9.1.2024–8.31.2027

IMPLEMENTATION STRATEGY

BAPTIST HEALTH®
HARDIN

Contents

Introduction

Foreword

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

Executive Summary

The Implementation Strategy process involved the following steps:

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

Background: Community Health Needs Assessment

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

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

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

Third-Party Collaboration

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

Process

Development of Strategies

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

Framework

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

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

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

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

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

Strategies to Address Significant Health Needs

Mental Health

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

1.1: Youth Risk Behavior Survey

- Plan: Biannually, offer modified YRBS to local middle and high schools. Questions will monitor students' health-risk behaviors in the areas of injury and violence, alcohol and drug use, tobacco use, nutrition, and physical activity. The hospital will consider the addition of other questions.
- Process Metrics: Use survey results to determine programs and activities to support behavior change. Ascertain effectiveness of hospital programs in schools based on YRBS data changes.
- Outcomes Metrics: Reduce the community's number of poor mental health days in the past 30 days from 5.8 days (County Health Ranking, 2024).
- Internal Resource(s): Baptist Health Hardin Community Health team to work with schools to set up survey. Baptist Health System Director, Community Health to provide survey analysis.
- External Partner(s): Hardin County Schools and Elizabethtown Independent Schools
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in adolescent health disparities based on disability status. Populations that had the greatest increase in disparities included persons with disabilities or activity limitations. Considerations will be made to ensure equitable efforts across population groups. YRBS surveys are distributed to all students in grade level and will be analyzed by race, gender, and other identifiers to monitor for disparities.

1.2: Hardin County Youth Prevention Task Force

- Plan: Implement the task force to guide youth support efforts and seek grant funding for further program development. The task force is focused on providing youth with opportunities to access community resources to build resilience.
- Process Metrics: Use the Youth Risk Behavior Survey results to inform the direction of the task force.
- Outcomes Metrics: Reduce the number of poor mental health days in middle and high school students. In 2023, 18.15% of sixth graders, 21.62% of eighth graders, and 25.73% of tenth graders said their mental health was not good "most of the time" or "always" (Baptist Health Hardin YRBS, 2024).

- Internal Resource(s): The Baptist Health Hardin Community Health team will co-lead task force. The Baptist Health System Director, Community Health will provide task force support.
- External Partner(s): Lincoln Trail District Health Department, Elizabethtown Independent Schools, Hardin County Schools, SilverLeaf, CommuniCare, Hope Academy for Kids, Hardin County Sheriff's Office, NMS Development LLC, Administrative Office of the Courts
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in adolescent health disparities based on disability status. Populations that had the greatest increase in disparities included persons with disabilities or activity limitations. Considerations will be made to ensure equitable efforts across population groups. The task force is being developed with student and community representation in mind.

1.3: Behavioral Health Community Partnership Meetings

- Plan: Host community stakeholder meeting to align and inform behavioral health efforts.
- Process Metrics: Hold quarterly meetings.
- Outcomes Metrics: Reduce the community's number of poor mental health days in the past 30 days from 5.8 days (County Health Ranking, 2024).
- Internal Resource(s): Baptist Health Hardin COO to host meeting. Baptist Health Hardin Community Health to attend.
- External Partner(s): Elizabethtown Police Department, Hardin County Government, CommuniCare, Stepworks, Spring Haven, and Warm Blessings
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in mental health disparities according to geographic area. Considerations will be made to ensure equitable efforts across both urban/metropolitan and rural/nonmetropolitan population groups.

1.4: Motherhood Connection Program

- Plan: Complete the Edinburgh Postnatal Depression Scale before delivery with pregnant persons enrolled in program. EPDS completed before delivery to establish baseline.
- Process Metrics: Track the number of questionnaires completed and the number of referrals made for behavioral health support.
- Outcomes Metrics: Reduce the community's number of poor mental health days in the past 30 days from 5.8 days (County Health Ranking, 2024).
- Internal Resource(s): MCP Nurse Navigators will ask questions and provide referrals, if needed. MCP Program Coordinator will provide data.
- External Partner(s): Various community partners supporting parenting people
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in mental health disparities according to geographic area. Considerations will be made to ensure equitable efforts across both urban/metropolitan and rural/nonmetropolitan population groups.

1.5: Support Groups

- Plan: Host condition-specific support groups including, but not limited to, stroke and ostomy support groups.
- Process Metrics: Track the number of participants served by support groups.

- Outcomes Metrics: Reduce the community's number of poor mental health days in the past 30 days from 5.8 days (County Health Ranking, 2024).
- Internal Resource(s): Baptist Health Hardin staff will provide organizational support and host groups. The hospital will provide space for groups to meet at no cost.
- External Partner(s): none
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in mental health disparities according to geographic area. Considerations will be made to ensure equitable efforts across both urban/metropolitan and rural/nonmetropolitan population groups.

1.6: Social Drivers of Health

- Plan: Explore opportunities to ask SDoH questions to patients served by mobile unit. Offer resources for indicated responses.
- Process Metrics: Track the number and type of resources/ interventions provided.
- Outcomes Metrics: Reduce the community's number of poor mental health days in the past 30 days from 5.8 days (County Health Ranking, 2024).
- Internal Resource(s): Baptist Health Hardin Community Health team will work on process development and ask questions.
- External Partner(s): To be determined
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in mental health disparities according to geographic area. Considerations will be made to ensure equitable efforts across both urban/metropolitan and rural/nonmetropolitan population groups.

1.7: Coping Skills Class

- Plan: Annually, teach coping skills curricula to Radcliff afterschool program. Curricula comes from the "iM Program" developed by the Michael Phelps Foundation and KidsHealth. Additionally, offer education on positive coping mechanisms and stress management in schools as part of anti-vaping education.
- Process Metrics: Track the number of participants educated.
- Outcomes Metrics: Reduce the community's number of poor mental health days in the past 30 days from 5.8 days (County Health Ranking, 2024).
- Internal Resource(s): Baptist Health Hardin Community Health will offer class.
- External Partner(s): New Hope Missionary Baptist Church
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in adolescent health disparities based on disability status. Populations that had the greatest increase in disparities included persons with disabilities or activity limitations. Considerations will be made to ensure equitable efforts across population groups.

1.8: Mental Health First Aid

- Plan: Offer at least two Mental Health First Aid classes to community members as an evidence-based, early intervention course to teach people about mental health and substance use challenges.
- Process Metrics: Track the number of community members educated in MHFA classes.
- Outcomes Metrics: Reduce the community's number of poor mental health days in the past 30 days from 5.8 days (County Health Ranking, 2024).

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

1.9: Inpatient Unit

- Plan: Operate inpatient behavioral health unit. Monitor social drivers of health on all patients.
- Process Metrics: Track admissions and by voluntary and involuntary. Monitor patients court-ordered for treatment and provide superior outcomes.
- Outcomes Metrics: Reduce the community's number of poor mental health days in the past 30 days from 5.8 days (County Health Ranking, 2024).
- Internal Resource(s): The unit is managed by Baptist Health Hardin with physician coverage provided by CommuniCare.
- External Partner(s): CommuniCare
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in mental health disparities according to geographic area. Considerations will be made to ensure equitable efforts across both urban/metropolitan and rural/nonmetropolitan population groups.

Substance Use

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

2.1: Addiction Medicine Physician

- Plan: Employ physician to offer treatment for substance use disorder.
- Process Metrics: Track use of services.
- Outcomes Metrics: Maintain the ratio of population to mental health providers, 220:1, throughout next CHNA cycle (County Health Rankings 2024).
- Internal Resource(s): Baptist Health Hardin physician will provide services.
- External Partner(s): none
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in substance abuse disparities based on geographic area, gender, and race/ethnicity. Populations that had the greatest increase in disparities included those living in urban areas, those who identify as male, and those who are Black. Considerations will be made to ensure equitable efforts across population groups.

2.2: Kentucky Quitline

- Plan: Develop process to automatically send referrals to KY Quitline through Epic for patients using tobacco to provide tobacco cessation programs.
- Process Metrics: Track the number of patients referred and outcomes.
- Outcomes Metrics: Reduce the community's smoking rate from 21% (County Health Rankings, 2024).

- Internal Resource(s): Baptist Health Hardin Community Health team will develop process and manage referral information.
- External Partner(s): QuitNow Kentucky
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in tobacco use disparities based on geographic area, race/ethnicity, and income. Populations that had the greatest increase in disparities included those living in rural areas, those who are Hispanic of Latino ethnicity, and those with family income below middle income. Considerations will be made to ensure equitable efforts across population groups.

2.3: Anti-Vaping Education

- Plan: Offer the "You and Me, Together Vape Free" from the Stanford Tobacco Prevention Toolkit curriculum to local middle schools. Focus on the effects of tobacco and THC products.
- Process Metrics: Track outcomes of education, including a reduction of vaping, as shown in future YRBS assessments.
- Outcomes Metrics: Reduce the number of students who currently use vape products. In 2023, 2.56% of Hardin County sixth graders and 6.81% of eighth graders said they have used a vape product at least one day in the past 30 days (Baptist Health Hardin YRBS, 2024). In 2023, 5.84% of Hardin County sixth graders and 16.01% of eighth graders said they have ever used a vape product (Baptist Health Hardin YRBS, 2024).
- Internal Resource(s): Baptist Health Hardin Community Health team will lead activities and track outcomes.
- External Partner(s): Hardin County Schools, Larue County Schools, Meade County Schools, and Elizabethtown Independent Schools
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in tobacco use disparities based on geographic area, race/ethnicity, and income. Populations that had the greatest increase in disparities included those living in rural areas, those who are Hispanic of Latino ethnicity, and those with family income below middle income. Considerations will be made to ensure equitable efforts across population groups.

2.4: Tobacco Cessation Education

- Plan: Offer one-on-one supplemental education on tobacco cessation education with patients at the BHMG Hodgenville practice. This education is offered to patients if tobacco cessation is identified as a goal by the patient as part of the CARE—SMBP program (Cardiovascular Assessment, Risk Reduction and Education—Self Measured Blood Pressure Monitoring). Investigate possibility of expanding program to other locations.
- Process Metrics: Track patient self-reported changes in tobacco use.
- Outcomes Metrics: Reduce the community's smoking rate from 21% (County Health Rankings, 2024).
- Internal Resource(s): Baptist Health Hardin Community Health team to staff program and track outcomes.
- External Partner(s): Baptist Health Medical Group Family Medicine - Hodgenville
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in tobacco use disparities based on geographic area, race/ethnicity, and income. Populations that had the greatest increase in disparities included those living in rural areas, those who are Hispanic of Latino

ethnicity, and those with family income below middle income. Considerations will be made to ensure equitable efforts across population groups.

2.5: Anti-Alcohol Use Education

- Plan: Explore evidence-based opportunities for alcohol use prevention and/or cessation in youth. May use toolkits made available by the Stanford REACH Lab.
- Process Metrics: Track outcomes of education, including a reduction of alcohol use, as shown in future YRBS assessments.
- Outcomes Metrics: Reduce the number of students who consume alcohol. In 2023, 8.75% of Hardin County sixth graders and 14.96% of eighth graders had ever had more than a few sips of alcohol. In 2023, 11.64% of 10th graders had more than one alcoholic drink the past 30 days (Baptist Health Hardin YRBS, 2024).
- Internal Resource(s): Baptist Health Hardin Community Health team will determine program offering, lead activities, and track outcomes.
- External Partner(s): To be determined
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in substance abuse disparities based on geographic area, gender, and race/ethnicity. Populations that had the greatest increase in disparities included those living in urban areas, those who identify as male, and those who are Black. Considerations will be made to ensure equitable efforts across population groups.

Access to Care

The strategies below are the hospital's plan to address access to care.

3.1: Outpatient Medical Pavilion

- Plan: Offer services in new pavilion to support growing population.
- Process Metrics: Monitor community need and offer healthcare services to meet need.
- Outcomes Metrics: By increasing healthcare access points, our goal is to reduce the community feedback indicating access to care is a need (Lincoln Trail District Health Department, 2024).
- Internal Resource(s): Baptist Health Hardin leadership will determine what services are offered in new pavilion.
- External Partner(s): none
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in access to health services disparities based on geographic area. Populations that had the greatest increase in access disparities included those living in rural areas. Considerations will be made to ensure equitable efforts across population groups.

3.2: Wellness on Wheels

- Plan: Provide education and screenings via hospital-owned mobile unit.
- Process Metrics: Track and report the number and type of screenings monthly.
- Outcomes Metrics: By increasing healthcare access points, our goal is to reduce the community feedback indicating access to care is a need (Lincoln Trail District Health Department, 2024).

- Internal Resource(s): Baptist Health Hardin Community Health team to coordinate and staff mobile events.
- External Partner(s): Feeding America
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in access to health services disparities based on geographic area. Populations that had the greatest increase in access disparities included those living in rural areas. Considerations will be made to ensure equitable efforts across population groups.

3.3: Hypertension Education

- Plan: Offer one-on-one supplemental education on hypertension with patients at the BHMG Hodgenville practice. This education is offered to patients as part of the CARE—SMBP program (Cardiovascular Assessment, Risk Reduction and Education—Self Measured Blood Pressure Monitoring). Investigate possibility of expanding program to other locations.
- Process Metrics: Track patient outcomes for reduction in blood pressure.
- Outcomes Metrics: Reduce the community's number of poor physical health days in the past 30 days from 4.5 days (County Health Rankings, 2024).
- Internal Resource(s): Baptist Health Hardin Community Health team to coordinate staff and track outcomes.
- External Partner(s): Baptist Health Medical Group Family Medicine - Hodgenville
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in access to health services disparities based on geographic area. Populations that had the greatest increase in access disparities included those living in rural areas. Considerations will be made to ensure equitable efforts across population groups.

3.4: Low-dose CTs

- Plan: Partner with KY Cancer Link to provide access to low-dose CTs for patients with need to identify lung cancer.
- Process Metrics: Track the number of high-risk patients screened for lung cancer using low-dose CTs.
- Outcomes Metrics: Increase screening rates for community members who are at high risk of lung cancer. Increase the screening rates from 10.6% (American Lung Association, 2024).
- Internal Resource(s): Baptist Health Hardin Oncology teams will coordinate screenings.
- External Partner(s): KY Cancer Link
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in access to health services disparities based on geographic area. Populations that had the greatest increase in access disparities included those living in rural areas. Considerations will be made to ensure equitable efforts across population groups.

3.5: Health Insurance Enrollment

- Plan: Through third-party vendor, navigate patients through health insurance enrollment.
- Process Metrics: Track the number of patients assisted and the cost of this service.
- Outcomes Metrics: Maintain or reduce the rate of uninsured community members from 6% (County Health Rankings, 2024).

- Internal Resource(s): Baptist Health System Director, Community Health to capture metrics as part of community benefit.
- External Partner(s): First Source
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in access to health services disparities based on geographic area. Populations that had the greatest increase in access disparities included those living in rural areas. Considerations will be made to ensure equitable efforts across population groups.

3.6: Temporary Shelter

- Plan: Recognizing the connection between health and housing, work with Room at the Inn and Elizabethtown City officials to use Baptist Health Hardin-owned space to provide temporary shelter for community members during the months of December, January, and February.
- Process Metrics: Track the number of people served by temporary shelter. Track the value of the space used for shelter space as community benefit.
- Outcomes Metrics: Reduce the number of people experiencing literal homelessness in Hardin County from 78 individuals (0.07% of the population) in 2023 (Kentucky Housing Corporation, 2023).
- Internal Resource(s): Baptist Health Hardin leadership will lead partnership.
- External Partner(s): Room at the Inn; Elizabethtown City officials
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in access to health services disparities based on geographic area. Populations that had the greatest increase in access disparities included those living in rural areas. Considerations will be made to ensure equitable efforts across population groups.

3.7: Student Clinical Experience

- Plan: Provide clinical space for students to meet educational requirements and support the pipeline of future healthcare workers. There is no requirement for students to agree to future employment with Baptist Health.
- Process Metrics: Track the number of students who have clinical experience at Baptist Health Hardin and the number of staff hours dedicated to their education.
- Outcomes Metrics: Reduce the healthcare workforce shortage by providing clinical space for students. In 2024, Kentucky hospitals reported 12% of roles unfilled and a 21% turnover rate (Kentucky Hospital Association, 2024).
- Internal Resource(s): Baptist Health Hardin Education team to capture information. Baptist Health System Director, Community Health to quantify and capture as community benefit.
- External Partner(s): Local educational institutions that offer healthcare degrees
- Equity: According to the CDC's Healthy People 2020 final data review, there was an increase in access to health services disparities based on geographic area. Populations that had the greatest increase in access disparities included those living in rural areas. Considerations will be made to ensure equitable efforts across population groups.

Community Health Improvement Matrix (CHIM)

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

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

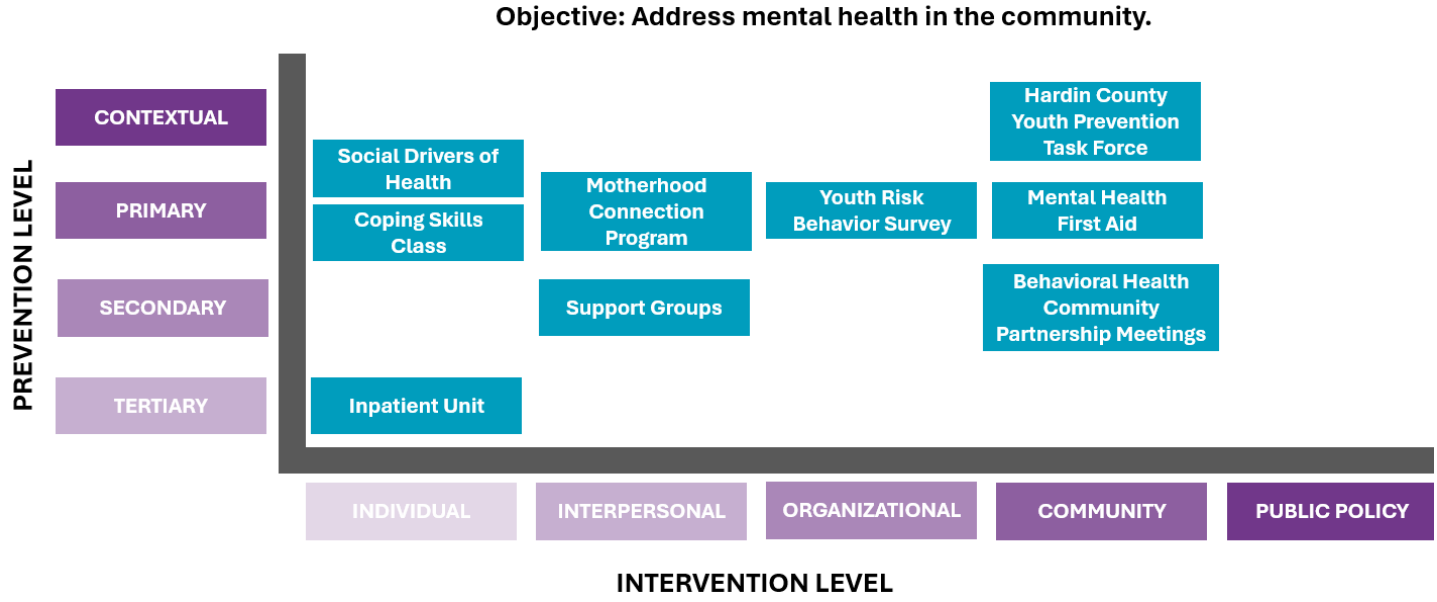
- Contextual: prevent the emergence of predisposing social and environmental conditions that can cause disease
- Primary: reduce susceptibility of exposure to health threats
- Secondary: detect and treat disease in early stages
- Tertiary: alleviate the effects of disease and injury

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

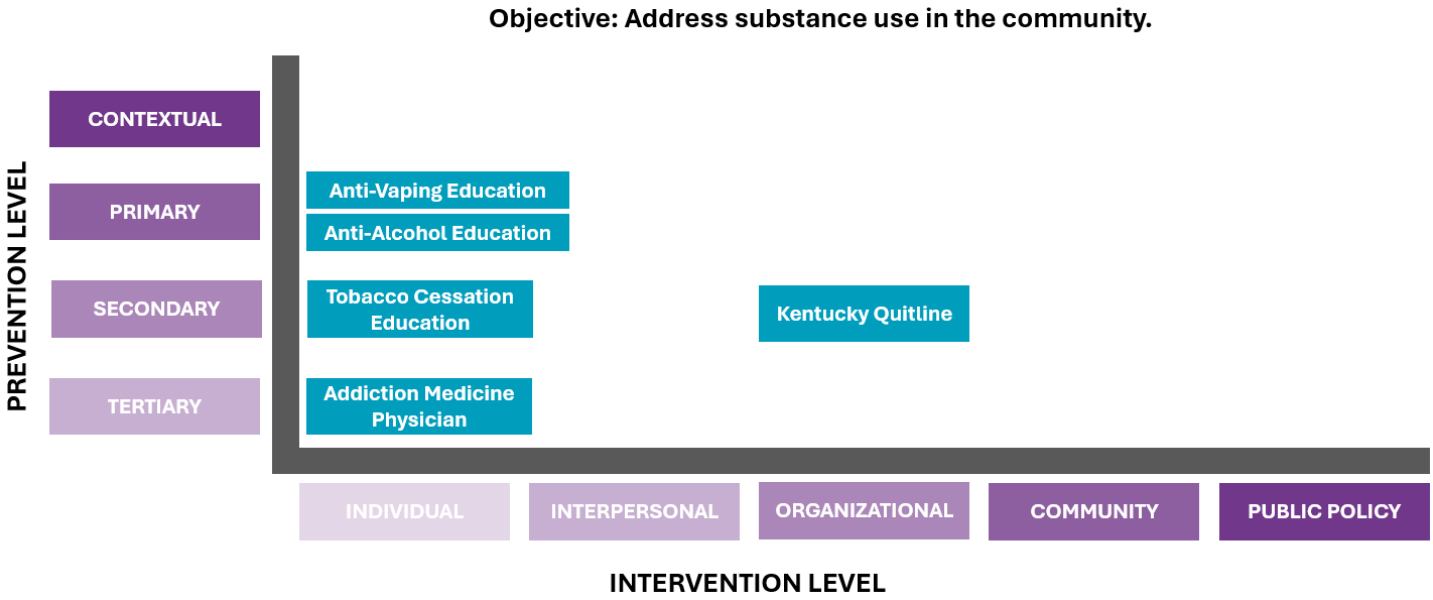
- Individual: characteristics of the individual, such as knowledge, attitudes, behaviors, self-concept, skills, etc.
- Interpersonal: formal and informal social network and social support systems, including family, work group, and friendship networks
- Organizational: social institutions with organizational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

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

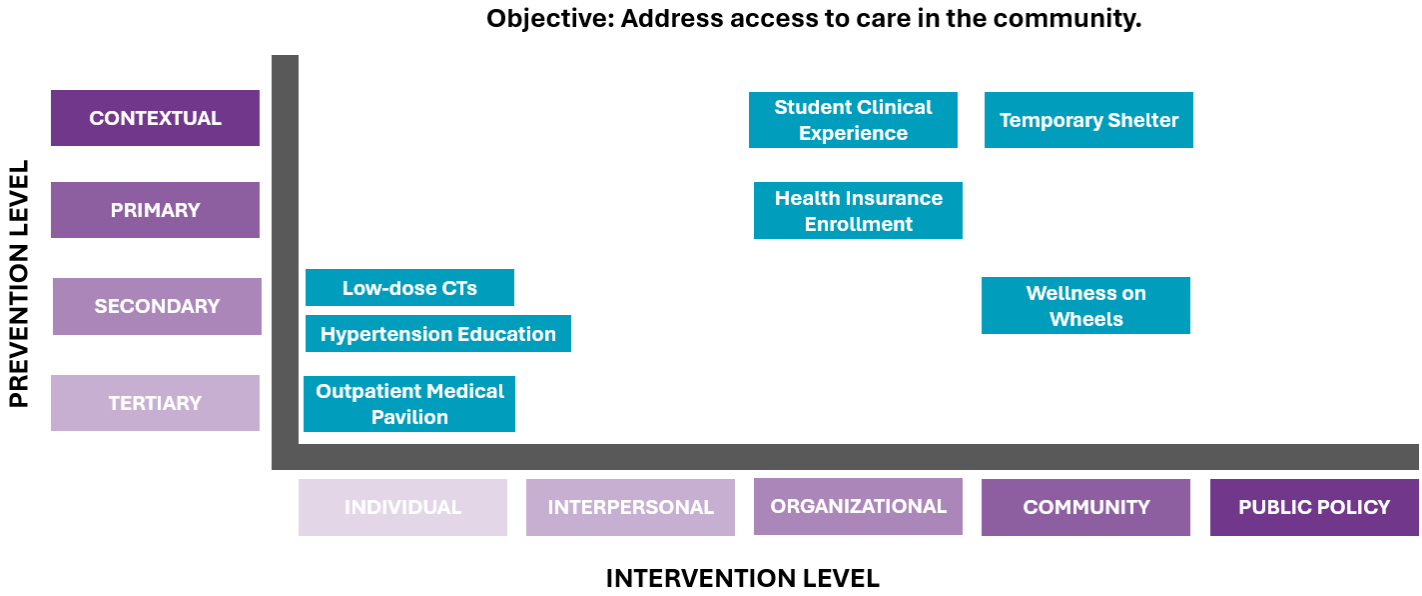
CHIM: Mental Health



CHIM: Substance Use



CHIM: Access to Care



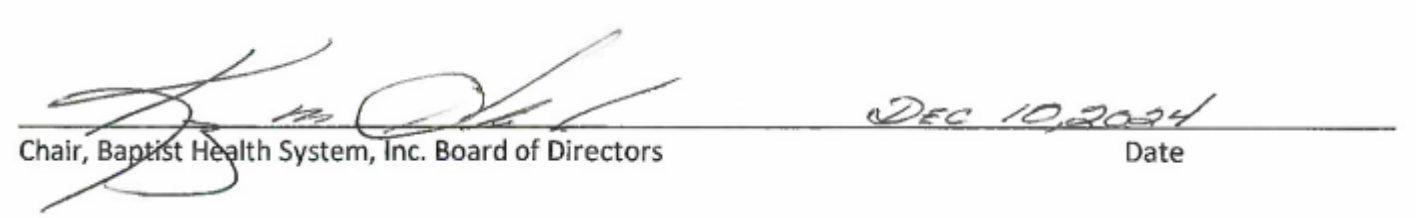
Next Steps

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

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

Approval and Adoption

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



References

Alford Group. (2024, May 1). *Be a SMARTIE: An Equity-Forward Approach to Goal Setting | Alford Group*. https://www.alford.com/be-a-smartie-an-equity-forward-approach-to-goal-setting/

American Lung Association. (2023). *State of lung Cancer | Kentucky*. https://www.lung.org/research/state-of-Lungcancer/states/kentucky#:~:text=The%20rate%20of%20new%20lung%20cancer%20cases%20is,the%20rate%20of%20new%20cases%20improved%20by%2014%25.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. (2021). From SMART to SMARTIE Objectives. https://www.cdc.gov/cancer/ncccp/pdf/smartie-objectives-508.pdf

Centers for Disease Control and Prevention. *Healthy People - HP2020 Overview of health disparities*. (2021). https://www.cdc.gov/nchs/healthy_people/hp2020/health-disparities.htm

County Health Rankings and Roadmaps. (2024). *Health data*. County Health Rankings & Roadmaps. Retrieved May 1, 2024, from https://www.countyhealthrankings.org/health-data

Kentucky Department for Public Health. (2024, August 20). *State Health Improvement Plan 2024-2028*. Cabinet for Health and Family Services. https://www.chfs.ky.gov/agencies/dph/Documents/SHIP2024-28.pdf

Kentucky Housing Corporation. (2023). *Homeless Programs>K-Count and Housing Inventory Count.* https://www.kyhousing.org/Data-Library/Pages/K-Count-Results.aspx

Kentucky Hospital Association. (2024, August 15). *Kentucky Hospitals continuing to tackle workforce shortages*. KYHA. https://www.kyha.com/kentucky-hospitals-continuing-to-tackle-workforce-shortages/

Kentucky Injury Prevention and Research Center. (2024). *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

National Association of County and City Health Officials. (2017). *A tool for addressing the social determinants of health through community health improvement planning. Template and Definitions for the Community Health Improvement Matrix.* https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/Community-Health-Improvement-Matrix-Template.pdf

U.S. Commission on Civil Rights. (2021, September 15). *Racial disparities in maternal health.* https://www.usccr.gov/reports/2021/racial-disparities-maternal-health