9.1.2024–8.31.2027

COMMUNITY HEALTH NEEDS ASSESSMENT

BAPTIST HEALTH®

RICHMOND

Contents

Introduction

Foreword

Baptist Health Richmond conducted this community health needs assessment as basis for its community health and engagement strategy to cover fiscal years 2025–2027 (Sept. 1, 2024–Aug. 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 Richmond. 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" to include Madison and Estill 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, Madison County Health Department, Estill County 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.
- Primary data was gathered from the Estill County Health Department on health priorities.
- 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.
- This CHNA process was reported to the Baptist Health Richmond 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.

Baptist Health Richmond is a 105-bed acute care hospital that has served its community for more than 120 years. Residents in surrounding counties utilize Baptist Health Richmond for their care, including those in Madison, Estill, Garrard, Rockcastle, Lee and Jackson counties. The hospital joined the Baptist Health family in 2012.

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 two counties of origin accounted for 80.5% of admissions in 2023, the latest calendar year available as of this report. Madison and Estill counties are the community definition for this CHNA.

The community definition for the purposes of this report was agreed upon through discussion between a local hospital manager and the system director of community health before being approved by the hospital president. 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*
MADISON, KY	2,415	71.5%
ESTILL, KY	303	9.0%
JACKSON, KY	160	4.7%
ROCKCASTLE, KY	87	2.6%
GARRARD, KY	86	2.5%
LEE, KY	50	1.5%
FAYETTE, KY	42	1.2%
LINCOLN, KY	21	0.6%
OWSLEY, KY	18	0.5%
LAUREL, KY	15	0.4%
CLARK, KY	14	0.4%
PULASKI, KY	13	0.4%
JESSAMINE, KY	12	0.4%
WHITLEY, KY	11	0.3%
All Other Counties	130	3.8%
Grand Total	**3,377**	**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 Estill County is the high rate of disability in residents over age 65, as compared with the Kentucky average. Madison County is experiencing 4.3% population growth, which is greater than the

state average. Both counties have less racial and ethnic diversity than the state. The chart below shows county-level demographics as compared with Kentucky.

County-Level Demographics as Compared to State		Madison County	Estill County	Kentucky
Category	Demographic Metric			
Population	Population, 2023 estimate	96,735	13,936	4,526,154
	Population per square mile, 2020	212.0	56.0	114.1
	Population, Percent Change estimate: April 1, 2020 to July 1, 2023	4.3%	-1.6%	0.4%
Age	Persons under 5 (percent)	5.6%	5.1%	5.8%
	Persons under 18 (percent)	20.9%	21.3%	22.3%
	Persons 65 years and older (percent)	14.8%	19.2%	17.6%
Gender	Female persons (percent)	51.0%	50.0%	50.3%
Race, Ethnicity, and Country of Origin	White, alone (percent)	91.5%	97.6%	86.9%
	Black or African American, alone (percent)	4.4%	0.6%	8.7%
	American Indian or Alaska native, alone (percent)	0.4%	0.3%	0.3%
	Asian, alone (percent)	1.2%	0.1%	1.8%
	Native Hawaiian or Other Pacific Islander, alone (percent)	0.1%	<0.1%	0.1%
	Two or more races (percent)	2.5%	1.3%	2.3%
	Hispanic or Latino (percent)	2.9%	1.6%	4.3%
	Foreign-born persons, 2018-2022 (percent)	2.4%	1.3%	4.1%
Health	Persons with a disability ≤65 years old (percent)	12.0%	23.4%	13.3%
	Persons without health insurance ≤65 years old (percent)	6.8%	8.0%	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 Madison County Health Department and the Estill County Health Department was included to satisfy this requirement. Feedback was provided directly by the Estill County Health Department Director to Baptist Health. The Madison County Health Department's Community Health Improvement Plan was referenced to identify and weight priorities for 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 Madison County Health Department's Community Health Improvement Plan. The general community input was included in the prioritization matrix under "Community." A link to the report is 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 also 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 charts below detail the leading causes of death in Madison and Estill counties. Heart disease, cancer, and accidents are the top three leading causes of death in this community.

	Health Outcomes: Mortality Leading Causes of Death in Madison County, KY			
Ranking	Cause of Death	Deaths	Population	Crude Rate Per 100,000 Residents
1	Diseases of heart	185	94,265	196.3
2	Malignant neoplasms (cancers)	164	94,265	174.0
3	Accidents (unintentional injuries)	102	94,265	108.2
4	COVID-19	63	94,265	66.8
5	Chronic lower respiratory diseases	57	94,265	60.5
6	Alzheimer's disease	50	94,265	53.0
7	Cerebrovascular diseases	49	94,265	52.0
8	In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	19	94,265	Unreliable
9	Chronic liver disease and cirrhosis	19	94,265	Unreliable
10	Nephritis, nephrotic syndrome and nephrosis	16	94,265	Unreliable
11	Septicemia	16	94,265	Unreliable
12	Influenza and pneumonia	15	94,265	Unreliable
13	Diabetes mellitus	13	94,265	Unreliable
14	Intentional self-harm (suicide)	11	94,265	Unreliable
Source: Centers for Disease Control and Prevention, National Center for Health Statistics (2020)				

Health Outcomes: Mortality Leading Causes of Death in Estill County, KY				
Ranking	Cause of Death	Deaths	Population	Crude Rate Per 100,000 Residents
1	Diseases of heart	46	14,109	326.0
2	Malignant neoplasms (cancers)	39	14,109	276.4
3	Accidents (unintentional injuries)	18	14,109	Unreliable
4	Chronic lower respiratory diseases	16	14,109	Unreliable
5	COVID-19	11	14,109	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. Both counties reported worse 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	Madison County	Estill County	Kentucky	United States
Poor or Fair Health**	19%	27%	21%	14%
# of Poor Physical Health Days in Past 30 Days**	4.3	5.6	4.5	3.3
# of Poor Mental Health Days in Past 30 Days**	5.9	6.3	5.5	4.8
Diabetes Prevalence	10%	13%	12%	10%
Low Birth Weight Percentage of live births with low birth weight (< 2,500 grams)	9%	8%	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" and those in green were noted as "areas of strength" by the County Health Rankings and Roadmaps.

Health Factors: Health Behaviors				
Health Behaviors	*Madison County*	*Estill County*	*Kentucky*	*United States*
Alcohol and Tobacco Use				
Adult Smoking Rate	20%	29%	20%	15%
Excessive Drinking Rate	16%	13%	15%	18%
Alcohol-Impaired Driving Deaths	25%	36%	26%	26%
Drug Use[2] (rate per 100,000 population)				
Fatal Overdose	67.6	120.6	47.4	NA
ED Visits for Nonfatal Overdose	259.9	532.2	250.0	NA
Inpatient Hospitalizations for Nonfatal Overdose	72.9	170.3	95.6	NA
ED Visits for Substance Use Disorder	665.5	1,156.7	985.3	NA
Inpatient Hospitalizations for Substance Use Disorder	40.1	<10	41.9	NA
Sexual Activity				
Sexually Transmitted Infections Number of newly diagnosed chlamydia cases per 100,000 population	446.8	290.9	410.3	495.5
Teen Births Number per 1,000 female population ages 15-19	15	35	26	17
Diet and Exercise[1]				
Physical Inactivity Rate	27%	36%	30%	23%
Adult Obesity Rate	41%	42%	41%	34%
Food Insecurity % of the population who lack adequate access to food	12%	19%	13%	10%
Limited Access to Healthy Foods % of population who are low-income and do not live close to a grocery store	12%	0%	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	*Madison County*	*Estill County*	*Kentucky*	*United States*
Access to Care				
Uninsured Rate	7%	8%	7%	10%
Ratio of Population to Primary Care Physicians	2,100:1	4,700:1	1,600:1	1,330:1
Ratio of Population to Mental Health Providers	530:1	940:1	340:1	330:1
Quality of Care				
Preventable Hospital Stays Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2,567	3,906	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	*Madison County*	*Estill County*	*Kentucky*	*United States*
Education				
High School Completion	91%	76%	88%	89%
Bachelor's Degree or Higher[2]	33.3%	11.1%	26.5%	34.3%
Employment/Economic Factors				
Unemployment	3.6%	4.8%	3.9%	3.7%
Median Household Income	$61,000	$39,400	$59,200	$74,800
Income Inequality Ratio of household income at the 80th percentile to that at the 20th percentile	4.8	6.0	4.9	4.9
Persons in Poverty[2]	15.5%	21.3%	16.5%	11.5%
Social Support				
Social Associations Number of associations per 10,000 residents	8.7	10.6	10.2	9.1
Children in Single Parent Households	19%	32%	25%	25%
Community Safety				
Firearm Fatalities Number of firearm deaths per 100,000 population	12	24	18	13
Injury Deaths Number of injury deaths per 100,000 population	110	167	106	80
Motor Vehicle Crash Deaths Number of motor vehicle crash deaths per 100,000 population	13	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.

Health Factors: Physical Environment				
Physical Environment Measures	*Madison County*	*Estill County*	*Kentucky*	*United States*
Environment				
Air Pollution—Particulate Matter	8.4	7.9	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	13%	14%	13%	17%
Severe Housing Cost Burden Percent of households that spent ≥50% or more of their income on housing	12%	12%	12%	14%
Broadband Access	87%	77%	86%	88%
Transportation[2]				
Transportation Costs Average transportation costs as a percent of average income	31%	33%	NA	NA
Transit Peformance Score Score from 1-10 that looks at connectivity, access to jobs, and frequency of service	0.6 (Car-dependent with very limited or no acces to public transportation)	0 (Car-dependent with very limited or no acces to public transportation)	NA	NA
Source: County Health Rankings (2024) and The Center for Neighborhood Technology (2023)[2]				

Community and Public Health

Feedback from the Madison County Health Department Community Health Improvement Plan 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 top areas of concern for residents in this community.

Community Input: Greatest Health Problems	
Health Issues	*Madison County*
Illegal drug abuse	1
Mental health problems	2
Prescription drug abuse	3
Obesity	4
Vaping, juicing, e-cigarettes	5
Source: Madison County Health Department CHIP 2021-2025	

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 both 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. See the "Potentially Available Resources" section of the report for more discussion on this topic.

Unite Us Platform: Community Needs from 1.1.2023-12.31.2023 Madison and Estill Counties		
Top Five Needs as Basis for Referral	*Number of Cases*	*Percent of All Cases*
Case Volume by Service Type		
Housing and Shelter	2	25.0%
Benefits Navigation	1	12.5%
Utilities	1	12.5%
Employment	1	12.5%
Individual and Family Support	1	12.5%
Source: Unite Us Insights: Network Activity Overview (2024)		

The Madison County Health Department's Community Health Improvement Plan listed their priority health areas. Those areas are ranked below, in order of importance to the health department.

| Public Health Input: Priority Health Needs Identified	
Health Needs	*Madison County Health Department*
Substance misuse related issues	1
Mental Health realted issues	2
Obesity related issues	3
Source: Madison County Health Department	

The Estill County Health Department provided feedback directly to Baptist Health regarding priority areas for collaboration with Baptist Health. That information is listed below, in order of importance to the health department.

Public Health Input: Priority Health Needs Identified	
Health Needs	*Estill County Health Department*
Connecting parenting persons to programs like WIC and HANDs	1
Provide treatment linkages to PREP services for patients with HIV	2
Provide local access for patients needing obstetric and prenatal care	3
Provide local access to International Board Certified Lactation Consultant services	4
Provide local access to mobile primary care services throughout the county	5
Source: Estill County Health Department	

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.
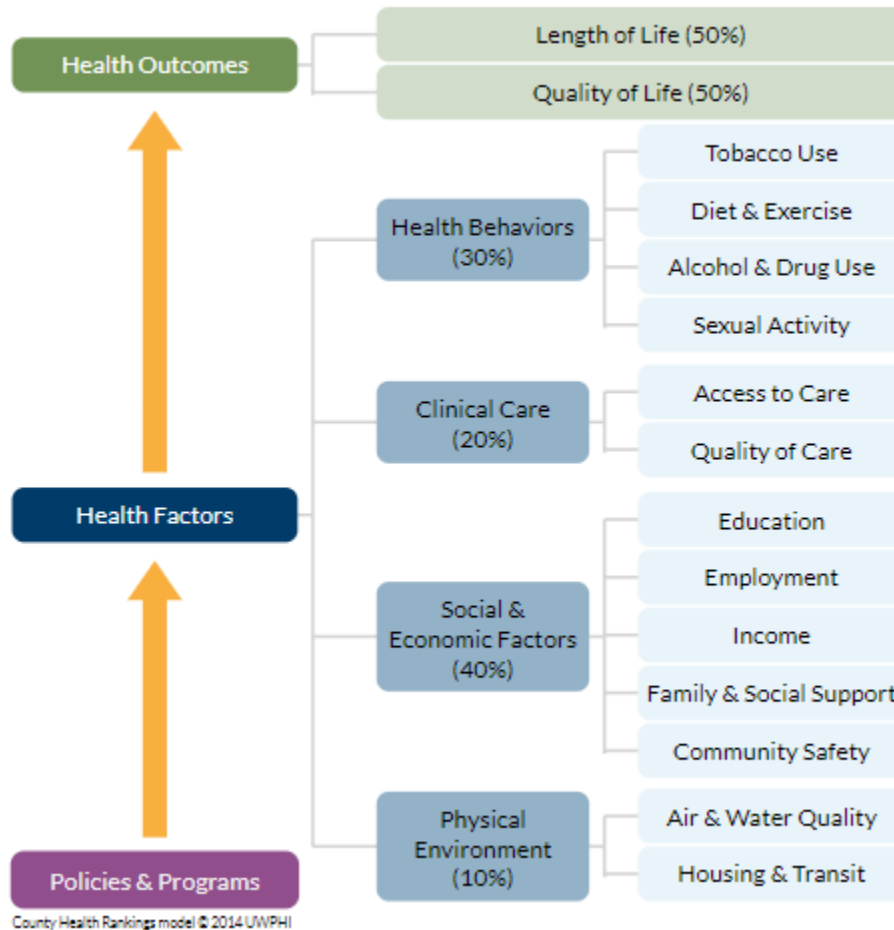
This population health model illustrates that health outcomes are determined 40% by social and economic factors, 30% by health behaviors, 20% by clinical care, and 10% by the physical environment. (A fifth set of health factors, genetic, is not included in these rankings because these variables cannot 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?
  - o Data reference: "Leading Causes of Death"
  - o Heart disease is the leading cause of death in both counties in this community, so it received three points. Cancer is the second leading cause of death, so it received two points. Accidents, which includes overdoses, was the third leading cause, so substance use received one point.
- **Morbidity:** How does this need relate to this community's quality of life data?
  - o Data reference: "Quality of Life" and "Clinical Care"
  - o 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. The high ratios of population to primary care providers in Estill County, as well high rates of preventable hospital stays, earned access to care two points. The prevalence of diabetes in one of the counties in the community led diabetes to receive one point.
- **Magnitude:** How many people in the community are personally affected by this health need?
  - o Data reference: "Health Behaviors," "Social and Economic Factors" and "Physical Environment"
  - o Over 40% of the population is impacted by obesity, so this area received three points. Smoking and drug use rates were significantly higher in this community than state averages, so these health needs were grouped into "substance use" and received two points. Transportation costs were higher than the recommended cost combination of housing and transportation, so this area received one point.
- **Community:** Was this need identified as a priority by the community served?
  - o Data reference: "Community Input: Most Important Health Issues Ranked"
  - o The first concern in the community survey was illegal drug abuse and the third was prescription drug abuse, so substance use received three points. The second concern was mental health, so this area received two points. Obesity was the third top concern, so it 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?
  - o Data reference: "Public Health Input: Priority Health Needs Identified"
  - o The Madison County Health Department and Estill County Health Department had different health priorities. Substance use received three points, as the top health by one of the health departments. Connecting patients to supportive services was the top priority by the other health departments, so family and social support received two points. Mental health was the second most important health priority to the health department, so it received one point.
- **Equity:** Does this health need disproportionately impact vulnerable populations?
  - o Data reference: "Unite Us Platform: Community Needs"
  - o Unite Us data showed that the top three health needs were housing and utilities (three points), benefits navigation (family and social support, two points), and 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 both counties, so three points were given to substance use. Obesity was also highlighted in all both counties, although the rates were not as statistically significant as the smoking rates, so obesity received two points. Injury deaths were highlighted in both counties, so community safety received one point.
  - SU-3, Obesity-2, safety-1
- **Alignment:** Was this an identified health need on previous CHNA?
  - Data reference: FY22-24 Baptist Health Corbin CHNA
  - The previous CHNA listed behavioral health/substance abuse, social determinants of health, and obesity/healthy lifestyles (in descending order) as health priorities. To recognize and support existing efforts, three points were credited to mental health and two points to substance use. Housing and transportation were two social determinants of health on which the hospital focused, so this area earned one point.

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**		**2**	**3**	**3**		**3**	**2**	**14**
	Diet and Exercise									0
	Sexual Activity									0
Clinical Care	Access to Care		2							2
	Quality of Care									0
Social and Economic Factors	Education									0
	Employment						1			1
	Income									0
	Family & Social Support					2	2			4
	Community Safety							1		1
Physical Environment	Air & Water Quality									0
	Housing & Transit			1			3		1	5
Health Outcomes	Heart Disease	3								3
	Cancer	2								2
	Diabetes		1							1
	Mental Health		**3**		**2**	**1**			**3**	**9**
	Stroke									0
	Alzheimer's Disease									0
	COVID-19/Respiratory Disease									0
	Obesity			3	1			2		6

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 Richmond administrative board of directors reviewed this process and accepted these 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 Paducah.

Needs Not Addressed

In the previous CHNA, social determinants of health and obesity 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 still impact social determinants of health

through comprehensive mental health support 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
  - 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 Each county included in the community definition for this CHNA has its own health department.
    - Madison County Health Department
    - Estill County Health Department
- Community-Based Organizations
  - 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 Whitley, Laurel, and Knox counties from January 2023—May 2024. The organizations were:
    - Help Inn Folk
    - Kentucky Career Center
    - Rhema Word Foundation
    - The Well of Lexington
  - o Madison and Estill counties also use a local directory of services available to community members. Organizations and services listed on the directory are also potentially available resources. Go Directory is available at this link: Community Service Directory (findservices.net).
  - o The Estill County Health Department also maintains a resource guide here: Resources Guide | Estill County (estillcohd.com).

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:

- Behavioral Health and Substance Abuse
  - o Provided leadership for local PACA fundraising efforts that benefited behavioral health.
  - o Participated in Chalk the Walk to reduce stigma around mental health.
- Social Determinants of Health
  - o Initiated relationship with Kentucky River Foothills to develop transportation options for patients.

- o Offered food pantry options on site at hospital for patients with need.
  - Obesity and Healthy Lifestyles
    - o Partnered with OnRequest mobile unit to offer community screenings and education.

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 Richmond identified five priority health needs categorized in three areas 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 Richmond, the Baptist Health System, Inc. Board of Directors approves and adopts this community health needs assessment on the date listed below.

_____   June 25 2024
Chair, Baptist Health System, Inc. Board of Directors   Date

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