



Baptist Anderson Regional Medical Center &
Baptist Anderson Regional Medical Center – South

COMMUNITY HEALTH NEEDS ASSESSMENT 2024

Prepared By
Carr, Riggs & Ingram



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Our Commitment to Community Health

Message From Our Administrator and CEO

At Baptist Anderson Regional Medical Center and Baptist Anderson Regional Medical Center – South, we are profoundly dedicated to improving health and advancing equity in our surrounding communities, extending our passion far beyond our physical facilities. This commitment is particularly evident in our Community Health Needs Assessment, where we join forces with community stakeholders to tackle the unmet needs of our region's most vulnerable and underserved populations. Together, we have achieved remarkable progress in breaking down barriers to care and providing essential support, empowering individuals and families to embrace their healthiest lives.

We genuinely cherish the opportunity to be woven into the fabric of this community, and your voices resonate deeply with us. As you explore this report, we invite you to reflect on how you can contribute to enhancing health and medical services in our area. We all share this beautiful community—living, working, and enjoying it together. United, we can foster a healthier environment for everyone and fulfill our mission. We eagerly anticipate collaborating with you to uplift the overall health of those we serve.

John G. Anderson, FACHE
Administrator and CEO

About Us

Dr. Jeff Anderson, a visionary leader, recognized the need for improved healthcare in East Central Mississippi and West Central Alabama. In 1929, he acquired and renamed Turner Hospital as



Anderson Infirmary, which initially had 30 beds, a laboratory, and two operating rooms, staffed by three physicians and a half-dozen nurses and technicians.

Despite the Great Depression, Dr. Anderson kept the infirmary open by creatively accepting payments, including promissory notes and goods, and he never turned anyone away. As the economy recovered in the late 1930s and 1940s, the hospital expanded its services, growing to over 24 medical staff members, including Dr. Anderson's son, Dr. William J. Anderson Jr.

Following his father's passing in 1951, Dr. William Anderson took charge and transformed Anderson Infirmary into Jeff Anderson Memorial Hospital. By the 1950s, the original facilities had become cramped and outdated, which led to the opening of a new state-of-the-art facility in 1965 with 120 beds and expanded services in laboratory, X-ray, surgery, obstetrics, and emergency



departments. Under Dr. William Anderson’s leadership, Jeff Anderson Memorial Hospital became the area’s first and largest full-service hospital in East Mississippi and West Alabama.

By 1975, the hospital had increased to 260 beds and achieved regional medical center status through a focus on improving patient care. The 1980s saw further development with Centers of Excellence in cardiology, wellness, and cancer treatment. Under Dr. William J. Anderson III's leadership, a multi-phase master facility plan based on a patient-focused design was initiated, involving the relocation of all services for easy patient access, culminating in 2000.

In 2009, the facility was rebranded as Anderson Regional Health System to better reflect its roots. It now includes Centers of Excellence in cardiac services, wellness, oncology, women’s health, sleep disorders, and more, and is home to the region's only comprehensive cancer center. On January 1, 2011, Anderson acquired Riley Hospital, adding 140 beds and enhancing service offerings to better serve the community.

On January 1, 2024, Anderson Regional Health System and Baptist Memorial Health Care formally merged. Together, the two health systems bring more than two centuries of combined healthcare experience. With this knowledge and expertise, the joint health system will be able to provide a new level of care to the community. Through this partnership, Baptist Memorial will serve more than half of Mississippi’s population, making Baptist Anderson Regional Medical Center and Baptist Anderson Regional Medical Center – South stronger and better equipped to meet the needs of patients for many years to come.



Baptist Anderson Regional Medical Center and Baptist Anderson Regional Medical Center – South (referred to as Baptist Anderson hereafter) are currently led by Dr. Jeff Anderson’s grandsons, Joe Anderson (Chairman of the Board of Directors) and John G. Anderson (Administrator and CEO). The facilities boast a diverse medical staff across 35 specialties, making it one of the largest multi-campus facilities and employers in Mississippi, with an economic impact of \$380 million. With two hospitals, a regional cancer center, and a network of clinics, Baptist Anderson is proud to be the established leader in offering premier medical services while remaining true to its heritage of healing and improving the lives of the people it serves.



Today, Baptist Anderson provides the following services to residents of the region:

- Two campuses: North and South
- 400 patient rooms
- Heart Cath Lab Services
- Region's only Cancer Center with Radiation and Medical Oncology
- Level III Trauma ER with helipad
- Advanced Intensive and Cardiac Care Units
- Obstetrics LDR Program and Level II NICU
- Tom C. Maynor Rehabilitation Center
- Only Weight Loss Surgery in the area
- Pain Management Center
- Wound Healing and Hyperbaric Oxygen Center
- Horizons Geri-Psych Center
- Sleep Disorders Center
- Breast Imaging Center of Excellence
- Outpatient Infusion Center
- Medically based fitness center
- Hospital Medicine Program, including Pediatric Hospital Medicine
- Primary Care Centers in East Mississippi
- Children's Medical Clinic
- Dr. William G. Riley Inpatient Pediatric Center



Baptist Anderson completes a community health needs assessment (CHNA) every three years. Through this work, we identify the unmet needs in the community and strategically plan how we can best address those needs. The purpose of this CHNA report is to provide Baptist Anderson with a functional tool to guide us as we work to improve the health of the community we serve and adhere to our mission: *to continue our heritage of healing and improving life for the people we serve.*



2024 CHNA Executive Summary

CHNA Leadership

The 2024 CHNA was supervised by a steering committee comprising representatives from Baptist Anderson, with input from community stakeholders. These individuals acted as liaisons between the hospital and the communities it serves.

CHNA Steering Committee Members:

- Elizabeth Wiggins, Director of Marketing, Baptist Anderson Regional Medical Center
- Ann Weddington, Communications Manager, Baptist Anderson Regional Medical Center
- Morgan Craven, General Manager, Baptist Healthplex-Anderson
- Sade Rogers, Nurse Manager, Baptist Anderson Senior Behavioral Health Center
- Beverly Knox, Community Representative, Executive Director of Community Health Improvement Network

Our Research Partner

Baptist Anderson had assistance in conducting the CHNA from Carr, Riggs & Ingram (CRI). Stretching from New Mexico to North Carolina, CRI is a nationally ranked full-service accounting and advisory firm among the top 25, offering innovative tax, accounting, audit, consulting, and advisory services to more than 100,000 clients in the U.S., Canada, Mexico, Puerto Rico, and overseas military installations. From traditional accounting services to cutting-edge business support, technology resources, and assurance offerings, CRI's breadth and depth of expertise have helped our clients in over 20 industries transition from compliance to competitive advantage for more than 25 years.

CRI's Healthcare Advisory team serves hundreds of hospitals and health systems across the South in various capacities, including independent financial statement audits, cost reporting, value-added reimbursement engagements, and nearly everything in between. We collaborate with and support numerous hospital associations and advocacy groups to contribute to the success of hospitals and health systems throughout our firm's expansive footprint. CRI's Healthcare Advisory offers the following services to our clients:



- Accounting
- Agreed Upon Procedures (AUPs)
- Audit and Single Audit
- Compilation
- Cost Reporting
- Cybersecurity
- DSH and Supplemental Payment Programs (Medicare and Medicaid)
- Employee Benefit Plans
- Fraud & Forensics
- HIPAA & IT Risk Assessment
- HITRUST Certification
- Review
- Strategic Advisory Services, **including CHNAs for dozens of hospitals and health systems**
- Transaction Advisory Services
- Valuations



As we look to the horizon, we at CRI are poised to redefine what's possible, and we invite our clients, old and new, to join us in shaping the future. Learn more about our work at www.cricpa.com.

Methodology and Community Engagement

The 2024 CHNA utilized quantitative research and community discussions to identify health trends and disparities in Lauderdale County. By analyzing statistical health indicators and gathering input from community stakeholders, priority areas were established. These findings will inform healthcare services, health improvement initiatives, and serve as a resource for various health and social service programs.

Community engagement was central to the 2024 CHNA. Input was gathered from individuals representing the community's diverse interests, including underserved, low-income, and minority populations. They shared perspectives on health trends, information on existing community resources, and insights into service delivery gaps that contribute to health disparities and inequities.

The following research methods were used to determine community health needs:

- Statistical analysis of demographic, socioeconomic, and health indicators
- An online Community Health Needs Assessment disseminated to the community to solicit information about local health needs and opportunities for improvement
- A Focus Group conducted with community members representing underserved areas to engage them in the CHNA and garner insights on community health challenges and opportunities for partnership

Community Health Priorities

To promote health equity, it is crucial to allocate resources and efforts towards the most pressing health needs within the community. With input from community partners and an assessment of the hospital's strengths and resources, the leadership at Baptist Anderson has identified the following community health priorities to focus on in the 2024-2027 Community Health Implementation Plan:

1. Increase community awareness of chronic disease prevention.
2. Increase community awareness of the components of a healthy lifestyle.
3. Increase awareness around substance abuse and mental health conditions.

Board Approval

Section 501(r)(3)(A) requires tax-exempt hospitals to conduct a CHNA every three years with the communities they serve. The hospitals then must develop an implementation strategy to meet the needs identified through the CHNA.



The Internal Revenue Service outlines the steps a hospital must complete in order to conduct a CHNA:

1. Define the community it serves.
2. Assess the health needs of that community.
3. In assessing the community's health needs, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
4. Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.
5. Make the CHNA report widely available to the public.

Failure to comply with these guidelines could result in a fine by the IRS of \$50,000, and the possibility of losing the organization's tax-exempt status. Based on these guidelines, Baptist Anderson's CHNA report would be due to be completed and board approved by its fiscal year end of September 30, 2024.

The 2024 CHNA report and Community Health Improvement Plan (CHIP) were presented to the Baptist Anderson Board of Directors and received approval on Tuesday, September 24, 2024. Following the Board's endorsement, both the CHNA and CHIP reports have been made accessible electronically on Baptist Anderson's website (www.andersonregional.org). Additionally, a printed copy can be obtained from the hospital's administrative office.



Primary Service Area Description

According to CMS's 2022 Medicare Hospital Market Service Area File, Lauderdale County is the primary service area for the facility, accounting for 51.4% of its cases. Other served counties include Neshoba, Newton, Clarke, Choctaw, Kemper, Sumter, Winston, Jasper, Leake, Scott, Noxubee, and Wayne.

Lauderdale County, located in eastern Mississippi near Alabama, was founded in 1833 and named after Colonel James Lauderdale, a United States military officer who lost his life during the War of 1812. Originally inhabited by the Choctaw people, the land was acquired by the U.S. through the Treaty of Dancing Rabbit Creek in 1830.

In its first census of 1840, Lauderdale County had a population of 5,358, which grew to 13,313 by 1860. The county's agriculture included cotton, corn, and livestock, and it was a top producer of rice and sweet potatoes. By 1880, the population had risen to 21,501, and the county had become an industrial hub, ranking fourth in the state for industrial output with 43 firms and 373 workers.

By 1900, the population reached 38,150, making it the fifth-largest in the state. It was the top industrial producer with 194 firms and 1,639 workers, and second in capital investment. In 1930, the population grew to 52,748, with Meridian as the largest city in the state. The county was ethnically diverse, with residents from Palestine, Syria, Russia, Iceland, England, and Greece. By 1960, the population was 67,119, ranking among the top five in the state for population, density, per capita income, and high school education. At this time, 18% of the workforce was in industry and 4% in agriculture. From 1960 to 2010, Lauderdale County's population grew significantly, reaching 80,261 by 2010.



Social Determinants of Health

Background

Social determinants of health (SDOH) refer to the conditions in the places where people are born, live, learn, work, play, worship, and grow older that influence their health, daily functioning, and overall quality of life. These factors and systems affect everyday life, including economic policies, social norms, and political structures. In simpler terms, these are the areas where investing resources and focusing on public health can make a significant difference.

SDOH can be grouped into 5 domains:

1. Economic stability
2. Education access and quality
3. Health care access and quality
4. Neighborhood and built environment
5. Social and community context

Addressing disparities in SDOH accelerates the path toward health equity, ensuring that everyone has the opportunity to achieve their optimal level of health. Research indicates that SDOH influence health more significantly than genetic factors or access to healthcare. The impacts of SDOH are extensive and deeply embedded in our society, resulting in unequal access to a variety of social and economic resources, such as housing, education, income, and employment. These inequalities elevate the risk of poor health for individuals.

Promoting healthy choices alone will not address the health disparities caused by SDOH. Instead, public health organizations, along with their partners in sectors such as education, transportation, and housing, need to collaborate to create social, physical, and economic conditions that enable all individuals to attain good health and well-being.

Understanding Health Equity

Area Deprivation Index

Living in disadvantaged neighborhoods is associated with health issues such as higher rates of diabetes and heart disease, increased use of health services, and reduced lifespans. Health initiatives that overlook neighborhood disadvantages may prove ineffective.



The Area Deprivation Index (ADI), developed by the Health Resources and Services Administration (HRSA) more than thirty years ago, has been refined by Amy Kind, MD, PhD, and her team at the University of Wisconsin-Madison. This index ranks neighborhoods based on socioeconomic disadvantage, considering factors such as income, education, employment, and housing quality, and aids in healthcare delivery and policy formulation for the most challenged areas.

ADI scores from within this state alone are ranked from lowest to highest, then divided into deciles with 1 being the least disadvantaged block groups and 10 being the most disadvantaged block groups. **Lauderdale County's 2022 ADI Score was 6.42, indicating that the neighborhoods in Lauderdale County are slightly more disadvantaged than usual, but the discrepancy is not significant.**

Area Deprivation Index (ADI) 2022

	Lauderdale County, MS
Overall	6.42

Social Vulnerability Index

Social vulnerability refers to the social and economic factors that make certain communities more susceptible to difficulties during public health emergencies and other challenging situations that can result in illness or injury. Issues such as poverty, limited access to transportation, and overcrowded housing can diminish a community's capacity to cope with and adapt to these public health challenges.

The CDC/ATSDR Social Vulnerability Index (SVI) is a tool that helps identify communities that may be at risk and in need of assistance before, during, or after disasters. It includes data and maps that display various factors related to social vulnerability. These factors are organized into four main themes, which are subsequently combined to yield an overall score of social vulnerability for each community.

SVI is a percentile ranking with possible scores ranging from 0 (indicating the lowest vulnerability) to 1 (indicating the highest vulnerability). **Lauderdale County's overall SVI was 0.6667, which indicates a medium to high level of vulnerability. Excluding socioeconomic status, Lauderdale County ranked "Medium to High" or higher in all subcategories. The housing type/transportation subcategory received a high ranking with a score of 0.8642.** The following elements comprise this sub-indicator:

- Multi-Unit Structures
- Mobile Homes
- Crowding
- No Vehicle
- Group Quarters



Social Vulnerability Index (SVI) 2022

	Lauderdale County, MS
Overall	0.6667
Socioeconomic Status	0.4815
Household Characteristics	0.6296
Racial and Ethnic Minority Status	0.5926
Housing Type/Transportation	0.8642

Distressed Communities Index

The Distressed Communities Index (DCI) highlights significant disparities in economic health across various communities in the U.S. Utilizing seven socioeconomic characteristics from the latest Census data, areas are categorized into five groups based on their well-being: prosperous, comfortable, mid-tier, at risk, and distressed.

This index is equivalent to percentiles, allowing us to examine the inequalities both within and among different cities and states. Distress Scores range from 0 (most prosperous) to 100 (most distressed). **Lauderdale County is distressed with a distress score of 87.1 and ranks 57 out of 82 counties in Mississippi.**

Distressed Communities Index (DCI) 2024

	Lauderdale County, MS
Overall	87.10
No high school diploma	15.4%
Poverty rate	23.8%
Adults not working	28.2%
Housing vacancy rate	14.3%
Median income ratio	88.2%
Change in employment	-5.6%
Change in establishments	-5.0%

Vizient Vulnerability Index

The Vizient Vulnerability Index (VVI) serves to identify the social needs and challenges that pertain to the accessibility of healthcare services within diverse neighborhoods, which may influence an individual's overall health. The data derived from the VVI file empowers users to address nine distinct domains of vulnerability, encompassing all five categories of SDOH.

VVI scores span from -3.000, denoting a lower degree of vulnerability, to 3.000, indicating a higher degree of vulnerability. An overall vulnerability score that exceeds 1 signifies an area classified as "high vulnerability," thereby indicating that these neighborhoods face challenges that are considerably more serious than the national average.



The overall VVI score for Lauderdale County is 0.957, which signifies that the county is on the cusp of high vulnerability. The sub-indicator in which Lauderdale County exhibited the greatest degree of vulnerability is Neighborhood Resources, with a score of 2.631. The following elements comprise this sub-indicator:

- Lack of access to parks
- Existence of food deserts
- Availability of broadband services and corresponding household broadband subscriptions
- Sales of alcoholic beverages
- Dispensing of opioid medications

Vizient Vulnerability Index (VVI) 2020

	Lauderdale County, MS
Overall	0.957
Economic	1.117
Education	0.659
Health Care Access	0.453
Neighborhood	2.631
Housing	0.034
Clean Environment	0.273
Social	1.091
Transportation	0.414
Public Safety	0.125



Priority Health Needs

As illustrated in the previous section, Lauderdale County has several areas of vulnerability and socioeconomic challenges that we need to consider. However, it is important to focus our resources and activities on the most pressing health needs in our community. To decide which issues to prioritize in the next three years, Baptist Anderson collected input from community partners and stakeholders to identify three key health needs. Based on this feedback, Baptist Anderson will direct its efforts towards these priorities for 2024-2027:

1. Increase community awareness of chronic disease prevention.
2. Increase community awareness of the components of a healthy lifestyle.
3. Increase awareness around substance abuse and mental health conditions.

Strategies to address the priority areas will reflect community population trends and stakeholder feedback, as highlighted in the following subsections.

Community Overview and Trends

While Baptist Anderson serves multiple counties in the East Central Hills region of Mississippi, its principal service area is the vibrant community of Lauderdale County. With few exceptions, Lauderdale County mirrors the demographic, socioeconomic, and public health trends of the broader state of Mississippi, indicating that residents in the surrounding counties face similar issues to those in Lauderdale County.

According to the 2022 Census, Lauderdale County boasts a population of 70,904. The county's population has seen a 11.6% decline since the 2012 Census, a trend that surpasses Mississippi's overall population shifts. Approximately one out of two residents in Lauderdale County identify as white; however, it is worth noting that the community has experienced a remarkable surge in the growth of multi-racial and Hispanic or Latino residents.

The region is characterized by an aging community, where 17.9% of its residents are aged 65 and older, surpassing the national average of 16.5%. This segment has grown 14.9% since 2012, largely driven by the aging baby boomer generation. In contrast, the younger population has seen a decline of 16.0%; however, it is important to note that one in four residents of Lauderdale County are under 18. This demographic mix requires healthcare providers to thoughtfully navigate the delicate balance between reactive care for the elderly and proactive strategies for the youth.

About one in four residents of Lauderdale County face poverty, compared to one in eight residents nationwide. Furthermore, approximately one in five individuals in Lauderdale County grapples with the challenge of food insecurity. This struggle is not confined to Lauderdale County alone but is part of a wider crisis in the southern United States, where food insecurity is often intertwined with poverty levels. Alarming, the percentage of residents living in poverty has increased over the past decade for all categories except for those aged 18 years and under, which experienced a 1.8% decrease.

Residents in Lauderdale County are more likely to be renters than their peers in other regions. Although median rental costs are lower than state and national figures, it is crucial to acknowledge



that over half of the renters' face cost burdens, spending more than 30% of their income on rent. Furthermore, residents in Lauderdale County, similar to residents in Mississippi, are less likely than their peers across the nation to enjoy the benefits of an internet subscription, highlighting the disparities that still exist in accessing essential services.

Priority #1: Chronic Disease Prevention

Heart disease, stroke, and diabetes are among the leading causes of death in Lauderdale County. This concerning trend mirrors similar health crises in Mississippi and across the country, highlighting the urgent need for action. It also presents a crucial opportunity for the health system to take initiative, implement preventive measures, and significantly improve health outcomes for the residents of Lauderdale County.

The CDC has identified several controllable risk factors linked to heart disease, stroke, and diabetes, including high blood pressure, high cholesterol, smoking, obesity, and physical inactivity. In Lauderdale County, nearly half of the residents have high blood pressure, one in three has high cholesterol, and one in five are current smokers. In response to these challenges, the medical center is committed to taking action by launching educational campaigns aimed at managing diabetes, high blood pressure, stroke, and heart disease. Additionally, they will offer occupational health screenings and host community health fairs to promote better health outcomes.

Priority #2: Components of a Healthy Lifestyle

Adopting healthy lifestyle habits is crucial for preventing chronic diseases and promoting overall well-being. By emphasizing aspects such as balanced nutrition, regular physical activity, and smoking cessation, the hospital can empower individuals to make positive changes that enhance their quality of life. Focusing on these components not only helps in reducing the incidence of illnesses such as heart disease, diabetes, and obesity but also supports long-term health and recovery. Prioritizing these elements aligns with the hospital's commitment to proactive, preventative care and community wellness.

The organization will continue its educational campaigns focused on the factors contributing to obesity and the impacts of tobacco use and vaping, using billboards and social media posts and videos to reach a broader audience. It will also maintain its membership and support for various networks and clinics that serve underserved and underprivileged populations. Additionally, the organization will promote the services available at Baptist Healthplex-Anderson.

Priority #3: Substance Abuse and Mental Health Conditions

Mortality data for Lauderdale County in 2022 was obtained from the Mississippi State Department of Health, Office of Vital Records and Public Health Statistics. Unintentional injury ranked eighth; however, we excluded unintentional injuries as a primary cause of death to focus on issues where we can make the most significant impact as a medical center. Unintentional injury has multiple sub-causes over which we felt we had minimal influence, such as railway accidents, accidents involving animals, and allergic reactions. Overdoses are categorized under unintentional injury within the "poisoning-drugs" subcategories; however, this sub-category also includes poisoning by non-narcotics and hallucinogens.



After reviewing responses from our community health needs assessment survey and discussing with key stakeholders from disadvantaged areas, Baptist Anderson identified drug abuse as a critical health issue in our community. Although the data did not fully capture this due to sub-category limitations, 77.8% of survey respondents highlighted drug abuse as their top concern.

In response, the health system will collaborate with the Community Health Improvement Network to educate 6th-12th graders about the risks of marijuana and opioids. We recognize that individuals struggling with substance use often use drugs to cope with stress, trauma, or mental health challenges. To effectively address this issue, we will also host lunch-and-learn events focusing on crucial topics such as PTSD, suicide prevention, dementia, Alzheimer's disease, and Parkinson's disease.

A complete summary of the CHNA data findings for the Baptist Anderson service area, along with state and national comparisons, follows in the next sections.



Service Area Population Trends

Demographics

As of 2022, Lauderdale County's population is 70,904, reflecting a significant decline of -11.6% since 2012. This trend contrasts sharply with the broader context of Mississippi, which has experienced a modest decrease of -1.5% in its total population, while the nation has seen robust growth of 6.2% during the same period.

2022 Total Population

	Total Population	% Change Since 2012
Lauderdale County	70,904	-11.6%
Mississippi	2,940,057	-1.5%
United States	333,287,562	6.2%

Lauderdale County exhibited a diverse racial and ethnic composition, with 50.7% of its population identifying as White and 42.0% as Black or African American. The county's demographic profile also included smaller percentages of American Indian and Alaska Native (0.9%), Asian (0.9%), and individuals identifying as Some Other Race (1.3%). This contrasts with broader trends in Mississippi, where Whites account for 55.7% and Blacks for 36.6%, and national averages, which show a higher percentage of White individuals at 60.9% and a significantly lower percentage of Black individuals at 12.2%.

From 2012 to 2022, Lauderdale County experienced significant demographic shifts. The White population declined by -14.1%, while the Black or African American population saw a decrease of -6.8%. In contrast, the category of "Some Other Race" surged by an astonishing 468.5%, and those identifying as Two or More Races increased by 74.1%. This trend stands in stark contrast to Mississippi, which saw more modest changes, and to national averages, where most groups experienced growth. These figures highlight the unique and rapidly evolving demographic landscape of Lauderdale County over the past decade.

2022 Population by Race and Ethnicity

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
Lauderdale County	50.7%	42.0%	0.9%	0.9%	0.0%	1.3%	4.2%	2.4%
Mississippi	55.7%	36.6%	0.5%	0.9%	0.0%	1.7%	4.6%	3.3%
United States	60.9%	12.2%	1.0%	5.9%	0.2%	7.3%	12.5%	19.1%



Population Change by Race and Ethnicity, 2012 to 2022

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
Lauderdale	-14.1%	-6.8%	-53.2%	-0.6%	0.0%	468.5%	74.1%	10.8%
Mississippi	-4.7%	0.0%	-4.2%	10.0%	247.8%	76.6%	160.3%	23.5%
United States	-4.9%	6.3%	10.2%	28.6%	21.5%	35.1%	251.3%	22.2%

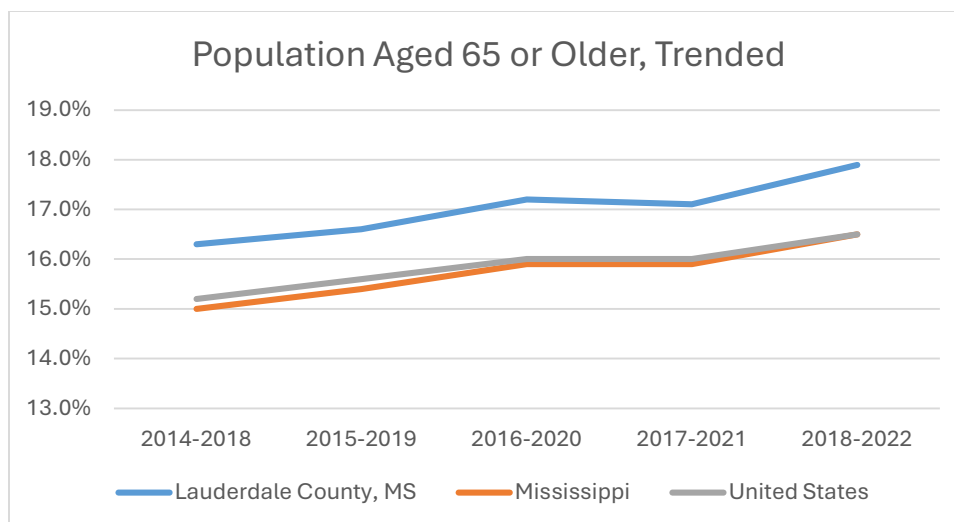
Lauderdale County exhibits a diverse age distribution, with 1 in 4 of its population comprising of individuals under 18, and 1 in 6 of its population comprising of individuals aged 65 and older. This demographic makeup necessitates that healthcare providers strike a balance between reactive care for the aging population and preventative care for the younger demographic. This creates an exciting opportunity for Baptist Anderson to concentrate on preventative care for long-term benefits.

In recent years, there has been a significant increase in the population of individuals aged 65 and older in Lauderdale County, Mississippi, as well as across the United States. The median age in Lauderdale County is 38.5 years, aligning with the national median but slightly older than Mississippi's 38.1 years, indicating a mature population with a considerable proportion of older residents. This trend can largely be attributed to the aging of the baby boomer generation. Conversely, there has been a decline in the population under 18 years of age across all three regions.

2018-2022 Population by Age

	Under 18	18-24	25-34	35-44	45-54	55-64	65+ years	Median Age
Lauderdale County	23.5%	8.6%	12.9%	12.2%	12.1%	12.9%	17.9%	38.5
Mississippi	23.4%	10.1%	12.6%	12.5%	12.1%	12.8%	16.5%	38.1
United States	22.1%	9.4%	13.7%	12.9%	12.4%	12.9%	16.5%	38.5





Income and Work

Lauderdale County faces significant economic challenges compared to national averages, as highlighted by recent income and poverty data from 2018 to 2022. A staggering 1 in 4 residents lives in poverty, with children particularly affected at a rate of 1 in 3. Additionally, 1 in 5 older adults aged 65 and over are living in poverty. Alarming, the population for whom poverty status is determined has steadily increased since 2019, while state and national rates have been decreasing. Although unemployment rates have improved from 10.7% during the 2008-2012 period to 5.5% in more recent years, this still reflects a persistent economic struggle within the county compared to the national unemployment rate of 5.3%.

Lauderdale County displays a concerning racial and ethnic disparity in poverty rates. Among the population, 12.7% of White individuals live in poverty, while a striking 40.7% of Black or African American residents face similar circumstances, significantly higher than the state average of 30.0%. The poverty rate for American Indian and Alaska Native individuals in the county is also alarming at 38.7%. Additionally, 36.3% of those identifying as Asian experience poverty, and 22.3% of Hispanic or Latino individuals are affected. In contrast, Mississippi's overall poverty rates for these groups are lower, indicating that Lauderdale County grapples with more pronounced economic challenges, particularly among its minority populations.

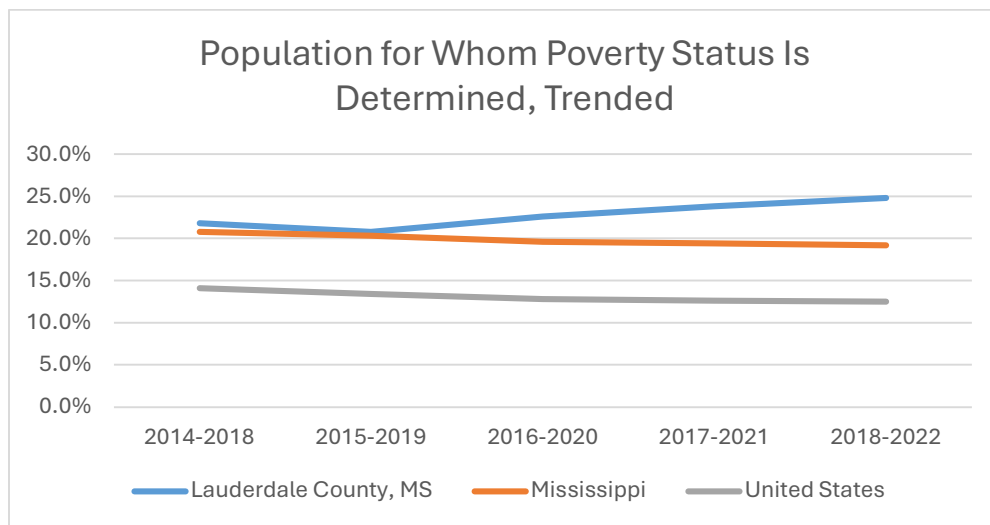


Economic Indicators

	Lauderdale County	Mississippi	United States
Income and Poverty (2018-2022)			
Median household income	45,649	52,985	75,149
People in poverty	24.8%	19.20%	12.50%
Children in poverty	34.8%	26.80%	16.70%
Older adults (65+) in poverty	19.0%	13.40%	10.00%
Unemployment			
2008 - 2012	10.7%	10.60%	9.30%
2018 - 2022	5.5%	6.40%	5.30%

2018-2022 People in Poverty by Race and Ethnicity

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
Lauderdale County	12.7%	40.7%	38.7%	36.3%	0.0%	9.4%	13.8%	22.3%
Mississippi	11.9%	30.0%	31.8%	13.3%	33.2%	25.8%	21.6%	24.4%
United States	10.1%	21.5%	22.6%	10.1%	17.0%	18.6%	14.8%	17.2%



Food Insecurity

After the onset of economic challenges due to the COVID-19 pandemic, there was a significant increase in federal and local support programs. This helped stabilize or reduce food insecurity rates for a period of two years. However, as pandemic-related assistance programs ended and



household expenses, including food costs, rose, food insecurity levels have subsequently increased.

When looking at 2021, it is evident that Lauderdale County, Mississippi, and the United States all experienced their lowest food insecurity percentage in a five-year period thanks to federal and local support programs. However, all three entities are now facing their highest food insecurity percentage in 2022 due to the expiration of these programs after a two-year window. Alarming, approximately 1 in 5 residents in Lauderdale County are experiencing food insecurity. It is important to note that this issue is not exclusive to Lauderdale County, but rather a larger problem in the southern United States where food insecurity is closely tied to poverty levels. According to national data from the USDA, individual food insecurity rates are highest in the South (15.6% compared to 13.0% in the Midwest, 11.7% in the West, and 11.7% in the Northeast).

2018-2022 Food Insecurity

	Lauderdale County	Mississippi	United States
Food Insecurity among the Overall Population			
2022	20.2%	18.8%	13.5%
2021	17.2%	16.3%	10.4%
2020	17.9%	16.2%	11.8%
2019	18.7%	18.5%	10.9%
2018	19.0%	18.7%	11.5%
Food Insecurity among the Child Population			
2022	27.2%	23.6%	18.5%
2021	21.5%	18.8%	12.8%
2020	23.9%	20.4%	16.1%
2019	23.1%	22.4%	14.6%
2018	23.0%	23.0%	15.2%

Education

Lauderdale County's educational attainment reflects challenges within its population that mirror issues faced by the state as a whole. The percentage of residents with less than a 9th-grade education is 4.4%, which is slightly lower than the state average of 4.6%. In terms of high school graduates, Lauderdale County has a rate of 27.5%, comparable to Mississippi's 29.8%. The attainment of higher education degrees shows that 13.2% of residents hold an associate's degree, while 13.0% have a bachelor's degree; both figures are similar to the state averages of 10.6% and 14.5%, respectively. However, only 7.5% of residents have achieved a graduate or professional degree, highlighting a potential area for growth in advanced education within Lauderdale County.

Lauderdale County exhibited notable disparities in educational attainment, particularly regarding the population with a bachelor's degree or higher across different racial and ethnic groups. Among White residents, 1 in 4 holds a bachelor's degree or higher, while only 1 in 9 Black or African



American individuals have achieved this level of education. Interestingly, a significant 60.5% of the Asian population in the county possesses a bachelor's degree or higher, surpassing the attainment rate of all other racial and ethnic groups reported. Overall, while Lauderdale County reflects some of the broader trends seen in Mississippi, it also highlights unique disparities in educational achievement across different racial and ethnic groups.

2018-2022 Educational Attainment

	Less than 9th grade	9th to 12th grade, no diploma	High school graduate (includes equivalency)	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
Lauderdale County	4.4%	11.4%	27.5%	23.1%	13.2%	13.0%	7.5%
Mississippi	4.6%	9.1%	29.8%	21.9%	10.6%	14.5%	9.3%
United States	4.7%	6.1%	26.4%	19.7%	8.7%	20.9%	13.4%

2018-2022 Population with a Bachelor's Degree or Higher by Race and Ethnicity

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
Lauderdale County	26.4%	11.4%	1.1%	60.5%	0.0%	25.8%	23.5%	25.0%
Mississippi	27.5%	17.5%	9.8%	45.8%	30.7%	16.0%	22.5%	16.0%
United States	36.5%	24.0%	15.8%	56.3%	18.7%	14.8%	28.3%	19.1%

Housing

In Lauderdale County, 62.7% of households own their homes. However, many of these homeowners are struggling financially; 1 in 3 homeowners is considered cost-burdened, meaning they spend more than 30% of their income on housing costs. Conversely, 1 in 2 renters is considered cost burdened. When we examine Mississippi and the rest of the nation, we observe that they have lower rates of cost-burdened homeowners and renters, despite having higher median monthly owner costs and rent. This indicates that residents of Lauderdale County are facing unique challenges regarding housing expenses.



2018 - 2022 Housing Indicators

	Owners			Renters		
	Occupied Units	Median Monthly Owner Costs	Cost-Burdened*	Occupied Units	Median Rent	Cost-Burdened*
Lauderdale County	62.7%	1,126	35.0%	37.3%	865	53.2%
Mississippi	69.2%	1,311	25.9%	30.8%	896	50.3%
United States	64.8%	1,828	27.3%	35.2%	1,268	49.9%

* Residents whose monthly housing costs exceed 30% of their household income are considered cost-burdened.

Although lead has been banned from paint intended for residential purposes in the United States since 1978, older houses with lead paint still exist. These homes can expose children to lead, which can damage their kidneys, blood, and brains; at high levels, lead exposure can lead to coma, seizures, and even death. Children of minority races or ethnicities and those from low-income families are much more likely to be exposed to lead in their homes. Analyzing data from 2018 to 2022, Lauderdale County's percentage of housing built before 1980 is in line with the national average but higher than that of the state.

2018-2022 Housing by Year Built

	Before 1980	1980 to 1989	1990 to 1999	2000 to 2009	2010 to 2019	2020 or later
Lauderdale County	51.6%	15.8%	13.1%	13.0%	6.3%	0.1%
Mississippi	43.0%	14.2%	16.5%	16.7%	9.2%	0.4%
United States	51.3%	13.2%	13.2%	13.5%	8.2%	0.6%

Individuals living in low-income neighborhoods and older homes throughout the United States often face challenges related to allergens, dampness, and mold. It is estimated that dampness and mold in these residences contribute to approximately 21% of current asthma cases. Excess moisture creates an optimal environment for the proliferation of dust mites and mold, which can also lead to infestations of cockroaches, rats, and mice. These pests produce allergens that can worsen asthma and other respiratory problems. The percentage of adults currently diagnosed with asthma in Lauderdale County and Mississippi is slightly higher than that of the United States, but the difference is not significant.

2021 Current Asthma among Adults, Age-Adjusted

Lauderdale County	Mississippi	United States
10.7%	10.0%	7.7%

The majority of adults in the United States use the internet; however, a significant number do not have access to broadband services at home. There are notable disparities in broadband access based on factors such as race or ethnicity, age, geographic location, education, and income. With



an increasing number of hospitals and health systems adopting internet-based communication and healthcare tools, it is essential to implement strategies that enhance broadband internet access in order to improve health outcomes. Lauderdale County demonstrated a strong digital presence, with 90.5% of households having access to a computer and 81.1% subscribing to the internet, slightly surpassing the state averages of 90.0% and 80.0%, respectively. This indicates that Lauderdale County is effectively keeping pace with digital access trends in Mississippi, although both the county and the state are slightly lagging behind national digital access trends.

2018 - 2022 Households with Digital Access

	With a computer	With an Internet subscription
Lauderdale County	90.5%	81.1%
Mississippi	90.0%	80.0%
United States	94.0%	88.3%



A Closer Look at Health Statistics

Access to Healthcare

Access to preventive health care can prevent both disease and early death. Four out of five residents in Lauderdale County have seen a doctor in the past year; however, many older adults are behind on crucial preventive services, including flu shots, PPV shots, colorectal cancer screenings, and mammograms. Oral diseases, which affect millions and can be linked to conditions like diabetes and heart disease, also plague the population. Regular dental visits can prevent these issues, yet nearly half of Lauderdale County's residents have not seen a dentist in the last year. This trend reflects a broader national health concern, not just a local one.

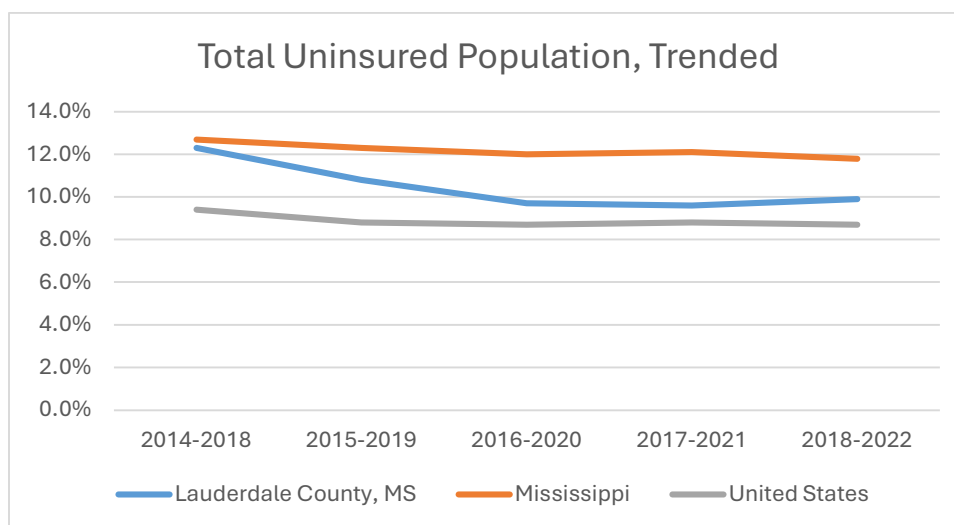
Rates of Preventative Healthcare Visits in the Past Year, Age-Adjusted

	Visits to Doctor	Visits to Dentist
Lauderdale County, MS	79.8%	54.1%
Mississippi	78.1%	58.3%

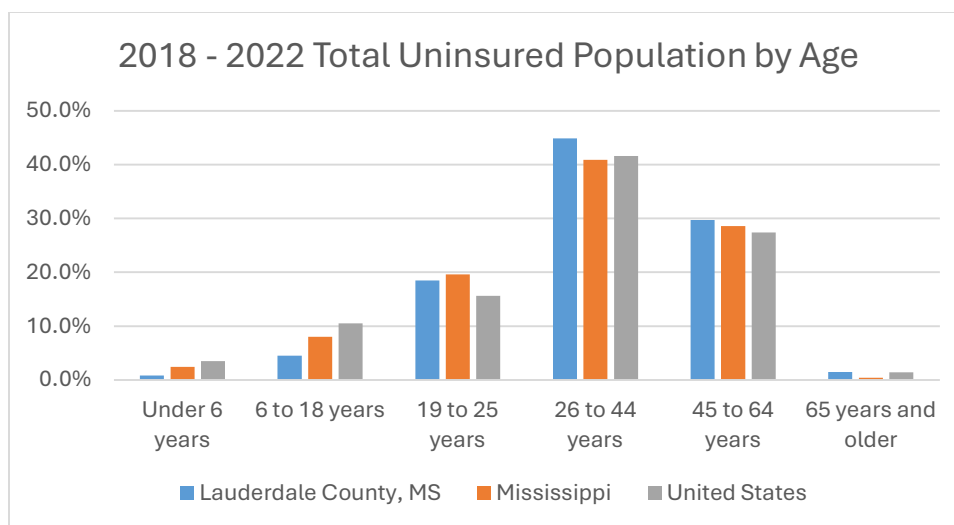
2020 Adults Aged 65+ Current on Essential Preventive Services

	Men	Women
Lauderdale County, MS	41.5%	41.1%
Mississippi	64.3%	67.5%

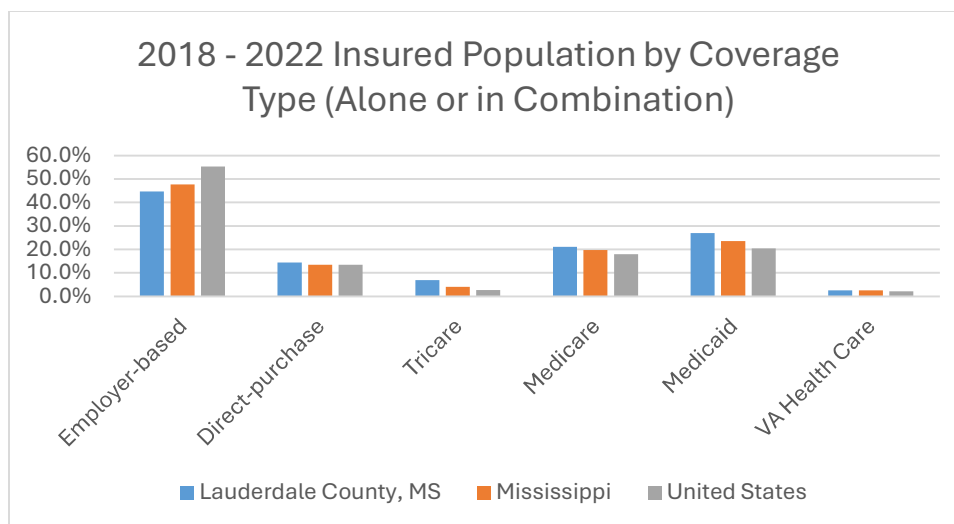
Without health insurance, individuals are less likely to have a regular healthcare provider and are more likely to skip routine care, which increases their risk of serious health issues. The percentage of the uninsured population in Lauderdale County has gradually declined from 12.3% in 2018 to 9.9% in 2022. This trend indicates an overall improvement in health insurance coverage among residents over the years, reflecting positive changes in access to healthcare; however, it is important to note that the uninsured population has begun to gradually increase since 2021.



Approximately half of the uninsured population in Lauderdale County falls within the age range of 26 to 44, which is higher than both state and national averages. Conversely, the uninsured rates among residents aged 18 years and under are lower than the corresponding state and national rates.



Lauderdale County's exhibits a diverse range of coverage types, with 44.6% relying on employer-based insurance, slightly below Mississippi's average of 47.7%. In alignment with age and socioeconomic factors, the rates of Medicare and Medicaid in this county exceed those of both the state (19.7% and 23.6%) and the nation (17.9% and 20.4%).



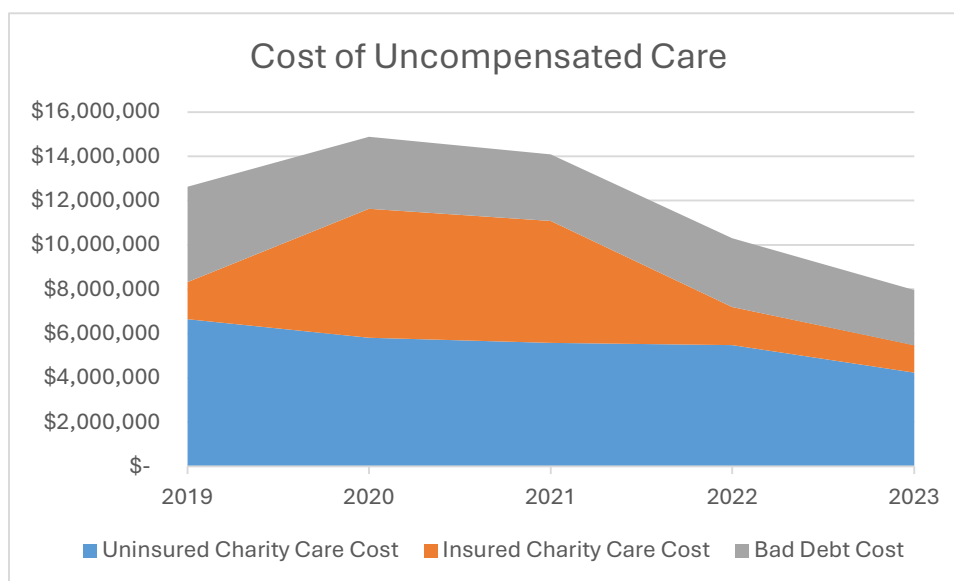
Uncompensated Care Cost

Uncompensated care is an overall measure of hospital care provided for which no payment was received from the patient or insurer. It is the sum of a hospital's bad debt and the financial assistance it provides. Financial assistance includes care for which hospitals never expected to be reimbursed and care provided at a reduced cost for those in need. A hospital incurs bad debt when it cannot obtain reimbursement for care provided; this happens when patients are unable to pay



their bills, but do not apply for financial assistance, or are unwilling to pay their bills. Uncompensated care excludes other unfunded costs of care, such as underpayment from Medicaid and Medicare. **Over the past five fiscal years, Baptist Anderson has incurred nearly 60 million dollars in uncompensated care costs for services provided without payment from either the patient or the insurer.**

According to Baptist's Financial Aid Policy (FAP), patients may be eligible for partial or full financial assistance for emergency care and medically necessary services. For patients whose annual family incomes are less than 400% of the Federal Poverty Guidelines, a discount ranging from 80% to 100% of the Amounts Generally Billed (AGB) may be offered in writing to the patient. Patients with annual family incomes exceeding 400% of the Federal Poverty Guidelines will be considered on a case-by-case basis. **Over the past five fiscal years, Baptist Anderson has incurred nearly 44 million dollars in charity care costs, with 63.5% of these costs relating to uninsured patients.**



Health Risk Factors and Chronic Diseases

Mortality data for Lauderdale County in 2022 was obtained from the Mississippi State Department of Health, Office of Vital Records and Public Health Statistics. After excluding "Other diseases and conditions" (Rank 2) and "COVID-19" (Rank 4), we have identified the following five primary causes as our focus areas:

1. Heart Disease
2. Cancer
3. Stroke
4. Alzheimer's
5. COPD / Emphysema



Heart Disease

Heart disease is the leading cause of death in Lauderdale County, and across the United States. Various health conditions, along with lifestyle choices, age, and family history, can increase your risk. While some factors, such as age and family history, are unavoidable, you can manage controllable risks. The CDC reports that about 47% of Americans have at least one of the three controllable risk factors for heart disease. Notably, ischemic heart disease, the leading sub-cause of death, is largely preventable.

Comparing Lauderdale County to Mississippi, both show similar percentages of residents with risk factors. Notably, Mississippi ranks second nationally for heart disease-related deaths. In Lauderdale County, nearly half of residents have high blood pressure, one in three have high cholesterol, and one in five are current smokers.

2021 Age-Adjusted Heart Disease Risk Factors

	High blood pressure	High cholesterol	Smoking
Lauderdale County, MS	43.3%	31.9%	21.1%
Mississippi	40.2%	33.0%	19.9%

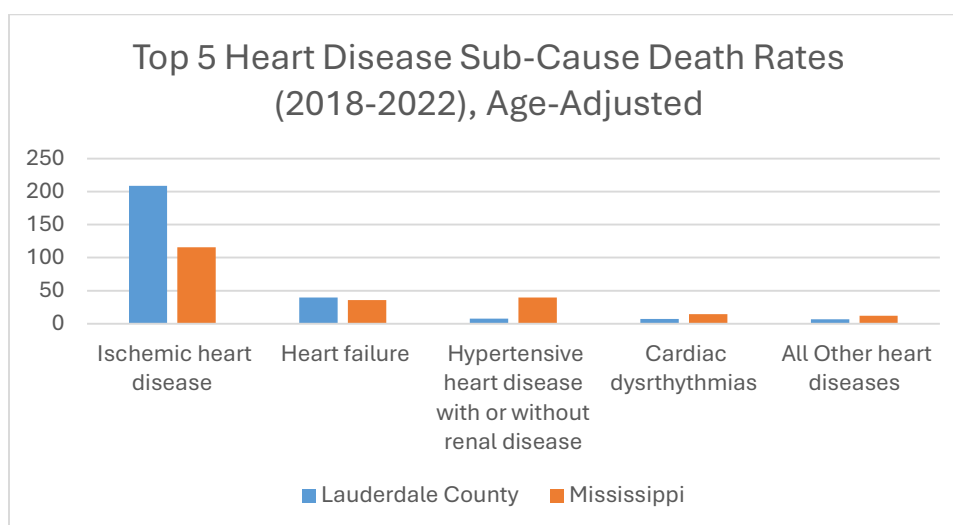
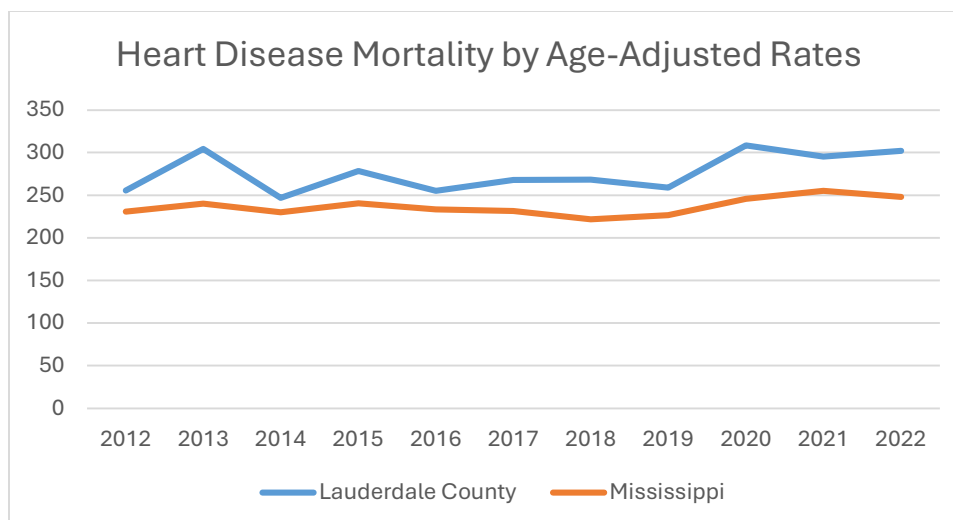
Heart disease is the leading cause of death among most racial and ethnic groups in the United States. Statewide data indicates that Black or African American individuals account for 39.8% of total heart disease deaths, compared to 34.5% for White individuals. In Lauderdale County, the percentage of heart disease deaths among Black or African American residents is even higher, whereas the White population's death rate is slightly lower than the state average.

Heart disease mortality rates in Lauderdale County have varied significantly over the past decade. The highest rate was recorded in 2020 at 308.6. In 2021, the rate decreased slightly to 295.4, but then increased again to 302 in 2022. Overall, while there have been fluctuations, the data suggests a general upward trend in heart disease mortality rates in the later years of this period.

Heart Disease Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted

	White	Black or African American	Other	Hispanic or Latino (of any race)
Lauderdale County, MS	257.5	342.1	58.6	132.6
Mississippi	228.4	263.3	93.9	76.2





Cancer

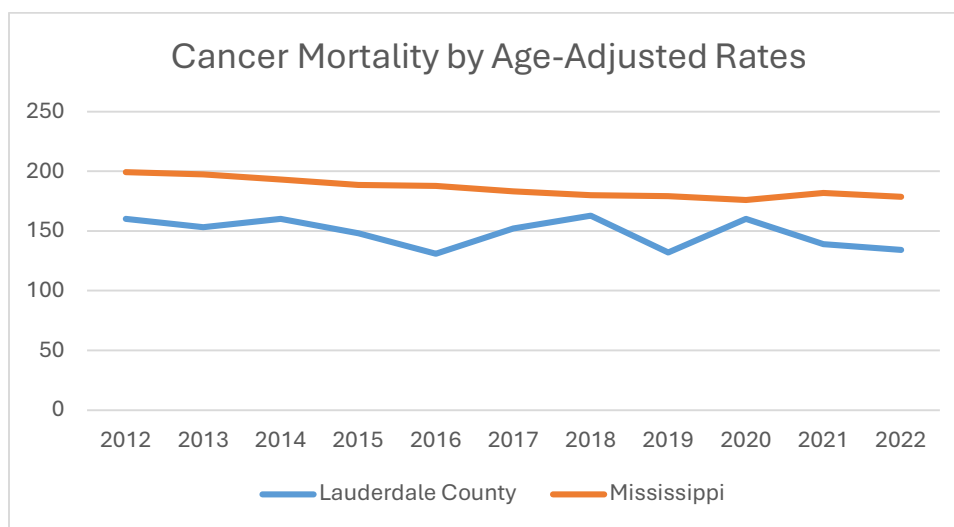
Cancer is the third leading cause of death in Lauderdale County and Mississippi. Recognized risk factors include alcohol consumption, family history, HPV, obesity, and tobacco use. While some risk factors cannot be altered, adopting healthier lifestyle choices can reduce the risk of many common cancers.

From 2012 to 2022, cancer mortality rates in Lauderdale County generally declined, with age-adjusted rates falling from 160 per 100,000 in 2012 to 134 per 100,000 in 2022. In contrast, Mississippi's cancer mortality rates remained consistently higher than those in Lauderdale County, despite also decreasing over the past decade. Black or African American residents in Mississippi have a higher risk of cancer-related mortality compared to other racial groups. However, this disparity in cancer death rates between White and Black or African American individuals is not present in Lauderdale County.



Cancer Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted

	White	Black or African American	Other	Hispanic or Latino (of any race)
Lauderdale County, MS	152.8	152.2	44.5	49.5
Mississippi	173.3	197.4	69.2	61.1



Trachea, bronchus, and lung cancer are the leading causes of cancer-related deaths in Lauderdale County, despite being highly preventable. According to the CDC, cigarette smoking contributes to approximately 80% to 90% of lung cancer deaths nationwide. Notably, one in five residents of Lauderdale County is a current smoker. The best way to reduce the risk of lung cancer is to avoid starting to smoke or to quit if you currently smoke.

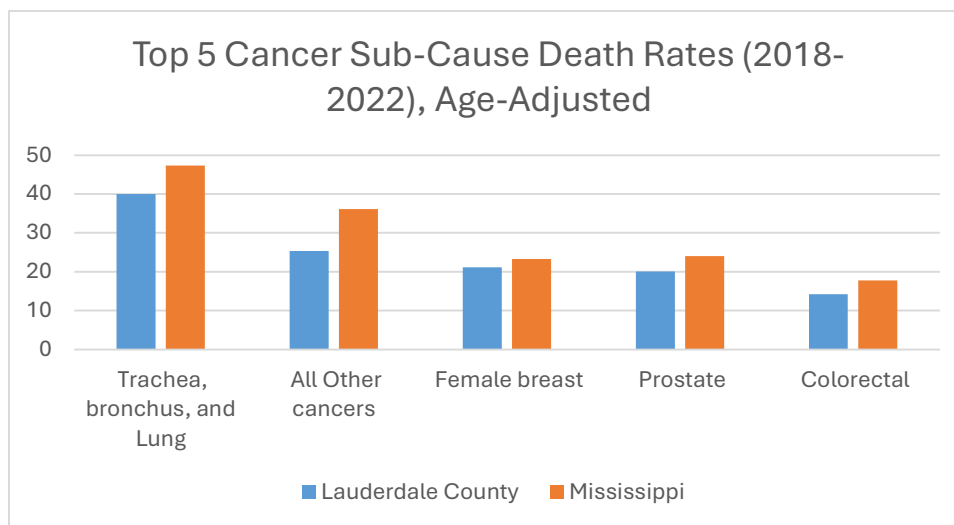
The third leading cause of cancer deaths in Lauderdale County is female breast cancer. Regular mammograms can detect it early, sometimes up to three years before symptoms appear; only 2 in 5 senior women in Lauderdale County has undergone a mammogram in the past year.

Prostate cancer is the fourth leading cause of cancer deaths in Lauderdale County. All men can develop it, but older men, Black or African American men, and those with a family history are at greater risk. If you're concerned about your risk for prostate cancer, consult your doctor regarding screening options.

Colorectal cancer is the fifth leading cause of cancer deaths in Lauderdale County. While some risk factors, such as having irritable bowel syndrome (IBS), a family history of the disease, or certain genetic syndromes, cannot be changed, there are others that you can control through lifestyle choices. By making healthier lifestyle changes, you can reduce your risk of developing colorectal cancer. These preventable risk factors include:



- Lack of regular physical activity
- Poor diet
- Obesity
- Alcohol and tobacco use



Stroke

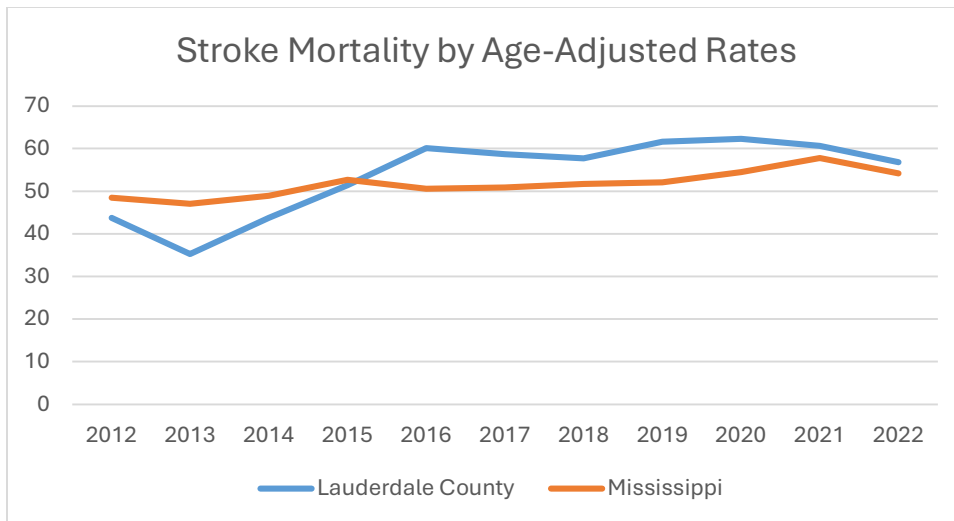
Stroke is the fifth leading cause of death in Lauderdale County. Anyone can have a stroke at any age, but certain factors increase your risk. Understanding and managing these risks is the best way to protect yourself and your loved ones. While age and family history are uncontrollable, you can take steps to lower your chances of having a stroke. Preventable risk factors include obesity, smoking, high cholesterol, high blood pressure, and heart disease.

According to the CDC, Black or African American individuals face nearly double the risk of a first stroke compared to White individuals and are also more likely to die from a stroke. The data below highlights a concerning disparity, particularly for Black or African American residents in both Lauderdale County and Mississippi, who experience the highest stroke death rates among the racial and ethnic groups represented. While there have been fluctuations in stroke mortality rates in Lauderdale County, the overall trend suggests a significant public health challenge, particularly in the latter half of the decade, with rates often surpassing the state average. Continued efforts are necessary to address the underlying factors contributing to these high mortality rates.

Stroke Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted

	White	Black or African American	Other	Hispanic or Latino (of any race)
Lauderdale County, MS	53.3	73	18.8	0
Mississippi	47.3	69.4	27.1	17.2



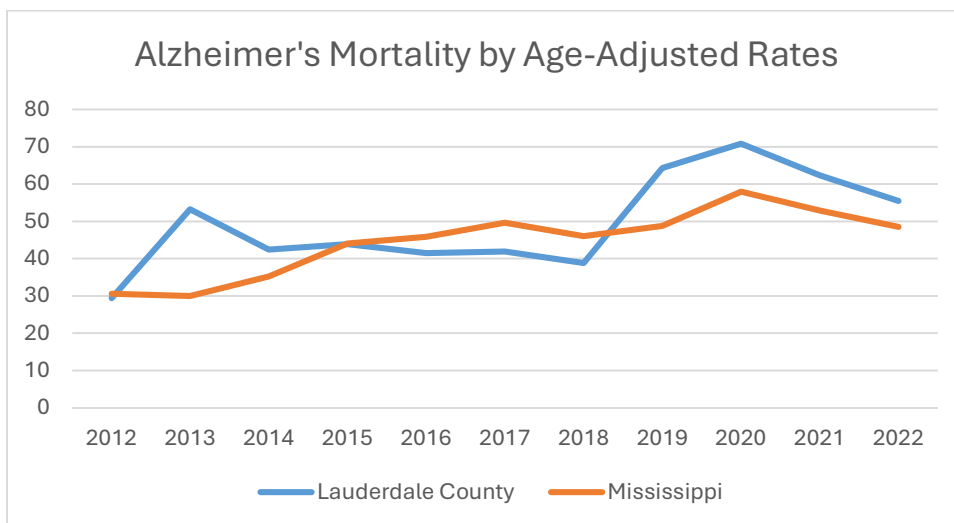


Alzheimer's

Alzheimer's disease is the sixth leading cause of death in Lauderdale County. Scientists do not yet fully understand what causes Alzheimer's disease. There likely is not a single cause but rather several factors that can affect each person differently. There is growing scientific evidence, including two large, long-term studies, that healthy behaviors, which have been shown to prevent cancer, diabetes, and heart disease, may also reduce risk for subjective cognitive decline.

Alzheimer's Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted

	White	Black or African American	Other	Hispanic or Latino (of any race)
Lauderdale County	41.6	52.8	96.2	22.7
Mississippi	24.8	62.5	31.3	16.1



COPD / Emphysema

COPD is the seventh leading cause of death in Lauderdale County and a significant cause of mortality both statewide and nationwide. Those who smoke or have smoked are at a higher risk of developing COPD, as smoking is the primary cause. The best prevention is to avoid smoking entirely. For smokers already diagnosed with COPD, quitting smoking is the most crucial step in their treatment.

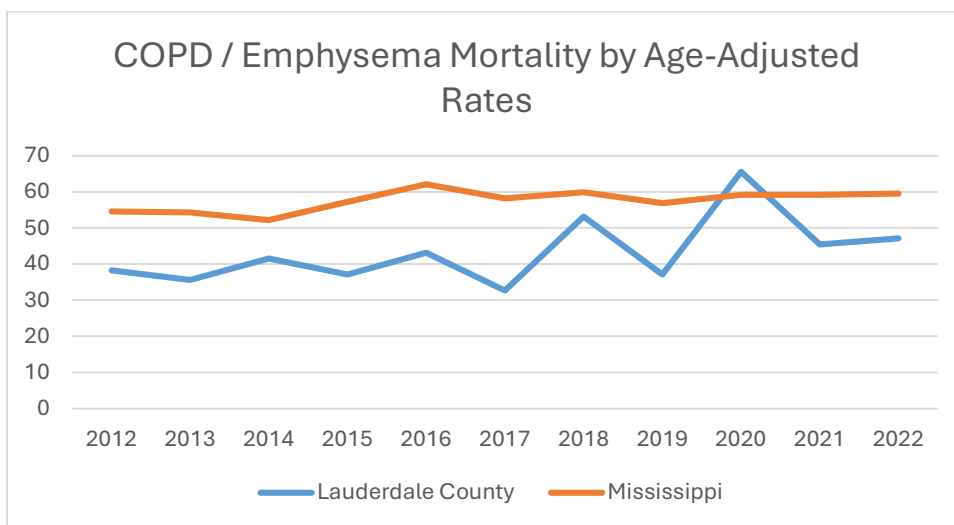
Overall, while Lauderdale County initially exhibited lower COPD and emphysema mortality rates compared to Mississippi, the data reveals a troubling increase in mortality rates in recent years. This trend underscores the need for targeted public health interventions and resources to address the rising burden of respiratory diseases in Lauderdale County, as well as the importance of ongoing monitoring and support for affected populations throughout Mississippi.

2022 Percentage of Residents with COPD, Age-Adjusted

	Total Population
Lauderdale County	8.0%
Mississippi	9.7%

COPD / Emphysema Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted

	White	Black or African American	Other	Hispanic or Latino (of any race)
Lauderdale County	61	26.7	0	0
Mississippi	68.1	37.7	12.7	13.3



Substance Use Disorder

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), **one in six residents of Mississippi self-reported experiencing a substance use disorder (SUD) in 2022. Of these individuals, 6.19% indicated that they needed treatment for substance use at a specialty facility but were not receiving it.** Addiction is complex and multifaceted; it is not driven by a single factor. For some, drugs may serve as a desperate escape from stress, trauma, or mental health issues. Others may find themselves trapped in opioid use disorder after misusing prescribed medications. In any case, the longer someone engages in drug use, the more likely they are to fall under addiction's grip.

When individuals turn to drugs, their brains become inundated with chemicals that alter the reward system, causing them to repeat behaviors that, while temporarily pleasurable, are profoundly detrimental. As drug use continues, the brain adapts, resulting in painful tolerance, where increasingly larger amounts are needed to achieve the same effects. This not only weakens the brain's capacity to resist powerful urges to use drugs but also diminishes the joy that one can derive from healthier pleasures in life, such as delicious food or the warmth of companionship.

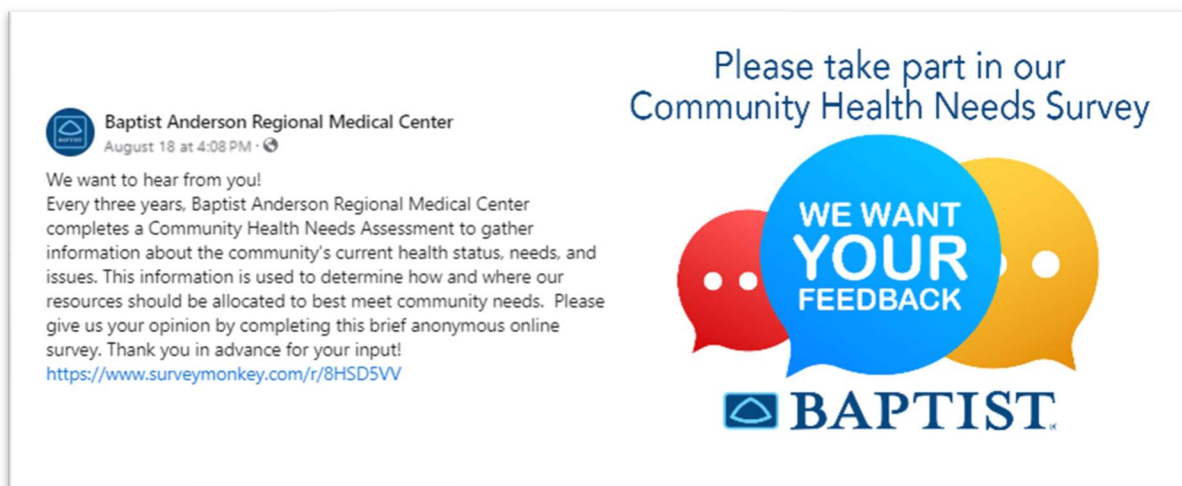
A SUD is characterized by a troubling pattern of use that leads to significant impairment or distress. Raising awareness about the dangers of substance use can play a vital role in preventing SUDs. Overcoming a SUD is not merely a matter of willpower to resist drug temptation; it can involve medical treatments to alleviate cravings and withdrawal symptoms, along with various forms of therapy. In some cases, a stay in a rehabilitation facility may be necessary. While the process of recovery can be challenging, compassionate support from friends, parents, and caregivers can help individuals recover.



Community Health Needs Assessment

Background

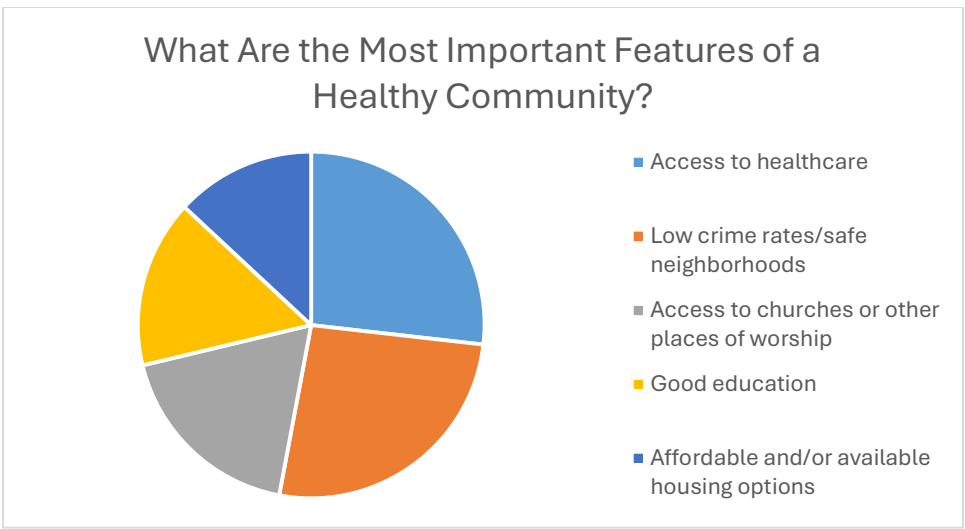
An online Community Health Needs Assessment survey was launched and made accessible to residents and employees in Lauderdale County and the surrounding regions from July 17 to August 19. By the closing date of August 19, the health system had received a total of 45 thoughtful and insightful survey responses.



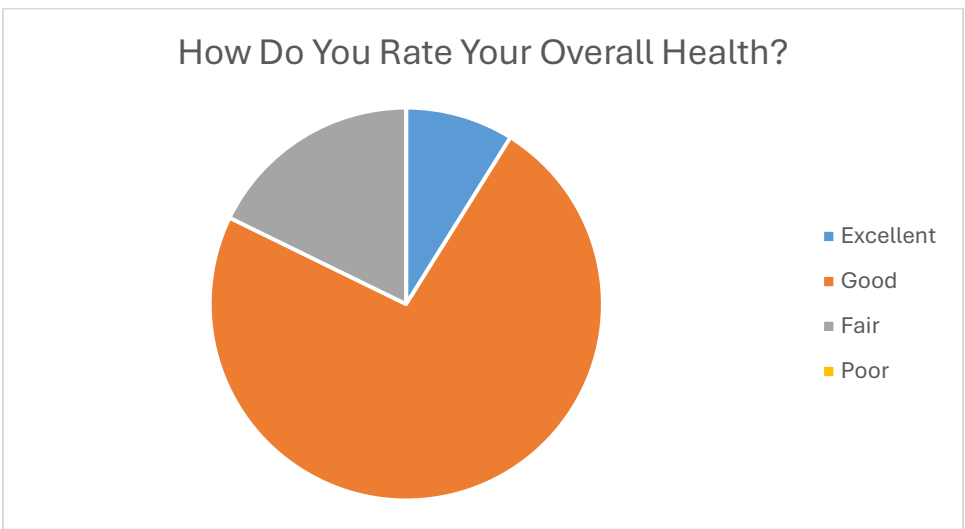
Survey Findings

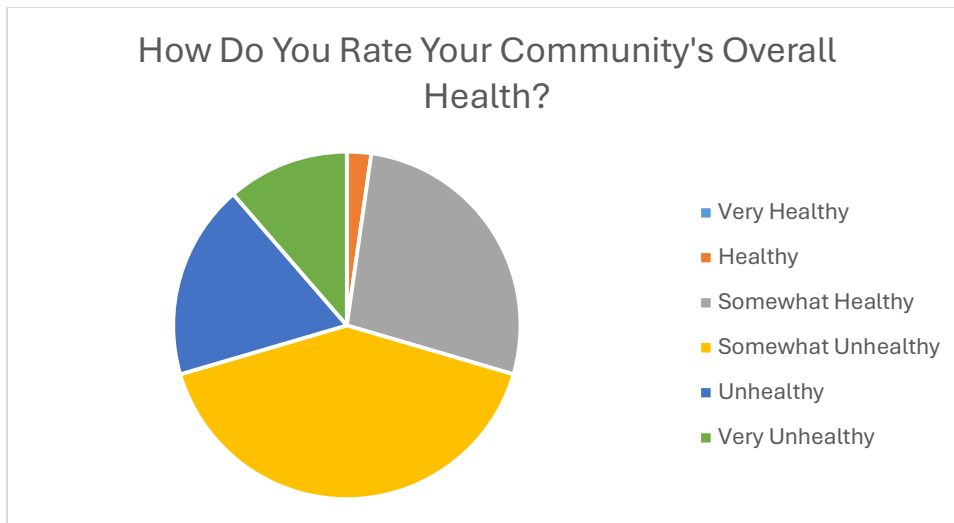
When respondents were asked to identify the most crucial features of a healthy community, **access to healthcare** emerged as the top priority, with an impressive 91.1% of participants highlighting its importance. This strong emphasis underscores the vital role that healthcare providers, like Baptist Anderson, play in the communities we serve. In contrast, **preventative health services** (22.2%) and **low death and disease rates** (11.1%) were seen as less critical by the respondents.



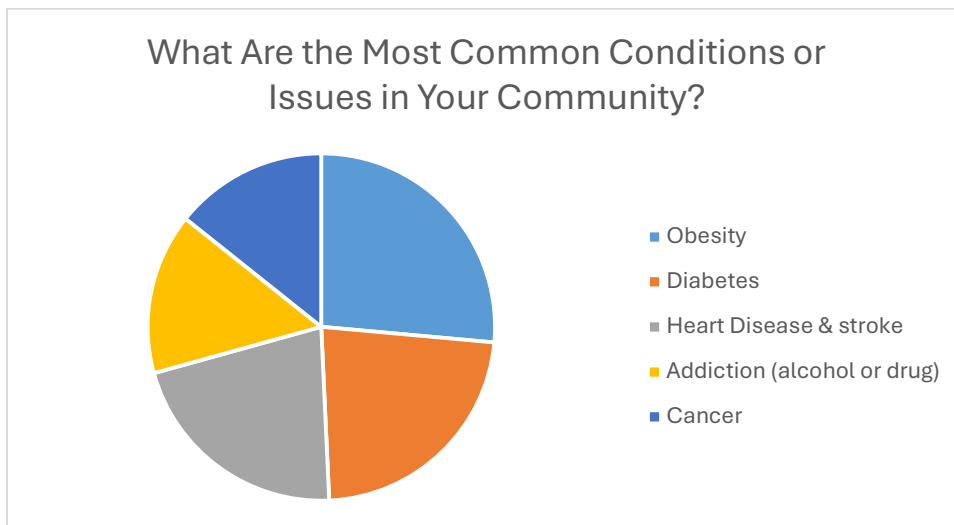


In assessing their overall health, an encouraging 82.2% of respondents rated their health as good or better. However, this positive self-assessment seems at odds with the perception that Lauderdale County is somewhat unhealthy or worse, as noted by 70.5% of participants.





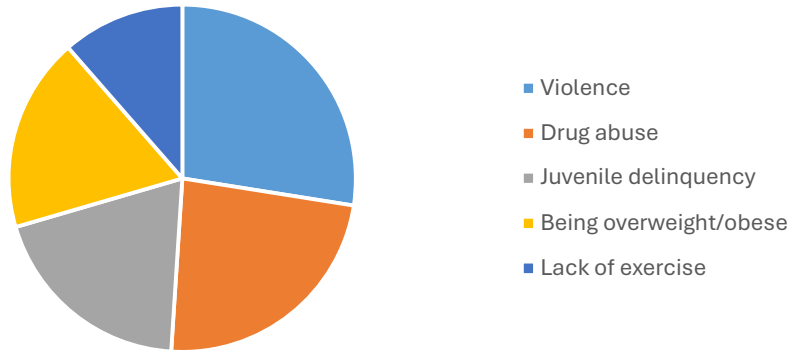
When it comes to prevalent health conditions in Lauderdale County, **obesity** (82.22%) and **diabetes** (71.11%) were identified as the most pressing issues. **Heart disease and stroke** (66.67%), **addiction (alcohol or drug)** (46.67%), and **cancer** (44.44%) also emerged as significant concerns. These findings align with the broader perception of the county's health status. Additionally, feedback from residents suggests a need for community centers to actively promote healthy lifestyles, perhaps by inviting professional speakers to engage with local clubs. The health system concurs, recognizing that fostering healthy living can significantly reduce risk factors associated with these prevalent conditions.



Regarding concerning behaviors, **violence** (91.11%) was noted as the top issue, followed by **drug abuse** (77.78%) and **juvenile delinquency** (64.44%). Issues such as **being overweight/obese** (60.00%) and **lack of exercise** (37.78%) also received significant attention, while **alcohol abuse** and **tobacco use** were acknowledged as moderate concerns.



What Are the Most Common Conditions or Issues in Your Community?



2021 Community Health Improvement Plan Progress

Priority #1: Impact of COVID-19 on Community Well-Being

Plan of Action

1. Continue to educate the community through health minutes and social media regarding social distancing, hand washing, mask wearing, and vaccine information.
2. Continue to protect the community through delivery of care services.

Response to Stated Strategies

- Made information about preventing the spread of COVID readily available through print and televised news stories, commercials, social media posts, videos, and blog posts on our website. Additionally, we provided notices regarding low, medium, and high community infection rates.
- Offered inpatient and outpatient treatment, vaccines, and monoclonal antibody infusion therapy.

Priorities #2 & 3: Healthy Lifestyle Awareness & Chronic Disease Prevention

Plan of Action

1. Continue educational campaigns utilizing Lunch and Learn events, Medical Minutes, billboards, Facebook messages, website, etc.
2. Work with Community partner/affiliates as a change agent for health-related illnesses.

Response to Stated Strategies

- Led educational campaigns focused on managing diabetes, high blood pressure, and heart disease. The campaigns included Lunch and Learn events, billboards, social media posts, videos, and blog posts on our website.
- Opened an endocrinology clinic with an employed endocrinologist and hired two inpatient diabetic nurse practitioners to better address the diabetic management needs of our community.
- Continued membership in the Community Health Improvement Network, which is a collaboration between community and provider partners to create joint programs and cooperative ventures that improve and sustain health care access and quality delivery, especially for underserved and underprivileged populations in our area.
- Continued support for The Free Clinic of Meridian, which provides free quality medical care and referral services to uninsured adults in our community.
- Continued promotion of the Anderson Health and Fitness Center's services, the area's only medically-based fitness center with supervised integration for patients who have completed a rehabilitation program.



Priority #4: Substance Abuse and Mental Health Awareness

Plan of Action

1. Continue educational campaigns utilizing Medical Minutes, billboards, Facebook messages, website, etc.
2. Work with local law enforcement through educating them on best practices of how to handle these crisis situations

Response to Stated Strategies

- Continued membership in the Community Health Improvement Network, a collaboration between community and provider partners aimed at creating joint programs and cooperative ventures that enhance and sustain healthcare access and quality delivery, particularly for underserved and underprivileged populations in our area.
- Continued ongoing support for The Free Clinic of Meridian, which offers free, quality medical care and referral services to uninsured adults in our community.



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