

COMMUNITY HEALTH NEEDS ASSESSMENT *2015-2017*



Mississippi Baptist Health Systems, Inc.

- *Mississippi Baptist Medical Center*
- *The Mississippi Hospital for Restorative Care*

COMMUNITY HEALTH NEEDS ASSESSMENT 2015 – 2017

Mississippi Baptist Medical Center
The Mississippi Hospital for Restorative Care

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Introduction

Baptist Health Systems is the parent company of Baptist Medical Center, The Mississippi Hospital for Restorative Care, Baptist Medical Center Attala, Baptist Medical Center Leake, Baptist Medical Center Yazoo, and a number of related healthcare services and programs. From its beginnings in 1908 as Jackson’s first hospital, Baptist has continuously provided quality, compassionate, Christian-based medical care. A 15-member Board of Trustees, consisting of local business leaders, physicians, and clergy, governs Baptist. A medical staff of approximately 450 board certified physicians in over 50 medical specialties care for more than 875,000 patients across the system annually.

A proven quality healthcare leader, Baptist is among “America’s 100 Best” hospitals in orthopedic surgery, joint replacement, and prostate surgery according to HealthGrades. No hospital in Jackson has more 5-Star ratings than Baptist Medical Center in 2015, as recognized by HealthGrades. Most notably, in 2015, Baptist was named the “Top 2% in the Nation for Patient Safety & Experience” by HealthGrades.

Baptist is the only hospital in Mississippi to earn The Joint Commission’s (JC) Disease Specific Certification for Acute Coronary Syndrome, Coronary Artery Bypass Surgery, Heart Failure, Advanced Inpatient Diabetes Education, Outpatient Diabetes Education, and Breast Cancer. As of October 2012, Baptist is Mississippi’s only, and one of only six hospitals in the nation, to earn Disease Specific Certification for Prematurity (for our care of premature infants). Baptist also earned Advanced Certification for its Primary Stroke Center.

Blue Cross and Blue Shield of Mississippi designated Baptist as a Blue Distinction Center for Cardiac Care, as well as Mississippi’s first Blue Distinction Center for Knee and Hip Replacement, and Blue Distinction Center for Spine Surgery. Baptist’s Center for Breast Health was the first in Mississippi to receive accreditation by the National Accreditation Program for Breast Centers. Baptist also treats more cancer patients than any hospital in Mississippi, and is designated as a Comprehensive Community Cancer Program by the Commission on Cancer of the American College of Surgeons.

Baptist Medical Center is a well-known and well-respected destination for healthcare, treating patients from all 50 states and the District of Columbia. Although our primary service area is Central Mississippi, in particular Hinds, Madison, and Rankin Counties, annually Baptist has patients from all 82 counties in Mississippi.

Baptist’s main campus, located in downtown Jackson, Mississippi, includes a hospital with 646 licensed beds, a variety of specialty institutes, and supporting labs and facilities in multiple buildings on about 40 acres. Meeting our communities’ healthcare needs, Baptist provides a wide range of services including Cancer (Oncology), Cardiology, Cardiovascular Surgery, Center for Breast Health, Diabetes, Emergency Medicine, Fitness, General Medicine, Geropsych, GI Lab, Intensive Care – Neonatal and Adult, Hospitalist, Laboratory Services, Neurology, Neurosurgery, Orthopedics, Pathology, Pediatrics, Physical Therapy, Radiation Oncology, Radiology, Respiratory, Sleep Disorders, Surgical Services, Urology, Women’s – Labor and Delivery, Obstetrics, and High Risk OB, and Wound Care.

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Baptist Medical Clinic is a network of primary care and specialty clinics located throughout the metro Jackson area and beyond with locations in Brandon, Byram, Clinton, Carthage, Flowood, North Jackson, Madison, Reservoir, and Walnut Grove. Specialty Clinics for Cardiology, Cardiovascular Surgery, Convenient Care, Internal Medicine, Neurology, and Occupational Medicine are all located around the greater metro Jackson area.

Each hospital of Baptist Health Systems is dedicated to the communities it serves. We verify the health needs of our communities by performing Community Health Needs Assessments (CHNA) every three years. These are formal assessments with a very specific process of collecting and analyzing data to determine and measure the health needs of the communities we serve. In accordance with the Internal Revenue Code Section 501(r)(3), each hospital facility has conducted its own CHNA and Implementation Strategy.

We are pleased to share the following CHNA Report with you for both Mississippi Baptist Medical Center and the Mississippi Hospital for Restorative Care.



Chris Anderson, FACHE, CPA
President and Chief Executive Officer
Mississippi Baptist Health Systems, Inc.

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Executive Summary

Mississippi Baptist Health Systems (MBHS) conducted a joint community health needs assessment (CHNA) and report for both Mississippi Baptist Medical Center (MBMC) and the Mississippi Hospital for Restorative Care (RCH) between April and August 2015. This report contains all methods and findings for the Mississippi Baptist Medical Center and the Mississippi Hospital for Restorative Care CHNA. MBMC and RCH have identified three health priorities based on the findings of this CHNA:

Priority #1: Prevention of Chronic Disease and Related Conditions

A common theme of all sources analyzed in this CHNA Report was the prevalence of chronic diseases and related conditions for community members. By prioritizing prevention of chronic diseases and contributing conditions, MBMC and RCH hope to build a healthier community and state.

Priority #2: Improvement of Access to Care

After analyzing key informant interviews, survey results, and sources that were identified, improved accessibility to healthcare services is a critical need for the community. By prioritizing improved access, MBMC and RCH hope to expand the delivery of quality healthcare to the community. Improved access includes a plan for continuum of care and leveraging of community partnerships for better collaboration.

Priority #3: Decrease Health Risk Behaviors through Education

Improving community education about health and wellness as a community health need was common theme identified and deemed a significant need after analyzing results of key informant interviews, survey results, and sources that were identified. Education on health and wellness also serve a key component for the other priorities listed above.

All CHNA Reports for MBMC and RCH can be found at www.mbhs.org/locations/baptist-health-systems/community-health-needs-assessment/.

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Methodology

This CHNA employed a multi-method approach that included a review of existing population health data (secondary data analysis) paired with focus group interviews and survey data collected from the community (primary data analysis).

Secondary Data Analysis: Research Methodology

To describe the demographic, socio-economic, and health status of our service area population, we drew from authoritative secondary data sources, including the U.S. Census Bureau, Centers for Disease Control and Prevention, County Health Rankings and Roadmaps, Community Commons, and others. For a complete list of secondary data sources, see Appendix A. When possible, secondary data are compared by county to state and national averages and to Healthy People 2020 goals. Healthy People 2020 goals are 10-year, science-based goals intended as benchmarks for improving the health of all Americans.

Primary Data Analysis: Survey Methodology

In conducting our health survey questionnaire, we employed a combination of online and paper surveys. We also asked key informants from our focus group to participate in the survey. In an effort to identify service gaps and health priorities of these communities, we actively sought the views of healthcare consumers, the insured, uninsured, poor, and underserved. We also sought input from community leaders and others who represented the broader interest of the community. The survey was completed by 257 people.

The survey consisted of the following sections:

1. Basic Demographic Information
2. Insurance, Healthcare & Wellness
3. Community Resources

The survey was written based on the available guidelines for conducting a CHNA and established objectives. It was reviewed by members of the CHNA oversight committee and was entered into Survey Monkey. Survey Monkey (www.surveymonkey.com) is an online survey development cloud based company that provides customizable surveys, as well as a suite of back-end programs that include data analysis, sample selection, bias elimination, and data representation tools.

The online survey was distributed via email, website, Facebook, Twitter, and other means of electronic communication. A paper copy of the survey was also distributed to allow for income diversity among responders. These paper surveys were distributed to a free nonprofit health clinic servicing the poor, uninsured, and underinsured, where adults were asked to complete the survey. These results were collected and added to the online survey for data analysis by hospital personnel.

A copy of the survey can be found in Appendix E, and the full results of the survey in Appendix F.

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Primary Data Analysis: Focus Group Methodology

A critical component in gathering relevant community health needs data is conducting focus group interviews with key community members who represent the broader interests of the community, including those with special knowledge of or expertise in public health.

One focus group was conducted with key informants from across the three counties representing our primary service area (Hinds, Madison, and Rankin Counties). This focus group consisted of community leaders from various sectors, including education, government, healthcare, faith-based organizations, and nonprofits. The focus group also represented insured and uninsured community members since these groups face different issues when accessing healthcare services. We also sought input from people representing both urban and rural areas in the focus group to get a better picture of the unique healthcare needs and barriers these communities face.

A paper survey was conducted in the focus group, in which the attendees were asked to fill out their responses, serving as a guide for the interview. A copy of the survey can be found in Appendix D and a full listing of key informants participating in the focus group interviews can be found in Appendix C.

Prioritizing Community Health Needs

Information gathered through the key informant interviews through the focus group, the CHNA online survey, and paper copies of the survey, paired with public health information, vital statistics, and economic data provide a very good vantage point of the health needs that exist in the community.

To gain a better understanding of the needs of the underserved, the focus group and survey had specific elements that were used to assist with gathering ideas about how to better serve the people in our community who face the greatest health disparities. This includes low-income populations, minority populations, senior citizens and the aged, children and the youth, uninsured and underinsured populations, disabled individuals, the homeless, etc. A considerable amount of care and attention were placed in how to solicit and receive input from these key population groups.

The results were compared and cross-referenced with the existing data (secondary data) that was collected and analyzed. This approach provided a more holistic view of the health needs that exist in the community. Community health needs were then prioritized according to the degree of overlap between the various data sources (primary and secondary), the severity of the health indicator or need, the resources that exist within the community to address those needs, and the resources MBMC and RCH have to deploy in addressing health needs.

While there are many health needs that exist within the community, we cannot adequately address every need. Needs not addressed in this CHNA Report were decided based on any number of reasons including a lack of resources, a lack of financial resources, or the need being sufficiently addressed by other community partners, programs, and initiatives.

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CHNA Purpose

In response to its commitment to the community, Baptist facilitated a comprehensive Community Health Needs Assessment (CHNA) for Mississippi Baptist Medical Center (MBMC) and The Mississippi Hospital for Restorative Care (RCH). The CHNA was conducted between April and August 2015.

During the CHNA process, MBMC collaborated with another Mississippi Baptist Health Systems hospital, RCH, located in the same building as MBMC.

This report fulfills the requirements of the federal statute established by the Patient Protection and Affordable Care Act requiring that nonprofit hospitals conduct a CHNA every three years. This CHNA, with project management by Baptist staff, includes extensive input from persons representing the broad interests of the communities served by the hospital facilities, including those with special knowledge of public health issues. This is a joint CHNA Report for both Mississippi Baptist Medical Center and The Mississippi Hospital for Restorative Care.

Project Mission

The mission of the Community Health Needs Assessment completed for Mississippi Baptist Medical Center and The Mississippi Hospital for Restorative Care is to understand and plan for the current and future health needs of patients and residents in all the communities served by Baptist through fulfilling its mission and vision:

Our mission is to provide the highest quality healthcare, guided by our Christian faith.

Our vision is to be our community's trusted healthcare system of choice, recognized nationally for outstanding employees and physicians, delivering high quality and exceptional service.

The goal of the CHNA process is to identify the health needs of the communities served by Baptist, while developing a deeper understanding of community needs and identifying community health priorities. To have meaningful engagement and input from a broad range of individuals and organizations representing the communities served is critical to the success of the CHNA process.

Objectives

The objective of this assessment is to analyze traditional health related indicators and social, demographic, economic, and environmental factors of the communities served. The objectives of the CHNA are to:

- Obtain information on population health status, in addition to socio-economic and environmental factors;

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- Assure that community members, especially those who are underrepresented members of the population, are included in the CHNA process;
- Ensure that state, local, tribal, or regional experts in healthcare are included in the CHNA process;
- Identify key community health needs of our communities;
- Provide an inventory of available resources in these communities that may provide programs and services to meet these identified needs; and
- Develop a CHNA Report as required by the Patient Protection and Affordable Care Act.

Oversight

The ultimate oversight of the Assessment was provided by the Mississippi Baptist Health System’s Board of Trustees, driven by the Mission Effectiveness Committee of the Board of Trustees. Senior management and other resource personnel participated on the CHNA Oversight Committee.

An independent consultant was not engaged to assist in the Community Health Needs Assessment.

Mississippi Baptist Medical Center and the Mississippi Hospital for Restorative Care’s CHNA Oversight Committee for preparation of this Community Health Needs Assessment consisted of the following:

Name	Title	Role
Beau Bowman	Director of Planned Giving & Major Gifts	Project Champion
Chris Anderson	Chief Executive Officer	Oversight / Planning
Bill Grete	General Counsel	Oversight / Planning
Whit Hughes	Chief Development Officer	Oversight / Planning
Bill Thompson	Chief Financial Officer	Oversight / Planning

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Study Steps

The primary steps of the study were:

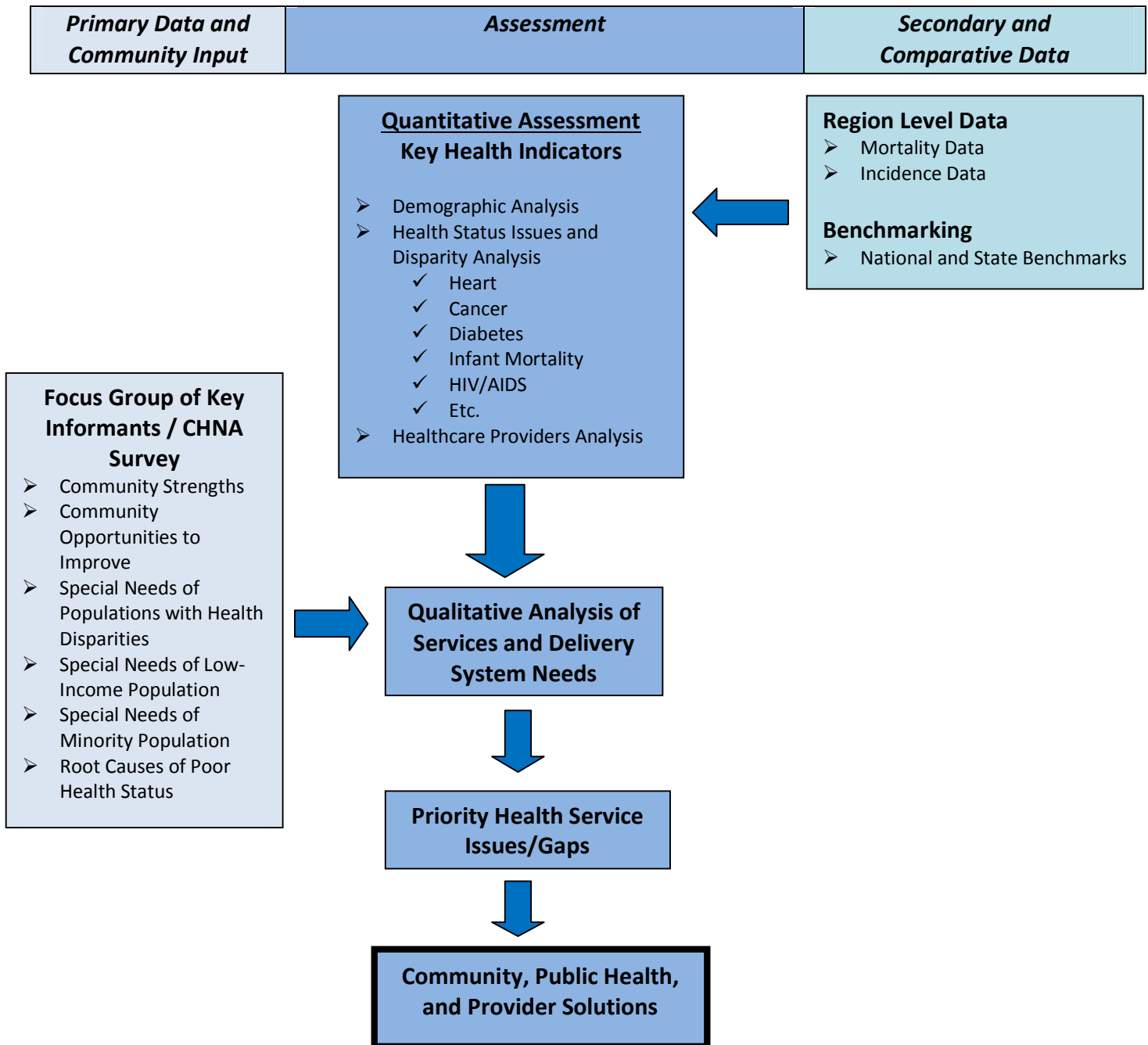
- Define study regions;
- Profile the demographic composition of service areas;
- Identify peer group communities;
- Develop and conduct community health status, utilization, and preference survey;
- Develop health status indicator profile and identify priority health issues;
- Assess current services for priority health issues;
- Develop health services planning document;
- Present findings to the Oversight Committee, Mission Effectiveness, Board of Trustees, and local stakeholders;
- Produce and disseminate final planning report.

The methodology is outlined in the flow diagram on the next page.

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DIAGRAM 1: CHNA Study Methodology



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Information Gaps

Information utilized in this CHNA Report originates from a variety of sources, not all of which involve the same scope or year. In conducting the CHNA and compiling this CHNA Report, we tried to accumulate the most current data related to the defined community, but we do recognize that gaps would exist based on availability of current data. Information on demographics and health status of the community was fairly readily accessible on the internet from secondary data sources.

Information gaps mainly existed in getting direct feedback from disadvantaged individuals in the community. In the interest of time, the team established a focus group of community agencies serving disadvantaged individuals, who provided very reliable input on behalf of their constituencies.

Baptist does routine surveys about community perceptions of its services, and the team relied on these surveys during the work. Surveyed perceptions of Baptist were good and varied somewhat by service line.

Other gaps identified include, but are not limited to:

- Some health indicators and other data on the community served were only available by Zip code or city level, and not at the county level. Some of these geographic boundaries, thus the data, may include data from a neighboring county that shares a portion of the city's or Zip code's residents.
- Data from many sources are not always current or the data collection is not always made in the same time period of other sources, such as County Health Profiles through 2007 as of June 2015.
- Not all healthcare resources are identified through the Mississippi State Department of Health as their directory only includes those facilities that are licensed or certified for participation in the Medicare and/or Medicaid Programs and those facilities that have provided their information to them.

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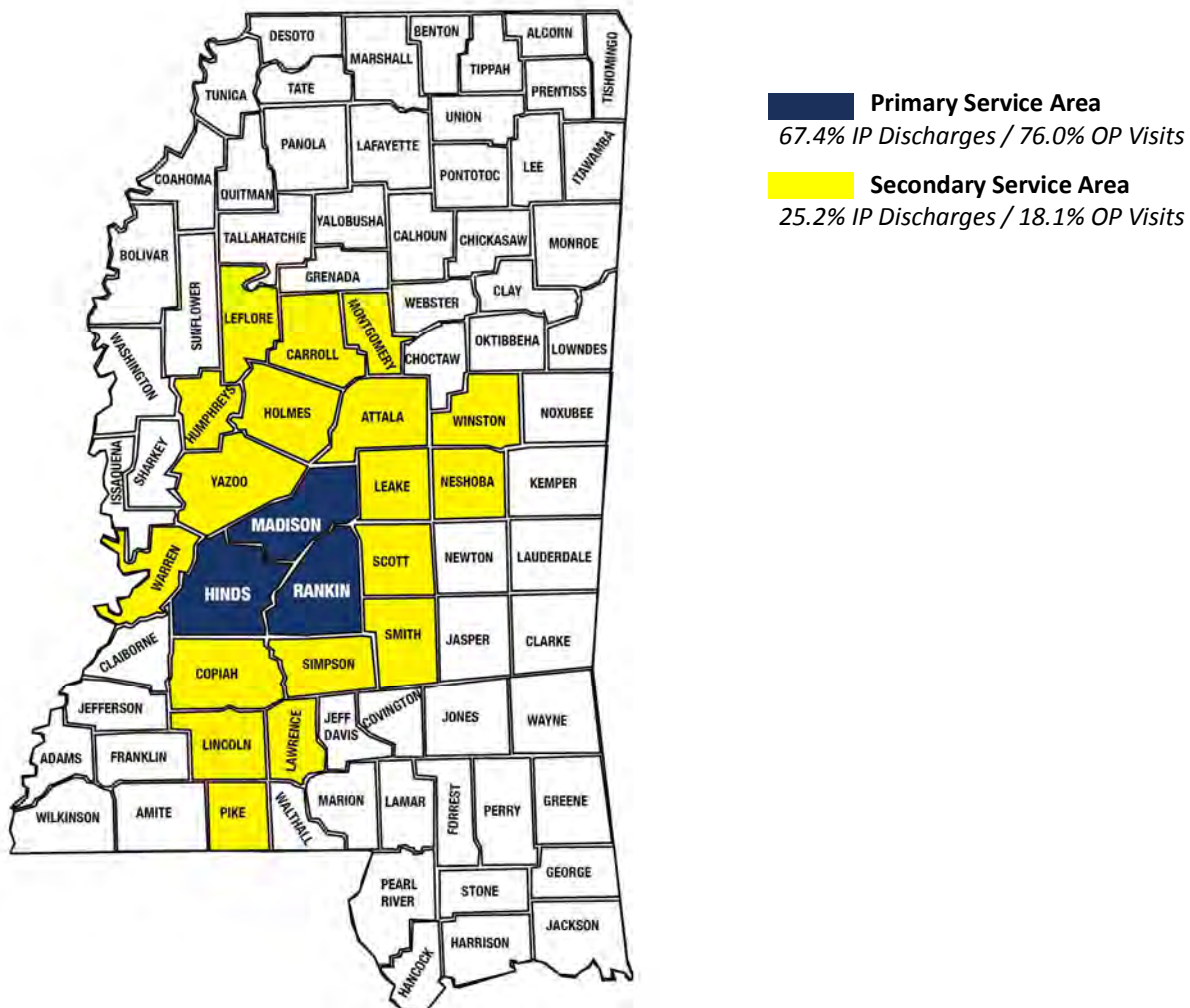
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Community Defined

Baptist Medical Center’s (MBMC) and The Mississippi Hospital for Restorative Care’s (RCH) primary service area for both inpatient and outpatient care is Hinds, Madison, and Rankin Counties. These three counties account for 67.4 percent and 76.0 percent, respectively, of MBMC and RCH inpatient and outpatient volume for fiscal year 2014. The secondary service area includes an additional 18 counties. Inpatient discharges are illustrated in Table 1 and outpatient visits (excluding non patient lab) is illustrated in Table 2.

The community is more typically defined as the geographic service area for which the greatest concentration of patients served is generally located. For purposes of this CHNA, Hinds, Madison, and Rankin Counties will be considered the geographic community of focus.

MAP 1: Primary and Secondary Service Areas Map, FY 2014



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TABLE 1: MBMC and RCH Inpatient Discharges, FY 2014

	<i>Discharges</i>	<i>% of Discharges</i>	<i>Cumulative % of Discharges</i>
Primary Service Area			
Hinds	7,764	38.1%	38.1%
Rankin	3,591	17.6%	55.7%
Madison	2,359	11.7%	67.4%
Secondary Service Area			
Copiah	746	3.7%	71.1%
Yazoo	605	3.0%	74.1%
Scott	491	2.4%	76.5%
Leake	474	2.3%	78.8%
Simpson	437	2.1%	80.9%
Attala	391	1.9%	82.8%
Holmes	322	1.6%	84.4%
Lincoln	294	1.4%	85.8%
Warren	290	1.4%	87.2%
Lawrence	155	0.8%	88.0%
Pike	144	0.7%	88.7%
Neshoba	138	0.7%	89.4%
Leflore	117	0.6%	90.0%
Humphreys	116	0.6%	90.6%
Winston	114	0.6%	91.2%
Montgomery	106	0.5%	91.7%
Smith	104	0.5%	92.2%
Carroll	75	0.4%	92.6%
All Other Counties	1,568	7.7%	100%*
TOTAL*	<u>20,401</u>	<u>100.0%</u>	

Source: MBMC and RCH internal Data

*May not equal 100% due to rounding

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TABLE 2: MBMC and RCH Outpatient Visits, FY 2014

	<i>Visits</i>	<i>% of Visits</i>	<i>Cumulative % of Visits</i>
Primary Service Area			
Hinds	56,351	45.0%	45.0%
Rankin	23,570	18.8%	63.8%
Madison	15,309	12.2%	76.0%
Secondary Service Area			
Copiah	3,876	3.1%	79.1%
Yazoo	2,591	2.1%	81.2%
Simpson	2,433	1.9%	83.1%
Scott	2,400	1.9%	85.0%
Leake	1,619	1.3%	86.3%
Warren	1,558	1.2%	87.5%
Lincoln	1,309	1.0%	88.5%
Attala	1,250	1.0%	89.5%
Holmes	1,156	0.9%	90.4%
Pike	792	0.6%	91.0%
Lawrence	655	0.5%	91.5%
Leflore	603	0.5%	92.0%
Neshoba	523	0.4%	92.4%
Humphreys	490	0.4%	92.8%
Winston	439	0.4%	93.2%
Smith	403	0.3%	93.5%
Carroll	383	0.3%	93.8%
Montgomery	368	0.3%	94.1%
All Other Counties	7,124	5.7%	100%*
TOTAL*	125,202	100.0%	

Source: MBMC and RCH internal Data

*May not equal 100% due to rounding

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Community Demographics

A number of data points were gathered to provide insight into the demographics, quality of life, and other figures for Hinds, Madison, and Rankin Counties. While MBMC and RCH are both located in Hinds County, they also serve a significant portion of Madison and Rankin Counties. Overall the three counties comprise approximately 17% of the state’s population. The summary of our key findings is below. All key data points have been compared to both the national and state averages.

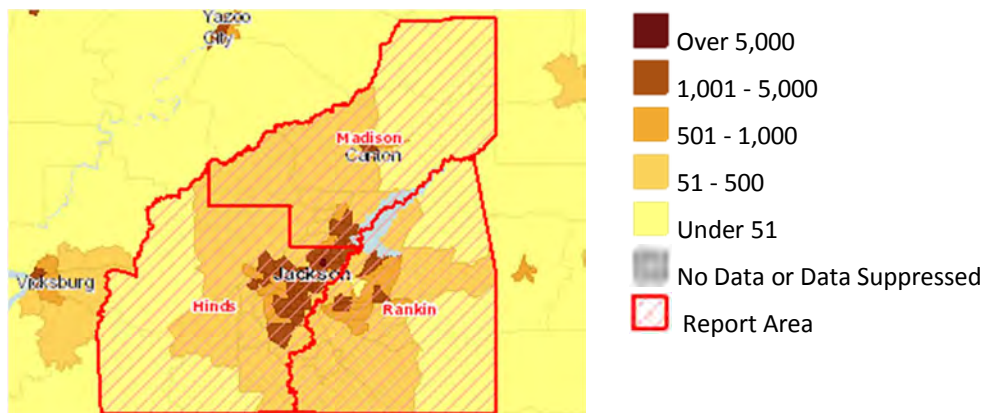
The demographics of an area and shifts in demographics can have significant impacts on the health of a community. Collectively, these three counties are home to 493,487 Mississippians, who live in communities that are racially, ethnically, socio-economically, and geographically diverse. Mississippi’s population growth of 0.9% is well below the national average, 3.3%. Madison and Rankin Counties enjoyed a larger than average growth of 6.8% and 4.2% respectively, but Hinds County saw a decrease in growth of -0.7%.

TABLE 3: Population

<i>People QuickFacts</i>	<i>USA</i>	<i>Mississippi</i>	<i>Hinds County</i>	<i>Madison County</i>	<i>Rankin County</i>
Population, 2014 estimate	318,857,056	2,994,079	243,729	101,688	148,070
Population, 2013 estimate	316,497,531	2,992,206	245,616	100,241	147,135
Population, 2010 (April 1) estimates base	308,758,105	2,968,103	245,365	95,203	142,061
Population, percent change - April 1, 2010 to July 1, 2014	3.3%	0.9%	-0.7%	6.8%	4.2%
Population, percent change - April 1, 2010 to July 1, 2013	2.5%	0.8%	0.1%	5.3%	3.6%
Population, 2010	308,745,538	2,967,297	245,285	95,203	141,617

Source: U.S. Census Bureau, 2013

MAP 2: Population, Density (Persons per Sq Mile) by Tract, ACS 2009-13



Source: Community Commons, <http://www.communitycommons.org>

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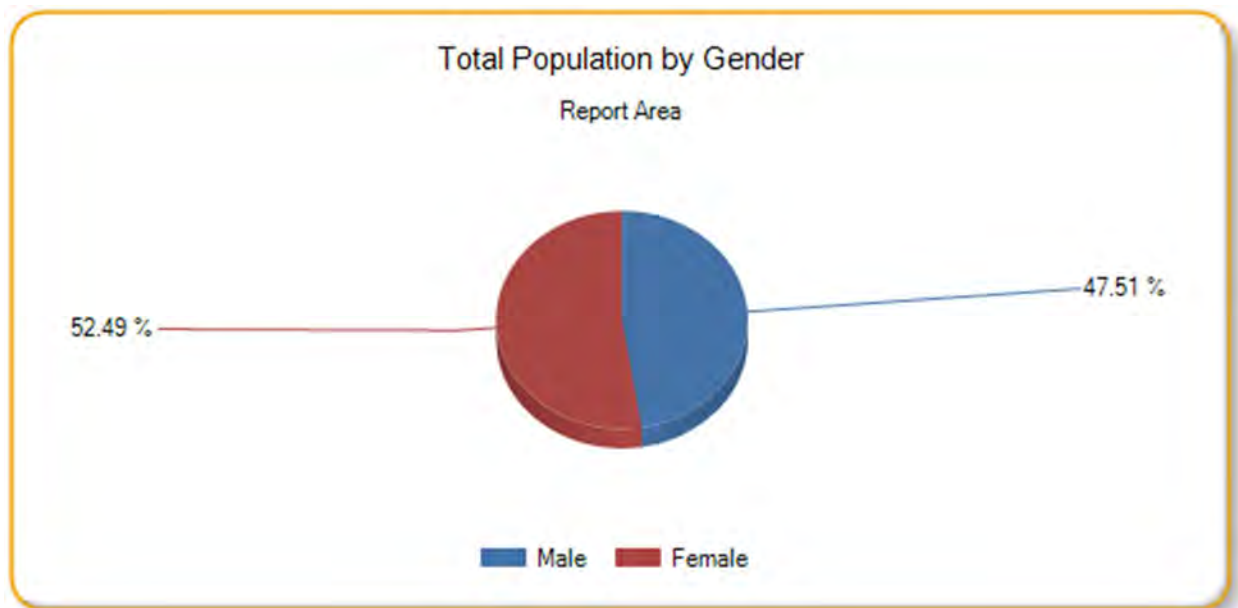
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TABLE 4: Total Population by Gender

Report Area	Male	Female	Percent Male	Percent Female
Report Area	231,416	255,700	47.51%	52.49%
Hinds County	115,532	130,768	46.91%	53.09%
Madison County	46,621	50,530	47.99%	52.01%
Rankin County	69,263	74,402	48.21%	51.79%
Mississippi	1,445,356	1,531,516	48.55%	51.45%
United States	153,247,408	158,289,184	49.19%	50.81%

Source: Community Commons, <http://www.communitycommons.org>

GRAPH 1: Total Population by Gender (Hinds, Madison, and Rankin Counties)



Source: Community Commons, <http://www.communitycommons.org>

The area includes the cities of Clinton, Jackson, Raymond, and Byram (Hinds County), Canton, Madison, and Ridgeland (Madison County), and Brandon, Flowood, Pearl, and Richland (Rankin County) (MAP 3). Mississippi is 50.7% rural. The geographic area of the primary service area is an urban-rural mix, with Hinds County representing the most urban at 85% (15.3% rural), Madison County is 72% urban (28.0% rural) and Rankin County having the least at 66% urban (33.9% rural). Public transportation is limited throughout the region, particularly areas outside of the city of Jackson (Hinds County).

Mississippi overall as well as the primary service area does not have a large immigrant community. Relative to the U.S. (reporting 12.9% foreign born population), Mississippi’s foreign born population is at

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2.2%. Madison County has the highest percentage of foreign born population in the primary service area of 4.0%.

MAP 3: Hinds, Madison, and Rankin Counties



As illustrated in TABLE 5, Mississippi’s racial diversity is significantly less than the nation as it relates to Hispanic and Asian populations (2.9% and 1.0% respectively), with the most significant difference being with the Hispanic or Latino population. Hinds County has a significantly larger African American population (70.3%) and smaller white population (27.8%), while Madison County is a little closer to the national average (57.8% white and 38.5% African American), and Rankin County being closest to the national average (77.6% white and 19.8% African American). According to County Health Rankings & Roadmaps, language as a barrier is unremarkable for Mississippi with only 0.9% of the population not being proficient in English. Rankin County has the lowest population not proficient in English at 0.5%, followed by Hinds County at 0.6%. Madison County has the largest population not proficient in English at 1.4%.

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TABLE 5: Hinds, Madison, and Rankin Counties Race/Ethnicity

	USA	Mississippi	Hinds County	Madison County	Rankin County
White alone, percent, 2013 (a)	77.7%	59.8%	27.8%	57.8%	77.6%
Black or African American alone, percent, 2013 (a)	13.2%	37.4%	70.3%	38.5%	19.8%
American Indian and Alaska Native alone, percent, 2013 (a)	1.2%	0.6%	0.2%	0.4%	0.2%
Asian alone, percent, 2013 (a)	5.3%	1.0%	0.8%	2.3%	1.2%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.2%	0.1%	Z	0.1%	0.1%
Two or More Races, percent, 2013	2.4%	1.1%	0.9%	0.8%	1.0%
Hispanic or Latino, percent, 2013 (b)	17.1%	2.9%	1.6%	2.9%	2.6%
White alone, not Hispanic or Latino, percent, 2013	62.6%	57.5%	26.7%	55.7%	75.4%

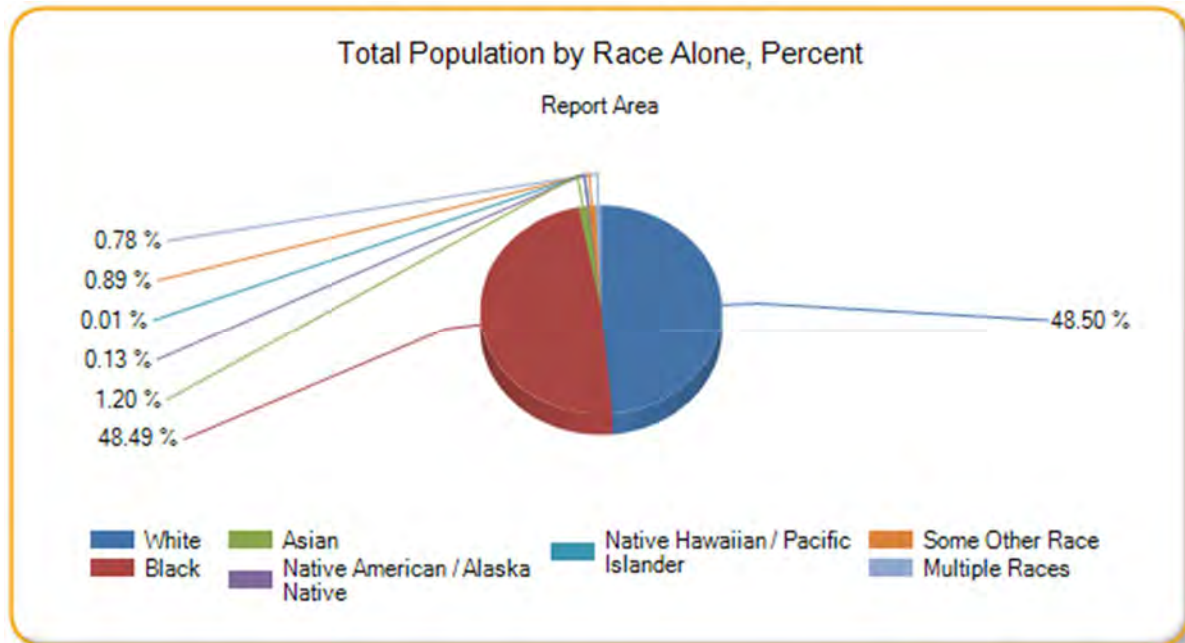
Source: U.S. Census Bureau, 2013

(a) Includes persons reporting only one race

(b) Hispanics may be of any race, so also are included in applicable race categories

Z Value greater than zero but less than half unit of measure shown

GRAPH 2: Total Population by Race Alone (Hinds, Madison, and Rankin Counties)

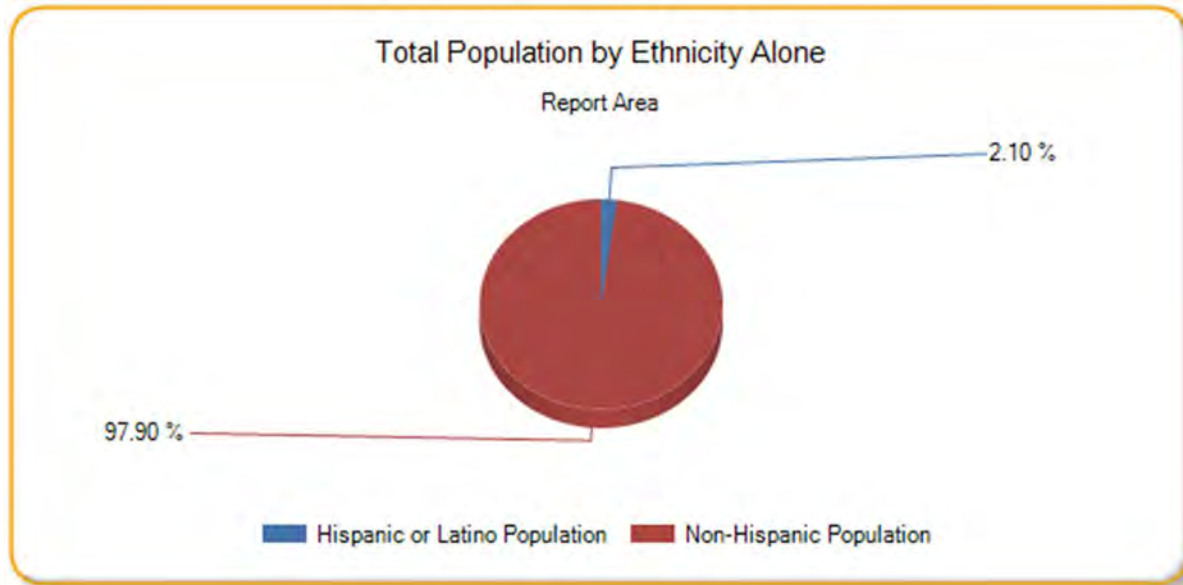


Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 3: Total Population Hispanic vs Non-Hispanic (Hinds, Madison, and Rankin Counties)



Source: Community Commons, <http://www.communitycommons.org>

The counties served by MBMC and RCH have a younger age profile than Mississippi and the U.S. overall. People 65 years and over in the U.S. is 14.1% and 13.9% in Mississippi, but all three of our primary service area counties have lower percentages of aged adults, with Rankin County having the highest percentage of 12.8%. However, for young children under 5 years old, Mississippi is more closely aligned with the U.S. at just 0.3% higher percentage rate. Both Hinds and Madison Counties have a higher percentage of persons under 18 years of age, 25.6% and 25.9% respectively. All three counties and Mississippi have a higher percentage of persons under 18 years than the U.S. This relatively younger population is associated with a health profile that is characterized by lower rates of health insurance coverage, lower rates of educational attainment, and decreased access to healthcare and preventative health services.

TABLE 6: Population

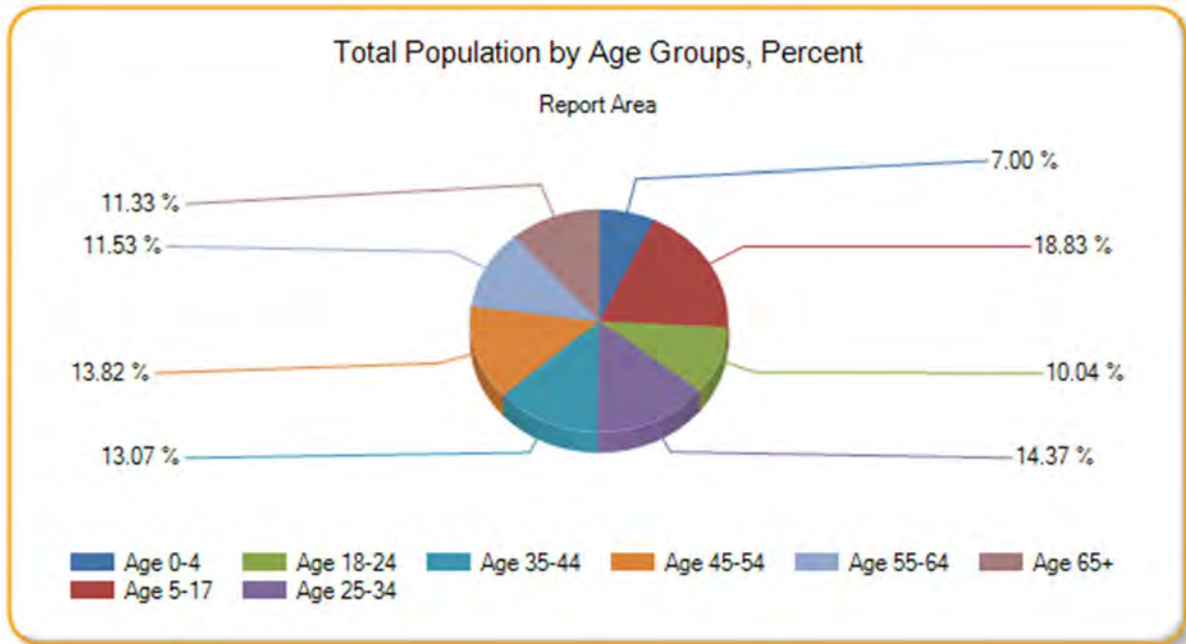
<u>People QuickFacts</u>	USA	Mississippi	Hinds County	Madison County	Rankin County
Persons under 5 years, percent, 2013	6.3%	6.6%	7.0%	6.6%	6.5%
Persons under 18 years, percent, 2013	23.3%	24.7%	25.6%	25.9%	24.7%
Persons 65 years and over, percent, 2013	14.1%	13.9%	11.7%	11.8%	12.8%

Source: U.S. Census Bureau, 2013

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GRAPH 4: Total Population by Age Groups (Hinds, Madison, and Rankin Counties)



Source: Community Commons, <http://www.communitycommons.org>

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Social and Economic Factors

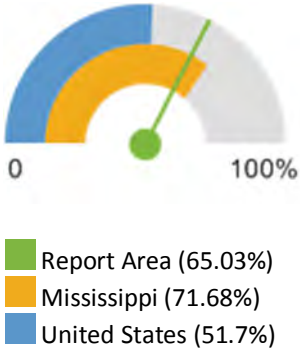
There are significant disparities in the quality of life and economic opportunities for residents in the MBMC and RCH service area, depending on demographic, social, and socio-economic characteristics. Economic and social insecurity often are associated with poor health. Poverty, unemployment, and lack of educational achievement affect access to care and a community’s ability to engage in healthy behaviors. Without a network of support and a safe community, families cannot thrive. Ensuring access to social and economic resources provides a foundation for a healthy community.

Free or Reduced Price Lunch for Children

A key indicator of economic distress is the number of children in public schools who are eligible for free and reduced cost meals. Within Hinds, Madison, and Rankin Counties, 51,785 public school students or 65.03% are eligible for Free/Reduced Price lunch out of 79,929 total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

TABLE 7: Percent Students Eligible for Free or Reduced Price Lunch

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Report Area	79,929	51,785	65.03%
Hinds County	40,590	33,501	83.14%
Madison County	15,881	7,788	49.04%
Rankin County	23,458	10,496	44.74%
Mississippi	492,301	352,084	71.68%
United States	49,936,793	25,615,437	51.7%



Source: National Center for Education Statistics, NCES - Common Core of Data 2012-13

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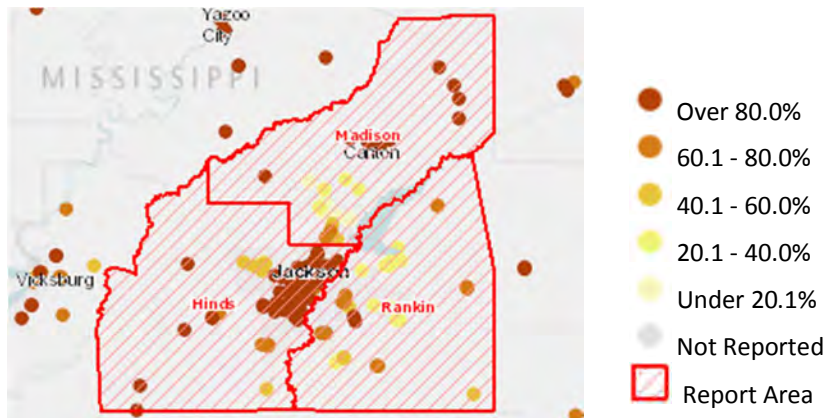
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TABLE 8: Children Eligible for Free Lunch (Alone) by Year, 2009-10 through 2012-13

Report Area	2009-10	2010-11	2011-12	2012-13
Report Area	63.08%	63.85%	64.8%	65.03%
Hinds County	78.71%	80.5%	81.12%	83.14%
Madison County	47.65%	47.81%	51.63%	49.04%
Rankin County	43.94%	44.48%	44.17%	44.74%
Mississippi	70.53%	70.74%	71.47%	71.71%
United States	47.76%	49.24%	48.29%	51.77%

Source: Community Commons, <http://www.communitycommons.org>

MAP 4: Students Eligible for Free or Reduced-Price Lunch by Location, NCES CCD 2012-13

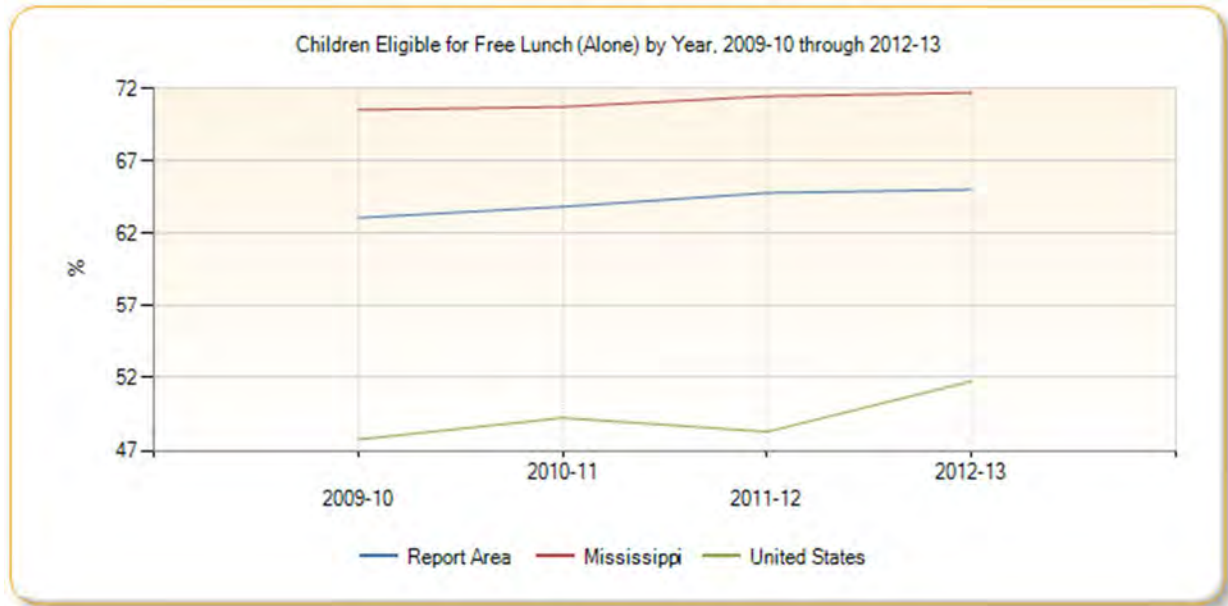


Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 5: Children Eligible for Free Lunch (Alone) by Year, 2009-10 through 2012-13



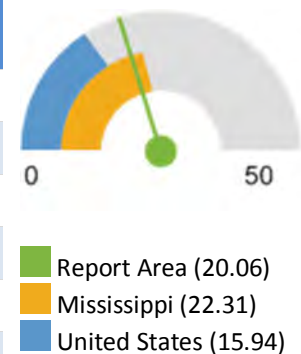
Source: Community Commons, <http://www.communitycommons.org>

Food Insecurity

Food Insecurity Rate is an indicator that reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

TABLE 9: Percentage of the Population with Food Insecurity

Report Area	Total Population	Food Insecure Population, Total	Food Insecure Population, Percent
Report Area	483,952	97,100	20.06%
Hinds County	246,335	60,740	24.66%
Madison County	95,481	16,380	17.16%
Rankin County	142,136	19,980	14.06%
Mississippi	2,984,926	665,790	22.31%
United States	313,281,717	49,943,940	15.94%

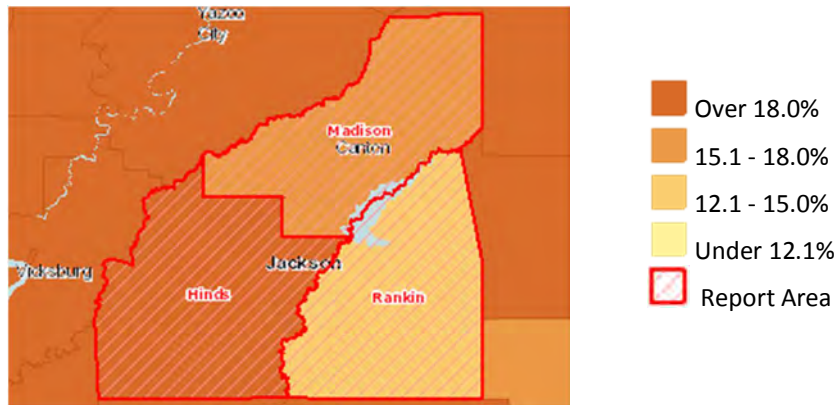


Source: Feeding America, 2012

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MAP 5: Food Insecure Population, Percent by County, Feeding America 2012



Source: Community Commons, <http://www.communitycommons.org>

Education and High School Graduation Rates

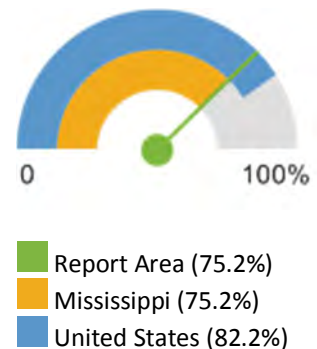
Our adult population is relatively well-educated, with each county approximating or exceeding the national average for individuals over age 25 with a high school diploma or bachelor’s degree. However, this trend may be in jeopardy, as the younger generation struggles with attaining their high school diploma. This is particularly true for Hinds County, from which MBMC and RCH derives most of its patient population. In Hinds County, the percentage of ninth-grade cohort that graduates in four years is 68.7%, according to the U.S. Department of Education.

According to the National Center for Education Statistics (NCES), within the report area 72.4% of students are receiving their high school diploma within four years. This is less than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one the strongest predictors of health.

TABLE 10: Cohort Graduation Rate

Report Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Report Area	5,460	4,105	75.2
Hinds County	2,933	2,015	68.7
Madison County	1,093	894	81.79
Rankin County	1,434	1,196	83.4
Mississippi	33,845	25,452	75.2
United States	3,351,452	2,754,352	82.2

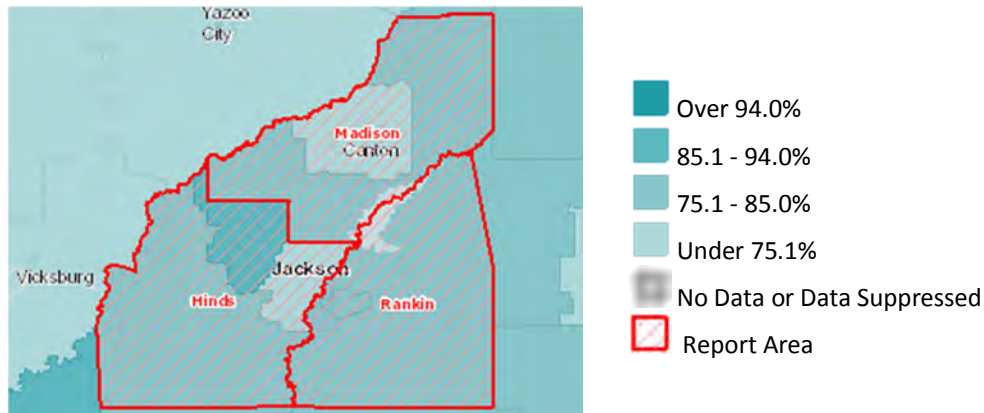
Source: US Department of Education, EDFacts



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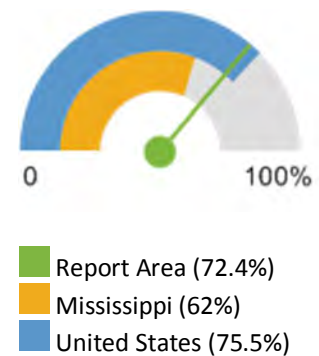
MAP 6: On-Time Graduation, Rate by School District (Secondary), ED Facts 2011-12



Source: Community Commons, <http://www.communitycommons.org>

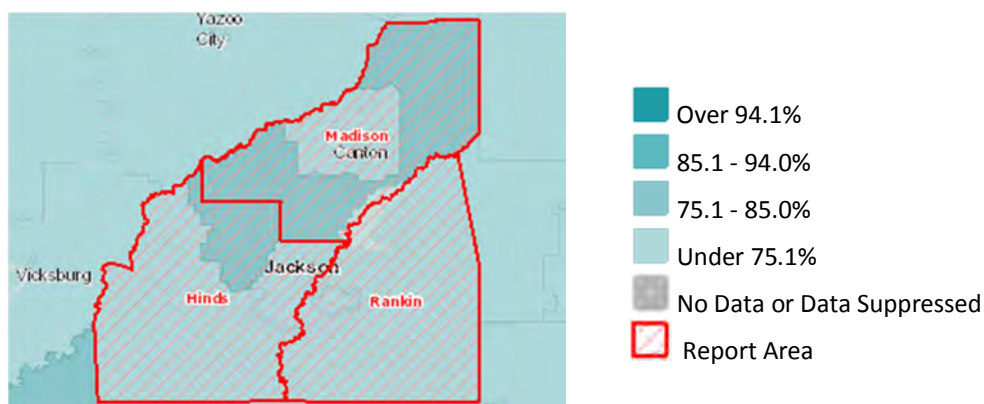
TABLE 11: On-Time Graduation Rate

Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
Report Area	6,172	4,468	72.4
Hinds County	3,398	2,266	66.7
Madison County	1,180	904	76.6
Rankin County	1,595	1,298	81.4
Mississippi	39,536	24,505	62
United States	4,024,345	3,039,015	75.5
HP 2020 Target			> =82.4



Source: National Center for Education Statistics, NCES - Common Core of Data. 2008-09

MAP 7: On-Time Graduation, Rate by School District (Secondary), NCES CCD 2008-09



Source: Community Commons, <http://www.communitycommons.org>

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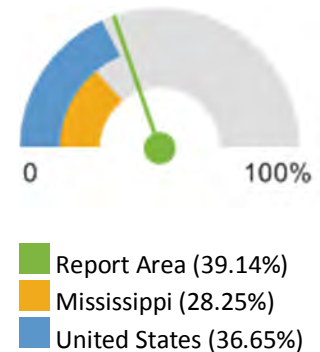
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Population with Associate's Level Degree or Higher

39.14% of the population aged 25 and older, or 122,246 have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

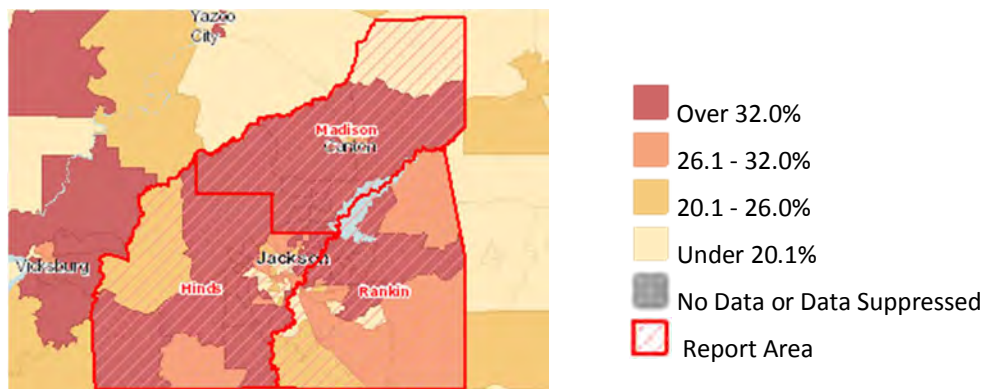
TABLE 12: Percent Population Age 25 with Associate's Degree or Higher

Report Area	Total Population Age 25	Population Age 25 with Associate's Degree or Higher	Percent Population Age 25 with Associate's Degree or Higher
Report Area	312,321	122,246	39.14%
Hinds County	152,835	53,158	34.78%
Madison County	63,205	32,934	52.11%
Rankin County	96,281	36,154	37.55%
Mississippi	1,918,110	541,894	28.25%
United States	206,587,856	75,718,936	36.65%



Source: US Census Bureau, American Community Survey, 2009-13

MAP 8: Population with an Associate Level Degree or Higher, Percent by Tract, ACS 2009-13



Source: Community Commons, <http://www.communitycommons.org>

Population with No High School Diploma

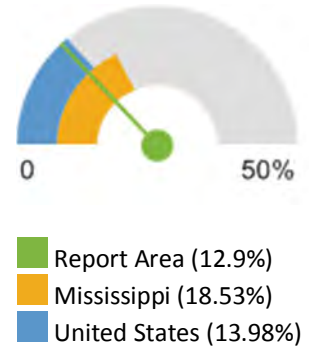
Within the report area there are 40,297 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 12.9% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes.

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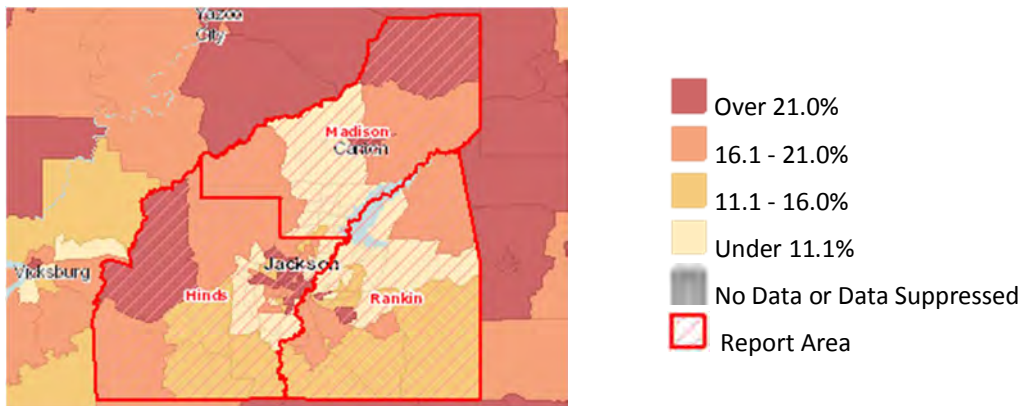
TABLE 13: Percent Population Age 25 with No High School Diploma

Report Area	Total Population Age 25	Population Age 25 with No High School Diploma	Percent Population Age 25 with No High School Diploma
Report Area	312,321	40,297	12.9%
Hinds County	152,835	22,794	14.91%
Madison County	63,205	6,849	10.84%
Rankin County	96,281	10,654	11.07%
Mississippi	1,918,110	355,371	18.53%
United States	206,587,856	28,887,720	13.98%



Source: US Census Bureau, American Community Survey, 2009-13

MAP 9: Population with No High School Diploma (Age 25), Percent by Tract, ACS 2009-13

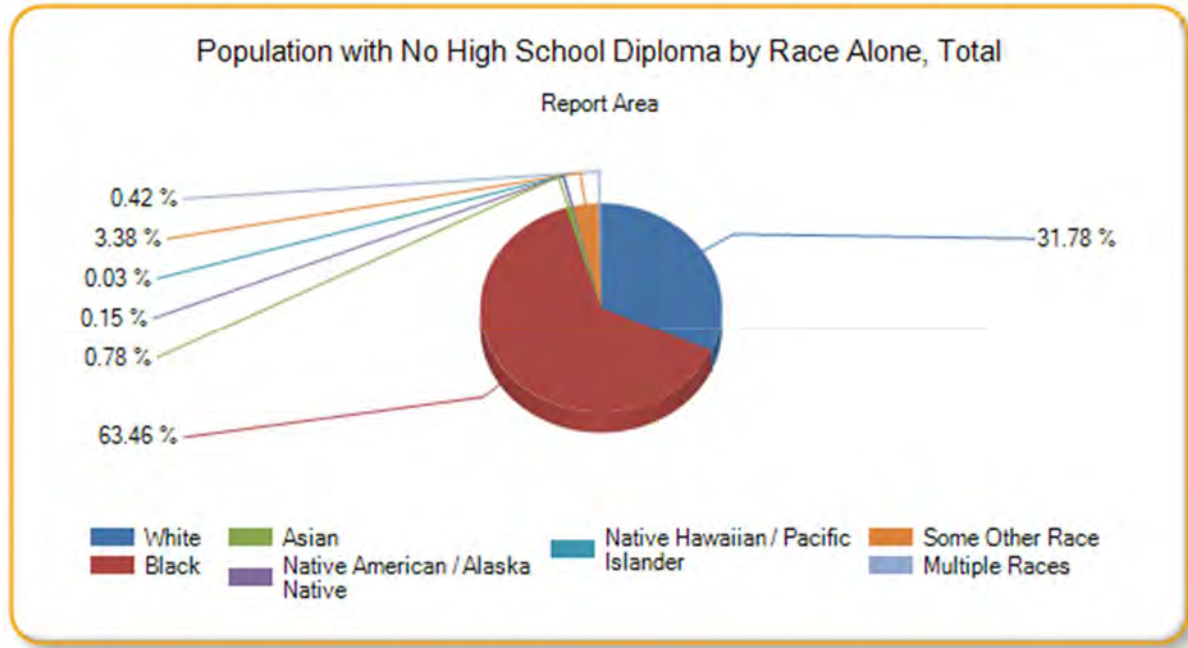


Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 6: Population with No High School Diploma by Race Alone (Hinds, Madison, and Rankin Counties)



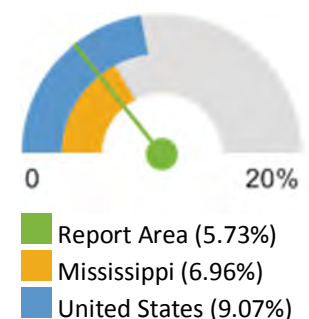
Source: Community Commons, <http://www.communitycommons.org>

Transportation – Households with No Motor Vehicle

This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year American Community Survey estimates. The lack of transportation plays a significant role in health, especially when there is limited public transportation. The cities of Jackson and Canton are the only places where public transportation is widely available.

TABLE 14: Percentage of Households with No Motor Vehicle

Report Area	Total Occupied Households	Households with No Motor Vehicle	Percentage of Households with No Motor Vehicle
Report Area	177,409	10,171	5.73%
Hinds County	87,844	6,823	7.77%
Madison County	36,342	1,678	4.62%
Rankin County	53,223	1,670	3.14%
Mississippi	1,088,073	75,738	6.96%
United States	115,610,216	10,483,077	9.07%

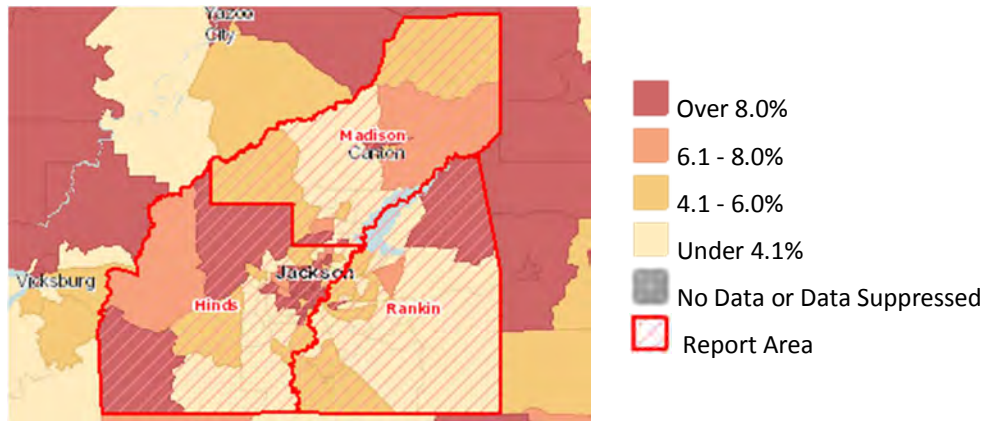


Source: US Census Bureau, American Community Survey, 2009-13

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MAP 10: Households with No Vehicle, Percent by Tract, ACS 2009-13



Source: Community Commons, <http://www.communitycommons.org>

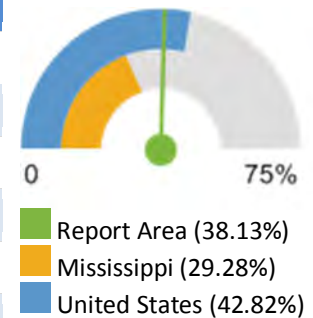
Income - Families Earning Over \$75,000

In the report area, 38.13%, or 46,341 families report a total annual income of \$75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

TABLE 15: Percent Families with Income Over \$75,000

Report Area	Total Families	Families with Income Over \$75,000	Percent Families with Income Over \$75,000
Report Area	121,525	46,341	38.13%
Hinds County	57,415	16,831	29.31%
Madison County	25,414	12,513	49.24%
Rankin County	38,696	16,997	43.92%
Mississippi	749,283	219,398	29.28%
United States	76,744,360	32,858,574	42.82%

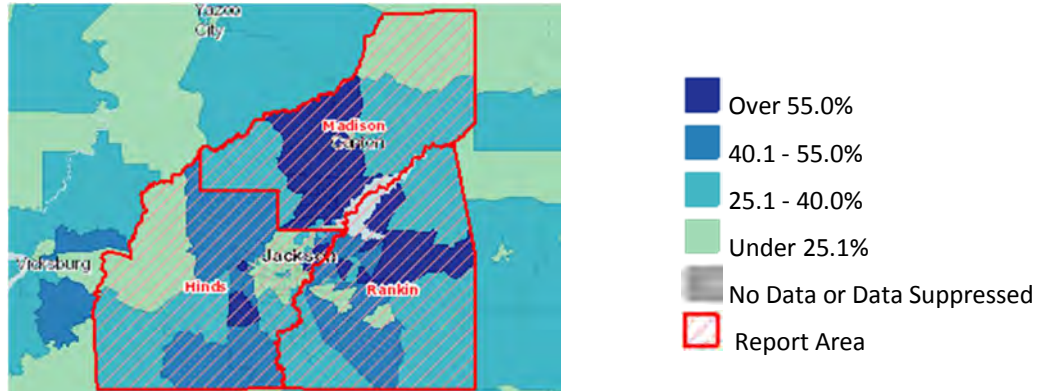
Source: US Census Bureau, American Community Survey, 2009-13



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MAP 11: Family Income Over \$75,000, Percent by Tract, ACS 2009-13



Source: Community Commons, <http://www.communitycommons.org>

TABLE 16: Families with Income Over \$75,000 by Race Alone, Total

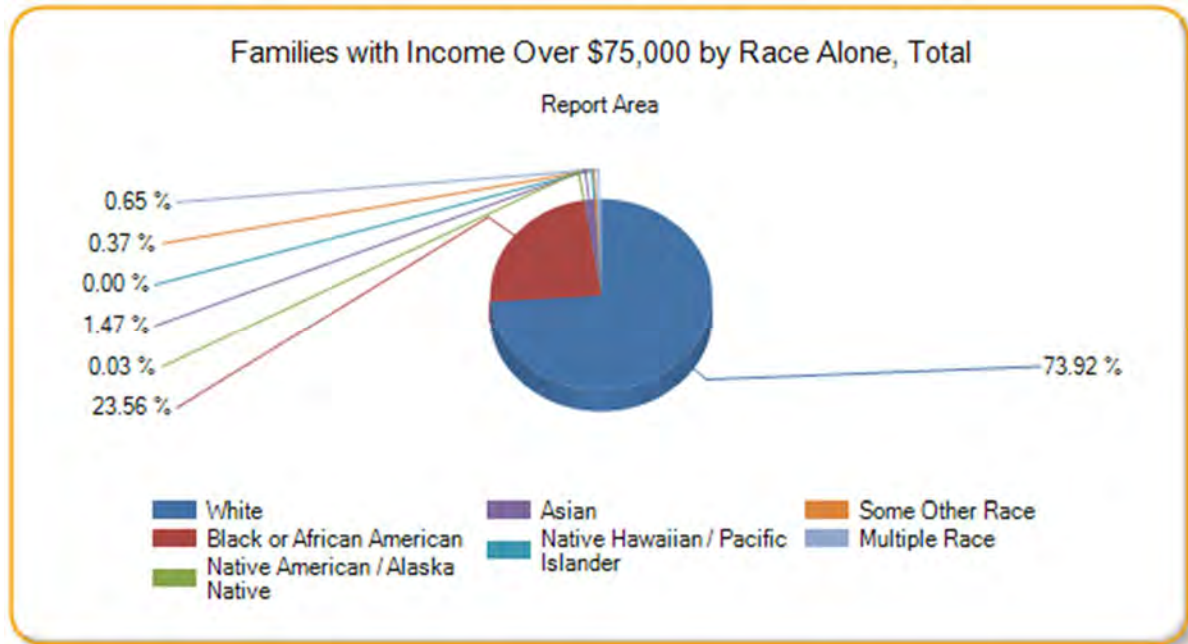
Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Report Area	34,257	10,918	12	681	0	170	303
Hinds County	9,159	7,334	0	187	0	36	115
Madison County	10,002	2,048	0	281	0	77	105
Rankin County	15,096	1,536	12	213	0	57	83
Mississippi	179,186	35,358	434	2,351	11	772	1,286
United States	27,340,900	2,285,806	142,022	1,931,624	39,355	656,678	462,189

Source: US Census Bureau, American Community Survey, 2009-13

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GRAPH 7: Families with Income Over \$75,000 by Race Alone (Hinds, Madison, and Rankin Counties)



Source: Community Commons, <http://www.communitycommons.org>

TABLE 17: Families with Income Over \$75,000 by Race Alone, Percent

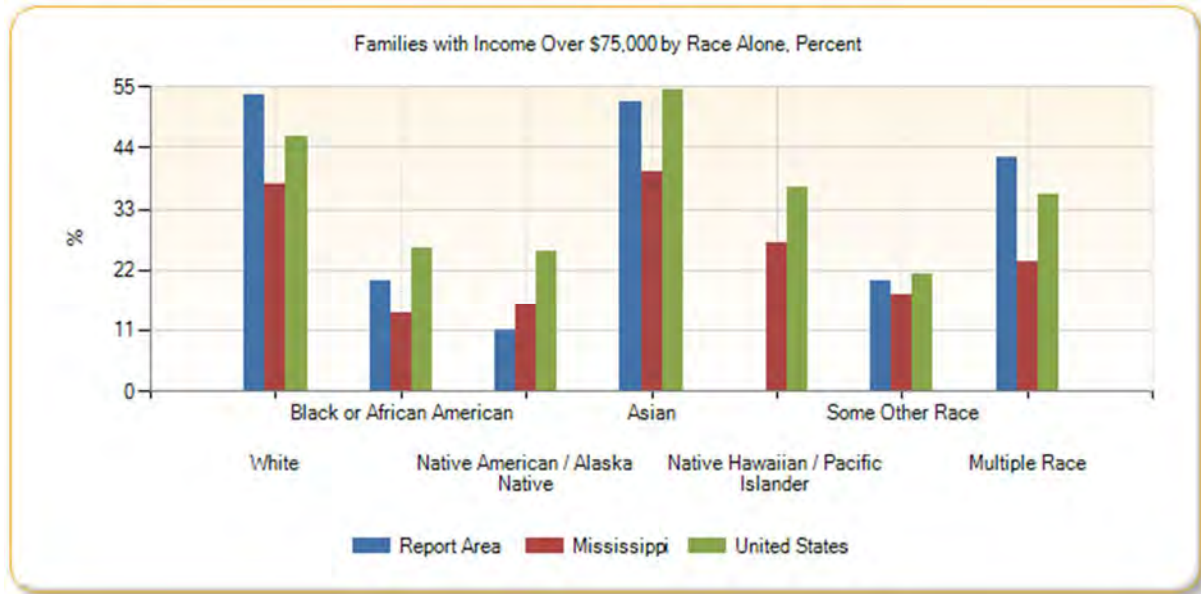
Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Report Area	53.4%	20.07%	10.91%	52.14%	0%	20.21%	42.32%
Hinds County	51.25%	19.03%	0%	51.23%	0%	13.53%	34.95%
Madison County	65.32%	22.39%	0%	53.93%	no data	31.69%	62.87%
Rankin County	48.75%	22.89%	25%	50.71%	no data	17.17%	37.73%
Mississippi	37.5%	13.99%	15.53%	39.61%	26.83%	17.57%	23.34%
United States	46.04%	25.99%	25.45%	54.55%	36.92%	21.44%	35.76%

Source: US Census Bureau, American Community Survey, 2009-13

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GRAPH 8: Families with Income Over \$75,000 by Race Alone



Source: Community Commons, <http://www.communitycommons.org>

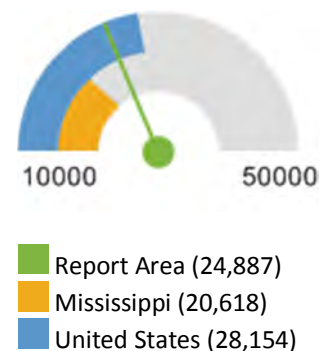
Income - Per Capita Income

The per capita income for the report area is \$24,887. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

TABLE 18: Per Capita Income (\$)

Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)
Report Area	487,116	\$12,122,950,912	\$24,887
Hinds County	246,300	\$5,036,323,840	\$20,447
Madison County	97,151	\$3,222,460,416	\$33,169
Rankin County	143,665	\$3,864,166,656	\$26,897
Mississippi	2,976,872	\$61,378,080,768	\$20,618
United States	311,536,608	\$8,771,308,355,584	\$28,154

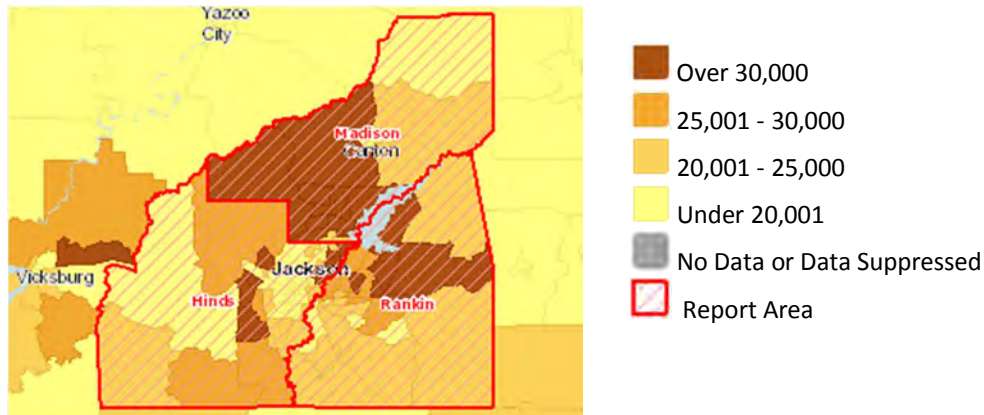
Source: US Census Bureau, American Community Survey, 2009-13



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MAP 12: Per Capita Income by Tract, ACS 2009-13



Source: Community Commons, <http://www.communitycommons.org>

TABLE 19: Per Capita Income by Race Alone

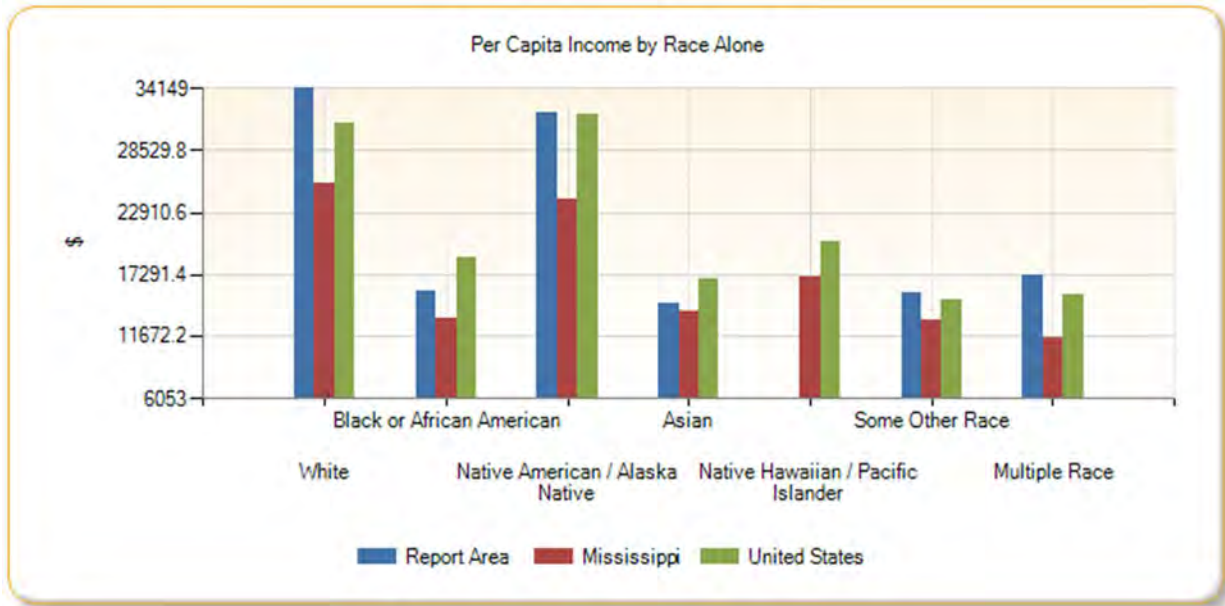
Report Area	White	Black or African American	Native American / Alaska Native	Asian	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Race
Report Area	\$34,149	\$15,774	\$31,947	\$14,646	\$6,053	\$15,585	\$17,272
Hinds County	\$33,858	\$15,068	\$26,248	\$13,296	\$7,016	\$15,414	\$17,866
Madison County	\$43,486	\$18,121	\$41,191	\$15,971	no data	\$15,770	\$30,476
Rankin County	\$29,687	\$17,006	\$26,753	\$15,418	\$0	\$15,594	\$10,234
Mississippi	\$25,507	\$13,247	\$24,080	\$13,878	\$17,089	\$13,163	\$11,514
United States	\$30,963	\$18,864	\$31,713	\$16,975	\$20,277	\$14,962	\$15,479

Source: US Census Bureau, American Community Survey, 2009-13

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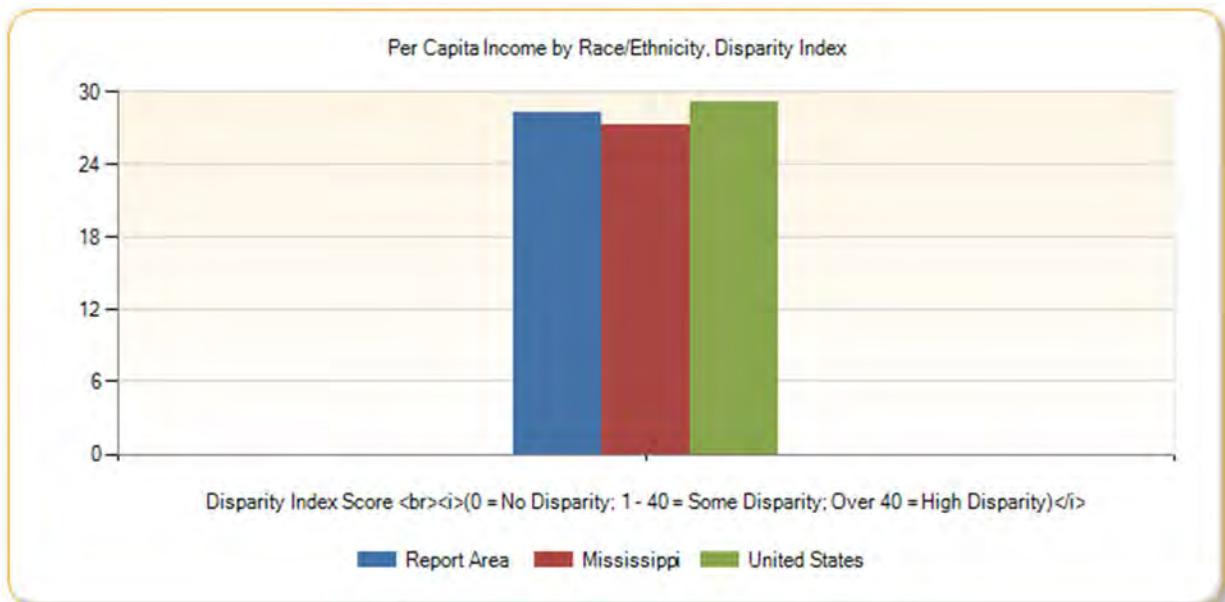
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GRAPH 9: Per Capita Income by Race Alone



Source: Community Commons, <http://www.communitycommons.org>

GRAPH 10: Per Capita Income by Race/Ethnicity, Disparity Index



Source: Community Commons, <http://www.communitycommons.org>

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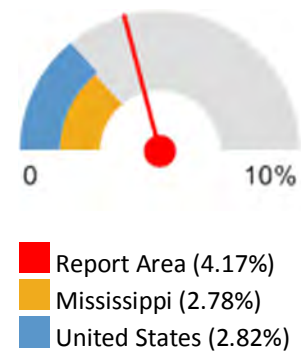
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Income - Public Assistance Income

This indicator reports the percentage households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (i.e. vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.

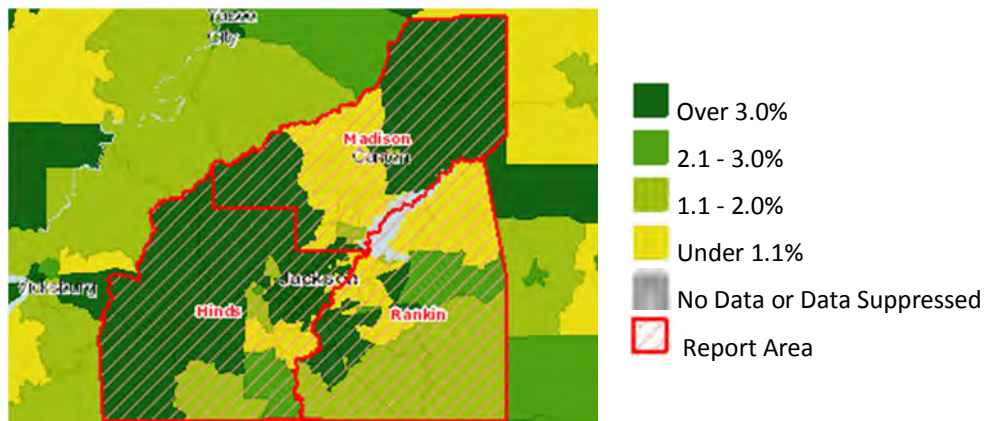
TABLE 20: Percent Households with Public Assistance Income

Report Area	Total Households	Households with Public Assistance Income	Percent Households with Public Assistance Income
Report Area	177,409	7,399	4.17%
Hinds County	87,844	4,831	5.5%
Madison County	36,342	1,449	3.99%
Rankin County	53,223	1,119	2.1%
Mississippi	1,088,073	30,247	2.78%
United States	115,610,216	3,255,213	2.82%



Source: US Census Bureau, American Community Survey, 2009-13

MAP 13: Households with Public Assistance Income, Percent by Tract, ACS 2009-13



Source: Community Commons, <http://www.communitycommons.org>

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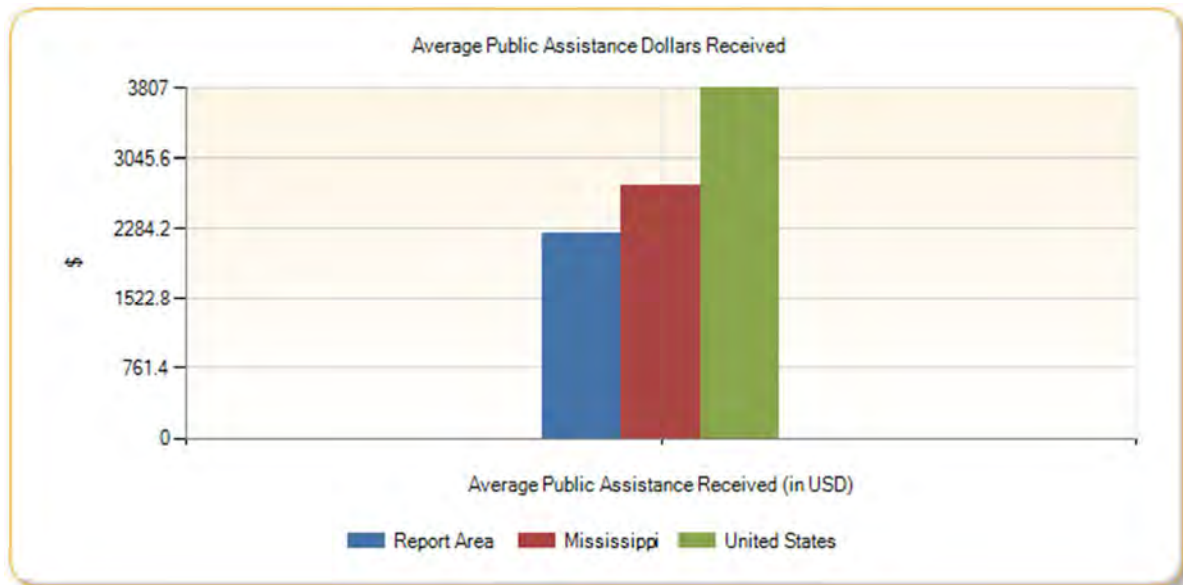
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TABLE 21: Average Public Assistance Dollars Received

Report Area	Total Households Receiving Public Assistance Income	Aggregate Public Assistance Dollars Received	Average Public Assistance Received (in USD)
Report Area	7,399	16,576,300	\$2,240
Hinds County	4,831	10,218,500	\$2,115
Madison County	1,449	3,636,800	\$2,509
Rankin County	1,119	2,721,000	\$2,431
Mississippi	30,247	83,372,800	\$2,756
United States	3,255,213	12,395,441,152	\$3,807

Source: Community Commons, <http://www.communitycommons.org>

GRAPH 11: Average Public Assistance Dollars Received



Source: Community Commons, <http://www.communitycommons.org>

Insurance - Population Receiving Medicaid

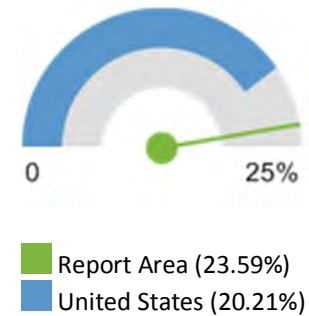
This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

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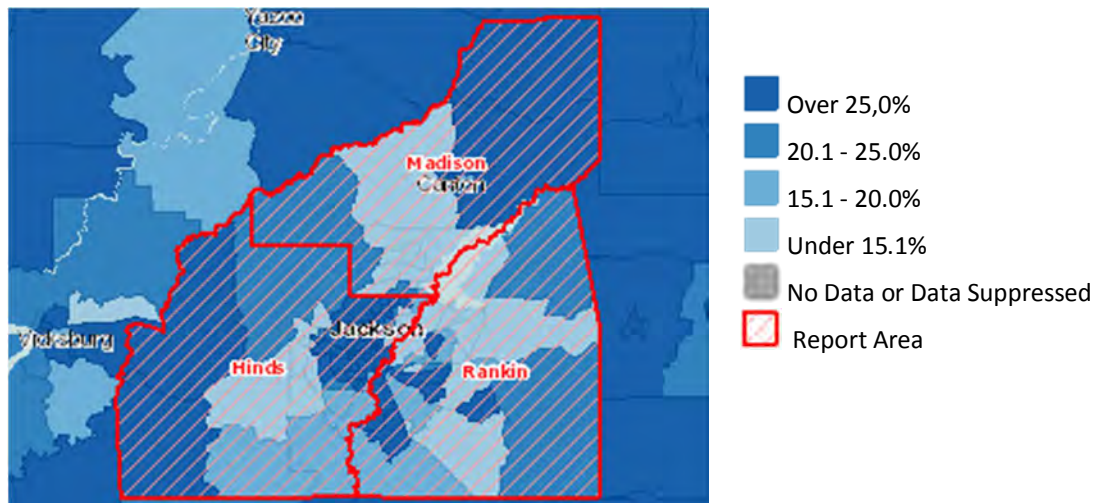
TABLE 22: Percent of Insured Population Receiving Medicaid

Report Area	Total Population (With Determined Insurance Status)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Report Area	477,927	406,121	95,807	23.59%
Hinds County	243,433	199,451	62,289	31.23%
Madison County	96,005	85,665	13,885	16.21%
Rankin County	138,489	121,005	19,633	16.22%
Mississippi	2,908,862	2,401,348	677,610	28.22%
United States	306,448,480	260,878,816	52,714,280	20.21%



Source: US Census Bureau, American Community Survey, 2009-13

MAP 14: Insured, Medicaid / Means-Tested Coverage, Percent by Tract, ACS 2009-13



Source: Community Commons, <http://www.communitycommons.org>

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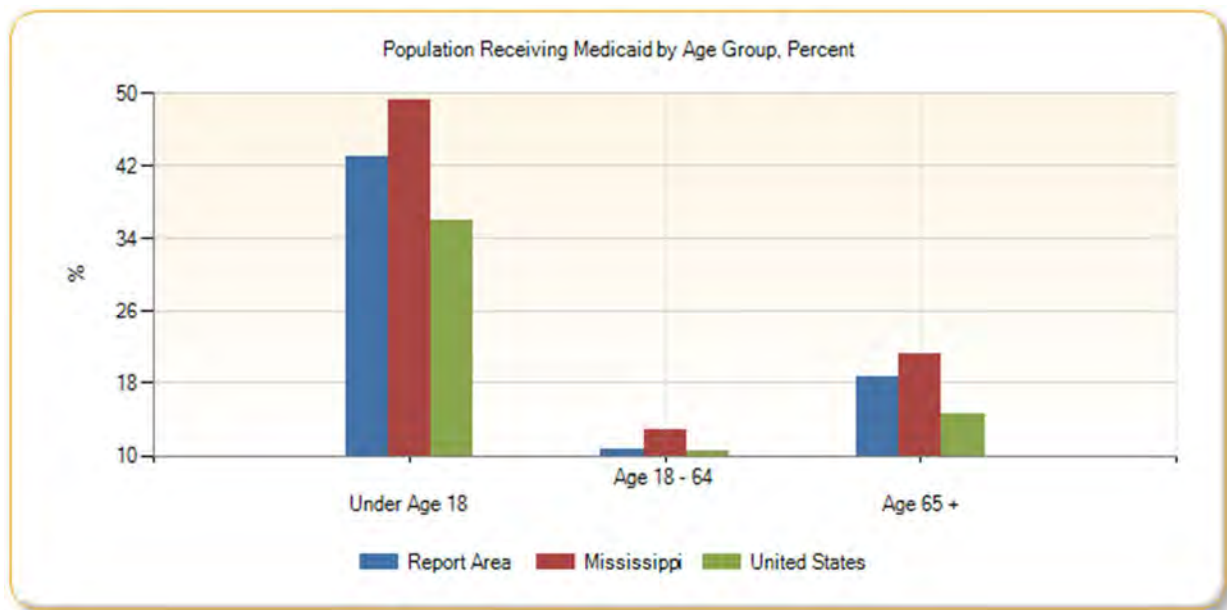
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TABLE 23: Population Receiving Medicaid by Age Group, Percent

Report Area	Under Age 18	Age 18 - 64	Age 65
Report Area	42.99%	10.7%	18.64%
Hinds County	55.19%	13.8%	22.57%
Madison County	29.07%	7.63%	17.8%
Rankin County	31.24%	7.33%	12.96%
Mississippi	49.25%	12.9%	21.14%
United States	35.95%	10.57%	14.55%

Source: US Census Bureau, American Community Survey, 2009-13

GRAPH 12: Population Receiving Medicaid by Age Group



Source: Community Commons, <http://www.communitycommons.org>

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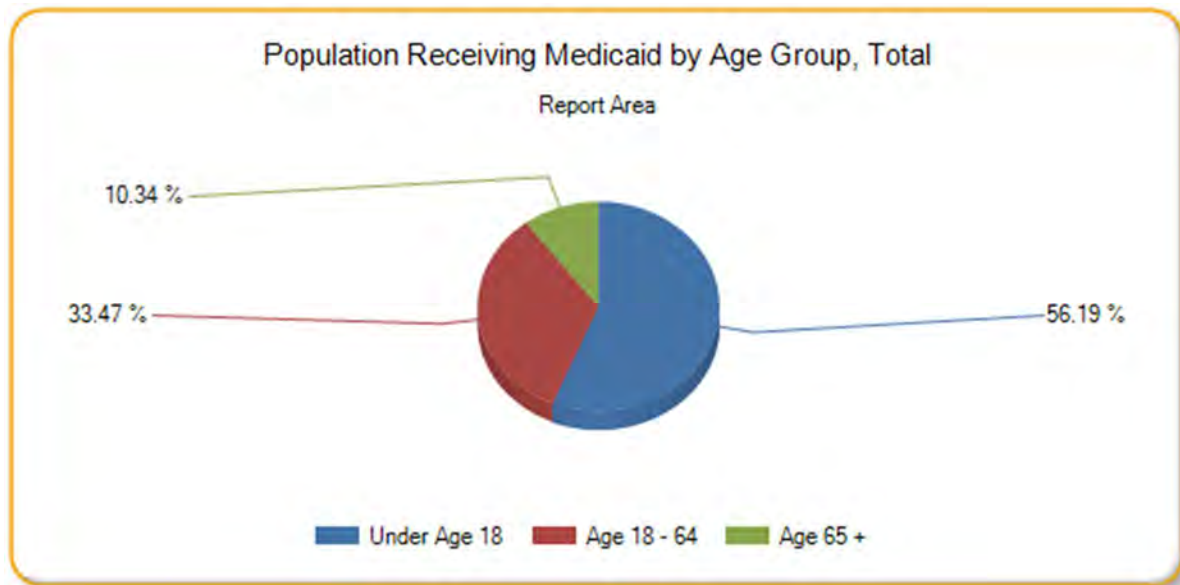
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TABLE 24: Population Receiving Medicaid by Age Group, Total

Report Area	Under Age 18	Age 18 - 64	Age 65
Report Area	53,834	32,063	9,910
Hinds County	35,196	21,178	5,915
Madison County	7,473	4,578	1,834
Rankin County	11,165	6,307	2,161
Mississippi	367,406	230,030	80,174
United States	26,509,624	20,304,530	5,900,133

Source: US Census Bureau, American Community Survey, 2009-13

GRAPH 13: Population Receiving Medicaid by Age Group, Total (Hinds, Madison, and Rankin Counties)



Source: US Census Bureau, American Community Survey, 2009-13

Insurance - Uninsured Adults

The lack of health insurance is considered a *key driver* of health status. This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

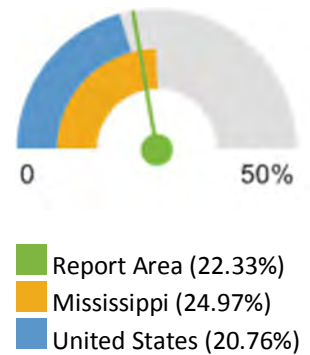
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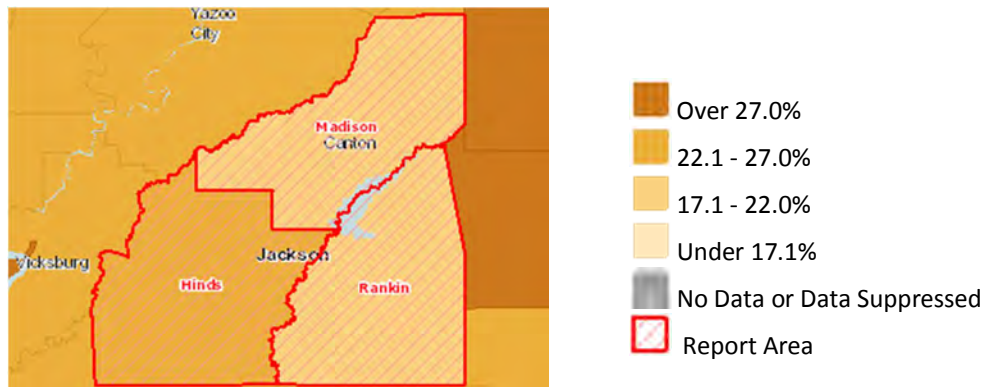
TABLE 25: Percent Population Without Medical Insurance

Report Area	Total Population Age 18 - 64	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Report Area	296,787	230,504	77.67%	66,283	22.33%
Hinds County	151,189	111,378	73.7%	39,811	26.3%
Madison County	59,420	48,794	82.1%	10,626	17.9%
Rankin County	86,178	70,332	81.6%	15,846	18.4%
Mississippi	1,763,858	1,323,428	75.03%	440,430	24.97%
United States	191,640,968	151,849,368	79.24%	39,791,596	20.76%

Source: US Census Bureau, Small Area Health Insurance Estimates, 2012



MAP 15: Uninsured Population, Age 18-64, Percent by County, SAHIE 2012



Source: Community Commons, <http://www.communitycommons.org>

TABLE 26: Uninsured Population Age 18 - 64 by Race / Ethnicity, Percent

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic / Latino
Mississippi	20.65%	29.4%	50.73%
United States	14.81%	24.37%	40.84%

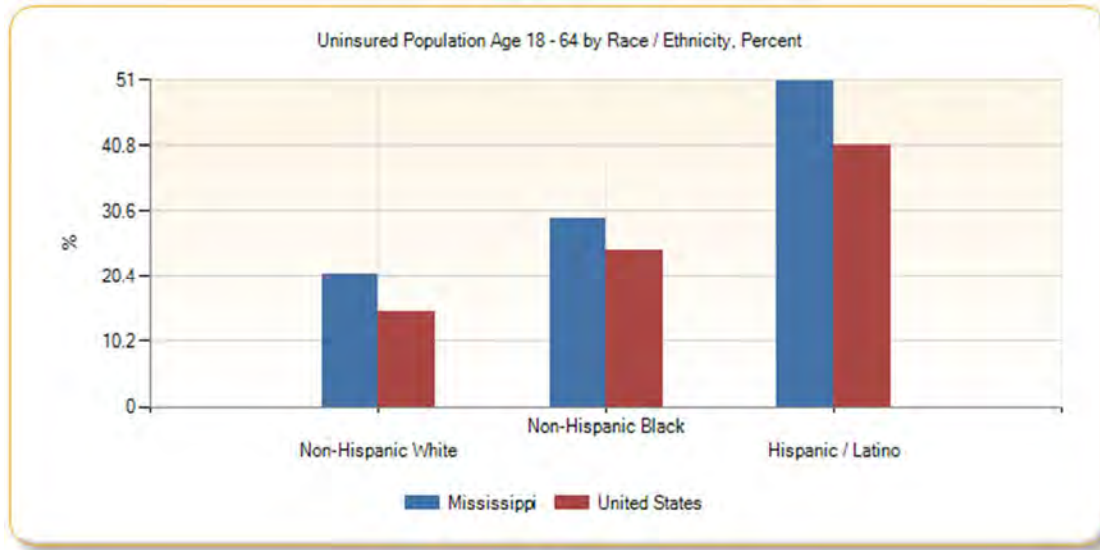
Source: US Census Bureau, Small Area Health Insurance Estimates, 2012

Note: No county data available.

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GRAPH 14: Uninsured Population Age 18 - 64 by Race / Ethnicity, Percent



Source: US Census Bureau, Small Area Health Insurance Estimates, 2012

Note: No county data available.

TABLE 27: Uninsured Population Age 18 - 64, Percent by Year, 2008 through 2012

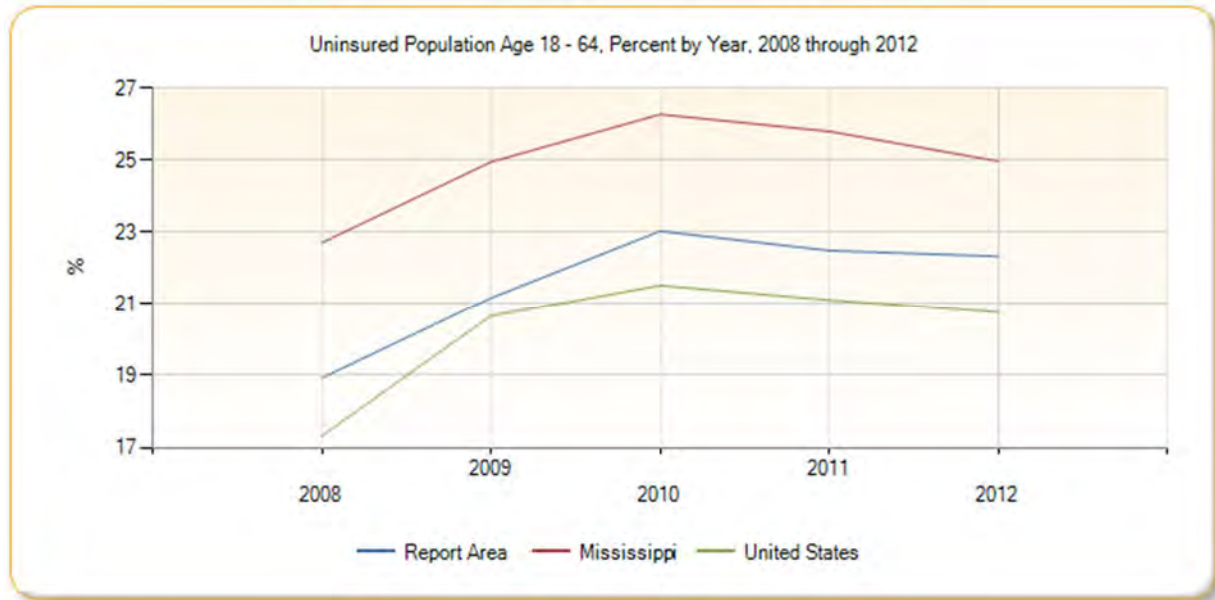
Report Area	2008	2009	2010	2011	2012
Report Area	18.93%	21.17%	23.03%	22.49%	22.33%
Hinds County	20.4%	23.1%	25.8%	25.8%	26.3%
Madison County	16.2%	18.1%	19.6%	18.3%	17.9%
Rankin County	18.1%	20%	20.6%	19.6%	18.4%
Mississippi	22.71%	24.95%	26.27%	25.8%	24.97%
United States	17.32%	20.66%	21.52%	21.11%	20.76%

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 15: Uninsured Population Age 18 - 64, Percent by Year, 2008 through 2012



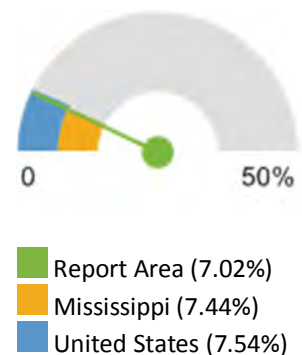
Source: Community Commons, <http://www.communitycommons.org>

Insurance - Uninsured Children

The lack of health insurance is considered a *key driver* of health status. This indicator reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

TABLE 28: Percent Population Without Medical Insurance

Report Area	Total Population Under Age 19	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Report Area	129,266	120,192	92.98%	9,074	7.02%
Hinds County	65,811	61,088	92.8%	4,723	7.2%
Madison County	26,502	24,762	93.4%	1,741	6.6%
Rankin County	36,953	34,342	92.9%	2,610	7.1%
Mississippi	768,151	710,967	92.56%	57,184	7.44%
United States	76,468,844	70,705,585	92.46%	5,763,259	7.54%

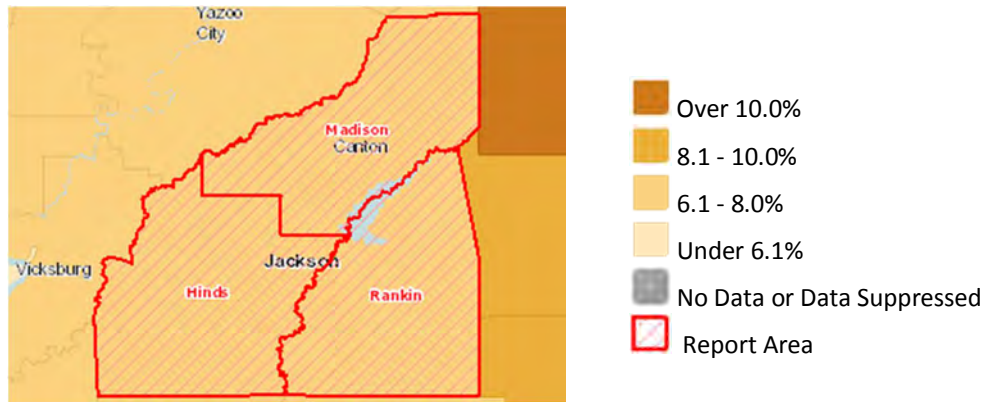


Source: US Census Bureau, Small Area Health Insurance Estimates, 2012

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MAP 16: Uninsured Population, Age 0-18, Percent by County, SAHIE 2012



Source: Community Commons, <http://www.communitycommons.org>

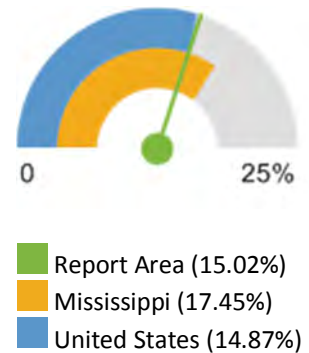
Insurance - Uninsured Population

The lack of health insurance is considered a *key driver* of health status. This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

TABLE 29: Percent Uninsured Population

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Report Area	477,927	71,806	15.02%
Hinds County	243,433	43,982	18.07%
Madison County	96,005	10,340	10.77%
Rankin County	138,489	17,484	12.62%
Mississippi	2,908,862	507,514	17.45%
United States	306,448,480	45,569,668	14.87%

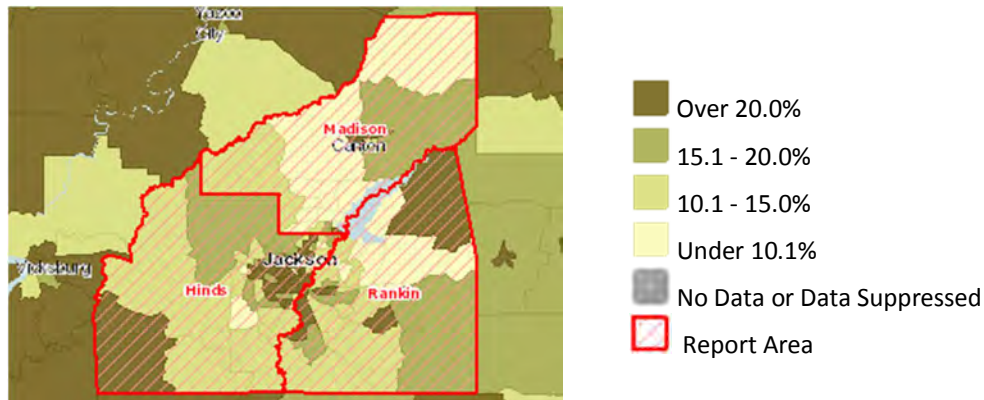
Source: US Census Bureau, American Community Survey, 2009-13



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MAP 17: Uninsured Population, Percent by Tract, ACS 2009-13



Source: Community Commons, <http://www.communitycommons.org>

TABLE 30: Uninsured Population by Gender

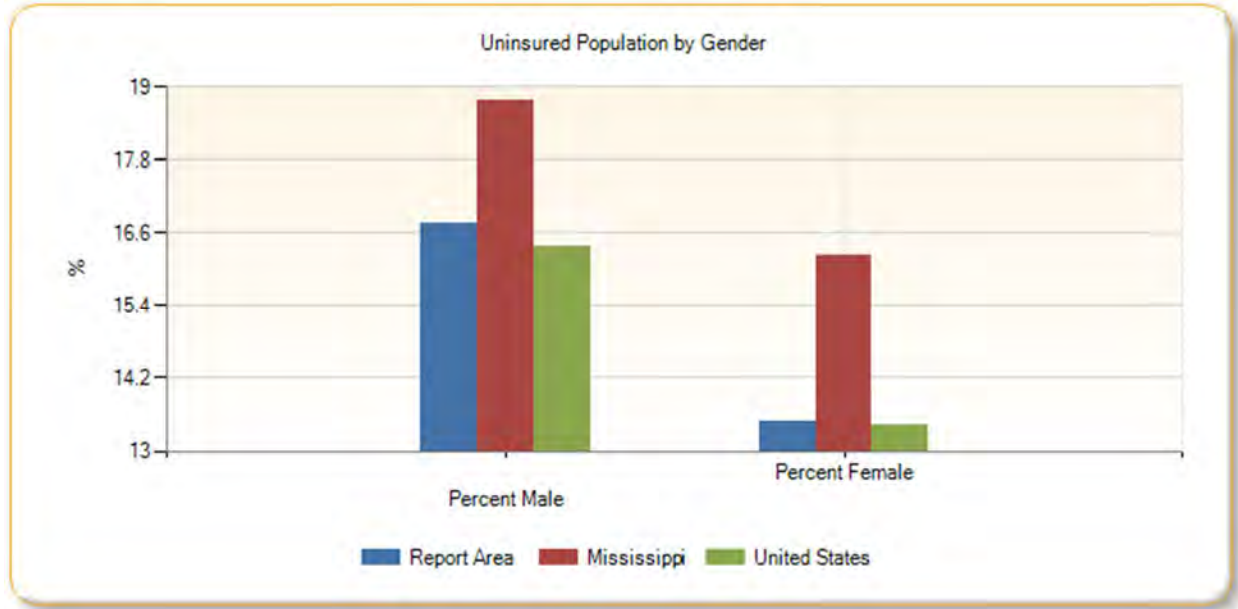
Report Area	Total Male	Total Female	Percent Male	Percent Female
Report Area	37,752	34,054	16.75%	13.49%
Hinds County	23,418	20,564	20.57%	15.87%
Madison County	5,346	4,994	11.65%	9.97%
Rankin County	8,988	8,496	13.68%	11.67%
Mississippi	261,601	245,913	18.77%	16.23%
United States	24,500,364	21,069,298	16.38%	13.43%

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 16: Uninsured Population by Gender



Source: Community Commons, <http://www.communitycommons.org>

TABLE 31: Uninsured Population by Age Group, Percent

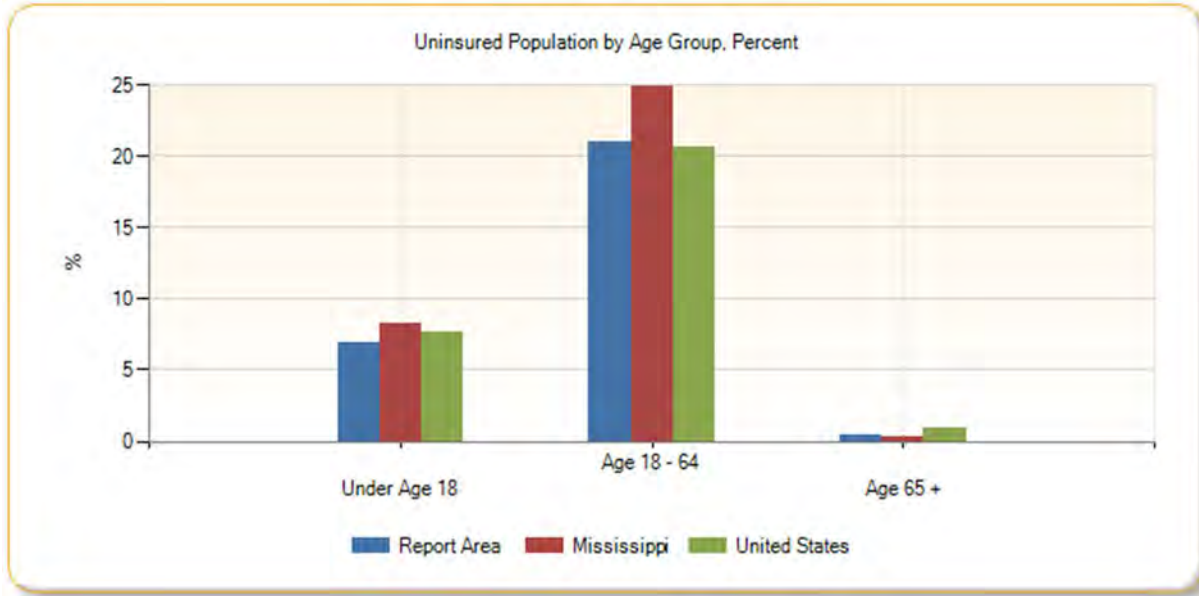
Report Area	Under Age 18	Age 18 - 64	Age 65
Report Area	6.83%	21.05%	0.39%
Hinds County	7.17%	25.55%	0.75%
Madison County	4.9%	15.13%	0%
Rankin County	7.61%	17.14%	0.06%
Mississippi	8.26%	24.93%	0.32%
United States	7.61%	20.59%	0.97%

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 17: Uninsured Population by Age Group, Percent



Source: Community Commons, <http://www.communitycommons.org>

TABLE 32: Uninsured Population by Age Group, Total

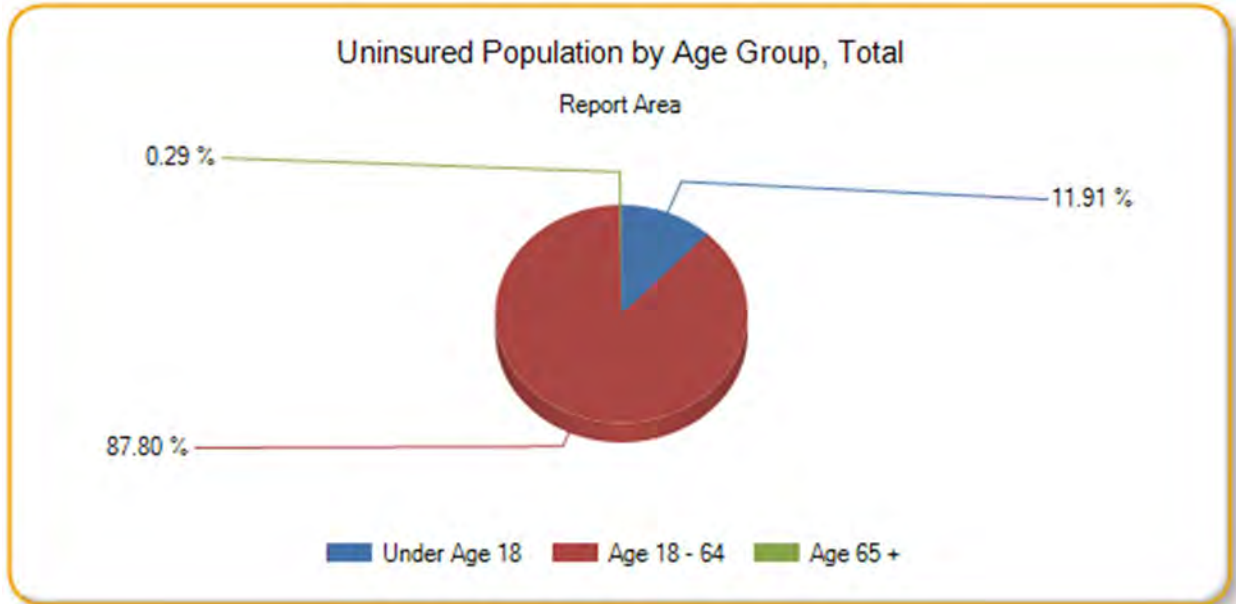
Report Area	Under Age 18	Age 18 - 64	Age 65
Report Area	8,551	63,048	207
Hinds County	4,573	39,212	197
Madison County	1,260	9,080	0
Rankin County	2,718	14,756	10
Mississippi	61,638	444,667	1,209
United States	5,614,174	39,562,864	392,628

Source: Community Commons, <http://www.communitycommons.org>

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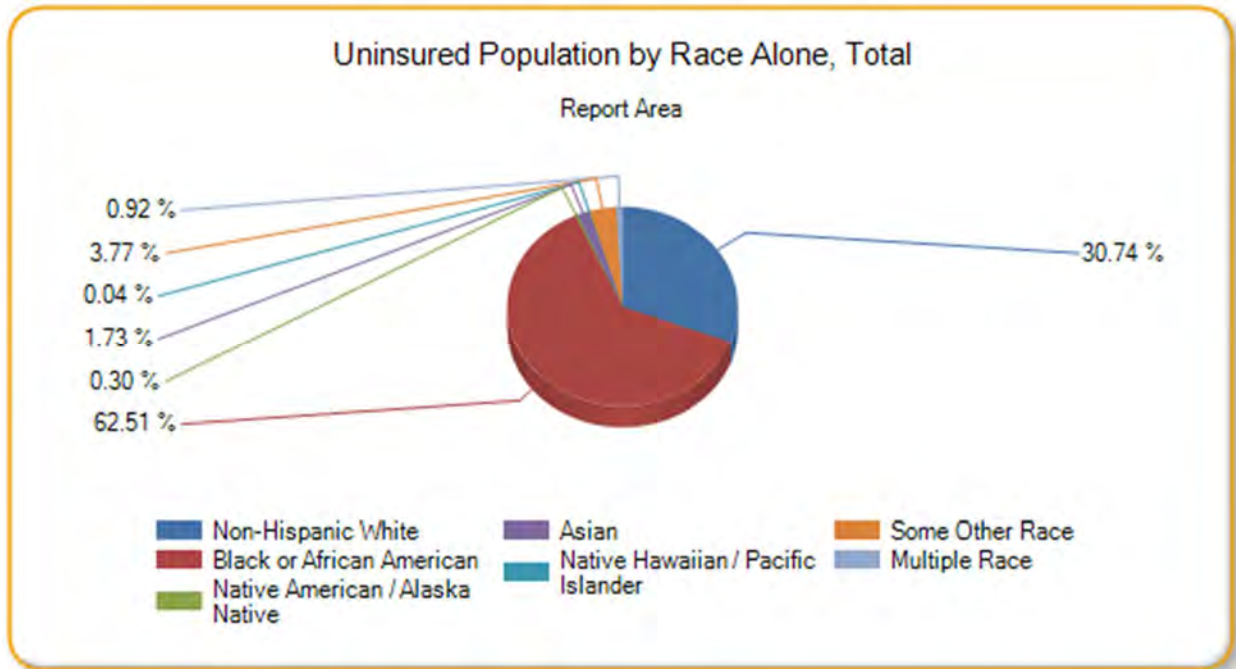
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GRAPH 18: Uninsured Population by Age Group, Total (Hinds, Madison, and Rankin Counties)



Source: Community Commons, <http://www.communitycommons.org>

GRAPH 19: Uninsured Population by Race Alone, Total (Hinds, Madison, and Rankin Counties)



Source: Community Commons, <http://www.communitycommons.org>

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Population Receiving SNAP Benefits (ACS)

This indicator reports the estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrolment.

TABLE 33: Percent Households Receiving SNAP Benefits

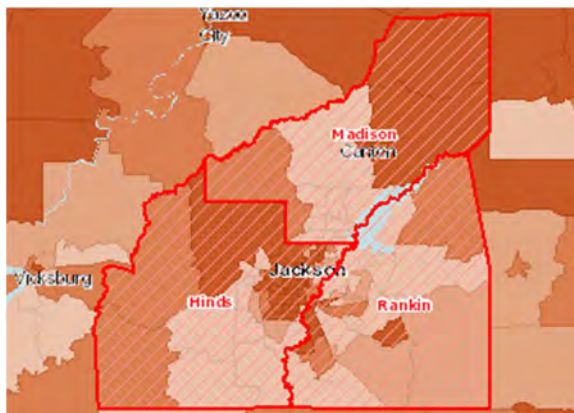
Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Report Area	177,409	25,571	14.41%
Hinds County	87,844	17,220	19.6%
Madison County	36,342	3,617	9.95%
Rankin County	53,223	4,734	8.89%
Mississippi	1,088,073	189,165	17.39%
United States	115,610,216	14,339,330	12.4%



■ Report Area (14.41%)
■ Mississippi (17.39%)
■ United States (12.4%)

Source: US Census Bureau, American Community Survey, 2009-13

MAP 18: Households Receiving SNAP Benefits, Percent by Tract, ACS 2009-13



■ Over 19.0%
■ 14.1 - 19.0%
■ 9.1 - 14.0%
■ Under 9.1%
■ No Data or Data Suppressed
□ Report Area

Source: Community Commons, <http://www.communitycommons.org>

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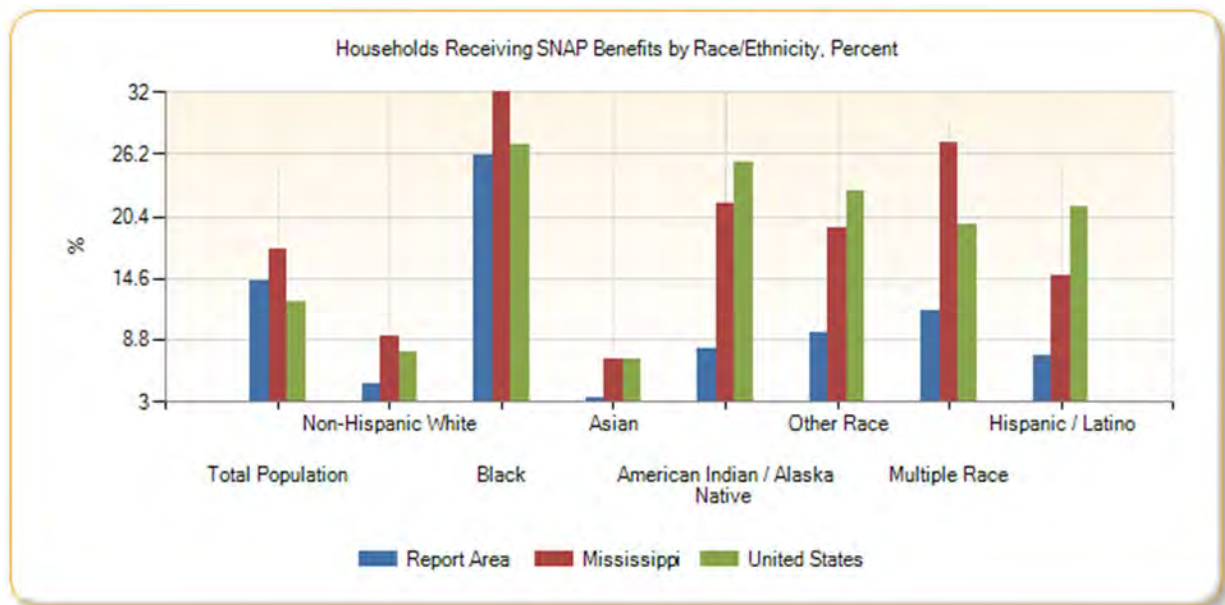
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TABLE 34: Households Receiving SNAP Benefits by Race/Ethnicity, Percent

Report Area	Total Population	Non-Hispanic White	Black	Asian	American Indian / Alaska Native	Other Race	Multiple Race	Hispanic / Latino
Report Area	14.41%	4.73%	26.15	3.32%	8.05%	9.45%	11.61%	7.28%
Hinds County	19.6%	4.17%	27.75	0.77%	0%	0%	14.22%	6.58%
Madison County	9.95%	2.1%	23.65	1.13%	0%	28.33%	6.07%	11.71%
Rankin County	8.89%	6.48%	19.76	8.64%	21.88%	5.63%	11.55%	4.88%
Mississippi	17.39%	9.16%	31.97	7.03%	21.61%	19.28%	27.31%	14.84%
United States	12.4%	7.65%	27.14	7%	25.52%	22.8%	19.72%	21.31%

Source: Community Commons, <http://www.communitycommons.org>

GRAPH 20: Households Receiving SNAP Benefits by Race/Ethnicity, Percent



Source: Community Commons, <http://www.communitycommons.org>

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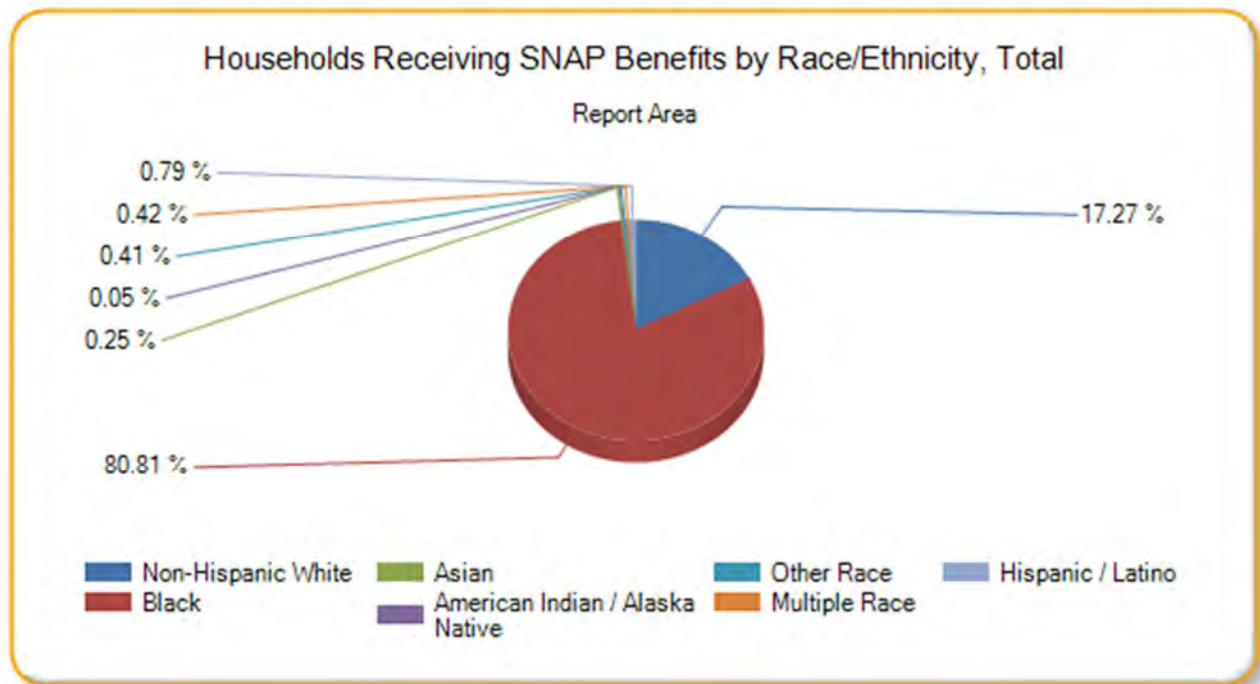
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TABLE 35: Households Receiving SNAP Benefits by Race/Ethnicity, Total

Report Area	Non-Hispanic White	Black	Asian	American Indian / Alaska Native	Other Race	Multiple Race	Hispanic / Latino
Report Area	4,438	20,764	63	14	106	107	203
Hinds County	1,212	15,876	4	0	0	65	67
Madison County	464	3,046	9	0	85	13	85
Rankin County	2,762	1,842	50	14	21	29	51
Mississippi	62,881	120,049	589	813	1,182	2,182	3,026
United States	6,896,855	3,778,386	333,239	207,431	881,789	390,555	2,919,437

Source: Community Commons, <http://www.communitycommons.org>

GRAPH 21: Households Receiving SNAP Benefits by Race/Ethnicity, Total (Hinds, Madison, and Rankin Counties)



Source: Community Commons, <http://www.communitycommons.org>

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Poverty

According to the US Census Bureau, Mississippi has a larger percentage of population living below the poverty level (22.7%) than the national average (15.4%). Most notably, Hinds County’s percentage of persons living below the poverty level is 25.3%. Both Madison and Rankin Counties are below the national average (12.7% and 11.5% respectively). This is important to note since poverty is a strong predictor of poor health status. Mississippi has 34% of children living in poverty, with Hinds County having the highest rate of 39%. Madison and Rankin Counties have significantly lower rates of children living in poverty at 20% and 18% respectively.

TABLE 36: Income & Poverty Level

	USA	Mississippi	Hinds County	Madison County	Rankin County
Per capita money income in past 12 months (2013 dollars), 2009-2013	\$28,155	\$20,618	\$20,448	\$33,170	\$26,897
Median household income, 2009-2013	\$53,046	\$39,031	\$37,626	\$59,904	\$57,380
Persons below poverty level, percent, 2009-2013	15.4%	22.7%	25.3%	12.7%	11.5%

Source: U.S. Census Bureau, 2013

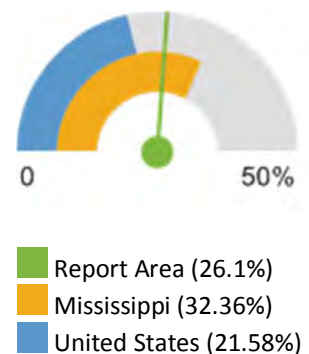
Poverty - Children Below 100% FPL

In the report area 26.1% or 32,233 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

TABLE 37: Percent Population Under Age 18 in Poverty

Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Report Area	471,823	123,502	32,233	26.1%
Hinds County	237,941	62,629	22,630	36.13%
Madison County	95,625	25,506	4,019	15.76%
Rankin County	138,257	35,367	5,584	15.79%
Mississippi	2,880,870	736,502	238,337	32.36%
United States	303,692,064	72,748,616	15,701,799	21.58%

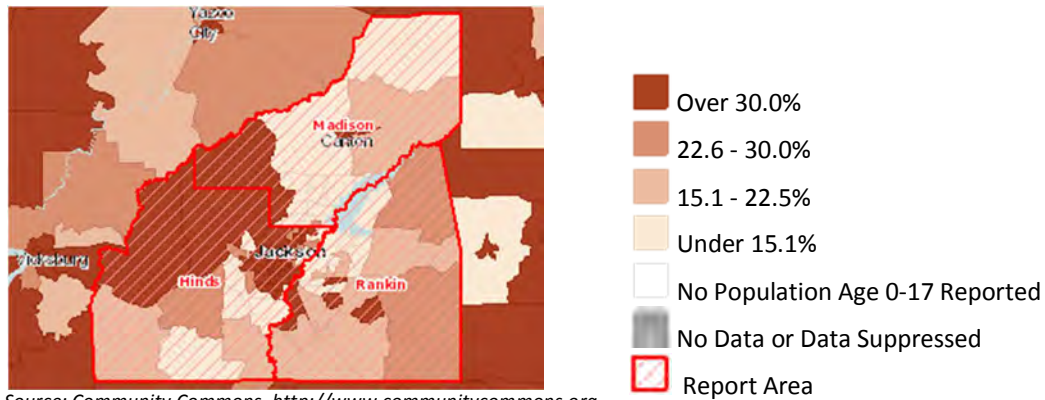
Source: US Census Bureau, American Community Survey, 2009-13



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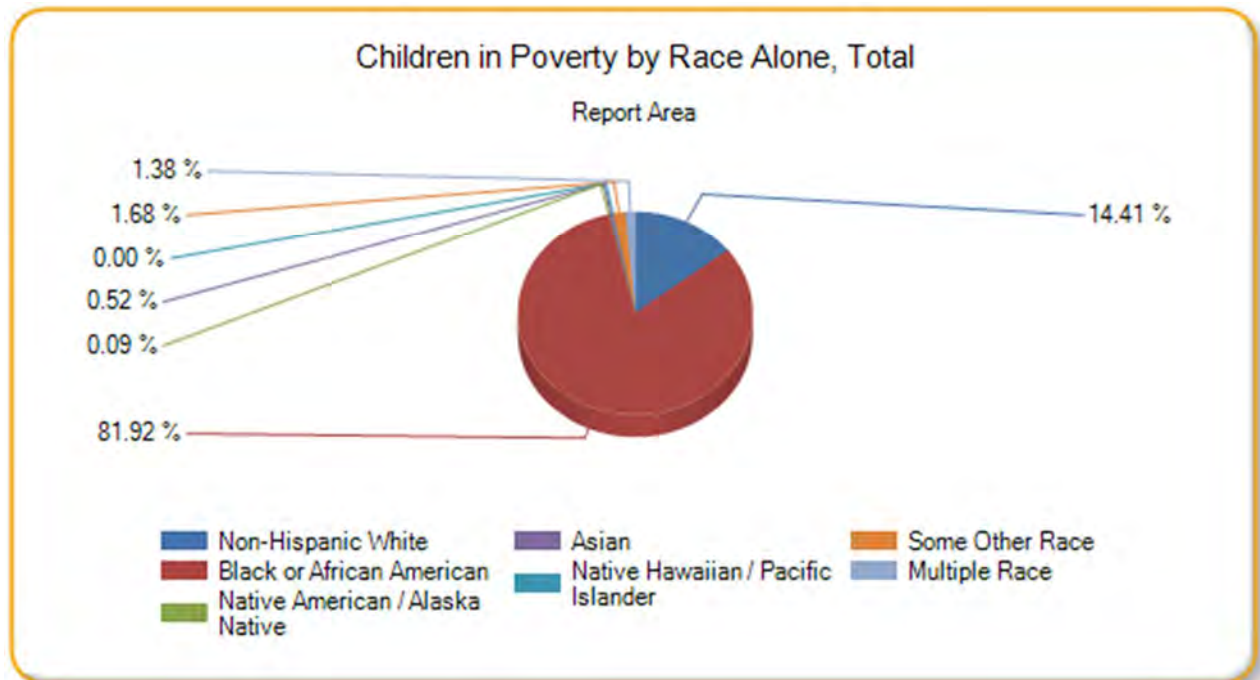
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MAP 19: Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2009-13



Source: Community Commons, <http://www.communitycommons.org>

GRAPH 22: Children in Poverty by Race Alone, Total (Hinds, Madison, and Rankin Counties)



Source: Community Commons, <http://www.communitycommons.org>

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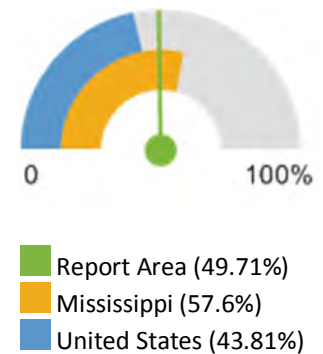
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Poverty - Children Below 200% FPL

In the report area 49.71% or 61,397 children are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

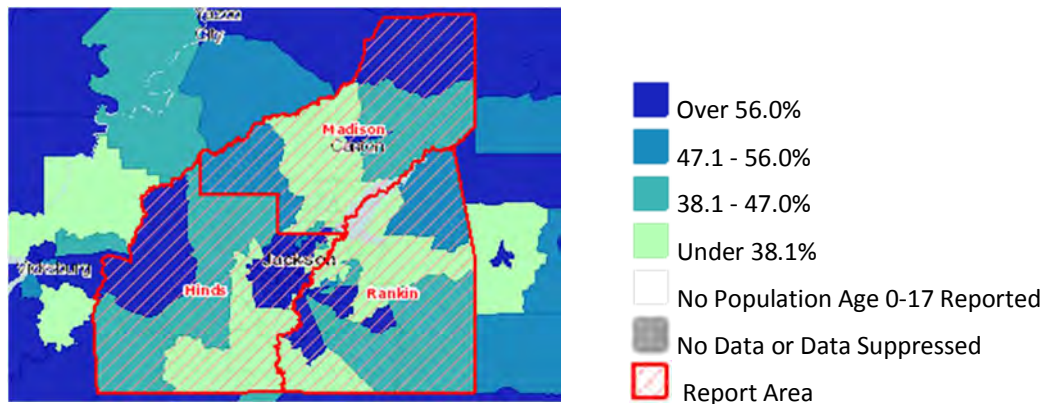
TABLE 38: Percent Population Under Age 18 at or Below 200% FPL

Report Area	Total Population Under Age 18	Population Under Age 18 at or Below 200% FPL	Percent Population Under Age 18 at or Below 200% FPL
Report Area	123,502	61,397	49.71%
Hinds County	62,629	39,397	62.91%
Madison County	25,506	8,723	34.2%
Rankin County	35,367	13,277	37.54%
Mississippi	736,502	424,252	57.6%
United States	72,748,608	31,872,384	43.81%



Source: US Census Bureau, American Community Survey, 2009-13

MAP 20: Population Below 200% Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2009-13



Source: Community Commons, <http://www.communitycommons.org>

Poverty - Population Below 100% FPL

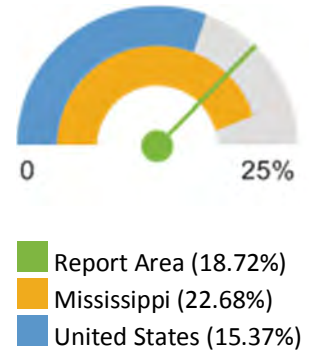
Poverty is considered a *key driver* of health status. Within the report area 18.72% or 88,334 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

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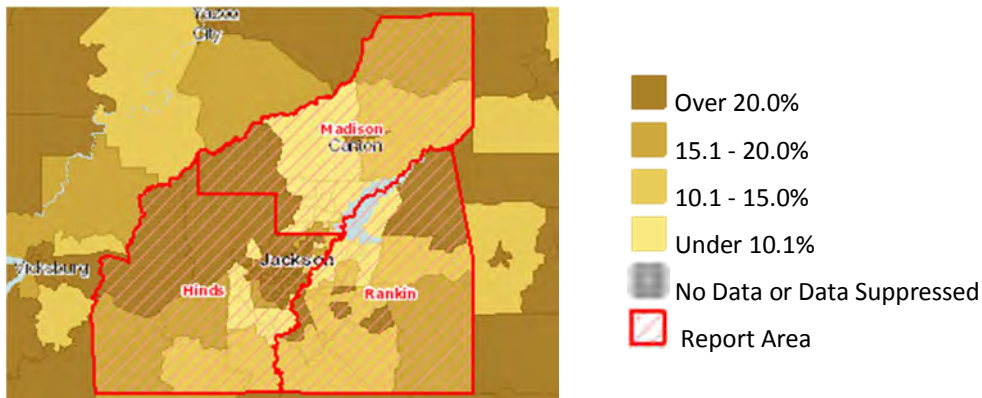
TABLE 39: Percent Population in Poverty

Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Report Area	471,823	88,334	18.72%
Hinds County	237,941	60,184	25.29%
Madison County	95,625	12,184	12.74%
Rankin County	138,257	15,966	11.55%
Mississippi	2,880,870	653,321	22.68%
United States	303,692,064	46,663,432	15.37%



Source: US Census Bureau, American Community Survey, 2009-13

MAP 21: Population Below the Poverty Level, Percent by Tract, ACS 2009-13

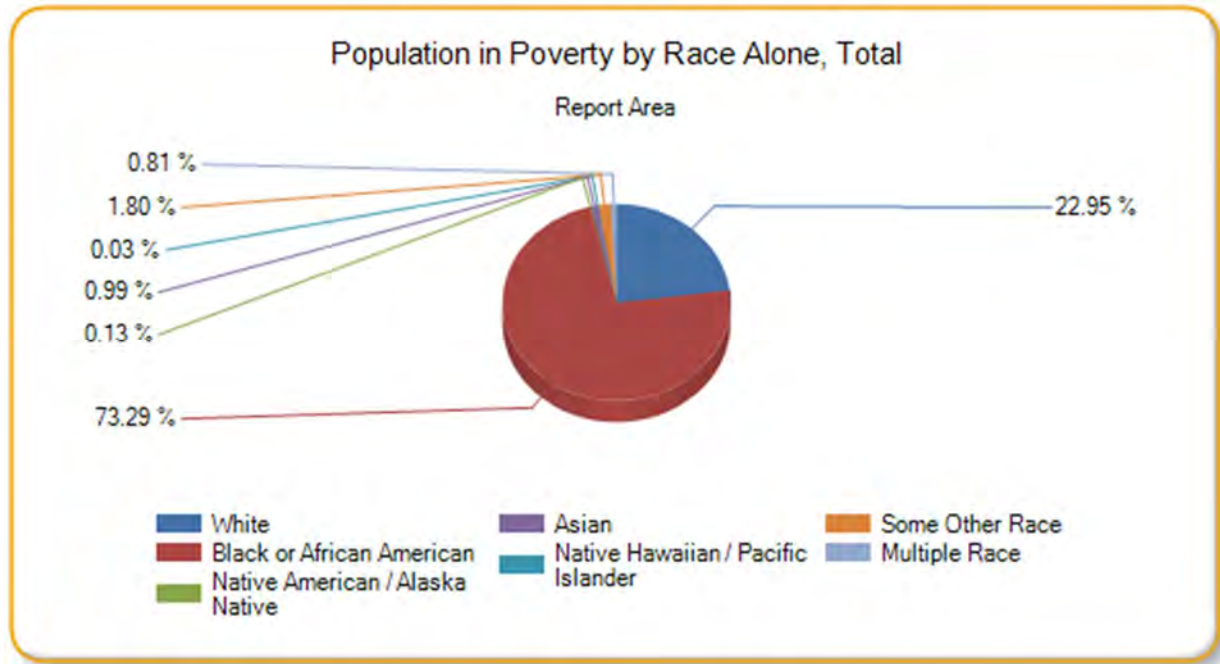


Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 23: Population in Poverty by Race Alone, Total (Hinds, Madison, and Rankin Counties)



Source: Community Commons, <http://www.communitycommons.org>

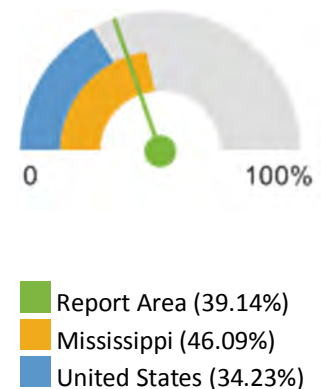
Poverty - Population Below 200% FPL

In the report area 39.14% or 184,692 individuals are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

TABLE 40: Percent Population with Income at or Below 200% FPL

Report Area	Total Population	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
Report Area	471,823	184,692	39.14%
Hinds County	237,941	115,664	48.61%
Madison County	95,625	28,199	29.49%
Rankin County	138,257	40,829	29.53%
Mississippi	2,880,870	1,327,691	46.09%
United States	303,692,064	103,964,464	34.23%

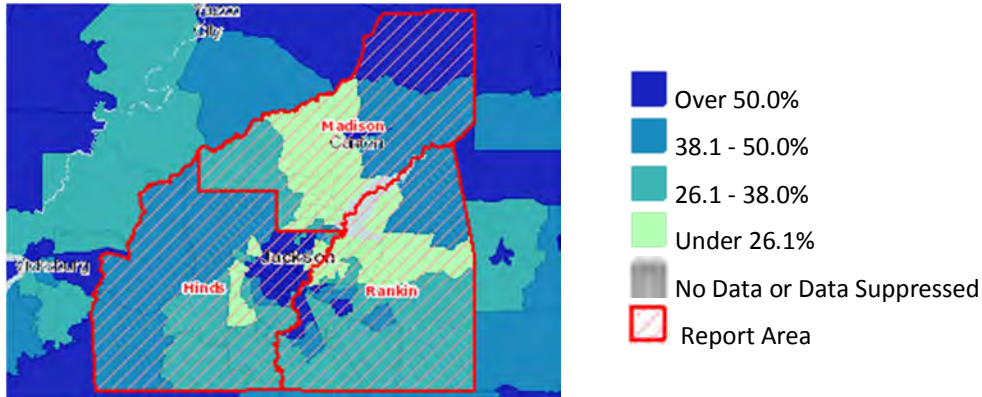
Source: US Census Bureau, American Community Survey, 2009-13



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MAP 22: Population Below 200% Poverty Level, Percent by Tract, ACS 2009-13



Source: Community Commons, <http://www.communitycommons.org>

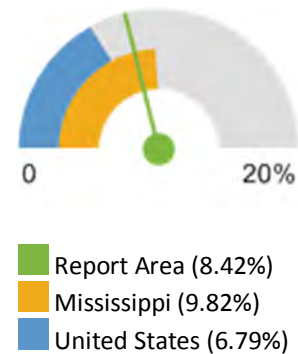
Poverty - Population Below 50% FPL

In the report area 8.42% or 39,740 individuals are living in households with income below 50% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

TABLE 41: Percent Population with Income at or Below 50% FPL

Report Area	Total Population	Population with Income at or Below 50% FPL	Percent Population with Income at or Below 50% FPL
Report Area	471,823	39,740	8.42%
Hinds County	237,941	28,197	11.85%
Madison County	95,625	5,807	6.07%
Rankin County	138,257	5,736	4.15%
Mississippi	2,880,870	282,842	9.82%
United States	303,692,064	20,609,860	6.79%

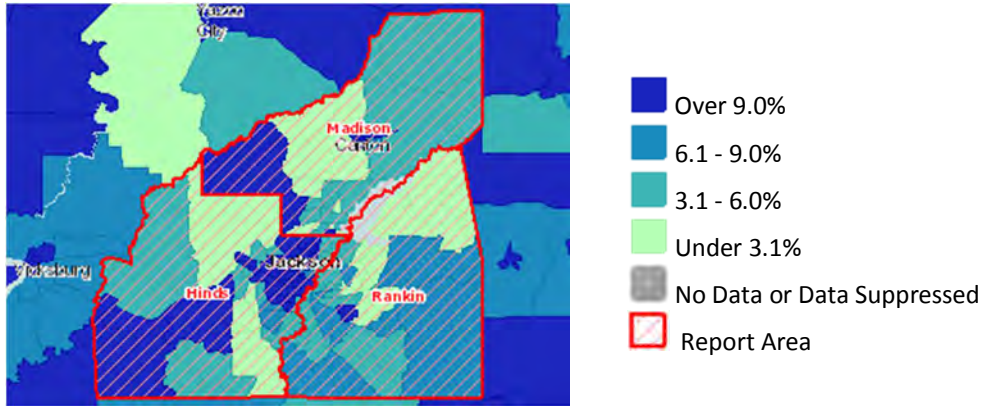
Source: US Census Bureau, American Community Survey, 2009-13



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MAP 23: Population Below 50% Poverty Level, Percent by Tract, ACS 2009-13



Source: Community Commons, <http://www.communitycommons.org>

Teen Births

This indicator reports the rate of total births to women age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

TABLE 42: Teen Birth Rate (Per 1,000 Population)

Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Population)
Report Area	17,900	876	48.94
Hinds County	10,204	559	54.8
Madison County	3,360	124	36.8
Rankin County	4,336	193	44.4
Mississippi	110,474	6,562	59.4
United States	10,736,677	392,962	36.6



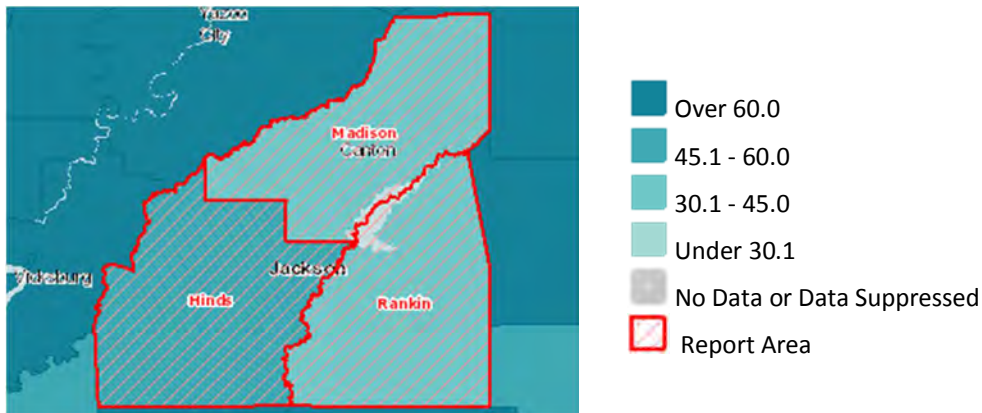
■ Report Area (48.94)
■ Mississippi (59.4)
■ United States (36.6)

Source: US Department of Health Human Services, Health Indicators Warehouse
Source: Centers for Disease Control and Prevention, National Vital Statistics System

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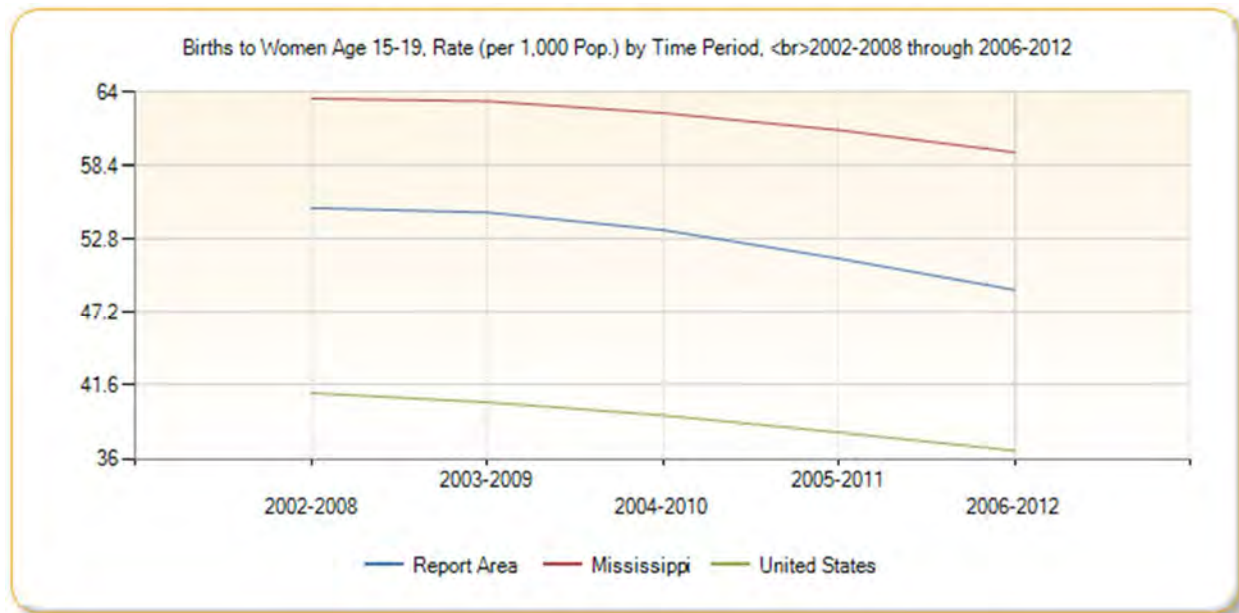
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MAP 24: Births to Females Age 15-19, Rate (Per 1,000 Pop.) by County, NVSS 2006-12



Source: Community Commons, <http://www.communitycommons.org>

GRAPH 24: Births to Females Age 15-19, Rate (Per 1,000 Pop.) by Time Period



Source: Community Commons, <http://www.communitycommons.org>

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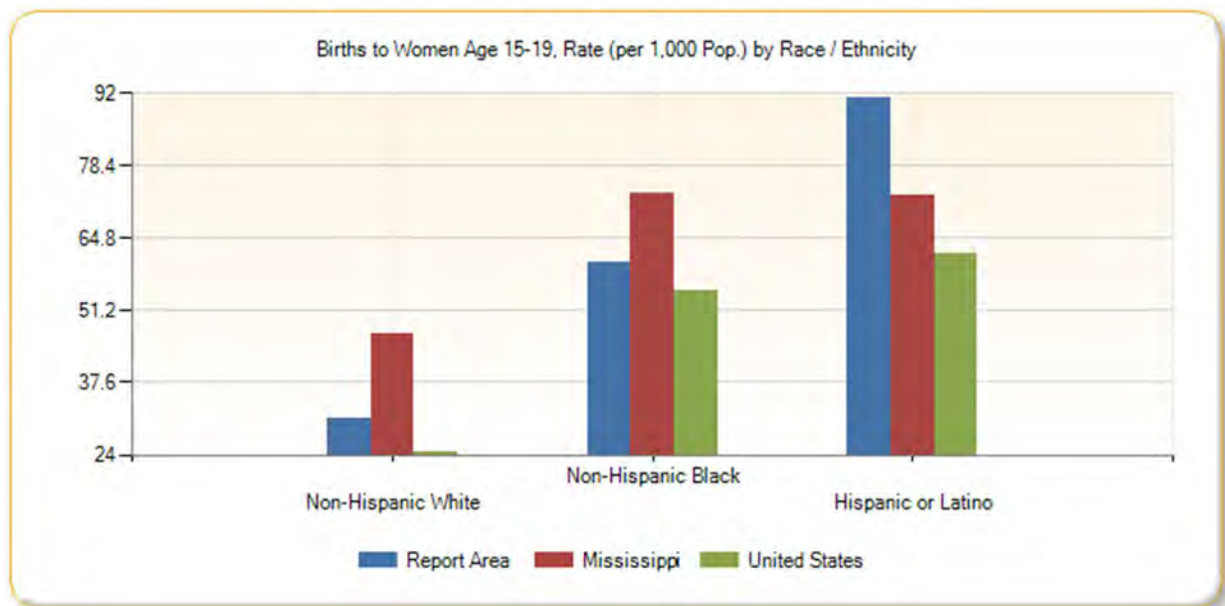
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TABLE 43: Births to Women Age 15-19, Rate (per 1,000 Pop.) by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Report Area	30.79	60.11	91.21
Hinds County	24.1	63.2	86.4
Madison County	14.2	54.2	142.3
Rankin County	43.2	48.3	58.5
Mississippi	46.7	73.2	72.9
United States	24.6	54.9	62

Source: Community Commons, <http://www.communitycommons.org>

GRAPH 25: Births to Women Age 15-19, Rate (per 1,000 Pop.) by Race / Ethnicity



Source: Community Commons, <http://www.communitycommons.org>

Unemployment Rate

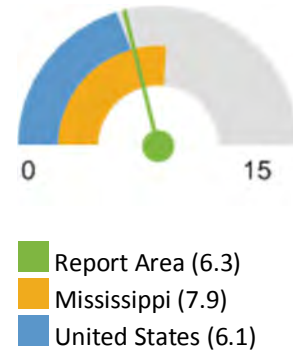
Total unemployment in the report area for the current month was 14,270, or 6.3%, of the civilian non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

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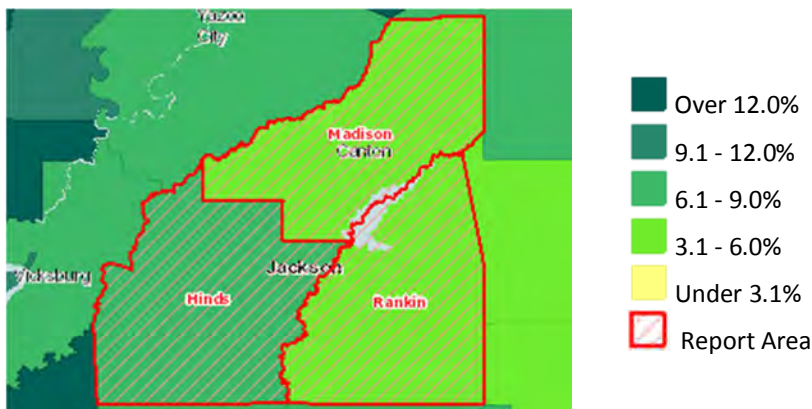
TABLE 44: Unemployment Rate

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Report Area	226,706	212,436	14,270	6.3
Hinds County	108,068	99,833	8,235	7.6
Madison County	48,819	46,121	2,698	5.5
Rankin County	69,819	66,482	3,337	4.8
Mississippi	1,241,879	1,143,527	98,352	7.9
United States	157,268,802	147,650,084	9,618,718	6.1



Source: US Department of Labor, Bureau of Labor Statistics, 2015 - May

MAP 25: Unemployment, Rate by County, BLS 2015 – May



Source: Community Commons, <http://www.communitycommons.org>

Violent Crime

This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

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TABLE 45: Violent Crime Rate (Per 100,000 Pop.)

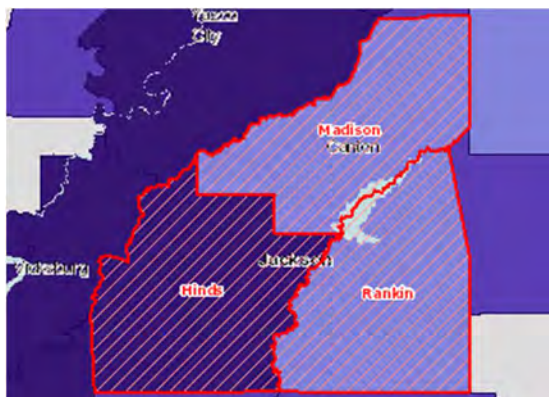
Report Area	Total Population	Violent Crimes	Violent Crime Rate (Per 100,000 Pop.)
Report Area	460,319	2,017	438.1
Hinds County	242,905	1,778	731.97
Madison County	82,679	94	113.29
Rankin County	134,735	145	107.87
Mississippi	2,301,702	6,600	286.6
United States	306,859,354	1,213,859	395.5



- Report Area (438.1)
- Mississippi (286.6)
- United States (395.5)

Source: Federal Bureau of Investigation, FBI Uniform Crime Reports
Source: National Archive of Criminal Justice Data, 2010-12

MAP 26: Violent Crimes, All, Rate (Per 100,000 Pop.) by County, FBI UCR 2010-12



- Over 300.0
- 150.1 - 300.0
- 50.1 - 150.0
- Under 50.1
- No Violent Crime
- No Data or Data Suppressed
- Report Area

Source: Community Commons, <http://www.communitycommons.org>

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Physical Environment

The physical environment of a community plays a significant role in the overall health of its population. Important to maintaining and improving the community health, one must have accessible healthy food options, recreational opportunities, and a safe and clean environment. Mississippi and the primary service area have many aspects of the physical environment that is better than the national averages.

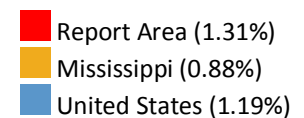
For the purposes of this report, we will review the primary service area of Hinds, Madison, and Rankin Counties (Report Area) compared to Mississippi and the United States.

Air Quality - Particulate Matter 2.5

This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

TABLE 46: Percentage of Days Exceeding Standards, Pop. Adjusted Average

Report Area	Total Population	Average Daily Ambient Particulate Matter 2.5	Number of Days Exceeding Emissions Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
Report Area	482,105	10.77	4.71	1.29	1.31%
Hinds County	245,285	10.75	4.25	1.16	1.15%
Madison County	95,203	10.77	4.52	1.24	1.23%
Rankin County	141,617	10.83	5.93	1.62	1.63%
Mississippi	2,967,297	10.06	3.32	0.91	0.88%
United States	312,471,327	10.65	4.17	1.14	1.19%

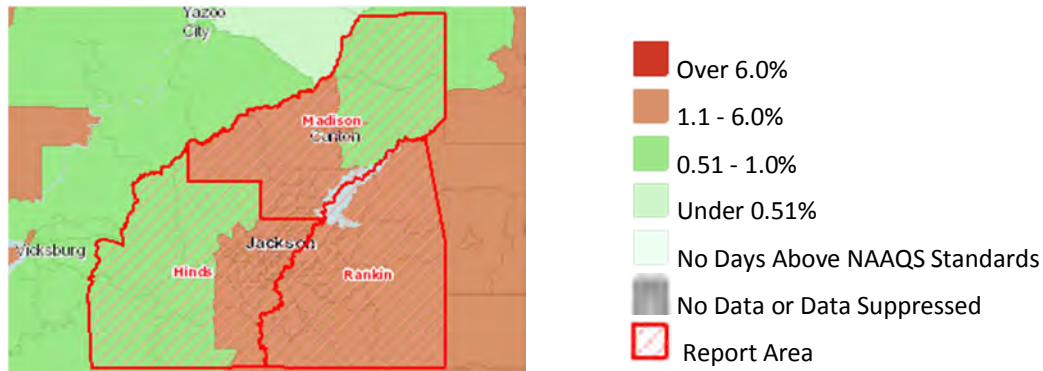


Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network, 2008

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MAP 27: Fine Particulate Matter Levels (PM 2.5), Percent Days Above NAAQ Standards by Tract, NEPHTN 2008



Source: Community Commons, <http://www.communitycommons.org>

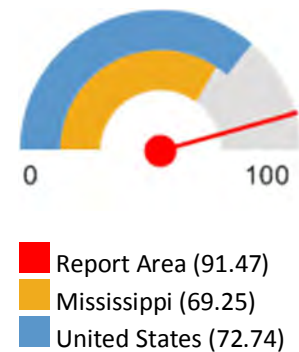
Fast Food Restaurant Access

This indicator reports the number of fast food restaurants per 100,000 population. Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

TABLE 47: Fast Food Restaurants, Rate (Per 100,000 Population)

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Report Area	482,105	441	91.47
Hinds County	245,285	220	89.69
Madison County	95,203	90	94.53
Rankin County	141,617	131	92.50
Mississippi	2,967,297	2,055	69.25
United States	312,732,537	227,486	72.74

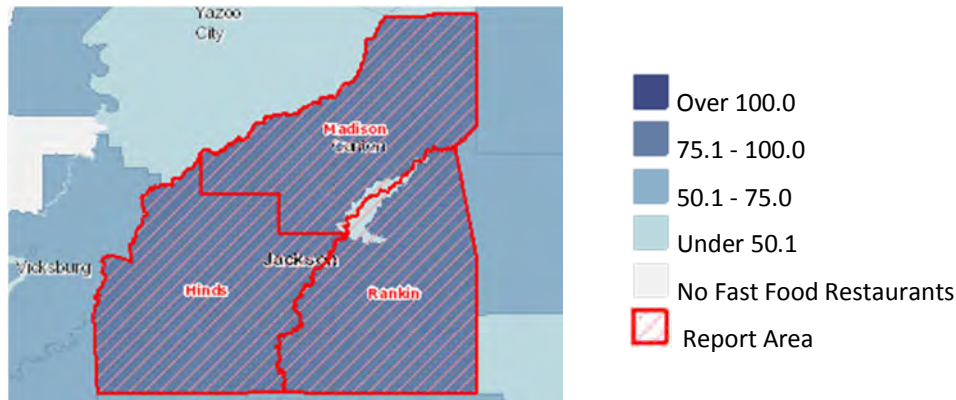
Source: US Census Bureau, *County Business Patterns, 2013*



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MAP 28: Fast Food Restaurants, Rate (Per 100,000 Pop.) by County, CBP 2013



Source: Community Commons, <http://www.communitycommons.org>

TABLE 48: Fast Food Restaurants, Rate per 100,000 Population by Year, 2008 through 2012

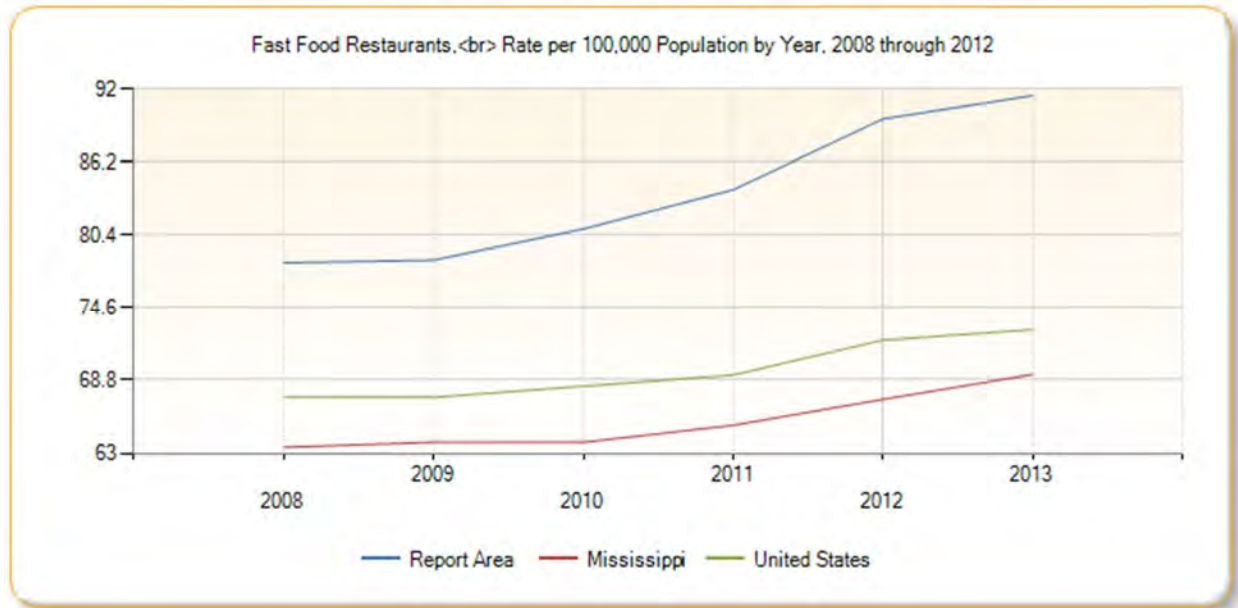
Report Area	2008	2009	2010	2011	2012	2013
Report Area	78.2	78.41	80.9	84.01	89.61	91.47
Hinds County	75.01	72.57	75.42	78.28	87.65	89.69
Madison County	91.38	93.48	95.59	92.43	95.59	94.53
Rankin County	74.85	78.38	80.5	88.27	88.97	92.5
Mississippi	63.46	63.86	63.86	65.21	67.27	69.25
United States	67.43	67.43	68.31	69.2	71.97	72.8

Source: US Census Bureau, *County Business Patterns, 2013*

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GRAPH 26: Fast Food Restaurants, Rate per 100,000 Population by Year, 2008 through 2012



Source: US Census Bureau, County Business Patterns, 2013

Grocery Store Access

This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

TABLE 49: Grocery Stores, Rate (Per 100,000 Population)

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Report Area	482,105	68	14.1
Hinds County	245,285	35	14.27
Madison County	95,203	18	18.91
Rankin County	141,617	15	10.59
Mississippi	2,967,297	473	15.94
United States	312,732,537	66,286	21.2



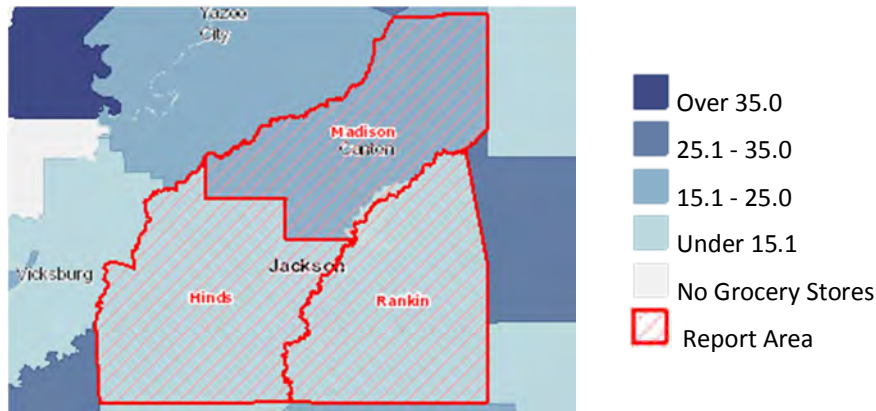
■ Report Area (14.1)
■ Mississippi (15.94)
■ United States (21.2)

Source: US Census Bureau, County Business Patterns, 2013

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MAP 29: Grocery Stores and Supermarkets, Rate (Per 100,000 Pop.) by County, CBP 2013



Source: Community Commons, <http://www.communitycommons.org>

TABLE 50: Grocery Stores and Supermarkets, Rate per 100,000 Population by Year, 2008 through 2012

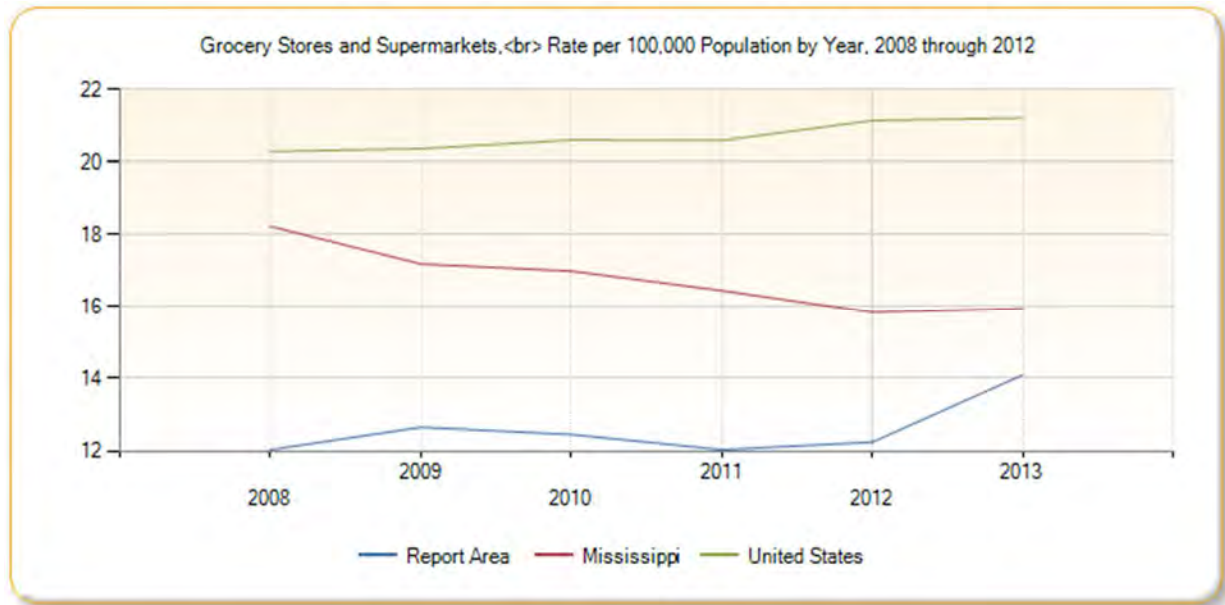
Report Area	2008	2009	2010	2011	2012	2013
Report Area	12.03	12.65	12.45	12.03	12.24	14.1
Hinds County	14.68	14.68	13.86	12.64	13.05	14.27
Madison County	11.55	13.66	14.71	15.76	16.81	18.91
Rankin County	7.77	8.47	8.47	8.47	7.77	10.59
Mississippi	18.23	17.19	16.99	16.45	15.84	15.94
United States	20.28	20.36	20.6	20.59	21.14	21.21

Source: US Census Bureau, County Business Patterns, 2013

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GRAPH 27: Grocery Stores and Supermarkets, Rate per 100,000 Population by Year, 2008 through 2012



Source: US Census Bureau, County Business Patterns, 2013

Substandard Housing: Households Lacking Complete Kitchen Facilities

A unit has complete kitchen facilities when it has all three of the following facilities: (a) a sink with a faucet, (b) a stove or range, and (c) a refrigerator. All kitchen facilities must be located in the house, apartment, or mobile home, but they need not be in the same room. A housing unit having only a microwave or portable heating equipment such as a hot plate or camping stove should not be considered as having complete kitchen facilities. An icebox is not considered to be a refrigerator.

TABLE 51: Substandard Housing: Households Lacking Complete Kitchen Facilities

Report Area	Total Occupied Housing Units	Housing Units Lacking Complete Kitchen Facilities	Housing Units Lacking Complete Kitchen Facilities, Percent
Report Area	199,578	9,640	4.83%
Hinds County	103,606	6,804	6.57%
Madison County	39,154	1,194	3.05%
Rankin County	56,818	1,642	2.89%
Mississippi	1,277,522	59,582	4.66%
United States	132,057,808	3,958,536	3%

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 28: Substandard Housing: Households Lacking Complete Kitchen Facilities



Source: Community Commons, <http://www.communitycommons.org>

Liquor Store Access

This indicator reports the number of beer, wine, and liquor stores per 100,000 population, as defined by North American Industry Classification System (NAICS) Code 445310. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

TABLE 52: Liquor Stores, Rate(Per 100,000 Population)

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Report Area	482,105	49	10.16
Hinds County	245,285	31	12.64
Madison County	95,203	17	17.86
Rankin County	141,617	1	0.71
Mississippi	2,967,297	344	11.59
United States	312,732,537	32,759	10.48

Source: US Census Bureau, *County Business Patterns, 2013*

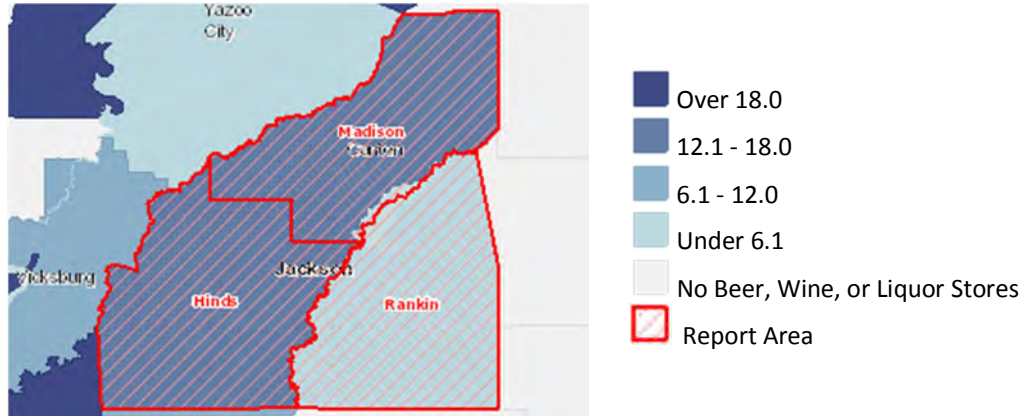


■ Report Area (10.16)
■ Mississippi (11.59)
■ United States (10.48)

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MAP 30: Beer, Wine and Liquor Stores, Rate (Per 100,000 Pop.) by County, CBP 2013



Source: Community Commons, <http://www.communitycommons.org>

TABLE 53: Beer, Wine and Liquor Stores, Rate per 100,000 Population by Year, 2008 through 2012

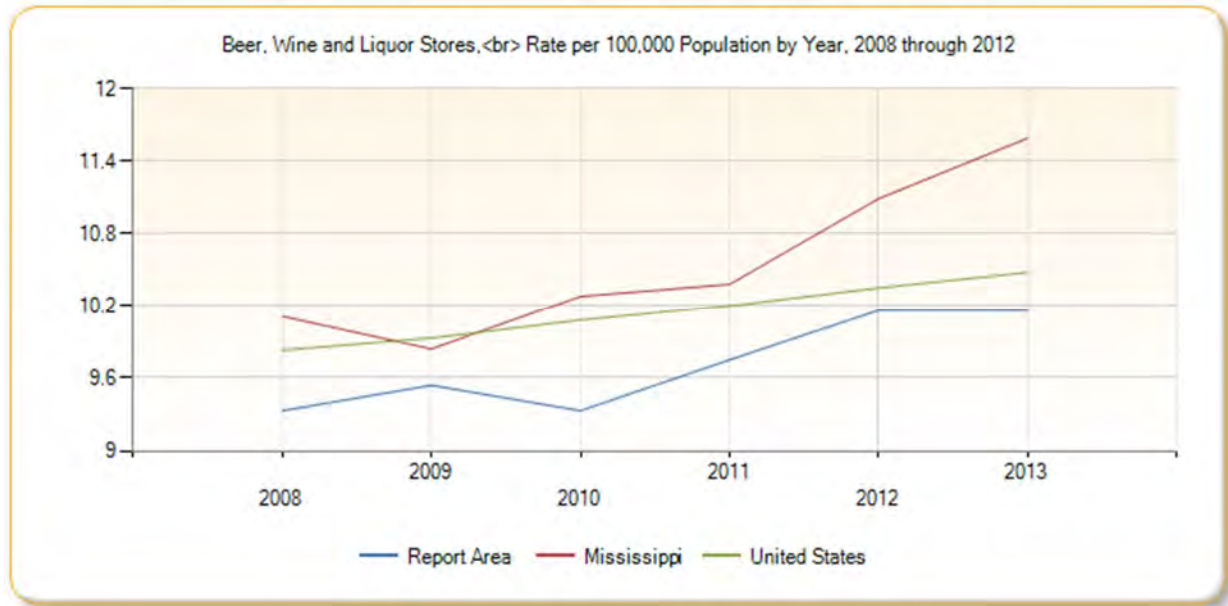
Report Area	2008	2009	2010	2011	2012	2013
Report Area	9.33	9.54	9.33	9.75	10.16	10.16
Hinds County	11.42	11.42	11.42	12.23	11.82	12.64
Madison County	17.86	18.91	16.81	17.86	19.96	17.86
Rankin County	0	0	0.71	0	0.71	0.71
Mississippi	10.11	9.84	10.28	10.38	11.09	11.59
United States	9.83	9.93	10.08	10.2	10.35	10.48

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 29: Beer, Wine and Liquor Stores, Rate per 100,000 Population by Year, 2008 through 2012



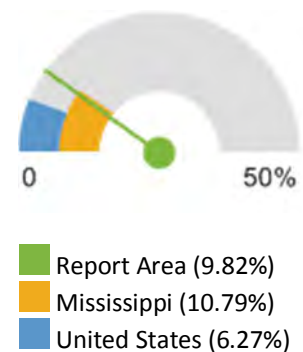
Source: Community Commons, <http://www.communitycommons.org>

Low Income Population with Low Food Access

TABLE 54: Percent Low Income Population with Low Food Access

Report Area	Total Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Report Area	482,105	47,323	9.82%
Hinds County	245,285	28,937	11.8%
Madison County	95,203	5,945	6.24%
Rankin County	141,617	12,441	8.78%
Mississippi	2,967,297	320,273	10.79%
United States	308,745,538	19,347,047	6.27%

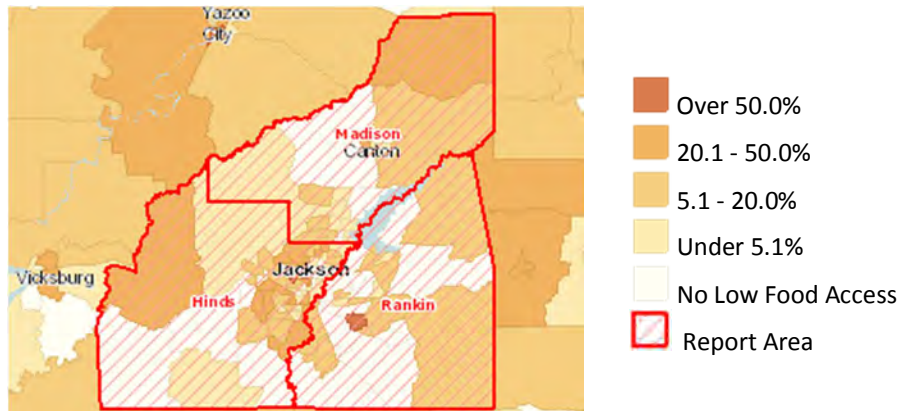
Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2010



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MAP 31: Population with Limited Food Access, Low Income, Percent by Tract, FARA 2010



Source: Community Commons, <http://www.communitycommons.org>

Modified Retail Food Environment Index

This indicator reports the percentage of population living in census tracts with no or low access to healthy retail food stores. Figures are based on the CDC Modified Retail Food Environment Index. For this indicator, low food access tracts are considered those with index scores of 10.0 or less.

TABLE 55: Modified Retail Food Environment Index

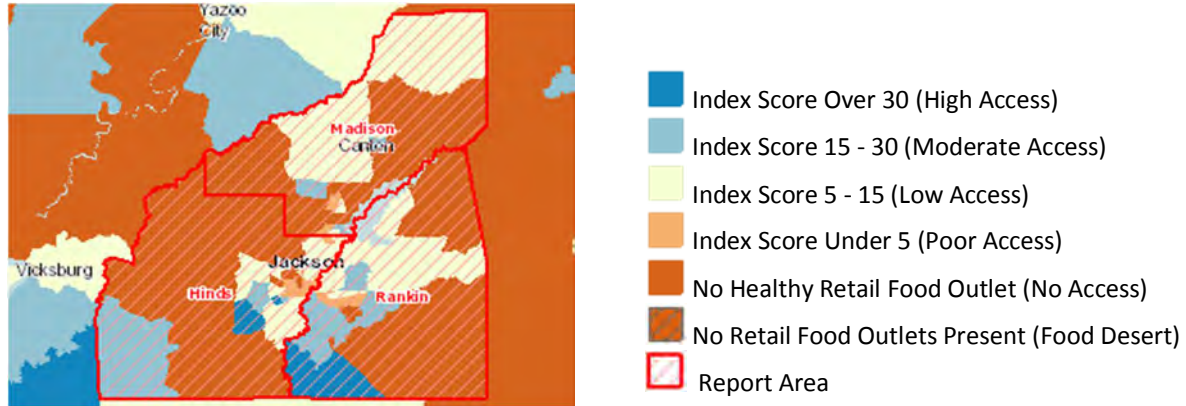
Report Area	Total Population	Percent Population in Tracts with No Food Outlet	Percent Population in Tracts with No Healthy Food Outlet	Percent Population in Tracts with Low Healthy Food Access	Percent Population in Tracts with Moderate Healthy Food Access	Percent Population in Tracts with High Healthy Food Access
Report Area	482,106	0%	28.51%	28.64%	40.12%	2.72%
Hinds County	245,285	0%	31.36%	33.71%	31.65%	3.29%
Madison County	95,203	0%	36.95%	25.12%	37.93%	0%
Rankin County	141,618	0%	17.9%	22.25%	56.27%	3.58%
Mississippi	2,967,297	0.4%	30.1%	31.56%	36.06%	1.88%
United States	312,474,470	0.99%	18.63%	30.89%	43.28%	5.02%

Source: Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity, 2011

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MAP 32: Modified Retail Food Environmental Index Score by Tract, DNPAO 2011



Source: Community Commons, <http://www.communitycommons.org>

TABLE 56: Population with Low or No Healthy Food Access, Racial Disparity Index

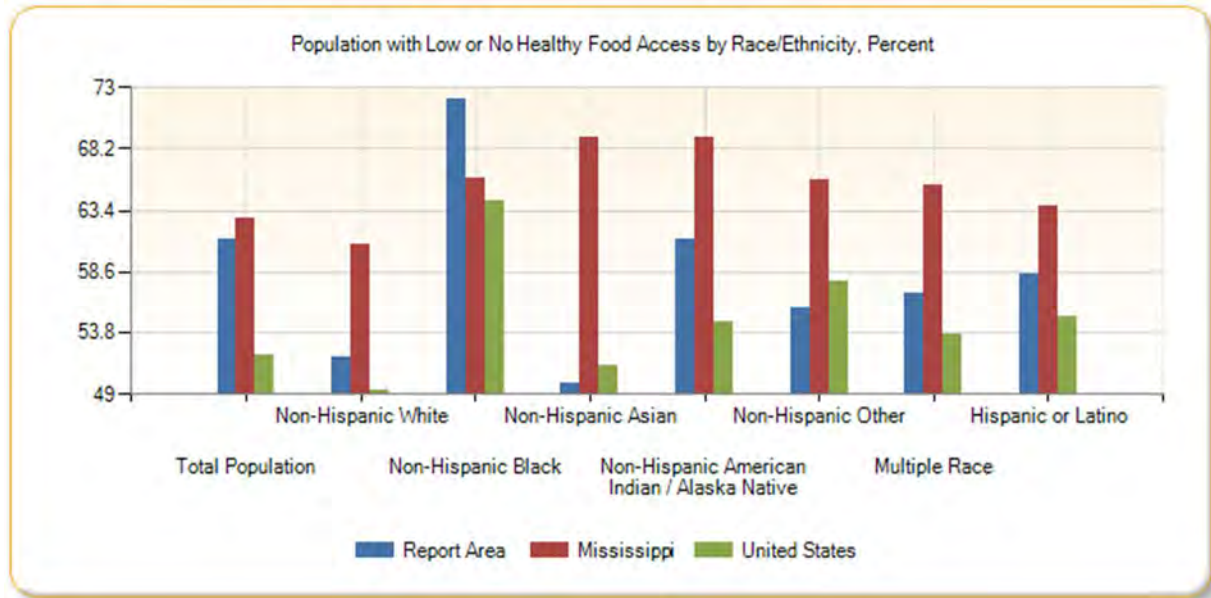
<i>Report Area</i>	<i>Disparity Index Score (0 = No Disparity; 1 - 15 = Some Disparity; Over 15 = High Disparity)</i>
Report Area	11.73
Hinds County	7.86
Madison County	10.28
Rankin County	20.71
Mississippi	14.96
United States	16.59

Source: Community Commons, <http://www.communitycommons.org>

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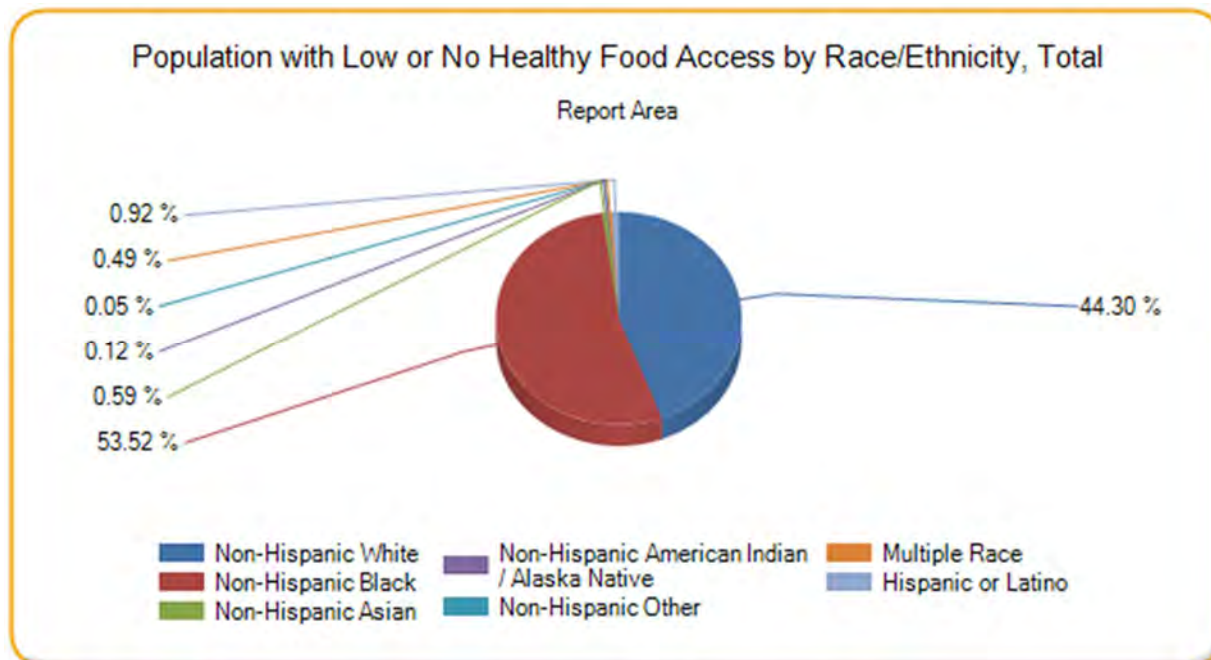
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GRAPH 30: Population with Low or No Healthy Food Access BY Race/Ethnicity, Percent



Source: Community Commons, <http://www.communitycommons.org>

GRAPH 31: Population with Low or No Healthy Food Access BY Race/Ethnicity, Total (Hinds, Madison, and Rankin Counties)



Source: Community Commons, <http://www.communitycommons.org>

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Population with Low Food Access

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract (where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

TABLE 57: Percent Population with Low Food Access

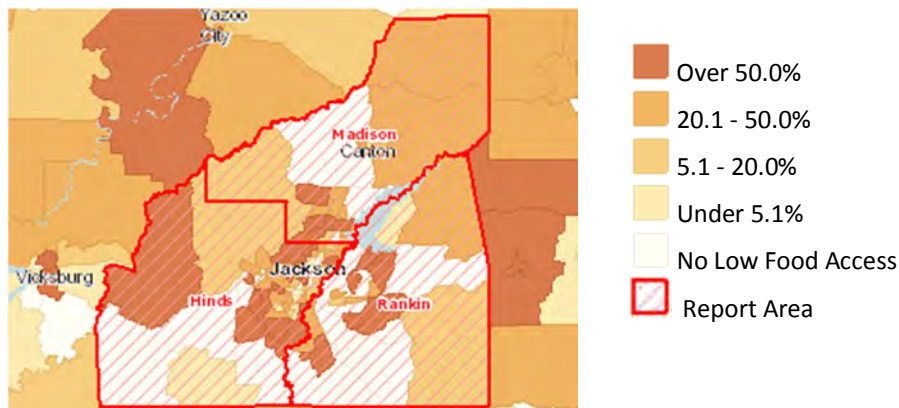
Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Report Area	482,105	139,660	28.97%
Hinds County	245,285	74,997	30.58%
Madison County	95,203	24,246	25.47%
Rankin County	141,617	40,417	28.54%
Mississippi	2,967,297	770,317	25.96%
United States	308,745,538	72,905,540	23.61%



- Report Area (28.97%)
- Mississippi (25.96%)
- United States (23.61%)

Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas, 2010

MAP 33: Population with Limited Food Access, Percent by Tract, FARA 2010



Source: Community Commons, <http://www.communitycommons.org>

Recreation and Fitness Facility Access

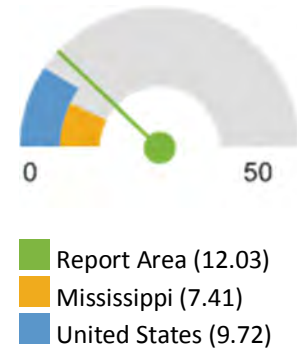
This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

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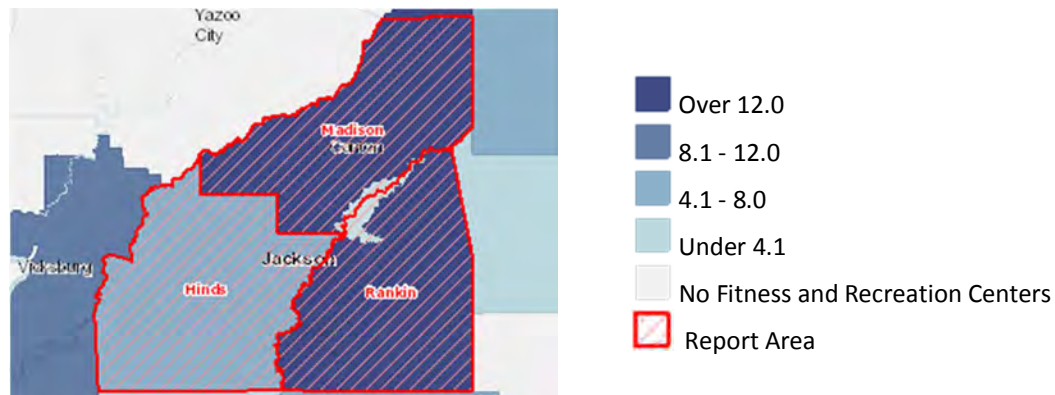
TABLE 58: Recreation and Fitness Facilities, Rate (Per 100,000 Population)

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Report Area	482,105	58	12.03
Hinds County	245,285	17	6.93
Madison County	95,203	19	19.96
Rankin County	141,617	22	15.53
Mississippi	2,967,297	220	7.41
United States	312,732,537	30,393	9.72



Source: US Census Bureau, County Business Patterns, 2013

MAP 34: Recreation and Fitness Facilities, Rate (Per 100,000 Pop.) by County, CBP 2013

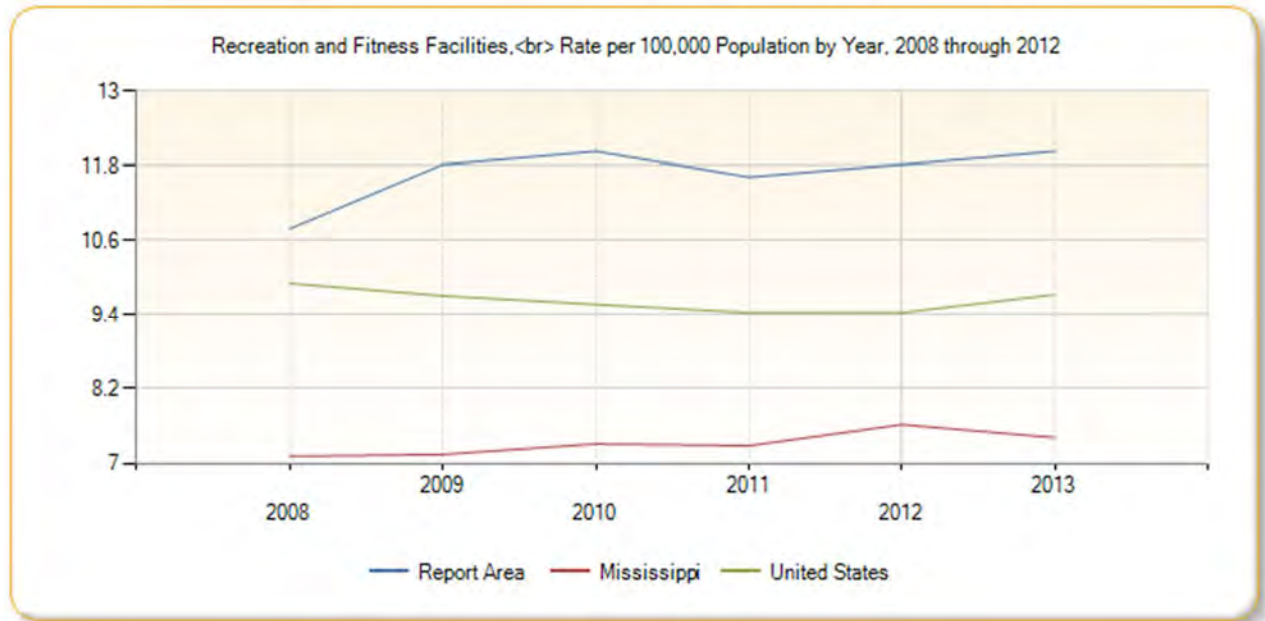


Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 32: Recreation and Fitness Facilities, Rate (Per 100,000 Pop.) by Year



Source: Community Commons, <http://www.communitycommons.org>

SNAP-Authorized Food Store Access

This indicator reports the number of SNAP-authorized food stores as a rate per 100,000 population. SNAP-authorized stores include grocery stores as well as supercenters, specialty food stores, and convenience stores that are authorized to accept SNAP (Supplemental Nutrition Assistance Program) benefits.

TABLE 59: SNAP-Authorized Retailers, Rate (Per 100,000 Population)

Report Area	Total Population	Total SNAP-Authorized Retailers	SNAP-Authorized Retailers, Rate per 100,000 Population
Report Area	482,105	509	105.58
Hinds County	245,285	303	123.53
Madison County	95,203	82	86.13
Rankin County	141,617	124	87.56
Mississippi	2,967,297	3,491	117.65
United States	312,471,327	245,113	78.44

Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator

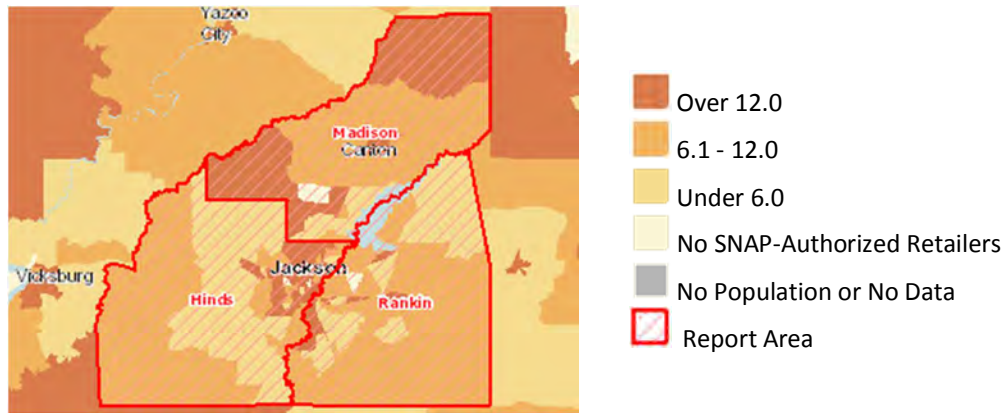


Report Area (105.58)
Mississippi (117.65)
United States (78.44)

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MAP 35: SNAP-Authorized Retailers, Rate per 10,000 Population by Tract, USDA 2014



Source: Community Commons, <http://www.communitycommons.org>

Use of Public Transportation

This indicator reports the percentage of population using public transportation as their primary means of commute to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.

TABLE 60: Percent Population Using Public Transit for Commute to Work

Report Area	Total Population Employed Age 16	Population Using Public Transit for Commute to Work	Percent Population Using Public Transit for Commute to Work
Report Area	214,654	691	0.32%
Hinds County	102,499	563	0.55%
Madison County	45,939	13	0.03%
Rankin County	66,216	115	0.17%
Mississippi	1,179,917	5,323	0.45%
United States	139,786,640	7,000,722	5.01%



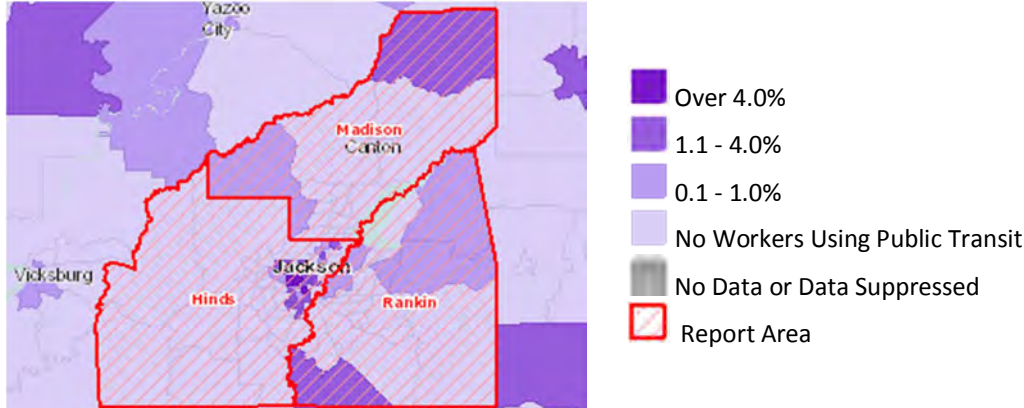
■ Report Area (0.32%)
■ Mississippi (0.45%)
■ United States (5.01%)

Source: US Census Bureau, American Community Survey, 2009-13

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MAP 36: Workers Traveling to Work Using Public Transit, Percent by Tract, ACS 2009-13



Source: Community Commons, <http://www.communitycommons.org>

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Community Healthcare Resources

Having a primary care provider (PCP) as the usual source of care is especially important to the health of a community. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with greater patient trust in the provider, good patient-provider communication, and increased likelihood that patients will receive appropriate care

The primary service area overall has a large number of healthcare facilities and providers, although resources are more concentrated in Hinds County. The primary care provider rate for Hinds County is 126.5 providers per 100,000 people, which is in the middle two quartiles of similar counties. Madison County and Rankin County, however, are both in the very top of the most favorable quartile for similar counties with rates of 159.9 providers per 100,000 people and 107.2 providers per 100,000 respectively.

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Access to health services means the timely use of personal health services to achieve the best health outcomes and encompasses four components:

1. Coverage
2. Services
3. Timeliness
4. Workforce

Barriers to services include:

1. Lack of availability
2. High cost
3. Lack of insurance coverage

These barriers to accessing health services diminish quality of care and lead to delays in receiving appropriate care, the inability to get preventive services, and hospitalizations that could have been prevented.

Adults in the MBMC and RCH primary service area are often underinsured or have no insurance. Hinds County has the lowest rate of insured adults at 74%. Madison and Rankin Counties fare a little better at 82% and 80% respectively. All of these rates are below the national average, 83.1%, and far from the Healthy People 2020 target of 100% coverage. The fluctuations in coverage rates nationally are depicted in GRAPH 33.

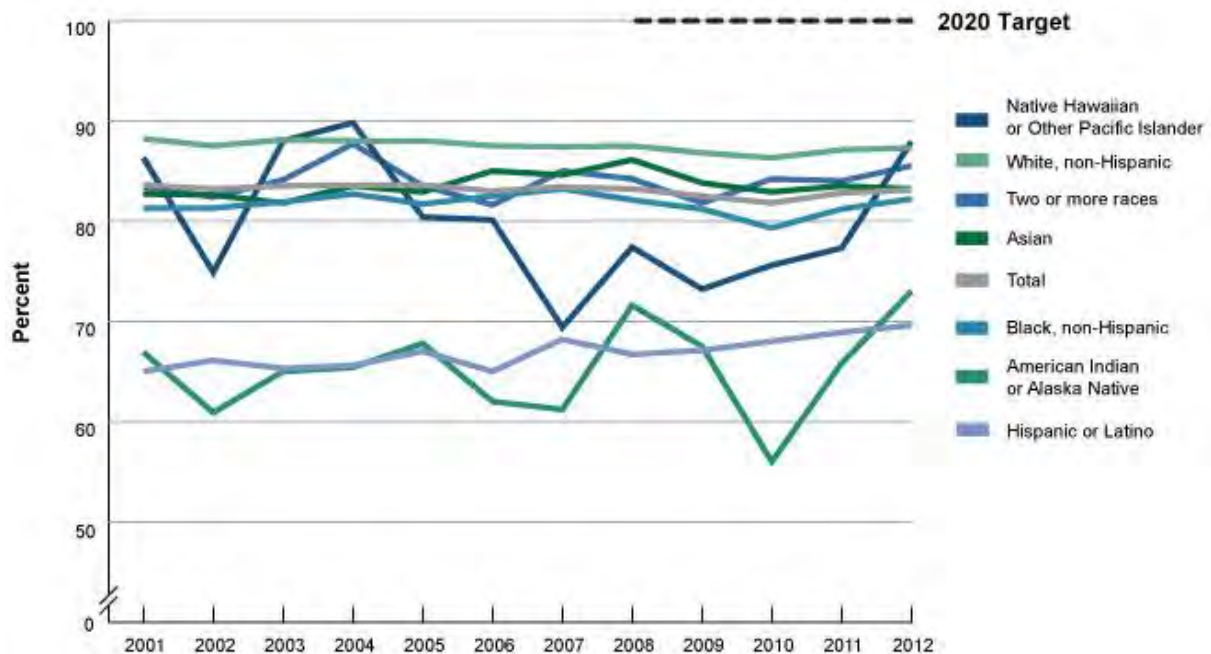
The Healthy People 2020 Target for insured children is 100%. Currently, the rate of insured children in our primary service area is 92% in all three counties, which is slightly better than Mississippi overall at 91%.

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Younger people make up a higher proportion of Medicaid enrollees in Mississippi through CHIP (Children’s Health Insurance Program). In Mississippi, 52% of enrollees are children, 15% are adults, 12% aged, and 22% disabled. Compared to the national averages, in which 48% are children, 27% are adults, 9% aged, and 15% disabled. The vast majority of those enrolled in Mississippi Medicaid are children and low-income families at 60%.

GRAPH 33: Health (Medical) Insurance, 2001-2012



Source: National Health Interview Survey (NHIS), CDC/NCHS

The national average for the percentage of adults who did not see a doctor due to cost is 15.6% and the Healthy People 2020 target is 9%. All three counties are above the target for Healthy People 2020. Hinds County is in the least favorable quartile at 20.1%, which is higher than the national average. Rankin and Madison Counties are both below the national average. Rankin County is at 13%, which is in the upper middle two quartiles, and Madison County is at 12.2%, the most favorable quartile.

Preventable hospitalizations are admissions to a hospital for certain acute illnesses (e.g., diabetes) that might not have required hospitalization had these conditions been managed successfully by primary care providers in outpatient settings. Hospitalization for diagnoses treatable in outpatient services suggests that the quality of care provided in the outpatient setting was less than ideal.

The older adult preventable hospitalization rate for Madison County is 67.9 per 1,000 people, which is in the upper middle two quartiles and below the national average of 71.3. Hinds County’s rate is 69.8, which is below the national average and in the better half of the least favorable quartile. Rated most unfavorable is Rankin County’s rate is 87.8, which is almost at the bottom of the least favorable quartile.

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Providing high-quality healthcare services depends on having a sufficient number of competent health personnel to meet the needs of the population they are to serve. Traditionally, Mississippi is a medically underserved state. This is especially true in sparsely populated rural areas, which represents the vast majority of the state. Mississippi's urban areas also have a large number of poor people, elderly people, and minority populations, all of which are traditionally medically underserved people groups.

According to the 2015 State Health Plan, Mississippi has a total of 139 primary care health professional shortage area (HPSA) designations. Approximately 54% of these HPSA designations, or 75 total designations, are single county designations. HPSAs are defined as a geographic area that has a ratio in excess of 3,500 persons per primary care physician and insufficient access to those physicians within a 30-minute traveling radius. Additionally, areas can be designated as a primary care HPSA if they have 3,000 – 3,500 persons per primary care physician that have unusually high needs for primary care service and have insufficient access to primary care doctors within a 30-minute traveling radius. The following map depicts the total number of primary care medical doctors by county.

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There are several options for long-term care in Mississippi, and particularly in the primary service area that is the focus of this CHNA Report. These options are:

1. Community Based Programs → These elder-care programs include adult day care, senior centers, transportation, meals on wheels or meals at community locations, and home health services.
2. Housing for the Elderly → These facilities are licensed in Mississippi as two types of personal care homes. Both provide residents a sheltered environment and assistance with the activities of daily living. Personal care homes licensed as “Assisted Living” provide additional supplemental medical services, which includes providing certain routine health maintenance and emergency response services.
 - a. Personal Care Home – Residential Living
 - b. Personal Care Home – Assisted Living
3. Retirement Communities and Senior Housing Facilities → Typical provisions of these facilities include apartments for independent living, transportation services, housekeeping, and daily meals in a common dining room.
4. Continuing Care Retirement Community (CCRC) → These facilities provide care for the remainder of the residents’ lives. While Hinds County does not have a CCRC under CON Review, Madison County and Rankin County each have two of these particular facilities. These facilities have three stages of long-term care:
 - a. Independent living in a private apartment
 - b. Personal care facility
 - c. Skilled nursing home

The following table shows the distribution of personal care facilities by county.

TABLE 61: Distribution of Personal Care Facilities

<i>County</i>	<i>Licensed Beds</i>	<i>Occupancy Rate</i>	<i>Average Daily Census</i>
Hinds County	410	92.73%	254.99
Madison County	442	80.38%	347.22
Rankin County	260	77.00%	113.97
Mississippi	5,779	65.41%	3,557.20

Source: 2015 State Health Plan

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Often times, the only option for those who become disabled relative to activities of daily living are nursing homes. Mississippi’s 2015 projected nursing home bed need is 21,047. Approximately 18% of that need is projected to be unmet, or 3,715 beds.

The following table illustrates the 2015 projected nursing home bed need for the state and Hinds, Madison, and Rankin Counties.

TABLE 62: 2015 Nursing Home Bed Need

County	Total Bed Need	Number Beds in Abeyance	Licensed / CON Approved Beds	Difference
Hinds County	1,501	14	1,399	88
Madison County	568	0	275	293
Rankin County	894	0	410	484
Mississippi	21,047	575	16,575 / 182	3,715

Source: 2015 State Health Plan

Hinds County is home to 8 hospital facilities with a total of 2,570 licensed beds. It is also the site of a regional VA medical center. This county also hosts 7 ambulatory surgical facilities, 8 end stage renal disease facilities, and 2 rural health facilities. Services for the elderly, homebound, and disabled include 4 home health agencies, 11 hospice facilities, 15 nursing home facilities with a total capacity of 1,563, and 26 personal care homes with a total capacity of 614.

Madison County’s health services are concentrated in the cities of Madison and Canton. Canton hosts the county’s only hospital facility, which has 67 licensed beds. Madison County also has 3 ambulatory surgical facilities, 2 end stage renal disease facilities, 5 home health agencies, 4 hospice facilities, 2 rural health facilities, 5 nursing homes with a total capacity of 455, and 8 personal care home facilities with a total capacity of 442.

Rankin County, which includes the cities of Flowood, Pearl, and Brandon, has 7 hospital facilities with a total of 2,090 licensed beds, which includes a state hospital facility. Also in Rankin County are 6 ambulatory surgical facilities, 3 end stage renal disease facilities, 6 home health agencies, 3 hospice facilities, and 3 rural health facilities. It also has 10 nursing home facilities with a capacity of 937 and 8 personal care homes with a total capacity of 430.

A detailed list of the healthcare facilities in Hinds, Madison, and Rankin Counties is provided in Appendix B.

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Clinical Care

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of those without insurance, financial hardship, transportation barriers, cultural competency, and coverage limitations affect access.

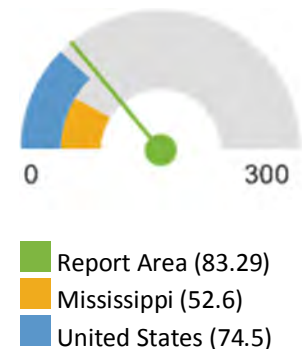
Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

TABLE 63: Primary Care Physicians, Rate per 100,000 Pop.

Report Area	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Pop.
Report Area	492,276	410	83.29
Hinds County	248,643	198	79.63
Madison County	98,468	118	119.84
Rankin County	145,165	94	64.75
Mississippi	2,984,926	1,570	52.6
United States	313,914,040	233,862	74.5

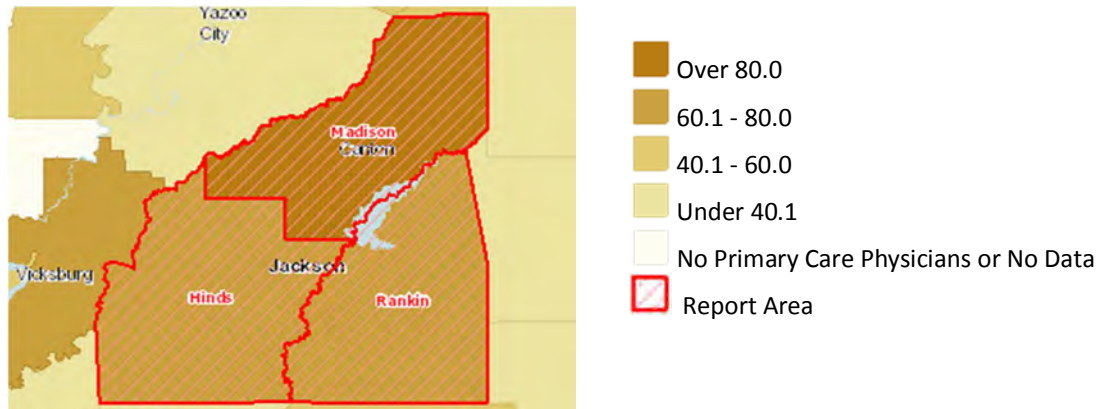


Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2012

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MAP 38: Access to Primary Care Physicians, Rate per 100,000 Pop. by County, AHRF 2012



Source: Community Commons, <http://www.communitycommons.org>

Access to Primary Care, Rate (Per 100,000 Pop.) by Year, 2002 through 2011

This indicator reports the rate of primary care physicians per 100,000 population by year. This figure represents all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported above.

TABLE 64: Access to Primary Care, Rate (Per 100,000 Pop.) by Year, 2002 through 2011

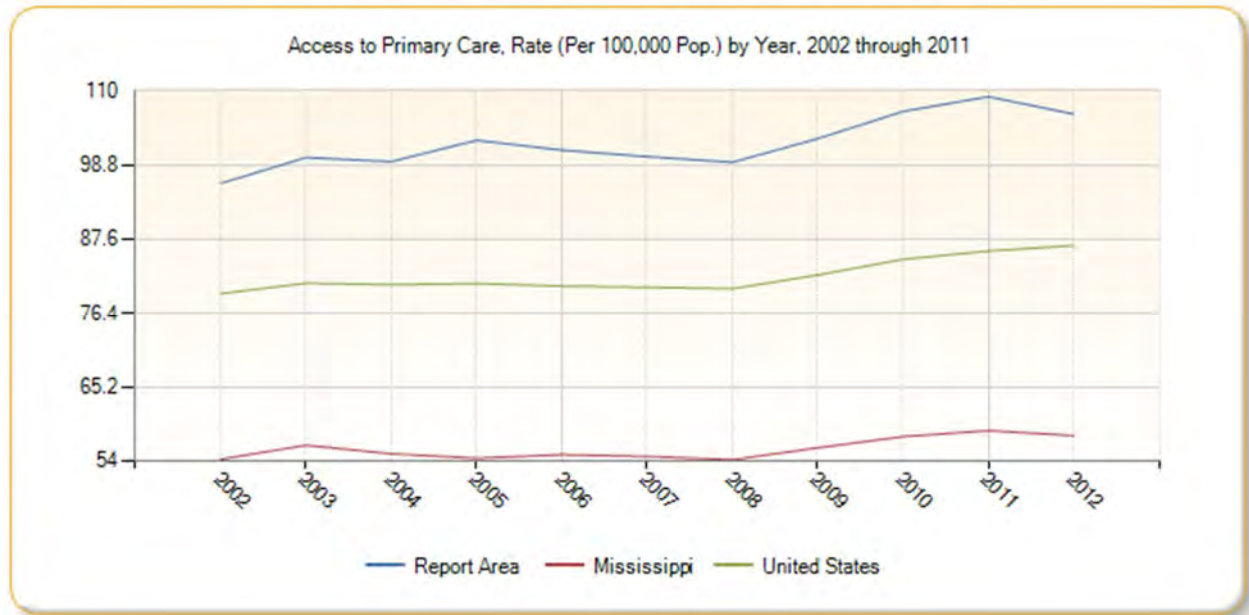
Report Area	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Report Area	95.99	99.88	99.27	102.48	101	100.02	99.18	102.72	106.82	109.04	106.44
Hinds County	92.96	93.94	94.4	93.85	94.37	94.32	94.89	98.53	102.74	105.97	108.99
Madison County	122	134.16	145.17	158.98	151	146.55	142.28	141.79	139.7	141.32	139.13
Rankin County	85.54	89.82	79.45	82.68	80.98	80.22	78.78	84.54	91.8	92.55	79.91
Mississippi	54.29	56.4	55.12	54.43	54.97	54.71	54.21	56	57.7	58.59	57.86
United States	79.41	80.99	80.76	80.94	80.54	80.38	80.16	82.22	84.57	85.83	86.66

Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2012

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GRAPH 34: Access to Primary Care, Rate (Per 100,000 Pop.) by Year, 2002 through 2011



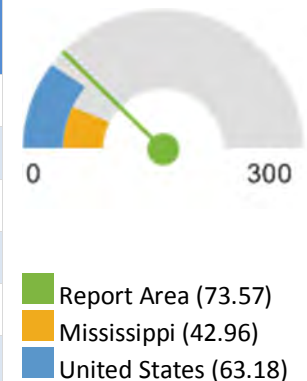
Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2012

Access to Dentists

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists, qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

TABLE 65: Dentists, Rate per 100,000 Pop.

Report Area	Total Population, 2013	Dentists, 2013	Dentists, Rate per 100,000 Pop.
Report Area	492,078	362	73.57
Hinds County	244,899	212	86.57
Madison County	100,412	63	62.74
Rankin County	146,767	87	59.28
Mississippi	2,991,207	1,285	42.96
United States	316,128,839	199,743	63.18

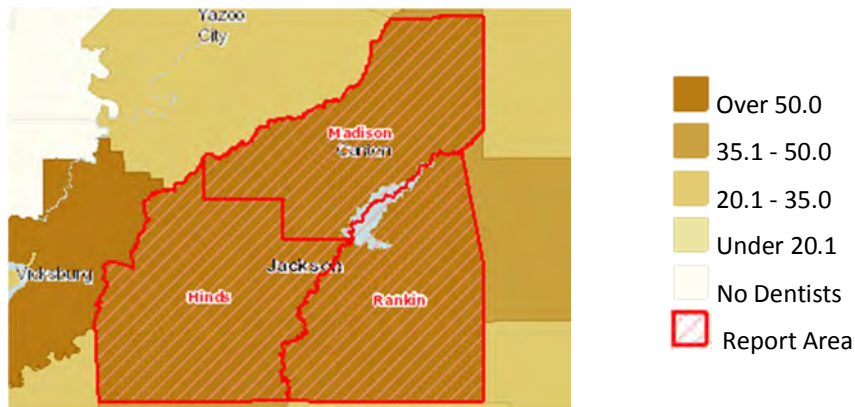


Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2013

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MAP 39: Access to Dentists, Rate per 100,000 Pop. by County, AHRF 2013



Source: Community Commons, <http://www.communitycommons.org>

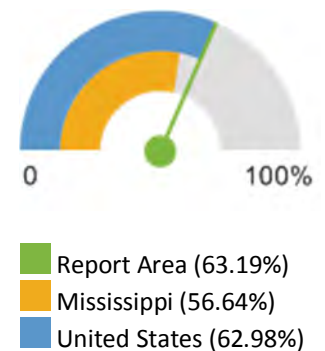
Cancer Screening - Mammogram

This indicator reports the percentage of female Medicare enrollees, age 67-69 or older, who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

TABLE 66: Percent Female Medicare Enrollees with Mammogram in Past 2 Year

Report Area	Total Medicare Enrollees	Female Medicare Enrollees Age 67-69	Female Medicare Enrollees with Mammogram in Past 2 Years	Percent Female Medicare Enrollees with Mammogram in Past 2 Year
Report Area	40,854	3,632	2,295	63.19%
Hinds County	19,272	1,674	1,026	61.29%
Madison County	8,347	646	404	62.69%
Rankin County	13,235	1,312	864	65.85%
Mississippi	321,469	29,096	16,478	56.64%
United States	53,131,712	4,402,782	2,772,990	62.98%

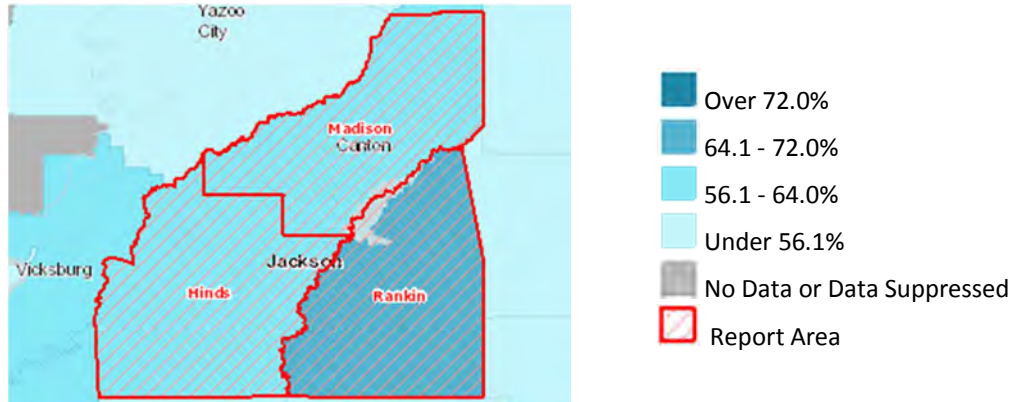
Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2012



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MAP 40: Mammogram (Past 2 Years), Percent of Female Medicare Enrollees, Age 67-69 by County, DA 2012



Source: Community Commons, <http://www.communitycommons.org>

TABLE 67: Breast Cancer Screening by Year, 2008 – 2012, Percent of Female Medicare Beneficiaries Age 67-69 with Mammogram in Past 2 Years

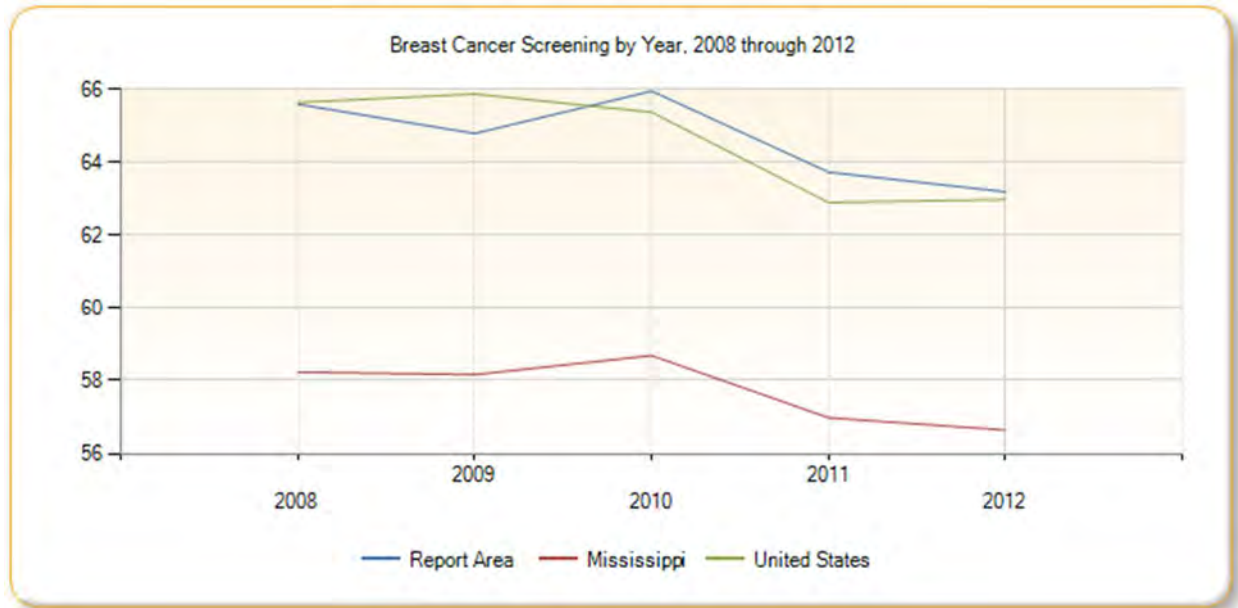
Report Area	2008	2009	2010	2011	2012
Report Area	65.59	64.79	65.95	63.73	63.19
Hinds County	64.29	62.15	63.58	61.31	61.29
Madison County	63.95	68.23	70.05	66.56	62.69
Rankin County	68.36	66.73	67.15	65.49	65.85
Mississippi	58.23	58.16	58.68	56.98	56.64
United States	65.64	65.87	65.37	62.9	62.98

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

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GRAPH 35: Breast Cancer Screening by Year, 2008 through 2012



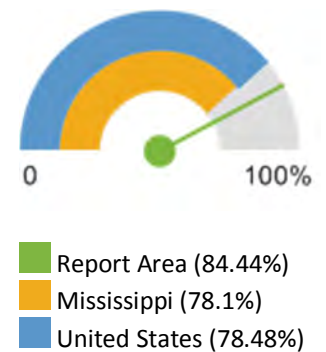
Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2012

Cancer Screening - Pap Test

This indicator reports the percentage of women aged 18 and older who self-report that they have had a Pap test in the past three years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

TABLE 68: Percent Adults Females Age 18 with Regular Pap Test (Age-Adjusted)

Report Area	Female Population Age 18	Estimated Number with Regular Pap Test	Crude Percentage	Age-Adjusted Percentage
Report Area	183,707	154,656	84.19%	84.44%
Hinds County	59,268	47,474	80.1%	81.1%
Madison County	41,017	35,439	86.4%	86.3%
Rankin County	83,422	71,743	86%	85.9%
Mississippi	1,376,159	1,056,890	76.8%	78.1%
United States	176,847,182	137,191,142	77.58%	78.48%

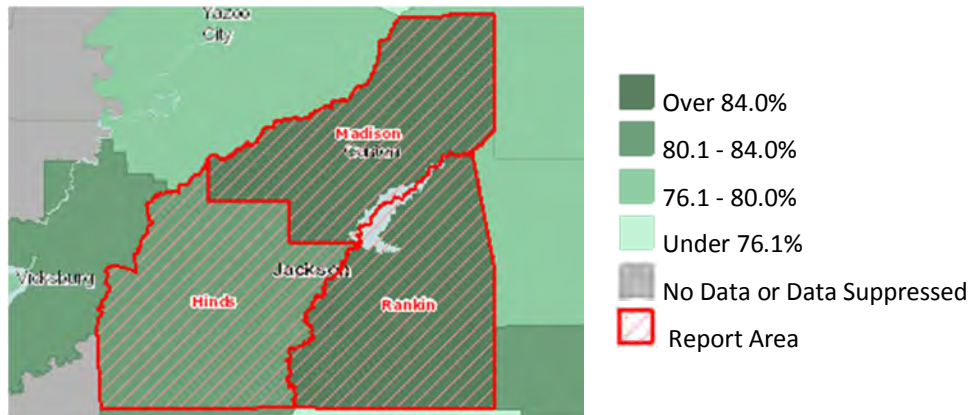


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
Source: US Department of Health & Human Services, Health Indicators Warehouse, 2006-12

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MAP 41: Cervical Cancer Screening (Past 3 Years), Percent of Women Age 18 by County, BRFSS 2006-12



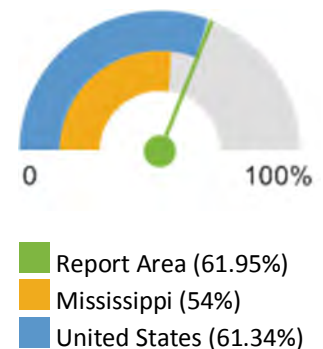
Source: Community Commons, <http://www.communitycommons.org>

Cancer Screening - Sigmoidoscopy or Colonoscopy

This indicator reports the percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

TABLE 69: Percent Adults Screened for Colon Cancer (Age-Adjusted)

Report Area	Total Population Age 50	Estimated Population Ever Screened for Colon Cancer	Crude Percentage	Age-Adjusted Percentage
Report Area	104,786	66,665	63.62%	61.95%
Hinds County	52,556	33,951	64.6%	63.2%
Madison County	20,270	12,324	60.8%	59.6%
Rankin County	31,960	20,390	63.8%	61.4%
Mississippi	715,991	406,683	56.8%	54%
United States	75,116,406	48,549,269	64.63%	61.34%



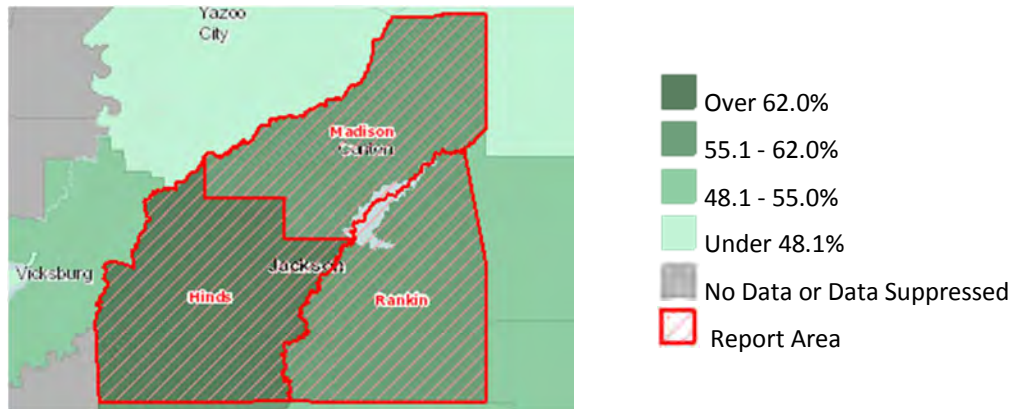
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System

Source: US Department of Health & Human Services, Health Indicators Warehouse, 2006-12

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MAP 42: Colon Cancer Screening (Ever), Percent of Adults Age 50 by County, BRFSS 2006-12



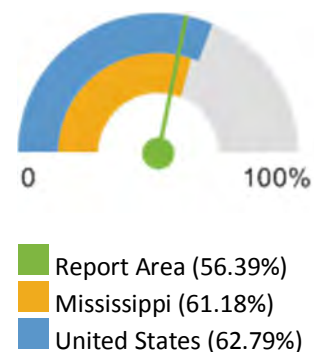
Source: Community Commons, <http://www.communitycommons.org>

HIV Screenings

This indicator reports the percentage of adults, age 18-70, who self-reported that they have never been screened for HIV. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

TABLE 70: Percent Adults Never Screened for HIV / AIDS

Report Area	Survey Population (Smokers Age 18)	Total Adults Never Screened for HIV / AIDS	Percent Adults Never Screened for HIV / AIDS
Report Area	312,166	176,019	56.39%
Hinds County	158,503	75,331	47.53%
Madison County	55,110	34,864	63.26%
Rankin County	98,553	65,824	66.79%
Mississippi	2,031,244	1,242,768	61.18%
United States	214,984,421	134,999,025	62.79%

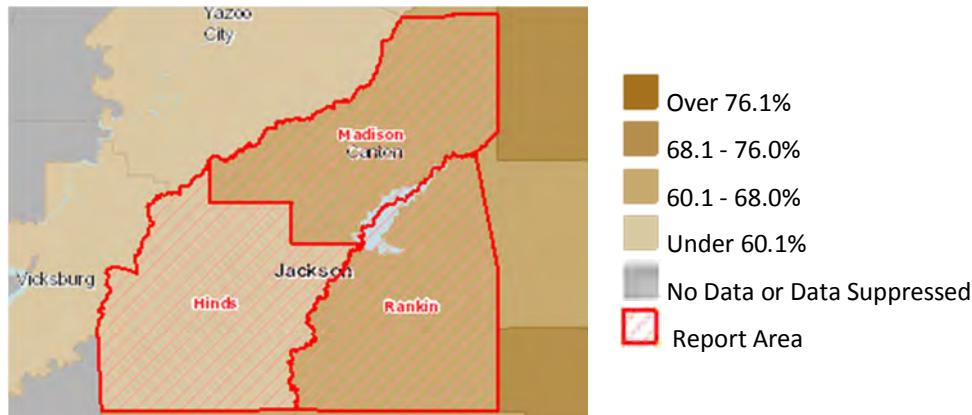


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12

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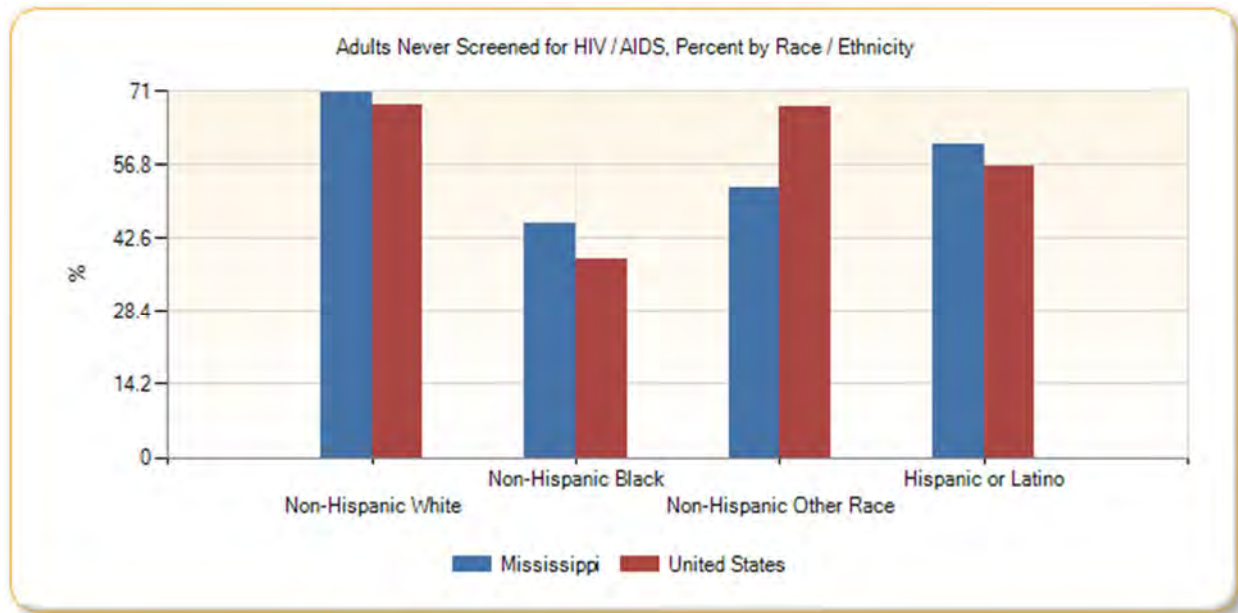
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MAP 43: Adults Age 18 Never Screened for HIV / AIDS, Percent by County, BRFSS 2011-12



Source: Community Commons, <http://www.communitycommons.org>

GRAPH 36: Adults Age 18 Never Screened for HIV / AIDS, Percent, BRFSS 2011-12



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12

Pneumonia Vaccination

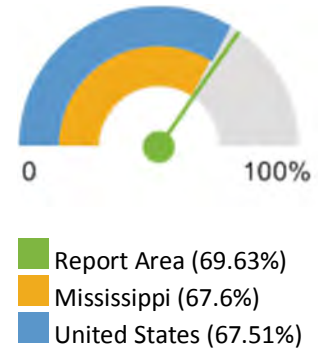
This indicator reports the percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

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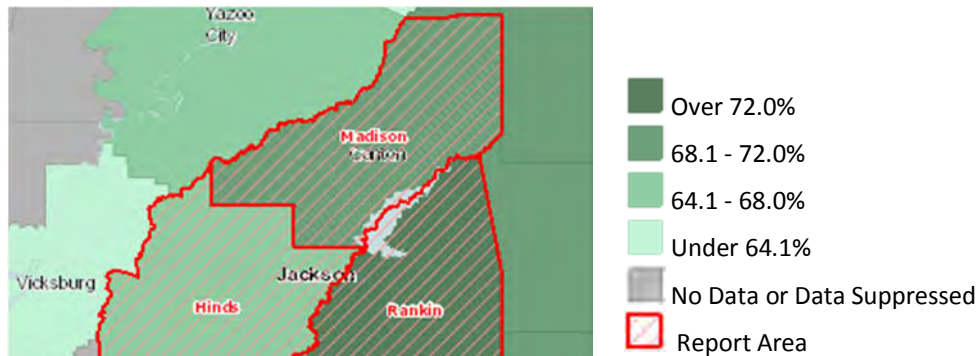
TABLE 71: Percent Population Age 65 with Pneumonia Vaccination (Age-Adjusted)

Report Area	Total Population Age 65	Estimated Population with Annual Pneumonia Vaccination	Crude Percentage	Age-Adjusted Percentage
Report Area	52,174	36,124	69.24%	69.63%
Hinds County	26,615	17,646	66.3%	66%
Madison County	9,693	6,737	69.5%	69.5%
Rankin County	15,866	11,741	74%	75.8%
Mississippi	375,191	251,753	67.1%	67.6%
United States	39,608,820	26,680,462	67.36%	67.51%



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
Source: US Department of Health & Human Services, Health Indicators Warehouse, 2006-12

MAP 44: Annual Pneumonia Vaccination, Percent of Adults Age 65 by County, BRFSS 2006-12



Source: Community Commons, <http://www.communitycommons.org>

Diabetes Management - Hemoglobin A1c Test

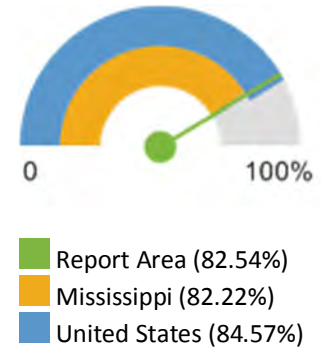
This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. In the report area, 4,437 Medicare enrollees with diabetes have had an annual exam out of 5,377 Medicare enrollees in the report area with diabetes, or 82.54%. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

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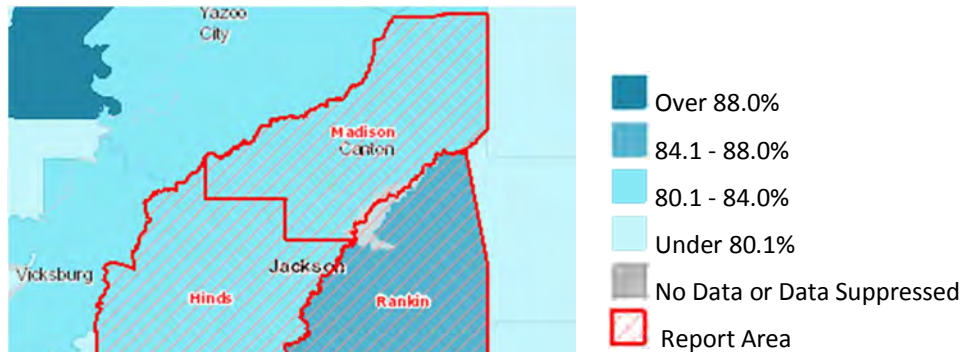
TABLE 72: Percent Medicare Enrollees with Diabetes with Annual Exam

Report Area	Total Medicare Enrollees	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Percent Medicare Enrollees with Diabetes with Annual Exam
Report Area	40,854	5,377	4,437	82.54%
Hinds County	19,272	2,671	2,144	80.31%
Madison County	8,347	903	755	83.72%
Rankin County	13,235	1,803	1,537	85.25%
Mississippi	321,469	48,371	39,770	82.22%
United States	53,131,712	6,517,150	5,511,632	84.57%



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

MAP 45: Patients with Annual HA1C Test (Diabetes), Percent of Medicare Enrollees with Diabetes by County, DA 2012

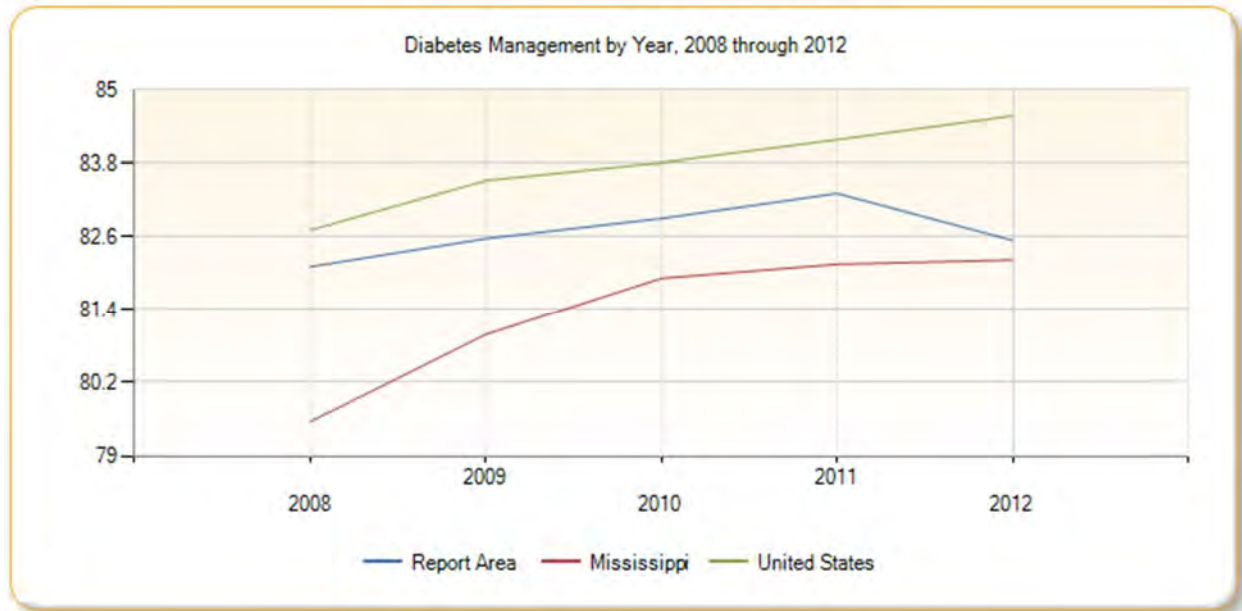


Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 37: Diabetes Management by Year, 2008-2012



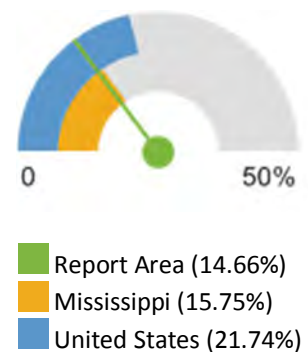
Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2012

High Blood Pressure Management

In the report area, 14.66% of adults, or 51,364, self-reported that they are not taking medication for their high blood pressure according to the CDC's Behavioral Risk Factor Surveillance System (2006-2010). This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. When considered with other indicators of poor health, this indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

TABLE 73: Percent Adults with High Blood Pressure Not Taking Medication

Report Area	Total Population (Age 18)	Total Adults Not Taking Blood Pressure Medication (When Needed)	Percent Adults Not Taking Medication
Report Area	350,466	51,364	14.66%
Hinds County	180,078	28,014	15.56%
Madison County	66,791	7,971	11.93%
Rankin County	103,597	15,379	14.85%
Mississippi	2,199,741	346,512	15.75%
United States	235,375,690	51,175,402	21.74%

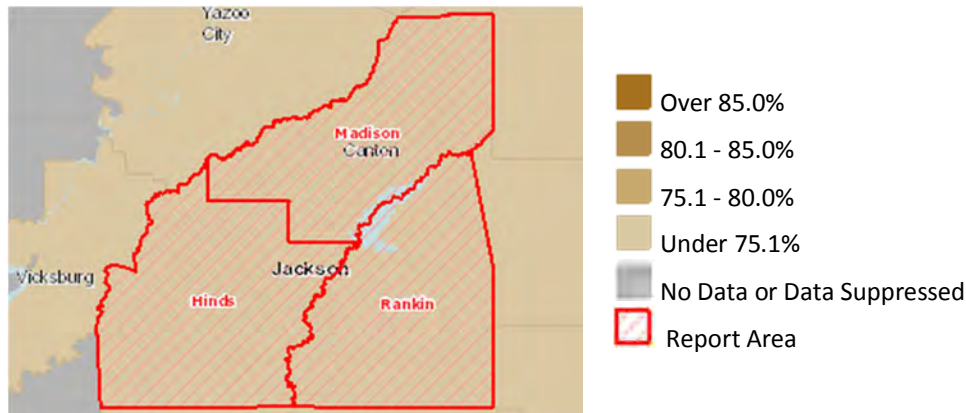


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-10

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MAP 46: Percent Adults with High Blood Pressure Not Taking Medication by County, BRFSS 2006-10



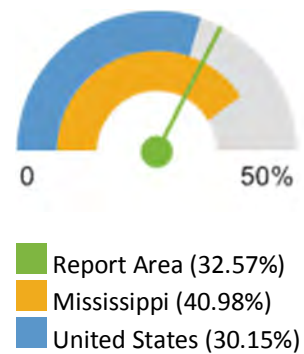
Source: Community Commons, <http://www.communitycommons.org>

Dental Care Utilization

This indicator reports the percentage of adults aged 18 and older who self-report that they have not visited a dentist, dental hygienist or dental clinic within the past year. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

TABLE 74: Percent Adults Without Recent Dental Exam

Report Area	Total Population (Age 18)	Total Adults Without Recent Dental Exam	Percent Adults with No Dental Exam
Report Area	350,466	114,161	32.57%
Hinds County	180,078	68,007	37.77%
Madison County	66,791	14,804	22.16%
Rankin County	103,597	31,350	30.26%
Mississippi	2,199,741	901,562	40.98%
United States	235,375,690	70,965,788	30.15%

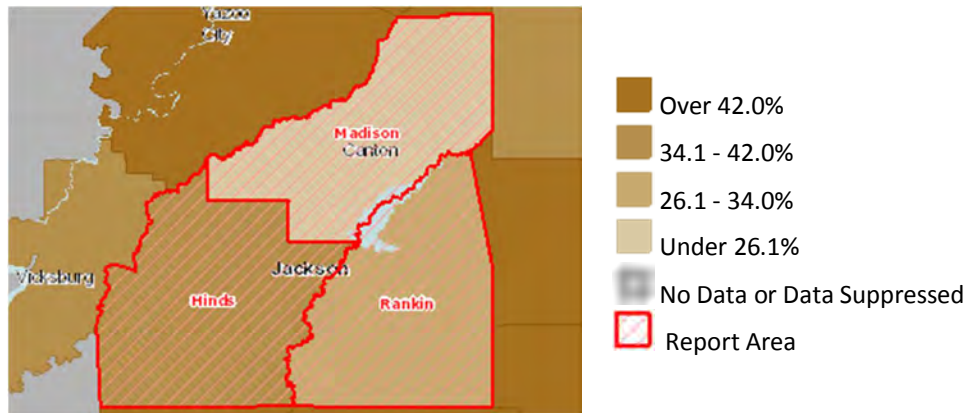


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-10

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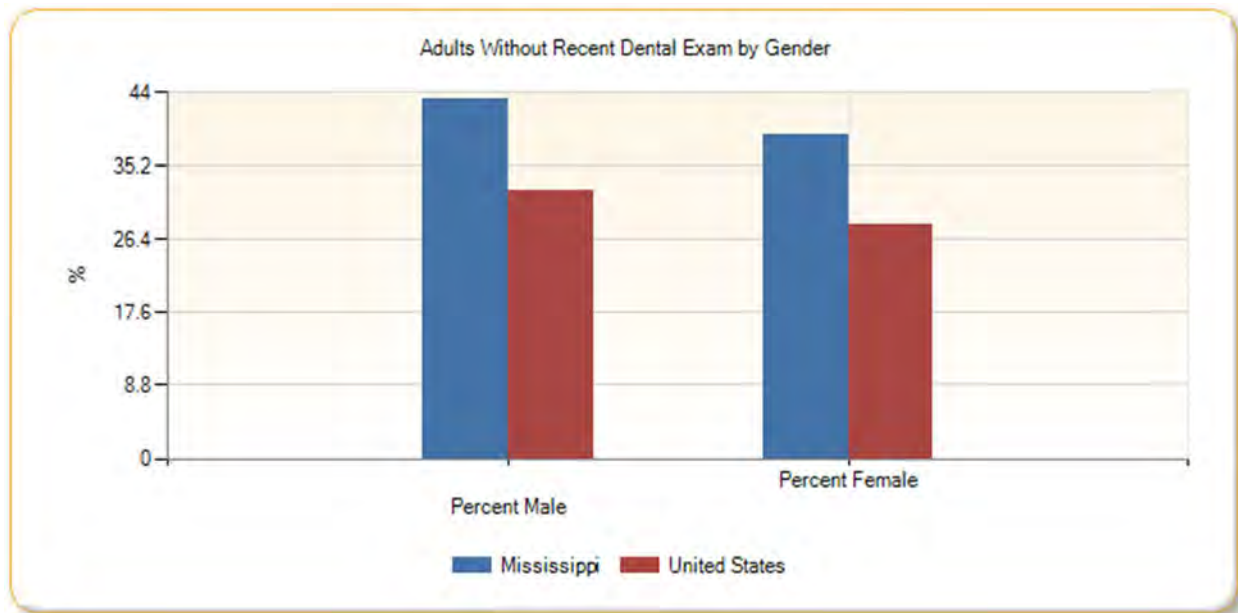
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MAP 47: Adults Age 18 Without Dental Exam in Past 12 Months, Percent by County, BRFSS 2006-10



Source: Community Commons, <http://www.communitycommons.org>

GRAPH 38: Adults Age 18 Without Dental Exam in Past 12 Months by Gender



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-10

Federally Qualified Health Centers

This indicator reports the number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide health care to vulnerable populations. They receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.

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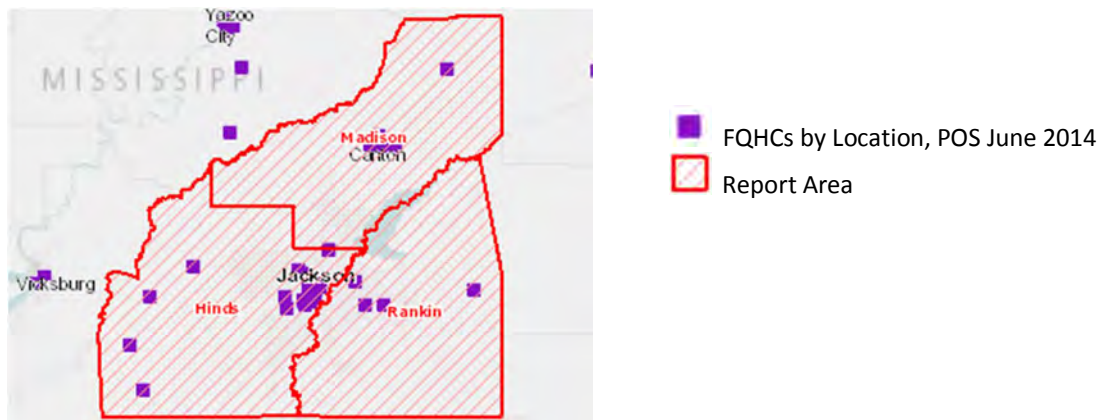
TABLE 75: Number of Federally Qualified Health Centers (FQHCs)

Report Area	Total Population	Number of Federally Qualified Health Centers	Rate of Federally Qualified Health Centers per 100,000 Population
Report Area	482,105	31	6.43
Hinds County	245,285	19	7.75
Madison County	95,203	8	8.4
Rankin County	141,617	4	2.82
Mississippi	2,967,297	184	6.2
United States	312,471,327	6,011	1.92

Note: This indicator is compared with the state average.

Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File, June 2014

MAP 48: Federally Qualified Health Centers (FQHCs)



Source: Community Commons, <http://www.communitycommons.org>

Lack of a Consistent Source of Primary Care

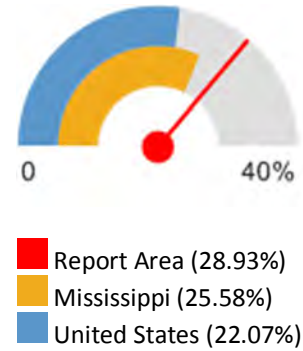
This indicator reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

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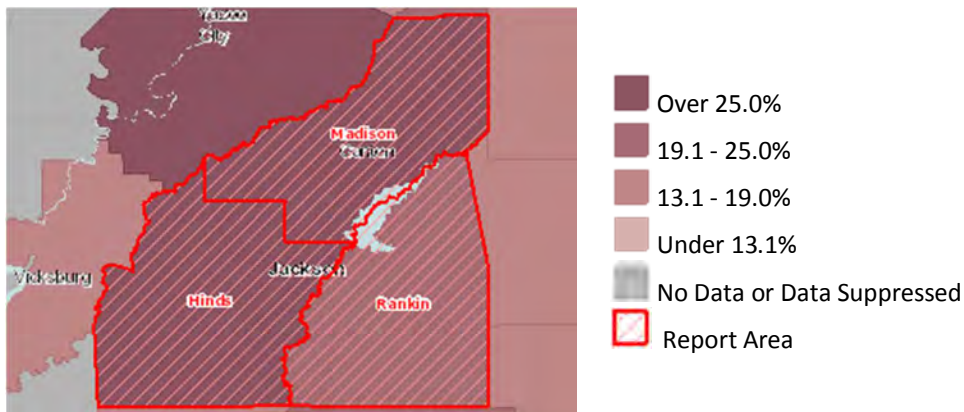
TABLE 76: Percent Adults Without Any Regular Doctor

Report Area	Survey Population (Adults Age 18)	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Report Area	336,568	97,360	28.93%
Hinds County	169,519	55,929	32.99%
Madison County	60,916	15,404	25.29%
Rankin County	106,133	26,027	24.52%
Mississippi	2,206,813	564,473	25.58%
United States	236,884,668	52,290,932	22.07%



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12

MAP 49: No Consistent Source of Primary Care, Percent of Adults Age 18 by County, BRFSS 2011-12

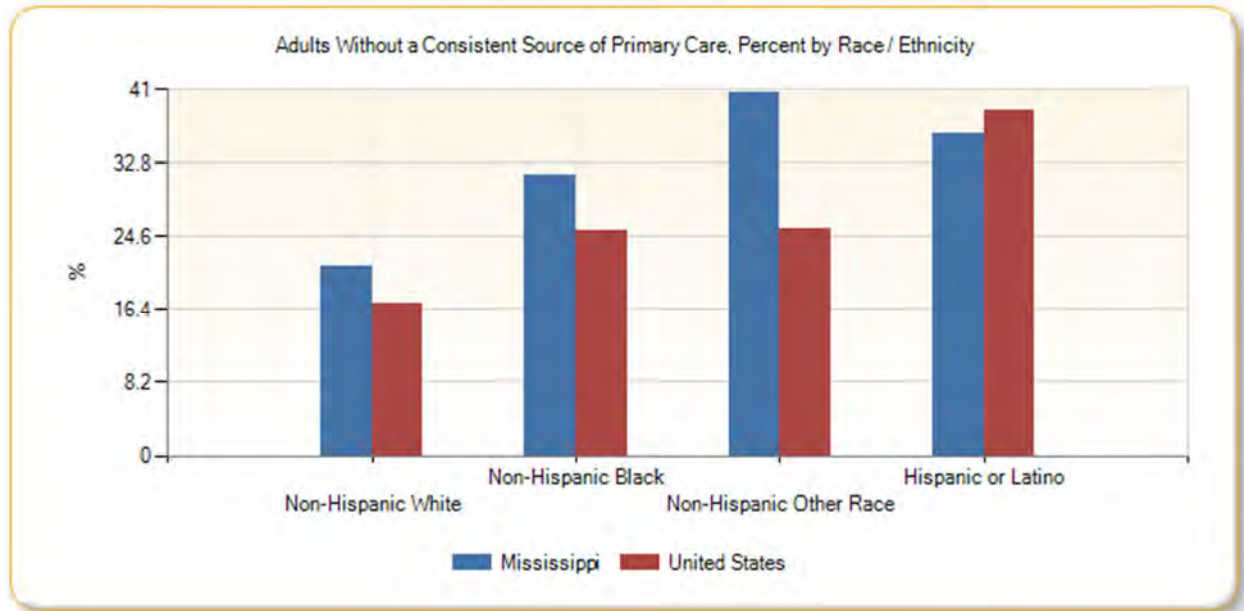


Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 39: No Consistent Source of Primary Care, Percent of Adults Age 18 by Race/Ethnicity



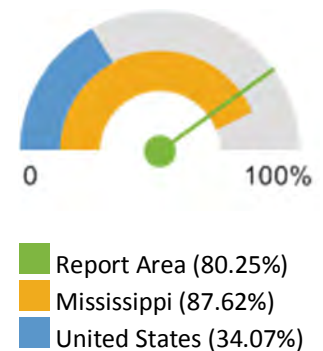
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12

Population Living in a Health Professional Shortage Area

This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

TABLE 77: Percentage of Population Living in a HPSA

Report Area	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
Report Area	482,105	386,902	80.25%
Hinds County	245,285	245,285	100%
Madison County	95,203	0	0%
Rankin County	141,617	141,617	100%
Mississippi	2,967,297	2,599,918	87.62%
United States	308,745,538	105,203,742	34.07%

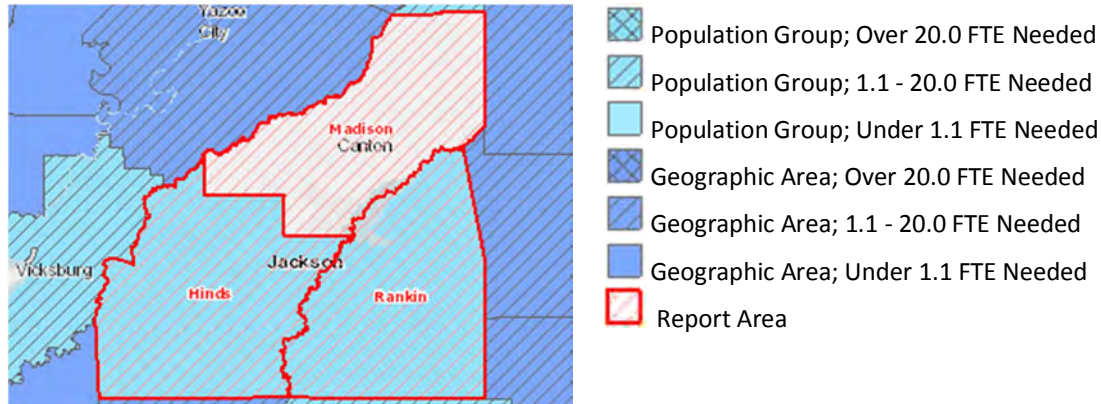


Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Professional Shortage Areas, March 2015

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MAP 50: Primary Care HPSA Components, Type and Degree of Shortage by Tract / County, HRSA HPSA Database March 2015



Source: Community Commons, <http://www.communitycommons.org>

Facilities Designated as Health Professional Shortage Areas

This indicator reports the number and location of health care facilities designated as "Health Professional Shortage Areas" (HPSAs), defined as having shortages of primary medical care, dental or mental health providers. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

TABLE 78: Number of Facilities Designated as Health Professional Shortage Areas

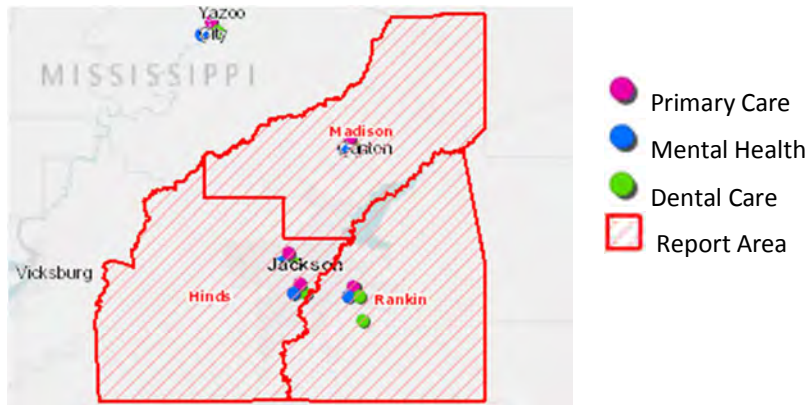
Report Area	Primary Care Facilities	Mental Health Care Facilities	Dental Health Care Facilities	Total HPSA Facility Designations
Report Area	4	4	5	13
Hinds County	2	2	2	6
Madison County	1	1	1	3
Rankin County	1	1	2	4
Mississippi	30	27	29	86
United States	3,427	3,060	2,915	8,810

Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Professional Shortage Areas, March 2015

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MAP 51: Facilities Designated as HPSAs by Location, HRSA HPSA Database March 2015



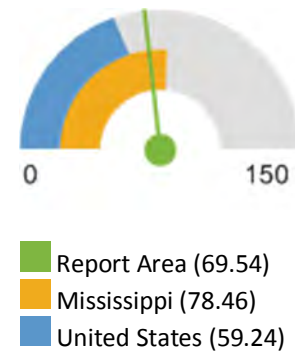
Source: Community Commons, <http://www.communitycommons.org>

Preventable Hospital Events

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

TABLE 79: Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Report Area	44,206	3,073	69.54
Hinds County	20,942	1,300	62.09
Madison County	9,019	605	67.11
Rankin County	14,245	1,168	82.02
Mississippi	336,811	26,426	78.46
United States	58,209,898	3,448,111	59.24

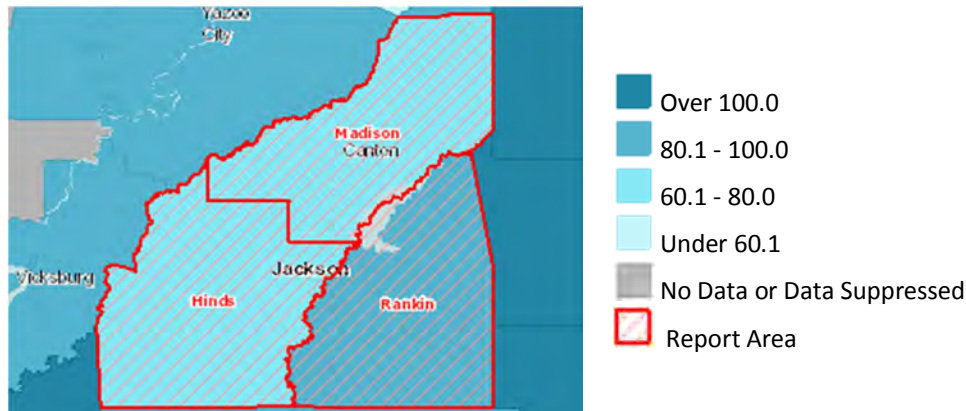


Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2012

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MAP 52: Ambulatory Care Sensitive Conditions, Rate (Per 1,000 Medicare Enrollees) by County, DA 2012



Source: Community Commons, <http://www.communitycommons.org>

TABLE 80: Preventable Hospital Events by Year, 2008 through 2012, Rate of Ambulatory Care Sensitive Condition Discharges (per 1,000 Medicare Part A Beneficiaries)

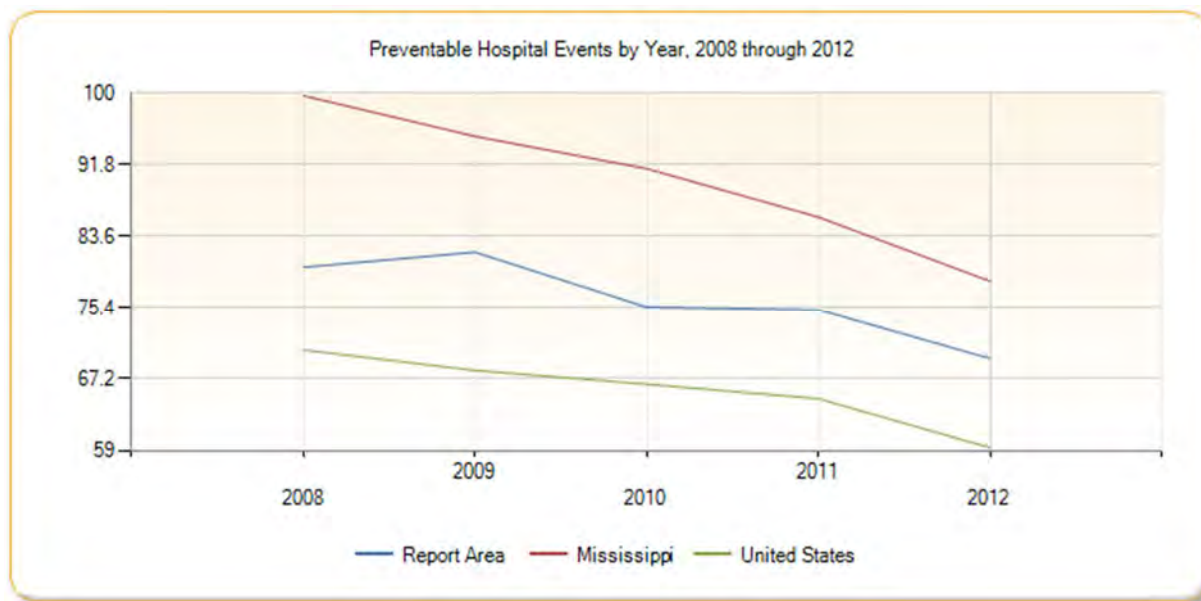
Report Area	2008	2009	2010	2011	2012
Report Area	80.07	81.8	75.51	75.14	69.52
Hinds County	72.01	73.94	70.27	69.8	62.08
Madison County	77.68	79.72	66.93	67.9	67.08
Rankin County	94.38	95.36	88.9	87.75	81.99
Mississippi	99.67	95.03	91.33	85.8	78.46
United States	70.5	68.16	66.58	64.92	59.29

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2012

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GRAPH 40: Preventable Hospital Events by Year, 2008-2012



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

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Health Behaviors

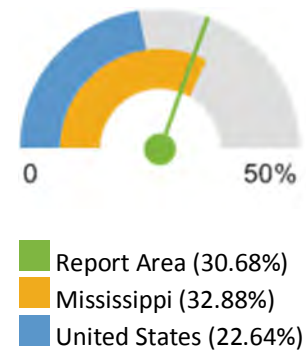
Health behaviors such as poor diet, a lack of exercise, and substance abuse contribute to poor health status.

Physical Inactivity

Within the report area, 108,500 or 30.68% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

TABLE 81: Percent Population with no Leisure Time Physical Activity

Report Area	Total Population Age 20	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Report Area	351,522	108,500	30.68%
Hinds County	175,413	57,360	32.6%
Madison County	70,102	20,610	29.2%
Rankin County	106,007	30,530	28.5%
Mississippi	2,155,678	720,067	32.88%
United States	231,341,061	53,415,737	22.64%

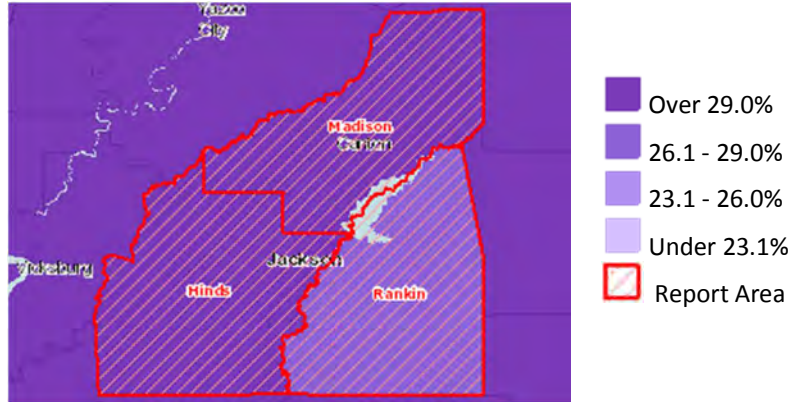


Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012

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MAP 53: No Leisure-Time Physical Activity, Adults Age 20, Percent by County, CDC NCCDPHP 2012



Source: Community Commons, <http://www.communitycommons.org>

TABLE 82: Adults with No Leisure-Time Physical Activity by Gender

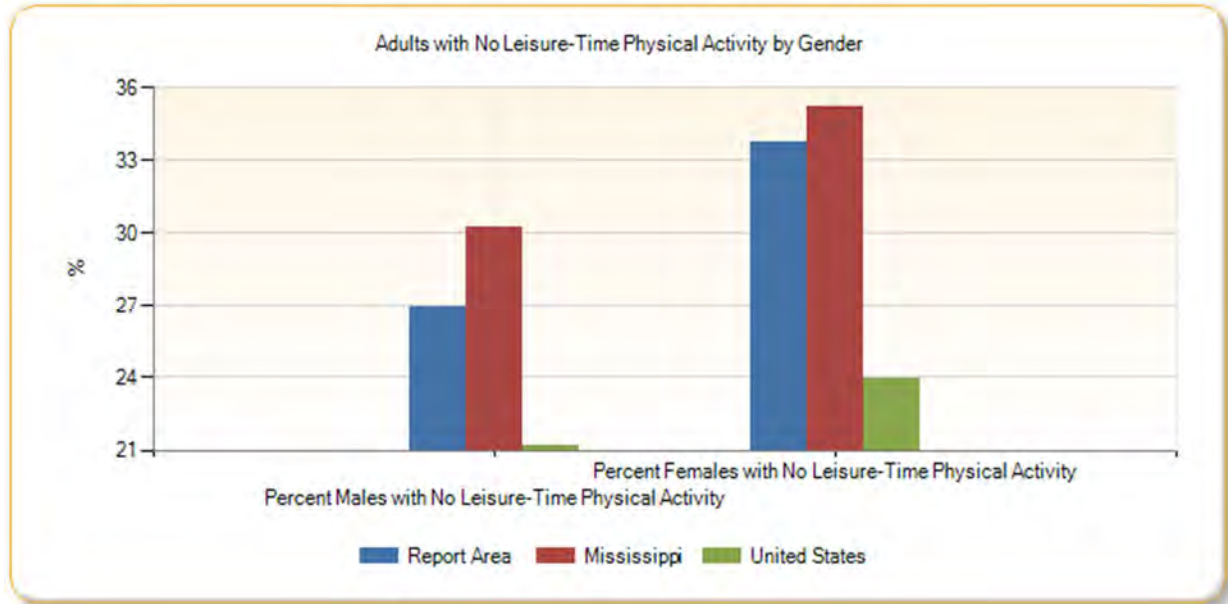
Report Area	Total Males with No Leisure-Time Physical Activity	Percent Males with No Leisure-Time Physical Activity	Total Females with No Leisure-Time Physical Activity	Percent Females with No Leisure-Time Physical Activity
Report Area	44,075	26.94%	64,420	33.77%
Hinds County	22,590	28.1%	34,770	36.2%
Madison County	8,555	26%	12,050	31.9%
Rankin County	12,930	25.7%	17,600	30.9%
Mississippi	314,319	30.23%	405,737	35.23%
United States	24,071,561	21.2%	29,344,293	23.94%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012

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GRAPH 41: Adults with No Leisure-Time Physical Activity by Gender



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012

TABLE 83: Percent Adults Physically Inactive by Year, 2004 through 2012

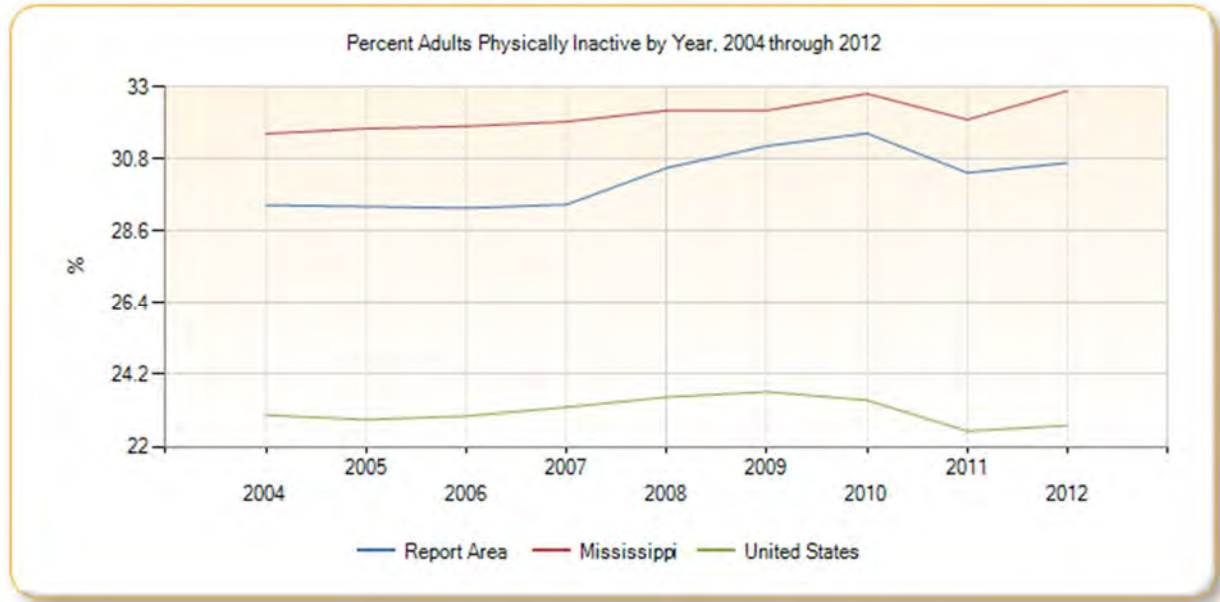
Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012
Report Area	29.39%	29.35%	29.3%	29.41%	30.53%	31.2%	31.58%	30.38%	30.68%
Hinds County	30.9%	30.2%	30.4%	31.8%	34.1%	35.2%	34.5%	33.5%	32.6%
Madison County	26.4%	27.1%	27%	26%	26%	25.9%	27.5%	27.2%	29.2%
Rankin County	28.4%	29.2%	28.8%	27.4%	27.3%	27.9%	29.4%	27.3%	28.5%
Mississippi	31.57%	31.73%	31.8%	31.94%	32.28%	32.28%	32.79%	32%	32.88%
United States	22.96%	22.82%	22.93%	23.2%	23.51%	23.67%	23.41%	22.47%	22.64%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012

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GRAPH 42: Percent Adults Physically Inactive by Year, 2004 through 2012



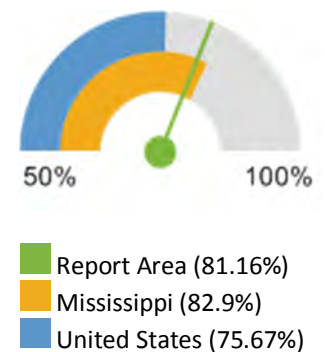
Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012

Fruit/Vegetable Consumption

In the report area an estimated 282,435 (81.16%) of adults over the age of 18 are consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may cause significant health issues, such as obesity and diabetes.

TABLE 84: Percent Adults with Inadequate Fruit / Vegetable Consumption

Report Area	Total Population (Age 18)	Total Adults with Inadequate Fruit / Vegetable Consumption	Percent Adults with Inadequate Fruit / Vegetable Consumption
Report Area	347,980	282,435	81.16%
Hinds County	180,413	148,660	82.4%
Madison County	64,652	50,105	77.5%
Rankin County	102,915	83,670	81.3%
Mississippi	2,158,108	1,789,072	82.9%
United States	227,279,010	171,972,118	75.67%

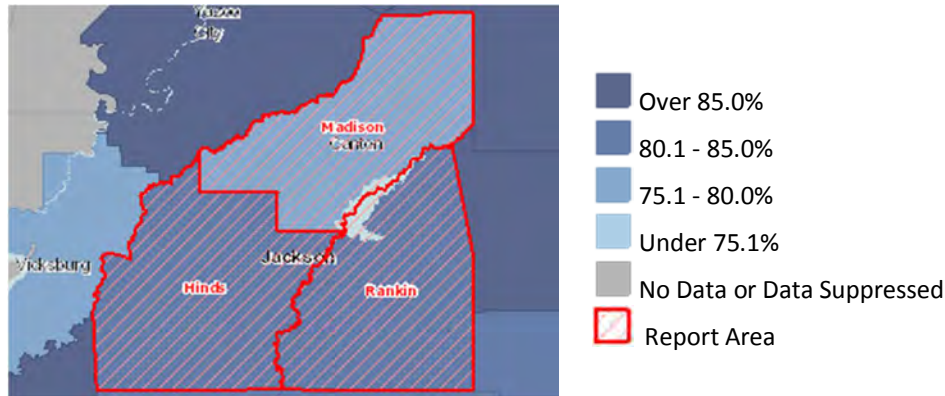


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
Source: US Department of Health & Human Services, Health Indicators Warehouse, 2005-09

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MAP 54: Inadequate Fruit/Vegetable Consumption, Percent of Adults Age 18 by County, BRFSS 2005-09



Source: Community Commons, <http://www.communitycommons.org>

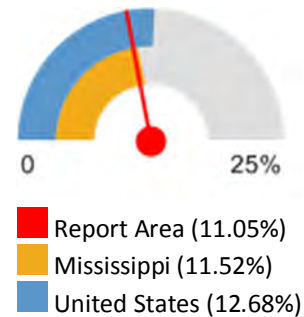
Fruit/Vegetable Expenditures

This indicator reports estimated expenditures for fruits and vegetables purchased for in-home consumption, as a percentage of total household expenditures. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may illustrate a cause of significant health issues, such as obesity and diabetes. It is important to note that of the 82 counties in Mississippi, Hinds County is ranked 81st (second to last) in fruit and vegetable food expenditures. All three counties in the primary service area are in the bottom quartile for fruit and vegetable expenditures with Madison ranked at 68th and Rankin ranked at 64th.

TABLE 85: Fruit / Vegetable Expenditures, Percentage of Total Food-At-Home Expenditures

Report Area	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Report Area	\$563.88	11.05%
Mississippi	\$607.04	11.52%
United States	\$744.71	12.68%

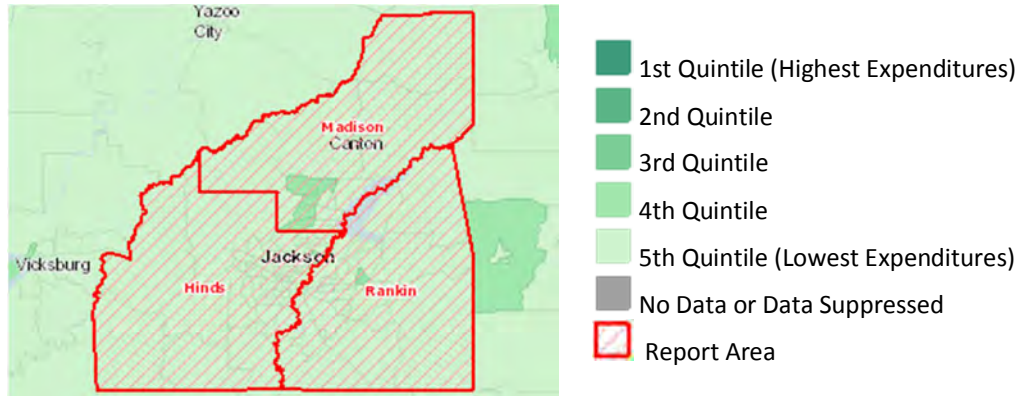
Source: Nielsen, Nielsen SiteReports, 2014



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MAP 55: Fruit and Vegetable Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014



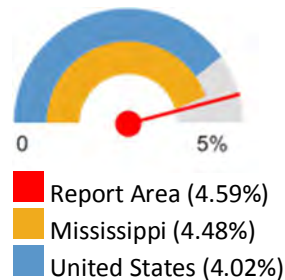
Source: Nielsen, Nielsen SiteReports, 2014

Soda Expenditures

This indicator reports soft drink consumption by census tract by estimating expenditures for carbonated beverages, as a percentage of total household expenditures. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues such as diabetes and obesity. Hinds County is ranked 4th in the state for money spent on soda as a percent of food at home expenditures. Rankin County is ranked 16th and Madison County is ranked 28th.

TABLE 86: Soda Expenditures, Percentage of Total Food-At-Home Expenditures

Report Area	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Report Area	\$234.03	4.59%
Mississippi	\$236.30	4.48%
United States	\$236.04	4.02%

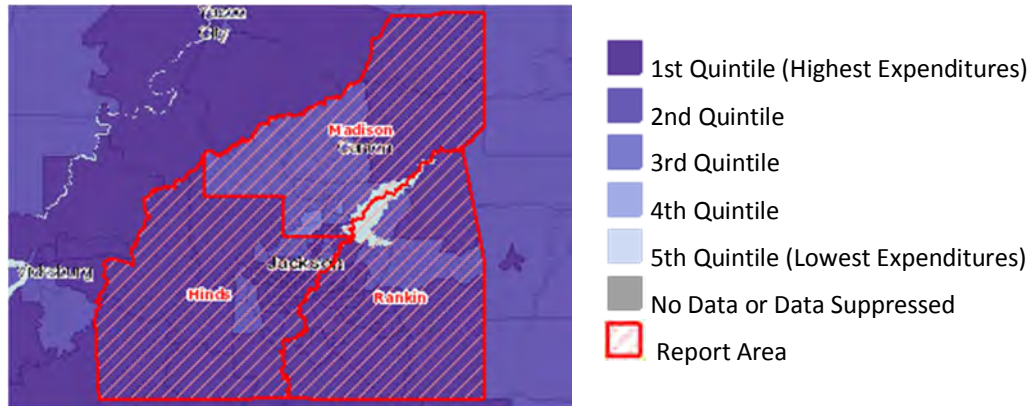


Source: Nielsen, Nielsen SiteReports, 2014

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MAP 56: Soda Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014



Source: Nielsen, Nielsen SiteReports, 2014

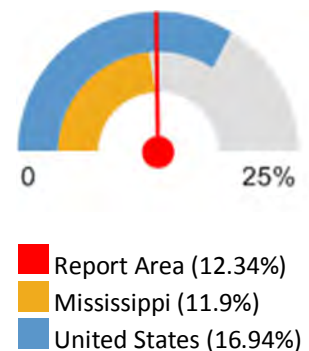
Alcohol Consumption

This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day on average for men and one drink per day on average for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

TABLE 87: Estimated Adults Drinking Excessively (Age-Adjusted Percentage)

Report Area	Total Population Age 18	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
Report Area	353,675	43,127	12.19%	12.34%
Hinds County	180,151	21,258	11.8%	11.7%
Madison County	68,358	9,775	14.3%	14.7%
Rankin County	105,166	12,094	11.5%	11.9%
Mississippi	2,199,741	252,970	11.5%	11.9%
United States	232,556,016	38,248,349	16.45%	16.94%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
Source: US Department of Health & Human Services, Health Indicators Warehouse, 2006-12

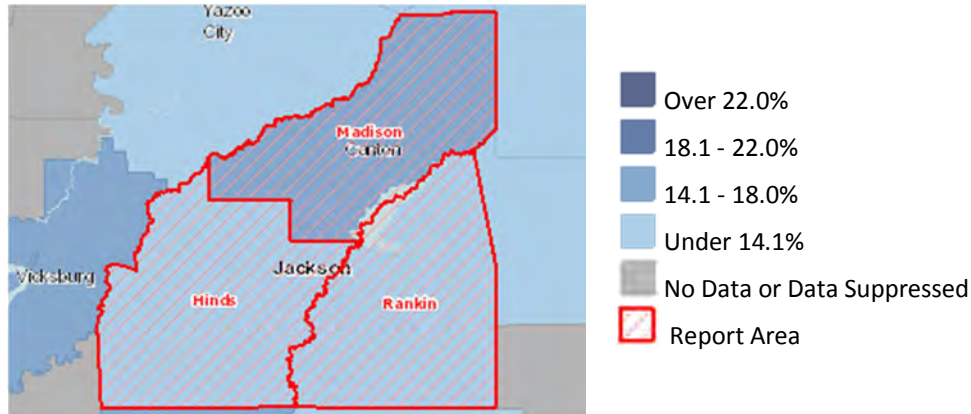


Report Area (12.34%)
Mississippi (11.9%)
United States (16.94%)

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MAP 57: Excessive Drinking, Percent of Adults Age 18 by County, BRFSS 2006-12



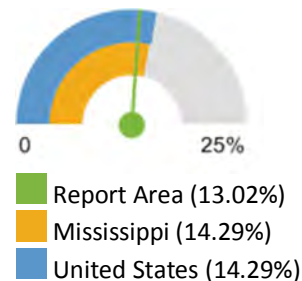
Source: Community Commons, <http://www.communitycommons.org>

Alcohol Expenditures

This indicator reports estimated expenditures for alcoholic beverages purchased at home, as a percentage of total household expenditures. This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

TABLE 88: Alcoholic Beverage Expenditures, Percentage of Total Food-At-Home Expenditures

Report Area	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Report Area	\$664.19	13.02%
Mississippi	\$753.43	14.29%
United States	\$839.54	14.29%

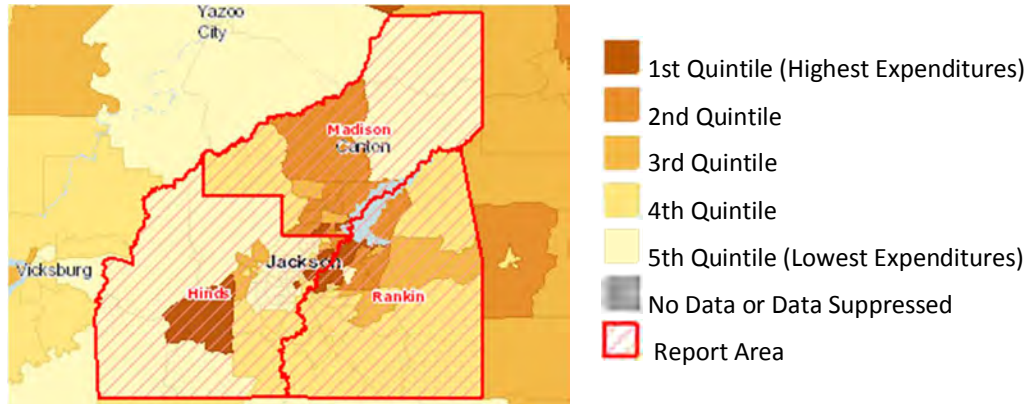


Source: Nielsen, Nielsen SiteReports, 2014

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MAP 58: Alcoholic Beverage Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014



Source: Nielsen, Nielsen SiteReports, 2014

Tobacco Usage - Current Smokers

In the report area an estimated 69,018, or 19.51% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

TABLE 89: Percent Population Smoking Cigarettes (Age-Adjusted)

Report Area	Total Population Age 18	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)	Percent Population Smoking Cigarettes (Age-Adjusted)
Report Area	353,675	69,018	19.51%	19.24%
Hinds County	180,151	38,372	21.3%	21%
Madison County	68,358	9,297	13.6%	13.3%
Rankin County	105,166	21,349	20.3%	20.1%
Mississippi	2,199,741	510,340	23.2%	23.4%
United States	232,556,016	41,491,223	17.84%	18.08%



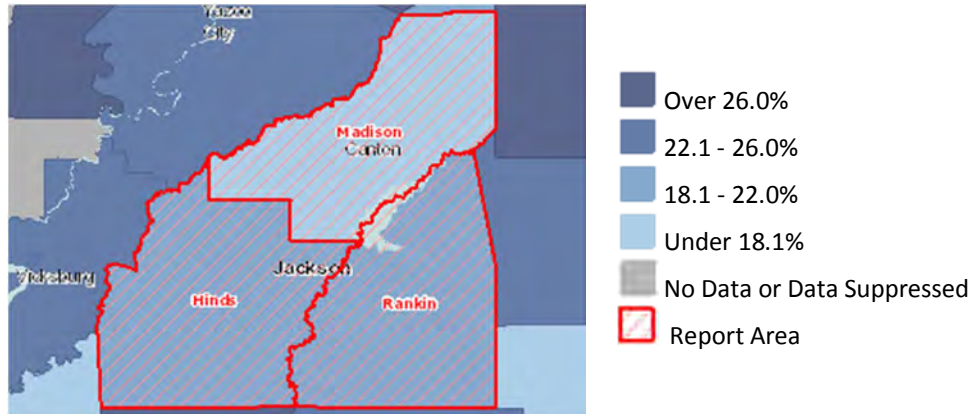
■ Report Area (19.24%)
■ Mississippi (23.4%)
■ United States (18.08%)

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
Source: US Department of Health & Human Services, Health Indicators Warehouse, 2006-12

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MAP 59: Current Smokers, Adult, Percent of Adults Age 18 by County, BRFSS 2006-12



Source: Community Commons, <http://www.communitycommons.org>

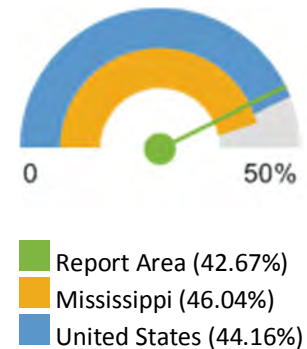
Tobacco Usage - Former or Current Smokers

In the report area, an estimated 142,076 adults, or 42.67%, report ever smoking 100 or more cigarettes. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

TABLE 90: Percent Adults Ever Smoking 100 or More Cigarettes

Report Area	Survey Population (Adults Age 18)	Total Adults Ever Smoking 100 or More Cigarettes	Percent Adults Ever Smoking 100 or More Cigarettes
Report Area	333,003	142,076	42.67%
Hinds County	168,767	67,430	39.95%
Madison County	60,228	22,414	37.22%
Rankin County	104,008	52,232	50.22%
Mississippi	2,197,778	1,011,907	46.04%
United States	235,151,778	103,842,020	44.16%

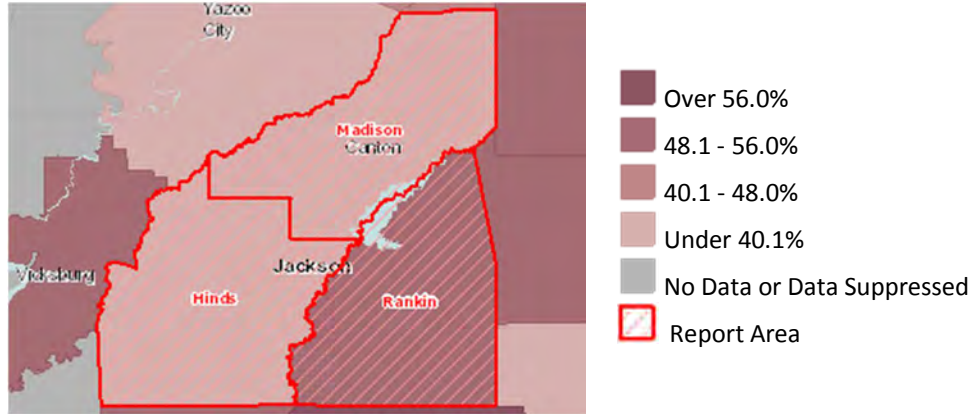
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12



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MAP 60: Adults Age 18 Smoking > 99 Cigarettes (Ever), Percent by County, BRFSS 2011-12



Source: Community Commons, <http://www.communitycommons.org>

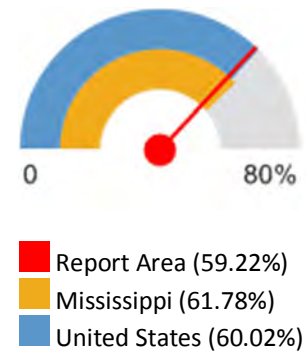
Tobacco Usage - Quit Attempt

An estimated 59.22% of adult smokers in the report area attempted to quit smoking for at least 1 day in the past year. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease and supporting efforts to quit smoking may increase positive health outcomes.

TABLE 91: Percent Smokers with Quit Attempt in Past 12 Months

Report Area	Survey Population (Smokers Age 18)	Total Smokers with Quit Attempt in Past 12 Months	Percent Smokers with Quit Attempt in Past 12 Months
Report Area	75,594	44,765	59.22%
Hinds County	37,098	24,138	65.07%
Madison County	12,411	7,938	63.95%
Rankin County	26,085	12,689	48.64%
Mississippi	548,140	338,651	61.78%
United States	45,526,654	27,323,073	60.02%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12

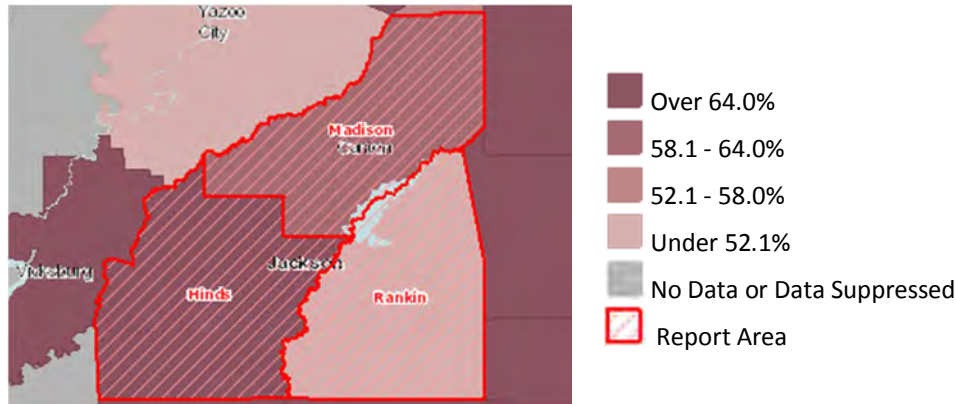


■ Report Area (59.22%)
■ Mississippi (61.78%)
■ United States (60.02%)

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MAP 61: Smokers Who Quit / Attempted to Quit in Past 12 Months, Percent by County, BRFSS 2011-12



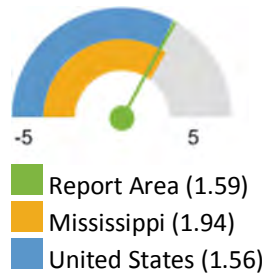
Source: Community Commons, <http://www.communitycommons.org>

Tobacco Expenditures

This indicator reports estimated expenditures for cigarettes, as a percentage of total household expenditures. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease. All three counties in the primary service area are ranked favorably for tobacco expenditures, with Madison County ranked last (82), followed by Hinds County (79), and Rankin County (78).

TABLE 92: Cigarette Expenditures, Percentage of Total Household Expenditures

Report Area	Average Expenditures (USD)	Percentage of Food-At-Home Expenditures
Report Area	\$755.76	1.59%
Mississippi	\$874.03	1.94%
United States	\$822.70	1.56%

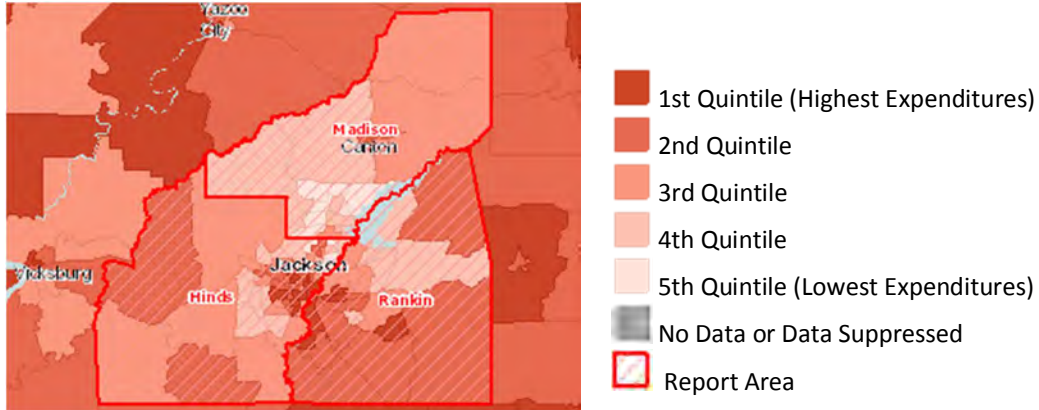


Source: Nielsen, Nielsen SiteReports, 2014

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MAP 62: Cigarette Expenditures, Percent of Total Expenditures, National Rank by Tract, Nielsen 2014



Source: Community Commons, <http://www.communitycommons.org>

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Health Outcomes

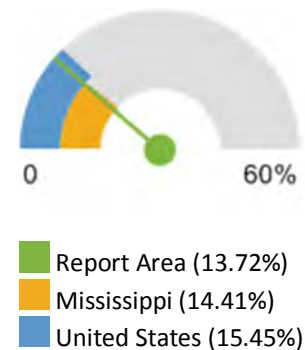
Measuring morbidity and mortality rates allows assessing linkages between social determinants of health and outcomes. By comparing, for example, the prevalence of certain chronic diseases to indicators in other categories (e.g., poor diet and exercise) with outcomes (e.g., high rates of obesity and diabetes), various causal relationships may emerge, allowing a better understanding of how certain community health needs may be addressed.

Depression (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with depression.

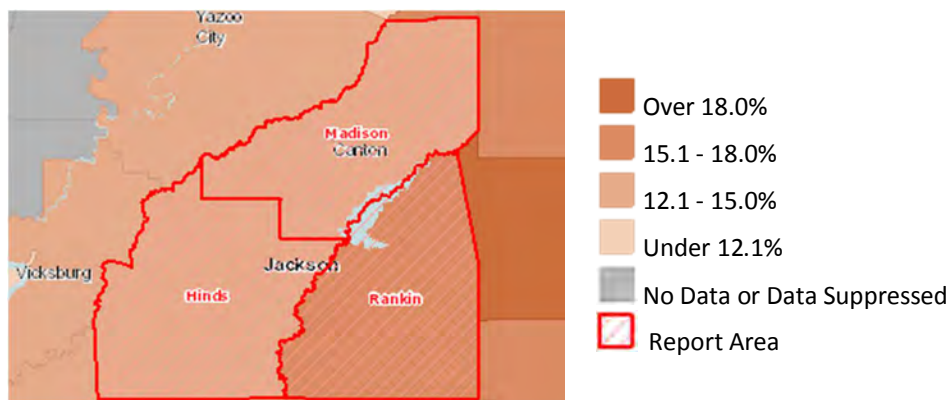
TABLE 93: Percentage of Medicare Beneficiaries with Depression

Report Area	Total Medicare Beneficiaries	Beneficiaries with Depression	Percent with Depression
Report Area	54,489	7,478	13.72%
Hinds County	27,752	3,701	13.34%
Madison County	10,475	1,333	12.73%
Rankin County	16,262	2,444	15.03%
Mississippi	450,177	64,865	14.41%
United States	34,126,305	5,271,176	15.45%



Source: Centers for Medicare and Medicaid Services, 2012

MAP 63: Beneficiaries with Depression, Percent by County, CMS 2012



Source: Community Commons, <http://www.communitycommons.org>

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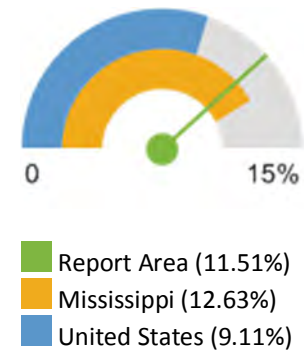
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Diabetes (Adult)

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

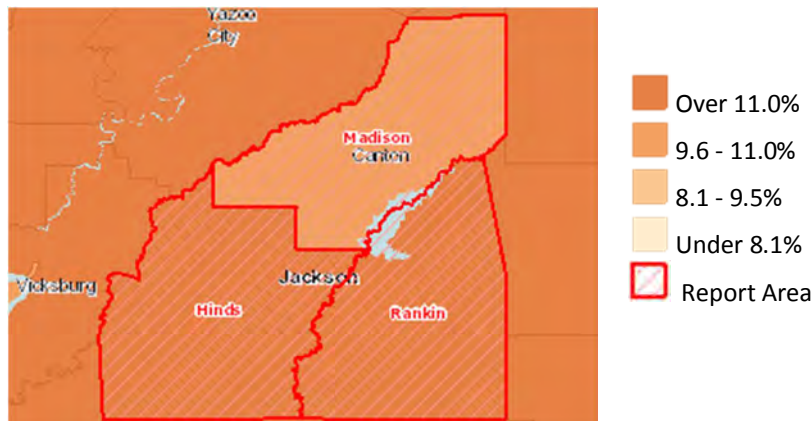
TABLE 94: Percent Adults with Diagnosed Diabetes (Age-Adjusted)

Report Area	Total Population Age 20	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Report Area	352,363	41,896	11.89	11.51%
Hinds County	175,746	22,144	12.6	12.3%
Madison County	70,173	7,298	10.4	9.9%
Rankin County	106,444	12,454	11.7	11.3%
Mississippi	2,157,307	293,396	13.6	12.63%
United States	234,058,710	23,059,940	9.85	9.11%



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012

MAP 64: Diabetes Prevalence, Percent of Adults Age 20 by County, CDC NCCDPHP 2012



Source: Community Commons, <http://www.communitycommons.org>

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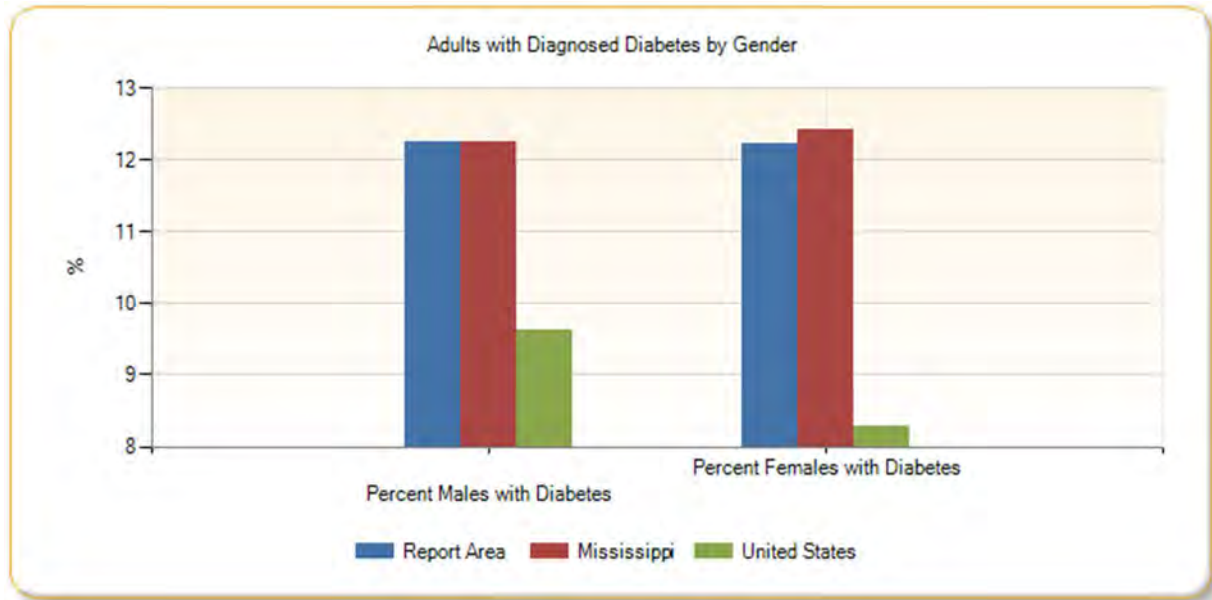
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TABLE 95: Adults with Diagnosed Diabetes by Gender

Report Area	Total Males with Diabetes	Percent Males with Diabetes	Total Females with Diabetes	Percent Females with Diabetes
Report Area	19,741	12.26%	23,657	12.23%
Hinds County	10,290	13%	13,001	13.2%
Madison County	3,556	11%	4,220	11.1%
Rankin County	5,895	11.9%	6,436	11.3%
Mississippi	129,965	12.24%	150,688	12.41%
United States	10,907,085	9.62%	10,574,108	8.28%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012

GRAPH 43: Adults with Diagnosed Diabetes by Gender (Hinds, Madison, and Rankin Counties)



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012

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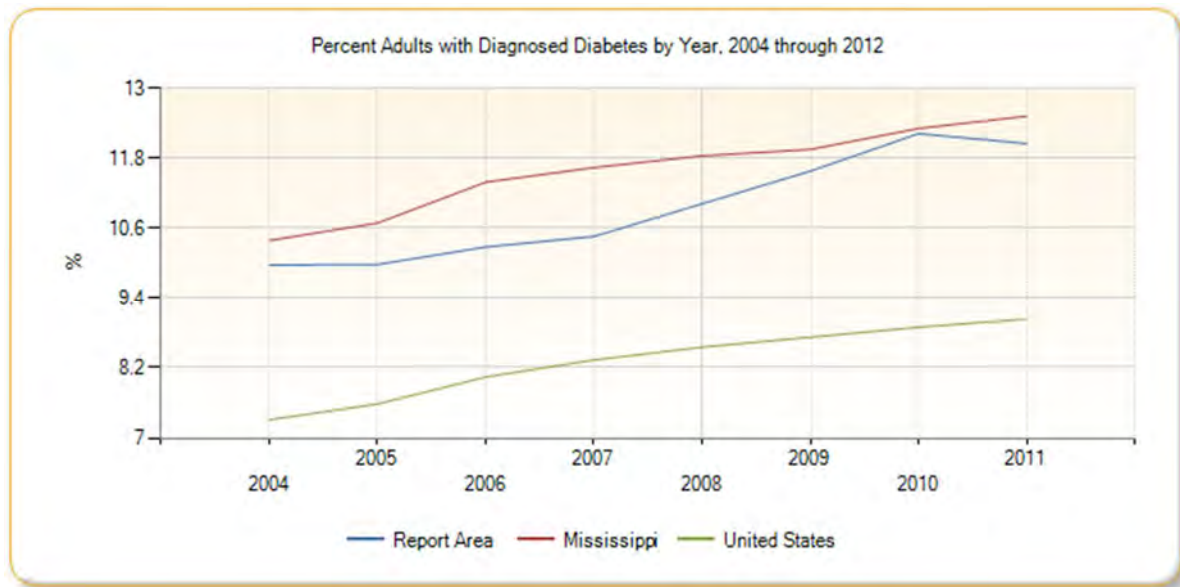
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TABLE 96: Percent Adults with Diagnosed Diabetes by Year, 2004 through 2012

Report Area	2004	2005	2006	2007	2008	2009	2010	2011
Report Area	9.97%	9.98%	10.28%	10.46%	11.02%	11.58%	12.22%	12.05%
Hinds County	11.2%	11.1%	10.7%	10.8%	11.3%	12.4%	13.1%	12.9%
Madison County	9.1%	9%	10%	10.4%	10.6%	10.8%	11.1%	10.6%
Rankin County	8.2%	8.5%	9.7%	9.9%	10.8%	10.7%	11.5%	11.6%
Mississippi	10.39%	10.69%	11.39%	11.64%	11.84%	11.95%	12.31%	12.52%
United States	7.31%	7.58%	8.04%	8.33%	8.55%	8.72%	8.89%	9.03%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012

GRAPH 44: Percent Adults with Diagnosed Diabetes by Year, 2004 through 2012



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012

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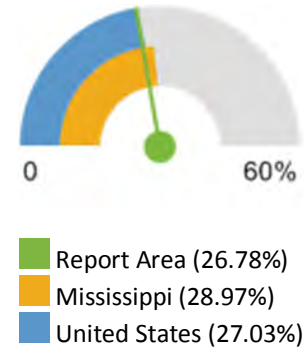
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Diabetes (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with diabetes.

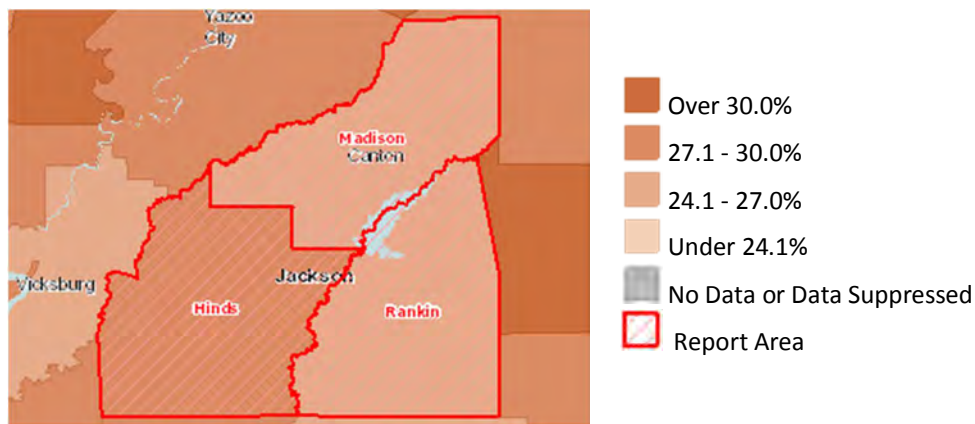
TABLE 97: Percentage of Medicare Beneficiaries with Diabetes

Report Area	Total Medicare Beneficiaries	Beneficiaries with Diabetes	Percent with Diabetes
Report Area	54,489	14,591	26.78%
Hinds County	27,752	7,829	28.21%
Madison County	10,475	2,626	25.07%
Rankin County	16,262	4,136	25.43%
Mississippi	450,177	130,416	28.97%
United States	34,126,305	9,224,278	27.03%



Source: Centers for Medicare and Medicaid Services, 2012

MAP 65: Beneficiaries with Diabetes, Percent by County, CMS 2012



Source: Community Commons, <http://www.communitycommons.org>

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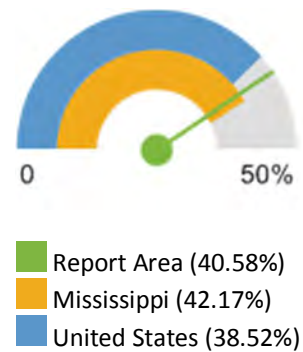
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High Cholesterol (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had high blood cholesterol.

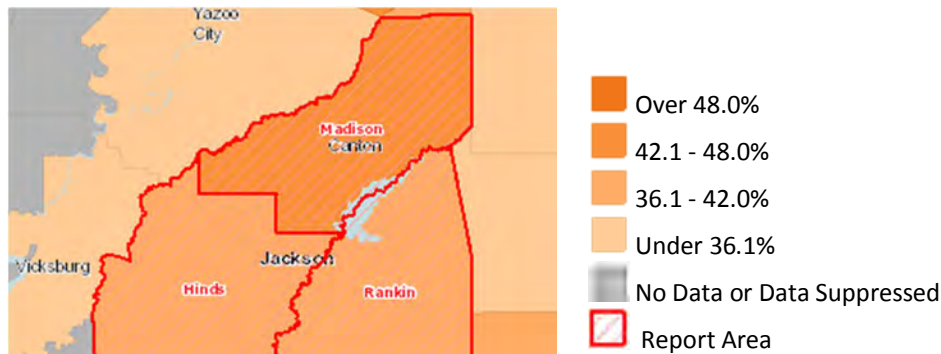
TABLE 98: Percent Adults with High Cholesterol

Report Area	Survey Population (Adults Age 18)	Total Adults with High Cholesterol	Percent Adults with High Cholesterol
Report Area	245,648	99,696	40.58%
Hinds County	115,468	47,762	41.36%
Madison County	49,864	21,586	43.29%
Rankin County	80,316	30,348	37.78%
Mississippi	1,565,255	660,021	42.17%
United States	180,861,326	69,662,357	38.52%



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12

MAP 66: High Cholesterol (Diagnosed), Percent of Adults Age 18 by County, BRFSS 2011-12



Source: Community Commons, <http://www.communitycommons.org>

TABLE 99: Adults Ever Diagnosed with High Cholesterol by Race / Ethnicity, Percent

Report Area	White (Non-Hispanic)	Black (Non-Hispanic)	Other Race (Non-Hispanic)	Hispanic / Latino
Mississippi	44.66%	38.24%	33.33%	39.75%
United States	39.95%	34.28%	35.42%	35.97%

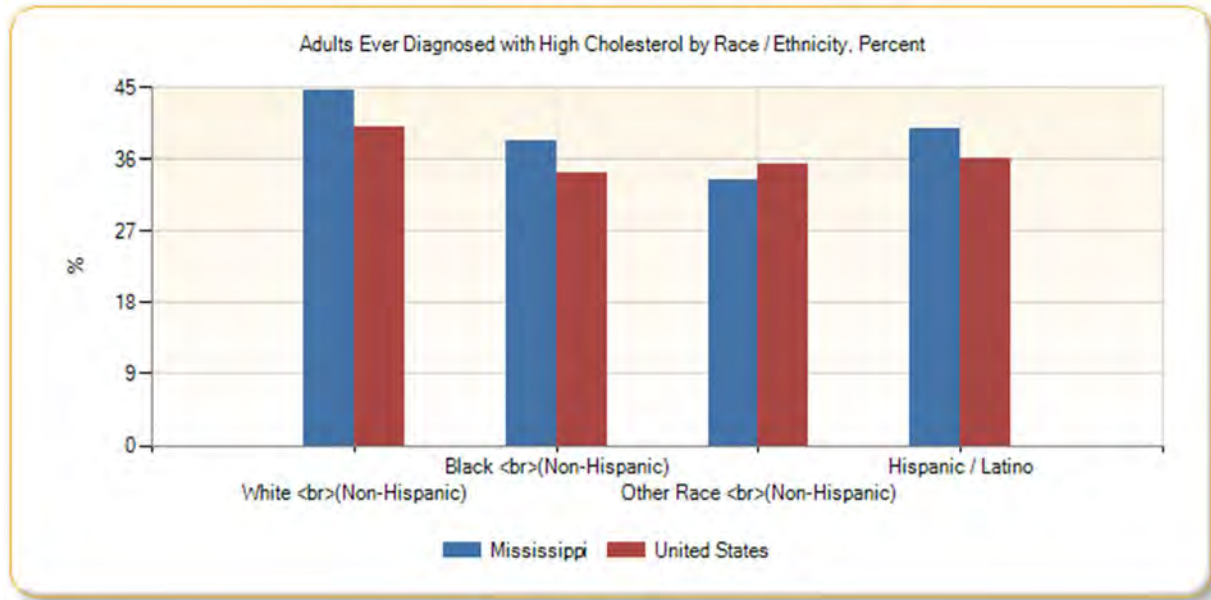
Source: Community Commons, <http://www.communitycommons.org>

Note: No county data available

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GRAPH 45: Adults Ever Diagnosed with High Cholesterol by Race / Ethnicity, Percent



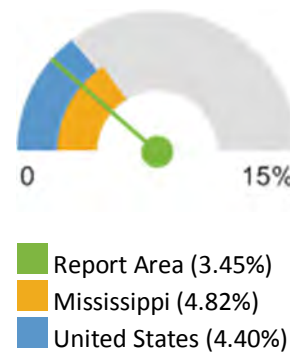
Source: Community Commons, <http://www.communitycommons.org>

Heart Disease (Adult)

11,567, or 3.45% of adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

TABLE 100: Percent Adults with Heart Disease

Report Area	Survey Population (Adults Age 18)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Report Area	334,809	11,567	3.45%
Hinds County	168,783	5,325	3.15%
Madison County	60,534	1,890	3.12%
Rankin County	105,492	4,352	4.13%
Mississippi	2,188,588	105,597	4.82%
United States	236,406,904	10,407,185	4.40%

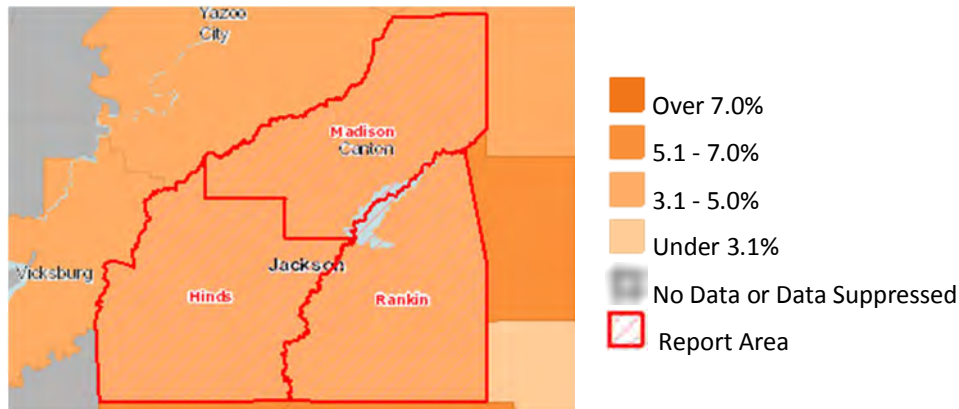


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12

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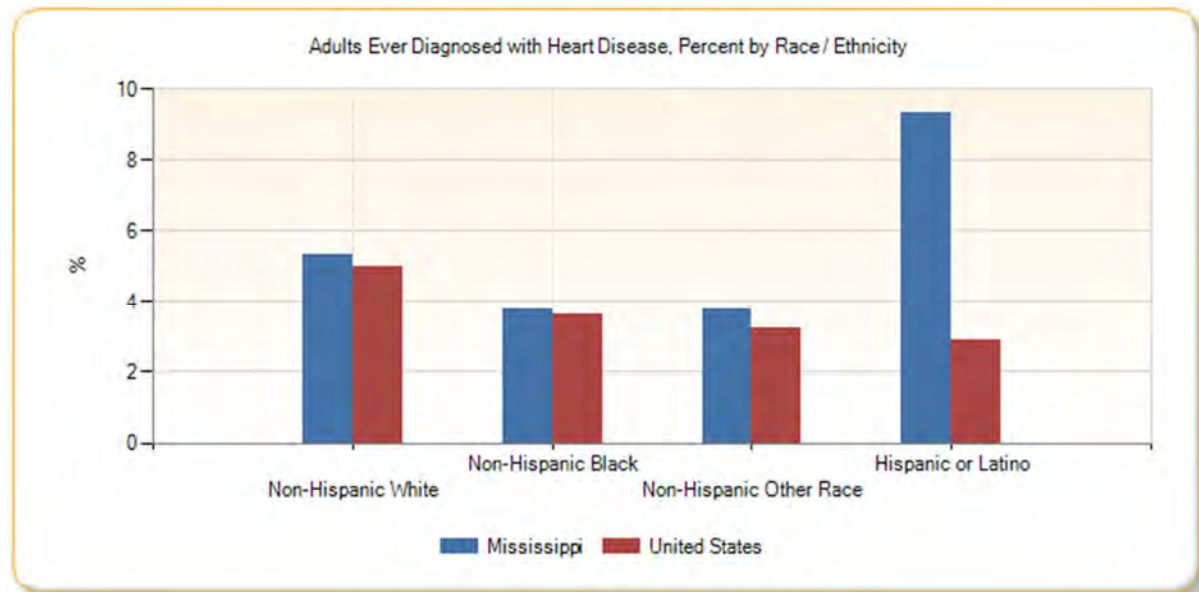
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MAP 67: Heart Disease (Diagnosed), Percent of Adults Age 18 by County, BRFSS 2011-12



Source: Community Commons, <http://www.communitycommons.org>

GRAPH 46: Heart Disease (Diagnosed), Percent of Adults Age 18 by County, BRFSS 2011-12



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12

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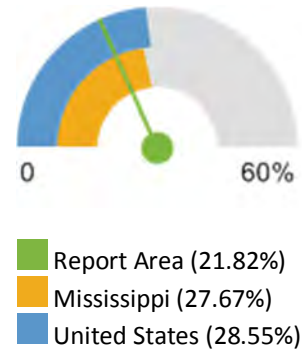
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Heart Disease (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with Ischaemic heart disease.

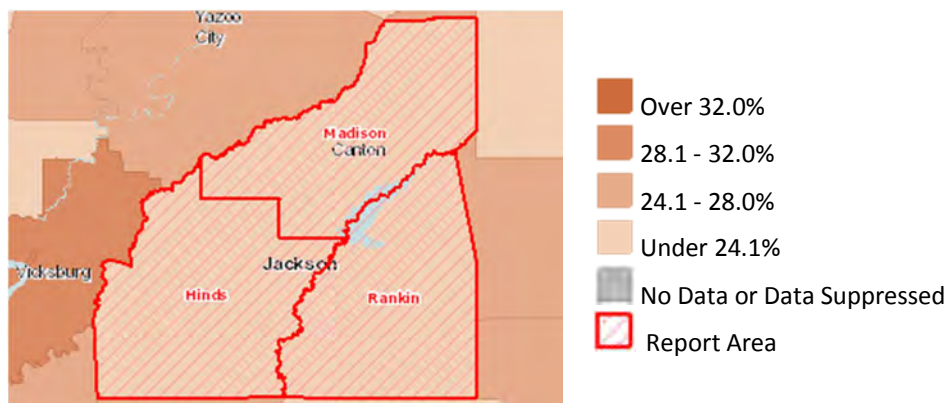
TABLE 101: Percentage of Medicare Beneficiaries with Heart Disease

Report Area	Total Medicare Beneficiaries	Beneficiaries with Heart Disease	Percent with Heart Disease
Report Area	54,489	11,887	21.82%
Hinds County	27,752	5,784	20.84%
Madison County	10,475	2,334	22.28%
Rankin County	16,262	3,769	23.18%
Mississippi	450,177	124,546	27.67%
United States	34,126,305	9,744,058	28.55%



Source: Centers for Medicare and Medicaid Services, 2012

MAP 68: Beneficiaries with Ischaemic Heart Disease, Percent by County, CMS 2012



Source: Community Commons, <http://www.communitycommons.org>

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High Blood Pressure (Adult)

114,517, or 32.38% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension.

TABLE 102: Percent Adults with High Blood Pressure

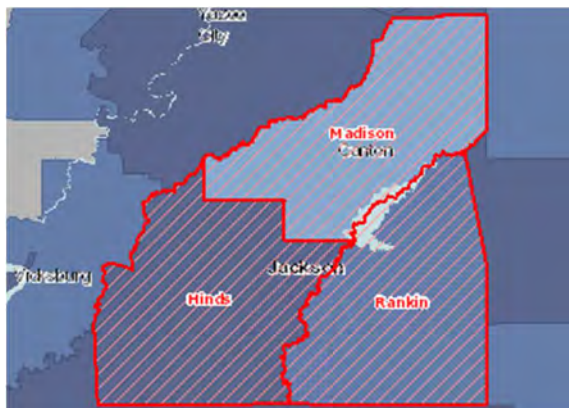
Report Area	Total Population (Age 18)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
Report Area	353,675	114,517	32.38%
Hinds County	180,151	63,954	35.5%
Madison County	68,358	18,593	27.2%
Rankin County	105,166	31,970	30.4%
Mississippi	2,199,741	789,707	35.9%
United States	232,556,016	65,476,522	28.16%



■ Report Area (32.38%)
■ Mississippi (35.9%)
■ United States (28.16%)

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-12

MAP 69: High Blood Pressure, Percent of Adults Age 18 by County, BRFSS 2006-12



■ Over 35.0%
■ 30.1 - 35.0%
■ 25.1 - 30.0%
■ Under 25.1%
■ No Data or Data Suppressed
■ Report Area

Source: Community Commons, <http://www.communitycommons.org>

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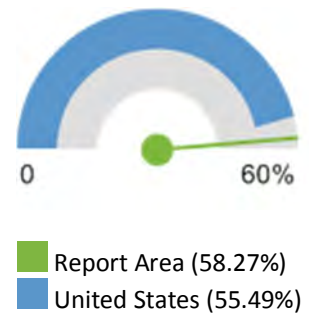
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High Blood Pressure (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with hypertension (high blood pressure).

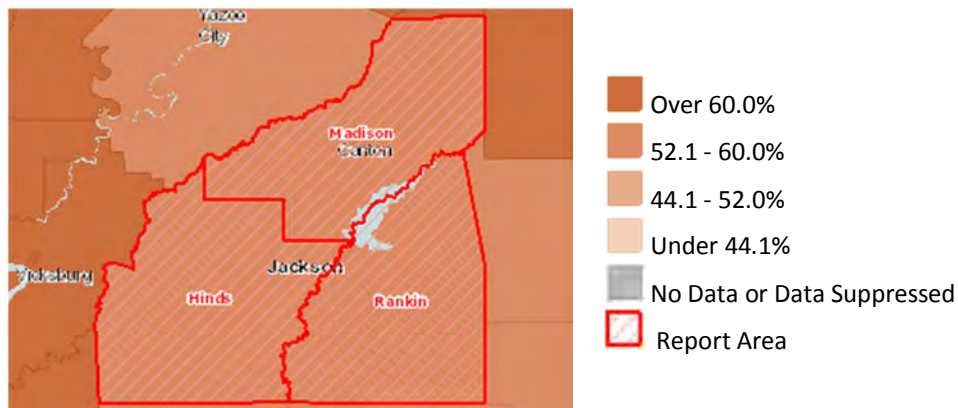
TABLE 103: Percentage of Medicare Beneficiaries with High Blood Pressure

Report Area	Total Medicare Beneficiaries	Beneficiaries with High Blood Pressure	Percent with High Blood Pressure
Report Area	54,489	31,750	58.27%
Hinds County	27,752	16,354	58.93%
Madison County	10,475	6,102	58.25%
Rankin County	16,262	9,294	57.15%
Mississippi	450,177	272,376	60.5%
United States	34,126,305	18,936,118	55.49%



Source: Centers for Medicare and Medicaid Services, 2012

MAP 70: Beneficiaries with High Blood Pressure, Percent by County, CMS 2012



Source: Community Commons, <http://www.communitycommons.org>

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High Cholesterol (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with hyperlipidemia, which is typically associated with high cholesterol.

TABLE 104: Percentage of Medicare Beneficiaries with High Cholesterol

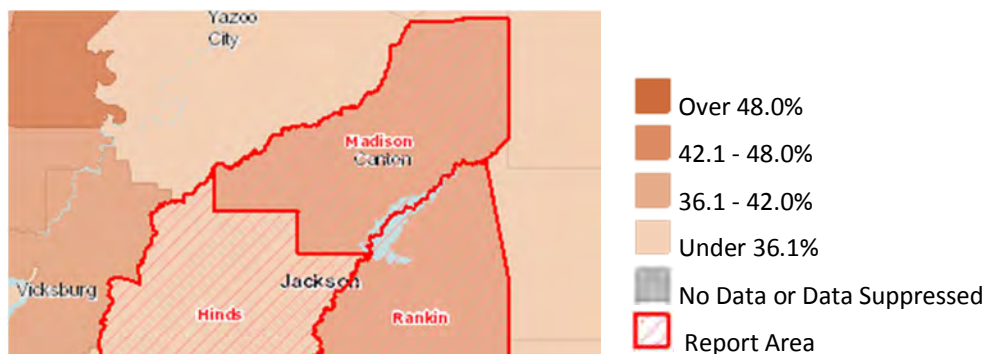
Report Area	Total Medicare Beneficiaries	Beneficiaries with High Cholesterol	Percent with High Cholesterol
Report Area	54,489	19,873	36.47%
Hinds County	27,752	9,511	34.27%
Madison County	10,475	3,922	37.44%
Rankin County	16,262	6,440	39.6%
Mississippi	450,177	173,568	38.56%
United States	34,126,305	15,273,052	44.75%



■ Report Area (36.47%)
■ Mississippi (38.56%)
■ United States (44.75%)

Source: Centers for Medicare and Medicaid Services, 2012

MAP 71: Beneficiaries with High Cholesterol, Percent by County, CMS 2012



Source: Community Commons, <http://www.communitycommons.org>

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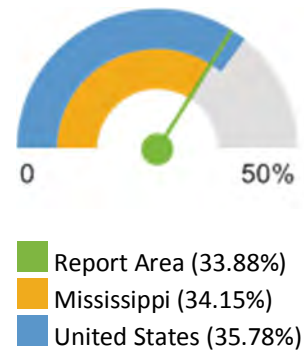
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Overweight

33.88% of adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

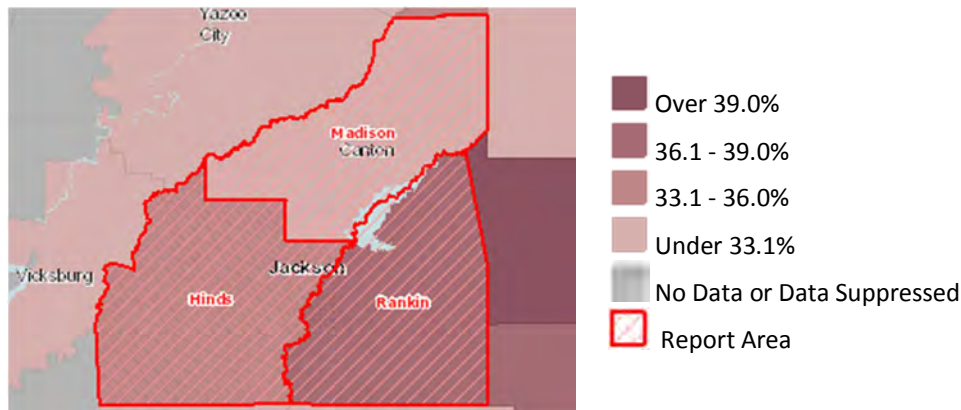
TABLE 105: Percent Adults Overweight

Report Area	Survey Population (Adults Age 18)	Total Adults Overweight	Percent Adults Overweight
Report Area	326,340	110,574	33.88%
Hinds County	164,384	54,422	33.11%
Madison County	58,939	18,143	30.78%
Rankin County	103,017	38,009	36.90%
Mississippi	2,111,734	721,257	34.15%
United States	224,991,207	80,499,532	35.78%



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12

MAP 72: Overweight (BMI 25.0-29.9), Adults Age 18, Percent by County, BRFSS 2011-12



Source: Community Commons, <http://www.communitycommons.org>

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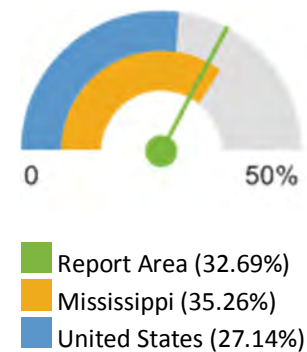
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Obesity

32.69% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

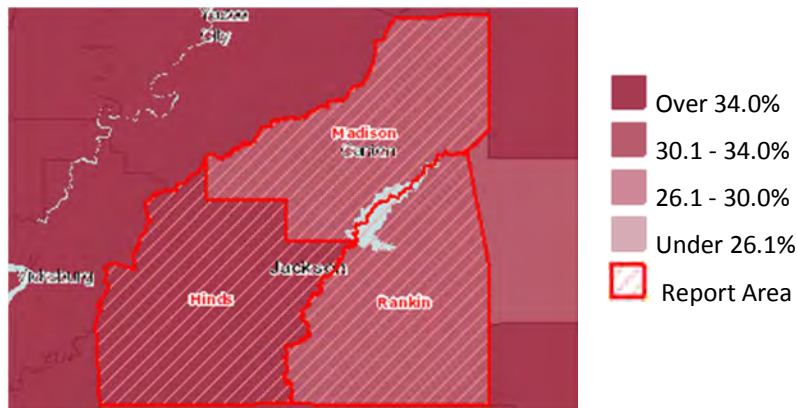
TABLE 106: Percent Adults with BMI > 30.0 (Obese)

Report Area	Total Population Age 20	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Report Area	351,517	115,778	32.69%
Hinds County	175,400	60,513	34.2%
Madison County	70,200	22,113	31.3%
Rankin County	105,917	33,152	31.1%
Mississippi	2,156,070	760,048	35.26%
United States	231,417,834	63,336,403	27.14%



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012

MAP 73: Obese (BMI ≥ 30), Adults Age 20, Percent by County, CDC NCCDPHP 2012



Source: Community Commons, <http://www.communitycommons.org>

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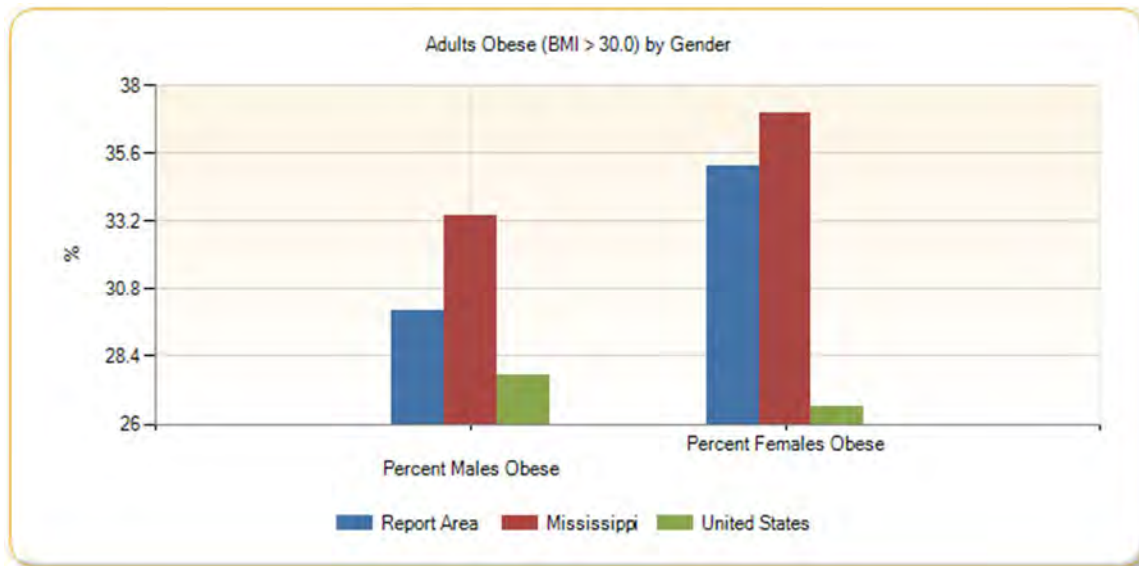
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TABLE 107: Adults Obese (BMI > 30.0) by Gender

Report Area	Total Males Obese	Percent Males Obese	Total Females Obese	Percent Females Obese
Report Area	49,366	29.99%	66,413	35.12%
Hinds County	24,007	29.6%	36,506	38.2%
Madison County	9,831	29.7%	12,282	32.7%
Rankin County	15,528	30.8%	17,625	31.5%
Mississippi	345,301	33.42%	414,750	37.01%
United States	31,423,447	27.7%	31,912,963	26.59%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012

GRAPH 47: Adults Obese (BMI > 30.0) by Gender



Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2012

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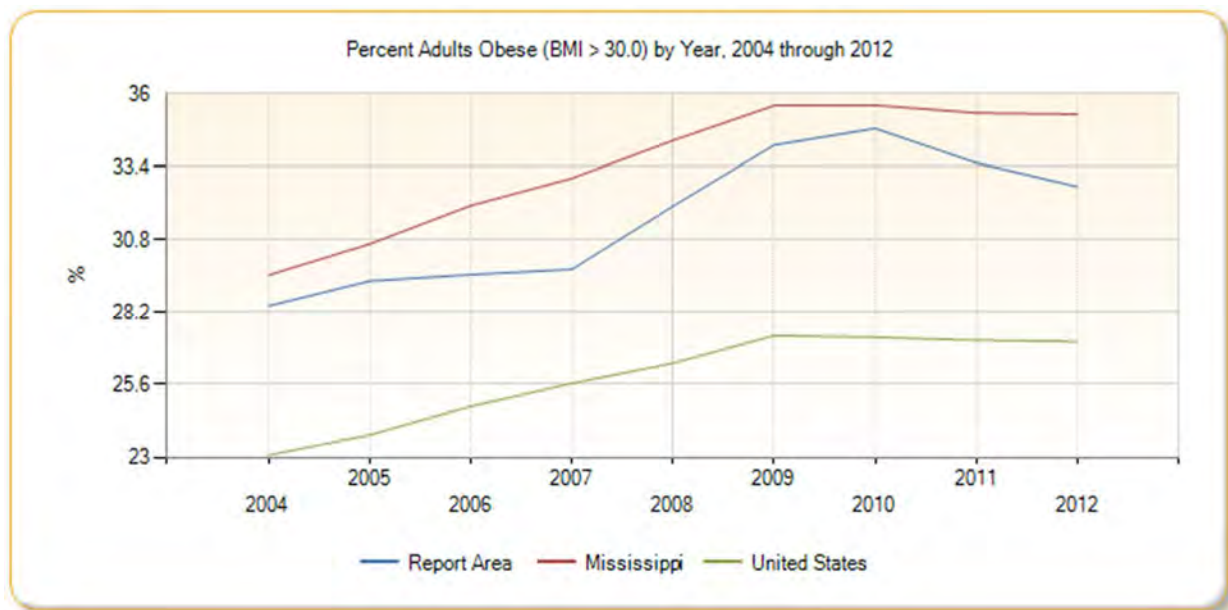
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TABLE 108: Percent Adults Obese (BMI > 30.0) by Year, 2004 through 2012

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012
Report Area	28.44%	29.33%	29.56%	29.75%	32.00%	34.17%	34.76%	33.53%	32.69%
Hinds County	29.40%	30.38%	31.00%	30.80%	32.90%	36.00%	36.70%	35.80%	34.20%
Madison County	29.40%	30.20%	28.70%	28.20%	29.90%	28.50%	31.30%	29.80%	31.30%
Rankin County	26.10%	26.93%	27.60%	28.90%	31.80%	34.70%	33.80%	32.20%	31.10%
Mississippi	29.54%	30.65%	32.02%	32.99%	34.33%	35.57%	35.58%	35.31%	35.26%
United States	23.07%	23.79%	24.82%	25.64%	26.36%	27.35%	27.29%	27.19%	27.14%

Source: Community Commons, <http://www.communitycommons.org>

GRAPH 48: Percent Adults Obese (BMI > 30.0) by Year, 2004 through 2012



Source: Community Commons, <http://www.communitycommons.org>

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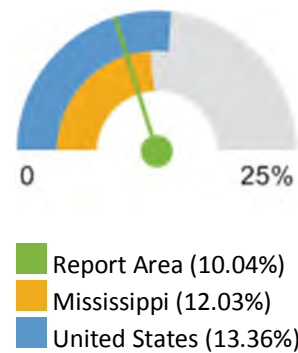
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Asthma Prevalence

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions.

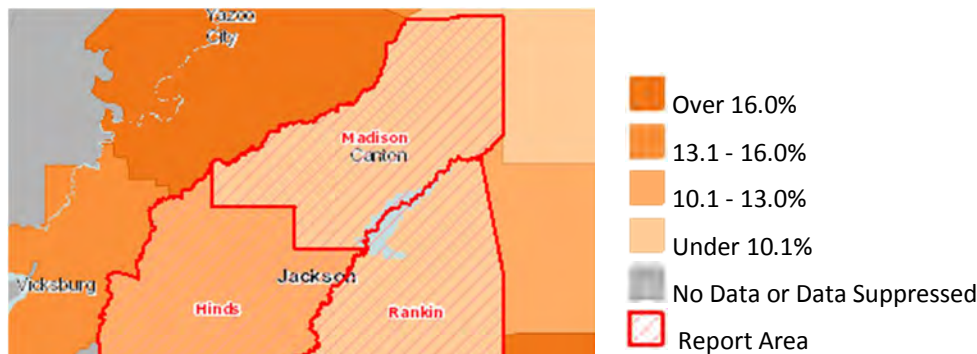
TABLE 109: Percent Adults with Asthma

Report Area	Survey Population (Adults Age 18)	Total Adults with Asthma	Percent Adults with Asthma
Report Area	336,425	33,790	10.04%
Hinds County	169,352	19,334	11.42%
Madison County	60,916	5,003	8.21%
Rankin County	106,157	9,453	8.90%
Mississippi	2,201,928	264,933	12.03%
United States	237,197,465	31,697,608	13.36%



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011-12

MAP 74: Asthma (Diagnosed), Percent of Adults Age 18 by County, BRFSS 2011-12



Source: Community Commons, <http://www.communitycommons.org>

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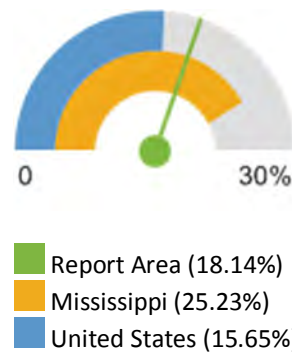
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Poor Dental Health

This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

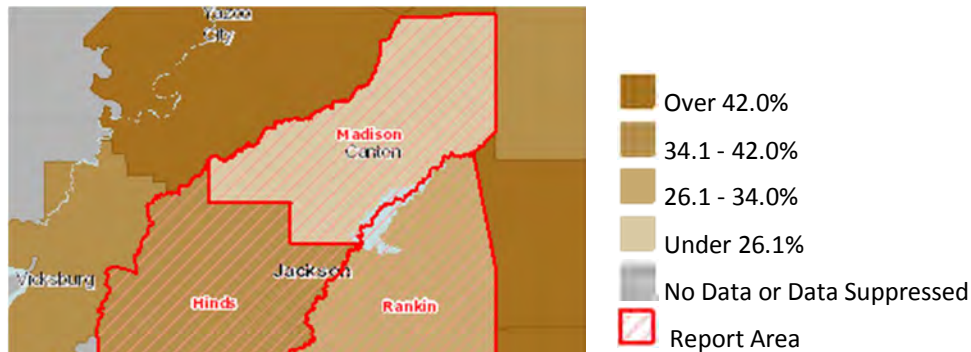
TABLE 110: Percent Adults with Poor Dental Health

Report Area	Total Population (Age 18)	Total Adults with Poor Dental Health	Percent Adults with Poor Dental Health
Report Area	350,466	63,571	18.14%
Hinds County	180,078	36,431	20.23%
Madison County	66,791	8,659	12.96%
Rankin County	103,597	18,481	17.84%
Mississippi	2,199,741	554,988	25.23%
United States	235,375,690	36,842,620	15.65%



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-10

MAP 75: Adults Age 18 Without Dental Exam in Past 12 Months, Percent by County, BRFSS 2006-10



Source: Community Commons, <http://www.communitycommons.org>

TABLE 111: Adults with Poor Dental Health (6 Teeth Removed), Percent by Race / Ethnicity

Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other Race	Hispanic or Latino
Mississippi	23.27%	28.75%	22.86%	20.81%
United States	16.04%	21.6%	12.11%	10.31%

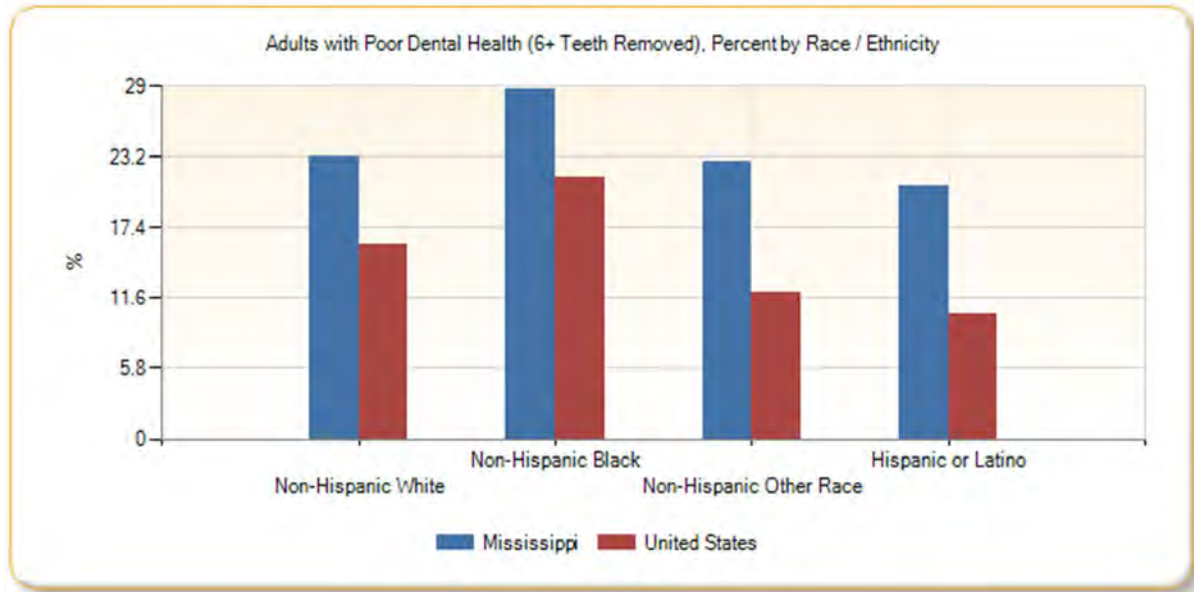
Source: Community Commons, <http://www.communitycommons.org>

Note: No county data available

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GRAPH 49: Adults with Poor Dental Health (6+ Teeth Removed), Percent by Race / Ethnicity



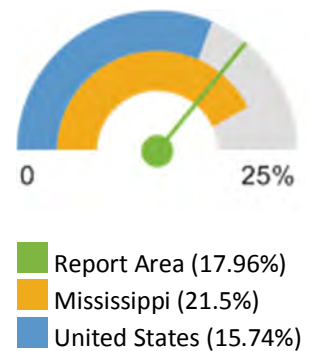
Source: Community Commons, <http://www.communitycommons.org>

Poor General Health

Within the report area 18.2% of adults age 18 and older self-report having poor or fair health in response to the question, "would you say that in general your health is excellent, very good, good, fair, or poor?" This indicator is relevant because it is a measure of general poor health status.

TABLE 112: Percent Adults with Poor or Fair Health (Age-Adjusted)

Report Area	Total Population Age 18	Estimated Population with Poor or Fair Health	Crude Percentage	Age-Adjusted Percentage
Report Area	353,675	64,381	18.2%	17.96%
Hinds County	180,151	37,832	21%	20.9%
Madison County	68,358	10,459	15.3%	15.4%
Rankin County	105,166	16,090	15.3%	14.6%
Mississippi	2,199,741	492,742	22.4%	21.5%
United States	232,556,016	37,766,703	16.24%	15.74%

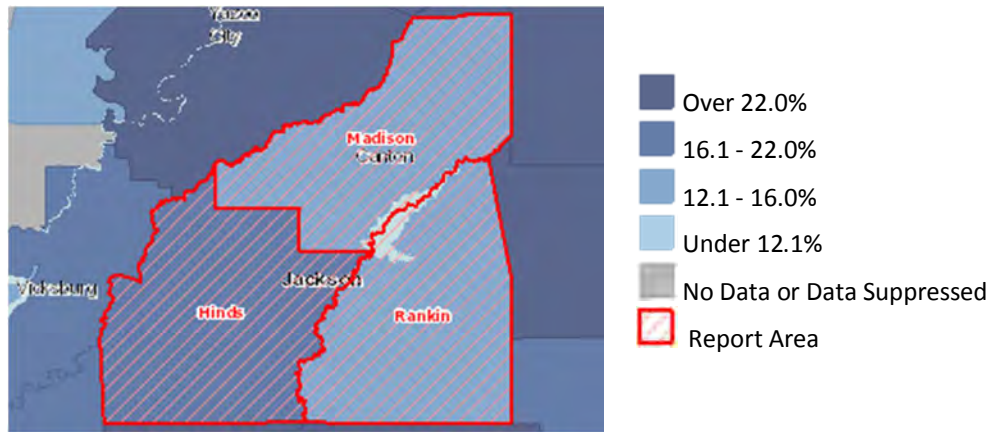


Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
Source: US Department of Health & Human Services, Health Indicators Warehouse. 2006-12

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MAP 76: Adults with Poor or Fair Health, Percent by County, BRFSS 2006-12



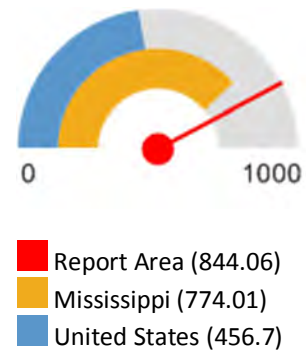
Source: Community Commons, <http://www.communitycommons.org>

Chlamydia Incidence

This indicator reports incidence rate of Chlamydia cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

TABLE 113: Chlamydia Infection Rate (Per 100,000 Pop.)

Report Area	Total Population	Total Chlamydia Infections	Chlamydia Infection Rate (Per 100,000 Pop.)
Report Area	488,827	4,126	844.06
Hinds County	248,184	3,078	1,240.2
Madison County	96,941	549	566.3
Rankin County	143,702	499	347.2
Mississippi	2,978,512	23,054	774.01
United States	311,577,841	1,422,976	456.7



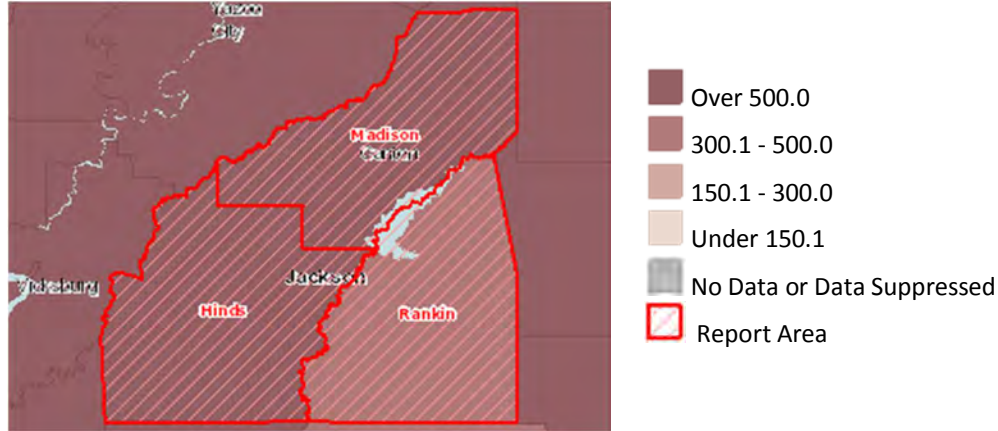
Source: US Department of Health & Human Services, Health Indicators Warehouse

Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2012

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MAP 77: Chlamydia, Infection Rate per 100,000 Population by County, NCHHSTP 2012



Source: Community Commons, <http://www.communitycommons.org>

TABLE 114: Chlamydia Incidence Rate (Per 100,000 Pop.) by Year, 2003 through 2011

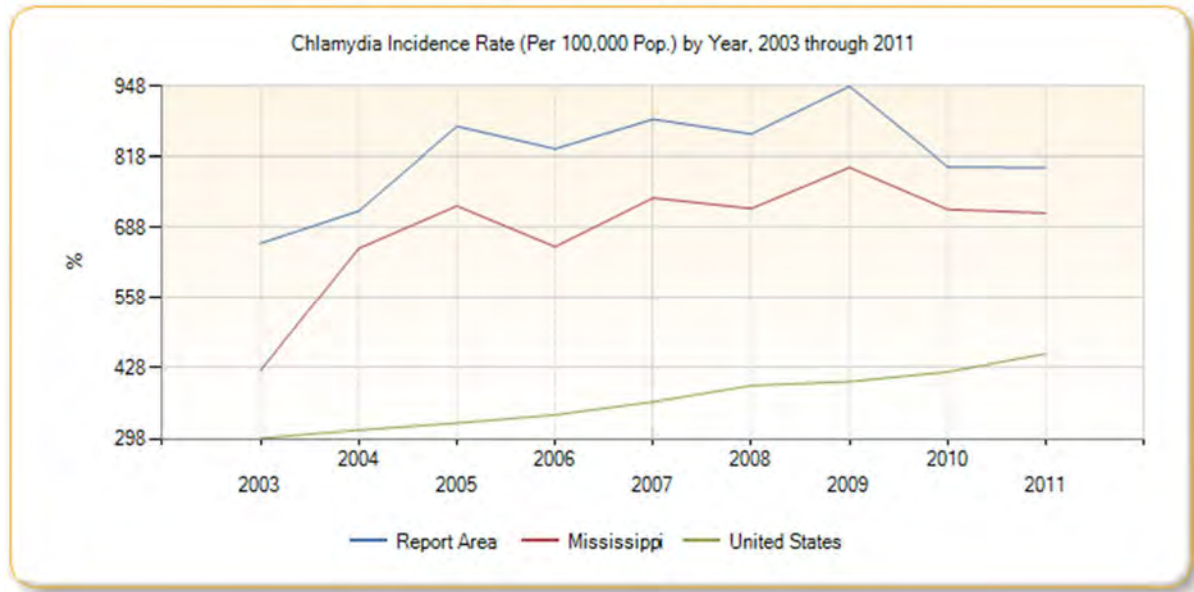
Report Area	2003	2004	2005	2006	2007	2008	2009	2010	2011
Report Area	659.26	718.82	873.95	832.38	886.97	859.52	947.60	799.83	798.44
Hinds County	999.70	1,012.10	1,260.50	1,223.20	1,305.60	1,281.20	1,433.60	1,188.40	1,185.00
Madison County	362.30	523.30	596.80	580.00	573.90	583.30	610.10	549.40	545.70
Rankin County	169.20	272.60	320.10	278.30	335.40	297.40	326.30	295.20	301.30
Mississippi	423.18	649.78	728.08	652.87	742.98	723.23	799.09	721.77	714.99
United States	298.78	313.66	326.59	341.74	365.50	395.54	402.72	420.56	454.12

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 50: Chlamydia Incidence Rate (Per 100,000 Pop.) by Year, 2003 through 2011



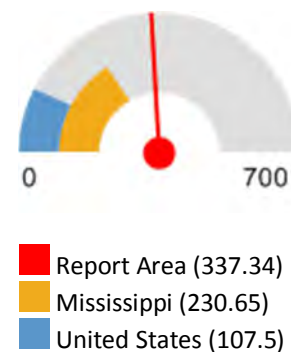
Source: Community Commons, <http://www.communitycommons.org>

Gonorrhea Incidence

This indicator reports incidence rate of Gonorrhea cases per 100,000 population. This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

TABLE 115: Gonorrhea Infection Rate (Per 100,000 Pop.)

Report Area	Total Population	Total Gonorrhea Infections	Gonorrhea Infection Rate (Per 100,000 Pop.)
Report Area	488,827	1,649	337.34
Hinds County	248,184	1,361	548.4
Madison County	96,941	161	166.1
Rankin County	143,702	127	88.4
Mississippi	2,978,512	6,870	230.65
United States	311,466,046	334,826	107.5



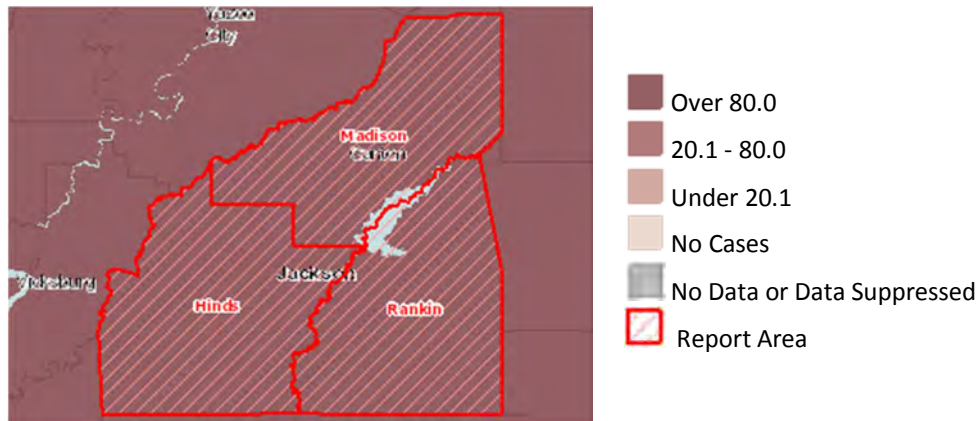
Source: US Department of Health & Human Services, Health Indicators Warehouse

Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2012

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MAP 78: Gonorrhea, Infection Rate per 100,000 Population by County, NCHHSTP 2012



Source: Community Commons, <http://www.communitycommons.org>

TABLE 116: Gonorrhea Incidence Rate (Per 100,000 Pop.) by Year, 2003 through 2011

Report Area	2003	2004	2005	2006	2007	2008	2009	2010	2011
Report Area	355.87	334.97	352.33	348.32	368.42	334.01	338.33	282.72	273.92
Hinds County	549.60	506.40	547.00	524.90	573.50	528.60	542.70	449.30	449.70
Madison County	181.80	180.50	202.90	191.00	193.50	181.70	201.90	148.10	139.30
Rankin County	80.20	99.70	79.60	125.90	112.00	90.80	73.40	84.70	61.20
Mississippi	219.62	246.75	245.49	258.06	284.84	255.02	245.29	208.78	195.94
United States	113.82	111.02	113.17	118.23	116.63	109.46	96.96	99.08	103.09

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 51: Gonorrhea Incidence Rate (Per 100,000 Pop.) by Year, 2003 through 2011



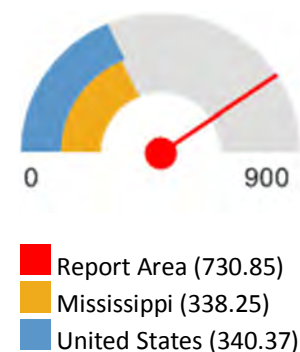
Source: Community Commons, <http://www.communitycommons.org>

HIV Prevalence

This indicator reports prevalence rate of HIV per 100,000 population. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

TABLE 117: Population with HIV / AIDS, Rate (Per 100,000 Pop.)

Report Area	Total Population	Population with HIV/AIDS	Population with HIV / AIDS, Rate (Per 100,000 Pop.)
Report Area	392,285	2,867	730.85
Hinds County	199,090	2,173	1,091.3
Madison County	77,045	195	253.1
Rankin County	116,150	499	429.6
Mississippi	2,428,088	8,213	338.25
United States	509,288,471	1,733,459	340.37



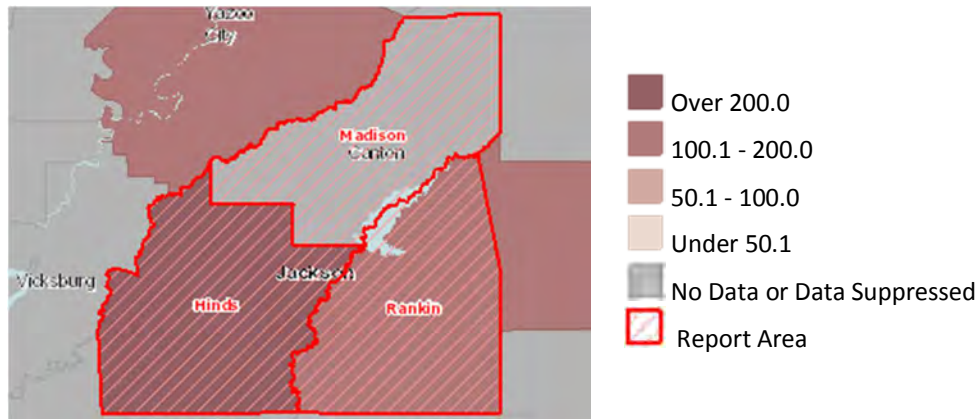
Source: US Department of Health & Human Services, Health Indicators Warehouse

Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2010

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MAP 79: HIV Prevalence, Rate (Per 100,000 Pop.) by County, NCHSTP 2010



Source: Community Commons, <http://www.communitycommons.org>

TABLE 118: HIV Prevalence Rate by Race / Ethnicity

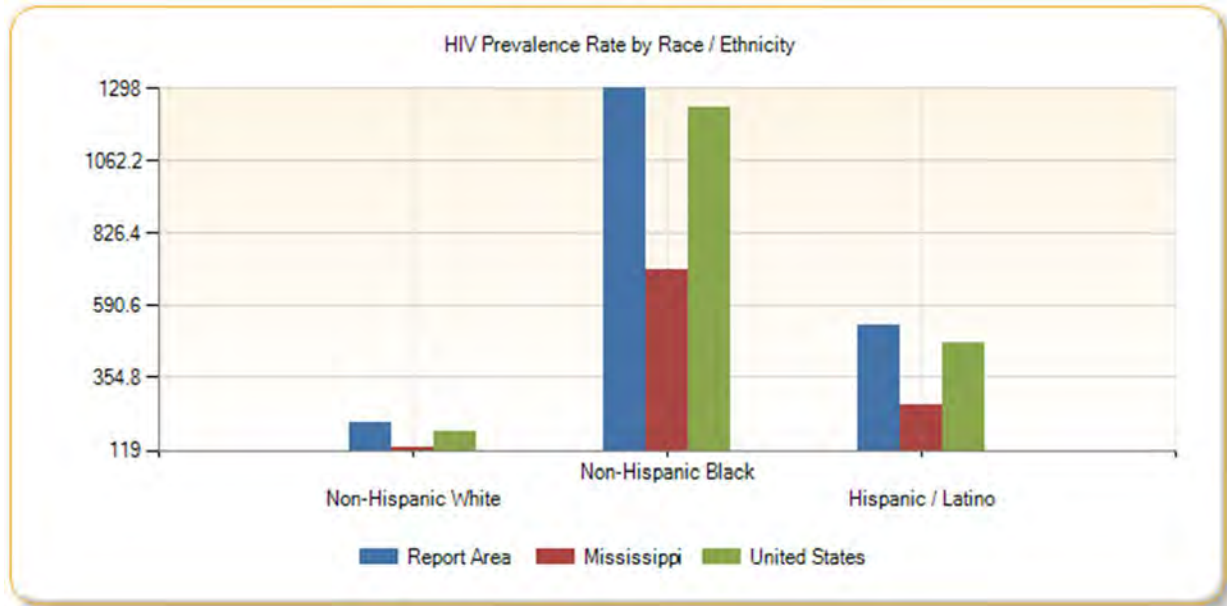
Report Area	Non-Hispanic White	Non-Hispanic Black	Hispanic / Latino
Report Area	206.76	1,297.90	521.02
Hinds County	398.29	1,404.63	753.23
Madison County	54.02	572.67	No Data
Rankin County	153.77	1,597.95	287.98
Mississippi	119.89	709.04	264.01
United States	180.16	1,235.54	464.11

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 52: HIV Prevalence Rate by Race / Ethnicity



Source: Community Commons, <http://www.communitycommons.org>

TABLE 119: HIV Prevalence Rate (Per 100,000 Pop.) by Year, 2008 through 2011

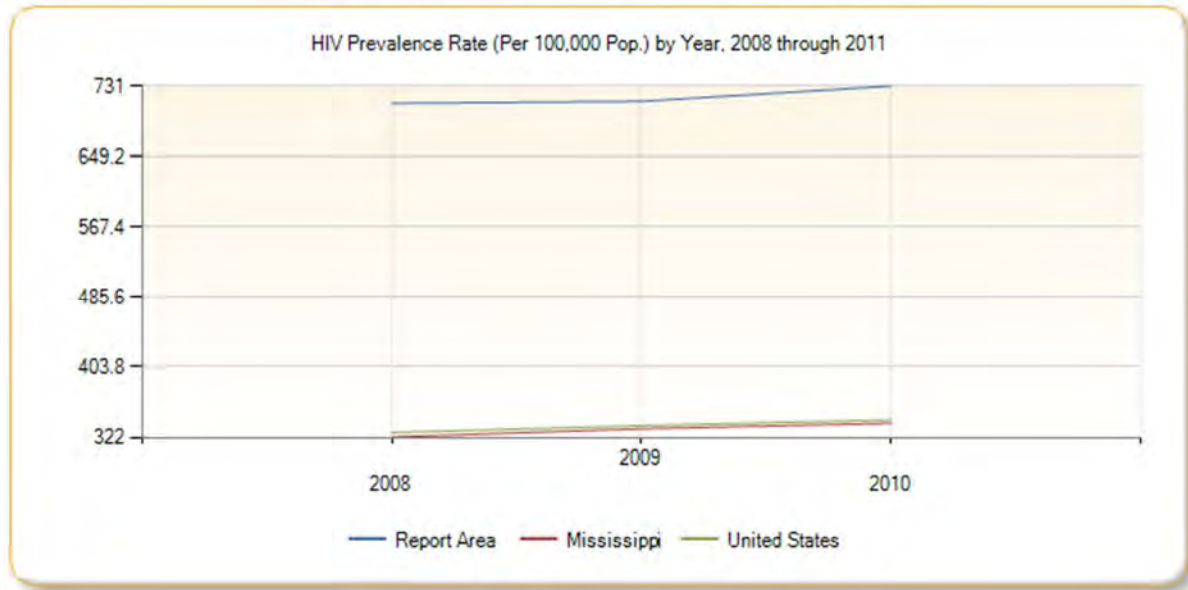
Report Area	2008	2009	2010
Report Area	710.91	713.16	730.85
Hinds County	1,054.80	1,062.00	1,091.30
Madison County	277.60	266.70	253.10
Rankin County	411.10	413.00	429.60
Mississippi	322.26	331.83	338.25
United States	327.37	335.38	342.17

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 53: HIV Prevalence Rate (Per 100,000 Pop.) by Year, 2008 through 2011



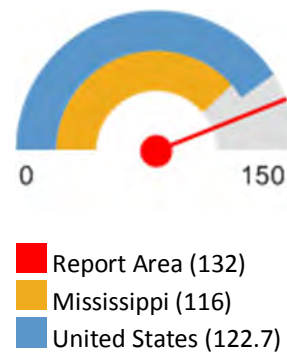
Source: Community Commons, <http://www.communitycommons.org>

Cancer Incidence - Breast

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9...80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

TABLE 120: Annual Breast Cancer Incidence Rate (Per 100,000 Pop.)

Report Area	Female Population	Average New Cases per Year	Annual Incidence Rate (Per 100,000 Pop.)
Report Area	251,516	346	132
Hinds County	130,468	184	138.2
Madison County	48,818	65	128.5
Rankin County	72,230	97	123.7
Mississippi	1,522,128	1,953	116
United States	155,863,552	216,052	122.7
HP 2020 Target			≤ 40.9

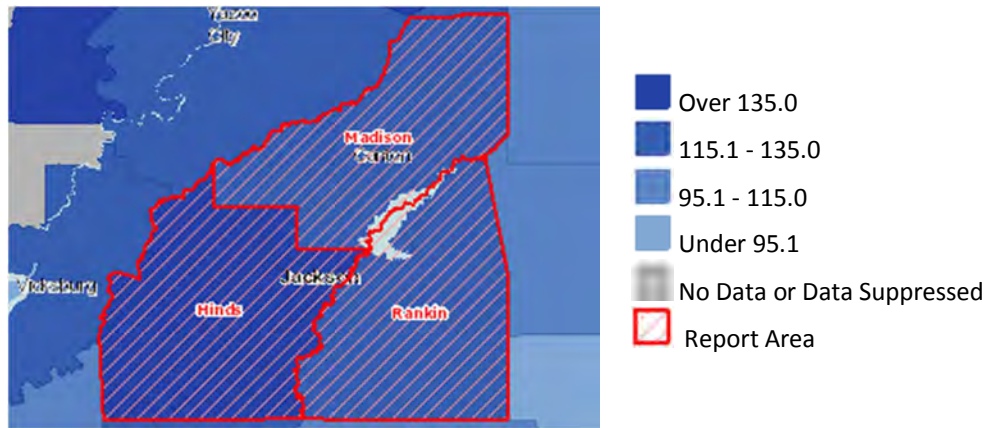


Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program
Source: State Cancer Profiles, 2007-11

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MAP 80: Breast Cancer, Incidence Rate (Per 100,000 Pop.) by County, STCANPRO 2007-11



Source: Community Commons, <http://www.communitycommons.org>

TABLE 121: Breast Cancer Incidence Rate (Per 100,000 Pop.) by Race / Ethnicity

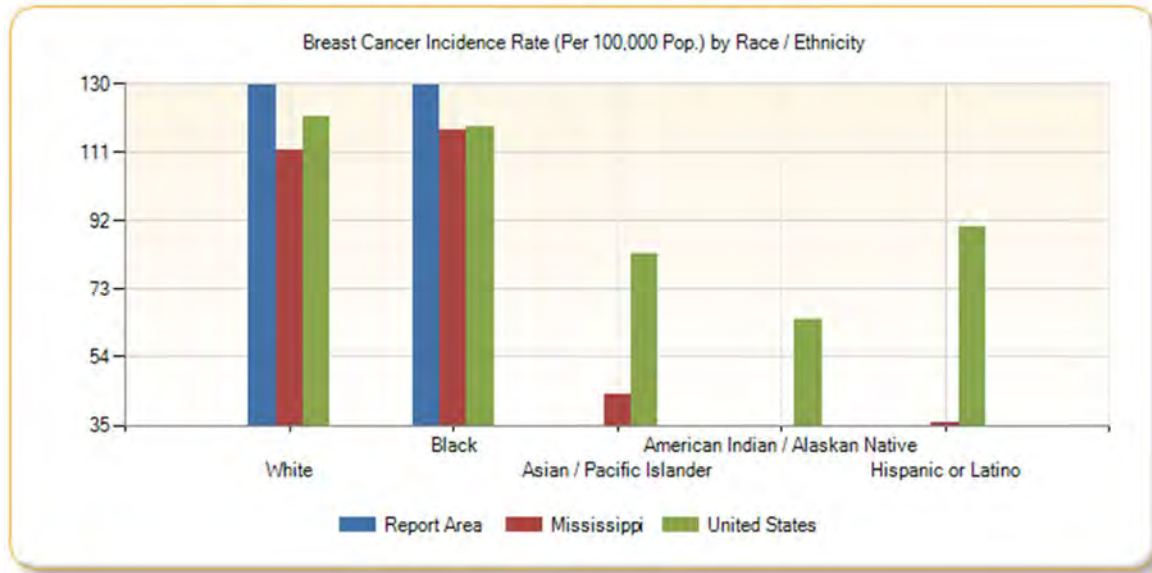
Report Area	White	Black	Asian / Pacific Islander	American Indian / Alaskan Native	Hispanic or Latino
Report Area	129.7	129.7	no data	no data	no data
Hinds County	139.2	133.4	suppressed	suppressed	no data
Madison County	138	102.3	suppressed	suppressed	no data
Rankin County	117.4	141.8	suppressed	suppressed	no data
Mississippi	111.5	117.3	43.6	no data	35.1
United States	120.7	117.9	83	64.4	90.5

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 54: Breast Cancer Incidence Rate (Per 100,000 Pop.) by Race / Ethnicity



Source: Community Commons, <http://www.communitycommons.org>

TABLE 122: Population by Race / Ethnicity, New Breast Cancer Incidence (Count)

Report Area	White	Black	Asian / Pacific Islander	American Indian / Alaskan Native	Hispanic / Latino
Report Area	199	136	no data	no data	no data
Hinds County	77	103	no data	no data	no data
Madison County	46	16	no data	no data	no data
Rankin County	76	17	no data	no data	no data
Mississippi	1,271	610	6	no data	7
United States	174,757	22,918	6,607	949	14,396

Source: Community Commons, <http://www.communitycommons.org>

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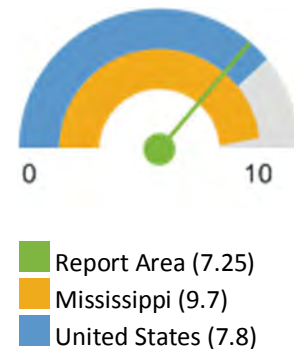
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Cancer Incidence - Cervical

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with cervical cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9...80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

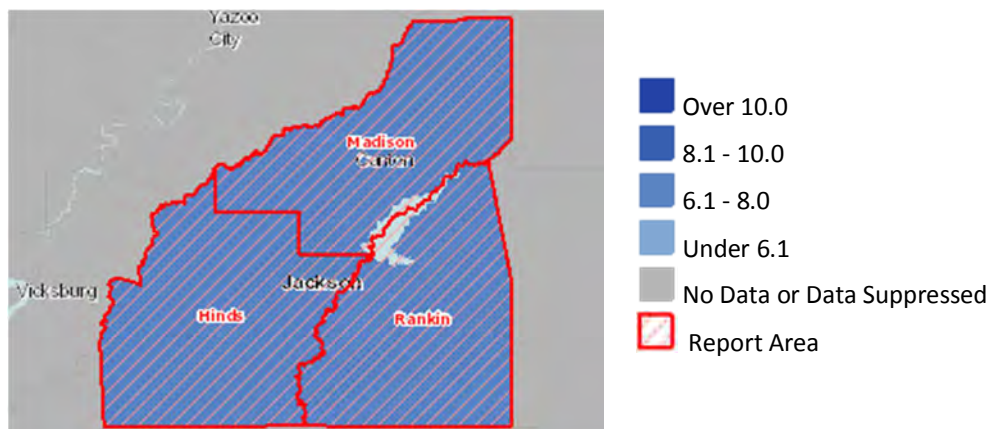
TABLE 123: Annual Cervical Cancer Incidence Rate (Per 100,000 Pop.)

Report Area	Female Population	Average New Cases per Year	Annual Incidence Rate (Per 100,000 Pop.)
Report Area	251,516	19	7.25
Hinds County	130,468	9	7
Madison County	48,818	4	7.5
Rankin County	72,230	6	7.5
Mississippi	1,522,128	149	9.7
United States	155,863,552	12,530	7.8
HP 2020 Target			≤ 7.1



Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program
Source: State Cancer Profiles, 2007-11

MAP 81: Cervical Cancer, Incidence Rate (Per 100,000 Pop.) by County, STCANPRO 2007-11



Source: Community Commons, <http://www.communitycommons.org>

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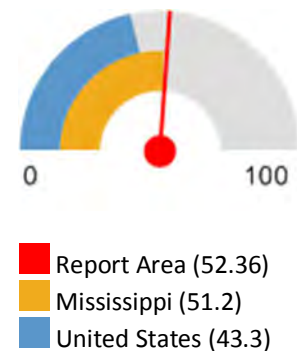
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Cancer Incidence - Colon and Rectum

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9...80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

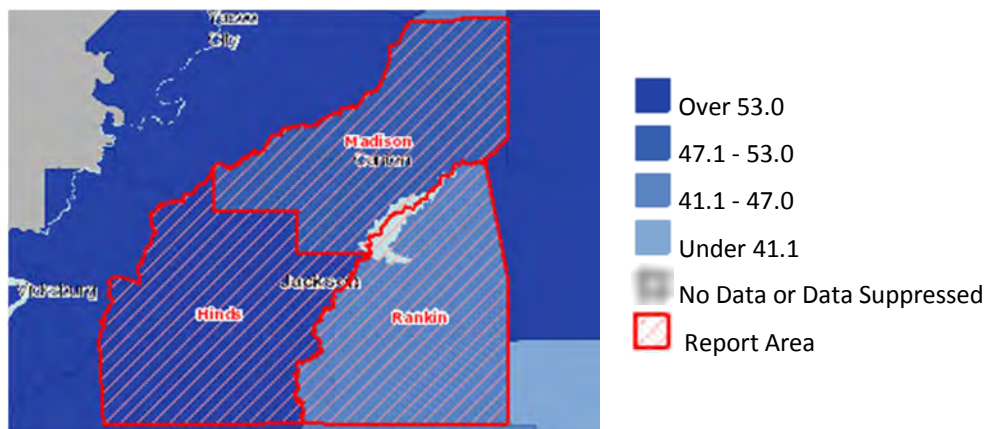
TABLE 124: Annual Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)

Report Area	Total Population	Average New Cases per Year	Annual Incidence Rate (Per 100,000 Pop.)
Report Area	480,141	239	52.36
Hinds County	245,891	133	57.7
Madison County	93,807	42	47.4
Rankin County	140,443	64	46.6
Mississippi	2,956,700	1,593	51.2
United States	306,603,776	142,173	43.3
HP 2020 Target			≤ 38.7



Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program
Source: State Cancer Profiles, 2007-11

MAP 82: Colo-Rectal Cancer, Incidence Rate (Per 100,000 Pop.) by County, STCANPRO 2007-11



Source: Community Commons, <http://www.communitycommons.org>

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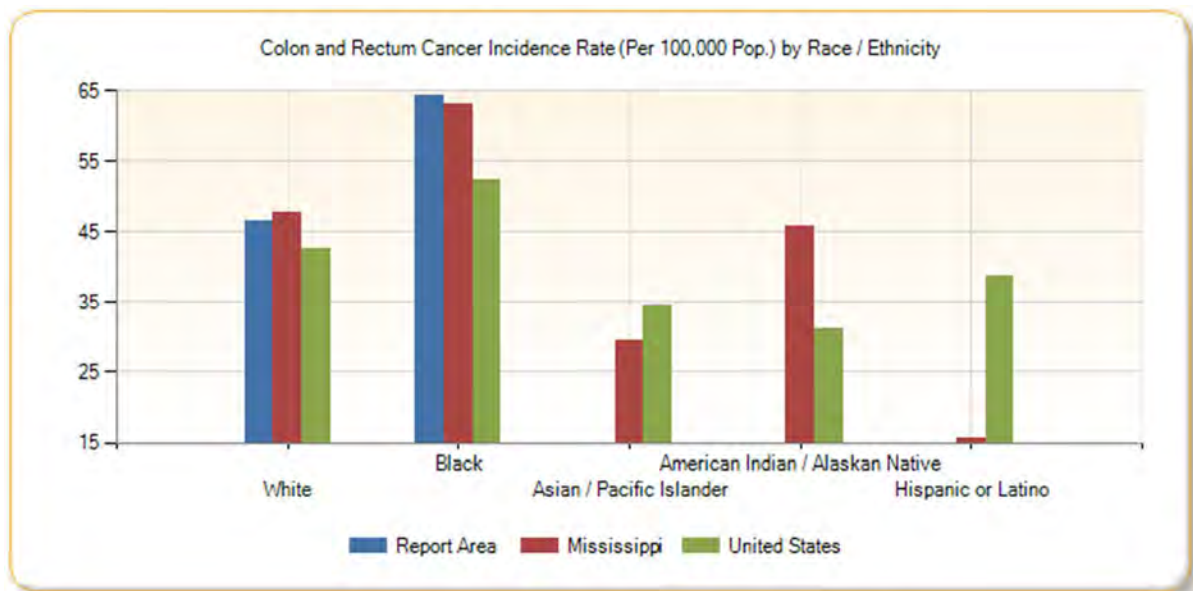
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TABLE 125: Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.) by Race / Ethnicity

Report Area	White	Black	Asian / Pacific Islander	American Indian / Alaskan Native	Hispanic or Latino
Report Area	46.6	64.2	no data	no data	no data
Hinds County	48.2	66.8	suppressed	suppressed	no data
Madison County	45.3	55.3	suppressed	suppressed	no data
Rankin County	45.8	60.2	suppressed	suppressed	no data
Mississippi	47.7	63.1	29.6	45.7	15.6
United States	42.7	52.5	34.7	31.3	38.7

Source: Community Commons, <http://www.communitycommons.org>

GRAPH 55: Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.) by Race / Ethnicity



Source: Community Commons, <http://www.communitycommons.org>

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TABLE 126: Population by Race / Ethnicity, New Colon and Rectum Cancer Incidence (Count)

Report Area	White	Black	Asian / Pacific Islander	American Indian / Alaskan Native	Hispanic / Latino
Report Area	133	105	no data	no data	no data
Hinds County	53	80	no data	no data	no data
Madison County	28	14	no data	no data	no data
Rankin County	52	11	no data	no data	no data
Mississippi	1,035	540	6	6	4
United States	117,775	16,767	4,406	754	9,768

Source: Community Commons, <http://www.communitycommons.org>

Cancer Incidence - Lung

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9...80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

TABLE 127: Annual Lung Cancer Incidence Rate (Per 100,000 Pop.)

Report Area	Total Population	Average New Cases per Year	Annual Incidence Rate (Per 100,000 Pop.)
Report Area	480,141	344	76.57
Hinds County	245,891	176	76.4
Madison County	93,807	62	73.8
Rankin County	140,443	106	78.6
Mississippi	2,956,700	2,491	79.4
United States	306,603,776	212,768	64.9



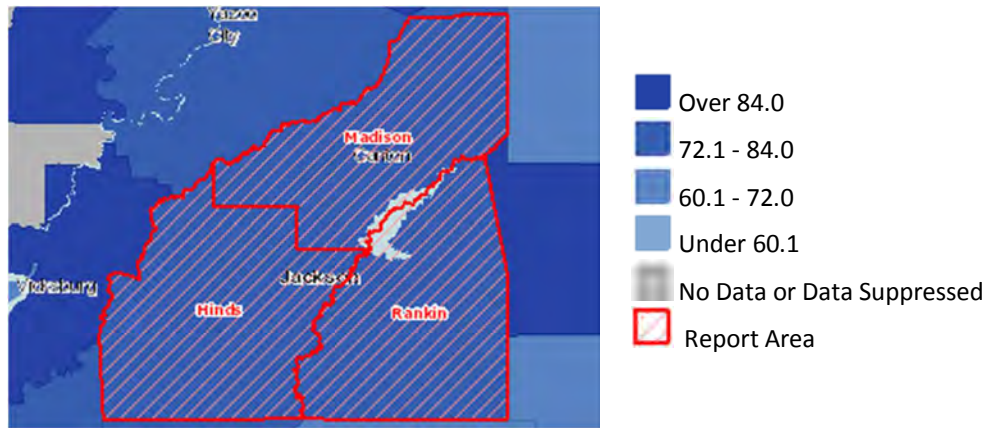
Report Area (76.57)
Mississippi (79.4)
United States (64.9)

Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program
Source: State Cancer Profiles, 2007-11

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MAP 83: Lung Cancer, Incidence Rate (Per 100,000 Pop.) by County, STCANPRO 2007-11



Source: Community Commons, <http://www.communitycommons.org>

TABLE 128: Lung Cancer Incidence Rate (Per 100,000 Pop.) by Race / Ethnicity

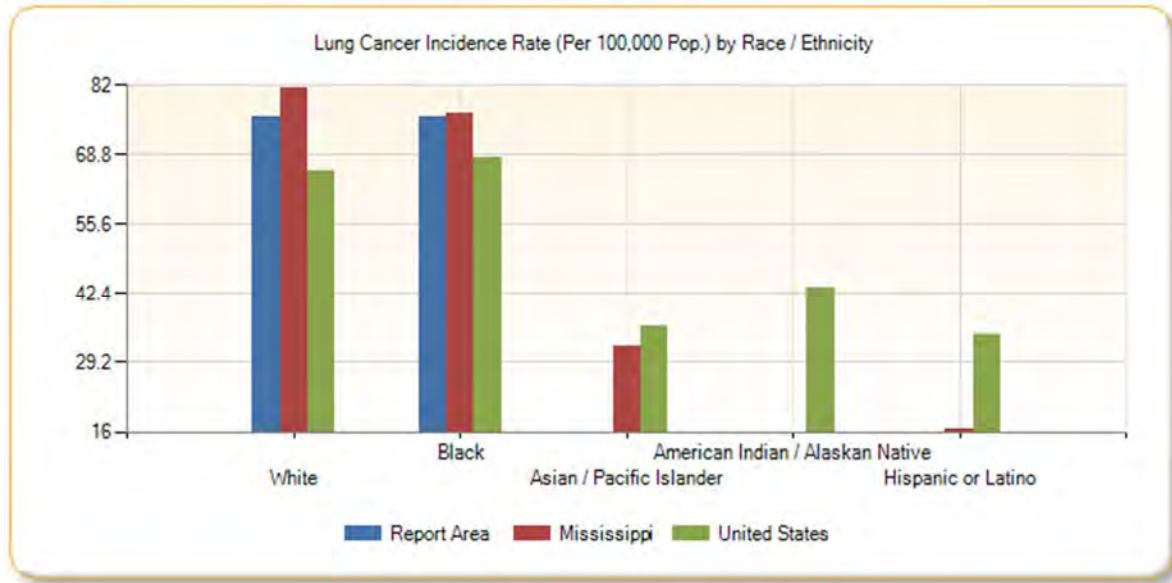
Report Area	White	Black	Asian / Pacific Islander	American Indian / Alaskan Native	Hispanic or Latino
Report Area	76.1	76.1	no data	no data	no data
Hinds County	76.1	78.2	suppressed	suppressed	no data
Madison County	69.4	71.1	suppressed	suppressed	no data
Rankin County	79.6	69.3	suppressed	suppressed	no data
Mississippi	81.3	76.6	32.1	no data	16.5
United States	65.6	68.2	36.2	43.4	34.6

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 56: Lung Cancer Incidence Rate (Per 100,000 Pop.) by Race / Ethnicity



Source: Community Commons, <http://www.communitycommons.org>

TABLE 129: Population by Race / Ethnicity, New Lung Cancer Incidence (Count)

Report Area	White	Black	Asian / Pacific Islander	American Indian / Alaskan Native	Hispanic / Latino
Report Area	215	121	no data	no data	no data
Hinds County	85	92	no data	no data	no data
Madison County	40	17	no data	no data	no data
Rankin County	90	12	no data	no data	no data
Mississippi	1,803	653	5	no data	5
United States	180,739	21,506	4,336	964	7,983

Source: Community Commons, <http://www.communitycommons.org>

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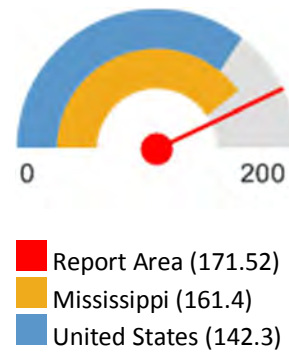
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Cancer Incidence - Prostate

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9...80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

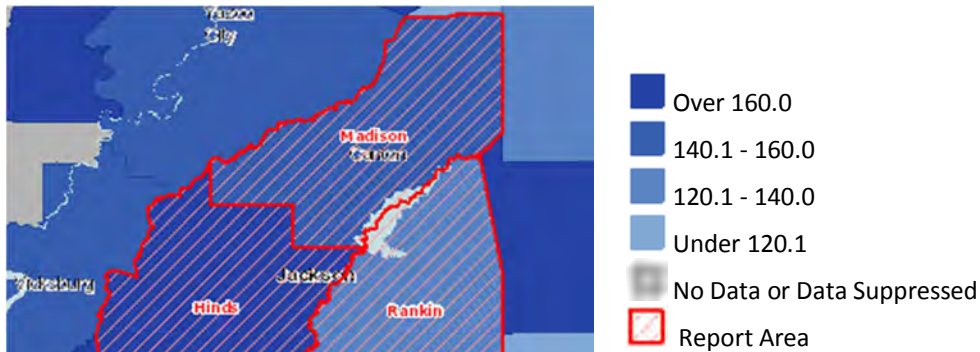
TABLE 130: Annual Prostate Cancer Incidence Rate (Per 100,000 Pop.)

Report Area	Male Population	Average New Cases per Year	Annual Incidence Rate (Per 100,000 Pop.)
Report Area	228,625	363	171.52
Hinds County	115,423	207	200.6
Madison County	44,989	64	153.9
Rankin County	68,213	92	137.6
Mississippi	1,434,572	2,335	161.4
United States	150,740,224	220,000	142.3



Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program
Source: State Cancer Profiles, 2007-11

MAP 84: Prostate Cancer, Incidence Rate (Per 100,000 Pop.) by County, STCANPRO 2007-11



Source: Community Commons, <http://www.communitycommons.org>

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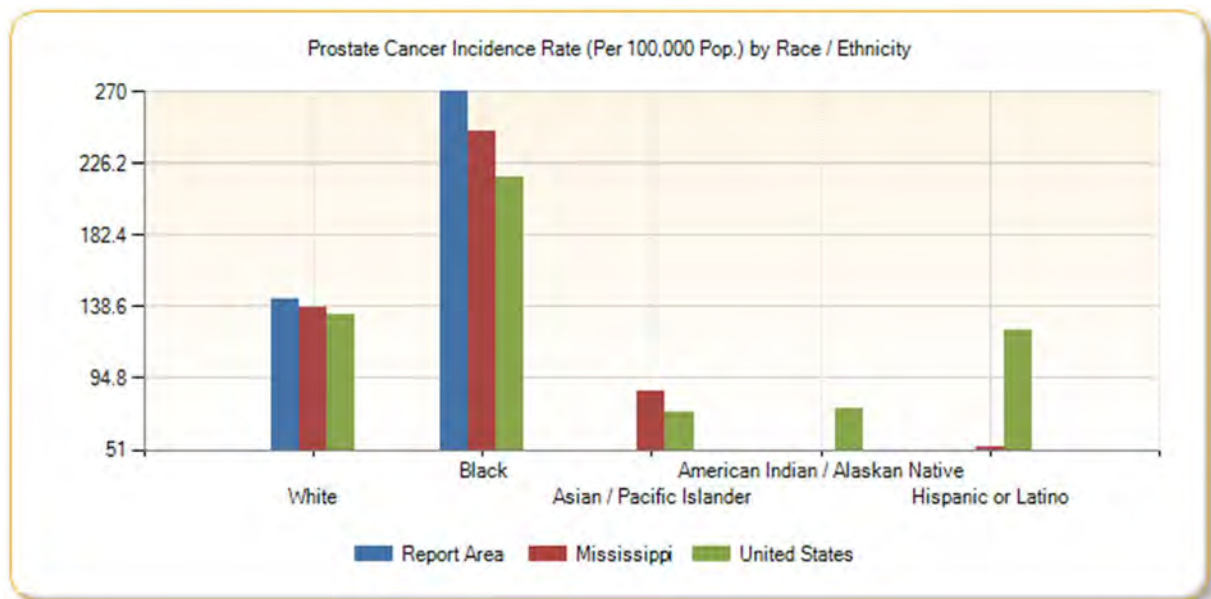
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TABLE 131: Prostate Cancer Incidence Rate (Per 100,000 Pop.) by Race / Ethnicity

Report Area	White	Black	Asian / Pacific Islander	American Indian / Alaskan Native	Hispanic or Latino
Report Area	143.1	269.9	no data	no data	no data
Hinds County	154.2	279.4	suppressed	suppressed	no data
Madison County	144.5	238.6	suppressed	suppressed	no data
Rankin County	132.7	252.9	suppressed	suppressed	no data
Mississippi	137.6	245.5	86.8	no data	51.5
United States	133.3	217.9	73.8	75.8	123.6

Source: Community Commons, <http://www.communitycommons.org>

GRAPH 57: Prostate Cancer Incidence Rate (Per 100,000 Pop.) by Race / Ethnicity



Source: Community Commons, <http://www.communitycommons.org>

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TABLE 132: Population by Race / Ethnicity, New Prostate Cancer Incidence (Count)

Report Area	White	Black	Asian / Pacific Islander	American Indian / Alaskan Native	Hispanic / Latino
Report Area	191	185	no data	no data	no data
Hinds County	76	139	no data	no data	no data
Madison County	41	25	no data	no data	no data
Rankin County	74	21	no data	no data	no data
Mississippi	1,422	886	5	no data	7
United States	171,991	30,367	4,018	778	13,248

Source: Community Commons, <http://www.communitycommons.org>

Low Birth Weight

This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

TABLE 133: Percent Low Birth Weight Births

Report Area	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Report Area	51,121	6,912	13.52%
Hinds County	27,594	4,360	15.8%
Madison County	9,492	1,092	11.5%
Rankin County	14,035	1,460	10.4%
Mississippi	308,000	37,268	12.1%
United States	29,300,495	2,402,641	8.2%
HP 2020 Target			≤ 7.8%

Source: US Department of Health & Human Services, Health Indicators Warehouse

Source: Centers for Disease Control and Prevention, National Vital Statistics System, 2006-12

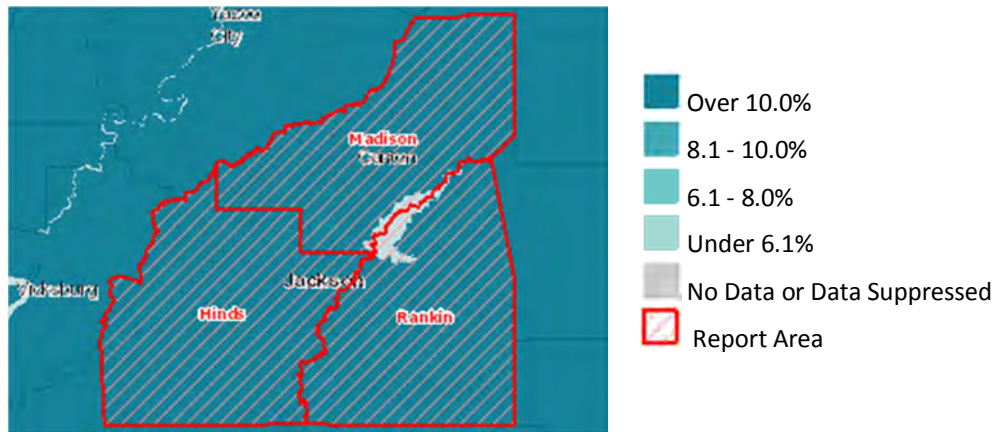


■ Report Area (13.52%)
■ Mississippi (12.1%)
■ United States (8.2%)

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MAP 85: Low Birth Weight, Percent of Live Births by County, NVSS 2006-12



Source: Community Commons, <http://www.communitycommons.org>

TABLE 134: Babies Born with Low Birth Weight, Percent by Race / Ethnicity

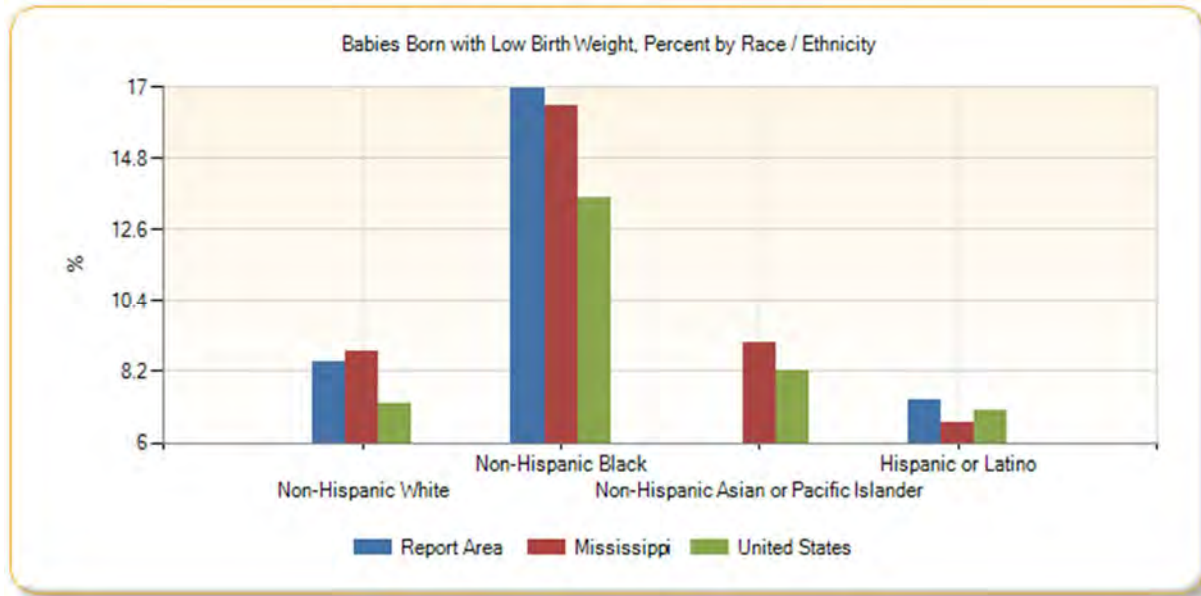
Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian or Pacific Islander	Hispanic or Latino
Report Area	8.47%	16.97%	no data	7.3%
Hinds County	8.3%	18%	10.3%	7.3%
Madison County	7.9%	16%	11.5%	7%
Rankin County	9.2%	15.6%	no data	7.5%
Mississippi	8.8%	16.4%	9.1%	6.6%
United States	7.2%	13.6%	8.2%	7%

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 58: Babies Born with Low Birth Weight, Percent by Race / Ethnicity



Source: Community Commons, <http://www.communitycommons.org>

TABLE 135: Babies Born with Low Birth Weight, Percent by Time Period, 2002-2008 through 2006-2012

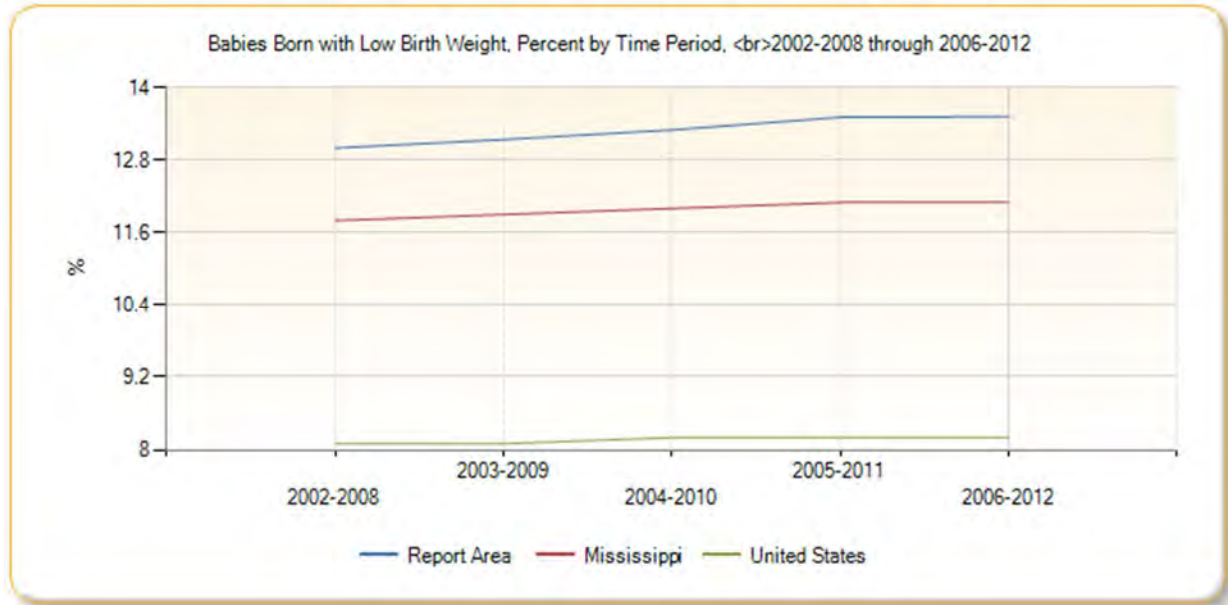
Report Area	2002-2008	2003-2009	2004-2010	2005-2011	2006-2012
Report Area	13%	13.14%	13.3%	13.51%	13.52%
Hinds County	15.1%	15.3%	15.4%	15.8%	15.8%
Madison County	10.9%	10.9%	11.2%	11.3%	11.5%
Rankin County	10.3%	10.4%	10.6%	10.5%	10.4%
Mississippi	11.8%	11.9%	12%	12.1%	12.1%
United States	8.1%	8.1%	8.2%	8.2%	8.2%

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 59: Babies Born with Low Birth Weight, Percent by Time Period, 2002-2008 through 2006-2012



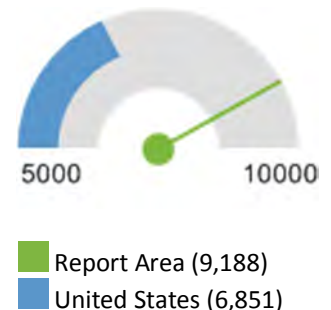
Source: Community Commons, <http://www.communitycommons.org>

Mortality - Premature Death

This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75 year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

TABLE 136: Years of Potential Life Lost, Rate per 100,000 Population

Report Area	Total Population, 2008-2010 Average	Total Premature Deaths, 2008-2010 Average	Total Years of Potential Life Lost, 2008-2010 Average	Years of Potential Life Lost, Rate per 100,000 Population
Report Area	488,827	2,042	44,912	9,188
Hinds County	248,184	1,071	25,041	10,089
Madison County	96,941	429	8,369	8,633
Rankin County	143,702	541	11,502	8,003
Mississippi	2,978,512	14,814	305,248	10,253
United States	311,616,188	1,074,667	21,327,690	6,851

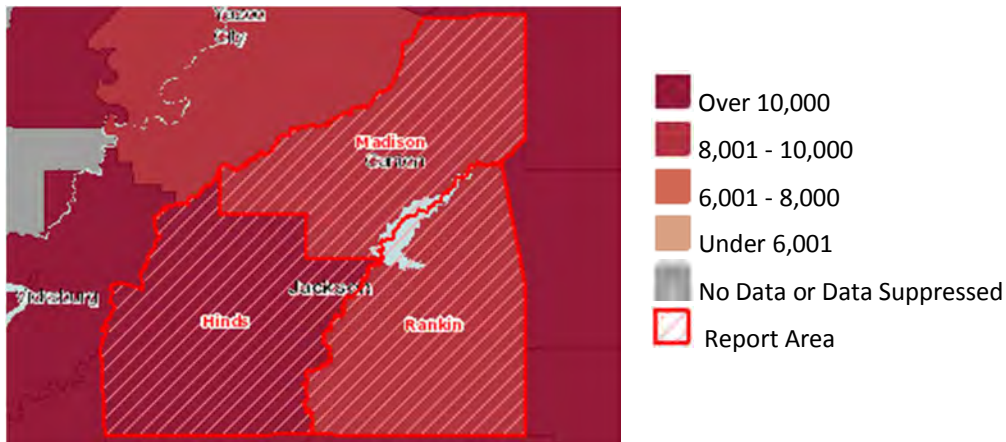


Source: University of Wisconsin Population Health Institute, County Health Rankings
Source: Centers for Disease Control and Prevention, National Vital Statistics System, 2008-10

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MAP 86: Premature Death, Years Lost Rate (Per 100,000 Pop.) by County, CHR 2008-10



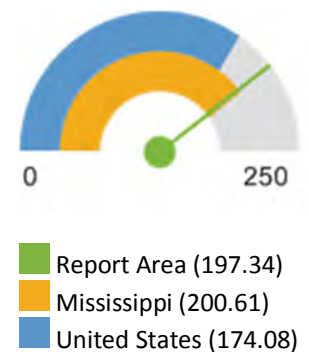
Source: Community Commons, <http://www.communitycommons.org>

Mortality - Cancer

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

TABLE 136: Cancer Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	479,930	881	183.53	197.34
Hinds County	245,837	391	159.13	170.86
Madison County	93,737	292	311.3	338.74
Rankin County	140,357	198	140.93	149.3
Mississippi	2,956,148	6,170	208.7	200.61
United States	306,486,831	569,481	185.81	174.08
HP 2020 Target				≤ 160.6



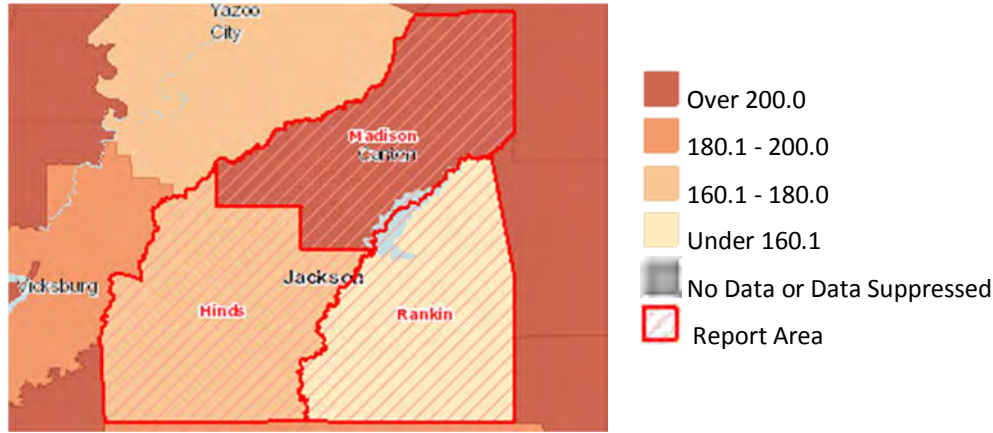
Source: Centers for Disease Control and Prevention, National Vital Statistics System

Source: Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-11

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MAP 87: Cancer Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2007-11



Source: Community Commons, <http://www.communitycommons.org>

TABLE 138: Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

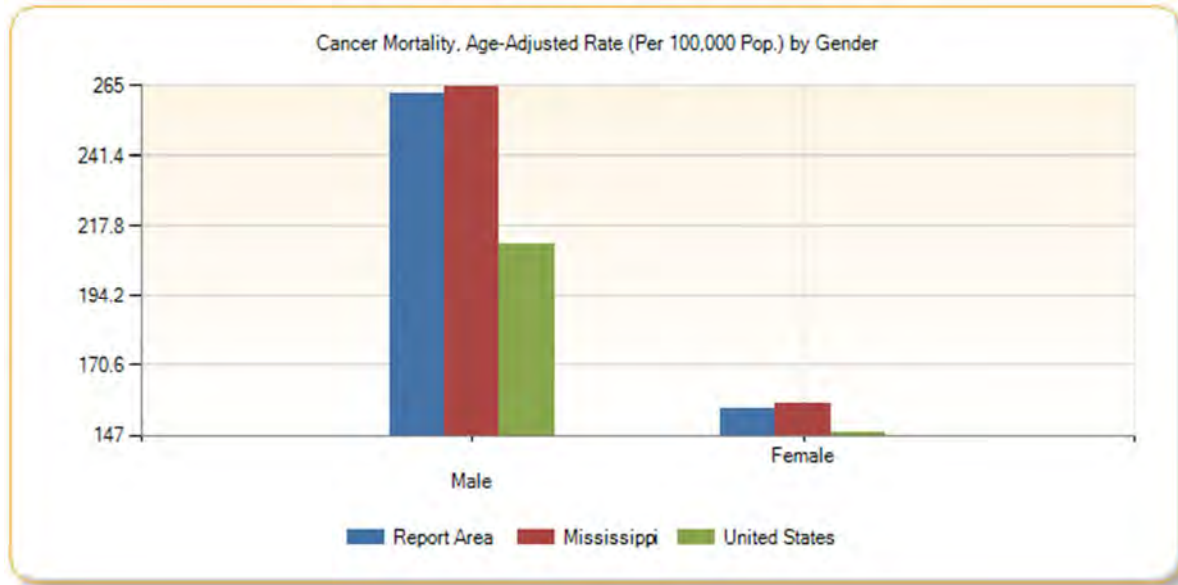
Report Area	Male	Female
Report Area	262.45	155.66
Hinds County	230.65	133.51
Madison County	441.94	270.21
Rankin County	197.9	118.27
Mississippi	264.69	157.37
United States	211.52	147.92

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 60: Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender



Source: Community Commons, <http://www.communitycommons.org>

TABLE 139: Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

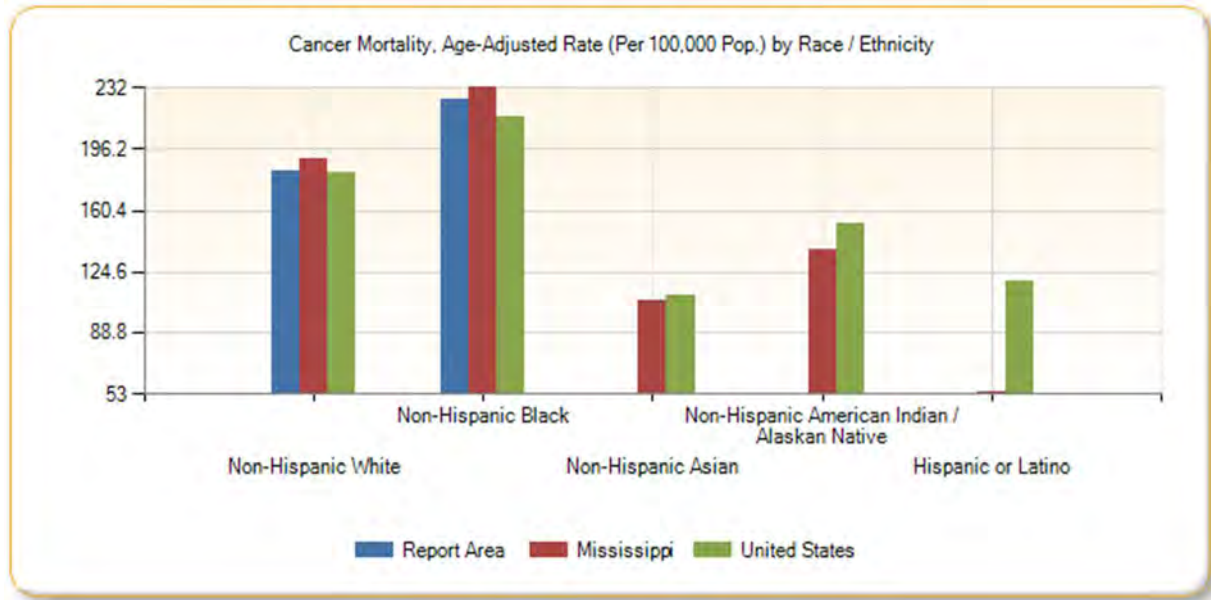
Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic American Indian / Alaskan Native	Hispanic or Latino
Report Area	183.87	224.81	no data	no data	no data
Hinds County	152.24	187.6	no data	no data	no data
Madison County	305.5	430.12	no data	no data	no data
Rankin County	144.86	184.56	no data	no data	no data
Mississippi	190.13	231.75	108.05	137.54	53.58
United States	182.58	214.88	111.57	152.74	119.74

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 61: Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity



Source: Community Commons, <http://www.communitycommons.org>

TABLE 140: Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2011

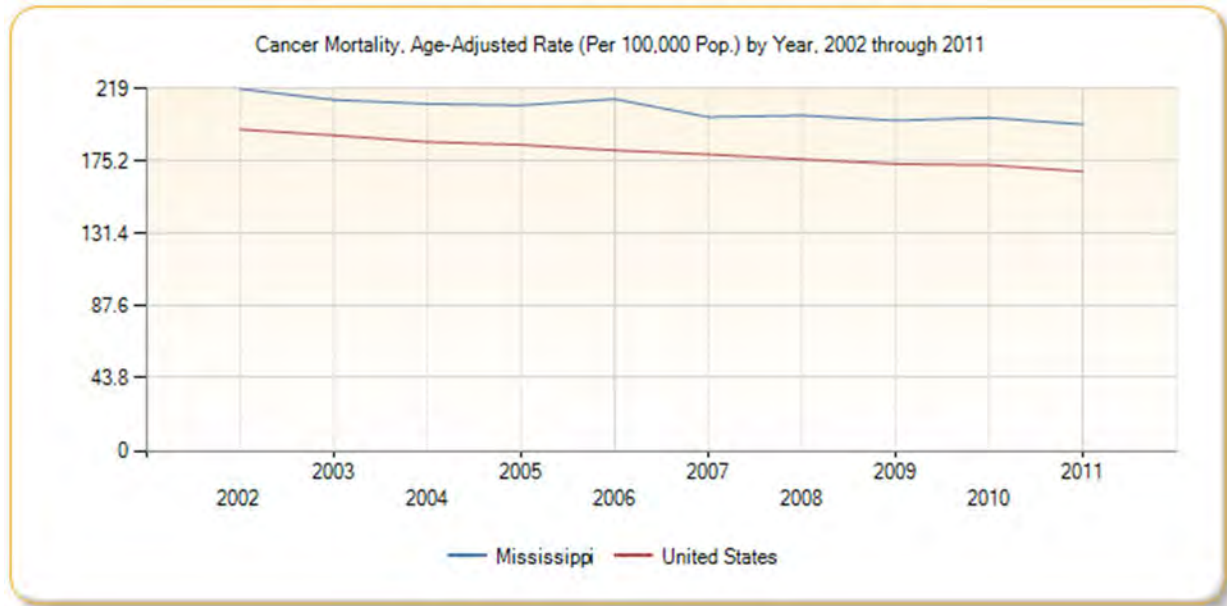
Report Area	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Mississippi	218.84	212.23	209.83	208.92	212.66	201.8	202.85	199.77	201.42	197.43
United States	194.34	190.85	186.79	185.09	181.78	179.26	176.37	173.53	172.79	168.96

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 62: Cancer Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2011



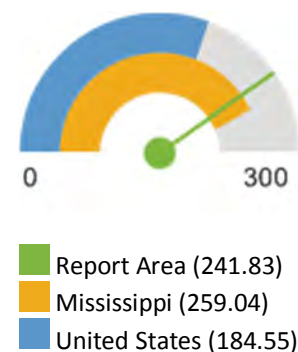
Source: Community Commons, <http://www.communitycommons.org>

Mortality - Heart Disease

Within the report area the rate of death due to coronary heart disease per 100,000 population is 241.83. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

TABLE 141: Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	479,930	1,049	218.53	241.83
Hinds County	245,837	547	222.59	242.25
Madison County	93,737	209	222.54	241.71
Rankin County	140,357	293	208.75	241.16
Mississippi	2,956,148	7,688	260.07	259.04
United States	306,486,831	605,315	197.5	184.55



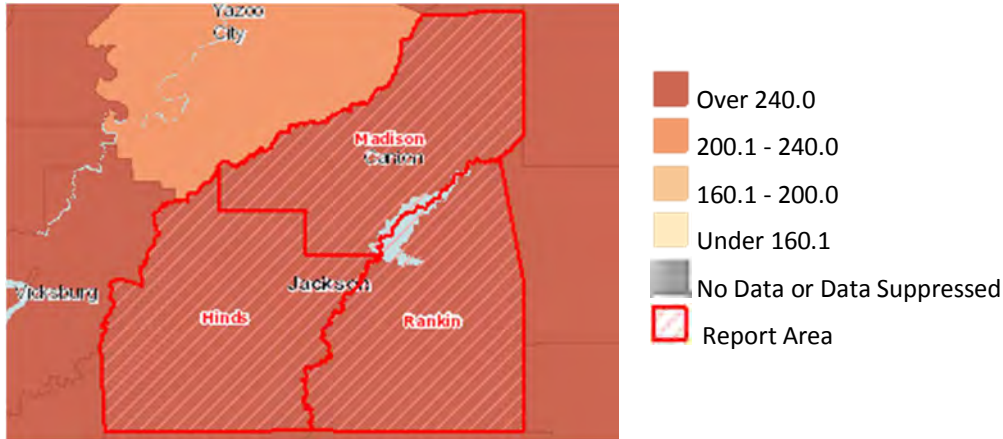
Source: Centers for Disease Control and Prevention, National Vital Statistics System

Source: Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-11

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MAP 88: Heart Disease Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2007-11



Source: Community Commons, <http://www.communitycommons.org>

TABLE 142: Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

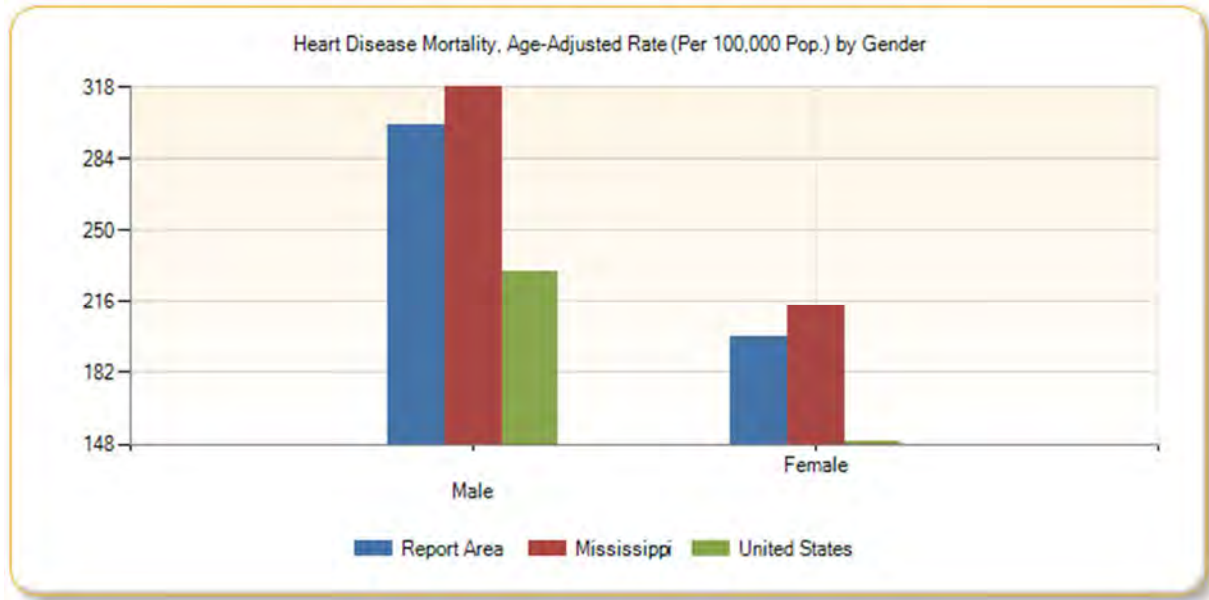
Report Area	Male	Female
Report Area	300.17	199.32
Hinds County	309.75	194.31
Madison County	282.78	210.53
Rankin County	295.39	200.78
Mississippi	317.79	213.45
United States	230.61	148.54

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 63: Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender



Source: Community Commons, <http://www.communitycommons.org>

TABLE 143: Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

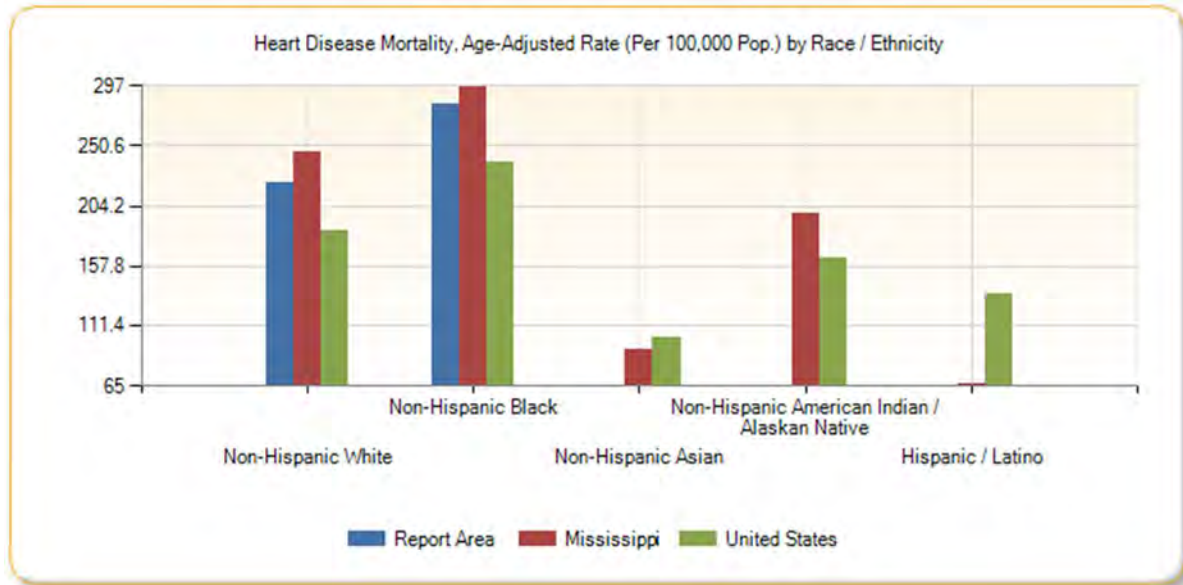
Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic American Indian / Alaskan Native	Hispanic / Latino
Report Area	221.65	282.11	no data	no data	no data
Hinds County	202.75	277.39	no data	no data	no data
Madison County	213.95	314.97	no data	no data	no data
Rankin County	237.9	267.91	no data	no data	no data
Mississippi	245.6	296.53	92.52	198.86	65.1
United States	185.11	237.6	102.64	164.23	135.98

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 64: Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity



Source: Community Commons, <http://www.communitycommons.org>

TABLE 144: Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2011

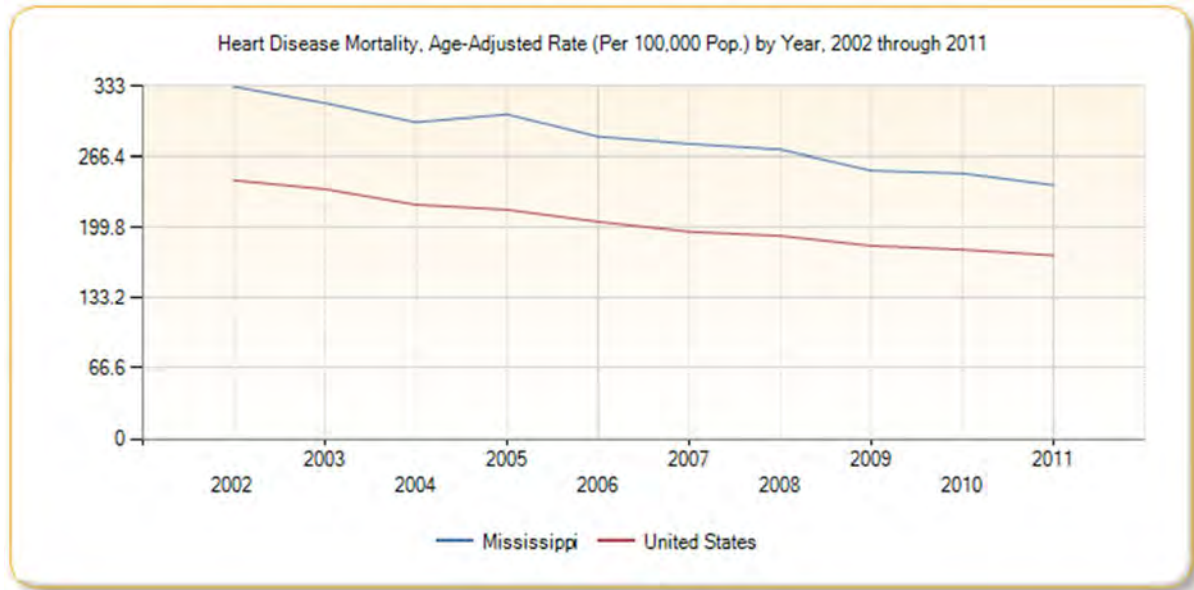
Report Area	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Mississippi	332.56	317.13	298.84	306.42	285.41	278.47	273.19	253.8	251.08	240.12
United States	244.64	236.31	221.63	216.85	205.47	196.09	192.12	182.82	179.14	173.74

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 65: Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 - 2011



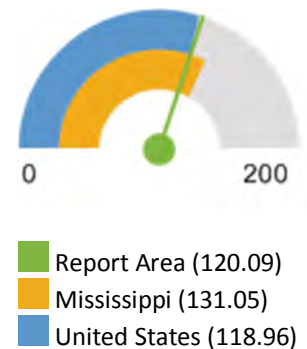
Source: Community Commons, <http://www.communitycommons.org>

Mortality - Ischaemic Heart Disease

Within the report area the rate of death due to coronary heart disease per 100,000 population is 120.09. This rate is greater than the Healthy People 2020 target of less than or equal to 103.4. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

TABLE 145: Ischaemic Heart Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	479,930	523	108.89	120.09
Hinds County	245,837	235	95.75	103.11
Madison County	93,737	94	100.28	108.03
Rankin County	140,357	193	137.65	157.88
Mississippi	2,956,148	3,928	132.89	131.05
United States	306,486,831	390,568	127.43	118.96
HP 2020 Target				≤ 103.4



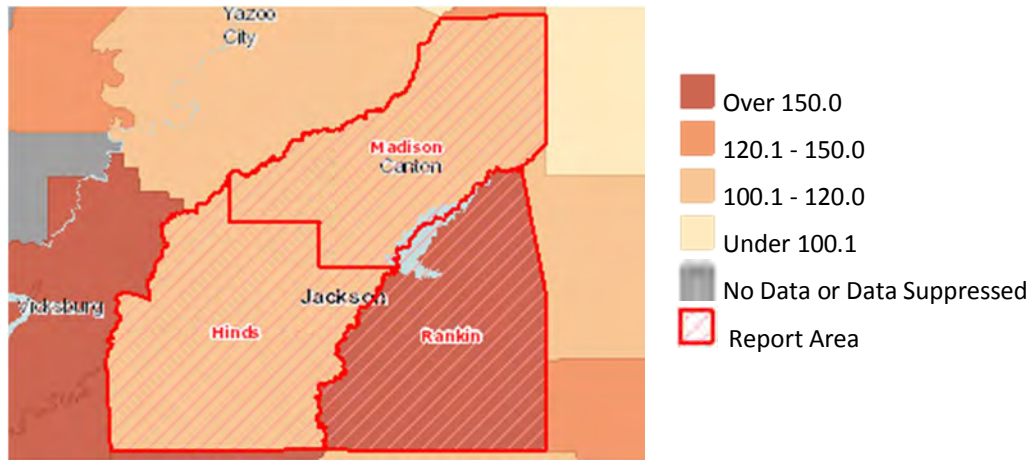
Source: Centers for Disease Control and Prevention, National Vital Statistics System

Source: Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-11

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MAP 89: Ischaemic Heart Disease Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2007-11



Source: Community Commons, <http://www.communitycommons.org>

TABLE 146: Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

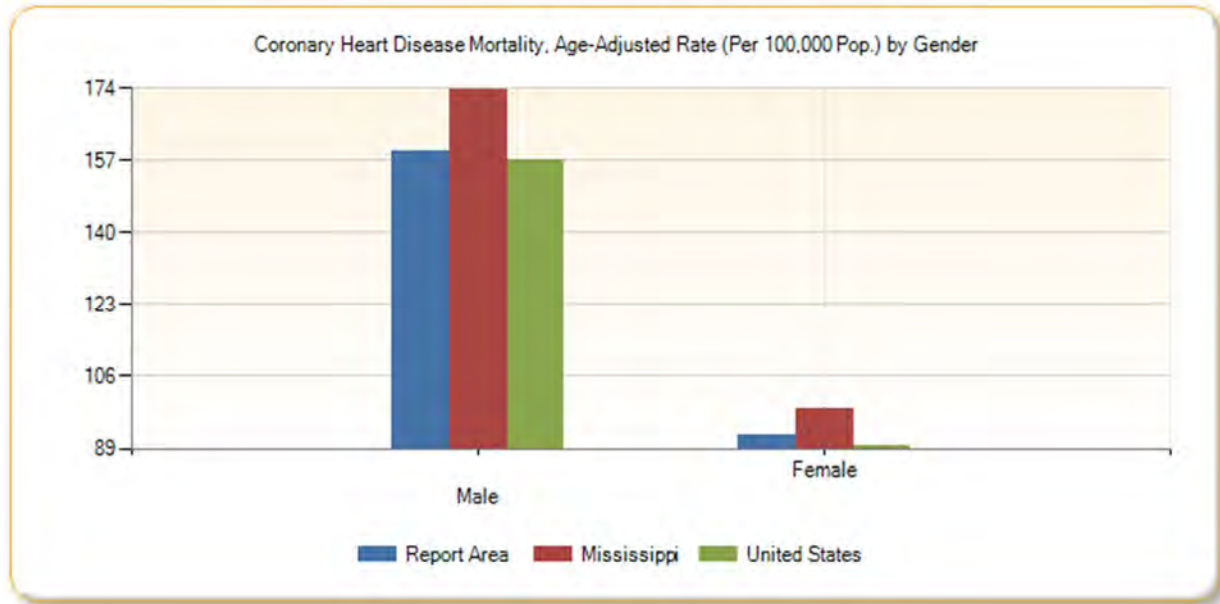
Report Area	Male	Female
Report Area	159.13	92.03
Hinds County	141.32	76.48
Madison County	129.76	90.56
Rankin County	208.8	121.01
Mississippi	173.75	98.25
United States	157.16	89.72

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 66: Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender



Source: Community Commons, <http://www.communitycommons.org>

TABLE 147: Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

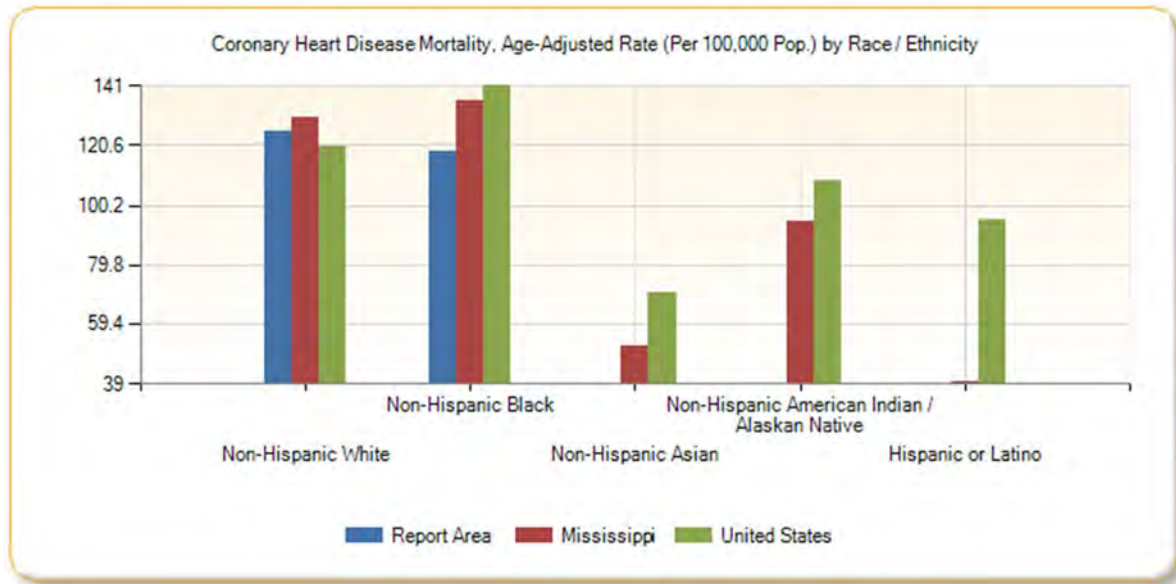
Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic American Indian / Alaskan Native	Hispanic or Latino
Report Area	125.58	118.44	no data	no data	no data
Hinds County	94.64	109.75	no data	no data	no data
Madison County	101.33	125.56	no data	no data	no data
Rankin County	157.9	163.66	no data	no data	no data
Mississippi	129.84	135.61	52.13	94.5	39.96
United States	120.31	141	70.65	108.56	95.22

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 67: Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity



Source: Community Commons, <http://www.communitycommons.org>

TABLE 148: Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2011

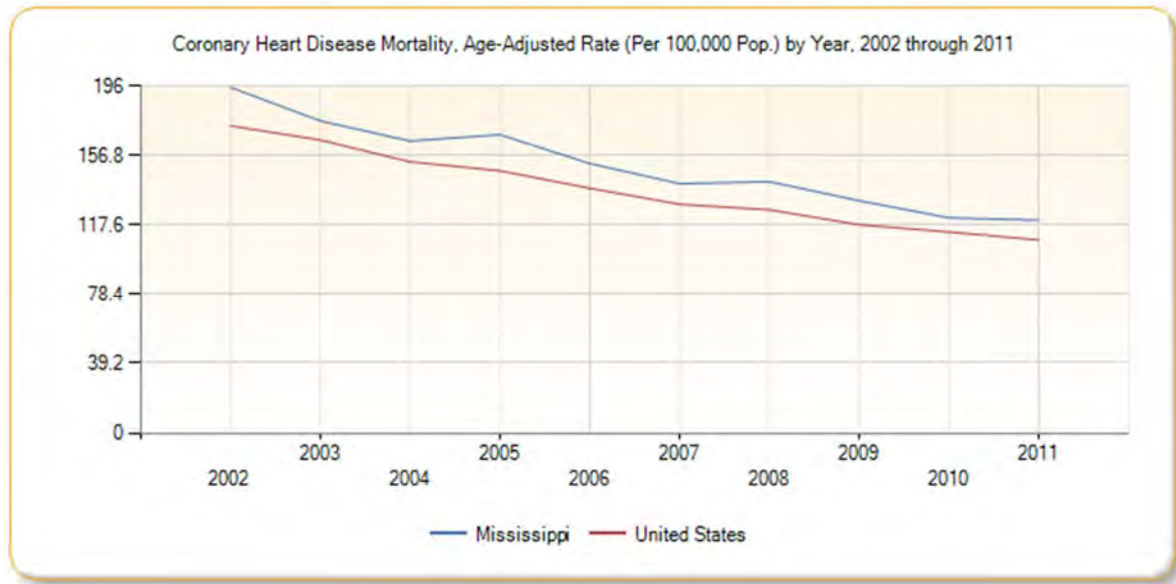
Report Area	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Mississippi	195.27	176.34	164.96	168.54	152.27	140.91	142.05	131.31	121.61	120.31
United States	173.5	165.55	153.24	148.15	138.33	129.24	126.14	117.72	113.65	109.18

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 68: Coronary Heart Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2011



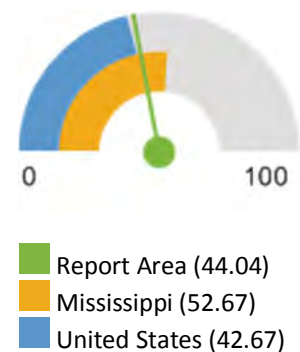
Source: Community Commons, <http://www.communitycommons.org>

Mortality - Lung Disease

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

TABLE 149: Lung Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	479,930	186	38.8	44.04
Hinds County	245,837	80	32.7	36.96
Madison County	93,737	47	49.71	56.58
Rankin County	140,357	59	42.18	48.07
Mississippi	2,956,148	1,568	53.04	52.67
United States	306,486,831	137,478	44.86	42.67



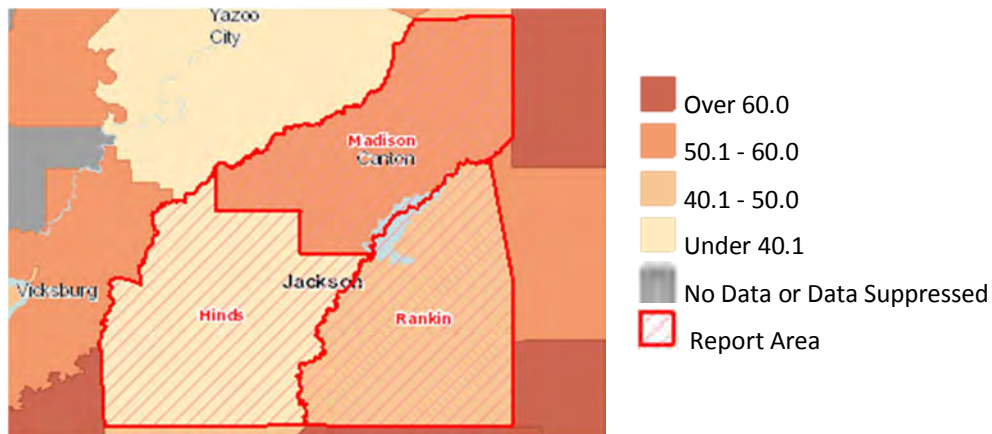
Source: Centers for Disease Control and Prevention, National Vital Statistics System

Source: Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-11

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MAP 90: Lung Disease Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2007-11



Source: Community Commons, <http://www.communitycommons.org>

TABLE 150: Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

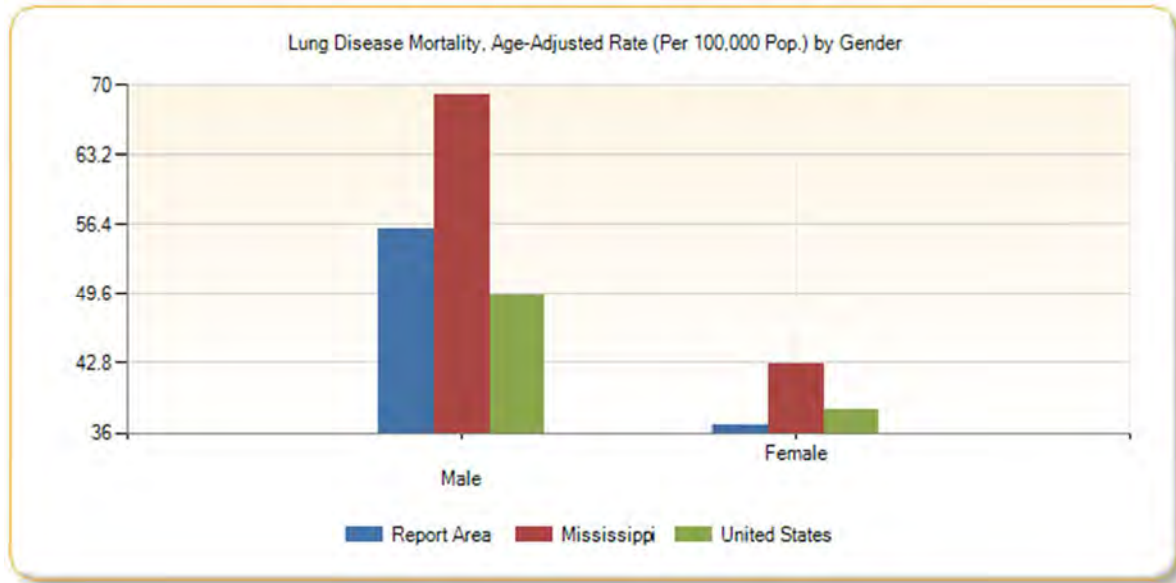
Report Area	Male	Female
Report Area	55.93	36.77
Hinds County	48.11	29.76
Madison County	74.89	46.39
Rankin County	56.7	42.92
Mississippi	69.01	42.77
United States	49.57	38.24

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 69: Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender



Source: Community Commons, <http://www.communitycommons.org>

TABLE 151: Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

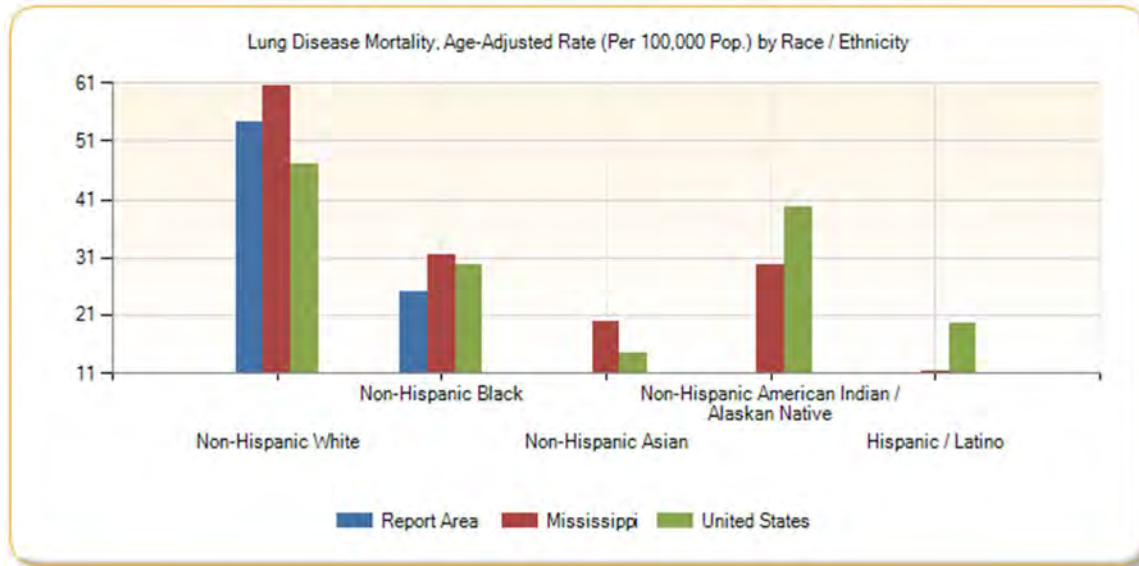
Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic American Indian / Alaskan Native	Hispanic / Latino
Report Area	54.22	24.94	no data	no data	no data
Hinds County	46.25	25.48	no data	no data	no data
Madison County	68.25	24.46	no data	no data	no data
Rankin County	52.57	22.14	no data	no data	no data
Mississippi	60.42	31.62	19.81	29.91	11.28
United States	47.07	29.93	14.54	39.61	19.62

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 70: Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity



Source: Community Commons, <http://www.communitycommons.org>

TABLE 152: Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2011

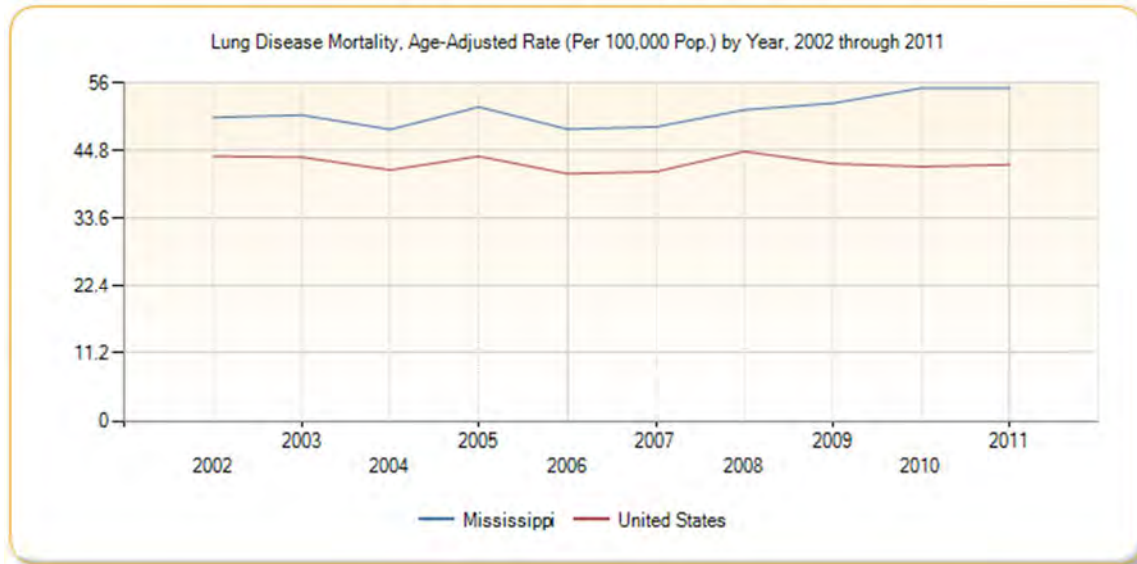
Report Area	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Mississippi	50.3	50.69	48.31	52.04	48.36	48.74	51.56	52.65	55.15	55.1
United States	43.88	43.74	41.61	43.89	41.01	41.35	44.67	42.65	42.18	42.51

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 71: Lung Disease Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2011



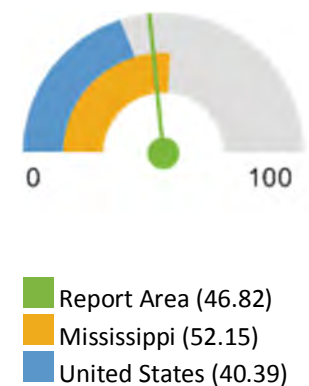
Source: Community Commons, <http://www.communitycommons.org>

Mortality - Stroke

Within the report area there are an estimated 46.82 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than the Healthy People 2020 target of less than or equal to 33.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

TABLE 153: Stroke Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	479,930	201	41.96	46.82
Hinds County	245,837	109	44.18	48.76
Madison County	93,737	54	57.18	63.33
Rankin County	140,357	39	27.93	32.4
Mississippi	2,956,148	1,533	51.84	52.15
United States	306,486,831	131,470	42.9	40.39
HP 2020 Target				≤ 33.8



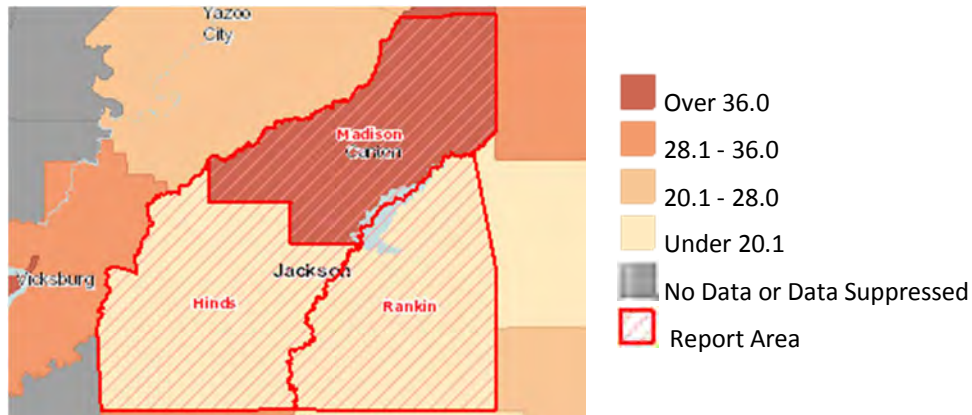
Source: Centers for Disease Control and Prevention, National Vital Statistics System

Source: Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-11

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MAP 91: Stroke Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2007-11



Source: Community Commons, <http://www.communitycommons.org>

TABLE 154: Stroke Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

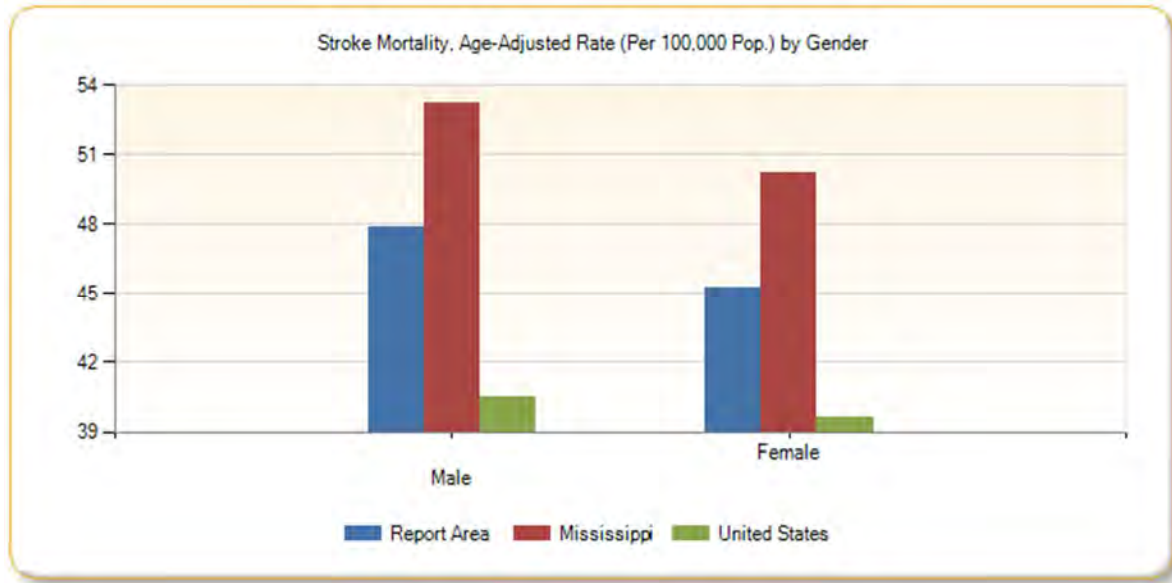
Report Area	Male	Female
Report Area	47.9	45.27
Hinds County	49.97	46.64
Madison County	64.48	62.82
Rankin County	33.43	30.96
Mississippi	53.19	50.2
United States	40.51	39.62

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 72: Stroke Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender



Source: Community Commons, <http://www.communitycommons.org>

TABLE 155: Stroke Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

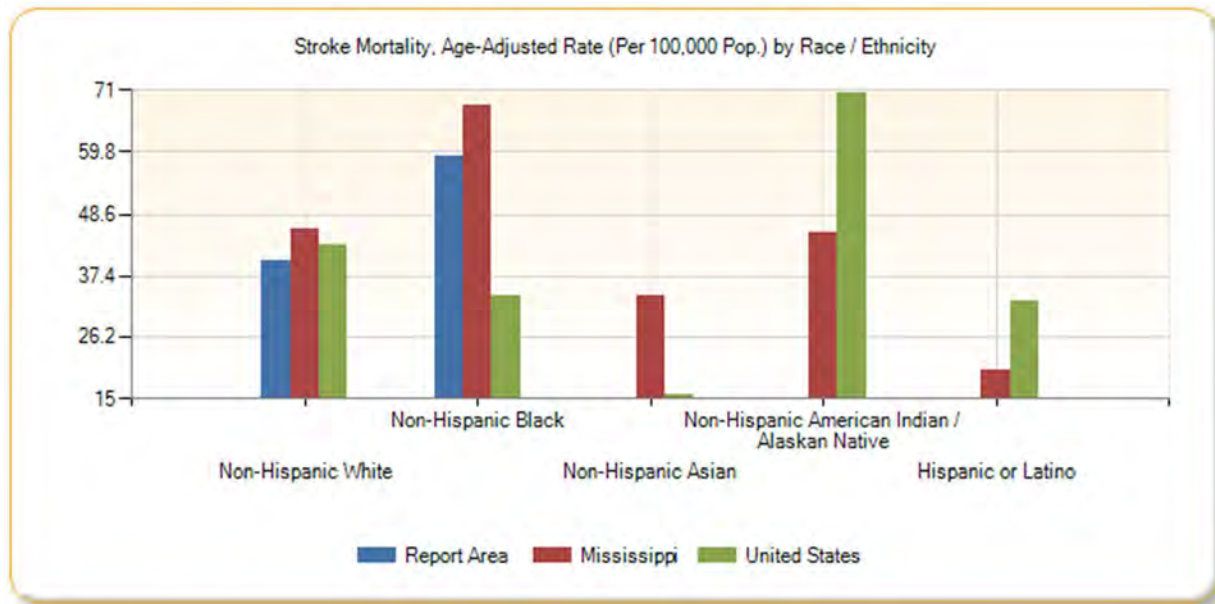
Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic American Indian / Alaskan Native	Hispanic or Latino
Report Area	40.28	58.91	no data	no data	no data
Hinds County	37.73	61.1	no data	no data	no data
Madison County	59.88	67.7	no data	no data	no data
Rankin County	32.31	33.39	no data	no data	no data
Mississippi	45.88	68.22	33.8	45.35	20.04
United States	42.93	33.86	15.56	70.31	32.88

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 73: Stroke Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity



Source: Community Commons, <http://www.communitycommons.org>

TABLE 156: Stroke Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2011

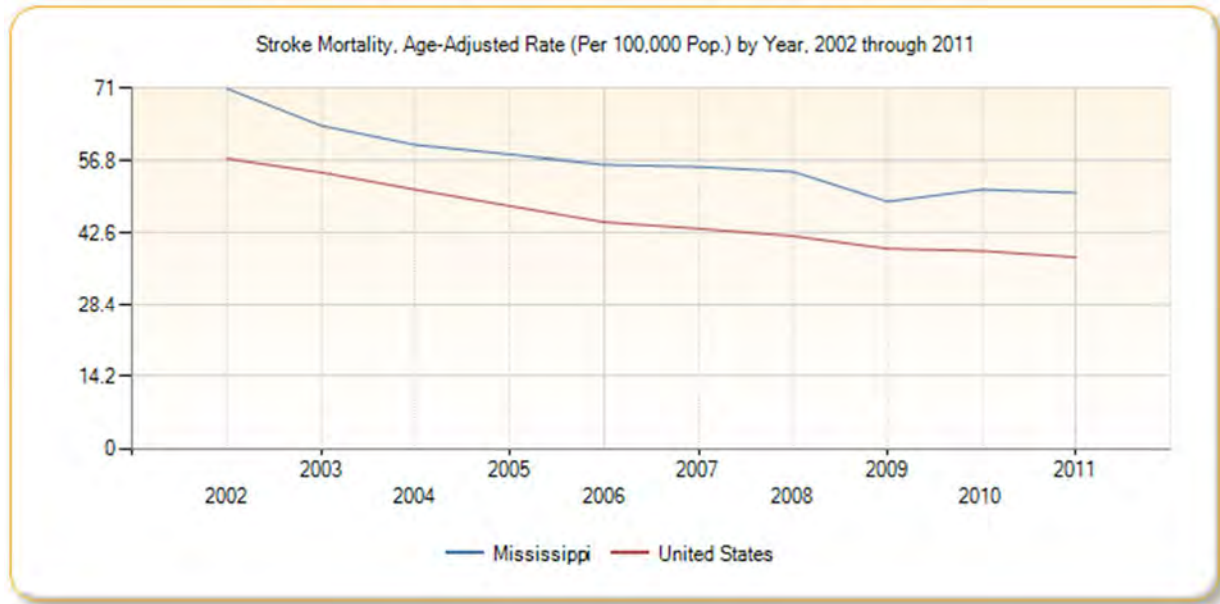
Report Area	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Mississippi	70.93	63.64	59.85	58	56.07	55.66	54.72	48.84	51.2	50.57
United States	57.24	54.57	51.18	47.96	44.8	43.52	42.05	39.59	39.13	37.9

Source: Community Commons, <http://www.communitycommons.org>

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TABLE 74: Stroke Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2011



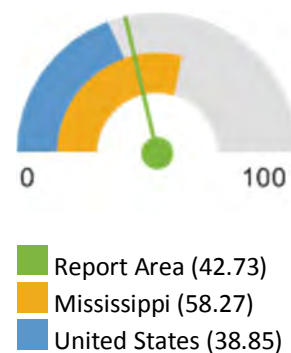
Source: Community Commons, <http://www.communitycommons.org>

Mortality - Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the U.S.

TABLE 157: Unintentional Injury (Accident) Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	479,930	196	40.88	42.73
Hinds County	245,837	93	37.67	39.08
Madison County	93,737	31	33.5	34.86
Rankin County	140,357	72	51.44	54.38
Mississippi	2,956,148	1,714	57.97	58.27
United States	306,486,831	122,185	39.87	38.85
HP 2020 Target				≤ 36.0



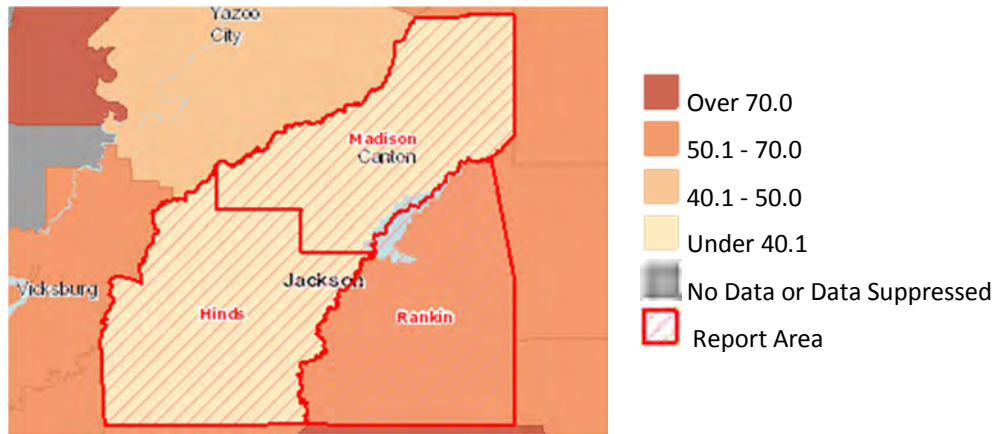
Source: Centers for Disease Control and Prevention, National Vital Statistics System

Source: Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-11

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MAP 92: Accident Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2007-11



Source: Community Commons, <http://www.communitycommons.org>

TABLE 158: Unintentional Injury (Accident) Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

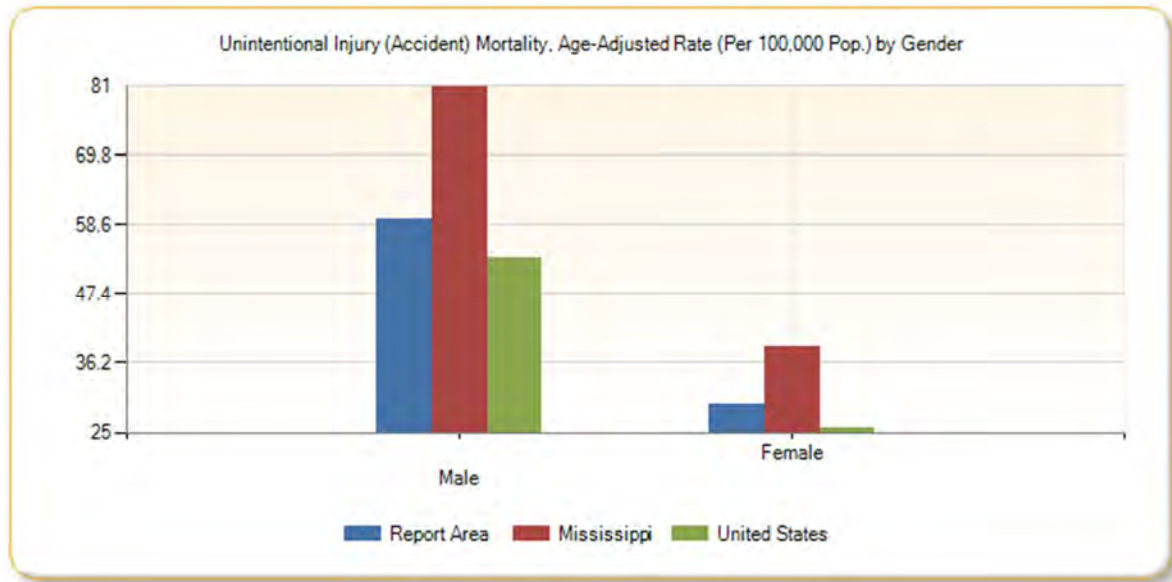
Report Area	Male	Female
Report Area	59.45	29.38
Hinds County	60.09	22.61
Madison County	46.82	25.12
Rankin County	66.69	44.45
Mississippi	80.64	38.67
United States	53.19	25.67

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 75: Unintentional Injury (Accident) Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender



Source: Community Commons, <http://www.communitycommons.org>

TABLE 159: Unintentional Injury (Accident) Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

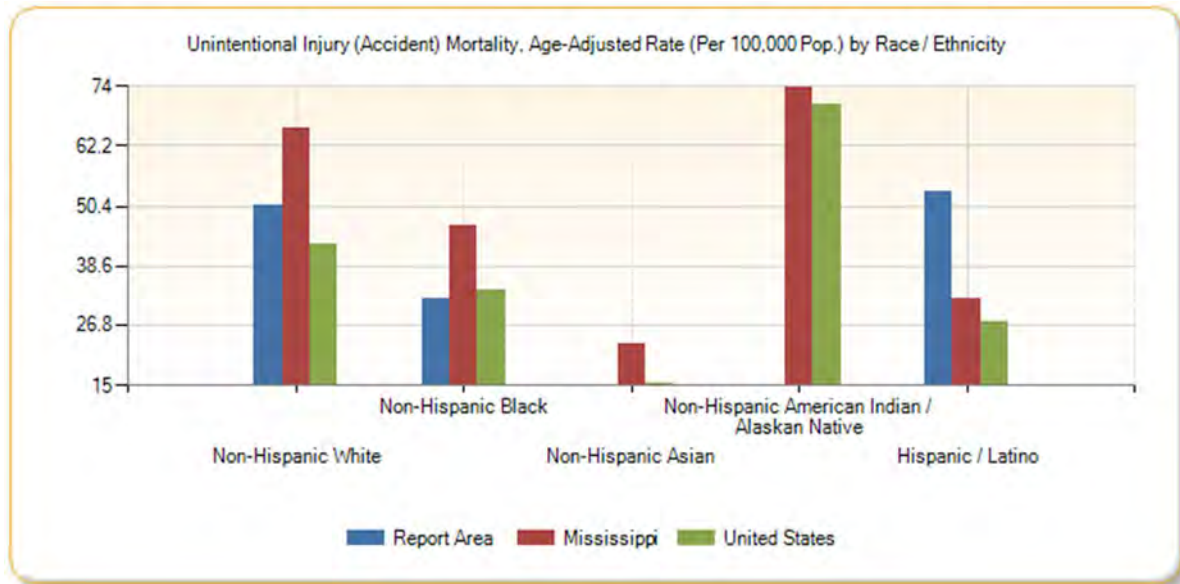
Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic American Indian / Alaskan Native	Hispanic / Latino
Report Area	50.7	32.09	no data	no data	53.37
Hinds County	49.91	30.88	no data	no data	53.37
Madison County	37.59	26.48	no data	no data	no data
Rankin County	57.67	47.2	no data	no data	no data
Mississippi	65.8	46.47	23.16	73.63	32.22
United States	42.93	33.86	15.56	70.31	27.38

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 76: Unintentional Injury (Accident) Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity



Source: Community Commons, <http://www.communitycommons.org>

TABLE 160: Unintentional Injury (Accident) Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2011

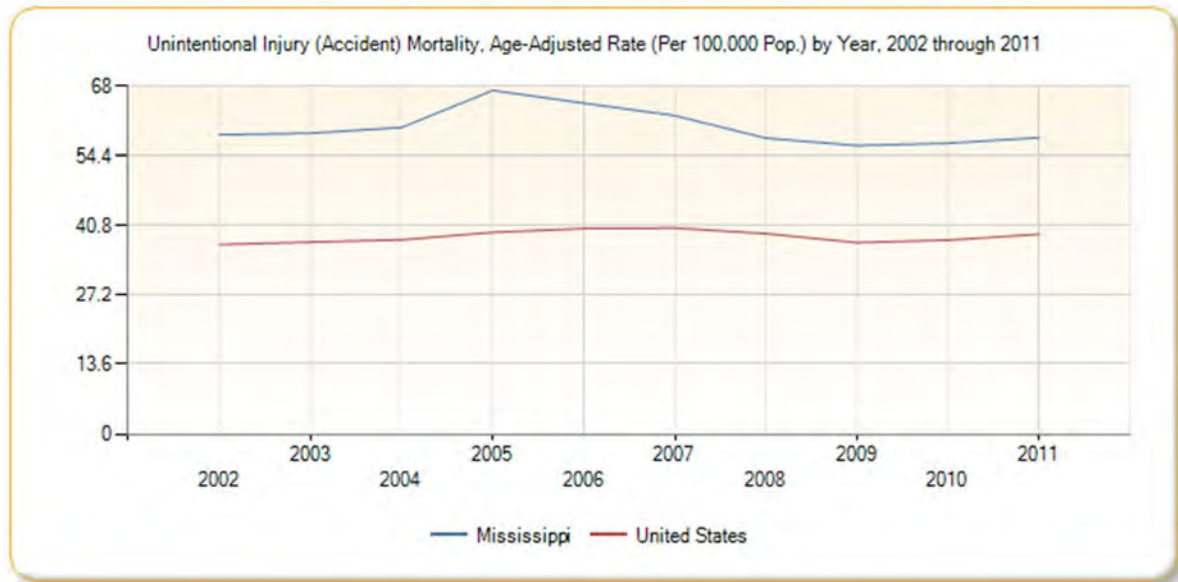
Report Area	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Mississippi	58.47	58.78	59.9	67.13	64.66	62.2	57.81	56.35	56.81	57.9
United States	37.12	37.59	38.06	39.51	40.24	40.36	39.25	37.49	37.99	39.13

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 77: Unintentional Injury (Accident) Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2011



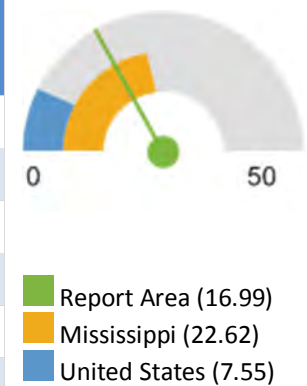
Source: Community Commons, <http://www.communitycommons.org>

Mortality - Motor Vehicle Accident

This indicator reports the rate of death due to motor vehicle crashes per 100,000 population, which include collisions with another motor vehicle, a non-motorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision. This indicator is relevant because motor vehicle crash deaths are preventable and they are a cause of premature death.

TABLE 161: Motor Vehicle Crash Death, Age-Adjusted Death Rate (Per 100,000 Pop.)

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	479,930	80	16.59	16.99
Hinds County	245,837	46	18.63	19.05
Madison County	93,737	12	12.38	12.74
Rankin County	140,357	22	15.82	16.23
Mississippi	2,956,148	667	22.57	22.62
United States	306,486,831	23,559	7.69	7.55



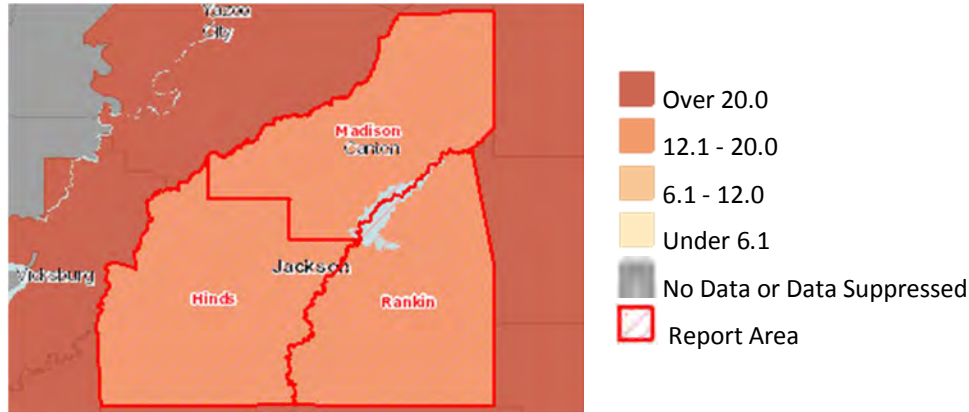
Source: Centers for Disease Control and Prevention, National Vital Statistics System

Source: Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-11

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MAP 93: Motor Vehicle Accident Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2007-11



Source: Community Commons, <http://www.communitycommons.org>

TABLE 162: Motor Vehicle Crash Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

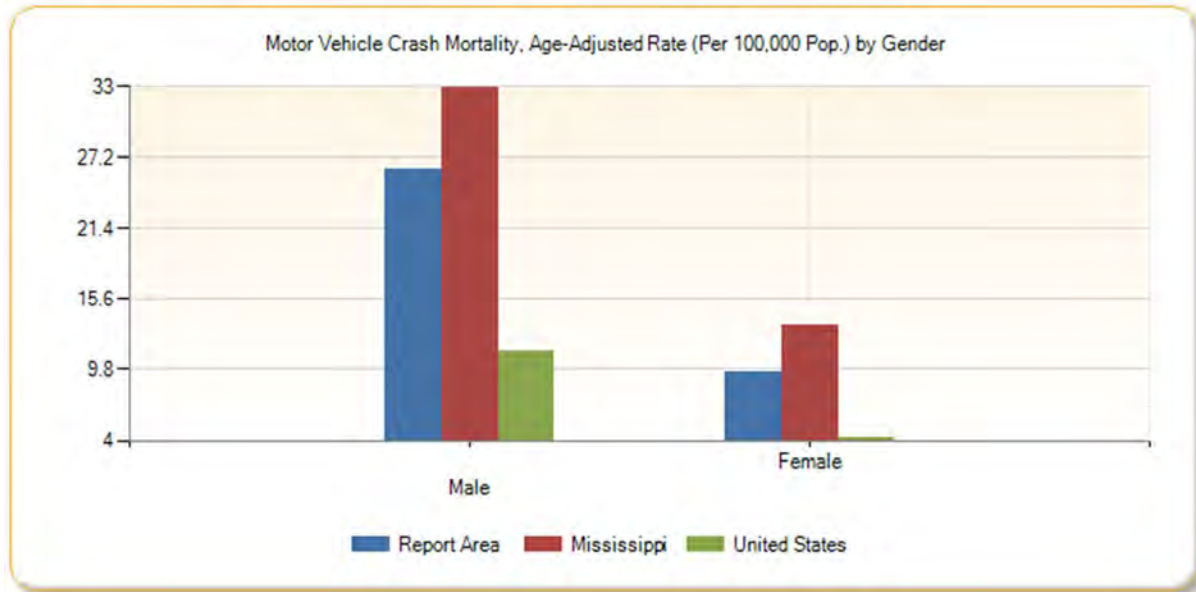
Report Area	Male	Female
Report Area	26.22	9.61
Hinds County	29.96	10.23
Madison County	20.21	7.54
Rankin County	23.85	9.88
Mississippi	32.9	13.33
United States	11.3	4.02

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 78: Motor Vehicle Crash Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender



Source: Community Commons, <http://www.communitycommons.org>

TABLE 163: Motor Vehicle Crash Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

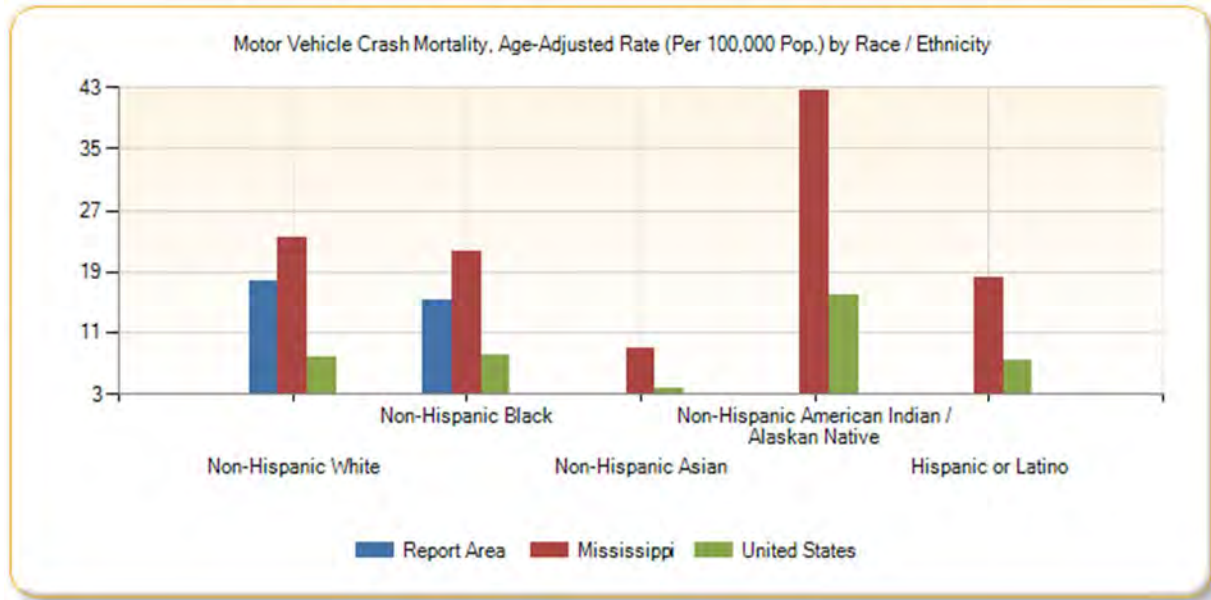
Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic American Indian / Alaskan Native	Hispanic or Latino
Report Area	17.9	15.25	no data	no data	no data
Hinds County	23.33	15.86	no data	no data	no data
Madison County	13.88	11.44	no data	no data	no data
Rankin County	16.29	16.53	no data	no data	no data
Mississippi	23.59	21.71	9.04	42.64	18.36
United States	7.77	7.96	3.82	16.08	7.34

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 79: Motor Vehicle Crash Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity



Source: Community Commons, <http://www.communitycommons.org>

TABLE 164: Motor Vehicle Accident Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2011

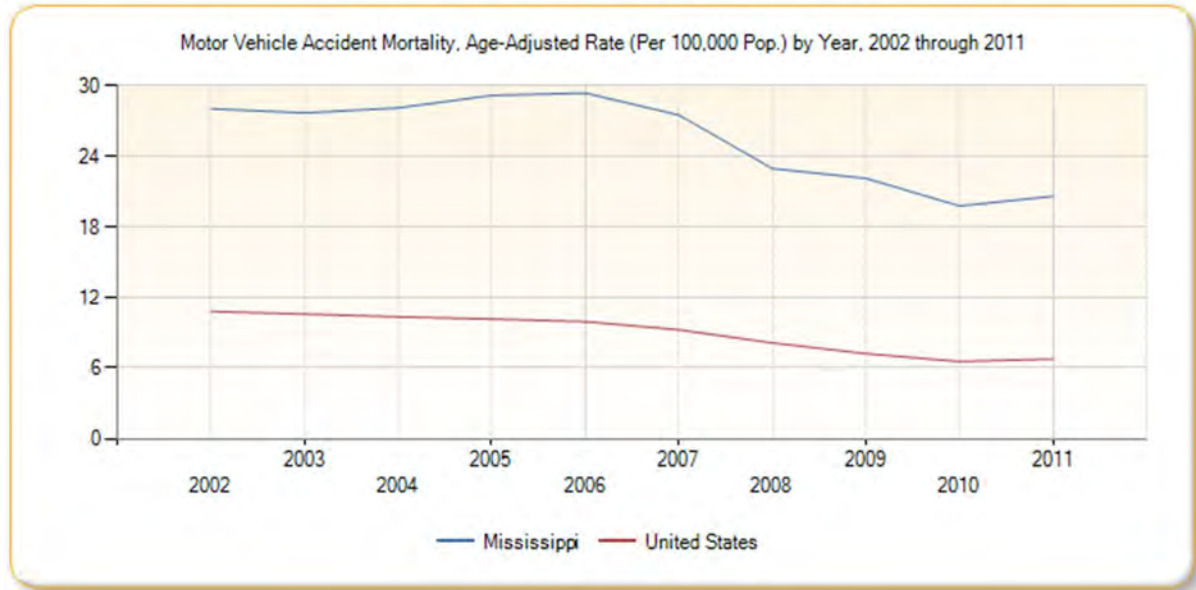
Report Area	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Mississippi	28.04	27.69	28.11	29.17	29.37	27.51	22.98	22.15	19.81	20.63
United States	10.8	10.57	10.34	10.15	9.93	9.24	8.12	7.21	6.54	6.76

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 80: Motor Vehicle Accident Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2011



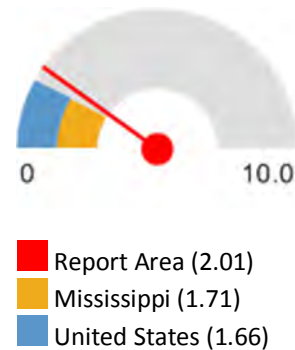
Source: Community Commons, <http://www.communitycommons.org>

Mortality - Pedestrian Accident

This indicator reports the crude rate of pedestrians killed by motor vehicles per 100,000 population. This indicator is relevant because pedestrian-motor vehicle crash deaths are preventable and they are a cause of premature death.

TABLE 165: Pedestrian Motor Vehicle Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)

Report Area	Total Population (2010)	Total Pedestrian Deaths, 2011-2013	Average Annual Deaths, Rate per 100,000 Pop.
Report Area	482,105	29	2.01
Hinds County	245,285	24	3.26
Madison County	95,203	1	0.35
Rankin County	141,617	4	0.94
Mississippi	2,967,297	152	1.71
United States	312,732,537	15,591	1.66
HP 2020 Target			≤ 1.3

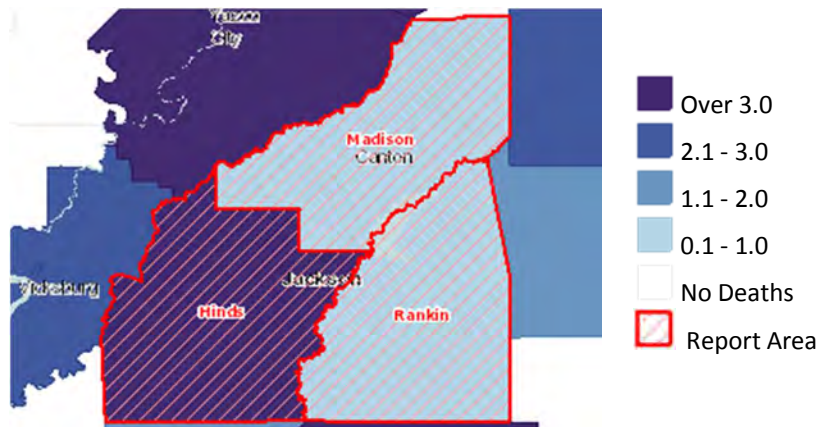


Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System, 2011-13

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MAP 94: Pedestrian Motor Vehicle Crash Mortality, Rate (Per 100,000 Pop.) by County, NHTSA 2011-13



Source: Community Commons, <http://www.communitycommons.org>

Mortality - Homicide

This indicator reports the rate of death due to assault (homicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because homicide rate is a measure of poor community safety and is a leading cause of premature death.

TABLE 170: Homicide, Age-Adjusted Death Rate (Per 100,000 Pop.)

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	479,930	67	13.92	13.65
Hinds County	245,837	52	21.23	20.78
Madison County	93,737	9	9.81	9.79
Rankin County	140,357	5	3.85	3.73
Mississippi	2,956,148	297	10.06	10.23
United States	306,486,831	17,097	5.58	5.63
HP 2020 Target				≤ 5.5



■ Report Area (13.65)
■ Mississippi (10.23)
■ United States (5.63)

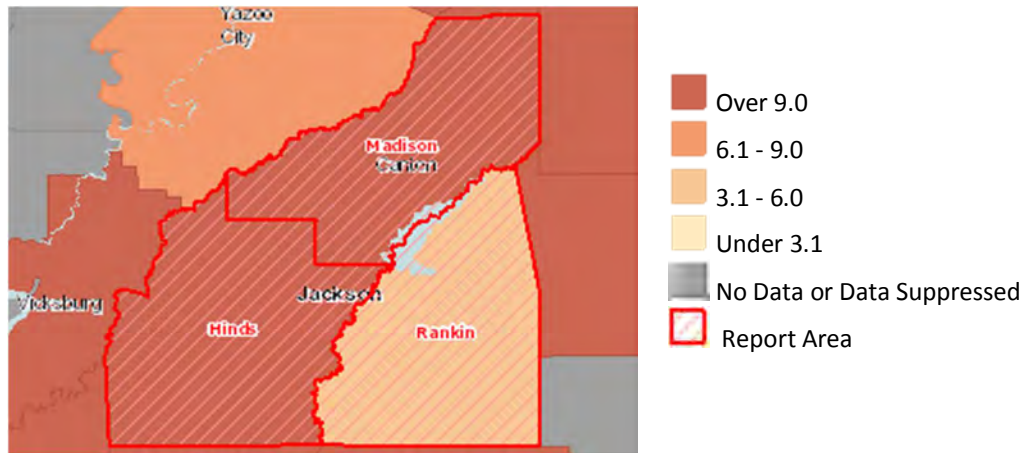
Source: Centers for Disease Control and Prevention, National Vital Statistics System

Source: Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-11

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MAP 95: Homicide Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2007-11



Source: Community Commons, <http://www.communitycommons.org>

TABLE 171: Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

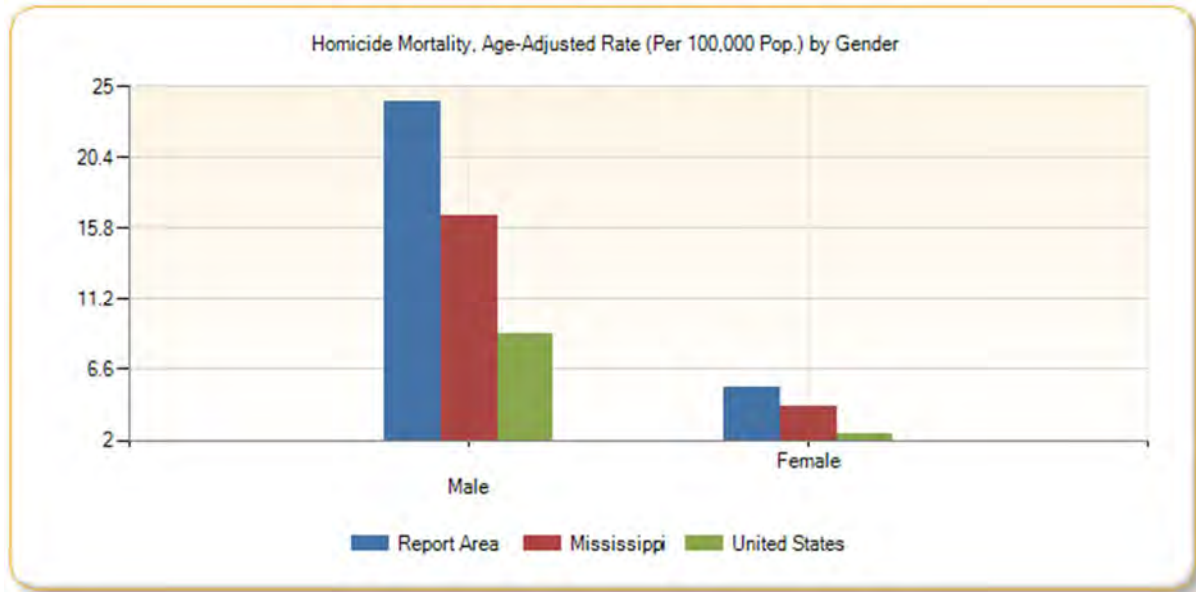
Report Area	Male	Female
Report Area	24.04	5.44
Hinds County	38.38	5.17
Madison County	14.59	6.17
Rankin County	5.93	no data
Mississippi	16.59	4.16
United States	8.87	2.36

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 81: Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender



Source: Community Commons, <http://www.communitycommons.org>

TABLE 172: Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

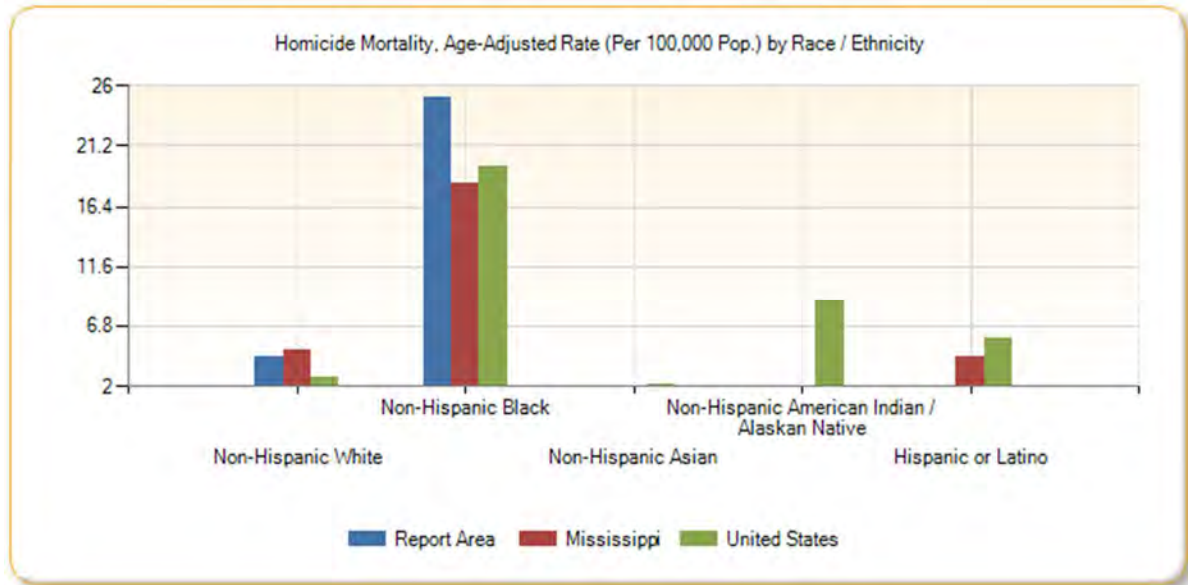
Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic American Indian / Alaskan Native	Hispanic or Latino
Report Area	4.35	25.03	no data	no data	no data
Hinds County	5.36	26.31	no data	no data	no data
Madison County	4.66	18.98	no data	no data	no data
Rankin County	3.54	no data	no data	no data	no data
Mississippi	4.93	18.19	no data	no data	4.38
United States	2.68	19.67	2.04	8.84	5.9

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 82: Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity



Source: Community Commons, <http://www.communitycommons.org>

TABLE 173: Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2011

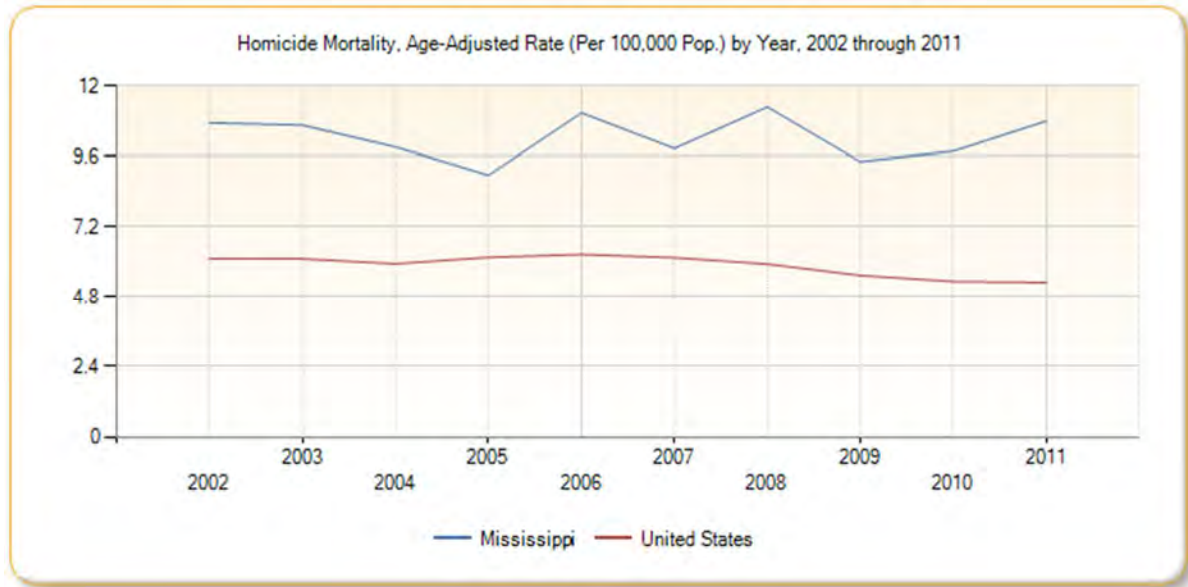
Report Area	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Mississippi	10.74	10.66	9.92	8.96	11.08	9.87	11.28	9.42	9.78	10.8
United States	6.11	6.11	5.94	6.16	6.26	6.15	5.93	5.54	5.33	5.3

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 83: Homicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2011



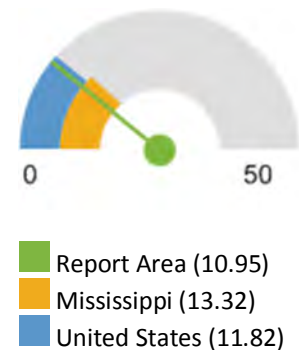
Source: Community Commons, <http://www.communitycommons.org>

Mortality - Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

TABLE 174: Suicide, Age-Adjusted Death Rate (Per 100,000 Pop.)

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	479,930	53	11.04	10.95
Hinds County	245,837	20	8.05	7.9
Madison County	93,737	13	13.44	13.15
Rankin County	140,357	21	14.68	14.82
Mississippi	2,956,148	393	13.28	13.32
United States	306,486,831	37,085	12.1	11.82
HP 2020 Target				≤ 10.2



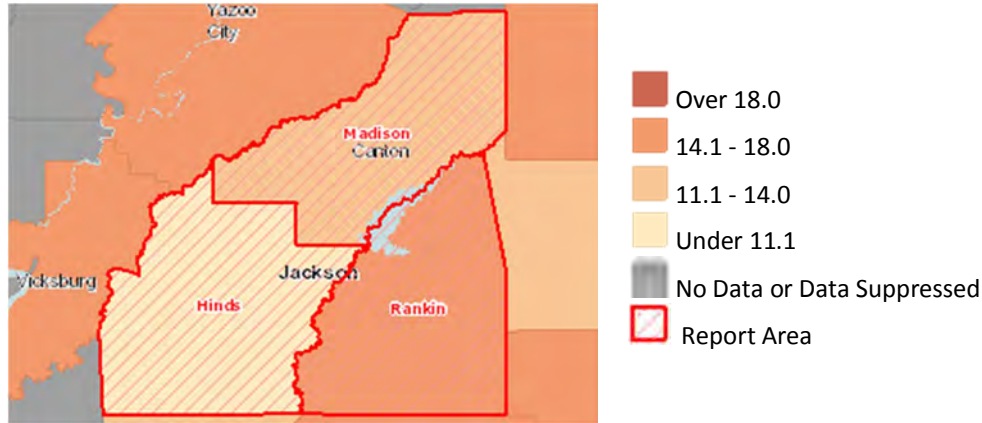
Source: Centers for Disease Control and Prevention, National Vital Statistics System

Source: Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2007-11

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MAP 96: Suicide Mortality, Age Adj. Rate (Per 100,000 Pop.) by County, NVSS 2007-11



Source: Community Commons, <http://www.communitycommons.org>

TABLE 175: Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender

Report Area	Male	Female
Report Area	17.91	5.13
Hinds County	13.08	3.48
Madison County	20.35	8.36
Rankin County	24.51	5.92
Mississippi	22.96	4.81
United States	19.35	4.89

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 84: Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Gender



Source: Community Commons, <http://www.communitycommons.org>

TABLE 176: Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity

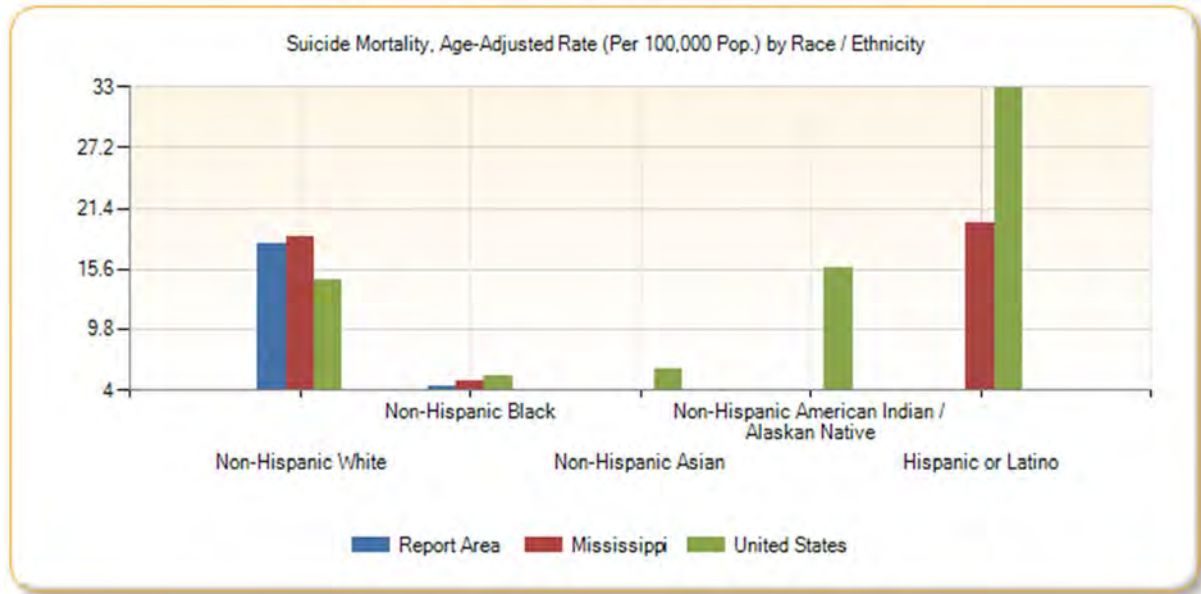
Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic American Indian / Alaskan Native	Hispanic or Latino
Report Area	18	4.36	no data	no data	no data
Hinds County	16.56	4.36	no data	no data	no data
Madison County	18.06	no data	no data	no data	no data
Rankin County	18.91	no data	no data	no data	no data
Mississippi	18.63	4.82	no data	no data	20.04
United States	14.55	5.34	5.96	15.71	32.88

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 85: Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Race / Ethnicity



Source: Community Commons, <http://www.communitycommons.org>

TABLE 177: Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2011

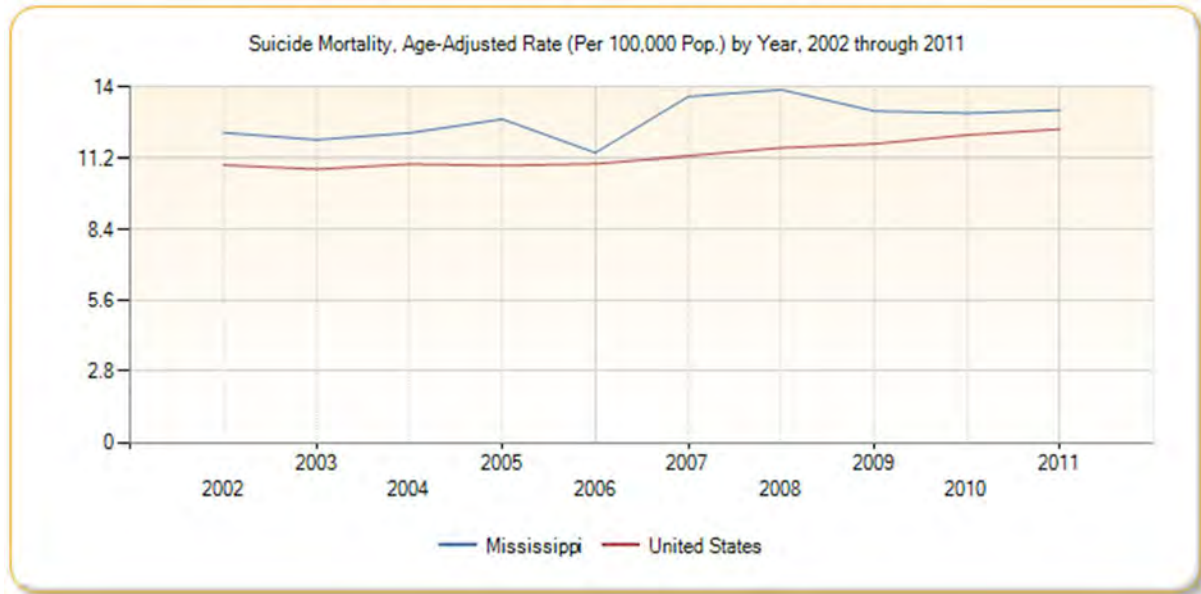
Report Area	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Mississippi	12.2	11.92	12.19	12.73	11.41	13.62	13.89	13.05	12.97	13.09
United States	10.95	10.79	10.99	10.93	11	11.29	11.6	11.76	12.11	12.34

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 86: Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2002 through 2011



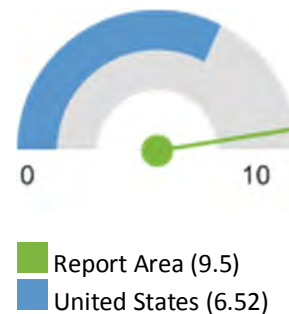
Source: Community Commons, <http://www.communitycommons.org>

Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

TABLE 178: Infant Mortality Rate (Per 1,000 Births)

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Report Area	36,090	343	9.5
Hinds County	18,945	214	11.3
Madison County	6,940	53	7.6
Rankin County	10,205	76	7.4
Mississippi	216,795	2,190	10.1
United States	20,913,535	136,369	6.52
HP 2020 Target			≤ 6.0



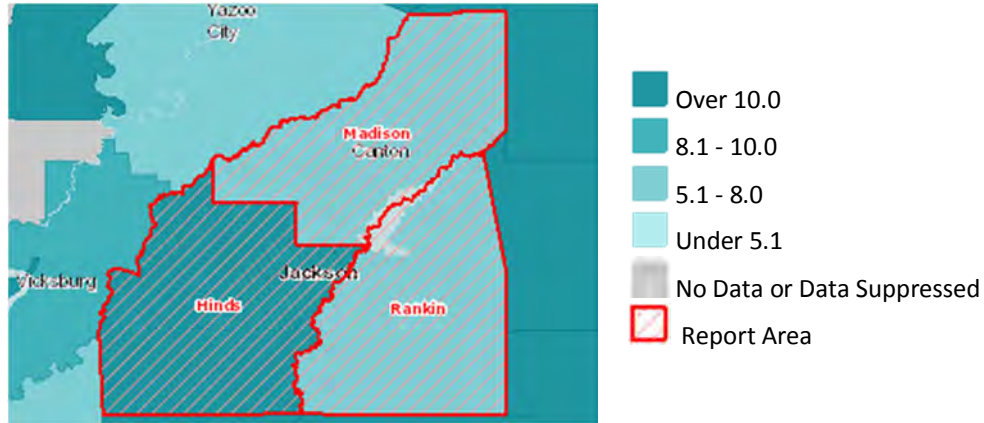
Source: Centers for Disease Control and Prevention, National Vital Statistics System

Source: Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research, 2006-10

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MAP 97: Infant Mortality, Rate (Per 1,000 Live Births) by County, AHRF 2006-10



Source: Community Commons, <http://www.communitycommons.org>

TABLE 179: Infant Mortality Rate (Per 1,000 Live Births) by Race / Ethnicity

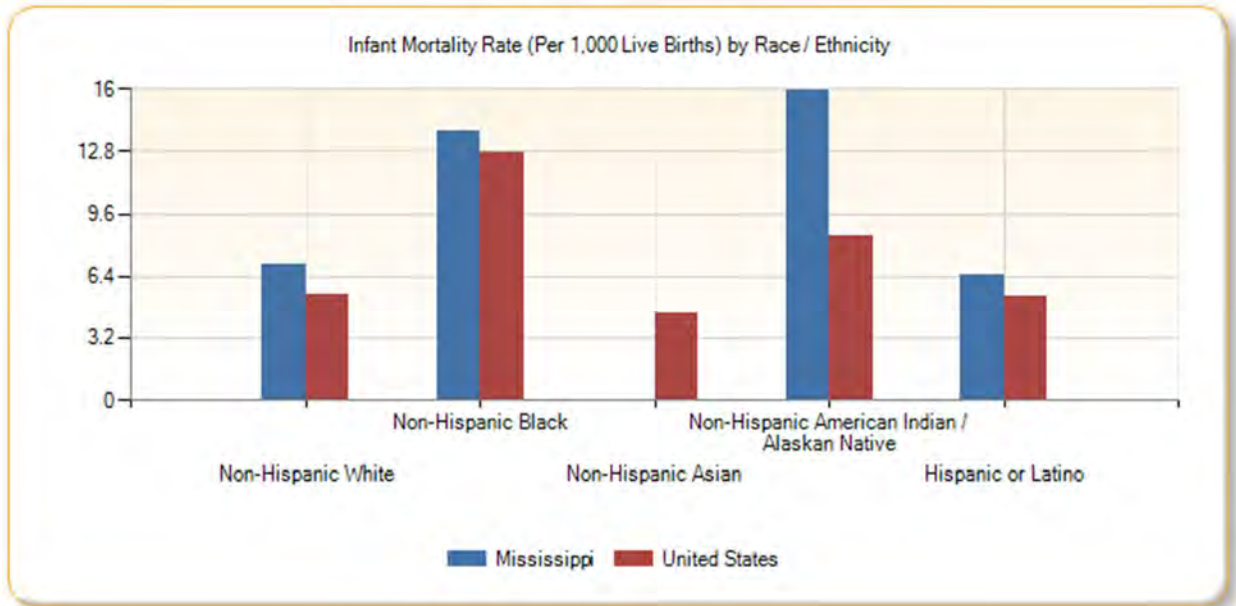
Report Area	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic American Indian / Alaskan Native	Hispanic or Latino
Report Area	no data	no data	no data	no data	no data
Hinds County	5.7	12.4	no data	no data	no data
Madison County	no data	15.5	no data	no data	no data
Rankin County	7.2	no data	no data	no data	no data
Mississippi	7	13.8	no data	15.9	6.5
United States	5.5	12.7	4.5	8.5	5.4

Source: Community Commons, <http://www.communitycommons.org>

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GRAPH 87: Infant Mortality Rate (Per 1,000 Live Births) by Race / Ethnicity



Source: Community Commons, <http://www.communitycommons.org>

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CHNA Health Survey Questionnaire

A total of 257 people responded to the CHNA Health Survey Questionnaire. The survey was distributed by email, Facebook, Twitter, word of mouth, and a paper copy was distributed to patients at Lantern Medical Clinic. All hard copy responses were later added to the online version for data analysis. The survey had a total of 32 questions broken down into three sections: 1) Basic Demographic Information; 2) Insurance, Healthcare & Wellness; and 3) Community Resources. The survey was open from June 1, 2015 to July 20, 2015. The first responses came in on June 1, 2015 and the last day responses were received was on July 13, 2015.

A copy of the survey can be found in Appendix E and the full results of the survey can be found in Appendix F.

Demographic Description

The bulk of the respondents live in the primary service area consisting of Hinds County (27.7% of respondents), Madison County (22.3% of respondents), and Rankin County (39.8% of respondents). Most of the survey respondents have lived where they currently live for more than 10 years (68%), which provides a better idea of the level of understanding people have of the health issues that may exist in a community. We were able to obtain a relatively even age distribution, with most respondents being between the ages of 26 and 65 (89%). More females (67.3%) than males (32.7%) completed the survey. The bulk of the survey respondents were White (92.6%), followed by African-American (5.5%), with smaller percentages from Hispanic and other ethnicities.

The educational profile of the sample group in the survey was high, with over 92% having at least some college. The bulk of the respondents reported being employed full-time, with the majority of employers being located in Hinds County (66.8%). Most of these worked in healthcare, the largest industry in the area. Annual household incomes were relatively high.

Insurance, Healthcare & Wellness

The survey identified a number of unmet health needs. These needs include not going to see a doctor for a routine wellness check up for more than two years, and not having or missing routine preventative health screenings and procedures. Younger people, those with low incomes, and people without health insurance have reported more unmet health needs. African-Americans were more likely than white respondents to report poorer perceived health, less recent access to healthcare, and fewer preventative procedures in the past year.

Most survey respondents indicated they had insurance coverage, with 92.7% having health insurance, 74.7% having dental insurance, and 54.7% having vision insurance. Commercial or employer provided insurance was by far the most common. Most respondents reporting having good or better overall health (93.1%), and nearly 90% had a routine doctor's visit within the last 12 months. This is consistent with the responses to how important living a healthy lifestyle was (most saying it was very important).

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Types of Health Services Utilized

Most health visits occur at a doctor's office. There was no remarkable difference between men and women, but 91% of whites use a doctor's office compared to 83% of African-Americans and 67% of Hispanics. Men (1.3%) were slightly more likely than women (0.6%) to report using the emergency department for health services. A small number of people reported using urgent care clinics (3.7%) with no differences by gender, race, or ethnicity. Additionally, more respondents reported using a free or reduced priced nonprofit-based health clinic (7.8%).

Barriers to Access

Very few survey respondents said they were never able to see a physician when they needed to (1.7%), although this was more often a problem for whites (1.79%). The most common barriers to access cited were:

1. No appointment available (34.5% occasionally or often)
2. Cannot afford it (25.2% occasionally or often)
3. Family or other personal responsibilities (24.8% occasionally or often)
4. Cannot take time off from work (23.2% occasionally or often)

Health and Unhealthy Behaviors

Tobacco use in the survey was low (8.2%), and there was a very high interest in healthy lifestyle with 97.1% saying it was important (70.4%) or somewhat important (26.7%). Less than half (46.3%) reported eating fast food at least on a weekly basis or more often. Nearly three fourths of respondents (73.4%) reported consuming five or more servings of fruits or vegetables on at least a weekly basis, and 58.2% reported taking vitamins at least weekly. Alcohol use was not common (9.1% weekly use or more frequently), and even less common was the abuse/overuse of prescription medicine (0.4% weekly use) or use of illegal drugs (99.2% never used). Over 63% reported exercising at least on a weekly basis or more often. Most reported handling stress well (64.9%), with 92.8% praying weekly or more often. The use of sunscreen when outside was split more evenly, with only 45.1% responses being always/most of the time.

The major health challenges faced by respondents include:

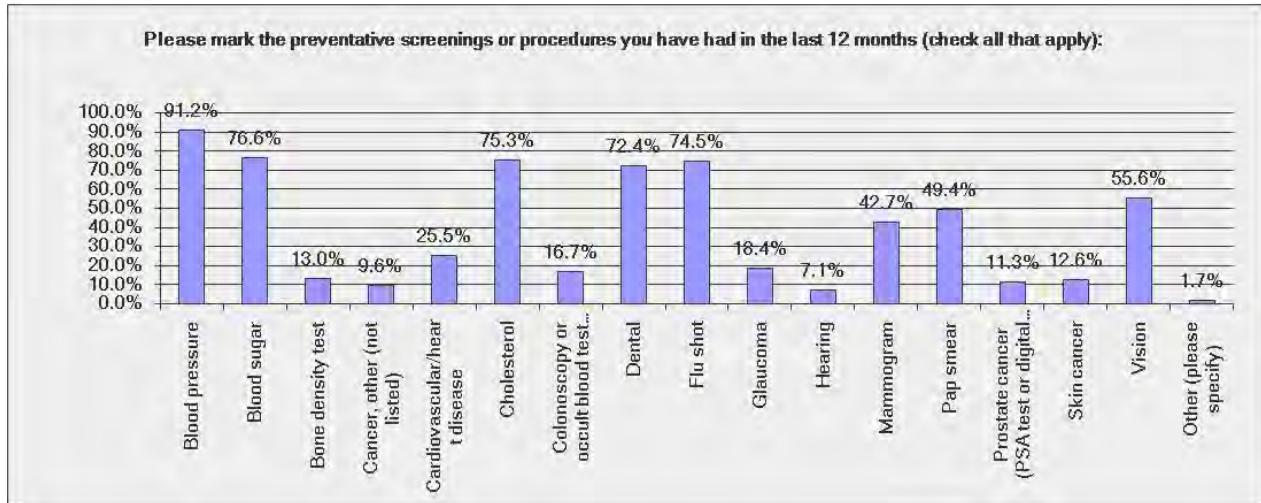
1. Overweight/obesity (44.5%)
2. Joint or back pain/arthritis (34.3%)
3. High blood pressure (33.5%)

The most common forms of preventative screenings or procedures reported in the last 12 months included blood pressure (91.2%), blood sugar (76.6%), cholesterol (75.3%), flu shot (74.5%), and dental (72.4%). The following table illustrates the results from the community survey in regards to preventative screenings and procedures in the last 12 months.

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GRAPH 88: CHNA Survey Responses, Preventative Screenings/Procedures (last 12 months)



Community Resources

Most respondents agreed or strongly agreed that key community health services were available, including immunizations/vaccinations (90%), emergency medical care (95.2%), primary care (83.8%), specialized medical care (71.2%), adequate hospital care (83%), and dental care (90.8%). Fewer felt that mental health services were available in the community (63.5%) and an additional 22.9% didn't know if mental health services were offered in the community.

Respondents were less confident about their community's resources to protect children from bullying in schools (36.3%). Similarly, respondents felt that there was little effort in the community to prevent obesity (28%), drug and alcohol abuse (35.8%), and risky behaviors and sexual activity (27.4%). Nearly one third of the respondents felt there were not enough resources to help the poor and needy in the community and only 40.8% felt there were adequate resources. It is also important to note that over 30% of the respondents didn't know if there were sufficient resources for the poor in the community suggesting that there may be resources to provide help that people are unaware of.

The full results can be seen in the table below.

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TABLE 180: CHNA Online Survey Responses, My Community Adequately Provides

Please mark the appropriate box in regards to what you think about your community.						
Answer Options	Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree	Response Count
It is easy to get immunizations and vaccinations	1.3%	3.0%	5.7%	33.5%	56.5%	100.0%
Emergency medical care and treatment are available	1.3%	2.6%	0.9%	35.5%	59.7%	100.0%
There are enough primary care physicians whom I can see when needed	3.1%	6.6%	6.6%	40.4%	43.4%	100.1%
There are enough specialized care physicians whom I can see when needed	3.9%	15.3%	9.6%	34.1%	37.1%	100.0%
Hospitals adequately meet the health needs of the community	3.5%	7.0%	6.6%	38.0%	45.0%	100.1%
Dental care is available	3.9%	0.9%	4.4%	37.1%	53.7%	100.0%
Mental health services are available	5.3%	8.4%	22.9%	34.4%	29.1%	100.1%
It is easy to get information about various health services offered to me in my community	2.6%	10.6%	16.3%	37.9%	32.6%	100.0%
I live in a safe community	3.0%	10.0%	3.9%	51.3%	31.7%	99.9%
Schools in my community protect children from bullying and abuse	4.8%	11.4%	47.6%	27.1%	9.2%	100.1%
There is a strong effort to prevent obesity in my community	10.2%	31.6%	30.2%	21.3%	6.7%	100.0%
There are plenty of fitness opportunities for people to use in my community	4.8%	12.2%	7.0%	50.7%	25.3%	100.0%
I have access to healthy food in my community	3.1%	5.3%	3.1%	52.7%	35.8%	100.0%
My community works hard to prevent drug and alcohol abuse	8.0%	19.5%	36.7%	27.4%	8.4%	100.0%
My community works hard to teach others ways of avoiding risky behaviors and sexual activity	7.5%	21.2%	43.8%	19.9%	7.5%	99.9%
My community has plenty of public programs on various health topics important to me	3.5%	13.2%	40.8%	32.5%	10.1%	100.1%
There are significant resources to help the poor and needy	9.2%	19.7%	30.3%	32.9%	7.9%	100.0%
<i>answered question</i>						230
<i>skipped question</i>						27

Open-Ended Questions

Five open-ended questions allowed survey respondents to name the most significant health concerns in their community, identify barriers to healthcare treatment or services, suggest ways to reduce emergency department use, tell how hospitals can have the greatest impact on improving community health, and identify additional health services that need to be offered in the community. One final question was asked for any additional thoughts or concerns to capture anything the survey may not have addressed adequately.

Health Concerns in the Community

The most often recorded health concerns related to overweight/obesity and related issues, including nutrition/access and affordability of healthy food options. Drug use, abuse, and addiction was the next highest concern. Closely behind that were diabetes and heart disease/cardiovascular health (tied). Cancer and crime/safety were ranked 5th and 6th respectively. A full breakdown of response categories and how they ranked can be found in Appendix F.

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Barriers to Accessing Healthcare

Barriers to accessing healthcare were described as lacking resources, financial, and logistical terms. The most prevalent barrier was the availability of a physician or appointment that fit their schedule (35%). Lack of money to pay for care and lack of insurance were other significant barriers.

Reducing Emergency Department Use for Non-Emergencies

The most mentioned recommendation to reduce the use of the emergency room for non-emergencies was increasing access to clinics either attached to the emergency room itself or throughout the community. Related to access was the second most common recommendation, which had to do with the hours in which clinics operate. Respondents suggested having more 24-hour clinics or after hours clinics would allow people to access a primary care physician after normal working hours. Similar to the barriers to accessing healthcare, the cost of healthcare seems to be a driver in the emergency department use for non-emergencies. If the community offered more free or reduced cost health clinics, use of the emergency department for non-emergencies could also be reduced, since a lot of people see it as access to free medical care. It is interesting to note that there are some that see use of an emergency department as being cheaper, when this is the most expensive option of receiving healthcare. Educating patients and the public was the fourth most mentioned recommendation. Educating the public and conducting an awareness campaign may help the community become more aware of other healthcare options besides going to a hospital's emergency department for medical treatment for non-emergency situations.

Improving the Health of the Community

Respondents suggested they would like the hospitals to engage with the community more. Provide more resources to community based clinics or establish more community based health clinics in collaboration with other hospitals was an important engagement opportunity. Community engagement opportunities exist for providing more programs that increase the awareness and education of various health topics that impact the community. Respondents felt that the provision of more preventative health screenings and programs at a reduced cost or free was something that would help improve the health of the community. Because cost is such a significant barrier to access, finding ways of reducing the cost of healthcare not just to the hospitals, but to the consumers, would help with improving the health of the community. Finally, respondents felt like there is not enough collaboration between hospitals. They suggest hospitals are too focused on competition rather than collaboration. Other collaboration opportunities that were suggested were with schools, churches, and other nonprofits that are all trying to address the same health challenges and serving the same groups of people.

Additional Health Services

About 40% of the respondents didn't know of any additional health services that could be offered. Of the suggestions offered, the most common was providing more health events and classes to the community. The need for more community based, or free, fitness and recreational areas was another service needed. Finally, providing more free, or low-cost, medical clinics.

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Key Informants Focus Group

A total of 10 people participated in one focus group held on July 17, 2015. Follow up phone calls to participants for additional discussion were held from July 20, 2015 through July 24, 2015. In addition to the key informants, also present for the interview were Chris Anderson (CEO MBHS), Bill Grete (General Counsel MBHS), Beau Bowman (Director of Planned Giving and Major Gifts MBHS), and Laura Jones (Director of Annual Giving MBHS). Key informants were asked to base their responses from the perspectives of the people they serve at their respective organizations.

A listing of key informants with a brief synopsis of their expertise and community representation can be found in Appendix C. Also, a copy of the survey questionnaire that was used to conduct the key informant interviews can be found in Appendix D.

Characteristics of Key Informants

Most of the key informants were female (60%) and there was fairly even distribution of race/ethnicity among the key informants, 60% white and 40% African American.

The key informants were made up of:

- Two individuals from the Mississippi State Department of Health having expert knowledge, information, and expertise relevant to the health needs of the community and the state of Mississippi;
- Two representatives from an organization that, among other duties, provides medical and dental care to the poor and underserved in the downtown Jackson area;
- Three representatives from an organization that, among other duties, serves the poor and homeless;
- One representative from an organization that works directly with residents of pocket community of Jackson, predominately made up of African Americans, poor, and underserved;
- One representative from an organization that serves the three-county area that makes up the primary service area whose mission is focused on addressing issues residents face related to income, education, and health;
- One representative from an organization that works with impoverished residents, in particular, those in rural communities.

Summary of the Key Informant Focus Group

When it comes to healthcare, the Hinds, Madison, and Rankin County area has a very significant strength that most of the state does not enjoy. This area serves as the epicenter of the state's major healthcare network being in Jackson (Hinds County) and surrounding cities. This area provides

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significant access to healthcare in a relatively short distance from homes and places of employment for its residents.

Another strength that was a theme of the focus group was the number of nonprofit organizations and churches in the area that, if working together towards a common cause, can have a tremendous positive impact on the community. Collectively, these organizations have an extraordinary amount of resources that can be put to good use.

However, the most recurring theme of the focus group was, although there are so many organizations that have the potential and resources to make a positive impact in the community, there are too many organizational silos that exist, and not just with healthcare providers and hospitals. All of these organizations seem to be working to address the same issues, but they also work against each other or with very little to no collaboration.

While the state deals with many specific health issues in Mississippi, an often overlooked area is primary care. The consensus of the focus group was that primary care and prevention were not being adequately addressed in the community, specifically with the population groups they serve. The lack of primary care to the poor and underserved doesn't allow people to catch health issues early, which leads to more expensive, chronic conditions.

The primary social determinants of health is poverty and education. Some nonprofit clinics in the area spend extra time with their patients than for profit clinics to focus on teaching and educating the patients they see about self-care. A lot of it deals with things that some feel everybody already knows or understands. The poor, underserved, and homeless have yet to learn some of the very basics of self-care.

Specific to the Jackson Area, the greatest problem is HIV. There are not enough screening opportunities, and those diagnosed are not following through with their care. It seems to be most prevalent among African American men ages 18 to 64 who are not on Medicaid. People are afraid to get tested because they are afraid the results will be positive. Additionally, once somebody finds out they have HIV, they have very little to no treatment options available to them. Providing more screening opportunities and routine screenings in hospital emergency rooms would be a good way to diagnose many cases of HIV.

Mental health is a noteworthy issue also. Of the known cases of people with mental health needs served by members of the focus group, it was estimated that 75% to 80% are on prescription medicines or are self medicated. There is a stigma attached to mental health problems also that keeps people from seeking help when they need it.

The high cost of prescription drugs, especially for mental health needs, is a major problem for the community. Some patients don't have addresses and can't fill out the forms required to receive assistance. There are programs that exist like doctors on wheels that can help mental health patients who are poor or underserved, but they are full most of the time.

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Homelessness was a major issue. If you don't have an address often times it becomes very difficult and almost impossible to receive medical treatment needed, especially for mental health related drugs that are heavily regulated. It makes it very difficult to apply for jobs or any type of government assistance. Homelessness creates a vicious cycle that makes it extremely challenging to get out of, better your life, and become a productive member of society.

Often times, the poor and homeless cannot read. Many people who are illiterate do a good job of hiding it, which makes it hard to help them learn how to read. Poverty and education most affect one's health. Illiteracy goes hand in glove with poverty and education.

Another major issue was with the working poor. This is a group often in just as much of a disparity as the homeless because there are no resources available to them. They earn too much income to receive any government assistance, but they don't earn enough income to pay for medical expenses. This is the largest group of people who are seen at local nonprofit health clinics.

One problem faced by the organizations that are serving these groups of people is funding. One organization had an HIV screening program, but when private funding through donations and grants dried up, they could no longer offer the service. To be effective, many nonprofits need more funding that is reliable to make long-term impacts.

Key Findings and Themes

There were several key findings and themes that resulted from the focus group and follow up phone calls. They are categorized in the below sections as 1) major health issues identified; 2) major barriers to care; and 3) recommended solutions.

Major health issues identified:

1. HIV and AIDS
2. Mental Health
3. Preventative care
4. Obesity
5. Hypertension
6. Cholesterol

Major barriers to care:

1. High cost of healthcare
2. High cost of prescription medicine
3. Lack of health insurance
4. Fear of diagnosis
5. No home address, no social security number, no identification
6. Not enough resources
7. Illiteracy and education

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Recommended solutions:

1. Involve the faith-based community more.
2. More collaboration with all of the hospitals, churches, and nonprofits when addressing health issues.
3. Better networking between organizations.
4. Forcing positive change in people's lives rather than responding to current needs that are recurrent.
5. Provide more routine screening programs in the places people are going to seek help with the goal of identifying health issues and conditions people may not be aware they have.
6. Eliminate organizational silos and work together better to address the issues in the community.
7. Education to the poor, homeless, and underserved.

Comments Received from Previous CHNA & Implementation Strategy

There were no comments received, written or otherwise, from our most recently conducted Community Health Needs Assessment (CHNA), nor were there any from that CHNA's Implementation Strategy. For this CHNA Report, we made extra efforts to solicit and receive comments from the community through our online survey since no comments were received from the previous CHNA and Implementation Strategy.

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Health Issues Analysis – Overview

In the United States, more than 75% of healthcare spending is on people with chronic health conditions. Additionally, modifiable health risk behaviors – physical inactivity, poor diet, tobacco use, and excessive alcohol consumption – have been directly linked to many chronic diseases. Consequently, chronic diseases and modifiable risk behaviors can be very significant economic burdens if they become major issues in a geographic area. Major chronic diseases and modifiable health risk behaviors that are directly linked to chronic diseases in Mississippi relate to, but are not limited to, the following:

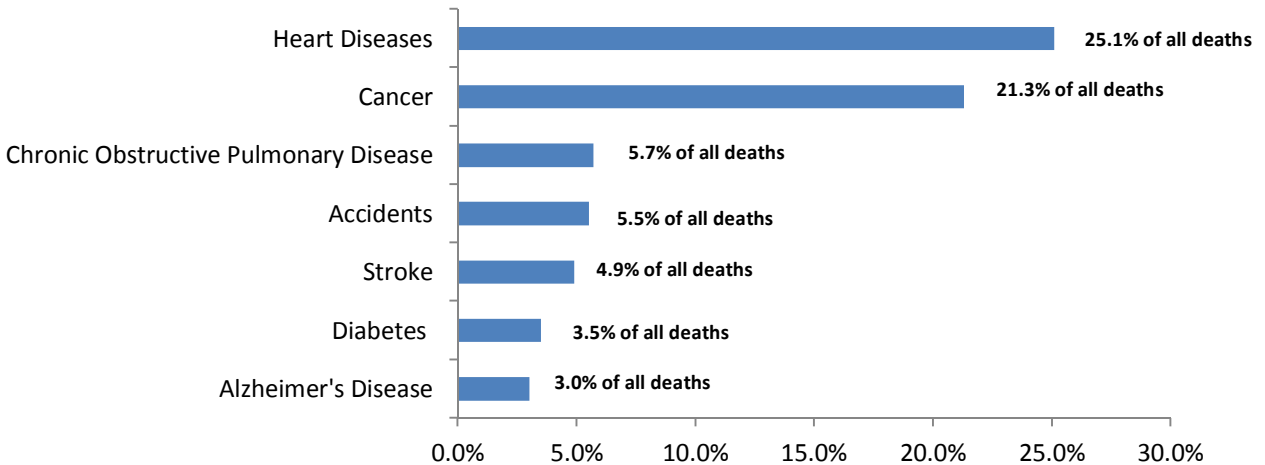
- Heart Disease and Stroke
- Cancer
- Chronic Obstructive Pulmonary Disease
- Diabetes
- Alzheimer’s Disease
- Obesity, Diet & Physical Inactivity
- Tobacco Use
- Sexually Transmitted Diseases
- HIV / AIDS
- Infant Mortality
- Mental Health

According to the Mississippi Chronic Illness Coalition (MCIC), Mississippi suffers disproportionately from chronic illnesses, and has some of the highest rates of chronic diseases in the nation. Likewise, according to the 2014 Report on the Burden of Chronic Diseases in Mississippi, chronic diseases are among the most common of all health problems in Mississippi. In 2013, the leading causes of death that were chronic disease related included heart diseases (25.1% of all deaths) and cancer (21.3% of all deaths), as illustrated in the graph below. Over half of all deaths in Mississippi were due to cardiovascular-related diseases, cancer, diabetes, and other chronic diseases that have been found to correlate with tobacco use, obesity, poor diet, and physical inactivity. These findings correlate with the results from our focus group of key informants and the CHNA Health Survey Questionnaire.

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GRAPH 89: Leading Causes of Death in Mississippi, 2013



Source: Mississippi State Department of Health, Office of Public Health Statistics

According to America's Health Rankings®, the longest-running benchmark report providing a comprehensive state-by-state study of our nation's health, Mississippi ranks 50th for overall health. Of the 30 core measures taken for this ranking, 23 had negative impacts on Mississippi's overall ranking. Mississippi ranked 50th or 49th in half of all of the core measures taken.

Noted strengths for Mississippi include low prevalence of binge drinking, high immunization coverage among children, and small disparity in health status by educational attainment. This seems to also match the findings from the primary data collection (focus group of key informants and the CHNA Health Survey Questionnaire).

The graphic below illustrates the impact of each core measure in the ranking. The size of the circle indicates the impact that particular measure had in the overall ranking. Green measures had a positive impact, while the red measures had a negative impact.

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TABLE 181: Diseases of the Heart – Mortality Rate (per 100,000)

Location (Ranking)	Total Number	Total Mortality Rate
United States (1)	611,105	193.3
Mississippi (1)	7,720	258.1
Hinds County (1)	535	218.5
Madison County (2)	189	188.2
Rankin County (1)	260	177.2

Source: Mississippi State Department of Health, Office of Public Health Statistics

TABLE 182: Malignant Neoplasms – Mortality Rate (per 100,000)

Location (Ranking)	Total Number	Total Mortality Rate
United States (2)	584,881	185.0
Mississippi (2)	6,540	218.6
Hinds County (2)	465	189.9
Madison County (1)	243	242.0
Rankin County (2)	214	145.8

Source: Mississippi State Department of Health, Office of Public Health Statistics

TABLE 183: Chronic Lower Respiratory Diseases – Mortality Rate (per 100,000)

Location (Ranking)	Total Number	Total Mortality Rate
United States (3)	149,205	47.2
Mississippi (3)	1,757	58.7
Hinds County (4)	93	38.0
Madison County (3)	47	46.8
Rankin County (3)	70	47.7

Source: Mississippi State Department of Health, Office of Public Health Statistics

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TABLE 184: Cerebrovascular Diseases – Mortality Rate (per 100,000)

Location (Ranking)	Total Number	Total Mortality Rate
United States (5)	128,978	40.8
Mississippi (5)	1,496	50.0
Hinds County (3)	112	45.7
Madison County (4)	41	40.8
Rankin County (5)	41	27.9

Source: Mississippi State Department of Health, Office of Public Health Statistics

TABLE 185: Alzheimer’s Disease – Mortality Rate (per 100,000)

Location (Ranking)	Total Number	Total Mortality Rate
United States (6)	84,767	26.8
Mississippi (7)	925	30.9
Hinds County (11)	48	19.6
Madison County (6)	31	30.9
Rankin County (11)	15	10.2

Source: Mississippi State Department of Health, Office of Public Health Statistics

TABLE 186: Diabetes Mellitus – Mortality Rate (per 100,000)

Location (Ranking)	Total Number	Total Mortality Rate
United States (7)	75,578	23.9
Mississippi (6)	1,069	35.7
Hinds County (5)	81	33.1
Madison County (5)	40	39.8
Rankin County (6)	31	21.1

Source: Mississippi State Department of Health, Office of Public Health Statistics

Heart Disease and Stroke

Mississippi’s cardiovascular disease death rate is the highest in the nation, which has consistently been the leading cause of death in the U.S. Additionally, Mississippi is ranked third in the nation for stroke related deaths, which is the fourth leading cause of death in the nation. Strokes are also a leading cause of long-term disability. Together, heart disease and stroke are among the most widespread and costly health problems facing the U.S. accounting for more than \$500 billion annually.

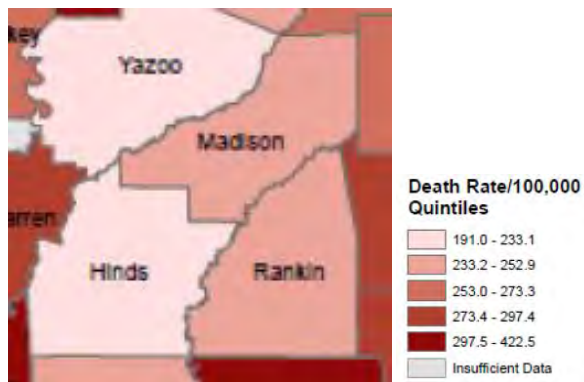
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High blood pressure, or hypertension, increases the risk for heart disease and stroke. According to Behavioral Risk Factor Surveillance System, approximately 20%-30% of coronary heart disease and 20%-50% of strokes in the U.S. are attributable to uncontrolled hypertension. Modifiable health behaviors that contribute to hypertension include excessive sodium (salt) consumption, consuming too many calories, physically inactive lifestyle, and excessive alcohol consumption. Four out of ten adults in Mississippi reported having high blood pressure, or 39.3% (30.8% U.S.). African-American's had the highest rate of hypertension, with African-American females having the highest prevalence of all groups. It is also important to note that the prevalence of hypertension increased as poverty increased and education attainment decreased. The Healthy People 2020 target for adults having hypertension is 26.9% (12.4% reduction).

Another major modifiable risk factor for heart disease and stroke is high cholesterol. Reducing cholesterol levels can be obtained in most cases through making dietary changes and increasing physical activity. In 2011, 42.3% of all adults in Mississippi reported having high cholesterol. It is important to have your cholesterol checked every five years, which is recommended by the National Cholesterol Education Program. The Healthy People 2020 target is to have 82.1% of adults checking their cholesterol levels every five years. Currently, Mississippi is just over 71%.

MAP 98: Heart Disease Death Rates by County, 2007-2011



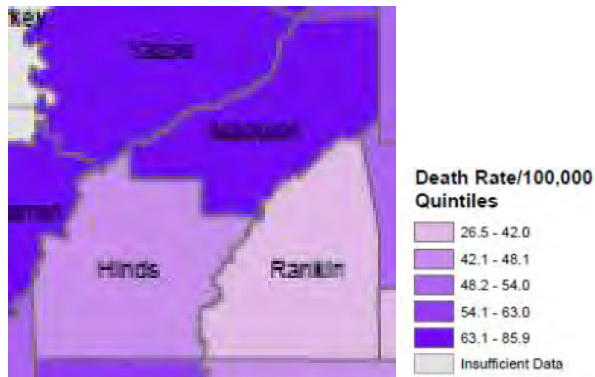
Source: Report on the Burden of Chronic Diseases in Mississippi, 2014

Stroke, as mentioned previously, is one of the leading causes of death for the United States and Mississippi. There are some key modifiable risk factors that contribute to stroke, including tobacco use, physical inactivity, and improper nutrition. Some additional contributing factors to stroke include untreated hypertension, hyperlipidemia, being overweight or obese, and diabetes. Mississippi's overall death rate for stroke is at 50.0. The Healthy People 2020 goal is to reduce that rate to 33.8. The death rate related to stroke is higher among African-Americans than whites (63.3 and 46.3 respectively), with African-American males having the highest prevalence (74.2).

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MAP 99: Stroke Death Rates by County, 2007-2011



Source: Report on the Burden of Chronic Diseases in Mississippi, 2014

Significant disparities for heart disease and stroke exist based on gender, age, race and ethnicity, where you live and socio-economic status. These disparities include increased prevalence of risk factors, access to treatment, appropriate and timely treatment, treatment outcomes, and mortality. Significantly influenced by the physical, social, and political environment, cardiovascular health is also influenced by maternal and child health, access to educational opportunities, health diet and lifestyle, access to affordable healthcare, and having access to opportunities for physical activity.

Cancer

The second leading cause of death in the nation is cancer, killing more than 575 million people each year and costing more than \$48 billion in direct medical costs. Mississippi had the second highest age-adjusted death rate due to cancer in the U.S. CDC estimates one third of all cancer deaths are attributable to tobacco use, which Mississippi has the fourth highest rate of adults who use tobacco in the nation. Another third of cancer deaths are attributable to poor nutrition, physical inactivity, and obesity. All of which Mississippi has an unfavorable ranking as mentioned previously.

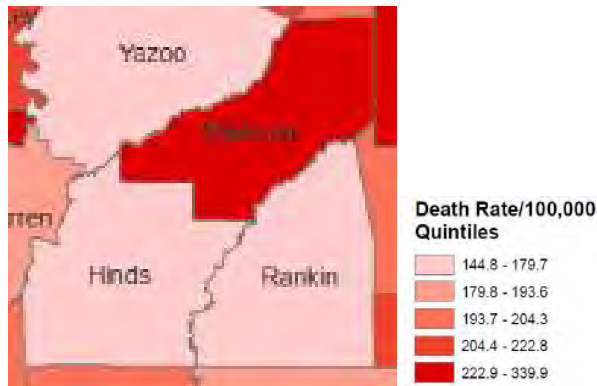
More than 13,000 Mississippi residents are diagnosed with cancer each year with over 6,500 cancer related deaths in 2013. Cancer was the second leading cause of death in Mississippi in 2013. The death rate for Mississippi is much higher than the national average, and two of the three counties in the primary service area have higher death rates than both the national and state averages (Hinds and Madison). Madison County has the highest death rate for cancer in the primary service area of 242.0 and Rankin County has the lowest at 145.8.

Reducing the number of new cancer cases and preventing many cancer related deaths can be achieved through screening for some of the most common types of cancer, such as cervical, colorectal, and breast cancers. Screenings are critical because it helps to find these diseases at an early, often treatable stage. Mississippi has a higher death rate than the United States for cancer at all sites, lung and bronchus, prostate, colorectal, and breast cancer. The key to reducing these rates is getting screening tests regularly that may find these cancers earlier, when treatment is more successful.

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MAP 100: Cancer Death Rates by County, 2007-2011



Source: Report on the Burden of Chronic Diseases in Mississippi, 2014

The largest opportunities for reducing cancer death rates in Mississippi are related to screenings. For women 40 years or older, about three or four women received breast cancer screenings in the past two years (76.2%). The Health People 2020 Target is 81%. Cervical cancer is another opportunity with approximately 77% of women aged 18 years or older in Mississippi receiving cervical cancer screenings in the past two years (Healthy People 2020 Target is 93%). The most significant opportunity is with colorectal cancer. The Healthy People 2020 Target for screenings is 70.5%. Only one third of adults aged 50 years or older in Mississippi ever had a sigmoidoscopy or colonoscopy, and less than 10% had a blood stool test in the past two years. For men, less than half, 40.3%, of men aged 40 years or older in Mississippi has a PSA test in the past two years.

Serving as intermediate markers of cancer screening success is monitoring the incidence of invasive cancer (cervical and colorectal) and late-stage breast cancer. The Healthy People 2020 target for incidence of late-stage female breast cancer is 41 new cases per 100,000 females. While Mississippi does fare better than the Nation, Mississippi had approximately 113 per 100,000, nearly three times the Healthy People 2020 Target. For colorectal cancer, Mississippi has a higher rate of new cases than the nation at approximately 53 new cases per 100,000 people. This is nearly double what the Health People 2020 target is, 38.6.

There are disparities in cancer incidence and death, including racial, ethnic, and underserved population groups. Most obvious factors are those lacking healthcare coverage and those with low socioeconomic status (income, education level, occupation, social status in the community, and where a person lives). Individuals with low socioeconomic status have fewer cancer screenings and have a higher prevalence of behavioral risk factors for cancer, such as tobacco use, physical inactivity, obesity, and excessive alcohol use.

Chronic Obstructive Pulmonary Disease

Killing nearly 150,000 Americans each year, chronic lower respiratory diseases are the third leading cause of death in the nation and Mississippi, and it can cause serious, long-term disability. This is also true for the three Mississippi counties in the primary service area with the exception of Hinds County

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(ranked fourth). Chronic lower respiratory diseases are diseases that affect the lungs, with the most deadly form being chronic obstructive pulmonary disease (COPD). COPD makes breathing difficult and includes two main illnesses, emphysema and chronic bronchitis.

Tobacco use is the primary cause of COPD, as smokers are twelve times more likely to develop and ultimately die from COPD as those that do not smoke. Both emphysema and chronic bronchitis are strongly associated with lung cancer. Damage caused to the lungs from COPD is irreversible, but if detected early enough, it is possible to reduce this damage and slow down the disease's progression.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. A serious health and economic concern, asthma costs the U.S. approximately \$20.7 billion each year. Adding to that, the proportion of people with asthma in the U.S. has increased by nearly 15% in the last decade. Currently in the United States, more than 23 million people have asthma. Affecting people of every race, sex, and age, there are significant disparities in asthma morbidity and mortality, particularly for low-income and minority populations. In Mississippi, the percentage of adults who reported asthma was four times as high among those living below the poverty level and those living at or above 300% of the federal poverty level.

Diabetes

Contributing to both cardiovascular disease and stroke as a cause of death is the prevalence of diabetes among adults, which Mississippi is ranked third in the U.S. Diabetes is the seventh leading cause of death in the nation. Studies have shown that the onset of type 2 diabetes can be largely prevented through losing weight (Mississippi ranks second in the nation for obesity prevalence among adults), increasing physical activity (Mississippi is the most physically inactive state in the nation), improving dietary choices (Mississippi has the lowest number of vegetables consumed daily by adults in the nation and fourth lowest number of fruits consumed daily by adults in the nation), and modifying behaviors like smoking (Mississippi is ranked fourth in the U.S. for prevalence of smokers among adults).

Diabetes can lead to serious complications including, heart disease, blindness, kidney failure, lower extremity amputations, and premature death. Approximately 25% of Americans are undiagnosed who have diabetes. It affects 23.6 million people in the U.S. annually. Diabetes lowers life expectancy by up to 15 years and increases the risk of heart disease by two to four times. The estimated annual cost of diabetes in the United States is \$174 billion.

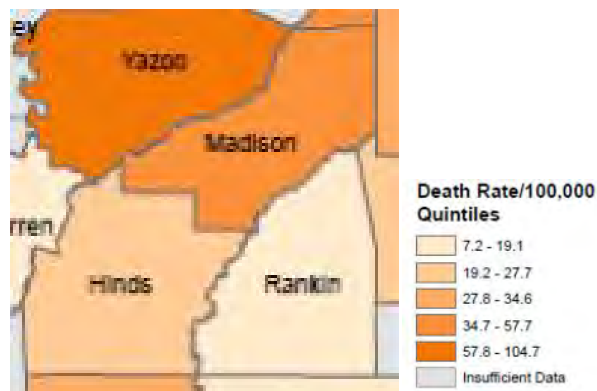
African-American females have the highest prevalence of diabetes in Mississippi at nearly 18%, followed by African-American males at just over 14%. Overall, African-Americans in Mississippi have a higher proportion of diabetes than whites. As educational attainment increases, the prevalence of diabetes decreases in Mississippi. The rate for those with some high school is nearly double the rate of those with some college or higher (16.1% and 9.9% respectively). The prevalence of diabetes in Mississippi dramatically increases with poverty, with those living at or below the federal poverty line having 2.5 times more the diabetes rate than those living at or above 300% the federal poverty rate.

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While African-American females have the highest prevalence of diabetes in Mississippi, African-American males have the highest death rate in the state at over 60 per 100,000. The death rate related to diabetes was 32% higher for males than females, and twice as high among African-Americans and whites.

MAP 101: Diabetes Death Rates by County, 2007-2011



Source: Report on the Burden of Chronic Diseases in Mississippi, 2014

Minority populations are more frequently affected by type 2 diabetes. Minority groups make up 25% of all adult patients with diabetes in the U.S. and make up the majority of children and adolescents with type 2 diabetes. African-American adults are nearly twice as likely to have diabetes as non-Hispanic whites. With the increasing prevalence of obesity in Mississippi, the burden of diabetes has increased as well.

Alzheimer's Disease

Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases. Dementia is the loss of cognitive functioning to such an extent that it interferes with daily life. Alzheimer's disease is the sixth leading cause of death in the United States and seventh in Mississippi. It is the eleventh leading cause of death in Hinds and Rankin Counties, but the sixth leading cause of death for Madison County. It is estimated that 5.1 million Americans aged 65 years or older have Alzheimer's disease, and that number is expected to more than double over the next 30 years.

Having a greater risk for general disability and frequent injury from falls, older adults with dementia are three times more likely to have preventable hospitalizations. As the conditions worsen, the need for health services and long-term care becomes greater. Risk factors for developing this disease include age and family history. Among adults aged 65 years and older, the prevalence of Alzheimer's disease doubles every five years.

Alzheimer's disease and other dementias are more often undiagnosed in rural and minority populations and in urban or white populations. Lack of diagnosis significantly reduces a person's access to available treatments and services, which have shown to improve quality and outcomes of care if diagnosed and actively managed.

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Obesity, Diet & Physical Inactivity

Mississippi ranks second in the nation for obesity prevalence among adults, which is defined as having a BMI of 30.0 or higher. More than 35% of adults in Mississippi's general population are obese. Obesity is one of the greatest health threats facing the U.S. and accounts for nearly \$150 billion in annual medical costs in the nation. It contributes significantly to a number of serious and chronic diseases including heart disease, type 2 diabetes, stroke, certain cancers, hypertension, liver disease, kidney disease, Alzheimer's disease, dementia, respiratory conditions, osteoarthritis, and poor general health.

MAP 102: Adults Reporting BMI of 30 or More by County, 2011



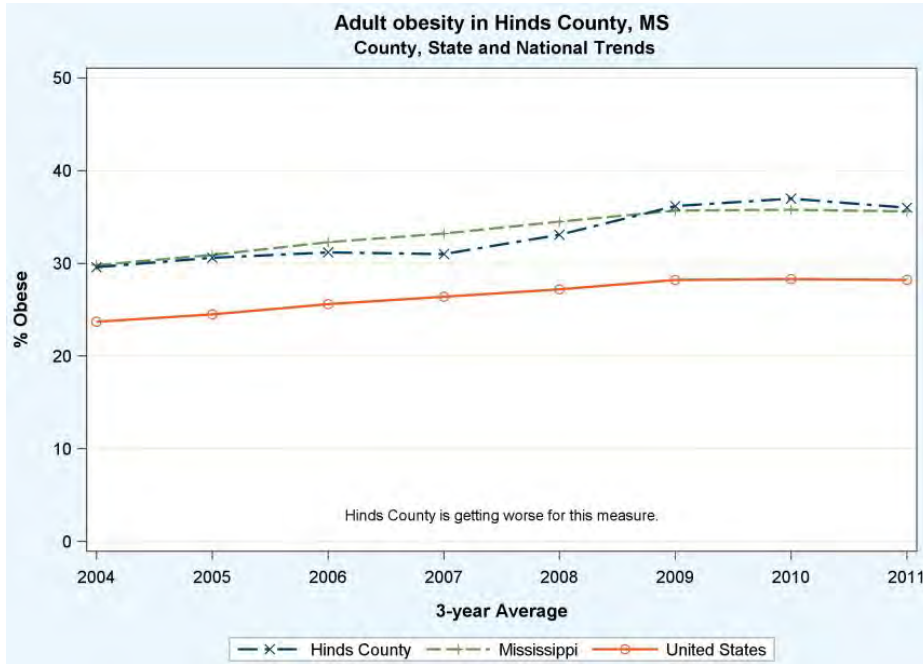
Source: County Health Rankings & Roadmaps

Hinds County is ranked the highest of the primary service area for obesity prevalence at 36% of the adult population, followed by Rankin County at 32%, and Madison County at 30%.

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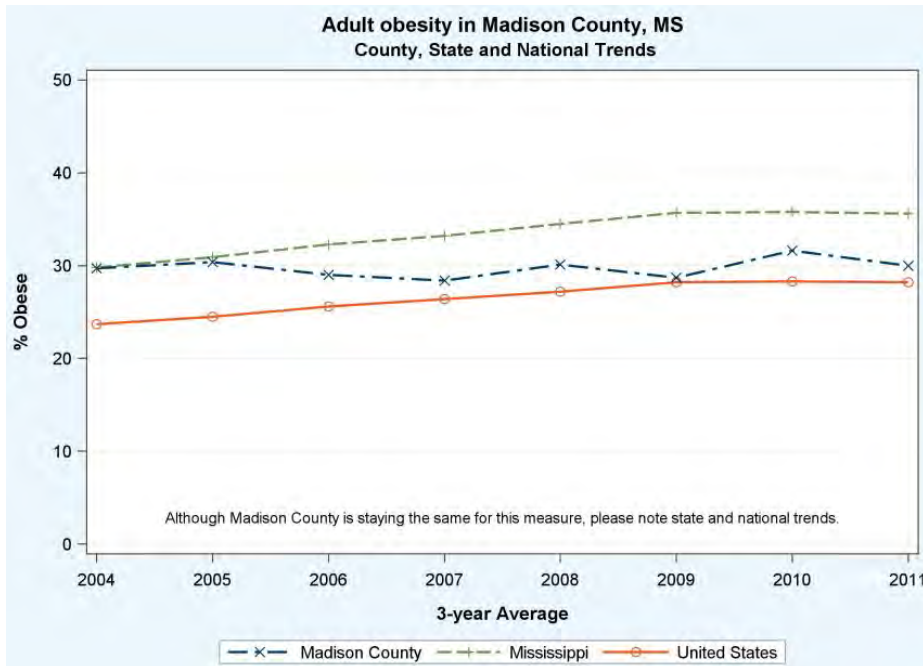
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GRAPH 90: Adults Reporting BMI of 30 or More Hinds County, 2011



Source: County Health Rankings & Roadmaps

GRAPH 91: Adults Reporting BMI of 30 or More Madison County, 2011

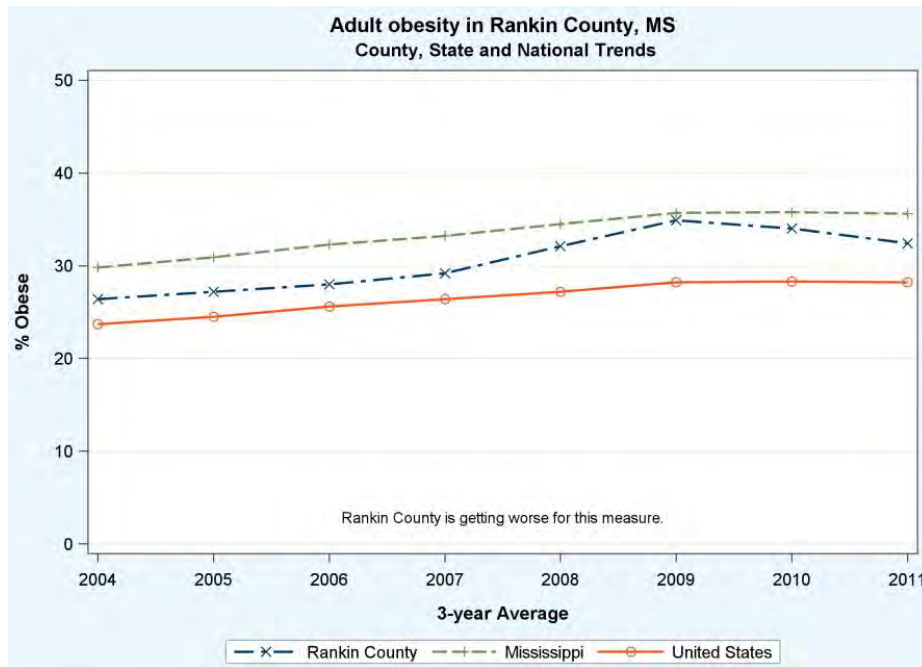


Source: County Health Rankings & Roadmaps

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GRAPH 92: Adults Reporting BMI of 30 or More Rankin County, 2011



Source: County Health Rankings & Roadmaps

Contributing to the obesity epidemic in Mississippi is the lack of physical activity. Mississippi is the most physically inactive state in the nation. Studies have shown that physical activity can reduce the risk for developing heart disease, stroke, type 2 diabetes, colon cancer, just to name a few. Just as with obesity in Mississippi, nearly one of three adults reported they have no physical activity in their daily life. There is also a direct correlation with lack of physical activity and poverty and lack of educational attainment in Mississippi. Mississippian who were at or below the federal poverty level were more than 2.5 times less physically active than those at or above 300% of the federal poverty level. This was nearly the same with education.

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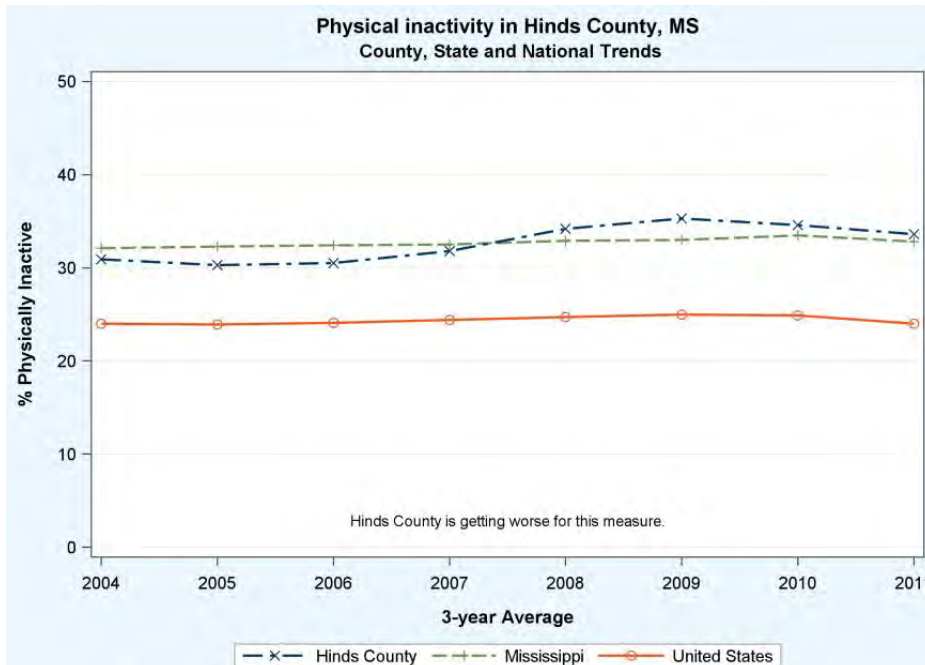
MAP 103: Adults Reporting No Leisure-Time or Physical Activity by County, 2011



Source: County Health Rankings & Roadmaps

Hinds County is ranked the highest of the primary service area for physical inactivity prevalence at 34% of the adult population, followed by Rankin County at 28%, and Madison County at 27%. Top U.S. performers have a rate of 20%.

GRAPH 93: Adults Reporting No Leisure-Time or Physical Activity Hinds County, 2011

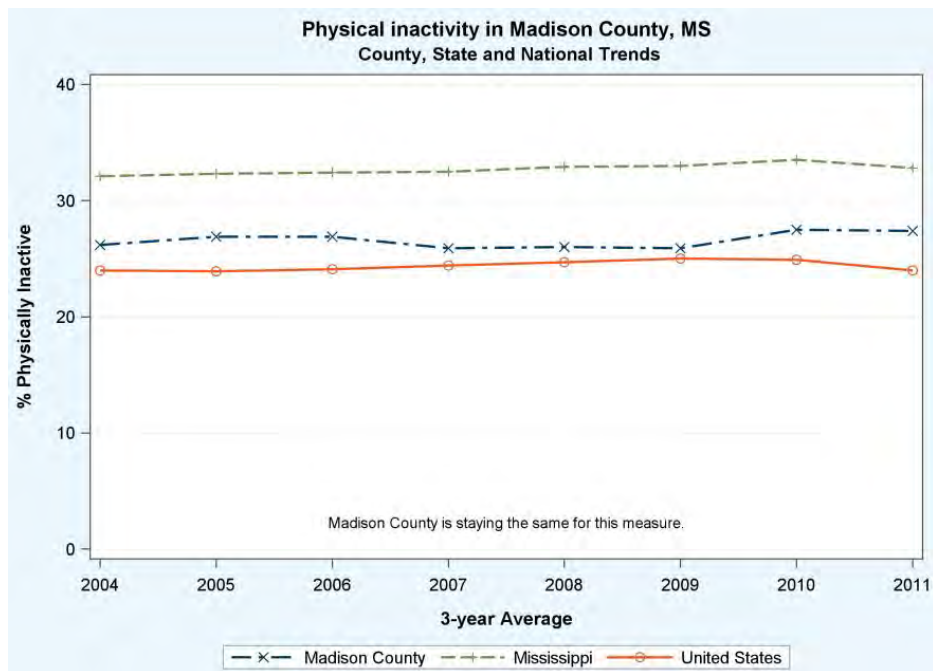


Source: County Health Rankings & Roadmaps

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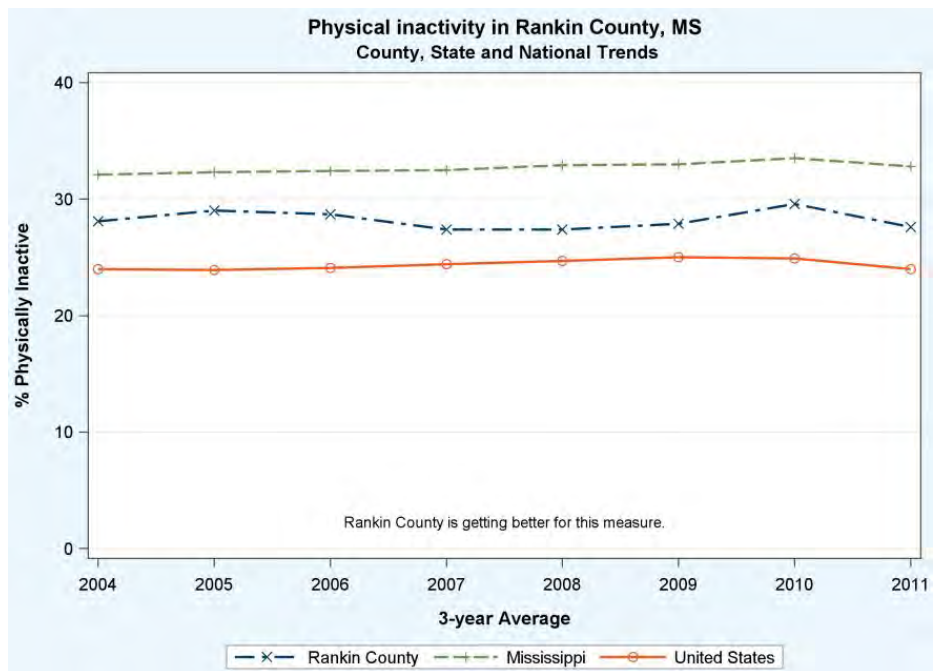
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GRAPH 94: Adults Reporting No Leisure-Time or Physical Activity Madison County, 2011



Source: County Health Rankings & Roadmaps

GRAPH 95: Adults Reporting No Leisure-Time or Physical Activity Rankin County, 2011



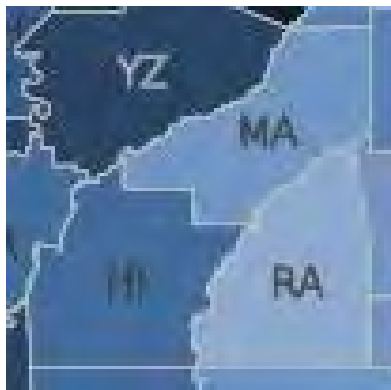
Source: County Health Rankings & Roadmaps

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Poor diet is another contributing factor to obesity. Mississippi has the lowest number of vegetables consumed daily by adults in the nation and fourth lowest number of fruits consumed daily by adults in the nation. A diet that includes five or more servings of fruits and vegetables every day is associated with reduced risk of coronary heart disease and certain types of cancer, including cancer of the colon, rectum, oral cavity, pharynx, stomach, and esophagus. For Mississippi youth, nearly 1 in four adolescents reported eating five or more servings of fruits and vegetables per day.

MAP 104: Food Environment Index by County, 2012



BEST  WORST
Source: County Health Rankings & Roadmaps

Hinds County is ranked the lowest of the primary service area for food environment index at 4.6 (0 is worst and 10 is best), followed by Madison County at 6.8, and Rankin County at 7.3. Top U.S. performers have a rate of 8.4. Contributing factors for this rating in Hinds County include 11% of the population having limited access to healthy foods and 25% of the population experiencing food insecurity. For Madison County those figures were better at 6% of the population with limited access to healthy food and 17% experiencing food insecurity. Finally, Rankin County has 8% of the population with limited access to healthy food and 14% experiencing food insecurity.

Limited access to healthy foods estimates the percentage of the population who are low income and do not live close to a grocery store. Living close to a grocery store is defined differently in rural (living less than 10 miles from a grocery store) and non-rural areas (living less than 1 mile from a grocery store). Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.

In the 2015 Mississippi State Nutrition, Physical Activity, and Obesity Profile report releases by the CDC, it is estimated that 34.2% of adults were overweight with a BMI of 25-29.9 and an additional 35.1% of adults were obese, having a BMI of 30 or greater. That means nearly 70%, or 7 in 10 adults in Mississippi are either overweight or obese. Contributing to this was the low consumption of fruits and vegetables. Nearly half (49.9%) of adults in Mississippi reported consuming fruit less than one time a day, and 30.6% of adults reported consuming vegetables less than one time daily. Additionally, 62.6% of adults in the state do not have the recommended 150 minutes or more of aerobic physical activity per

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week. More alarming, nearly 4 in 10 adults (38.1%) reported that during the past month, they had not participated in any physical activity.

Tobacco Use

While our primary data analysis showed differently, Mississippi ranks fourth in the U.S. for overall smoking prevalence among adults. Smoking has a very well documented adverse impact on overall health, and is a leading cause of preventable death in the U.S. Damaging nearly every organ in the body, smoking causes respiratory diseases, heart disease, stroke, cancer, preterm birth, low birth weight, and premature death. Adding to the risks associated directly to the tobacco users are the affects of secondhand smoke exposure. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children. These health problems include asthma, respiratory infections, ear infections, and sudden infant death syndrome (SIDS). Smokeless tobacco causes several oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss.

Each year, Over 440,000 Americans die from tobacco-related illnesses, and for every one person who dies from tobacco use, 20 more people suffer with at least one serious tobacco-related illness. Tobacco use costs the U.S. approximately \$193 billion annually in medical expenses and lost productivity.

Risk factors associated with tobacco use include race or ethnicity, age, education, and socioeconomic status. There are also significant disparities in tobacco use based on where you live due to a particular state's smoke free protections, prices to purchase tobacco, and funding for tobacco prevention programs.

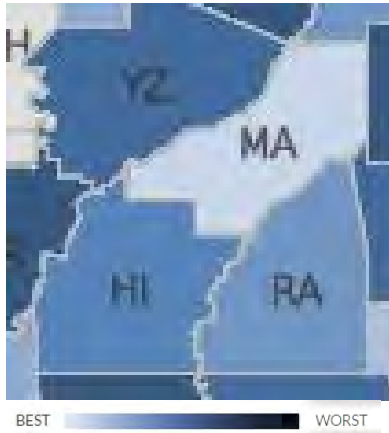
In Mississippi, nearly one in four adults reported they were current smokers (24%). Smoking among males is more prevalent than with females, and a higher proportion of whites reported smoking than African-Americans. Smoking prevalence is nearly 2.5 times higher for persons who have less than high school education than those who have more than high school education (43.1% and 17% respectively). Additionally, smoking among adults at or below the federal poverty level was three times higher than those at or above 300% of the federal poverty level (35% and 11.6% respectively).

Annual healthcare costs in Mississippi directly caused by smoking were \$1.23 billion, and an additional \$1.80 billion in productivity losses.

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MAP 105: Adult Tobacco Use by County, 2006-2012



Source: County Health Rankings & Roadmaps

Within the primary service area, Hinds County had the highest percentage of adults who are current smokers at 21%, and closely behind that was Rankin County at 20%. Madison County was among the lowest percentage of current smokers in the state at 14%, which places this county in the top U.S. performers for this ranking.

Sexually Transmitted Diseases

Sexually transmitted diseases (STD) refer to more than 25 infectious organisms that are transmitted primarily through sexual activity and prevention is essential for improving reproductive health. STDs cause many harmful, often irreversible, costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, cancer, and facilitation of the sexual transmission of HIV infection.

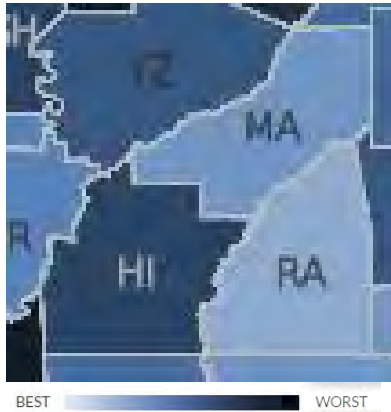
With an estimated 19 million new STD infections each year (almost half among people ages 15 to 24), the annual cost to the U.S. is approximately \$15.9 billion. The spread of STDs is directly affected by social, economic, and behavioral factors. This includes racial and ethnic disparities with certain ethnic groups, including African-Americans, where the rate of STDs is much higher than whites. STDs also disproportionately affect disenfranchised people, the poor, and those who have limited access to care or do not exhibit health-seeking behavior.

Chlamydia is the most common bacterial sexually transmitted infection (STI) in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. STIs are associated with a significant increase in risk for morbidity and mortality, cervical cancer, and premature death.

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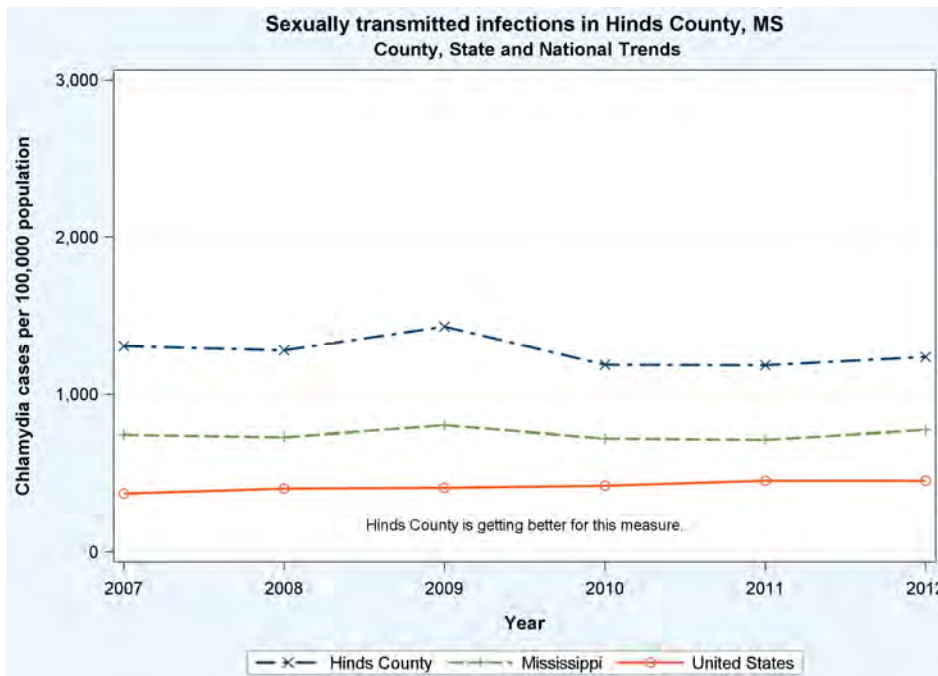
MAP 106: Number of Newly Diagnosed Chlamydia Cases per 100,000 by County, 2012



Source: County Health Rankings & Roadmaps

Hinds County is ranked the highest of the primary service area for prevalence of newly diagnosed Chlamydia cases at 1,238, followed by Madison County at 558, and Rankin County at 344. Top U.S. performers have a rate of 138. Mississippi overall had a rate of 774, which is the highest in the nation.

GRAPH 96: Number of Newly Diagnosed Chlamydia Cases per 100,000 Hinds County, 2012

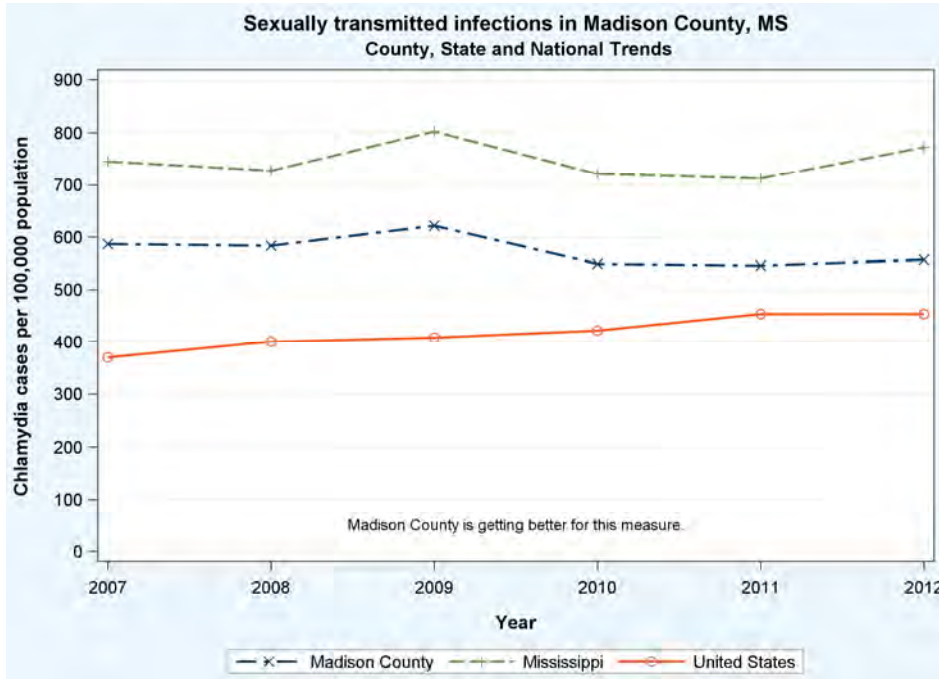


Source: County Health Rankings & Roadmaps

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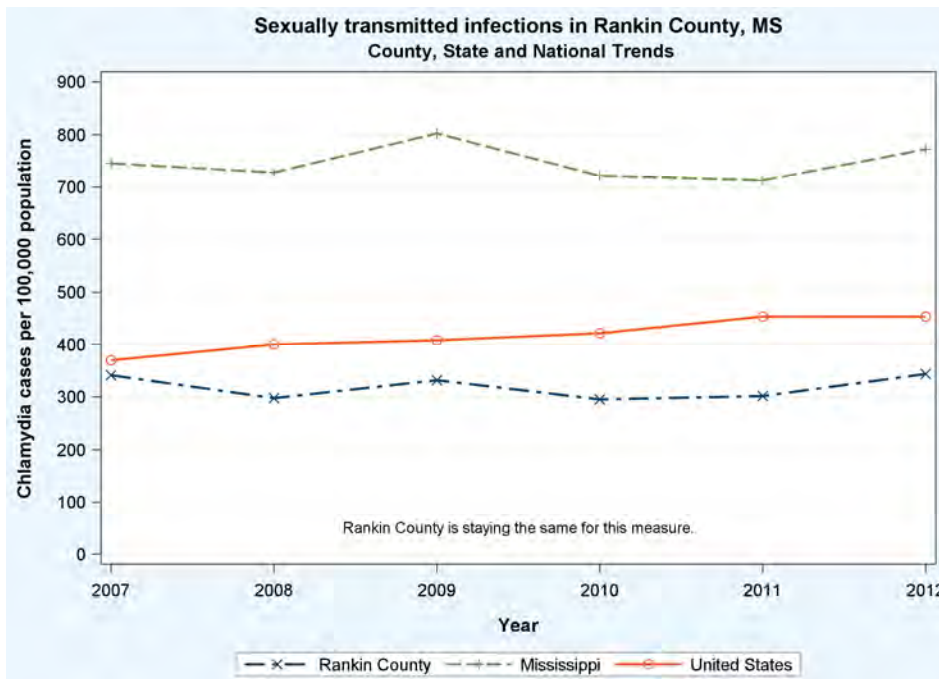
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GRAPH 97: Number of Newly Diagnosed Chlamydia Cases per 100,000 Madison County, 2012



Source: County Health Rankings & Roadmaps

GRAPH 98: Number of Newly Diagnosed Chlamydia Cases per 100,000 Rankin County, 2012



Source: County Health Rankings & Roadmaps

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Gonorrhea is another STD where prevalence is high in Mississippi, particularly in Hinds County. With a rate of 548.4 per 100,000 people, Hinds County is among the worse rates when compared to other similar counties in the nation and is almost 18 times higher than the national average of 30.5. Madison County has a rate of 166.1, which is almost 5.5 times the national average. Rankin County has the lowest rate of new infections in the primary service area at 88.4, but this is still almost three times the national average.

HIV / AIDS

The HIV epidemic in the U.S. continues to be a major public health concern. It is estimated that over 1 million Americans are living with HIV and 1 in 5 people with HIV do not know they have it. Each year, there are 56,000 new HIV infections. Nearly 75% of new HIV infections occur in men, with more than half occurring in gay and bisexual men, regardless of race or ethnicity. New HIV infections are most prevalent in African-Americans (45%), 35% in whites, and 17% in Hispanics.

Hinds County has 2,173 HIV cases with an HIV prevalence rate of 1,091, which is the highest rating of all Mississippi counties. This is more than ten times the national average of 105.5 and is ranked the worse among peer counties around the nation. Rankin County is more than four times the national average, with a HIV prevalence rate of 430 per 100,000 people. Madison County is almost 2.5 times the national average, having a prevalence rating of 256.7. All three counties in the primary service area are among the worse prevalence ratings when compared to peer counties around the nation.

Infant Mortality

Infant Mortality continues to be a critical concern in Mississippi. It is defined as the number of infant deaths that occur before age one per 1,000 live births. Mississippi has the highest infant mortality rate in the nation, with 9.1 deaths per 1,000 live births. The national average is 6.0 deaths. Infant mortality rate for Hinds County is 11.8%, Madison County is 9.1%, and Rankin County is the lowest at 7.9%.

Infant mortality is associated with many factors surrounding birth, including maternal health, prenatal care, and access to quality healthcare. Congenital malformations are the leading cause of infant mortality followed by low birthweight and SIDS.

Low birthweight is the percentage of live births of infants weighing less than 2,500 grams (5 pounds, 8 ounces). Low birthweight babies are more likely than babies of normal weight to have health problems during the newborn period, and serious medical problems are most common in babies born at very low birthweight (less than 1,500 grams). This includes respiratory distress syndrome, bleeding of the brain, patent ductus arteriosus (a common heart problem in premature babies), necrotizing enterocolitis, and retinopathy of prematurity. There may also be a connection between many chronic diseases in adulthood and low birthweight, including type 2 diabetes and coronary heart disease.

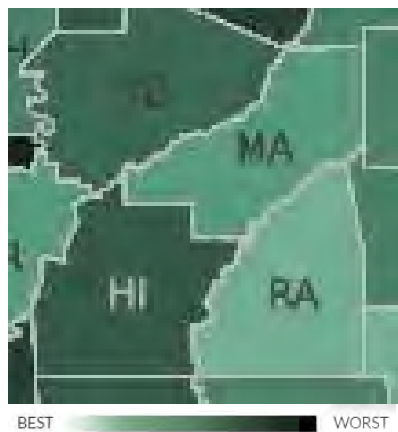
Low birthweight babies are often born preterm or have inadequate growth for other reasons, such as inadequate clinical care in the prenatal period. It is also associated with many characteristics of the mother such as smoking, inadequate nutrition, and psychosocial problems.

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MAP 107: Low Birthweight Rate by County, 2006-2012



Source: County Health Rankings & Roadmaps

Mississippi has the highest low birthweight rate in the nation at 11.6. According to County Health Rankings and Roadmaps, from 2006-2012, Mississippi's percentage of live births with low birthweight was 12.1%. Top U.S. performers had a rate of 5.9%. Hinds County had a rate of 15.8%, followed by Madison County with 11.5%, and Rankin County with 10.4%. It is important to note that low birthweight babies are more prevalent in African-Americans than whites (16.2% and 8.1% respectively) according to selected live birth statistics in 2013 published by the Mississippi State Department of Health.

Preterm births affect over 400,000 babies annually. It is defined as birth of an infant before 37 weeks of pregnancy. Preterm related causes of death accounted for 35% of all infant deaths in 2010, and it is the leading cause for long-term neurological disabilities in children. Preterm birth costs the U.S. more than \$26 billion annually in direct healthcare costs. The national average for the percentage of preterm births is 12.1%. All three counties in the primary service area are both higher than the national average and ranked worse among peer counties around the nation. Hinds County has the highest rate at 23.1% (nearly double the national average), followed by Madison County with 19.5%, and Rankin County with 17.8%.

Mental Health/ Mental Illness

Mental health and mental illness, while related, represent very different psychological states. Mental health is a state of well-being in which the individual realizes his own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to the community. Approximately 17% of adults in the United States are considered to be in optimal mental health. Mental illness is defined as collectively all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior, or some sort of combination of these alterations, associated with distress and/or impaired functioning. The most common type of mental illness is depression, affecting nearly 30% of the adult U.S. population. Mental health/mental illness was a major health concern cited by the key informants in our focus group.

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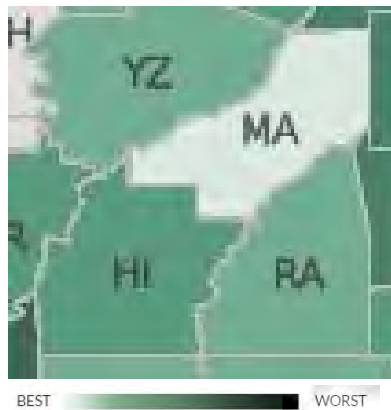
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Mental disorders, especially depressive disorders, are strongly related to the occurrence, successful treatment, and course of many chronic diseases including diabetes, cancer, cardiovascular disease, asthma, and obesity. Additionally, mental disorders are also strongly related to many risk behaviors for chronic disease, such as physical inactivity, smoking, excessive drinking, and insufficient sleep.

Mood disorders are among the most pervasive of all mental disorders. The most common forms of mental illness include depression, anxiety, psychotic disorders, bipolar disorder, and dementia/Alzheimer’s disease.

For the adult population in Mississippi, the average number of mentally unhealthy days reported in the past 30 days was 4.1 days. Top U.S. performers in the 90th percentile are at 2.3 days. In the primary service area, Hinds County has the highest number of days at 4.0, followed by Rankin County at 3.5 days, and Madison County has the lowest number of mentally unhealthy days in the state at 2.7. This is illustrated in MAP 108 below.

MAP 108: Poor Mental Health Days, 2006-2012



Source: County Health Rankings & Roadmaps

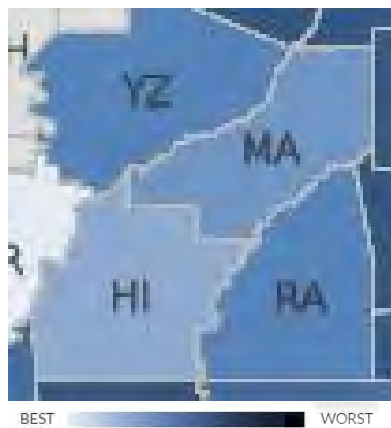
Approximately 30% of the U.S. population lives in a county that is designated as a Mental Health Professional Shortage Area. MAP 109 shows a map of the primary service area for the ratio of the population to mental health providers. Mental health providers is the ratio of the county population to the number of mental health providers including psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced practice nurses specializing in mental healthcare. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure.

The overall ratio for Mississippi is 887:1, which is more than double what the top U.S. performers ratio is, 386:1. The Mental Health Provider Ratio (MHP Ratio) in Mississippi ranges from a high of 28,273:1 to 232:1. For the primary service area, Rankin County has the highest MHP Ratio of 858:1 having 171 mental health providers. Madison County, with 127 mental health providers, has a ratio of 791:1. Hinds County has the best MHP Ratio in the primary service area of 494:1, having 496 mental health providers.

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MAP 109: Mental Health Providers, 2014



Source: County Health Rankings & Roadmaps

Conclusion

Effective community programs can not only provide care, but also can support enhanced education and infrastructure that can prevent the ailments faced by the residents of Hinds, Madison, and Rankin Counties.

Through this community assessment, MBMC and RCH, along with its community hospitals, clinics, and services, are able to collectively understand the community's perception of health needs and prioritize them appropriately. With focus turned towards providing access to care to the underserved community in Hinds, Madison, and Rankin Counties, providing education on chronic disease prevention and treatment as well as continuing to leverage our partnerships with local health providers and nonprofit organizations, Mississippi Baptist Medical Center and the Mississippi Hospital for Restorative Care are dedicated to a healthier community and a healthier Mississippi.

Mississippi Baptist Medical Center and the Mississippi Hospital for Restorative Care will develop an implementation strategy to address the priorities identified in this report as we continue to place an emphasis on a healthier community in a Christian environment. By doing so, we will remain what we are today.

Leaders in Healthcare. Followers in Faith.

APPENDIX A

Secondary Data Sources

U.S. Census Bureau

QuickFacts

QuickFacts is an easy to use application that shows tables, maps, and charts of frequently requested data over ten Census Bureau censuses, surveys, and programs. Profiles are available for the nation, all 50 states plus the District of Columbia and Puerto Rico, and counties. Places and county subdivisions with populations of 5,000 or more are also included.

American Community Survey

The American Community Survey (ACS) is an ongoing survey that provides data every year, giving communities the current information they need to plan investments and services. Information from the survey generates data that help determine how more than \$400 billion in federal and state funds are distributed each year. To help communities, state governments, and federal programs, the survey asks individuals about: age, sex, race, family and relationships, income and benefits, health insurance, education, veteran status, disabilities, where you work and how you get there, and where you live and how much you pay for some essentials. All this detail is combined into statistics that are used to help decide everything from school lunch programs to new hospitals.

County Business Patterns

County Business Patterns (CBP) is an annual series that provides sub-national economic data by industry. This series includes the number of establishments, employment during the week of March 12, first quarter payroll, and annual payroll. This data is useful for studying the economic activity of small areas; analyzing economic changes over time; and as a benchmark for other statistical series, surveys, and databases between economic censuses. Businesses use the data for analyzing market potential, measuring the effectiveness of sales and advertising programs, setting sales quotas, and developing budgets. Government agencies use the data for administration and planning.

Small Area Health Insurance Estimates

The U.S. Census Bureau's Small Area Health Insurance Estimates (SAHIE) program produces timely estimates for all counties and states by detailed demographic and income groups. The SAHIE program produces single-year estimates of health insurance coverage for every county in the U.S. The estimates are model-based and consistent with the American Community Survey (ACS). They are based on an "area-level" model that uses survey estimates for domains of interest, rather than individual responses. The estimates are "enhanced" with administrative data, within a Hierarchical Bayesian framework. Data can be used to analyze geographic variation in health insurance coverage, as well as disparities in coverage by race/ethnicity, sex, age and income levels that reflect thresholds for state and federal assistance programs. Because consistent estimates are available from 2008 to 2013, SAHIE reflects annual changes over time.

Center for Disease Control and Prevention

National Environmental Public Health Tracking Network

The National Environmental Public Health Tracking Network (Tracking Network) is a system of integrated health, exposure, and hazard information and data from a variety of national, state, and city sources. On the Tracking Network, you can view maps, tables, and charts with data about: chemicals and other substances found in the environment; some chronic diseases and conditions; the area where you live.

Division of Nutrition, Physical Activity, and Obesity

The Division of Nutrition, Physical Activity, and Obesity (DNPAO) supports healthy eating, active living, and obesity prevention by creating healthy child care centers, hospitals, schools, and worksites; building capacity of state health departments and national organizations; and, conducting research, surveillance and evaluation studies. CDC's Division of Nutrition, Physical Activity, and Obesity works to maintain health and prevent chronic disease by promoting healthy eating and active living for Americans of all ages. They work with state and local partners on community solutions to help increase healthy food choices and connect people to places and opportunities where they can be regularly active.

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based computer-assisted telephone interviewing effort conducted in cooperation with the Centers for Disease Control and Prevention. Questions are constructed to determine the behaviors of individuals that will affect their risk of developing chronic diseases that may lead to premature mortality and morbidity. The data collected helps to identify high risk populations that can be targeted for intervention programs. The data can also be used to track changes over time of prevalence of risk factor behaviors and related diseases, and can assess the impact of health promotion and prevention intervention programs. Currently, every state in the country, the District of Columbia, and three U.S. territories are members of this surveillance system.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Atlas

The NCHHSTP Atlas was created to provide an interactive platform for accessing data collected by CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP). This interactive tool provides CDC an effective way to disseminate data, while allowing users to observe trends and patterns by creating detailed reports, maps, and other graphics. Currently, the Atlas provides interactive maps, graphs, tables, and figures showing geographic patterns and time trends of HIV, AIDS, viral hepatitis, tuberculosis, chlamydia, gonorrhea, and primary and secondary syphilis surveillance data.

National Diabetes Data and Trends

Diabetes Data and Trends, which includes the National Diabetes Fact Sheet and the National Diabetes Surveillance System, provides resources documenting the public health burden of diabetes and its complications in the United States. The surveillance system also includes county-level estimates of diagnosed diabetes and selected risk factors for all U.S. counties to help target and optimize the resources for diabetes control and prevention.

National Center for Chronic Disease Prevention and Health Promotion

CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) is at the forefront of the nation's efforts to prevent and control chronic diseases. Guided by its mission, vision, and goals, the center's 10 programs carry out its work in the four domains of CDC's chronic disease prevention system.

National Vital Statistics System- Natality

Supplied by the Centers for Disease Control and Prevention, National Center for Health Statistics (CDC, NCHS), vital statistics natality data are a fundamental source of demographic, geographic, and medical and health information on all births occurring in the United States. This is one of the few sources of comparable health-related data for small geographic areas over an extended period of time. The data are used to present the characteristics of babies and their mothers, track trends such as birth rates for teenagers, and compare natality trends with those in other countries.

National Vital Statistics System- Mortality

Vital statistics mortality data are a fundamental source of demographic, geographic, and cause-of-death information. This is one of the few sources of comparable health-related data for small geographic areas over an extended time period. The data are used to present characteristics of those dying in the United States, to determine life expectancy, and to compare mortality trends with those in other countries.

CDC Chronic Disease Cost Calculator

To help states estimate the economic burden of chronic diseases, the CDC and RTI International developed the Chronic Disease Cost Calculator. Specifically, it provides the following estimates for each chronic condition: medical expenditures are for the entire state population (all payers and the uninsured) and separately for Medicaid, Medicare, and privately insured; absenteeism costs and estimates of missing work days; and, projections of medical costs until 2020.

Compressed Mortality File

The Compressed Mortality File (CMF) is produced by the National Center for Health Statistics (NCHS), at the CDC. CMF is a county-level national mortality and population database spanning the years 1968-2008. On CDC WONDER, data are available for the years 1979-2008. Compressed Mortality data on CDC WONDER are updated annually. Mortality data on the CMF are based on NCHS mortality files that include a record for every death of a U.S. resident recorded in the U.S. Mortality data are used to monitor the underlying and contributing causes of death for persons dying and to determine life expectancy.

The National Health Interview Survey (NHIS)

The National Health Interview Survey (NHIS) has monitored the health of the nation since 1957. NHIS data on a broad range of health topics are collected through personal household interviews. For over 50 years, the U.S. Census Bureau has been the data collection agent for the National Health Interview Survey. Survey results have been instrumental in providing data to track health status, health care access, and progress toward achieving national health objectives.

Dartmouth Atlas of Health Care

The Dartmouth Atlas Project (DAP) began in 1993 as a study of health care markets in the United States, measuring variations in health care resources and their utilization by geographic areas: local hospital market areas, regional referral regions, and states. More recently, the research agenda has expanded to reporting on the resources and utilization among patients at specific hospitals. DAP research uses very large claims databases from the Medicare program and other sources to define where Americans seek care, what kind of care they receive, and to correlate increasing expenditures and the supply of health providers and services with health outcomes.

National Cancer Institute: State Cancer Profiles

The objective of the State Cancer Profiles Web site is to provide a system to characterize the cancer burden in a standardized manner in order to motivate action, integrate surveillance into cancer control planning, characterize areas and demographic groups, and expose health disparities. The focus is on cancer sites for which there are evidence based control interventions. Interactive graphics and maps provide visual support for deciding where to focus cancer control efforts.

Kaiser State Health Facts

Statehealthfacts.org is a project of the Henry J. Kaiser Family Foundation and is designed to provide free, up-to-date, and easy-to-use health data for all 50 states. Statehealthfacts.org provides data on more than 700 health topics and is linked to both the Kaiser Family Foundation website and Kaiser Health News. The Kaiser Family Foundation is a non-profit, private operating foundation focusing on the major health care issues facing the U.S., as well as the U.S. role in global health policy. The Foundation serves as a non-partisan source of facts, information, and analysis for policymakers, the media, the health care community, and the public. The Foundation is not associated with Kaiser Permanente or Kaiser Industries.

Substance Abuse and Mental Health Services Administration

Treatment Episode Data Set (TEDS), State Admissions to Substance Abuse Treatment Services

TEDS is an administrative data system providing descriptive information about the national flow of admissions to specialty providers of substance abuse treatment. It is a compilation of data on the demographic and substance abuse characteristics of admissions to (and more recently, on discharges from) substance abuse treatment. The data are routinely collected by State administrative systems and then submitted to SAMHSA in a standard format.

Mississippi County Health Rankings

More than 3,000 counties and the District of Columbia can compare how healthy their residents are and how long they live with the 2012 County Health Rankings, released today. The Rankings are an annual check-up that highlights the healthiest and least healthy counties in every state, as well as those factors that influence health, outside of the doctor's office. The Rankings highlight the importance of critical factors such as education rates, income levels, and access to healthy foods, as well as access to medical care, in influencing how long and how well people live.

Mississippi State Department of Health

Health Statistics

Health Statistics is responsible for compiling, analyzing, and distributing information on health facilities, health care professionals, and on the health status of Mississippians. Health Statistics staff have the skills and knowledge to answer your questions on Mississippi health statistics. Their staff of statisticians, statistical analysts, and researchers has over a century of experience coupled with advanced degrees in statistics, economics, psychology, and health fields.

Hospital Discharge Data

Hospital discharge data are the abstracted records associated with a patient's stay in a short-term hospital. These data typically contain patient demographics, patients' length of hospital stay, diagnosis, treatment, and payment information. Mississippi-based hospital discharge data are collected, maintained, and analyzed by MSDH personnel.

Mississippi Chronic Illness Coalition

The Mississippi Chronic Illness Coalition was formed in 1996 to improve the long-term health of all Mississippians and help reduce the impact of chronic health conditions affecting the state. The MCIC has a statewide membership of over 200 individuals representing 120 organizations. The focus of the coalition's activities is expanding from diabetes to cardiovascular disease and other major health concerns. MCIC is raising awareness of these issues with the Know Your Numbers campaign.

Mississippi Vital Statistics

Mortality statistics are compiled from death certificates which are filed with the MSDH, Office of Vital Records as required by Mississippi state law and regulations. Mortality data in the Mississippi Statistically Automated Health Resource System (MSTAHRs) represents deaths of Mississippi residents. Deaths from 1999 forward are coded using the Tenth Revision of the International Classification of Diseases (ICD-10).

Directory of Mississippi Health Facilities

The Division of Health Facilities Licensure and Certification is the Mississippi regulatory agency responsible for licensing hospitals, nursing homes, personal care homes, home health agencies, ambulatory surgical facilities, birthing centers, abortion facilities, hospices, psychiatric residential treatment facilities, prescribed pediatric extended care facilities, and pediatric skilled nursing facilities. This division is also responsible for certifying health care facilities for participation in Medicare and Medicaid programs. Since the division requires health facilities to be in compliance with state and federal standards, the level of care delivered is continually reviewed and upgraded so that patients and residents can be better protected from abuse and neglect.

2015 State Health Plan

The State Health Plan establishes criteria and standards for health-related activities which require Certificate of Need (CON) review in an effort to meet the priority health needs identified by the department. These priority health needs are: 1) Disease prevention, health protection, and health promotion; 2) Health care for specific populations, such as mothers, babies, the elderly, the indigent, the uninsured, and minorities; 3) Implementation of a statewide trauma system; 4) Health needs of persons with mental illness, alcohol/drug abuse problems, mental retardation/developmental disabilities, and/or handicap; 5) Availability of adequate health manpower throughout the state; and 6) Enhance capacity for response to public health emergencies, including acts of bioterrorism.

U.S. Department of Agriculture

Food Environment Atlas

Food environment factors – such as store/restaurant proximity, food prices, food and nutrition assistance programs, and community characteristics – interact to influence food choices and diet quality. Research is beginning to document the complexity of these interactions, but more is needed to identify causal relationships and effective policy interventions. The objectives of the Atlas are to assemble statistics on food environment indicators to stimulate research on the determinants of food choices and diet quality, and to provide a spatial overview of a community's ability to access healthy food and its success in doing so.

Food Access Research Atlas

The Food Access Research Atlas presents a spatial overview of food access indicators for low-income and other census tracts using different measures of supermarket accessibility. It also provides food access data for populations within census tracts, and offers census-tract-level data on food access that can be downloaded for community planning or research purposes.

SNAP Retailer Locator

The SNAP Retailer Locator is a user-friendly web-based application that provides easy access to the location of the nearest SNAP approved stores. Enter any full address, city and state, or zip code and get a list of the 10, 25, or 50 closest SNAP retailers plotted on a map. Primarily designed to help SNAP recipients, the tool is also helpful for state eligibility workers, community organizations (such as food banks), and others offering assistance to SNAP recipients. Stores that accept SNAP benefits will also benefit from SNAP participants having ready access to finding a SNAP approved store in their neighborhood.

U.S. Department of Health and Human Services

Area Resource File (ARF)

The basic county-specific Area Resource File (ARF) is the nucleus of the overall ARF System. It is a database containing more than 6,000 variables for each of the nation's counties. ARF contains information on health facilities, health professions, measures of resource scarcity, health status, economic activity, health training programs, and socio-economic and environmental characteristics. In addition, the basic file contains geographic codes and descriptors which enable it to be linked to many other files and to aggregate counties into various geographic groupings.

Area Health Resources Files (AHRF)

The Area Health Resources Files (AHRF)—a family of health data resource products—draw from an extensive county-level database assembled annually from over 50 sources. The AHRF products include county and state ASCII files, an MS Access database, an AHRF Mapping Tool and Health Resources Comparison Tools (HRCT). These products are made available at no cost by HRSA/BHW/NCHWA to inform health resources planning, analysis and decision making.

Health Indicators Warehouse (HIW)

Access to high quality data improves understanding of a community's health status and determinants, and facilitates the prioritization of interventions. The purpose of the Health Indicators Warehouse (HIW) is to: 1) provide a single, user-friendly, source for national, state, and community health indicators; 2) meet needs of multiple population health initiatives; 3) facilitate harmonization of indicators across initiatives; 4) link indicators with evidence-based interventions; and 5) serve as the data hub for the HHS Community Health Data Initiative, a flagship HHS open government initiative to release data; encourage innovative application development; and catalyze change to improve community health.

America's Health Rankings®

America's Health Rankings® is the longest-running annual assessment of the nation's health on a state-by-state basis. For the past 25 years, America's Health Rankings® has provided a holistic view of the health of the nation. America's Health Rankings® is the result of a partnership between United Health Foundation, American Public Health Association, and Partnership for Prevention™.

Centers for Medicare & Medicaid Services (CMS)

Provider of Services (POS) File

The POS file contains data on characteristics of hospitals and other types of healthcare facilities, including the name and address of the facility and the type of Medicare services the facility provides, among other information. The POS file does not contain any individually identifiable information about beneficiaries. This file is one of the best sources for information on Medicare-enrolled institutional providers. The data is an invaluable resource to a variety of stakeholders including researchers and application developers.

Health Resources and Services Administration (HRSA)

Health Professional Shortage Areas (HPSA)

HRSA develops shortage designation criteria and uses them to decide whether or not a geographic area, population group or facility is a Health Professional Shortage Area or a Medically Underserved Area or Population. HPSAs may be designated as having a shortage of primary medical care, dental or mental health providers. They may be urban or rural areas, population groups or medical or other public facilities.

U.S. Department of Labor

Bureau of Labor Statistics

The Bureau of Labor Statistics (BLS) is a unit of the United States Department of Labor. It is the principal fact-finding agency for the U.S. government in the broad field of labor economics and statistics. The BLS is a governmental statistical agency that collects, processes, analyzes, and disseminates essential statistical data to the American public, the U.S. Congress, other Federal agencies, State and local governments, business, and labor representatives. The BLS also serves as a statistical resource to the Department of Labor.

Healthy People 2020

Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to: encourage collaborations across communities and sectors; empower individuals toward making informed health decisions; and measure the impact of prevention activities. There are more than 1,200 objectives in Healthy People 2020. Each Healthy People 2020 objective has a: reliable data source; baseline measure; and target for specific improvements to be achieved by the year 2020.

Mississippi Cancer Registry

The Mississippi Cancer Registry (MCR) is a population-based registry that collects information on cancer cases in Mississippi. In 1993, the Mississippi Legislature passed a law (Mississippi Code 41-91) mandating the collection of these data. Under the authorizing legislation, clinical laboratories, hospitals, physician's offices, cancer treatment centers, and other healthcare providers are required to report diagnostic and treatment information on cancer cases they diagnose or treat to the MCR. Data are used to inform health professionals and educate citizens regarding specific cancer risks, to answer public questions and concerns about cancer, to focus cancer control activities in the state, to monitor the occurrence of cancer, to aid in research studies, and to develop health services and screening programs.

Federal Bureau of Investigation

FBI Uniform Crime Reports

The Uniform Crime Reporting (UCR) Program has been the starting place for law enforcement executives, students of criminal justice, researchers, members of the media, and the public at large seeking information on crime in the nation. The program was conceived in 1929 by the International Association of Chiefs of Police to meet the need for reliable uniform crime statistics for the nation. In 1930, the FBI was tasked with collecting, publishing, and archiving those statistics. Today, four annual publications, *Crime in the United States*, *National Incident-Based Reporting System*, *Law Enforcement Officers Killed and Assaulted*, and *Hate Crime Statistics* are produced from data received from over 18,000 city, university/college, county, state, tribal, and federal law enforcement agencies voluntarily participating in the program. The crime data are submitted either through a state UCR Program or directly to the FBI's UCR Program.

County Health Rankings & Roadmaps

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. They believe America can become a nation where getting healthy, staying healthy, and making sure our children grow up healthy are top priorities. They have a vision of an America where all strive together to build a national culture of health that enables all in our diverse society to lead healthy lives, now and for generations to come. The goals of the program are to: 1) Build awareness of the multiple factors that influence health; 2) Provide a reliable, sustainable source of local data to communities to help them identify opportunities to improve their health; 3) Engage and activate local leaders from many sectors in creating sustainable community change; and 4) Connect & empower community leaders working to improve health.

Community Commons

Community Commons is a place where data, tools, and stories come together to inspire change and improve communities. They provide public access to thousands of meaningful data layers that allow mapping and reporting capabilities so you can thoroughly explore community health. As a mission driven organization, the technology and resources that they develop directly provide innovation for the future. They aim to make their custom tools publicly available whenever possible and their partners understand and support this public-good mission. The goal of Community Commons is to increase the impact of those working toward healthy, equitable, and sustainable communities.

U.S. Department of Education

National Center for Education Statistics (NCES), Common Core of Data (CCD)

The Common Core of Data (CCD) is the Department of Education's primary database on public elementary and secondary education in the United States. CCD is a comprehensive, annual, national statistical database of all public elementary and secondary schools and school districts, which contains data that are designed to be comparable across all states. The objectives of the CCD are twofold: first, to provide an official listing of public elementary and secondary schools and school districts in the nation, which can be used to select samples for other NCES surveys. And second, to provide basic information and descriptive statistics on public elementary and secondary schools and schooling in general.

EDFacts

EDFacts is a U. S. Department of Education initiative to put performance data at the center of policy, management and budget decisions for all K-12 educational programs. EDFacts centralizes performance data supplied by K-12 state education agencies (SEAs) with other data assets, such as financial grant information, within the Department to enable better analysis and use in policy development, planning and management. The purpose of EDFacts is to: 1) Place the use of robust, timely performance data at the core of decision and policymaking in education; 2) Reduce state and district data burden and streamline data practices; 3) Improve state data capabilities by providing resources and technical assistance; and 4) Provide data for planning, policy, and management at the federal, state, and local levels.

Feeding America

Feeding America is a United States-based non-profit organization that is a nationwide network of food banks that feeds more than 46 million people through food pantries, soup kitchens, shelters, and other community-based agencies in communities across America, and it leads the nation in the fight against hunger. The Feeding America network of food banks is leading the fight against hunger in communities nationwide. Together with individuals, charities, businesses and government we can solve hunger. Their mission is to feed America's hungry through a nationwide network of member food banks and engage our country in the fight to end hunger.

National Archive of Criminal Justice Data

The mission of the National Archive of Criminal Justice Data (NACJD) is to facilitate research in criminal justice and criminology, through the preservation, enhancement, and sharing of computerized data resources; through the production of original research based on archived data; and through specialized training workshops in quantitative analysis of crime and justice data. NACJD provides the following services to assist those using our data collections: 1) The identification of appropriate criminological and criminal justice data collections on specific topics; 2) Custom sub-setting of selected data files through our online Survey Documentation and Analysis; and 3) Assistance with the retrieval and use of files obtained from the archive.

U.S. Department of Transportation – National Highway Traffic & Safety Administration

Fatality Analysis Reporting System (FARS)

FARS is a nationwide census providing NHTSA, Congress and the American public yearly data regarding fatal injuries suffered in motor vehicle traffic crashes. The Fatality Analysis Reporting System (FARS) contains data on all vehicle crashes in the United States that occur on a public roadway and involve a fatality. This FARS Query System provides interactive public access to fatality data through this web interface.

Nielsen

Nielsen SiteReports

Nielsen, a leading global information and measurement company, provides insights and data about what people watch, listen to and buy. They study consumers in more than 100 countries to give the most complete view of trends and habits worldwide. They're constantly evolving, in terms of where they measure and who they measure. Nielsen SiteReports is the most accurate online source for U.S. demographics and is the first to offer current year and five year demographic projections. SiteReports offers more than 50 reports and maps providing detailed information helping to analyze markets, select site locations, and target constituents effectively.

APPENDIX B

Community Health Resources

Community Health Resources

Source: Mississippi State Department of Health, Directory of Mississippi Health Facilities – January 2015

Ambulatory Surgical Facilities	
Hinds	Gastrointestinal Associates Endoscopy; MAE Physicians Surgery Center, LLC; Mississippi Foot & Surgical Center, LLC; Mississippi Surgical Center; Premier Endoscopy Clinic; St. Dominic Ambulatory Surgery Center; Surgicare of Jackson 7 TOTAL
Madison	Comprehensive Pain Center for Surgery; Gastrointestinal Associates Endoscopy; The Eye Surgery and Laser Center, LLC 3 TOTAL
Rankin	Eye Surgical Center of MS, LLC; Jackson Eye Institute & ASC; New South Neuro Spine, LLC Pain Center; The Pediatric Surgery Center at River Oaks; The Plastic Surgical Center of MS; The Runnels' Plastic Surgery Center, LLC 6 TOTAL

End Stage Renal Disease Facilities	
Hinds	BMA of Southwest Jackson; Central Dialysis Unit; Fresenius Medical Care-Southwest; NRI-Jackson North; NRI-Jackson South; NRI-Jackson Southwest; UMC Pediatric & ESRD Qualified Adult OPT Clinic; University Hospital & Clinics Outpatient Dialysis 8 TOTAL
Madison	Central Dialysis, Inc.-Canton; NRI-Canton 2 TOTAL
Rankin	FMC Dialysis Services of Rankin County; Fresenius Medical Care-Lakeland Home Program; NRI-Brandon 3 TOTAL

Home Health Agencies

Hinds	Amedisys Home Health of Vicksburg*; Camellia Home Health*; Mississippi Home Care of Jackson; Sta-Home Health Agency of Jackson, Inc. 4 TOTAL
Madison	Camellia Home Health*; Gentiva Health Services*; Mid-Delta Home Health, Inc.*; Mississippi Homecare of Jackson*; Sta-Home Health Agency of Jackson, Inc.* 5 TOTAL
Rankin	Amedisys Home Health of Vicksburg*; Camellia Home Health*; Gentiva Health Services; Mississippi Homecare of Jackson*; South Mississippi Home Health, Inc.-Region II*; Sta-Home Health Agency of Jackson, Inc.* 6 TOTAL

* Denotes local branch in county

Hospice Facilities

Hinds	Allcare Hospice & Palliative Services, LLC; Alpha Healthcare; Holistic Care Hospice Jackson; Hospice Advantage of Jackson; Miracle Care Hospice, Inc.; North Lion Hospice & Palliative Care, LLC; Our Family Home Hospice, Inc.; Physician Hospice Care; Southerncare Jackson; Sta-Home Hospice of MS, Inc.; Walk of Faith Hospice 11 TOTAL
Madison	Hospice Ministries; Kare-In-Home Hospice; Mid-Delta Hospice of Canton; Pax Hospice 4 TOTAL
Rankin	Camellia Hospice of Central MS; Gentiva Hospice; St. Joseph Hospice of West, MS 3 TOTAL

Hospital Facilities (Number of Beds)

Hinds	Central MS Medical Center (462); Mississippi Baptist Medical Center (638); Mississippi Hospital for Restorative Care (25); Mississippi Methodist Rehabilitation Center (124); Regency Hospital of Jackson (36); Select Specialty Hospital Jackson (53); St. Dominic-Jackson Memorial Hospital (535); University of Mississippi Medical Center (697) 8 TOTAL
Madison	Madison River Oaks Medical Center (67) 1 TOTAL
Rankin	Brentwood Behavioral Healthcare of MS (105); Crossgates River Oaks Hospital (134); Mississippi State Hospital (1,479); Oak Circle Center (60); River Oaks Hospital (160); Whitfield Medical Surgical Hospital (43); Woman's Hospital at River Oaks (109) 7 TOTAL

Nursing Home Facilities (Capacity)

Hinds	Belhaven Senior Care (60); Chadwick Nursing & Rehabilitation Center (102); Clinton Healthcare (121); Community Place (60); Compere's Nursing Home (60); Cottage Grove Nursing Home (120); Forest Hill Nursing Center (87); Hinds County Nursing & Rehabilitation Center (105); Lakeland Nursing & Rehabilitation Center (105); Magnolia Senior Care (60); Manhattan Nursing & Rehabilitation Center (180); MS State Veterans Home-Jackson (150); Pleasant Hills Community Living Center (120); Trinity Mission Health & Rehab of Clinton (145); Willow Creek Retirement Center (88); 15 TOTAL
Madison	Highland Home (120); Madison County Nursing Home (95); St. Catherine's Village-Siena Center (120); The Arbor (60); The Nichols Center (60) 5 TOTAL
Rankin	Brandon Court (100); Brandon Nursing & Rehabilitation Center (230); Briar Hill Rest Home (60); Jaquith Nursing Home-Adams Inn (133); Jaquith Nursing Home-Jaquith Inn (87); Jaquith Nursing Home-Jefferson Inn (86); Jaquith Nursing Home-Madison Inn (85); Jaquith Nursing Home-Monroe Inn (44); Methodist Specialty Care Center (60); Wisteria Gardens (52) 10 TOTAL

Personal Care Home Facilities (Capacity)

Hinds	Alpha & Omega Personal Care Home (13); Autumn Light Care Home (23); Community Welfare & Health Center (14); Eldercare Personal Care Home (11); Emeritus At Trace Pointe* (108); Erie Personal Care Home (11); Fondren Cove Assisted Living* (18); Genesis Personal Care (19); Harmony Court Assisted Living* (105); Horizon Personal Care (15); House of Faith (15); Love & Gracious Center Services (11); McAllister's Personal Care Home (11); Methodist Home Road Living Center (15); Mississippi Cares Residential Home (24); North Grove Assisted Living* (34); Paradise Cove Personal Care Home* (6); Parker's Personal Care Home (16); Pope Personal Care Home (6); Riggs Manor Retirement Community* (56); Shanell's Assisted Living* (15); Silas Personal Care Home* (16); Sincere Home Care, LLC* (14); St. David's Personal Care Home (8); T's Personal Care Home (10); Utopia Assisted Living* (20) 26 TOTAL
Madison	Emeritus at Ridgeland Pointe* (100); Old Ladies Home* (20); Seasons* (10); St. Catherine's Village/Campbell Cove* (36); St. Catherine's Village/Marian Hall* (60); The Blake at Township* (115); The Orchard Personal Care Home (61); Willard F. Bond Home (40) 8 TOTAL
Rankin	Brandon Court* (6); Briar Hill Rest Home Personal Care Home (2); Emeritus at Heritage House* (110); Peachtree Village* (71); Plain View Assisted Living* (55); The Blake at Flowood* (130); Villa South Assisted Living* (50); Wisteria Gardens (6) 8 TOTAL

* Denotes Assisted Living

Rural Health Facilities

Hinds	Bolton Family Clinic; Minor Med Care, Raymond 2 TOTAL
Madison	L.C. Tennin, Jr. MD, PA; Madison Canton Medical Clinic 2 TOTAL
Rankin	Florence Family Clinic; Harrisville Medical Clinic; Rankin Rural Medical Clinic 3 TOTAL

Other Community Health Resources:

Abortion Facilities

Hinds County = 1

Jackson Women’s Health Organization – Jackson

Psychiatric Residential Treatment Facilities

Hinds County = 1

CARES Center (Capacity of 60) – Jackson

Portable X-Ray Providers

Hinds County = 2

Portable Medical Diagnostics – Jackson

Symphony Diagnostics Services #1 – Jackson

Madison County = 1

Precision Ultra Sound Imaging, Inc. – Ridgeland

Outpatient Physical Therapy Facilities

Hinds County = 5

360 Total Rehab – Byram

Genesis Physical Therapy and Rehab Services – Clinton

Medicomp Physical Therapy – Byram

Performance Rehab, Inc. – Byram

Trinity Rehabilitation – Jackson

Madison County = 3

Genesis Physical Therapy and Rehab Services – Ridgeland

Medicomp Physical Therapy – Ridgeland

Trinity Rehabilitation – Canton

Rankin County = 6

360 Total Rehab – Flowood

Genesis Physical Therapy and Rehab Services – Flowood

Genesis Physical Therapy and Rehab Services – Pearl

Medicomp Physical Therapy – Brandon

Medicomp Physical Therapy – Flowood

Physiotherapy Associates, Inc. – Florence

Intermediate Care Facilities for Individuals with Intellectual Disabilities

Madison County = 2

Canton Manor (132 Beds) – Canton

Son Valley (20 Beds) – Canton

Rankin County = 3

Hudspeth Regional Center (415 Beds) – Whitfield

Rankin County Community Home (10 Beds) – Pearl

Brandon Community Home (10 Beds) – Brandon

APPENDIX C

Focus Group of Key Informants

Mississippi State Department of Health

Mary Currier, M.D., M.P.H. – State Health Officer

Jonathan Chaney, CPM, CGA, CHSP – District Administrator, Public Health District V

Synopsis:

Mary Currier became Mississippi's State Health Officer in 2010 after serving as State Epidemiologist from 1993 to 2003, and again from 2007 to 2009. Prior to serving as State Epidemiologist, she was a medical consultant with the agency. Dr. Currier began her public health career with the Mississippi State Department of Health as a staff physician for the prenatal care, family planning, STD, and pediatrics programs. Her professional licenses and memberships are with the American Medical Association, Mississippi Central Medical Society, American Public Health Association, and is board certified in Public Health and General Preventative Medicine.

Since joining the Mississippi State Department of Health (MSDH) in 2000, Jonathan Chaney has served within the Office of Emergency Preparedness and Response in a variety of capacities, most recently as the Director of the Bureau of Logistics and Hospital Preparedness. Prior to coming to MSDH, he served for over a decade in the corporate business sector. Jonathan Chaney holds a degree in accounting from Mississippi College, is a Certified Public Manager, a Certified Grants Administrator, and a Certified Healthcare Safety Professional. He is also a graduate of the South Central Public Health Leadership Institute, and the University of Connecticut Collaborative Leadership in Homeland Security Program.

Mission First

Lee Thigpen, Executive Director

Lynda Hardin, Family Nurse Practitioner

www.missionfirst.org

Synopsis:

Mission First provides services to the poor, needy, and underserved in the heart of downtown Jackson. Its services include a Medical Dental Clinic, Wellness Program, Children's Program, Community Development Program, Children's Educational Program, Sports Ministry, and Legal Aid Program. The Medical and Dental Clinic at Mission First services over 1,800 patient visits each year, and operates with professional volunteers. Services provided include: general dentistry, oral surgery, ophthalmology and general family medicine. The Mission First Comprehensive Wellness Program works to strengthen residents in the West Park Community through daily fitness programs.

Stewpot Community Services

Christie Burnett, Director of Opportunity Center
Wilbur Logan, Director of Billy Brumfield House
Mary Thompson, Director of Women's Services
Stewpot.org

Synopsis:

Stewpot Community Services provides thousands of men, women, and children with hot meals, groceries, clothing, shelter, childcare, mentoring, and other programs to nurture them and help them get back on their feet. Their mission is to provide food, clothing, shelter, and nurturing care to children, the elderly, disabled, and poor persons in the community. Striving to share its gifts and talents to those in need, it has a host of programs and services, including The Opportunity Center, The Billy Brumfield Shelter, and Women's Services.

The Opportunity Center serves as Jackson's only day shelter and it provides a safe, clean place for homeless men and women to be during the daytime hours. Open seven days a week, clients can take showers, wash clothes, store bags, receive mail, use telephones and computers as well as receive case management services and referrals to other resources. Resume and job search assistance is also provided. The computer lab is available to Stewpot's clients as well as community members who need Internet access. This shelter serves over 100 people daily.

The Billy Brumfield Shelter serves as a shelter for up to 60 men a night. It serves as an emergency shelter for homeless men, offering safe shelter, clean showers, nutritious food, and a supportive community. It also offers a drug and alcohol rehabilitation program, supported by AA meetings, group and individual counseling, employment requirements, and a savings program. Finally, for men with medical disabilities, it provides support and a stable place to live as they navigate state and federal requirements to receive benefits and permanent housing. Over 700 men a year find shelter in this facility.

Three services make up Women's Services: Sims House, Matt's House, and Flowers House. Sims House is a transitional shelter for women and their children. It provides a 90-day stay for its residents and serves over 60 guests a year. While at Sims House, residents must attempt to find a job, participate in group and individual therapy with a licensed family counselor, help with chores around the house, and learn about financial planning and wise money management. The women are also provided with guidance by a full-time case manager who aids them in finding permanent housing, jobs, and educational programs. Matt's House is an emergency shelter providing shelter for homeless women who have no other place to go. For over 300 guests a year, Matt's House offers a safe, nurturing environment while staff assists residents in finding housing, employment, or transportation back to their families. The residents receive an evening meal and a light breakfast in addition to a safe place to sleep for the night. Flowers House was opened in an effort to provide a safe and comfortable shelter for homeless women with children. This facility provides emergency housing for up to six families at a time. Case management services, counseling, parenting skills, job searching, and money management services are provided to each family. Meal preparation and household chores are shared among the residents.

Midtown Partners, Inc.

Eileen Beazley, Director of Early Childhood
midtownpartners.org

Synopsis:

The mission of Midtown Partners is to build a vibrant, healthy, sustainable community in which to live, work, and raise families by working in partnership with residents, businesses, and other stakeholders. Midtown Partners works to transform the lives of Midtown residents by building resident capacity, expanding opportunities, and serving as a catalyst for improving the quality of life. Their core programs and services focus on economic security, health and wellness, education, community engagement, and housing and economic development.

United Way of the Capital Area

Carol Burger, President and CEO
www.myunitedway.com

Synopsis:

To achieve their mission of providing opportunities that empower people to build successful lives, the United Way of the Capital Area provides educational and asset building opportunities that create pathways out of poverty for families in Hinds, Madison, and Rankin counties. Their strategy is to invest, advocate, and leverage resources in order to solve problems at their root causes. Their goals for providing opportunities for successful lives for families in the tri-county area are focused in their community impact strategies: Education, Income, and Health.

R.E.A.L. Christian Foundation

Dolphus Weary, Executive Director
www.realchristianfoundation.org

Synopsis:

Founded by Drs. Dolphus and Rosie Weary, they are familiar with rural poverty, its causes and effects, and proven solutions. They are also familiar with the struggles rural nonprofits have when trying to work and make a difference in these communities. They are familiar because rural poverty is their story. R.E.A.L. believes the most effective way to combat rural poverty is to empower people to help themselves. R.E.A.L.'s mission, born out of the history and personal experience of its founders is to connect resources, provide grants, and technical assistance for Christian-based organizations in rural Mississippi in order to enable them to enrich the lives of underserved children, youth, and families.

APPENDIX D

Focus Group/Key Informants Questionnaire



COMMUNITY HEALTH NEEDS ASSESSMENT Focus Group/Key Informant Questionnaire 2015-2017

Mississippi Baptist Health Systems, Inc.

- **Mississippi Baptist Medical Center**
- **The Mississippi Hospital for Restorative Care**

TELL US ABOUT YOURSELF AND YOUR ORGANIZATION/PROGRAM

Name: _____

Organization Name: _____

Title/Position: _____

Date: _____ **How long have you been living in this area?** _____

How long have you been in your current position? _____

What is your program/organization’s role in contributing to the well-being of people who live in this area (Hinds, Madison, and Rankin Counties)?

What is the demographic (e.g. race/ethnicity, age, sex, income level, social status, etc.) composition of individuals that are most likely to use your services?

TELL US YOUR THOUGHTS ABOUT OUR COMMUNITY

This section has a series of questions about our community. Please answer these questions from the perspective of the individuals you serve through your organization's programs, services, and mission whenever possible.

What do you like most about living here?

What concerns you most about living here?

What do you consider to be the top 2 – 3 strengths of our community? Why?

What do you consider to be the top 2 – 3 challenges facing our community? Why?

What do you consider to be the greatest needs of our community’s residents that are not being adequately addressed? In your opinion, why are they not being addressed?

TELL US YOUR THOUGHTS ABOUT OUR COMMUNITY'S HEALTH NEEDS & WELLNESS

This section has a series of questions about our community's health needs and wellness. Please answer these questions from the perspective of the individuals you serve through your organization's programs, services, and mission whenever possible.

What would you say are the top 2 – 3 strengths of the health services available in our community? Why?

What would you say are the top 2 – 3 major health concerns (most important health issues) facing the residents of our community? Why?

How would you try to address these issues to reduce the problems facing our community's residents?

What healthcare services are needed that are not being adequately provided to the residents in our community? In your opinion, why are they not being adequately addressed?

What are the top 2 – 3 barriers to accessing healthcare services residents face in our community?

How would you address those barriers to make healthcare services more accessible to the residents in our community?

What do individuals do to stay healthy that your organization serves?

In your opinion, what changes need to be made to healthcare to better benefit the community and the individuals your organization serves?

What other information would you like to share about community health and wellness as it relates to the individuals your organization serves that has not been mentioned or addressed?

Thank you for taking our survey!

APPENDIX E

CHNA Health Survey Questionnaire



COMMUNITY HEALTH NEEDS ASSESSMENT

Health Survey Questionnaire

2015-2017

Mississippi Baptist Health Systems, Inc.

- **Mississippi Baptist Medical Center**
- **The Mississippi Hospital for Restorative Care**

Consent to Participate in the Survey

By participating in this survey, you are verifying that you are at least 18 years of age and a resident of Mississippi. All survey responses will remain anonymous. This survey is being conducted by Mississippi Baptist Health Systems, Inc. in order to better understand the communities we serve and the needs of those who live there. Participation in this survey is completely voluntary.

Please mark the “Yes” checkbox, indicating you have read this statement and agree to participate.

Yes – I am at least 18 years of age and a Mississippi resident

BASIC DEMOGRAPHIC INFORMATION

In which Mississippi county do you live?

- Hinds Madison Rankin Other (*please specify*): _____

How long have you lived there?

- Less than a year 1 to 5 years 6 to 10 years More than 10 years

The Zip Code of my residence is: _____

How old are you?

- 18-25 26-35 36-45 46-55 56-65 Over 65

I am a:

- Male Female

What is your race/ethnicity?

- White Black/African American Hispanic American Indian/Alaskan Native
 Asian/Pacific Islander Other (*please specify*): _____

What is the highest level of education you have completed?

- Some high school High school graduate/GED Some college
 Associates degree Bachelor's degree Post graduate degree/masters
 Doctorate

What is your current employment status?

- Employed, full-time Employed, part-time Full-time student Part-time student
 Homemaker Retired Unemployed (less than a year) Unemployed (more than a year)
 Unemployed (illness/disabled)

In which county is your employment located?

- Hinds Madison Rankin I'm not employed Other (*please specify*): _____

In what type of industry are you employed?

- Private business Government Education Healthcare Not-for-profit
 Self-employed I'm not employed Other (*please specify*): _____

What is your annual household income?

- Less than \$25,000 \$25,000 to \$49,999 \$50,000 to \$74,999 \$75,000 to \$99,999
 \$100,000 to \$199,999 \$200,000 or more Prefer not to answer

INSURANCE, HEALTHCARE & WELLNESS

What types of insurance coverage do you currently have (please check all that apply)?

- Health Dental Vision I do not know I do not have insurance

What type of healthcare coverage do you have?

- Commercial health insurance (*employer provided, Blue Cross, Humana, etc.*) Medicare
 Medicaid/Passport Government/Military (*CHAMPUS, VA, Tricare*)
 Health Insurance Exchange Plan I do not know None
 Other (*please specify*): _____

How would you describe your overall health?

- Excellent Very Good Good Fair Poor

When was your most recent routine doctor's visit?

- Within the last 12 months Within the last 2 years Within the last 5 years Over 5 years
 Do not know I have never had a routine doctor's visit

Please mark the preventative screenings or procedures you have had in the last 12 months (check all that apply):

- Blood pressure Blood sugar Bone density test Cancer, other (*not listed*)
 Cardiovascular/heart disease Cholesterol Colonoscopy or occult blood test for colon cancer
 Dental Flu Shot Glaucoma Hearing Mammogram Pap smear
 Prostate cancer (*PSA test or digital exam*) Skin cancer Vision
 Other (*please specify*): _____

Do you currently smoke tobacco or use a tobacco product? Yes No

How important is living a healthy lifestyle to you?

- Very important Somewhat important A little important Not important

How often do you do the following (please check one box per activity)?

	Never	2-3 times a year	Monthly	2-3 times a month	Weekly	2-3 times a week	Always (Daily)
Eat fast food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat at least 5 servings of fruits and vegetables a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take vitamins/nutritional supplements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drink more than 4 (female) or 5 (male) alcoholic beverages per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep for 7-8 hours per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exercise 30 minutes or more a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manage your stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditate or practice relaxation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse or overuse prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where do you go to receive your routine healthcare (check all that apply)?

- Physician's office
 Health Department
 Urgent care clinic
 Emergency room
 Clinic in a grocery store or drug store
 I do not receive routine healthcare
 Other (Please specify): _____

Are you able to visit or see a doctor when needed?

- Always
 Sometimes
 Never
 I do not want to visit or see a doctor, even if I need to

How often do the following circumstances occur that prevent you from seeing a doctor?

	Never	Occasionally	Often
No insurance or not enough insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot afford it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No appointment available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Live too far away from a clinic or healthcare facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot take time off from work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family or other personal responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No specialist in my community for my condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select the top three health challenges you face (select only three).

- Cancer
 Diabetes
 Overweight/obesity
 Lung disease
 High blood pressure
 Stroke
 Heart disease
 Joint or back pain
 Mental health
 Alcohol addiction or overuse
 Drug addiction
 I do not have any health challenges
 Other (Please specify): _____

Do you use sunscreen or protective clothing for planned time in the sun?

Always/most of the time Sometimes Never

Do you have access to a wellness program through your employer?

Yes No I don't know I'm not employed

COMMUNITY RESOURCES

Please mark the appropriate box in regards to what you think about your community.

	Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree
It is easy to get immunizations and vaccinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency medical care and treatment are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are enough primary care physicians whom I can see when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are enough specialized care physicians whom I can see when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitals adequately meet the health needs of the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental care is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to get information about various health services offered to me in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I live in a safe community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schools in my community protect children from bullying and abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a strong effort to prevent obesity in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are plenty of fitness opportunities for people to use in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have access to healthy food in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community works hard to prevent drug and alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community works hard to teach others ways of avoiding risky behaviors and sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has plenty of public programs on various health topics important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are significant resources to help the poor and needy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the three most important health concerns in your community?

1. _____

2. _____

3. _____

What problems have you or others in your community had when trying to get needed healthcare treatment or services?

What do you think would reduce the use of the Emergency Room for non-emergency medical needs?

Where can local hospitals, either on their own or in collaboration, have the greatest impact on improving health in the community?

What additional health services need to be offered to meet health challenges in your community?

Please let us know any other thoughts or concerns you have about the health needs of your community.

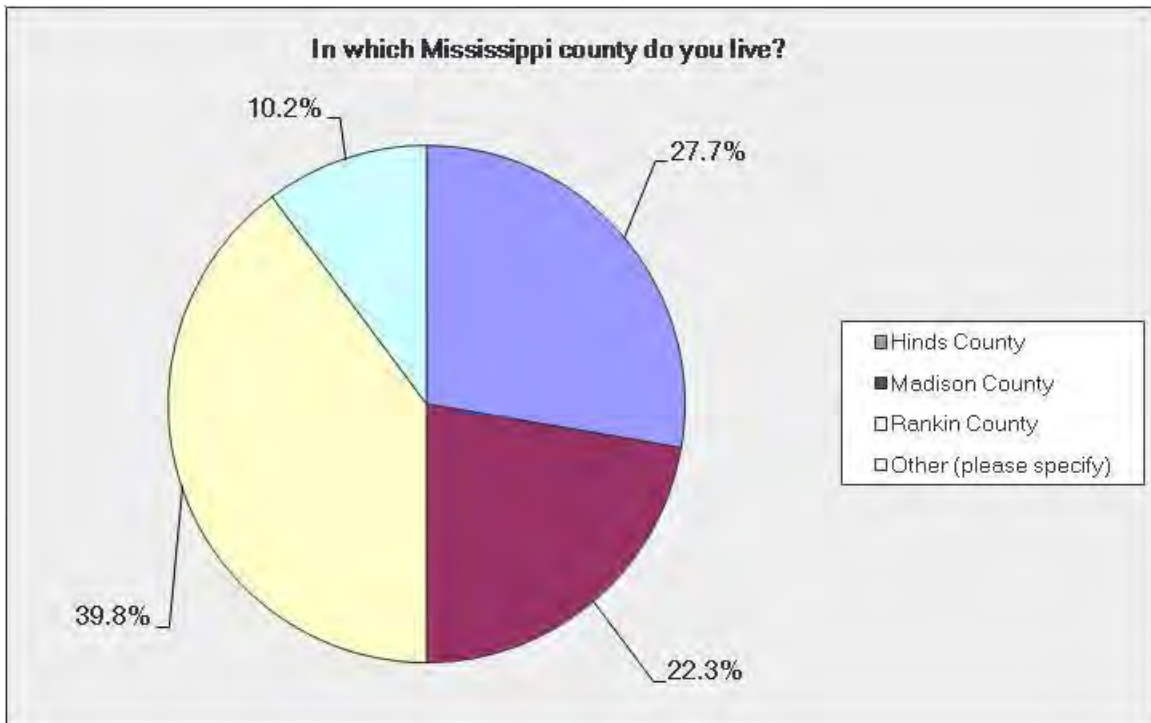
Thank you for taking our survey!

APPENDIX F

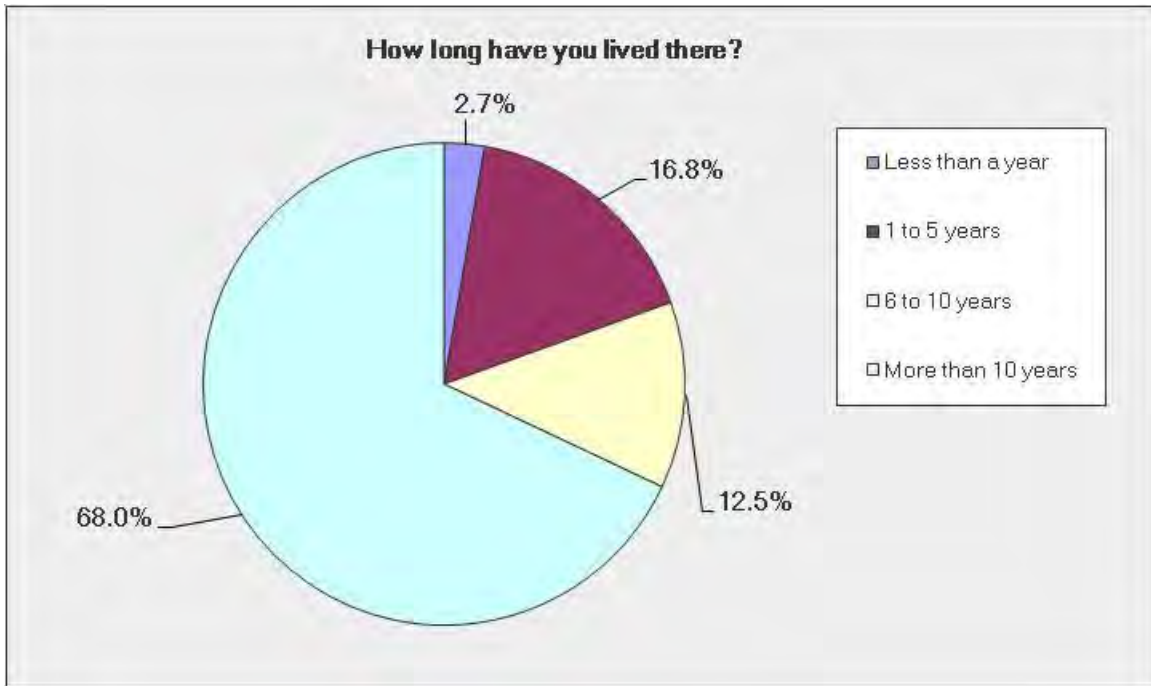
**CHNA Health Survey Questionnaire
Responses**

In which Mississippi county do you live?		
Answer Options	Response Percent	Response Count
Hinds County	27.7%	71
Madison County	22.3%	57
Rankin County	39.8%	102
Other (please specify)	10.2%	26
<i>answered question</i>		256
<i>skipped question</i>		1

Other Counties	Response Count	Response Percent
Leake County	12	4.7%
Simpson County	4	1.6%
Yazoo County	3	1.2%
Carroll County	1	0.4%
Copiah County	1	0.4%
Grenada County	1	0.4%
Holmes County	1	0.4%
Leflore County	1	0.4%
Neshoba County	1	0.4%
Warren County	1	0.4%



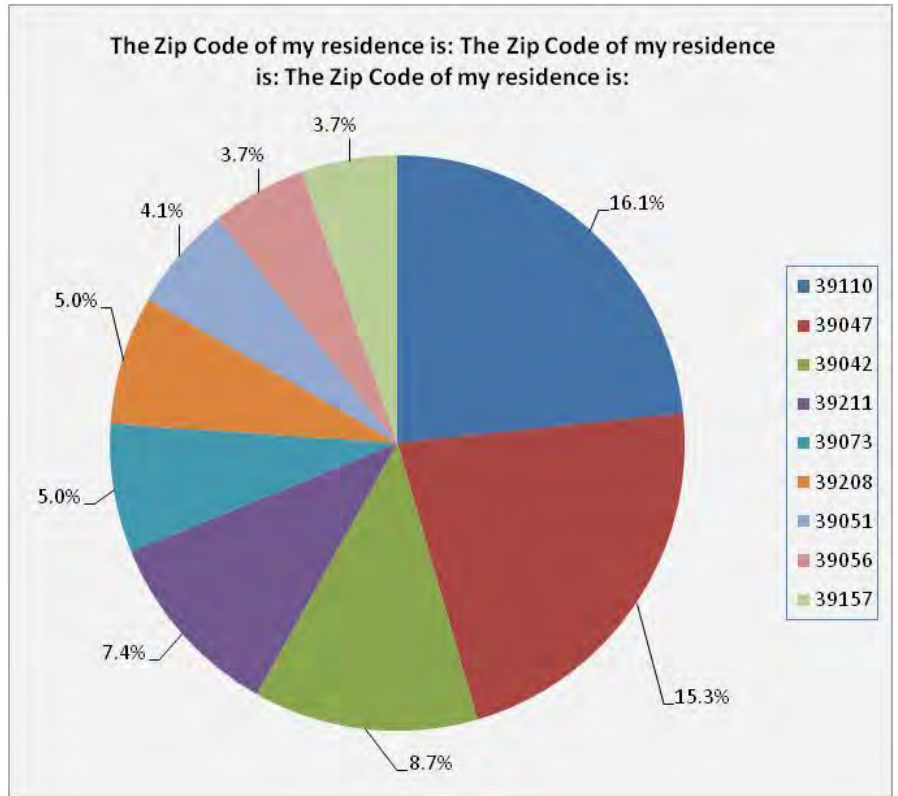
How long have you lived there?		
Answer Options	Response Percent	Response Count
Less than a year	2.7%	7
1 to 5 years	16.8%	43
6 to 10 years	12.5%	32
More than 10 years	68.0%	174
<i>answered question</i>		256
<i>skipped question</i>		1



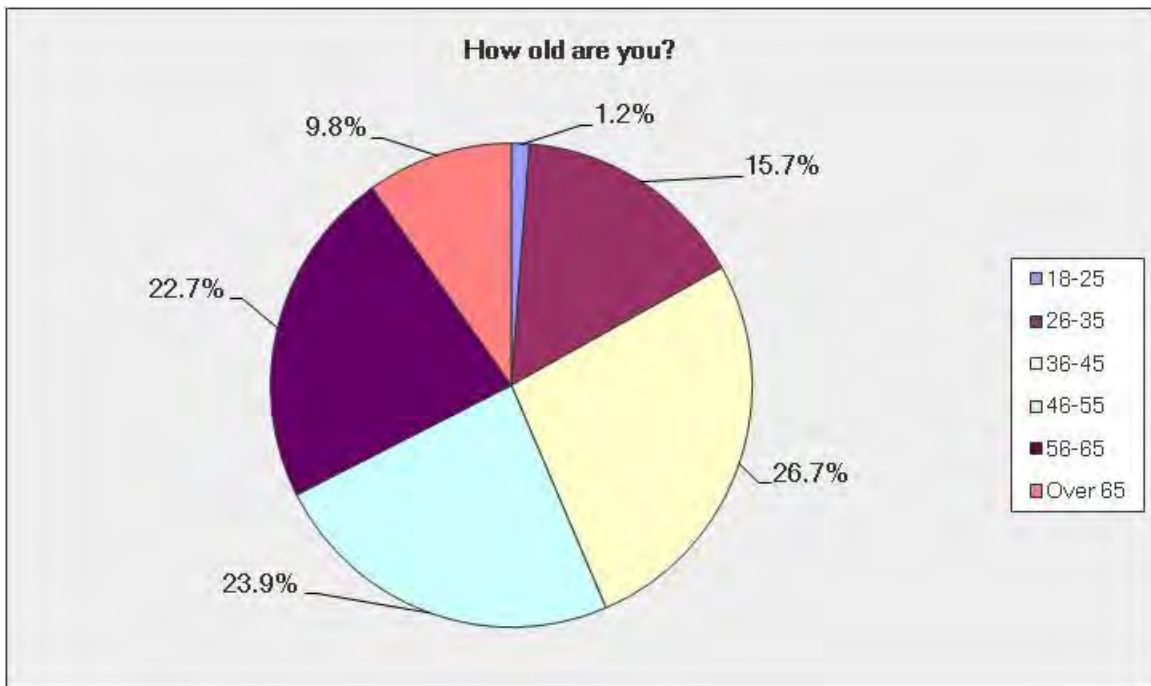
The Zip Code of my residence is:

Answer Options	Response Count
	242
<i>answered question</i>	242
<i>skipped question</i>	15

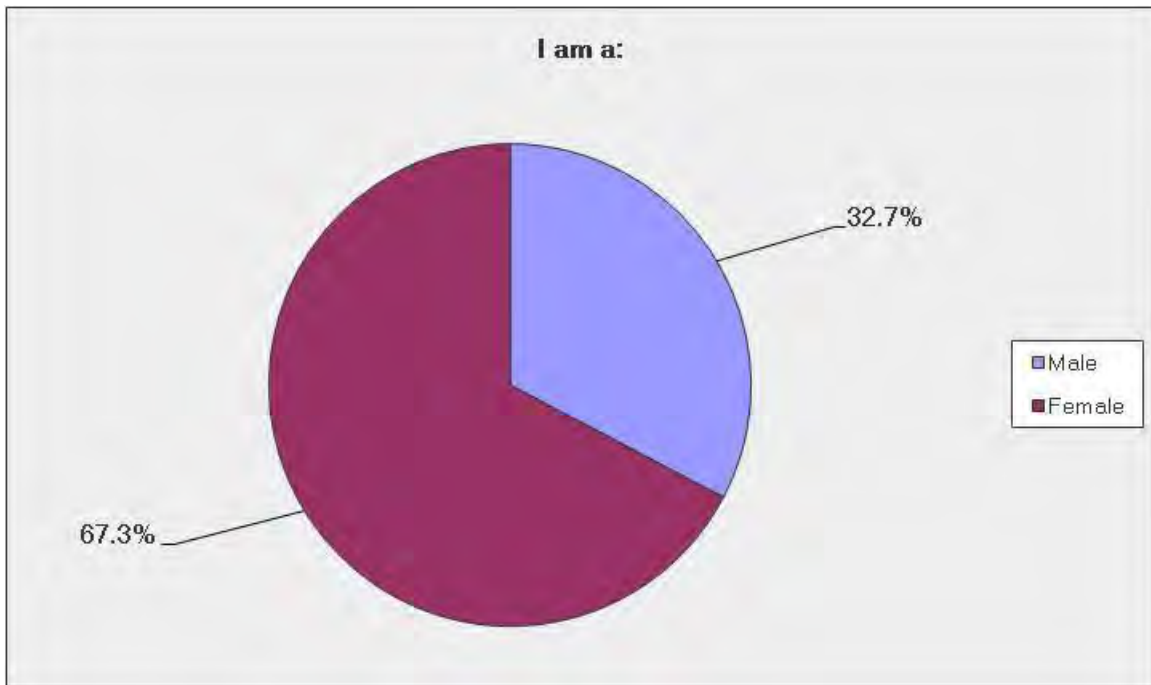
Response Zip	Response Count	Response Percent
39110	39	16.1%
39047	37	15.3%
39042	21	8.7%
39211	18	7.4%
39073	12	5.0%
39208	12	5.0%
39051	10	4.1%
39056	9	3.7%
39157	9	3.7%
39202	8	3.3%
39232	8	3.3%
39272	7	2.9%
39216	6	2.5%
39046	5	2.1%
39170	4	1.7%
39154	3	1.2%
39206	3	1.2%
39212	3	1.2%
39218	3	1.2%
39059	2	0.8%
39094	2	0.8%
39145	2	0.8%
39209	2	0.8%
38901	1	0.4%
38917	1	0.4%
38930	1	0.4%
39040	1	0.4%
39044	1	0.4%
39066	1	0.4%
39071	1	0.4%
39082	1	0.4%
39088	1	0.4%
39111	1	0.4%
39114	1	0.4%
39117	1	0.4%
39146	1	0.4%
39183	1	0.4%
39194	1	0.4%
39203	1	0.4%
39819	1	0.4%



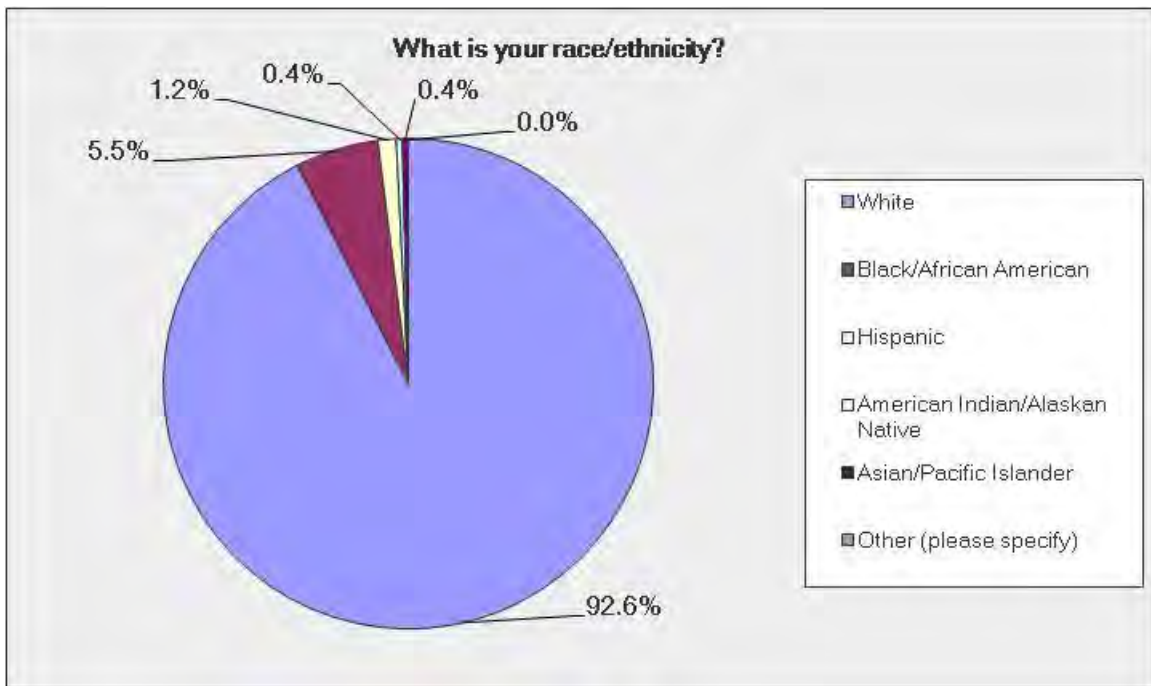
How old are you?		
Answer Options	Response Percent	Response Count
18-25	1.2%	3
26-35	15.7%	40
36-45	26.7%	68
46-55	23.9%	61
56-65	22.7%	58
Over 65	9.8%	25
<i>answered question</i>		255
<i>skipped question</i>		2



I am a:		
Answer Options	Response Percent	Response Count
Male	32.7%	82
Female	67.3%	169
<i>answered question</i>		251
<i>skipped question</i>		6

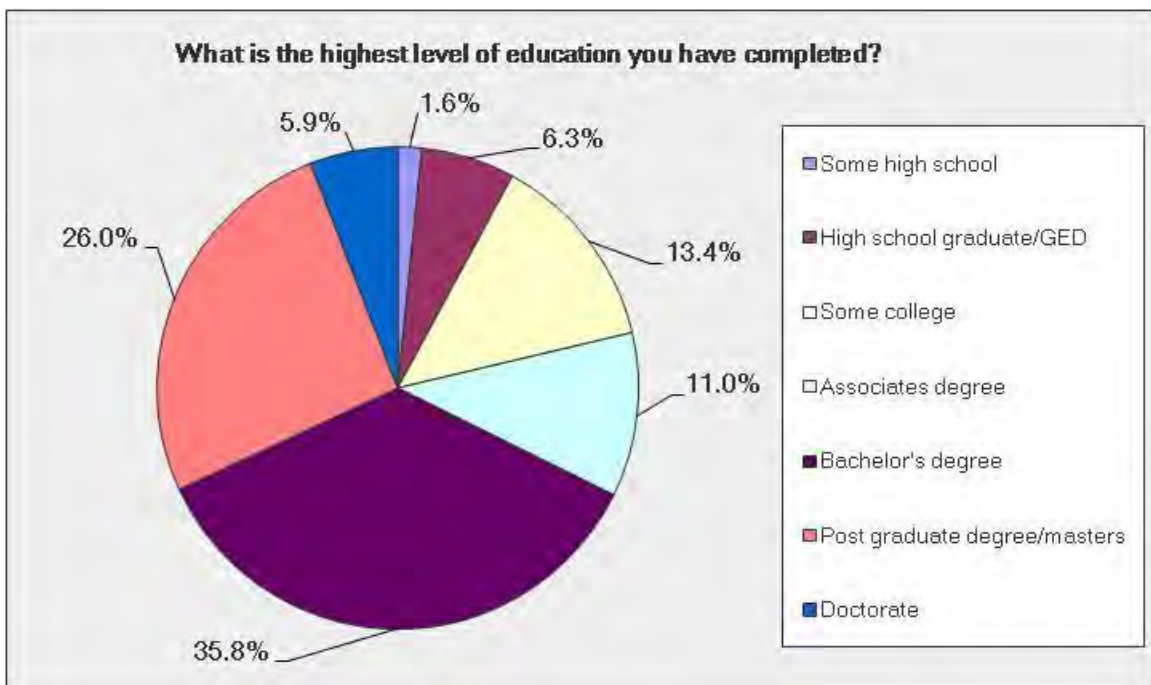


What is your race/ethnicity?		
Answer Options	Response Percent	Response Count
White	92.6%	237
Black/African American	5.5%	14
Hispanic	1.2%	3
American Indian/Alaskan Native	0.4%	1
Asian/Pacific Islander	0.4%	1
Other (please specify)	0.0%	0
<i>answered question</i>		256
<i>skipped question</i>		1

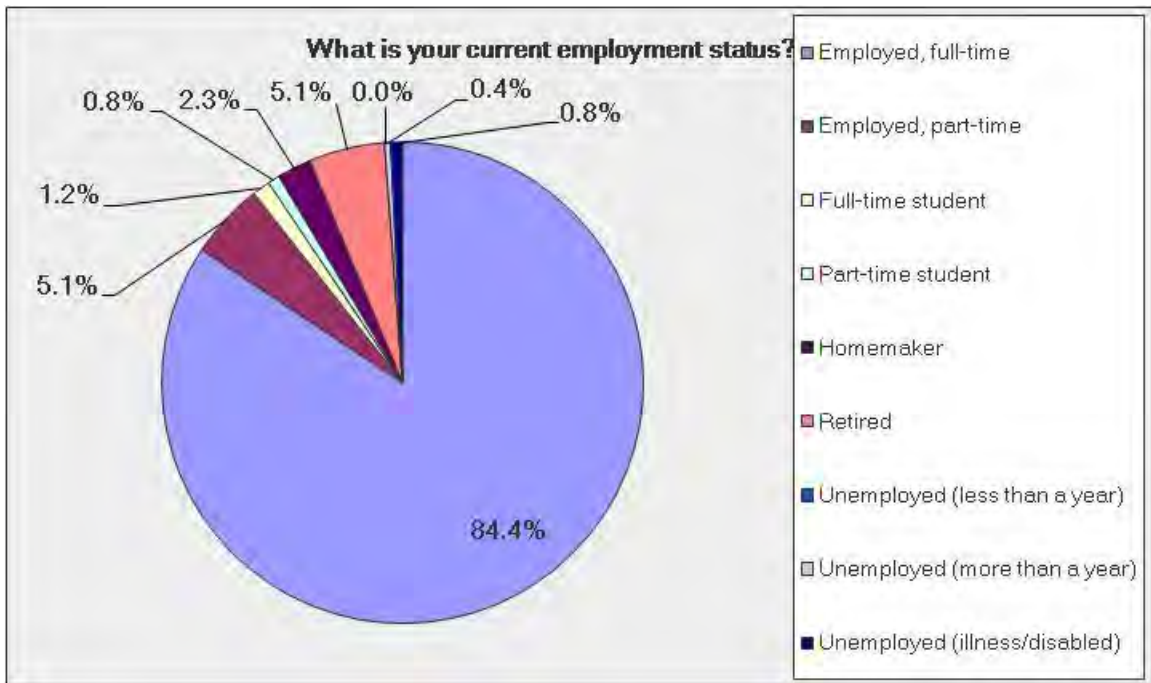


What is the highest level of education you have completed?

Answer Options	Response Percent	Response Count
Some high school	1.6%	4
High school graduate/GED	6.3%	16
Some college	13.4%	34
Associates degree	11.0%	28
Bachelor's degree	35.8%	91
Post graduate degree/masters	26.0%	66
Doctorate	5.9%	15
<i>answered question</i>		254
<i>skipped question</i>		3

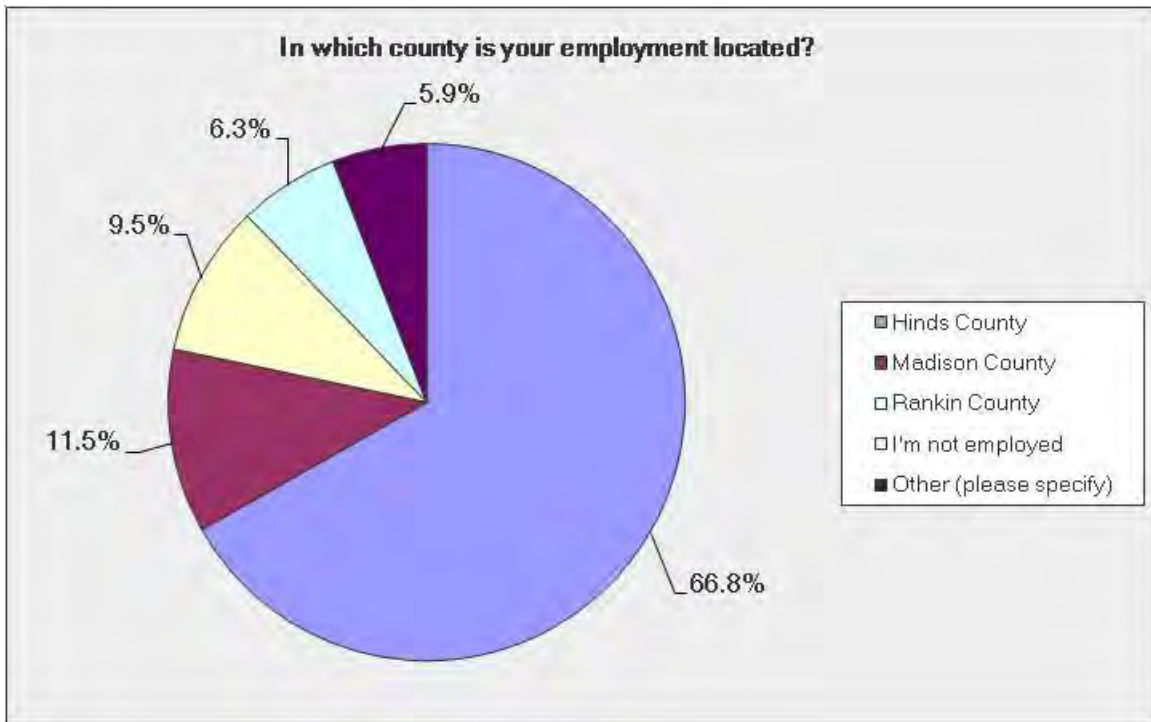


What is your current employment status?		
Answer Options	Response Percent	Response Count
Employed, full-time	84.4%	216
Employed, part-time	5.1%	13
Full-time student	1.2%	3
Part-time student	0.8%	2
Homemaker	2.3%	6
Retired	5.1%	13
Unemployed (less than a year)	0.0%	0
Unemployed (more than a year)	0.4%	1
Unemployed (illness/disabled)	0.8%	2
<i>answered question</i>		256
<i>skipped question</i>		1



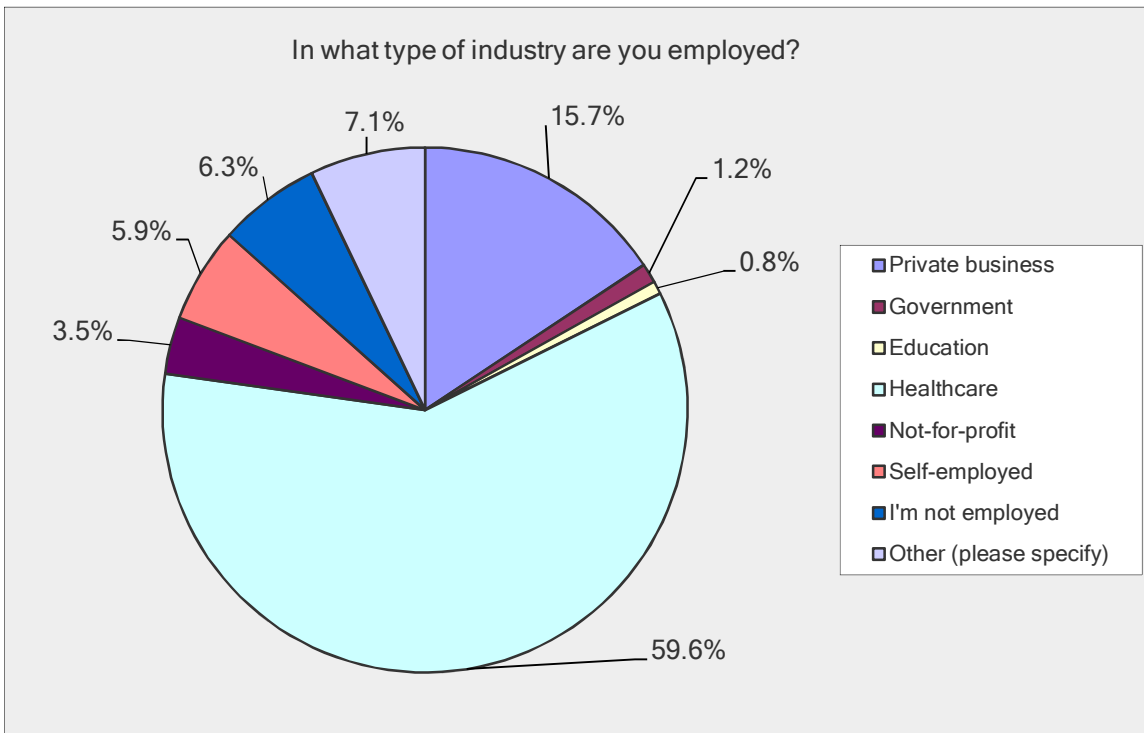
In which county is your employment located?		
Answer Options	Response Percent	Response Count
Hinds County	66.8%	169
Madison County	11.5%	29
Rankin County	9.5%	24
I'm not employed	6.3%	16
Other (please specify)	5.9%	15
<i>answered question</i>		253
<i>skipped question</i>		4

Other Counties	Response Count	Response Percent
Leake County	12	4.7%
Multiple County Area (Hinds, Madison, Rankin)	1	0.4%
Online	1	0.4%
Leflore County	1	0.4%



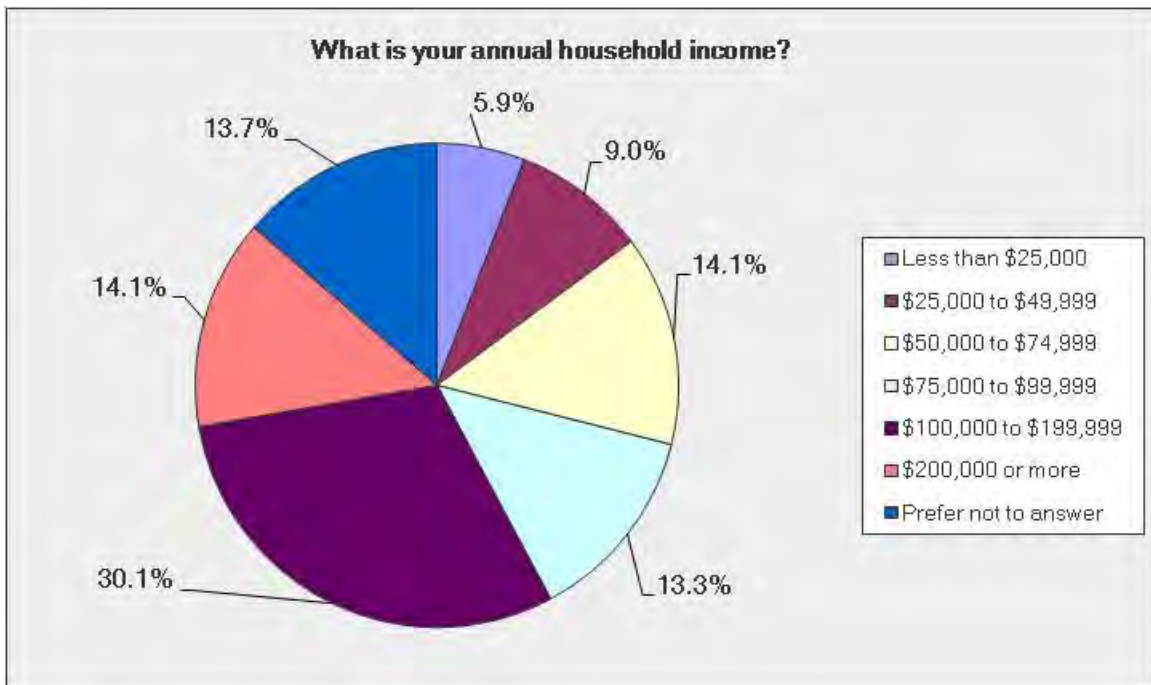
In what type of industry are you employed?		
Answer Options	Response Percent	Response Count
Private business	15.7%	40
Government	1.2%	3
Education	0.8%	2
Healthcare	59.6%	152
Not-for-profit	3.5%	9
Self-employed	5.9%	15
I'm not employed	6.3%	16
Other (please specify)	7.1%	18
<i>answered question</i>		255
<i>skipped question</i>		2

Employer Industry (Other)	Response Number	Response Percent
Banking/Financial	11	4.3%
Law/Legal	2	0.8%
Church/Ministry	2	0.8%
Real Estate	1	0.4%
Education/School	1	0.4%
Utility	1	0.4%



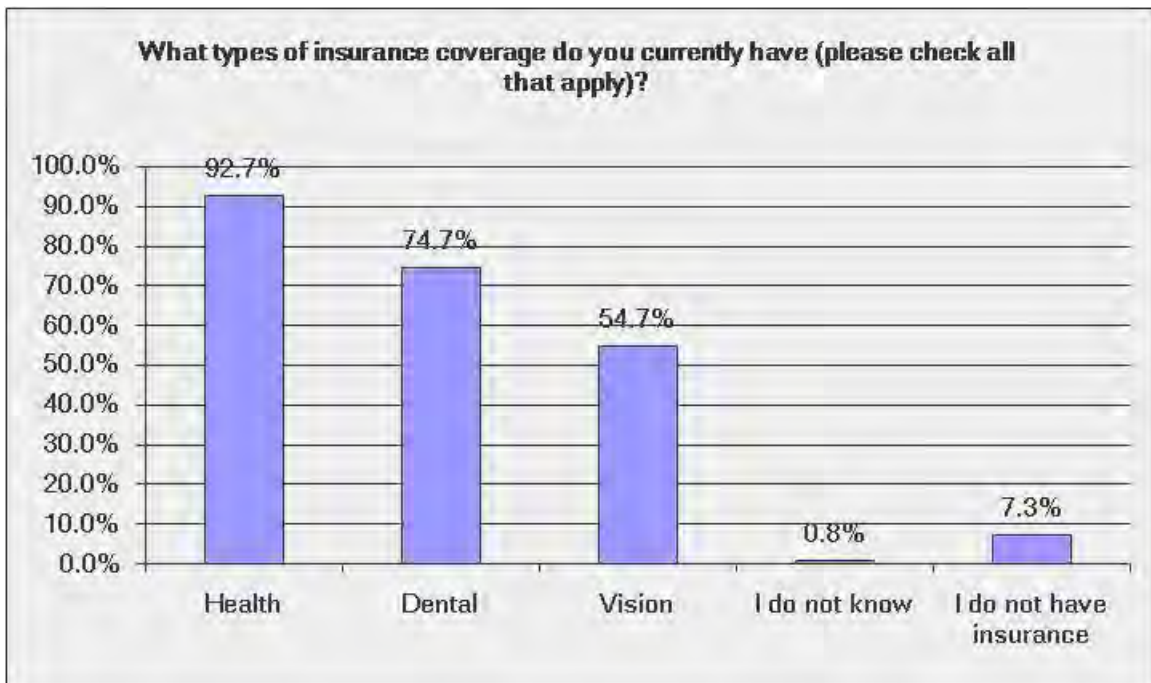
What is your annual household income?

Answer Options	Response Percent	Response Count
Less than \$25,000	5.9%	15
\$25,000 to \$49,999	9.0%	23
\$50,000 to \$74,999	14.1%	36
\$75,000 to \$99,999	13.3%	34
\$100,000 to \$199,999	30.1%	77
\$200,000 or more	14.1%	36
Prefer not to answer	13.7%	35
<i>answered question</i>		256
<i>skipped question</i>		1



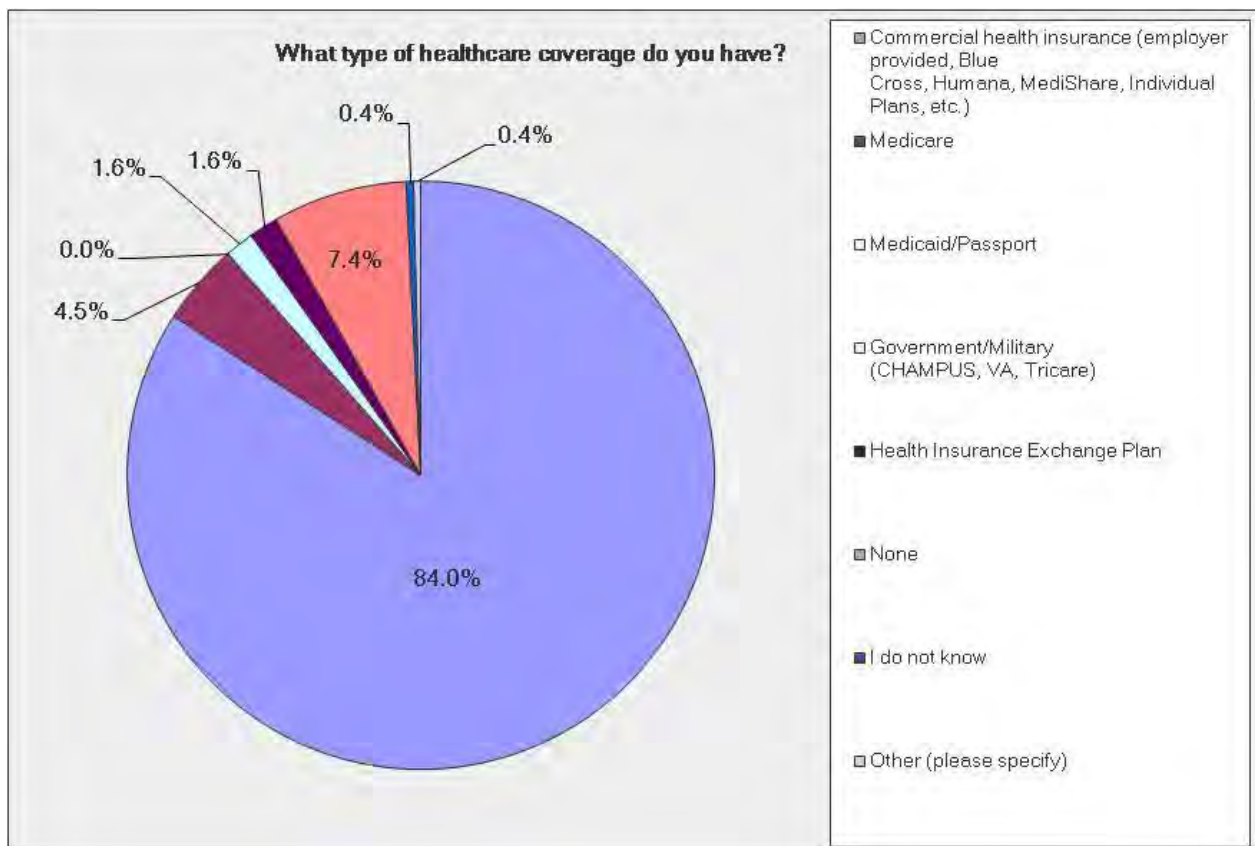
What types of insurance coverage do you currently have (please check all that apply)?

Answer Options	Response Percent	Response Count
Health	92.7%	227
Dental	74.7%	183
Vision	54.7%	134
I do not know	0.8%	2
I do not have insurance	7.3%	18
<i>answered question</i>		245
<i>skipped question</i>		12

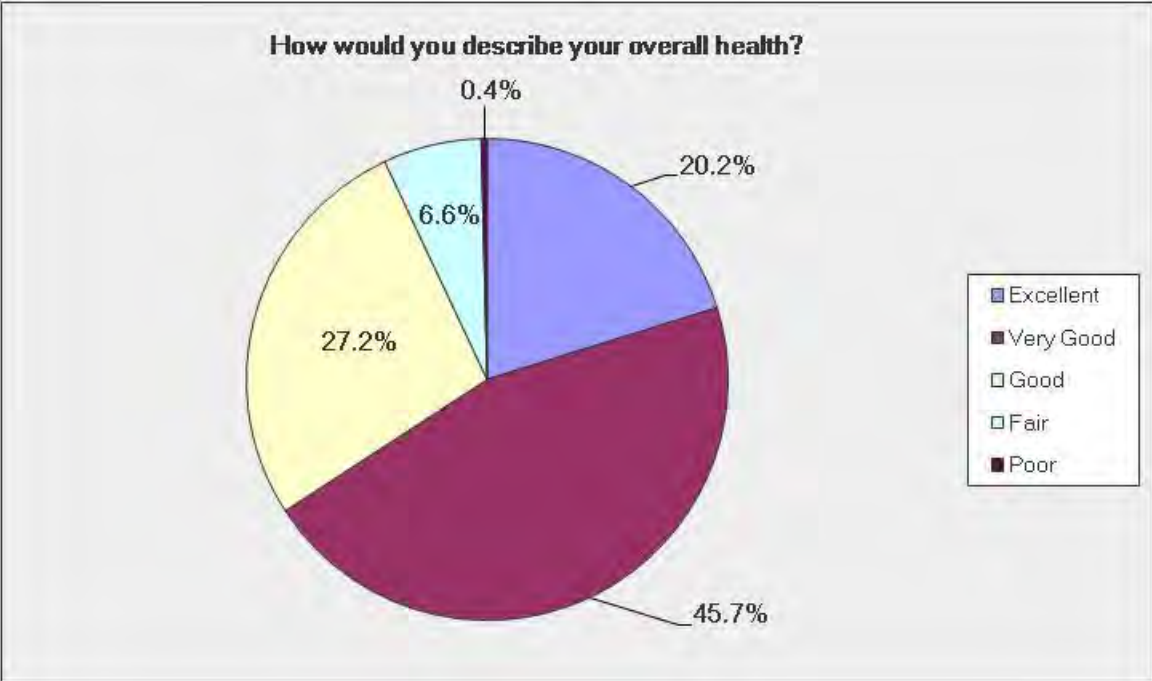


What type of healthcare coverage do you have?		
Answer Options	Response Percent	Response Count
Commercial health insurance (employer provided, Blue Medicare)	84.0%	205
Medicare	4.5%	11
Medicaid/Passport	0.0%	0
Government/Military (CHAMPUS, VA, Tricare)	1.6%	4
Health Insurance Exchange Plan	1.6%	4
None	7.4%	18
I do not know	0.4%	1
Other (please specify)	0.4%	1
<i>answered question</i>		244
<i>skipped question</i>		13

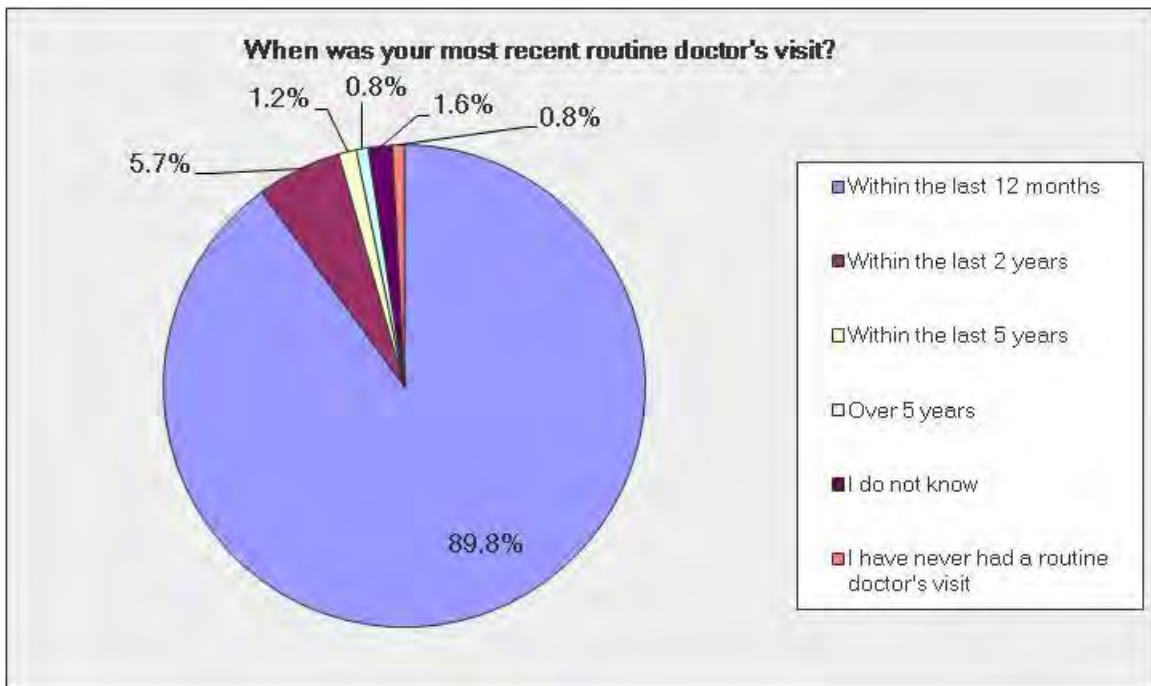
Health Coverage Source (Other)	Response Number	Response Percent
Self Employed	1	0.4%



How would you describe your overall health?		
Answer Options	Response Percent	Response Count
Excellent	20.2%	49
Very Good	45.7%	111
Good	27.2%	66
Fair	6.6%	16
Poor	0.4%	1
<i>answered question</i>		243
<i>skipped question</i>		14



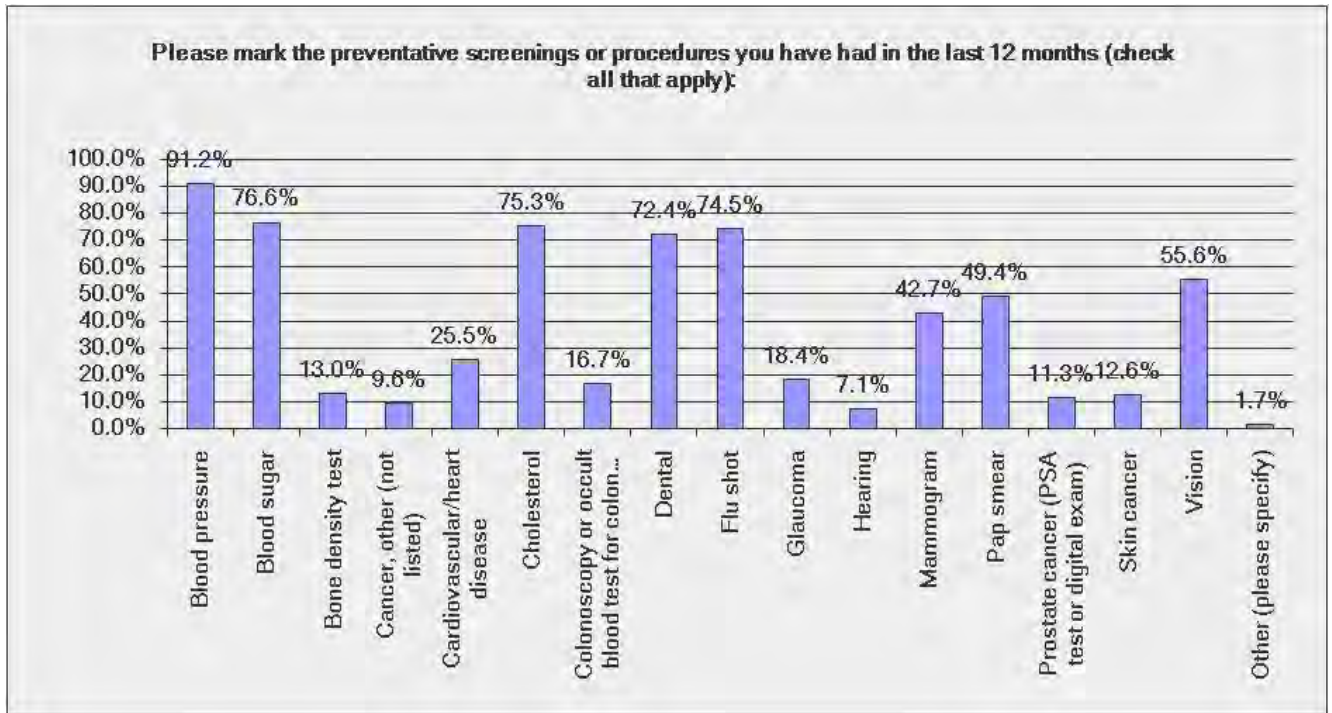
When was your most recent routine doctor's visit?		
Answer Options	Response Percent	Response Count
Within the last 12 months	89.8%	219
Within the last 2 years	5.7%	14
Within the last 5 years	1.2%	3
Over 5 years	0.8%	2
I do not know	1.6%	4
I have never had a routine doctor's visit	0.8%	2
<i>answered question</i>		244
<i>skipped question</i>		13



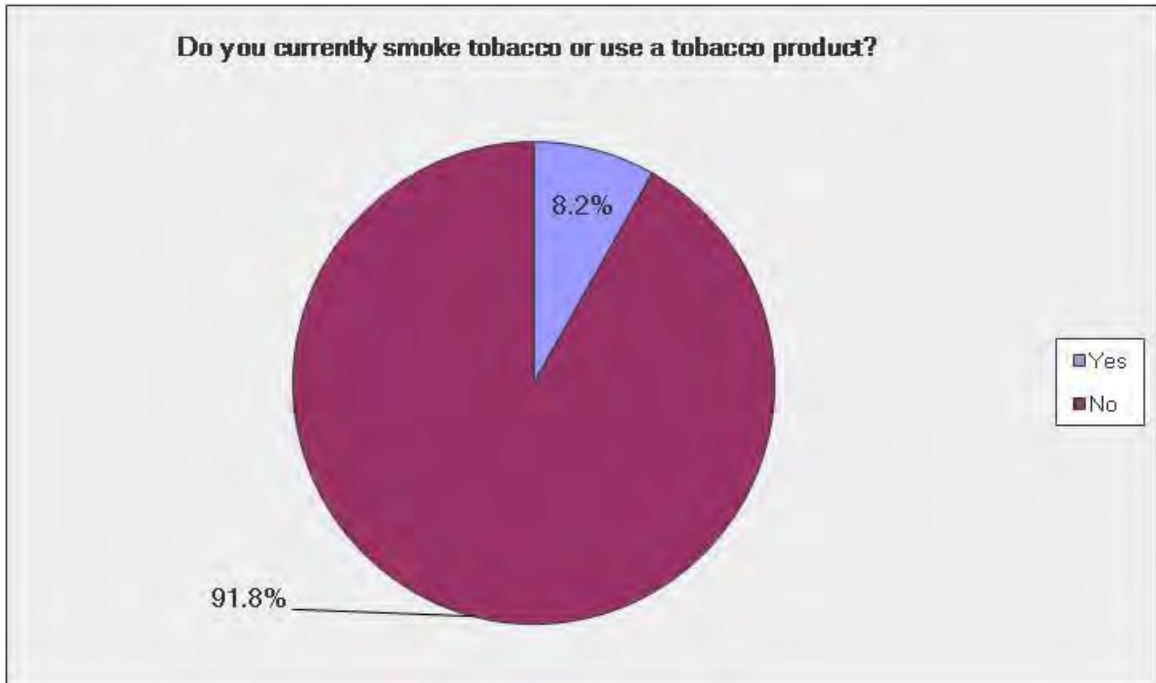
Please mark the preventative screenings or procedures you have had in the last 12 months (check all that apply):

Answer Options	Response Percent	Response Count
Blood pressure	91.2%	218
Blood sugar	76.6%	183
Bone density test	13.0%	31
Cancer, other (not listed)	9.6%	23
Cardiovascular/heart disease	25.5%	61
Cholesterol	75.3%	180
Colonoscopy or occult blood test for colon cancer	16.7%	40
Dental	72.4%	173
Flu shot	74.5%	178
Glaucoma	18.4%	44
Hearing	7.1%	17
Mammogram	42.7%	102
Pap smear	49.4%	118
Prostate cancer (PSA test or digital exam)	11.3%	27
Skin cancer	12.6%	30
Vision	55.6%	133
Other (please specify)	1.7%	4
<i>answered question</i>		239
<i>skipped question</i>		18

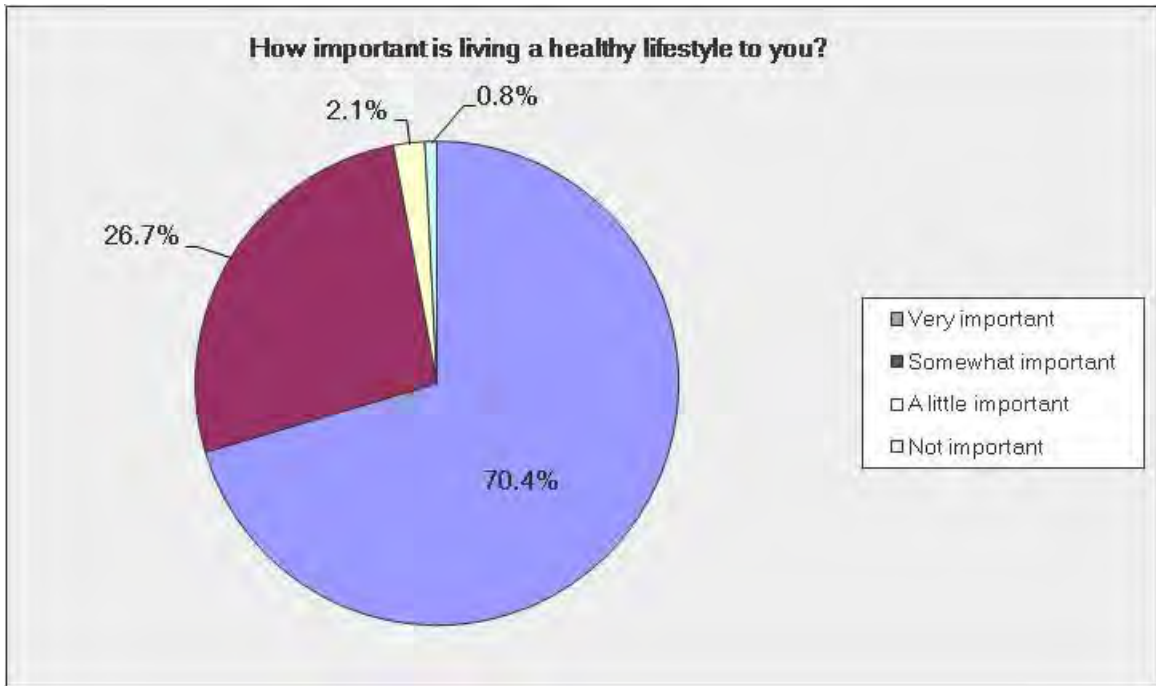
Screening/Procedure (Other)	Response Number	Response Percent
None	1	0.4%
X-Ray/MRI/CT	1	0.4%
Thyroid	1	0.4%
Annual Wellness Visit	1	0.4%



Do you currently smoke tobacco or use a tobacco product?		
Answer Options	Response Percent	Response Count
Yes	8.2%	20
No	91.8%	224
<i>answered question</i>		244
<i>skipped question</i>		13



How important is living a healthy lifestyle to you?		
Answer Options	Response Percent	Response Count
Very important	70.4%	171
Somewhat important	26.7%	65
A little important	2.1%	5
Not important	0.8%	2
<i>answered question</i>		243
<i>skipped question</i>		14



How often do you do the following (please check one box per activity)?

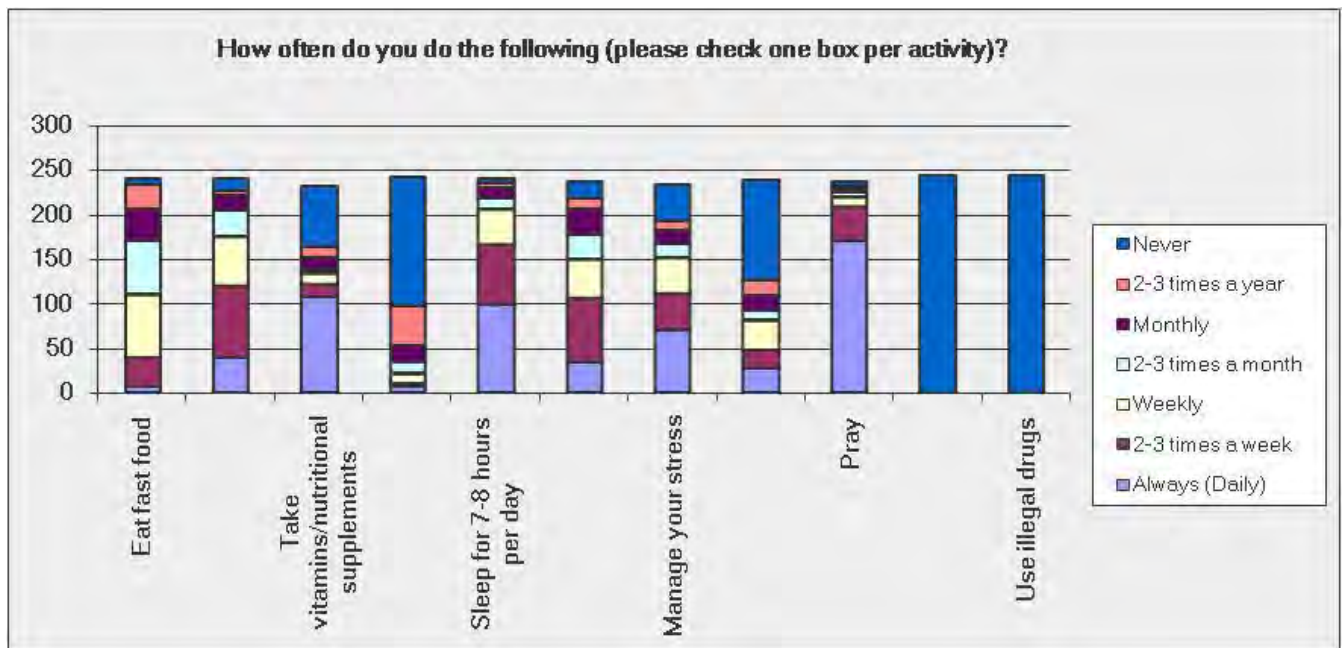
Answer Options	Never	2-3 times a year	Monthly	2-3 times a month	Weekly	2-3 times a week	Always (Daily)	Response Count
Eat fast food	6	27	36	60	70	34	7	240
Eat at least 5 servings of fruits and vegetables a day	14	4	18	28	54	82	40	240
Take vitamins/nutritional supplements	69	11	14	3	12	16	107	232
Drink more than 4 (female) or 5 (male) alcoholic	145	43	19	13	9	5	8	242
Sleep for 7-8 hours per day	5	6	12	12	38	69	99	241
Exercise 30 minutes or more a day	19	12	29	27	42	74	34	237
Manage your stress	41	10	15	16	40	42	70	234
Meditate or practice relaxation	113	16	18	10	32	22	28	239
Pray	5	3	4	5	11	39	170	237
Abuse or overuse prescription drugs	242	1	0	0	1	0	0	244
Use illegal drugs	241	2	0	0	0	0	0	243

answered question 244
skipped question 13

How often do you do the following (please check one box per activity)?

Answer Options	Never	2-3 times a year	Monthly	2-3 times a month	Weekly	2-3 times a week	Always (Daily)	Response Count
Eat fast food	2.5%	11.3%	15.0%	25.0%	29.2%	14.2%	2.9%	100.1%
Eat at least 5 servings of fruits and vegetables a day	5.8%	1.7%	7.5%	11.7%	22.5%	34.2%	16.7%	100.1%
Take vitamins/nutritional supplements	29.7%	4.7%	6.0%	1.3%	5.2%	6.9%	46.1%	99.9%
Drink more than 4 (female) or 5 (male) alcoholic	59.9%	17.8%	7.9%	5.4%	3.7%	2.1%	3.3%	100.1%
Sleep for 7-8 hours per day	2.1%	2.5%	5.0%	5.0%	15.8%	28.6%	41.1%	100.1%
Exercise 30 minutes or more a day	8.0%	5.1%	12.2%	11.4%	17.7%	31.2%	14.3%	99.9%
Manage your stress	17.5%	4.3%	6.4%	6.8%	17.1%	17.9%	29.9%	99.9%
Meditate or practice relaxation	47.3%	6.7%	7.5%	4.2%	13.4%	9.2%	11.7%	100.0%
Pray	2.1%	1.3%	1.7%	2.1%	4.6%	16.5%	71.7%	100.0%
Abuse or overuse prescription drugs	99.2%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Use illegal drugs	99.2%	0.8%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%

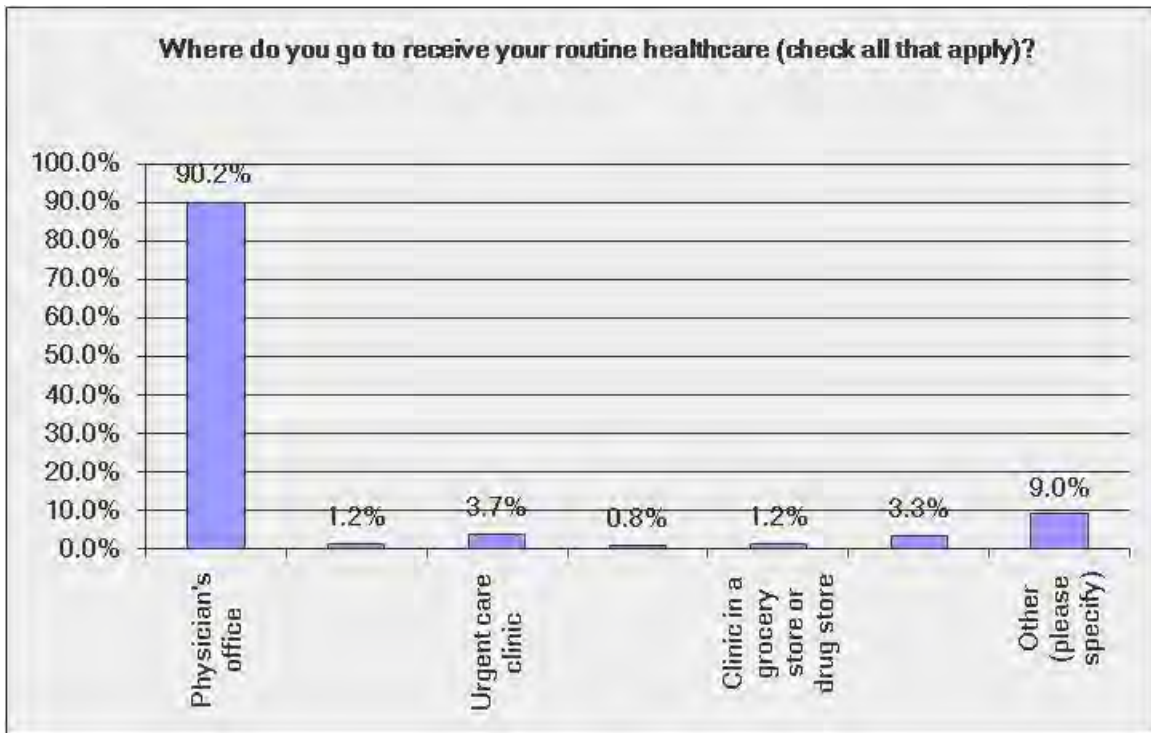
answered question 244
skipped question 13



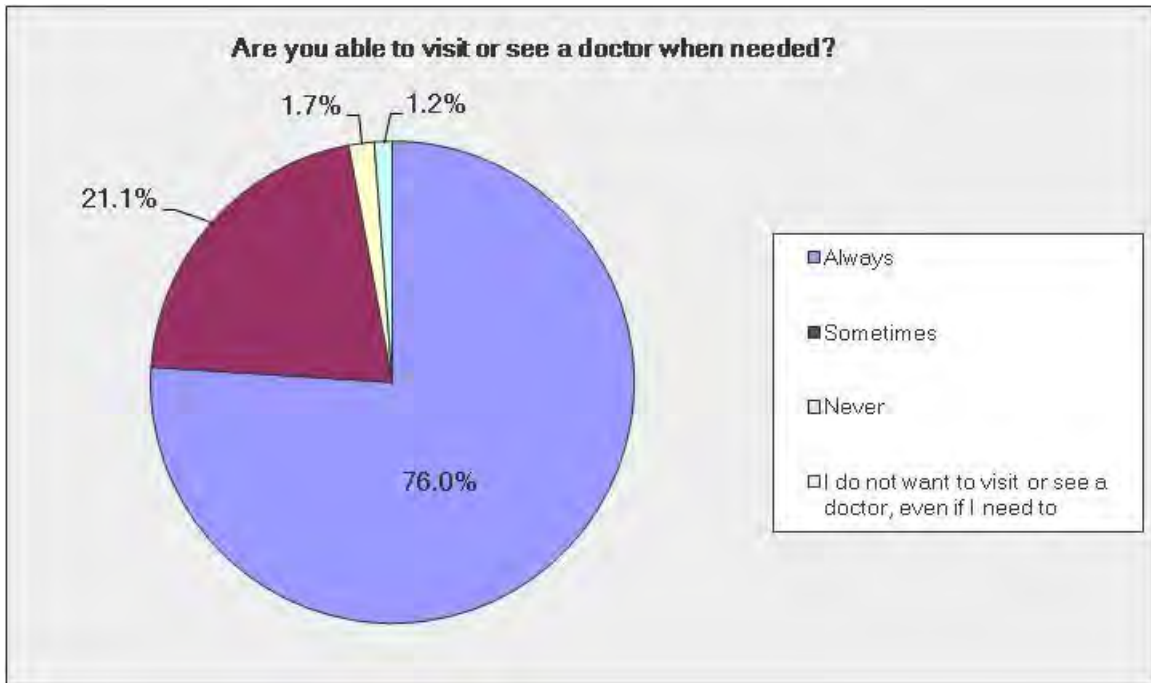
Where do you go to receive your routine healthcare (check all that apply)?

Answer Options	Response Percent	Response Count
Physician's office	90.2%	221
Health Department	1.2%	3
Urgent care clinic	3.7%	9
Emergency room	0.8%	2
Clinic in a grocery store or drug store	1.2%	3
I do not receive routine healthcare	3.3%	8
Other (please specify)	9.0%	22
<i>answered question</i>		245
<i>skipped question</i>		12

Routine Healthcare Provider (Other)	Response Number	Response Percent
Oncology	1	0.4%
Nonprofit Health Clinic	19	7.8%
Worksite Clinic/Program	2	0.8%



Are you able to visit or see a doctor when needed?		
Answer Options	Response Percent	Response Count
Always	76.0%	184
Sometimes	21.1%	51
Never	1.7%	4
I do not want to visit or see a doctor, even if I need to	1.2%	3
<i>answered question</i>		242
<i>skipped question</i>		15

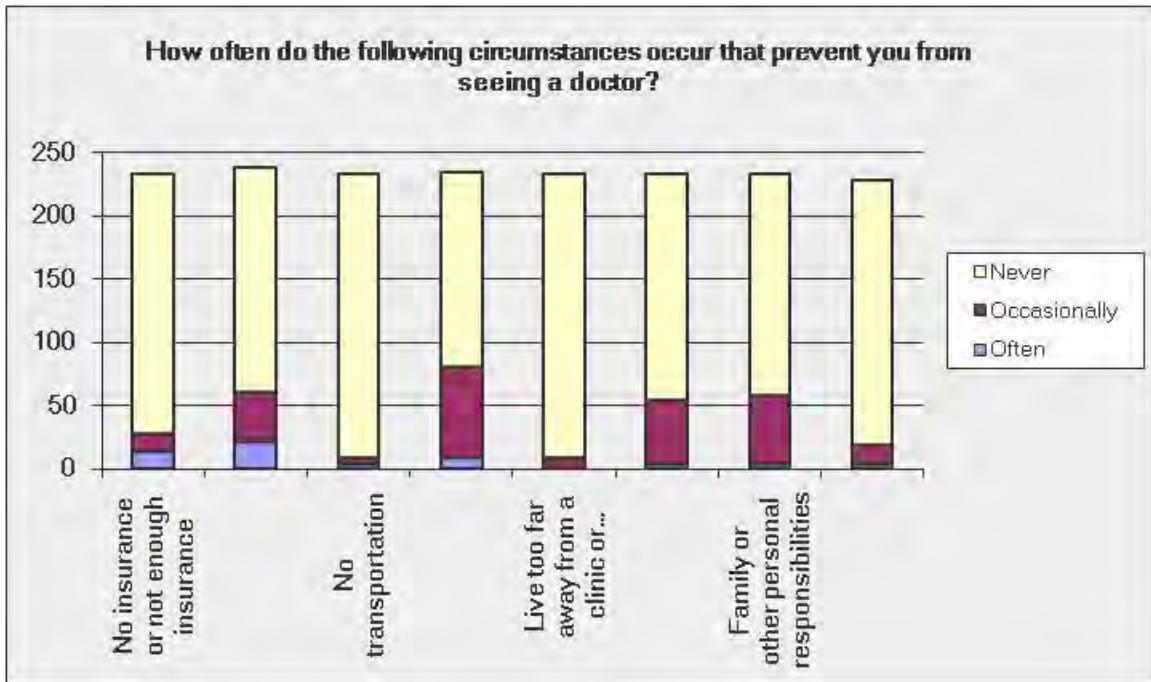


How often do the following circumstances occur that prevent you from seeing a doctor?

Answer Options	Never	Occasionally	Often	Response Count
No insurance or not enough insurance	206	13	14	233
Cannot afford it	178	39	21	238
No transportation	225	5	4	234
No appointment available	154	73	8	235
Live too far away from a clinic or healthcare facility	225	7	2	234
Cannot take time off from work	179	50	4	233
Family or other personal responsibilities	176	54	4	234
No specialist in my community for my condition	210	15	4	229
Other (please specify)				3 (fit above categories)
				<i>answered question</i> 242
				<i>skipped question</i> 15

How often do the following circumstances occur that prevent you from seeing a doctor?

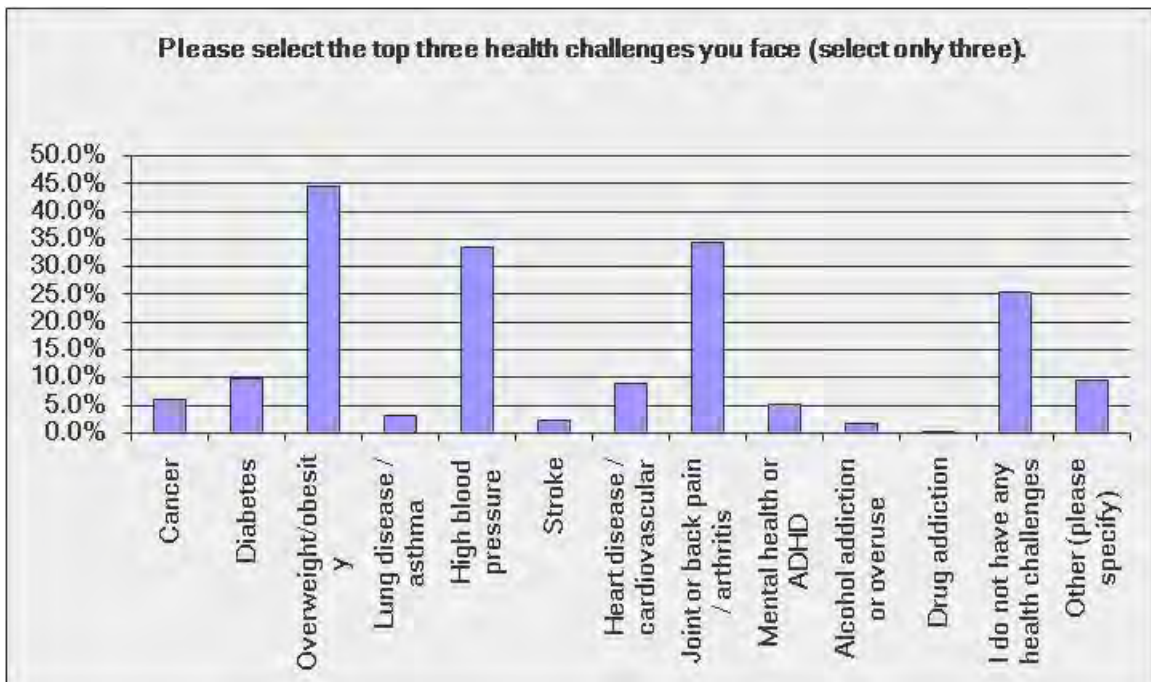
Answer Options	Never	Occasionally	Often	Response Count
No insurance or not enough insurance	88.4%	5.6%	6.0%	100.0%
Cannot afford it	74.8%	16.4%	8.8%	100.0%
No transportation	96.2%	2.1%	1.7%	100.0%
No appointment available	65.5%	31.1%	3.4%	100.0%
Live too far away from a clinic or healthcare facility	96.2%	3.0%	0.9%	100.1%
Cannot take time off from work	76.8%	21.5%	1.7%	100.0%
Family or other personal responsibilities	75.2%	23.1%	1.7%	100.0%
No specialist in my community for my condition	91.7%	6.6%	1.7%	100.0%
Other (please specify)				1.2%
				<i>answered question</i> 242
				<i>skipped question</i> 15



Please select the top three health challenges you face (select only three).

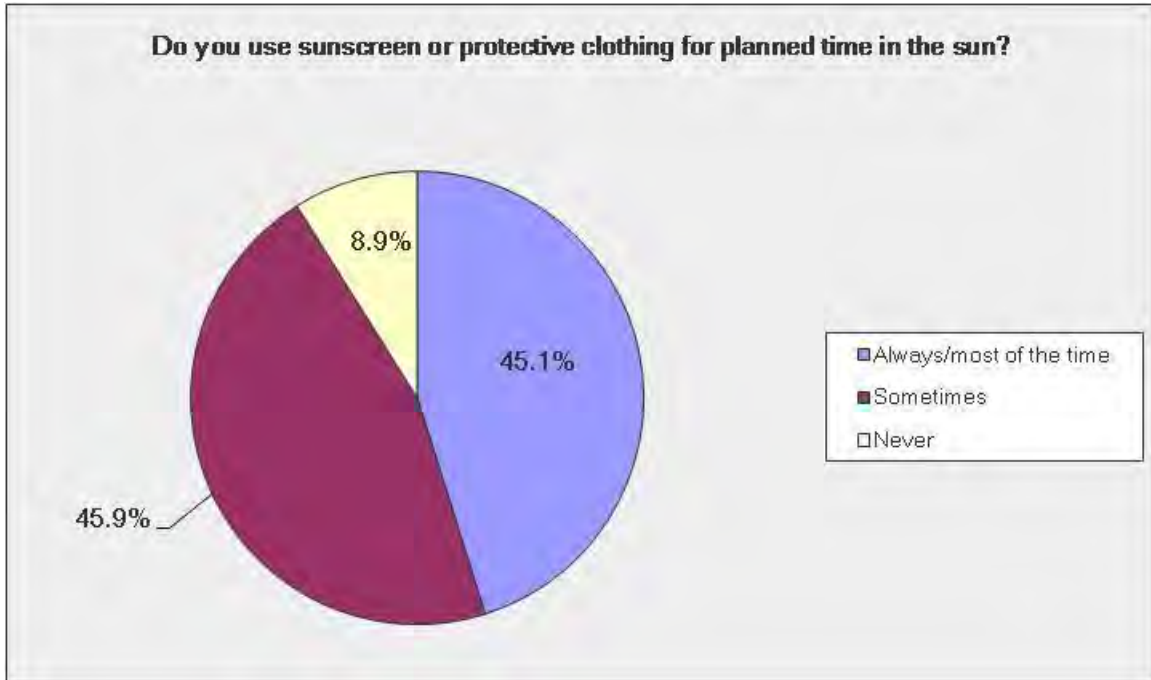
Answer Options	Response Percent	Response Count	Total Response Percent
Cancer	6.1%	15	3.3%
Diabetes	9.8%	24	5.3%
Overweight/obesity	44.5%	109	24.1%
Lung disease / asthma	3.3%	8	1.8%
High blood pressure	33.5%	82	18.1%
Stroke	2.4%	6	1.3%
Heart disease / cardiovascular	9.0%	22	4.9%
Joint or back pain / arthritis	34.3%	84	18.5%
Mental health or ADHD	5.3%	13	2.9%
Alcohol addiction or overuse	1.6%	4	0.9%
Drug addiction	0.4%	1	0.2%
I do not have any health challenges	25.3%	62	13.7%
Other (please specify)	9.4%	23	5.1%
<i>answered question</i>		245	453
<i>skipped question</i>		12	

Top Health Challenges (Other)	Response Number	Response Percent
Blood Disorder / Anemia	1	0.2%
Gastrointestinal (GI)	1	0.2%
Cholesterol	7	1.5%
Neurological Autoimmune Disease	1	0.2%
Kindy Related Diseases	3	0.7%
Infertility	1	0.2%
General Aging	1	0.2%
Metabolic Syndrome	1	0.2%
Migraines	3	0.7%
Stress	1	0.2%
Thyroid	1	0.2%
Vision	1	0.2%
Ear, Nose, and Throat	1	0.2%



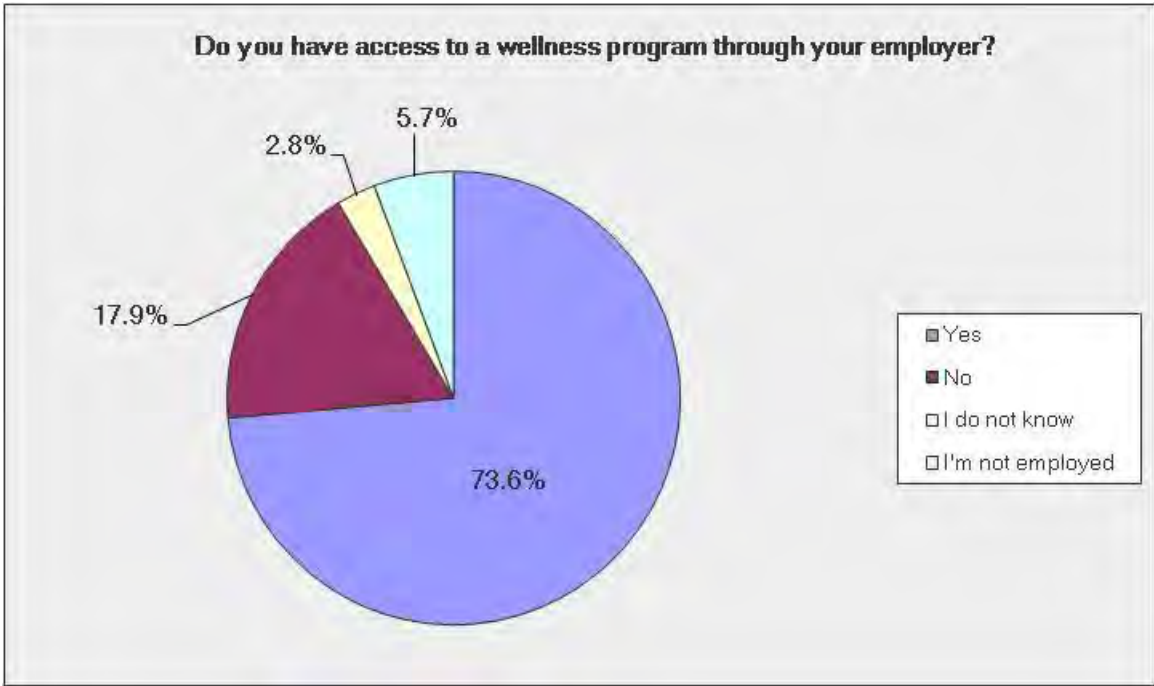
Do you use sunscreen or protective clothing for planned time in the sun?

Answer Options	Response Percent	Response Count
Always/most of the time	45.1%	111
Sometimes	45.9%	113
Never	8.9%	22
<i>answered question</i>		246
<i>skipped question</i>		11



Do you have access to a wellness program through your employer?

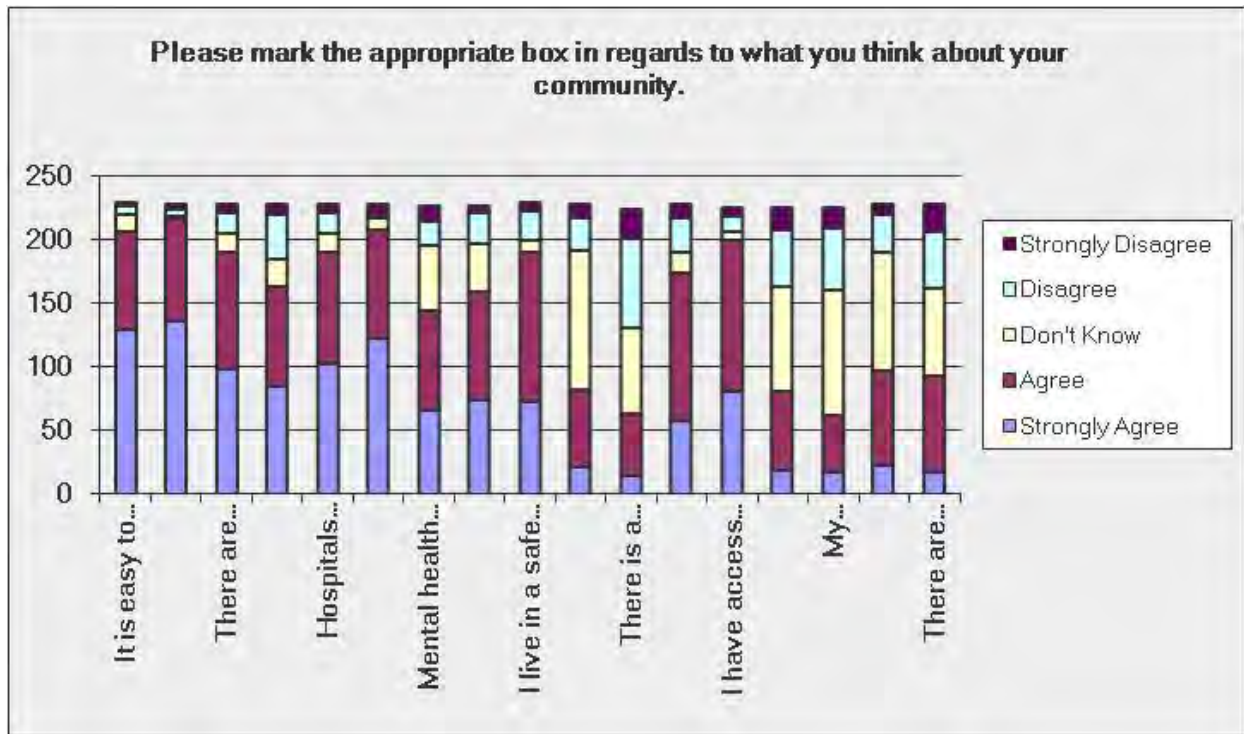
Answer Options	Response Percent	Response Count
Yes	73.6%	181
No	17.9%	44
I do not know	2.8%	7
I'm not employed	5.7%	14
<i>answered question</i>		246
<i>skipped question</i>		11



Please mark the appropriate box in regards to what you think about your community.

Answer Options	Strongly Disagree	Disagree	Don't Know	Agree	Strongly Agree	Response Count
It is easy to get immunizations and vaccinations	1.3%	3.0%	5.7%	33.5%	56.5%	100.0%
Emergency medical care and treatment are available	1.3%	2.6%	0.9%	35.5%	59.7%	100.0%
There are enough primary care physicians whom I can see when needed	3.1%	6.6%	6.6%	40.4%	43.4%	100.1%
There are enough specialized care physicians whom I can see when needed	3.9%	15.3%	9.6%	34.1%	37.1%	100.0%
Hospitals adequately meet the health needs of the community	3.5%	7.0%	6.6%	38.0%	45.0%	100.1%
Dental care is available	3.9%	0.9%	4.4%	37.1%	53.7%	100.0%
Mental health services are available	5.3%	8.4%	22.9%	34.4%	29.1%	100.1%
It is easy to get information about various health services offered to me in my community	2.6%	10.6%	16.3%	37.9%	32.6%	100.0%
I live in a safe community	3.0%	10.0%	3.9%	51.3%	31.7%	99.9%
Schools in my community protect children from bullying and abuse	4.8%	11.4%	47.6%	27.1%	9.2%	100.1%
There is a strong effort to prevent obesity in my community	10.2%	31.6%	30.2%	21.3%	6.7%	100.0%
There are plenty of fitness opportunities for people to use in my community	4.8%	12.2%	7.0%	50.7%	25.3%	100.0%
I have access to healthy food in my community	3.1%	5.3%	3.1%	52.7%	35.8%	100.0%
My community works hard to prevent drug and alcohol abuse	8.0%	19.5%	36.7%	27.4%	8.4%	100.0%
My community works hard to teach others ways of avoiding risky behaviors and sexual activity	7.5%	21.2%	43.8%	19.9%	7.5%	99.9%
My community has plenty of public programs on various health topics important to me	3.5%	13.2%	40.8%	32.5%	10.1%	100.1%
There are significant resources to help the poor and needy	9.2%	19.7%	30.3%	32.9%	7.9%	100.0%

answered question 230
skipped question 27



What are the three most important health concerns in your community?

Answer Options	Response Percent	Response Count
1.	100.0%	151
2.	90.7%	137
3.	79.5%	120
<i>answered question</i>		151
<i>skipped question</i>		106

Overall Rank	Overall Health Categories (41 Total) - Total Mentions	#1 Health Issues Ranking	Number 1 Health Issue - Mentions	#2 Health Issues Ranking	Number 2 Health Issue - Mentions	#3 Health Issues Ranking	Number 3 Health Issue - Mentions
1	Overweight / Obesity - 101	1	Overweight / Obesity - 67	1 (Tied)	Drug Use / Abuse / Addiction - 18	1	Overweight / Obesity - 16
2	Drug Use / Abuse / Addiction - 35	2 (Tied)	Crime / Safety - 10	1 (Tied)	Overweight / Obesity - 18	2	Diabetes - 11
3 (Tied)	Diabetes - 33	2 (Tied)	Drug Use / Abuse / Addiction - 10	3 (Tied)	Diabetes - 17	3 (Tied)	Cancer (Any) - 10
3 (Tied)	Heart Disease / Cardiovascular Health - 33	4	Don't Know, Unsure, or N/A - 8	3 (Tied)	Heart Disease / Cardiovascular Health - 17	3 (Tied)	Heart Disease / Cardiovascular Health - 10
5	Cancer (Any) - 23	5	Cancer (Any) - 7	5	Alcohol Abuse / Addiction - 10	5	High Blood Pressure / Cholesterol / Hypertension - 8
6	Crime / Safety - 20	6 (Tied)	Healthcare (Access/Availability) - 6	6	High Blood Pressure / Cholesterol / Hypertension - 9	6	Drug Use / Abuse / Addiction - 7
7	High Blood Pressure / Cholesterol / Hypertension - 17	6 (Tied)	Heart Disease / Cardiovascular Health - 6	7 (Tied)	Cancer (Any) - 6	7 (Tied)	Community Health Screenings, Fitness, and Wellness - 6
8 (Tied)	Alcohol Abuse / Addiction - 16	6 (Tied)	Nutrition / Healthy Foods (Access and Affordable) - 6	7 (Tied)	Healthcare (Affordable/Cost) - 6	7 (Tied)	Healthcare (Affordable/Cost) - 6
8 (Tied)	Healthcare (Affordable/Cost) - 16	9 (Tied)	Diabetes - 5	7 (Tied)	Mental Health (Access and Cost) - 6	7 (Tied)	Nutrition / Healthy Foods (Access and Affordable) - 6
8 (Tied)	Nutrition / Healthy Foods (Access and Affordable) - 16	9 (Tied)	Teenage Pregnancy - 5	10 (Tied)	Crime / Safety - 5	10 (Tied)	Alcohol Abuse / Addiction - 5
11 (Tied)	Community Health Screenings, Fitness, and Wellness - 12	11 (Tied)	Community Health Screenings, Fitness, and Wellness - 4	10 (Tied)	More Doctors / Lack of Resources - 5	10 (Tied)	Crime / Safety - 5
11 (Tied)	Don't Know, Unsure, or N/A - 12	11 (Tied)	Healthcare (Affordable/Cost) - 4	12 (Tied)	Health Insurance (Affordable/Cost) - 4	10 (Tied)	Illerarcy and Education - 5
11 (Tied)	Healthcare (Access/Availability) - 12	11 (Tied)	Illerarcy and Education - 4	12 (Tied)	Nutrition / Healthy Foods (Access and Affordable) - 4	13 (Tied)	Healthcare (Access/Availability) - 3
14 (Tied)	Illerarcy and Education - 11	14	Health Insurance (Affordable/Cost) - 3	12 (Tied)	Teenage Pregnancy - 4	13 (Tied)	Mental Health (Access and Cost) - 3
14 (Tied)	Mental Health (Access and Cost) - 11	15 (Tied)	Mental Health (Access and Cost) - 2	15 (Tied)	Emergency Room Over Use (non emergencies) / Access - 3	13 (Tied)	Poverty - 3
16	Teenage Pregnancy - 10	15 (Tied)	Poverty - 2	15 (Tied)	Healthcare (Access/Availability) - 3	13 (Tied)	Sexually Transmitted Diseases (STDs) & Sex - 3
17 (Tied)	Health Insurance (Affordable/Cost) - 7	17 (Tied)	Alcohol Abuse / Addiction - 1	17 (Tied)	Community Health Screenings, Fitness, and Wellness - 2	17 (Tied)	Allergies / Sinus Problems - 2
17 (Tied)	More Doctors / Lack of Resources - 7	17 (Tied)	Breast Cancer - 1	17 (Tied)	Don't Know, Unsure, or N/A - 2	17 (Tied)	Depression - 2
17 (Tied)	Poverty - 7	17 (Tied)	Children Health (Learning Disabilities) - 1	17 (Tied)	Illerarcy and Education - 2	17 (Tied)	Disease Prevention (Access to Primary Medical Care) - 2
20	Emergency Room Over Use (non emergencies) / Access - 6	17 (Tied)	Children's Health (General) - 1	17 (Tied)	Poverty - 2	17 (Tied)	Don't Know, Unsure, or N/A - 2
21	Sexually Transmitted Diseases (STDs) & Sex - 5	17 (Tied)	Emergency Room Over Use (non emergencies) / Access - 1	17 (Tied)	Sexually Transmitted Diseases (STDs) & Sex - 2	17 (Tied)	Emergency Room Over Use (non emergencies) / Access - 2
22	Stroke - 4	17 (Tied)	Fraud (Medicaid/Medicare/Food Stamps) - 1	17 (Tied)	Stroke - 2	17 (Tied)	Renal Disease - 2
23 (Tied)	Disease Prevention (Access to Primary Medical Care) - 3	17 (Tied)	Medical Errors (Prescription/Physician) / Trained Medical Staff - 1	23 (Tied)	Disease Prevention (Access to Primary Medical Care) - 1	17 (Tied)	Stroke - 2
23 (Tied)	Fraud (Medicaid/Medicare/Food Stamps) - 3	17 (Tied)	More Doctors / Lack of Resources - 1	23 (Tied)	Fraud (Medicaid/Medicare/Food Stamps) - 1	17 (Tied)	Tobacco Use (Smoking/Other) - 2
23 (Tied)	Prescription Medicine (Affordable/Cost) - 3	17 (Tied)	Prescription Medicine (Affordable/Cost) - 1	23 (Tied)	Medical Errors (Prescription/Physician) / Trained Medical Staff - 1	25 (Tied)	Accidents - 1
23 (Tied)	Tobacco Use (Smoking/Other) - 3			23 (Tied)	Orthopedic Problems - 1	25 (Tied)	ALS - 1
27 (Tied)	Allergies / Sinus Problems - 2			23 (Tied)	Prescription Medicine (Affordable/Cost) - 1	25 (Tied)	Children's Health (General) - 1
27 (Tied)	Children's Health (General) - 2			23 (Tied)	Single Parent Pregnancy - 1	25 (Tied)	Flu - 1
27 (Tied)	Depression - 2			23 (Tied)	Stress - 1	25 (Tied)	Fraud (Medicaid/Medicare/Food Stamps) - 1
27 (Tied)	Medical Errors (Prescription/Physician) / Trained Medical Staff - 2			23 (Tied)	Tobacco Use (Smoking/Other) - 1	25 (Tied)	More Doctors / Lack of Resources - 1
27 (Tied)	Renal Disease - 2					25 (Tied)	Prescription Medicine (Affordable/Cost) - 1
27 (Tied)	Stress - 2					25 (Tied)	Roads - 1
28 (Tied)	Accidents - 1					25 (Tied)	Stress - 1
28 (Tied)	ALS - 1					25 (Tied)	Teenage Pregnancy - 1
28 (Tied)	Breast Cancer - 1					25 (Tied)	Women's Health (General) - 1
28 (Tied)	Children Health (Learning Disabilities) - 1						
28 (Tied)	Flu - 1						
28 (Tied)	Orthopedic Problems - 1						
28 (Tied)	Roads - 1						
28 (Tied)	Single Parent Pregnancy - 1						
28 (Tied)	Women's Health (General) - 1						

Number One Health Concern In Your Community – Answers:

Abuse of emergency medicine
Access to health insurance
Affordable health care
affordable health care insurance
Affordable Healthcare
Affordable RX
Availability/Access of Services
Better service by doctors and pharmacists in giving the right dose medicine to a patient
Breast cancer
Cancer
cancer
cancer
cancer
Cancer
Cancer
Cancer
Children
Children with learning disabilities
Cost
Crime
Crime/Safety - especially Hinds County
diabetes
Diabetes
Diabetes
Diabetes
Diabetes
Don't know
Dr office actually seeing patients in timely manner
Drug
Drug
drug abuse
drug abuse
Drug abuse
Drug abuse
DRUG AND ALCOHOL ABUSE
Drugs
drugs
education
fitness
GANGS IN TOWN
Giving a diagnosis
health care for the needy
Healthcare Screenings
Healthy food too expensive
Heart
Heart
Heart
Heart disease
heart disease
Heart Disease
High cost of insurance
I am not sure.
Illegal drugs
illiteratcy
Illiteracy
Keeping citizens healthy via trails,walks, runs, biking,
medicaid fraud
Mental health needs for the uninsured
Mental Illness, Health
More Doctors
Murder
murder

Number One Health Concern In Your Community – Answers (Continued):

obesity
obesity - access to healthy food
Obesity and all that goes along with it
Obesity and related issues
obesity
Overeating
Overweight
overweight
poverty
Poverty/Knowledge Deficit
pregnancy rate
safe environment
Safety
safety
Safety
safety from crime
Teen pregnancy
TEEN PREGNANCY
teen pregnancy
Teenage Pregnancy
That People are able to get the help needed
Uncertain
unknown
weight
Weight
weight
wellness

Number Two Health Concern In Your Community – Answers:

accessibility
addiction
Affordability
Affordable Prescriptions
Alcohol
Alcohol
alcohol
alcohol
alcohol abuse
assault
Blood Pressure
cancer
cancer
Cancer
Cancer
Cancer
cancer care
Cardiac
cardiovascular
Cardiovascular Disease
Childhood pregnancy
Community Safety
Cost
Diabetes
diabetes
diabetes
Diabetes
Diabetes
Diabetes
Diabetes
Diabetes
Diabetes
diabetes
diabetes
Diabetes
Diabetes
diabetes
Diabetes
Diabetes
diabetes
Diabetes
Diabetes
diet
Disease Prevention
DRIVE BY SHOOTINGS IN TOWN
Drug / Alcohol Abuse
drug abuse
drug abuse
drug alcohold abues
drug use
drug use in teens
Drug, Alcohol Addiction
Drug/alcohol abuse
Drugs
drugs
drugs
Drugs
Drugs
drugs
drugs/alcohol
Good ER
Health Care Costs
heart
Heart
Heart

Number Two Health Concern In Your Community – Answers (Continued):

Heart
heart disease
heart disease
Heart Disease
Heart disease
heart disease
Heart Disease
heart diseases
heart problems
high blood pressure
high blood pressure
High Blood pressure
high blood pressure
high bp
High cholesterol and sugar
High deductibles
hypertension
Hypertension
illegal drugs
Insurance too expensive
Lack of Doctor
lack of exercise
Lack of real medical doctors
Lack of resources and options for Mental Health
lack of resources for the poor-disparity in care
Lack of wide variety of exercise
Making sure there is a doctor whenever you need one
medicare fraud
Mental Health
Mental health
MENTAL HEALTH
mental health
Mental health
More hospital rooms, the new hospital is staying full.
na
Nutrition
Nutrition
Nutrition education
obeisity
Obesity
Obesity
obesity
Obesity
obesity
obesity
Obesity
obesity
Obesity
Obesity
obesity
Obesity
Obesity
obesity
Obesity
obesity
Obesity (includes heart disease and diabetes)
obsesity
Orthopedic problems
Overweight/Obesity
Poor
public infrastructure
rise in crime
safety
school age children education

Number Two Health Concern In Your Community – Answers (Continued):

SEXUALLY TRANSMITTED DISEASES
smoking
STDs
Stress
Stroke
stroke and cardiovascular disease
Substance Abuse
Teen and single pregnancys
Teen pregnancy
Teenage Pregnancy
That the staff of medical facilities are trained probably unknown
wait time in emergency situations

Number Three Health Concern In Your Community – Answers:

heart disease
access to mental health treatment
access to primary medical care
accidents
Aids/HIV Awareness
alcohol abuse
alcohol and drug treatment for the middle class and poor
alcohol use in teens
allergies
Allergies/sinus problrms
ALS
areas for exercise and recreation
Behavioral Health Services
ca
Cancer
cancer
Cancer
cancer
Cancer
Cancer
Cancer
Cancer
Cancer
Cancer
Cardiac
Cardiovascular
child safety
Child safety, healthcare, and wellness
crime
Depression
Depression that leads to suicide
Diabetes
Diabetes
diabetes
Diabetes
Diabetes
diabetes
Diabetes
Diabetes
Diabetes
diabetes
Diabetes

Number Three Health Concern In Your Community – Answers (Continued):

drug abuse
Drug abuse
Drug and Alcohol Abuse
Drugs
Eating Healthy
emergency services
flu
food stamp fraud/obesity/sedentary lifestyle
healthy food
Healthy Lifestyles- Obesity
Healthy options
Heart and Renal Disease
heart attack
Heart Disease
Heart disease
Heart disease
Heart Disease
heart related stress or high blood pressure/cholesterol
Helping patients understand the information of how if it is statement by the doctor on your medicine
high blood pressure
high blood pressure
HTN
htn
Hypertension
Hypertension
hypertension
Illertsy
Knowledge and COURTESY
Lack of access for needy persons to health care
Lack of disease education
lack of excercise
lack of exercise
Lack of funding sources for health care
Lack of options to support those in the "gap" (no medicaid expansion in Mississippi)
limited resources for persons with limited financial resources
mental health
Minimal education on Wellness
money
na
OBESITY
obesity
obesity
Obesity
obesity
Obesity
Obesity
Obesity
Obesity
Obesity
Out dated hospital
OUT OF CONTROL ALCOHOL AND DRUG USE
Ovesity

Number Three Health Concern In Your Community – Answers (Continued):

pills
POOR
Poor health
Poverty
poverty - no funds to access healthy food or information
Preventive care - screening and vaccination compliance
Renal disease
Roads
robbery
safety
sedentary lifestyle
sex
Sexual immorality
smoking
Somewhat affordable healthcare options for sicknesses are questionable quality
Stress
stroke
Stroke
Substance abuse
Teen pregnancy
Tobacco
Unhealthy foods with too easy access
unknown
violence
wait time in emergency situations
weight
women's issues

What problems have you or others in your community had when trying to get needed healthcare treatment or services?

Answer Options	Response Count
	140
<i>answered question</i>	140
<i>skipped question</i>	117

Mentions	Categories (16 Total)	Ranking
49	None - 49	1
41	Physician Availability - 41	2
25	Lack Money - 25	3
18	Lack of Insurance - 18	4
5	ER Wait Time - 5	5
4	Medical Staff Training - 4	6
3	Lack Resources - 3	7 (Tied)
3	Mental Health - 3	7 (Tied)
2	Insurance Gap - 2	9 (Tied)
2	Prescription Cost - 2	9 (Tied)
2	Transportation - 2	9 (Tied)
1	Addiction Treatment - 1	12 (Tied)
1	Childcare - 1	12 (Tied)
1	Dental Insurance - 1	12 (Tied)
1	No Healthcare Received - 1	12 (Tied)
1	Unsure Where To Go - 1	12 (Tied)

Barriers to Access – Answers:

Access to behavioral health services
Affordability
after hours clinics
Appointments in a timely manner
Appointments quickly available
Bad attitudes from healthcare employment. Acts as if it's just a job to them without bedside manner
Baptist clinics do not see patients with Medicare; private physicians often limit # of Medicare pts they will accept
Being able to get in to see a doctor when you don't have an appointment.
Being able to leave work
Biggest problem is not enough money and health insurance too expensive for anything other than routine check-ups (sickness, injury, etc.).
Cannot afford adequate healthcare due to no insurance
Can't afford to go to a regular doctor and the really high cost of Rx.
Can't see a doctor (or nurse practitioner) when I need to. If I'm too sick to go to work, I need to have healthcare that
Clinic is only open on certain days
Constant attack on womens health
Cost
Cost is an issue for some.
counselling and lack of mental heath services that are affordable
delay to the poor
Determining where to go for the best care and price.
Difficulty getting mental health/addiction treatment
Doctors/NP guessing which meds will work best for an individual instead of treating the patient
Don't have the funds to applied for it and sometime don't get except by the program
don't know
ED not always well staffed
EMS not taking you to your hospital of choice
Financial
financial
Financial issues, providers not allowing you to pay payments monthly in a reasonable amount

Barriers to Access – Answers (Continued):

Finding childcare
for a specialist, it may take some time to get in
get an appointment when needed with the doctor.
getting an appointment
getting an appointment
Getting an appointment soon enough
Getting into doctors that accept Medicare
Have to go to other hospitals in other towns
Healthcare is used as a political tool by politicians and in particular the Mississippi legislature. Mississippians have the poorest health and are among the poorest individuals in the nation. Yet, we still refuse to take measures to insure and provide adequate healthcare to our citizens.
Hospitals/clinics are too busy and unable to get an appointment
I don't know
I DONT RECEIVE HEALTHCARE IN MY COMMUNITY.
I have not had any problems except that it can be hard to get a same-day or next-day appointment with a primary care physician; and darn near impossible to get an appointment with a dermatologist.
I haven't had any problems. Not sure about others.
I see doctors in Jackson and use hospitals in Jackson. I do not use doctors or hospitals in my county.
In my specific community, none.
inability to pay
It is getting difficult because doctors are starting to go cash only and not wanting to take insurance.
I've had none. I don't know about others.
lack of insurance for some, delay in appt times
Lack of Medicaid expansion, resources to support cancer treatments (co-pays for those with insurance, but unable to work due to treatments), expensive prescription meds
Lack of money. No Insurance
Lack of Physicians
lack of providers. Have to drive to downtown Jackson to get to any specialty providers and family practice have such a high volume waiting for an appointment is measured in weeks and months versus days. If you want to go
Lack of resources
lack of transportation
LONG HOURS IN EMERGENCY ROOM
long wait times in the emergency room
Long wait to see dermatologist or for joint replacement
Long waits in the emergency room
mental
Money
Must go to Jackson Ms to get health care treatment or services
N/a
N/A
N/A
N/A
n/a
N/A
n/a
na
NA
na
na
NA
na
NA
Need more Internal Medicine specialists to serve size of population
Neurology shortage
No dermatologist in area that accept insurance or take new patients-would like to get annual skin screenings.
No health insurance or not enough funds
No insurance or underinsured

Barriers to Access – Answers (Continued):

None
None
none
none
none
none
none
None
None
none
None
none
none
none
none
None
none
none
none
none
None
none
none
none
none
none personally
Not a problem
Not affordable
Not applicable. Most everyone I know has insurance. We do need more options for dental insurance.
Not aware of any
Not enough doctors available in an emergency
Not sure
Obama care biggest thorn or problem
Out of Network Insurance Coverage for specialty physician
Patients get seen by Nurse Practioners in clinics, that are not able to effectively treat the problem and then the patient has to return again and/or see a real physician. Waisted time and money.
Physicians taking uninsured
Quality hospitals are located in Jackson and we need quality ones in Rankin County.
Referrals: you have to pay for one doctor to get to another. Money
Ridiculously expensive because so many do not pay for their healthcare and we have to pick up their costs!
scheduling
Seeing a Doctor on Monday or Friday .The appointments are always full.
Some offices do not accept Tricare Prime insurance from the Military
Somone in the ER (the staff) complained when a guy kept coming to the ER when he kept having trouble because of his diabeties. They complained to him.
Specialist are not always on call.
the poor are treated differently. Triageed out of ED's. Those with insurance are treated.
The wait for the service needed is still too long.
There is a severe lack of dermatologists in Mississippi. This is very concerning due to the high incidence of skin
There is way too long a wait in the physician's office with little concern from the staff or physician for ones time
Those with Medicare or government-mandated insurance can have problems getting necessary
Too expensive
transportation, money, appt availability
Uninsured population have needs
Using the ER for a clinic
Wait times for specialist appointments 3 to 12 months. Specialist restrict what patients they will see based on insurance or signs/symptoms.
Waiting too long in physician offices
we don't approve for it
We need more doctors....Family and specialty practices.
We take medicaid so unless they don't have that, there should not be any.
Went to the emergency room at 1:00 am waited for over an hour and left because I never even got put in a room.
Wont see them because they don't have insurance or money to pay. Cant afford it

What do you think would reduce the use of the Emergency Room for non-emergency medical needs?	
Answer Options	Response Count
	155
<i>answered question</i>	155
<i>skipped question</i>	102

Category	Mentions	Ranking
Clinic Access - 64	64	1
Clinic Hours - 33	33	2 (Tied)
Low Cost Clinics - 33	33	2 (Tied)
Education - 31	31	4
Unsure - 18	18	5
Charge More or Upfront for ER Use - 13	13	6 (Tied)
Lack Insurance - 13	13	6 (Tied)
Physician Access - 13	13	6 (Tied)
Healthy Lifestyles - 3	3	9
Transportation - 2	2	10
Close ER - 1	1	11 (Tied)
Drug Screening - 1	1	11 (Tied)
Eliminate Subsidies - 1	1	11 (Tied)
Increase ER Staff/Resources - 1	1	11 (Tied)
Insurance Red Tape - 1	1	11 (Tied)
Law Change - 1	1	11 (Tied)

Recommendations to Reduce Use of ER for Non-Emergencies – Answers:

local clinics. doctors that came to places to see people
Access to 24 hours clinics
Free or greatly reduced clinic for non-emergencies
Better access to affordable doctors
More help for low income people. Need more free clinics
I don't know
don't know
More doctors to have better clinics
More places like Lantern Medical Clinic
Take away government subsidies
Add some type of clinic to the ER and send people there to be evaluated if it is not a clear emergency. Refer people who are using ER as doctors office to places like Mission First, Lantern, etc.
Cheaper health care
Affordable healthcare and after hours clinics
More clinics
More doctors in the ER and more equipment
More free or cheap medical clinics that are open after hours.
Being able to get appointment with your own doctor or more urgent care clinics.
More real doctors that are available to see patients.
CHARGE PEOPLE WHO ARE ON ASSISTANCE FOR UNNEEDED EMERGENCY ROOM VISITS. I PERSONALLY KNOW THOSE WHO WAIT TO AFTER CLINIC HOURS AND GO TO THE EMERGENCY ROOM
Refusing service for certain ailments that could be taken care at the doctors office during regular working hours instead of waiting until after hours because it is free
Send them to the clinic if they don't have private insurance and its NOT an emergency.
open clinics after hours
make access to physicians or Nurse Practitioners more affordable and AVAILABLE - then educate the public which require heavy community presence - get involved through Black/Hispanic churches
Expanding medicare/Medicaid. People use the ER for non-emergencies because they don't have access to primary care, and they don't have that because they don't have insurance.

Recommendations to Reduce Use of ER for Non-Emergencies – Answers (Continued):

Free Clinics -- Not just one, multiple.
CLINICS STAYING OPEN UNTIL AFTER 12:00 a.M.
TELL PATIENTS TO GO TO OUT PATIENT DOCTORS LIKE MOST PEOPLE HAVE TO DO. THAT WOULD HELP WITH PATIENT WAIT TIME FOR ACTUAL EMERGENCIES.
Free standing "emergency" clinics.
education and easy access to primary care physicians for poor communities
A charge
Less "red tape" with insurances! UHC, Humana, Cigna, & BCBS have gotten ridiculous on what they consider medically necessary so some people feel it is easier to just go to the ER.
better options
not sure
Health education, and People being proactive in their own personal well being.
after hours urgent care availability for pediatric and adults in Madison
no idea
Congress has legislated that! Congress needs to get out of the business of legislating healthcare. Emergency Rooms need to be for emergnecies only! Now that we have "ObamaCare" why can't we have universal urgent care/primary care clinics for EVERYONE and reserve the ERs for true emergencies?
Cheaper physician charges
Allow fewer foreigners to move into this country
Preventive care. Education on what is an Emergency and alternatives to Emergency care.
a primary care clinic attached to the emergency department that quickly triages non-urgent care issues.
Having to pay for visit up front if not an emergency and directions to a free clinic or County Health Department
private health insurance & less gov paid healthcare that some people don't have to pay for.
Education to the community and more avaiability to clinics
Emergency clinics perhaps.
Education and shorter wait times in clinics
Use for Emergencies Only not colds, etc.
Education and time. Patients that are seen in the ED for non-emergent care should be given information on the nearest clinic to their home and advised to go there in the future as needed. They will still come to the ED if they
More awarness of other healthcare facilities
Community access clinics
more after hours options
Expansion of Medicaid along with extended hours for primary care
send back the illegal aliens
Available quality heathcare for the poor/uninsured.
More programs and medical clinics and programs that will help those who aren't fortunate enough to have
more after hours clinics
If people used PCP more.
education and availability to see primary physician in a timely manner.....not 3 weeks out
more primary care physicians
Education
Clinics not demanding payment up front
24 clinics within the hospital setting
More services available at after hours clinic
Separate 24 hour clinics
An upfront nominal fee of 25-50 dollars, I feel would decrease the misuse of emergency rooms.
People think ER is 'free'. They refuse to pay co pay at my office. Some type of screening at ER to direct non
Emergencies to a clinic
Charge Medicaid patients a small out of pocket fee such as \$5.00
more open hours at the clinics
turn non emergency medical needs away - refuse to treat them
Drug Screening services for social programs
Medicaid expansion, which would take a new governor.
Clinics attached to ER to triage "clinic" needs to there versus utilizing ER.
more after hours places
More doctors available at clinics.
I don't know.
have a separate waiting room or facility for those that come into the ER with non emergencies and those that go to the ER just because Medicare or Medicaid will pay for it. Just looking for a prescription for drugs to re-sell
Urgent care clinics that stay open 24/7. The one time this year I accompanied a family member to the ER for a hurt wrist was on a Sunday night and no other choices were available.
Not sure.
More family practice doctors available after hours and on weekends
Close the emergency rooms.

Recommendations to Reduce Use of ER for Non-Emergencies – Answers (Continued):

education
I think for some people the ER is cheaper and easier access than scheduling an appointment somewhere. And others do not have enough insurance/money to see a primary care doctor and only got to the ER when they are
Stopping PTs from being able to go to emergency room for no emergency needs
na
transportation, education, education, education, maybe mobile prevetative care services
Continue promoting eating clean and excercise so that people can be more health concious
Medicaid expansion
Education
Being careful
more alternatives for after-hour visits to the poor
after hour clinics
Clinics open more hours
The mindset of those that abuse the ER. Education that other resources exist.
Not treating non-emergency cases at the ER and having clinics in the areas where this is prevalent
limit er to emergencies
don't know
More access to Urgent care facilities
go see an internal MD
when they should be going to a physicians office. If they have to pay something they will make an effort to make it to the physicians office. Other than that a 24 hour medical clinic near the Emergency room that would be where those patients are directed for treatment. It may be a longer wait but that could also influence their decision to make it to their physicians office during office hours.
better utilization of clinics
education
Typically non emergency use of ER would seem to be an after hours issue.
If insurance was more affordable, the habitual use of the ER for routine visits may be avoided.
Haven't a clue - people use it like its a doctor's office - just walk in.
expand medicaid
Walk in Clinics in community area with access to services and resources not limited by ability to pay
Clinics open at night more often and Saturdays
small front end access costs
Medicaid patients need education.
Community clinics for underprivileged to conveniently get timely, affordable healthcare
more urgent care clinics. collaboration with charities for the indigent to get medical care without going to the ED
A clinic on the same campus as ER with extended hours. One that sees walkins, has easy parking and short wait
Low cost urgent care clinics
n/a
I think more public health clinics should be available for non emergency visits with TeleMedical or Nurse
Regular health screenings and healthy eating and exercise habits.
more primary care physicians
Help those that use ER for non-emergency know where to go instead of ER.
We have a Primary care clinic next to the ER at the hospital.
24 hour clinics
Education, Prevention
Transportation and reduced cost visits to general physicians - free clinic etc.
I do not know.
shorter wait times in clinics or physician's offices
collect payment for service or require insurance
Not sure
Educating the public that common colds do not need to be treated by physicians they only need over-the-counter medications and more physicians
Free (as in you don't need anything at all) clinics specifically for wellness and preventable illness or, instead of dedicated clinics, just let ANYONE come into any clinic/dr. office (with a reasonable appt) for that purpose.
Education about clinics and more information on affordability for low income or families below the poverty line.
Need to add providers to the Byram area. Clinic overwhelmed with volume and can't get to all the people that need
inexpensive md visits
More clinics that will cater to patients without insurance or means of payment
stronger urgent care clinics
Insurance and clinics opened later
na
I don't know

Recommendations to Reduce Use of ER for Non-Emergencies – Answers (Continued):

Free medical clinics staffed by volunteers
Offer an urgent care clinic within or next to the ER so non-emergency patients can be routed there shortly after checking in or being seen.
education, insurance
Easier access to primary care with less out of pocket expense
Stop treating colds in the ER
Readily affordable clinics AND SPECIALISTS to follow in outpt setting
More affordable health insurance; More 24-hour clinics
Free or sliding scale clinics opened at hours and in locations that benefit the poor and needy.
NA
educating the public on what the difference b/t an emergency room and clinic is. Do not go to emergency room for
Education on urgent issues only to ER.
do not know
Add deductible to health plan or raise it
U can't
I don't know
People make better choices. First, people need hope. If they have no hope, they don't care about their decisions.
more urgent clinic options
find out the problem & have the laws changed so they are not treated when non emergency situation like colds, flu,
Educating public on primary care clinics

Where can local hospitals, either on their own or in collaboration, have the greatest impact on improving health in the community?	
Answer Options	Response Count
	126
<i>answered question</i>	126
<i>skipped question</i>	131

Category	Mentions	Ranking
Community Clinics - 42	42	1
Education/Awareness Programs - 36	36	2
Prevention Programs - 26	26	3
Lower Cost for Healthcare - 18	18	4
Better Collaboration with Churches/Nonprofits/Hospitals/Schools - 16	16	5 (Tied)
Unsure - 16	16	5 (Tied)
Community Based Fitness - 8	8	7
Healthy Lifestyle Programs - 7	7	8
Lack Insurance/Cost of Insurance - 3	3	9 (Tied)
Trained Medical Staff - 3	3	9 (Tied)
Reduce Wait Time - 2	2	11
Mental Health Resources - 1	1	12 (Tied)
More Physicians - 1	1	12 (Tied)
Transportation - 1	1	12 (Tied)
Work with Families - 1	1	12 (Tied)

How Hospitals Can Impact to Healthcare – Answers:

With the families and children
Focus on prevention and awareness
Understand that people cannot pay half a weeks wages to see a physician
Perhaps offer periodic community clinics
providing adequate care
don't know
not sure
Health care
Clinics like Lantern
Clinics, Family Medicine Clinics
By having low cost or free clinics.
By encouraging healthy lifestyles.
NOT SURE
have well trained staff and communication between all physicians involved in plan of care
get church leadership to buy in and help spread the word about other resources
Free clinics for primary care in neighborhoods where people don't have insurance, primary care physicians, and
Free screenings and referrals for patients that are in the high risk population. Marketing for these screenings and
partnering with others in order to get the message across.
GIVE GOOD PATIENT CARE IN A TIMELY MANNER. TREAT THE PATIENT WITH RESPECT. LIKE THEY
WOULD WANT THEIR LOVED ONE TO BE TREATED.
Collaboration of services
education through schools, health fairs and churches - free health screenings
Na
Work together instead of competing with each other.
more free weight loss efforts
the media
Education about prevention, health screenings.
small clinics
There need to be more convenient satellite clinics out in the communities where it is more convenient for the
people to get to their primary care providers routinely. It is traditionally too inconvenient to get to the larger

How Hospitals Can Impact to Healthcare – Answers (Continued):

Post-op visits to physician DEFINITELY & quickly after the SHORT hospital care allowed !!!
Preventive care, screenings, education
create 24/7 clinics in conjunction with their ER departments
Incentives. Unhealthy behaviors and foods, etc costing more than the healthier options.
education/tv/media
Free Screenings in small communities perhaps.
Schools, colleges, businesses
Any type of health screening, combined with follow-up appointments as needed. I do not feel that Healthfairs do anything at all. People just come for the free junk and food. Those are a waste of time and resources.
Higher focus on physical fitness throughout the community
walking / cycling tracks
Community access clinics to preventative and basic treatment
Education of employees because they can be advocates and education programs in the community, especially for education and screening
healthcare facilities are too competitive and focused on money rather than the patient.
Outlying areas outside the metro, focusing on the more rural areas.
Schools
Education on healthy eating and fitness/wellness programs for those who are on a fixed income and can't afford high priced organic food or a health club membership
Wellness teaching at local faith based organizations
PRoviding affordable care
Offering health plan to public through their company/hospital
There seems to be an increase in people willing to run/walk 5ks and various other events. I think hosting more events that are physically active events would help promote wellness in the Jackson area
Education
Obesity
don't know
Schools,churches, colleges
offering free seminars
Reaching out to those without insurance.
Work with non-profits that assist low-income, homeless, mentally ill
??
More education in inner city areas on nutrition, exercise, disease causes and prevention
Offer people free health screenings (and advertise it better). Also giving people temporary (one month) membership to a gym. 3 weeks help to make a habit.
Try to get the obese diabetics to go to California.
Walmart. You see some REALLY unhealthy looking people in walmart.
Mobile clinics could be helpful in rural communities
Rual
na
education
Expand access to affordable health screenings
Obesity education and Cancer services
N/A
after-hour/night clinics for minor emergencies to keep out of emergency rooms.
with these clinics
Educating the community
churches, colleges, malls
Clinics for non-emergency cases
free screenings
emphasize preventive care
Offer more wellness opportunities
Baptist Hospital
discouraged and seeing that others have overcome similar health issues is providing hope. Let those who have been successful have an opportunity to mentor others - through your education / outreach let those success stories share their story - let them help. That serves a dual purpose, helping the ones who have lost hope and allowing that person who has improved their health to see others and hopefully keep them on track to maintain their better health. It is easy to lapse back into bad habits so it would be good for all.
na
education

How Hospitals Can Impact to Healthcare – Answers (Continued):

Provide a discounted screening of common problematic issues and advertise
Community education programs, free or reduced screenings.
In exchange for services in the ER or otherwise, ask the patient to submit to a wellness education programl.
testing programs for public
Resource Advocacy
Education
price transparency and responsive pricing
Education activities for the public.
Not sure
screenings, more urgent care
Health screenings - free or reduced cost
low cost screenings are often an incentive for some to participate
offering more free clinics cost reduced clinics re healthy heart
Adress the problem of transportation for the poor. Not everyone can get to and from healthcare on their own.
more primary care. ER access
Bring in new Doctors and Specialist.
low cost health screenings
Networking w/ schools, chambers, civic clubs to hold educational/ prevention seminars. Engage employers to hold employees accountable & /or w/ incentives for attendance.
organizations join forces. For example, joining with the American Heart Association on cardio health and/ or examinations, or joining with the Junior League of Jackson or Operation Shoestring to educate the community on health resources.
Working together
This should not be the hospitals responsibility, but I feel the wellness programs go a long way in teaching prevention as well as the appropriate place to seek medical care.
reduce cost and wait time
Not sure
Educating the community in healthy eating and cooking habits and that you don't have to have a gym to exercise.
They could facilitate operations from #29 by providing free wellness, chronic, etc. screenings.
Wellness initiatives. Spend real money not just token dollars for publicity. Invest in it.
wait time
Offer free wellness screenings
wellness education
Education about the top health issues
na
I don't know
You cannot change a tiger's stripes, and you cannot cure a food addiction.
Offer free screenings where the people who do not take advantage of these programs live.
low cost clinics
Mental Health resources, lobby for Medicaid expansion, Education on prevention and screening
stop fighting over market share and each focus on a certain disease specific
Provide free screenings to the community; Support and/or provide more clinics like Mission First and Lantern Clinic
Education and consistent engagement
poor communities
Education at the community level
coordinate cancer services
Insurance cost reduction and reduce cost of care
I don't know
lowering healthcare costs
offering enough adequate care & not releasing unless completely healed
Not sure

What additional health services need to be offered to meet health challenges in your community?	
Answer Options	Response Count
	113
<i>answered question</i>	113
<i>skipped question</i>	144

Categories	Mentions	Ranking
Unsure - 45	45	1
Health Events/Classes - 16	16	2
Community Based Fitness Areas - 12	12	3
Low Cost/Free Clinics - 8	8	4
Education - 7	7	5
Community Engagement - 6	6	6 (Tied)
Mental Health Centers - 6	6	6 (Tied)
More Physicians - 6	6	6 (Tied)
Chemical Dependency Centers - 4	4	9 (Tied)
Community Clinics - 4	4	9 (Tied)
Insurance Coverage - 3	3	11
Elder Care - 2	2	12 (Tied)
Medical Staff Training - 2	2	12 (Tied)
Support Groups for Various Diseases - 2	2	12 (Tied)
Affordable Healthy Food - 1	1	15 (Tied)
Better Transportation Services - 1	1	15 (Tied)
Cardiovascular Health - 1	1	15 (Tied)
Longterm Care - 1	1	15 (Tied)
More Home Health - 1	1	15 (Tied)
More Hospitals - 1	1	15 (Tied)
More Natural Healthcare Options - 1	1	15 (Tied)
Orthopedic Health - 1	1	15 (Tied)
Pediatric Health - 1	1	15 (Tied)
Physical Therapy Centers - 1	1	15 (Tied)
Physician to Patient Communication - 1	1	15 (Tied)
Pulmonary Health - 1	1	15 (Tied)
Women's Health - 1	1	15 (Tied)

Additional Health Services for the Community – Answers:

getting out into the community to help change individual lives as well as large scale events geared to draw large
Don't know
More specialists who provide help to low income patients
don't know
not sure
Same
Needs more clinics like Lantern available for lower income families
Free health programs, and for the lower person in the communities to have a chance for free healthcare
Implementation of support groups - such as a diabetes support group, weight watchers, etc.
MENTAL HEALTH AND DRUG DEPENDENCY CENTERS
free workout and recreational for teens
FREE fitness classes, cooking classes, money management classes, etc.
WELLNESS CHECKS
PEOPLE TAKE ADVANTAGE OF FREE HEALTHCARE AND NOT TAKE CARE OF THEMSELVES WITH PREVENTATIVE MEASURES IN HOLMES COUNTY.
mental illness help. This seems to me to be our greatest failure in healthcare .
Cost
Not sure of other possibilities besides medical, dental, eye, fitness centers (which are already offered)??
more doctors available
not known
IDK
none

Additional Health Services for the Community – Answers (Continued):

More lab services, more x-ray services, more primary care clinics for routine check-ups, vaccines, medication refills, etc. Bring the healthcare to the people not the other way around!
See #31
Affordable fitness centers.
na
childhood fitness (weight and exercise)
physical therapy
Elder care readily available.
affordable mental health services, substance abuse, counselling or have better coverages through insurance
Education. See below.
Free exercise classes
I believe health services are widely available but until there is self accountability there is a lesser chance for overall health improvement.
none
See above needs.
I don't know
School day focused on healthy living and right choices regarding food, drugs, etc.
education on various health topics made free to the public.
Low cost primary care located in poor areas
Home visits for discharged pt's that do not have the knowledge or resources to care for themselves adequately
Na
Dietary education
More free health screens
Accountability with medical practitioners offering RX drugs
weight loss
Mental health services for insured but mostly uninsured.
I don't know
Not sure
More walking/biking trails
Fitness Center
Make it so that people can submit anonymously for a drug abuse counselor.
None
Pop up screenings.. Screenings where people don't expect them. High populated areas. Walmart for example...
Early education. And simple things that can be done to make health simple
None
na
local health fairs/screening, mobile screenings
Weight loss and diabetes support groups
Cancer research
N/A
same as above, and more obesity and drug abuse programs
none
n/a
unsure
more and different types of physicians in my area
don't know
Healthy eating classes
MSMOC, Baptist Hospital
the next closest gym would be to come to Jackson or to go to Clinton which is not a good option for everyone. The Terry / Byram area needs a good healthplex, we are not certain that the one option we have will be around long term. (UHC bought the courthouse and it is rumored that they will close the facility unless they will allow someone to overtake that facility).
na
none
Unknown
More free community health classes offered at hospitals on various topics that concern the public. Also, more affordable health counselors to help people make better lifestyle choices.
Don't know
not sure

Additional Health Services for the Community – Answers (Continued):

Pediatric Clinic. Walk in urgent Care clinics. Advocacy programs that utilize resources that are available on improved mental health service providers and access
More specialists needed in this community.
Behavior changes to healthcare and preventive medicine
More preventive
Dental insurance is expensive so those that may most need it probably can't afford it.
do not know - my community has clinics for the working "poor" but for a very limited time frame
free or low-cost fitness centers for seniors
N/A
more cardiologists
None needed. People need to take advantage of those offered & adhere to them
need safe exercise arenas in Byram
At school health screening and education programs
Extremely hard for financially challenged to get fresh food and hard for all income levels to get screenings with dermatologist. Also, the new health insurance referral system is some what complicated.
Well served.
none
More natural options included in healthcare
Diabetes classes
Again, in my very specific community, none.
cardiovascular, pulmonary, orthopedics,
na
Therapy for children and adults with mental and learning disabilities
more long term care resources and qualified sitters
NA
Be able to communicate with a doctor when needed. They don't always call you back and I don't want to talk to a
Not sure
na
Free standing clinics to help those without adequate resources. Let people work for thier healthcare as appropriate
I don't know
Comprehensive transportation services. Greater access to home health and telehealth services. Greater education and support for patients whose health improvement greatly depends on compliance with healthcare
n/a
Womens health
do not know
Companies should pay most of the costs for gym memberships
I don't know
With the growth we are seeing in Byram, it would be great to see more health related community events (5ks, free pediatric specialities
adequate amount of doctors & clinics to take care of the sick
More primary care-type clinics in areas that send patients to the ER. LIke Mission First

Please let us know any other thoughts or concerns you have about the health needs of your community.	
Answer Options	Response Count
	68
<i>answered question</i>	68
<i>skipped question</i>	189

Other Thoughts or Concerns – Answers:

A lot of the patients I encounter are not able to understand their healthcare needs. They need a lot of education and a variety of topics from insurance to billing to co-pays to preventative medicine, healthy eating, exercise. Most take no ownership of their health and think they will go to the MD if they get sick and the MD is to "fix it".
Abuse of the Emergency room, obesity, synthetic illegal drug use
affordable health insurance for everyone still doesn't exist
Again, I wish we had a Baptist Hospital closer to the reservoir area. The population has grown tremendously and I feel a certificate of need would be justified. I hope this survey will help with this matter.
As UMC has decided to abandon the city of Byram in closing the Courthouse, Byram and south hinds county have no opportunities for wellness other than running/walking. Even then we don't even have a park with a running trail or sidewalks to run on and have to run in a neighborhood or busy streets.
Availability for "working poor."
Baptist Orthopedics Dept personnel should all be given a substantial raise, due to they're primarily responsible for MBHS being in top 2%
Behavioral health to treat addicted teens and adults and to combat suicide.
Byram needs a great fitness location (gym) that can offer what the larger cities around us have.
Communities need to invest in building a foundation of child health and well being that sustains a healthy population both physical and mental.
Don't look out for the people who can't afford healthcare, and find a program that help them get it free of charge
EHRs have distracted from face to face communication between healthcare provider and patient! Now the provider is too busy entering data in their electronic tablet rather than looking at their patient and talking with him/her, much less performing a god old fashioned physical examination OR LISTENING TO THEM WITH A STETHOSCOPE! No wonder so many diagnoses are missed these days.
health care cost is out of sight. people that have insurance are required more & more to pay out of their pocket & pay for people that do not have any coverage. physicians need to find ways to cut their cost.
health care providers should encourage more natural means of medicating and promoting health.
Health insurance coverage for LONGER care! And required follow ups!
Hospitals need to implement more best practices to reduce disease and promote wellness at the state level.
before she passed away. These types of patients need to have visits at home by physicians. It is so difficult for them to try and make physician house calls. I know that is so out dated but this is a badly needed service for patients who are home bound. What results when they do need a doctor is a call for an ambulance, an ER visit at a minimum and then an ambulance ride back home. It is not desirable for the patient or the hospital but it is the only option. Some type of tele medicine for these patients would be a blessing. I do not know if anyone in the area is offering that service yet but for that type of service to be available to patients via a smart phone would be a gift to those families who are already facing a difficult illness.
I SEE MOST PEOPLE GO TO MADISON AND JACKSON TO GOT TO THE DOCTORS. THAT SHOULD SAY ENOUGH IN ITSELF FOR HOLMES COUNTY.
I think it is available but over taxed by people that don't pay and abuse system.
I think small communities have a growing group of elderly people who either don't have the funds or transportation to take advantage of medical facilities in metropolitan areas.
when I need to. She is with the Baptist Clinic and ever since she was moved out of her office to Primary Care at hospital, she has been unavailable to me. I don't go to the doctor for a splinter in my finger. I go when I'm sick and need to get well so I can go back to work. I don't appreciate the fact that the clinic schedules walk-ins for my doctor and I can't see her when I'm sick. I am an established patient!!! -- which means nothing!! 2 weeks ago today I had an issue. My blood pressure was high. It was Friday and I could not get in to see a doctor or nurse practitioner in this town except Dr. Logan, which I refused. I was so mad, my blood pressure went even higher. I ended up in the emergency room. My community is in serious trouble as far as health care is concerned. We have a very nice, new hospital and it's a shame we don't have excellent healthcare to go along with it.
I'm thankful for the clinics that's here and I'm very happy to be able to come to Lantern Medical Clinic
In nicer communities they have started groups paying cash for various services from a doctor. Maybe the hospital could start something similar.
Insurance is ridiculously high with too many limitations (red tape). Can't we all work together to give patients the best possible care without all the unnecessary delays / denied payments?!?!?!?
insurance needs to be more affordable
It need to be open days
it seems that people are ignorant. I see folks getting older at younger ages because they can't get around, aren't flexible, or are just plain incapacitated
Limit medicaid payouts to 1st child born, and maybe 1/2 payout for 2nd and no more. They are having babies just for the money and not invested in the children's upbringing, health or future. That's why we have the young now out of control, killing our good policemen.

Other Thoughts or Concerns – Answers (Continued):

Medical seems to be to reactive, and doesn't seem to focus on prevention.
Mental health resources are a challenge state wide
need more healthy options in restaurants..
Need more long term care and assisted living options
need more resources for needy families
Older people have a hard time getting their information from a computer portal. If I have a test procedure please explain it and how it affect me. Not just say.(. your cbc shows you are anemic)
Reduce UMC free funds
The high cost of prescription medication.
The state of Mlssissippi severely underfunds health care and shifts the burden of caring for uninsured or underinsured patients to hospitals
They need to get out and move their bodies.
Too much free food. Not enough work.
We have a free clinic once a month . Dr. Perry is keeping the clinic going after Dr. Thaggard's death.
We really need more education about end of life, medicare - what it pays for and what it does not, more long term care insurance information
Educating the public regarding advanced directives
Continue to keep the Baptist tradition growing.
I don't have any thoughts
Just the ones mentioned above. Thanks.
N/A
n/a
n/a
n/a
N/A
n/a
NA
na
na
NA
na
none
none
None
none
none
none
none
None
None I can think of right now.
not sure
not sure
See above
thank you for your concern

APPENDIX G

MBHS Board of Trustees

CHNA Resolution

Mississippi Baptist Health Systems

Resolution

MBHS Board of Trustees

In May 2017, the Baptist Memorial Health Care Corporation of Memphis, TN (BMHCC) acquired a controlling interest in Mississippi Baptist Health System. As part of the January 2018 system-wide review of Community Health Needs Assessment (CHNA) documentation, issues that required additional clarification and/or documentation were identified and corrected to ensure compliance with all §501(r) requirements. The purpose of this resolution is to add clarification and finalize the approval process for MBHS's 2016 CHNA and CHNA-Implementation Strategy (CHNA-IS).

CHNA Approval

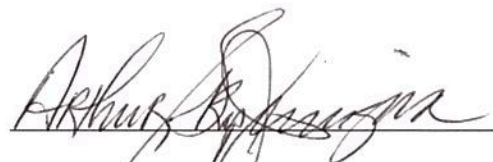
MBHS's 2016 CHNA was approved by the MBHS Board of Trustees in its meeting held the 25th day of August 2015. This adoption was completed in compliance with IRC §501(r) regulations.

CHNA-IS Approval

The Mission Effectiveness Committee of the MBHS Board of Trustees, in its meeting held the 7th day of December 2015, reviewed and recommended a draft of the Baptist Health Systems CHNA - IS 2015 - 2017 to the Board of Trustees for consideration and adoption.

Evidence of the MBHS Board of Trustees' adoption of the CHNA - IS has not presented. Henceforth, as recommended by BMHCC senior management, the document was brought before the board.

Therefore be it resolved, that the MBHS Board of Trustees hereby formally adopts the MBHS Community Health Needs Assessment - Implementation Strategy 2015 – 2017 on this the 30th day of January 2018.



Arthur Skip Jernigan, Chairman
MBHS Board of Trustees

01-30-18

2 | Appendix G

Jan 30, 2018