

9.1.2024-8.31.2027

COMMUNITY HEALTH NEEDS ASSESSMENT



BAPTIST HEALTH[®]

HARDIN

Contents

Introduction	3
Foreword.....	3
Executive Summary.....	3
Organization Description	4
Community Served by the Hospital	4
Community Definition.....	4
Population Demographics.....	6
Data Sources and Collaborators	6
Required Input	6
Additional Sources of Input	7
Third-Party Collaboration	8
Information Gaps	8
Community Health Data	9
Health Outcomes: Mortality	9
Health Outcomes: Morbidity	10
Health Factors: Health Behaviors	11
Health Factors: Clinical Care	12
Health Factors: Social and Economic Factors	13
Health Factors: Physical Environment	14
Community and Public Health	15
Community Health Needs Assessment Process	17
Population Health Model.....	17
Prioritization of Community Health Needs.....	18
Identification of Significant Health Needs	20
Needs Not Addressed	20
Potentially Available Resources	20
Evaluation of Impact	21
Evaluation of Previous CHNA	21
Learning from Previous CHNA	21
Next Steps	21
Approval and Adoption	23
References	24
Appendix	25
Community Health Assessment Survey Results (2.2.2024)	25
CHNA Steering Committee Members	38

Introduction

Foreword

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

The community health needs assessment process followed these steps:

- Inpatient data on patient county of residence defined the “community served” as Hardin County.
- 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, 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 Lincoln Trail District Health Department on health priorities. The health department also collected community input through a joint survey with Baptist Health Hardin.
- 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 CHNA Steering Committee reviewed all data and concurred with the health needs identified by the prioritization matrix.
- The significant health needs to be addressed in this CHNA are:
 - 1. Mental Health**
 - 2. Substance Use (Drug/Alcohol/Tobacco Use)**
 - 3. Access to Care**
- This CHNA also identifies potentially available resources for addressing these health needs.
- This CHNA process was reported to the Baptist Health Hardin 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](https://www.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 Hardin, a 300-bed hospital, serves residents in ten central Kentucky counties: Hardin, LaRue, Meade, Breckinridge, Grayson, Nelson, Hart, Bullitt, Green and Taylor.

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. Hardin County accounted for 61.6% of admissions in 2023, the latest calendar year available as of this report. Given this majority, Hardin County was defined as the community for this CHNA.

The community definition for the purposes of this report was discussed by the hospital president and the system director of community health and confirmed through discussion with the CHNA Steering Committee. 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		
<i>County</i>	<i>Admissions</i>	<i>Percent of Total</i>
HARDIN, KY	7,029	61.6%
LARUE, KY	894	7.8%
NELSON, KY	629	5.5%
MEADE, KY	619	5.4%
GRAYSON, KY	596	5.2%
BRECKINRIDGE, KY	467	4.1%
HART, KY	208	1.8%
TAYLOR, KY	164	1.4%
GREEN, KY	127	1.1%
BULLITT, KY	125	1.1%
JEFFERSON, KY	94	0.8%
MARION, KY	65	0.6%
WASHINGTON, KY	53	0.5%
ADAIR, KY	26	0.2%
FAYETTE, KY	20	0.2%
BARREN, KY	18	0.2%
WARREN, KY	11	0.1%
DAVISS, KY	11	0.1%
All Other Counties	252	2.2%
Grand Total	11,408	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 Hardin County is that residents are younger than the Kentucky average. There is more racial and ethnic diversity in the community members of Hardin County than the state. Population density is similar to the state average. The chart below shows county-level demographics as compared with Kentucky.

County-Level Demographics as Compared to State			
Category	Demographic Metric	Hardin County	Kentucky
Population	Population, 2023 estimate	112,273	4,526,154
	Population per square mile, 2020	117.6	114.1
	Population, Percent Change estimate: April 1, 2020 to July 1, 2023	1.4%	0.4%
Age	Persons under 5 (percent)	6.3%	5.8%
	Persons under 18 (percent)	24.6%	22.3%
	Persons 65 years and older (percent)	15.2%	17.6%
Gender	Female persons (percent)	50.0%	50.3%
Race, Ethnicity, and Country of Origin	White, alone (percent)	80.3%	86.9%
	Black or African American, alone (percent)	12.4%	8.7%
	American Indian or Alaska native, alone (percent)	0.5%	0.3%
	Asian, alone (percent)	2.3%	1.8%
	Native Hawaiian or Other Pacific Islander, alone (percent)	0.4%	0.1%
	Two or more races (percent)	4.1%	2.3%
	Hispanic or Latino (percent)	6.3%	4.3%
Health	Foreign-born persons, 2018-2022 (percent)	3.9%	4.1%
	Persons with a disability ≤65 years old (percent)	13.1%	13.3%
	Persons without health insurance ≤65 years old (percent)	6.2%	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 Lincoln Trail District Health Department (LTDHD) was included to satisfy this requirement. In addition to being engaged in the CHNA Steering Committee, LTDHD provided public health expertise and input throughout the CHNA process. Baptist Health Hardin is grateful for the deep partnership with LTDHD on this report. Public health input was included in the prioritization matrix under “Public Health.”
- 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 Jan. 1, 2023—Dec. 31, 2023. This input was included in the prioritization matrix under the “Equity” factor.
- General community input was pulled from responses to the community input survey led by Lincon Trail District Health Department. The general community input was included in the prioritization matrix under “Community.”
- 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.
- CHNA Steering Committee
 - This committee includes hospital leaders, school officials, public health experts, community organizations, partners and donors. This group was committed to meeting quarterly to accelerate results and avoid duplication of efforts. The full list of Steering Committee members is listed in the Appendix of this report.
- 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 Hardin County. Heart disease, cancer, and COVID-19 are the top three leading causes of death in this community. The latest data available is from 2020, so COVID-19 is no longer a leading cause of death.

Health Outcomes: Mortality Leading Causes of Death in Hardin County, KY				
Ranking	Cause of Death	Deaths	Population	Crude Rate Per 100,000 Residents
1	Malignant neoplasms (cancers)	215	111,309	193.2
2	Diseases of heart	207	111,309	186
3	COVID-19	84	111,309	75.5
4	Accidents (unintentional injuries)	78	111,309	70.1
5	Chronic lower respiratory diseases	62	111,309	55.7
6	Cerebrovascular diseases	57	111,309	51.2
7	Diabetes mellitus	43	111,309	38.6
8	Influenza and pneumonia	29	111,309	26.1
9	Intentional self-harm (suicide)	18	111,309	Unreliable
10	Chronic liver disease and cirrhosis	18	111,309	Unreliable
11	Septicemia	17	111,309	Unreliable
12	Alzheimer's disease	17	111,309	Unreliable
13	Parkinson's disease	16	111,309	Unreliable
14	Nephritis, nephrotic syndrome and nephrosis	16	111,309	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. 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			
<i>Quality of Life Measures</i>	<i>Hardin County</i>	<i>Kentucky</i>	<i>United States</i>
Poor or Fair Health**	20%	21%	14%
# of Poor Physical Health Days in Past 30 Days**	4.5	4.5	3.3
# of Poor Mental Health Days in Past 30 Days**	5.8	5.5	4.8
Diabetes Prevalence	11%	12%	10%
Low Birth Weight Percentage of live births with low birth weight (< 2,500 grams)	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” by the County Health Rankings and Roadmaps.

Health Factors: Health Behaviors			
<i>Health Behaviors</i>	<i>Hardin County</i>	<i>Kentucky</i>	<i>United States</i>
Alcohol and Tobacco Use			
Adult Smoking Rate	21%	20%	15%
Excessive Drinking Rate	15%	15%	18%
Alcohol-Impaired Driving Deaths	18%	26%	26%
Drug Use² (rate per 100,000 population)			
Fatal Overdose	44.8	47.4	NA
ED Visits for Nonfatal Overdose	222.2	250.0	NA
Inpatient Hospitalizations for Nonfatal Overdose	120.1	95.6	NA
ED Visits for Substance Use Disorder	621.8	985.3	NA
Inpatient Hospitalizations for Substance Use Disorder	25.1	41.9	NA
Sexual Activity			
Sexually Transmitted Infections Number of newly diagnosed chlamydia cases per 100,000 population	458.8	410.3	495.5
Teen Births Number per 1,000 female population ages 15-19	25	26	17
Diet and Exercise			
Physical Inactivity Rate	26%	30%	23%
Adult Obesity Rate	42%	41%	34%
Food Insecurity % of the population who lack adequate access to food	10%	13%	10%
Limited Access to Healthy Foods % of population who are low-income and do not live close to a grocery store	9%	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			
<i>Clinical Care Measures</i>	<i>Hardin County</i>	<i>Kentucky</i>	<i>United States</i>
Access to Care			
Uninsured Rate	6%	7%	10%
Ratio of Population to Primary Care Physicians	1,670:1	1,600:1	1,330:1
Ratio of Population to Mental Health Providers	220:1	340:1	330:1
Quality of Care			
Preventable Hospital Stays: Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	3,598	3,457	2,681
Source: County Health Rankings (2024)			

Health Factors: Social and Economic Factors

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

Health Factors: Social and Economic Factors			
<i>Social and Economic Factors</i>	<i>Hardin County</i>	<i>Kentucky</i>	<i>United States</i>
Education			
High School Completion	92%	88%	89%
Bachelor's Degree or Higher ²	34.3%	26.5%	34.3%
Employment/Economic Factors			
Unemployment	4.1%	3.9%	3.7%
Median Household Income	\$61,900	\$59,200	\$74,800
Income Inequality Ratio of household income at the 80th percentile to that at the 20th percentile	4.1	4.9	4.9
Persons in Poverty ²	12%	16.5%	11.5%
Social Support			
Social Associations Number of associations per 10,000 residents	8.9	10.2	9.1
Children in Single Parent Households	24%	25%	25%
Community Safety			
Firearm Fatalities Number of firearm deaths per 100,000 population	16	18	13
Injury Deaths Number of injury deaths per 100,000 population	93	106	80
Motor Vehicle Crash Deaths Number of motor vehicle crash deaths per 100,000 population	18	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			
<i>Physical Environment Measures</i>	<i>Hardin County</i>	<i>Kentucky</i>	<i>United States</i>
Environment			
Air Pollution—Particulate Matter	7.7	8.2	7.4
Housing			
Severe Housing Problems Percent of households experiencing ≥1 of the following: overcrowding, high housing costs, lack of kitchen facilities, lack of plumbing facilities	11%	13%	17%
Severe Housing Cost Burden Percent of households that spent ≥50% or more of their income on housing	9%	12%	14%
Broadband Access	85%	86%	88%
Transportation²			
Transportation Costs Average transportation costs as a percent of average income	27%	NA	NA
Transit Performance Score Score from 1-10 that looks at connectivity, access to jobs, and frequency of service	0 (Car-dependent with very limited or no access to public transportation)	NA	NA
Source: County Health Rankings (2024) The Center for Neighborhood Technology (2023) ²			

Community and Public Health

Community input was solicited through a survey administered by the Lincoln Trail District Health Department in the second half of 2023. The survey received 1,547 responses. The health department provided a slide deck to the CHNA Steering Committee on February 2, 2024 with data from the community survey. Select slides from that presentation are included in the Appendix to 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 in our community?” The top three health issues of importance to the community are listed below.

Community Input: Most Important Health Problems Ranked	
<i>Health Need</i>	<i>Rank</i>
Mental health	1
Overweight/obesity	2
Overdose	3
Source: Lincoln Trail District Health Department (2023)	

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 for Hardin County (1.1.2023-12.31.2023)		
Case Volume by Service Type		
<i>Top Five Needs as Basis for Referral</i>	<i>Number of Cases</i>	<i>Percent of All Cases</i>
Food Assistance	43	23%
Physical Health	32	17%
Housing & Shelter	26	14%
Individual and Family Support	26	14%
Transportation	20	11%
Source: Unite Us Insights: Network Activity Overview (2024)		

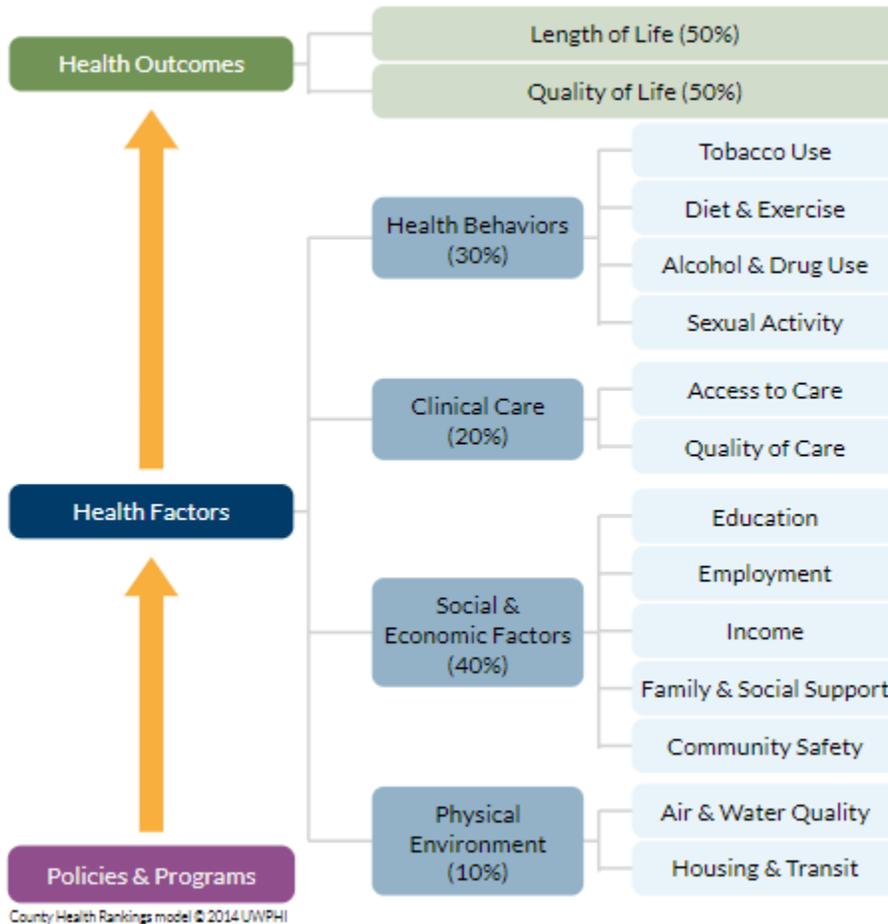
Lincoln Trail District Health Department provided their community health improvement plan dashboard and metrics to share their areas of focus. For the purposes of weighing health department feedback in our determination of priority health needs, the health department provided the below areas of focus, based on two methodologies (by vote and by data).

Public Health Feedback	
<i>Health Need</i>	<i>Ranking</i>
Top Areas of Focus (by vote and emergent need)	
1	Transportation
2	Mental Health
3	Access to Care
Top Areas of Focus (by data)	
1	Cancer
2	Heart Disease
3	Chronic Lower Respiratory Disease
4	Accidents
5	Cerebrovascular Disease
Source: Lincoln Trail District 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 this community, so it received three points. Heart disease is the second leading cause of death, so it received two points. COVID-19 was the third leading cause, so it received one point.
- **Morbidity:** How does this need relate to this community's quality of life data?
 - Data reference: "Quality of Life" and "Clinical Care"
 - In reviewing the data related to what makes a community sick, the high rates of self-reported poor mental health stood out against the state and national rates, so mental health received three points for its impact. The ratio of population to primary care providers was higher than the state and national averages, so access to care earned access to care two points. The high rate of preventable hospital stays gave quality of care one point.
- **Magnitude:** How many people in the community are personally affected by this health need?
 - Data reference: "Health Behaviors," "Social and Economic Factors" and "Physical Environment"
 - The obesity rate impacted nearly half of the community, so this area received three points. The smoking rate was the second most impactful health behavior, so substance use (the area in which smoking is grouped) received two points. Physical inactivity affected more people than smoking, but food security was not an issue in the data, so diet and exercise received one point.
- **Community:** Was this need identified as a priority by the community served?
 - Data reference: "Community Input: Most Important Health Problems Ranked"
 - The top concern in the community survey was mental health, so this area received three points. The second concern was overweight/obesity, so this received two points. Overdose was the third top concern, so substance use received one point.
- **Public Health:** Was this need identified as a priority by a public health agency or other community agencies representing the broad interests of the community?
 - Data reference: "Public Health Feedback"
 - The Lincoln Trail District Health Department outlined the top three areas of focus based on community vote and emergent need, in descending order: transportation (three points), mental health (two points), and access to care (one point).
- **Equity:** Does this health need disproportionately impact vulnerable populations?
 - Data reference: "Unite Us Platform: Community Needs"
 - Unite Us data showed that the top three health needs were food assistance (income, three points), physical health (diet and exercise, two points), and housing (one point).
- **Explore:** Is this area delineated as "an area to explore" by the County Health Rankings?
 - Data reference: Areas highlighted in red on charts in the "Community Health Data" section

- The smoking rate was highlighted, so three points were given to substance use. Preventable hospital stays were an area of opportunity, so access to care was given two points. Obesity was also highlighted, so this received one point.
- **Alignment:** Was this an identified health need on previous CHNA?
 - Data reference: FY22-24 Baptist Health Corbin CHNA
 - The previous CHNA listed smoking/vaping/lung cancer, obesity, mental health/substance abuse, and access as health priorities. To recognize and support existing efforts, three points were credited to substance use (which includes smoking). Access was given two points and mental health was given one point.

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

Health Needs Prioritization Matrix										
Health Needs	Area	Mortality	Morbidity	Magnitude	Community	Public Health	Equity	Explore	Alignment	Sum
<i>Health Behaviors</i>	Substance Use (Drug/Alcohol/Tobacco)			2	1			3	3	9
	Diet and Exercise			1			2			3
	Sexual Activity									0
<i>Clinical Care</i>	Access to Care		2			1		2	2	7
	Quality of Care		1							1
<i>Social and Economic Factors</i>	Education									0
	Employment									0
	Income						3			3
	Family & Social Support									0
	Community Safety									0
<i>Physical Environment</i>	Air & Water Quality									0
	Housing & Transit					3	1			4
<i>Health Outcomes</i>	Heart Disease	2								2
	Cancer	3								3
	Diabetes									0
	Mental Health		3		3	2			1	9
	Stroke									0
	Alzheimer's Disease									0
	COVID-19	1								1
	Obesity			3	2			1		6

Identification of Significant Health Needs

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

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

The CHNA Steering Committee reviewed this data on March 26, 2024. Committee members were invited to vote via an anonymous survey link on their top two needs from the prioritization matrix. The results from that survey were: 88% chose mental health, 38% chose substance use, 38% chose access to care, 25% chose housing and transit, and 0% chose obesity. These voting results correspond with the data analysis.

The Baptist Health Hardin 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 Hardin.

Needs Not Addressed

In the previous CHNA, obesity and lung cancer 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 mental health, substance use, and access to care. See the subsection “Learning from Previous CHNA” for further discussion.

Potentially Available Resources

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

- Health Facilities and Services
 - The Kentucky Cabinet for Health and Family Services maintains an inventory of health facilities and services. Due to the nature of the bi-monthly updates to this inventory, the website containing this information is linked here: [Inventory of Health Facilities and Services - Cabinet for Health and Family Services \(ky.gov\)](#).
- Health Departments
 - The Lincoln Trail District Health Department services community members in a six-county area including Hardin, LaRue, Marion, Meade, Nelson, and Washington counties.
- 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 Hardin County from January 2023—May 2024. The organizations were:
 - KIPDA (Area Agency on Aging and Independent Living)
 - Jewish Family & Career Services
 - Shawnee Christian Healthcare Center – Primary Care and Mental Health
 - South Louisville Community Ministries
 - Shawnee Christian Healthcare Center – Dental

- YMCA of Greater Louisville
- Neighborhood House
- Central Louisville Community Ministries
- Evolved Counseling Center

Evaluation of Impact

Evaluation of Previous CHNA

The actions below 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.

- Smoking/Vaping/Lung Cancer
 - Provided smoking cessation education as part of community outreach on the Wellness on Wheels (WOW).
 - Led vaping prevention program in schools.
- Obesity
 - Offered BMI, body fat screenings, and blood sugar on the Wellness on Wheels (WOW), followed by healthy nutrition education.
 - Built walking path around new outpatient medical pavilion.
- Mental Health/Substance Abuse
 - Developed overdose simulation based on local story to educate students on dangers of substance use.
- Access
 - Provide screenings in coordination with local community-based organizations which serve vulnerable populations.
 - Expand services by opening outpatient medical pavilion adjacent to the hospital.

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

Next Steps

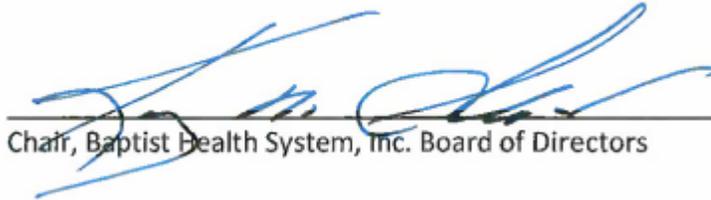
Once approved by the Baptist Health Board of Directors, this CHNA will be made public and widely available no later than August 31, 2024.

Baptist Health will use the findings in this CHNA to develop a plan to address each identified health need. This will include the actions we will take, resources committed, and any collaboration with external partners. This

plan will be documented in an accompanying report, the Implementation Strategies. That report will be reviewed by the hospital's administrative board before approval and adoption by the Baptist Health System, Inc. Board of Directors. That report will be made public and widely available no later than January 15, 2025.

Approval and Adoption

As an authorized body of Baptist Health Hardin, 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

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

Appendix

Community Health Assessment Survey Results (2.2.2024)

Community Health Assessment Survey

Sara Jo Best, RS, MPH, Public Health Director
Caree Lookabill, MPH, Senior Community Epidemiologist



The Survey Results:

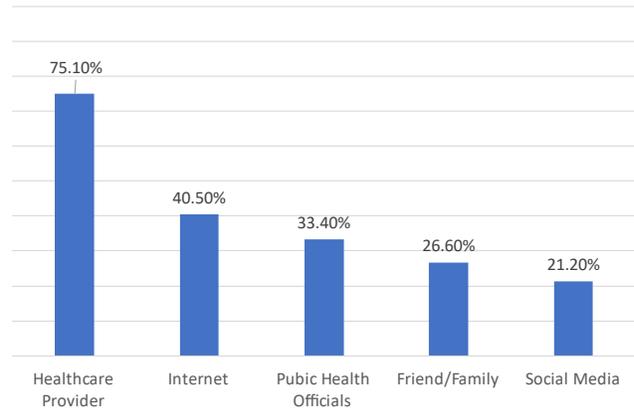
Lincoln Trail Jurisdiction: Hardin, LaRue, Marion, Meade, Nelson, and Washington

Baptist Health Hardin Jurisdiction: Breckinridge, Bullitt, Franklin, Green, Hardin, Harlan, Hart, Jefferson, Shelby, Spencer, and Taylor

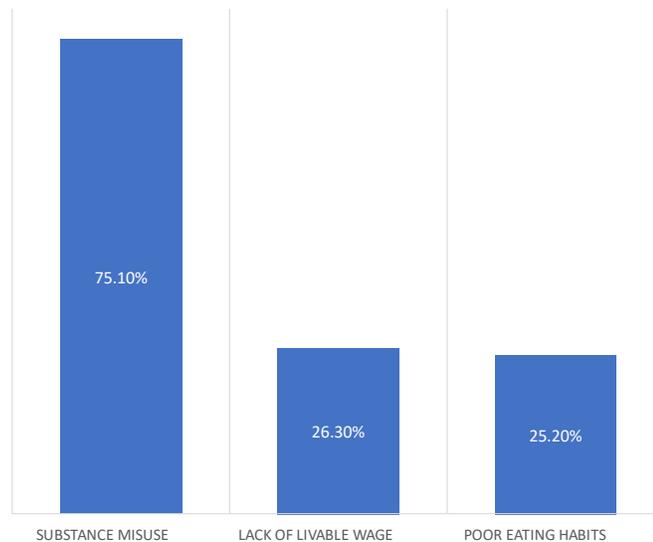
- Total number of surveys: 1547
- Completed: 1252
- Partial: 295
- Zip codes: 70



Who or what do you rely on most often for health information?



What are the risk factors in our community that have the greatest impact on our health?



What are the most important health problems in our community?



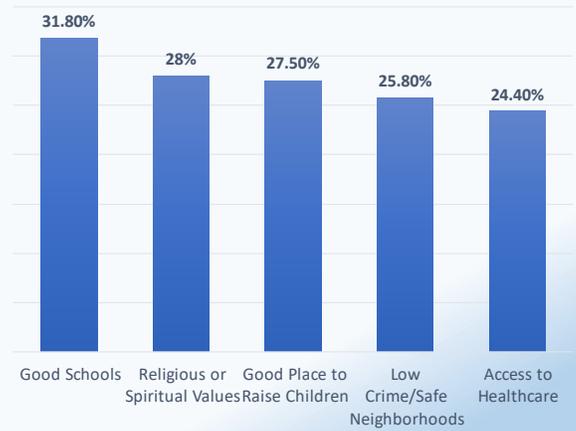
Mental Health
52.9%



Overweight/
Obesity
42.9%



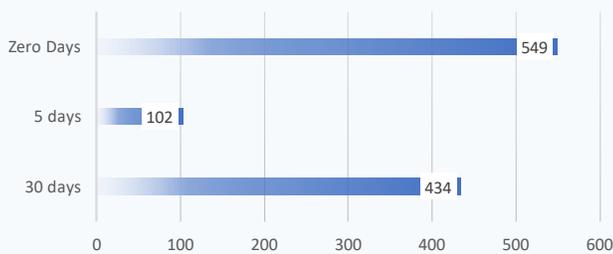
Overdose
27.5%



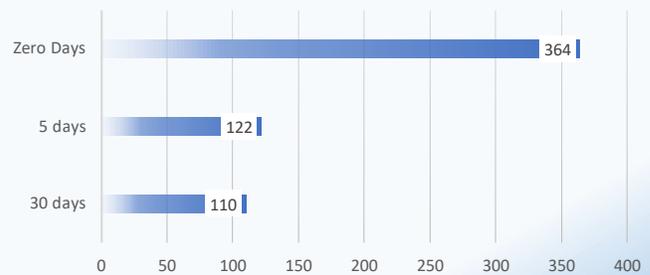
What is a strength of your community?



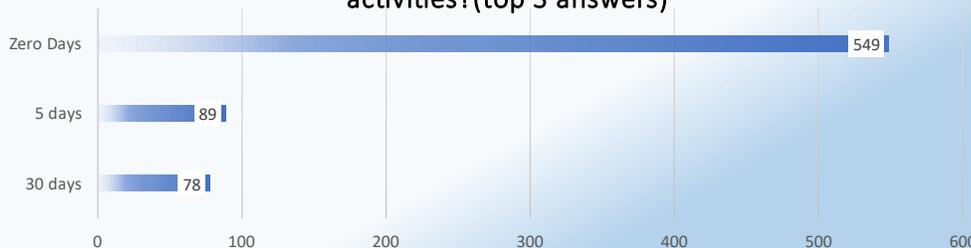
How many days for the past 30 days was your physical health not good? (top 3 answers)



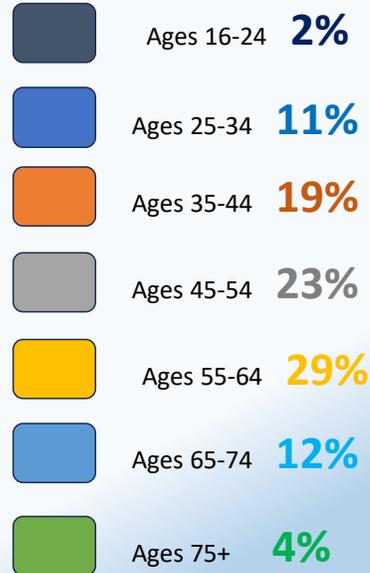
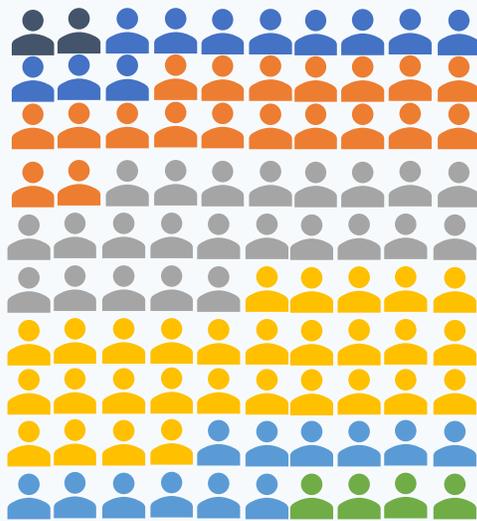
How many days for the past 30 days was your mental health not good? (top 3 answers)



During the past 30 days, for about how many days did poor physical or mental health keep you from doing your activities?(top 3 answers)



What is your age?



Gender

Are you.....?

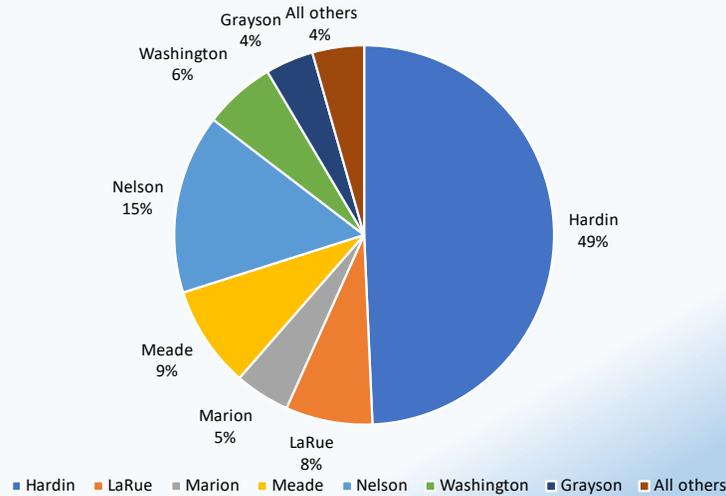
- Male **9%**
- Female **89.1%**
- Trans female/Transwoman **0.2%**
- Trans male/Transman **0.2%**
- Genderqueer/gender non-conforming **0.1%**
- I prefer to describe my identity **0.5%**
- Prefer not to say **0.9%**

Total gender percentage per county (for comparison):

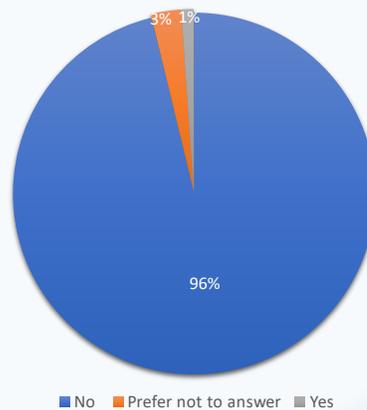
Hardin	Nelson	Meade	Marion	LaRue	Washington
Male-49.9% Female-50.1%	Male-49.9%; Female- 50.1%	Male-50.3%; Female- 49.7%	Male-50.3%; Female- 49.7%	Male-49.4%; Female- 50.6%	Male-50.1%; Female- 49.7%



Which county do you live in? (percentages)



Are you Hispanic, Latino(a), or Spanish?



Total percentage per county (for comparison):

County	Hardin	Nelson	Meade	Marion	LaRue	Washington
Percentage	6%	2.4%	4%	2.8%	3.3%	0.5%

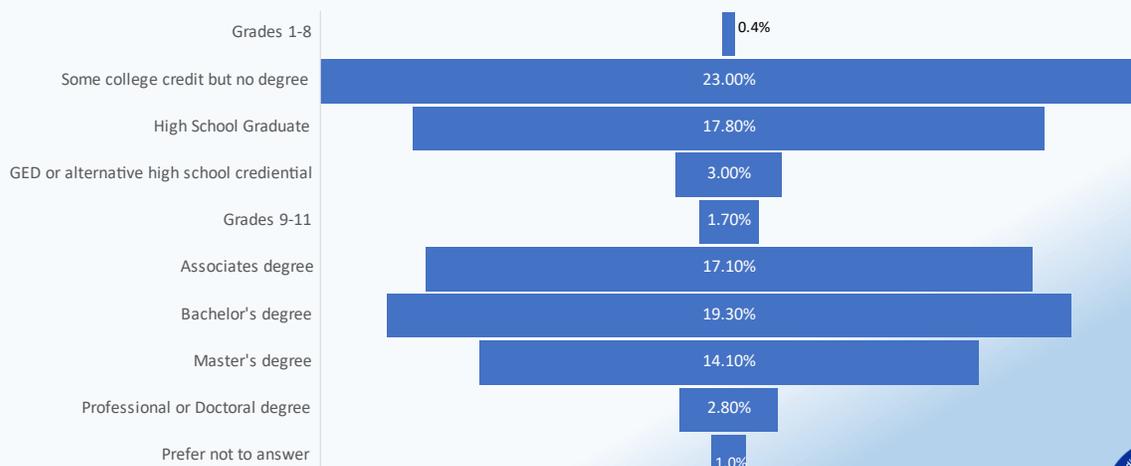


What is your race? (Select all that apply)

Value	Percent	Responses
White	91.8%	1,171
Black or African American	5.3%	68
American Indian or Alaska Native	1.0%	13
Asian	0.9%	11
Native Hawaiian or other Pacific Islander	0.1%	1
Other - Write In (Required) (click to view)	0.5%	7
Prefer not to answer	2.6%	33



What is the highest grade or year of school you completed?

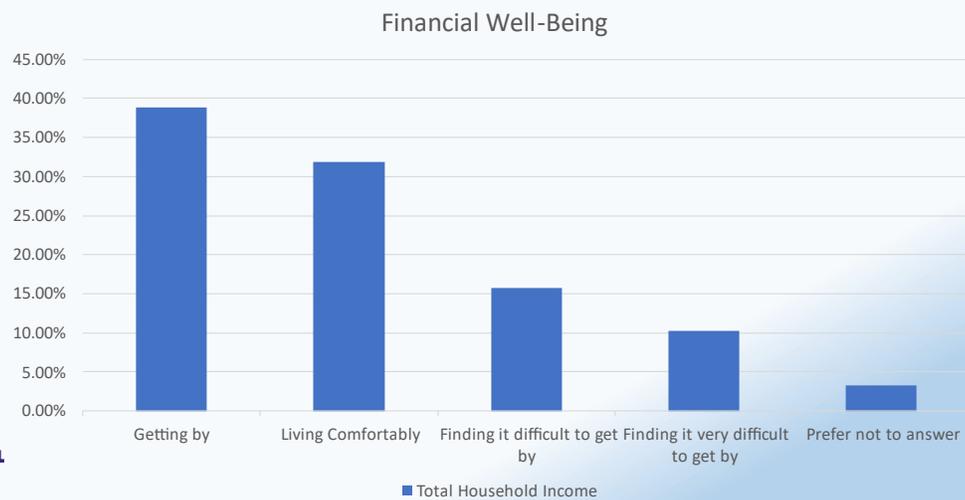


What was your total household income last year?

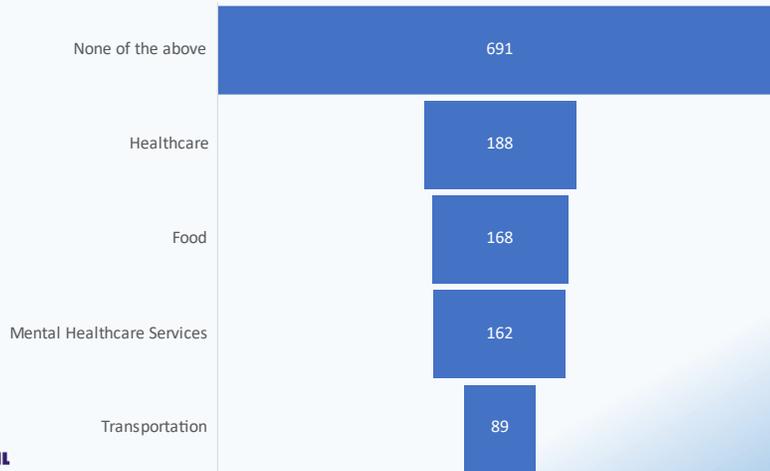
Salary	Percent	Responses
Less than \$10,000	5.1%	65
\$10,000 to \$15,000	4.8%	61
\$15,000 to \$20,000	4.4%	56
\$20,000 to \$35,000	12.2%	154
\$35,000 to \$50,000	13.5%	171
\$50,000 to \$75,000	16.3%	206
\$75,000 to \$150,000	25.1%	318
\$150,000 or more	6.5%	82
Prefer not to answer	12.1%	153



How would you describe your financial well-being?



In the past year, have you or any family members you live with been unable to get any of the following when it was really needed?



Housing Situation

I have housing	88.4%	1,114
I do not have permanent housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)	1.9%	24
I have housing today, but I am worried about losing housing in the future	7.7%	97
Prefer not to answer	2.0%	25



Barriers to health services



NO BARRIERS- 46.9%



OUT OF POCKET COSTS-28.8%



LACK OF PROVIDERS- 17.8%



LACK OF CONVENIENT APPOINTMENT TIMES- 14.4%



UNABLE TO TAKE TIME OFF WORK -10.6%



How often have you been discriminated against for any of the following?

Race

- 73.7% (907) said Never
- 16.5% (203) said Rarely
- 7.6% (94) said Occasionally
- 1.8% (22) said a moderate amount
- 0.3% (4) said a great deal

Religion

- 74.6% (876) said Never
- 15.3% (180) said Rarely
- 7.9% (93) said Occasionally
- 1.6% (19) said a moderate amount
- 0.6% (7) said a great deal

Age

- 64.3% (770) said Never
- 20.4% (244) said Rarely
- 12.5% (150) said Occasionally
- 2.3% (28) said a moderate amount
- 0.4% (5) said a great deal

Gender

- 59.3% (707) said Never
- 18.4% (219) said Rarely
- 15.7% (187) said Occasionally
- 5.3% (63) said a moderate amount
- 1.4% (17) said a great deal

Sexual Orientation

- 91.6% (1,092) said Never
- 4.9% (58) said Rarely
- 2.2% (26) said Occasionally
- 0.8% (10) said a moderate amount
- 0.5% (5) said a great deal

Ability

- 70.5% (840) said Never
- 15.2% (181) said Rarely
- 11.4% (136) said Occasionally
- 2.5% (30) said a moderate amount
- 0.4% (5) said a great deal

Body Type

- 55.5% (657) said Never
- 16.6% (196) said Rarely
- 17.3% (205) said Occasionally
- 6.9% (82) said a moderate amount
- 3.7% (44) said a great deal



Transportation

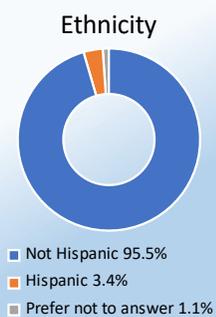
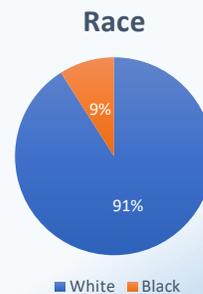
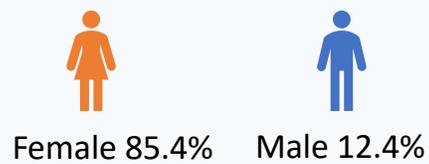
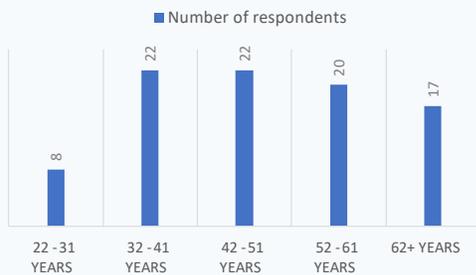
This is an analysis of those that chose transportation as something they were unable to get in the past year.

The total number with that response: 89



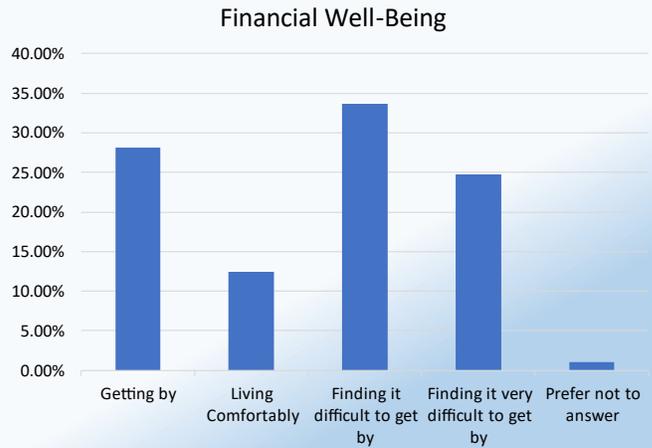
Transportation

AGE (YOUNGEST: 22, OLDEST: 76)



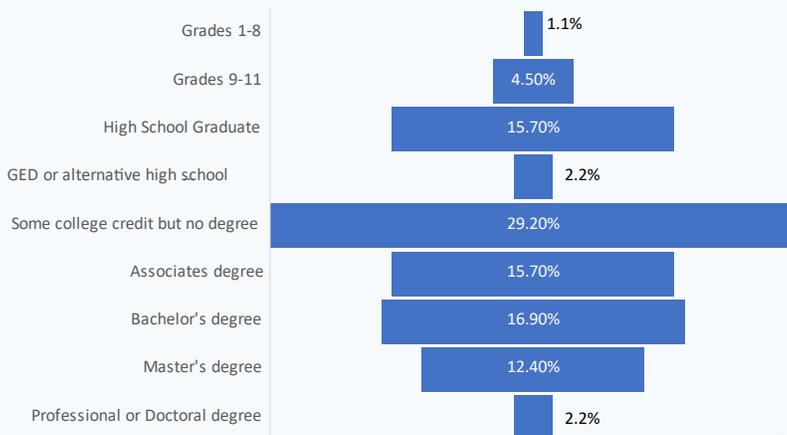
Transportation

Salary	Percent	Responses
Less than \$10,000	13.5%	12
\$10,000 to \$15,000	9.0%	8
\$15,000 to \$20,000	6.7%	6
\$20,000 to \$35,000	14.6%	13
\$35,000 to \$50,000	15.7%	14
\$50,000 to \$75,000	14.6%	13
\$75,000 to \$150,000	16.9%	15
\$150,000 or more	4.5%	4
Prefer not to answer	4.5%	4

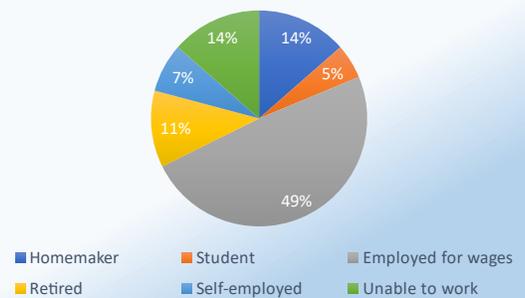


Transportation

Education



Employment



Top Zip Codes	Zip Code 42701 - Elizabethtown, Hardin County	
<p>Health Information: 78.2%- get info from healthcare provider</p> <p>Risk factors in the community: 49.9% -substance abuse</p> <p>Most Important Health Problems 58%- mental health problem</p> <p>Strengths of the Community: 38% said good schools</p> 	<p>How many Days...? Physical- 0 days 36.1% Mental- 0 days 33.3% Usual Activities-0 days 48.4%</p> <p>Demographics: Age: 35-44 Race: White Gender: Female Education: Bachelor Degree Employment: Employed for wages Household Income: \$75k-\$150k Financial well being: Living Comfortable</p>	<p>Services Needed 16.3%- Healthcare</p> <p>Insurance 92.7%- yes</p> <p>Housing Situation 86.8% - Have housing</p> <p>Barriers that exist 47.2%- No Barriers</p> 

Top Zip Codes	Zip Code 40160 - Radcliff, Hardin County	
<p>Health Information: 73.8%- healthcare provider</p> <p>Risk factors in the community: 49.0%- Substance Abuse</p> <p>Most Important Health Problems 56.7% -Mental Health Problems</p> <p>Strengths of the Community: 36.1%- Religious or Spiritual Values</p> 	<p>How many Days...? Physical- 0 days 28.4% Mental- 0 days 22.6% Usual Activities-0 days 39.1%</p> <p>Demographics: Age: 55-70 Race: White Gender: Female Education: Some college credit but no degree Employment: Employed for wages Household Income: \$35k-\$50k Financial well being: Living Comfortably</p>	<p>Services Needed 54.7%- None of the Above</p> <p>Insurance 93.8%- yes</p> <p>Housing Situation 83.5% - Have housing</p> <p>Barriers that exist 49.5%- No Barriers</p> 

Social Vulnerability Index

These are the zip codes representative of the highest SVI scores across the Lincoln Trail jurisdiction. Some of these zip codes are located within cities that have areas of low social vulnerability as well as high social vulnerability (i.e. 42701). Those that marked they made \$50,000 or less were extracted out and analyzed. There are a total of 420 surveys.

42701 Elizabethtown, Hardin Co. 174 surveys	42757 Magnolia, LaRue Co. 7 surveys
40004 Bardstown, Nelson Co. 64 surveys	40078 Willisburg, Washington Co. 8 surveys
40160 Radcliff, Hardin Co. 56 surveys	42776 Sonora, LaRue Co. 3 surveys
40069 Springfield, Washington Co. 32 surveys	40104 Battletown, Meade Co. 3 surveys
42748 Hodgenville, LaRue Co. 28 surveys	40040 Mackville, Washington Co. 3 surveys
40033 Lebanon, Marion Co. 27 surveys	40048 Nazareth, Nelson Co. 1 surveys
42784 Upton, LaRue Co. 14 surveys	



CHNA Steering Committee Members

CHNA Steering Committee

Andrea Watson, MD	Watson Family Medicine
Charles Dennis	Feeding America
Christa Shouse	United Way
Cindy Norfleet	Communicare
Elizabeth Poynter	Lincoln Trail Health Department
Judge Kimberly Shumate	Hardin District Judge
Leslie Flechler	Lincoln Trail Health Department
Marilyn Ford	Wesbanco
Mike Muscarella	Baptist Health Paducah
Paul Mullins	Elizabethtown Independent Schools
Sara Jo Best	Lincoln Trail Health Department
Terrie Morgan	Hardin County Schools
Tracy Schiller	Elizabethtown Police Dept-retired

CHNA Steering Committee

Tim Marcum	Baptist Health
Amanda Chism, MD	Baptist Health Medical Group
Tracee Troutt	Baptist Health Foundation Hardin
Wesley Moore, MD	Baptist Health Medical Group
Kimberly Medley	Baptist Health Hardin
Rhonda Joyce	Baptist Health Hardin
Briana Chasmar	Baptist Health Foundation Hardin
Erin Priddy	Baptist Health Hardin
Kenny McCoy	Baptist Health Hardin
Annabelle Pike	Baptist Health
Jennifer Woods	Baptist Health Hardin
John Godfrey, MD	Baptist Health Hardin
Becky Deaton	Baptist Health Hardin
Robert Ramey	Baptist Health Hardin