

9.1.2024-8.31.2027

COMMUNITY HEALTH NEEDS ASSESSMENT



BAPTIST HEALTH[®]

PADUCAH

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	11
Health Factors: Health Behaviors	12
Health Factors: Clinical Care	13
Health Factors: Social and Economic Factors	14
Health Factors: Physical Environment	15
Community and Public Health	16
Community Health Needs Assessment Process	18
Population Health Model.....	18
Prioritization of Community Health Needs.....	19
Identification of Significant Health Needs	21
Needs Not Addressed	21
Potentially Available Resources	22
Evaluation of Impact	22
Evaluation of Previous CHNA	22
Learning from Previous CHNA	23
Next Steps	23
Approval and Adoption.....	24
References	25

Introduction

Foreword

Baptist Health Paducah 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 Paducah. 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 McCracken, Graves and Marshall 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, Purchase District Health Department, Graves County Health Department, Marshall 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. Obesity**
 - 2. Mental Health**
 - 3. Substance Use (Drug/Alcohol/Tobacco Use)**
- This CHNA also identifies potentially available resources for addressing these health needs.
- This CHNA process was provided to the hospital president to share with the Baptist Health Paducah administrative board of directors on April 23, 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 Paducah is a regional medical and referral center, serving about 200,000 patients a year from four states. The 373 bed-hospital provides a full range of services, including advanced cardiac and cancer care, diagnostic imaging, women's and children's services, including the region's only Level 3 NICU, surgery, emergency treatment, 24/7 neurology coverage, rehabilitation, weight management and wound care. The main campus covers eight square blocks in the city. In addition, Baptist Hospital Paducah offers more than 45 points of care throughout the region to make healthcare more convenient for area residents that include outpatient rehabilitation, occupational medicine, virtual care options in Paducah City Schools, imaging, lab, as well as a network of healthcare providers from Baptist Health Medical Group physician offices for patients in western Kentucky and southern Illinois. The hospital is also designated Pathway to Excellence® for excellence in nursing services by the American Nursing Credentialing Center. It opened in 1953 as Western Baptist Hospital and changed its name in early 2013 to Baptist Health Paducah.

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 three counties of origin accounted for 56% of admissions in 2023, the latest calendar year available as of this report. McCracken, Graves, and Marshall counties are the community definition for this CHNA.

The community definition for the purposes of this report was agreed upon through discussion between a hospital executive director 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		
<i>County</i>	<i>Admissions</i>	<i>Percent of Total</i>
MCCRACKEN, KY	2,959	34.6%
GRAVES, KY	944	11.0%
MARSHALL, KY	889	10.4%
MASSAC, IL	597	7.0%
LIVINGSTON, KY	385	4.5%
CALDWELL, KY	370	4.3%
CALLOWAY, KY	322	3.8%
LYON, KY	316	3.7%
BALLARD, KY	290	3.4%
CRITTENDEN, KY	204	2.4%
CARLISLE, KY	159	1.9%
FULTON, KY	140	1.6%
JOHNSON, IL	113	1.3%
TRIGG, KY	109	1.3%
HICKMAN, KY	109	1.3%
OBION, TN	92	1.1%
POPE, IL	69	0.8%
PULASKI, IL	62	0.7%
HARDIN, IL	41	0.5%
SALINE, IL	40	0.5%
HENRY, TN	38	0.4%
HOPKINS, KY	38	0.4%
CHRISTIAN, KY	37	0.4%
WEAKLEY, TN	22	0.3%
WILLIAMSON, IL	19	0.2%
UNION, IL	18	0.2%
All Other Counties	169	2.0%
Grand Total	8,551	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. McCracken County has a higher population rate per square mile than the other two counties and the state overall. Both Graves and Marshall counties have less racial and ethnic diversity than the state averages. The chart below shows county-level demographics as compared with Kentucky.

County-Level Demographics as Compared to State					
Category	Demographic Metric	McCracken County	Graves County	Marshall County	Kentucky
Population	Population, 2023 estimate	67,428	36,461	31,744	4,526,154
	Population per square mile, 2020	272.9	66.4	104.8	114.1
	Population, Percent Change estimate: April 1, 2020 to July 1, 2023	-0.7%	-0.5%	0.3%	0.4%
Age	Persons under 5 (percent)	5.4%	6.3%	4.7%	5.8%
	Persons under 18 (percent)	21.5%	24.0%	19.9%	22.3%
	Persons 65 years and older (percent)	21.1%	18.9%	22.7%	17.6%
Gender	Female persons (percent)	51.5%	50.5%	50.1%	50.3%
Race, Ethnicity, and Country of Origin	White, alone (percent)	84.8%	91.7%	97.5%	86.9%
	Black or African American, alone (percent)	11.2%	4.3%	0.6%	8.7%
	American Indian or Alaska native, alone (percent)	0.4%	0.6%	0.3%	0.3%
	Asian, alone (percent)	1.0%	0.6%	0.5%	1.8%
	Native Hawaiian or Other Pacific Islander, alone (percent)	0.1%	0.1%	<0.1%	0.1%
	Two or more races (percent)	2.6%	2.7%	1.1%	2.3%
	Hispanic or Latino (percent)	3.0%	7.8%	1.9%	4.3%
Health	Foreign-born persons, 2018-2022 (percent)	1.5%	2.3%	1.0%	4.1%
	Persons with a disability ≤65 years old (percent)	11.5%	15.1%	13.8%	13.3%
	Persons without health insurance ≤65 years old (percent)	5.7%	7.2%	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 following sources:

- Public health agency
 - Input from the three public health departments serving this community was included in this CHNA: Purchase District Health Department (McCracken County), Graves County Health Department, and Marshall County Health Department. Priority health needs from the latter two health departments were used to identify and weight priorities for this CHNA.
- Members of medically underserved, low-income and minority populations, or individuals representing the interests of these populations

- Data from Unite Us, a community referral platform serving our community's most vulnerable, provided information on the needs of underserved populations. A Network Activity report run by Baptist Health identified the needs for which community members requested resources or support from community agencies and healthcare organizations from January 1, 2023–December 31, 2023. This input was included in the prioritization matrix under the “Equity” factor.
- General community input was pulled from health department assessments. The general community input was included in the prioritization matrix under “Community.” Links to the survey results 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 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 McCracken, Graves, and Marshall counties. Heart disease, cancer, and COVID-19 were the top three leading causes of death in this community. As the latest data available of this writing was from 2020, COVID-19 is no longer a leading cause of death in this community.

Health Outcomes: Mortality Leading Causes of Death in McCracken County, KY				
Ranking	Cause of Death	Deaths	Population	Crude Rate Per 100,000 Residents
1	Diseases of heart	156	65,644	237.6
2	Malignant neoplasms (cancers)	152	65,644	231.6
3	COVID-19	76	65,644	115.8
4	Chronic lower respiratory diseases	63	65,644	96
5	Alzheimer's disease	53	65,644	80.7
6	Accidents (unintentional injuries)	46	65,644	70.1
7	Cerebrovascular diseases	45	65,644	68.6
8	Diabetes mellitus	31	65,644	47.2
9	Nephritis, nephrotic syndrome and nephrosis	21	65,644	32
10	Intentional self-harm (suicide)	20	65,644	30.5
11	Chronic liver disease and cirrhosis	16	65,644	Unreliable
12	Septicemia	13	65,644	Unreliable
13	In situ neoplasms, benign neoplasms and neoplasms of uncertain or unknown behavior	11	65,644	Unreliable
14	Parkinson's disease	10	65,644	Unreliable

Source: Centers for Disease Control and Prevention, National Center for Health Statistics (2020)

Health Outcomes: Mortality Leading Causes of Death in Graves County, KY				
<i>Ranking</i>	<i>Cause of Death</i>	<i>Deaths</i>	<i>Population</i>	<i>Crude Rate Per 100,000 Residents</i>
1	Malignant neoplasms (cancers)	109	36,818	296.1
2	Diseases of heart	95	36,818	258
3	COVID-19	66	36,818	179.3
4	Alzheimer's disease	37	36,818	100.5
5	Chronic lower respiratory diseases	34	36,818	92.3
6	Accidents (unintentional injuries)	27	36,818	73.3
7	Cerebrovascular diseases	26	36,818	70.6
8	Nephritis, nephrotic syndrome and nephrosis	14	36,818	Unreliable
9	Influenza and pneumonia	12	36,818	Unreliable
10	Septicemia	11	36,818	Unreliable
11	Chronic liver disease and cirrhosis	10	36,818	Unreliable

Source: Centers for Disease Control and Prevention, National Center for Health Statistics (2020)

Health Outcomes: Mortality Leading Causes of Death in Marshall County, KY				
<i>Ranking</i>	<i>Cause of Death</i>	<i>Deaths</i>	<i>Population</i>	<i>Crude Rate Per 100,000 Residents</i>
1	Malignant neoplasms (cancers)	96	31,163	308.1
2	Diseases of heart	79	31,163	253.5
3	COVID-19	35	31,163	112.3
4	Cerebrovascular diseases	24	31,163	77
5	Alzheimer's disease	23	31,163	73.8
6	Chronic lower respiratory diseases	20	31,163	64.2
7	Accidents (unintentional injuries)	18	31,163	Unreliable
8	Nephritis, nephrotic syndrome and nephrosis	12	31,163	Unreliable
9	Parkinson's disease	11	31,163	Unreliable
10	Influenza and pneumonia	10	31,163	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					
Quality of Life Measures	McCracken County	Graves County	Marshall County	Kentucky	United States
Poor or Fair Health**	20%	22%	19%	21%	14%
# of Poor Physical Health Days in Past 30 Days**	4.4	4.8	4.3	4.5	3.3
# of Poor Mental Health Days in Past 30 Days**	5.8	5.8	5.3	5.5	4.8
Diabetes Prevalence	11%	12%	10%	12%	10%
Low Birth Weight Percentage of live births with low birth weight (< 2,500 grams)	9%	8%	8%	9%	8%
**Self-Reported Health Metric Source: County Health Rankings (2024)					

Health Factors: Health Behaviors

Health factors influence an individual’s health and are impacted by four different areas: health behaviors, clinical care, social and economic factors, and the physical environment. Health behaviors refer to health-related practices that can improve or damage health. However, we do recognize that not all community members have the access or means to make healthy choices, as evidenced by the inclusion of data points such as food insecurity (County Health Rankings and Roadmaps, 2024). Areas highlighted in red were noted as “areas of opportunity” and those in green were noted as “areas of strength” by the County Health Rankings and Roadmaps.

Health Factors: Health Behaviors					
Health Behaviors	McCracken County	Graves County	Marshall County	Kentucky	United States
Alcohol Use					
Adult Smoking Rate	21%	23%	20%	20%	15%
Excessive Drinking Rate	14%	14%	16%	15%	18%
Alcohol-Impaired Driving Deaths	21%	12%	24%	26%	26%
Drug Use² (rate per 100,000 population)					
Fatal Overdose	20.8	<10	<10	47.4	NA
ED Visits for Nonfatal Overdose	146.8	183.0	163.8	250.0	NA
Inpatient Hospitalizations for Nonfatal Overdose	145.3	87.4	91.3	95.6	NA
ED Visits for Substance Use Disorder	756.1	813.9	481.9	985.3	NA
Inpatient Hospitalizations for Substance Use Disorder	83.0	<10	34.6	41.9	NA
Sexual Activity					
Sexually Transmitted Infections Number of newly diagnosed chlamydia cases per 100,000 population	501.1	335.9	207.9	410.3	495.5
Teen Births Number per 1,000 female population ages 15-19	30	36	24	26	17
Diet and Exercise					
Physical Inactivity Rate	28%	30%	27%	30%	23%
Adult Obesity Rate	34%	41%	37%	41%	34%
Food Insecurity % of the population who lack adequate access to food	12%	13%	11%	13%	10%
Limited Access to Healthy Foods % of population who are low income and do not live close to a grocery store	15%	8%	3%	6%	6%
Sources: County Health Rankings (2024) and Kentucky Injury Prevention and Research Center (2022) ²					

Health Factors: Clinical Care

Clinical care refers to direct medical treatment or testing. “Access to affordable, quality health care can prevent disease and lead to earlier disease detection,” according to the County Health Rankings and Roadmaps model. Limited or low-quality care can lead to worse health outcomes and lower quality of life.

Clinical care is examined here through two lenses: access and quality. Access to care includes having insurance coverage and having providers available in their communities. “Language barriers, distance to care, and racial disparities in treatment present further barriers to care,” according to the County Health Rankings and Roadmaps. Quality of care includes evidence-based decisions, quality improvement efforts, and care coordination within and among facilities (County Health Rankings and Roadmaps, 2024). Areas highlighted in red were noted as “areas of opportunity” and those in green were noted as “areas of strength” by the County Health Rankings and Roadmaps.

Health Factors: Clinical Care					
Clinical Care Measures	McCracken County	Graves County	Marshall County	Kentucky	United States
Access to Care					
Uninsured Rate	6%	7%	6%	7%	10%
Ratio of Population to Primary Care Physicians	990:1	3,660:1	2,440:1	1,600:1	1,330:1
Ratio of Population to Mental Health Providers	390:1	960:1	2,650:1	340:1	330:1
Quality of Care					
Preventable Hospital Stays Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	3,054	6,045	2,821	3,457	2,681
Source: County Health Rankings (2024)					

Health Factors: Social and Economic Factors

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

Health Factors: Social and Economic Factors					
<i>Social and Economic Factors</i>	<i>McCracken County</i>	<i>Graves County</i>	<i>Marshall County</i>	<i>Kentucky</i>	<i>United States</i>
Education					
High School Completion	93%	90%	92%	88%	89%
Bachelor's Degree or Higher ²	28.2%	18.6%	22.4%	26.5%	34.3%
Employment/Economic Factors					
Unemployment	4.0%	4.5%	4.1%	3.9%	3.7%
Median Household Income	\$60,000	\$53,400	\$64,400	\$59,200	\$74,800
Income Inequality Ratio of household income at the 80th percentile to that at the 20th percentile	5.0	5.2	4.8	4.9	4.9
Persons in Poverty ²	15.2%	18.8%	12.6%	16.5%	11.5%
Social Support					
Social Associations Number of associations per 10,000 residents	16.3	9.3	17.6	10.2	9.1
Children in Single Parent Households	29%	13%	20%	25%	25%
Community Safety					
Firearm Fatalities Number of firearm deaths per 100,000 population	17	21	12	18	13
Injury Deaths Number of injury deaths per 100,000 population	91	103	89	106	80
Motor Vehicle Crash Deaths Number of motor vehicle crash deaths per 100,000 population	19	25	26	18	12
Source: County Health Rankings (2024) and 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>McCracken County</i>	<i>Graves County</i>	<i>Marshall County</i>	<i>Kentucky</i>	<i>United States</i>
Environment					
Air Pollution—Particulate Matter	9.5	8.6	9.0	8.2	7.4
Housing					
Severe Housing Problems Percent of households experiencing ≥1 of the following: overcrowding, high housing costs, lack of kitchen facilities, lack of plumbing facilities	14%	12%	9%	13%	17%
Severe Housing Cost Burden Percent of households that spent ≥50% or more of their income on housing	12%	12%	8%	12%	14%
Broadband Access	88%	81%	84%	86%	88%
Transportation²					
Transportation Costs Average transportation costs as a percent of average income	27%	24%	28%	NA	NA
Transit Performance Score Score from 1-10 that looks at connectivity, access to jobs, and frequency of service	0.7 (Car-dependent with very limited or no access to public transportation)	0 (Car-dependent with very limited or no access to public transportation)	0 (Car-dependent with very limited or no access to public transportation)	NA	NA
Source: County Health Rankings (2024) and The Center for Neighborhood Technology (2023) ²					

Community and Public Health

Feedback from health department community assessments was used to ascertain feedback directly from community members. Considering the inherent privilege of people accessing the healthcare system, we chose to use an external data source to garner more representative feedback than would have been gathered by a hospital survey. Using an established data source also allowed for less survey fatigue in the community.

The data below shows the top three health issues of community importance for each of the three counties in this community. The issues are ranked by number, indicating their level of importance to the community.

Community Input: Most Important Health Issues Ranked by County			
<i>Health Issues</i>	<i>McCracken County</i>	<i>Graves County</i>	<i>Marshall County</i>
Being Overweight	1	2	2
Substance Abuse	2	3	
Mental Health Problems	3	1	
Stress			1
Diabetes			3
Source: Purchase Area Health District, Graves County Health Department, Marshall County Health Department			

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 the community showed the top need as a basis for referral was food assistance. Of note, only McCracken County in this community has data in Unite Us; the platform does not appear to be utilized in Graves or Marshall counties. 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 McCracken 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	29	20.6%
Physical Health	29	20.6%
Housing & Shelter	19	13.5%
Transportation	19	13.5%
Mental/Behavioral Health	13	9.2%
Source: Unite Us Insights: Network Activity Overview (2024)		

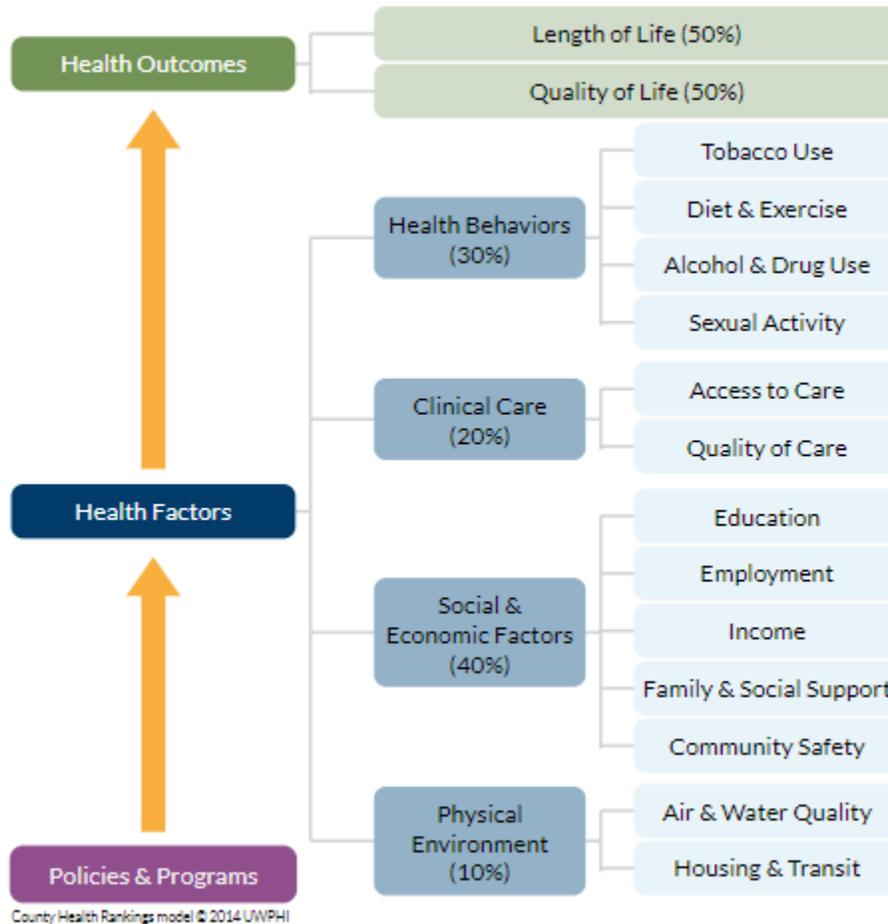
Two of the three public health departments serving this community identified priority health needs in publicly available documents. Those documents are linked in the “References” section of this report. The priority health needs are listed below by rank.

Public Health Input: Priority Health Needs Identified		
<i>Health Needs</i>	<i>Graves County Health Department</i>	<i>Marshall County Health Department</i>
Mental Health Problems	1	2
Substance Misuse	3	1
Overweight/Obesity	2	3
Source: Graves County Health Department, Marshall County Health Department		

Community Health Needs Assessment Process

Population Health Model

The main secondary data source for this CHNA is the County Health Rankings and Roadmaps. Their model is depicted below.



This population health model illustrates that health outcomes are determined 40% by social and economic factors, 30% by health behaviors, 20% by clinical care, and 10% by the physical environment. (A fifth set of health factors, genetic, is not included in these rankings because these variables cannot be impacted by community-level intervention.) Thus, the model tells us that 80% of health outcomes are dictated by the social determinants of health.

The World Health Organization defines social determinants of health as “the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.”

By including the social determinants of health in the needs we assessed for this CHNA, Baptist Health is positioned to address those factors which have the greatest impact on our community’s health.

Prioritization of Community Health Needs

To increase transparency and data-supported decisions, Baptist Health developed a process for identifying priority health needs using a prioritization matrix. The process began by listing the health needs in the County Health Rankings model, as well as some health conditions.

Each of these needs was scored for impact across factors. These prioritization factors are:

- **Mortality:** How is this health need related to the leading causes of death in this community?
 - Data reference: "Leading Causes of Death"
 - Cancer is the leading cause of death in two of the three counties in this community, so it received three points. Heart disease is the second leading cause of death in two of the counties and the leading cause in one county, so it received two points. COVID-19 was the third leading cause in all three counties, 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 prevalence of diabetes in two of the counties was higher than the national average, so that earned diabetes two points. The high ratios of population to primary care physicians and mental health providers shows a need for increased access in the community, so access to care earned 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"
 - Obesity impacted over one-third of the population in all three counties, so this area received three points. Smoking and drug use rates were of note in all three counties, so these health needs were grouped into "substance use" and received two points. Physical inactivity impacted just under one-third of the population in all three counties, 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 Issues Ranked"
 - Being overweight was the number one health concern in one community and the number two health concern in the other two counties, so obesity received three points. Mental health was a concern in two of the counties, so it received two points. Substance abuse was concern in two of the communities (but lower on the priority list than mental health), so it received one point.
- **Public Health:** Was this need identified as a priority by a public health agency or other community agencies representing the broad interests of the community?
 - Data reference: "Public Health Input: Priority Health Needs Identified"
 - Mental health was the first and second concern in the two health departments with health priorities, so mental health received three points. Substance misuse was the first and third priority in these same two health departments, so it received two points. Obesity was the last health priority area for both health departments, so this received 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/physical health (diet and exercise, three points), housing/transportation (two points), and 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 all three counties, so three points were given to substance use. Obesity was also highlighted in all three counties, although the rates were not as statistically significant as the smoking rates, so obesity received two points. The physical inactivity rate was also highlighted in all three counties, so it 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 access to care, obesity, mental health/substance abuse, and smoking/lung disease (in descending order) as health priorities. To recognize and support existing efforts, three points were credited to access to care, two points to obesity, and one point each to substance use and mental health.

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
<i>Health Behaviors</i>	Substance Use (Drug/Alcohol/Tobacco)			2	1	2		3	1	9
	Diet and Exercise			1			3			4
	Sexual Activity									0
<i>Clinical Care</i>	Access to Care		1						3	4
	Quality of Care									0
<i>Social and Economic Factors</i>	Education									0
	Employment							1		1
	Income									0
	Family & Social Support									0
	Community Safety									0
<i>Physical Environment</i>	Air & Water Quality									0
	Housing & Transit						2			2
<i>Health Outcomes</i>	Heart Disease	2								2
	Cancer	3								3
	Diabetes		2							2
	Mental Health		3		2	3	1		1	10
	Stroke									0
	Alzheimer's Disease									0
	COVID-19	1								1
	Obesity			3	3	1		2	2	11

Identification of Significant Health Needs

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

- **Obesity**
- **Mental Health**
- **Substance Use (Drug/Alcohol/Tobacco)**

The Baptist Health Paducah administrative board of directors reviewed this process and accepted these significant health needs in the meeting on April 23, 2024. This review preceded approval from the Baptist Health System, Inc. Board of Directors, the authorized body for Baptist Health Paducah.

Needs Not Addressed

In the previous CHNA, access to care, obesity, and smoking/lung 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 obesity, mental health, and substance use. For example, we may still impact access to care as part of connecting patients to mental health treatment 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.
 - Purchase District Health Department
 - Graves County Health Department
 - Marshall 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 McCracken County from January 2023—May 2024. We recognize that western Kentucky is not well-represented on the Unite Us platform as of the writing of this report. The organizations were:
 - KIPDA – Area on Aging and Independent Living
 - Shawnee Christian Healthcare Center – Primary Care
 - Jewish Family & Career Services
 - We acknowledge the many local partners contributing valuable resources to our community members who are not listed here. The Purchase Health Connections maintains this Community Health Resource Guide which lists community services available to this community: [Community Resource Guide - Purchase Area Health Connections \(purchasehealthconnections.com\)](#).

Evaluation of Impact

Evaluation of Previous CHNA

The below actions were taken as part of the Implementation Strategies accompanying the previous CHNA. The actions are listed by the health needs previously identified as significant health needs:

- Access to Healthcare
 - Provided patient navigators in the areas of oncology and maternal health to connect patients to supportive services.

- Worked with the Purchase District Health Department to support the Community Health Worker (CHW) program that assigned CHWs to certain patients discharged from the hospital.
- Obesity
 - Participated in local health events to promote education and offer screenings.
- Mental Health/Substance Abuse
 - Worked with regional Agency for Substance Abuse Policy (ASAP) Coalitions.
 - Partnered with Purchase Area Health Connections.
- Smoking/Lung Disease
 - Provided education on lung cancer and offered low-dose CT scans for lung cancer screenings.

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

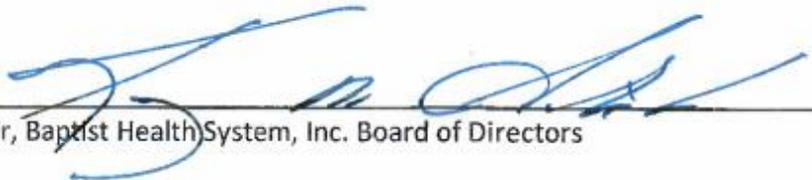
Next Steps

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

Baptist Health will use the findings in this CHNA to develop a plan to address each identified health need. This will include the actions we will take, resources committed, and any collaboration with external partners. This plan will be documented in an accompanying report, the Implementation Strategies. That report will be reviewed by the hospital's administrative board before approval and adoption by the Baptist Health System, Inc. Board of Directors. That report will be made public and widely available no later than January 15, 2025.

Approval and Adoption

As an authorized body of Baptist Health Paducah, 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

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