9.1.2024–8.31.2027

COMMUNITY HEALTH NEEDS ASSESSMENT

BAPTIST HEALTH®
LOUISVILLE

Contents

Introduction

Foreword

Baptist Health Louisville 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 Louisville. This CHNA prioritizes the health needs the hospital will work to address from September 2024 to August 2027.

The community health needs assessment process followed these steps:

- Inpatient data on patient county of residence defined the "community served" as Jefferson County, KY.
- 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, Louisville Metro Department of Public Health and Wellness 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 identifies potentially available resources for addressing these health needs.
- This CHNA process was reported to the Baptist Health Louisville administrative board of directors on May 21, 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.

Formerly known as Baptist Hospital East, Baptist Health Louisville is a 519-bed hospital offering a wide range of healthcare services. Area residents benefit from the hospital's emergency services, including special teams for heart attack and stroke care. The hospital's cancer services include two freestanding Radiation Centers, the Charles and Mimi Osborn Cancer Center that includes a cancer resource center and a multidisciplinary lung care clinic. Special services include women's health, offering all-private maternity rooms, digital mammography, ultrasound, and bone-density scanning for osteoporosis. Other areas of expertise include orthopedics, neurosurgery, cardiovascular services, wound care, behavioral health, occupational health, and in-home care provided by Baptist Health Home Care.

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 county of origin accounted for 69.7% of admissions in 2023, the latest calendar year available as of this report. Therefore, Jefferson County is the community definition for this CHNA.

The community definition for the purposes of this report was agreed upon through discussion between the hospital president and the system director of community health. This 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*
JEFFERSON, KY	16,478	69.7%
BULLITT, KY	1,316	5.6%
SHELBY, KY	840	3.6%
OLDHAM, KY	787	3.3%
HARDIN, KY	609	2.6%
SPENCER, KY	567	2.4%
NELSON, KY	550	2.3%
CLARK, IN	330	1.4%
HENRY, KY	272	1.2%
FLOYD, IN	238	1.0%
MEADE, KY	164	0.7%
TRIMBLE, KY	97	0.4%
LARUE, KY	85	0.4%
CARROLL, KY	83	0.4%
HARRISON, IN	76	0.3%
BRECKINRIDGE, KY	74	0.3%
GRAYSON, KY	68	0.3%
TAYLOR, KY	64	0.3%
MARION, KY	59	0.2%
FRANKLIN, KY	55	0.2%
WASHINGTON, IN	55	0.2%
HOPKINS, KY	53	0.2%
WASHINGTON, KY	50	0.2%
JEFFERSON, IN	37	0.2%
SCOTT, IN	36	0.2%
ANDERSON, KY	28	0.1%
ORANGE, IN	24	0.1%
FAYETTE, KY	19	0.1%
GREEN, KY	18	0.1%
HART, KY	18	0.1%
DAVIESS, KY	18	0.1%
BARREN, KY	17	0.1%
CRAWFORD, IN	16	0.1%
MCCRACKEN, KY	16	0.1%
WARREN, KY	15	0.1%
SWITZERLAND, IN	13	0.1%

ADAIR, KY	12	0.1%
All Other Counties	386	1.6%
Grand Total	**23,643**	**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. Notable for Jefferson County is that residents are more racially and ethnically diverse than when compared with Kentucky averages. The population density is nearly twenty times more concentrated than the Kentucky average. The chart below shows county-level demographics as compared with Kentucky.

County-Level Demographics as Compared to State			
Category	*Demographic Metric*	*Jefferson County*	*Kentucky*
Population	Population, 2023 estimate	772,144	4,526,154
	Population per square mile, 2020	2,056.1	114.1
	Population, Percent Change estimate: April 1, 2020 to July 1, 2023	-1.4%	0.4%
Age	Persons under 5 (percent)	6.0%	5.8%
	Persons under 18 (percent)	21.8%	22.3%
	Persons 65 years and older (percent)	17.6%	17.6%
Gender	Female persons (percent)	51.3%	50.3%
Race, Ethnicity, and Country of Origin	White, alone (percent)	70.3%	86.9%
	Black or African American, alone (percent)	23.2%	8.7%
	American Indian or Alaska native, alone (percent)	0.2%	0.3%
	Asian, alone (percent)	3.4%	1.8%
	Native Hawaiian or Other Pacific Islander, alone (percent)	<0.1%	0.1%
	Two or more races (percent)	2.9%	2.3%
	Hispanic or Latino (percent)	6.9%	4.3%
	Foreign-born persons, 2018-2022 (percent)	8.6%	4.1%
Health	Persons with a disability ≤65 years old (percent)	10.1%	13.3%
	Persons without health insurance ≤65 years old (percent)	6.5%	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 Louisville Metro Department of Public Health and Wellness was included to satisfy this requirement. Feedback was provided both directly by the health department to Baptist Health and through review of their community health dashboard.
- 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.
  - General community input was pulled from a Louisville Metro Department of Public Health and Wellness survey. The health department was in the process of updating its own community health assessment and was collecting new community survey responses during the writing of this report. A link to their previous survey is available in the "References" section of this CHNA.
- Written comments received on the previous CHNA
  - 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."
  - 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
  - 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
  - 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)
  - 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)
    - 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)
    - 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
    - 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.

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 chart below details the leading causes of death in Jefferson County.

Health Outcomes: Mortality Leading Causes of Death in Jefferson County, KY				
Ranking	*Cause of Death*	*Deaths*	*Population*	*Crude Rate Per 100,000 Residents*
1	Diseases of heart	1,804	767,452	235.1
2	Malignant neoplasms (cancers)	1,612	767,452	210.1
3	Accidents (unintentional injuries)	806	767,452	105.0
4	COVID-19	753	767,452	98.1
5	Chronic lower respiratory diseases	443	767,452	57.7
6	Cerebrovascular diseases	372	767,452	48.5
7	Alzheimer's disease	228	767,452	29.7
8	Diabetes mellitus	200	767,452	26.1
9	Assault (homicide)	176	767,452	22.9
10	Nephritis, nephrotic syndrome and nephrosis	161	767,452	21.0
11	Septicemia	161	767,452	21.0
12	Chronic liver disease and cirrhosis	134	767,452	17.5
13	Influenza and pneumonia	132	767,452	17.2
14	Intentional self-harm (suicide)	127	767,452	16.5
15	Parkinson's disease	83	767,452	10.8
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. The self-reported community data indicates better physical health but worse mental health than the state average. 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	*Jefferson County*	*Kentucky*	*United States*
Poor or Fair Health**	19%	21%	14%
# of Poor Physical Health Days in Past 30 Days**	3.9	4.5	3.3
# of Poor Mental Health Days in Past 30 Days**	5.7	5.5	4.8
Diabetes Prevalence	11%	12%	10%
Low Birth Weight Percentage of live births with low birth weight (< 2,500 grams)	9%	9%	8%
**Self-Reported Health Metric Source: County Health Rankings (2024)			

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" by the County Health Rankings and Roadmaps.

Health Factors: Health Behaviors			
Health Behaviors	*Jefferson County*	*Kentucky*	*United States*
Alcohol and Tobacco Use			
Adult Smoking Rate	18%	20%	15%
Excessive Drinking Rate	16%	15%	18%
Alcohol-Impaired Driving Deaths	29%	26%	26%
Drug Use[2] (rate per 100,000 population)			
Fatal Overdose	64.9	47.4	NA
ED Visits for Nonfatal Overdose	373.6	250.0	NA
Inpatient Hospitalizations for Nonfatal Overdose	125.3	95.6	NA
ED Visits for Substance Use Disorder	1236.1	985.3	NA
Inpatient Hospitalizations for Substance Use Disorder	75.7	41.9	NA
Sexual Activity			
Sexually Transmitted Infections Number of newly diagnosed chlamydia cases per 100,000 population	748.7	410.3	495.5
Teen Births Number per 1,000 female population ages 15-19	21	26	17
Diet and Exercise			
Physical Inactivity Rate	28%	30%	23%
Adult Obesity Rate	37%	41%	34%
Food Insecurity % of the population who lack adequate access to food	10%	13%	10%
Limited Access to Healthy Foods % of population who are low income and do not live close to a grocery store	6%	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 green were noted as "areas of strength" by the County Health Rankings and Roadmaps.

Health Factors: Clinical Care			
Clinical Care Measures	*Jefferson County*	*Kentucky*	*United States*
Access to Care			
Uninsured Rate	7%	7%	10%
Ratio of Population to Primary Care Physicians	1,090:1	1,600:1	1,330:1
Ratio of Population to Mental Health Providers	260:1	340:1	330:1
Quality of Care			
Preventable Hospital Stays Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	3,046	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	*Jefferson County*	*Kentucky*	*United States*
Education			
High School Completion	91%	88%	89%
Bachelor's Degree or Higher[2]	36.1%	26.5%	34.3%
Employment/Economic Factors			
Unemployment	3.8%	3.9%	3.7%
Median Household Income	$64,700	$59,200	$74,800
Income Inequality Ratio of household income at the 80th percentile to that at the 20th percentile	4.7	4.9	4.9
Persons in Poverty[2]	15%	16.5%	11.5%
Social Support			
Social Associations Number of associations per 10,000 residents	9.8	10.2	9.1
Children in Single Parent Households	34%	25%	25%
Community Safety			
Firearm Fatalities Number of firearm deaths per 100,000 population	26	18	13
Injury Deaths Number of injury deaths per 100,000 population	124	106	80
Motor Vehicle Crash Deaths Number of motor vehicle crash deaths per 100,000 population	14	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 red were noted as "areas of opportunity" by the County Health Rankings and Roadmaps.

Health Factors: Physical Environment			
Physical Environment Measures	*Jefferson County*	*Kentucky*	*United States*
Environment			
Air Pollution—Particulate Matter	10.5	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	14%	13%	17%
Severe Housing Cost Burden Percent of households that spent ≥50% or more of their income on housing	13%	12%	14%
Broadband Access	89%	86%	88%
Transportation[2]			
Transportation Costs Average transportation costs as a percent of average income	25%	NA	NA
Transit Peformance Score Score from 1-10 that looks at connectivity, access to jobs, and frequency of service	1.2 (Car-dependent)	NA	NA
Source: County Health Rankings (2024) and The Center for Neighborhood Technology (2023)[2]			

Community and Public Health

Community input was solicited through a survey administered by the Louisville Metro Department of Public Health and Wellness. Considering the inherent privilege of people accessing the healthcare system, we chose to use this 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. A link to the health department's Community Health Needs Assessment is listed in the "References" section of this report. Of note, the health department was gathering updated community feedback in the middle of 2024; results were not available in time for inclusion in this report.

For the purposes of weighing community feedback in our determination of priority health needs, we selected responses to the question, "What does your community need to work on?" The top three health issues of importance to the community are listed below.

Community Input: What does your community need to work on?	
Health Need	*Ranking*
Drug abuse	1
Distracted driving	2
Poor eating habits	3
Source: Louisville Metro Department of Public Health and Wellness (2017)	

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 employment. This data source is limited by the 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 for Jefferson County (1.1.2023-12.31.2023) Case Volume by Service Type		
Top Five Needs as Basis for Referral	*Number of Cases*	*Percent of All Cases*
Employment	1,099	20.6%
Housing & Shelter	934	17.5%
Individual and Family Support	881	16.5%
Food Assistance	769	14.4%
Education	304	5.7%
Source: Unite Us Insights: Network Activity Overview (2024)		

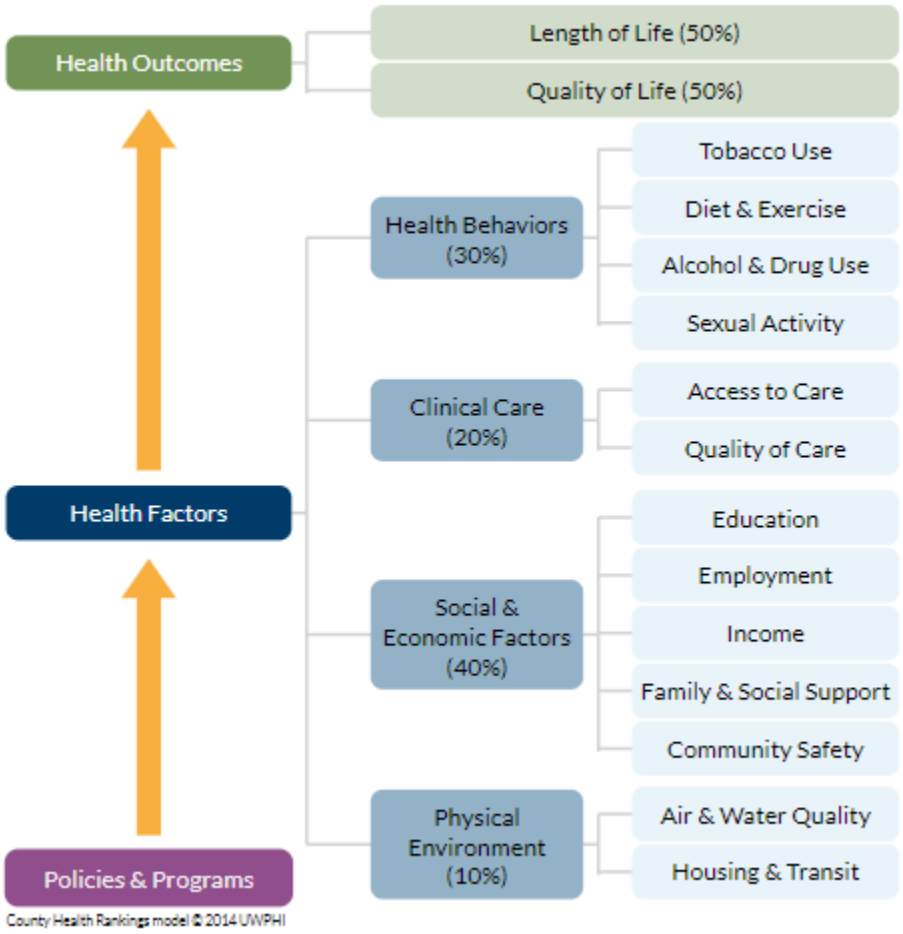
The public health department serving Jefferson County provided feedback directly to Baptist Health regarding priority areas. Louisville Metro Department of Public Health and Wellness provided information on the areas of which they found most critical to have hospital engagement.

Public Health Input: Priority Health Needs Identified for Hospitals	
Health Need	*Louisville Metro Department of Public Health and Wellness*
Navigating Healthcare System	1
Transportation to/from Healthcare	2
Aligning Healthcare Resources	3
Source: Louisville Metro Department of Public Health and Wellness (2024)	

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"
    - Heart disease is the leading cause of death in this community, so it received three points. Cancer is the second leading cause of death, so it received two points. Accidents were the third leading cause, which includes drug overdoses, so substance use 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 stood out against the state and national rates, so mental health received three points for its impact. As access to preventative services greatly impacts morbidity, access to care received two points. The prevalence of diabetes is higher than the national average, so it received 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"
    - All metrics for drug use were significantly higher in this community than state averages, so substance use received three points. The rate of obesity was higher than the national average, so this received two points. The rate of sexually transmitted infections was almost double the state and national averages, so the area of sexual activity received one point.
- **Community:** Was this need identified as a priority by the community served?
    - Data reference: "Community Input: Most Important Health Issues Ranked"
    - The top concern in the community survey was drug abuse, so substance use received three points. The second concern was distracted driving, so community safety received two points. "Poor eating habits" was the third top concern, 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 Needs Identified”
    - The Louisville Metro Department of Public Health and Wellness outlined their top health priorities in descending order: navigating the healthcare system (access to care, three points), transportation to/from healthcare (transportation, two points), and aligning healthcare resources (mental health, 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 employment (three points), housing (two points), and individual/family support (mental health, 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
    - The smoking rate was highlighted, so three points were given to substance use. Obesity was also highlighted, so obesity received two points. Air pollution was highlighted, so air and water quality 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 mental health services, heart disease, preventable health screenings, opioid reduction, and maternal/child health (in descending order) as health priorities. To recognize and support existing efforts, three points were credited toward mental health. Two points were credited toward heart disease, and one point was credited toward substance use.

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										
Health Needs	Area	Mortality	Morbidity	Magnitude	Community	Public Health	Equity	Explore	Alignment	Sum
Health Behaviors	**Substance Use (Drug/Alcohol/Tobacco)**	**1**		**3**	**3**			**3**	**1**	**11**
	Diet and Exercise				1					1
	Sexual Activity			1						1
Clinical Care	Access to Care		2			3				5
	Quality of Care									0
Social and Economic Factors	Education									0
	Employment						3			3
	Income									0
	Family & Social Support									0
	Community Safety				2					2
Physical Environment	Air & Water Quality							1		1
	Housing & Transit					2	2			4
Health Outcomes	Heart Disease	3							2	5
	Cancer	2								2
	Diabetes		1							1
	Mental Health		**3**			**1**	**1**		**3**	**8**
	Stroke									0
	Alzheimer's Disease									0
	COVID-19/Respiratory Disease									0
	Obesity			2				2		4

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**

The Baptist Health Louisville administrative board of directors reviewed this process for identifying significant health needs in the meeting on May 21, 2024. This review preceded approval from the Baptist Health System, Inc. Board of Directors, the authorized body for Baptist Health Louisville.

Needs Not Addressed

In the previous CHNA, heart disease, preventable health screenings, and maternal/child health were listed as significant health 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

impact maternal/child health as part of assessing and connecting new parents to mental health services. 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
  - 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
    - The Louisville Metro Department of Public Health and Wellness serves as local public health experts for this community.
- Community-Based Organizations
  - 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 Jefferson County from January 2023 to May 2024. The organizations were:
    - Louisville Metro Public Health & Wellness – Breastfeeding Support
    - Kentucky Career Center – NIA
    - Goodwill Industries of Kentucky – Louisville
    - KIPDA – Area on Aging and Independent Living
    - Jewish Family & Career Services
    - Louisville Urban League
    - Central Louisville Community Ministries
    - South Louisville Community Ministries

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:

- Mental Health Services
  - Expanded the offering of virtual behavioral health.
  - Participated in Chalk the Walk to reduce the stigma around mental health.
- Heart Disease
  - Provided financial support for clinical staff at Have a Heart Clinic, a local not-for-profit.
- Preventable Health Screenings

    - Provided education and screenings at local community health events to 4,320 community members.
- Opioid Reduction
    - Developed Opioid Stewardship Committee to reduce the number of opioid prescriptions.
    - Offered prescription drop box for anyone to drop off unused and expired prescription medications.
- Maternal/Child Health
    - Increased staff support for Motherhood Connection Program.
    - Provided family and parenting education to 4,481 community members by the Childbirth Community Education Coordinator.

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 Louisville identified five 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.

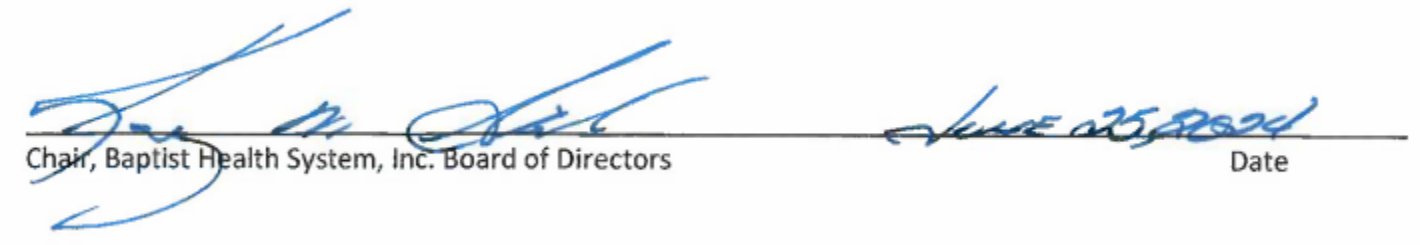
Next Steps

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 Louisville, the Baptist Health System, Inc. Board of Directors approves and adopts this community health needs assessment on the date listed below.



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