population groups within service area counties, state and

national trends indicate significant disparities, with populations of color receiving less prenatal care and experiencing a higher proportion of negative birth outcomes.

#### 2021/2022 Maternal and Infant Health Indicators by Race and Ethnicity

	2022 Teen (10-19) Births	2021 Adequate Prenatal Care	2022 Premature Births	2022 Low Birth Weight Births	2021 Non-Smoking During Pregnancy
Carroll County	10.2%	78.3%	10.2%	7.2%	84.4%
Black and/or African American	NA	NA	NA	NA	NA
White	NA	79.8%	NA	NA	NA
Obion County	5.7%	86.5%	8.8%	7.3%	83.2%
Black and/or African American	NA	NA	NA	NA	NA
White	NA	86.2%	NA	NA	83.8%
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	3.9%	NA	10.4%	8.6%	96.3%
Black and/or African American	5.7%	NA	14.6%	14.8%	96.9%
White	2.6%	NA	9.4%	7.1%	94.6%
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

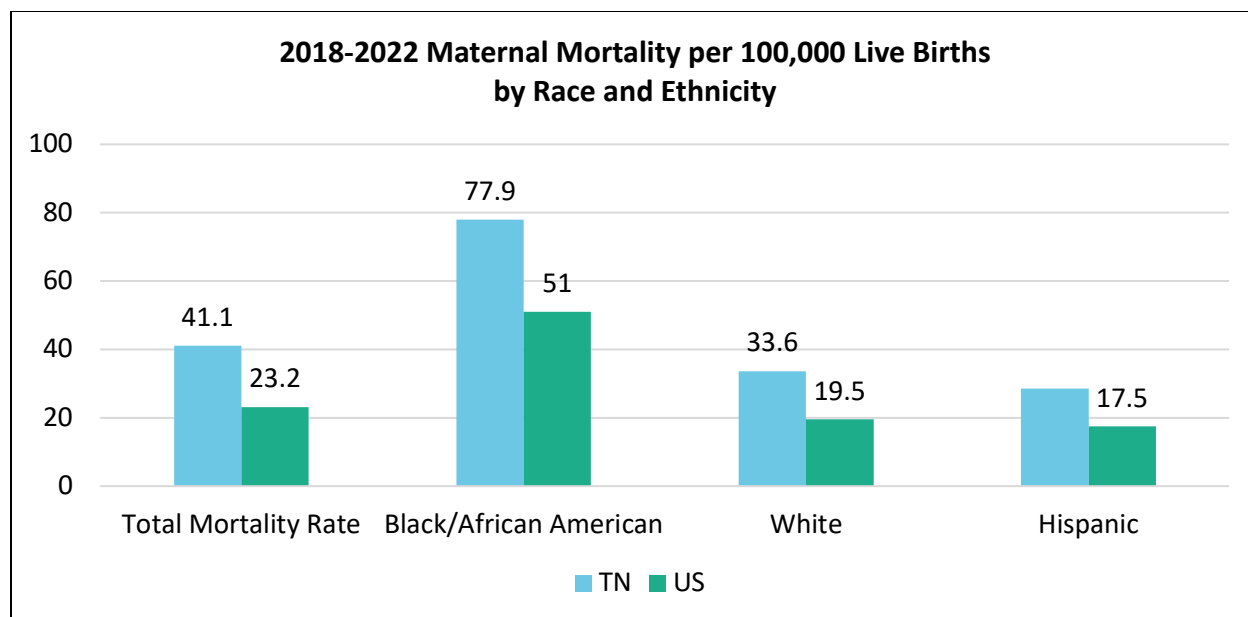
The infant death rate is widely used as a key indicator of community health because it reflects not only the health of infants but also the overall health and well-being of a population. It serves as an overall indication of factors, such as access to health care, socioeconomic conditions and the quality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

Infant death rate disparities by race and ethnicity are indicative of the social and environmental stresses experienced by people of color. Across Tennessee, the infant death rate for Black and/or African American infants is two times higher than that of white infants. The rate of maternal death for Black and/or African American people is also two times higher than that of white people.

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

	Infant Deaths
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. 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**

- Host or facilitate community conversations for expectant and new parents, providing trusted spaces for education and peer support; utilize existing community events to increase outreach.
- 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 access to obstetric and gynecological care.
- Increase prenatal education outreach, including presentations by nutritionists or maternal health experts in schools, churches or community centers – involving the whole community as well to educate on maternal health and build a culture of knowledge around it.
- Increase visibility and coordination with doulas and midwives, positioning Baptist as a welcoming, inclusive care environment.
- Leverage and elevate trusted community leaders who can provide culturally relevant and accessible education to new and expectant mothers.
- Offer ongoing provider education on Medicaid, insurance coverage (e.g., for lactation consulting) and patient empowerment tools.
- Offer support for in-home services and virtual options to address barriers to access (e.g., transportation, work schedules).
- 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 West Tennessee 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-Carroll County**

- Collaborated with Carroll County schools to address community health needs and promote healthy lifestyles among teens
- Supported economic development efforts within the county
- Provided financial and in-kind support for various organizations, including Habitat for Humanity, United Way of West Tennessee and Alzheimer’s Association of West Tennessee
- Participated in health fairs and informational booths to provide hands-only CPR and early heart attack care instructions, as well as health screenings (blood pressure, body mass index, suicide prevention, sleep, depression, etc.) and healthy lifestyles education
- Presented chronic condition (arthritis, diabetes, cardiac, etc.) health education materials to residents and vulnerable population groups
- Presented to senior living and Veteran’s groups on breaking away from worry, stress management and recognizing the signs of mental illness
- Sponsored community agencies in support of cancer prevention and management, community awareness and delivering healthy food to families in need
- Administered school physicals to students in the Carroll County area
- Hosted a speaker's bureau comprised of hospital physicians, management and other professional personnel, consisting of health-related topics throughout the year to clubs, groups, organizations and schools

- Provided job shadowing and programming to promote awareness of health care careers
- Provided free community health screenings
- Provided mental health awareness and mental well-being education to various community groups
- Collaborated with Bethel University to provide needed medical supplies within community
- Assisted the McKenzie Special School District with securing an AED device to place in the school gymnasium

#### **Baptist Memorial Hospital-Union City**

- Hosted a community forum for addiction awareness and education in collaboration with Baptist's Center of Excellence in Addiction Medicine
- Participated in health fairs and informational booths to provide hands-only CPR instruction, as well as screenings (blood pressure, body mass index, suicide prevention, sleep, depression, etc.) and healthy lifestyles education
- Promoted safe vaginal deliveries in collaboration with the Tennessee Initiative for Perinatal Quality Care
- Provided education, networking and acquisition of PPE for West Area Tennessee Coalition of Healthcare (WATCH7)
- Provided education and information about using telemedicine for addiction treatment.
- Sponsored the Exchange Club's Carl Perkins Center for the Prevention of Child Abuse, Agape House Pregnancy Care Center and Juvenile Diabetes Research Foundation in support of type 1 diabetes (T1D) research and education
- Sponsored community agencies and events (e.g., Obion County Cancer Agency, Obion County Prevention Coalition and Hometown Walk of Hope) in support of cancer prevention and management
- Provided financial assistance to Reelfoot Rural Ministries for food insecurities
- Provided education and information about A Secret Safe Place for Newborns of Tennessee for safe baby abandonment
- Presented chronic condition (arthritis, diabetes, etc.) health education materials to residents and vulnerable population groups
- Provided self-esteem materials to domestic violence shelters
- Provided childbirth and breastfeeding information to new and expectant mothers to promote healthy birth outcomes
- Provided suicide prevention information to community members

## 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>
- 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
Alzheimer's Association	Program Manager
Alzheimer's Association	Executive Director
Baptist Medical Education	Program Director
Baptist Memorial Health Care	Director of Pastoral Care
Baptist Memorial Health Care	Manager, Market Development Research
Baptist Memorial Health Care	President Emeritus
Baptist Memorial Health Care/Mid-South Minority Underserved NCORP	Unspecified
Baptist Memorial Hospital-Carroll County	Nurse Practitioner
Baptist Memorial Hospital-Carroll County	RN/Cardiac Rehab
Baptist Memorial Hospital-Union City	Chief Nursing Officer
Baptist Memorial Hospital-Tipton	Chief Financial Officer
Carey Counseling Center, Inc.	Chief Executive Officer
Catholic Charities of West Tennessee, Inc.	Senior Director of Administration
Catholic Charities of West Tennessee, Inc.	Senior Director of Community Engagement
Catholic Charities of West Tennessee, Inc.	Grant Writer
Elam, Glasgow, and Chism	Partner
Girl Scouts Heart of the South	Chief Executive Officer
Haven Steel Products, Inc.	General Manager
Healthy Kids & Teens, Inc.	President and Chief Executive Officer
Hometown Health Clinic	Family Nurse Practitioner
Hometown Health Clinic	Leadership
Hometown Health Clinic	Nursing Director
Hometown Health Clinic	Care Manager
Hope House of Hospitality, Inc	Executive Director
Industrial Board	Member
Mid-South Transplant Foundation	Executive Director
National MS Society	Senior Development Manager
Obion County Chamber	Community Relations Director
Obion County Joint Economic Development Corporation	Chief Executive Officer
Obion County Prevention	Director
Obion County Sheriff's Office	Sheriff
Pediatric Place of Union City	Physician
Piney Woods School	Director of Advancement Operations
Project Access West Tennessee/Memphis Medical Society	Chief Executive Officer
St. Jude Children's Research Hospital, HPV Cancer Prevention Program	Director
The Refinery	Co-Owner
TN Commission on Children and Youth	Regional Program Administrator-NW Regional Coordinator
Union City Police Department	Chief of Police
Union City Schools	Superintendent, Retired

Organization	Title/Role
United Healthcare	Vice President Behavior Health
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
Baptist Memorial Health Care	Susan Breeden
Baptist Memorial Health Care	Sarah Pitcher
Baptist Memorial Health Care	Caitlin Smith
Carroll County Government	Joseph Butler
Carroll County News-Leader	Jesse Joseph
Carroll County Schools	Anna Todd
City of McKenzie	Ryan Griffin
McKenzie Middle School	Gale Edwards
Mississippi State Department of Health	Breanna Washington
Obion County Chamber of Commerce	Rachael McKinney
Obion County Joint Economic Development Corporation	Lindsay Theobald
Obion County Public Library	Carolina Conner
The Bridge of West TN	Corrie Walker
United Way of West Tennessee	Jennifer Medford