



**2016 Community Health Needs Assessment Report
Memphis Metro Service Area
Baptist Memorial Hospital-Collierville
Baptist Memorial Hospital-DeSoto
Baptist Memorial Hospital-Memphis
Baptist Memorial Hospital-Tipton
Baptist Memorial Hospital for Women
Baptist Memorial Restorative Care Hospital**

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About Baptist Memorial Health Care

Regarded as one of the premier health care systems in the nation, Baptist Memorial Health Care is an award-winning network dedicated to providing compassionate, high-quality care for patients. With 14 affiliate hospitals throughout the Mid-South, Baptist combines convenience with excellence of care—two reasons we have been named among the top health care systems in the country for several years. With the intention of caring for people close to their homes, the Baptist system also offers more than 3,300 affiliated physicians; home, hospice, and psychiatric care; a network of surgery, rehabilitation, and other outpatient centers; and an education system highlighted by the Baptist College of Health Sciences.

Many of the communities we serve are designated Medically Underserved Areas (MUA), determined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) as having too few primary care providers, high infant mortality rates, high poverty, or a high elderly population.

Baptist plays an integral role in improving health outcomes for residents in MUAs and across our service area. We partner and collaborate with a broad range of nonprofits and local community organizations to support initiatives that improve health, education, environment, public safety, employment, and economic development in our communities. We understand that the entire community benefits when people are physically, mentally, and spiritually healthy.

Baptist Mission Statement

In keeping with the three-fold ministry of Christ – Healing, Preaching, and Teaching – Baptist Memorial Health Care is committed to providing quality health care.

Baptist Vision Statement

We will be the provider of choice by transforming the delivery of health care through partnering with patients, families, physicians, care providers, employers, and payers; and by offering safe, integrated, patient-focused, high quality, innovative, and cost-effective care.

Baptist Memphis Metro Service Area Hospitals

Baptist Memorial Hospital-Collierville

Baptist Memorial Hospital-Collierville is an 81-acute care bed facility. In addition to offering a number of inpatient and outpatient medical services, the hospital offers advanced breast cancer technology and heart disease detection.

Baptist Memorial Hospital-DeSoto

Baptist Memorial Hospital-DeSoto is a 339-bed facility. Its emergency department's heart attack response rate is, on average, 30 minutes faster than the national best practice benchmark, and in 2015, U.S. News and World Report ranked it the No. 1 hospital in Mississippi.

Baptist Memorial Hospital-Memphis

Baptist Memorial Hospital-Memphis is a 706-bed facility. It is recognized as one of Tennessee's highest volume hospitals. In 2015, the American Heart Association gave the hospital its "Silver Achievement" award for adhering to its stroke achievement measures.

Baptist Memorial Hospital-Tipton

Baptist Memorial Hospital-Tipton is a 100-bed facility. Since it became affiliated with Baptist Memorial Health Care, the hospital has added two physicians' offices, a surgery center, and a sleep disorders lab. Physicians on staff represent a number of specialties, including cardiology, family practice, general surgery, oncology, and obstetrics/gynecology.

Baptist Memorial Hospital for Women

Baptist Memorial Hospital for Women is a 140-bed facility. It is the only freestanding women's hospital in Memphis and one of only a handful of such hospitals in the country. In 2015, the Spence and Becky Wilson Baptist Children's Hospital opened, and in its first year, more than 15,000 children were treated in its emergency department.

Baptist Memorial Restorative Care Hospital

Baptist Memorial Restorative Care Hospital is located within the walls of Baptist Memorial Hospital-Memphis. It is a 30-bed, long-term, acute-care hospital, designed specifically for patients who require continued care over an extended length of time.

Our Commitment to Community Health

Baptist is dedicated to the health and well-being of the many communities we serve. We are committed to building partnerships to improve the health and vitality of our communities throughout the Mid-South. We believe strongly in corporate citizenship and recognize the importance of collaboration with local organizations to build stronger and healthier communities.

To guide our community health improvement efforts, Baptist implemented a system-wide Community Health Needs Assessment (CHNA) to further our commitment to improving community health. The 2016 CHNA builds upon our 2013 CHNA and was conducted in a timeline consistent with the requirements set forth in the Affordable Care Act. The purpose of the CHNA was to gather information about our local health needs and health behaviors. We examined a variety of household and health statistics to create a full picture of the health and social determinants across the Baptist Memorial Health Care service area. The findings help ensure that our initiatives, activities, and partnerships meet the needs of our communities.

After thorough analysis of the CHNA research findings and gathering input from community stakeholders, the following health issues were identified as priorities for our communities:

- > Behavioral Health to include mental health and substance abuse
- > Cancer
- > Chronic Disease Management and Prevention
- > Maternal & Child Health with a focus on prenatal care

To address these health priorities, we developed a system-wide plan for community health improvement that outlines local strategies to collaborate with our community partners.

The following report details findings from our study of the Memphis Metro Service Area. In addition to local health statistics and socio-economic measures, we invited input from community leaders and residents to help us better understand community members' perceptions regarding their health and the barriers they face in staying healthy.

Baptist is committed to the people it serves and the communities they live in. Through this process, the hospital will be a stronger partner in our neighborhoods and surrounding areas. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life.

Executive Summary

A Regional Approach to Community Health Improvement

Baptist Memorial Health Care has 14 affiliate hospitals serving 110 counties in Tennessee, Mississippi, and Arkansas. In undertaking the 2016 CHNA, Baptist took a regional approach to community health improvement. The study focused on the primary service area of each hospital to identify health trends and unique disparities across hospital service areas. System-wide priorities were then developed to delegate resources across the Mid-South service area, while regional- and hospital-specific strategies were outlined to guide local efforts and collaboration with community partners to address prioritized needs.

Baptist Affiliate Hospitals & Primary Service Areas



Geographic Region	Primary Service Counties	Hospital(s)
Arkansas	Craighead & Poinsett	NEA
Memphis Metro	Shelby, TN	Collierville; Memphis; Restorative Care; Women’s
	DeSoto, MS	Desoto
	Tipton, TN	Tipton
North Tennessee	Carroll	Huntingdon
	Obion	Union City
Mississippi	Lafayette & Panola	North Mississippi
	Benton & Union	Union County
	Prentiss	Booneville
	Lowndes	Golden Triangle

The Memphis Metro Service Area CHNA Process

Research Methodology

The 2016 CHNA for the Baptist Memphis Metro service area was conducted between September 2015 and June 2016. Quantitative and qualitative methods, representing both primary and secondary research, were used to illustrate and compare health trends and disparities across each hospital's service area. Primary research methods were used to solicit input from key community stakeholders representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. Secondary research methods were used to identify community health needs and trends across geographic areas and populations.

The following research was conducted to determine community health needs:

- > A review of public health and demographic data portraying the health and socioeconomic status of the community. A full listing of data references is included in Appendix B.
- > A Key Informant Survey with 49 community representatives to solicit feedback on community health priorities, underserved populations, and partnership opportunities. A list of key informants and their respective organization is included in Appendix C.
- > A Focus Group with 17 health care consumers to identify health needs and inform implementation strategies around health care delivery, cancer screenings and care, and chronic condition management and prevention.
- > A Partner Forum with community representatives to solicit feedback on community health priorities and facilitate collaboration. A list of partners is included in Appendix A; a list of identified community assets is included in Appendix D.

Leadership

The 2016 CHNA was overseen by a Steering Committee of Baptist Memorial Health Care representatives with input from community representatives and partners. A list of committee members and partners is included in Appendix A of this report.

Research Partner

Baptist's consultant, Baker Tilly, assisted in all phases of the CHNA including project management, quantitative and qualitative data collection, report writing, and development of the Implementation Strategy.

Project Manager: Colleen Milligan, MBA

Lead Researcher: Catherine Birdsey, MPH

Identified Priority Needs

The Baptist CHNA Steering Committee reviewed findings from the CHNA research, including public health and socioeconomic measures and input received from key informants and focus group participants to determine the highest priorities. The following table shows priorities from the 2013 CHNA compared to findings for each research initiative in the 2016 CHNA. Health priorities are listed in alphabetical order.

2013 CHNA Priorities	2016 CHNA Research		
	Secondary Data Findings	Key Informant Responses	Focus Group Insights
	Access to Care	Access to Care	Access to Care
Cancer	Cancer	Cancer	Cancer
Healthy Lifestyle Choices	Chronic Disease Management/ Prevention	Chronic Disease Management/ Prevention	Chronic Disease Management/ Prevention
Maternal & Women's Health (Focus on Prenatal Care)	Maternal & Child Health	Education & Lifestyle	Education & Lifestyle
Mental Health (Focus on Alzheimer's Disease & Caregivers)	Mental Health & Substance Abuse	Mental Health & Substance Abuse	Substance Abuse

The 2016 CHNA research supported that priority areas identified in the 2013 CHNA were still relevant and among the highest health needs across the region. Baptist adopted the following system-wide priority health needs (listed in alphabetical order). Access to care will continue to be a cross-cutting strategy across all priority areas.

- > Behavioral Health to include mental health and substance abuse
- > Cancer
- > Chronic Disease Management and Prevention
- > Maternal & Child Health with a focus on prenatal care

The rationale and criteria used to select these priorities included:

- > Prevalence of disease and number of community members impacted
- > Rate of disease in comparison to state and national benchmarks
- > Health disparities among racial and ethnic minorities
- > Existing programs, resources, and expertise to address the issue
- > Input from representatives of underserved populations
- > Alignment with concurrent public health and social service organization initiatives

Memphis Metro Service Area at a Glance

The Memphis Metro Service Area, served by Baptist Memorial Hospital-Collierville, Baptist Memorial Hospital-DeSoto, Baptist Memorial Hospital-Memphis, Baptist Memorial Hospital-Tipton, Baptist Memorial Hospital for Women, and Baptist Memorial Restorative Care Hospital, comprises Shelby and Tipton Counties in Tennessee and DeSoto County in Mississippi.

Baptist serves a diverse population of 1,175,544 residents across DeSoto, Shelby, and Tipton Counties. By 2020, the population is expected to increase in all three counties; DeSoto County will experience the largest growth (4.8%).

DeSoto and Tipton Counties are designated as Medically Underserved Areas (MUA); however 0% of residents live in a Health Professional Shortage Area (HPSA). In contrast, 53% of residents in Shelby County live in a HPSA and approximately 90 census tracts, primarily within southeast and northwest Memphis, are designated as MUA.

Memphis Metro Service Area by Hospital and County

Hospital(s)	Home County	2015 County Population	County Population Growth by 2020
Collierville; Memphis; Restorative Care; Women	Shelby, TN	946,637	2.1%
DeSoto	DeSoto, MS	168,989	4.8%
Tipton	Tipton, TN	59,918	1.7%

Source: The Nielsen Company and Truven Health Analytics, 2015

The population in both DeSoto and Tipton Counties is primarily White, and Blacks/African Americans account for 20% to 25% of the population. The population in Shelby County is primarily Black/African American. Shelby County also has the largest Hispanic/Latino population of the three counties (6.4%). The median age across all counties is slightly lower than the state medians.

2015 Population by Race/Ethnicity and Median Age

	DeSoto County	Shelby County	Tipton County	MS	TN
White, Non-Hispanic	67.2%	37.1%	74.7%	58.3%	76.5%
Black or African American, Non-Hispanic	24.9%	52.3%	19.7%	37.4%	16.9%
Hispanic or Latino (of any race)	4.9%	6.4%	2.7%	3.1%	5.2%
Median Age	36.4	35.3	37.5	36.6	38.7

Source: The Nielsen Company and Truven Health Analytics, 2015

The Memphis Metro Service Area represents diverse socioeconomic environments. The zip codes outlined in the table below have worse socioeconomic measures when compared to the county's overall measures.

Socioeconomic Indicators by County and Zip Code

	Families in Poverty	Families w/ Children in Poverty	Unemployment	Population with Less than a High School Diploma
DeSoto County	7.9%	6.5%	5.7%	10.5%
38637 Horn Lake	12.4%	11.1%	6.8%	14.6%
38641 Lake Cormorant	11.9%	8.5%	10.0%	10.9%
38671 Southaven	10.6%	8.8%	6.3%	12.1%
Shelby County	17%	13.2%	7.7%	13.4%
38108 Memphis	40.3%	30.6%	9.8%	31.3%
38114 Memphis	38.3%	26.3%	13.9%	25.8%
38127 Memphis	43.6%	33.9%	13.7%	22.5%
Tipton County	11.9%	9.1%	8.2%	15.4%
38015 Burlison	15.0%	11.8%	5.4%	21.5%
38019 Covington	18.2%	14.3%	10.3%	21.0%
38049 Mason	15.8%	13.4%	8.3%	25.3%

Source: 2015 The Nielsen Company and 2015 Truven Health Analytics Inc.

Red highlight indicates more than 2% points higher than the county

Overview of Research Findings Related to Prioritized Health Needs

Behavioral Health

The suicide death rate is higher in DeSoto and Tipton Counties when compared to the Healthy People 2020 goal. In DeSoto County, the rate increased sharply between 2006 and 2010 from 8.9 per 100,000 to 16 per 100,000. The DeSoto County rate is highest among Whites (16 per 100,000) compared to Blacks/African Americans (5.8 per 100,000). Trending data and racial comparison data is not available for Tipton County.

The mental and behavioral disorders death rate is higher in both Shelby and Tipton when compared to the nation. In Shelby County, the rate increased from 18.3 per 100,000 in 2004 to 49 per 100,000 in 2013. Trending data is not available for Tipton County; however, the current rate is the highest of the three counties.

Partner forum participants shared that there is a need for community-wide education to promote early identification of mental health and substance abuse issues. They recommended including mental health and substance abuse training in continuing education courses for teachers, health professionals, and counselors and targeting school-age children to promote awareness.

Mental Health Measures

	Suicide Rate per Age-Adjusted 100,000	Mental and Behavioral Disorders Death Rate per Age-Adjusted 100,000
DeSoto County	13.5	29.5
Shelby County	9.5	49.0
Tipton County	11.5	63.8
Mississippi	13.2	46.0
Tennessee	14.8	50.5
United States	12.5	43.5
HP 2020	10.2	NA

Source: Centers for Disease Control and Prevention, 2011-2013 & 2013; Healthy People 2020

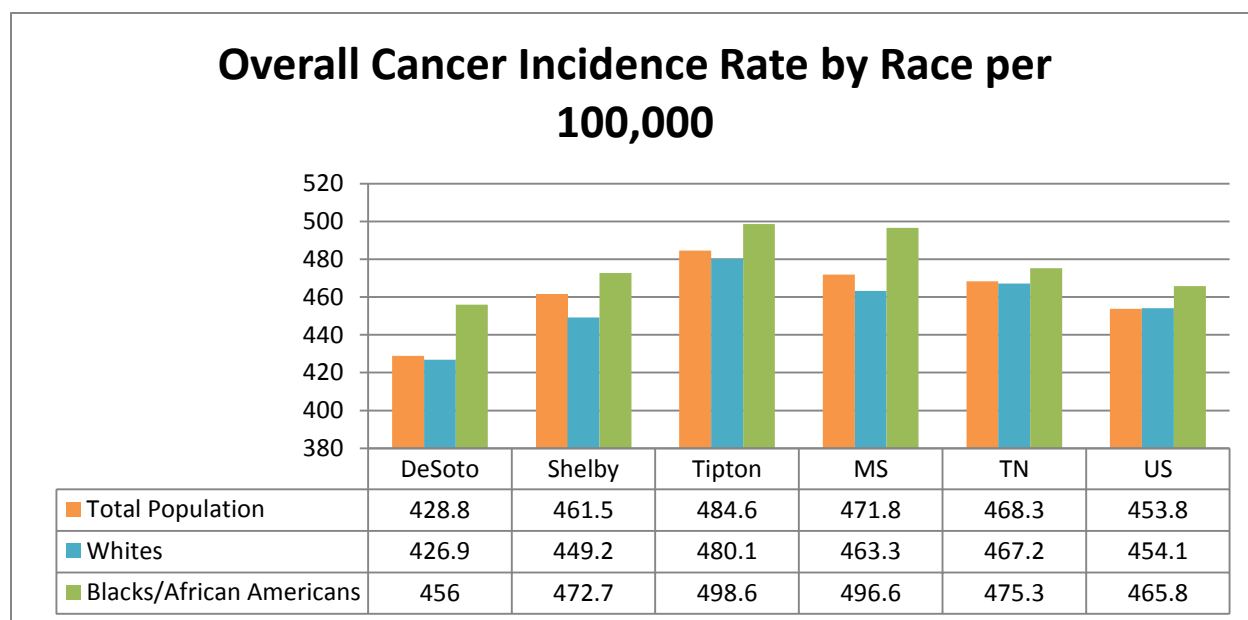
Alzheimer’s disease is another form of mental illness. The age-adjusted death rate due to Alzheimer’s disease is higher among all counties when compared to the nation. Tipton County has the highest death rate (47.8 per 100,000); the rate is double the national rate (23.5 per 100,000).

Partner forum participants shared that Alzheimer’s disease is traditionally viewed as a condition for individuals 65 years or over; however, younger adults also struggle with the condition and there is a lack of services to identify and treat Alzheimer’s disease within this population.

Cancer

The incidence of cancer increased in DeSoto and Tipton Counties from the 2013 CHNA. The overall incidence rate in DeSoto County is still lower than the state and the nation; however, the difference in rates between Blacks/African Americans and Whites (29 points) is the highest of the three counties. The overall cancer incidence rate in Tipton County exceeds both the state and the nation.

The overall cancer incidence rate in Shelby County is equitable to Tennessee and the nation; however, rates for female breast, colorectal, and prostate cancer are higher than both benchmarks. The prostate cancer rate exceeds the national rate by 36 points.

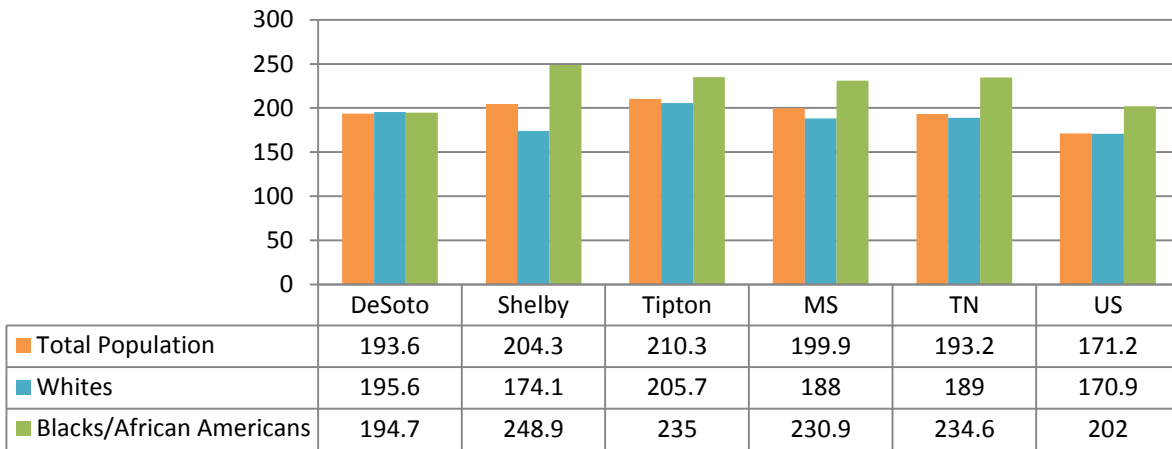


Source: National Cancer Institute, 2008-2012

Overall death rates in Shelby and Tipton Counties exceed Tennessee and the nation; the death rate in DeSoto County exceeds the nation. Death rates in Shelby County are also higher for all reported types, except lung and bronchus cancer. Death rates in Tipton County are higher for all reported types, except prostate cancer.

The cancer death rate is higher among Blacks/African Americans in both Shelby and Tipton Counties, but particularly in Shelby County. The death rate among Blacks/African Americans in Shelby County is nearly 75 points higher than the rate among Whites. The higher death rate may point toward a need for more preventative screenings among this population to detect cancer earlier, an observation that was reported by community partners. Partners shared that Blacks/African Americans, particularly women, are not receiving cancer screenings in a timely manner due to attitudes and beliefs regarding cancer care. They noted that women do not see the value in mammograms.

Overall Cancer Death Rate by Race per Age-Adjusted 100,000

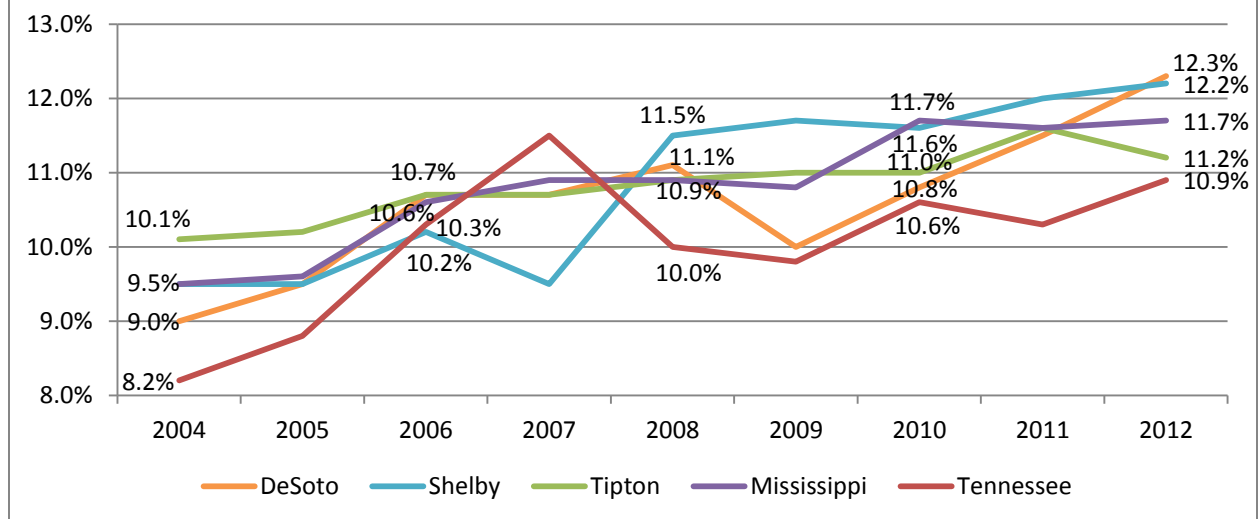


Source: National Cancer Institute, 2008-2012

Chronic Disease Management and Prevention

Diabetes and heart disease were recognized by key informants as two of the top health conditions affecting residents in the region. Diabetes prevalence has been increasing among adults in all counties since 2004. DeSoto County experienced the largest increase in prevalence (3.3. points) and has the highest death rate due to diabetes (49.6 per 100,000). The death rate exceeds comparison rates for both Mississippi and the nation.

Age-Adjusted Diabetes Prevalence



Source: Centers for Disease Control and Prevention

*A change in methods occurred in 2011 that may affect the validity of comparisons to past years

Heart disease is among the leading causes of death in the region. Current death rates in all counties exceed the nation; rates in Shelby and Tipton Counties (206.2 per 100,000 and 210 per 100,000 respectively) also exceed Tennessee. The DeSoto County death rate (237.5 per 100,000) is lower than the Mississippi rate, but it is the highest of the three counties.

Chronic lower respiratory disease (CLRD) is a concern in DeSoto and Tipton Counties. Both counties have a higher CLRD death rate and a higher prevalence of adult asthma when compared to the state and the nation. Smoking cigarettes contributes to the onset of CLRD. The percentage of adult smokers decreased in all three counties from the 2013 CHNA; however, 25% of adults in Tipton County and 23% of adults in DeSoto County still smoke.

Partner forum participants recommended increasing referrals between health care providers and social service agencies and expanding the Wellness Without Walls Model to address chronic disease management. Social service agencies can augment health care services to address patients' basic needs to improve compliance and outcomes. The Wellness Without Walls Model is currently being used in areas with higher socioeconomic need and health disparity. It is designed to provide health care services despite a lack of health care facilities or "walls."

Chronic Disease Management and Prevention

Key informants identified lack of physical activity and good nutrition among the top three contributors to health conditions. Adults in all three counties are more likely to be obese when compared to state and national benchmarks. In DeSoto County, the adult obesity percentage increased 5 points from the 2013 CHNA.

Obesity among Adults

	Percentage
DeSoto County	37.0%
Shelby County	34.0%
Tipton County	34.0%
United States	27.0%
HP 2020	30.5%

Source: Centers for Disease Control and Prevention, 2011; Healthy People 2020

High blood pressure and high cholesterol are associated with poor diet and exercise habits and chronic disease. All counties have a higher percentage of adults with high blood pressure when compared to the nation; DeSoto and Tipton Counties also have a higher percentage of adults with high cholesterol.

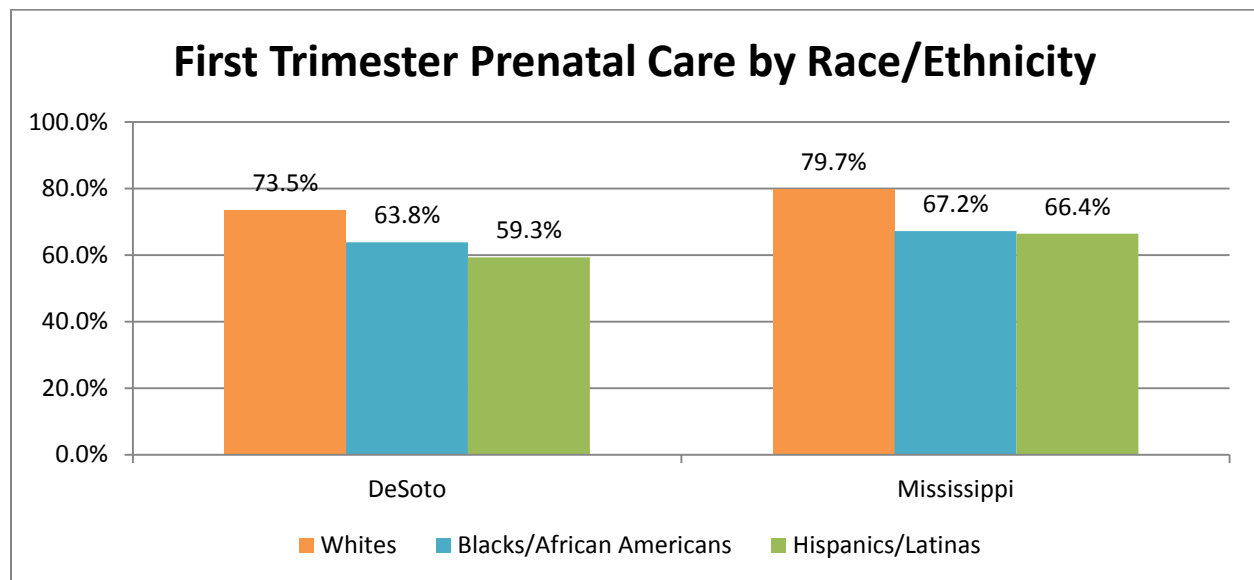
High Blood Pressure and Cholesterol among Adults

	High Blood Pressure	High Cholesterol
DeSoto County	33.3%	47.2%
Shelby County	36.2%	30.2%
Tipton County	31.8%	40.4%
Mississippi	35.9%	42.2%
Tennessee	33.6%	38.7%
United States	28.2%	38.5%

Source: Centers for Disease Control and Prevention, 2011-2012 & 2006-2012

Maternal and Child Health

Prenatal care access is a key contributor to maternal and child health disparities. Due to data limitations, prenatal care data is only reported for DeSoto County. The percentage of DeSoto County mothers receiving first trimester prenatal care (70.8%) is lower than the HealthyPeople 2020 goal (77.9%). In addition, Black/African American and Hispanic/Latina mothers are less likely to receive early prenatal care.

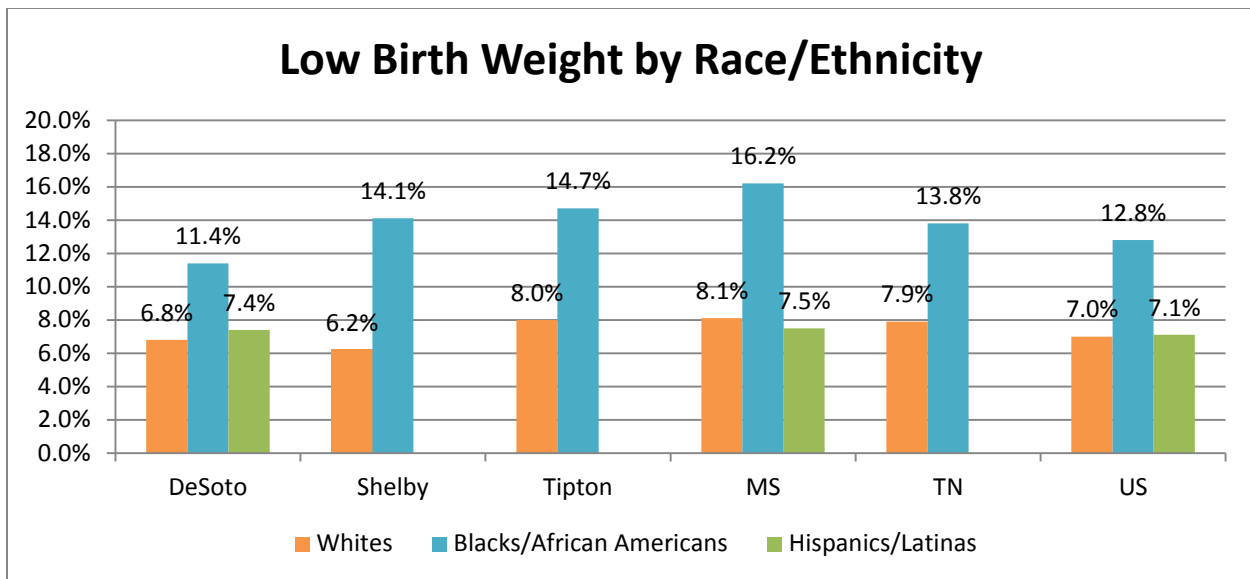


Source: Mississippi State Department of Health, 2013

Maternal and child health disparities affect Blacks/African Americans at a greater rate than Whites, and all counties have a significant number of Black/African American births. Black/African American births accounted for 25.4% of births in DeSoto County, 60.1% of births in Shelby County, and 23.7% of births in Tipton County.

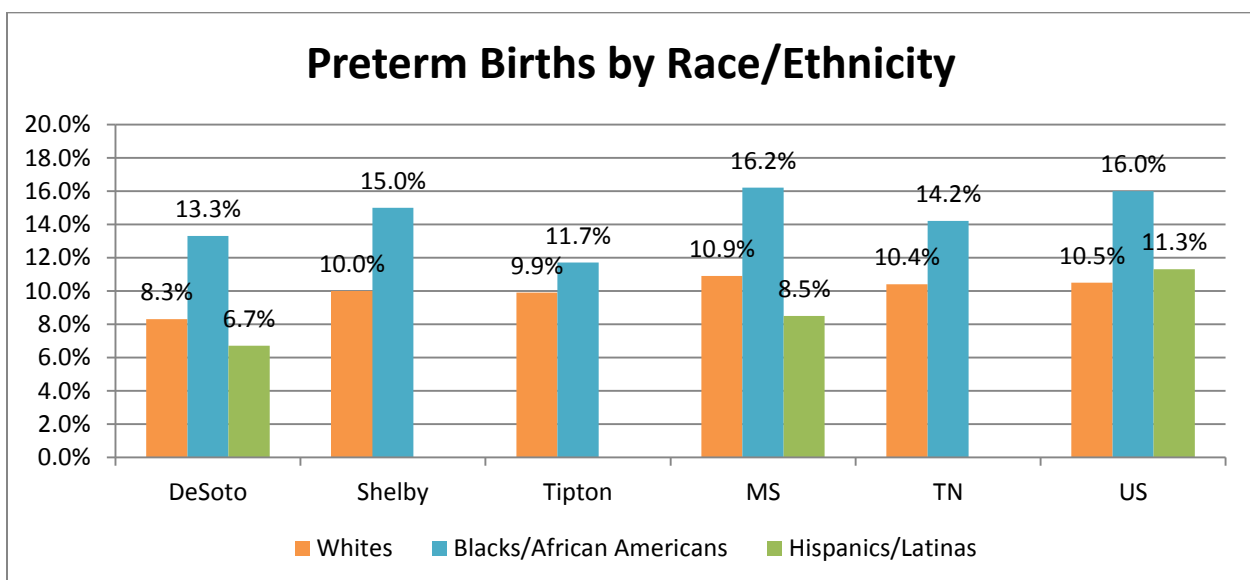
The percentage of Black/African American babies born with low birth weight is higher than the percentage among White babies. Shelby and Tipton Counties have the highest percentages among Blacks/African Americans (14.1% and 14.7% respectively). Shelby

and Tipton Counties also have a higher overall low birth weight percentage (11.1% and 9.3%) compared to DeSoto County (8.1%) and the Healthy People 2020 goal (7.8%).



Source: Mississippi State Department of Health, 2013; Tennessee Department of Health, 2009-2011; Centers for Disease Control & Prevention, 2013

The percentage of Black/African American babies born preterm is also higher compared to the percentage among White babies. In DeSoto and Shelby Counties, there is a 5 point difference in the percentage of preterm births between Black/African American and White babies. In Tipton County, the difference is less than 2%.



Source: Mississippi State Department of Health, 2013; Tennessee Department of Health, 2009-2011; Centers for Disease Control & Prevention, 2013

Partner forum participants stated the need for maternity education among teenage and young adult mothers. They recommended targeting high schools and colleges to provide prenatal classes and other services to promote a healthy pregnancy. Teenage (ages 15 to 19) pregnancies account for 9.4% of births in DeSoto County, 11.5% of births in Shelby County, and 10% of births in Tipton County.

Input from Community Representatives

The following tables summarize the top health conditions in the community and contributing factors, according to key informants. The findings are consistent with secondary data indicators and focus group results.

Top Health Conditions Affecting Residents

Ranking	Condition	Percent of Key Informants	Number of Key Informants
1	Diabetes	18.2%	24
2	Overweight/Obesity	15.9%	21
3	Heart Disease	11.4%	15
4	Behavioral Health	10.6%	14
5	Hypertension	9.8%	13

Top Contributing Factors to Conditions Affecting Residents

Ranking	Contributing Factor	Percent of Key Informants	Number of Key Informants
1	Lack of knowledge/awareness of the value of preventative care/screenings	12.9%	18
2	Lack of physical activity	11.4%	16
3	Lack of good nutrition	10.0%	14
4	Stress (work, family, school, etc.)	10.0%	14
5	Lack of preventative care/screenings	8.6%	12

Development of a Community Health Improvement Plan

Baptist Memorial Health Care developed a Community Health Improvement Plan (CHIP) to guide community benefit and population health improvement activities across the Memphis Metro Service Area. The CHIP builds upon previous health improvement activities, while recognizing new health needs and a changing health care delivery environment, to address the region’s most pressing community health needs.

Health Priority: Behavioral Health

Goal: Improve outcomes for residents with a mental health or substance abuse condition and their families.

Objectives:

- 1) Increase the number of residents who are screened for depression and mental health conditions.
- 2) Develop or continue collaboration with community agencies that provide mental health and substance abuse support services to reduce suicide and drug induced death rates.
- 3) Educate residents about warning signs for mental health conditions and substance abuse, including Alzheimer's disease.

Health Priority: Cancer

Goal: Provide early detection and treatment to reduce cancer mortality rates and improve quality of life for patients living with cancer.

Objectives:

- 1) Provide free or reduced cost screenings and services, especially targeting low-income, at-risk, and minority populations.
- 2) Increase residents' awareness of the benefits of cancer prevention, screenings, and early treatment.

Health Priority: Chronic Disease Management and Prevention

Goal: Reduce risk factors for chronic disease and improve management of chronic disease through healthy lifestyle choices.

Objectives:

- 1) Provide education about healthy lifestyles and risk factors for disease.
- 2) Provide opportunities to encourage physical activity among residents.

Health Priority: Maternal & Child Health

Goal: Improve birth outcomes for women and infants.

Objectives:

- 1) Increase the proportion of women who receive early and adequate prenatal care.
- 2) Increase the proportion of infants who are breastfed.

Board Approval and Report Dissemination

The Baptist Memorial Health Care CHNA Final Report and Improvement Plan were reviewed and adopted by the Baptist System Board on July 18, 2016. A copy of the CHNA Final Report is posted on the hospitals' websites.

Demographic Analysis of Memphis Metro Service Area

The following section outlines key demographic indicators related to the social determinants of health within the counties. Social determinants of health are factors within the environment in which people live, work, and play that can affect health and quality of life, and are often the root cause of health disparity. Healthy People 2020 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, /or environmental disadvantage.” All reported demographic data are provided by © 2015 The Nielsen Company.

Population Demographics

The population in both DeSoto and Tipton Counties is primarily White, but Blacks/African Americans account for 20% to 25% of the population. The population in Shelby County is primary Black/African American with only 37.1% of residents identifying as White. Shelby County also has the largest Hispanic/Latino population of the three counties (6.4%). The median age in all counties is slightly lower than the reported state medians.

2015 Population by Race/Ethnicity

	DeSoto County	Shelby County	Tipton County	MS	TN
White, Non-Hispanic	67.2%	37.1%	74.7%	58.3%	76.5%
Black or African American, Non-Hispanic	24.9%	52.3%	19.7%	37.4%	16.9%
Hispanic or Latino (of any race)	4.9%	6.4%	2.7%	3.1%	5.2%
Asian & Pacific Islander, Non-Hispanic	1.4%	2.6%	0.7%	1.0%	1.8%
All others	1.6%	1.7%	2.2%	3.3%	4.8%

2015 Population by Age

	DeSoto County	Shelby County	Tipton County	MS	TN
Under 18	26.4%	25.4%	25.1%	24.7%	22.8%
18 – 24	9.3%	10.2%	9.8%	10.5%	9.6%
25 – 34	12.3%	14.0%	12.0%	12.9%	13.0%
35 – 54	28.9%	26.1%	27.1%	25.1%	26.4%
55 – 64	11.3%	12.4%	12.6%	12.4%	13.0%
65 and over	11.9%	11.9%	13.3%	14.5%	15.3%
Median Age	36.4	35.3	37.5	36.6	38.7

Language Spoken at Home

All three counties are primarily English speaking. Shelby County has the largest non-English speaking population (9.2%). The most common language spoken by these residents is Spanish, which is consistent with having a larger Hispanic/Latino population.

2015 Population by Language Spoken

	DeSoto County	Shelby County	Tipton County	MS	TN
English speaking	94.8%	90.8%	97.2%	96.3%	93.3%

Financial and Occupation Demographics

The majority of occupied housing units in all three counties are occupied by owners versus renters. However, the percentage of renters is notably higher in Shelby County (39.4%) compared to DeSoto and Tipton Counties (24% and 25.4% respectively). Renters are more likely to experience housing cost burden, which is defined as spending more than 30% of the household income on housing.

2015 Households by Occupancy Type

	DeSoto County	Shelby County	Tipton County	MS	TN
Owner-occupied	76.0%	60.6%	74.6%	69.7%	68.2%
Renter-occupied	24.0%	39.4%	25.4%	30.3%	31.8%

The median home value for owner-occupied units is also an indicator of housing affordability; however, it should be considered in conjunction with median household income and overall cost of living. For example, while Desoto County has the highest median home value and the highest median household income, additional cost of living indicators (e.g. price of goods and services) should be taken into account to determine if housing cost is proportional to income.

2015 Owner-Occupied Housing by Median Value

DeSoto County	Shelby County	Tipton County	MS	TN
\$157,900	\$138,876	\$143,525	\$107,557	\$148,750

All three counties experience racial/ethnic disparities in income. Median income is highest among White and Asian populations and lowest among Black/African American and Hispanic/Latino populations. Shelby County, in particular, experiences the greatest

disparity in income by race/ethnicity. The county has the highest median income among all three counties for Whites and Asians, but some of the lowest median incomes for Blacks/African Americans and Hispanics/Latinos. The Hispanic/Latino median income in Shelby County is approximately \$10,000 to \$12,000 lower than in DeSoto and Tipton Counties.

2015 Population by Median Household Income & Race/Ethnicity

	DeSoto County	Shelby County	Tipton County	MS	TN
White	\$62,618	\$66,556	\$61,725	\$49,251	\$48,126
Black or African American	\$47,278	\$33,361	\$31,588	\$26,523	\$32,122
Asian	\$64,233	\$74,122	\$55,147	\$47,870	\$64,859
Hispanic/Latino (of any race)	\$43,791	\$33,086	\$45,385	\$42,807	\$36,172
Total Population	\$57,906	\$46,374	\$55,080	\$39,950	\$45,247

Poverty

Families represent two or more people who are related and residing together. The percentage of families and families with children living in poverty varies by county with Desoto County having the lowest percentages and Shelby County having the highest percentages. DeSoto County and Tipton County families are less likely to live in poverty when compared to their respective state. Shelby County families are more likely to live in poverty when compared to Tennessee.

In comparison to the 2013 CHNA (2010 data), the percentage of families living in poverty remained stable in DeSoto County, decreased in Tipton County, and increased in Shelby County. The percentage of families with children living in poverty decreased in all three counties.

Families in Poverty

	DeSoto County		Shelby County		Tipton County	
	2015	2010	2015	2010	2015	2010
Families in poverty	7.9%	7.8%	17.0%	15.4%	11.9%	12.8%
Families with children in poverty	6.5%	11.4%	13.2%	23.0%	9.1%	18.0%

Employment

The unemployment rate is highest in Tipton County and lowest in Desoto County. Both Shelby and Tipton Counties exceed the state unemployment average (6.1%).

2015 Population by Employment Status

	DeSoto County	Shelby County	Tipton County	MS	TN
Unemployed	5.7%	7.7%	8.2%	6.7%	6.1%

The majority of residents in the workforce hold white collar positions. However, Tipton County has a higher percentage of blue collar and service/farm workers.

2015 Population by Occupation

	DeSoto County	Shelby County	Tipton County	MS	TN
White collar	60.4%	61.0%	53.8%	54.7%	59.0%
Blue collar	24.8%	21.8%	28.8%	26.3%	23.75
Service and farm	14.8%	17.2%	17.4%	19.0%	17.4%

Education Demographics

Education is the largest predictor of poverty and one of the most effective means of reducing inequalities. In DeSoto and Shelby Counties, Hispanic/Latino residents are notably less likely to graduate from high school or attain higher education. In DeSoto County, the percentage of the overall population with at least a high school diploma increased from the 2013 CHNA report of 85.3%, but the population with a bachelor's degree or higher decreased from a report of 28%.

In Tipton County, the entire population is less likely to graduate from high school or attain higher education. The finding correlates to a higher percentage of residents who work in blue collar or service/farm occupations. However, the percentage of the population with a bachelor's degree or higher did increase slightly from the 2013 CHNA report of 13.8%.

2015 Population by Educational Attainment & Ethnicity

	DeSoto County		Shelby County		Tipton County	
	Overall Population	Hispanic/Latino	Overall Population	Hispanic/Latino	Overall Population	Hispanic/Latino
Less than a high school diploma	10.5%	38.9%	13.4%	40.7%	15.4%	8.6%
High school graduate	29.9%	18.4%	27.4%	28.6%	37.9%	47.7%
Some college or associate's degree	37.9%	29.7%	30.3%	16.0%	32.3%	25.2%
Bachelor's degree or higher	21.7%	13.1%	28.9%	14.6%	14.4%	18.6%

*Educational attainment is calculated for adults 25 years or over. Data is not available for Blacks/African Americans or other racial groups.

2015 Population by Educational Attainment & Ethnicity

	Mississippi		Tennessee	
	Overall Population	Hispanic/Latino	Overall Population	Hispanic/Latino
Less than a high school diploma	15.8%	36.1%	15.2%	38.8%
High school graduate	30.5%	27.8%	33.2%	29.2%
Some college or associate's degree	31.0%	23.8%	27.6%	18.6%
Bachelor's degree or higher	20.3%	12.4%	24.0%	13.4%

*Educational attainment is calculated for adults 25 years or over. Data is not available for Blacks/African Americans or other racial groups.

Social Determinants of Health by Zip Code

In addition to reviewing socio-economic statistics for a population as a whole, it is valuable to view demographics at the zip code level to identify geographical trends that can impact population health. Select factors are outlined below for zip codes across the service area to identify potential health disparities and aid Baptist in targeting community health improvement efforts to high risk populations.

Social Determinants of Health Indicators by Zip Code-DeSoto County

	Black/ African American	Hispanic/ Latino	English Speaking	Families in Poverty	Families w/ Children in Poverty	Single Female Households w/ Children	Unemploy- ment	Less than HS Diploma
38632 Hernando	9.4%	3.8%	96.4%	7.6%	5.9%	6.9%	5.2%	10.8%
38637 Horn Lake	41.2%	7.7%	93.2%	12.4%	11.1%	18.6%	6.8%	14.6%
38641 Lake Cormorant	14.7%	3.6%	86.7%	11.9%	8.5%	7.5%	10.0%	10.9%
38651 Nesbit	12.3%	2.7%	96.4%	4.8%	3.2%	6.1%	4.6%	7.4%
38654 Olive Branch	23.4%	3.9%	95.2%	4.9%	4.0%	9.4%	5.4%	7.9%
38671 Southaven	28.4%	5.9%	94.6%	10.6%	8.8%	16.1%	6.3%	12.1%
38672 Southaven	21.2%	2.6%	95.9%	4.2%	2.5%	7.2%	3.9%	6.9%
38680 Walls	36.4%	6.6%	92.7%	10.0%	8.0%	15.3%	5.8%	15.3%
DeSoto County, MS	24.9%	4.9%	94.8%	7.9%	6.5%	11.7%	5.7%	10.5%

Color Coding Guide
0-2% points higher than the county Exception: English Speaking cells are 0- 2% points lower than the county
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Social Determinants of Health Indicators by Zip Code-Shelby County

	Black/ African American	Hispanic/ Latino	English Speaking	Families in Poverty	Families w/ Children in Poverty	Single Female Households w/ Children	Unem- ployment	Less than HS Diploma
38002 Arlington	18.0%	3.9%	93.1%	4.2%	3.5%	7.4%	3.3%	5.3%
38016 Cordova	38.7%	5.8%	88.2%	5.6%	4.2%	12.1%	5.2%	5.9%
38017 Collierville	14.1%	2.9%	90.0%	3.9%	3.1%	5.8%	4.6%	4.2%
38018 Cordova	30.4%	6.8%	86.8%	6.4%	5.3%	10.2%	3.3%	6.0%
38053 Millington	23.8%	4.9%	94.4%	10.1%	7.9%	10.6%	8.2%	11.8%
38103 Memphis	34.7%	2.4%	88.8%	12.7%	8.1%	9.7%	4.5%	9.7%
38104 Memphis	30.7%	3.1%	90.9%	18.1%	11.8%	16.6%	5.2%	11.7%
38105 Memphis	72.9%	8.5%	90.7%	36.1%	26.6%	25.2%	6.6%	27.9%
38106 Memphis	96.1%	1.7%	98.0%	36.3%	24.5%	23.9%	15.8%	28.1%
38107 Memphis	80.1%	1.4%	96.4%	31.6%	22.5%	25.4%	9.6%	19.7%
38108 Memphis	62.5%	21.1%	83.0%	40.3%	30.6%	22.2%	9.8%	31.3%
38109 Memphis	96.0%	1.3%	98.1%	25.0%	18.7%	21.7%	11.7%	23.3%
38111 Memphis	51.4%	7.9%	87.7%	24.8%	19.8%	20.0%	9.5%	17.2%
38112 Memphis	54.9%	5.6%	88.1%	30.2%	23.4%	23.1%	8.8%	18.8%
38113 Memphis	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	50.0%	0.0%
38114 Memphis	89.7%	3.9%	96.5%	38.3%	26.3%	25.0%	13.9%	25.8%
38115 Memphis	79.2%	11.3%	87.5%	25.7%	22.7%	32.2%	10.7%	16.2%
38116 Memphis	93.0%	2.6%	92.4%	24.0%	18.6%	27.2%	10.5%	14.9%
38117 Memphis	12.5%	5.9%	93.0%	8.0%	6.4%	8.7%	4.4%	7.4%
38118 Memphis	76.9%	13.3%	87.9%	28.2%	23.5%	28.6%	11.8%	21.7%
38119 Memphis	38.9%	5.0%	89.9%	7.2%	4.8%	14.2%	5.2%	5.3%
38120 Memphis	8.5%	2.3%	91.7%	4.6%	2.3%	6.9%	3.7%	3.5%
Shelby County, TN	52.3%	6.4%	90.8%	17.0%	13.2%	17.6%	7.7%	13.4%

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Social Determinants of Health Indicators by Zip Code-Shelby County cont'd

	Black/ African American	Hispanic/ Latino	English Speaking	Families in Poverty	Families w/ Children in Poverty	Single Female Households w/ Children	Unem- ployment	Less than HS Diploma
38122 Memphis	24.6%	24.3%	80.5%	24.3%	19.2%	17.2%	8.0%	23.8%
38125 Memphis	74.2%	5.5%	89.8%	7.0%	5.8%	17.2%	6.5%	7.1%
38126 Memphis	94.4%	0.7%	97.5%	57.4%	46.6%	47.6%	11.8%	33.2%
38127 Memphis	83.0%	2.8%	95.4%	43.6%	33.9%	30.8%	13.7%	22.5%
38128 Memphis	77.9%	8.4%	91.2%	21.9%	17.7%	28.9%	9.1%	16.6%
38132 Memphis	32.4%	5.9%	97.0%	50.0%	50.0%	50.0%	33.3%	27.5%
38133 Memphis	20.4%	12.5%	88.4%	6.5%	6.0%	10.5%	3.4%	9.3%
38134 Memphis	44.1%	8.2%	90.0%	9.2%	7.5%	17.7%	5.0%	12.7%
38135 Memphis	28.4%	3.6%	91.8%	4.6%	3.4%	8.3%	3.8%	6.1%
38138 Germantown	7.1%	2.2%	89.8%	3.3%	2.1%	5.2%	3.2%	2.5%
38139 Germantown	2.4%	1.7%	89.1%	1.8%	1.4%	3.1%	4.2%	2.0%
38141 Memphis	80.0%	12.4%	90.7%	13.3%	11.6%	23.5%	9.5%	10.3%
38152 Memphis	38.6%	2.3%	90.5%	33.3%	33.3%	0.0%	12.2%	0.0%
Shelby County, TN	52.3%	6.4%	90.8%	17.0%	13.2%	17.6%	7.7%	13.4%

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Social Determinants of Health Indicators by Zip Code-Tipton County

	Black/ African American	Hispanic/ Latino	English Speaking	Families in Poverty	Families w/ Children in Poverty	Single Female Households w/ Children	Unemploy- ment	Less than HS Diploma
38004 Atoka	10.4%	2.9%	96.3%	4.7%	3.6%	7.0%	8.5%	7.6%
38011 Brighton	10.5%	2.6%	96.5%	12.6%	10.2%	8.5%	6.9%	12.4%
38015 Burlison	3.8%	2.1%	98.5%	15.0%	11.8%	7.8%	5.4%	21.5%
38019 Covington	36.0%	1.4%	98.8%	18.2%	14.3%	17.9%	10.3%	21.0%
38023 Drummonds	10.7%	2.7%	97.8%	10.6%	7.0%	9.3%	8.3%	13.8%
38049 Mason	50.3%	5.2%	97.3%	15.8%	13.4%	12.0%	8.3%	25.3%
38058 Munford	8.9%	3.6%	95.8%	8.1%	5.3%	11.1%	6.7%	12.4%
Tipton County, TN	19.7%	2.7%	97.2%	11.9%	9.1%	11.4%	8.2%	15.4%

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Public Health Analysis of Memphis Metro Service Area

Background

Publicly reported health statistics were collected and analyzed to display health trends and identify health disparities across the service area. The following analysis uses data compiled by secondary sources such as the County Health Rankings & Roadmaps program, Mississippi Department of Health, and the Centers for Disease Control and Prevention (CDC). All data sources are listed by indicator throughout the report. In addition, a full listing of all public health data sources can be found in Appendix B.

County statistics are compared to state and national averages and Healthy People 2020 (HP 2020) goals, where applicable. State and national averages represent comparable year(s) of data to county-level statistics, unless otherwise noted. Healthy People 2020 goals are national goals created by the U.S. Department of Health and Human Services to set a benchmark for all communities to strive towards. Healthy People goals are updated every ten years and progress is tracked throughout the decade.

Access to Health Services

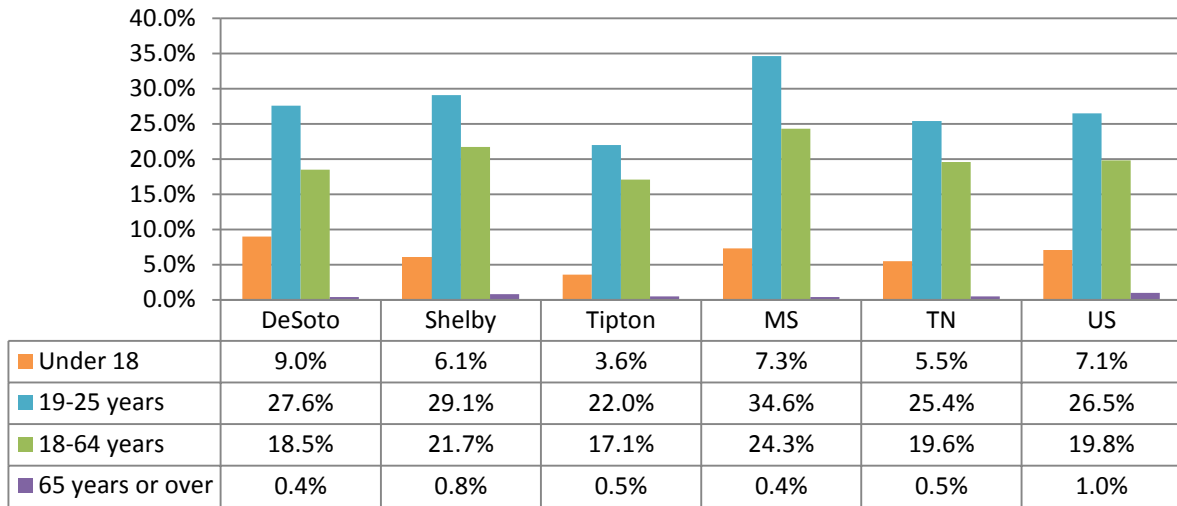
The following illustrates county rankings for clinical care access. The rankings are based on a number of indicators, including health insurance coverage and access to providers. Tipton County has the worst clinical care access ranking (27), primarily due to a low rate of providers in the county.

- DeSoto County ranks 7th out of the 82 counties in Mississippi
- Shelby County ranks 18th out of the 95 counties in Tennessee
- Tipton County ranks 27th out of the 95 counties in Tennessee

None of the counties meet the Healthy People 2020 goal of having 100% of residents insured. Shelby and DeSoto Counties have the highest uninsured rates (15.4% and 13.9% respectively); however, only Shelby County exceeds its respective state average (13.6%) and the nation (14.2%). The uninsured rate in Tipton County (11.5%) is the lowest of the three counties.

The uninsured rate is highest in Shelby County (15.4%); however, all counties have higher uninsured rates among Blacks/African Americans and Hispanics/Latinos

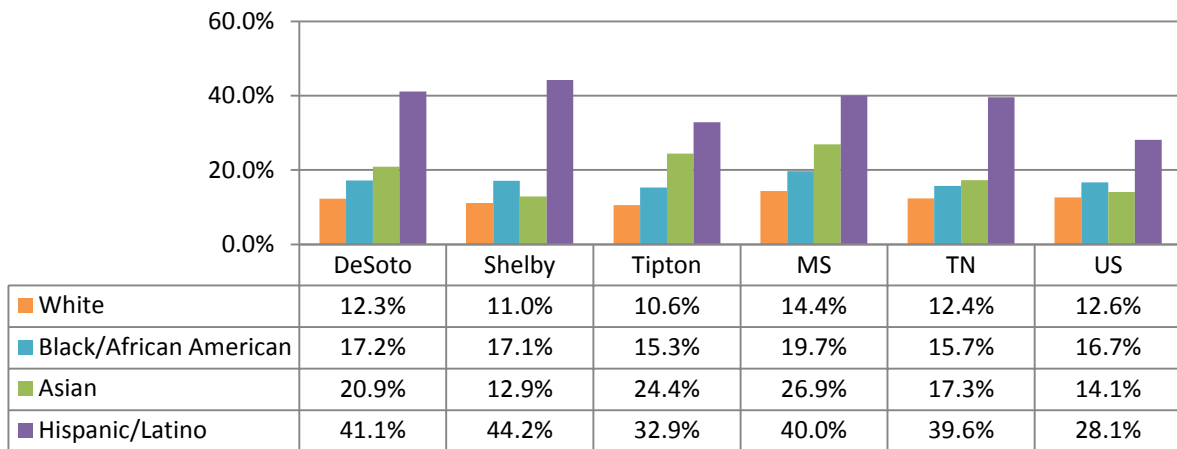
Population without Health Insurance Coverage



Source: United States Census Bureau, 2010-2014

Uninsured rates are higher in all counties among Black/African American and Hispanic/Latino populations. In particular, 41.1% of Hispanic/Latino residents in DeSoto County (n=3,374) and 44.2% of Hispanic/Latino residents in Shelby County (n=23,779) are uninsured.

Population without Health Insurance Coverage by Race/Ethnicity



Source: United States Census Bureau, 2010-2014

Provider Access

Provider rates per 100,000 are noted for primary care, dental care, and mental health providers. DeSoto and Tipton Counties are designated as Medically Underserved Areas (MUA). In addition, 53% of residents in Shelby County live in a Health Provider Shortage Area and approximately 90 census tracts, primarily within southeast and northwest Memphis, are designated as MUA.

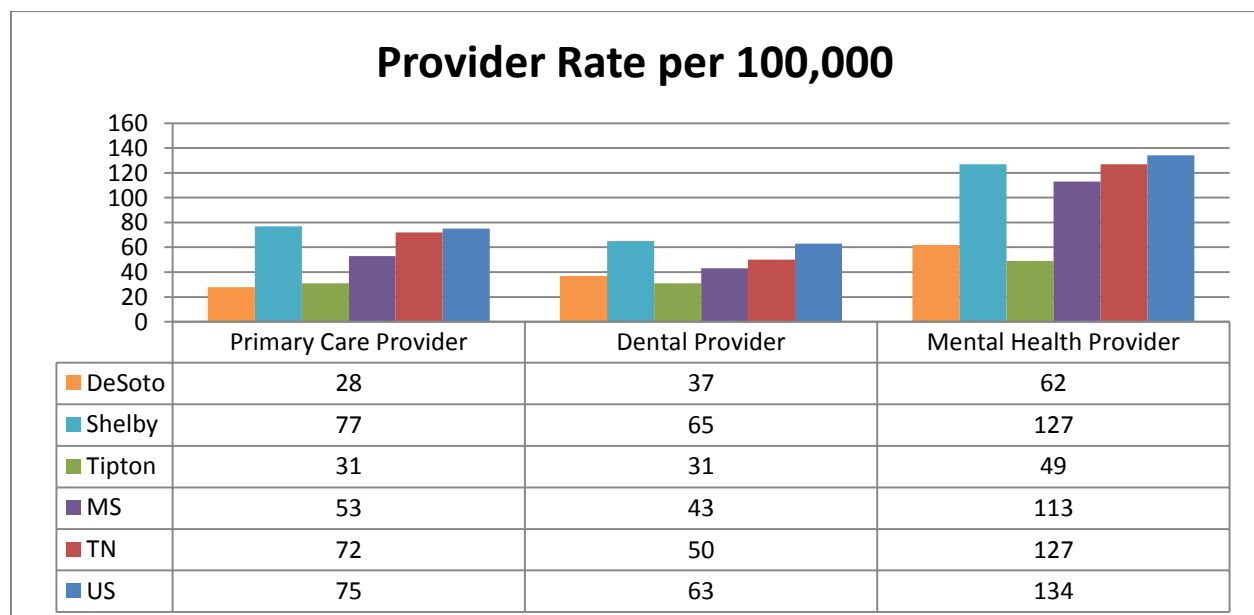
DeSoto County and Tipton County have lower provider rates when compared to Shelby County and state benchmarks. In contrast, Shelby County has higher provider rates when compared to all of Tennessee. Shelby County rates are similar to the nation.

Despite having a higher primary care provider rate, a higher percentage of adults in Shelby County do not have a regular doctor (24.2%). In Contrast, DeSoto County has the lowest primary care provider rate, but only 16.7% of adults do not have a regular doctor.

Shelby County has the highest primary care provider rate, but the lowest percentage of residents with a regular doctor

Approximately 30% of adults in all counties have not had a dental exam within the past year

Approximately 30% of adults in all counties have not had a dental exam within the past year. The percentage is consistent with state and national benchmarks, but still notable.



Source: United States Department of Health & Human Services, Health Resources and Services Administration, 2012 & 2013; Centers for Medicare & Medicaid Services, 2014

*The United States mental health provider rate is reported for 2013. All other rates are reported for 2014.

Out-of-pocket costs associated with health care deductibles, copays, prescriptions, and other costs can also inhibit residents from accessing care when they need it. Adults in all three counties are less likely to consider cost as barrier to accessing care when compared with state benchmarks.

Adults in all three counties are less likely to consider cost as a barrier to accessing care when compared to state averages

Provider Access

	% Unable to Afford Care	% without a Regular Doctor	% without a Recent Dental Exam	% Living in a HPSA
DeSoto County	19.0%	16.7%	32.3%	0.0%
Shelby County	15.0%	24.2%	30.2%	52.9%
Tipton County	16.0%	26.3%	31.7%	0.0%
Mississippi	20.0%	25.6%	41.0%	87.6%
Tennessee	17.0%	21.5%	34.0%	36.0%
United States	NA	22.1%	30.2%	34.1%

Source: Centers for Disease Control and Prevention, 2006-2010, 2006-2012, & 2011-2012; United States Department of Health & Human Services, Health Resources and Services Administration, 2015
 *All indicators represent the adult (18 years and over) population with the exception of the population living in a HPSA, which represents all residents

Overall Health Status

The following illustrates county health rankings for health outcomes. Health outcomes are measured in relation to length of life (premature death) and quality of life. DeSoto County is ranked #1 in Mississippi and has the lowest premature death rate and percentage of adults reporting “fair” or “poor” health among the three counties.

- DeSoto County ranks 1st out of the 82 counties in Mississippi
- Shelby County ranks 39th out of the 95 counties in Tennessee
- Tipton County ranks 18th out of the 95 counties in Tennessee

Premature death is defined as death before the age of 75 and the premature death rate is the years of potential life lost before age 75 per 100,000 population. The premature death rate in DeSoto County is higher than the nation, but lower than Mississippi. In addition, DeSoto County adults are less likely to report having “poor” or “fair” health and have a lower 30-day average of poor physical and mental health days compared to the state and the nation.

15% of DeSoto County adults report “fair” or “poor” health status compared to 22% across the state

Premature death rates in Shelby and Tipton Counties are higher than the nation; Shelby County’s rate is also higher than Tennessee. However, Tipton County has a higher percentage of adults who report having “poor” or “fair” health (24%) when compared to

Shelby County, the state, and the nation. Tipton County adults are primarily affected by poor physical health, as illustrated by a higher 30-day average of poor physical health days (4.4).

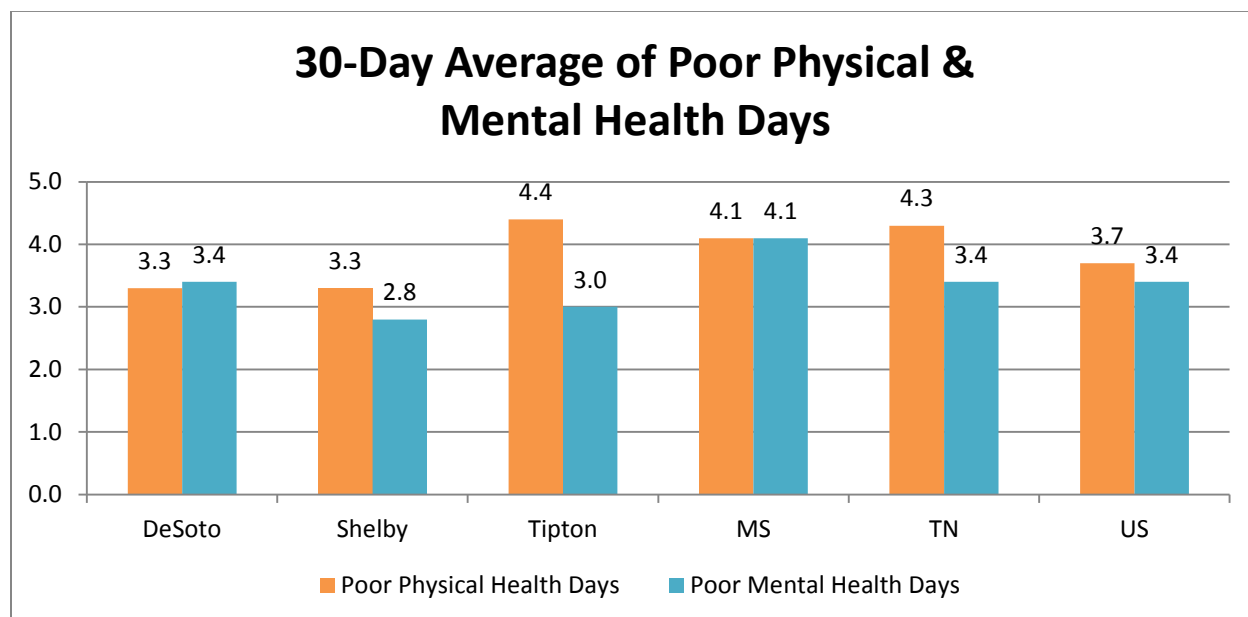
Shelby County has a higher premature death rate, but Tipton County adults are more likely to report having “poor” or “fair” health, primarily related to physical health

Shelby County has lower 30-day averages for poor physical (3.3) and mental health (2.8) when compared to both the state and the nation.

Length of Life and Quality of Life Indicators

	Premature Death Rate per 100,000	Adults with “Fair” or “Poor” Health Status
DeSoto County	7,523	15.0%
Shelby County	9,165	16.0%
Tipton County	7,909	24.0%
Mississippi	10,031	22.0%
Tennessee	8,696	19.0%
United States	6,622	16.0%

Source: Centers for Disease Control and Prevention, 2006-2012 & 2010-2012



Source: Centers for Disease Control and Prevention, 2006-2012

Health Behaviors

Individual health behaviors, including smoking, excessive drinking, physical inactivity, and obesity, have been shown to contribute to or increase the chance of disease. The prevalence of these health behaviors is provided below, compared to state and national averages and Healthy People 2020 goals.

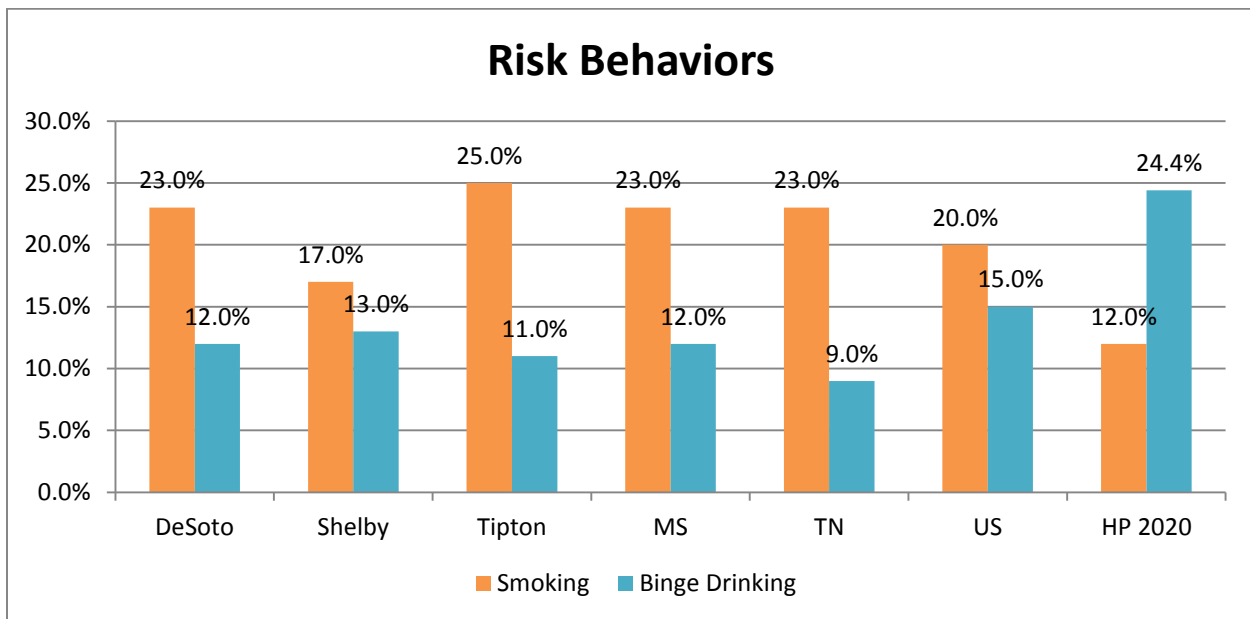
Risk Behaviors

Approximately one-quarter of adults in both Tipton County and DeSoto County smoke cigarettes. The percentages are consistent with state averages, but higher than the nation and the Healthy People 2020 goal. The percentage of smokers decreased by 6 points in Tipton County and 2 points in DeSoto County from the 2013 CHNA.

Approximately one-quarter of adults in DeSoto and Tipton Counties smoke; however, smoking rates decreased from the 2013 CHNA

The percentage of adult smokers in Shelby County (17%) is lower than the state and the nation and decreased from the 2013 CHNA by 3 points.

Adults in all three counties are less likely to binge drink when compared to the national average and the Healthy People 2020 goal. However, percentages in Shelby and Tipton Counties are higher than the state average



Source: Centers for Disease Control and Prevention, 2006-2012; Healthy People 2020

Risk Behaviors: Comparison to the 2013 CHNA (2003-2009 Data)

	Smoking		Binge Drinking	
	2006-2012	2003-2009	2006-2012	2003-2009
DeSoto County	23.0%	25.0%	12.0%	11.0%
Shelby County	17.0%	20.0%	13.0%	12.0%
Tipton County	25.0%	31.0%	11.0%	11.0%

Source: Centers for Disease Control and Prevention

Overweight/Obesity

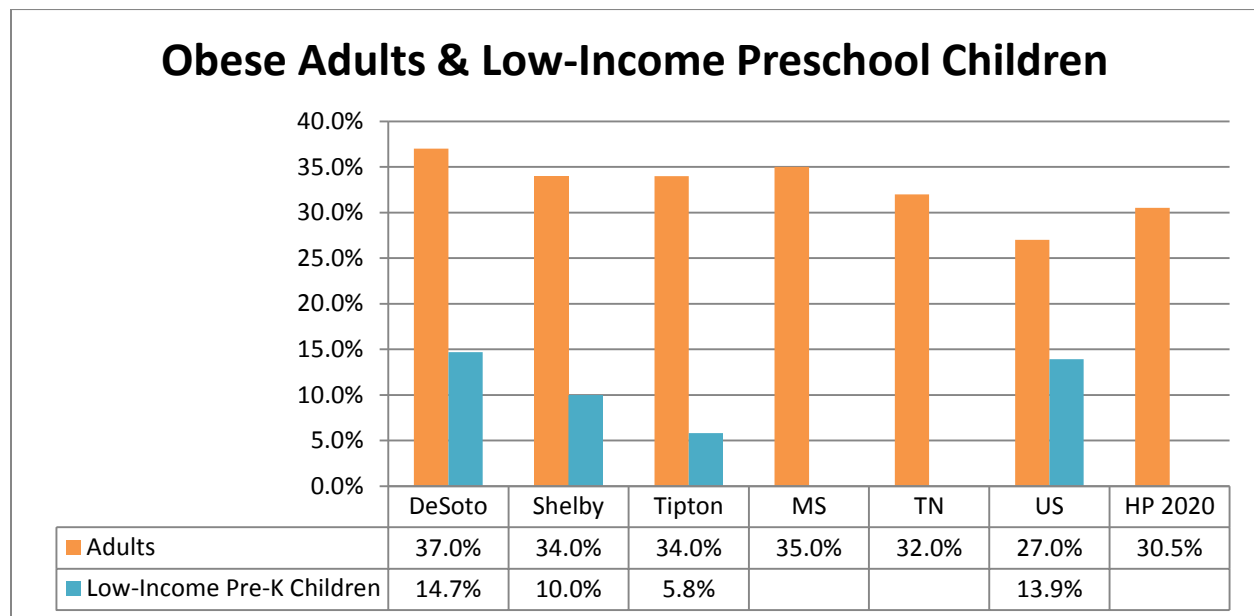
According to the September 2015 *The State of Obesity Report* by the Trust for America's Health and the Robert Wood Johnson Foundation, Mississippi has the third highest adult obesity rate in the nation at 35.5%.

The DeSoto County rate (37%) exceeds the state, and increased 5 points from the 2013 CHNA.

Adult obesity in DeSoto County increased by 5 points from the 2013 CHNA and exceeds the state

The percentage of obese adults in Shelby and Tipton Counties remained stable from the 2013 CHNA (34%) and exceeds state and national benchmarks.

The percentage of obese low-income preschool children is higher in DeSoto County (14.7%) when compared to the nation (13.9%), but lower in both Shelby (10%) and Tipton (5.8%). The children represented by this indicator are ages 2 to 4 years and participate in federally funded health and nutrition programs. Data for this age group is not available for the states or Healthy People 2020.



Source: Centers for Disease Control and Prevention, 2012; United States Department of Agriculture, 2009-2011; Healthy People 2020

Obese Adults: Comparison to the 2013 CHNA (2008 Data)

	2012 Percentage	2008 Percentage
DeSoto County	37.0%	32.0%
Shelby County	34.0%	34.0%
Tipton County	34.0%	34.0%

Source: Centers for Disease Control and Prevention

Lack of access to healthy food and physical inactivity can contribute to obesity rates. Food security refers to having a consistent source of sufficient and affordable nutritious food. DeSoto County and Tipton County have fewer residents and children who are food insecure when compared to the state and/or the nation. However, nearly 22% of all residents and 24% of children in Shelby County are food insecure.

Nearly 22% of all residents and 24% of children in Shelby County are food insecure

Percentage of Food Insecure Residents

	All Residents	Children
DeSoto County	14.9%	21.7%
Shelby County	21.6%	23.7%
Tipton County	16.4%	23.3%
Mississippi	22.7%	29.0%
Tennessee	17.1%	25.4%
United States	15.1%	23.7%

Source: Feeding America, 2013

Another measure of healthy food access is the number of fast food restaurants versus grocery stores. DeSoto County has the highest rate of fast food restaurants among the three counties and the lowest rate of grocery stores. Shelby County rates are consistent with the state and the nation, while Tipton County rates are lower for both fast food restaurants and grocery stores.

Healthy Food Access & Environment

	Fast Food Restaurants per 100,000	Grocery Stores per 100,000
DeSoto County	75.0	9.9
Shelby County	71.0	18.9
Tipton County	40.9	16.4
Mississippi	69.3	15.9
Tennessee	72.5	17.5
United States	72.7	21.2

Source: United States Census, 2013

Locations for physical activity include parks or recreational facilities such as gyms, community centers, YMCAs, dance studios, and pools. A lack of physical activity venues may contribute to the percentage of adults who are physically inactive. In Tipton County, 68% of adults have access to physical activity venues and 34% are physically inactive. In contrast, 89% of Shelby County adults have access to physical

In Tipton County, only 68% of adults have access to physical activity venues and 34% are physically inactive

activity venues and 28% are physically inactive. All counties have a higher percentage of physically inactive adults when compared to the nation (23%).

Access to Physical Activity Venues and Physical Inactivity among Adults

	Access to Physical Activity Venues	Physically Inactive
DeSoto County	74.0%	30.0%
Shelby County	89.0%	28.0%
Tipton County	68.0%	34.0%
Mississippi	59.0%	32.0%
Tennessee	70.0%	30.0%
United States	85.0%	23.0%

Source: Environmental Systems Research Institute, 2010 & 2013; Centers for Disease Control and Prevention, 2011

Mortality & Morbidity

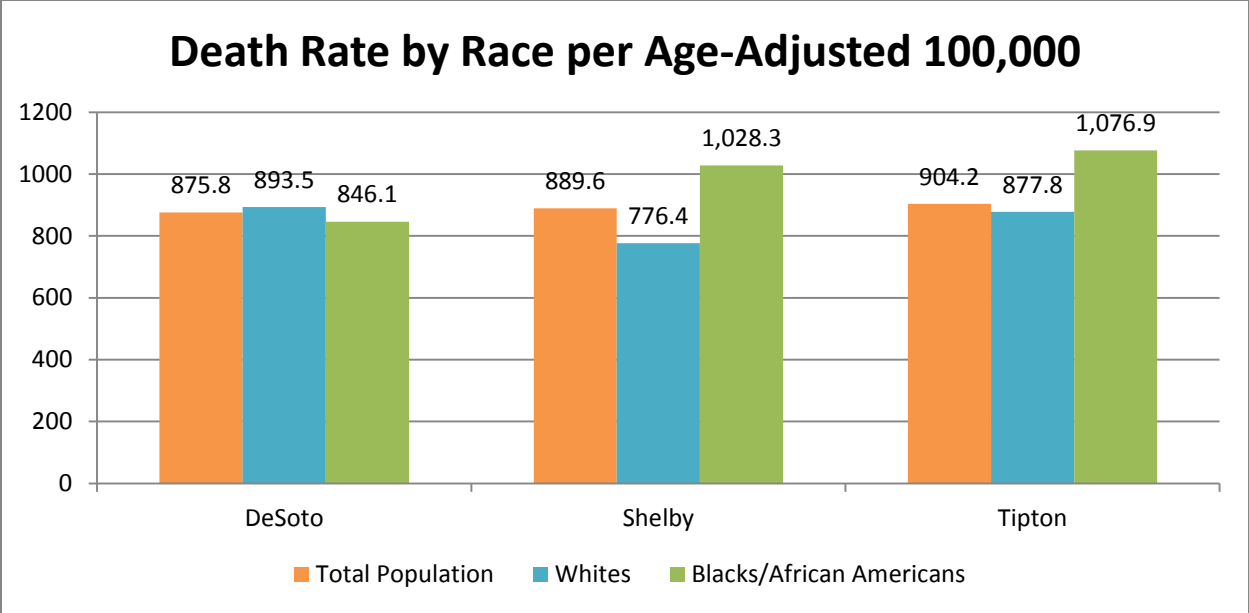
Mortality

The death rate reflects the ratio of total deaths to total population over a specified period of time. The 2013 all cause, age-adjusted death rate is lower in DeSoto County when compared to Mississippi, but higher when compared to the nation. The death rate is highest among Whites compared to Blacks/African Americans. The overall rate decreased approximately 4 points from the 2013 CHNA. The death rate among Blacks/African Americans also decreased by 94.5 points; however, the death rate among Whites increased by 5.6 points.

The 2013 all cause, age-adjusted death rate is higher in Shelby and Tipton Counties when compared to Tennessee and the nation. However, both rates declined from the 2013 CHNA by 3.7 points and 85.1 points respectively.

The overall death rate in all counties decreased from the 2013 CHNA, but still exceeds the nation. Death rates in Shelby and Tipton Counties are disproportionately higher among Blacks/African Americans.

Death rates in Shelby and Tipton Counties are higher among Blacks/African Americans compared to Whites. In Shelby County, the Black/African American death rate decreased 35.5 points, but in Tipton County, the Black/African American death rate increased 92.8 points.



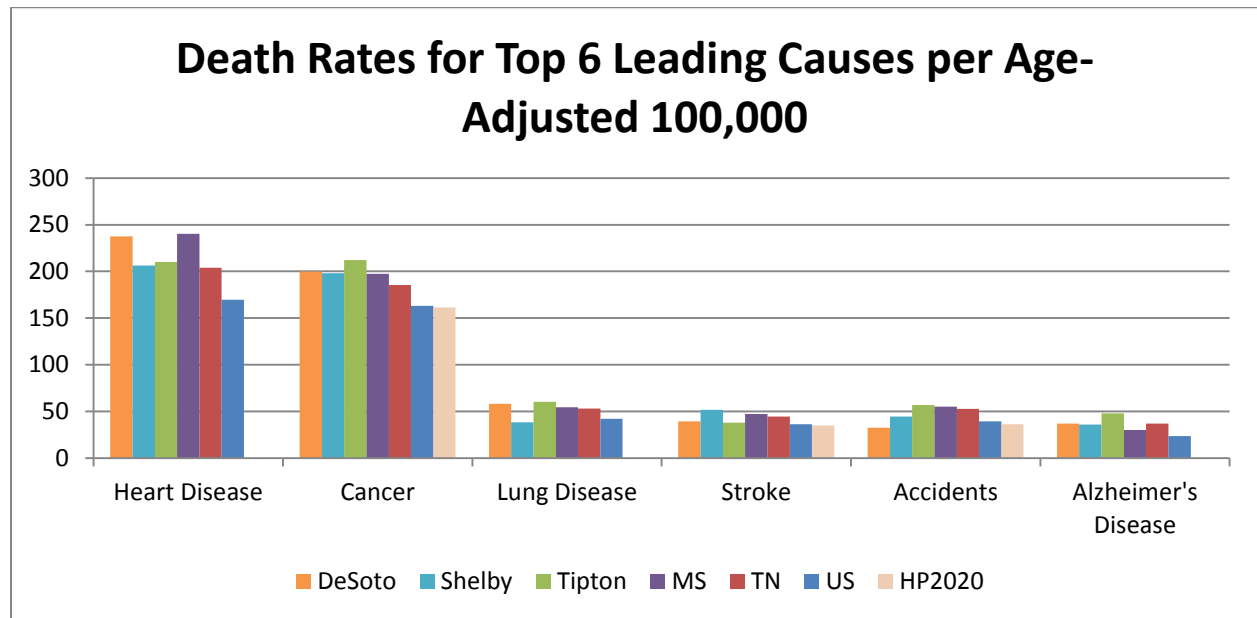
Source: Mississippi State Department of Health, 2013; Centers for Disease Control and Prevention, 2013

Mississippi has higher rates of death for all six leading causes when compared to the nation and Healthy People 2020 goals. In DeSoto County, death rates are higher than the state for cancer and lung disease.

All three counties exceed state and national benchmarks for cancer death

Tennessee also has higher rates of death for all six leading causes when compared to national benchmarks. In Shelby County, death rates are higher than the state for heart disease, cancer, and stroke. In Tipton County, death rates are higher than the state for heart disease, cancer, lung disease, accidents, and Alzheimer’s disease.

The following graph represents 2013 rates and the most recent health status of each county. Throughout the remainder of the report, three-or five-year death averages are often used due to low annual death counts.



Source: Mississippi State Department of Health, 2013; Centers for Disease Control and Prevention, 2013; Healthy People 2020

Heart Disease

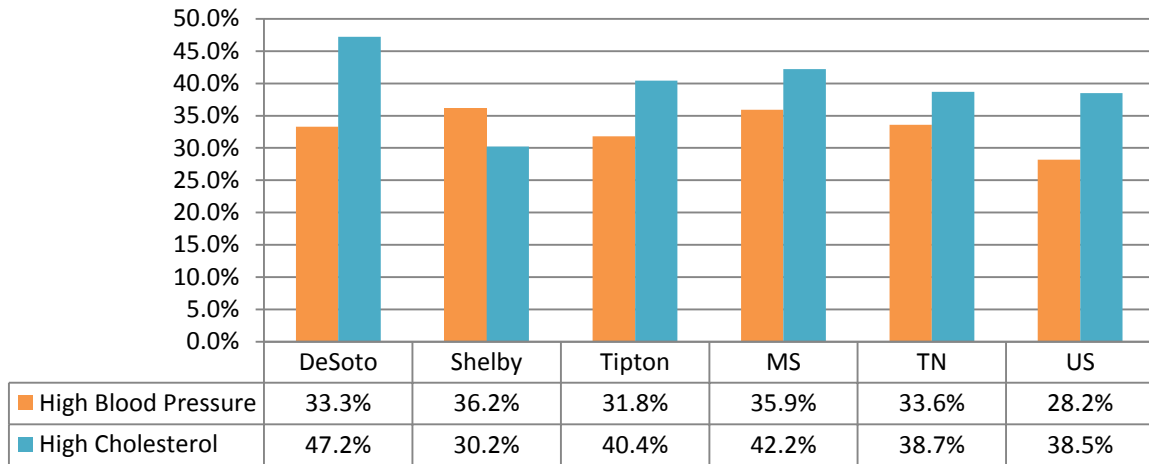
Heart disease is the leading causes of death in the nation. It is often a result of high blood pressure and high cholesterol, which can result from poor diet and exercise habits. All counties have a higher percentage of adults with high blood pressure when compared to the nation. DeSoto and Tipton Counties

47.2% of DeSoto County adults have high cholesterol, 8.7 points higher than the national average

All counties exceed the nation for adults with high blood pressure

also have a higher percentage of adults with high cholesterol when compared to the state and the nation.

Prevalence of High Blood Pressure & High Cholesterol

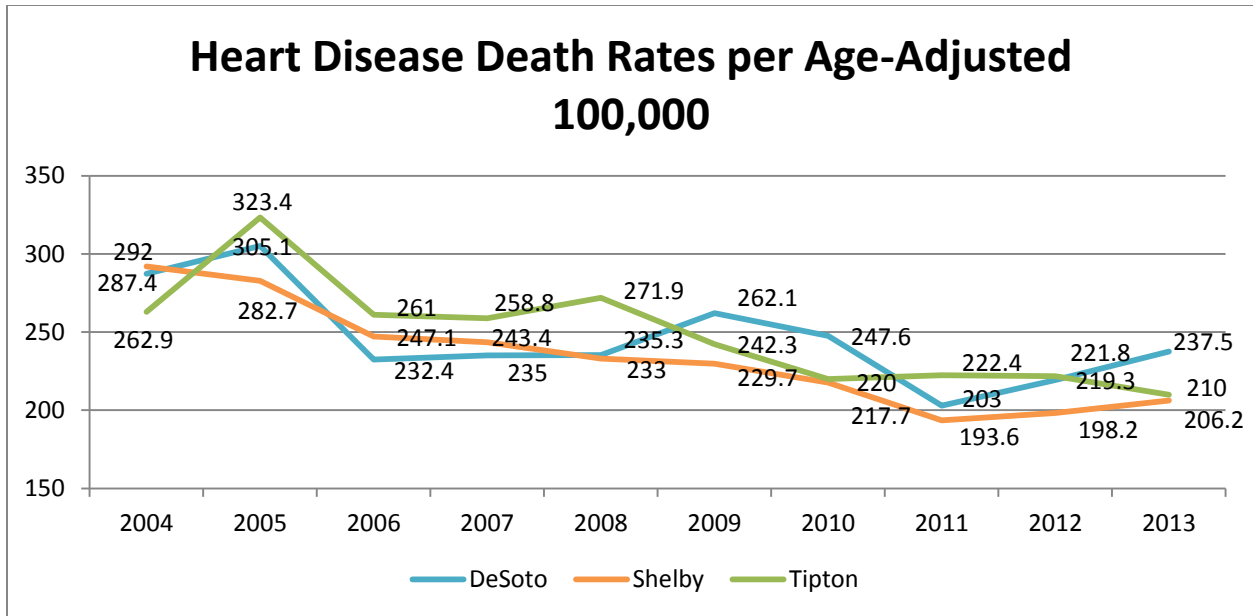


Source: Centers for Disease Control and Prevention, 2011-2012 & 2006-2012

The 2013 heart disease death rate is higher in all counties when compared to the nation (169.8 per 100,000); the rate is also higher in Shelby and Tipton Counties when compared to Tennessee (204.1 per 100,000). The rate for DeSoto County is slightly lower than the rate for Mississippi (240.2 per 100,000), but it is the highest rate of the three counties.

All three counties have a higher heart disease death rate compared to the nation. The heart disease death rate in DeSoto County is 67.7 points higher than the nation.

The heart disease death rate in DeSoto County has been increasing over the past three years. In Shelby County, the rate declined between 2004 and 2011 before increasing slightly in 2012 and 2013. In Tipton County, the rate has been declining since 2008 and is at its lowest point in 10 years.



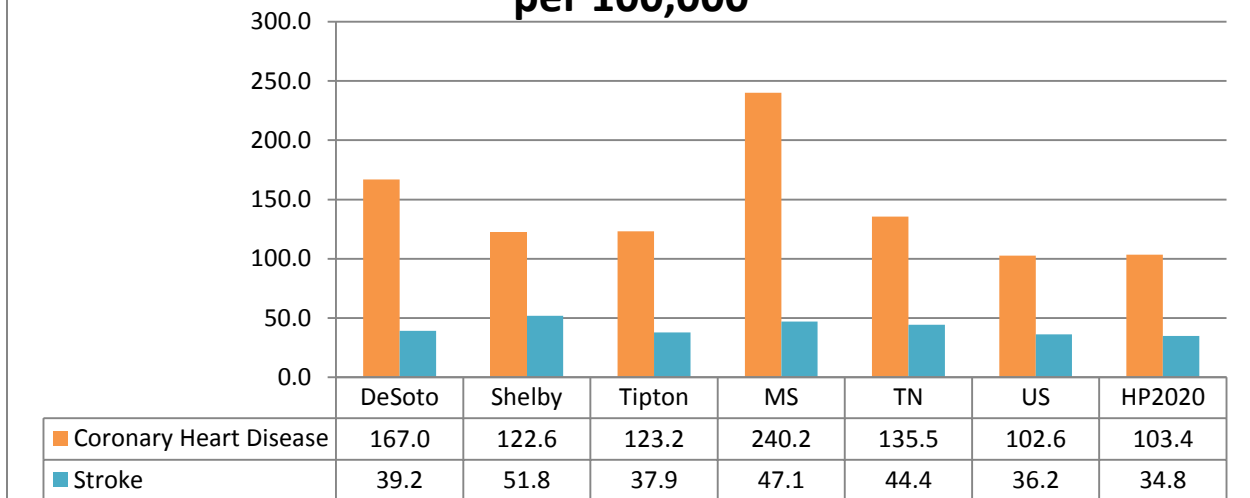
Source: Mississippi State Department of Health; Centers for Disease Control and Prevention

Coronary heart disease is a form of heart disease characterized by the buildup of plaque inside the coronary arteries. The coronary heart disease death rate is notably higher in DeSoto County compared to Shelby County and Tipton County; however, all county rates are lower when compared to Mississippi and Tennessee and higher when compared to the nation and the Healthy People 2020 goal.

The coronary heart disease death rate is highest in DeSoto County (167 per 100,000). All counties have a lower rate when compared to their respective state, but a higher rate when compared to the nation.

Several types of heart disease, including coronary heart disease, are risk factors for stroke. The stroke death rate in both states exceeds the nation and the Healthy People 2020 goal. The Shelby County stroke death rate is higher than the Tennessee rate. Stroke death rates in DeSoto and Tipton Counties are lower than state rates and within reach of national benchmarks.

Coronary Heart Disease & Stroke Death Rate per 100,000



Source: Mississippi State Department of Health, 2013; Centers for Disease Control and Prevention, 2013; Healthy People 2020

Cancer

Cancer is among the leading causes of death in the nation. Presented below are the incidence and death rates for the most commonly diagnosed cancers: breast (female), colorectal, lung, and prostate (male).

Incidence Rates

The overall cancer incidence rate in DeSoto County increased from the 2013 CHNA report, but is still lower when compared to Mississippi and the nation. The overall cancer incidence rate in DeSoto County is approximately 29 points higher among Blacks/African Americans compared to Whites. Among cancer types, prostate cancer incidence increased and lung and bronchus cancer incidence decreased. The lung and bronchus incidence rate remains higher than the nation by nearly 13 points.

Cancer incidence in all counties is higher among Blacks/African Americans compared to Whites

The overall cancer incidence rate in Shelby County is equitable to Tennessee and the nation; however, incidence rates are higher for female breast, colorectal, and prostate cancer.

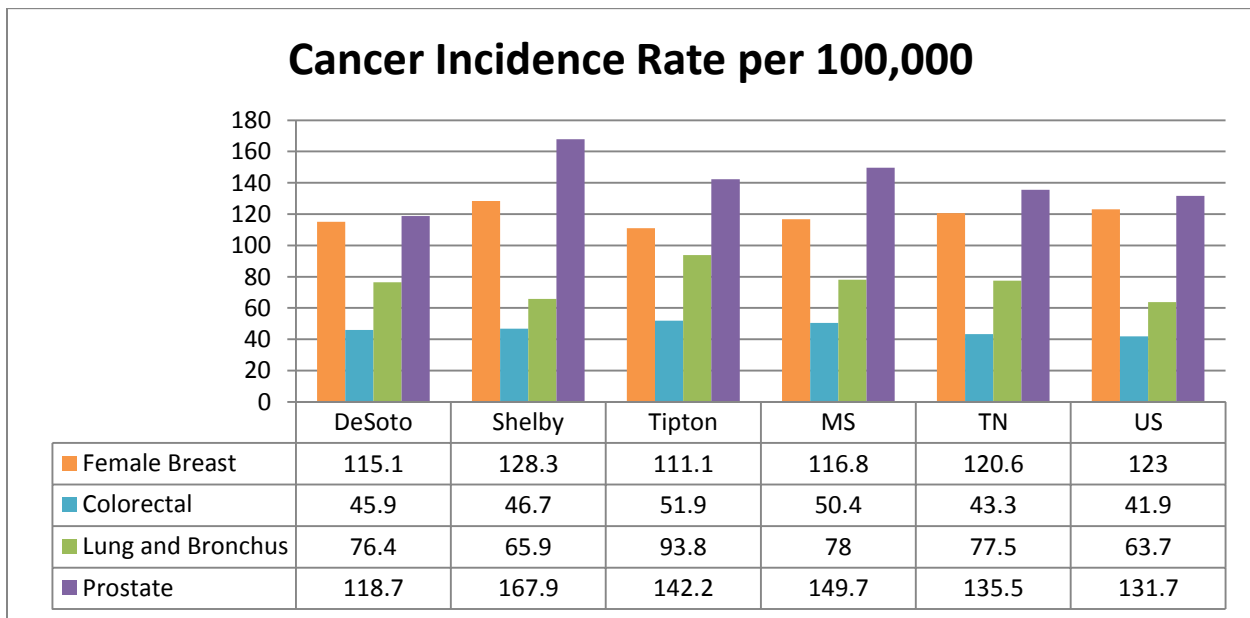
The Shelby County female breast cancer incidence rate is higher than the state and the nation and increased from the 2013 CHNA. The prostate cancer incidence rate is more than 30 points higher than the state and nation.

The female breast cancer rate increased from the 2013 CHNA. The prostate cancer rate decreased from the 2013 CHNA, but is still more than 30 points higher than comparisons. Blacks/African Americans in Shelby County have higher overall cancer incidence and a higher

incidence of colorectal, lung and bronchus, and prostate cancer compared to Whites.

The overall cancer incidence rate in Tipton County is higher than both Tennessee and the nation, as are rates for colorectal, lung and bronchus, and prostate cancer. The lung and bronchus cancer rate increased from the 2013 CHNA. Blacks/African Americans in Tipton County have higher overall cancer incidence compared to Whites.

Tipton County has a higher overall incidence rate and higher incidence rates for colorectal, lung and bronchus, and prostate cancer compared to state and national benchmarks



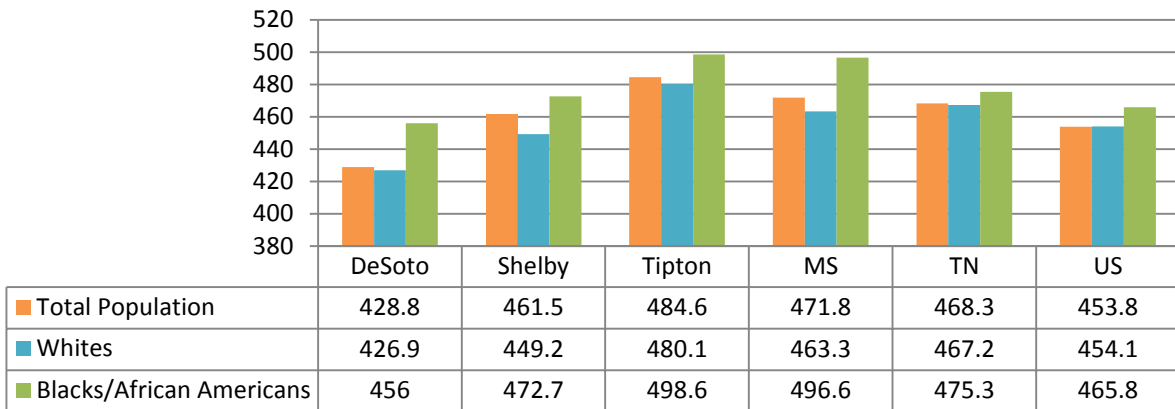
Source: National Cancer Institute, 2008-2012

Cancer Incidence Rate per 100,000: Comparison to the 2013 CHNA

	DeSoto County		Shelby County		Tipton County	
	Current Incidence (2008-2012)	2013 CHNA Incidence (2005-2009)	Current Incidence (2008-2012)	2013 CHNA Incidence (2004-2008)	Current Incidence (2008-2012)	2013 CHNA Incidence (2004-2008)
Female breast	115.1	121.3	128.3	123.3	111.1	107.5
Colorectal	45.9	49.8	46.7	55.8	51.9	55.2
Lung and bronchus	76.4	83.2	65.9	67.0	93.8	81.1
Prostate	118.7	97.6	167.9	173.7	142.2	167.8
All cancer types	428.8	419.4	461.5	NA	484.6	457.9

Source: National Cancer Institute

Overall Cancer Incidence Rate by Race per 100,000



Source: National Cancer Institute, 2008-2012

Cancer Incidence Rate by Type and Race per 100,000

		Female Breast	Colorectal	Lung and Bronchus	Prostate
DeSoto County	Whites	113.4	43.2	79.0	106.3
	Blacks/African Americans	123.1	61.8	65.8	208.0
Shelby County	Whites	128.7	40.7	60.7	148.8
	Blacks/African Americans	124.3	53.4	71.4	198.8
Tipton County	Whites	114.5	47.3	92.2	133.6
	Blacks/African Americans	83.3 (n=5)	75.9 (n=7)	102.5 (n=9)	170.8 (n=7)

Source: National Cancer Institute, 2008-2012

*Counts are provided when the average annual incidence count is less than 10

Death Rates

Age-adjusted cancer death is measured for the same reporting period as cancer incidence (2008-2012). Comparisons to the 2013 CHNA are not displayed as the past CHNA reports single year, point-in-time data versus multi-year averages.

Cancer death rates in DeSoto County are generally lower when compared to the state and higher when compared to the nation. The exception is prostate cancer. The current prostate cancer rate of 20.6 per 100,000 is lower than the nation (21.4 per 100,000) and meets the Healthy People 2020 goal of 21.8 per 100,000. There is not a notable difference in the overall cancer death rate between Whites and Blacks/African Americans.

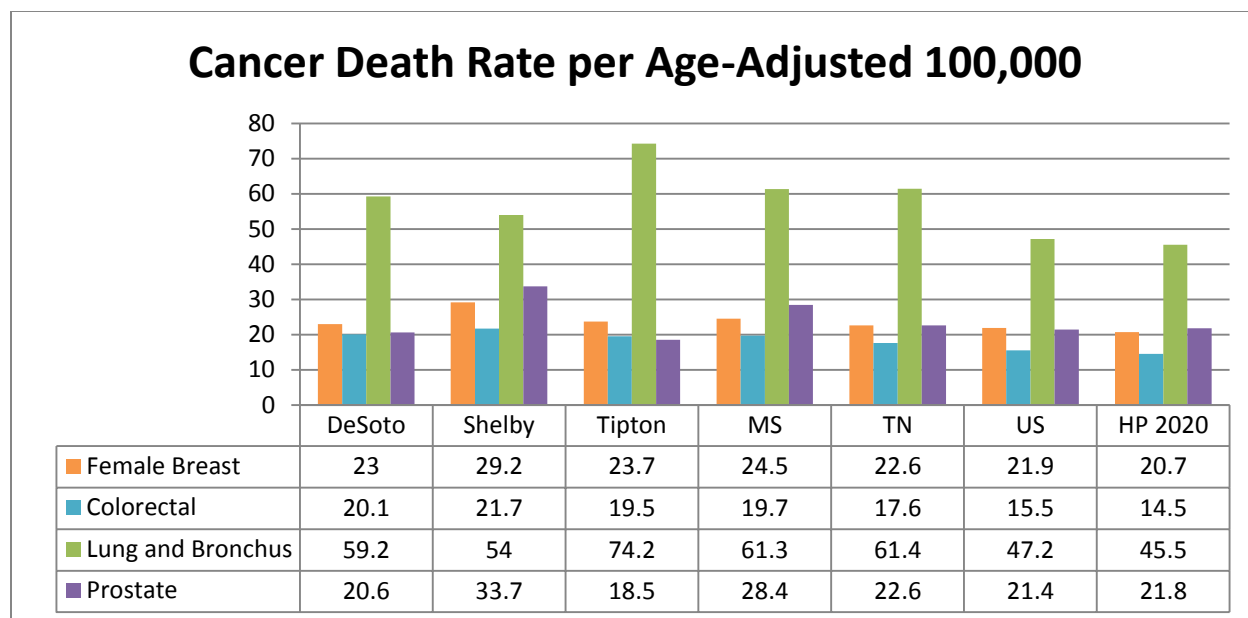
The prostate cancer death rate in DeSoto and Tipton meets the HP 2020 goal

Shelby County has a higher overall cancer death rate and higher death rates for all reported cancer types, except lung and bronchus cancer, when compared to Tennessee and the nation. The cancer death rate among Blacks/African Americans is approximately 75 points higher than the rate among Whites. Blacks/Africans Americans are more likely than Whites to die from all reported cancer types.

The cancer death rate among Blacks/African Americans in Shelby County is approximately 75 points higher than the rate among Whites

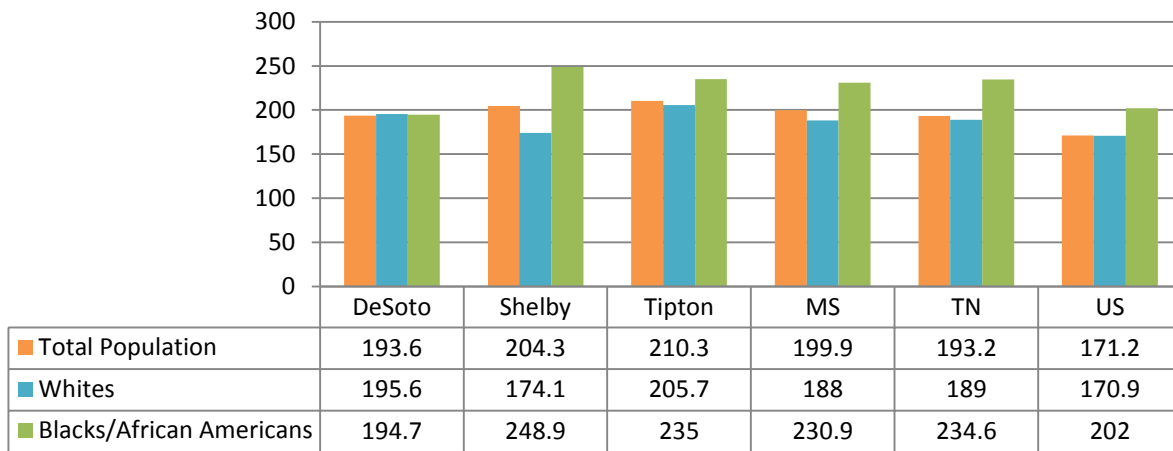
Tipton County has a higher overall cancer death rate and higher death rates for all reported cancer types, except prostate cancer, when compared to Tennessee and the nation. The prostate cancer death rate meets the Healthy People 2020 goal. The cancer death rate among Blacks/African Americans is approximately 30 points higher than the rate among Whites. Blacks/African Americans are also more likely than Whites to die of colorectal cancer; however, the average annual death count is low (three).

The cancer death rate among Blacks/African Americans in Tipton County is approximately 30 points higher than the rate among Whites



Source: National Cancer Institute, 2008-2012; Healthy People 2020

Overall Cancer Death Rate by Race per Age-Adjusted 100,000



Source: National Cancer Institute, 2008-2012

Cancer Death Rate by Type and Race per Age-Adjusted 100,000

		Female Breast	Colorectal	Lung and Bronchus	Prostate
DeSoto County	Whites	24.2	20.3	61.3	18.2 (n=8)
	Blacks/African Americans	NA	21.0 (n=4)	48.7 (n=8)	NA
Shelby County	Whites	21.4	16.4	48.1	21.6
	Blacks/African Americans	38.9	29.5	62.0	57.9
Tipton County	Whites	NA	16.3 (n=8)	73.7	NA
	Blacks/African Americans	NA	37.3 (n=3)	68.4 (n=6)	NA

Source: National Cancer Institute, 2008-2012

*Counts are provided when the average annual death count is less than 10

Cancer screenings are essential for early diagnosis and preventing death. Colorectal cancer screenings are recommended for adults age 50 years or over. All three counties have higher screening rates when compared to their respective state, but lower rates when compared to the nation.

Mammograms are recommended for women to detect breast cancer. The reported indicator illustrates the percentage of female Medicare enrollees ages 67 to 69 that had a mammogram in the past two years. All three counties have lower screening rates when compared to the nation; Shelby and Tipton Counties also have lower rates when compared to Tennessee.

Pap tests are recommended for women age 18 years or over to detect cervical cancer. DeSoto and Shelby Counties have higher screenings rates when compared to their respective state and the nation. Tipton County has a lower screening rate compared to the state and the nation.

Cancer Screenings

	Colorectal Cancer Screening	Mammogram in Past Two Years	Pap Test in Past Three Years
DeSoto County	57.8%	56.9%	79.3%
Shelby County	60.9%	59.6%	84.1%
Tipton County	62.6%	57.9%	76.9%
Mississippi	54.0%	56.6%	78.1%
Tennessee	59.4%	61.8%	80.2%
United States	61.3%	63.0%	78.5%

Source: Centers for Disease Control and Prevention, 2006-2012; Dartmouth College Institute for Health Policy & Clinical Practice, 2012

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) encompasses diseases like chronic obstructive pulmonary disorder, emphysema, and asthma. Mississippi and Tennessee have a higher

CLRD death rate when compared to the nation. In DeSoto and Tipton Counties, the death rate is higher than the state. In addition, both DeSoto and Tipton County adults have a higher prevalence of asthma when compared to state and national benchmark. In Shelby County, the CLRD death rate is lower than the state and the nation and fewer adults have asthma.

DeSoto and Tipton Counties have a higher CLRD death rate and prevalence of adult asthma; approximately 25% of adults in both counties smoke

CLRD Death Rates and Adult Asthma Prevalence

	CLRD Death Rate per Age-Adjusted 100,000	Adults Asthma Prevalence
DeSoto County	58.1	13.6%
Shelby County	38.4	10.1%
Tipton County	60.2	14.1%
Mississippi	54.3	12.0%
Tennessee	53.2	10.7%
United States	42.1	13.4%

Source: Centers for Disease Control and Prevention, 2011-2012 & 2013

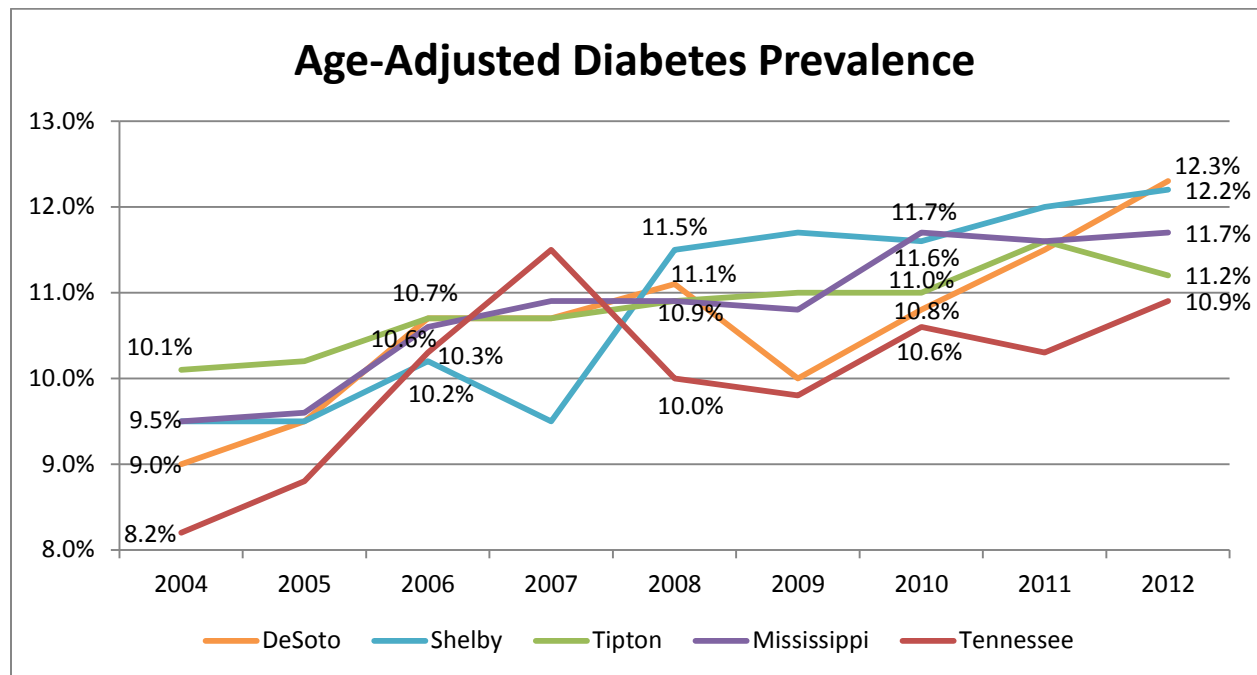
Smoking cigarettes contributes to the onset of CLRD. The percentage of adult smokers decreased in all three counties from the 2013 CHNA; however, 25% of adults in Tipton County and 23% of adults in DeSoto County still smoke.

Diabetes

Diabetes is caused either by the body's inability to produce insulin or effectively use the insulin that is produced. Diabetes can cause a number of serious complications, but Type II diabetes, the most common form, is largely preventable through diet and exercise. The prevalence of diabetes among adults has been increasing in all counties since 2004, particularly in DeSoto County, which experienced a 3.3 point increase.

Diabetes prevalence increased in all counties from 2004

Diabetes prevalence rates in DeSoto and Shelby Counties exceed Mississippi (11.7%) and Tennessee (10.9%). In addition, the 2013 age-adjusted diabetes death rate per 100,000 in DeSoto County (49.6) and Shelby County (27.3) is higher than Mississippi (32.8), Tennessee (24.8), and the nation (21.2). A death rate is not calculated for Tipton County due to a low death count (n=12).



Source: Centers for Disease Control and Prevention

*A change in methods occurred in 2011 that may affect the validity of comparisons to past years

The testing of blood sugar levels is essential to diabetes management. Diabetics should receive a hemoglobin A1c (hA1c) test, a blood test measuring blood sugar levels, annually from a health professional. The percentage of Medicare enrollees with diabetes, who received a hA1c test in the past year, is higher in DeSoto County compared to state and national benchmarks, but lower in both Shelby and Tipton Counties.

Diabetic Hemoglobin A1c (hA1c) Screenings

	hA1c Test
DeSoto County	88.3%
Shelby County	84.0%
Tipton County	84.3%
Mississippi	82.2%
Tennessee	86.2%
United States	84.6%

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

Behavioral Health

Behavioral health is an important aspect of overall health and encompasses both mental health and substance abuse conditions. The following section analyzes measures related to feelings of depression, mental health diagnoses, mental health deaths, and provider access in the Memphis Metro Service Area.

All Residents: Mental Health

The average number of poor mental health days over a 30-day period is lower in all counties compared to the states; Shelby and Tipton Counties also have lower averages when compared to the nation.

Suicide data is only available on an annual basis for DeSoto and Shelby Counties. Tipton County experienced 38 suicide deaths between 2009 and 2013. A three-year average is shown for all counties for comparison purposes; annual trending data is also shown for DeSoto and Shelby Counties.

The three-year average suicide rate in DeSoto County is higher than the nation and the Healthy People 2020 goal; however, the rate has been declining since a sharp increase

The suicide rate is highest in DeSoto County (13.5 per 100,000), but declining. Rates in all counties are higher among Whites.

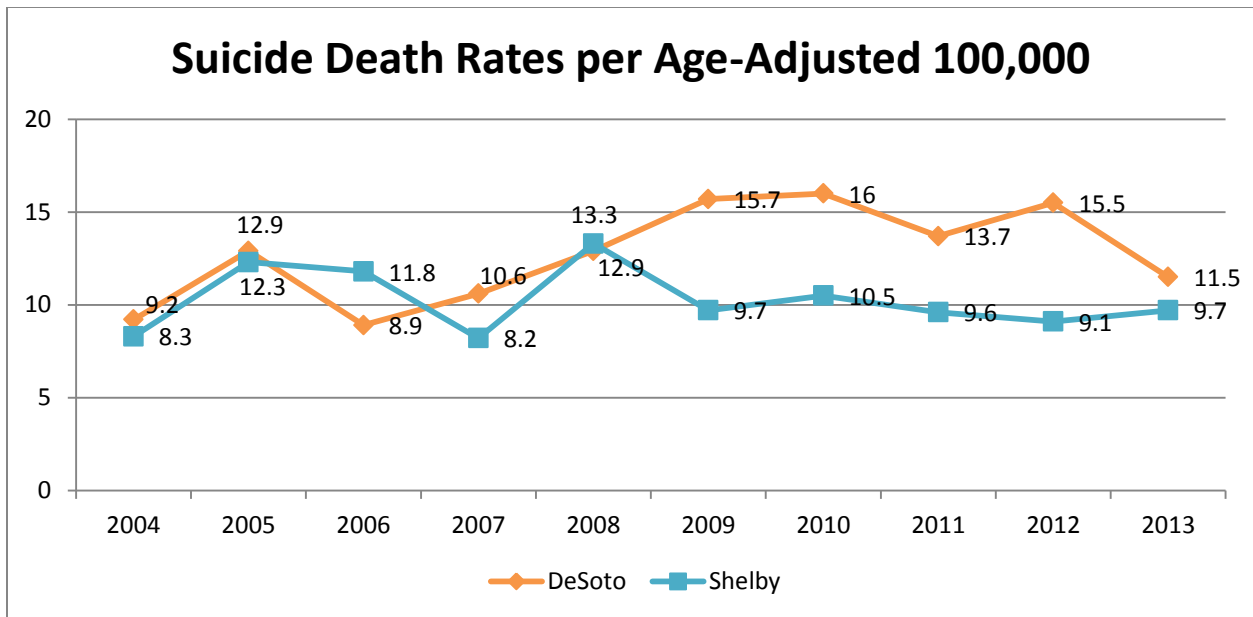
between 2006 and 2010. The suicide rate in Shelby County meets the Healthy People 2020 goal and has remained stable over the past five years. The suicide rate in Tipton County is lower than the state and the nation, but does not meet

the Healthy People 2020 goal. The suicide rate in all counties is highest among Whites compared to Blacks/African Americans.

Mental Health Measures

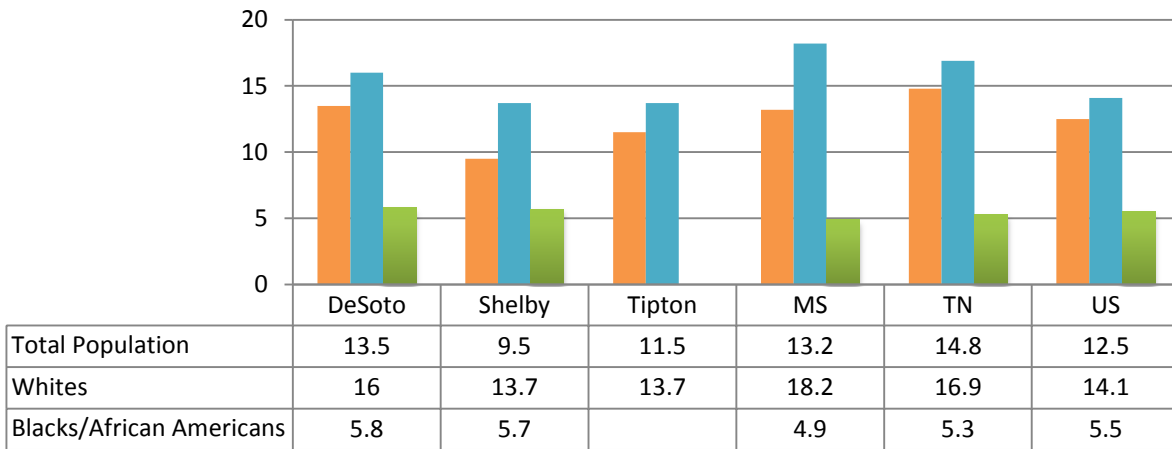
	Poor Mental Health Days	Suicide Rate per Age-Adjusted 100,000	Mental Health Provider Rate per 100,000
DeSoto County	3.4	13.5	62
Shelby County	2.8	9.5	127
Tipton County	3.0	11.5	49
Mississippi	4.1	13.2	113
Tennessee	3.4	14.8	127
United States	3.4	12.5	NA
HP 2020	NA	10.2	NA

Source: Centers for Disease Control and Prevention, 2006-2012 & 2011-2013; Mississippi State Department of Health, 2011-2013; Centers for Medicare & Medicaid Services, 2014; Healthy People 2020



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

Suicide Death Rate by Race per Age-Adjusted 100,000



Source: Centers for Disease Control and Prevention, 2011-2013; Mississippi State Department of Health, 2011-2013

*Data is not available for Blacks/African Americans in Tipton County

The age-adjusted death rate due to mental and behavioral disorders increased in Shelby County over the past 10 years from 18.3 per 100,000 in 2004 to 49 per 100,000 in 2013. Trending data is not available for DeSoto and Tipton Counties due to low death counts; however, the current rate for Tipton County (63.8 per 100,000) is higher than Tennessee (50.5 per 100,000) and the nation (43.5 per 100,000). The current rate for DeSoto County (29.5 per 100,000) is lower than Mississippi (46 per 100,000) and the nation.

The age-adjusted death rate due to mental and behavioral disorders increased by 30.7 points in Shelby County. The current Tipton County rate is 63.8 per 100,000.

All Residents: Substance Abuse

Substance abuse includes both alcohol and drug abuse. Adults in all counties are less likely to binge drink when compared to the national average and the Healthy People 2020 goal. In addition, the percentage of driving deaths due to alcohol is notably lower in both DeSoto and Shelby Counties when compared to their respective state and the nation. The percentage in Tipton County (30%) is higher than the other counties and Tennessee, but consistent with the nation.

The drug-induced death rate represents a three year (2011-2013) average due to unreliable annual rates. The rate in all three counties is lower than state and national benchmarks.

Substance Abuse Measures

	Binge Drinking	Percent of Driving Deaths due to DUI	Drug-Induced Death Rate per Age-Adjusted 100,000
DeSoto County	12.0%	10.0%	9.8
Shelby County	13.0%	17.0%	13.2
Tipton County	11.0%	30.0%	14.0
Mississippi	12.0%	20.0%	11.2
Tennessee	9.0%	28.0%	18.7
United States	15.0%	31.0%	14.1
HP 2020	24.4%	NA	NA

Source: Centers for Disease Control and Prevention, 2006-2012 & 2009-2013; National Highway Traffic Safety Administration, 2009-2013; Healthy People 2020

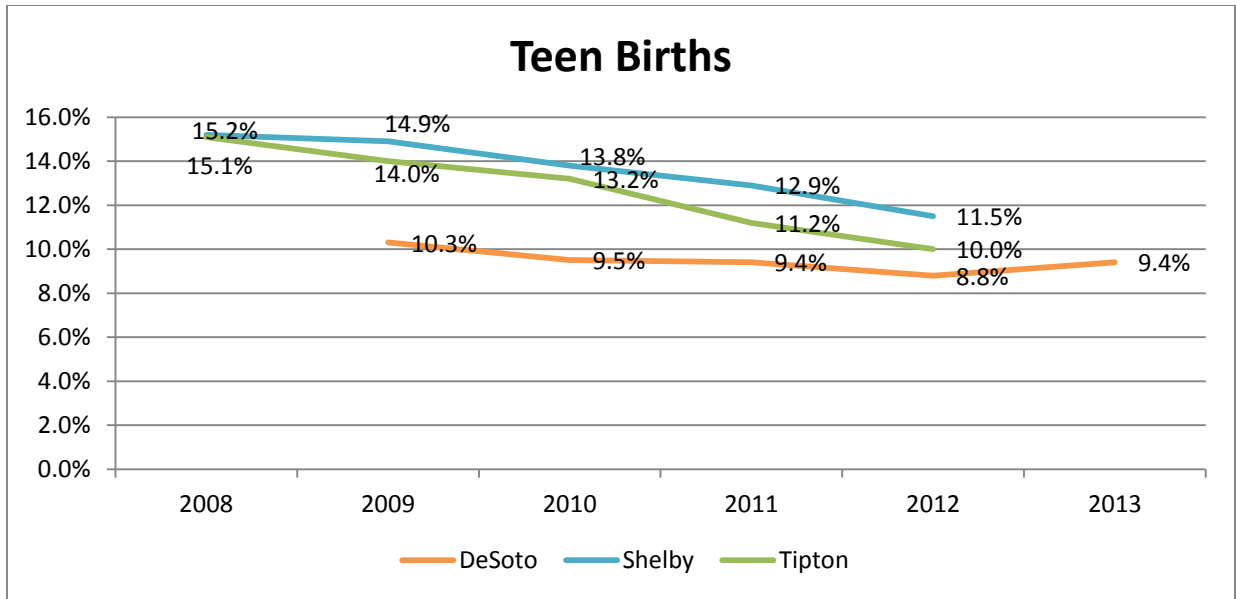
Maternal and Child Health

DeSoto County had 2,035 births in 2013; 72.4% were to White mothers, 25.4% were to Black/African American mothers, and 6.6% were to Hispanic/Latina mothers. The percentage of births to teenage mothers' ages 15 to 19 years was 9.4%. The teen birth percentage has remained stable over the past four years and is lower than the state average of 11.2%, but higher than the national average of 6.9% (2013).

Shelby and Tipton Counties had 13,898 and 738 births in 2012, respectively. In Shelby County, 35.7% of births were to White mothers and 60.1% were to Black/African American mothers. In Tipton County, 75.2% of births were to White mothers and 23.7% were to Black/African American mothers.

All three counties have a higher teen birth percentage compared to the nation; the Shelby County percentage exceeds the nation by 3.8 points

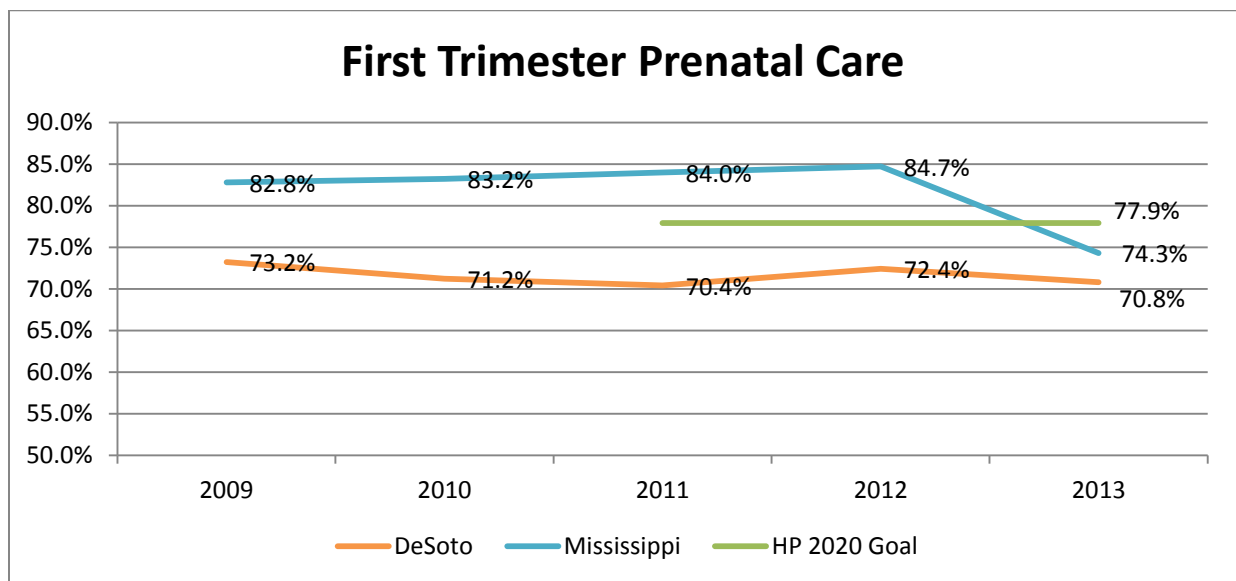
The percentage of births to teenage mothers' ages 15 to 19 years in Shelby County (11.5%) and Tipton County (10%) declined over the past five years. However, the Shelby County percentage is still higher than the state average of 9.8% and both counties are higher than the national average of 7.7% (2012).



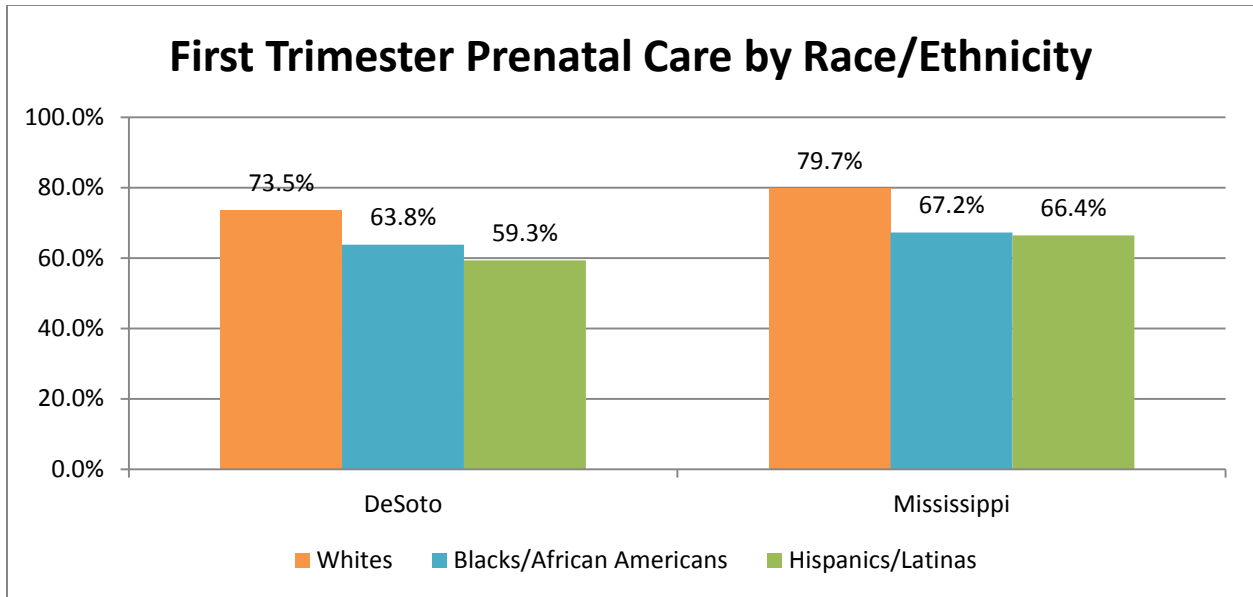
Source: Mississippi State Department of Health; Tennessee Department of Health

Prenatal care should begin during the first trimester to ensure a healthy pregnancy and birth. The percentage of DeSoto County mothers receiving first trimester prenatal care (70.8%) is lower than the state (74.3%) and the Healthy People 2020 goal (77.9%) and has declined over the past five years. Black/African American and Hispanic/Latina mothers are less likely to receive first trimester prenatal care. Prenatal care data is not available for Shelby and Tipton Counties.

DeSoto County does not meet the HP 2020 goal for mothers receiving first trimester prenatal care; percentages among Black/African American and Hispanic/Latina mothers are even lower



Source: Mississippi State Department of Health; Healthy People 2020



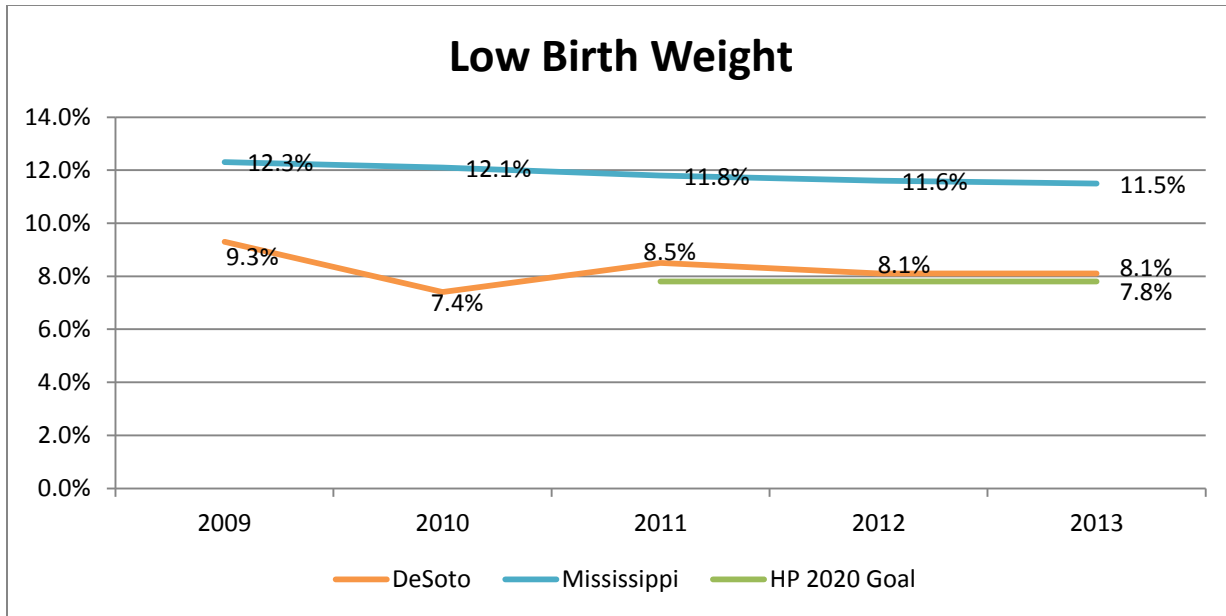
Source: Mississippi State Department of Health, 2013

Low birth weight is defined as a birth weight of less than 5 pounds, 8 ounces. It is often a result of premature birth, fetal growth restrictions, or birth defects. The average percent of infants born with low birth weight across Mississippi is 11.5%. The percentage in DeSoto County (8.1%) is lower than the state, equivalent to the nation, and nearly meets the Healthy People 2020 goal. However, there is a 4.6 point difference between the percentage of White low birth weight babies (6.8%) and Black/African American low birth weight babies (11.4%).

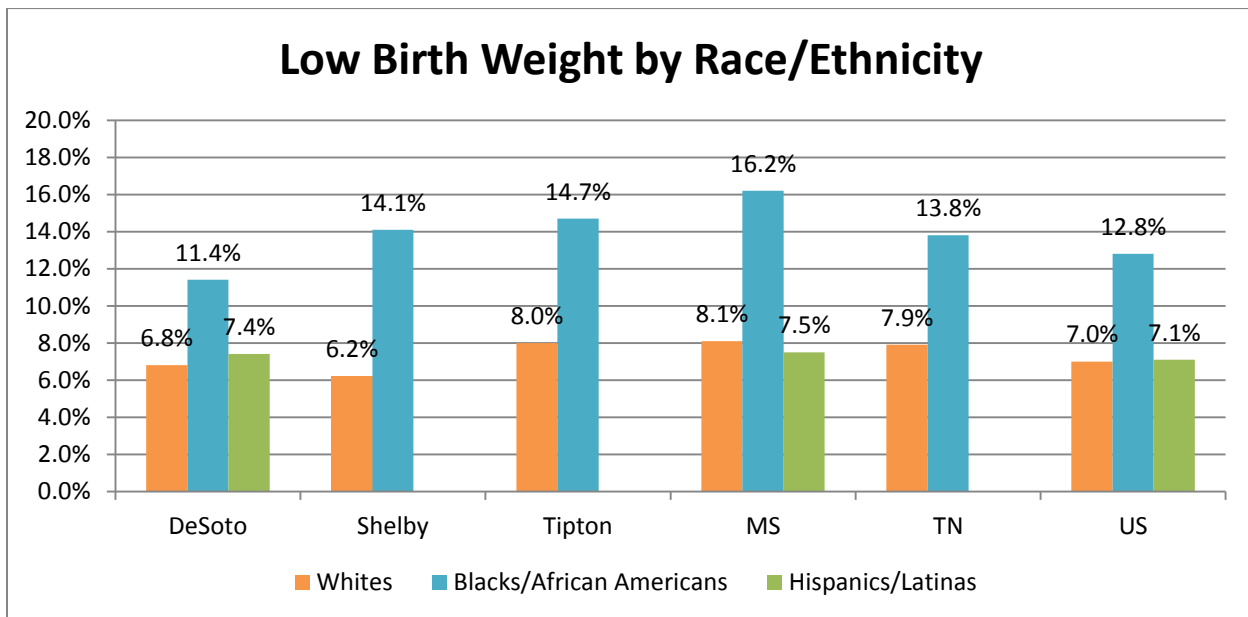
In DeSoto County, the Black/African American low birth weight percentage is 4.6 points higher than the White percentage

Annual low birth weight percentages are not available for Shelby and Tipton Counties. The three-year average (2009-2011) low birth weight percentage in both counties is higher when compared to the Healthy People 2020 goal (7.8%). The percentage of low birth weight babies is higher among Blacks/African Americans (14.1% in Shelby County and 14.7% in Tipton County).

The percentage of low birth weight babies in Shelby and Tipton Counties is higher among Blacks/African Americans (14.1% and 14.7% respectively).



Source: Mississippi State Department of Health; Healthy People 2020

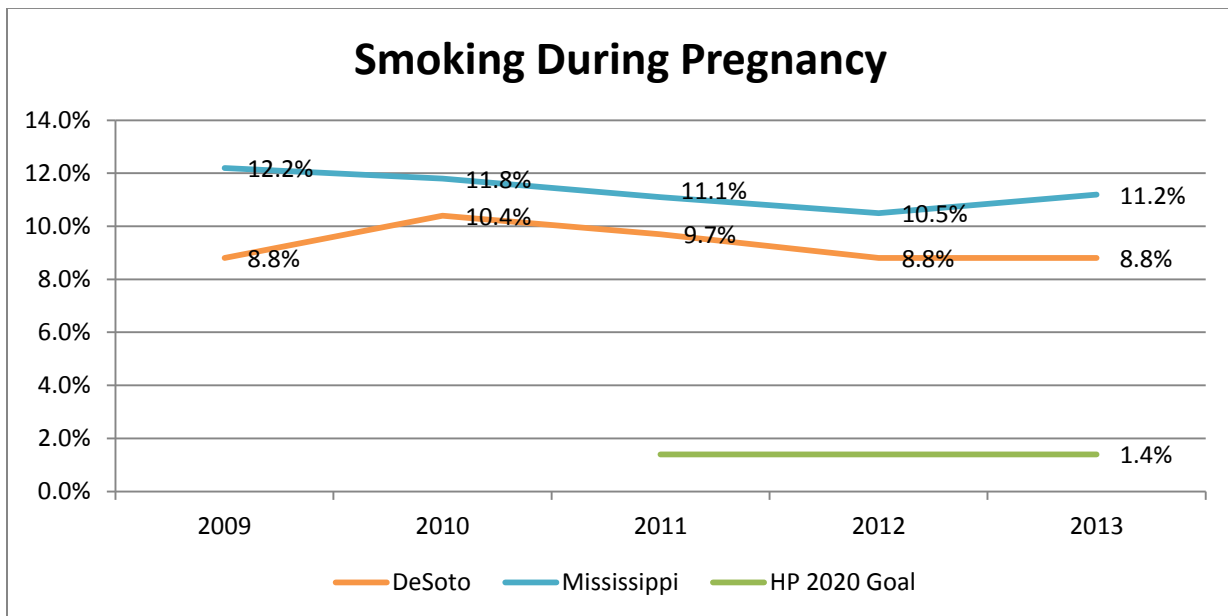


Source: Mississippi State Department of Health, 2013; Tennessee Department of Health, 2009-2011; Centers for Disease Control & Prevention, 2013

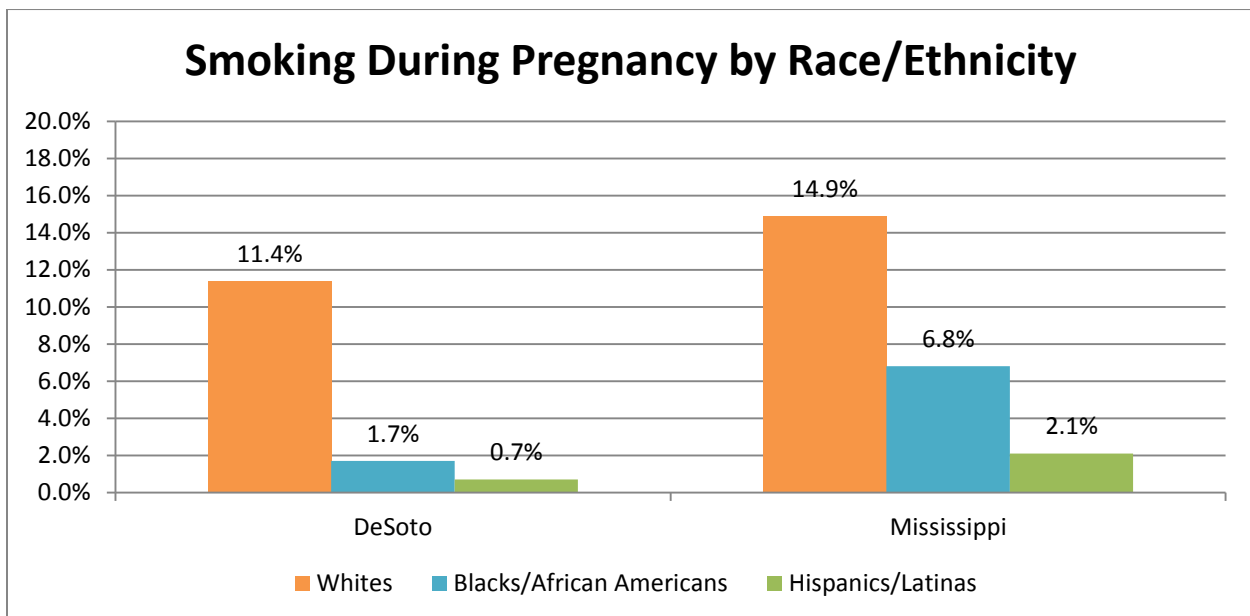
The percentage of mothers in DeSoto County who smoke during pregnancy (8.8%) is lower than the state (11.2%) and has been declining since 2010, but it does not meet the Healthy People 2020 goal (1.4%). The percentage is higher among White mothers (11.4%) compared to Black/African American mothers (1.7%). The percentage for Hispanic/Latina mothers

In DeSoto County, White mothers are more likely to smoke during pregnancy when compared to Black/African American mothers

meets the Healthy People 2020 goal, but it is representative of one individual. Smoking during pregnancy data is not available for Shelby and Tipton Counties.



Source: Mississippi State Department of Health; Healthy People 2020

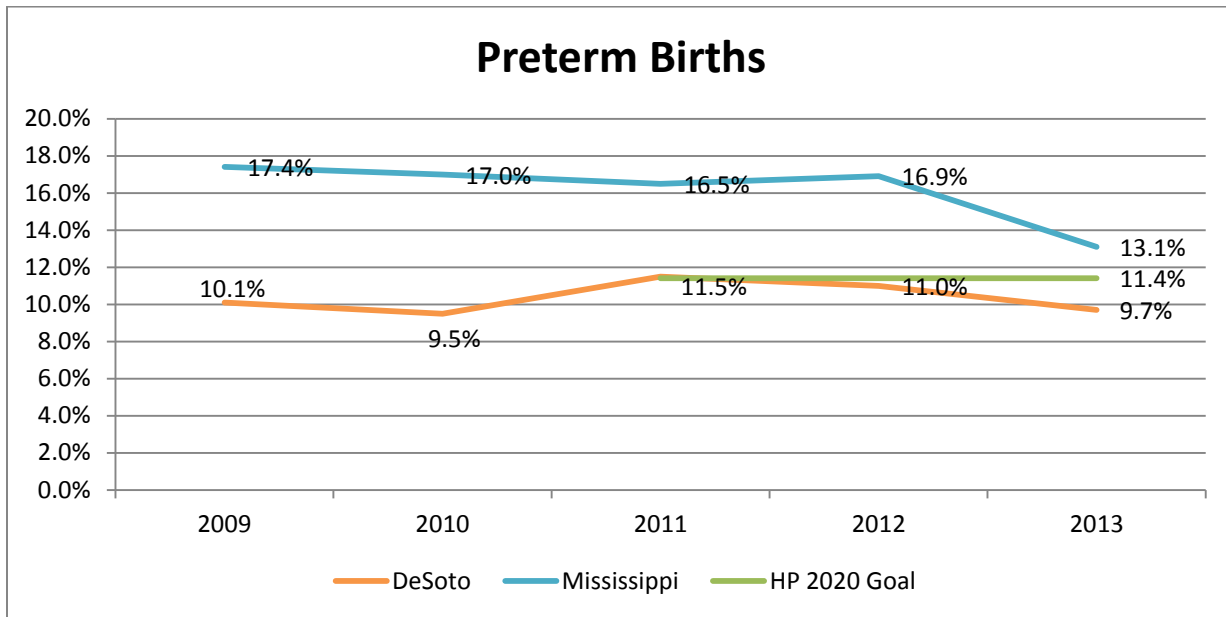


Source: Mississippi State Department of Health, 2013

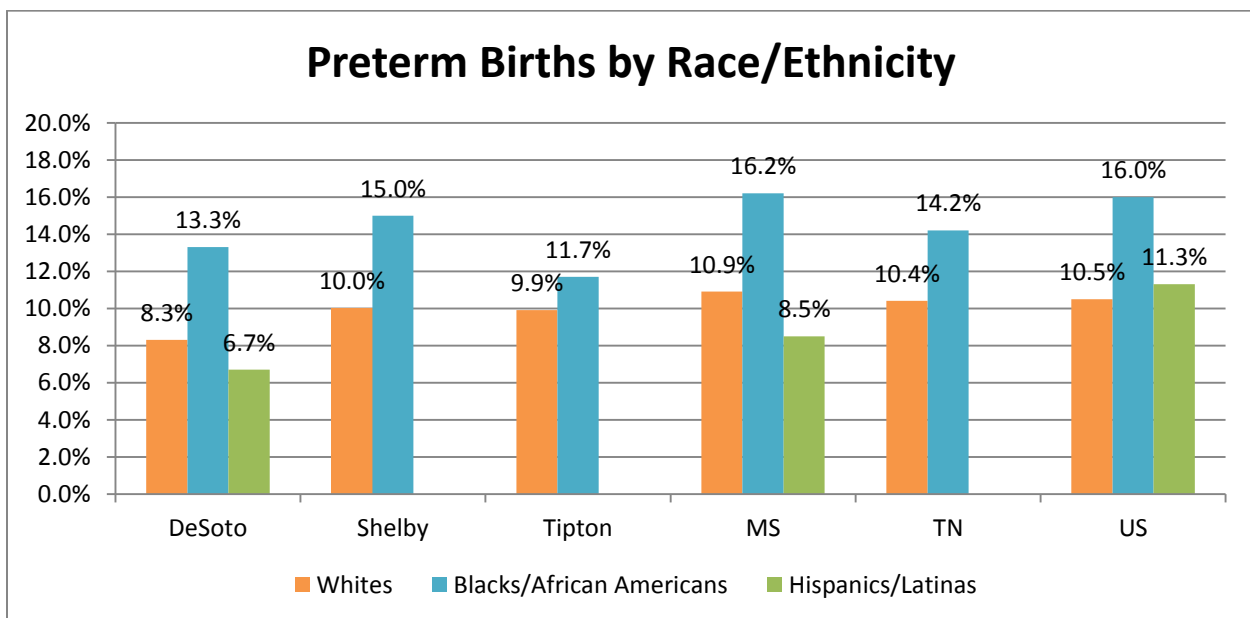
The percentage of preterm births is lower in DeSoto County (9.7%) compared to Mississippi (13.1%), the nation (11.4%), and the Healthy People 2020 goal (11.4%). However, there is a 5 point difference between the percentages of White preterm babies (8.3%) and Black/African American preterm babies (13.3%).

Annual preterm birth percentages are not available for Shelby and Tipton Counties. The three-year average (2009-2011) preterm birth percentage is higher in Shelby County (13%) compared to Tipton County (10.3%) and Tennessee (11.2%). In addition, in Shelby County, there is a 5 point difference between the percentages of White preterm babies (10%) and Black/African American preterm babies (15%).

The preterm birth percentage in DeSoto and Shelby Counties is 5 points higher among Blacks/African Americans compared to Whites



Source: Mississippi State Department of Health; Healthy People 2020



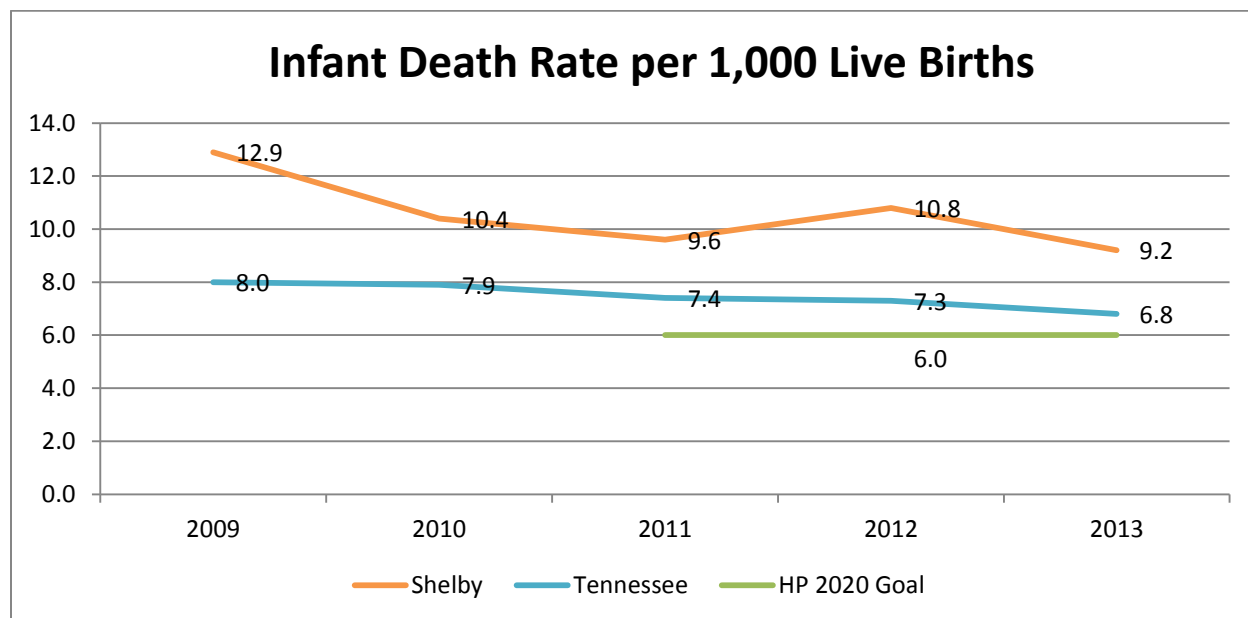
Source: Mississippi State Department of Health, 2013; Tennessee Department of Health, 2009-2011; Centers for Disease Control & Prevention, 2013

Annual infant death rates are only reported for Shelby County. The current Shelby County rate (9.2 per 1,000 live births) is higher than the state (6.8 per 1,000 live births), and national benchmarks (6 per 1,000 live births), but has been declining. Differences in infant death by race are not reported.

DeSoto and Shelby Counties do not meet the HP 2020 goal for infant death; a rate is not reported for Tipton County

Five-year (2009-2013) infant death averages are reported for DeSoto and Tipton Counties. The rate in DeSoto County (7.4 per 1,000 live births) is lower than Mississippi (9.5 per 1,000 live births)

and decreased from the 2013 CHNA report of 7.9 per 1,000 live births, but does not meet the Healthy People 2020 goal. The rate is higher among Blacks/African Americans (12 per 1,000 live births) compared to Whites (5.6 per 1,000 live births). Tipton County experienced 17 infant deaths between 2009 and 2013; the rate is unreliable and not reported.



Source: Centers for Disease Control and Prevention; Healthy People 2020

Senior Health

Seniors face a number of challenges related to health and well-being as they age and are more prone to chronic disease and disability. The following table notes the percentage of Medicare Beneficiaries 65 years or over who have been diagnosed with a chronic condition.

The percentages of DeSoto and Shelby County Medicare Beneficiaries with a chronic condition is typically equivalent to or lower than state and national percentages with the

exception of high cholesterol and coronary heart disease in DeSoto County and Alzheimer’s disease, cancer, and stroke in Shelby County.

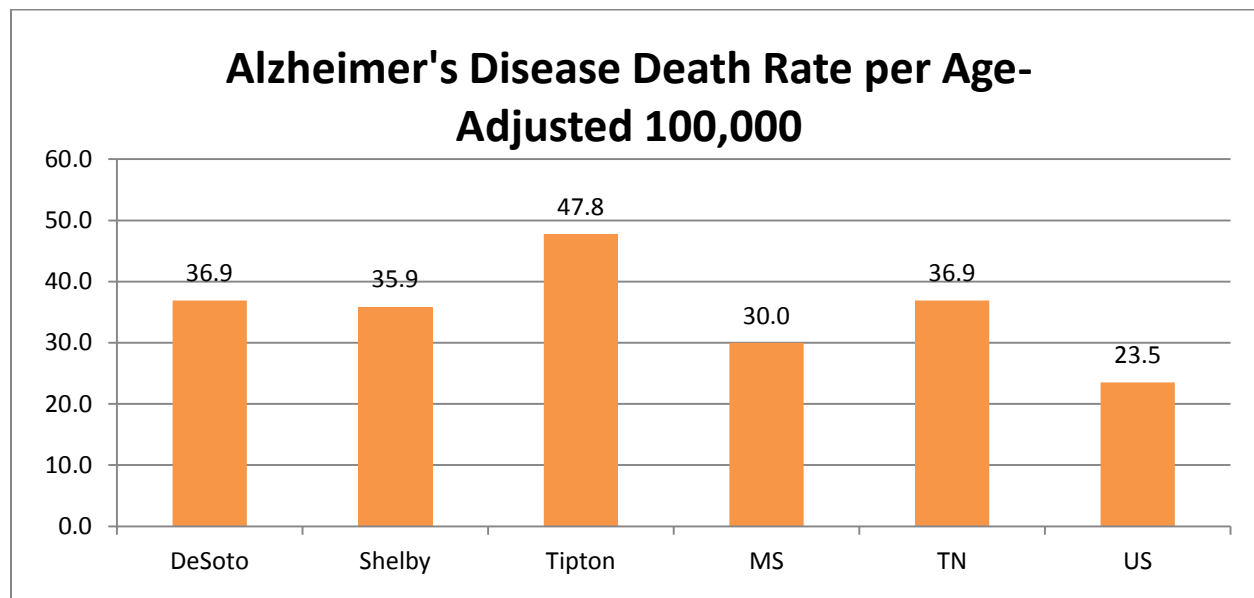
The percentage of Tipton County Medicare Beneficiaries with a chronic condition is typically equivalent to or higher than state and national percentages with the exception of Alzheimer’s disease, cancer, and depression.

Chronic Conditions among Medicare Beneficiaries 65 Years or Over

	DeSoto	Shelby	Tipton	MS	TN	US
Alzheimer’s Disease	9.5%	12.9%	10.9%	11.9%	12.0%	11.4%
Asthma	3.6%	4.0%	3.9%	3.5%	3.8%	4.3%
Cancer	8.4%	9.5%	8.2%	8.1%	8.3%	9.1%
Depression	11.1%	9.9%	11.1%	12.1%	13.6%	12.7%
Diabetes	26.0%	26.6%	29.2%	29.1%	27.6%	27.4%
Hypertension	61.0%	61.3%	64.4%	63.7%	61.3%	59.1%
High Cholesterol	49.7%	43.4%	46.3%	41.9%	46.3%	48.0%
Coronary Heart Disease	33.9%	30.0%	36.0%	30.5%	31.4%	31.1%
Stroke	4.1%	5.1%	4.2%	4.2%	4.0%	4.1%

Source: Centers for Medicare & Medicaid Services, 2012

The age-adjusted death rate due to Alzheimer’s disease is higher among all counties when compared to the nation. The rates in DeSoto and Tipton Counties are also higher when compared to their respective state.



Source: Mississippi State Department of Health, 2013; Centers for Disease Control and Prevention, 2013

Memphis Metro Service Area Key Informant Survey

Background

A key informant survey was conducted with 49 community representatives to solicit information about health needs and disparities in the Memphis Metro Service Area. Key informants were asked a series of questions about their perceptions of health needs in the community, health drivers and barriers to care, quality and responsiveness of health providers, and recommendations for community health improvement.

A list of organizations represented by the key informants is included in Appendix C. Populations served by the represented organizations, as identified by the participants, included:

Populations Served by Key Informants

Population	Percent of Key Informants	Number of Key Informants
Families	61.9%	26
Children/Youth	59.5%	25
Low income/Poor	59.5%	25
Black/African American	52.4%	22
Women	45.2%	19
Men	42.9%	18
Uninsured/Underinsured	38.1%	16
Hispanic/Latino	33.3%	14
Seniors/Elderly	33.3%	14
Other	26.2%	11
Homeless	23.8%	10
Disabled	19.0%	8
Asian/Pacific Islander	14.3%	6
American Indian/Alaska Native	9.5%	4
Immigrant/Refugee	9.5%	4

More than half of key informants serve families, children/youth, low income/poor individuals and families, and Blacks/African Americans. “Other” populations served by key informants include all residents, employees/businesses, impaired health professionals, and ex-offenders.

Survey Findings

Key Health Needs

The following tables show the rank order of health conditions and contributing factors affecting residents as indicated by Key Informants.

Top Health Conditions Affecting Residents

Ranking	Condition	Percent of Key Informants	Number of Key Informants
1	Diabetes	18.2%	24
2	Overweight/Obesity	15.9%	21
3	Heart Disease	11.4%	15
4	Behavioral Health	10.6%	14
5	Hypertension	9.8%	13
6	Cancer	9.1%	12
7	Other	5.3%	7
8	Disability	4.5%	6
9	Maternal & Child Health	4.5%	6
10	Substance Abuse	4.5%	6
11	Asthma	3.0%	4
12	Alzheimer's Disease/Dementia	1.5%	2
13	COPD	1.5%	2

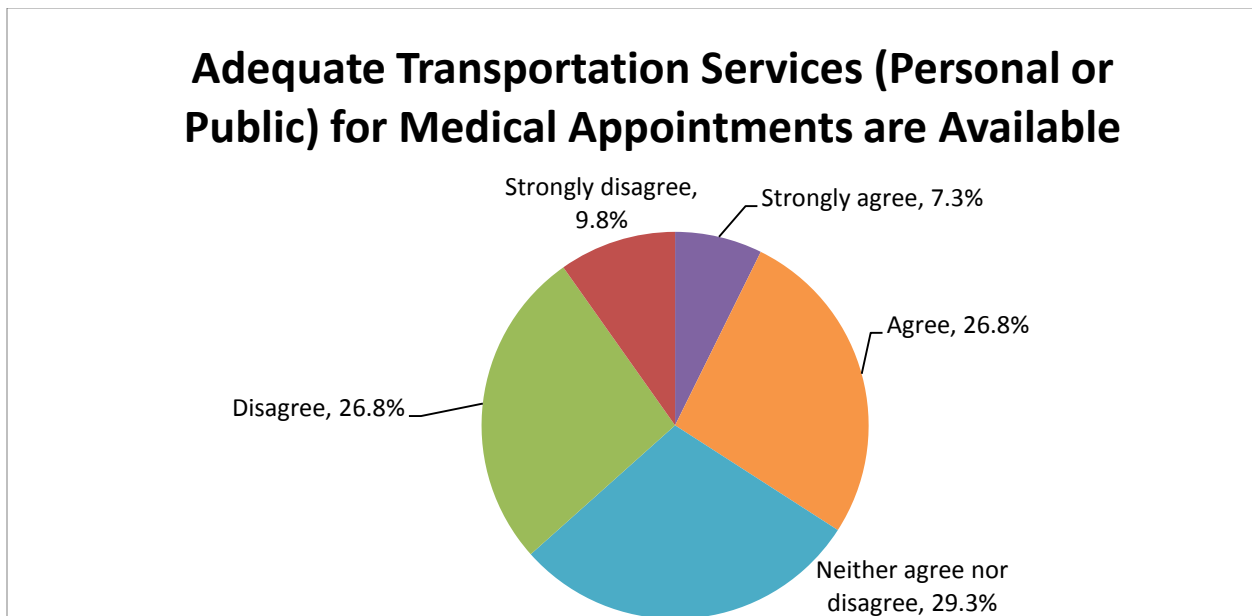
“Other” health conditions cited by key informants included heroin use and breast cancer mortality among Black/African American women.

Top Contributing Factors to Conditions Affecting Residents

Ranking	Contributing Factor	Percent of Key Informants	Number of Key Informants
1	Lack of knowledge/awareness of the value of preventative care/screenings	12.9%	18
2	Lack of physical activity	11.4%	16
3	Lack of good nutrition	10.0%	14
4	Stress (work, family, school, etc.)	10.0%	14
5	Lack of preventative care/screenings	8.6%	12
6	Inability to afford care	7.9%	11
7	Lack of health insurance	5.7%	8
8	Other	5.7%	8
9	Lack of health providers available	5.0%	7
10	Drug/Alcohol abuse	4.3%	6
11	Crime/Violence	3.6%	5
12	Lack of transportation for health services	3.6%	5
13	Community blight	2.9%	4
14	Lack of early/sufficient prenatal care	2.9%	4
15	Lack of support for caregivers/family	2.9%	4
16	Tobacco use	2.1%	3
17	Limited office hours for health providers	0.7%	1

Key informants saw lack of knowledge/awareness of preventative care/screenings as the most common factor or problem contributing to the health conditions affecting residents, followed by lack of physical activity, good nutrition, and stress. “Other” causes identified by key informants addressed a number of issues, including air quality, poverty, cultural practices, lack of acknowledgement of the connection between health and academics, improper storage of prescription drugs, lack of primary care services, and a sense of hopelessness and lack of opportunity among residents.

Approximately 37% respondents indicated that adequate transportation services existed in the area.

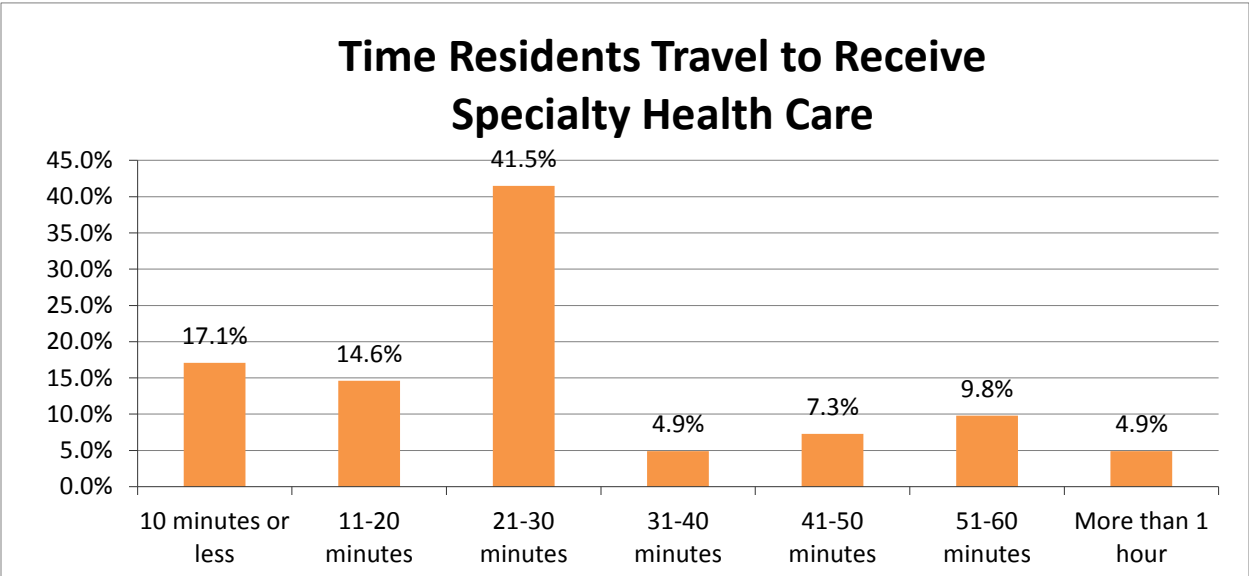
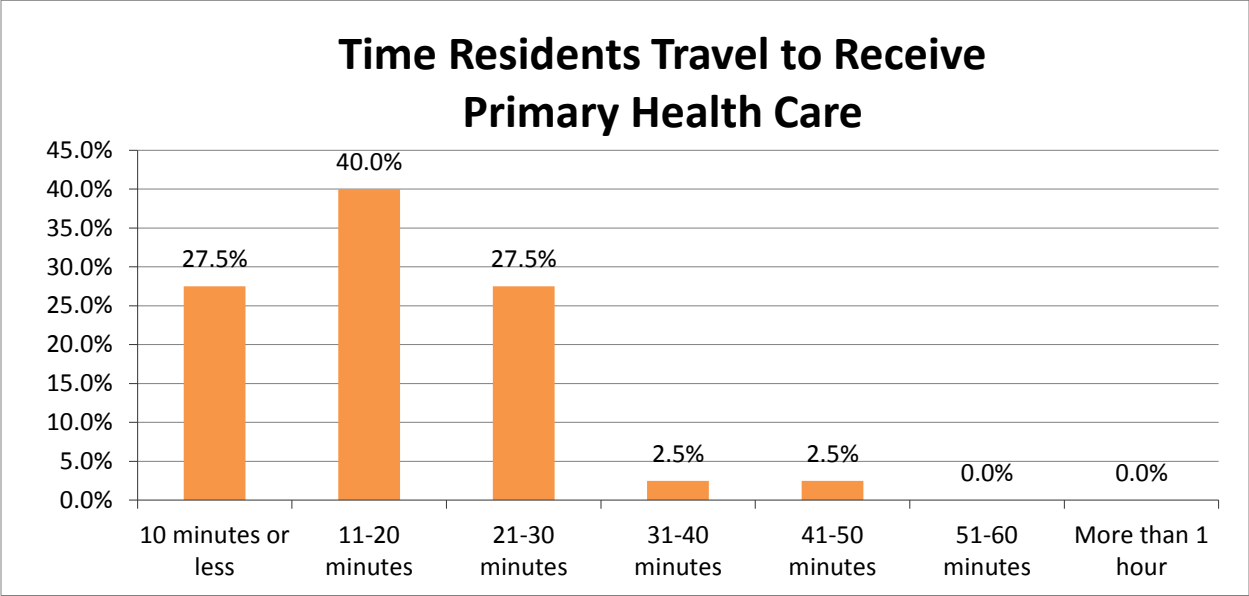


The perception of travel time to primary and specialty care providers was also assessed. Generally, respondents thought residents had less travel time to reach primary care providers than specialty care. Key informants who reported that specialty care is more than 30 minutes away from residents were asked to identify the services that are not available within the community:

- Breast health care (mammography, cancer treatment)
- Cardiology
- Endocrinology
- General surgery and surgical subspecialties
- Mental health care
- Orthopedics
- Pediatric care
- Physical therapy

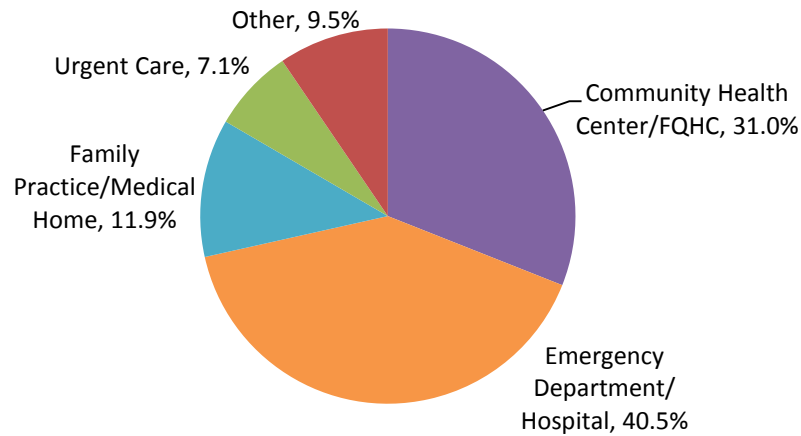
Key informants stated that even when specialty providers are available within the area, insurance coverage limits which providers are accessible to residents. One informant stated, “Specialists in the immediate area are not in network with a number of residents insurance plans, therefore you have to send them to in-network providers which is normally more than an hour away, sometimes distance is further than that.”

Key informants also stated that uninsured/underinsured individuals have difficulty accessing specialists and many families rely on public transportation to reach specialists that have relocated to East Memphis.



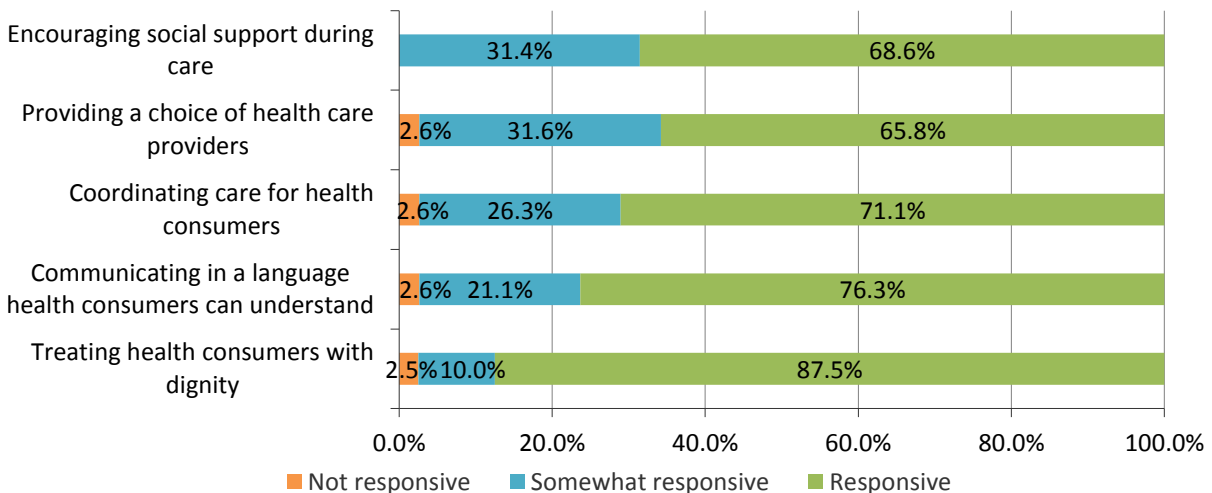
Key informants reported that the hospital emergency department is the primary point of care for uninsured and underinsured individuals (40.5%). Community health centers/federally qualified health centers (FQHCs) were seen as the next most common point of care (31%). “Other” locations identified by key informants include free clinics/volunteer practitioners, church health centers, and the health department.

Primary Point of Contact for Uninsured and Underinsured Individuals



Respondents were asked about Baptist’s responsiveness to the non-medical needs of consumers. Key informants felt Baptist is either “somewhat responsive” or “responsive” to all non-medical needs. “Treating health consumers with dignity” and “Communicating in a language health consumers can understand” were recognized as areas where Baptist was most responsive.

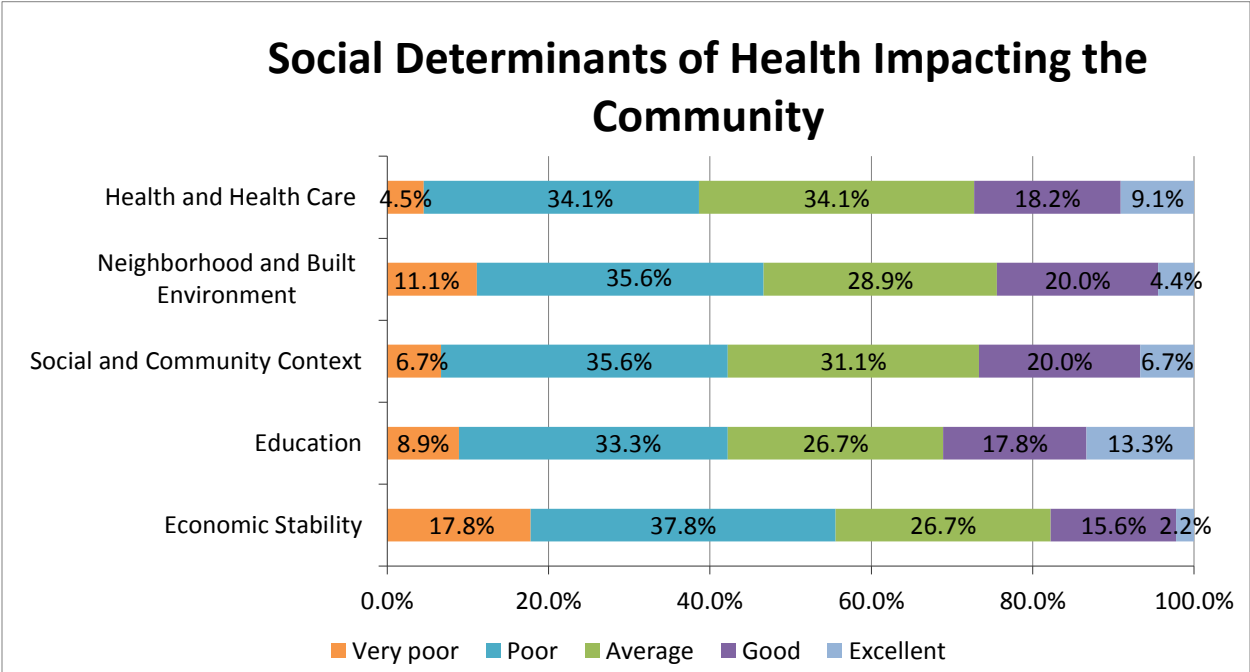
Responsiveness of Baptist in Addressing Non-Medical Needs of Consumers



Key informants were also asked to rate social determinants of health in the region. The majority of key informants rated the factors as “poor” or “average” with the exception of education. Economic stability was rated the lowest.

Many key informants referenced low income/poor, underserved, and minority populations as being most adversely affected by social determinants of health. One key informant stated, “Based on survival skills developed over time, families that we serve do not place a great deal of importance or have the understanding of how important preventative health care is to their ability to meet the needs of their families long term. Their priorities change daily in order to meet basic needs of their families. Health Care is often at the bottom of their priorities until the illness reaches the ER level of intervention.” Another informant stated, “A great number of them [Hispanics/Latinos] are undocumented and this impacts their ability to find employment; they are vulnerable to becoming victims of crime and they and their children are at high risk of behavioral issues including depression.”

Key informants also recognized differences in social determinants of health between geographic locations. Shelby County overall has higher poverty rates that negatively impact health status, but Collierville was recognized as having well-paying jobs, higher educational attainment, and nationally recognized schools, hospitals, police departments, etc.



Open-ended questions were asked to gather Key informants’ feedback regarding community resources, barriers for residents to optimize health, and recommendations for community health improvement.

Informants provided the following examples of programs, initiatives, or partnerships that have been successful in helping residents improve health:

- Baptist Memorial Hospital Tipton (health fairs, medication assistance program)
- Center for Healthy Churches
- Christ Community Health Services
- Community Health Advisor Program (breast health, nutrition, and obesity education)
- Community health workers/Health care navigators
- Compassionate Neighborhood Clinic
- Free screenings provided by nursing students
- Harwood Center & Achievement School District's partnership to improve outcomes for students with special needs
- Health Care Peer Ambassadors
- Metropolitan Inter-Faith Association (Transit, No Hungry Senior Collaboration)
- Mobile clinics
- Parenting classes/centers
- School systems (health clinics for students, WellChild, support to obtain health care through the Affordable Care Act, physical activity programs)
- University of Tennessee Extension Office (Dining with Diabetes, Living Well with Chronic Conditions, Tai Chi, etc.)
- Wellness without Walls initiative
- YMCA and Le Bonheur Hospital's partnership to provide diabetes prevention programs

Informants identified services and resources that are needed in the community to help residents optimize their health. Many key informants identified the need for health services specifically targeted at low income/poor and uninsured/underinsured individuals. Key informants felt the services should be mobile and/or located within the most underserved communities, affordable, coordinated, provide after work hours, and be understanding of the challenges these individuals face in trying to stay healthy.

Informants then identified a number of additional resources, including:

- Additional health screenings/offerings and education programs across all neighborhoods
- Autism services (diagnosis, treatment, therapy)
- Behavioral health services, including services for youth dealing with trauma
- Care coordination

- Cultural competency training for providers
- Family/Caregiver support, particularly for families who travel from inner city Memphis to East Memphis for care
- Fitness programs and facilities
- Funding for non-profit organizations to provide prevention and screening services
- Health literacy training
- Healthy cooking classes
- Healthy food access/assistance for senior and low income/poor populations
- Public and affordable transportation

Key informants offered the following suggestions for local and regional health care providers to better serve residents.

- Be willing to offer professional services, including teaching
- Collaborate with local organizations and neighborhoods to create a “health in all policy” approach, share resources to assess community needs, and collectively impact health behaviors and outcomes
- Collaborate with other health providers to integrate medical data and track information
- Continue to educate on basic preventative practices (nutrition, physical activity, well visits, etc.) and offer free health clinics and fairs
- Improve access to care in neighborhoods struggling with social determinants of health, including lowering the cost of health care, extending office hours to meet the needs of blue collar workers, offering mobile clinics, and meeting people where they are -- both in terms of location and understanding of health care
- Partner with community based organizations to provide fee-based support services that improve access to general health care needs (e.g. transportation services and nutritional interventions for seniors)
- Work with local employers to add health benefits and education

Key informants were asked to provide any additional thoughts regarding community health needs or the CHNA. The following comments are direct quotes by informants:

- “As a longtime partner and grant provider for breast health care in the Mid-South, we value Baptist's commitment. I would like to see us, together, become more proactive in our outreach with health care, rather than information. Living in an African-American city that has the highest rate of mortality from breast cancer in the US, is a burden that we all bear and must work together to change the outcome. Baptist is committed to the community.”

- “BMHCC does many important and significant things in our community for many special groups. I neglected to say earlier the work BMHCC does for the homeless. The challenge with our community is the vast array of health care needs that outstrip any one health care system's ability to meet that need. Thus, the need exists for an increasing amount of coordination and collaboration between all providers to meet the community where it is.”
- “Health care providers should also be advocates of the food deserts in the Memphis community which add to poor nutrition and eating habits of those who cannot afford to travel to markets that can help them provide proper nutrition for their families. Also, Nutrition Education should be a major part of any health care system in order to address the major health issues of our community.”
- “Please be a local leader in demonstrating how a hospital like Baptist Memorial Health Care utilizes Community Benefits to advance population health in our community by partnering with organizations like the YMCA of Memphis & the Mid-South. Other hospital systems in the country are demonstrating that such a partnering relationship is not only feasible because it is required by the IRS but that it is truly a pathway towards leveraging community resources to improve population health.”

Identified Priority Health Needs

Baptist Memorial Health reviewed findings from the CHNA research, including public health data, socio-economic measures, responses from the key informant survey, and feedback from the partner forums and other stakeholder research to develop system-wide priorities to focus community health improvement efforts. The CHNA steering committee and other Baptist leadership determined that priorities identified in the 2013 CHNA cycle were still relevant to the community. Baptist will continue to direct community benefit and community health improvement activities to address the following health priorities:

- > Behavioral Health to include mental health and substance abuse
- > Cancer
- > Chronic Disease Management and Prevention
- > Maternal & Child Health with a focus on prenatal care

The rationale and criteria used to select these system-wide priorities included:

- > Prevalence of disease and number of community members impacted
- > Rate of disease in comparison to state and national benchmarks
- > Health disparities among racial and ethnic minorities
- > Existing programs, resources, and expertise to address the issue
- > Input from representatives of underserved populations

Evaluation of Community Health Impact from 2013 CHNA Implementation Plan

Background

In 2013, Baptist Memorial Health Care completed a Community Health Needs Assessment and developed a supporting three year (2014-2016) Community Health Improvement Plan to address identified health priorities. Health priorities included cancer, healthy lifestyle choices, maternal & women's health, and mental health. The strategies utilized to address the health priorities support Baptist's commitment to the people it serves and the communities they live in.

2013 Health Priority Goals

Cancer: Provide early detection and treatment to reduce cancer mortality rates and improve quality of life for patients living with cancer.

Healthy Lifestyle Choices: Reduce risk factors for chronic disease and improve management of chronic disease through healthy lifestyle choices.

Maternal & Women's Health: Promote prenatal wellness to improve outcomes for mother and child.

Mental Health: Increase early detection of dementia and provide support services for residents with dementia and/or Alzheimer's and their caregivers.

2014-2016 Implemented Strategies

- > Hosted a food drive and supplied fresh produce to benefit local food banks
- > Hosted fresh produce markets, offering produce at wholesale prices to the general public
- > Offered "Look Good, Feel Better" classes for women actively undergoing chemotherapy or radiation
- > Participated in health fairs and informational booths to provide health information and screenings (blood pressure, BMI, diabetes, mammography, etc.) and promote healthy lifestyles
- > Partnered with local school health clubs to provide education and programming tools for students to make healthy lifestyle choices
- > Planned and hosted an Alzheimer's Association Diversity Conference
- > Provided caregiver classes for patients with cancer
- > Provided chronic condition (behavioral health, cancer, diabetes, heart disease, and stroke) education sessions and management classes and sponsored community awareness campaigns

- > Provided maternal and child health classes and presentations on topics including expectant parents, child birthing, and parenting
- > Provided the Sam Patterson Library Series on topics, including Breast Cancer Risks, The implication of Lung Cancer Screenings, Skin Cancer Screening, and Facts About Pediatric Obesity
- > Sponsored community agencies/events, including the American Cancer Society, Community Foundation of Northwest Mississippi, Junior Auxiliary, March of Dimes, Memphis Step Out: Walk to Stop Diabetes, Ovarian Cancer Walk, Pink Ribbon Open, Save the Tatas, Strike Out Stroke, Think Pink Event, Tipton Get Fit, etc.
- > Sponsored local baby fairs aimed at giving expectant mothers access to local resources and experts that can help them make the best possible choices for their babies
- > Sponsored local back to school health fairs featuring screenings, safety awareness, and health education
- > Sponsored senior citizen specific health fairs, providing health screenings and education
- > Sponsored Shoeboxes for Soldiers, an initiative donating personal care items and food to local servicemen and women
- > Sponsored support groups, including Women Helping Other Women, Breast Cancer Survivor Network, Beautiful Bundles New Moms Support Group, Depression/Bipolar Support Group, Early Stages of Alzheimer's Support Group, Kidney Smart Support Group, etc.
- > Trained community providers to instruct residents on self-breast exams

By providing health education and opportunities for residents to participate in programs to improve their health, Baptist Memorial Health Care helped thousands of our community members lead healthier lives. We believe strongly in corporate citizenship and recognize the importance of collaboration with local organizations to build stronger and healthier communities. We remain committed to supporting community health improvement in line with our mission and vision.

Community Health Improvement Plan

Baptist Memorial Health Care developed a Community Health Improvement Plan (CHIP) to guide community benefit and population health improvement activities across the Memphis Metro Service Area. The CHIP builds upon previous health improvement activities, while recognizing new health needs and a changing health care delivery environment, to address the region's most pressing community health needs.

Health Priority: Behavioral Health

Goal: Improve outcomes for residents with a mental health or substance abuse condition and their families.

Objectives:

- 1) Increase the number of residents who are screened for depression and mental health conditions.
- 2) Develop or continue collaboration with community agencies that provide mental health and substance abuse support services to reduce suicide and drug induced death rates.
- 3) Educate residents about warning signs for mental health conditions and substance abuse, including Alzheimer's disease.

Health Priority: Cancer

Goal: Provide early detection and treatment to reduce cancer mortality rates and improve quality of life for patients living with cancer.

Objectives:

- 1) Provide free or reduced cost screenings and services, especially targeting low-income, at-risk, and minority populations.
- 2) Increase residents' awareness of the benefits of cancer prevention, screenings, and early treatment.

Health Priority: Chronic Disease Management and Prevention

Goal: Reduce risk factors for chronic disease and improve management of chronic disease through healthy lifestyle choices.

Objectives:

- 1) Provide education about healthy lifestyles and risk factors for disease.
- 2) Provide opportunities to encourage physical activity among residents.

Health Priority: Maternal & Child Health

Goal: Improve birth outcomes for women and infants.

Objectives:

- 1) Increase the proportion of women who receive early and adequate prenatal care.
- 2) Increase the proportion of infants who are breastfed.

Board Approval and Report Dissemination

The Baptist Memorial Health Care CHNA Final Report and Improvement Plan were reviewed and adopted by the Baptist System Board on July 18, 2016. A copy of the CHNA Final Report is posted on the hospital's website.

Appendix A: Our Partners

An integral part of the CHNA process was community engagement. A Steering Committee of Baptist Memorial Health Care leadership guided the CHNA process with input solicited from community partners representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. The following individuals contributed to the CHNA process as part of the Steering Committee:

Cynthia Allen, System Community Involvement Manager, Baptist Memorial Health Care
Scott Fountain, Senior Vice President/Chief Development Officer, Baptist Memorial Health Care
William A. Griffin, Senior Vice President/Chief Financial Officer, Baptist Memorial Health Care
Jeffery Lann, Manager-Research/Marketing Development, Baptist Memorial Health Care
Debbie Lassiter, Manager-Research Planning, Baptist Memorial Health Care
Cheryl L. Lee, Director-Tax and Compliance, Baptist Memorial Health Care
Dexter McKinney, System Community Outreach Specialist, Baptist Memorial Health Care
Kimmie McNeil Vaulx, Director-System Corporate Communications, Baptist Memorial Health Care
Ann Sullivan, M.D., Chief Academic Officer, Baptist Memorial Health Care
Henry Sullivant, Jr., M.D., Chief Medical Officer for Clinical Integration, Baptist Memorial Health Care

The following individuals contributed to the CHNA process as community partners:

<i>Connie Binkowitz, YMCA</i>	<i>Chareta Nesbit, LeMoyne Owen College</i>
<i>Anthony Branch, Memphis Leadership Foundation</i>	<i>Sonya Oliver, Down Syndrome Association</i>
<i>Amy Collier, Shelby County Health Department</i>	<i>Jeremy Sander, Common Table Health Alliance</i>
<i>Donna Crawford, Alliance for a Healthier Generation</i>	<i>Ted Schreck, Education That Works at Memphis Catholic</i>
<i>Tracey Dillihunt, Susan G. Komen</i>	<i>Caroline Smart, American Cancer Society</i>
<i>John Foster, Church Health Center</i>	<i>Madeleine Taylor, NAACP Memphis Branch</i>
<i>Denita Hedgeman, The LeMoyne Owen College</i>	<i>Brenda Williams, Tennessee Medical Foundation</i>
<i>Diane Jalfon, Memphis Library Foundation</i>	<i>David Williams, Leadership Memphis</i>
<i>Angela Moore, Shelby County Health Department</i>	<i>Dorcas Young Griffin, Shelby County Government</i>
<i>Claire Moss, Harwood Center</i>	

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Appendix C: Key Informants

A key informant survey was conducted with 49 community representatives. The organizations represented by key informants, and their respective role/title, included:

Key Informant Organization	Key Informant Title/Role
Aaron E Henry CHC INC	Office Manager
Alliance for a Healthier Generation	Healthy Schools Program Manager
American Cancer Society	Development Manager, Distinguished Events
American Cancer Society	Health Systems Manager, Hospitals
American Cancer Society	Senior Director of Community Engagement
Arkansas State University	Retired Chief Legal Counsel
Atoka Police Department	Chief
Baptist Medical Group	Hospitalist
Board of Commissioners Lakeland Tn	Commissioner
Caritas Village	Board Member/Volunteer
City of Bartlett	Mayor
City of Covington	Mayor
City of Covington	Alderwoman District 1
City of Germantown	Alderman
City of Hernando, MS	Mayor
City of Memphis	Grants Coordinator
City of Munford	Fire Chief
Collierville Chamber of Commerce	President/CEO
Collierville Schools	Superintendent
Common Table Health Alliance	CEO
Community Development Council of Greater Memphis	Livable Memphis Program Director
Dixon Gallery and Gardens	Director of Development
FedEx Ground	Senior Manager
Harwood Center	Executive Director
Health Innovations - YMCA of Memphis & the Mid-South	Program Director
HTL Advantage	President/CEO
Jubilee Catholic Schools Network	President
Leadership Memphis	President/CEO
Leadership Memphis	Director
LifeLine to Success Inc.	Director of Development
Master Group	Owner / President
Metropolitan Inter-Faith Association	Chief Operating Officer
PeopleFirst Partnership	Executive Director

Key Informant Organization	Key Informant Title/Role
Porter Leath	Family Services Supervisor
Regional One Health	Senior Vice President - External Relations
RISE Foundation, Inc.	President/CEO
Shelby County Health Department	Community Health Planner
Shelby County Health Department	Administrator, Bureau of Health Planning & Promotion
Shirts n Signs Oh My	Owner
Susan G. Komen Memphis-MidSouth	Executive Director
Tennessee Medical Foundation	Medical Director
The Memphis Medical Society	Director of Membership and Communications
Tipton County Commission on Aging	Executive Director
Tipton County Health Department	County Director
Tipton County Schools	School health director
University of Mississippi - DeSoto	Executive Director/Assistant Provost for Regional Education
University of Tennessee at Martin Department of Nursing	Chair & Associate Professor
White & Associates Insurance	Agency Manager
Women's Foundation for a Greater Memphis	Executive Director

Appendix D: Community Assets

The Partner Forum builds upon existing efforts to improve health, especially among underserved populations, by facilitating population health strategy collaboration based on community assets, gaps in services, and partnership opportunities. The following section depicts community assets (in alphabetical order) identified in the Memphis Metro Service Area, by priority area.

Priority Area: Cancer

- > American Cancer Society
- > Avon Foundation: Breast Cancer Crusade
- > Baptist Cancer Center
- > Baptist Memorial Health Care
- > Christ Community Health Services
- > Church Health Center
- > Common Table Health Alliance
- > Community Health Advocates
- > Friends for Life
- > Genentech
- > Live! Event
- > Memphis Breast Cancer Consortium
- > Methodist Le Bonheur Healthcare
- > Sister Pact
- > Susan G. Komen & The Pink Sunday Event
- > Tennessee Health Department
- > West Clinic

Priority Area: Chronic Disease Management and Prevention

- > 211 Call System
- > Baptist Memorial Health Care
- > Church Health Center
- > Common Table Health Alliance
- > Healthy Shelby County
- > MAPS Collaborative
- > Methodist Le Bonheur Healthcare
- > Public Libraries
- > Tennessee Health Department
- > United Way
- > YMCA

Priority Area: Maternal and Child Health

- > Alliance for a Healthier Generation
- > Books from Birth
- > Catholic Diocese of Memphis
- > Down Syndrome Association
- > Harwood Center
- > Le Bonheur Children's Hospital
- > Tennessee Coordinated School Health

Priority Area: Mental Health

- > Alliance Healthcare Services – Memphis Crisis Services/Adult Mobile Crisis
- > American Foundation for Suicide Prevention Memphis/Mid-South Chapter
- > Baptist Memory Care Center
- > Emotional Fitness Centers of Tennessee
- > Employee Assistance Programs
- > Kemmons Wilson Family Center
- > Shelby County Mental Health Court
- > The National Alliance for Mental Illness