Community Health Needs Assessment
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North Mississippi Health Services (NMHS) serves 24 counties in north Mississippi and northwest Alabama from headquarters in Tupelo, MS. NMHS includes acute diagnostic and therapeutic services, offered through North Mississippi Medical Center (NMMC) in Tupelo; a community hospital system with locations in Eupora, Iuka, Pontotoc, and West Point, MS, and Hamilton AL; North Mississippi Medical Clinics, a regional network of more than 30 primary and specialty clinics; and nursing homes, telehealth services and a comprehensive portfolio of managed care plans. NMHS connects patients and their families with convenient access to health care that is cost-effective and of the highest quality. NMHS is a 2012 recipient of the prestigious Malcolm Baldrige National Quality Award, and NMMC, its flagship hospital, is a 2006 Baldrige Award recipient.
Clay County Medical Corporation d/b/a NMMC-West Point serves residents in the following counties in northeast Mississippi and northwest AL: Chickasaw, MS, Clay, MS, Lowndes, MS, Marion, AL, Monroe, MS, Oktibbeha, MS, and Webster, MS. Because this community was chosen based on where the hospital draws its patients, it includes medically underserved, low income, and minority populations.

Source: Microsoft MapPoint 2013
Community Health Needs Assessment Background

On August 17, 2016, NMHS contracted with Carnahan Group to conduct a Community Health Needs Assessment (CHNA) as required by the Patient Protection and Affordable Care Act (PPACA). Please refer to Appendix A: Carnahan Group Qualifications for more information about Carnahan Group.

The PPACA, enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury’s Office of the Assistant Secretary (“Secretary”) determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

A CHNA is a report based on epidemiological, qualitative, and comparative methods that assess the health issues in a hospital organization’s community and that community’s access to services related to those issues. Based on the findings of the CHNA, an implementation strategy for NMMC-West Point that addresses the community health needs will be developed and adopted within the timeframe outlines in the final regulations.
As required by the Treasury Department ("Treasury") and the Internal Revenue Service (IRS), this CHNA includes the following:

- A description of the community served;
- A description of the process and methods used to conduct the CHNA, including:
  - A description of the sources and dates of the data and the other information used in the assessment; and,
  - The analytical methods applied to identify community health needs.
- The identification of all organizations with which NMMC-West Point collaborated, if applicable, including their qualifications;
- A description of how NMMC-West Point took into account input from persons who represented the broad interests of the community served by NMMC-West Point, including those with special knowledge of or expertise in public health, written comments regarding the hospital’s previous CHNA, and any individual providing input who was a leader or representative of the community served by NMMC-West Point;
- A prioritized description of all of the community health needs identified through the CHNA and a description of the process and criteria used in prioritizing those needs;
- A description of the resources potentially available to address the significant health needs identified through the CHNA; and,
- An evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital facility's prior CHNA(s).
This CHNA was conducted following the requirements outlined by the Treasury and the IRS, which included obtaining necessary information from the following sources:

- Input from persons who represented the broad interests of the community served by NMMC-West Point, which included those with special knowledge of or expertise in public health;

- Identifying federal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by NMMC-West Point, leaders, representatives, or members of medically underserved, low-income, and minority populations with chronic disease needs in the community served by NMMC-West Point; and,

- Consultation or input from other persons located in and/or serving NMMC-West Point’s community, such as:
  - Healthcare community advocates;
  - Nonprofit organizations;
  - Local government officials;
  - Community-based organizations, including organizations focused on one or more health issues;
  - Healthcare providers, including community health centers and other providers focusing on medically underserved populations, low-income persons, minority groups, or those with chronic disease needs.

- The sources used for NMMC-West Point’s CHNA are provided in the References and Appendix B: Community Leader Organizations. Information was gathered by conducting interviews with individuals representing community health and public service organizations, medical professionals, hospital administration, and other hospital staff members.
NMMC publishes annual Live Well Community Health Initiative Progress Reports. The following information provides a description of the actions NMMC has taken since completion of its 2013 CHNA reports. The information presented below highlights the efforts of NMMC’s Community Health Department to fulfill the mission of continuously improving the health status of the people it serves.

2014

Cardiovascular Disease

- Community CPR classes - 128 participants
- Community blood pressure screening and education – 1,265 participants
- Cholesterol screening and education - 438 participants
- Smoking Cessation - 686 visits/107 participants
- Stroke screening and education - 206 participants
- Lunchtime Learning: “Atrial Fibrillation” - 116 participants
- Lunchtime Learning: “Women and Heart Disease” - 155 participants

Obesity, Healthy Eating and Active Living

- Assisted with planning and implementing the Families in Transition (F.I.T.) program
- NMMC School Nurses assisted with sports physicals – 1,845 participants
- NMMC School Nurses provided height and weight screenings

Cancer

- Pretty in Pink Luncheon focused on breast cancer awareness - 172 participants
- Spirit of Women Girls’ Night Out focused on breast cancer awareness - 71 participants
- PSA screening and education - 34 participants
• Lunchtime Learning-“Gynecological Cancers” - 98 participants

Diabetes

• NMMC School Nurses provided daily support and education for more than 20 diabetic students
• Glucose screening and education - 438 participants
• Lunchtime Learning: “Diabetes” - 105 participants

Reproductive and Maternal Health

• Wonderful Beginnings Baby Fair - 200 participants

Children/Adolescent/Teen Health and Safety

• Mother/Daughter Workshop - 145 participants
• Effects of drug use education, Itawamba Attendance Center by NMMC School Nurse – 1,500 participants
• Hand washing and puberty education, Itawamba Attendance Center by NMMC School Nurse - 152 participants
• Safety education, South Pontotoc Attendance Center by NMMC School Nurse – 1,675 participants
• Nutrition and oral health education, South Pontotoc Attendance Center by NMMC School Nurse - 480 participants
• Drug use prevention and self-esteem, Okolona Elementary and Junior High by NMMC School Nurse - 810 participants
• NMMC School Health Centers Charted Treatments - 11,209
• NMMC School Health Centers Screenings – 4,701
• Two SafeSitter sessions - 40 participants

Bone Health

• Bone density screening and education - 391 participants
Immunizations

- Provided free influenza vaccinations – 3,300 participants

General Health

- Spirit of Women January event “Pure and Simple” - 389 participants
- Lunchtime Learning: “Spine Health” - 95 participants
- Lunchtime Learning: “Muscle and Joint Health” - 107 participants

2015

Cardiovascular Disease

- Community CPR classes - 237 participants
- Community blood pressure screening and education – 1,162 participants
  School blood pressure screening and education - 354 participants
- Distributed “Blood Clots and Cancer: Know the Risks” information produced by Spirit of Women HeartCaring program to all oncology services sites
- Distributed updated HeartCaring Journals to NMMC Heart Institute
- Cholesterol screening and education - 322 participants
- Smoking Cessation - 906 visits/143 participants

Obesity, Healthy Eating and Active Living

- Body Mass Index screening and education - 923 participants by NMMC school nurses
- Assisted with planning and implementing the Families in Transition (F.I.T.) program
- “Digestive Health” Lunchtime Learning program - 96 participants
- “Fitness at Any Age” Spirit of Women Girls’ Night Out program - 105 participants
Actions Taken Since 2013 CHNA (Continued)

- NMMC School Nurses assisted with sports physicals – 1,845 participants
- Health and exercise education for Itawamba Attendance Center by NMMC School Nurse - 242 participants

**Cancer**

- Provided colon cancer awareness assessment at “Run for Your Buns” 5K - 41 participants
- Pretty in Pink Luncheon focused on breast cancer awareness - 132 participants
- PSA screening and education - 25 participants

**Diabetes**

- NMMC School Nurses provided daily support and education for more than 25 diabetic students
- Glucose screening and education - 322 participants

**Reproductive and Maternal Health**

- Wonderful Beginnings Baby Fair - 300 participants

**Children/Adolescent/Teen Health and Safety**

- Mother/Daughter Workshop - 122 participants
- Character Building Skills education for PreK-5th graders at South Pontotoc Attendance Center by NMMC School Nurse - 950 participants
- Self-esteem education at Okolona Elementary and Junior High by NMMC School Nurse - 204 participants
- Hand hygiene education at Itawamba Attendance Center - 750 participants
- School Shooting Safety for 7th and 8th graders at Itawamba Attendance Center - 215 participants
- Safety education for K-5th graders at Itawamba Attendance Center - 800 participants
- NMMC School Health Centers Charted Treatments - 11,536
Actions Taken Since 2013 CHNA (Continued)

- NMMC School Health Centers Screenings-Hearing – 2,963; Vision – 2,582; Lice – 2,351
- Three SafeSitter sessions - 50 participants
- Bus Safety education for PreK-5th graders at South Pontotoc Attendance Center by NMMC School Nurse - 950 participants
- Fire Safety education for first graders at South Pontotoc Attendance Center by NMMC School Nurse - 150 participants
- Hand hygiene education for 5th graders at South Pontotoc Attendance Center - 175 participants
- Spirit of Women “Internet and Social Media Safety” program - 35 participants

**Bone Health**

- Bone density screening and education - 295 participants
- “Orthopedics” Lunchtime Learning program - 104 participants

**Oral Health**

- Oral health education for PreK-2nd graders at South Pontotoc Attendance Center by NMMC School Nurse - 475 participants

**Immunizations**

- Provided free influenza vaccinations – 2,874 participants
- “Adult Immunizations” Lunchtime Learning program - 103 participants
- NMMC School Nurse taught proper immunization procedure for Summer Health Academy - 20 participants

**General Health**

- Spirit of Women January event “Take a Time Out” - 175 participants
- “Dementia” Lunchtime Learning program - 98 participants
• Spirit of Women overactive bladder educational program - 46 participants
• “Stress-free Holiday Decorating” Lunchtime Learning program - 87 participants
• Hand washing and Hygiene education for 5th graders at South Pontotoc Attendance Center by NMMC School Nurse - 175 participants

2016

Cardiovascular Disease

• Community CPR classes - 137 participants
• Community blood pressure screening and education - 389 participants
• Cholesterol screening and education - 63 participants
• Smoking Cessation - 696 visits/119 participants

• Lunchtime Learning: “Conquer Cholesterol” - 96 participants
• Day of Dance for Heart Health - 20 participants

Obesity, Healthy Eating and Active Living

• NMMC School Nurses provided height and weight screenings
• Spirit of Women January event: “Lose the Clutter, Lose the Weight” - 455 participants

Cancer

• PSA screening and education - 8 participants
• Run for Your Buns 5K-Colorectal Cancer education - 120 participants
Diabetes

- NMMC School Nurses provided daily support and education for more than 25 diabetic students
- Glucose screening and education - 63 participants

Children/Adolescent/Teen Health and Safety

- NMMC School Health Centers Charted Treatments - 3,161
- NMMC School Health Centers Screenings - 506
- Four SafeSitter sessions - 54 participants
- Jump Rope for Heart-South Pontotoc Elementary - 950 participants
- Seizure Education-South Pontotoc Elementary by NMMC School Nurse - 45 participants
- Dental Health-South Pontotoc Elementary by NMMC School Nurse - 155 participants
- Food Allergies-South Pontotoc Elementary by NMMC School Nurse - 26 participants
- Nutrition-Itawamba Attendance Center by NMMC School Nurse - 800 participants
- Fire Safety-Itawamba Attendance Center by NMMC School Nurse - 521 participants
- Children’s Health program at local daycare by NMMC School Nurse - 45 participants

Bone Health

- Bone density screening and education - 308 participants

General Health

- Lunchtime Learning: “Fighting Fatigue” - 75 participants
- Lunchtime Learning: “Understanding Genetics” - 63 participants
Secondary Data Collection and Analysis Methodology

A variety of data sources were utilized to gather demographic and health indicators for the community served by NMMC-West Point. Commonly used data sources include Esri, the U.S. Census Bureau, the Centers for Disease Control and Prevention (CDC), the National Cancer Institute, and the Mississippi State Department of Health. As previously mentioned, seven counties in northeast Mississippi and northwest Alabama define NMMC-West Point’s community for the purposes of this report. Demographic and health indicators were gathered for each of the seven counties. A weighted average was calculated to determine a single indicator for the area served by NMMC-West Point. Service area indicators are compared to benchmarks for Mississippi and Alabama. Total catchment area data (inclusive of all 24 counties served by NMHS) was calculated using the same method as the service area indicators. These indicators are presented for reference and comparative purposes.
Demographics

Population in NMMC-West Point’s Community

Sources: Esri 2016; Microsoft MapPoint 2013
The overall projected population growth for the community is 0.7% over the next five years.

### West Point Current and Projected Population by ZIP Code

<table>
<thead>
<tr>
<th>County</th>
<th>Current Population</th>
<th>Projected 5-year Population</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickasaw</td>
<td>17,940</td>
<td>17,812</td>
<td>-0.7%</td>
</tr>
<tr>
<td>Clay</td>
<td>19,874</td>
<td>19,663</td>
<td>-1.1%</td>
</tr>
<tr>
<td>Lowndes</td>
<td>59,780</td>
<td>59,894</td>
<td>0.2%</td>
</tr>
<tr>
<td>Marion</td>
<td>29,407</td>
<td>29,775</td>
<td>1.3%</td>
</tr>
<tr>
<td>Monroe</td>
<td>31,535</td>
<td>30,864</td>
<td>-2.1%</td>
</tr>
<tr>
<td>Oktibbeha</td>
<td>47,784</td>
<td>49,733</td>
<td>4.1%</td>
</tr>
<tr>
<td>Webster</td>
<td>12,906</td>
<td>12,962</td>
<td>0.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>219,226</strong></td>
<td><strong>220,703</strong></td>
<td><strong>0.7%</strong></td>
</tr>
</tbody>
</table>

Source: Esri 2016
Population Change by Age and Gender

The populations of residents aged 20 through 44 and 45 through 64 are expected to decline slightly (-3.0% and -2.9%). A marginal decline is expected for children and young adults aged 0 through 19 (-0.7%). Substantial population growth is expected among residents aged 65 and older (14.5%).

West Point Service Area Current and Projected Population Change by Age and Sex

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2015 Male</th>
<th>2015 Female</th>
<th>2015 Total</th>
<th>2020 Male</th>
<th>2020 Female</th>
<th>2020 Total</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0 through 19</td>
<td>28,035</td>
<td>27,482</td>
<td>55,517</td>
<td>27,838</td>
<td>27,370</td>
<td>55,208</td>
<td>-0.7%</td>
</tr>
<tr>
<td>Age 20 through 44</td>
<td>37,894</td>
<td>37,688</td>
<td>75,582</td>
<td>37,078</td>
<td>36,365</td>
<td>73,443</td>
<td>-2.2%</td>
</tr>
<tr>
<td>Age 45 through 64</td>
<td>26,179</td>
<td>28,547</td>
<td>54,726</td>
<td>25,804</td>
<td>28,045</td>
<td>53,849</td>
<td>-1.4%</td>
</tr>
<tr>
<td>Age 65 and older</td>
<td>14,379</td>
<td>19,022</td>
<td>33,401</td>
<td>16,812</td>
<td>21,391</td>
<td>38,203</td>
<td>16.9%</td>
</tr>
<tr>
<td>Total</td>
<td>106,487</td>
<td>112,739</td>
<td>219,226</td>
<td>107,532</td>
<td>113,171</td>
<td>220,703</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

Source: Esri 2016
Population by Race and Ethnicity

The most common race/ethnicity is white (60.8%), followed by black/African American (34.9%), Hispanic (2.0%), individuals of two races (1.0%), Asian/Pacific Islanders (1.0%), and other races (0.3%).

Source: Esri 2016
Population Change by Race and Ethnicity

Substantial population growth is expected for Hispanics (23.1%), Asian/Pacific Islanders (19.4%), other races (17.2%), and individuals of two races (17.0%). Slight population growth is expected for black/African Americans (1.2%), while a slight population decline is expected for the white population (-1.0%).

West Point Service Area Current and Projected Population by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>2015</th>
<th>2020</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>133,310</td>
<td>131,942</td>
<td>-1.0%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>76,512</td>
<td>77,439</td>
<td>1.2%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>2,239</td>
<td>2,673</td>
<td>19.4%</td>
</tr>
<tr>
<td>Two Races</td>
<td>2,219</td>
<td>2,596</td>
<td>17.0%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>4,329</td>
<td>5,330</td>
<td>23.1%</td>
</tr>
<tr>
<td>Other</td>
<td>617</td>
<td>723</td>
<td>17.2%</td>
</tr>
</tbody>
</table>

Source: Esri 2016
Socioeconomic Characteristics

According to the U.S. Bureau of Labor Statistics, the 2014 annual unemployment average for NMMC-West Point’s service area (9.0%) was higher when compared to Mississippi (7.6%) and Alabama (6.8%).

The U.S. Census American Community Survey (ACS) publishes median household income and poverty estimates. According to 2010–2014 estimates, the median household income in NMMC-West Point’s service area ($34,982) is lower than Mississippi ($39,464) and in Alabama ($43,511).

Poverty thresholds are determined by family size, number of children and age of the head of the household. A family’s income before taxes is compared to the annual poverty thresholds. If the income is below the threshold, the family and each individual in it are considered to be in poverty. In 2014, the poverty threshold for a family of four was $24,008. The ACS estimates indicate that NMMC-West Point’s service area residents are more likely to live in poverty (25.6%) compared to Mississippi residents (22.6%) and Alabama residents (18.9%). Children in NMMC-West Point’s service area are as likely to be living below the poverty level (32.2%) as children in Mississippi (32.2%), but more likely to be living below the poverty level when compared to children in Alabama (27.5%).

<table>
<thead>
<tr>
<th></th>
<th>NMMC-West Point Service Area</th>
<th>Total Catchment Area</th>
<th>Mississippi</th>
<th>Alabama</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment rate, 2014 annual average(^1)</td>
<td>9.0%</td>
<td>7.9%</td>
<td>7.6%</td>
<td>6.8%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Median household income(^2)</td>
<td>$34,982</td>
<td>$36,722</td>
<td>$39,464</td>
<td>$43,511</td>
<td>$53,482</td>
</tr>
<tr>
<td>Individuals below poverty level(^2)</td>
<td>25.6%</td>
<td>22.9%</td>
<td>22.6%</td>
<td>18.9%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Children below poverty level(^2)</td>
<td>32.2%</td>
<td>30.7%</td>
<td>32.2%</td>
<td>27.5%</td>
<td>21.9%</td>
</tr>
</tbody>
</table>

\(^1\)Source: U.S. Bureau of Labor Statistics
\(^2\)Source: U.S. Census: ACS 2010–14 estimates
Educational Attainment

The U.S. Census ACS publishes estimates of the highest level of education completed for residents aged 25 years and older. The ACS 2010–2014 estimates indicate that NMMC-West Point’s service area residents aged 25 and older are more likely to have earned a high school degree, but less likely to be college educated compared to all Mississippi and Alabama residents aged 25 and older.

<table>
<thead>
<tr>
<th>NMMC-West Point Service Area</th>
<th>Total Catchment Area</th>
<th>Mississippi</th>
<th>Alabama</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than a high school degree</td>
<td>6.8%</td>
<td>7.4%</td>
<td>6.2%</td>
<td>5.4%</td>
</tr>
<tr>
<td>High school degree or equivalent</td>
<td>29.9%</td>
<td>31.7%</td>
<td>30.2%</td>
<td>31.1%</td>
</tr>
<tr>
<td>Some college</td>
<td>20.7%</td>
<td>21.2%</td>
<td>22.8%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>13.3%</td>
<td>11.4%</td>
<td>12.9%</td>
<td>14.5%</td>
</tr>
<tr>
<td>Graduate or professional degree</td>
<td>8.9%</td>
<td>7.2%</td>
<td>7.5%</td>
<td>8.6%</td>
</tr>
</tbody>
</table>


The high school graduation rate for NMMC-West Point’s service area residents (82.7%) is similar to Mississippi’s (81.9%), but slightly lower than the rate in Alabama (83.7%).

<table>
<thead>
<tr>
<th>NMMC-West Point Service Area</th>
<th>Total Catchment Area</th>
<th>Mississippi</th>
<th>Alabama</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>High school graduation rate</td>
<td>82.7%</td>
<td>81.2%</td>
<td>81.9%</td>
<td>83.7%</td>
</tr>
</tbody>
</table>

Mortality Indicators

The Institute for Health Metrics and Evaluation publishes life expectancies by county and gender. The life expectancy for males in NMMC-West Point’s service area (72.8 years) is higher than Mississippi’s (71.8 years) and Alabama’s (72.4 years). The life expectancy for females is higher in NMMC-West Point’s service area (78.1 years) compared to Mississippi (77.9 years), but slightly lower than in Alabama (78.2 years).

<table>
<thead>
<tr>
<th></th>
<th>NMMC-West Point Service Area</th>
<th>Total Catchment Area</th>
<th>Mississippi</th>
<th>Alabama</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male life expectancy at birth, 2013</td>
<td>72.8</td>
<td>72.2</td>
<td>71.8</td>
<td>72.4</td>
<td>76.0</td>
</tr>
<tr>
<td>Female life expectancy at birth, 2013</td>
<td>78.1</td>
<td>77.7</td>
<td>77.9</td>
<td>78.2</td>
<td>81.0</td>
</tr>
</tbody>
</table>

Source: Institute for Health Metrics and Evaluation
Leading Causes of Death

Availability of mortality data varies by state. Due to the unavailability of data for certain counties in NMHS’s service area, the cause of death indicators below are approximated based on data from 2007–2014.

Heart disease and cancer are the first and second leading causes of death, respectively, in NMMC-West Point’s service area, Mississippi, and Alabama. Chronic lower respiratory disease (CLRD), accidents, and stroke are among the top five leading causes of death for NMMC-West Point’s service area. Other leading causes of death in NMMC-West Point’s service area, Mississippi, and Alabama include diabetes and influenza and pneumonia. It is important to note that the diabetes mortality rate in NMMC-West Point’s service area (13.0 per 100,000 population) is substantially lower than in Mississippi (32.9 per 100,000 population) and Alabama (26.3 per 100,000 population).

<table>
<thead>
<tr>
<th></th>
<th>NMMC-West Point Service Area</th>
<th>Total Catchment Area</th>
<th>Mississippi</th>
<th>Alabama</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>261.5</td>
<td>270.4</td>
<td>240.0</td>
<td>256.5</td>
<td>167.0</td>
</tr>
<tr>
<td>Cancer</td>
<td>175.6</td>
<td>189.6</td>
<td>197.0</td>
<td>212.1</td>
<td>161.2</td>
</tr>
<tr>
<td>CLRD</td>
<td>48.8</td>
<td>59.7</td>
<td>54.3</td>
<td>62.8</td>
<td>40.5</td>
</tr>
<tr>
<td>Accidents (including motor vehicle)</td>
<td>46.6</td>
<td>59.5</td>
<td>55.6</td>
<td>49.9</td>
<td>40.5</td>
</tr>
<tr>
<td>Stroke</td>
<td>52.3</td>
<td>52.0</td>
<td>47.2</td>
<td>54.6</td>
<td>36.5</td>
</tr>
<tr>
<td>Diabetes</td>
<td>13.0</td>
<td>19.4</td>
<td>32.9</td>
<td>26.3</td>
<td>20.9</td>
</tr>
<tr>
<td>Influenza and pneumonia</td>
<td>21.1</td>
<td>14.8</td>
<td>24.3</td>
<td>21.1</td>
<td>15.1</td>
</tr>
</tbody>
</table>

Sources: Mississippi State Department of Health - County Health Profiles; Report on the Burden of Chronic Diseases in Mississippi, 2014; CHSI, U.S. Department of Health and Human Services, CDC; ADPH - County Health Profiles 2014
Rates are per 100,000 population
Cardiovascular Outcomes

The CDC reports mortality rates for cardiovascular outcomes for individuals aged 65 and older during 2011–2013. The following tables represent mortality rates for select cardiovascular outcomes for individuals aged 65 and older.

Overall, heart disease mortality is less common in NMMC-West Point’s service area when compared to Mississippi and Alabama.

<table>
<thead>
<tr>
<th></th>
<th>NMMMC-West Point Service Area</th>
<th>Total Catchment Area</th>
<th>Mississippi</th>
<th>Alabama</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease, All</td>
<td>1,314.9</td>
<td>1,368.5</td>
<td>1,417.8</td>
<td>1,357.6</td>
<td>1,098.5</td>
</tr>
<tr>
<td>Heart Disease, White (Non-Hispanic)</td>
<td>1,259.3</td>
<td>1,351.6</td>
<td>1,398.0</td>
<td>1,359.9</td>
<td>1,122.1</td>
</tr>
<tr>
<td>Heart Disease, Black (Non-Hispanic)</td>
<td>1,503.0</td>
<td>1,493.7</td>
<td>1,530.6</td>
<td>1,430.0</td>
<td>1,263.1</td>
</tr>
<tr>
<td>Heart Disease, Male</td>
<td>1,579.5</td>
<td>1,623.3</td>
<td>1,698.4</td>
<td>1,631.1</td>
<td>1,340.2</td>
</tr>
<tr>
<td>Heart Disease, Female</td>
<td>1,137.0</td>
<td>1,192.8</td>
<td>1,222.6</td>
<td>1,162.9</td>
<td>925.1</td>
</tr>
</tbody>
</table>

Source: Interactive Atlas of Heart Disease and Stroke, Centers for Disease Control and Prevention

Across all races and genders, heart attack mortality is more common in NMMC-West Point’s service area compared to Mississippi and Alabama.

<table>
<thead>
<tr>
<th></th>
<th>NMMMC-West Point Service Area</th>
<th>Total Catchment Area</th>
<th>Mississippi</th>
<th>Alabama</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Attack, All</td>
<td>374.0</td>
<td>326.8</td>
<td>305.1</td>
<td>213.6</td>
<td>207.1</td>
</tr>
<tr>
<td>Heart Attack, White (Non-Hispanic)</td>
<td>349.6</td>
<td>317.1</td>
<td>295.0</td>
<td>212.0</td>
<td>212.0</td>
</tr>
<tr>
<td>Heart Attack, Black (Non-Hispanic)</td>
<td>441.2</td>
<td>385.2</td>
<td>347.4</td>
<td>233.5</td>
<td>235.5</td>
</tr>
<tr>
<td>Heart Attack, Male</td>
<td>497.4</td>
<td>451.5</td>
<td>408.9</td>
<td>268.4</td>
<td>263.0</td>
</tr>
<tr>
<td>Heart Attack, Female</td>
<td>282.2</td>
<td>243.4</td>
<td>233.6</td>
<td>173.1</td>
<td>166.3</td>
</tr>
</tbody>
</table>

Source: Interactive Atlas of Heart Disease and Stroke, Centers for Disease Control and Prevention
Across all races and genders, hypertension mortality is more common in NMMC-West Point’s service area compared to Mississippi and Alabama.

<table>
<thead>
<tr>
<th>NMMC-West Point Service Area</th>
<th>Total Catchment Area</th>
<th>Mississipi</th>
<th>Alabama</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension, All</td>
<td>1,248.6</td>
<td>1,159.7</td>
<td>1,159.8</td>
<td>614.2</td>
</tr>
<tr>
<td>Hypertension, White (Non-Hispanic)</td>
<td>1,120.8</td>
<td>1,083.9</td>
<td>1,035.7</td>
<td>559.3</td>
</tr>
<tr>
<td>Hypertension, Black (Non-Hispanic)</td>
<td>1,642.6</td>
<td>1,611.0</td>
<td>1,574.9</td>
<td>899.3</td>
</tr>
<tr>
<td>Hypertension, Male</td>
<td>1,369.3</td>
<td>1,311.1</td>
<td>1,261.7</td>
<td>648.6</td>
</tr>
<tr>
<td>Hypertension, Female</td>
<td>1,158.9</td>
<td>1,055.4</td>
<td>1,076.9</td>
<td>581.1</td>
</tr>
</tbody>
</table>

Source: Interactive Atlas of Heart Disease and Stroke, Centers for Disease Control and Prevention

Across all races and genders, stroke mortality is more common in NMMC-West Point’s service area compared to Mississippi and Alabama.

<table>
<thead>
<tr>
<th>NMMC-West Point Service Area</th>
<th>Total Catchment Area</th>
<th>Mississipi</th>
<th>Alabama</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke, All</td>
<td>327.4</td>
<td>364.0</td>
<td>310.9</td>
<td>317.7</td>
</tr>
<tr>
<td>Stroke, White (Non-Hispanic)</td>
<td>309.4</td>
<td>347.1</td>
<td>296.0</td>
<td>311.1</td>
</tr>
<tr>
<td>Stroke, Black (Non-Hispanic)</td>
<td>421.0</td>
<td>500.2</td>
<td>365.7</td>
<td>364.4</td>
</tr>
<tr>
<td>Stroke, Male</td>
<td>346.3</td>
<td>364.1</td>
<td>303.0</td>
<td>318.3</td>
</tr>
<tr>
<td>Stroke, Female</td>
<td>315.4</td>
<td>357.9</td>
<td>309.7</td>
<td>312.9</td>
</tr>
</tbody>
</table>

Source: Interactive Atlas of Heart Disease and Stroke, Centers for Disease Control and Prevention
Cancer Incidence

The tables on the following pages show select cancer incidence and mortality rates reported by the National Cancer Institute for 2009–2013.

Prostate cancer incidence is higher in NMMC-West Point’s service area (147.4 per 100,000 males) when compared to Mississippi (142.7 per 100,000 males) and Alabama (139.1 per 100,000 males).

Breast cancer incidence is higher in NMMC-West Point’s service area (121.3 per 100,000 females) compared to Mississippi rates (116.1 per 100,000 females), but lower than the rate in Alabama (123.3 per 100,000 females).

Lung and bronchus cancer incidence in NMMC-West Point’s service area (71.0 per 100,000 population) is lower than in Mississippi (76.4 per 100,000 population), but similar to Alabama (71.3 per 100,000 population).

Colorectal cancer incidence is lower in NMMC-West Point’s service area (48.4 per 100,000 population) when compared to Mississippi (49.8 per 100,000 population); however, the rate is higher in NMMC-West Point’s service area when compared to Alabama (44.1 per 100,000 population).

Pancreas cancer incidence in NMMC-West Point’s service area (11.7 per 100,000 population) is lower when compared to Mississippi (13.5 per 100,000 population) and Alabama (12.5 per 100,000 population).
<table>
<thead>
<tr>
<th>NMMC-West Point Service Area</th>
<th>Total Catchment Area</th>
<th>Mississippi</th>
<th>Alabama</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate³</td>
<td>147.4</td>
<td>137.7</td>
<td>142.7</td>
<td>139.1</td>
</tr>
<tr>
<td>Breast²</td>
<td>121.3</td>
<td>115.3</td>
<td>116.1</td>
<td>123.3</td>
</tr>
<tr>
<td>Lung and bronchus¹</td>
<td>71.0</td>
<td>76.0</td>
<td>76.4</td>
<td>71.3</td>
</tr>
<tr>
<td>Colorectal¹</td>
<td>48.4</td>
<td>48.3</td>
<td>49.8</td>
<td>44.1</td>
</tr>
<tr>
<td>Pancreas¹</td>
<td>11.7</td>
<td>14.0</td>
<td>13.5</td>
<td>12.5</td>
</tr>
</tbody>
</table>

Sources: State Cancer Profiles, National Cancer Institute

¹Rates are per 100,000 population
²Rates are per 100,000 females
³Rates are per 100,000 males
Cancer Mortality

Lung and bronchus cancer mortality in NMCC-West Point’s service area (54.8 per 100,000 population) is lower than in Mississippi (60.0 per 100,000 population) and in Alabama (57.3 per 100,000 population).

Breast cancer mortality is lower in NMCC-West Point’s service area (19.1 per 100,000 females) compared to Mississippi (24.1 per 100,000 females) and Alabama (22.2 per 100,000 females).

Prostate cancer mortality is lower in NMCC-West Point’s service area (24.8 per 100,000 males) compared to Mississippi (27.4 per 100,000 males) and Alabama (25.2 per 100,000 males).

Colorectal cancer mortality is lower in NMCC-West Point’s service area (17.9 per 100,000 population) when compared to Mississippi (19.5 per 100,000 population) and Alabama (21.1 per 100,000 population).

Pancreas cancer mortality is lower in NMCC-West Point’s service area (10.2 per 100,000 population) when compared to Mississippi (12.5 per 100,000 population) and Alabama (13.3 per 100,000 population).

<table>
<thead>
<tr>
<th></th>
<th>NMCC-West Point Service</th>
<th>Total Catchment Area</th>
<th>Mississippi</th>
<th>Alabama</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung and bronchus¹</td>
<td>54.8</td>
<td>62.4</td>
<td>60.0</td>
<td>57.3</td>
<td>46</td>
</tr>
<tr>
<td>Breast²</td>
<td>19.1</td>
<td>22.7</td>
<td>24.1</td>
<td>22.2</td>
<td>21.5</td>
</tr>
<tr>
<td>Prostate³</td>
<td>24.8</td>
<td>26.2</td>
<td>27.4</td>
<td>25.2</td>
<td>20.7</td>
</tr>
<tr>
<td>Colorectal¹</td>
<td>17.9</td>
<td>19.1</td>
<td>19.5</td>
<td>21.1</td>
<td>15.1</td>
</tr>
<tr>
<td>Pancreas¹</td>
<td>10.2</td>
<td>12.3</td>
<td>12.5</td>
<td>13.3</td>
<td>10.9</td>
</tr>
</tbody>
</table>

Sources: State Cancer Profiles, National Cancer Institute

¹Rates are per 100,000 population
²Rates are per 100,000 females
³Rates are per 100,000 males
Sexually Transmitted Infections

Reported rates of sexually transmitted infections (STIs) for 2013 are available through the Mississippi State Department of Health and Hospitals. The chlamydia rate in NMMC-West Point’s service area (596.6 per 100,000 population) is higher than the rate in Mississippi (273.9 per 100,000 population) and in Alabama (590.7 per 100,000 population). The gonorrhea rate in NMMC-West Point’s service area (168.2 per 100,000 population) is higher than the rate in Mississippi (81.7 per 100,000 population) and in Alabama (156.9 per 100,000 population). In NMMC-West Point’s service area, the syphilis rate (6.6 per 100,000 population) is higher than the rate in Mississippi (4.6 per 100,000 population), but lower than the rate in Alabama (10.9 per 100,000 population). The HIV rate in NMMC-West Point’s service area (11.5 per 100,000 population) is higher than the rate in Mississippi (7.8 per 100,000 population), but lower than the rate in Alabama (14.0 per 100,000 population).

<table>
<thead>
<tr>
<th></th>
<th>NMMC-West Point Service Area</th>
<th>Total Catchment Area</th>
<th>Mississippi</th>
<th>Alabama</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>596.6</td>
<td>520.0</td>
<td>273.9</td>
<td>590.7</td>
<td>446.3</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>168.2</td>
<td>124.2</td>
<td>81.7</td>
<td>156.9</td>
<td>106.0</td>
</tr>
<tr>
<td>Syphilis</td>
<td>6.6</td>
<td>3.3</td>
<td>4.6</td>
<td>10.9</td>
<td>18.0</td>
</tr>
<tr>
<td>HIV</td>
<td>11.5</td>
<td>10.5</td>
<td>7.8</td>
<td>14.0</td>
<td>14.0</td>
</tr>
</tbody>
</table>

Sources: Mississippi State Department of Health; Centers for Disease Control and Prevention; ADPH – County Health Profiles
Rates are per 100,000 population
Maternal and Child Health

The birth rate in NMMC-West Point’s service area (14.4 per 1,000 population) is higher than the birth rates in Mississippi (12.9 per 1,000 population) and Alabama (12.3 per 1,000 population). Infant mortality in NMMC-West Point’s service area (10.2 per 1,000 live births) is more common than in Mississippi (9.7 per 1,000 live births) and Alabama (8.7 per 1,000 live births).

<table>
<thead>
<tr>
<th></th>
<th>NMMC-West Point Service Area</th>
<th>Total Catchment Area</th>
<th>Mississippi</th>
<th>Alabama</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth rate (per 1,000 population)</td>
<td>14.4</td>
<td>14.5</td>
<td>12.9</td>
<td>12.3</td>
<td>12.5</td>
</tr>
<tr>
<td>Infant mortality rate (per 1,000 births)</td>
<td>10.2</td>
<td>9.2</td>
<td>9.7</td>
<td>8.7</td>
<td>6.1</td>
</tr>
</tbody>
</table>


Women in NMMC-West Point’s service area are as likely to receive prenatal care in the first trimester (74.3%) when compared to women in Mississippi (74.3%), but more likely than women in Alabama (68.2%). Low birthweight births in NMMC-West Point’s service area (11.5%) are as common as in Mississippi (11.5%), but more common than in Alabama (10.0%).

<table>
<thead>
<tr>
<th></th>
<th>NMMC-West Point Service Area</th>
<th>Total Catchment Area</th>
<th>Mississippi</th>
<th>Alabama</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women receiving prenatal care in first trimester</td>
<td>74.3%</td>
<td>74.5%</td>
<td>74.3%</td>
<td>68.2%</td>
<td>73.7%</td>
</tr>
<tr>
<td>Low birthweight</td>
<td>11.5%</td>
<td>11.0%</td>
<td>11.5%</td>
<td>10.0%</td>
<td>8.0%</td>
</tr>
</tbody>
</table>

Health Risk Factors and Behaviors

Health status is defined as the percentage of adults who reported their general health as fair or poor. Adults in the NMMC-West Point service area are less likely to report fair or poor general health (21.8%) compared to all Mississippi (23.4%) and Alabama adults (25.0%).

Current smoking is the percentage of adults who reported smoking at least 100 cigarettes in their lifetime and currently smoke. Adults in the NMMC-West Point service area are less likely to report smoking (21.6%) compared to all Mississippi (24.0%) and Alabama adults (23.8%).

Binge drinking is the percentage of adult males having five or more drinks, or adults females having four or more drinks on one occasion, one or more times in the past 30 days. Binge drinking is less common among adults in the NMMC-West Point service area (10.4%) compared to Mississippi (12.1%) and Alabama (12.3%).

Adults in the NMMC-West Point service area are more likely to have been diagnosed with diabetes (13.9%) compared to adults in Mississippi (12.9%) and Alabama (13.8%).

Adults in the NMMC-West Point service area are more likely to be obese (35.0%) compared to all Mississippi adults (34.6%), and to all Alabama adults (33.0%).

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Mississippi</th>
<th>Alabama</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health status, 2012</td>
<td>23.4%</td>
<td>25.0%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Current smoking, 2012</td>
<td>24.0%</td>
<td>23.8%</td>
<td>19.6%</td>
</tr>
<tr>
<td>Binge drinking, 2012</td>
<td>12.1%</td>
<td>12.3%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Diagnosed diabetes, 2013</td>
<td>12.9%</td>
<td>13.8%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Obesity, 2012</td>
<td>34.6%</td>
<td>33.0%</td>
<td>28.1%</td>
</tr>
</tbody>
</table>

Sources: County Health Rankings & Roadmaps; CDC, Diabetes Data and Statistics; CDC SMART BRFSS
Access to Care

According to the ACS 2010–2014 estimates, NMMC-West Point’s service area residents are more likely to have health insurance coverage (85.0%) compared to Mississippi (83.4%), but less likely to be insured compared to residents in Alabama (86.5%).

Private insurance coverage is more common among NMMC-West Point’s service area residents (60.0%) compared to all Mississippi residents (57.0%), but less common compared to Alabama residents (65.4%).

Public insurance coverage is more common among NMMC-West Point’s service area residents (37.4%) when compared to Mississippi residents (36.9%) and Alabama residents (33.9%).

Residents in NMMC-West Point’s service area are less likely to be uninsured (15.0%) compared to all Mississippi residents (16.8%), but more likely to be uninsured when compared to residents in Alabama (13.5%). Children in NMMC-West Point’s service area are less likely to be uninsured (5.2%) compared to all children in Mississippi (7.3%), but less likely to be uninsured when compared to children in Alabama (4.6%).

<table>
<thead>
<tr>
<th>NMMC-West Point Service Area</th>
<th>Total Catchment Area</th>
<th>Mississippi</th>
<th>Alabama</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance Coverage</td>
<td>85.0%</td>
<td>84.3%</td>
<td>83.2%</td>
<td>86.5%</td>
</tr>
<tr>
<td>Private Insurance</td>
<td>60.0%</td>
<td>58.5%</td>
<td>57.0%</td>
<td>65.4%</td>
</tr>
<tr>
<td>Public Coverage</td>
<td>37.4%</td>
<td>37.6%</td>
<td>36.9%</td>
<td>33.9%</td>
</tr>
<tr>
<td>No Health Insurance Coverage</td>
<td>15.0%</td>
<td>15.7%</td>
<td>16.8%</td>
<td>13.5%</td>
</tr>
<tr>
<td>No Health Insurance Coverage (Children)</td>
<td>5.2%</td>
<td>6.0%</td>
<td>7.3%</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

Seven online surveys were completed from August 26 to September 21, 2016. Surveys required approximately 10 minutes to complete. Each survey documented the community leader’s expertise and experience related to the community. Additionally, the following community-focused questions were used as the basis for the survey:

- Community leader’s name
- Community leader’s title
- Community leader’s organization
- Overview information about the community leader’s organization
- What are the top three strengths of the community?
- What are the top three health concerns of the community?
- What are the health assets and resources available in the community?
- What are the health assets or resources that the community lacks?
- What are the barriers to obtaining health services in the community?
- What is the single most important thing that could be done to improve the health in the community?
- What other information can be provided about the community that has not already been discussed?
Community Leader Interview Summary

<table>
<thead>
<tr>
<th>Topic</th>
<th>Discussion Points/Highlights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Strengths</td>
<td>• Several community leaders mentioned that the top health strength in the community is the hospital.</td>
</tr>
<tr>
<td></td>
<td>• Other health strengths mentioned include the wellness center, access to quality physicians, the Annual Kid’s Fair, a children’s clinic, and several health-related resources.</td>
</tr>
<tr>
<td>Health Concerns</td>
<td>• Some of the commonly mentioned health concerns include obesity, care for children, lack of providers, teen pregnancy, care for the elderly, STIs, and lack of screenings.</td>
</tr>
<tr>
<td></td>
<td>• Several community leaders noted that their main concern is obesity in children and adults.</td>
</tr>
<tr>
<td>Resources Available</td>
<td>• Some health resources mentioned include the hospital, food banks at local churches, health fairs at the hospital, mental health resources, counseling services, child displacement services, wellness center, and Excel by 5.</td>
</tr>
</tbody>
</table>
Community Leader Interview Summary (Continued)

| Resources Needed | • Several community leaders noted that the community needs greater access to physicians located in or around the community.  
|                  | • Community leaders also noted the importance of resources focused on women’s health and family planning.  
|                  | • Other resources that are needed include pediatric and senior care.  
| Medically Underserved Population | • Teen mothers  
|                                  | • Middle class and working population  
|                                  | • Underprivileged children  
|                                  | • People lacking transportation |
### Community Leader Interview Summary (Continued)

| Barriers to Obtaining Health Services | • Cost of services  
• Limited number of providers |
|--------------------------------------|--------------------------|
| Ways to Improve the Overall Health in the Community | • One community leader noted that providing more screenings to the community is key for promoting preventative care.  
• Educating community members on healthy eating habits and wellness was mentioned by several community leaders as a way to improve the overall health in the community. |
The overarching goal in conducting this Community Health Needs Assessment is to identify significant health needs of the community, prioritize those health needs, and identify potential measures and resources available to address the health needs. For the purpose of identifying health needs for NMMC-West Point, a health priority is defined as a medical condition or factor that is central to the state of health of the residents in the community. An exhaustive list of health needs was compiled based on the health profile and survey data. Concerns that did not fall within the definition of an identified health priority, such as social determinants of health, are discussed in conjunction with the health priorities where applicable. A modified version of Fowler and Dannenberg’s Revised Decision Matrix was developed to capture priorities from the primary and secondary data. This matrix tool is used in health program planning intervention strategies, and uses a ranking system of “high,” “medium” and “low” to distinguish the strongest options based on effectiveness, efficiency and sustainability. As the CHNA is meant to identify the community’s most significant health needs, only the health needs falling under the “high” and “medium” categories are highlighted.

The two health priorities identified through the CHNA are: Chronic health conditions, sexually transmitted diseases, and maternal and child health.
Chronic Health Conditions

- Heart disease is the leading cause of death in NMMC-West Point’s service area. The rate is substantially higher than the rates in Mississippi and Alabama.
- Chronic lower respiratory disease is the third leading cause of death in NMMC-West Point’s service area.
- Among residents aged 65 and older in NMMC-West Point’s service area, heart attack, hypertension, and stroke mortality rates are substantially higher than rate in Mississippi and Alabama.
- Adults in NMMC-West Point’s service area are more likely to report being diagnosed with diabetes when compared to adults in Mississippi and Alabama.
- Adults in NMMC-West Point’s service area are more likely to report being obese when compared to adults in Mississippi and Alabama.
- Community leaders noted their main health concern as being obesity in children and adults.
- One community leader noted that educating community members on healthy eating habits and wellness is one way to improve the overall health in the community.

Sexually Transmitted Infections

- The chlamydia rate in NMMC-West Point’s service area is substantially higher than the rate in Mississippi.
- The gonorrhea rate in NMMC-West Point’s service area is substantially higher than the rate in Mississippi and Alabama.
- The syphilis rate in NMMC-West Point’s service area is higher than the rate in Mississippi.
- The HIV rate in NMMC-West Point’s service area is higher than the rate in Mississippi.
- Community leaders noted STIs as being a main health concern.
Maternal and Child Health

- The infant mortality rate in NMMC-West Point’s service area is higher than the rates in Mississippi and Alabama.
- Low birthweight births are more common in NMMC-West Point’s service area when compared to Alabama and the United States.
- Community leaders noted care for children and teen pregnancy and two major health concerns in NMMC-West Point’s service area.
- Community leaders mentioned the importance of resources in NMMC-West Point’s service area focused on women’s health and family planning.
- Community leaders also noted the importance of resources in NMMC-West Point’s service area focused on pediatric care.
- According to community leaders, teen mothers and underprivileged children are medically underserved in NMMC-West Point’s service area.
Chronic Health Conditions

According to the Mississippi State Department of Health, "Cardiovascular disease, including heart disease and stroke, is the leading cause of death in Mississippi, accounting for over a third of all deaths in the state. Mississippi’s CVD mortality rate remains the highest in the nation". The state health department is committed to lowering rates of cardiovascular disease mortality by promoting programs like the Heart Disease and Stroke Prevention program. This program implements health system interventions to improve effective delivery of care, support prevention and management of high blood pressure and diabetes, and collecting and analyzing data to guide work.

NMMC’s Heart Institute in Tupelo, located about 45 minutes from West Point, provides inpatient and outpatient cardiovascular services to improve heart health for area residents. The available services include: Nursing Units, Cardiac Catheterization, Cardiopulmonary Rehabilitation, Cardiothoracic Surgery, Chest Pain Center, Echocardiography, Electrocardiography, Electrophysiology Laboratory, Exercise Stress Test, Holter Monitoring, Nuclear Stress Testing, and Teletrace. NMMC – Tupelo offers a Congestive Heart Failure Program, aimed at reducing symptoms and educating patients on how to better manage their condition.

NMMC-Tupelo offers a bariatric center at the hospital that provides bariatric surgery, support groups, online educational seminars, and information about obesity.

NMMC-Tupelo offers a Diabetes Treatment Center that is dedicated to helping people better understand diabetes and inform them of new medications and technologies. The center offers a comprehensive program of treatment and consultation services. Services include inpatient services, outpatient services, comprehensive diabetes self-management program, support services, healthy cooking class, diabetes assistance fund, community outreach, and a nationally recognized center of excellence.

NMMC-West Point offers a Comprehensive Self-Management Program as well as Diabetes Support Groups.
Chronic Health Conditions

The West Point Wellness Center is the most comprehensive health and fitness facility in the area. The joining fee includes information on height/weight, heart rate, blood pressures, body composition assessment, muscular strength and endurance, flexibility test, aerobic capacity, and individual exercise prescription.
Sexually Transmitted Infections

The Clay County Health Department offers standard STI screening for chlamydia, gonorrhea, HIV, and syphilis. The results are confidential and the County Health Department also offers HIV/AIDS prevention education, HIV test counseling, partner notification, STI prevention/education, and condom distribution. The payment for testing is on a sliding scale, and the County Health Department accepts insurance and Medicaid. Free HIV testing is also offered.

The Mississippi State Department of Health provides free testing from chlamydia, gonorrhea, syphilis, and HIV throughout Mississippi. Treatment for STDs is also provided at all health department clinics.
Maternal and Childhood Health

NMMC-West Point’s Women’s Pavilion provides family-centered maternity services such as delivery and recovery in the same room, the nursery, and childbirth education for expectant parents.

Clay County Healthy Start provides counseling, referral, and support services to high risk clients, prenatal, and newborn to one year of age. Services provided include: childbirth education, parenting education, child development, family planning counseling, breastfeeding support, grief support, and smoking cessation.

Mississippi State Department of Health offers family planning and reproductive health services at a free or reduce cost for NMMC-West Point service area residents. These services include pap smears, clinical breast exam, family planning counseling, education on contraceptive methods, testing for pregnancy, birth control supplies, sterilization, and care coordination for high risk clients.

The Mississippi State Department of Health offers a variety of child based programs throughout Mississippi, including Women, Infants and Children’s Nutrition Program (WIC), Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT), and the Children’s Medical Program (CMP).
REFERENCES


References (Continued)


Appendix A: Carnahan Group Qualifications

Carnahan Group is a strategic healthcare consulting firm focused on the convergence of regulations, transactions, and strategies. For over 15 years, we have been trusted by healthcare organizations and other entities throughout the nation as an industry leader in providing Fair Market Valuations, Community Needs Assessments, Community Health Needs Assessments, Medical Staff Demand Analyses, and other integrated strategies. We serve a variety of healthcare organizations, including but not limited to, hospitals and health systems, large and small medical practices, and public health agencies. Our highly educated and experienced staff provides only exceptional customer service, quality work, and unsurpassed insight into their specific needs.

Carnahan Group strives to become each of our clients’ trusted partner by providing customized solutions, rapid turnaround time, and competitive pricing. Our staff members offer varied backgrounds and diverse capabilities, allowing us to understand that our clients need more than just a document; they need a sound plan to guide them through time-sensitive transactions in the face of the healthcare industry’s most challenging scrutiny and in litigation.
Appendix B: Community Leader Interview Organizations

<table>
<thead>
<tr>
<th>Organization</th>
<th>Area Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mississippi University for Women</td>
<td>Education</td>
</tr>
<tr>
<td>First Baptist</td>
<td>Medically Underserved and Low-Income Population</td>
</tr>
<tr>
<td>West Point Police Department</td>
<td>Public Service Organization</td>
</tr>
<tr>
<td>NMMC – West Point</td>
<td>Hospital Leader</td>
</tr>
<tr>
<td>City of West Point</td>
<td>Elected Official</td>
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</tbody>
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Thank you for the opportunity to serve North Mississippi Medical Center!
We are committed to being your innovative strategic partner.