



# Community Health Needs Assessment

IMPLEMENTATION STRATEGY

2015-2017



# Mississippi Baptist Health Systems, Inc.

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

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## Introduction

This Implementation Strategy relies on information taken from the many sources utilized and also from interviews performed in conducting the Community Health Needs Assessment (CHNA) for Mississippi Baptist Medical Center (MBMC) and The Mississippi Hospital for Restorative Care (RCH), conducted during the taxable year ending August 31, 2015. The Executive Summary of this CHNA Report is included in this plan and may be reviewed in its entirety at [www.mbhs.org/locations/baptist-health-systems/community-health-needs-assessment/](http://www.mbhs.org/locations/baptist-health-systems/community-health-needs-assessment/). This comprehensive report identified the health status of the communities served by MBMC and RCH, and is the foundation for this plan, highlighting how Baptist plans to address the priority health needs within its service area. Because the service areas of the hospitals overlap substantially, the planning to meet community needs was done jointly.

This plan serves as Implementation Strategy for Mississippi Baptist Medical Center (MBMC) and The Mississippi Hospital for Restorative Care (RCH) in meeting those needs, including setting the goals and objectives for providing community benefits. This plan also meets the requirements for community benefit planning as set forth in state and federal laws, including but not limited to the Internal Revenue Code Section 501(r). The implementation period of this plan is effective beginning in the tax year in which in 2015, and continuing through 2017.

The Mission and Vision, policy and procedure, governance, operations, and financial affairs of MBMC and RCH are managed and controlled by a Board of Trustees (the "Board"), consisting of voluntary leaders and key stakeholders from the community. The majority of these are civic, business, and professional leaders, including physicians holding active medical staff privileges.

As not-for-profit hospitals, MBMC and the RCH are committed to providing charity care or financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Our Mission is "To provide the highest quality healthcare, guided by our Christian faith." With this mission to deliver compassionate, high quality, affordable health care services, the hospitals strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

In fiscal year 2015, both MBMC and RCH provided a substantial amount of charity care and indigent health care, as well as a number of other community benefits in accomplishing its exempt purposes. An organizational imperative is volunteerism, bringing together many individuals in its service area and employees, volunteering thousands of hours to serve people in need of healthcare and related programs and initiatives. The resulting benefits to Hinds, Madison, and Rankin counties cannot be fully quantified, as Baptist's enormous expression of volunteerism goes far beyond mere dollars.

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### Prioritized Health Needs – Overview

Mississippi Baptist Health Systems (MBHS) conducted a joint Implementation Strategy for both Mississippi Baptist Medical Center (MBMC) and the Mississippi Hospital for Restorative Care (RCH) between August and December 2015. The following Implementation Strategy outlines Baptist's plan to address the significant needs identified based on the findings of the CHNA completed August 31, 2015. Those three priorities are listed below:

#### Priority #1: Prevention and Management of Chronic Disease and Related Conditions

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

#### Priority #2: Improvement of Access to Care

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

#### Priority #3: Decrease Health Risk Behaviors through Education

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

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### **Prioritized Health Need 1: *Prevention and Management of Chronic Disease and Related Conditions***

As not-for-profit hospitals, MBMC and the RCH are committed to providing charity care or financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with this mission to deliver compassionate, high quality, affordable health care services, the hospitals strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. The hospitals will provide, without discrimination and in full compliance with the Emergency Medical Treatment and Labor Act (EMTALA), care for emergency medical conditions to individuals regardless of their eligibility for charity care, financial assistance or government assistance.

Charity care or financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with the hospitals' procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets. In order to manage its resources responsibly and to allow the hospitals to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors has established a patient charity care and financial assistance policy.

Residents of the primary service area (Hinds, Madison, and Rankin Counties) consistently have more chronic disease and related conditions issues than anywhere else in the state. These include cancer, diabetes, cardiovascular disease, and other conditions.

**Proposed Actions:** MBMC offers a variety of screenings and provider collaborations which are designed to detect health issues before they become problems, and to bring various providers within the community together to increase the capacity, efficiency and potential effectiveness of collective healthcare resources. These include

#### A. Heart Screenings

1. Heart Select – This low cost screening is offered weekdays at MBMC in the Cardiovascular Outpatient Diagnostics area for \$100. It includes a CT scan which detects calcium deposits in coronary arteries. The presence of calcium deposits correlates directly to coronary plaque and risk of coronary disease. Since January of 2015, averages of 25 individuals per month have participated in this screening.
2. Stroke Select – This low cost screening is offered weekdays at MBMC for \$45. It includes a carotid ultrasound which is a painless test that uses high-frequency sound waves to create pictures of the insides of the two carotid arteries. A carotid artery is on each side of the neck. Blockage in these

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arteries greatly increases risk for a stroke. Since January of 2015, 12 individuals have participated in this screening.

3. Lung Select – This low cost screening is offered weekdays at MBMC for \$125. It includes a Low Dose CT Scan to detect abnormalities that may be too small to be seen on a routine x-ray. The radiologist fee is included in the cost. A physician's order is required along with lung cancer screening counseling. For individuals who do not have physicians, we offer appointments with a thoracic surgeon for the consultation. A total of 33 Lung Select screenings have been completed since January 2015.
4. Heart Basic – This low cost screening is offered weekdays at Baptist Medical Clinics in the metro area for only \$25. It includes blood pressure, fasting/lipid profile, glucose, resting EKG and heart risk assessment. Since January of 2015, there have been 504 participants in the Heart Basic screenings.
5. R.A.C.E. - This low cost screening is offered weekdays at Baptist Cardiovascular Surgery Clinic on campus at MBMC for only \$75. It includes a carotid ultrasound, an abdominal ultrasound, ABI, comparison of blood pressure in the arms and legs to detect artery blockage in the legs, and blood pressure. A total of 235 R.A.C.E. screenings have been done since January 2015.

### B. Collaboration Efforts

1. Cancer Collaborative – Ongoing meaningful dialogue is in progress with St. Dominic Health Services and University Mississippi Medical Center to explore a community/collective approach to delivering cancer services in the community.
2. Clinical Integration – Ongoing efforts are in progress to grow the Mississippi affiliated Network (MAN), a statewide initiative of more than 2,000 providers that is grounded in providing care from a value based approach.
3. Mission First Clinic – Established in 1999, Mission First provides comprehensive medical and ministry services in inner city Jackson (MS). MBMC will continue this important partnership to provide quality healthcare in the form of low cost medical and dental treatments to the uninsured of Jackson.

**Anticipated Impact of Actions:** MBMC expects that 15% percent of the above screenings identify disease at an early stage and save lives.

**Resources to Deploy/Commit:** The screenings offered at MBMC vary in value from \$450 - \$2,000 and are offered at discounts to the community. Baptist is committed to absorbing the various costs including equipment/lab costs, salaries and advertising.

**Planned Collaboration:** MBMC works with approximately 50 physicians and additional clinicians to provide these screenings, evaluate the findings and report them to the participants.

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## Prioritized Health Need 2: *Improvement of Access to Care*

As not-for-profit hospitals MBMC and the RCH are committed to providing charity care or financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care based on their individual financial situation. Consistent with this mission to deliver compassionate, high quality, affordable health care services, the hospitals strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Charity care or financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with the hospitals' procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets. In order to manage its resources responsibly and to allow the hospitals to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Directors has established a patient charity care and financial assistance policy.

Residents of the primary service area (Hinds, Madison, and Rankin Counties) lack access to care in a multitude of ways for a variety of reasons. Addressing this health need is very complex due to the many variables that may impact one's access to care.

**Proposed Actions:** MBMC offers a variety of events to provide access to preventive health care. In addition to the above listed screenings on Priority #1, below is a recap of specific events offered in 2015 thus far:

### A. Emergency Room Services

1. MBMC expects to treat approximately 80,000 patients in our Emergency Room in 2016. In doing so, MBMC will provide, without discrimination and in full compliance with the Emergency Medical Treatment and Labor Act (EMTALA), care for emergency medical conditions to individuals regardless of their eligibility for charity care, financial assistance or government assistance.

### B. Medical Staffing Plan

1. Baptist maintains an ongoing physician recruitment effort whereby on an annual basis physician manpower needs are identified and efforts are made to bring new physician providers to the community to fill underserved needs, thereby providing increased access for the community.

### C. Cardiovascular Events

1. Heart Day – This screening event is the parent of the Heart Basic screening and is offered annually the first Saturday in February. It includes the same components as the Heart Basic screening for \$25. More than 220 participated in this year's event.

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2. AAA Day – This event, offered every other year, is a screening for Abdominal Aortic Aneurysms that costs \$35 per person. A total of 62 people participated on August 2.

### D. Cancer Events

1. HOPE Conference - Cancer Services sponsors and participates in the annual HOPE Conference for cancer patients, survivors and their families. The conference features educational information as well as physician speakers on a variety of cancer topics. Over 200 were in attendance at this March 7 event.
2. Clinical Breast Exam Screening – In conjunction with Breast Cancer Awareness activities in October, a clinical breast exam screening was offered on October 27 along with an educational seminar. One of the Baptist radiologists presented the educational information and two surgeons performed the clinical breast exams. There were 6 seminar attendees and 5 clinical breast screenings with 3 abnormal findings at the event.
3. Skin Screenings – Baptist Cancer Services and the Baptist clinics offered two skin screenings for the community, one on March 26 and one on August 13. These are performed by family practitioners and plastic surgeons. A total of 58 participants were screened and 17 needed additional follow up.

### E. Access to Primary Care

1. Baptist Medical Clinics – Baptist owns eight primary care clinics located in various communities surrounding MBMC. Care is provided by 25 licensed providers with average patient visits exceeding 109,000 annually.
2. Mission First Clinic – Established in 1999, Mission First provides comprehensive medical and ministry services in inner city Jackson (MS). MBMC will continue this important partnership to provide quality healthcare in the form of low cost medical and dental treatments to the uninsured of Jackson.
3. Convenient Care Walmart Clinic – This primary care retail clinic is open seven days a week and appointments are not needed. Two licensed providers treat approximately 5,000 patients annually.
4. Baptist Premier Medical – This clinic, formerly known as Premier Medical Group of Mississippi, was acquired by MBMC in October of 2015. The average number of patients seen is approximately 8,500 each month. There are 18 physicians and 6 nurse practitioners who provide specialty care for the following:
  - General Internal Medicine
  - Family Medicine
  - Endocrinology



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- Infectious Diseases
- Pulmonary and Sleep Medicine

**Anticipated Impact of Actions:** MBMC anticipates an average of 15-20% of the participants in the above events will identify disease at an early stage which, in turn, saves lives.

**Resources to Deploy/Commit:** These events vary in value from in-kind donations for speakers at the HOPE conference to volunteers for the events and also supply and/or labor costs as well as event promotion. Baptist is committed to absorb the various costs including equipment/lab costs, salaries and advertising costs.

**Planned Collaboration:** MBMC works with approximately 20 physicians and additional clinicians to provide these events, evaluate the findings and report them to the participants.

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### **Prioritized Health Need 3: *Decrease Health Risk Behaviors through Education***

With the residents of the primary service area (Hinds, Madison, and Rankin Counties) consistently having more chronic diseases, the need for education is extremely important to decrease health risk and improve health status.

**Proposed Actions:** MBMC recognizes the need for community education on a variety of health topics to preventive health care. While this is a challenge in the current digital world, Baptist continues to offer related educational seminars, support groups, and general awareness activities both as live offerings and also via social media. Below is a recap of specific events offered in 2015 to date:

#### A. Cardiovascular Education

1. Provided speaker for Heart Healthy Seminar for Entergy Corporation employees in February with 20 attendees.
2. Cardiovascular Educational Seminar held at Christ United Methodist Church in February with the topic of heart valves and 35 attendees.
3. Cardiovascular Senior Tour Group at Baptist Cardiovascular Outpatient Diagnostic area. The group toured the area and was given information on the various types of cardiovascular tests. A total of 43 from the tri-county area churches participated in this tour.
4. Cardiovascular Surgeon William Harris, MD spoke to a Rotary Club Meeting in May with 25 attendees.
5. Provided staff education to 21 people at Methodist Rehab facility in March.
6. Provided a speaker, meeting place and refreshments for monthly Mended Hearts Support Group five months during the year.
7. Provided for the distribution of CPR kits at Clinton High School and Forest High School.
8. Circulated mailers about heart disease and access to our Heart Screenings in the tri-county area.

#### B. Cancer Education

1. Dr. Jane-Claire Williams presented an educational seminar about colon cancer for the employees at Southern Farm Bureau with about 35 attendees.

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2. Provided Breast Cancer Awareness Materials to various churches, schools and community organizations.
3. As a result of the changes in healthcare and insurance for the general public, along with the need to educate women about early detection for breast cancer, we began offering clinical breast exams (CBE) along with an educational seminar annually in October of 2013. This includes a 30-minute seminar/Q&A session with a radiologist on staff and CBE demonstration by our Breast Health Navigator. In 2015, there were 10 attendees to the seminar. Additionally, approximately 125 bags with educational information were distributed from the Hederman Cancer Center.
4. Partnered with WLBT for its "Power of Pink" breast cancer awareness campaign, which included educational public service announcements featuring Baptist physicians and clinicians emphasizing the importance of mammograms.
5. Partnered with Citizens National Bank to distribute breast cancer awareness materials at one of their branch locations in October.
6. Circulated mailers about lung cancer and access to our Lung Select Screening in the tri-county area.
7. Provided a speaker, meeting place and refreshments for two Cancer Support Groups which meet quarterly for breast and gynecological cancers.
8. Provided meeting space and lunch for the quarterly meetings of Lymphedema Education and Prevent (LEAP) Support group.

### C. Stroke Education

1. Provided educational information in the medical center lobby for stroke education.
2. Participated as part of a collaborative effort with other local hospitals in the City Wide Stroke Support Group and mailed monthly reminders to stroke patients.

### D. General Education

1. Circulated a quarterly newsletter, HealthSource, electronically to approximately 30,000 people in the metro area.
2. Provided educational flyers for a variety of services and promoted our Healthy Life Screenings to the employees of the Jackson Airport at their annual Health Fair in January.

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3. Our Baptist be.Well clinic participated in various health fairs with corporate clients and their employees, providing speakers and screenings.
4. Regularly posted to Facebook, Twitter and other social media platforms on screenings and various education opportunities.

### E. Collaboration Efforts

1. Cancer Collaborative – An ongoing meaningful dialogue is in progress with St. Dominic Health Services and University Medical Center to explore a community/collective approach to delivering cancer services in the community.
2. Clinical Integration – Ongoing efforts are in progress to grow the Mississippi affiliated Network (MAN), a statewide initiative of more than 2,000 providers that is grounded in providing care from a value based approach.

**Anticipated Impact of Actions:** MBMC estimates the impact of these activities reaches thousands of people in the community. We can record participation in seminars and events, but are unable to measure the value of the education presented, the reach of the newsletter or the presence at health fairs.

**Resources to Deploy/Commit:** These events vary in value from in-kind donations for speakers to volunteers for the events as well as event promotion. Baptist is committed to absorb these various costs.

**Planned Collaboration:** MBMC works with over 500 physicians on staff and additional clinicians to provide these educational events.

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## Unaddressed Health Needs

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

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

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

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

All health needs listed below are important, and most, if not all, are being addressed by numerous activities and initiatives either operated directly by Baptist or supported through our assistance to one of our many community partners.

Food Insecurity Rate	Access	Mental Health
Access to Housing	Access to Public Transportation	Drug & Alcohol Use and Abuse
Income disparities	Reduce Percent of Adults without a	Prescription Drugs – Access
Violent Crime Rate	Regular Doctor	Health Insurance – Access
Homicide	Healthy Eating Habits	Homelessness
Poor Air Quality	Tobacco Use	Increased Access to Dental Care
Access to Fast Food Restaurants	Motor Vehicle Accidents and	Increased Access to Vision Care
Grocery Store Access	Mortality	
Low Food Access	HIV and AIDS	
SNAP-Authorized Food Store	Sexually Transmitted Diseases	

## Mississippi Baptist Health Systems

### Resolution

#### MBHS Board of Trustees

In May 2017, the Baptist Memorial Health Care Corporation of Memphis, TN (BMHCC) acquired a controlling interest in Mississippi Baptist Health System. As part of the January 2018 system-wide review of Community Health Needs Assessment (CHNA) documentation, issues that required additional clarification and/or documentation were identified and corrected to ensure compliance with all §501(r) requirements. The purpose of this resolution is to add clarification and finalize the approval process for MBHS's 2016 CHNA and CHNA-Implementation Strategy (CHNA-IS).

#### CHNA Approval

MBHS's 2016 CHNA was approved by the MBHS Board of Trustees in its meeting held the 25<sup>th</sup> day of August 2015. This adoption was completed in compliance with IRC §501(r) regulations.

#### CHNA-IS Approval

The Mission Effectiveness Committee of the MBHS Board of Trustees, in its meeting held the 7<sup>th</sup> day of December 2015, reviewed and recommended a draft of the Baptist Health Systems CHNA - IS 2015 - 2017 to the Board of Trustees for consideration and adoption.

Evidence of the MBHS Board of Trustees' adoption of the CHNA - IS has not presented. Henceforth, as recommended by BMHCC senior management, the document was brought before the board.

Therefore be it resolved, that the MBHS Board of Trustees hereby formally adopts the MBHS Community Health Needs Assessment - Implementation Strategy 2015 – 2017 on this the 30<sup>th</sup> day of January 2018.



Arthur Skip Jernigan, Chairman  
MBHS Board of Trustees

01-30-18

Jan 30, 2018