**OUR MISSION**

Methodist Le Bonheur Healthcare, in partnership with its medical staffs, will collaborate with patients and their families to be the leader in providing high quality, cost-effective patient-and family-centered care. Services will be provided in a manner which supports the health ministries and Social Principles of The United Methodist Church to benefit the communities we serve.

**OUR VISION**

Methodist Le Bonheur Healthcare is a faith-based healthcare system that, in partnership with its physicians, will be nationally recognized for delivering outstanding care to each patient, achieved through collaboration with patients and their families.

**OUR VALUES**

**SERVICE** - Patients and families are at the heart of all we do.

**QUALITY** - We consistently provide the highest quality of care through safe, proven practices.

**INTEGRITY** - We accept and honor the trust placed in us through our faith-based mission.

**TEAMWORK** - Together we are better.

**INNOVATION** - We are a learning organization and embrace new ways to get better results.

Be treated well.
A MESSAGE FROM OUR LEADERS

We are delighted to present our 2016 Community Health Needs Assessment. Like other hospitals across the country, we have used this document to determine areas of need within the community, and will use it to gain insight into how we can best meet those needs moving forward. But we believe our approach to this process is different from many others because of our unique Power of One culture and the Mission that guides the work of all 13,000+ Methodist Le Bonheur Healthcare (MLH) associates.

Our MLH service model calls on all of our Associates, whether they are in clinical roles or not, to approach their work with the following behaviors; Make a connection, Listen to understand needs and Honor commitments.

In developing the CHNA, we took purposeful steps to identify the health needs in our community by Making a connection and Listening to understand needs, and our plan for how we’ll meet those needs is our way of Honoring our commitment to the community. Here’s how that worked:

Make a Connection: We connected with patients, family members, health leaders and other influencers in Memphis and the surrounding communities. We are committed to serving all corners of our community, so we made sure to listen to voices across our service area from all walks of life.

Listen to Understand Needs: We listened carefully to all those involved in the process, paying close attention to the challenges they face in becoming and maintaining their healthiest selves. We also “listened” carefully to what we could learn from statistics about our community’s demographics, social determinants of health, and health outcomes.

Honor Commitments: We will collaborate with key partners to create strategies and programs that make a real difference in the health and well being of those we serve, responding specifically to the health needs we identified.

As the preeminent healthcare system in an area that faces significant socio-economic, educational and health challenges, we remain dedicated to improving the health of our community using innovative strategies to truly make a difference. Moving forward, this document will be an important tool in helping us do exactly that.

Sincerely,

Gary Shorb
CEO
Methodist Le Bonheur Healthcare

Michael Ugwueke, President and COO
Methodist Le Bonheur Healthcare

Pictured left to right:
Michael Ugwueke, President and COO
and Gary Shorb, CEO of Methodist
Le Bonheur Healthcare
EXECUTIVE SUMMARY

To MLH, community health goes beyond providing treatment to those within the walls of our hospital. While we take pride in our ability to provide quality healthcare to all, regardless of ability to pay, we as a system also recognize the importance of addressing the needs of those within this community in a more holistic way. To that end, we have completed a rigorous assessment process that has allowed us to identify the following three areas, around which our system will galvanize efforts to impact the quality of life for all within our community.

Sponsor and evaluate innovative community healthcare solutions that in turn, lead to good life chances to learn, play, work and worship, and live life with hope.

Address the needs of children, particularly those at risk, through preventive community strategies, investments and partnerships.

Improve access to health care and health-promoting services.

Focus action on two high-priority disease areas (cancer and heart disease), where there is evidence of disparity in outcome.

Maternal, Infant & Child Health

Access to Health Services

Adult Cancer & Heart Disease

Moving forward, our Implementation Plan will outline the strategies we will use to deliver upon these identified health needs.
OVERVIEW

At MLH, we welcome the federal requirement to complete a Community Health Needs Assessment, because it helps us create a comprehensive picture of community needs through both statistical analysis and purposeful, facilitated conversations with patients, consumers, providers and partner organizations. This dialogue helps us more effectively develop targeted strategies for maximizing our benefit to the community. Assessing the needs of our community is good practice and will be critical as we look to improve the health and wellbeing of the population we serve.

WHO WE ARE

- With 1,650 licensed beds and 64,621 inpatient discharges in 2015, we provide care for 368,480 emergency department visits.
- MLH is the second largest private employer in our community, employing nearly 14,000 Associates, including 3,500 nurses.
- Our clinical areas of focus include cardiology, oncology, neurosciences, women’s services, pediatrics and transplant services.
- Our work is grounded in our mission.
- As a faith-based institution, the Social Principles of the United Methodist Church challenge us to establish an environment where:
  The community provides potential for nurturing human beings into the fullness of their humanity. We believe we have a responsibility to innovate, sponsor and evaluate new forms of community that will encourage development of the fullest potential in individuals.

OUR COMMUNITY

We believe that where a person lives, works and plays has a vast, undeniable influence on health, and understanding this relationship is fundamental to improving the health of the community at large. Here in the Mid-South, we’re anchored by Memphis, a city renowned for its barbecue, blues and a grit-and-grind mentality. While our community has much to be proud of, it’s also a place where many people are affected by poverty, poor educational opportunities, and a lack of health insurance. These factors, among others, have a significant impact on the health of our community.

According to a study from the Shelby County Health Department in collaboration with the Tennessee Department of Health and others, residents of certain Shelby County neighborhoods have, on average, a lower life expectancy than wealthier neighborhoods in the county. For example, residents of the 38106 and 38126 ZIP codes—located just south of downtown Memphis—have an average life expectancy of 68.7 years. The average for 38017 residents—located in the eastern part of the county—is 81.6 years.

Research has shown that socioeconomic status and educational attainment are highly linked to health outcomes. In our community, we know that the same areas afflicted by poverty and lower education are those faced with shorter life expectancy.

Of particular significance is the fact that these health disparities tend to fall along racial lines. The 38106 and 38126 ZIP codes, for example, are 96 percent African American, and this same trend is true across many neighborhoods within our community. For too many African Americans, health is an uphill battle.

Yet remarkably, despite all of its challenges, the Mid-South is home to many hard-working and caring individuals who are willing to invest in the improvement and wellbeing of their community. For evidence of this, look no further than the fact that Memphis consistently ranks among the most generous cities for philanthropic giving. Memphians on average gave more than 5 percent of income to charity. We invest in our community and its residents to make it a place that we’re proud to call home.

Source: “Life expectancy study highlights plight of Shelby County’s poorest residents”, Commercial Appeal

Source: Vulnerable Populations Footprint, Community Commons

- Both Poverty and Education above thresholds
- > 20% of population living at-or-below 100% of the Federal Poverty Level (FPL)
- > 25% of population with no high school diploma
DEFINITION OF COMMUNITY SERVED

MLH serves a population of 1.25 million people in East Arkansas, West Tennessee and North Mississippi. We serve a broad cross section of our community, reaching many disadvantaged areas. Patients from around the country and all over the world find their way to us for care, but for the purposes of the Community Health Needs Assessment (CHNA), we identified Shelby County, Tennessee and DeSoto County, Mississippi as our primary service area. These two counties makeup more than 75 percent of inpatient discharges across our system and is a representative sample of our patient population. See the Appendix for more detailed demographic information.

THIS IS OUR COMMITMENT

Methodist Le Bonheur Healthcare’s longstanding culture of compassion is part of a legacy that began with Mississippi planter John Sherard and his commitment to caring for all members of the community by establishing a hospital in the heart of the community. Today, our commitment to this city and its people is evident in the countless forms of community benefit Methodist has provided throughout the years. In 2015 MLH’s emergency departments had the largest share of TennCare and uninsured visits in the state. Our role in serving the at-risk community has been a focal point of our enterprise, highlighted by the fact that our investment in community benefit increased to over $200 million in the last three years. In addition to serving patients, MLH contributes to the community in a variety of ways, including:

- **Associate giving**
  As the largest United Way supporter of any Memphis health system, it’s clear that our Associates have a tremendous spirit for giving. We see this every day in their selfless giving of their time with volunteer work as well as their donations to the American Cancer Society, American Heart Association, Mid-South Food Bank, Shelby Farms Park, the Salvation Army, and the Humanitarian Fund, which supports Methodist Le Bonheur Associates in times of medical or financial crisis.

- **Community Care Clinics**
  We give our assistance with free patient care, program funding and proactive work to create a more supportive safety net within our community.

- **Community education**
  We train EMS and other external medical professionals in order to improve overall care in the region.

- **Faith and Health Division**
  Partnership through the Congregational Health Network with more than 600 congregations and faith communities helps patients navigate their medical care.

- **Le Bonheur Community Outreach**
  We use our resources, such as screenings, education and support, we to improve the everyday lives of children in our community.

- **Medical education and research**
  University of Tennessee graduate medical residents and fellows.

- **Methodist Healthcare Foundation/Le Bonheur Foundation**
  Funding for a variety of projects, including the Methodist Comprehensive Sickle Cell Center, Methodist Hospice Residence and FedExFamilyHouse, a home away from home for out-of-town families with children receiving treatment at Le Bonheur.

Methodist University is the recipient of Methodist’s biggest capital investment to date. Some $280 million over the next two years has been committed to building an outstanding facility for the people in our community. As critical as these new buildings and the services that will be provided in them are, this investment is also a statement that we are truly committed to this place.”

- Jeffrey Liebman, CEO, Methodist University Hospital
For nearly 40 years, Le Bonheur Children’s Hospital has gone outside the walls of the hospital to address barriers that prevent children from thriving. Forty-seven percent of children in our community live in poverty which creates unsettling health disparities. To reach these children, Le Bonheur is actively present in the community, helping children and families in their environments – schools, community centers, child care facilities and homes.”

- Meri Armour, President/CEO, Le Bonheur Children’s Hospital

At Methodist South, we take pride in being a community hospital and serving as a beacon of resources for preventive care to help individuals and families live healthy and fulfilling lives. We are committed to matching our services to the most prominent healthcare challenges faced by our patients and take pride in delivering a high quality of care to manage their needs.”

- Jay Robinson, CEO, Methodist South Hospital

Since the founding of Methodist Healthcare Foundation over 30 years ago, we have remained committed to supporting innovation, enhancement and expansion throughout Methodist Le Bonheur Healthcare to impact the health of our entire community – especially of our most underserved neighborhoods. From the building of the Methodist Hospice Residence, to the creation of Memphis’ first sickle cell center, to the donation that will help transform the Methodist University Hospital Transplant Institute, the Methodist Healthcare Foundation is grateful to partner with donors, businesses, and foundations to support the mission of MLH and the wellbeing of Mid-Southeners.”

- Paula Jacobson, President of Methodist Healthcare Foundation

Five years ago, West started a partnership with Methodist University and with the University of Tennessee to make a cancer center so Memphis patients didn’t have to go anywhere – they could stay at home and get wonderful care… [Upon completion, the Methodist University] tower will be an incredible cancer center that will be right Downtown, uniting all of Memphis so we can take care of all of Memphis.”

- Kurt Tauer, MD, Chief of Staff, West Cancer Center

We realize hospitalization is only a brief stop for many patients during a complex healthcare journey. We take seriously our obligation and commitment to partner with the Memphis community to improve the health of our neighbors along the whole continuum, especially by addressing health and healthcare disparities.”

- Robin Womeodu, MD, Chief Medical Officer, Methodist University Hospital
Our 2013 CHNA identified and prioritized several community health needs:

- Access
- Cancer
- Chronic Disease & Precursors
- Child Health
- End-of-Life
- Mental Health
- Transplant

Since that time, a lot of work has gone into addressing these community health needs. Here are examples of just some of what we’ve accomplished.
Our commitment to driving progress in these areas has remained powerful since the journey began in 2013. Over the past three years, our level of engagement in health-promoting activities has been a testament to the wide-reaching commitment the MLH team has to making a difference in the health of our community.

38109

The work of the community health navigation team and the intersection of faith and health are evident in the tremendous work being done in one of the nation’s poorest zip codes, located right here in Memphis: 38109. Memphis has high obesity and diabetes rates, as well as high instances of other complications, or co-morbidities that typically accompany those conditions. Residents in 38109 zip code face daily struggles that directly impact personal health, ranging from living in a “food desert” (as noted by the CDC) to dealing with extreme poverty.

The Mid-South also has some of the highest prevalence of chronic disease in America, including heart disease, stroke, lung disease, and asthma. In many cases, residents suffer from multiple conditions and don’t have health insurance, access to a health provider or reliable transportation. For these reasons, among many others, many don’t seek proper medical attention for their conditions. Many also don’t have a primary care physician, so they use Emergency Departments (EDs) as their main source of healthcare.

In 2015, Methodist continued to expand and enhance the Wellness Without Walls community health events and Familiar Faces direct patient navigation program to serve more residents in 38109.

With funding support from Cigna Foundation, these community-based initiatives offered opportunities for 38109 community members to access healthcare resources, improve their health awareness, and receive healthcare screenings, referrals and follow up care when needed.

In 2015, 1,179 community members attended Wellness Without Walls events, and 371 individuals received health screenings. The Familiar Faces program provided personal navigation to 186 highly complex patients from 38109, which resulted in a significant reduction in the patients’ total hospital encounters.

“We are committed to this work for the long-term. As long as we are needed, we will continue to work alongside the community and our valued partners to develop and offer meaningful programs to impact the health of our 38109 neighbors,” shared Joy Sharp, Community Health Program Manager, about Methodist’s efforts to improve the health of the 38109 community.

“- Joy Sharp, Community Health Program Manager

We now know that personal relationships are the key differentiator for accessing, building trust, and impacting the wellness of this community. We are dedicated to not only addressing the health needs of these individuals but also to meeting their holistic needs. We know that personal relationships are the key differentiator for accessing, building trust, and impacting the wellness of this community.”
CHANGING HIGH-RISK ASTHMA IN MEMPHIS THROUGH PARTNERSHIP (CHAMP)

The most frequent reason for children visiting our emergency department is breathing difficulties. Four years ago, Le Bonheur launched a program to target the most chronic disease of childhood. CHAMP, Changing High-Risk Asthma in Memphis through Partnership, developed a team of physicians, nurses, a respiratory therapist and community health workers who walk alongside families of children with poorly-controlled asthma.

They teach the family how to better manage the disease and help reduce the triggers that cause attacks. Of the nearly 600 children in the program, hospitalizations are down 70 percent, and the cost to care for each child has been cut in half. The program was created with a grant from Health Care Innovation Award from the Centers for Medicare and Medicaid Services (CMS).

"If you look at the asthma statistics for Tennessee, we don’t have the highest prevalence of asthma in Shelby County (Memphis), but we clearly have the highest Emergency Department utilization and hospitalization for asthma. It’s particularly weighted among socio-economically disadvantaged and the African American inner-city population."

- Christie Michael, MD, CHAMP Medical Director

CONGREGATIONAL HEALTH NETWORK

At MLH, faith drives everything we do. We believe that healing is more than treating specific medical symptoms. Healing begins with people, families and entire neighborhoods. This is why we created the Congregational Health Network (CHN), a collaborative, multi-faith partnership between MLH and more than 600 Mid-South congregations. We know that religious congregations often function as a surrogate family when a member needs help. We also know that 70 percent of our patients belong to a congregation. With these two factors in mind, the CHN was formed for the purpose of improving the health of our region.

We believe that both healing institutions - hospital and congregation - can create a healthier community through a full-circle program of preventative health care, education, intervention, treatment and aftercare.

“We hope to help churches and congregations see themselves as a community resource and not just a resource for their members, while also helping the community see the church as a resource for them, not just church members. We’re looking for people in the community who need assistance with healthcare issues, who have navigation or resource issues,” said Rev. Bobby Baker, director of the CHN and Faith and Health Community Partnerships.

We partner with congregations to provide a network of health support. Members of CHN congregations have access to a wealth of support on issues such as preventive medicine and follow up care. The CHN works with congregations to educate and provide a supportive network to help patients navigate the healthcare system.

“We’re looking for people in the community who need assistance with healthcare issues, who have navigation or resource issues.”

- Rev. Bobby Baker, Director, CHN
ADDRESSING THE GAP IN BREAST CANCER SURVIVAL

The Mid-South faces a vast and varied set of socioeconomic hurdles. In the midst of these community challenges, MLH, in partnership with the West Cancer Center (WCC), is faced with the daunting task of equipping the community with the necessary resources to alleviate the barriers that produce the alarming disparities in cancer outcomes.

In 2011, more than five years after the CHN was established, MLH hired its first Cancer Nurse Navigator as part of its cancer navigation program. With this role, focus was placed on addressing access-related issues contributing to the Black-White disparity in breast cancer outcomes. Then, in 2013, MLH partnered with WCC to, among other things, bolster existing efforts with the high clinical quality and resources of WCC.

To date the cancer navigation program has provided more than 1,000 breast cancer screenings through its faith and community partnerships—for many of these women, this was their first mammogram. A key reason for the program’s success was its ability to leverage the trust built by the CHN.

With a focus on efforts surrounding breast cancer and overall breast health and wellness, the team has built a grassroots, boots on the ground approach to breaking the cycle and eliminating the myths around this disease—empowering participants to take control of their own health. This approach also helps address the comprehensive health care needs of the patient.

According to Keesha Green, a Community Outreach Coordinator at the West Cancer Center, “We are closing the loop to make sure we are taking care of the person as a whole — comprehensively — rather than just focusing on those with a breast cancer diagnosis.” ‘Closing the loop’ can mean anything from providing women with information on the importance of self-exams and screenings to helping eliminate barriers — like lack of transportation — to ensure these women are able to go to their screening and diagnostic appointments. “We can provide screenings,” said Green, “but if you don’t have transportation, how do you access this service?”

With an emphasis on providing women not only the necessary resources but also a central point of contact for their breast health, the team is fine-tuning a seamless model for navigation through the complex system of health care — a system that becomes even more complex in the field of oncology. “More often than not, if you just pass the patient off and provide them with a phone number — without a contact or individual to help them — they may not follow through. To eliminate the possibility of them getting lost in the system, we provide them with a direct point of contact so they have a true navigator — and partner — that helps them through the system.”

The Mobile Mammography Bus is a truly valuable resource that supports our collaborative efforts with West Cancer Center to navigate more women to breast health screenings in order to reduce the breast cancer mortality rate in Memphis through earlier detection and prompt follow up care. As a native Memphian I know all too well the challenges that are faced in our communities that prohibit access to quality care. The mission to serve individuals in underserved areas is one that I share. Our community navigation approach leverages relationships and fosters trust, which is the best way to meet individuals where they are with the resources they need. The cancer navigation program and partnership with WCC exemplifies that.”

- Armika Berkley, Congregational Health Network Program Manager
LESSONS LEARNED

We’re very proud of our accomplishments since our initial CHNA in 2013. The numerous initiatives we implemented to address each of the community health needs identified in 2013 have positively impacted our community. For a more comprehensive list and description of specific initiatives implemented to address community health needs identified in our 2013 CHNA, please see the Appendix. Over the past three years, though, we’ve also learned many lessons that will allow us to be that much more impactful moving forward. Broadly speaking, these lessons can be summarized as follows:

We’ve found we need the following three key components to allow us to address even more community needs:

1. **Strategic Partners to Deliver Effective Results**
   We learned from our 2013 CHNA, we couldn’t do it all, and we couldn’t do it alone. Based on these lessons, we’ve realized the best results stem from partners that help us using their unique assets with shared priorities. With partners, we have the opportunity to dramatically increase our impact.

2. **“Systemness” Within MLH to Drive Results**
   Since 2013, evidence of the enormous will to address community need has been recognized throughout the organization. This will has established a solid foundation to effectuate change; however our organization’s ability to achieve the greatest level of impact will only be realized when the willingness and enthusiasm throughout our system is galvanized around prioritized and aligned efforts.

3. **Shared Metrics to Evaluate Results**
   Potentially the greatest lesson learned from our 2013 CHNA is the need for more metrics based on the impact of our programs. Over the past three years, we’ve addressed and prioritized areas of need, but our measurement of outcomes is still limited. Set metrics, aligned with system priorities and strategic partners, will drive change and let us know where we’re succeeding and where we need more work.
IDENTIFICATION & PRIORITIZATION OF COMMUNITY HEALTH NEEDS

The CHNA refers to the process of:

- Engaging the community to listen to their perspective on their health needs.
- Collecting, analyzing, and interpreting data on health outcomes and health determinants correlating to outcomes.
- Identifying any health disparities.
- Analyzing the above to identify and prioritize needs.
- Identifying resources that can be used to address prioritized needs.

MLH formed a multidisciplinary team to conduct the 2016 CHNA.

We used a variety of data to ensure the assessment process was as accurate and comprehensive as possible. This included primary data, like focus groups and informal interviews with community members and key stakeholders, as well as secondary data, such as public health information and our own internal figures. The primary data was assessed for themes, while the secondary data was analyzed to determine how our community compared to peer counties (i.e., similar outcomes in morbidity and mortality, and similar drivers of health, such as social/economic factors, physical environment, health behaviors, and clinical access). Using Healthy People 2020 as a framework, we sought to answer the question: what are the health needs of our community?

A health need was identified where these two criteria were met: 1) it was a theme among the primary data, and 2) related secondary data compared unfavorably to other communities. Additional information, like health disparity, severity, and number affected, was also incorporated where available.

Using this approach several health needs were identified, to varying degrees:

- Access to Health Services
- Cancer
- Diabetes
- Heart Disease & Stroke
- Injury & Violence
- Maternal, Infant, & Child Health
- Mental Health
- Nutrition & Weight Status
- Respiratory Diseases

Additionally, we considered whether our system had the ability to impact the identified need, which further enabled us to prioritize our results. To do this, we took into account many factors, such as whether we already offer services to address the need, our ability to build upon existing initiatives, and any partners with whom collaboration would be possible.
Using this methodology meant the prioritized needs have the following characteristics:

- It’s considered by our community to be a significant health need.
- It’s a health need in which, based on a collection of key indicators identified by public health experts, our community compares unfavorably to similar communities as well as national and state benchmarks.
- Health disparities, particularly racial disparities, exist within this health need.
- Compared to other health needs, more people are affected by this health need (e.g., prevalence), and/or they are affected more severely (e.g., mortality).
- MLH has the ability to impact the health need.

Five community health needs—Diabetes, Injury & Violence, Mental Health, Nutrition & Weight Status, and Respiratory Diseases—were identified but not prioritized. For each of these, relative to other community health needs:

- MLH, either directly or through partnership, did not have the ability to adequately impact this community health need (e.g., Injury & Violence); or
- The need would likely be addressed through initiatives intended to impact other, prioritized community health needs (e.g., addressing Nutrition & Weight Status as a means to impacting Cardiovascular Disease).
PRIORITIZATION OF COMMUNITY NEEDS

The prioritized needs of our community were identified as:

MATERNAL, INFANT & CHILD

The well-being of mothers, infants, and children determines the health of the next generation and can help predict future health challenges for families and communities. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can enable children to reach their full potential.

Action Area: Address the needs of children, particularly those at risk, through preventative community strategies, investments, and partnerships.
ACCESS TO HEALTH SERVICES

Access to comprehensive, quality health services is a crucial component in ensuring an increased quality of life and health equity for all.

**Percent Uninsured Population**
- Community: 15.15%
- Tennessee: 13.62%
- United States: 14.2%

**Primary Care Physicians, Rate per 100,000 Pop.**
- Community: 69.9
- Tennessee: 72.1
- United States: 74.5

**Mental Health Care Provider, Rate per 100,000 Pop.**
- Community: 95.9
- Tennessee: 103
- United States: 134.1

**Percent Population in Poverty**
- Community: 69.9
- Tennessee: 72.1
- United States: 74.5

In Our Community:
- Black: 17.11%
- White: 9.31%
- DeSoto: 27.7
- Shelby: 77.4
- Black: 28.63%
- White: 9.34%

**Uninsured Population, Percent by Tract, ACS 2010-14**

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed
- Report Area

**Action Area:** Improve access to health care and health-promoting services.
**ADULT CANCER**

In a community with high cancer incidence and one of the largest gaps in mortality in the nation, focused action is necessary to address this ever-growing issue.

**Action Area:** Reduction of the impact of adult cancer.

**CARDIOVASCULAR DISEASE**

High prevalence of associated risk factors, high blood pressure, diabetes, and obesity, is contributing to too many heart disease and stroke deaths in our community.

**Action Area:** Reduction of the impact of coronary heart disease.
MOVING FORWARD

We recognize that this process of methodically assessing need is important, and we stand by the priorities identified in this CHNA. Our assessment led us to areas where focused effort will make the most impact. Our community’s needs are great, and we will continue to work with our many partners to maximize our ability to address these needs.

We understand that in order to make a difference, MLH cannot simply view community health strategy as philanthropic giving, but as an evolution from community health activity to community health impact. By shifting our focus from episodic interventions within the walls of our hospitals to a core business strategy of integrated systems of care for each individual we serve, we have the opportunity to lay the foundation for change within our community, a change that will only be accomplished by partnering with and following other great organizations.

Methodist Le Bonheur is proud to be one of a small number of health systems invited to partner with the Institute for Healthcare Improvement to tackle the national issue of healthcare inequity and drive measurable change. This will be a two-year intensive learning and action network of collaboration with other organizations that have already demonstrated a strong commitment to addressing disparities.

With all of this in mind, the next stage of this process will be preparing our implementation plan. To do this, there are certain conditions that will create a platform to help maximize success and drive execution:

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<th>Conditions for Success</th>
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<tr>
<td>1 Clear priorities</td>
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<td>2 MLH Internal alignment, including a refocusing of resources on agreed priorities</td>
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<td>3 Clear metrics allowing us to demonstrate impact</td>
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<td>4 Leadership, a senior leader and Office for Community Health</td>
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<td>5 Defined governance arrangements</td>
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<tr>
<td>6 Primary care and other partnerships which help us meet our goal of improving care for the underserved</td>
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<tr>
<td>7 Communications; keeping all stakeholders informed and engaged. A commitment to partnering in future assessment of Community need</td>
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Our organization was founded by one man, John Sherard, who saw a need in our community for high-quality healthcare regardless of ability to pay and immediately stepped in to address that need. That thread of unconditional concern for those in our care has survived and thrived from one generation to the next, and is what continues to drive us forward today.

From John Sherard to Gary Shorb, each of our leaders has understood and been steadfastly committed to our mission. I hope to strengthen this commitment to our neighbors in every corner of this community.

The result of our Community Health Needs Assessment is now in our hands, and will help guide strategic decision-making within our system. Gary and I have worked closely for many years and we’re confident that along with this CHNA, the coinciding transition in leadership will not merely be one leader retiring and the position being filled by another. We shared both a commitment and a vision for MLH to make a conscious effort to improve the health of our community.”

- Michael Ugwueke, President and COO, Methodist Le Bonheur Healthcare

SUMMARY

- Woven into the fabric of our organization
- Manifest in our investments, our mission, and our statement of faith
- Part of our future in the drive toward increased population health management

- We have completed the prioritization process through our CHNA, and we will publish our implementation strategy in early 2017

- We have the opportunity to maximize impact for our community, but we will need to partner and align to ensure we deliver our agreed priority Action Areas
Thank you to everyone involved!

Primary Research

BankPlus
Christ Community Health Services
Church Health Center
Community Bank
Edwin Jones
Flowers Properties, LLC
Memphis Child Advocacy Center
Memphis Health Center

Methodist Le Bonheur Healthcare Associates, Leadership & Physicians
Methodist Le Bonheur Healthcare Patient & Family Partners
Michael Hatcher & Associates
Northcentral Electric
Porter Leath
Shelby County Health Department

Shelby County Schools
Strickland Chapel, United Methodist Church
United Way of the Mid-South
University of Memphis
University of Tennessee Health Science Center
West Cancer Center

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Jackie Nerren Research

Community Health Work Group

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Somie Ipaye
Hugh Jones
Lee Meyers
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Pradeep Podilla
Antony Sheehan
Andrea Tutor

Christina Underhill
Jennilyn Utkov
Carol Weidenhoffer
Robin Womeodu

Oversight

Methodist Le Bonheur Healthcare Disparity Council

Governance

Methodist Le Bonheur Healthcare Faith & Health Board Committee
## 2013 Health Need | Initiative | Description of Activities Taken Since 2013 CHNA

### Access
- Community Navigation: Provided intensive navigation, place-based navigation, primary care access navigation.
- Congregational Health Network: Maintained an asset-based, faith-centered, social support intervention.
- My3/Christ community health service decompression: Connected patients with necessary channels to receive follow-up care in most appropriate location.

### Cancer
- Improving Access and Follow-Up through Care Support: Haven: Enabled CHRS TennCare patients as well as unengaged patients to be a part of CHRS PCMH.
- Mammography Smearing: Provided mammograms to uninsured at West and MLK locations.
- Navigating Underserved Women to Better Breast Health (Komen): Provided outreach and education to women, as well as access to breast health services.

### Chronic Disease & Precursors
- Diabetes Wellness & Prevention Center: Provided classes to improve understanding and self-management of diabetes.
- Improving Self-Care Decisions of Medically Underserved African Americans with Uncontrolled Diabetes: Assessed the effectiveness of well-volitional messages (text messages from the doctor's office), Diabetes Wellness Coaches, and diabetes education materials.
- Sickle Cell Center (in partnership with St. Jude Children's Hospital): Maintained preventive outpatient clinic in Memphis. First dedicated emergency infusion unit specifically for sickle cell patients.
- Sickle Cell Grant (in partnership with St. Jude Children's Hospital): Jointly developed, assessed and integrated mobile health application to manage hydroxyurea treatments in the patient community.
- Mobile Stroke Unit (in partnership with UTMC): Conducted and Measured advanced quality imaging for stroke diagnosis, shortening door-to-needle time of IVA administration via mobile unit.

### End-of-Life
- Hospice and Palliative Care: In partnership with UTMC: Provided intensive training in the management of patients with life-limiting serious illnesses.
- Plan, Wish, Live (in partnership with Healthy Shelby): Collaborated to improve end-of-life care in Shelby County.
- Palliative Care Collaborative: Collaborated to improve quality of palliative care and reduce readmissions from nursing homes with education and sharing best practices.
- QoL Aids Program (in partnership with St. Jude Children’s Hospital): Provided specialized medical care for children with chronic and complex illnesses.

### Mental Health
- Living Well Network: Provided resources for depression, anxiety, risky drinking and suicidal feelings.
- Mental Health First Aid: Helped lay people understand the basics of mental health disorders.

### Transplant
- Transplant Center of Excellence: Improved quality of life and life expectancy of organ transplant patients through research breakthroughs and excellence in surgical techniques.
- Transplant Institute Grant: Established, in partnership with UTMC, Transplant program through the advancement of research, equipment and facility improvements.
<table>
<thead>
<tr>
<th><strong>2013 Health Need</strong></th>
<th><strong>Initiative</strong></th>
<th><strong>Description of Activities Taken Since 2013 CHNA</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Be Proud, Be Responsible</td>
<td></td>
<td>Increased knowledge and eliminate or reduce risky sexual behaviors among adolescent populations.</td>
</tr>
<tr>
<td>Breastfeeding Clinic</td>
<td></td>
<td>Offered through telemedicine in primary care settings.</td>
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<tr>
<td>Children with Asthma in Memphis (Children’s Health)</td>
<td></td>
<td>Developed a care coordination team for pediatric asthma patients.</td>
</tr>
<tr>
<td>Child Care Resource &amp; Referral</td>
<td></td>
<td>Provided assistance for families in finding child care services.</td>
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<tr>
<td>CRPC/TPC Pediatric Education for Community Hospitals</td>
<td></td>
<td>Instructed other community hospitals on stabilization of emergency pediatric patients.</td>
</tr>
<tr>
<td>Early Intervention Program (LEAD)</td>
<td></td>
<td>Provided early intervention services in community child care centers.</td>
</tr>
<tr>
<td>Early Success Coalition</td>
<td></td>
<td>Improved the lives of families with young children via community coalition of early childhood providers.</td>
</tr>
<tr>
<td>Healthy Families</td>
<td></td>
<td>Provided home visitation program for new mothers/babies.</td>
</tr>
<tr>
<td>Healthy Home Partnership</td>
<td></td>
<td>Actively participated in a public/private coalition of service providers promoting healthy living environments.</td>
</tr>
<tr>
<td>Healthy Lifestyles</td>
<td></td>
<td>Reduced obesity.</td>
</tr>
<tr>
<td>Inclusion Support at Community Child Care Centers</td>
<td></td>
<td>Assisted child care centers in providing services to children with medical needs.</td>
</tr>
<tr>
<td>Memphis CHILD</td>
<td></td>
<td>Addressed legal and social issues through direct legal services, education, and advocacy.</td>
</tr>
<tr>
<td>Mobile Health</td>
<td></td>
<td>Provided affordable, accessible health care services for children who don’t have pediatricians.</td>
</tr>
<tr>
<td>Nurse Family Partnership</td>
<td></td>
<td>Improved pregnancy outcomes, child health and development, and family’s economic sufficiency through home visitation.</td>
</tr>
<tr>
<td>Nutrient Parenting</td>
<td></td>
<td>Taught parenting skills.</td>
</tr>
<tr>
<td>Parent Support Warm-Line</td>
<td></td>
<td>Provided parenting support services.</td>
</tr>
<tr>
<td>Safe Kids</td>
<td></td>
<td>Prevented accident and trauma.</td>
</tr>
<tr>
<td>Safe Sleep Campaign</td>
<td></td>
<td>Reduced sleep-related infant deaths.</td>
</tr>
<tr>
<td>Healthy Shelby (infant mortality)</td>
<td></td>
<td>Partnered to improve population health through focus on infant mortality.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>HP 2020 Topic</strong></th>
<th><strong>Importance to Community</strong></th>
<th><strong>CHSI Indicators</strong> – Includes indicators worse than benchmark</th>
<th><strong>Community Commons - Primary Indicators</strong> – Includes indicators worse than benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Health Services</td>
<td>High</td>
<td>Primary care provider access; Uninsured</td>
<td>Access to Primary Care; Lack of a Consistent Source of Primary Care (Adult); Access to Mental Health Providers; *Insurance - Uninsured Population; Federally Qualified Health Centers; Health Professional Shortage Area - Primary Care</td>
</tr>
<tr>
<td>Cancer</td>
<td>Moderate</td>
<td>*Cancer death rate</td>
<td>Cancer Incidence - Breast; *Mortality - Cancer; *Cancer Incidence - Cervical; *Cancer Incidence - Colon and Rectum; *Cancer Incidence - Prostate; *Cancer Incidence - Lung</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Moderate</td>
<td>Adult diabetes; *Diabetes death rate</td>
<td>Obesity (Adults); Diabetes Prevalence</td>
</tr>
<tr>
<td>Heart Disease &amp; Stroke</td>
<td>High</td>
<td>*Coronary heart disease deaths; *Stroke deaths</td>
<td>Heart Disease Prevalence; *Mortality - Ischemic Heart Disease; *Mortality - Stroke</td>
</tr>
<tr>
<td>Injury &amp; Violence</td>
<td>High</td>
<td>Unintentional injury; Violent crime rate</td>
<td>*Mortality - Homicide; Mortality - Motor Vehicle Accidents; Mortality - Pedestrian Accident; Violence - Assault; Violence - Robbery</td>
</tr>
<tr>
<td>Maternal, Infant, &amp; Child Health</td>
<td>High</td>
<td>*Preterm births; Children living in single-parent households; Teen birth rate</td>
<td>*Low Birth Weight; Infant Mortality; Lack of Prenatal Care; *Teen Births (Age 15-19)</td>
</tr>
<tr>
<td>Mental Health</td>
<td>High</td>
<td>(none)</td>
<td>Access to Mental Health Providers</td>
</tr>
<tr>
<td>Nutrition &amp; Weight Status</td>
<td>High</td>
<td>Adult obesity; Adult inactivity; Access to parks; Limited access to healthy food</td>
<td>Obesity (Adults); Diabetes Prevalence</td>
</tr>
<tr>
<td>Respiratory Diseases</td>
<td>Moderate</td>
<td>Chronic lower respiratory disease deaths</td>
<td>Air Quality - Ozone (O3); Climate &amp; Health - Heat Index Days</td>
</tr>
</tbody>
</table>

*Indicates like racial health disparity based on secondary data
TABLE OF CONTENTS

BACKGROUND & OBJECTIVES

METHODOLOGY

EXECUTIVE SUMMARY

DETAILED FINDINGS

- Adult health needs and resources within Shelby County/Non-profits
- Health needs and resources within DeSoto County/Community leaders
- Maternal and pediatric health needs and resources within Shelby & DeSoto Counties/Le Bonheur affiliated physicians
- Adult health needs and resources within Shelby County/Methodist Healthcare affiliated physicians
- Maternal and pediatric health needs and resources within Shelby & DeSoto Counties/Non-profits
BACKGROUND & OBJECTIVES

Methodist Healthcare is conducting a CHNA (Community Health Needs Assessment) which is a systematic process of involving the community to identify and analyze community health needs and assets.

One phase of the assessment is Qualitative – discussing community needs with providers and others involved in the healthcare process on a day-by-day basis.

Following is the report on this phase, which consisted of six Focus Group Discussions as described in the following section.

METHODOLOGY

Six Focus Group Discussions were held in Shelby and DeSoto County for this phase.

Respondents were invited to participate by Methodist Le Bonheur Healthcare. The sessions were conducted between June 27 and June 30 and included:

- Adult health needs and resources within Shelby County (two groups with community non-profit representatives)
- Adult health needs and resources within DeSoto County (one group with DeSoto County community leaders)
- Maternal and pediatric health needs and resources within Shelby & DeSoto Counties (one group with Le Bonheur affiliated physicians)
- Adult health needs and resources within Shelby County (one group with Methodist Healthcare affiliated physicians)
- Maternal and pediatric health needs and resources within Shelby & DeSoto Counties (one group with community non-profit representatives from agencies that serve children and mothers)

EXECUTIVE SUMMARY

Respondents in all six sessions were asked four basic questions about the community – what are the top critical healthcare needs, what resources are available now, major gaps and the most important ways in which Methodist/Le Bonheur Healthcare System can help. Following are the highest priorities for each group. The report explains these in greater detail and includes less critical needs as well:

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Adult Non-Profits</td>
<td>Hypertension, heart disease, diabetes, obesity, stroke, Mental health/violence, Adverse</td>
<td>Access Managed Care/Insurance Coverage Health Literacy Lack of Transportation Not enough mental health providers</td>
<td>Help get people who need help to the right place (NOT the ER) Mental health – more professionals Education – ad campaigns, media that the people who need it will see and understand</td>
</tr>
<tr>
<td>1st Group</td>
<td>childhood experiences (ACEs)</td>
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</tbody>
</table>


## EXECUTIVE SUMMARY (cont’d)

|--------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| **Adult Non-Profits 2nd Group**            | Poverty  
Coordinated system of care for the under-served.  
Bringing partners together with collaboration. Private, public. | Coordination/Care management  
Access to specialty services  
Access to mental health services  
TNCare gaps and insurance problems (deductibles, issues with providers not knowing about cost increases with meds) | #1 thing to do is robust model of care coordination (partnerships, models, etc.)  
Assist in data-sharing.  
Be a thought leader and be humble about it. Someone has to be willing to try the model. |
| **Community Leaders in DeSoto County**     | DeSoto providers do not take Medicaid  
Go to ER too much  
Not enough preventive care; health fairs | People with no insurance  
Surgery centers  
Vision centers/other specialists (eye surgery/need specialists go to Memphis)  
Better job in educating the young. (Elderly are going to fry chicken!) | Access to Primary care or urgent care (such as mobile unit, telemedicine, providing non-critical transportation)  
Need urgent care in all 4 DeSoto County cities (to keep non-emergencies from going to ER)  
County Wellness/Prevention Expo  
Cooperation with other hospitals/healthcare to help community |
| **Le Bonheur Physicians**                  | Violence  
Lack of education  
Mental health lack of access  
Lack of primary care, healthcare deserts | It takes a long time to get child psychological help.  
Parenting program needs & discipline without going to classes. Parents get frustrated & kids do too.  
Lack of preventive care – violence, tooth decay, obesity. All melts into healthcare desert.  
Places not accessible to a lot of people, lack of transportation. | Community building.  
Mental health integration.  
Address health deserts.  
Try to have healthier practices in schools/taught in schools. More health-care in schools. |
| **Methodist Physicians**                   | Lifestyle will help people feel better/longer. Chronic illness is social illness. Walking trails, community support for health.  
Economic issues (access, insurance, transportation, meds). | Referrals, where we can refer after hospital.  
Transportation  
Uninsured & underinsured have nowhere to go. | Take a lead in lifestyle change. We already have Congregational Health Network. Need community gardens, healthy food.  
Have a Care Coordinator. A go-to person helping to navigate the system  
Have meds available at time of discharge.  
EMS that actually works. |
## EXECUTIVE SUMMARY (cont’d)

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>Pediatric and Maternal Non-Profits</strong></td>
<td>Early access to prenatal care, teaching how to have a healthy child.</td>
<td>Mental health</td>
<td>Have first contacts ask mental health questions. PCPs, ERs, others. Open up the conversation about mental health issues. We need a central storehouse of knowledge about how to find things/services for kids. There should be more brand allegiance of Le Bonheur with Methodist so can increase awareness of children’s services among all users.</td>
</tr>
<tr>
<td></td>
<td>Mental health</td>
<td>Universal post-natal health visits. Funding/sustainability</td>
<td>Get funding. Funding goes away &amp; program goes away. How do we sustain? Communicate/collaborate better (all agencies, hospitals, etc.)</td>
</tr>
<tr>
<td></td>
<td>Insurance</td>
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<tr>
<td></td>
<td>Nutrition information for parents</td>
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<tr>
<td><strong>Healthcare Resources Mentioned</strong></td>
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<tr>
<td><strong>Adult Non-Profits 1st Group</strong></td>
<td>FQHC/Safety net</td>
<td>Mental health</td>
<td>Have first contacts ask mental health questions. PCPs, ERs, others. Open up the conversation about mental health issues. We need a central storehouse of knowledge about how to find things/services for kids. There should be more brand allegiance of Le Bonheur with Methodist so can increase awareness of children’s services among all users.</td>
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<tr>
<td></td>
<td>Christ Community</td>
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<td></td>
<td>Memphis Health Center</td>
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<td></td>
<td>Memphis Muslim Medical Clinic</td>
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<td></td>
<td>Resurrection Health</td>
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<td></td>
<td>Church Health Center</td>
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<td>Health Dept./Public health clinics</td>
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<td>Tri-State/CAAPS</td>
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<td></td>
<td>ERs at all hospitals</td>
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<tr>
<td></td>
<td>Baptist &amp; Methodist primary care groups</td>
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<td></td>
<td>St. Francis</td>
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<tr>
<td></td>
<td>Delta</td>
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<td></td>
<td>Minor meds</td>
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<tr>
<td></td>
<td>Non-affiliated, private primary care groups and private practices</td>
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<td></td>
<td>St. Jude</td>
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<td></td>
<td>Regional One</td>
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<td></td>
<td>UT</td>
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<td></td>
<td>Mental health/psychiatric hospitals</td>
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<td></td>
<td>Compass Mental Health</td>
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<td></td>
<td>Also there are Prevention &amp; Education Resources including:</td>
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<td></td>
<td>Churches</td>
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<td></td>
<td>Memphis Business Group on Health</td>
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<td></td>
<td>All associations (Breast, cancer, heart, diabetes, etc.)</td>
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<td></td>
<td>Q Source does teaching</td>
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<tr>
<td></td>
<td>Congregational Health Network (CHN)</td>
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<td></td>
<td>Healthy Shelby</td>
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<td></td>
<td>UofM School of Public Health</td>
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<td></td>
<td>YMCA - diabetes</td>
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<td></td>
<td>Southern College of Optometry</td>
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<td></td>
<td>Le Bonheur</td>
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<td></td>
<td>Support groups</td>
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<tr>
<td></td>
<td>Jail (our biggest mental health provider)</td>
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</table>
## EXECUTIVE SUMMARY (cont’d)

<table>
<thead>
<tr>
<th>Group</th>
<th>Healthcare Resources Mentioned</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult Non-Profits</strong></td>
<td>Growing role of health department&lt;br&gt;Hospitals&lt;br&gt;Safety net providers&lt;br&gt;Resurrection&lt;br&gt;Tri-State&lt;br&gt;Regional One&lt;br&gt;Christ Community&lt;br&gt;Church Health Center (network of volunteers)&lt;br&gt;Memphis Health Center&lt;br&gt;Churches&lt;br&gt;UT&lt;br&gt;UofM&lt;br&gt;Southern College of Optometry&lt;br&gt;Dept. of Human Services&lt;br&gt;Commission on Aging&lt;br&gt;MIFA&lt;br&gt;Pharmacies&lt;br&gt;VA (great resources but hard to navigate).&lt;br&gt;Minor med/Urgent care&lt;br&gt;Fire dept., Police, EMS&lt;br&gt;CIT mental health&lt;br&gt;Child Advocacy&lt;br&gt;Family Safety Center&lt;br&gt;Exchange Club (domestic violence)&lt;br&gt;Foundations&lt;br&gt;ACEs&lt;br&gt;St. Jude</td>
</tr>
<tr>
<td><strong>Community Leaders in</strong></td>
<td>Methodist Olive Branch&lt;br&gt;The Med – best Level 1 trauma&lt;br&gt;Medivac (helicopter, transportation)&lt;br&gt;Pediatric dentist/orthodontist&lt;br&gt;YMCA&lt;br&gt;Baptist cardiac care in Southaven&lt;br&gt;City school nurse&lt;br&gt;Baptist/Methodist can get it done in DeSoto County&lt;br&gt;Decent access to minor med but not enough&lt;br&gt;Health Dept. (not sure what they do) mostly juvenile; immunizations; clinic pre-natal&lt;br&gt;St. Jude proximity&lt;br&gt;Le Bonheur&lt;br&gt;Youth sports programs to get kids active&lt;br&gt;Methodist churches were doing prevention (leader left)&lt;br&gt;Landers Center has a food bank every month. Folks have to register to come &amp; get meals. Food bank in Olive Branch.</td>
</tr>
</tbody>
</table>
## EXECUTIVE SUMMARY (cont’d)

<table>
<thead>
<tr>
<th>Group</th>
<th>Healthcare Resources Mentioned</th>
</tr>
</thead>
</table>
| **Le Bonheur Physicians** | Great children’s hospital. But many kids not sick enough to be in the hospital. If they are, we find resources for them.  
Mobile unit – have 2. One to service charter schools; other goes to rural counties, Dyer, Jackson, etc.  
Inner city hospitals buying up blighted properties…way to build those areas without excluding poor people. Make it better but not excluding the poor who live there now.  
Strong non-profit network. Area is known for high giving per capita.  
(Non Profits that stand out to them):  
United Way  
Church Health Center  
Congregational Health Network  
Le Bonheur LEAD program – early childhood development  
The Urban Child Institute  
It is helpful that we have all these outlying rural areas. Satellite clinics in Jonesboro, Dyersburg, Tupelo.  
Strong early intervention services through Dept. of Education, TEIS.  
Free books.  
Memphis Child Advocacy Center – doctor/lawyer partnership  
UofM  
Universal Parenting Place at Le Bonheur (first of its kind in nation, walk-in for parenting & mental health services) |
| **Methodist Physicians**   | Methodist/Le Bonheur, other hospitals  
Christ Community Health Services  
Resurrection  
Church Health Center  
Memphis Health Center  
Health Loop Clinics (they have to refer to RegionalOne)  
Hope Lodge (stay for cancer treatment)  
Transportation for patients.  
Union Mission paired with doctors |
## EXECUTIVE SUMMARY (cont’d)

<table>
<thead>
<tr>
<th>Group</th>
<th>Healthcare Resources Mentioned</th>
</tr>
</thead>
</table>
| **Pediatric and Maternal Non-Profits**     | Hospitals  
Home visitation programs (health dept./hospitals).  
Community health & well-being is part of LEB (all child-focused; partner with St Jude).  
Health Department  
  Child death fatality review is sent to the State.  
  FIMR – review infant deaths  
  Infant safe sleep sessions (free car seats, cribs)  
  Health Dept. can get TN Care same day if someone self declares for pregnancy.  
Child Advocacy Center  
  Review child murders, etc.  
  Child sexual abuse (stewards for children) Making adults aware of who is keeping their child.  
Church Health Center  
  Pediatric Wellness Program. (From nutrition to activity, safety, self-esteem). Whole child health.  
  Pediatric referrals.  
  Many don’t know about this resource.  
State of TN mandates health screenings, BMI, BP, dental, scoliosis (K thru High School)  
Lots of early childhood screenings available at School District. Has 4 health clinics strategically located in areas of city.  
Well Child – Agency who provides screening EPSDT. Free glasses.  
TN early intervention.  
How do we get the word out?  
Health Dept. collaborated with Children’s Special Services.  
One by One program pairs pregnant women with person who counsels through their pregnancy.  
Neighborhood Christian Center |
Shelby County, TN

The following Summary Comparison Report provides an “at a glance” summary of how the selected county compared with peer counties on the full set of Primary Indicators. Peer county values for each indicator were ranked and then divided into quartiles.

<table>
<thead>
<tr>
<th>Category</th>
<th>Better (most favorable quartile)</th>
<th>Moderate (middle two quartiles)</th>
<th>Worse (least favorable quartile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td>Chronic kidney disease deaths</td>
<td>Adult diabetes</td>
<td>Alzheimer’s disease deaths</td>
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<tr>
<td></td>
<td>Coronary heart disease deaths</td>
<td>Adult overall health status</td>
<td>Cancer deaths</td>
</tr>
<tr>
<td></td>
<td>Diabetes deaths</td>
<td>Syphilis</td>
<td>Chronic lower respiratory</td>
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<tr>
<td></td>
<td>Female life expectancy</td>
<td></td>
<td>disease (CLRD) deaths</td>
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<td>Male life expectancy</td>
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<td>Motor vehicle deaths</td>
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<td></td>
<td>Stroke deaths</td>
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<tr>
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<td></td>
<td>Unintentional injury (including</td>
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<td></td>
<td></td>
<td></td>
<td>motor vehicle)</td>
</tr>
<tr>
<td>Morbidity</td>
<td>Alzheimer’s diseases/dementia</td>
<td>Cost barrier to care</td>
<td>Adult obesity</td>
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<tr>
<td></td>
<td>HIV</td>
<td>Older adult preventable</td>
<td>Gonorrhea</td>
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<tr>
<td></td>
<td>Older adult asthma</td>
<td>hospitalizations</td>
<td>Preterm births</td>
</tr>
<tr>
<td></td>
<td>Older adult depression</td>
<td>Primary care provider access</td>
<td></td>
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<td></td>
<td></td>
<td>Uninsured</td>
<td></td>
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<tr>
<td>Health Care Access and Quality</td>
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<tr>
<td></td>
<td>Adult binge drinking</td>
<td>Adult physical inactivity</td>
<td>Teen Births</td>
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<tr>
<td></td>
<td>Adult female routine pap tests</td>
<td>Adult smoking</td>
<td></td>
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<tr>
<td>Health Behaviors</td>
<td></td>
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<td>Social Factors</td>
<td>High housing costs</td>
<td>Children in single-parent</td>
<td>Violent crime</td>
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<td>Annual average PM2.5 concentration</td>
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<td>Living near highways</td>
<td>Access to parks</td>
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<td>Limited access to healthy food</td>
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**DeSoto County, MS**

The following Summary Comparison Report provides an “at a glance” summary of how the selected county compared with peer counties on the full set of Primary Indicators. Peer county values for each indicator were ranked and then divided into quartiles.

<table>
<thead>
<tr>
<th>Better (most favorable quartile)</th>
<th>Moderate (middle two quartiles)</th>
<th>Worse (least favorable quartile)</th>
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<tbody>
<tr>
<td>Chronic kidney disease deaths</td>
<td>Alzheimer’s disease deaths</td>
<td>Cancer deaths</td>
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<tr>
<td>Chronic lower respiratory disease (CLRD) deaths</td>
<td>Stroke deaths</td>
<td>Coronary heart disease deaths</td>
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<td>Diabetes deaths</td>
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<td>Mortality</td>
<td>Adult diabetes</td>
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<td>Older adult asthma</td>
<td>Male life expectancy</td>
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<td></td>
<td>Preterm births</td>
<td>Motor vehicle deaths</td>
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<td>Syphilis</td>
<td>Unintentional injury (including motor vehicle)</td>
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<td>Morbidity</td>
<td>Adult obesity</td>
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<td>Health Care Access and Quality</td>
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<td>Primary care provider access</td>
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<td>Health Behaviors</td>
<td>Adult binge drinking</td>
<td>Adult physical inactivity</td>
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<td>Adult female routine pap tests</td>
<td>Adult smoking</td>
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<td>Teen Births</td>
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