9.1.2024–8.31.2027

COMMUNITY HEALTH NEEDS ASSESSMENT

BAPTIST HEALTH®
LEXINGTON

Contents

Introduction

Foreword

Baptist Health Lexington 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 Lexington. 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 Fayette and Jessamine 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 Lexington-Fayette County Health Department, the Jessamine 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.
- 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 Lexington administrative board of directors on April 25, 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 Lexington, a 434-bed tertiary care facility, is also a major medical research and education center. Established in 1954, Baptist Health Lexington is recognized for its excellence in heart care and cancer care, and the hospital's Clinical Research Center conducts groundbreaking research in both fields. Baptist Health Lexington continues to lead in maternity care, having delivered nearly 160,000 babies. The hospital operates outlying outpatient centers in Georgetown, Nicholasville and Richmond.

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 49.7% of admissions in 2023, the latest calendar year available as of this report. Fayette and Jessamine counties are 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*
FAYETTE, KY	8,463	40.8%
JESSAMINE, KY	1,842	8.9%
MADISON, KY	1,223	5.9%
SCOTT, KY	1,135	5.5%
WOODFORD, KY	664	3.2%
FRANKLIN, KY	541	2.6%
ANDERSON, KY	480	2.3%
PULASKI, KY	374	1.8%
WHITLEY, KY	354	1.7%
BOURBON, KY	353	1.7%
MERCER, KY	342	1.6%
GARRARD, KY	313	1.5%
CLARK, KY	301	1.5%
LAUREL, KY	281	1.4%
BOYLE, KY	243	1.2%
MONTGOMERY, KY	230	1.1%
ESTILL, KY	220	1.1%
LINCOLN, KY	198	1.0%
ROCKCASTLE, KY	192	0.9%
HARRISON, KY	188	0.9%
KNOX, KY	153	0.7%
POWELL, KY	131	0.6%
ROWAN, KY	103	0.5%
WAYNE, KY	91	0.4%
RUSSELL, KY	88	0.4%
PIKE, KY	86	0.4%
CLAY, KY	84	0.4%
MASON, KY	84	0.4%
BATH, KY	82	0.4%
MCCREARY, KY	80	0.4%
FLEMING, KY	78	0.4%
LEE, KY	78	0.4%
CASEY, KY	77	0.4%
WOLFE, KY	69	0.3%
NICHOLAS, KY	68	0.3%
BREATHITT, KY	65	0.3%

JACKSON, KY	60	0.3%
BELL, KY	58	0.3%
MARION, KY	52	0.3%
JEFFERSON, KY	50	0.2%
PERRY, KY	49	0.2%
OWEN, KY	47	0.2%
HARLAN, KY	46	0.2%
FLOYD, KY	46	0.2%
WASHINGTON, KY	45	0.2%
TAYLOR, KY	44	0.2%
MENIFEE, KY	41	0.2%
GRANT, KY	41	0.2%
MAGOFFIN, KY	38	0.2%
HARDIN, KY	36	0.2%
SHELBY, KY	35	0.2%
OWSLEY, KY	33	0.2%
LETCHER, KY	33	0.2%
MORGAN, KY	32	0.2%
NELSON, KY	30	0.1%
LESLIE, KY	27	0.1%
ADAIR, KY	26	0.1%
LEWIS, KY	23	0.1%
CARTER, KY	21	0.1%
JOHNSON, KY	20	0.1%
ROBERTSON, KY	19	0.1%
KNOTT, KY	17	0.1%
CLINTON, KY	15	0.1%
BOONE, KY	13	0.1%
BRACKEN, KY	12	0.1%
All Other Counties	365	1.8%
Grand Total	**20,728**	**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. The Fayette County population density is around ten times the state average; Jessamine County is almost three times the state average. Fayette County has significantly greater racial and ethnic diversity than

the state; Jessamine County's demographics are reflective of Kentucky averages. The chart below shows county-level demographics as compared with Kentucky.

County-Level Demographics as Compared to State				
Category	*Demographic Metric*	*Fayette County*	*Jessamine County*	*Kentucky*
Population	Population, 2023 estimate	320,154	55,017	4,526,154
	Population per square mile, 2020	1,137.3	307.8	114.1
	Population, Percent Change estimate: April 1, 2020 to July 1, 2023	-0.7%	3.8%	0.4%
Age	Persons under 5 (percent)	5.5%	5.8%	5.8%
	Persons under 18 (percent)	20.4%	23.3%	22.3%
	Persons 65 years and older (percent)	15.2%	16.8%	17.6%
Gender	Female persons (percent)	50.8%	51.1%	50.3%
Race, Ethnicity, and Country of Origin	White, alone (percent)	76.0%	90.9%	86.9%
	Black or African American, alone (percent)	16.2%	4.8%	8.7%
	American Indian or Alaska native, alone (percent)	0.3%	0.3%	0.3%
	Asian, alone (percent)	4.4%	1.5%	1.8%
	Native Hawaiian or Other Pacific Islander, alone (percent)	0.1%	0.1%	0.1%
	Two or more races (percent)	3.0%	2.4%	2.3%
	Hispanic or Latino (percent)	7.6%	4.2%	4.3%
	Foreign-born persons, 2018-2022 (percent)	10.2%	4.3%	4.1%
Health	Persons with a disability ≤65 years old (percent)	9.3%	11.6%	13.3%
	Persons without health insurance ≤65 years old (percent)	7.8%	7.4%	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 following sources:

- Public health agency
  - Input from the Lexington-Fayette County Health Department (LFCHD) and the Jessamine County Health department was included to satisfy this requirement.
- 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 the Lexington-Fayette County Health Department Community Health Assessment. Links to that report are 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 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 Fayette and Jessamine 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 Fayette County, KY

Ranking	*Cause of Death*	*Deaths*	*Population*	*Crude Rate Per 100,000 Residents*
1	Malignant neoplasms (cancers)	525	324,735	161.7
2	Diseases of heart	508	324,735	156.4
3	Accidents (unintentional injuries)	243	324,735	74.8
4	Alzheimer's disease	147	324,735	45.3
5	Cerebrovascular diseases	143	324,735	44.0
6	COVID-19	142	324,735	43.7
7	Chronic lower respiratory diseases	133	324,735	41.0
8	Diabetes mellitus	82	324,735	25.3
9	Septicemia	61	324,735	18.8
10	Intentional self-harm (suicide)	53	324,735	16.3
11	Parkinson's disease	48	324,735	14.8
12	Chronic liver disease and cirrhosis	37	324,735	11.4
13	Assault (homicide)	36	324,735	11.1
14	Nephritis, nephrotic syndrome and nephrosis	33	324,735	10.2
15	Influenza and pneumonia	33	324,735	10.2
Source: Centers for Disease Control and Prevention, National Center for Health Statistics (2020)				

Health Outcomes: Mortality Leading Causes of Death in Jessamine County, KY				
Ranking	*Cause of Death*	*Deaths*	*Population*	*Crude Rate Per 100,000 Residents*
1	Diseases of heart	100	54,057	185.0
2	Malignant neoplasms (cancers)	85	54,057	157.2
3	Accidents (unintentional injuries)	53	54,057	98.0
4	COVID-19	49	54,057	90.6
5	Chronic lower respiratory diseases	42	54,057	77.7
6	Cerebrovascular diseases	18	54,057	Unreliable
7	Alzheimer's disease	17	54,057	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 better physical and mental health when compared with Kentucky averages. 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	*Fayette County*	*Jessamine County*	*Kentucky*	*United States*
Poor or Fair Health**	17%	18%	21%	14%
# of Poor Physical Health Days in Past 30 Days**	3.8	4.2	4.5	3.3
# of Poor Mental Health Days in Past 30 Days**	5.3	5.5	5.5	4.8
Diabetes Prevalence	10%	10%	12%	10%
Low Birth Weight Percentage of live births with low birth weight (< 2,500 grams)	9%	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. Areas highlighted in red were noted as "areas of opportunity" by the County Health Rankings and Roadmaps.

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).

Health Factors: Health Behaviors				
Health Behaviors	*Fayette County*	*Jessamine County*	*Kentucky*	*United States*
Alcohol and Tobacco Use				
Adult Smoking Rate	16%	19%	20%	15%
Excessive Drinking Rate	17%	16%	15%	18%
Alcohol-Impaired Driving Deaths	41%	30%	26%	26%
Drug Use[2] (rate per 100,000 population)				
Fatal Overdose	49.1	72.7	47.4	NA
ED Visits for Nonfatal Overdose	230.3	285.3	250.0	NA
Inpatient Hospitalizations for Nonfatal Overdose	110.3	138.0	95.6	NA
ED Visits for Substance Use Disorder	1,221.3	807.4	985.3	NA
Inpatient Hospitalizations for Substance Use Disorder	54.5	52.2	41.9	NA
Sexual Activity				
Sexually Transmitted Infections Number of newly diagnosed chlamydia cases per 100,000 population	684.3	311.4	410.3	495.5
Teen Births Number per 1,000 female population ages 15-19	16	19	26	17
Diet and Exercise				
Physical Inactivity Rate	27%	27%	30%	23%
Adult Obesity Rate	36%	37%	41%	34%
Food Insecurity % of the population who lack adequate access to food	10%	10%	13%	10%
Limited Access to Healthy Foods % of population who are low income and do not live close to a grocery store	7%	8%	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 highlighted in green were noted as "areas of strength" by the County Health Rankings and Roadmaps.

Health Factors: Clinical Care					
Clinical Care Measures	*Whitley County*	*Knox County*	*Laurel County*	*Kentucky*	*United States*
Access to Care					
Uninsured Rate	7%	7%	8%	7%	10%
Ratio of Population to Primary Care Physicians	1,150:1	3,740:1	2,610:1	1,600:1	1,330:1
Ratio of Population to Mental Health Providers	60:1	1,100:1	1,120:1	340:1	330:1
Quality of Care					
Preventable Hospital Stays Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2,525	3,439	3,114	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 highlighted 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	*Fayette County*	*Jessamine County*	*Kentucky*	*United States*
Education				
High School Completion	92%	90%	88%	89%
Bachelor's Degree or Higher[2]	46.5%	30.3%	26.5%	34.3%
Employment/Economic Factors				
Unemployment	3.1%	3.2%	3.9%	3.7%
Median Household Income	$63,700	$69,200	$59,200	$74,800
Income Inequality Ratio of household income at the 80th percentile to that at the 20th percentile	5.0	4.2	4.9	4.9
Persons in Poverty[2]	15%	12%	16.5%	11.5%
Social Support				
Social Associations Number of associations per 10,000 residents	11.3	11.4	10.2	9.1
Children in Single Parent Households	24%	26%	25%	25%
Community Safety				
Firearm Fatalities Number of firearm deaths per 100,000 population	15	14	18	13
Injury Deaths Number of injury deaths per 100,000 population	92	103	106	80
Motor Vehicle Crash Deaths Number of motor vehicle crash deaths per 100,000 population	9	16	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	*Fayette County*	*Jessamine County*	*Kentucky*	*United States*
Environment				
Air Pollution—Particulate Matter	8.2	8.6	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	16%	12%	13%	17%
Severe Housing Cost Burden Percent of households that spent ≥50% or more of their income on housing	15%	12%	12%	14%
Broadband Access	91%	89%	86%	88%
Transportation[2]				
Transportation Costs Average transportation costs as a percent of average income	22%	26%	NA	NA
Transit Peformance Score Score from 1-10 that looks at connectivity, access to jobs, and frequency of service	3.5 (Car-dependent with limited access to public transportation)	0.5 (Car-dependent with limited access to public transportation)	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 Lexington-Fayette County Health Department in late 2022. The survey received 700 responses. 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. Baptist Health Lexington provided financial support to the health department to promote survey engagement. Baptist Health Lexington also provided input into the health department's process by connecting a group of nurses to participate in community conversations. A link to the health department's Community Health Assessment is listed in the "References" section of this report.

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

Community Input from Fayette County: Most Important Health Issues Ranked	
Health Need	*Rank*
Behavioral Health	1
Chronic Conditions	2
Infectious Diseases	3
Source: Lexington-Fayette County Health Department (2024)	

The Jessamine County Health Department's 2020-2023 Community Health Status Assessment did not specifically list community member feedback.

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 Fayette and Jessamine Counties Case Volume by Service Type		
Top Five Needs as Basis for Referral	*Number of Cases*	*Percent of All Cases*
Food Assistance	42	21.6%
Physical Health	30	15.5%
Housing & Shelter	27	13.9%
Individual and Family Support	27	13.9%
Transportation	22	11.3%
Source: Unite Us Insights: Network Activity Overview (2024)		

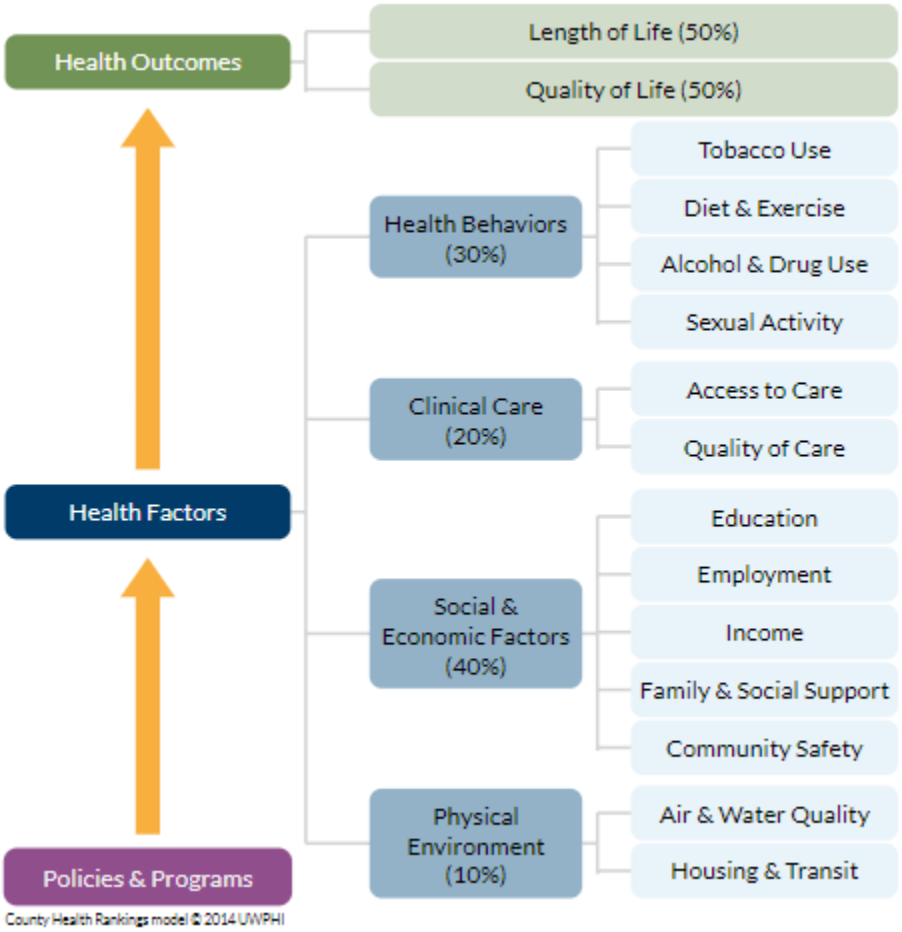
The Lexington-Fayette County Health Department listed behavioral health as their health priority area. The Jessamine County Health Department did not list priority areas on their community dashboard. The chart below lists the public health department feedback.

Public Health Input: Priority Health Needs Identified	
Health Need	*Ranking*
Behavioral Health	1
Source: Lexington-Fayette County Health Department (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”
  - Cancer is the leading cause of death in the county with more patients (Fayette County), so it received three points. Heart disease is the second leading cause of death in Fayette County and the top leading cause in Jessamine County, so it received two points. Accidents were the third leading cause in both counties, so substance use received one point, as overdoses is included under accidents, according to the data source.
- **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 earned mental health three points for its impact. The prevalence of diabetes earned diabetes two points. The connection of diet and exercise to physical health and the self-reported metrics of poor physical health earned this area 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"
  - The community had high rates of excessive drinking, drug use and smoking, so “substance use” and received three points. The high rates of obesity earned this category two points. The percent of the population who are low income and lived close to a grocery store was worse than the state average, so diet 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 behavioral health, so this area received three points. The second concern was chronic conditions, so each of the chronic diseases on this list received points. As chronic conditions, heart disease received two points and diabetes 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 Lexington-Fayette County Health Department listed its top health priority as behavioral health, so this area received three points.
- **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 and physical health (diet and exercise, 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

  - Smoking rates were highlighted in both counties and alcohol-impaired driving deaths was highlighted in one county, so three points were given to substance use. Obesity was highlighted in both counties, so obesity received two points. Income inequality in Fayette County was highlighted, so income received one point.
- **Alignment:** Was this an identified health need on previous CHNA?
  - Data reference: FY22-24 Baptist Health Lexington CHNA
  - The previous CHNA listed substance abuse, cancer, and cardiovascular disease (in descending order) as health priorities. To recognize and support existing efforts, three points were credited to substance use. Cancer received two points, and heart disease received 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**		**3**				**3**	**3**	**10**
	Diet and Exercise		1	1			3			5
	Sexual Activity									0
Clinical Care	Access to Care									0
	Quality of Care									0
Social and Economic Factors	Education									0
	Employment									0
	Income							1		1
	Family & Social Support									0
	Community Safety									0
Physical Environment	Air & Water Quality									0
	Housing & Transit						2			2
Health Outcomes	Heart Disease	2			2				1	5
	Cancer	3							2	5
	Diabetes		2		1					3
	Mental Health		**3**		**3**	**3**	**1**			**10**
	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 Lexington administrative board of directors reviewed this process and accepted these significant health needs in the meeting on April 25, 2024. This review preceded approval from the Baptist Health System, Inc. Board of Directors, the authorized body for Baptist Health Lexington.

Needs Not Addressed

In the previous CHNA, cancer and cardiovascular disease 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 cancer as part of connecting oncology patients to 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
    - 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
    - Each county included in the community definition for this CHNA has its own health department.
        - Lexington-Fayette County Health Department
        - Jessamine County Health Department
- 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 Fayette and Jessamine counties from January 2023—May 2024. The organizations were:
        - Bluegrass Aging and Disability Resource Center
        - KIPDA – Area on Aging and Independent Living
        - Shawnee Christian Healthcare Center – Primary Care
        - Jewish Family & Career Services

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:

- Substance Abuse
  - Developed hospital opioid stewardship committee to reduce the number of opioids prescribed.
  - Provided nursing education on opioid utilization and increased awareness of opioid abuse.
- Cancer
  - Provided screening information to primary care offices and specialists throughout eastern and central Kentucky.
  - Provided community education on importance of cancer screenings.
- Cardiovascular Disease
  - Participated in and partnered with community agencies for community 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. 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.

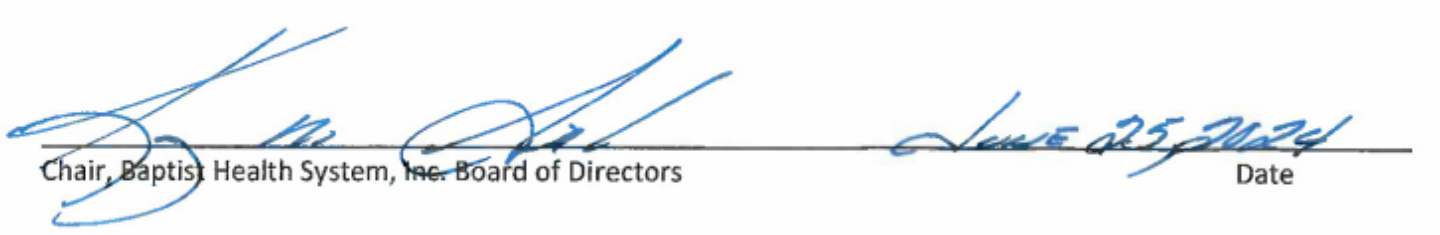
Next Steps

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 Lexington, 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

Jessamine County Health Department. (2023). Jessamine County Health Department Community Health Status Assessment. In *https://jessaminehealth.org/wp-content/uploads/2023/11/2023-Jessamine-County_mysidewalk-dashboard_data-presentation.pdf*. https://jessaminehealth.org/wp-content/uploads/2023/11/2023-Jessamine-County_mysidewalk-dashboard_data-presentation.pdf

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

Lexington-Fayette County Health Department. (2024). *LEXINGTON-FAYETTE COMMUNITY HEALTH ASSESSMENT 2023*. https://www.lfchd.org/wp-content/uploads/2024/02/CHA-2024.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/

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&%3Atoolbar=top&%3AshowShareOptions=false#1

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