9.1.2024–8.31.2027

COMMUNITY HEALTH NEEDS ASSESSMENT

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Contents

Introduction

Foreword

Baptist Health La Grange conducted this community health needs assessment as basis for its community health and engagement strategy to cover fiscal years 2025–2027 (September 1, 2024–August 31, 2027). The approval and adoption of this report by the Baptist Health System, Inc. Board of Directors complies with federal requirements of tax-exempt hospitals.

Executive Summary

The purpose of this community health needs assessment (CHNA) is to identify and analyze community health needs for the community served by Baptist Health La Grange. This CHNA prioritizes the health needs the hospital will work to address from September 2024-August 2027.

The community health needs assessment process followed these steps:
- Inpatient data on patient county of residence defined the "community served" to include Oldham, Henry, Carroll and Trimble counties.
- Secondary data was gathered from the United States Census Bureau, Centers for Disease Control and Prevention, County Health Rankings and Roadmaps, Kentucky Injury Prevention and Research Center, the Oldham County Health Department, the North Central District Health Department, the Three Rivers District Health Department and Unite Us. These sources provided information on the community's demographics, mortality, quality of life, clinical care options, health behaviors, socio-economic factors, physical environment, and community feedback.
- Additional data input was solicited from written comments on the previous CHNA.
- Eight prioritization factors were used to examine health need, including: mortality, morbidity, magnitude, community input, public health, equity, identification as an "area to explore," and alignment. Each health need was scored for its impact on current community health conditions. The total score for each health need was summed. The top-scoring health needs were identified as priority health needs.
- The significant health needs to be addressed in this CHNA are:
    1. **Substance Use (Drug/Alcohol/Tobacco Use)**
    2. **Mental Health**
- This CHNA also identified potentially available resources for addressing these health needs.
- A CHNA summary was provided to the hospital president for reporting to the Baptist Health La Grange administrative board of directors on April 24, 2024.
- This report was offered for approval and adoption at the Baptist Health System, Inc. Board of Directors meeting on June 25, 2024.
- The final adopted CHNA will be made public and widely-available on or before August 31, 2024 on the Baptist Health website at BaptistHealth.com.
- Next steps include developing an action plan to address the identified health needs through the accompanying report to this CHNA, the Implementation Strategies.

Organization Description

Founded in 1924 in Louisville, Kentucky, Baptist Health is a full-spectrum health system dedicated to improving the health of the communities it serves. The Baptist Health family consists of nine hospitals, employed and independent physicians, and more than 500 points of care, including outpatient facilities, physician practices and services, urgent care clinics, outpatient diagnostic and surgery centers, home care, fitness centers, and occupational medicine and physical therapy clinics.

Baptist Health's eight owned hospitals include more than 2,300 licensed beds in Corbin, Elizabethtown, La Grange, Lexington, Louisville, Paducah, Richmond and New Albany, Indiana. Baptist Health also operates the 410-bed Baptist Health Deaconess Madisonville in Madisonville, Kentucky in a joint venture with Deaconess Health System based in Evansville, Indiana. Baptist Health employs more than 24,000 people in Kentucky and surrounding states.

Baptist Health is the first health system in the U.S. to have all its hospitals recognized by the American Nursing Credentialing Center with either a Magnet® or Pathway to Excellence® designation for nursing excellence.

Baptist Health's employed provider network, Baptist Health Medical Group, has more than 1,775 providers, including approximately 820 physicians and 955 advanced practice clinicians. Baptist Health's physician network also includes more than 2,000 independent physicians.

Baptist Health La Grange, a 90-bed hospital, provides a broad spectrum of healthcare services to residents of Oldham, Henry, Trimble, Carroll and eastern Jefferson counties. Opened as Tri-County Community Hospital in 1987, the hospital joined the Baptist Health family in 1992, enlarging the facilities and expanding services to meet the needs of the growing community.

Community Served by the Hospital

Community Definition

The community is defined as the geographic area from which a substantial number of patients admitted to the hospital reside. The Baptist Health Planning Department pulled a report reviewing calendar 2023 admission and the patient county of origin data. The top five counties of origin accounted for 89.9% of admissions in 2023, the latest calendar year available as of this report. However, given that Jefferson County is the community for Baptist Health Louisville's CHNA and that Jeferson County only accounted for 9.2% of admissions to Baptist Health La Grange, it was pulled from La Grange's community definition. Oldham, Henry, Carroll and Trimble counties are the community definition for this CHNA. This combination includes 80.7% of patient admissions but does not exclude area(s) considered to be medically-underserved, low-income or minority populations.

The community definition for the purposes of this report does not change or impact service area definitions for other hospital purposes. The chart below details the number of patients by county for counties with at least 10 patients originating in that county.

Calendar Year 2023 Admissions: Patient County of Origin		
County	*Admissions*	*Percent of Total*
OLDHAM, KY	505	37.4%
HENRY, KY	322	23.8%
CARROLL, KY	142	10.5%
JEFFERSON, KY	124	9.2%
TRIMBLE, KY	121	9.0%
SHELBY, KY	59	4.4%
OWEN, KY	10	0.7%
All Other Counties	68	5.0%
Grand Total	**1,351**	**100.0%**
Source: Baptist Health Planning & Analysis Qlik Data Exports (Patient Level Export)		

Population Demographics

Identifying population demographics helps the hospital team understand characteristics unique to their community. Population density and population growth for Oldham County is significantly greater than the state average the rates for the other counties in the community. The rates of disability are half the state average in Oldham County. Residents in Oldham County have greater rates of health insurance coverage than the state average. Henry, Trimble and Carroll counties have similar demographic make-up to the Kentucky state averages, with the exception of having lower population densities than the state average. The chart below shows county-level demographics as compared with Kentucky.

County-Level Demographics as Compared to State						
Category	Demographic Metric	Oldham County	Henry County	Carroll County	Trimble County	Kentucky
Population	Population, 2023 estimate	70,183	15,973	10,987	8,607	4,526,154
	Population per square mile, 2020	361.1	54.8	84.0	55.9	114.1
	Population, Percent Change estimate: April 1, 2020 to July 1, 2023	3.8%	1.9%	1.8%	1.6%	0.4%
Age	Persons under 5 (percent)	5.0%	5.7%	7.0%	5.4%	5.8%
	Persons under 18 (percent)	24.4%	23.0%	26.4%	22.0%	22.3%
	Persons 65 years and older (percent)	14.7%	18.9%	16.3%	17.9%	17.6%
Gender	Female persons (percent)	47.5%	49.8%	16.3%	49.5%	50.3%
Race, Ethnicity, and Country of Origin	White, alone (percent)	91.2%	94.1%	94.0%	95.9%	86.9%
	Black or African American, alone (percent)	4.4%	2.7%	2.2%	1.0%	8.7%
	American Indian or Alaska native, alone (percent)	0.4%	0.5%	0.5%	0.7%	0.3%
	Asian, alone (percent)	1.8%	0.5%	0.7%	0.6%	1.8%
	Native Hawaiian or Other Pacific Islander, alone (percent)	0.1%	0.1%	0.2%	0.1%	0.1%
	Two or more races (percent)	2.0%	2.1%	2.4%	1.7%	2.3%
	Hispanic or Latino (percent)	4.3%	3.9%	7.0%	3.4%	4.3%
	Foreign-born persons, 2018-2022 (percent)	4.2%	2.1%	1.4%	1.8%	4.1%
Health	Persons with a disability ≤65 years old (percent)	6.8%	14.2%	13.0%	13.7%	13.3%
	Persons without health insurance ≤65 years old (percent)	3.7%	8.9%	7.2%	7.1%	6.7%
Source: United States Census Bureau QuickFacts (2023)						

Data Sources and Collaborators

Required Input

Three sources of input are required for the CHNA, and those three sources of input were satisfied through the inclusion of the following sources:

- Public health agency
  - Input from the multiple health departments serving this community was included to satisfy this requirement. The Oldham County Community Health Assessment/Community Health Improvement Plan 2022-2025 was used inform on health needs for Oldham County. The North Central District Health Department Strategic Plan 2023 provided input to cover Henry and Trimble counties. The Three Rivers District Health Department issued a Community Health Improvement Plan in 2020, which included feedback from Carroll County's public health experts. Links to these reports are available in the "References" section of this CHNA.
- Members of medically underserved, low-income and minority populations, or individuals representing the interests of these populations
  - Data from Unite Us, a community referral platform serving our community's most vulnerable, provided information on the needs of underserved populations. A Network Activity report run by Baptist Health identified the needs for which community members requested resources or support from community agencies and healthcare organizations from January 1, 2023– December 31, 2023. This input was included in the prioritization matrix under the "Equity" factor.

- o General community input was pulled from the Oldham County Health Department report and the Three Rivers District Health Department report. The North Central District Health Department report did not contain community input which could be extracted for inclusion in this report. Links to the surveys are available in the "References" section of this CHNA.
- Written comments received on the previous CHNA
  - o Written comments were solicited via a webform at Community Health Needs Assessments - Baptist Health, beginning in September 2021 and available through the present time. The webform included the language: "Please provide any feedback on our Community Health Needs Assessment or Strategic Implementation Plan. Input will be considered as we measure progress on our current plan and as we conduct our next assessment. If you represent an organization whose feedback you would like represented on our CHNA Steering Committee, please contact us below."
  - o The webform received responses, but no comments provided direct feedback on the preceding CHNA or accompanying Implementation Strategies report.

Additional Sources of Input

Other data sources used to understand the community health needs include:

- Baptist Health Planning
  - o The Baptist Health Planning Department provided data on inpatient county of origin, which was used to determine the community definition for this CHNA.
- Center for Neighborhood Technology
  - o The "Housing and Affordability Index" was used to determine the potential impact of transportation costs on the health outcomes in the community.
- Centers for Disease Control and Prevention (CDC)
  - o The CDC's National Center for Health Statistics data report "Leading Causes of Death" identified mortality in the community served.
- County Health Rankings and Roadmaps (a program of the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation)
  - o The County Health Rankings and Roadmaps is a publicly available data repository updated annually from many sources. Health data is available at a county level on such topics as quality of life, clinical care, health behaviors, socio-economic factors, and physical environment data.
- Kentucky Injury Prevention and Research Center (KIPRC)
  - o KIPRC provides county-level drug overdose rates, as well as data on hospital visits and inpatient admissions due to drug use.
- United States Census Bureau
  - o The 2023 Quick Facts data identified community demographics regarding population, age, gender, race/ethnicity, country of origin, and health data.

Third-Party Collaboration

No third-party organizations were involved in the writing of this report outside of providing data and feedback as described in the above sub-sections of this CHNA. The Baptist Health System Director, Community Health and Engagement is responsible for the data gathering and needs analysis in this report.

Information Gaps

As is often the case with data collection, some of the data contained within this CHNA was gathered a few years prior to the writing of this report. This may not reflect what is currently happening in the community and the impact of interventions that have since been placed.

We recognize that community survey data only represents the voices of those who were offered the survey and able to read and respond to it. There is an inherent privilege in this circumstance that may not represent the experience of all living in the community.

We also recognize that Unite Us platform data is only able to respond to needs of which there are referral agencies in the community. This may mean there are underrepresented needs in the community not listed here because there are no agencies or not enough agencies accepting referrals to address the health needs of those community members.

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Community Health Data

Health Outcomes: Mortality

Health outcomes detail how healthy a community is and are measured by length of life (mortality) and quality of life (morbidity). The charts below detail the leading causes of death in Oldham, Henry, Carroll and Trimble counties. Cancer and heart disease are the top leading causes of death in this community.

Health Outcomes: Mortality Leading Causes of Death in Oldham County, KY				
Ranking	Cause of Death	Deaths	Population	Crude Rate Per 100,000 Residents
1	Malignant neoplasms (cancers)	110	66,999	164.2
2	Diseases of heart	92	66,999	137.3
3	COVID-19	50	66,999	74.6
4	Accidents (unintentional injuries)	28	66,999	41.8
5	Chronic lower respiratory diseases	19	66,999	Unreliable
6	Diabetes mellitus	17	66,999	Unreliable
7	Cerebrovascular diseases	16	66,999	Unreliable
8	Alzheimer's disease	14	66,999	Unreliable
9	Intentional self-harm (suicide)	12	66,999	Unreliable
Source: Centers for Disease Control and Prevention, National Center for Health Statistics (2020)				

Health Outcomes: Mortality Leading Causes of Death in Henry County, KY				
Ranking	Cause of Death	Deaths	Population	Crude Rate Per 100,000 Residents
1	Malignant neoplasms (cancers)	48	16,067	298.7
2	Diseases of heart	28	16,067	174.3
3	Accidents (unintentional injuries)	21	16,067	130.7
4	Chronic lower respiratory diseases	13	16,067	Unreliable
Source: Centers for Disease Control and Prevention, National Center for Health Statistics (2020)				

Health Outcomes: Mortality Leading Causes of Death in Carroll County, KY				
Ranking	Cause of Death	Deaths	Population	Crude Rate Per 100,000 Residents
1	Malignant neoplasms (cancers)	30	10,730	279.6
2	Diseases of heart	22	10,730	205.0
3	COVID-19	13	10,730	Unreliable
4	Accidents (unintentional injuries)	12	10,730	Unreliable
5	Chronic lower respiratory diseases	12	10,730	Unreliable
Source: Centers for Disease Control and Prevention, National Center for Health Statistics (2020)				

Health Outcomes: Mortality Leading Causes of Death in Trimble County, KY				
Ranking	Cause of Death	Deaths	Population	Crude Rate Per 100,000 Residents
1	Diseases of heart	32	8,481	377.3
2	Malignant neoplasms (cancers)	16	8,481	Unreliable
3	COVID-19	11	8,481	Unreliable
Source: Centers for Disease Control and Prevention, National Center for Health Statistics (2020)				

Health Outcomes: Morbidity

Many factors impact morbidity in a community. We looked at self-reported metrics, like the community's perception of their own physical and mental health. We also reviewed disease prevalence, like diabetes, and indicators of infant health, including babies born at low birthweights. Apart from Oldham County, the counties in this community reported worse physical and mental health when compared with Kentucky and the United States overall. For an idea of morbidity in the community, the chart below details quality of life metrics for the community compared with metrics from Kentucky and the United States.

Health Outcomes: Morbidity Quality of Life Metrics						
Quality of Life Measures	*Oldham County*	*Henry County*	*Carroll County*	*Trimble County*	*Kentucky*	*United States*
Poor or Fair Health**	14%	23%	25%	23%	21%	14%
# of Poor Physical Health Days in Past 30 Days**	3.4	4.9	5.2	4.7	4.5	3.3
# of Poor Mental Health Days in Past 30 Days**	4.8	6.0	6.2	5.9	5.5	4.8
Diabetes Prevalence	8%	11%	12%	10%	12%	10%
Low Birth Weight Percentage of live births with low birth weight (< 2,500 grams)	6%	8%	9%	9%	9%	8%
**Self-Reported Health Metric Source: County Health Rankings (2024)						

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Health Factors: Health Behaviors

Health factors influence an individual's health and are impacted by four different areas: health behaviors, clinical care, social and economic factors, and the physical environment. Health behaviors refer to health-related practices that can improve or damage health. However, we do recognize that not all community members have the access or means to make healthy choices, as evidenced by the inclusion of data points such as food insecurity (County Health Rankings and Roadmaps, 2024). Areas highlighted in red were noted as "areas of opportunity" and those in green were noted as "areas of strength" by the County Health Rankings and Roadmaps.

Health Factors: Health Behaviors						
Health Behaviors	Oldham County	Henry County	Carroll County	Trimble County	Kentucky	United States
Alcohol and Tobacco Use						
Adult Smoking Rate	14%	24%	26%	23%	20%	15%
Excessive Drinking Rate	18%	14%	15%	15%	15%	18%
Alcohol-Impaired Driving Deaths	22%	17%	7%	33%	26%	26%
Drug Use[2] (rate per 100,000 population)						
Fatal Overdose	16.0	<10	<10	<10	47.4	NA
ED Visits for Nonfatal Overdose	110.7	383.2	469.5	129.0	250.0	NA
Inpatient Hospitalizations for Nonfatal Overdose	59.7	83.0	92.1	<10	95.6	NA
ED Visits for Substance Use Disorder	314.5	779.2	1,224.3	726.8	985.3	NA
Inpatient Hospitalizations for Substance Use Disorder	<10	<10	<10	<10	41.9	NA
Sexual Activity						
Sexually Transmitted Infections Number of newly diagnosed chlamydia cases per 100,000 population	182.0	319.3	368.2	211.0	410.3	495.5
Teen Births Number per 1,000 female population ages 15-19	6	29	46	30	26	17
Diet and Exercise						
Physical Inactivity Rate	21%	31%	34%	30%	30%	23%
Adult Obesity Rate	31%	40%	42%	41%	41%	34%
Food Insecurity % of the population who lack adequate access to food	5%	13%	14%	13%	13%	10%
Limited Access to Healthy Foods % of population who are low-income and do not live close to a grocery store	5%	1%	NA	NA	6%	6%
Sources: County Health Rankings (2024) and Kentucky Injury Prevention and Research Center (2022)[2]						

Health Factors: Clinical Care

Clinical care refers to direct medical treatment or testing. "Access to affordable, quality health care can prevent disease and lead to earlier disease detection," according to the County Health Rankings and Roadmaps model. Limited or low-quality care can lead to worse health outcomes and lower quality of life.

Clinical care is examined here through two lenses: access and quality. Access to care includes having insurance coverage and having providers available in their communities. "Language barriers, distance to care, and racial disparities in treatment present further barriers to care," according to the County Health Rankings and Roadmaps. Quality of care includes evidence-based decisions, quality improvement efforts, and care coordination within and among facilities (County Health Rankings and Roadmaps, 2024). Areas highlighted in red were noted as "areas of opportunity" and those in green were noted as "areas of strength" by the County Health Rankings and Roadmaps.

Health Factors: Clinical Care						
Clinical Care Measures	*Oldham County*	*Henry County*	*Carroll County*	*Trimble County*	*Kentucky*	*United States*
Access to Care						
Uninsured Rate	4%	9%	7%	7%	7%	10%
Ratio of Population to Primary Care Physicians	1,680:1	1,740:1	3,620:1	4,270:1	1,600:1	1,330:1
Ratio of Population to Mental Health Providers	840:1	1,750:1	1,370:1	4,270:1	340:1	330:1
Quality of Care						
Preventable Hospital Stays: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2,240	2,366	3,329	4,598	3,457	2,681
Source: County Health Rankings (2024)						

Health Factors: Social and Economic Factors

Social and economic factors affect how long and how well communities live. Areas highlighted in red were noted as "areas of opportunity" and those in green were noted as "areas of strength" by the County Health Rankings and Roadmaps.

Health Factors: Social and Economic Factors						
Social and Economic Factors	*Oldham County*	*Henry County*	*Carroll County*	*Trimble County*	*Kentucky*	*United States*
Education						
High School Completion	94%	84%	83%	86%	88%	89%
Bachelor's Degree or Higher[2]	45.4%	14.7%	5.8%	13.7%	26.5%	34.3%
Employment/Economic Factors						
Unemployment	3.3%	3.6%	3.1%	4.3%	3.9%	3.7%
Median Household Income	$116,200	$65,100	$59,200	$65,800	$59,200	$74,800
Income Inequality Ratio of household income at the 80th percentile to that at the 20th percentile	3.8	4.7	5.5	5.2	4.9	4.9
Persons in Poverty[2]	4.4%	13.0%	16.3%	12.1%	16.5%	11.5%
Social Support						
Social Associations Number of associations per 10,000 residents	6.4	10.9	8.3	7.0	10.2	9.1
Children in Single Parent Households	15%	23%	27%	15%	25%	25%
Community Safety						
Firearm Fatalities Number of firearm deaths per 100,000 population	8	15	NA	35	18	13
Injury Deaths Number of injury deaths per 100,000 population	57	121	119	136	106	80
Motor Vehicle Crash Deaths Number of motor vehicle crash deaths per 100,000 population	9	21	21	25	18	12
Source: County Health Rankings (2024) United States Census Bureau QuickFacts (2023)[2]						

Health Factors: Physical Environment

The physical environment of a community impacts its health in obvious areas, like air quality (County Health Rankings and Roadmaps, 2024). The physical environment also impacts quality of life and access to care through factors like its connectivity to jobs and healthcare. Opportunities for transportation, as well as its relative costs and ease of access, greatly influence the health of a community. The relative cost, availability, and quality of housing also affect health. Areas highlighted in green were noted as "areas of strength" by the County Health Rankings and Roadmaps.

Health Factors: Physical Environment						
Physical Environment Measures	*Oldham County*	*Henry County*	*Carroll County*	*Trimble County*	*Kentucky*	*United States*
Environment						
Air Pollution—Particulate Matter	9.5	8.8	8.7	8.7	8.2	7.4
Housing						
Severe Housing Problems Percent of households experiencing ≥1 of the following: overcrowding, high housing costs, lack of kitchen facilities, lack of plumbing facilities	7%	16%	17%	14%	13%	17%
Severe Housing Cost Burden Percent of households that spent ≥50% or more of their income on housing	7%	14%	10%	10%	12%	14%
Broadband Access	95%	80%	76%	74%	86%	88%
Transportation[2]						
Transportation Costs Average transportation costs as a percent of average income	28%	28%	32%	30%	NA	NA
Transit Peformance Score Score from 1-10 that looks at connectivity, access to jobs, and frequency of service	0.4 (Car-dependent with very limited or no access to public transportation)	0 (Car-dependent with very limited or no access to public transportation)	0 (Car-dependent with very limited or no access to public transportation)	0 (Car-dependent with very limited or no access to public transportation)	NA	NA
Source: County Health Rankings (2024) and The Center for Neighborhood Technology (2023)[2]						

Community and Public Health

Feedback from several county-level community assessments was used to ascertain feedback directly from residents. Considering the inherent privilege of people accessing the healthcare system, we chose to use an external data source to garner more representative feedback than would have been gathered by a hospital survey. Using an established data source also allowed for less survey fatigue in the community.

The data below the top health concerns of community members, ranked by their level of importance to the community. No community feedback was provided in North Central District Health Department Strategic Plan that covers Trimble and Henry counties in this community.

Community Input from Oldham County: Top Health Problems to Address in Order to Improve Community Health	
Health Need	Community Rank
Mental Health/Suicide	1
Being Overweight	2
Nicotine Use/E-Cig/Vaping	3
Alcohol Use	4
Child Abuse/Neglect	5
Source: Oldham County Health Department (2022)	

Community Input from Carroll County: Top Health Issues Ranked	
Health Need	Community Rank
Access to Care (primary care, telehealth, services)	1
Access to Drug/Alcohol Treatment Services and Mental Health Services	2
Access to Educational Programs for Diet/Exercise, Substance Use, and Mental Health	3
Source: Three Rivers Health Department - Carroll County Health & Safety Partnership: Community Health Improvement Plan (2020)	

To further examine the needs of our community's most vulnerable, we pulled referral data from Unite Us, a community referral platform used by a variety of agencies across the United States. The platform allows organizations, such as hospitals and community-based organizations, to send referrals for a community member for needs the referring organization cannot address. For example, a hospital may send a referral for a patient to a local food bank when the patient expresses issues of food insecurity.

A report pulled for all three counties showed the top need as a basis for referral was food assistance. This data source is limited by the small number of referrals and by the type of agencies available on the platform. Despite the limitation, this data source represents a concerted effort to include the community members whose voices may not be represented in a traditional survey.

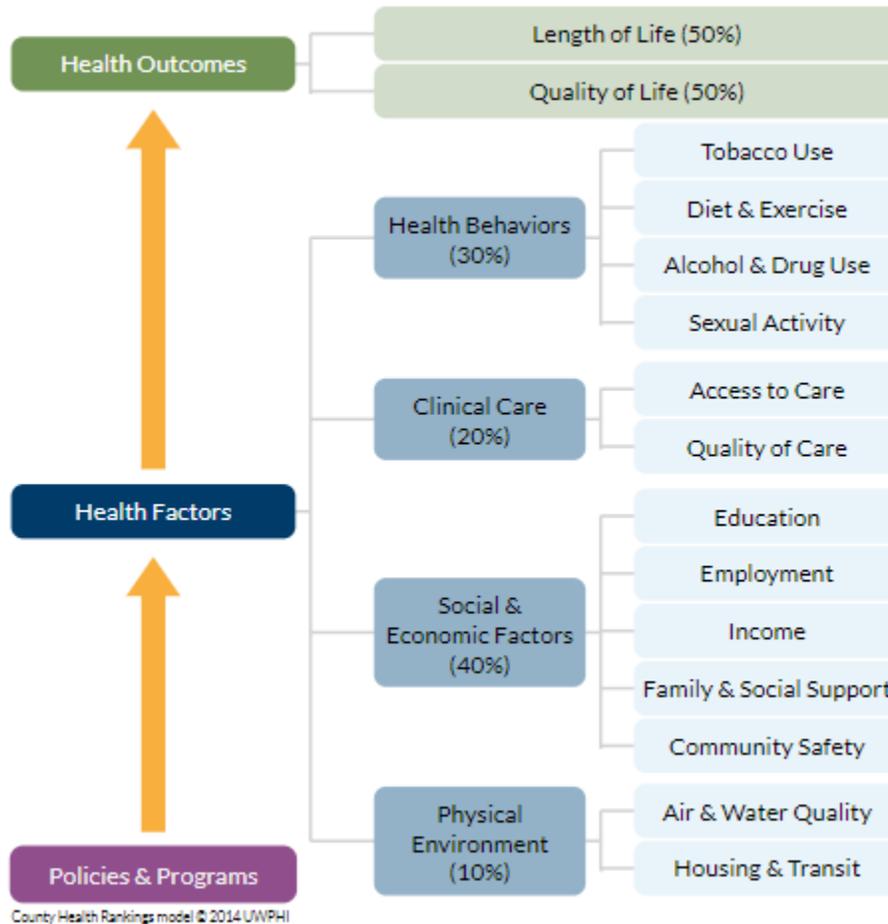| Unite Us Platform: Community Needs from 1.1.2023-12.31.2023 Oldham, Henry, Carroll, and Trimble Counties Case Volume by Service Type		
Top Five Needs as Basis for Referral	*Number of Cases*	*Percent of All Cases*
Food Assistance	37	19.7%
Housing & Shelter	29	15.5%
Physical Health	28	15.0%
Transportation	26	14.0%
Individual & Family Support	14	7.3%
Source: Unite Us Insights: Network Activity Overview (2024)		

Three health departments serve the residents in this community. Priority issues from each of these health departments are listed below according to the rank of importance by public health experts.

Public Health Input: Priority Health Issues, Ranked			
Health Issues	*Oldham County Health Department*	*North Central District Health Department (Henry and Trimble Counties)*	*Three Rivers District Health Department (Carroll County)*
Substance Use (including tobacco)	1	1	1
Mental Health	2	2	2
Physical Health	3		3
Communicable Diseases		3	
Sources: Oldham County CHA/CHIP 2022-2025, North Central District Health Department Strategic Plan (2023), Three Rivers District Health Department - Carroll County Health & Safety Partnership: Community Health Improvement Plan (2020)			

Community Health Needs Assessment Process

Population Health Model

The main secondary data source for this CHNA is the County Health Rankings and Roadmaps. Their model is depicted below.

This population health model illustrates that health outcomes are determined 40% by social and economic factors, 30% by health behaviors, 20% by clinical care, and 10% by the physical environment. (A fifth set of health factors, genetic, is not included in these rankings because these variables cannot be impacted by community-level intervention.) Thus, the model tells us that 80% of health outcomes are dictated by the social determinants of health.

The World Health Organization defines social determinants of health as "the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life."

By including the social determinants of health in the needs we assessed for this CHNA, Baptist Health is positioned to address those factors which have the greatest impact on our community's health.

Prioritization of Community Health Needs

To increase transparency and data-supported decisions, Baptist Health developed a process for identifying priority health needs using a prioritization matrix. The process began by listing the health needs in the County Health Rankings model, as well as some health conditions.

Each of these needs was scored for impact across factors. These prioritization factors are:

- **Mortality:** How is this health need related to the leading causes of death in this community?
  - Data reference: "Leading Causes of Death"
  - Cancer is the leading cause of death in three of the four counties in this community, so it received three points. Heart disease is the second leading cause of death I three of the four counties, so it received two points. COVID-19 was the third leading cause of death in three of the four counties, so it received one point.
- **Morbidity:** How does this need relate to this community's quality of life data?
  - Data reference: "Quality of Life" and "Clinical Care"
  - In reviewing the data related to what makes a community sick, the high rates of self-reported poor mental health in three of the counties stood out against the state and national rates, so mental health received three points for its impact. The high ratios of population to primary care providers and mental health providers earned access to care two points. The high rate of preventable hospital stays in Carroll and Trimble counties gave quality of care one point.
- **Magnitude:** How many people in the community are personally affected by this health need?
  - Data reference: "Health Behaviors," "Social and Economic Factors" and "Physical Environment"
  - Smoking rates were higher in three of the counties than state averages. Drug use was higher in three of the four counties than the state. Substance use includes both smoking and drug use, so this area received three points. The rates of obesity were higher in three counties compared with the state average, so this received two points. High school completion rate was lower in Henry and Carroll counties than the state average, and Carroll County was significantly lower than surrounding counties and the state in completion of a bachelor's degree, so education received one point.
- **Community:** Was this need identified as a priority by the community served?
  - Data reference: "Community Input"
  - The top concern in Oldham County was mental health/suicide, and it was the second concern in Carroll County. Therefore, mental health received three points. Concerns around substance use encompassed two of the top five health concerns in Oldham County and the second top issue in Carroll County, so substance use received two points. Being overweight was the second health issue of concern in Oldham County and part of the third health issue in Carroll County, so diet and exercise received one point.
- **Public Health:** Was this need identified as a priority by a public health agency or other community agencies representing the broad interests of the community?
  - Data reference: "Public Health Input: Priority Health Issues, Ranked"
  - Each of three health departments ranked substance use (including tobacco use) as their top issue to address, so this received three points. Mental health was the second issue of importance across all three health departments, so this issue received two points. Physical

health was the third top issue in two of the three health department, so diet and exercise received one point.

- **Equity:** Does this health need disproportionately impact vulnerable populations?
  - Data reference: "Unite Us Platform: Community Needs"
  - Unite Us data showed that the top three health needs were food assistance/physical health (diet and exercise, three points), housing/transportation (two points), and individual and family support (employment, one point).
- **Explore:** Is this area delineated as "an area to explore" by the County Health Rankings?
  - Data reference: Areas highlighted in red on charts in the "Community Health Data" section
  - Smoking rates were highlighted in all four counties, so three points were given to substance use. Obesity was highlighted in three of the four counties, so obesity received two points. High school completion was highlighted in two of four counties, so education received one point.
- **Alignment:** Was this an identified health need on previous CHNA?
  - Data reference: FY22-24 Baptist Health Corbin CHNA
  - The previous CHNA listed obesity, cancer, maternal/child health, and mental/behavioral health (in descending order) as health priorities. To recognize and support existing efforts, three points were given to obesity. Two points were given to cancer. One point was given to mental health.

After each prioritization factor was scored, the scores were summed for each health need. The chart below shows the prioritization matrix described above.

Health Needs Prioritization Matrix: Oldham/Henry/Carroll/Trimble Counties										
Health Needs	Area	Mortality	Morbidity	Magnitude	Community	Public Health	Equity	Explore	Alignment	Sum
Health Behaviors	**Substance Use (Drug/Alcohol/Tobacco)**			3	2	3		3		11
	Diet and Exercise				1	1	3			5
	Sexual Activity									0
Clinical Care	Access to Care		2				1			3
	Quality of Care		1							1
Social and Economic Factors	Education				1			1		2
	Employment									0
	Income									0
	Family & Social Support									0
	Community Safety									0
Physical Environment	Air & Water Quality									0
	Housing & Transit						2			2
Health Outcomes	Heart Disease	2								2
	Cancer	3							2	5
	Diabetes									0
	Mental Health		3		3	2			1	9
	Stroke									0
	Alzheimer's Disease									0
	COVID-19	1								1
	Obesity			2				2	3	7

Identification of Significant Health Needs

The top-scoring health needs were identified as significant health needs to address in the CHNA:

- **Substance Use (Drug/Alcohol/Tobacco)**
- **Mental Health**

A CHNA summary was provided to the hospital president for reporting to the Baptist Health La Grange administrative board of directors on April 24, 2024. This review preceded approval from the Baptist Health System, Inc. Board of Directors, the authorized body for Baptist Health La Grange.

Needs Not Addressed

In the previous CHNA, obesity and maternal/child health were listed as significant health needs in addition to the two above identified needs. While we recognize that these are still important areas of focus, we will report progress on these within the context of addressing substance use and mental health. For example, we may

still impact maternal health by providing connection to mental health support for new parents. See the subsection "Learning from Previous CHNA" for further discussion.

Potentially Available Resources

Community health needs are best addressed collaboratively. Due to the large and complex nature of health needs, each type of organization has a part to play. Each of the below types of organizations may be available to address the significant health needs identified in this report:

- Health Facilities and Services
  - o The Kentucky Cabinet for Health and Family Services maintains an inventory of health facilities and services. Due to the nature of the bi-monthly updates to this inventory, the website containing this information is linked here: Inventory of Health Facilities and Services - Cabinet for Health and Family Services (ky.gov).
- Health Departments
  - o The below health departments serve the residents in the community definition for this CHNA:
    - Oldham County Health Department
    - North Central District Health Department (Henry and Trimble counties)
    - Three Rivers District Health Department (Carroll County)
  - o The Unite Us platform lists organizations that have received referrals to address needs in the community. A referral report showed these organizations received referrals to assist community members in Oldham, Henry, Carroll, and Trimble counties from January 2023—May 2024. The organizations were:
    - KIPDA – Area on Aging and Independent Living
    - Jewish Family & Career Services
    - Shawnee Christian Healthcare Center – Primary Care
    - Central Louisville Community Ministries
    - 2-1-1 Ride United
    - South Louisville Community Ministries
    - YMCA of Greater Louisville
    - Highlands Community Ministries
    - KY Career Center
    - Shawnee Christian Healthcare Center – Dental

Evaluation of Impact

Evaluation of Previous CHNA

The below actions were taken as part of the Implementation Strategies accompanying the previous CHNA. The actions are listed by the health needs previously identified as significant health needs:

- Obesity
  - o Partnered with Hope Health Clinic to provide various support, including financial support.
  - o Provided healthy living education and screenings at health fairs and other public events.
- Cancer

- o Provided support for oncology patients with food insecurity.
- o Provided transportation assistance for patients seeking treatment for cancer.
- Maternal/Child Health
  - o Educated new parents on safe sleep instructions.
  - o Acted as a pilot facility for a state program that tracked babies receiving care for neonatal abstinence syndrome or had this diagnosis.
- Mental Health and Substance Abuse
  - o Added inpatient behavioral health unit.
  - o Participated in events to reduce the stigma surrounding mental health, including Chalk the Walk.

Learning from Previous CHNA

During the last CHNA cycle, nine Baptist Health hospitals had 14 health needs to address in a three-year cycle. Baptist Health La Grange identified four priority health needs for its previous CHNA. To appreciate the synergy enjoyed by cumulative effort, Baptist Health narrowed focus and selected two to three health needs on which to focus per hospital. Given the quick turnaround time of the CHNA report in which to realize outcomes metrics, it is more meaningful to develop a few outcomes-based metrics addressing fewer needs than to track many process metrics addressing more needs, of which impact may not be discernible. We also look forward to implementing more evidence-based responses to our community health needs, which requires rigorous effort.
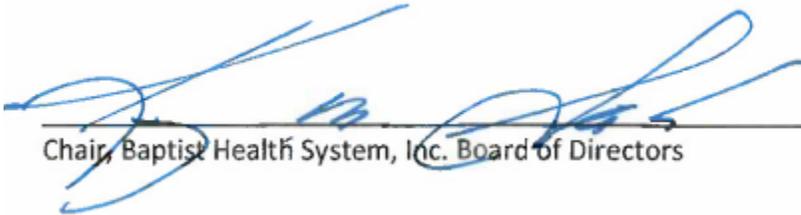
Next Steps

Once approved by the Baptist Health Board of Directors, this CHNA will be made public and widely available no later than August 31, 2024.

Baptist Health will use the findings in this CHNA to develop a plan to address each identified health need. This will include the actions we will take, resources committed, and any collaboration with external partners. This plan will be documented in an accompanying report, the Implementation Strategies. That report will be reviewed by the hospital's administrative board before approval and adoption by the Baptist Health System, Inc. Board of Directors. That report will be made public and widely available no later than January 15, 2025.

Approval and Adoption

As an authorized body of Baptist Health La Grange, the Baptist Health System, Inc. Board of Directors approves and adopts this community health needs assessment on the date listed below.

_____   _____
Chair, Baptist Health System, Inc. Board of Directors   Date

References

Baptist Health Planning Department. (2024). *Baptist Health Patient Origin Calendar Year 2023* [Dataset].

Centers for Disease Control and Prevention. (2024). *Underlying Cause of Death, 1999-2020 Request: Deaths occurring through 2020*. CDC Wonder. Retrieved May 1, 2024, from https://wonder.cdc.gov/controller/datarequest/D76

County Health Rankings and Roadmaps. (2024). *Health data*. County Health Rankings & Roadmaps. Retrieved May 1, 2024, from https://www.countyhealthrankings.org/health-data

Kentucky Injury Prevention and Research Center. (2023). *Kentucky Drug Overdose and Related Comorbidity County Profiles, 2018 to 2022 | KIPRC*. Retrieved May 1, 2024, from https://kiprc.uky.edu/programs/overdose-data-action/county-profiles

North Central District Health Department. (2023). *Strategic Plan – North Central District Health Department*. https://ncdhd.com/strategic-plan/

Oldham County Health Department. (2022). Community Health Needs Assessment and Community Health Improvement Plan 2022-2025. In *Coalition for a Healthy Oldham County*. https://oldhamcountyhealthdepartment.org/wp-content/uploads/2022/07/2022-Oldham-County-CHA-CHIP-2022-2025-8June2022.pdf

The Center for Neighborhood Technology. (2024). *H+T Affordability Index*. H+T Affordability Index. Retrieved May 1, 2024, from https://htaindex.cnt.org/map/

Three Rivers District Health Department. (2020). *Carroll County Health & Safety Partnership 2020-2024 Community Health Improvement Plan*. https://trdhd.com/wp-content/uploads/2022/06/Carroll-County-Community-Health-Improvement-Plan-FINAL.pdf

Unite Us. (2024). Unite Us Insights Network Activity Overview. In *Unite Us Insights*. Retrieved May 1, 2024, From https://tableau.uniteus.io/views/NetworkActivity/Referrals?%3Alinktarget=_self&%3Aembed=yes&%3

United States Census Bureau. (2024). *United States Census Bureau Quick Facts*. Retrieved May 1, 2024, from https://www.census.gov/quickfacts/

World Health Organization: WHO. (2019, May 30). *Social determinants of health*. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1