

Community Health Needs Assessment

FY2025



MARION REGIONAL MEDICAL CENTER
NORTH MISSISSIPPI MEDICAL CENTER-HAMILTON



NORTH MISSISSIPPI
HEALTH SERVICES

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Executive Summary

The Patient Protection and Affordable Care Act (PPACA) of 2010 requires tax-exempt hospitals to conduct a Community Health Needs Assessment (CHNA). North Mississippi Health Services (NMHS) has the following tax-exempt hospitals: Clay County Medical Corporation d/b/a North Mississippi Medical Center-West Point, Marion Regional Medical Center d/b/a North Mississippi Medical Center-Hamilton, Monroe Health Services d/b/a North Mississippi Medical Center Gilmore-Amory, North Mississippi Medical Center, Inc. d/b/a North Mississippi Medical Center-Tupelo, Pontotoc Health Services d/b/a North Mississippi Medical Center-Pontotoc, Tishomingo Health Services d/b/a North Mississippi Medical Center-Iuka, and Webster Health Services d/b/a North Mississippi Medical Center-Eupora.

The CHNA is the process by which a non-profit hospital evaluates the health needs of the community it serves, e.g., diabetes, heart disease, lung disease, and the service area's overarching resources, e.g., food, housing, poverty, etc. This assessment identifies community strengths, needs, care gaps, assets, and opportunities relative to the health of residents.

North Mississippi Medical Center-Hamilton (NMMC) is a not-for-profit hospital affiliated with North Mississippi Health Services (NMHS). Because of its tax status, NMMC is required to conduct a CHNA every three years. This includes identifying priorities and implementing strategies that address the needs of those served in the defined market. Each hospital within NMHS conducts a CHNA to plan for the current and future health needs of residents and patients in the communities it serves.

Aligned with the guidelines of the PPACA, this CHNA addresses the following items:

- ✓ Description of the communities served by this hospital
- ✓ Description of the process and methodology
- ✓ Stakeholder feedback from individuals who represent the broad interests of the community
- ✓ Prioritized description of the identified needs
- ✓ Community resources potentially available
- ✓ Actions taken since the last CHNA



Introduction

NMMC-Hamilton – Affiliated with North Mississippi Health Services

North Mississippi Health Services (NMHS) is a not-for-profit, integrated health care delivery system serving 24 counties in north Mississippi and northwest Alabama (twenty Mississippi counties and four Alabama counties). The map highlights the service area (Figure 1).

NMHS' headquarters is located in Tupelo, MS, the site of its flagship hospital, North Mississippi Medical Center, Inc. (NMMC-Tupelo). The system has six community hospitals with five Mississippi locations (NMMC-Gilmore - Amory, NMMC-Eupora, NMMC-Iuka, NMMC-Pontotoc and NMMC-West Point) and one location in Alabama (NMMC-Hamilton).

North Mississippi Health Services is dedicated to being the provider of the best patient- and family-centered care. NMHS connects patients and their families with convenient access to care that is cost efficient and of the highest quality. NMHS provides acute, diagnostic, therapeutic and emergency services, with the sole trauma center (Level 2) in our service area, through North Mississippi Medical Center in Tupelo.

NMHS is a 2012 recipient of the prestigious Malcolm Baldrige National Quality Award. North Mississippi Medical Center, Inc. (NMMC) is a 2006 Baldrige Award recipient.¹

Mission - Why We Exist

To continuously improve the health of the people of our region.

Vision - What We Want to Be

The provider of the best patient- and family-centered care and health services in America.

Values

Compassion - show sincere care and kindness for those I serve.

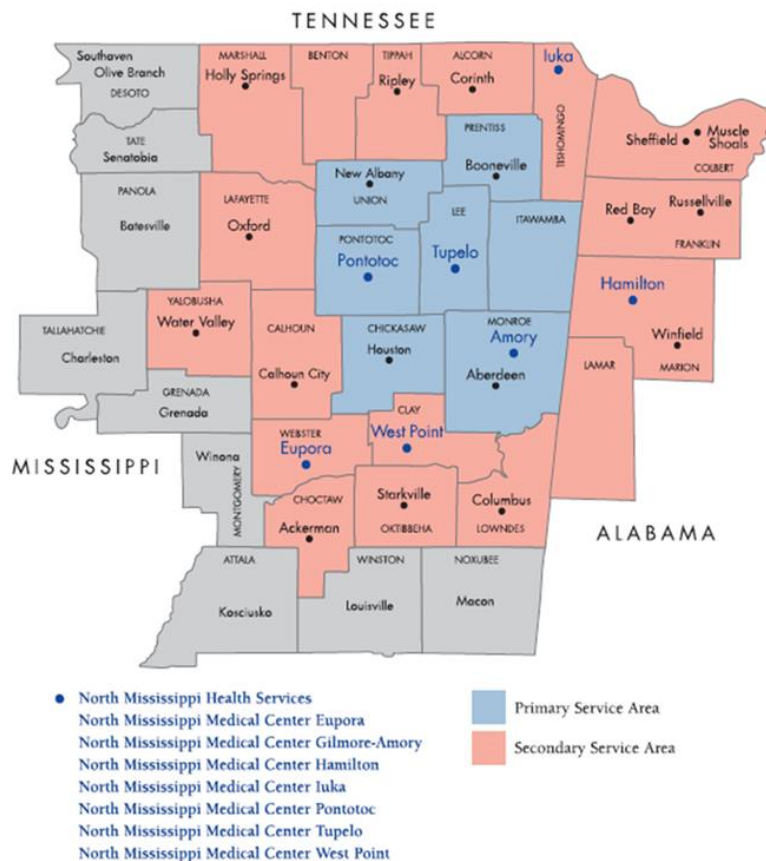
Accountability - take responsibility for my actions.

Respect - treat everyone with dignity.

Excellence - achieve excellence through innovation, teamwork and doing my best.

Smile - always be friendly.

Figure 1. Map of Counties in NMHS Service Area



¹Source: <https://www.nist.gov/baldrige/north-mississippi-health-services>

The Mississippi-Alabama population, a part of the NMHS geography is among the least healthy and most medically underserved in the U.S. with adverse lifestyle choices as a major factor threatening personal wellness. Although NMHS is located in an environment that is nationally associated with lower educational levels, poverty and morbidity, it exists to provide compassionate and high-quality healthcare driven by operational excellence. This requires a culturally strong workforce that is systematically focused on innovation, robust cycles of improvement and leveraging the strength and resources of diverse partners.

To improve the health of residents, NMHS implemented a mission centric strategy that connects and aligns resources of organizations and businesses in the region. Collectively, they are called Improve Health community partners with a shared goal to reduce preventable disease, illness, injury and improve accompanying social and behavioral factors that adversely affect the health of the people of the region.

NMHS Community Resources

To learn more about this Improve Health goal, NMHS community partners and identified resources, visit:

www.nmhs.net/improve-health.

In addition to this Improve Health partnership designed to strategically align community resources, NMHS also established a network of providers called Connected Care Partners (CCP). CCP is a Clinically Integrated Network (CIN) who, in partnership with North Mississippi Health Services, have made a collective commitment to performance improvement with a focus on improving the quality and efficiency of care for the patients they serve.

Area independent and employed providers and NMHS work together to:

- Transform care delivery through a provider-led CIN sponsored by NMHS that is accountable for the full continuum of care.
- Lead the market in high quality, cost-effective care through population health management that includes engaging patients in the ownership of their care.
- Become the preferred partner for providers in our communities through a culture of collaboration.

To learn more about Connected Care Partners, visit:

<https://www.nmhs.net/medical-professionals-page/connected-care-partners/our-goals/>

North Mississippi Medical Center-Hamilton



Marion Regional Medical Center, Inc., d/b/a North Mississippi Medical Center-Hamilton (NMMC-Hamilton) and located in Hamilton, Alabama, is a not-for-profit, 49-bed acute care hospital facility affiliated with North Mississippi Health Services. The hospital offers a Swing Bed Program with ten certified swing beds designed to transition patients from an acute care setting to their home setting.

North Mississippi Medical Center-Hamilton offers 24-hour emergency services. The Emergency Department is staffed by well-equipped, highly qualified physicians, nurse practitioners, and nurses. Emergency air ambulance services are readily available for critical care transport when needed.

Inpatient care includes 24-hour direct patient care with multidisciplinary services, including nursing, radiology, laboratory, ultrasonography, CT, MRI, physical therapy, occupational therapy, speech therapy, respiratory therapy, food and nutritional services, and social services. Spiritual assistance is available 24 hours a day through a volunteer chaplain program staffed by volunteer local pastors.

The Rehabilitation Services Department is staffed by registered physical therapists, occupational therapists, and speech-language pathologists. This department, located inside the hospital, also provides outpatient rehabilitation, acute care, and pediatric rehabilitation, among other services.

The medical staff offers specialists in family practice, internal medicine, surgery and pediatrics. The Outpatient Specialty Clinic, located on the hospital campus, offers appointments with providers specializing in audiology, ear, nose and throat, and general surgery.

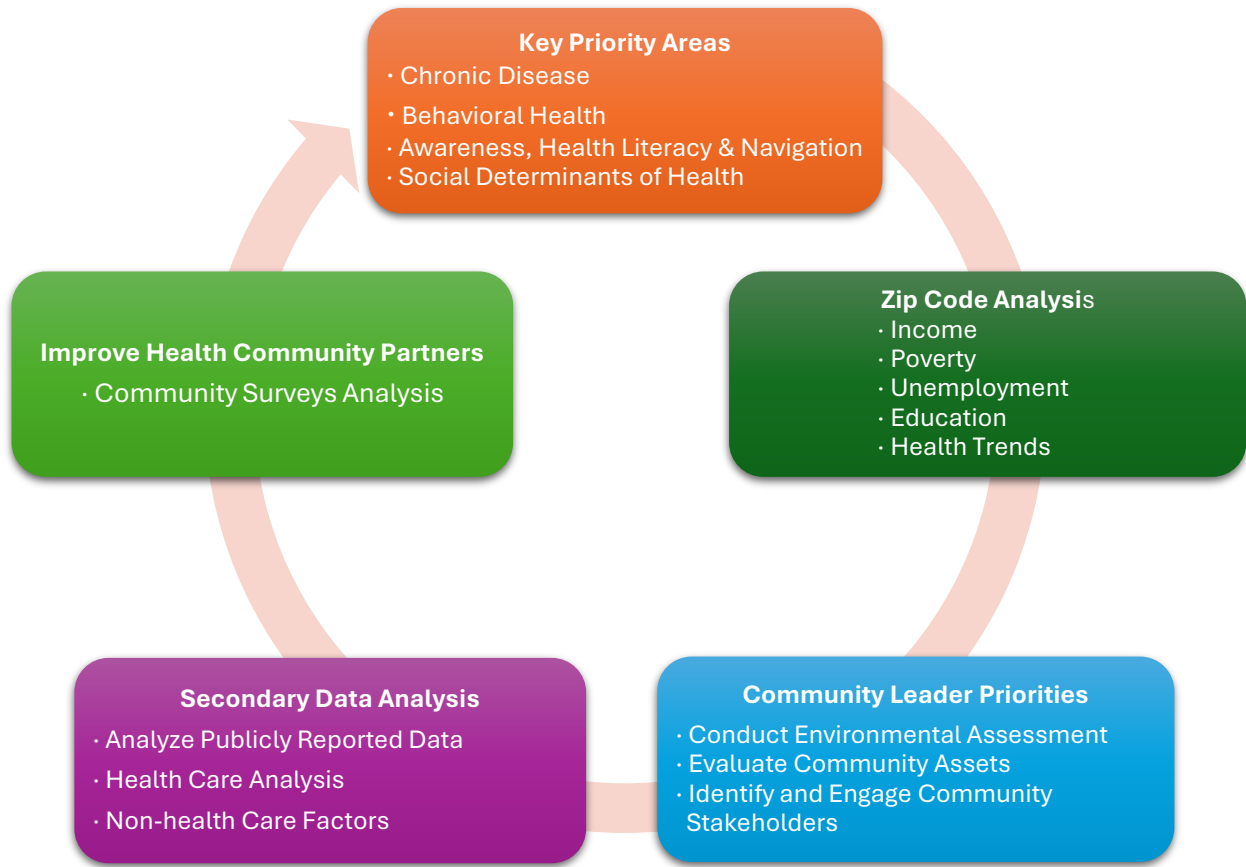
Methodology

Federal regulations allow the communities served to be defined based on the relevant facts and circumstances including the geographic locations served by our facilities. The overall service area includes 20 Mississippi counties and four Alabama counties. The CHNA data collection process (Figure 2) was compiled/assembled by the Strategy Department of North Mississippi Health Services (NMHS). Significant data from the below secondary sources were gathered, assessed, evaluated and analyzed with demographic and health indicators cited as appropriate:

- U.S. Census Bureau
- County Health Rankings
- Centers for Disease Control and Prevention (CDC)
- County Health Departments

Input from the community was received via informant interviews, standardized electronic surveys from key organizations/stakeholders, healthcare advocates/leaders, and interested community partners residing in the service areas served by North Mississippi Medical Center-Hamilton and the health system (see Appendix B). Additionally, Improve Health community partners participated.

Figure 2. 2024 CHNA Data Collection Process



For counties served by NMHS, demographic sections of this CHNA are described via lens of social determinants of health or SDOH (Table 1). Where patients are born, live, work and age affect a wide range of health risks and outcomes. Therefore, it is the belief and intentional practice of NMHS that all patients and families can expect good health outcomes regardless of their social conditions.

Table 1. Percent of Influence on SDOH Factors

SDOH – Factors That Influence Length/Quality of Life	
Health Factors	% of Influence
Health Behaviors	30%
Clinical Care	20%
Social and Economic	40%
Physical Environment	10%

Source: [County Health Rankings](#).

This CHNA process allows NMHS to engage diverse stakeholders to develop strategies that improve the health of communities in the service area by:

- Identifying chronic health issues and care gaps.
- Recognizing health disparities particularly associated with vulnerable populations.
- Highlighting community resources that are either available, lacking or underutilized.
- Understanding health needs from a population-based perspective.
- Implementing plans to address identified needs.

Description of Community Needs

Health Disparities

A health disparity is a type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; gender orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.²

Persons Living in Poverty⁹

According to the U.S. Census Bureau, in 2022, the percent of people in Alabama living in poverty was 15.6%. The percent among the black population were more than twice as likely (26.0%) than the white population (10.9%) to live below the poverty level.

Median Household Income⁶

Alabama's median household income was \$59,703 with substantial racial disparities of \$40,774 for the black population and \$68,212 for the white population.

Education

In Alabama, the percent of adults 25 years and older who completed high school was 87.7%. Adults who obtained some college was 61.6%.⁶ The rate of black adults who were high school graduates or higher was 86.9% compared to white adults at 91.2%.⁹

Rural Population¹⁸

Almost half of Alabama's population (42.3%) live in rural areas, and seven other states (Vermont, Maine, West Virginia, Mississippi, Montana, Arkansas, and South Dakota) have a higher proportion of people living in rural areas. The rural nature of the state contributes to an uneven distribution of health care resources and impacts the level of health of residents.

Chronic Diseases

Chronic diseases are the leading cause of illness, disability, and death in America. Most chronic diseases are caused by a short list of risk factors: smoking, poor nutrition, physical inactivity, and excessive alcohol use. Some groups are more affected than others because of factors that limit their ability to make healthy choices.

Some of the major conditions that affect Alabama residents and can lead to death and disabilities include heart disease, cancer, stroke, diabetes, and arthritis.³

Heart disease and cancer are the leading causes of death in Alabama. Of the 28,862 deaths in 2022, 41% of the total were due to one of these causes. Heart disease and cancer have been the two leading causes of death since 1999. For every 100,000 people living in Alabama, 295 people died from heart disease and 204 died from cancer.²

Stroke is a leading cause of serious long-term disabilities and is the fifth leading cause of death in Alabama. For every 100,000 people, 51 die from having a stroke. In the United States, 1 in 6 deaths (17.5%) from cardiovascular disease was due to a stroke.¹⁴

In Alabama, more than 550,000 people have diabetes. Even more, Alabamians have prediabetes, which increases their risk of developing Type 2 diabetes.¹² According to the Behavioral Risk Factor Surveillance System (BRFSS), 13.9 percent of AL's adult population report they have been told they have diabetes. The rate of diabetes mortality in rural areas was 30.4 deaths per 100,000 persons, compared to urban areas 20.8 deaths per 100,000 persons.¹⁵

Arthritis affects 33.5% of the population in Alabama, which accounts for 1,248,000 adults living with doctor-diagnosed arthritis in the state. There are approximately 300,000 kids with arthritis in the U.S. but only about 390 pediatric rheumatologists. Adults with arthritis often have one or more chronic conditions. 56.8% of adults in AL with diabetes and 64% with heart disease also have arthritis.¹⁷

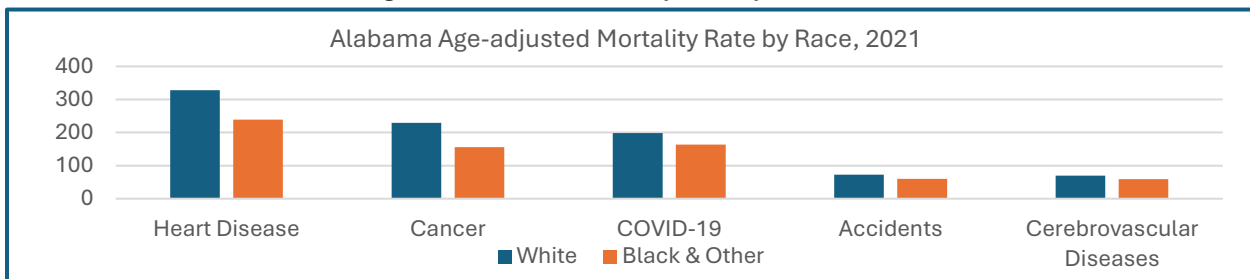
Top Causes of Death

Heart disease is the state's leading cause of death, and Alabama's rates of heart disease are among the nation's highest.¹⁹

Cancer is the second leading cause of death. The top four cancers in Alabama are colorectal, female breast, lung/bronchus, and prostate cancers. The burden of each of these cancers could be reduced through behavior modifications such as smoking cessation, weight loss, exercise, and improved nutrition.¹⁹

In Alabama, the mortality rate of the population is disproportionately affected. For example, the state's white population has a higher mortality rate among the top five causes of death, which are heart disease, cancer, Covid-19, accidents, and cerebrovascular disease (Figure 3).¹⁹

Figure 3. Alabama Mortality Rate by Race, 2021

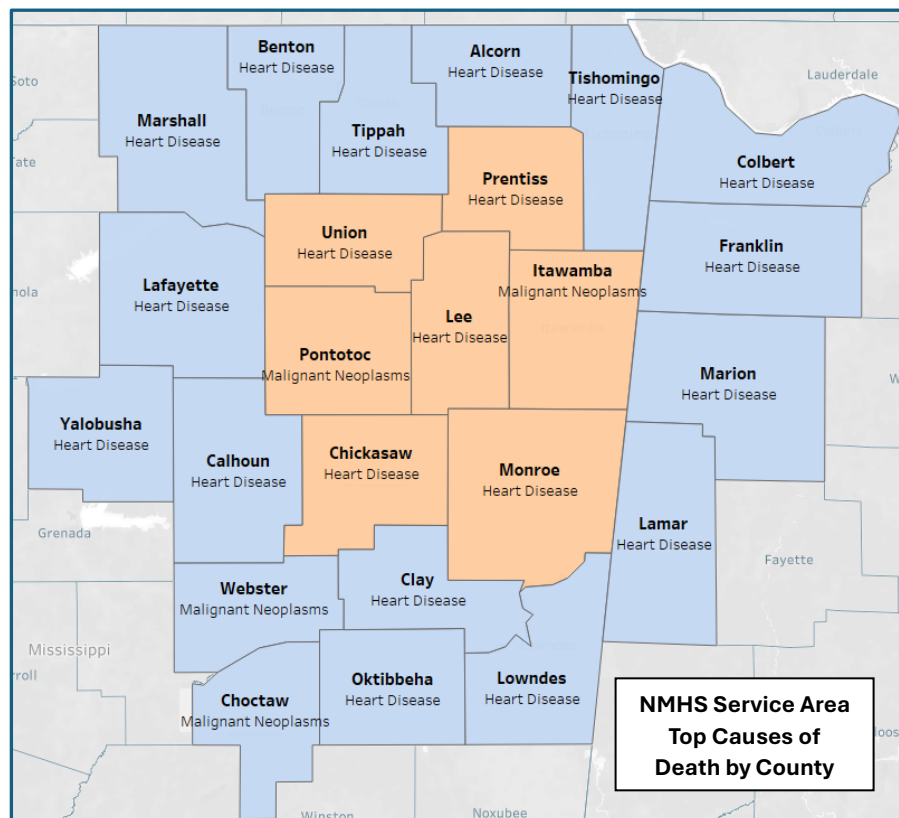


¹⁹Source: [Alabama Public Health Vital Statistics](#). "White" category includes Mexican, Puerto Rican, Cajun, Creole, unknown race, and Other Caucasian. The "Black and Other" group includes Black, American Indian, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Hawaiian, Other Asian or Pacific Islander, Guamanian or Chamorro, Samoan.

Within the NMHS service area, heart disease is the leading cause of death in twenty counties. Cancer (malignant neoplasms) is the leading cause of death in four counties (Figure 4).⁴

Figure 4. Leading Causes of Death by County

^{4, 19}Sources: [Mississippi Department of Health MSTAHRs](#) & [Alabama Public Health Vital Statistics](#).



Health Outcomes and Health Behaviors

America’s Health Rankings⁵ provides an analysis of national health on a state-by-state basis by evaluating health, environmental and socioeconomic data to determine national health benchmarks and state rankings. Ranks are calculated by state for each measure, with 1 corresponding to the healthiest value and 50 the least healthy value.

Five categories are associated with the state rankings, health outcomes, social and economic factors, physical environment, clinical care, and behaviors. The health outcomes category represents the result of a population’s physical and mental well-being. Topics in this category are behavioral health, mortality, and physical health. Health behaviors include nutrition and physical activity, sexual health, sleep health, and smoking and tobacco use.

For several significant health outcome and behavior measures, Alabama either ranks last or is in the bottom ten when compared to all 50 states (Table 2). The lack of resources that manifest as health disparities are significantly worse for those who have systematically faced obstacles to health due to their socio-economic status, race, ethnicity, religion, sexual orientation, geographic location, and other characteristics historically linked to discrimination or exclusion.

Table 2. Alabama Health Outcome and Health Behavior Rankings

Health Outcomes		Rank
Behavioral Health	Frequent Mental Distress (% of adults)	44
Mortality	Premature Death (years lost before age 75 per 100,000 population)	46
Physical Health	Frequent Physical Distress (% of adults)	42
	High Health Status	47
	Low Birth Weight (% of live births)	47
	Multiple Chronic Conditions (% of adults)	47
	Arthritis	49
	Cardiovascular Diseases	48
	Chronic Kidney Disease	45
	Chronic Obstructive Pulmonary Disease (COPD)	44
	Diabetes	48
	Risk Factors	
	High Blood Pressure	47
High Cholesterol	48	
Obesity (% of adults)	45	
Health Behaviors		Rank
Nutrition & Physical Activity	Exercise	44
	Fruit and Vegetable Consumption	47
	Physical Inactivity	46
Sexual Health	Teen Births	46
Sleep Health	Insufficient Sleep	48
Smoking & Tobacco Use	E-Cigarette Use	45

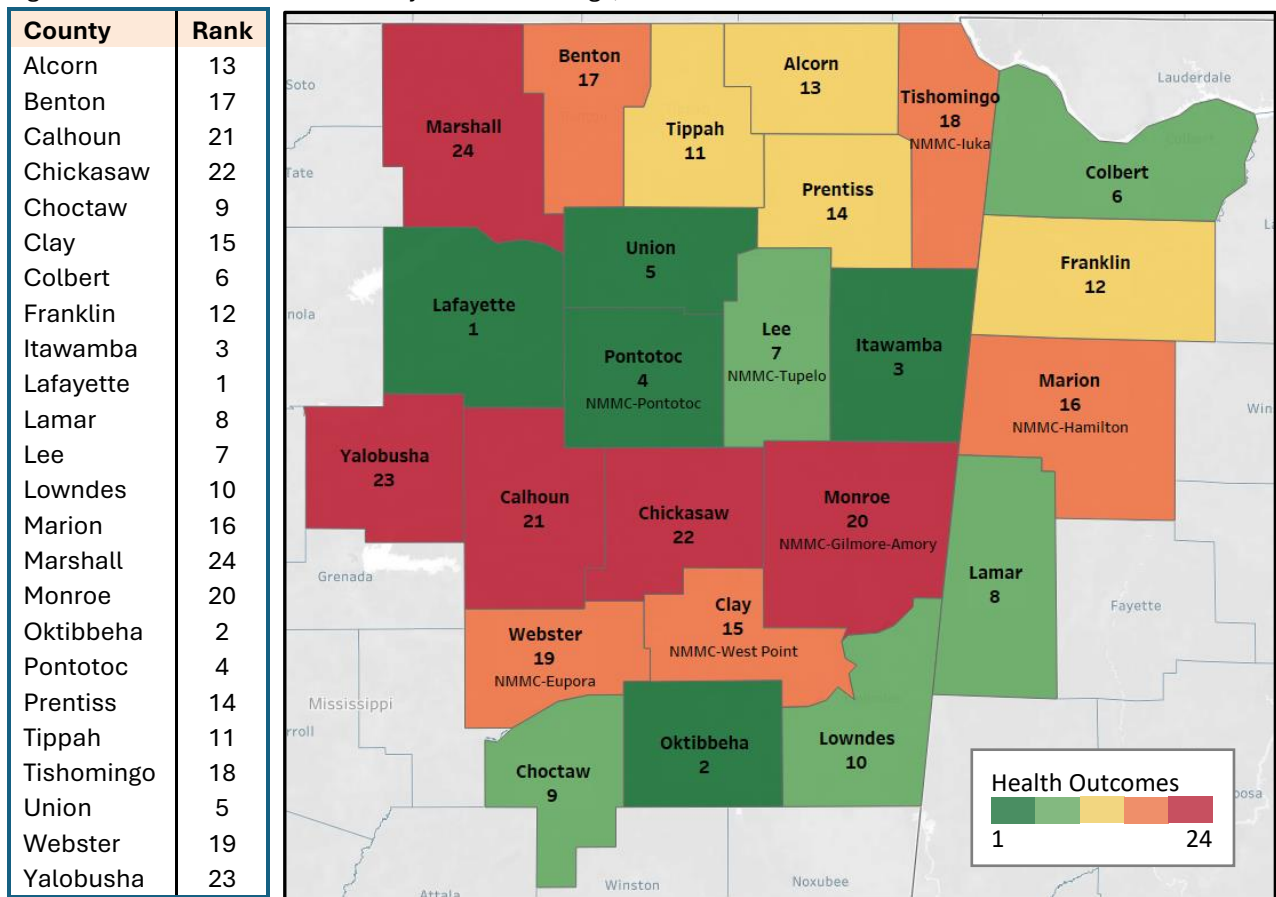
⁵Source: America’s Health Rankings, 2023.

Health Outcomes for the NMHS Service Area

The County Health Rankings' health outcomes methodology quantifies the length and quality of life as influenced by social resources. These indicators have region-specific results and rankings. Some social indicators, such as clean water, affordable housing, access to care and good jobs can be further influenced or worsened by geography.

Health outcomes represent how healthy a county is relative to other counties. This category reflects the physical and mental well-being of residents within a community through measures that represent the length of life and quality of life. The county with a ranking of #1 is considered the healthiest. In the NMHS service area (Figure 5),⁶ Lafayette County is considered the healthiest, and Marshall County is the least healthy.

Figure 5. NMHS Service Area County Health Rankings, 2024



⁶Source: County Health Rankings, 2024.

Health Behaviors in the NMHS Service Area

Health behaviors are health-related practices, such as diet and exercise, that can improve or adversely impact the health of individuals in communities. They are influenced by the choices available in the places where people are born, live, learn, work and play.

Cigarette smoking is a common health behavior residents choose in the NMHS service area. In the 24-county region, the percentages for adult smoking, obesity, and physical inactivity are higher than the top U.S. Performers (Figure 6).

Smoking is a health issue that causes more than 480,000 deaths each year in the U.S.⁷ In addition to causing death, it also contributes to diseases, such as, cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. As a contributing factor, there are over 16 million Americans living with a disease caused by smoking.⁷

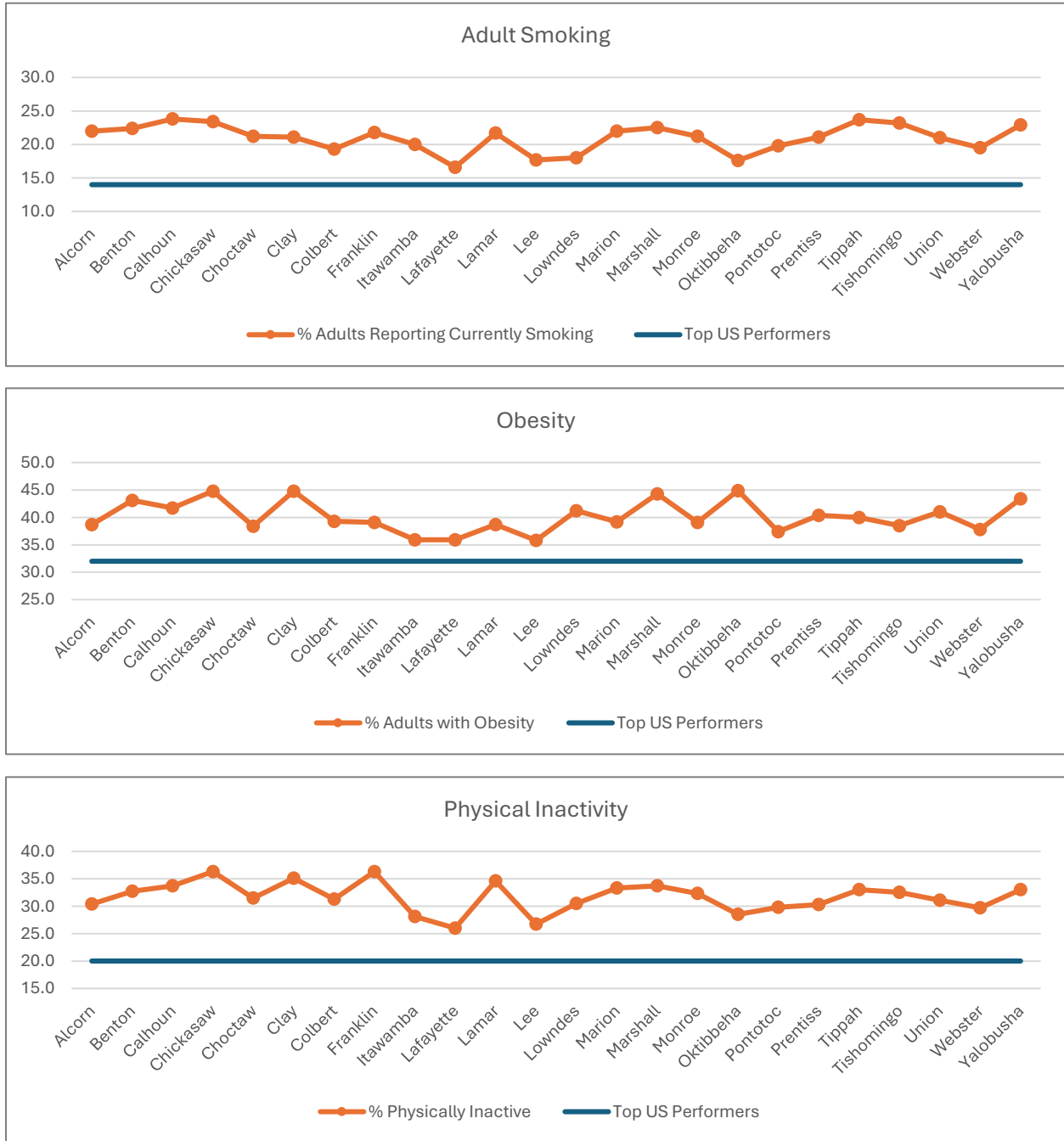
In addition to smoking, obesity is a health concern entrenched in the NMHS rural culture. Although the region is often celebrated for tasty southern fried foods, this loved diet leads to poor nutrition. Further, high-fat content meals are frequently paired with a regional favorite beverage, sugar-laced, sweet tea. In all counties served by NMHS, obesity is higher than the national average (Figure 6). Mirroring the health concerns of smoking, obesity contributes to other chronic diseases and leads to premature death. According to the CDC, obesity accounted for nearly \$173 billion in medical expenditures in 2019.⁸

Physical inactivity is another characteristic of the NMHS service area, and this rate is also higher than the national average (Figure 6). Poor nutrition coupled with physical inactivity is the perfect breeding ground for chronic diseases, such as, type 2 diabetes, heart disease, stroke, certain cancers, and depression.

Smoking, obesity, and physical inactivity are behavioral characteristics that manifest as health challenges in the region. Alabama's history of racial inequities, lower functioning educational systems, and the effects of other socio-economic indicators have all contributed to regional health disparities. For example, Alabama's black population has a significantly higher incidence rate of diabetes, breast cancer and prostate cancer. White males have the highest risk of developing cardiovascular disease.¹⁵

Health behaviors can play a significant role in Alabama's citizens' health, well-being, and quality of life and contributes to health disparities and inequities. Income disparities, education, poverty, unemployment, food insecurity, housing, and family social support services are areas that if addressed, can help build environments that contribute to wellness and support opportunities for healthy choices.

Figure 6. NMHS Health Behaviors by County



Source: [County Health Rankings, 2024](#).

Community Description and Primary Counties Served by NMMC-Hamilton

City of Hamilton

Hamilton, the city where North Mississippi Medical Center-Hamilton is located, is in northwest Alabama and has a population estimate of 6,952 within its 38.1 square miles of land area. The population of the city declined by 1.6% from 2020 to 2023. The city’s population per square mile is 185. The median age is 46.1.⁹

Race/Ethnicity/Age

The race/ethnicity makeup of Hamilton is 86.7% White, 8.5% Black/African American, 0.1% Asian, 3.9% two or more races, and 1.7% Hispanic or Latino. The percent of the population under the age of 18 years of age is 19.7%, and people 65 years and over is 24.2%.⁹

Education

In Hamilton for the five-year period ending in 2022, 80.2% of the population 25 years and older was high school graduates or higher. The percent of graduates who earned a bachelor’s degree or higher was 11.1%.⁹

By race/ethnicity, Asians and Hispanic or Latino (100.0%) had the highest rate of individuals with a high school degree or higher, followed by two or more races (82.3%), and White, non-Hispanic (82.1%). Black/African Americans had the lowest rate (58.2%).⁹

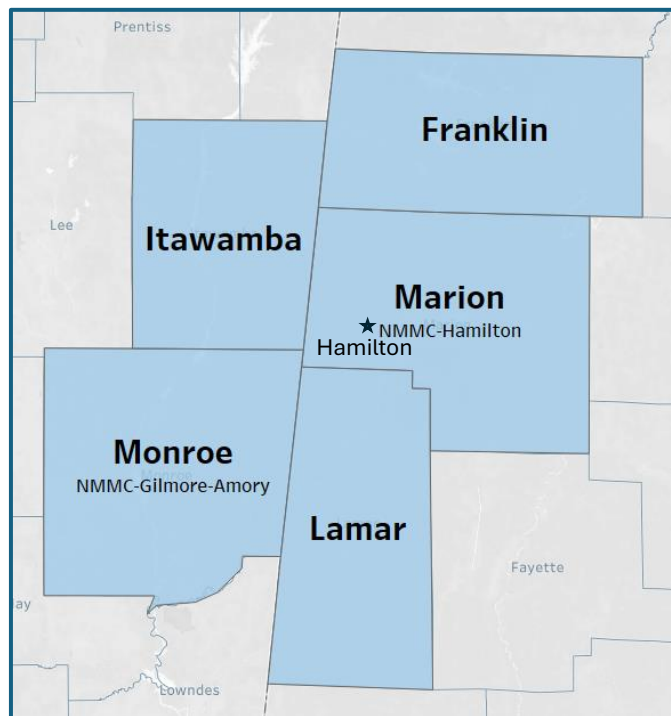
Income

The median household income for the five-year period ending in 2022 was \$8,821 lower in Hamilton at \$50,882 than the state’s median household income of \$59,703. Persons living in poverty was 15.9% compared to 15.6% in the state and 11.1% in the U.S.⁹

Primary Service Area

The 2023 estimated total population for North Mississippi Medical Center-Hamilton’s primary service area (Figure 7), which consists of five counties (Franklin (AL), Itawamba, Lamar (AL), Marion (AL), and Monroe), is 132,409.¹⁰

Figure 7. NMMC-Hamilton Primary Service Area



Demographics

Franklin County (AL)

The population in Franklin County is estimated to be 31,802 and decreased by 1.0% from 2020 to 2023. The racial/ethnic composition of the population is 73.3% White, 4.4% Black or African American, 1.8% American Indian and Alaska Native, 0.4% Asian, Native Hawaiian and other Pacific Islander (0.2%), 1.9% two or more races, and 20.6% Hispanic or Latino. The percentage of people under the age of 18 years old is 25.2% and people 65 years and older is 17.7%. The median age is 39.3 years.⁹

The ratio of population to primary care physicians is 2,463 individuals served by one provider. For dentists, the ratio is 4,562:1 and mental health providers is 6,386:1.⁶ The number of people per square mile is 50.7.⁹

Social Determinants of Health

Social determinants of health are the conditions in which people are born, grow, live, work and age. The percentage of the population under age 65 without health insurance (14.8%) is higher than the state of Alabama and the U.S., and the percentage of residents aged 16 and older that are unemployed (2.3%) is lower than the state of Alabama and the U.S.⁶ The percentage with food insecurities (14.6%) is lower than the state.⁶ Persons living in poverty is 18.5% compared to 15.6% in the state.⁹

The median household income is \$49,611, lower than Alabama and the U.S. Adults aged 25 years and over who completed high school or higher is 80.1%, and the percent of adults 25-44 years with some post-secondary education is 41.7%.⁶ The percent of graduates who earned a bachelor's degree or higher is 14.8%.⁹ The mean travel time to work is 26.6 minutes.⁹

Health Behaviors and Factors

Health behaviors are health-related practices, such as diet and exercise, that can improve or damage the health of individuals or community members. Health Factors represent the things that can be improved to live longer and healthier lives and are indicators of the future health of communities.

Franklin County has a higher percentage of adults who are smokers (21.8%) and physically inactive (36.3%). There is a lower percentage of obese adults at 39.1% than the state (40.6%).⁶ The age-adjusted rate for residents 18 years and older who have been told by a health care provider that they have high blood pressure is 36.8%.¹¹ The percentage with a disability under the age of 65 years is 11.8%.⁹

Chronic Diseases

In Franklin County, adult residents aged 18 years or older who report ever having been told by a doctor, nurse, or other health professional that they had angina or coronary heart disease (CHD) is 8.1%. The percent of residents who report ever having been told by a doctor, nurse, or other health professional that they have had a stroke is 4.1%. COPD residents who have been told they had

chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis is 9.7%, and adults diagnosed with diabetes is 13.5%.¹¹

Health Disparities

Causes of Death

In Franklin County, heart disease was the top cause of death in 2021 with a total rate of 318.6 deaths per 100,000 population (Table 3). Death rates were higher for the county’s black population in the following health conditions: heart disease, unintentional injuries, diabetes, and suicide. The county’s white population had higher death rates in cancer, Covid-19, chronic lower respiratory disease (CLRD), cerebrovascular disease (stroke), pneumonia and influenza, Alzheimer’s disease, chronic liver disease and cirrhosis, hypertension, and certain conditions originating in the perinatal period.

Table 3. Franklin County Top Causes of Death, 2021

Franklin County (age-adjusted rate per 100,000 population, 2021)	Total Rate	White	Black
Heart Disease	318.6	318.4	321.4
Malignant Neoplasms (Cancer)	281.1	291.0	178.6
COVID-19	178.1	184.8	107.1
CLRD	118.7	126.7	35.7
Unintentional Injuries	100.0	99.3	107.1
Cerebrovascular Disease	71.8	75.3	35.7
Pneumonia & Influenza	62.5	65.0	35.7
Alzheimer’s Disease	62.5	68.5	0.0
Diabetes	46.9	41.1	107.1
Septicemia	25.0	34.3 (male)/ 13.7 (female)	76.5 (female)
Chronic Liver Disease & Cirrhosis	25.0	41.2 (male)/ 13.7 (female)	0.0
Hypertension	12.5	6.9 (male)/ 20.5 (female)	0.0
Kidney Disease	21.9	20.6 (male)/ 20.5 (female)	67.0 (male)
Suicide	6.2	3.4	35.7
Certain conditions originating in Perinatal Period	3.1	6.9	0.0

¹⁹Source: [Alabama Public Health](#).

**“White” encompasses Mexican, Puerto Rican, Cajun, Creole, and unknown. The “Black and Other” group includes Black, American Indian, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Hawaiian, Other Asian or Pacific Islander, Guamanian or Chamorro, Samoan, other entries, and two or more races.

Premature Deaths

Premature deaths relate to the years of potential life lost before age 75 yrs. per 100,000 population. Franklin County has a higher number of premature deaths (12,137) compared to the state of Alabama (11,416).⁶ The rate of premature deaths for the black population is not provided for the county, but the years of life lost for the white population is 13,138.⁶ The life expectancy for residents in Franklin County is expected to be 72.4 years.⁶

Preventable Hospital Stays

Preventable hospital stay is the rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. Franklin County has a higher rate of preventable hospital stays at 4,590 compared to the state of Alabama (3,280). The rate of preventable stays is lower in the county's black population at 1,004 compared to the county's white population (4,630).⁶

Itawamba County

The population in Itawamba County is estimated to be 24,093 and increased by 1.0% from 2020 to 2023. The racial/ethnic composition of the population is 88.5% White, 7.6% Black or African American, 0.4% American Indian and Alaska Native, 0.5% Asian, 0.1% Native Hawaiian and other Pacific Islander, 1.4% two or more races, and 2.0% Hispanic or Latino. The percentage of people under the age of 18 years old is 21.3% and people 65 years and older is 17.7%. The median age is 39.9 years.⁹

The ratio of population to primary care physicians is 5,960 individuals served by one provider. For dentists, the ratio is 5,976:1 and mental health providers is 3,415:1.⁶ The number of people per square mile is 44.8.⁹

Social Determinants of Health

The percentage of the population under age 65 without health insurance (15.9%) is higher than the state of Mississippi and the U.S. The percentage of residents aged 16 and older that are unemployed (3.4%) is lower than the state of Mississippi and nationally. The percent of the population that lacks an adequate access to food is 13.3%, and county residents with limited access to healthy foods is 6.6%.⁶ Persons living in poverty is 13.3% compared to 18.0% in the state.⁹

The median household income is \$56,484, higher than the state's median income. Adults aged 25 years and over who completed high school or higher is 85.2%, and the percent of adults 25-44 years with some post-secondary education is 57.5%.⁶ The percent of graduates who earned a bachelor's degree or higher is 15.3%.⁹ The mean travel time to work is 24.1 minutes.⁹

Health Behaviors and Factors

Itawamba County has a lower percentage of adults who are smokers (20.0%), physically inactive (28.1%), and obese (35.9%) than the state.⁶ The age-adjusted rate for residents 18 years and older who have been told by a health care provider that they have high blood pressure is 37.2%.¹¹ The percentage with a disability under the age of 65 years is 11.5%.⁹

Chronic Diseases

Myocardial Infarction (Heart Attack)

In Itawamba County, there was a decrease in the number of heart attack patient discharges from CY 2019 – CY 2021. By CY 2022, the numbers began increasing (Figure 8).¹³

Stroke

The number of discharged patients who had experienced a stroke in Itawamba County decreased in CY 2020 and CY 2023. The numbers increased from CY 2021 – CY 2022.¹³

COPD (Chronic Obstructive Pulmonary Disease)

There was a decrease in the number of COPD patient discharges from CY 2019 – CY 2022 in Itawamba County. The numbers increased in CY 2023.¹³

Heart Failure

The number of heart failure patient discharges in Itawamba County declined in CY 2020. From CY 2021 – CY 2023, it continued to increase.¹³

Diabetes

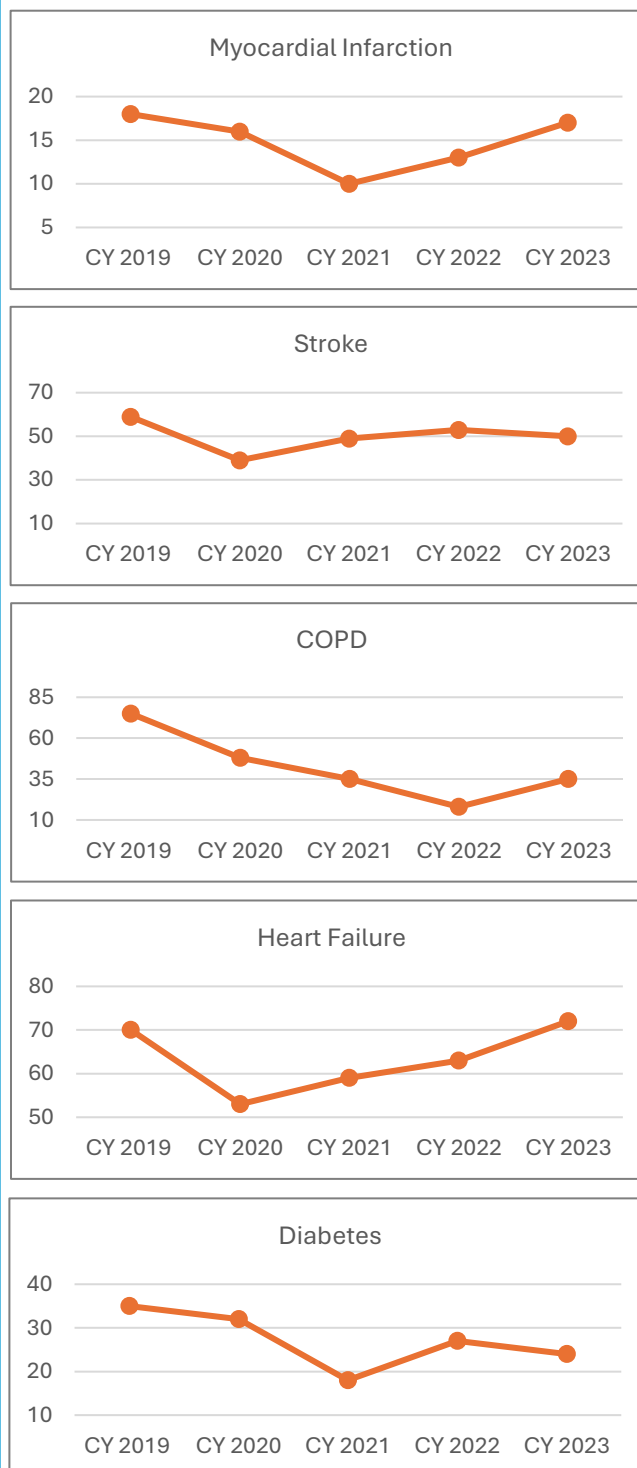
In Itawamba County, the number of diabetes discharges declined from CY 2019 – CY 2021 and in CY 2023.¹³ Over a five-year period, discharges only increased in CY 2022.

Health Disparities

Causes of Death

In Itawamba County, cancer was the top cause of death in 2022 with a total rate of 205.6 deaths per 100,000 population (Table 4). Death rates were higher for the county's white population in the following health conditions: cancer, Covid-19, Alzheimer's disease, unintentional injuries, suicide, kidney disease, chronic liver disease and cirrhosis, pneumonia and influenza, birth defects, homicide, septicemia,

Figure 8. Chronic Diseases in Itawamba County (CY 2019-2023)



¹³Source: [Mississippi Hospital Association, Dimensions, CY 2019 – CY 2023](#). Reported June 2024.

and hypertension. The county’s black population had higher death rates in heart disease, chronic lower respiratory disease (CLRD), cerebrovascular disease (stroke), and diabetes.

Most of the rates for the Hispanic population were not included because of the instability and unreliability of the small number of health events, except for cancer mortality rates. There were 218.1 cancer deaths per 100,000 population in Itawamba County.⁴

Table 4. Itawamba County Top Causes of Death, 2022

Itawamba County (age-adjusted rate per 100,000 population, 2022)	Total Rate	White	Black
Malignant Neoplasms (Cancer)	205.6	216.7	56.7
Heart Disease	202.9	204.0	243.5
CLRD	119.9	121.1	130.2
COVID-19	85.0	90.9	0.0
Unintentional Injuries	78.6	82.9	56.7
Alzheimer’s Disease	66.1	70.0	0.0
Cerebrovascular Disease	42.9	39.1	147.9
Diabetes	39.3	39.4	50.0
Suicide	19.9	21.7	0.0
Kidney Disease	18.0	19.2	0.0
Chronic Liver Disease & Cirrhosis	13.4	14.3	0.0
Pneumonia & Influenza	12.3	13.1	0.0
Homicide	8.9	9.9	0.0
Birth Defects	8.9	9.7	0.0
Septicemia	6.4	6.7	0.0
Hypertension	4.4	4.8	0.0

⁴Source: Mississippi State Department of Health – MSTAHRs.

Premature Deaths

Itawamba County has a lower number of premature deaths (10,722) compared to the state of Mississippi (12,697) and a higher number than the U.S. (8,000).⁶ The rates of premature deaths by race are not provided for the county. The life expectancy for residents in Itawamba County is expected to be 72.9 years.⁶

Preventable Hospital Stays

Itawamba County has a lower rate of preventable hospital stays at 2,679 compared to the state of Mississippi (3,423) and the U.S. (2,681). The rates of preventable stays by race are not provided for the county.⁶

Lamar County (AL)

The population in Lamar County is estimated to be 13,661 and decreased by 2.2% from 2020 to 2023. The racial/ethnic composition of the population is 85.6% White, 10.3% Black or African American, 0.5% American Indian and Alaska Native, 0.1% Asian, 1.9% two or more races, and 2.0% Hispanic or Latino. The percentage of people under the age of 18 years old is 22.1% and people 65 years and older is 22.7%. The median age is 44.2 years.⁹

The ratio of population to dentists and mental health providers is 4,568:1.⁶ The ratio for primary care physicians is unavailable. The number of people per square mile is 23.1.⁹

Social Determinants of Health

The percentage of the population under age 65 without health insurance (11.9%) is slightly higher than the state of Alabama and the U.S. The percentage of residents aged 16 and older that are unemployed (2.7%) is slightly higher than the state of Alabama. The percent of the population that lacks an adequate access to food is 16.8%.⁶ Persons living in poverty is 18.1% compared to 15.6% in the state of Alabama.⁹

The median household income is \$51,523, lower than the state’s median income. Adults aged 25 years and over who completed high school or higher is 82.1%, and the percent of adults 25-44 years with some post-secondary education is 47.6%.⁶ The percent of graduates who earned a bachelor’s degree or higher is 10.2%.⁹ The mean travel time to work is 25.6 minutes.⁹

Health Behaviors and Factors

Lamar County has a lower percentage of adults who are obese (38.7%) but a higher percentage of adults who are smokers (21.7%) and physically inactive (34.6%) than the state.⁶ The age-adjusted rate for residents 18 years and older who have been told by a health care provider that they have high blood pressure is 37.0%.¹¹ The percentage with a disability under the age of 65 years is 15.2%.⁹

Chronic Diseases

In Lamar County, adult residents aged 18 years or older who report ever having been told by a doctor, nurse, or other health professional that they had angina or coronary heart disease (CHD) is 7.2%. The percent of residents who report ever having been told by a doctor, nurse, or other health professional that they have had a stroke is 3.7%. COPD residents who have been told they had chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis is 8.8%, and adults diagnosed with diabetes is 12.0%.¹¹

Health Disparities

Causes of Death

In Lamar County, heart disease was the top cause of death in 2021 with a total rate of 321.4 deaths per 100,000 population (Table 5). Death rates were higher for the county’s white population in the following health conditions: cancer, chronic lower respiratory disease (CLRD), cerebrovascular disease (stroke), unintentional injuries, kidney disease, pneumonia and influenza, certain conditions originating in the perinatal period, and suicide. The county’s black and other population had higher death rates in heart disease, Covid-19, diabetes, Alzheimer’s disease, chronic liver disease and cirrhosis, and hypertension.

Table 5. Lamar County Top Causes of Death, 2021

Lamar County (age-adjusted rate per 100,000 population, 2021)	Total Rate	White*	Black/Other*
Heart Disease	321.4	300.7	465.7
COVID-19	248.4	233.9	349.2
Malignant Neoplasms (Cancer)	241.1	259.0	116.4

Diabetes	116.9	108.6	174.6
Unintentional Injuries	109.6	116.9	58.2
CLRD	102.3	108.6	58.2
Cerebrovascular Disease	73.1	83.5	0.0
Kidney Disease	43.8	50.5 (male)/ 49.8 (female)	0.0
Septicemia	36.5	50.5 (male)/ 49.8 (female)	50.5 (male)/ 49.8 (female)
Pneumonia & Influenza	29.2	33.4	0.0
Alzheimer’s Disease	21.9	16.7	58.2
Chronic Liver Disease & Cirrhosis	21.9	50.5 (male)/ 16.6 (female)	112.1 (female)
Hypertension	14.6	16.8 (male)	112.1 (female)
Suicide	7.3	8.4	0.0
Certain Conditions Originating in Perinatal Period	7.3	16.6	0.0

¹⁹Source: [Alabama Public Health](#).

*“White” encompasses Mexican, Puerto Rican, Cajun, Creole, and unknown. The “Black and Other” group includes Black, American Indian, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Hawaiian, Other Asian or Pacific Islander, Guamanian or Chamorro, Samoan, other entries, and two or more races.

Premature Deaths

Lamar County has a higher number of premature deaths (11,620) compared to the state of Alabama (11,416) and the U.S. (8,000).⁶ The rates of premature deaths by race are not provided for the county. The life expectancy for residents in Lamar County is expected to be 73.1 years.⁶

Preventable Hospital Stays

Lamar County has a lower rate of preventable hospital stays at 3,265 compared to the state of Alabama (3,280) and a higher rate than the U.S. (2,681). The rate of preventable hospital stays by race are higher for the white population at 3,143 than the black population (2,992).⁶

Marion County (AL)

The population in Marion County is estimated to be 29,244 and decreased by 0.3% from 2020 to 2023. The racial/ethnic composition of the population is 90.5% White, 4.2% Black or African American, 0.5% American Indian and Alaska Native, 0.4% Asian, 1.5% two or more races, and 3.3% Hispanic or Latino. The percentage of people under the age of 18 years old is 21.0% and people 65 years and older is 21.6%. The median age is 44.0 years.⁹

The ratio of population to primary care physicians is 4,178 individuals served by one provider. For dentists, the ratio is 4,859:1 and mental health providers is 3,645:1.⁶ The number of people per square mile is 39.5.⁹

Social Determinants of Health

The percentage of the population under age 65 without health insurance (13.4%) is higher than the state of Alabama and the U.S. The percentage of residents aged 16 and older that are unemployed (2.5%) is slightly lower than the state of Alabama. The percent of the population that lacks an

adequate access to food is 17.7%.⁶ Persons living in poverty is 17.6% compared to 15.6% in the state of Alabama.⁹

The median household income is \$47,742, lower than the state’s median income. Adults aged 25 years and over who completed high school or higher is 80.6%, and the percent of adults 25-44 years with some post-secondary education is 57.4%.⁶ The percent of graduates who earned a bachelor’s degree or higher is 11.8%.⁹ The mean travel time to work is 27.2 minutes.⁹

Health Behaviors and Factors

Marion County has a lower percentage of adults who are obese (39.2%) but a higher percentage of adults who are smokers (22.0%) and physically inactive (33.3%) than the state.⁶ The age-adjusted rate for residents 18 years and older who have been told by a health care provider that they have high blood pressure is 36.2%.¹¹ The percentage with a disability under the age of 65 years is 19.0%.⁹

Chronic Diseases

In Marion County, adult residents aged 18 years or older who report ever having been told by a doctor, nurse, or other health professional that they had angina or coronary heart disease (CHD) is 7.9%. The percent of residents who report ever having been told by a doctor, nurse, or other health professional that they have had a stroke is 4.0%. COPD residents who have been told they had chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis is 9.7%, and adults diagnosed with diabetes is 12.4%.¹¹

Health Disparities

Causes of Death

In Marion County, heart disease was the top cause of death in 2021 with a total rate of 311.2 deaths per 100,000 population (Table 6). Death rates were higher for the county’s white population in the following health conditions: heart disease, cancer, Covid-19, chronic lower respiratory disease (CLRD), cerebrovascular disease (stroke), diabetes, Alzheimer’s disease, chronic liver disease and cirrhosis, pneumonia and influenza, hypertension, and suicide. The county’s black and other population had higher death rates in kidney disease and septicemia.¹⁹

Table 6. Marion County Top Causes of Death, 2021

Marion County (age-adjusted rate per 100,000 population, 2021)	Total Rate	White*	Black/Other*
Heart Disease	311.2	325.9	103.1
Malignant Neoplasms (Cancer)	304.3	318.6	103.1
COVID-19	246.2	256.3	103.1
CLRD	147.0	157.5	0.0
Cerebrovascular Disease	85.5	87.9	51.6
Diabetes	75.2	76.9	51.6
Unintentional Injuries	68.4	81.3 (male)/ 58.1 (female)	90.2 (male)
Alzheimer’s Disease	47.9	51.3	0.0
Chronic Liver Disease & Cirrhosis	37.6	51.7 (male)/ 29.0 (female)	0.0
Kidney Disease	37.6	22.2 (male)/ 50.8 (female)	90.2 (male)

Pneumonia & Influenza	30.8	33.0	0.0
Septicemia	27.4	22.2 (male)/ 29.0 (female)	90.2 (male)
Hypertension	17.1	14.8 (male)/ 21.8 (female)	0.0
Suicide	10.3	11.0	0.0

¹⁹Source: [Alabama Public Health](#).

**“White” encompasses Mexican, Puerto Rican, Cajun, Creole, and unknown. The “Black and Other” group includes Black, American Indian, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Hawaiian, Other Asian or Pacific Islander, Guamanian or Chamorro, Samoan, other entries, and two or more races.

Premature Deaths

Marion County has a higher number of premature deaths (12,317) compared to the state of Alabama (11,416) and the U.S. (8,000). The rates of premature deaths by race are not provided for the county. The life expectancy for residents in Marion County is 72.4 years.⁶

Preventable Hospital Stays

Marion County has a higher rate of preventable hospital stays at 3,984 compared to the state of Alabama (3,280) and the U.S. (2,681). The rate of preventable hospital stays by race are higher for the white population at 4,014 than the black population (634).⁶

Monroe County

The population in Monroe County is estimated to be 33,609 and decreased by 1.7% from 2020 to 2023. The racial/ethnic composition of the population is 66.2% White, 30.7% Black or African American, 0.3% American Indian and Alaska Native, 0.3% Asian, 1.2% two or more races, and 1.6% Hispanic or Latino. The percentage of people under the age of 18 years old is 22.3% and people 65 years and older is 20.8%. The median age is 41.4 years.⁹

The ratio of population to primary care physicians is 1,993 individuals served by one provider. For dentists, the ratio is 2,099:1 and mental health providers is 4,797:1.⁶ The number of people per square mile is 44.7.⁹

Social Determinants of Health

The percentage of the population under age 65 without health insurance (14.5%) is higher than the state of Mississippi and the U.S. The percentage of residents aged 16 and older that are unemployed (4.0%) is also higher than the state and nationally. The percent of the population that lacks an adequate access to food is 14.2%. Persons living in poverty is 15.3% compared to 18.0% in the state.⁹

The median household income is \$51,754, lower than the state’s median income. Adults aged 25 years and over who completed high school or higher is 84.9%, and the percent of adults 25-44 years with some post-secondary education is 47.4%.⁶ The percent of graduates who earned a bachelor’s degree or higher is 16.1%.⁹ The mean travel time to work is 24.1 minutes.⁹

Health Behaviors and Factors

Monroe County has a higher percentage of adults who are smokers (21.2%) and physically inactive (32.3%). There is a slightly lower number of obese adults at 39.1% than the state (39.4%).⁶ The age-adjusted rate for residents 18 years and older who have been told by a health care provider that they have high blood pressure is 39.5%.¹¹ The percentage with a disability under the age of 65 years is 9.2%.⁹

Chronic Diseases

Myocardial Infarction (Heart Attack)

In Monroe County, there was a decrease in the number of heart attack patient discharges in CY 2020. The numbers began to slightly increase from CY 2021 – CY 2022 (Figure 9).¹³

Stroke

In CY 2020 and CY 2023, the number of discharged patients who had experienced a stroke in Monroe County declined. The numbers increased from CY 2021 – CY 2022.¹³

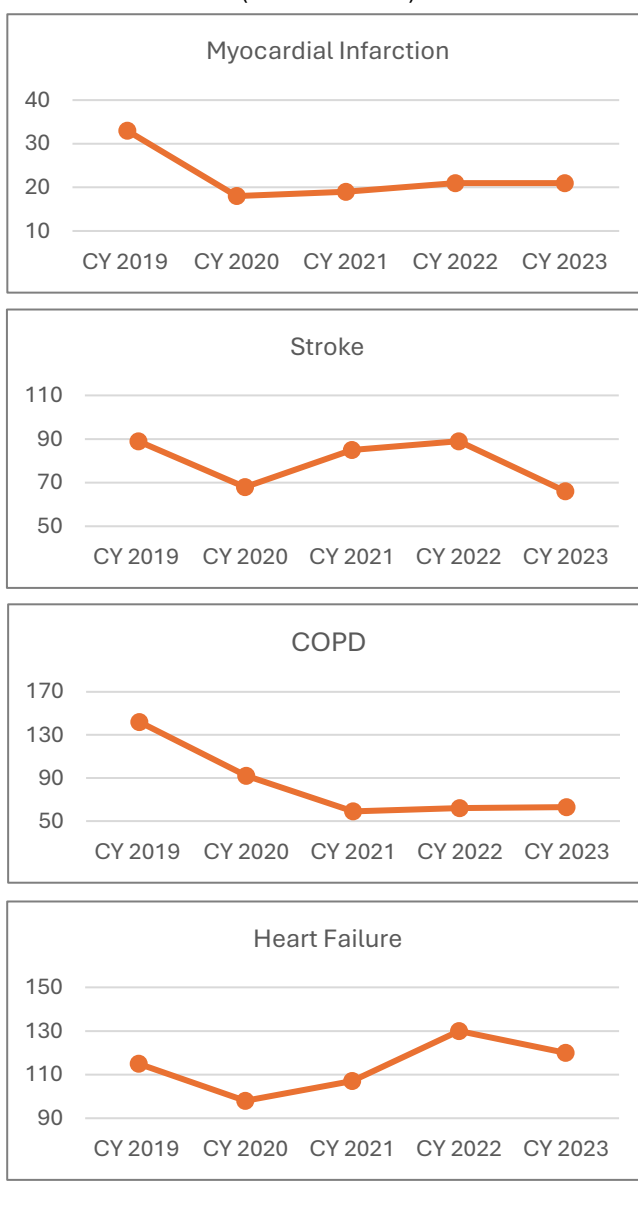
COPD (Chronic Obstructive Pulmonary Disease)

There was a decrease in the number of COPD patient discharges from CY 2019 – CY 2021 in Monroe County. A slight increase occurred in CY 2022 and CY 2023.¹³

Heart Failure

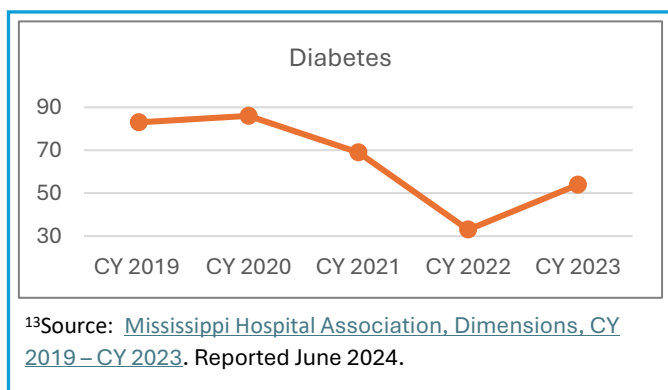
The number of heart failure patients in Monroe County declined in CY 2020 and CY 2023. From CY 2021 – CY 2022, there was an increase in the number of patient discharges.¹³

Figure 9. Chronic Diseases in Monroe County (CY 2019-2023)



Diabetes

In Monroe County, the number of diabetes discharges declined from CY 2021 – CY 2022. There was an increase in the number of diabetic discharges in CY 2020 and CY 2023.¹³



Health Disparities

Causes of Death

In Monroe County, heart disease was the top cause of death in 2022 with a total rate of 223.4 deaths per 100,000 population (Table 7). Death rates were higher for the county’s black population in heart disease as well as the following health conditions: cancer, unintentional injuries, diabetes, cerebrovascular disease, hypertension, kidney disease, and certain conditions originating in the perinatal period. The county’s white population had higher death rates in Covid-19, Alzheimer’s disease, CLRD, pneumonia and influenza, suicide, chronic liver disease and cirrhosis, septicemia, and ulcers.

Most of the rates for the Hispanic population were not included because of the instability and unreliability of the small number of health events, except for heart disease and hypertension, both at a rate of 349.0 deaths per 100,000 population. Death rates for Other only included heart disease at 140.7 per 100,000 population.⁴

Table 7. Monroe County Top Causes of Death, 2022

Monroe County (age-adjusted rate per 100,000 population, 2022)	Total Rate	White	Black
Heart Disease	223.4	217.5	232.1
Malignant Neoplasms (Cancer)	205.3	188.5	252.1
COVID-19	89.7	102.2	54.7
Alzheimer’s Disease	74.2	76.8	70.1
Unintentional Injuries	74.2	52.5	133.1
CLRD	72.9	89.0	30.9
Diabetes	42.7	36.6	53.8
Cerebrovascular Disease	40.3	38.9	44.9
Hypertension	27.3	20.3	45.0
Pneumonia & Influenza	22.3	23.4	17.5
Kidney Disease	12.4	10.4	17.2
Suicide	9.8	11.7	5.8
Chronic Liver Disease and Cirrhosis	8.0	8.1	6.4
Septicemia	3.6	5.2	0.0
Certain Conditions Originating in Perinatal Period	3.4	0.0	9.2
Ulcers	1.9	2.8	0.0

⁴Source: [Mississippi State Department of Health – MSTAHRs](#).

Premature Deaths

Monroe County has a higher number of premature deaths (13,452) compared to the state of Mississippi (12,697) and the U.S. (8,000).⁶ The rate of premature deaths for the black population (16,318) is higher than the rate for the white population (12,251). Rates for the Hispanic population are not included because of the instability and unreliability of the small number of health events. The life expectancy for residents in Monroe County is expected to be 71.9 years.⁶

Preventable Hospital Stays

Monroe County has a lower rate of preventable hospital stays at 2,867 compared to the state of Mississippi (3,423) and a higher rate than the U.S. (2,681). Preventable hospital stays are higher in the black population (5,214) compared to the white population (2,336). Rates for the Hispanic population are not included.⁶

Actions Taken Since 2022 CHNA

North Mississippi Health Services has continued to reach the goals outlined in the previous Community Health Needs Assessment with a focus on several priority areas identified from the community surveys and secondary sources. Some of these areas included affordable health services, mental health, health education/resources and preventive services, more specialty services/health care providers, health and wellness, and access to care.

Below is a listing of community activities and mission-centric events that NMHS hosted or participated in consistent with its vision of providing the best patient- and family-centered care and health services in America (Table 8).

Table 8. NMMC-Hamilton Activities, Awards and Events 2022 - 2024

Date	Community Activities	Total Participants
Daily	Nurse Link – available 24 hrs./day, 7 days a week	720K
4/8/2022	North MS Addiction Summit at Cadence Bank	175
May – June 2022	Hypertension flyers/PowerPoint distributed & viewed	37K
June 2022	NMMC & HCF awarded scholarships to students	14
June 2022 - 2023	Camp Bluebird for adult cancer survivors	50+
Sep. 2022	NMHS employees & HCF donated bottled water to Salvation Army	341 cases
Oct. 2022 - 2023	Nursing Home Trick or Treat (annually)	40
Nov. 2022 - 2023	Bevill State Career Fair (annually)	200
Nov. – Dec. 2022	Hypertension video on Employee TV, social media & local news station	Community-wide
Dec. 2022	Salvation Army Bell Ringing	200
12/13/2022	All About Cataracts free class	30
2022 - 2024	Cancer Journey Support Group (3 rd Tuesday/month)	10-18 avg/mo.
Aug. 2022 - 2024	NMMC Outcomes Conference (annually)	200+
Year-round	Various staff donate to United Way and the Healthcare Foundation monthly	200+
2023	Exercising Before & After Weight Loss – Webex classes	15
2023	Managing Congestive Heart Failure free community program	15
2023	Weight Loss Support Group – Bariatric Center (online mthly)	267
Jan. 2023	C3 Industrial Meeting	30
Feb. 2023 - 2024	Health Science Fair at HHS	100
Apr. 2023	High School Scholarship Interviews	14
May 2023 - 2024	Bevill State Bridge to Jobs	250
May 2023	Scholarship Presentations – Awards Day	100
June 2023 - 2024	Bevill State Advisory Board	40
Aug. 2023	Marion County Board of Education Kick Off	300
10/28/2023	Hope Continues 5K run – breast cancer awareness	686
Dec. 2023	C3 Membership Reception	50
Jan. 2024	NMHS & Aetna offered new HMO plan for Medicare beneficiaries	40
Feb. 2024	Primary Care Center Tour High School Student	20
Jan. - July 2024	Weight Loss Support Group – NMMC Bariatric Center (online mthly)	114
Jan. - July 2024	Exercise and Weight Loss Surgery – Webex – Wellness Center	25
3/6/2024	Opioid Conference	100
Aug. 2024	Marion County Board of Education	300

Date	Social Media Activities	# of Views
	Facebook (Meta)	
Oct. 2021	Diet tips to lower risk of breast cancer	2.6K
10/26/2021	Neurology Consultants services highlighted	7.9K
10/27/2021	Breast Cancer Journey feature stories	24.6K
Oct. - Nov. 2021	Saturday Sports Injury Clinic	10.9K
Oct. - Nov. 2021	Cancer survivor feature stories	6.8K
11/10/2021	Live from Children's Clinic Downtown with Matt Laubhan	9.3K
11/26/2021	Joshua Reed's organ donor story video	11.7K
12/2/2021	Joshua's story full interview	25.5K
12/22/2021	Flu cases on the rise WASH YOUR HANDS jingle	6.8K
12/24/2021	Say No to a blue Christmas blog	1.4K
12/27/2021	Spread good will not the flu	6.5K
12/28/2021	Update from Dr. Blanchard COVID-19 update	26.9K
2022	Weight loss surgery features	78.4K
1/1/2022	Exercise as Lifestyle by Dr. Craig Moffett blog	3.3K
1/6/2022	NMHS reopens Drive Thru Testing site for COVID-19	17.8K
1/13/2022	NMMCI has over 50 clinics to serve MS & AL	7.1K
1/25/2022	Message from Dr. Blanchard "Right Place, Right Care"	32.9K
1/31/2022	Dr. Ned Miller offers guidance to anyone pursuing Health care	1.6K
3/2/2022	Grief Support During a pandemic	5.5K
3/18/2022	Mix tape colon cancer awareness post	22.4K
4/1/2022	Joshua's story about his donated organs saving others	6.4K
4/25/2022	Mackenzie Copeland's story about NMMC Rehab Institute	2.7K
4/28/2022	"Why am I still required to mask?" message from Dr. Blanchard	6.1K
6/11/2022	Get Enough Sleep program to prevent diabetes	1.6K
6/18/2022	Track your activity to lower your risk of diabetes/weight problems	1.2K
6/25/2022	Diabetes Prevention video "Eating Well Away from Home"	1.2K
7/20/2022	Sweet Like Sugar event by Emily Littlejohn	1.4K
8/3/2022	Cheri Harbour presents helpful tips for Low Vision sufferers	6.0K
8/22/2022	Amy Tate gets physical therapy after bad fall	11.0K
9/7/2022	Hospice volunteers are special at end of life	4.0K
9/8/2022	Outpatient Infusion Team big help in recovering from COVID-19	8.2K
9/23/2022	Dr. Southward discusses Saturday Morning Injury Clinic	1.6K
9/30/2022	Dr. Drew Blackstock talks about recovery looks different for all	1.7K
10/3/2022	Med ed program" Nipple Sparing Mastectomy: A Team Approach"	9.6K
10/26/2022	Sober October with Dr. Drew Blackstock	1.3K
10/28/2022	Bariatric Center providers discuss advancements	5.4K
11/9/2022	NMMC Bariatric Center wins weight war for 15 years	7.4K
11/11/2022	Sisters get mammograms and saves their lives	3.1K
11/15/2022	Kalisa Mickell, NP explains "The Silent Killer"	2.4K
11/23/2022	Clara Hughes ditches glasses after cataract surgery	10.0K
11/24/2022	Kline family grateful for NMMC's care for son	18.2K
12/11/2022	Dr Pickering has free program about Cataracts	4,300
2023	Weight loss surgery patient features	327.7K
Jan. 2023	What's Your Why? Weight loss push	2.6K
1/1/2023	If weight loss is your New Year's Resolution...	2.2K
1/2/2023	Dr Julie Palmer offers ideas to improve health	7.9K
1/4/2023	Wellness Center joining tips and specials	4.0K
1/5/2023	Why I support Organ Donation feature	9.2K
1/6/2023	WTVA spot about CPR training	6.2K
1/6/2023	Quiz for weight loss surgery eligibility	4.0K

1/11/2023	Dr Cauthen talks about weight loss surgery	13.1K
1/12/2023	WTVA spoke about nursing demand after COVID-19	1.9K
1/16/2023	Dr Pinson comments on weight loss surgery	8.4K
1/18/2023	End of life discussion Blog	6.3K
1/25/2023	Weight Loss surgery blog	2.8K
Feb. 2023	Heart patient feature stories	79.3K
Feb. 2023	NMMC Home Health & Hospice Grief support group	6.9K
2/9/2023	Dr. Bertolet blog about losing 10% body weight	3.3K
2/10/2023	Heart disease Blog	1.1K
2/11/2023	Free blood pressure screenings	1.2K
2/12/2023	Evan Gault talks about healthy breakfast at the Wellness Center	2.3K
2/14/2023	What you eat matters - for heart health	1.5K
2/15/2023	Cheri Harbor visits WTVA to discuss support group	1.2K
2/15/2023	How to prevent cardiac death with Dr Bertolet - blog	1.2K
2/17/2023	Dietician checks in of New Year's resolutions	1.3K
2/18/2023	Evan Gault advises healthy breakfast foods	3.2K
2/19/2023	Blog with info on Low Vision	1.8K
2/20/2023	WCBI New explores what's involved in Heart Screening	1.2K
2/22/2023	DJ shared Heart Health Breakfast Choices program	2.7K
2/23/2023	Heart failure blog by Jan Starling, RN	1.8K
2/27/2023	A-fib blog by Dorothy Wilson, NP	2.2K
Feb. - June 2023	Cataract surgery features	78.3K
Feb. - Nov. 2023	Danger Ahead sign for Heart screenings	10.5K
Feb. - Dec. 2023	Preparing for Birth Class information	11.3K
Mar. 2023	Dr Pinson Facebook Live talking about weight loss surgery	7.1K
3/8/2023	Facebook Live Dr Cauthen on weight loss surgery	3.4K
3/8/2023	Emily Littlejohn urges people to drink more water	2.1K
3/14/2023	Laser Cataract Surgery Blog by Dr. Pickering	2.3K
3/15/2023	Colon cancer survivor Tammy McCalpin w/friends	6.4K
3/15/2023	Weight loss success video of testimonies	1.9K
3/16/2023	Colorectal cancer prevention w/ Dr. Decker	2.2K
3/20/2023	Ava Scott's therapy story	10.3K
3/21/2023	Conversations Before the Crisis info	3.5K
3/24/2023	Mindful eating Blog	1.9K
Apr. 2023	Colon Cancer Screening - Remember this?	5.4K
4/4/2023	Reflections on COVID-19 by Dr. Bhatt blog	1.6K
4/10/2023	Pete Cobb Knee replacement surgery feature	9.1K
4/11 & 6/29/2023	Mary Rainwater story re gas station heroin	6.3K
4/18/2023	NMMC Hosts Mentorship Academy for high school students	20.4K
4/19/2023	NMMC-Iuka & Air Evac Life team teach Seat Belt Safety to students	6.2K
May 2023	Blood pressure checks push	3.5K
May 2023	Short videos for cancer survivors to inspire others	8.7K
5/3/2023	Palliative Care Team offer Conversation B4 the Crisis	1.6K
5/5/2023	Cinco de Mayo let's taco about stroke	3.7K
5/11/2023	Use letters F>A>S>T> to spot a stroke	4.5K
5/12/2023	Dr. McComb's article published in Advances in Skin & Wound Care	14.3K
5/19/2023	Anxiety pitfalls Blog	3.5K
5/25/2023	Check-up from neck up tests for Mental Health online	2.0K
5/25/2023	Annette French suffers stroke but recovers after amputation	21.1K
5/31/2023	Blog about depression and symptoms	1.8K
May - June 2023	Basic Steps of Infant CPR class	22.9K
6/1/2023	Cancer Survivor video call	5.9K

6/1/2023	Survivor to Survivor video cancer survivors	45.5K
6/6/2023	Memory loss & dementia blog	3.9K
6/12/2023	Dr. Boland speaks about anatomy of the heart at lunch event	30.0K
6/13/2023	Grief Support Hospice nurse talks about holidays and special occ.	2.1K
6/15/2023	Difficulty concentrating? Blog	6.0K
6/15/2023	Virtual Nurses Improving Patient Education, Satisfaction	10.1K
6/16/2023	Robotic Surgery transforming health care	57.4K
6/25/2023	Summer Salad recipes from Emily Littlejohn, dietician	5.7K
6/27/2023	5 Students in Physician Shadowing Program	18.5K
7/13/2023	Build best summer salad with Emily Littlejohn	6.6K
7/25/2023	Smoothie recipes shared by Emily Littlejohn, dietitian	8.8K
7/26/2023	Learn about PAD and leg pain	7.5K
7/27/2023	Watch for heat-related illness when back to school	6.9K
7/28/2023	Justin Brewer, MD discusses high risk pregnancy blog	3.4K
8/2/2023	Dr. Ladner speaks about Early Pregnancy: What to Expect	3.3K
8/3/2023	Rachel Ethridge gets neck relief through dry needling	6.1K
8/8/2023	Storing up fruits and veggies blog	4.4K
8/9/2023	Eating for two nutrition blog	3.7K
Aug. - Sep. 2023	Helpful hints on using CPAP/BIPAP	8.4K
8/23/2023	Webster Long Term Care residents share their wisdom	21.4K
9/7/2023	Where to go for your flu shot...	3.9K
9/14/2023	Stay Active blog with Dr. Christopher Richard	5.6K
9/15/2023	Dr. Nathaniel Sparks covers Belmont Family Medical Clinic	5.7K
9/18/2023	Dr. Benjamin Googe Feature at N MS Plastic Surgery	8.7K
9/26/2023	Dr. Brent Boyett shares about Natl Recovery Month	2.1K
9/29/2023	Hey Girl Get Squeezed for Breast Cancer	10.7K
Sep. - Dec. 2023	Outpatient Rehab story features	53.5K
Sep. - Dec. 2023	Know Where to Go	16.6K
10/1/2023	Sober October with Dr. Boyett's pledge of abstinence	1.7K
10/2/2023	Dr. Kevin Johnson lets you know where it is best to get care	9.1K
10/3/2023	Get mammogram encourages others	30.2K
10/3/2023	Dr. Drew Blackstock commits to help those with substance abuse	1.9K
10/5/2023	Where to go for your flu shot...	2.5K
10/6/2023	Breast Cancer Surgery blog w/Dr. Danny Sanders	9.3K
10/20/2023	Schedule your mammogram	1.6K
10/20/2023	Think mammograms are too far away? 3-D screening	3.2K
10/23/2023	Sudden Infant Death Syndrome (SIDS) causes death among infants	2.6K
10/24/2023	Women: If you've ever been told you have "dense breasts"	1.5K
10/26/2023	A 3-D screening mammogram is ordered for women	1.8K
10/31/2023	3-D screening mammography available	1.0K
Oct. - Nov. 2023	Breast Cancer features	21.2K
Oct. - Dec. 2023	Medicare plan features	21.2K
11/8/2023	Butch Palmer After suffering his first stroke	8.9K
11/9/2023	ABUS, what you need to know	2.0K
11/22/2023	Understanding your risk factors helps prevent lung cancer	2.9K
11/28/2023	Patients diagnosed with lung cancer have a team	18.0K
11/30/2023	Lung cancer screening can detect early lung cancers	2.1K
12/4/2023	Screening can help catch lung cancer at its earliest, most treatable stages	5.3K
12/5/2023	NMMC-Tupelo helps doctors diagnose lung cancer at most treatable stage	14.9K
12/12/2023	WTVA article on Road to become an ENT	2.0K

12/12/2023	You're only as healthy as your last trip to the grocery store	2.1K
12/27/2023	Lung cancer screening can detect early lung cancers Quiz	57.5K
12/28/2023	Don't be afraid of courageous conversations with terminal illness	2.3K
12/29/2023	Thankful story from NICU parents	6.8K
1/3/2024	NMHS launches solution to drug shortages	3.4K
1/4/2024	Benefits of having a PCP by Eric Dukes	37.1K
1/11/2024	Grocery shopping in a rut? Rule of Three	3.1K
1/18/2024	Good Mental Health is important in life	2.3K
1/19/2024	Pain Management close to home	4.1K
1/25/2024	Wound Center & Hyperbarics story - Anita Mattox	9.4K
1/29/2024	Tips for reading nutrition labels	2.0K
1/30/2024	Managing Congestive Heart Failure comm. program	7.3K
2/6/2024	Free blood pressure screening	2.7K
2/7/2024	E. Littlejohn gives tips on reading food labels	2.1K
2/8/2024	Beck Mitchner CNP shares about women's health	36.8K
2/13/2024	Littlejohn promotes health breakfast foods	2.7K
2/15/2024	Listen to your wife advises schedule heart screening	8.5K
2/21/2024	Promotional for heart screenings	3.4K
2/22/2024	Jackie Pearce gets heart screening after scare	4.2K
2/22/2024	Share WTVA Heart Healthy Breakfast by NMHS Nutrition Dept	1.8K
2/27/2024	WTVA interview with Dr. Blanchard	2.0K
Feb. - Mar. 2024	Neurological patient stories	190.4K
3/3/2024	Cheri Harbour Low Vision "Siri" reel	4.0K
3/5/2024	New C-Section Golden Hour	76.7K
Mar. - Apr. 2024	Free Vein Screening promotion	10.7K
3/13/2024	Dr. Steve Amann Run for Your Buns reel	33.2K
3/26/2024	Dr. Ross Stone Colon Cancer Awareness Blog post	5.8K
3/27/2024	Luke Campbell Urgent Care or ER Reel (2)	1.6K
4/4/2024	Willie Locket stroke patient story	20.9K
4/8/2024	Women & Heart Disease blog post by Dr. Barry Bertolet	16.0K
4/10/2024	Illness and Injury Don't make an appointment	2.4K
4/11/2024	"It's just amazing," says David Dodd of Winfield, Alabama, soon after having laser cataract surgery at North Mississippi Surgery Center	7.6K
4/15/2024	Medical decision Makers are your voice at the right time	9.0K
4/16/2024	Pulmonary embolism, a blood clot that blocks blood flow to the lungs, can be life threatening	9.4K
4/18/2024	Heartburn helped Deborah Mathews make a great health save	5.9K
4/24/2024	Physician alignment with Dr. Barry Bertolet	3.1K
4/25/2024	Colon Cancer survivor Donnie Homan	11.7K
4/26/2024	Ready to make lasting changes to your health?	4.7K
4/30/2024	Knowing where to start with exercise	4.0K
May 2024	Never miss an appointment again	6.7K
5/1/2024	Blocked carotid arteries can disrupt blood flow	8.0K
5/2/2024	God winks are experiences attributed to divine intervention	18.2K
5/4/2024	Use the letters F.A.S.T. to spot a stroke	3.2K
5/6/2024	Let's take some Small Steps for Better Health	2.2K
5/8/2024	Learn the signs of Stroke	1.6K
5/9/2024	It's that time of year again, Allergy season	1.3K
5/10/2024	Did you know that every 40 seconds someone in the US has a stroke	3.1K
5/13/2024	What you eat plays a role in your health	5.6K
5/14/2024	Sometimes, what you don't know can hurt you	10.7K
5/20/2024	Starting small makes it easier to make lasting change	2.1K

5/21/2024	When it comes to your heart, you should -best care in Tupelo	17.9K
5/23/2024	We often think of depression as being sad, gloomy or down in the dumps	1.2K
5/24/2024	Did you know that the carotid arteries responsible for 1/3 of strokes	3.1K
5/29/2024	Reimbursement in health care is a complicated subject	9.2K
5/30/2024	Whether newly diagnosed or 20yr+ cancer survivor celebration journey	4.3K
5/31/2024	Why do we need to change how we are paid?	2.0K
6/3/2024	When life gets busy, we may neglect friendships and relationships	2.5K
6/6/2024	Al Labiche was mowing his lawn when he had chest pain	6.0K
6/11/2024	Brett Hildenbrand had shock when blockages were found	19.0K
7/11/2024	Hypertension video in Spanish	Community-wide
YouTube		
1/24/2022	Exercise as Lifestyle – Dr. Craig Moffett	77
1/31/2022	Improve Health: Preserving Tasty Traditions	25
3/16/2022	What is Sleep Apnea?	329
5/25/2022	Find Time for Fitness	40
10/19/2022	FMRC Tour	239
10/20/2022	Diet & Breast Health	30
11/14/2022	Hypertension	330
11/18/2022	What you need to know about RSV	64
11/18/2022	5 Tips for Safe Sleep	9
2/9/2023	Women & Heart Disease	47
2/9/2023	All About A-Fib	47
2/10/2023	Eat Smart for a Happy Heart	38
2/14/2023	Drink up: The Importance of Water	105
2/14/2023	Healthier New You This Year	37
2/14/2023	Mindful Eating	124
2/28/2023	Benefits of Laser Cataract Surgery	139
3/3/2023	Ready for your sleep study?	247
3/16/2023	Conversations Before the Crisis	42
6/21/2023	Summer Salads	123
6/21/2023	Summer Smoothies	123
6/28/2023	Storing Produce	179
10/18/2023	Mammogram Online Scheduling	73
11/21/2023	Grocery Shopping Tips	107
11/21/2023	Grocery Shopping Rule of 3	314
11/29/2023	Home Sleep Study	1,464
12/7/2023	Renal Denervation	202
1/18/2024	Reading food labels	122
NMHS Connect Blogs		
10/4/2021	God Has a Purpose for Everything	488
10/12/2021	Looking Back & Ahead: Let's Do This!	137
10/13/2021	Wait, I've Got Breast Cancer? Are You Sure?	305
10/14/2021	Do I Need a Flu Shot?	70
10/14/2021	Is 103 Degrees a Problem?	79
10/19/2021	3-D Mammograms: Here, There & Everywhere	304
10/19/2021	Well-Child Visits: Appointments Worth Keeping	102
11/1/2021	Faith, Friends Shield Breast Cancer Survivor	76
11/1/2021	Hospice: A Unique Type of Caring	387
11/3/2021	Finding Lung Cancer in Time	138

11/9/2021	Grief Can Make Holiday Cheer Difficult	119
11/9/2021	RSV Returns from Pandemic Break	159
11/10/2021	How Do I Lower My Risk of Lung Cancer?	160
11/12/2021	Knowledge is Power	181
11/19/2021	Tis the Season: Healthy Holiday Eating	62
11/29/2021	(Flu) Season's Greetings	84
12/3/2021	Sports Physicals Guard Athletes' Health	70
12/6/2021	Home for the Holidays	1.0K
12/16/2021	Heartburn & the Holidays	87
12/17/2021	More than Child's Play	137
12/22/2021	Breastfeeding Q&A	605
1/4/2022	What if Omicron is not Mild?	1.9K
1/6/2022	COVID-19 Positive: Now What?	2.6K
1/11/2022	An Open Letter to Our Nurses	2.7K
1/14/2022	Health, Wellness & Social Connections	127
1/17/2022	Eat a Rainbow of Fruits & Vegetables	96
1/20/2022	Four Reasons You Should Practice Yoga	124
1/21/2022	Exercise as Medicine	121
1/21/2022	NMMC Family: The Ties that Bind	1.9K
1/21/2022	Preserving Tasty Traditions	10
1/26/2022	Can a Magnifier Help Me See Better?	55
1/26/2022	Vision Loss Isn't Part of Aging	51
2/2/2022	Don't Get Tripped Up by a Fall	109
2/3/2022	Show Me the Money	101
2/3/2022	When Your Eyesight Begins to Fail	160
2/4/2022	Light it Up	40
2/4/2022	Two Steps Toward a Happy Heart	512
2/7/2022	10 Things to Know about Carotid Artery Disease	399
2/7/2022	Sleep's Effect on H.E.A.R.T.S.	123
2/10/2022	Eat Your Heart Out (of Danger)	89
2/15/2022	Picky Eater or Food Aversion?	727
2/24/2022	Immunity By Intake	86
3/2/2022	Understanding Colorectal Cancer	213
3/7/2022	Sleep Deprivation and Driving Don't Mix	83
3/17/2022	Varicose Veins Pose Serious Risk	177
3/21/2022	Social Work Not for the Faint of Heart	396
3/31/2022	Eating Healthy at Work	145
4/7/2022	How Can an OT Help My Vision?	67
4/12/2022	COVID-19: Where Are We Now?	170
4/13/2022	Deciding on Hospice Care for Mom	339
4/20/2022	Go Green: Eating a Plant-Based Diet	248
4/29/2022	Aging in Place	114
4/29/2022	Don't Miss a Beat	111
4/29/2022	The Power of Caring	182
4/29/2022	What Nursing Means to Me	375
5/5/2022	Sturgis Man Becomes NMMC's 500th TAVR Patient	211
5/6/2022	No Stroke of Luck: Counting Blessings	680
5/9/2022	'Such a Gut Punch'	299
5/13/2022	Don't Think This Can't Happen to You	490
5/16/2022	Caution: Baby on Board	172
5/16/2022	Celebrating Our Health Care Family	146
5/17/2022	Are You Resilient?	175

5/20/2022	Do You Have a Crystal Ball?	150
5/25/2022	Struggling to Find Baby Formula?	223
6/3/2022	The NEW Old Me	1.0K
6/15/2022	The Perfect Salad	267
6/21/2022	Beware of the Heat	43
6/21/2022	'These are God's People'	2.0K
6/22/2022	It's Kidney Stone Season	351
6/29/2022	Men need tune-ups, too	130
7/1/2022	My provider has ordered an EMG/NCS test. Now what?	71.5K
7/11/2022	Stopping Stroke: David White's Story	530
7/20/2022	Seeing the Possibilities	330
7/29/2022	Retired Docs Gather for Coffee and Connection	804
8/18/2022	A Real-Life Miracle	3.1K
9/7/2022	Five Things to Know About Vascular Surgeons	424
9/7/2022	MAB Team Administering Hope	577
9/8/2022	Surviving Sepsis	212
9/22/2022	Clean & Caring: Why It's Important to Wash Your Hands	142
9/29/2022	'The Youngest Person in the Room'	1.3K
10/6/2022	Ripley Coach Facing the Match of Her Life	1.0K
10/10/2022	Not All Breast Cancers are Created Equal	313
10/11/2022	'Be Your Own Advocate'	438
10/13/2022	'I Think I Found Something'	412
10/26/2022	Saltillo Sisters Battle Breast Cancer Together	970
11/1/2022	Do I Really Need a Flu Shot?	107
11/3/2022	Antibiotics Aren't Always the Answer	100
11/8/2022	I Can See Clearly Now... That the Cataracts are Gone	385
11/18/2022	What You Need to Know about RSV	304
11/23/2022	Family Gives Thanks this Season	3.0K
12/30/2022	Resolutions for a Healthy New Year	344
1/4/2023	What Makes a Good Fitness Program?	184
1/10/2023	What's Your Why?	641
1/12/2023	Hospice Might Not Be What You Think	730
1/12/2023	Why Weight Loss Surgery Works (When Nothing Else Has)	401
1/20/2023	The Failure of Diets	198
1/20/2023	Weight Loss Surgery: Consider the Costs	284
1/27/2023	Losing Weight Helps Your Heart	181
2/2/2023	Predicting Sudden Cardiac Death	335
2/9/2023	All About A-Fib	786
2/9/2023	Healthier New You this Year	111
2/9/2023	Women & Heart Disease	257
2/10/2023	Eat Smart for a Happy Heart	130
2/10/2023	Heart, Don't Fail Me Now	355
2/28/2023	10 Facts about Cataracts	544
3/7/2023	Drink it Up!	186
3/10/2023	Think Before You Eat	157
3/15/2023	Cancer Isn't Fair	102
3/23/2023	Fight Hard. Pray Harder.	66
3/23/2023	Wear it Well	228
3/31/2023	Looking Back, Looking Forward	328
4/10/2023	'Gas Station Heroin' Being Outlawed: Now What?	11.0K
4/20/2023	A Supportive Leader and Mentor	296
4/25/2023	A Fresh Start	1.0K

4/26/2023	What Happens After a Stroke?	75
5/1/2023	Conversations before the Crisis	109
5/15/2023	No Need to Panic: What You Should Know about Anxiety	418
5/31/2023	In a Funk: Coping with Depression	144
6/5/2023	Do You Suspect Dementia?	99
6/8/2023	Why Can't I Focus?	453
7/11/2023	Build Your Best Summer Salads	314
7/18/2023	Eating for Two	176
7/18/2023	Heat & High School Sports	527
7/18/2023	Opportunities for Growth	1.2K
7/19/2023	Tips for Summer Smoothies	379
7/21/2023	Peripheral Artery Disease & Wound Healing	217
8/3/2023	Store Up Nature's Bounty	283
8/22/2023	We're Going to Make It	2.9K
9/6/2023	Preventing Sports Injuries: Tips for the Weekend Warrior	295
9/13/2023	Know Where to Go	392
9/25/2023	Healthy Sleep Habits for Babies	116
9/25/2023	Medicare blogs (5)	285
9/26/2023	'Never Be Too Afraid to Check it Out'	231
10/2/2023	Why It's Important to See Your Doctor Every Year	1.5K
10/3/2023	'I Thought What I Found Would Go Away, but it Didn't'	462
10/10/2023	I Was Fortunate to Catch it as Early as We Did'	105
10/12/2023	A New Lease on Life	165
10/13/2023	'Not a Death Sentence, But I Had Choices to Make'	511
10/16/2023	Mammograms Are Not Optional	671
10/24/2023	A G.R.E.A.T. Redesign Strategy	375
11/2/2023	New Screening Tool for Breast Cancer	188
11/7/2023	New Heart Valve Leads to New Adventures	132
11/21/2023	Making Things 'Bearable'	175
11/21/2023	The Rule of 3	451
11/24/2023	7 Risk Factors That Can Trigger Mental Health Issues in Seniors	417
11/27/2023	Don't be Afraid of Courageous Conversations	51
12/7/2023	New Procedure Lowers Blood Pressure, Raises Hope	2.6K
12/8/2023	A Leader Who Has Your Back	4.0K
1/18/2024	Reading Food Labels	54
1/24/2024	Women's Health in All Ages & Stages	947
2/2/2024	A Pain in the Neck	973
2/2/2024	'Listen to Your Wife'	277
2/6/2024	Moving Forward from Back Pain	11.3K
2/9/2024	'I Had No Idea'	2.9K
2/14/2024	As Different as Night & Day	2.1K
2/15/2024	Getting Back to It	1.4K
2/22/2024	Your Compass for Health Care Navigation: Your PCP	1.2K
2/23/2024	All Great Health Outcomes Start with Great Access	390
3/12/2024	Join Us in the Fight Against Colorectal Cancer	59
3/18/2024	Growing Key Services: A G.R.E.A.T. Redesign Strategy	102
3/25/2024	Show Your Heart Some Love	1.7K
3/29/2024	'If I had waited, it could have been bad '	161
3/29/2024	Survivor Advocates for Colon Cancer Screening	360
4/1/2024	Angels All Around	1.5K
4/8/2024	Breathing New Life into Lung Cancer Surgery	480
4/10/2024	Something EPIC! Tools for Redesign: A. G.R.E.A.T. Redesign	267

4/11/2024	Know Your Blood Pressure Numbers Small Steps for Better Health	235
4/12/2024	On My Behalf: Choosing a Medical Decision Maker	147
4/16/2024	It's That Time of Year Again	906
4/17/2024	Physician Alignment: A G.R.E.A.T. Redesign Strategy	81
4/18/2024	Build More Activity into Your Daily Life Small Steps for Better Health	140
4/24/2024	Ignorance is Not Always Bliss	879
4/26/2024	Depression: You Are Not Alone	417
5/6/2024	Keep on Truckin'	59
5/7/2024	Tragedy to Triumph	4.3K
5/8/2024	In the Heart of North Mississippi	1.4K
5/16/2024	Heart & Hustle	3.1K
5/21/2024	Lightening the Load	148
5/23/2024	Changing How We Are Reimbursed: A. G.R.E.A.T. Redesign	311
5/27/2024	The Brain Matters	392
5/29/2024	Heart Smart	95
5/31/2024	Spend Time with Someone Who Lifts Your Spirits	32
6/3/2024	Cook One More Meal at Home Small Steps for Better Health	63
6/17/2024	Schedule Your Yearly Checkup Small Steps for Better Health	45
6/24/2024	Choose an Activity You Enjoy to Increase Movement	28
7/3/2024	Fill Half or More of Your Plate with Fruits & Veggies	77
7/10/2024	One Determined Young Lady	480
7/17/2024	Create a Relaxing Nighttime Routine Small Steps to Better Health	44
7/19/2024	Not Sleeping Well? Brush Up on Sleep Hygiene	506
7/22/2024	Time to Say Goodbye to Your Gallbladder?	602
7/24/2024	The Importance of Childhood Vaccines	27
7/25/2024	Summertime and Diabetes	306
7/29/2024	When You Can't Find the Words	61
7/30/2024	A Good Addition to Your Team	14
7/31/2024	Get up to date on Cancer Screenings Small Steps for Better Health	4
7/31/2024	Colon Cancer Screening is Important to You	30
8/1/2024	Women & Heart Disease	180
8/2/2024	Finding Lung Cancer in Time	53
Date	Awards/Recognitions/Events	
2023	NMMC-Hamilton was named a 5-star facility by the Centers for Medicare & Medicaid Services	

Community Health Needs Survey Tool and Results

In addition to collecting social and demographic data from secondary sources, additional input was solicited from community residents who represent broadly diverse interests of the service area ranging from nonprofit community volunteers to educators, city employees and private business leaders (Appendix).

The Strategy Team of NMHS developed an electronic SWOT (strengths, weaknesses, opportunities, threats) survey format to collect community feedback, managed the collection process specifically designed to gather the perspectives of various community leaders' experiences and their knowledge of the service area.

The hospital leadership recruited potential community stakeholders and electronic invitations were sent to residents who expressed an interest in participating in the SWOT. Of those who agreed to participate in the Hamilton area, 62.5% completed the survey. A summary of their prioritized results is shown below and on the following pages (Table 9).

Table 9. NMMC-Hamilton CHNA Survey Results

Healthcare Resources Readily Available to You	
Clinics	Urgent care, after hours, small health clinics, outpatient specialty clinic, primary care clinics
Hospitals	NMMC-Hamilton, two hospitals in county
Access to Care	County health department, sports management care, pharmacies
Physicians/Specialists	Primary care physicians, general practitioners
Specialty Services	Cancer treatment, surgery, dental, eye care, chiropractic services
ER Services	ER
Healthcare Resources Not Available to You	
Access to Care	24 hr. urgent care/pharmacy, specific treatment centers (women's health)
Specialty Services	Cardiology, cancer, women's services, major surgery services
Physicians/Specialists	Limited access to medical specialists, specialists in a variety of fields
Clinics	Primary care for uninsured
Unmet Healthcare Needs	
Specialty Services	More specialty services, dermatology, cardiology, urology, pregnancy and delivery services
Clinics	Primary care clinic for uninsured, after-hours clinic, more specialty clinics to keep residents from driving

Serious Health Challenges	
Clinics	NMMC Clinic limited hours
Access to Care	Travel to access many services, access to specialty care (mental health), emphasize preventative care more, long wait for ambulance services depending on where ambulance is stationed

Implementation Strategies

Journey to Continuous Improvement

As part of the continuous improvement journey, NMHS' day-to-day operations are guided by the norms of a High Reliability Organization (HRO). According to the National Institutes of Health, HROs are organizations that achieve safety, quality, and efficiency goals by employing five central principles:

- 1) Sensitivity to operations – heightened awareness of the state of relevant systems and processes
- 2) Reluctance to simplify – acceptance that work is complex, with the potential to fail in new and unexpected ways
- 3) Preoccupation with failure – view misses as opportunities to improve, rather than proof of success
- 4) Deference to expertise – value insights from staff with the most pertinent safety knowledge over those with greater seniority
- 5) Practice resilience – prioritize emergency training for many unlikely, but possible system failures

The below graphic illustrates the NMHS HRO strategy (Figure 10). Specialized teams within NMHS utilize high reliability tenets to lead and support delivery of service excellence and high-quality outcomes.

Figure 10. NMHS HRO Strategy



In addition to this aligned work culture of continuous learning and improving, NMHS uses various strategies to capture the diverse voices of the local communities. For the CHNA, a SWOT analysis was designed to identify the service area's perceived strengths, weaknesses, opportunities, and threats. The Strategy Team of NMHS developed the survey questions (methodology details on page 8). The elicited responses help NMHS validate health-related needs and community opportunities.

The SWOT along with data from multiple publicly available sources, e.g., regional/local organizations and agencies assist NMHS in systematically identifying its strategic priorities. Further, NMHS as part of its mission-centric approach to serving, recruits Improve Health community partners in the region to connect with like-minded organizations to address identified needs.

The below tactics are also used to glean needs and preferences of service area residents:

- ✓ Satisfaction surveys
- ✓ Discharge phone calls
- ✓ Face time with community leaders
- ✓ Social media
- ✓ Community outlets/organizations
- ✓ Board and employee participation
- ✓ Research



NMHS Strategic Priorities for 2025

NMHS as the parent corporation of North Mississippi Medical Center-Hamilton is actively redesigning healthcare to better meet the needs of those they serve in the 24 rural counties in northeast Mississippi and northwest Alabama. This redesign strategy leads with access as a key performance indicator. Access as a priority ensures the **right** care is provided by the **right** provider at the **right** time and place. Also, the leadership team with valuable insights from front line staff evaluate every facet of care to ensure the needs of the local communities are met.

NMHS exists to improve the health of the patients, families, and local communities. Leaders embrace the methodology of the County Health Rankings model and philosophy that social conditions have an influence on the length and quality of life. Improve Health partnerships help NMHS connect with resources to enhance health in the communities.



The intention of the NMHS Improve Health community goal (Figure 11) is that in every stage of life, patients and families can expect good health outcomes regardless of their social conditions. This is accomplished by:

- ✓ Increasing access to preventive services.
- ✓ Developing a nutritionally aware community culture.
- ✓ Increasing physical activity and promoting exercise as medicine.
- ✓ Developing partnerships with public entities (Table 10).

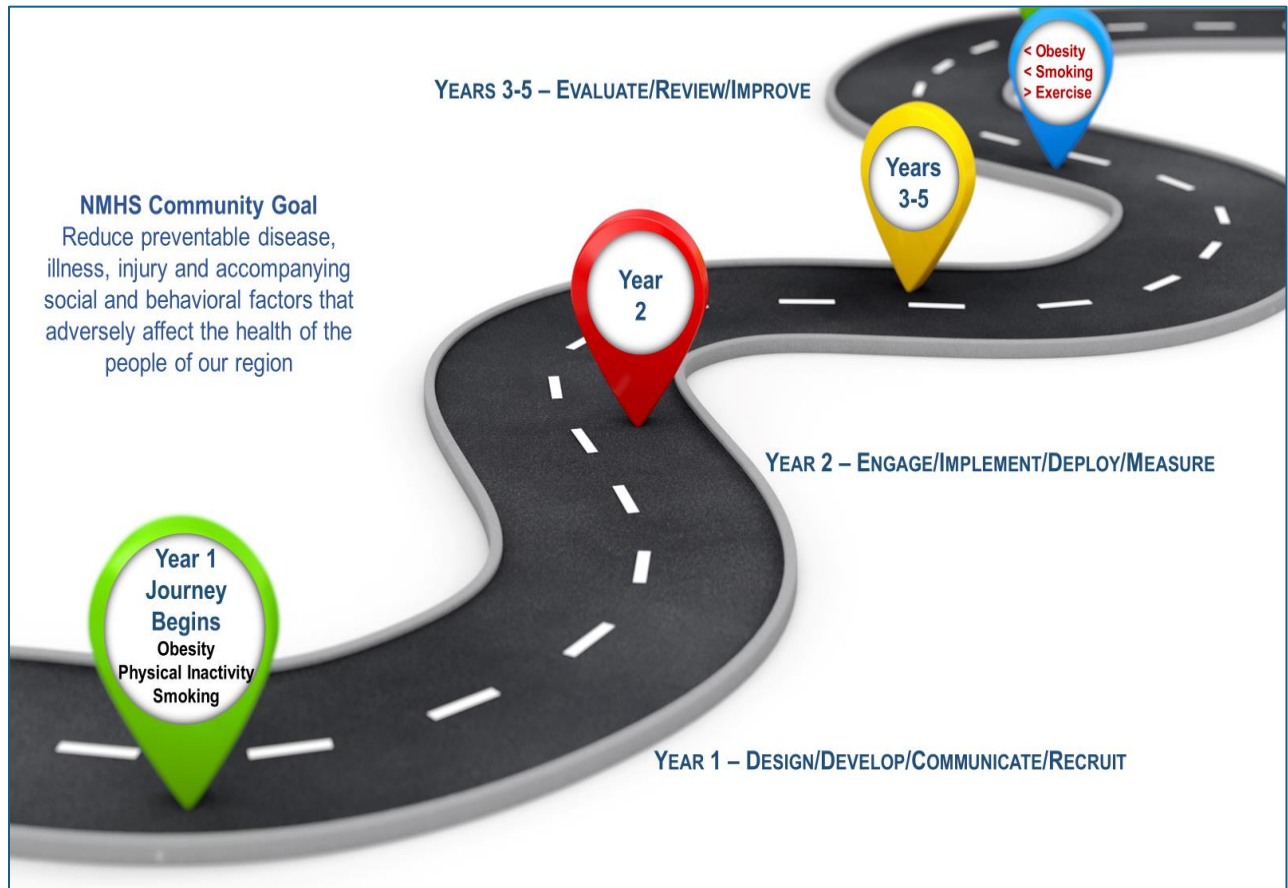
Improve Health Tactics and Aligned Goals

Table 10. NMHS Tactics and Goals

<p>Increase Access to Preventive Service</p> <ul style="list-style-type: none"> • Expand virtual/telehealth offerings • Collaborate to explore transportation needs • Initiate innovative listen-to-learn community sessions • Utilize partners to assist those with limited or no insurance • Increase affordable after-hours care • Increase access to specialty care 	<p>Increase Physical Activity and Promote Exercise as Medicine</p> <ul style="list-style-type: none"> • Partner with local wellness centers and gyms • Develop partnerships with local parks/recreation facilities • Utilize exercise “prescriptions” • Organize walking clubs • Promote corporate wellness programs • Identify community resources, e.g., trails, walking tracks, etc.
<p>Develop a Nutritionally Aware Community Culture</p> <ul style="list-style-type: none"> • Screen for and create access to nutritious foods • Develop culturally appropriate educational programs • Develop community coalitions to provide fresh food/promote community gardens • Teach food preservation skills • Utilize established networks to promote nutrition 	<p>Develop Partnerships with Public Entities</p> <ul style="list-style-type: none"> • Public health – state and regional offices • Educational Institutions – early childhood, primary, secondary, and post-secondary • Government – state, regional and local

Improve Health Roadmap and Timeline

Figure 11. NMHS Roadmap



Appendix

A – Local, Mississippi, Alabama, and United States Data Assessment

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4. Mississippi State Department of Health MSTAHRS. (2022). *How Can MSTAHRS Help You?* <https://mstahrs.msdh.ms.gov/>
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14. Centers for Disease Control and Prevention (CDC). (May 15, 2024). Stroke Facts.
[Stroke Facts | Stroke | CDC](#)
15. Alabama Public Health. (May 20, 2024). *Health Rankings*.
<https://www.alabamapublichealth.gov/healthrankings/index.html>
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17. Arthritis Foundation. (2024). *Advocacy in Alabama*. [Advocacy in Alabama | Arthritis Foundation](#)
18. World Population Review. (2024).
[World Population by Country 2024 \(Live\) \(worldpopulationreview.com\)](#)
19. Alabama Public Health. (2021). *Health Statistics*.
<https://www.alabamapublichealth.gov/healthstats/index.html>

B – Community Survey Participants

Organization Description/Leader Affiliation	Broad Interest of Community
Bevill State Community College	Educational institution
City of Hamilton	Local government official
First National Bank of Hamilton	Banking Institution
Hamilton Vision & Eye Care Clinic	Optometrist
Hunt Law Firm	Attorney
Improve Health Partners	Community advocates
Marion County Extension Office	Educational services
Marion County Schools	Educational institution
NMMC-Hamilton	Health care providers
Social Security Assoc. Attorney, MRMC board member	Government organization
State Board of Education, MRMC board member	Educational organization

C – Secondary Sources Data

Mississippi Top Causes of Death

Cause	White		Black		Other		Total	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart disease	5,953	238.4	2,835	268	74	95.7	8,862	248.1
Malignant Neoplasms (cancer)	4,421	173.7	2,194	195.6	53	66.7	6,668	178.5
Unintentional Injury	1,589	85.9	756	69.5	26	31.3	2,371	78.4
COVID-19	1,572	62.1	703	68.5	26	33.7	2,301	63.8
Chronic obstructive pulmonary disease (COPD) / Emphysema	1,814	69.6	395	37.1	5	6.1	2,214	59.5
Cerebrovascular diseases (Stroke)	1,189	47.3	727	69.5	27	34.8	1,943	54.2
Alzheimer's disease	1,296	50.7	375	45.3	8	12.2	1,679	48.5
Diabetes mellitus	623	25.5	606	55.1	27	33.3	1,256	34.7
Pneumonia & influenza	525	21.1	229	21.3	7	9.1	761	21.1
Kidney Disease Nephritis, nephrotic syndrome & nephrosis	414	16.4	340	33	6	8.5	760	21.3
Hypertension	337	13.6	299	28.9	**	5.3	640	17.9
Chronic Liver disease & cirrhosis	448	19.9	124	10.8	17	21	589	16.9
Homicide and legal intervention	124	7.5	458	41.2	**	4.2	586	21.1
Suicide	328	17.8	76	7.1	15	16	419	14
Septicemia	240	9.7	148	13.7	5	7.4	393	10.9
Certain conditions originating in perinatal period	78	5.9	99	9.1	9	6.2	186	7.3
HIV/AIDS	14	0.7	60	5.5	**	2.8	76	2.5
Birth defects	42	2.7	19	1.7	**	1.4	63	2.3
Ulcer of stomach and duodenum	20	0.8	6	0.5	**	0	26	0.7
Atherosclerosis	12	0.5	10	1.1	**	0	22	0.6
Total	21,039	869.7	10,459	982.8	317	395.5	31,815	902.4

⁴Source: Mississippi State Department of Health – MSTAHRs.

**Cells based on five or fewer events are suppressed.
Age-adjusted rates expressed as per 100,000 population.

Alabama Leading Causes of Death

Cause	White		Black & Other		Total	
	Number	Rate	Number	Rate	Number	Rate
Diseases of the heart	11,395	328.1	3,749	239.2	15,144	300.5
Malignant neoplasms	7,976	229.7	2,561	163.4	10,412	206.6
Covid-19	6,907	198.9	2,436	155.4	9,468	187.9
Accidents (unintentional injuries)	2,862	82.4	935	59.7	3,443	68.3
Cerebrovascular diseases	2,508	72.2	920	58.7	3,359	66.6
Chronic lower respiratory diseases	2,439	70.2	605	38.6	3,278	65.0
Alzheimer's disease	2,255	64.9	566	36.1	2,724	54.0
Diabetes mellitus	1,049	30.2	469	29.9	1,654	32.8
Septicemia	896	25.8	431	27.5	1,183	23.5
Nephritis, nephrotic syndrome & nephrosis	803	23.1	416	26.5	1,161	23.0
Chronic liver disease and cirrhosis	797	23.0	380	24.2	1,040	20.6
Influenza and pneumonia	730	21.0	275	17.5	1,032	20.5
Intentional self-harm (suicide)	687	19.8	235	15.0	821	16.3
Hypertension and hypertensive renal disease	651	18.7	144	9.2	768	15.2
Assault (homicide)	493	14.2	134	8.6	744	14.8
Total	42,448	1,222.2	14,256	909.5	56,231	1,115.6

¹⁹Source: [Alabama Public Health](#).

Rates are per 100,000 population.

Residential Population for Counties in the NMHS Service Area

Annual Estimates of the Resident Population for Counties in Mississippi: April 1, 2020 to July 1, 2023					
Geographic Area	April 1, 2020 Estimates Base	Population Estimate (as of July 1)			
		2020	2021	2022	2023
Mississippi	2,961,306	2,958,409	2,949,582	2,938,928	2,939,690
Alabama	5,024,294	5,031,864	5,050,380	5,073,903	5,108,468
Alcorn County, Mississippi	34,746	34,733	34,398	34,147	34,135
Benton County, Mississippi	7,646	7,664	7,638	7,556	7,438
Calhoun County, Mississippi	13,263	13,219	12,961	12,846	12,685
Chickasaw County, Mississippi	17,110	17,086	17,007	16,863	16,866
Choctaw County, Mississippi	8,249	8,211	8,137	8,095	8,088
Clay County, Mississippi	18,633	18,622	18,481	18,311	18,206
Colbert County, Alabama	57,232	57,304	57,644	57,993	58,361
Franklin County, Alabama	32,112	32,078	31,998	31,910	31,802
Itawamba County, Mississippi	23,862	23,865	23,885	23,971	24,093
Lafayette County, Mississippi	55,814	55,913	56,902	57,730	58,467
Lamar County, Alabama	13,972	13,953	13,736	13,706	13,661
Lee County, Mississippi	83,351	83,323	83,008	82,824	82,799
Lowndes County, Mississippi	58,881	58,777	58,160	57,671	57,283
Marion County, Alabama	29,340	29,176	29,001	29,182	29,244
Marshall County, Mississippi	33,753	33,781	33,755	33,905	34,123
Monroe County, Mississippi	34,177	34,139	33,922	33,568	33,609
Oktibbeha County, Mississippi	51,787	51,709	51,812	51,384	51,203
Pontotoc County, Mississippi	31,187	31,192	31,325	31,367	31,535
Prentiss County, Mississippi	25,006	24,971	24,962	24,891	25,135
Tippah County, Mississippi	21,819	21,742	21,625	21,438	21,287
Tishomingo County, Mississippi	18,854	18,846	18,734	18,621	18,507
Union County, Mississippi	27,791	27,822	28,033	28,132	28,284
Webster County, Mississippi	9,924	9,902	9,970	9,944	9,988
Yalobusha County, Mississippi	12,482	12,438	12,439	12,413	12,386
<p>Vintage 2023 data products are associated with Data Management System projects P-6000042, P-7501659, and P-7527355. The U.S. Census Bureau reviewed these data products for unauthorized disclosure of confidential information and approved the disclosure avoidance practices applied to this release (CBDRB-FY24-0085).</p> <p>Note: The estimates are developed from a base that integrates the 2020 Census, Vintage 2020 estimates, and 2020 Demographic Analysis estimates. For population estimates methodology statements, see https://www.census.gov/programs-surveys/popest/technical-documentation/methodology.html. All geographic boundaries for the 2023 population estimates series are as of January 1, 2023.</p>					
Annual Estimates of the Resident Population for Counties in Mississippi: April 1, 2020 to July 1, 2023					
¹⁰ Source: U.S. Census Bureau, Population Division, Release Date: March 2024					

Access to Care Health Rankings in the NMHS Service Area

National/State/ County	Primary Care Physician		Dentist		Mental Health Provider		Uninsured		
	Ratio	Rank	Ratio	Rank	Ratio	Rank	#	%	Rank
U.S.	1,330:1		1,360:1		320:1		-	10.0	
Mississippi	1,875:1		1,939:1		463:1		335,624	14.3	
Alabama	1,571:1		2,016:1		740:1		469,887	11.7	
Alcorn, MS	2,290:1	7	1,710:1	2	314:1	3	4,031	14.7	13
Benton, MS	7,646:1	20	3,775:1	13	1,888:1	13	1,069	17.6	22
Calhoun, MS	6,509:1	18	4,260:1	14	12,781:1	24	1,814	17.7	23
Chickasaw, MS	1,701:1	4	2,402:1	8	3,362:1	16	2,212	16.8	19
Choctaw, MS	8,106:1	21	2,679:1	11	670:1	7	911	14.7	12
Clay, MS	2,648:1	11	4,595:1	17	408:1	5	2,108	14.7	11
Colbert, AL	1,512:1	3	2,001:1	5	1,759:1	12	4,884	10.7	1
Franklin, AL	2,463:1	8	4,562:1	15	6,386:1	23	3,927	14.8	14
Itawamba, MS	5,960:1	17	5,976:1	20	3,415:1	18	3,006	15.9	16
Lafayette, MS	1,422:1	2	1,987:1	4	143:1	2	6,183	14.0	5
Lamar, AL	**	24	4,568:1	16	4,568:1	21	1,260	11.9	2
Lee, MS	846:1	1	1,338:1	1	125:1	1	9,644	14.0	6
Lowndes, MS	2,077:1	6	1,746:1	3	358:1	4	6,537	14.0	7
Marion, AL	4,178:1	15	4,859:1	18	3,645:1	19	3,049	13.4	4
Marshall, MS	6,745:1	19	6,822:1	22	3,411:1	17	3,730	14.7	10
Monroe, MS	1,993:1	5	2,099:1	6	4,797:1	22	3,851	14.5	9
Oktibbeha, MS	2,469:1	9	2,449:1	9	443:1	6	5,643	14.1	8
Pontotoc, MS	5,241:1	16	10,463:1	23	2,616:1	14	4,685	17.8	24
Prentiss, MS	3,125:1	13	2,479:1	10	670:1	8	3,018	15.3	15
Tippah, MS	10,818:1	22	5,358:1	19	765:1	9	2,797	15.9	17
Tishomingo, MS	3,750:1	14	18,619:1	24	887:1	10	2,524	17.1	21
Union, MS	2,795:1	12	2,163:1	7	2,813:1	15	3,944	17.0	20
Webster, MS	2,496:1	10	3,331:1	12	1,428:1	11	1,307	16.0	18
Yalobusha, MS	12,415:1	23	6,182:1	21	4,121:1	20	1,253	13.1	3

⁶Source: County Health Rankings.

**Data not available.

Ratio of population to health care providers.

Employment and Educational Health Rankings in the NMHS Service Area

National/State/County	Unemployed		Completed High School		Some College	
	%	Rank	%	Rank	%	Rank
U.S.	3.7		89.0		68.0	
Mississippi	3.9		86.2		61.7	
Alabama	2.6		87.7		61.6	
Alcorn, MS	3.6	12	81.9	14	50.5	19
Benton, MS	4.9	24	78.0	22	60.8	6
Calhoun, MS	4.1	22	78.3	21	52.3	16
Chickasaw, MS	4.5	23	76.0	24	50.9	18
Choctaw, MS	3.7	14	86.9	5	56.3	14
Clay, MS	4.1	21	81.7	15	57.7	9
Colbert, AL	3.0	5	86.4	6	55.5	15
Franklin, AL	2.3	1	80.1	18	41.7	24
Itawamba, MS	3.4	10	85.2	7	57.5	10
Lafayette, MS	3.2	6	91.8	1	77.0	1
Lamar, AL	2.7	3	82.1	13	47.6	21
Lee, MS	3.3	8	87.3	4	68.6	3
Lowndes, MS	4.1	20	88.0	3	63.9	4
Marion, AL	2.5	2	80.6	17	57.4	11
Marshall, MS	4.1	17	82.8	12	51.9	17
Monroe, MS	4.0	16	84.9	8	47.4	22
Oktibbeha, MS	4.1	19	90.9	2	76.8	2
Pontotoc, MS	3.5	11	80.1	19	63.3	5
Prentiss, MS	3.3	7	83.5	11	57.0	13
Tippah, MS	3.4	9	79.3	20	57.8	8
Tishomingo, MS	3.7	13	81.5	16	57.3	12
Union, MS	2.9	4	77.6	23	50.0	20
Webster, MS	3.9	15	84.8	9	59.1	7
Yalobusha, MS	4.1	18	84.5	10	42.2	23

⁶Source: [County Health Rankings](#).

Unemployment - Percentage of population ages 16 and older unemployed but seeking work.

High school completion - Percentage of adults ages 25 and over with a high school diploma or equivalent.

Some college - Percentage of adults ages 25-44 with some post-secondary education.

Diet and Exercise Health Rankings in the NMHS Service Area

National/State /County	Food Insecurity			Limited Access to Healthy Foods		
	#	%	Rank	#	%	Rank
United States	**	10.0		**	6.0	
Mississippi	480,600	16.3		337,505	11.4	
Alabama	746,550	14.8		418,731	8.8	
Alcorn, MS	6,260	17.9	22	2,893	7.8	16
Benton, MS	1,170	15.2	11	1,480	17.0	23
Calhoun, MS	2,400	17.9	22	172	1.1	4
Chickasaw, MS	2,830	16.5	16	1,009	5.8	11
Choctaw, MS	1,370	16.5	16	543	6.4	13
Clay, MS	2,590	13.8	4	2,315	11.2	20
Colbert, AL	8,480	14.9	9	4,806	8.8	17
Franklin, AL	4,660	14.6	8	1,818	5.7	10
Itawamba, MS	3,180	13.3	2	1,546	6.6	14
Lafayette, MS	7,410	13.3	2	7,954	16.8	22
Lamar, AL	2,350	16.8	18	61	0.4	2
Lee, MS	11,090	13.3	2	5,714	6.9	15
Lowndes, MS	8,900	15.1	10	8,835	14.8	21
Marion, AL	5,220	17.7	20	317	1.0	3
Marshall, MS	5,210	15.3	12	3,784	10.2	19
Monroe, MS	4,910	14.2	5	1,431	3.9	8
Oktibbeha, MS	8,020	15.6	13	9,251	19.4	24
Pontotoc, MS	4,520	14.5	7	1,847	6.2	12
Prentiss, MS	4,000	16.0	14	818	3.2	6
Tippah, MS	4,020	18.4	23	412	1.9	5
Tishomingo, MS	3,710	19.6	24	**	**	1
Union, MS	3,970	14.3	6	1,548	5.7	9
Webster, MS	1,680	16.9	19	370	3.6	7
Yalobusha, MS	2,070	16.5	16	1,169	9.2	18

⁶Source: County Health Rankings.

**Data not available.

Food Insecurity - Percentage of population who lack adequate access to food.

Limited Access to Healthy Foods - Percentage of population who are low-income and do not live close to a grocery store.

Median Household Income Health Rankings in the NMHS Service Area

National/State /County	Median Household Income				
	Income	Rank	Black	Hispanic	White
United States	\$74,800		\$52,860	\$62,800	\$81,060
Mississippi	\$52,788		\$36,215	\$52,648	\$64,313
Alabama	\$59,703		\$40,774	\$54,891	\$68,212
Alcorn, MS	\$49,627	13	\$20,064	**	\$50,101
Benton, MS	\$43,247	24	\$53,384	\$21,213	\$38,984
Calhoun, MS	\$44,172	21	\$31,913	\$37,450	\$51,204
Chickasaw, MS	\$43,776	22	\$29,107	**	\$46,913
Choctaw, MS	\$49,225	16	\$24,395	**	\$62,823
Clay, MS	\$43,451	23	\$29,837	\$31,125	\$45,662
Colbert, AL	\$54,593	5	\$32,984	\$35,234	\$63,913
Franklin, AL	\$49,611	14	**	\$42,520	\$50,474
Itawamba, MS	\$56,484	3	\$61,758	\$36,750	\$56,660
Lafayette, MS	\$61,736	1	\$36,466	**	\$70,233
Lamar, AL	\$51,523	10	\$26,731	**	\$53,730
Lee, MS	\$58,266	2	\$42,996	\$71,667	\$77,033
Lowndes, MS	\$49,344	15	\$32,839	\$118,404	\$76,598
Marion, AL	\$47,742	18	\$27,898	\$56,850	\$50,463
Marshall, MS	\$52,162	7	\$43,224	\$40,296	\$60,308
Monroe, MS	\$51,754	8	\$33,831	\$31,955	\$61,310
Oktibbeha, MS	\$47,284	19	\$34,470	\$32,266	\$49,470
Pontotoc, MS	\$51,086	12	\$34,564	\$36,983	\$61,926
Prentiss, MS	\$49,217	17	\$41,991	**	\$53,230
Tippah, MS	\$52,635	6	\$42,217	\$37,857	\$49,043
Tishomingo, MS	\$51,652	9	**	\$16,788	\$49,879
Union, MS	\$56,050	4	\$39,150	**	\$58,175
Webster, MS	\$51,249	11	\$32,708	\$22,731	\$59,559
Yalobusha, MS	\$45,658	20	\$28,951	\$67,963	\$55,446

⁶Source: County Health Rankings.

**Data not available.

Health Behaviors and Quality of Life Rankings in the NMHS Service Area

National/State /County	Adult Smoking		Adult Obesity		Physical Inactivity	
	%	Rank	%	Rank	%	Rank
United States	15.0		34.0		23.0	
Mississippi	20.3		39.4		30.2	
Alabama	17.9		40.6		29.9	
Alcorn, MS	22.0	17	38.7	9	30.4	8
Benton, MS	22.4	18	43.1	19	32.7	15
Calhoun, MS	23.8	24	41.7	18	33.7	20
Chickasaw, MS	23.4	22	44.8	23	36.3	24
Choctaw, MS	21.2	13	38.4	6	31.5	12
Clay, MS	21.1	11	44.8	23	35.1	22
Colbert, AL	19.3	5	39.3	13	31.3	11
Franklin, AL	21.8	15	39.1	11	36.3	24
Itawamba, MS	20.0	8	35.9	3	28.1	3
Lafayette, MS	16.6	1	35.9	3	26.0	1
Lamar, AL	21.7	14	38.7	9	34.6	21
Lee, MS	17.7	3	35.8	1	26.7	2
Lowndes, MS	18.0	4	41.2	17	30.5	9
Marion, AL	22.0	17	39.2	12	33.3	18
Marshall, MS	22.5	19	44.3	21	33.7	20
Monroe, MS	21.2	13	39.1	11	32.3	13
Oktibbeha, MS	17.6	2	44.9	24	28.5	4
Pontotoc, MS	19.8	7	37.4	4	29.8	6
Prentiss, MS	21.1	11	40.4	15	30.3	7
Tippah, MS	23.7	23	40.0	14	33.0	17
Tishomingo, MS	23.2	21	38.5	7	32.5	14
Union, MS	21.0	9	41.0	16	31.1	10
Webster, MS	19.5	6	37.8	5	29.7	5
Yalobusha, MS	22.9	20	43.4	20	33.0	17

⁶Source: [County Health Rankings](#).

Length of Life Health Rankings in the NMHS Service Area

National/State /County	Premature Death				Life Expectancy			
	Rate	Rank	Black	White	Rate	Rank	Black	White
United States	8,000		**	**	77.6		**	**
Mississippi	12,697		**	**	72.5		**	**
Alabama	11,416		**	**	73.7		**	**
Alcorn, MS	12,760	15	14,758	12,785	72.4	13	70.9	72.3
Benton, MS	13,751	19	14,244	14,795	71.6	19	70.4	71.2
Calhoun, MS	14,438	22	16,894	12,939	71.2	20	69.8	72.1
Chickasaw, MS	14,066	20	15,947	13,330	72.0	16	69.9	72.7
Choctaw, MS	11,992	9	16,616	10,452	74.0	3	70.2	75.1
Clay, MS	11,116	6	13,008	8,571	73.9	4	71.9	76.0
Colbert, AL	11,291	7	15,243	10,899	73.5	6	69.7	73.8
Franklin, AL	12,137	11	**	13,138	72.4	14	**	71.6
Itawamba, MS	10,722	3	**	**	72.9	9	**	**
Lafayette, MS	8,281	1	11,904	6,976	76.4	1	72.6	77.6
Lamar, AL	11,620	8	**	**	73.1	8	**	**
Lee, MS	12,135	10	16,282	10,020	72.4	12	68.9	74.0
Lowndes, MS	13,213	16	15,879	11,289	72.3	15	70.0	73.7
Marion, AL	12,317	12	**	**	72.4	11	**	**
Marshall, MS	15,823	24	17,607	14,783	70.5	22	69.4	71.1
Monroe, MS	13,452	17	16,318	12,251	71.9	18	70.4	72.6
Oktibbeha, MS	10,179	2	13,975	7,710	75.5	2	71.4	78.3
Pontotoc, MS	11,028	4	11,389	11,179	73.4	7	73.7	73.1
Prentiss, MS	12,673	14	18,205	11,896	72.5	10	68.2	73.1
Tippah, MS	12,556	13	15,557	12,407	71.9	17	68.9	72.1
Tishomingo, MS	13,496	18	**	**	70.8	21	**	**
Union, MS	11,051	5	14,289	10,745	73.8	5	71.3	74.0
Webster, MS	14,294	21	20,356	12,920	70.4	23	66.5	71.2
Yalobusha, MS	15,792	23	12,513	18,928	69.9	24	71.5	68.2

*Source: County Health Rankings.

**Data not available.

Premature Death - Years of potential life lost before age 75 per 100,000 population (age-adjusted).

Life Expectancy - Average number of years people are expected to live.

Quality of Care and Community Safety Health Rankings in the NMHS Service Area

National/State /County	Preventable Hospital Stays				Homicides		Suicides		
	Rate	Rank	Black	White	Rate	Rank	# Deaths	Rate	Rank
United States	2,681		**	**	6		49,476 ⁹	14	
Mississippi	3,423		**	**	15		2,187	15	
Alabama	3,280		**	**	12		4,082	16	
Alcorn, MS	4,218	19	5,287	4,077	11	18	42	22	20
Benton, MS	4,596	23	8,157	3,946	**	5	**	**	4
Calhoun, MS	2,043	2	2,740	1,900	12	21	**	**	4
Chickasaw, MS	2,744	8	4,363	2,264	15	23	**	**	4
Choctaw, MS	4,297	20	3,564	4,365	**	5	**	**	4
Clay, MS	2,626	5	3,052	2,524	7	16	**	**	4
Colbert, AL	3,697	14	5,473	3,486	5	10	52	18	15
Franklin, AL	4,590	22	1,004	4,630	5	12	19	13	9
Itawamba, MS	2,679	6	**	**	**	5	17	15	12
Lafayette, MS	3,547	13	6,162	2,959	5	13	29	12	7
Lamar, AL	3,265	12	2,992	3,143	**	5	**	**	4
Lee, MS	2,715	7	4,417	2,414	11	19	58	14	10
Lowndes, MS	2,075	3	2,619	1,740	11	20	43	15	11
Marion, AL	3,984	17	634	4,014	**	5	31	22	21
Marshall, MS	3,974	16	4,259	3,807	16	24	34	19	16
Monroe, MS	2,867	9	5,214	2,336	8	17	33	20	18
Oktibbeha, MS	1,544	1	2,231	1,284	7	14	29	13	8
Pontotoc, MS	3,225	10	4,012	3,151	5	11	26	17	13
Prentiss, MS	3,226	11	2,814	3,195	7	15	23	17	14
Tippah, MS	4,177	18	4,356	4,177	12	22	21	19	17
Tishomingo, MS	4,355	21	922	4,429	**	5	29	32	24
Union, MS	2,327	4	1,740	2,375	**	5	28	21	19
Webster, MS	3,852	15	4,522	3,669	**	5	11	23	23
Yalobusha, MS	5,318	24	8,293	4,473	**	5	14	23	22

⁹Source: County Health Rankings.

**Data not available.

Preventable Hospital Stays - Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.

Number of deaths due to homicide/suicide per 100,000 population.