

9.1.2024-8.31.2027

IMPLEMENTATION STRATEGY



BAPTIST HEALTH®

LEXINGTON

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Introduction

Foreword

This Implementation Strategy document, developed from June 2024–November 2024, serves as an accompaniment to the Community Health Needs Assessment (CHNA) by identifying the strategies which Baptist Health Lexington will employ during fiscal years 2025–2027 (September 1, 2024–August 31, 2027) to address the needs identified in the most recent CHNA. The approval and adoption of this report by the Baptist Health System, Inc. Board of Directors complies with CHNA requirements mandated by the *Patient Protection and Affordable Care Act of 2010* and federal tax-exemption requirements.

Executive Summary

The Implementation Strategy process involved the following steps:

- From June 2024–November 2024, Baptist Health Lexington developed this Implementation Strategy report in response to the most recent Community Health Needs Assessment (CHNA).
- This plan identifies specific strategies to address the significant needs identified in the CHNA. The significant needs from that report include:
 - Substance Use (drug/alcohol/tobacco use)
 - Mental Health
- Details listed for each strategy include the:
 - Name of the strategy.
 - Specific goal or plan for each strategy.
 - Process metrics to identify short-term or intermediate-term goals to measure progress of the strategy.
 - Outcomes metrics to correlate long-term community health outcomes with the efficacy of the strategy.
 - Internal resources the hospital is committing to the strategy.
 - External partners associated with implementing the strategy.
 - Lens of equity to ensure equitable efforts are made across population groups to reduce health disparities.
- This report was offered for approval to the Baptist Health System, Inc. Board of Directors at a meeting on December 10, 2024.
- The final approved and adopted Implementation Strategy will be made public and widely-available on or before January 15, 2025 on the Baptist Health website: [Community Health Needs Assessments - Baptist Health](#).
- Next steps include documenting metrics and evaluating the strategies listed in this report. The hospital will conduct another Community Health Needs Assessment and document its Implementation Strategy within three years.

Background: Community Health Needs Assessment

The Baptist Health Lexington CHNA, approved by the Baptist Health System, Inc. Board of Directors on June 25, 2024, outlines the significant health needs to address during the report coverage period (September 1, 2024–August 31, 2027). The needs identified include:

- Substance Use (drug/alcohol/tobacco use)
- Mental Health

The CHNA describes the process for how needs were identified, and which needs, if any, will not be addressed in the Implementation Strategy. For further background information that informs this Implementation Strategy, see the CHNA here: [Community Health Needs Assessments - Baptist Health](#).

Third-Party Collaboration

No third-party organizations were involved in the writing of this report. The Baptist Health System Director, Community Health and Engagement is responsible for the data gathering and writing of this report with feedback from hospital and system service line leaders. Hospital leaders reviewed and approved this plan before final authorized body approval.

Process

Development of Strategies

Each health need has an action plan that includes both existing and planned strategies. Employing existing strategies shows a continuity of efforts that underscores the hospital's ongoing commitment to addressing significant community health needs. Planned strategies may be in various stages of development and may have certain details still being formed. Evaluation of these strategies will be documented annually as required and in the "Evaluation of Efforts" section of the next CHNA.

Framework

The SMARTIE objectives framework was employed to ensure this plan listed equitable and inclusive goals that encourage a focus on health equity. The framework is used by both the Centers for Disease Control and Prevention (2021) and the Kentucky Department for Public Health (2024). SMARTIE objectives are developed by answering the following questions (Alford Group, 2024):

- **S**PECIFIC: What does your program hope to accomplish?
- **M**EASURABLE: What are your benchmarks?
- **A**CTION-ORIENTED/ACHIEVABLE: What are the identifiable intermediate actions or milestones?
- **R**ELEVANT/REALISTIC: What results can realistically be achieved given available resources, knowledge, and time?
- **T**IMEBOUND: How will you track progress?
- **I**NCLUSIVE: How will you include representation from socially and economically marginalized individuals and groups?
- **E**QUITABLE: How do you include an element of justice or fairness that seeks to address inequity?

Each strategy is listed in its labeled section with the following details:

- Name of the strategy.
- Specific plan for each strategy. Strategies are evidenced-based or at least promising practices in that area.
- Process metrics to identify short-term or intermediate-term goals to measure progress of the strategy. This is part of the evaluation of each strategy.
- Outcomes metrics to correlate long-term community health outcomes with the efficacy of the strategy. The outcome metrics tie back to data included in the CHNA from the County Health Rankings and the Kentucky Injury Prevention Research Center. While hospital strategies are not wholly responsible for changes in these broad metrics, we will measure efficacy of our interventions through correlation with improved health outcomes. This is also part of the evaluation plan for each strategy.
- Internal resources the hospital is committing to the strategy. Activities with costs reportable as community benefit will be reported and documented as such.
- External partners associated with implementing the strategy. These may include local partners, funders or grantors, public health agencies, or organizations that own the evidence-based programs listed in the Implementation Strategy.

- Lens of equity to ensure equitable efforts across population groups and reduce disparities. The equity examination comes from an analysis of disparities experienced by certain groups after the evaluation of the Center for Disease Control and Prevention’s (CDC) *Healthy People 2020*. An interactive dataset allowed for choosing a health area (mental health, substance use, nutrition and weight status, etc.). Each area indicates which, if any, populations experienced an increase in disparities during the *Healthy People 2020* coverage period. Groups that may experience disparities include people of color; people with disabilities; people living in rural communities; older adults; people with mental health or substance use disorders; people with less than high school education; people with low incomes or those experiencing poverty; and people who identify as lesbian, gay, bisexual, or transgender (CDC, 2021). Populations with health disparities in the hospital’s significant health needs are noted in the “Equity” section of each strategy.

Strategies to Address Significant Health Needs

Substance Use

The strategies below are the hospital’s plan to address substance use.

1.1: Addiction Disorder Nurse Coordinator

- Plan: The Addiction Disorder Nurse Coordinator ensures the model of care for patients with addiction issues is followed. This model includes stabilization, early intervention, medications for opioid use disorder (MOUD), peer support, education, recovery planning, harm reduction, link to treatment and outreach. Patients seen include inpatients and those in the Emergency Department with substance use issues.
- Process Metrics: Track patient outcomes, including placement in treatment and readmission rates. As of November 2024, the program had a 78% patient placement rate for patients seen by this team.
- Outcomes Metrics: Reduce rates of substance use disorder diagnosis in the community. The 2022 community rates per 100,000 residents are 2,052.6 (Fayette County) and 1,532.2 (Jessamine County) (Kentucky Injury Prevention and Research Center, 2024).
- Internal Resource(s): Baptist Health Lexington employs the Addiction Disorder Nurse Coordinator, whose time is grant-funded.
- External Partner(s): none
- Equity: According to the CDC’s Healthy People 2020 final data review, there was an increase in substance abuse disparities based on geographic area, gender, and race/ethnicity. Populations that had the greatest increase in disparities included those living in urban areas, those who identify as male, and those who are Black. Considerations will be made to ensure equitable efforts across population groups.

1.2: Peer Support Specialist

- Plan: Through KORE (Kentucky Opioid Response Effort) funding, the Recovery Coach/Peer Support Specialist will help patients in recovery from opioid use disorder and/or stimulant use disorder. This position serves as a role model, mentor, advocate, and motivator to help prevent re-lapse and promote long-term recovery.
- Process Metrics: The Peer Recovery Coach will track the number of patients to whom they provide support. As of November 2024, the program has an 89% six-month follow-up rate.

- **Outcomes Metrics:** Reduce rates of substance use disorder diagnosis in the community. The 2022 community rates per 100,000 residents are 2,052.6 (Fayette County) and 1,532.2 (Jessamine County) (Kentucky Injury Prevention and Research Center, 2024).
- **Internal Resource(s):** Baptist Health Lexington will provide supervision for the Peer Support Specialist and allow access to patients.
- **External Partner(s):** Voice of Hope; Kentucky Cabinet for Health and Family Services (provides KORE funding)
- **Equity:** According to the CDC's Healthy People 2020 final data review, there was an increase in substance abuse disparities based on geographic area, gender, and race/ethnicity. Populations that had the greatest increase in disparities included those living in urban areas, those who identify as male, and those who are Black. Considerations will be made to ensure equitable efforts across population groups.

1.3: Smoking Cessation Referrals

- **Plan:** Develop process to make referrals to QuitNow Kentucky to support smoking cessation in patients who use tobacco products.
- **Process Metrics:** Once referrals are established, track the number of referrals made.
- **Outcomes Metrics:** Reduce the community's smoking rate from 16% (Fayette County) and 19% (Jessamine County) (County Health Rankings, 2024).
- **Internal Resource(s):** The Baptist Health Oncology team is leading this referral development process.
- **External Partner(s):** QuitNow Kentucky
- **Equity:** According to the CDC's Healthy People 2020 final data review, there was an increase in tobacco use disparities based on geographic area, race/ethnicity, and income. Populations that had the greatest increase in disparities included those living in rural areas, those who are Hispanic of Latino ethnicity, and those with family income below middle income. Considerations will be made to ensure equitable efforts across population groups.

1.4: BREATHE TTS Training

- **Plan:** Explore having an APRN achieve the BREATHE Tobacco Treatment Specialist (TTS) training and own the behavioral and clinical aspects of smoking cessation. This certification provides the TTS with evidence-based skills to treat tobacco dependence across a range of settings.
- **Process Metrics:** This idea is in development, so process metrics are to be determined.
- **Outcomes Metrics:** Reduce the community's smoking rate from 16% (Fayette County) and 19% (Jessamine County) (County Health Rankings, 2024).
- **Internal Resource(s):** The Baptist Health Oncology team is leading this referral development process.
- **External Partner(s):** The BREATHE TTS training is accredited by the Council for Tobacco Treatment Training Programs (CTTP).
- **Equity:** According to the CDC's Healthy People 2020 final data review, there was an increase in tobacco use disparities based on geographic area, race/ethnicity, and income. Populations that had the greatest increase in disparities included those living in rural areas, those who are Hispanic of Latino ethnicity, and those with family income below middle income. Considerations will be made to ensure equitable efforts across population groups.

1.5: DisposeRx

- Plan: Provide prescription disposal packets, called Dispose Rx, with all opiates dispensed at the community pharmacy. The pharmacy team counsels patients on directions for use and provides a patient information sheet.
- Process Metrics: Estimate the number of packets provided annually.
- Outcomes Metrics: Reduce the number of opioid-involved non-fatal overdoses. The 2022 rates per 100,000 residents are 152.4 (Fayette County) and 193.6 (Jessamine County) (Kentucky Injury Prevention and Research Center, 2024).
- Internal Resource(s): The Baptist Health Lexington Community Pharmacy team provides packets and education on packets.
- External Partner(s): none
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in substance abuse disparities based on geographic area, gender, and race/ethnicity. Populations that had the greatest increase in disparities included those living in urban areas, those who identify as male, and those who are Black. Considerations will be made to ensure equitable efforts across population groups.

1.6: Prescription Take Back

- Plan: Offer a patient medication disposal bin/drop box for unused medications during pharmacy hours. Additionally, there are plans for future medication take-back programs, launching in 2025.
- Process Metrics: Continue to offer drug disposal bins.
- Outcomes Metrics: Reduce the number of opioid-involved non-fatal overdoses. The 2022 rates per 100,000 residents are 152.4 (Fayette County) and 193.6 (Jessamine County) (Kentucky Injury Prevention and Research Center, 2024).
- Internal Resource(s): The drop boxes will be housed in the Baptist Health Lexington Community Pharmacy. Baptist Health System Pharmacy is planning the annual medication take back program.
- External Partner(s): none
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in substance abuse disparities based on geographic area, gender, and race/ethnicity. Populations that had the greatest increase in disparities included those living in urban areas, those who identify as male, and those who are Black. Considerations will be made to ensure equitable efforts across population groups.

Mental Health

The strategies below are the hospital's plan to address mental health.

2.1: Mental Health First Aid

- Plan: Offer at least two Mental Health First Aid classes to community members as an evidence-based, early intervention course to teach people about mental health and substance use challenges.
- Process Metrics: Track the number of community members educated in MHFA classes.
- Outcomes Metrics: Reduce the community's number of poor mental health days in the past 30 days from 5.3 days (Fayette County) and 5.5 Days (Jessamine County) (County Health Rankings, 2024).

- Internal Resource(s): Baptist Health System Behavioral Health team will lead/support hospital staff in providing classes.
- External Partner(s): National Council for Mental Wellbeing and various community non-profits and schools
- Equity: According to the CDC's Healthy People 2020 final data review, there was in an increase in mental health disparities according to geographic area. Considerations will be made to ensure equitable efforts across both urban/metropolitan and rural/nonmetropolitan population groups.

2.2: Motherhood Connection Program

- Plan: Complete the Edinburgh Postnatal Depression Scale before delivery with pregnant persons enrolled in program. EPDS completed before delivery to establish baseline.
- Process Metrics: Track the number of questionnaires completed and the number of referrals made for behavioral health support.
- Outcomes Metrics: Reduce the community's number of poor mental health days in the past 30 days from 5.3 days (Fayette County) and 5.5 Days (Jessamine County) (County Health Rankings, 2024).
- Internal Resource(s): MCP Nurse Navigators will ask questions and provide referrals, if needed. MCP Program Coordinator will provide data.
- External Partner(s): Various community partners supporting parenting people
- Equity: According to the CDC's Healthy People 2020 final data review, there was in an increase in mental health disparities according to geographic area. Considerations will be made to ensure equitable efforts across both urban/metropolitan and rural/nonmetropolitan population groups. The U.S. Commission on Civil Rights noted racial disparities in maternal health outcomes, so efforts will be made to ensure equitable outcomes across race/ethnicity.

2.3: Chalk the Walk

- Plan: Host community Chalk the Walk event annually to reduce the stigma around mental health and spread positive messages.
- Process Metrics: Track the staff time spent participating in Chalk the Walk activities.
- Outcomes Metrics: Reduce the community's number of poor mental health days in the past 30 days from 5.3 days (Fayette County) and 5.5 Days (Jessamine County) (County Health Rankings, 2024).
- Internal Resource(s): The Baptist Health Lexington Addiction Recovery Nurse will lead these efforts.
- External Partner(s): To be determined
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in mental health disparities according to geographic area. Considerations will be made to ensure equitable efforts across both urban/metropolitan and rural/nonmetropolitan population groups.

Community Health Improvement Matrix (CHIM)

To illustrate the depth and breadth of the strategies in place to address our community health needs, we borrowed a tool from the National Association of County & City Health Officials (NACCHO, 2017). The Community Health Improvement Matrix (CHIM) allows us to see where our strategies fall in terms of the prevention and intervention levels. We have developed a matrix for each health need as a graphic representation of our work.

Prevention levels describe where in time we can intervene to address a health need. These levels are described as follows:

- Contextual: prevent the emergence of predisposing social and environmental conditions that can cause disease
- Primary: reduce susceptibility of exposure to health threats
- Secondary: detect and treat disease in early stages
- Tertiary: alleviate the effects of disease and injury

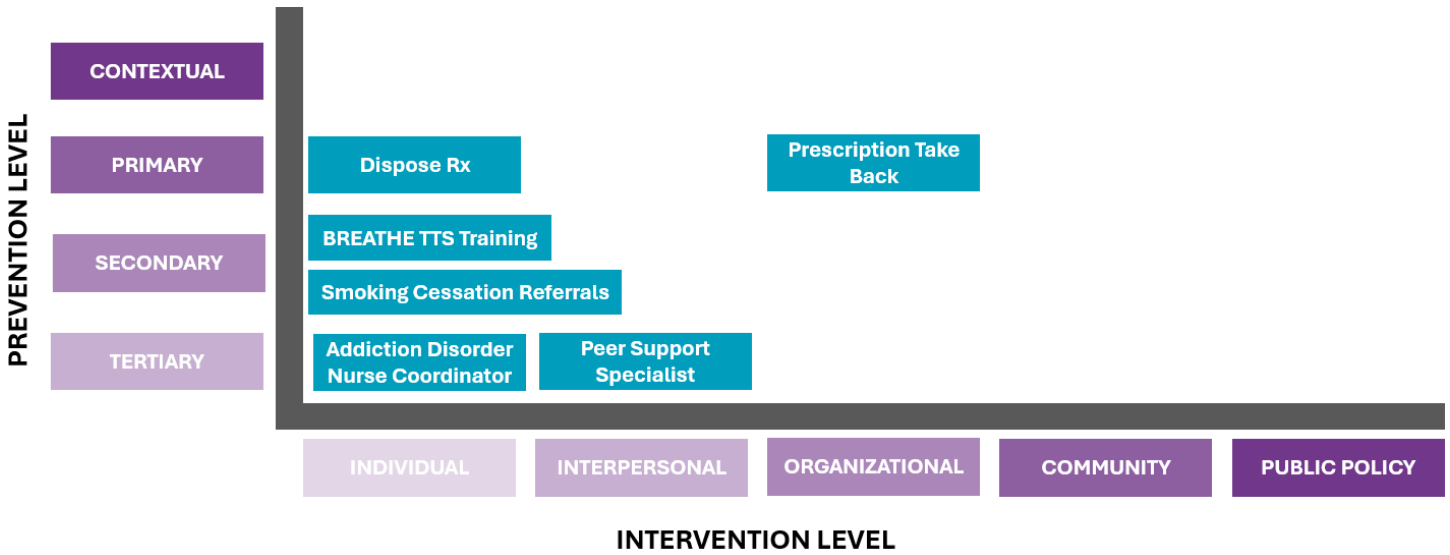
Intervention levels describe the context in which these interventions occur. These levels are described as follows:

- Individual: characteristics of the individual, such as knowledge, attitudes, behaviors, self-concept, skills, etc.
- Interpersonal: formal and informal social network and social support systems, including family, work group, and friendship networks
- Organizational: social institutions with organizational characteristics and rules/regulations for operation
- Community: relationships among organizations, institutions, and informal networks within defined boundaries
- Public Policy: local, state, and national laws and policies

According to NACCHO, “Activities that fit under organizational, community or public policy targets at a primary prevention level are more likely to address social determinants than others on the matrix. All the activities may be important for the community’s work in addressing a problem; the advantage of the CHIM framework is that it can give a sense of the balance of the community’s endeavors.”

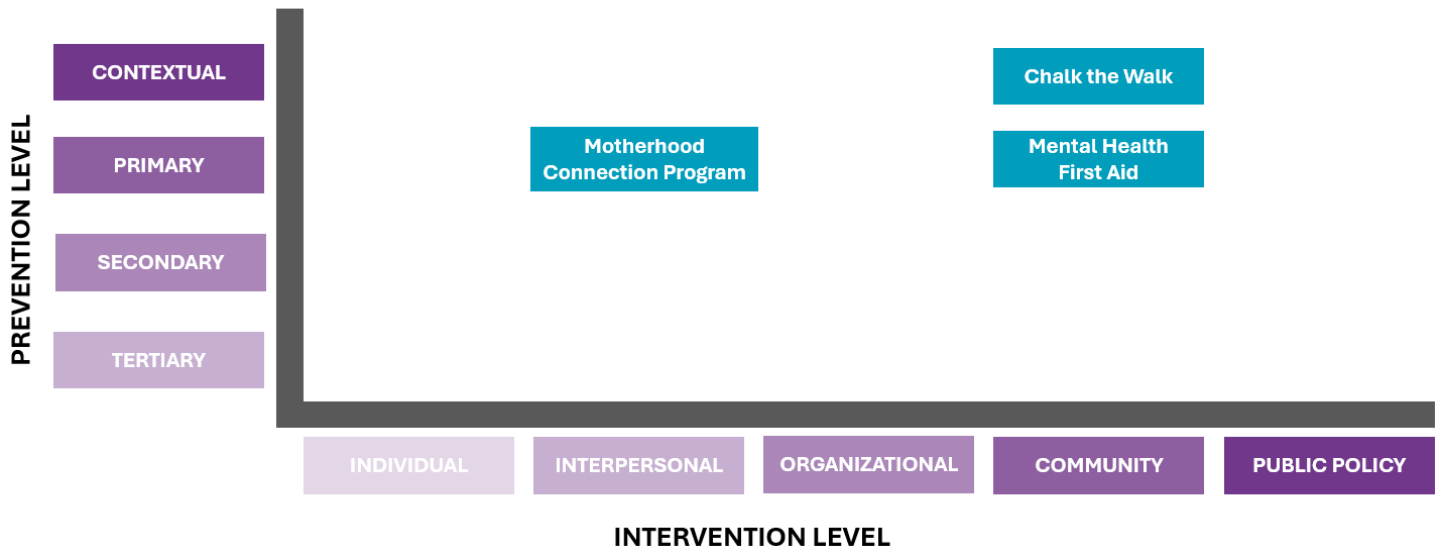
CHIM: Substance Use

Objective: Address substance use in the community.



CHIM: Mental Health

Objective: Address mental health in the community.



Next Steps

Once approved by the Baptist Health System, Inc. Board of Directors, this CHNA will be made public and widely available no later than January 15, 2025.

Baptist Health Lexington is committed to documenting metrics and evaluating the strategies listed in this report. The hospital will conduct another community health needs assessment and document its implementation strategy within three years.

Approval and Adoption

As an authorized body of Baptist Health Lexington, Baptist Health System, Inc. Board of Directors approves and adopts this Implementation Strategy on the date listed below.



Chair, Baptist Health System, Inc. Board of Directors

Dec 10, 2024

Date

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